

EDITORIAL

The WHO approaches to global strengthening the prevention of oral cancer

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Cancer is one of the major threats to public health in the developed world and increasingly in the developing world. In developed countries cancer is the second most common cause of death. According to the World Health Report 2004 (1), cancer accounted for 7.1 million deaths in 2003 and it is estimated the overall number of new cases will rise by 50% in the next 20 years (2)

Oropharyngeal cancer is more common in developing than developed countries (3,4). The prevalence of oral cancer is particularly high among men, the eighth most common cancer worldwide. Incidence rates for oral cancer vary in men from 1 to 10 cases per 100,000 population in many countries. In south-central Asia, cancer of the oral cavity ranks among the three most common types of cancer. In India, the age standardized incidence rate of oral cancer is 12.6 per 100,000 population. It is noteworthy that sharp increases in the incidence rates of oral/pharyngeal cancers have been reported for several countries and regions such as Denmark, France, Germany, Scotland, central and eastern Europe and to a lesser extent Australia, Japan, New Zealand and the USA (3,4). Tanzania is one of the developing countries of the African region which shows remarkably high oral cavity cancer incidence and mortality rates in both men and women.

The cancer epidemic in developed countries, and increasingly in developing countries, is due to the combined effect of the ageing of populations, and the high or increasing levels of prevalence of cancer risk factors. It has been estimated that 43% of cancer deaths worldwide are due to tobacco, unhealthy diet, physical inactivity and infections (3). Tobacco use and excessive alcohol consumption have been estimated to account for about 90% of cancers in the oral cavity; the oral cancer risk increases when tobacco is used in combination with alcohol or areca nut (5). The evidence that smokeless tobacco causes oral cancer was confirmed recently by the International Agency for Research on Cancer (6).

WHO co-sponsored congress on oral cancer

The 10th International Congress on Oral Cancer took place 19th-24th April 2005 in

Crete, Greece, and was attended by nearly 1,000 researchers, health professionals and public health administrators. The congress was organized by the association for International Congress on Oral Cancer, the Hellenic Cancer Society, the Hellenic Association for the Treatment of Maxillofacial Cancer, and co-sponsored by the World Health Organization.

Biologic, clinical and public health aspects of oral cancer and precancer was analyzed by participants and the congress programme focussed on international disease trends and risk factors; tools for early diagnosis of oral cancer; prevention and screening; treatment, care and services; quality of life of patients suffering from oral cancer, public health implications and the need for international collaborative research and intervention.

The participants of 57 countries unanimously issued the Crete Declaration on Oral Cancer Prevention

(http://www.who.int/oral_health/events/crete_declaration_05) and encouraged national and international health authorities, research institutions, non-governmental organizations and civil society to strengthen their efforts for the effective control and prevention of oral cancer. The WHO Oral Health Programme is committed to work for country capacity building in oral cancer prevention, inter-country exchange of information and experiences from integrated approaches in prevention and health promotion and the development of global surveillance systems for oral cancer and risk factors.

The potential for prevention

Cancer is a silent epidemic that has not yet attracted major attention among health policy makers and public health administrators. Owing to the recent WHO Framework Convention on Tobacco Control (7,9) and the recent WHO resolutions on diet, physical

activity and health (10) there is an increasing political debate about how to address prevention of cancer and other chronic, non-communicable diseases that share similar risk factors. Furthermore, a 2005 World Health Assembly resolution on cancer prevention and control (11) highlights the need for a comprehensive approach to combat cancer, with prevention being on integral component.

The Fifty-eighth World Health Assembly Resolution on Cancer prevention and control (WHA 58.22), 25 May 2005, urges member states to collaborate with WHO in developing and reinforcing comprehensive cancer control programmes tailored to the socioeconomic context, specifically through the systematic, stepwise and equitable implementation of evidence-based strategies for prevention, early detection, diagnosis, treatment, rehabilitation and palliative care, and to evaluate the impact of implementing such programmes. National health authorities are encouraged to consider outcome-oriented objectives for their cancer control programmes, prioritizing preventable tumours and exposure to risk factors (such as tobacco use, unhealthy diets and harmful use of alcohol), and cancers amenable to early detection and treatment, such as **oral cancer** and cervical, breast, and prostate cancers. The 2005 World Health Assembly Resolution also encourages the scientific research necessary to increase knowledge about the burden of and causes of human cancer, giving priority to tumours, such as cervical and **oral cancer**, that have a high incidence in low-resource settings and are amenable to cost-effective interventions.

Further information on WHO Oral Health Programme activities related to strengthening of cancer prevention: www.who.int/oral_health

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