

## Is Oral Cancer the Next Ticking Timebomb in Women?

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“Cancer is not a concentration camp, but it shares the quality of annihilation: it negates the possibility of life outside and beyond itself; it subsumes all living. The daily life of a patient becomes so intensely preoccupied with his or her illness that the world fades away.” – a famous quote by bestselling author Siddhartha Mukherjee from his book *The Emperor of all Maladies*, reiterates the dark truth of a disease which burdens an affected individual and their family with financial, social and psychological implications.

In India, Head and Neck Cancers (HNC) contribute up to 3.9% of all new cancer cases and 3.7% of the total cancer deaths that occur in this country. As per recent statistics, India has still managed to retain its crown for contributing the highest number of Head and neck cancers (60%) worldwide.

The National Cancer Registry Program report of 2021-22, states that the highest relative proportion of tobacco related cancers was seen among 33.4% males and 14.2% in females [1]. But it also highlights a fact which can be quite disturbing for the foreseeable future. It says that 1 in every 6 Indian women have the cumulative risk of developing cancer of any site between ages 0-74 along with an increasing trend of developing oral cancers of up to 35%, in contrast to 26% in males.

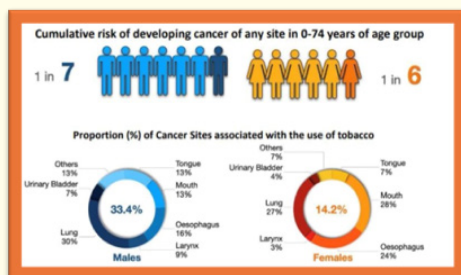


Figure 1: Courtesy: NCDIR 2021-22 Annual Report.

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Our own Head and Neck Surgical Oncology Departmental data from September 2021 to January 2023 showed an abrupt increase in the number of female patients, presenting with advanced stage oral cancers, requiring mutilating surgical resections and complex reconstructions, often resulting in early recurrence and poor quality of life.



Figure 2

Factors causing increased incidence of oral cancer in women –

- The use of tobacco is directly associated with approximately 80% of oral cancers. It has been observed over the last few decades that young adults and women are increasingly getting addicted to and consuming smoked or smokeless tobacco products especially flavored cigarettes, khaini, gutkha and quid.
- In a meta-analysis article named ‘The Hierarchy of Oral cancer in India’ by Dr. Naik Balachandra [2], the causes of such behavioral and lifestyle changes were stated to be multifactorial: A) imitation of their peers B) low socio-economic status C) occupational stress D) Illiteracy E) associ-

ated with poor oral hygiene F) widespread and unchecked television and print media advertisements. After reviewing 66 years of English literature on oral cancers in India, he stated that at present, the male to female ratio of oral cancer incidences were almost equal at 1:1.

- Smokeless Tobacco especially Gutkha, a cheap and easily available product is being rampantly sold with a misleading narrative and deceptive advertising by the tobacco industry, of it being a safer alternative to smoking; with addicted peers endorsing and justifying the same. An estimated 200 million adults, including women are reportedly addicted to this deadly cocktail of carcinogens, where most consumers are unaware of its cancer-causing effects.
  - India has been a part of the WHO Framework Convention on Tobacco Control (WHO FCTC) since February 27, 2005 [3]. While the COTPA Act [4] of 2003 is India's primary legislation for tobacco control, it currently has no specific laws to implement Article 5.3 or prevent a child from getting access to a tobacco product. It is notable to state that at present, the Tobacco industry in India is the 2nd largest exporter of tobacco after the Republic of China [5].
3. The WHO Framework Convention on Tobacco Control 2005: an overview.
  4. The cigarettes and other tobacco products (prohibition of advertisement and regulation of trade and commerce, production, supply and distribution) act, (2003).
  5. Tobacco in indian economy.

Oral Cancer prevention and control are best achieved by increasing awareness/screening of the general population and early detection. Various government organizations and NGO's such as NCCP, NCRP and NPCDCS are at present focusing on screening, diagnosis, identification and addressing modifiable risk factors, tobacco cessation clinics, referral of pre-cancerous conditions and community level follow up of treated patients.

Cancer is the second most leading cause of death in women worldwide, anteceded only by cardiac disease; unless we act now, the timebomb will surely implode and we might soon lose our women and children to this dreadful and unforgiving disease.

### Bibliography

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2. Ramachandra NB. "The Hierarchy of Oral Cancer in India". *International Journal of Head and Neck Surgery* 3.3 (2012): 143-146.