

Editorial

Oral cancer is an important issue in oral and public health. Late diagnosis, high morbidity with consequent disfigurement and social impair, and high mortality rates lead to high cost treatments that in many cases are only partially effective.

Oral and pharyngeal cancer, considered together, is the sixth leading cancer in the world and ranks in the top three in high incidence areas such as Central America, Caribbean, South America and India. The estimated annual worldwide incidence is around 275,000 for oral cancer; two-thirds of these cases detected in developing countries. In Brazil, the National Institute of Cancer (INCA) estimated 14,120 new cases of oral squamous cell carcinoma for 2010.

Mineiro et al., in the article *Survival of Oral Cancer Patients in a Developing Latin American City*, evaluated incidence and overall survival of cases of oral cancer in Goiânia, Brazil. Their alarming results show that most patients are still diagnosed in late stages of the disease. In this phase, only a small array of therapeutic options is in the hands of the multidisciplinary teams of health professionals and the usual combination of high morbidity/mortality is commonplace.

Concerns with several aspects of oral cancer have occupied editorials and pages of the many scientific journals in search for a better approach to early detection, physiopathology understanding and treatments of the disease. The expressive investments are evident in both research and treatments to find novel methods to control and treat

the disease.

Some risk factors have been identified and the most consistent is the association with tobacco/alcohol use, although viruses may also play a role. Pre-existing lesions may also predispose the development of cancer, such as chronic scars. However, an increasing group of affected patients seem to present none of those risk hazards and the etiology for their disease status remains unknown. Data on protective factors are still speculative, but tobacco smoking cessation, as well as other changes in lifestyle, has been pointed out by many authors as relevant in shifting the natural history of the disease.

Among all this information, the overall consensus is that early detection/ diagnosis is the best form of facing the disease.

On the clinical side, training healthcare professionals in the clinical examination of the oral cavity in order to identify abnormalities in oral mucosa and refer patients to a specialist center for early diagnosis would result in better survival rates in these patients, as mentioned by Mineiro et al.

On the side of other techniques to identify oral cancer, several new technologies of image detection have been developed, such as computed tomography, magnetic resonance, laser confocal microscopy for incipient mucosal lesions, among others. Surgical pathology allied to research on protein and molecular markers have upgraded the evaluation of very early alterations on both phenotype and genetics of neoplastic cells.

On the promising light of all these innovative tools, the next question is: are costs

feasible to incorporate all these diagnostic tools in the level of public health policies? Perhaps effective governmental mass-media and investments in targeted educative campaigns can be a good strategy to start this matter in motion. Clinicians, scientific soci-

eties and researchers have already combined their efforts to deal with this difficult health and social issue.

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