

ORAL CANCER

World Health Organisation (WHO) has already identified oral cancer as one of the 10 most common cancers in the world with its high frequency in central and South East Asian countries including India ,Pakistan and Bangladesh . As per WHO report , about 5.75 lakh new cases of oral cancer are identified every year apart from death of nearly 3.20 lakh patients due to oral cancer. The oral cancer is also a major problem in our country accounting for 50 to 70% of all cancers diagnosed.

Smoking is the commonest form of tobacco usage among men in the State whereas chewing tobacco is more common among women and children. Tobacco chewing among men is increasing in Kerala probably due to the smoking ban and industry strategy to focus on smokeless tobacco. Tobacco use is significantly more among the low socio-economic (SE) groups compared to the high SE group. Mortality and morbidity attributed to tobacco is higher among the poorest people in the State. Age adjusted cancer rate of oral cavity and lung cancer has been increasing in the State in recent years. Heart diseases among the young people are increasing in the State. Cancer and heart diseases are chronic illnesses which may pull the individual and the entire family below the poverty line.

Tobacco control therefore should be a top priority not only as a health issue but as a poverty reduction issue. Poverty alleviation is one of the major goals of developing economies. No poverty alleviation programme can ignore the potential impoverishment associated with tobacco use. Kerala with a very strong decentralized government has a very good opportunity to address tobacco control as a priority at the grass root level and reduce the impoverishment due to tobacco use.

Since the last 10 years , especially in our club located in Kerala has become a favored destination for workers from Assam, West Bengal, Bihar, Orissa, Jharkhand, Chattisgarh etc. The Labour Department estimates that there are about 20 lakh to 30 lakh migrant workers in Kerala and they include skilled, semi-skilled and unskilled workers. Perumbavoor is most common location for the migrant labours because of the plywood factories in and around perumbavoor. The usage of smokeless tobacco is very common among among the migrant labours. The police has already seized a substantial amount of tobacco chewing products from this region. These tobacco products are one of the major causative agents for pre malignant lesions and cancer in the oral cavity.

CASE STUDY:

Cancer has overtaken heart disease as the world's top killer in 2011, part of a trend that will more than double global cancer cases and deaths by 2030, according to a study by World Health Organisation (WHO). Cancer diagnoses around the world have steadily been rising and are expected to hit 12 million this year. Global cancer deaths are expected to reach 7.9 million, according to the new report by WHO. That means new cancer cases will likely mushroom to 27 million annually by 2030, with deaths hitting 17 million.

Annually, over 3,00,000 new cases of oral cancer are diagnosed all over the world where the majority are diagnosed in the advanced stages III or IV. Such data make the oral cancer an important public health matter which is responsible for 3% to 10% of cancer mortality worldwide. It is therefore possible to conclude that, the incidence and mortality rates of oral cancer can be reduced by means of health promotion policies, early detection and healthy lifestyle. It is estimated that oral cancer deaths are due to tobacco use, unhealthy diets, alcohol consumption and inactive lifestyles.

The Indian Scenario

Oral cancer is the most common cancer in India; as 4 in 10 of all cancers are oral cancers. Annually 130,000 people succumb to oral cancer in India which translates into

approximately 14 deaths per hour. The reason for high prevalence of oral cancer in India is primarily because tobacco is consumed in the form of gutka, quid, snuff or misri. Rising tobacco use in India, where 40 per cent of the world's smokers live has contributed to this trend. In comparison, in US oral cancer represents approximately 13% of all cancers thereby translating into 30,000 new cases every year.

Facts about oral cancer in India

- Recently, a trend has been observed towards increased incidence of oral cancer among young adults. This increase in incidence is only observed in patients with tongue cancer.
- In fact, in India, 60-80% of patients are present with advanced disease as compared to 40% in developed countries. Early detection would not only improve the cure rate, but it would also lower the cost and morbidity associated with treatment.
- Increasing prevalence of oral submucous fibrosis, especially in younger individuals,

caused by gutka, an industrially manufactured food item has been seen.

The above facts state that, cancer cases in general, are increasing in India and it is high time that planners, social activists and government give adequate stress for prevention, early diagnosis, treatment and rehabilitation of these populations.

86 per cent of global oral cancer incidence in India

. India continues to report the highest prevalence of oral cancers globally with 75,000 to 80,000 new cases of such cancers reported every year.

. In India, tobacco alone is responsible for 1.5 lakh cancers, 4.2 million heart diseases, 3.7 million lung diseases every year.

. Worldwide too, cancer is the leading cause of death accounting for 7.6 million deaths in 2008.

. As many as 2,500 persons die every day due to tobacco-related diseases in India.

. Oral cancer is the most common cancer in the population of India today. The statistics are quite shocking with 14 deaths per hour due to oral cancer in India which inhabits 40% of world smokers. The likeliness of people who abuse tobacco to have oral cancer is six times as compared to non- smokers. The SEAR Region is home to 250 million smokers and an equal number of smokeless tobacco users.

. More disturbing is the finding that chewing tobacco and gutkha contribute to 90 per cent of oral cancer cases in the country, with the Health Ministry now banking on the successful implementation of the 2011 notification which banned the use of tobacco in gutkha by describing gutkha as a food product and saying that food products cannot contain nicotine. Most of this type of cancer can be attributed to the use of chewing tobacco considering more Indians chew tobacco than smoke it.

- 1) The poor income groups are more pre-disposed to smoking bidis and chewing tobacco. This is primarily attributed to “Ghutka – chewing tobacco”, this smokeless tobacco is available in sachets with government permission.
- 2) Food Safety Commissioners across states have, however, reported the fact that chewing tobacco industry is trying to tweak the law by selling gutkha and tobacco in separate packs.

A recent report prepared by experts of National Institute of Health and Family Welfare (NIHFW) to study the harmful effects of gutka specified clearly that India alone accounted for 86 percent of the total oral cancer figure across the world.

The country is the oral cancer capital of the world because of rampant habit of tobacco chewing. The Health Ministry's own statistics show that over 65 per cent of cancers in India can be attributed to tobacco use.

Another set of data suggests of the annual 5.6 million cancer deaths in India, a third can be blamed on tobacco use with India suffering from one of the highest rates of oral cancer in the world as much as twice the global average.

AIM OF THE PROJECT:

To conduct screening camps and educate people in Project or affected area against usage of tobacco and other products which causes oral cancer.

To motivate common public , school and college students against the usage of tobacco products , especialy tobacco chewing products.

To motivate school and college students to participate and become volunteers in the Rotary clubs campaign “ SAY NO TO ORAL CANCER”

To do biopsy and confirm cases with pre malignant lesions

To help patients in quitting tobacco usage by counselling and replacement drug therapy

To do non invasive procedures as treatment

Plan of Action

The project can be implemented by providing a mobile dental unit for screening of oral cancer and conduct dental treatments for the poor and underprivileged people in the project area like Perumbavoor town or nearby villages in Ernakulam District, Kerala State in South India. A vehicle equipped with dental chair with oral cancer screening and biopsy equipments staffed with a Dentist and Assistants can be operated in the Project area, so that dental facility can be provided at the doorstep of the poor and needy people of the region. The same vehicle can be used to provide health education to the people and spearhead the conduct of free dental camps in the Project area.

In addition to the subject mentioned above, the following matters are also to be implemented.

1. Public awareness campaigns including fixing of stickers, posters, etc. in public places, auto rickshaws and other public transport systems.
2. Organize dental treatment and oral cancer screening camps in the affected area.
3. Involve students thru Scout & Guides, NSS or NCC in nearby schools and colleges to conduct cancer awareness programs
4. To discourage common public, school and college students from using tobacco products especially tobacco chewing products
5. To help patients in quitting tobacco by counseling and replacement drug therapy
6. Conduct awareness classes to the public by experienced and trained specialist doctors.
7. Distribute oral cancer awareness pamphlets to offices and business establishments in and around affected area.
8. Conduct a “Run for the oral cancer awareness” and make college/school students and others to participate in it.

Budget

1) TATA Vehicle LP712/42 CHASSIS BS4	- Rs 10,50,593	USD 15450
2) Vehicle Body Building with tubular steel structure Clinical cabin/Honda invertor technology Generator/ Daikin Airconditioner/Fresh and waste tank with pressurised motor and with al medical accessories	- Rs 24,96,000	USD 36705
3) Dental Chair with accessories	- Rs 2,50,000	USD 3676
4) Training Part	- Rs 11490	USD 169
TOTAL	INR 38,08,083	USD 56000

1 USD = Rs 68/