



## **FDI POLICY STATEMENT**

### **Oral Cancer**

**Original version adopted by the General Assembly in October 1998, Barcelona, Spain**

**Revised version adopted by the General Assembly: 26<sup>th</sup> September 2008, Stockholm, Sweden**

Oral cancer is a major global health problem. It includes malignancy of the lips, oral cavity, oropharynx, nasopharynx and hypopharynx and remains a highly lethal, incapacitating and disfiguring disease. It has a global incidence of approximately 2-3% of all malignant neoplasm, however it has one of the lowest survival rates of about 50 % over a 5 year period. The number of deaths from oral cancer in 2002 was 318,000, compared to 477,000 deaths from female breast cancer<sup>1</sup>.

Diagnosis is often made when the disease is at an advanced stage and consequently the prognosis is poor with high morbidity and mortality. Systematic reviews and other studies<sup>2,3</sup> suggest that screening for oral cancer should remain an integral part of dental and medical practice and appropriate record keeping, and there is sound evidence of the effectiveness of visual examination of the oral cavity as a method for oral cancer diagnosis in high risk patients.<sup>4</sup> Compelling clinical evidence does not exist to generally support the use of other methods of screening, such as toluidine blue, fluorescent imaging and cytological sampling as diagnostic adjuncts prior to scalpel biopsy.<sup>5</sup>

Major risk factors for oral cancer have been proposed as:

- the use of tobacco products
- the excessive consumption of alcohol in any form
- poor nutrition low in fruits and vegetables
- human papilloma virus infections
- precancerous lesions

The FDI World Dental Federation stresses the important role of all oral health care professionals in:

- the early detection of oral cancers
- patient education about the major risk factors and associated high risk behaviours
- encouraging their patients to minimize exposure to cancer-causing risk factors
- remaining current with reliable and valid diagnostic technologies
- establishing referral protocols for patients presenting with suspicious lesions or diagnosed with oral cancer
- establishing effective inter-disciplinary management strategies, including an awareness of psycho-social support networks

In addition, the FDI World Dental Federation recommends that:

- national health policies are developed for oral cancer prevention strategies, including patient education
- specific training is provided for the recognition, assessment and referral of patients for definitive oral cancer diagnosis and treatment, and for post-treatment management.

## References

1. The World Health Report 2004, Changing History Annex Table 2: Deaths by cause, sex and mortality stratum in WHO regions estimates for 2002. ([www.who.int/whr/2004/annex/topic/en/annex\\_2\\_en.pdf](http://www.who.int/whr/2004/annex/topic/en/annex_2_en.pdf)) Accessed on 22 September 2008.
2. Kujan O, Glenny AM, Oliver RJ, Thakker N, Sloan P. Screening programmes for the early detection and prevention of oral cancer. Cochrane Database Syst Rev, 2006 July 19; 3:CD004150
3. Patten LL. The effectiveness of community-based visual screening and utility of adjunctive diagnostic aids in the early detection of oral cancer. *Oral Oncol* 2003 39: 708-723
4. Sankaranarayanan R, Ramadas K, Thomas G, Muwonge R, Thara S, Mathew B, Rajan B; Trivandrum Oral Cancer Screening Study Group. Effect of screening on oral cancer mortality in Kerala, India: a cluster-randomised controlled trial. *Lancet* 2005 365: 1927-33
5. Lingen Mark W., Kalmar John R., Karrison Theodore, Speight Paul M., Critical evaluation of diagnostic aids for the detection of oral cancer. *Oral Oncol* 2008 44: 10-22