

Oral Cancer: The growing burden in context to Nepal

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Editor

Oral cancer commonly refers to the carcinoma of stratified squamous epithelium. About 96% of cases of oral cancer are squamous cell carcinoma(OSCC) and its subtypes and the rest of the cases are from salivary glands.¹ Oral and pharyngeal cancer grouped is the sixth most common cancer in the world with an annual estimated incidence of around 275000.² According to Globocan 2022 in Nepal cancer of Lip and Oral cavity is the seventh most common cancer affecting both males and female with 959 new cases in 2022.³ According to Nepal Health Research Council report, lip and oral cancer is fifth common cancer by 2018.²

Various different hospital-based studies in Nepal have found oral cancers to be more common in males than females with the most common site being tongue followed by mandibular alveolus and Gingivobuccal sulcus.^{1,4} Maximum number of cases were from age group >50 years in both genders⁴ likewise, more than 50% of oral squamous cell carcinoma was found to be diagnosed at Stage III and IV collectively.⁴ Studies have reported several types of risk factors for oral cancer, mainly being tobacco consumption in both smoke and smokeless form. The relative risk among current smokers (The industrial brand cigarettes), Ex-smokers (1- 10 Years), and Ex-smokers (>10 Years) are 9.3, 2.9 and 0.6, respectively (Franco *et al.*, 1989). OSCC, mostly is preceded by Potentially malignant oral disorders(PMOD's) commonly Oral leukoplakia, Oral submucous fibrosis and erythroplakia.⁵ These early changes of oral cancer are often missed or ignored by patients in many instances mainly attributing to lack of awareness of these early changes which over a period of time may transform into oral cancer.^{5,6}

Not just changed lifestyles and food habits of people, the lack of proper health facilities across the country are also the risk factors for oral cancer. The reason for higher incidence of oral cancer in Nepal may be due to inadequate dentist especially in rural areas, poverty, lack of awareness, easy availability of tobacco products. Fewer Oncologist, surgeons and very few cancer centers which may have added the burden of higher incidence. Management of cancer in the long run is costly and difficult for poor people to afford, which makes it more difficult to deal with and infactin the long run may add a financial burden to overall economy in context to country like Nepal.⁴

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