Oral cancer is the most rapidly-growing dental condition worldwide. On the Indian subcontinent, it is now one of the most common types of cancers, causing 48,000 people to die from the disease per year. Worldental Daily spoke with congress presenter Dr Pankaj Chaturvedi, a head and neck cancer surgeon from the Tata Memorial Hospital in Mumbai, about awareness among the Indian population, risk factors and what is being done to fight the epidemic.

Worldental Daily: Oral cancer cases are growing worldwide in double digit rates. How prevalent is the disease in the Indian population and what demographics are mostly affected?

Dr Pankaj Chaturvedi: Oral cancer currently ranks amongst the three most common cancers in India and accounts for almost 40 per cent of total cancer deaths in these income areas. In most regions of the country, the condition is the second most common malignancy diagnosed among men, accounting for up to 20 per cent of cancers, and is the fourth most common among women.

To make things worse, approximately 70,000 new cases are added to the already high number of oral cancer patients each year. Prevalence is highest in rural areas and vulnerable populations, such as among people with a low socio-economic status.

The most common etiological agents for oral cancer have been identified to be tobacco, alcohol, and increasingly the human papillomavirus (HPV). Does this pattern also apply to your country?

The real concern in India is tobacco as it is one of the leading causes of premature death and disability. Its use here is rather complex because it is consumed in a variety of ways, such as being smoked, chewed, and snuffed orally. Patterns of consumption also differ significantly throughout the whole country. Manufacturers of tobacco and its related products have successfully developed and implemented new marketing tactics to lure in younger demographics and make them use their products. Therefore, we are facing a major health crisis as tobacco consumption is continuously increasing amongst youth.

In addition to tobacco, established risk factors for oral cancer are the heavy consumption of alcohol, as well as the presence of an oral premalignant disease. Other contributory or predisposing factors include dietary deficiencies, particularly of vitamins A, C and E and iron, as well as viral infections, particularly induced by HPV which is known to be of high oncogenic potential.

According to figures of the World Lung Foundation, the direct medical costs for treating tobacco-related diseases including oral cancer in India amounted to more than US$5 billion in 2010/11. Do patients have general access to treatment?

As the available treatment centres are mainly located in the cities and have very few resources, patients usually have limited access to treatment. Unfavorable socio-economic determinants like low literacy and low per capita income also hinder effective disease management.

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"A very large burden for the country"

An interview with FDI AWDC 2014 presenter Dr Pankaj Chaturvedi, Mumbai, about oral cancer in India

Workers enjoy a cigarette. The consumption of tobacco in India is on an all-time high.

"...we are facing a major health crisis..."

Since the etiology of oral cancer in India is predominantly tobacco-related, should prevention strategies primarily focus on overcoming traditional habits? How realistic is that scenario in your opinion?

In the last decade, huge resources have been put into prevention as well as the control of tobacco and its related diseases. In the current scenario, prevention will hold the key for changing the age old customs and traditions into more healthy habits. This requires intervention at individual, community and national levels. Right now, there are a number of initiatives provided by the government in terms of policy making and implementation. Non-governmenal organisations have also started to reach out to communities to raise awareness and refer people for early screenings. There are lot of challenges though, that we have to deal with.

What strategies do you recommend?

Tobacco control needs ongoing commitment from all parts of society. While as an individual you have the choice to use or not to use it, society has to advocate generally for a more healthy way of life. The government’s role in this is to firmly check the production, distribution and sale of tobacco. Strict enforcement and vigilance are required to effectively implement tobacco control laws.

India’s health ministry and doctors have recently asked the Ministry of Finance to raise taxes for consumption of cigarettes and tobacco products. In your mind, could this lead to less consumption?

Raising taxes on tobacco products is certainly one of the evidence-based strategies to reduce consumption of tobacco. Promising results have been achieved in states which have already seen an increase in taxation.

Prevention first starts with awareness. Is the medical and dental profession in your country sufficiently aware of the issues related to oral cancer?

Health care professionals are the major contributors in addressing the problems to the general public. Lobbying for evidence-based policy making to the government in terms of policy making and implementation is very important. Tobacco control needs ongoing commitment from all parts of society.

To develop a more sustainable modelfor remote and rural areas, where poverty and illiteracy are high and an adequate preventive health infrastructure is lacking.

How effective can oral cancer awareness campaigns be there?

Studies have demonstrated that most Indians, particularly in rural areas, are not even aware of the benefits of basic oral health measures like tooth brushing. Owing to its diversity, traditional practices in India significantly differ. Of course, oral hygiene practices still have to be considered primitive in most parts of India but this depends largely on education and financial resources. Most people are definitely aware of the benefits of good oral health but the lack of supportive environments makes them vulnerable, so they resort to more primitive habits.

The need is to normalise the habit, advocate for effective public health campaigns and focus on the ability to self-examine the oral cavity for early signs and symptoms of oral cancer. Community participation and involving youth to bring in change can be an effective strategy.

Thank you very much for the interview.