J Oral Res
oral and craniofacial sciences

Comment

It is time to reduce the mortality rate of oral cancer in Chile.

Alejandra Fernández[1] & Carla Álvarez.[1]

Affiliations: [1]School of Dentistry, Universidad Andrés Bello, Santiago, Chile.

Corresponding author: Alejandra Fernández. School of Dentistry, Universidad Andrés Bello 237, Santiago, Chile. Phone (56-9) 98796026. E-mail: alejandra.fernandez@unab.cl

Despite extensive knowledge about the etiological factors and clinical manifestation of oral cancer, its mortality rate has increased dramatically in recent decades.[1] At international level, oral cancer ranks 6th among all types of cancer and its mortality rate increased from 0.89 to 0.97 per 100,000 inhabitants between 1989 and 2012.[2] In Chile, oral cancer ranks seventeenth[2] and its crude mortality rate, together with pharyngeal cancer, increased from 0.9 to 1.3 per 100,000 inhabitants between 1955 and 2002. Subsequently, between 2002 and 2010, the crude mortality rate continued to increase, and it is always more frequently found in males and located in the tongue.[3]

The reasons for the increase in the mortality rate of oral cancer are diverse, among them: late diagnosis,[2,4] smoking (which is a widely described risk factor),[1] comorbidities[2] and the lack of a specific national program for oral cancer or because it is not included in the *Explicit Health Guarantees Program* (*GES*, for its acronym in Spanish).[3] All the above makes diagnosis and timely treatment very difficult.

It is absolutely necessary to reduce the mortality risk from oral cancer. Therefore, it is important to develop and implement health programs aimed at prevention, early diagnosis, timely referral to a specialist and timely treatment of oral cancer in all the regions of Chile.[3] This involves the training of dentists and patients in the identification of risk factors and suspected oral cancer lesions.[5] Smoking cessation has been reported to be the main cause of decrease mortality from oral cancer.[4,5] In effect, quitting smoking reduces the risk of oral cancer by 50% at 5 years; at 10 years the risk is similar to that of non-smokers.[4] Therefore, although the goal of reducing mortality from oral cancer is a great challenge, it can be achieved by promoting routine oral mucosa examinations and education regarding modifiable risk factors among patients.

REFERENCES.

1. Fernández A, Córdova P, Badenier O, Esguep A. Epidemiological characterization of oral cancer. Literature review. J Oral Res. 2015;4(2):137–45.
2. van Dijk BA, Brands MT, Geurts SM, Merkx MA, Roodenburg JL. Trends in oral cavity cancer incidence, mortality, survival and treatment in the Netherlands. Int J Cancer. 2016;139(3):574–83.
3. Santelices Ch MJ, Cárcamo IM, Brenner AC, Montes FR. [Oral cancer: Review of the Chilean literature]. Rev Med Chil. 2016;144(6):758–66.
4. van der Waal I. Are we able to reduce the mortality and morbidity of oral cancer; some considerations. Med Oral Patol Oral Cir Bucal. 2013;18(1):e33–7.
5. Chuang SL, Su WW, Chen SL, Yen AM, Wang CP, Fann JC, Chiu SY, Lee YC, Chiu HM, Chang DC, Jou YY, Wu CY, Chen HH, Chen MK, Chiou ST. Population-based screening program for reducing oral cancer mortality in 2,334,299 Taiwanese cigarette smokers and/or betel quid chewers. Cancer. 2017;123(9):1597–1609.

Conflict of interests: The authors declare no conflicts of interest.

Acknowledgements: None.

Cite as: Fernández A & Álvarez C. It is time to reduce the mortality rate of oral cancer in Chile. J Oral Res 2018; 7(4):122. doi:10.17126/joralres.2018.035

ISSN Online 0719-2479 - www.joralres.com © 2018