



A REVIEW ON ORAL CANCER

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ABSTRACT

Oral cancer ranks is one of the top three of all cancers in India, which accounts for over thirty per cent of all cancers reported in the country. The oral cancer control is quickly becoming a global health priority nowadays. This article provides a synopsis of the incidence of oral cancer in India by focusing on its measurement in cancer registries across the country. Future research should be aimed at improving quality of data for early detection and prevention of oral cancer.

Key Words:Cancer, Oral Cancer, Etiology, Detection etc.

INTRODUCTION

Oral cancer being one of the top three cancers in India is becoming a major problem in the Indian subcontinent [1]. Age adjusted rates of oral cancer in India is high, that is, 20 per 100,000 population and accounts for over 30% of all cancers in the country [2]. The variation in incidence and pattern of the disease can be attributed to the combined effect of ageing of the population, as well as regional differences in the prevalence of disease-specific risk factors [3]. Oral cancer is one of the most significant public health importances to India as it is diagnosed at later stages which result in low treatment outcomes and considerable costs to the patients whom typically cannot afford this type of treatment. Earlier detection of oral cancer offers the best chance for long term survival and has the potential to improve treatment outcomes and make healthcare affordable. Even though clinical diagnosis occurs via examination of the oral cavity and tongue which is accessible by current diagnostic tools, the majority of cases present to a healthcare facility at later stages of cancer subtypes thereby reduced chances of survival due to delays in diagnosis. Public health officials, private hospitals, and academic medical centers within India have recognized oral cancer as a grave problem. Efforts to increase the body of literature on the knowledge

of the disease etiology and regional distribution of risk factors have begun gaining momentum. Oral cancer will remain a major health problem and efforts towards early detection, and prevention will reduce this burden [4]. The purpose of this paper is to review and summaries existing status of oral cancer in India, focusing on the incidence of disease in the country.

ETIOLOGICAL FACTORS

Approximately 12% of deaths worldwide occur due to cancer, and in about twenty years, it is projected to increase from about 6 to 10 million [5]. High incidence of oral cancer in India can be attributed to a number of etiological factors [6]. Different studies reported the use of tobacco (smoking or chewing) or alcohol intake associated with oral cancer. Seven studies discussed the associations between use of tobacco and oral cancer incidence [7]. Mehta reported the regression rate of leukoplakia as significantly higher among those who had stopped or reduced tobacco consumption in rural populations in Kerala, Andhra Pradesh and Gujarat [8]. Gupta reported an association between the cessation of tobacco habits and a drop in the incidence of leukoplakia implying reduced risk for oral cancer after cessation of tobacco use [9].

Khandekar reported tobacco consumption habits among subjects that included chewing (in the form of betel quid, or khaini) and smoking (bidis and cigarettes) as the common cause of oral cancer [10]. Based on the TNM classification, 48% of these oral cancer cases presented in later stages, that is, III and IV [11]. Tobacco use and alcohol are known risk factors for cancers of the oral cavity. Estimates indicate 57% of all men and 11% of women between 15–49 years of age use some form of tobacco. Besides smoking, use of smokeless tobacco is also widely prevalent, the use of Betel quid, also referred to as pan is also commonly used [12]. This is very common and is accepted socially and culturally in many parts of India. Additionally, gutka, zarda, kharra, mawa, and khainni are all dry mixtures of lime, areca nut flakes, and powdered tobacco custom mixed by vendors. In recent years, commercially available sachets of premixed areca nut, lime, condiments with or without powdered tobacco have become very popular, particularly among younger Indians. Typically, the pan or gutka is kept in the cheek and chewed or sucked for 10–15 minutes, with some users keeping it in overnight.

SCREENING AND EARLY DETECTION

Early detection of cancer plays a very important role in curing the disease [13]. Despite the fact that the

oral cavity is accessible for visual examination and that oral cancer and premalignant lesions have well-defined clinical diagnostic features, oral cancers are typically detected in their advanced stages. In India, 60–80% of patients present with advanced disease as compared to 40% in developed countries. Consistent with patients presenting for medical care with more advanced disease in India compared with developed countries; overall survival is also reduced [14]. Early detection would not only improve the cure rate, but it would also lower the cost and morbidity associated with treatment. There is a need of cost-effective oral cancer screening and awareness initiatives to be introduced in high-risk populations such as those found in India. Several large population based oral cancer screening programs are needed to be carried out, either as opportunistic screenings or as population-wide screenings to benefit all [15-19].

CONCLUSION

Oral cancer being one of the top three mostly common types of cancer in Indian is a major concern to us. Detection of it for many patients occurs on later or last stages. Early detection is needed for its proper cure and treatment. All people should be made aware about the ill effects of tobacco and its by-products to help India become a cancer free country.

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