



LETTER TO THE EDITOR

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Diagnosis of oral and oropharyngeal cancer (OOC) involves malignancies arising from the outer faces of the lips down to the oropharynx, with codes C00-C14 in the tenth International Classification of Diseases (ICD-10). The OOC is the sixth most common cancer worldwide and its appearance is associated with alcohol consumption and tobacco in all its forms, from cigarettes to chewing mixtures. These habits have been reported in the literature as the main risk factors for its development. A higher risk of this disease has also been reported in men over 45 years¹.

Currently, Chile has two systems to register the frequency of occurrence of malignancies. The first and longest-running system is the one kept by the Chilean Statistics and Health Research Department (DEIS, for its acronym in Spanish). The DEIS has registered death rate per person from 1997 to 2012. This information has contributed to the implementation of epidemiological studies at a national level. The second system corresponds to population-based cancer registries (PBCR) established in some areas of the country. PBCRs are intended to register new cases of cancer in the population of a given geographical area. This last register has helped to determine the incidence and death rate of certain types of malignancies in some regions of the country.

The usefulness of having registers of cancer incidence and death rates lies in the possibility of knowing the characteristics and distribution of the disease; useful information for decision-making in public policy. It is clear that the existence of current population registers is valuable. However, as they are limited to certain cancers and regions, malignancies with lower prevalence such as OOC of cannot be monitored or observed.

In the first report of PBCRs for the period 2003-2007 it was informed that the number of new cases of lip and oral cavity cancer was not higher than 70 patients in the

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regions of Antofagasta, Los Rios and Biobio².

However, these frequencies may vary, being higher or lower in other regions. This is one of the weaknesses of the current registration system, since while estimating the national incidence with those obtained in specific geographical areas, national and local situations may be underestimated or overestimated. This fact is more critical in the case of lower frequency pathologies, or with those related to environmental factors, such as OOC.

Based on the information of these registers three studies of oral cancer mortality have been published. The study by Riera *et al.*³ presents information on gross annual mortality rates in a time series from 1955 to 2002. The study by Ramirez *et al.* from 2002 to 2010⁴, along with the one conducted by Riera *et al.*³, show relative stability in mortality from these diseases with about 200 deaths annually nationwide and a slightly increased mortality in women. In the study by Colil *et al.*⁵ mortality by these causes is described in the Valparaiso region, specifically in the cities of Valparaiso and Viña del Mar. Results were consistent with other authors, with men showing the highest frequency. The most frequent locations were oropharynx, salivary glands and tongue. However, Colil *et al.*⁵ concluded that the frequency of this group of cancers has increased, which could be part of a change in the regional trend.

Today some initiatives to address other aspects of this problem, early detection and treatment have been launched nationwide. For this, dentists must be able to identify suspicious lesions, refer patients to pertinent specialists and guide them in the process⁶. Current initiatives to address this problem are: the creation of the National Network of Oral Cancer (RENACO, for its acronym in Spanish) and the massive health campaign “*Previene Cáncer Bucal*” (Preventing Oral Cancer). The first initiative, RENACO, gives health professionals the tools to assist diagnosis and



referral of people that may be affected with this type of malignancy. The second initiative aims to educate people on the early detection of these diseases.

However, it is our responsibility to control the risk factors for these diseases, considering their high frequency in Chile. Tobacco and alcohol consumption rates are high compared with other countries; the starting age for smoking tobacco is continuously decreasing, and the increase in cigarette smoking among young women is a cause of concern. These behavioral changes in Chileans could lead to a variation in the distribution of oral cancer at the population level, so we must be alert and keep a constant monitoring not only during dental checkups, but also conducting screening studies to observe the behavior of these pathologies at a national level.

For all the above reasons, OOC poses at least three major challenges for Public Health. First, the need to expand and improve epidemiological records, including incidence. Second, the training of dentists and physicians to improve the early diagnosis of these lesions. Third, educating people to promote self-inspection of the oral cavity and self-care. All this in order to make people aware of this group of diseases that can be easily prevented, diagnosed, and treated, and whose location makes dentists responsible for their detection.

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