



## Diagnostic Delay in Oral Malignancy; The Way Forward

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Oral squamous cell carcinoma (OSCC) is the second most common cancer in India as per GLOBOCON 2020 data; 135929 cases of lip and oral cavity in male and 104661 in female. Mortality due to OSCC is ranked third among all cancer. These numbers are concerning and thought provoking. Its high time, we as clinicians in particular and a society in general must introspect ourselves where we are lacking behind.

Primary delay, at the end of sufferers is multifactorial; social stigma, lack of acceptance, tobacco and gutkha dependence all play their roles. Public awareness led by civic societies and social media is an important determinant to prevent this delay, moreover support by family and friends can help in early detection. Awareness against falsified claim of cure by non evidence based methods is equally important. Numerous people try self cure by these methods and a curable disease progresses to incurable stage and reach tertiary care hospitals only to end in either Palliative care or best supportive care. Population based screening can also help in preventing primary delay. Dr Ravi Kannan (Chachar Cancer Institute) take help of Asha workers for this purpose. They have trained the Ashas to differentiate between normal and abnormal look of oral cavity and door to door survey helped to bring the suspected cases to the hospital. This successful model can be followed pan India.

Secondary delay, at the end of clinicians can definitely be prevented by timely referral. As said "what our mind don't know, our eyes can't see" therefore, practitioners dealing this anatomical region must be aware of various types and forms of OSCC. Moreover, importance of surgery in treatment of oral cancer must be known to all clinicians in general. Numerous evidence is now available which proves that surgery is the main modality of treatment for

oral malignancies even in advanced stages and radiotherapy or chemotherapy has adjuvant role or have role in palliative settings. Tata Memorial Centre Mumbai runs various short term courses which can help in getting trained in the detection and diagnosis of oral cancer. Various ENT and Maxillofacial societies also arrange workshop and conferences which can help in enhancing the learning curve.

Tertiary delay at the end of Surgeons dealing with oral malignancy is mainly due to limited infrastructure and huge volume of cancer burden. Training Maxillofacial and ENT/general surgeons in surgical management of oral cancer can help in creating the human resource needed to deal with this mayhem. Mch in head and neck surgical oncology in one way to broaden surgical skills in this region, AIIMS, PGI Chandigarh, Amrita Institute Kochi and Tata Memorial Centre Mumbai are few institutes which run this course. Tata Memorial Centre has now various centre pan India where dedicated training fellowships and senior residency programs are being run. Foundation of Head and Neck Oncology (FHNO) offers various fellowships in Oral and head neck oncology. Since 2023, NBE New Delhi have introduced two year FNB fellowships in Head and neck oncosurgery as well. These dedicated training courses mandates uniform treatment protocol and trained surgeons can spread pan India so as to serve the faraway regions as well.

Owing to our population the task of preventing delay seems to be herculean but with collective approach and persistent efforts we can definitely shorten the diagnostic and referral day at our level. Hopefully in coming years case burden shall be lowered with reduced mortality rate.