

LETTER to the EDITOR Editorial Process: Submission:12/03/2025 Acceptance:05/31/2026 Published:06/22/2026

Dentistry in the Cancer Care Pathway of India

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Dear Editor

The authors write further to a recent paper published in the APJCP entitled 'Dental Oncology: A Pressing Necessity for Comprehensive Cancer Care' [1].

The authors concur that dental professionals have an important role to play in cancer care, particularly in terms of empowering cancer care pathways. The recent release of a comprehensive cancer care pathway for the state of Punjab in India, recognizes the role and expertise of dentists in strengthening cancer care across the board. General dental practitioners have been suggested to play a significant role at the levels of risk prevention, screening, diagnosis and referral.

Based on data from 2022, 23.9% (males: 36.8%; females: 10.4%) of the total population in India uses tobacco with 4.6% (males:8.6%; females: 0.4%) smoking cigarettes [2].

The significant role dentists can play in tobacco cessation has been acknowledged in the literature, however, as was observed in a study from Turkey out of 501 patients, only 46.7% of the respondents were aware of the role their dentist could play in aiding smoking cessation [3].

In India, tobacco control and habit cessation form part of the BDS course regulations as stipulated by the Dental Council of India [4].

There is sufficient evidence in the literature to establish an association between oral hygiene and cancer outcomes, with good oral hygiene, daily toothbrushing, annual visits to the dentist and fewer missing dentition being demonstrated to be related to a modest reduction in head and neck cancers [5].

In India, theoretical and practical coursework pertaining to oral hygiene maintenance and management of periodontal disease is taught both at the undergraduate and postgraduate levels. Furthermore, the BDS curriculum in India also includes teaching on the identification and proper referral of cancerous and pre-cancerous lesions of the oral cavity [4]. In fact, one of the course points in the section of the curriculum for oral and maxillofacial surgery (OMFS) includes the role dental surgeons can play in the timely detection and prevention of oral cancer [4]. In the practical component, the OMFS component for interns involves performing exodontia in radiotherapy patients as well as biopsies [4]. Xerostomia, mucositis, trismus, opportunistic infections and osteoradionecrosis are also dealt with in the syllabus. The purpose of providing some details regarding the already existing course regulations is to highlight the fact that a structured curriculum is

already in place to facilitate oral care in cancer patients in India. It might be beneficial to focus on and perhaps strengthen if necessary, existing frameworks which have the necessary training components instead of introducing new curricula altogether.

Recent literature suggests that oral cancer is the most common cancer amongst men in India, with significant increases being observed in 14 and 4 population-based registries for males and females respectively [6]. As of 2024, the total estimated incidence for oral cavity and pharyngeal cancer was 280,998 (217,327 males; 63,671 females) cases with a crude incidence rate (CIR) of 19.8 per 100,000 (males: 29.9; females: 19.8) [6]. The overall mortality for these sites was 154,162 cases (116,744 males; 37,418 females) with a crude mortality rate of 10.9 (males: 16.1; females: 5.4) per 100,000 of the population [6].

With these concerning trends holding, it becomes imperative to integrate dental professionals into cancer care in order to enhance outcomes relating to prevention, screening and management, however, a more actionable plan for this might be to focus on existing course framework which has the necessary elements and adapting or improving these if deemed appropriate.

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