

LETTER TO THE EDITOR

Preventing the Oral Cavity Cancer Epidemic

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Abstract

Bhurgri Y (2005) have studied the time trends in the site specific oral cancer incidence in the Karachi South, a sample population of Pakistan with a representation of all ethnic and socio-economic groups of the country. Oral cancer ranks 6th world-wide. However, 58% of the cases are concentrated in South and Southeast Asia (Nair et al; 2004). In Karachi, it ranks 2nd in all malignancies among both males and females, with the highest reported incidence in the world. In the absence of alcohol use, chewing of products of betel, areca and tobacco remain the main etiological risk factors. These products include paan, chaalia, gutka and naswar. Because of the ancient history of these products, their use is socially acceptable in all sections of South Asian society.

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Time trends analysis of Pakistan and India have shown an increase in oral cancer among the young due to increased consumption of the alternative chewing products (Gupta; 1999). Up to 70% of the primary school children have been reported to chew on daily basis in Karachi (Shah et al; 2002). Industrially prepared cheap and portable substitutes with a longer shelf life are available in the canteens of most schools in the lower socio-economic strata. Unfortunately the efforts to control the use of chewable items have been minimal, less ambitious and generally less successful than those to control smoking. As cigarette smoking remains a taboo, these alternative products are often advertised as being safer, leading to a much higher frequency of use. Therefore, within a short period of about 2 decades, this industry has risen in value to US\$ 500 million, registering a 25% to 30% annual growth (Gupta et al; 2004). In countries where these items are most widely used, health authorities are not aware of their prevalence. However, rising production and marketing indicate a progressively sharp increase in the use.

In this scenario, radical measures have to be taken to prevent further rise in the incidence of this malignant oral cavity cancer epidemic. The problem has to be tackled at multiple levels. Studies should be carried out to determine the prevalence of the products of betel, areca and tobacco and deficits should be identified in the knowledge and attitude of masses. This will establish the magnitude of problem. Mass campaigning about the hazards has to be done through print and electronic media. Visual representation of

the handicap caused by the use of these products can be more effective for this purpose. Health authorities have to play a pivotal role to formulate the policies to limit the use of these items. Heavy duties on the industry, import and marketing of these items should be imposed. Warning signs should accompany sachets and advertisements of these items, as used for cigarettes. Chaalia sponsored music videos showing TV stars using these products as a symbolic offering should be banned. Health care professionals have to be proactive in the counseling the high risk patients in particular and others in general. Without such measures, the incidence of oral cancers will not only keep on rising, but also keep on affecting younger age groups.

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