Resolution submitted to the policy committee by:

WFPHA Oral Health Working Group

Resolution title:

Oral Cancer Prevention

1.0   Introduction

Oral cancer prevention and control is an important public health issue throughout the world. Global public health efforts in implementing the WHO Framework Convention on Tobacco Control (FCTC) worldwide remain a priority. The FCTC is a valuable tool in reducing tobacco consumption and therefore reducing the burden of oral cancer.

As well as such tobacco control measures, efforts to control alcohol intake, promote a healthy diet, increase the consumption of fruits and vegetables, the improvement of oral hygiene and early detection of oral precancerous lesions and preclinical early invasive cancer play a major role in oral cancer prevention and control.

2.0   Scope and purpose

Oral cancer is a major global health issue, being the eighth most common cancer worldwide [1]. Its significance owes to the continuing high risk of tobacco, smokeless tobacco and alcohol consumption worldwide, further compounded by typically diagnoses when the lesion is advanced and so resulting in poor treatment outcomes and high costs to patients who frequently cannot afford them [2].

Rural areas in low and middle-income countries often have limited available health services and inadequate access to trained healthcare providers. Delay in oral cancer diagnosis is thus linked with progression of precancerous and early invasive lesions to the advanced stages of oral cancer [3]. Early diagnosis is critical for successful treatment outcomes and long term survival; it also has the potential to make treatment more affordable and prevent deaths from oral cancer [4].

Oral cancer often affects those from lower socioeconomic groups owing to a higher exposure to risk factors such as tobacco [5]. Smoking is a major global health issue, with 1.2 billion tobacco users worldwide [6]. Other means of smoking tobacco, including cigar and pipe smoking have also been linked with a higher risk of oral cancer [7], together with chewing tobacco and smokeless tobacco in its varying forms [8, 9].

Public exposure to second hand smoke (SHS) is well documented to cause a significant health impact, including cancer, cardiovascular disease and respiratory disease [6, 10]. The introduction of smoke-free legislation in several countries has been successful in reducing

SHS, changing smoking behaviour and social norms around smoking. Consequently, tobacco consumption has reduced and smoking cessation has been promoted [11].

There is substantial evidence supporting graphic pictorial images on tobacco packaging, enhancing the effectiveness of warning labels and assigning negative associations with smoking [12]. Comprehensive tobacco-control programs using tax related interventions also significantly raises smoking cessation rates and decreases the numbers initiating smoking [13]. Ultimately, tobacco control measures can positively impact health at both individual and population levels. Harm reduction strategies will help reduce the global burden of oral cancer.

Excessive alcohol drinking in any form is also associated with an increased risk of oral cancer [14].

3.0 Fields of applications
- Legislators
- Public health community
- Medical and dental professionals

4.0 Main content

Oral cancer is a particularly devastating disease, leading to significant mortality and morbidity. Five year survival rates for cancers of the tongue and oral cavity are less than 50%; however survival rates exceed 80% if oral cancer is detected in early stages and treated [15, 16]. The distressing consequences of treatment, such as facial disfigurement and functional limitations involving eating, drinking, swallowing and speaking are much lesser following early detection and treatment of oral cancer [9]. Oral visual screening of users of tobacco and alcohol users has been shown to reduce oral cancer incidence and mortality cost-effectively [4, 17, 18] which can be readily incorporated in primary care by reorienting primary care practitioners. Visual aids are available to train primary care practitioners [19].

Oral cancer will remain a global health problem until significant efforts are made towards improving prevention, early detection and control of the disease. Control measures, enforced legislation, sustained awareness campaigns and investments in health services are among the key drivers that may ultimately reduce the burden of this disease.

The WFPHA resolution calls for:

▪ The need to implement WHO FCTC to harness the full potential of tobacco control in oral cancer prevention.

▪ Control measures for tobacco to also apply towards smokeless tobacco and commonly related products such as paan tobacco, areca nut, paan masala and other variant forms.

▪ Sustained awareness campaigns for tobacco control measures. These may include pictorial warnings on labels, enforcing and encouraging policies banning smoking in public places, strengthening legislation and increasing taxation.

▪ The early detection of oral precancerous lesions and preclinical early invasive cancer in primary care, specifically for users of alcohol and tobacco.

▪ Investments in health services to facilitate clinical suspicion and prompt referral of suspected oral cancer patients. This can result in early diagnosis, treatment and follow-up care.

Through these measures it is possible to detect, control and ultimately prevent oral cancer worldwide.

5.0   References

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