

# Guest Editorial

## Oral Cancers—Need to Ponder Again??

Oral cancer is the eleventh most common cancer in the world and the most common cancer in India amongst men (11.28% of all cancers), fifth most frequently occurring cancer amongst women (4.3% of all cancers) and the third most frequently occurring cancer in India amongst both men and women. Two-thirds of the global incidence of oral cancer occurs in low- and middle-income countries (LMICs); half of those cases are from South Asia. India alone accounts for one-fifth of all oral cancer cases and one-fourth of all oral cancer deaths.

Tobacco use, in any form and excessive alcohol intake are the major risk factors for oral cancer. With dietary deficiencies, these factors cause more than 90 percent of oral cancers. Although, the relative contribution of risk factors varies from population to population, oral cancer is predominantly a disease common in poor people. A multifaceted approach that integrates health education, tobacco and alcohol control, early detection, and early treatment is needed to reduce the burden of this eminently preventable cancer. Improving awareness among the general public and primary care practitioners, investing in health services to provide screening and early diagnostic services for tobacco and alcohol users, and providing adequate treatment for those diagnosed with invasive cancer are the critically important oral cancer control measures. Imaging, histopathology, cancer surgery and radiotherapy infrastructure and services, trained professionals, and the availability of chemotherapeutic agents are inadequate in many LMICs, seriously compromising early detection and optimum treatment.

Regrettably, Oral cancer is often diagnosed on advanced stage when cost of treatment, functional impairment, and morbidity rate are extremely high. A total of 60–80% of patients in India are presented with an advanced stage of oral cancer when detected.

Despite of numerous advances in the treatment of oral cancers, 5-year survival rate remains only 50%. This poor prognosis is due to several factors. The single most effective route to improve the long-term outcome of oral cancers is early diagnosis.

The preferred therapy for localized or non-disseminated disease is radical surgery with or without radiation and chemotherapy. Though this is potentially curative, it substantially impairs functionality and can have detrimental effects on self-esteem, employability and social engagement.

A multipronged comprehensive approach including addressing the disease management from prevention to end-of-life care is the need of the hour. We have learned valuable lessons over time, including the importance of adopting a “cancer control” approach, rather than focusing solely on treatment or care for the established disease. This also includes assessing the impact of effective prevention and early detection strategies and the role of supplementary therapies for patients with “high risk” local disease. Combined modality therapy has been shown to improve treatment effectiveness and maximize functionality. We must also ensure that health care providers have access to interventions through effective education, communication and information initiatives. Programs should be established to ensure that appropriately trained professionals conduct interventional services.

It would be very satisfying to add oral cancer to a growing list of cancers—breast, cervix, colorectal—whose impact is being reduced at a personal, community and societal level, through the introduction of a population-based screening program.



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