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Tafaul-Al-Ahsa Cancer Foundation Wins EXCELLENCE AWARD for Cancer Awareness Initiatives at Gulf Cancer Awareness Week 2024





The Gulf Oncology Society meeting resulted in fruitful outcomes, with young doctors showing keen enthusiasm for assuming leadership roles and implementing impactful initiatives.

The Official Journal of the Gulf Federation For Cancer Control

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A Special Review on Evaluating Primary and Secondary Prevention Interventions for Oral Cancer: Insights from the IARC Handbooks on Cancer Prevention Volume 19

Volume 19, ***Oral Cancer Prevention***

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The International Agency for Research on Cancer (IARC), through its Handbooks Programme, publishes a series of books on cancer prevention, which provide evaluations of the evidence on the effectiveness of primary and secondary prevention interventions that may help reduce the cancer burden worldwide.

Oral cancer is amongst the most common cancers, with an estimated 389 846 new cases and 188 438 deaths globally in 2022, the highest incidence being in Melanesia and South Asia. The main causes of oral cancer worldwide are tobacco in all forms and alcohol consumption. The latest in the series, the *IARC Handbooks of Oral Cancer Prevention* Volume 19[1], has evaluated for the first time primary and secondary prevention interventions for oral cancer. To this end, a Working Group of 25 independent international experts was convened between September and December 2021 to review the scientific evidence.

This Handbook starts with an overview of the global burden of oral cancer and Oral Potentially Malignant Disorders (OPMDs).

Chapter 2 focuses on the established risk factors for oral cancer and the evidence that quitting exposure to these risk factors decreases oral cancer risk: these include consumption of smoked tobacco, smokeless tobacco, areca nut (with and without tobacco), alcohol, and HPV16 infection. Additional potential risk factors such as environmental, lifestyle–related, demographic, orodental and genetic factors are then briefly described; this chapter also provides a narrative overview on preventive dietary agents.

In the third Chapter, the Working Group reviewed the evidence on the effectiveness of interventions, (behavioural interventions and pharmacological interventions, or combined) for cessation of use of smokeless tobacco or areca nut (with and without tobacco). The positive impact of implementing various policies for smokeless tobacco control and areca nut control in reducing consumption is also presented, e.g. increasing price and taxation, education and public awareness, ban on advertising, sponsorship and use in youth population. As an introduction, this chapter gives highlights on the prevalence of consumption of smokeless tobacco and areca nut in the different WHO regions.

Chapter 4 focuses on oral cancer screening. It first covers the different methods and technologies available for screening: clinical oral examination is the main screening method, with a specificity ranging from 75–99 %, while mouth self–examination can be beneficial in low–resource settings. Other technologies such as visualization adjuncts, cytology, liquid biopsy and artificial intelligence – as emerging technology – are also described. The chapter concludes with evaluation of the effectiveness of screening among high–risk populations. It is noted that very few population–based organized or non–organized oral cancer screening programs exist worldwide despite the very high incidence of oral cancer is some countries.

Chapter 5 is a summary of the key points and a concise description of the main evidence detailed in each chapter, thus providing a quick guide for the reader to understand the content of all the chapters.

The last chapter presents the outcomes of the evaluations of the strength of evidence. The Working Group concluded that there is *sufficient evidence* that quitting tobacco smoking, quitting areca nut chewing (with and without tobacco) and quitting alcohol consumption all reduce the risk of oral cancer. They also concluded that there is *sufficient evidence* that behavioural interventions are effective in inducing quitting of SLT use in adults, while the evidence in youth was *limited*.

Several challenges were identified, including limitation in the availability of comprehensive research strategy to

assess changes in the pattern of oral potentially malignant disorders, research gaps on the association of oral cancer and use of smokeless tobacco and areca nut especially in lower–middle–income countries, as well as lack of knowledge in diagnosing and screening for oral cancer.

The *IARC handbook* on oral cancer prevention is a very important evidence–based reference, with a comprehensive review of the literature on both primary and secondary prevention interventions for oral cancer. This handbook will play a pivotal role in helping policy makers to implement important measures to reduce the burden of oral cancer.

A summary of the IARC perspective on Oral cancer prevention was published as a Special Report in The New England Journal of Medicine in November 2022[2].

Conflict of interest:

None.

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