

Oral Cancer: an Indian scenario

Opinion Editorial

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Oral cancer is the sixth most common malignancy in the world, and is a major public health concern in India. As one of the fast developing country in the world, India is the home of second largest population of the world. The Indian subcontinent accounts for one third of the global burden of cancers of lip and oral cavity. Oral cancer is of major concern in Southeast Asia primarily because of inadequate awareness compounded by prevalent oral habits like betel quid chewing, smoking, and alcohol consumption. Any malignant neoplasm which is found on the lip, floor of the mouth, cheek lining, gingiva, palate or in the tongue can be diagnosed as oral cancer. Oral cancer is among the top three types of cancers in India.¹

In the form of an opinion editorial, this article presents an Indian scenario where oral cancer is ranked first amongst male cancer prevalence and third amongst female cancer prevalence.² The international agency for research on cancer has predicted that incidence of cancer in India will increase from 1 million in 2012 to more than 1.7 million in 2035. This prediction from international agency indicates that the death rate cause by cancer will also increase from 680 000 to 1 - 2 million in the same period.³ In many low and middle income countries (LMICs) like India, people general lack access to well-regulated cancer care systems. This has significant implications to the population. Patients are often unaware of the disease until it reaches a fatal stage, where they have reduced possibility to recover their health. Despite recent

advances in cancer diagnoses and therapies, the five year survival rate of oral cancer patients has remained constant at a dismal 50% over the last few decades. Over the recent decades, there has been continued increase in prevalence of cancers in the oral cavity among both genders. Improved public health education and promotion has potential to mitigate the cancer burden, but these campaigns often do not reach the populations most in need.

Awareness is so low regarding cancer that people don't know about its symptoms and when to report and where to report during early stages of oral cancer. In rural areas of India, health system regulations are weak, and people frequently visit unqualified local practitioners and unethical traditional healers for their health problems. Ultimately, this causes more damage with their health.

Tobacco and alcohol are regarded as the major risk factors for oral cancer. The population-attributable risks of smoking and alcohol consumption have been estimated to 80% for males, 61% for females, and 74% overall. The evidence that smokeless tobacco causes oral cancer was confirmed recently by the International Agency for Research on Cancer.⁴

LMICs account for 57% of cases and 65% of cancer death worldwide – an alarming statistic. The burden of cancer is continuously shifting toward developing or less developed countries partly because people in general are living longer, but also because of increased prevalence of known risk factors (e.g. epidemic of immature use of

tobacco) among populations.⁵

Oral cavity is accessible for visual examination through which oral cancers and premalignant lesions can be easily detected based on their well-defined clinical diagnostic features. In most cases, early lesions are easily detectable, but in spite of having this, most of the time oral cancer is detected in their advanced stages. Facts show that 60-80% of cancer patients in LMICs present with advanced symptoms of oral cancer, compared to 40% in developed countries. This results in significant reduction in their survival rate. Early detection is one of the key factor which improve the cure rate, also it would lower the cost spending by individual and lower the chance of morbidity associated with treatment.

Gutaka is arguably one of the leading risk factors for oral cancer in India. Gutuka is a form of smokeless tobacco which is introduced less than three decades ago, and now it is one of the largest commercial activity around the country. People are easily addicted to it as it is inexpensive and widely available in urban and rural settings, heavily advertised, and is convenient to use with complete social acceptance. The ease of access, combined with lack of social barriers makes Gutuka one of the major problem of spreading oral cancer.⁶

The greatest risks of the oral cancer burden exist among the lower socioeconomic strata. People from these socioeconomic strata are more commonly engaged in chewing habit of addictive substances like tobacco or betel nut. These populations often have the most limited access to education, prevention and treatment, which create a significant gap between them and ideal states of health. Due to a lack of health literacy and deficient resources, people from lower socioeconomic strata often visit unqualified local practitioners or unethical traditional healers who mistreat or exacerbate the patients' conditions.

Improvements in health literacy is very much needed. This includes easily accessible health education programs in these high-risk communities. A study done in Bangladesh

suggest that pictorial message are more effective compared to text-based messages in spreading health awareness in communities.⁷ Based on this, health literacy initiatives should focus on displaying pictorial messages in common public areas, and more importantly, in the native languages of the communities across India. Health education campaign in schools, community and hospitals should be similarly adapted increase awareness in wider population groups.

The disparities in oral cancer burden can in a large part be addressed by pushing for provision of easy, accessible, detection, as well as prompt and proper treatment services for symptomatic cases. There is deep need for in depth studies on incidence and prevention of oral cancer among Indian population.

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