Oral cancer screening: Unfashionable hence ignored?

The right way is not always the popular and easy way.

– Margaret Chase Smith

Oral squamous cell carcinoma accounts for approximately 3% of all cancers worldwide.\(^1\) Most cases of this rather preventable disease occur in the so-called developing countries with India figuring very prominently in the top countries in which this disease is a major health burden. That India does not seem to have a visible preventive strategy for oral cancer\(^2\) and bans on Tobacco products seem to be present only on paper are facts that are irrefutable, so the system so to say should take the blame or should it?

The oral cavity is an extremely accessible site and yet less than half of these lesions are diagnosed at a treatable stage.\(^3\) What makes this fact more poignant is that we do not have a lack of personnel or facilities that could detect and identify these lesions at an early stage. India today has around 600+ districts and 200+ dental colleges so essentially a dental college for every 3 districts needless to say most of these are post-graduate teaching institutes and pride to be research institutes which would bring us to the question as to why we are not able to identify oral cancer cases early.

A thorough mucosal examination should form part of a routine dental examination. Conventional oral examination has been shown to have high discriminatory ability and is the currently accepted practice for the detection of oral cancer and potentially malignant disorders (PMD).\(^4\) However, the fact remains that the undergraduates are given no training in this simple yet probably highly beneficial technique with most focus during undergraduate years being on the teeth and its diseases. The same holds good for post-graduate education too unless you are in the specialties related to this disease. What is distressing is that the focus of “research” today in these specialties is in the field of “advanced diagnostic aids” or “adjuncts” for the diagnosis of oral cancer and PMD, we also witness a lot of research into that elusive holy grail of a “marker” that would be able to predict malignant transformation in PMDs. The fact remains that unequivocal evidence for the superiority of any of these methods over conventional screening techniques has been lacking. Why then is the focus on these aids, an honest introspection would lead us to the answer that it is more fashionable to say that I am working on X-marker or diagnostic aid rather than to say that I am doing conventional oral cancer screening and it probably would look better on our CVs also. Thus, the logical question would be whether the research is really for the benefit of the patients? And the honest truth would be that a majority of research is done either as a part fulfillment criterion of a degree or as an academic necessity.

The need of the hour is for stakeholders at all levels of dental education in India to do some serious introspection and take lead in molding both the UG and PG curriculum to give impetus to simple steps such as introducing mandatory oral cancer screening training. The Onus also lies with each of us to realize that though it may not look all that fashionable, we make be able to make a difference to society by diligently doing a thorough mucosal examination in addition to using all the fashionable new aids, which is what I guess we wanted to do when we joined this profession.

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