

TOBACCO & ORAL CANCER

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- ▶ In India Head & Neck Cancer accounts for 45% of all cancers and oral cancers for 1/3rd of all cancers. (Sankarnarayan, 1990)
- ▶ Men are 6-8 times more commonly affected.
- ▶ Most are 40-60 years of age (20% below 40 years of age).
- ▶ Associated with multiple primary cancers
 - ▶ Simultaneous – 15%
 - ▶ Synchronous/ metachronous 10-40%.

similar lining epithelium exposed to carcinogenic stimuli-FIELD CANCERIZATION

ETIOLOGY

- ▶ Cigarettes
 - ▶ Tobacco is the most common factor.
 - ▶ Tobacco contains over 30 known carcinogens such as Polycyclic aromatic hydrocarbons and nitrosamines.
 - ▶ Synergistic interaction with alcohol due to increased mucosal absorption.
- ▶ Pipe and cigar smokers– increased risk of oral cancer.

SMOKELESS TOBACCO

– important cause in India.

- ▶ Gutka, Pan masala, Pan + Tobacco (lime, arecanut), khaini.
- ▶ Gingivo-buccal sulcus cancer correlates with site where tobacco is placed.
- ▶ Reverse chutta smoking.

PRE-MALIGNANT LESIONS

- ▶ Oral SMF
- ▶ Leukoplakia– verrucous, speckled,
- ▶ Erythroleukoplakia

(precursors to oral cancers).

ALCOHOL

- alcohol acts in a synergistic fashion with tobacco.

DENTAL FACTORS

- poor oro-dental hygiene
- loose ill-fitting dentures


INECTIONS

- HUMAN PAPILLOMA VIRUS (HPV)
- Human Immunodeficiency Virus (HIV)
- Ebstein Barr Virus (EBV)

GENETIC PREDISPOSITION



Genetic conditions associated with increased risk.

- Li Fraummani's syndrome
 - Autosomal dominant with mutation of p53 gene
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PREVENTION

- ▶ SCREENING
- ▶ REDUCE RISK FACTORS
 - ▶ Stop tobacco and alcohol intake– lowers the risk
- ▶ CHEMOPREVENTION
 - ▶ Useful in Leukoplakia/ Erythroplakia
 - ▶ ANTIOXIDANTS– like vit A (Retinoids), Isoretinoin.

SITES FOR ORAL CAVITY CANCERS

- ▶ Gingivo-buccal Sulcus– Buccal mucosa, Retromolar trigone, Lower gingiva
- ▶ Tongue
- ▶ FLM
- ▶ Hard palate



DIAGNOSIS

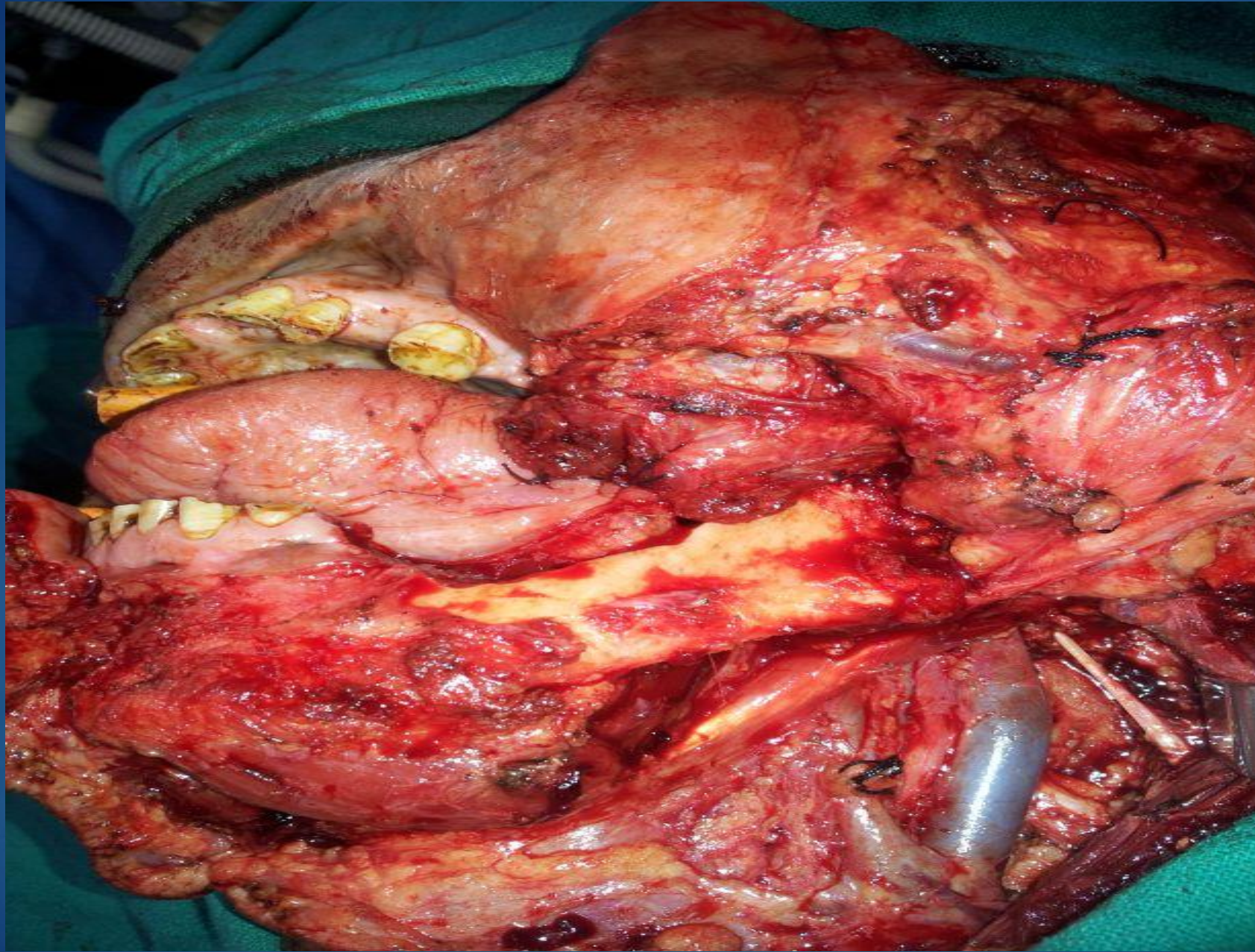
▶ EVALUATION

- ▶ Clinical
- ▶ Radiological
- ▶ Biopsy
- ▶ Staging – TNM

TREATMENT PROTOCOLS

- ▶ CURATIVE– Resectable
 - ▶ Composite resection with Neck dissection (RND, MRND, Selective).
 - ▶ Reconstruction– Quality of life.
 - ▶ Post-op RT/ Post-op CT+RT

- ▶ PALLIATIVE/ SUPPORTIVE









CURE RATES

- ▶ Pathological Staging
- ▶ Prognostic Factors.