

ORAL CANCER IN ROMANIA

Causes and Risk Factors

Stela Carmen Hanganu

“Gr. T. Popa” University of Medicine and Pharmacy, Iasi, ROMANIA

Faculty of Dental Medicine

Department of Community Dentistry



European Association of Dental Public Health

15th annual Congress
9-11 September 2010,
Constanta, Romania





- 🇷🇺 Total population (thousands) = 21438
- 🇷🇺 Population living in urban areas (%) = 54
- 🇷🇺 Life expectancy at birth (years) = 70 Male, 77 Female, 73 Both sexes
- 🇷🇺 Healthy life expectancy at birth (years) = 65 Both sexes





ORAL CANCER

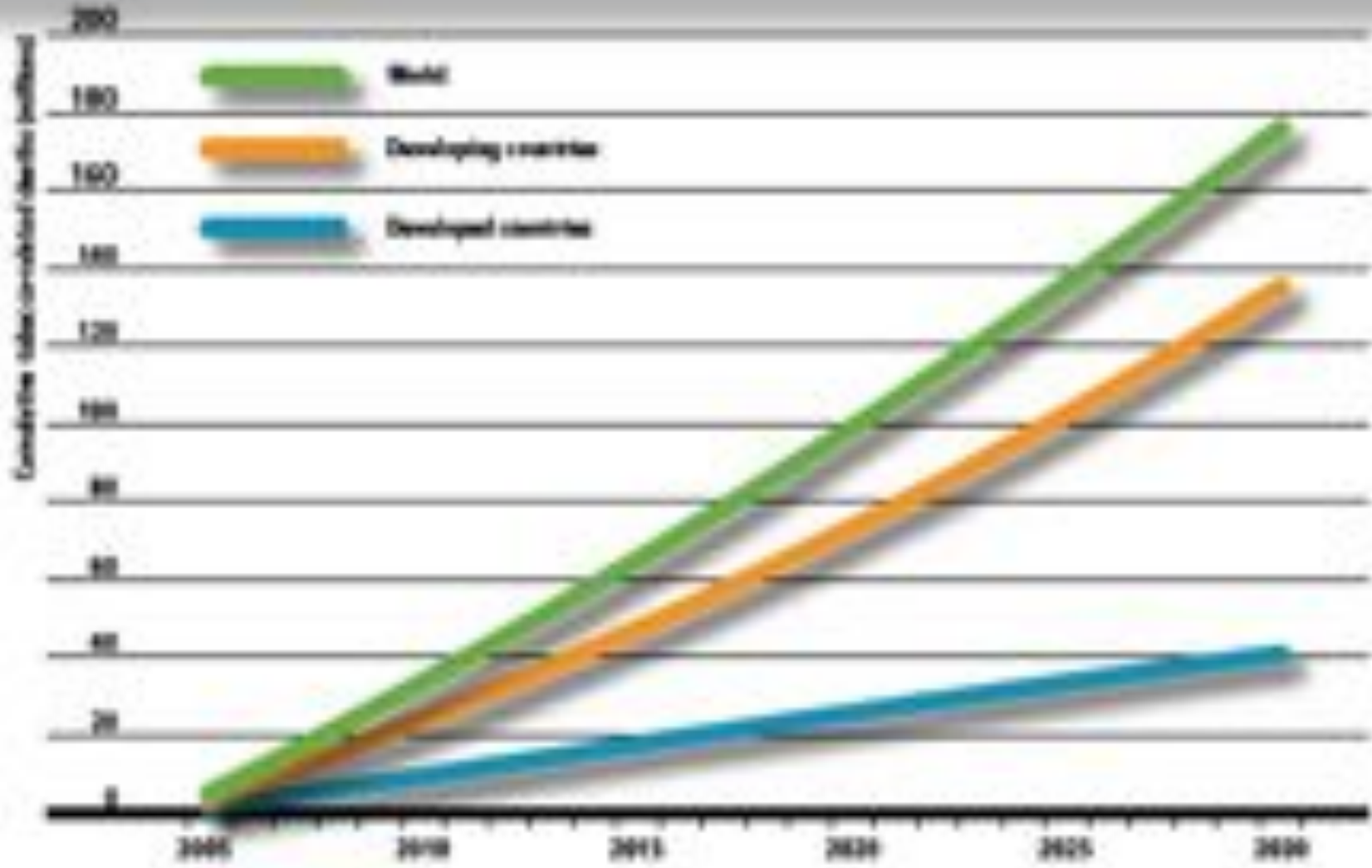
✚ affects many people a year and It is very disfiguring;

✚ it results in:

- in severe loss of oral function;
- chronic discomfort including difficulty in chewing, swallowing and speaking.

✚ can affect any area of the oral cavity including:

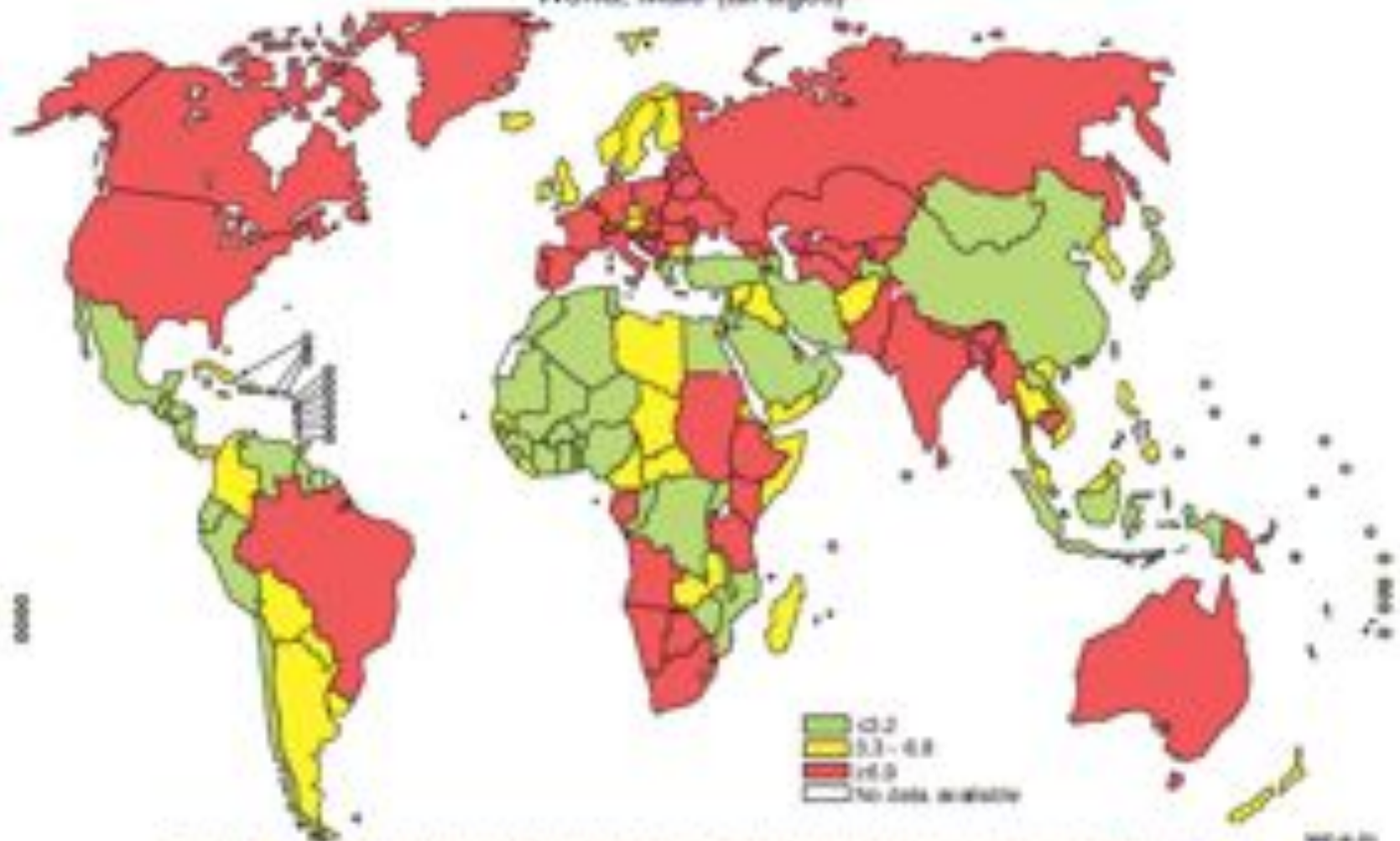
- the lips,
- gum tissues,
- cheek lining,
- tongue
- hard or soft palate.



Source: Mathew CB, Lwin CC. Projections of global mortality and burden of disease from 2002 to 2050. *N Engl J Med*. 2008; 359(11):98-102.



Incidence of oral cavity cancer (ICD-10: C00-C08)
Age-standardized rate (ASR) per 100 000 world standard population
World, Male (all ages)

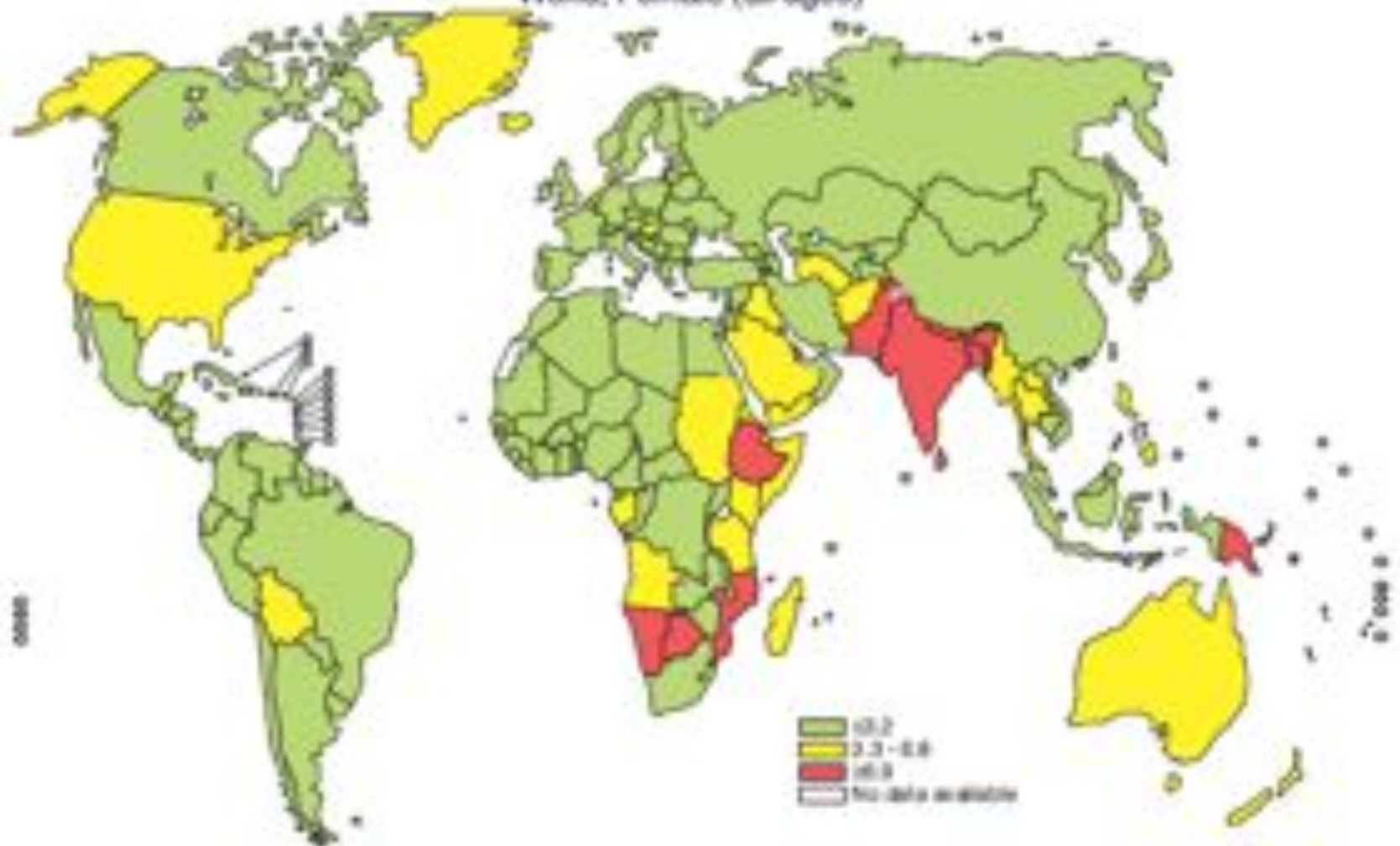


The boundaries and the representation of territories on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines represent approximate boundaries for which there may not yet be full agreement.

Source: GLOBOCAN 2002 International Agency for Research on Cancer <http://www.iarc.fr/en/figures/figures.asp?tbl=c00&sex=m>

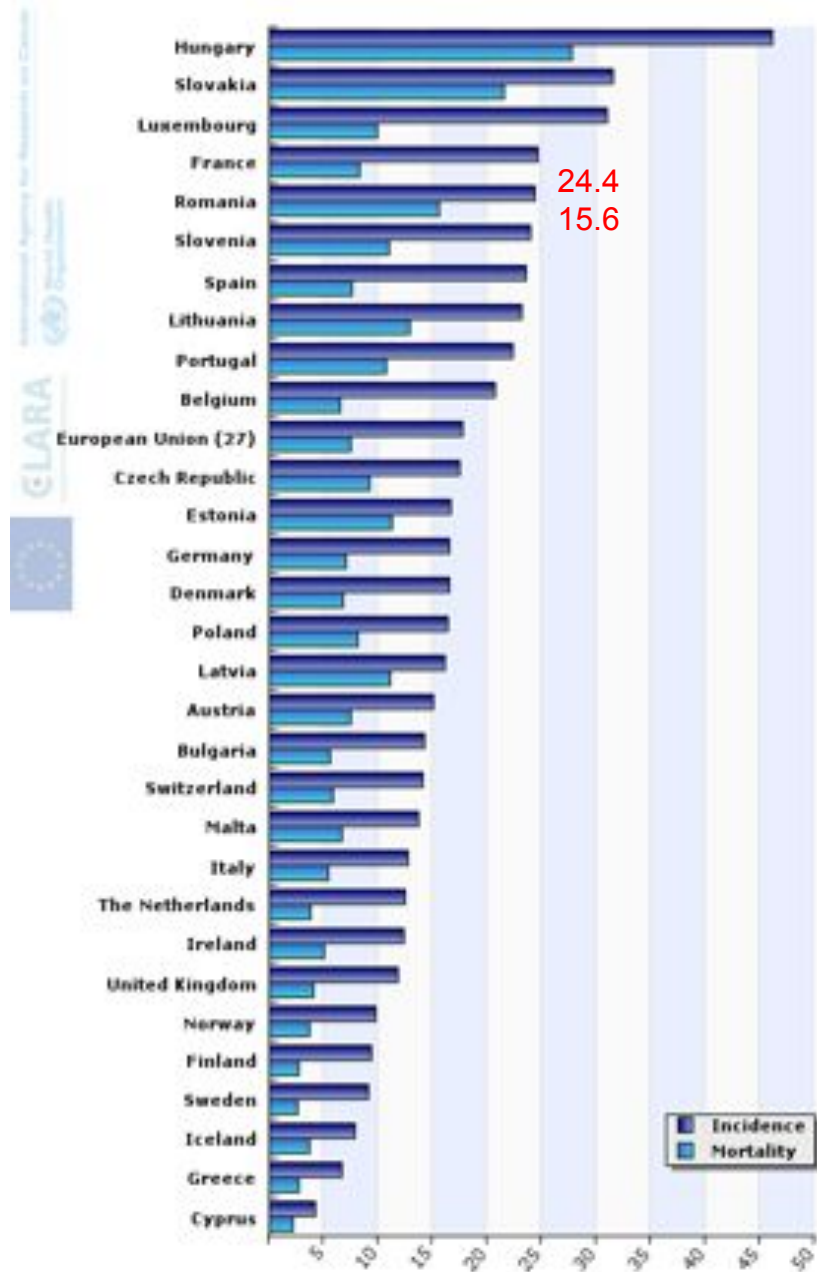


**Incidence of oral cavity cancer (ICD-10: C00-C08)
Age-standardized rate (ASR) per 100 000 world standard population
World, Female (all ages)**

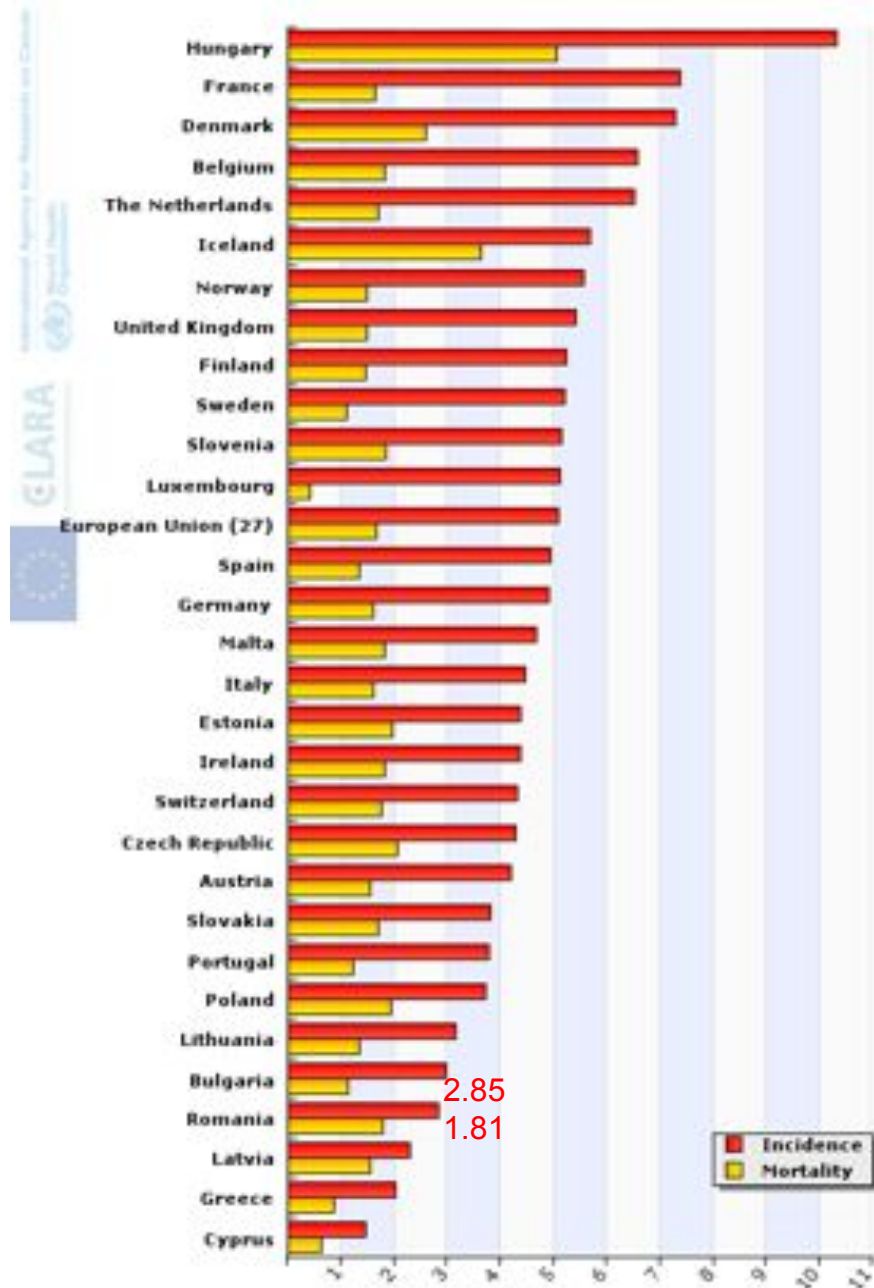


The designations employed and the presentation of material in this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines show approximate boundaries where there is insufficient evidence to establish a definite line.

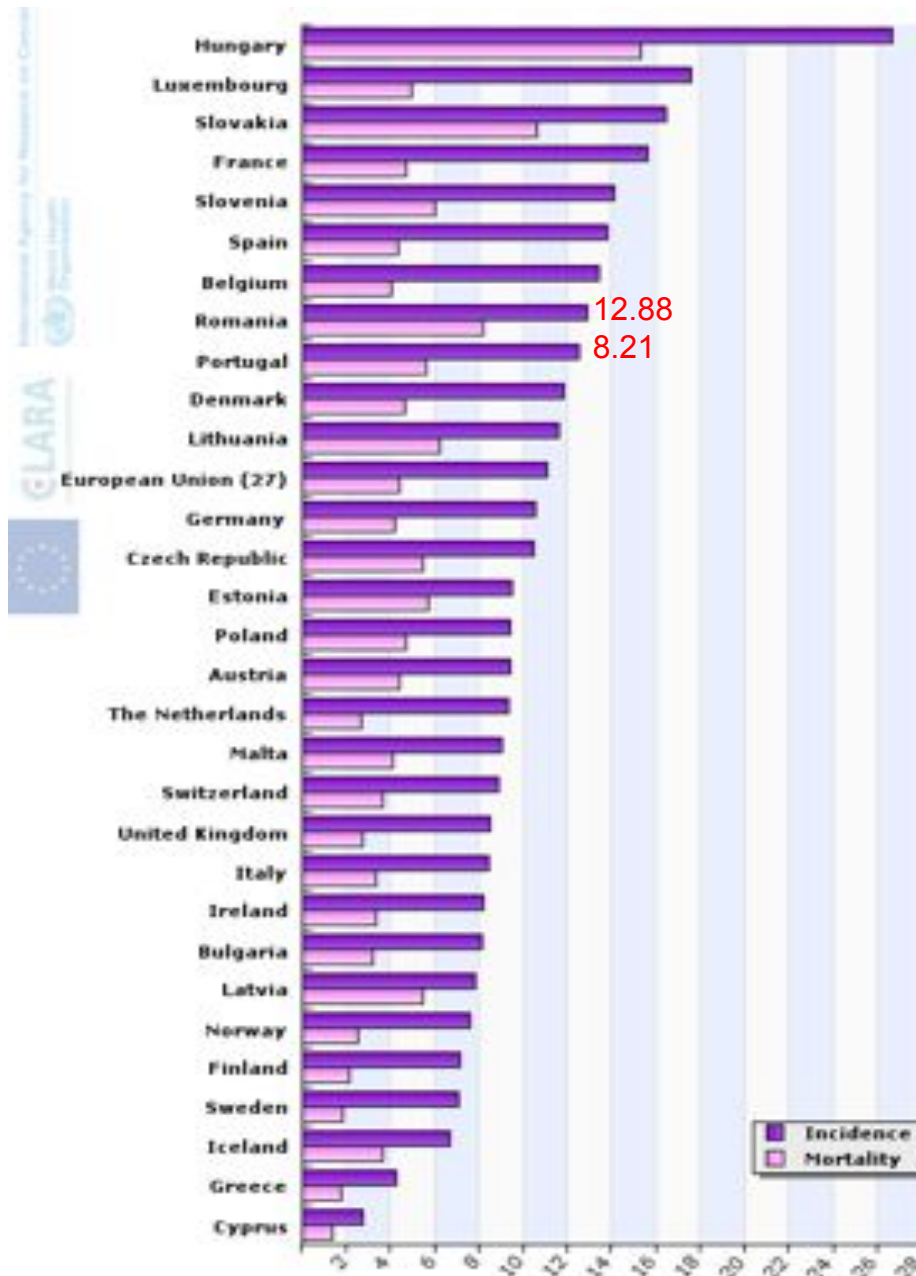
Source: GLOBOCAN 2002 International Agency for Research on Cancer <http://www.depts.fsu.edu/~ihs/gho/cancer/globe/can0202.htm>



Estimated incidence and mortality from Oral cavity and pharynx cancer in men (2008)
Age Standardised Rate (European) per 100,000



Estimated incidence and mortality from Oral cavity and pharynx cancer in women (2008)
Age Standardised Rate (European) per 100,000



Estimated incidence and mortality from Oral cavity and pharynx cancer in both sexes (2008)
Age Standardised Rate (European) per 100,000



THE MAJOR RISK FACTORS ASSOCIATED WITH ORAL CANCER

- ✚ **Smoking tobacco** – cigarettes, pipes and cigars;
- ✚ **Smokeless tobacco** (chewing tobacco)
- ✚ **Excessive alcohol consumption**;
- ✚ Prior history of oral cavity / aerodigestive cancers;
- ✚ Age;
- ✚ Deficiencies in diet, especially of certain vitamins including A, C and E.

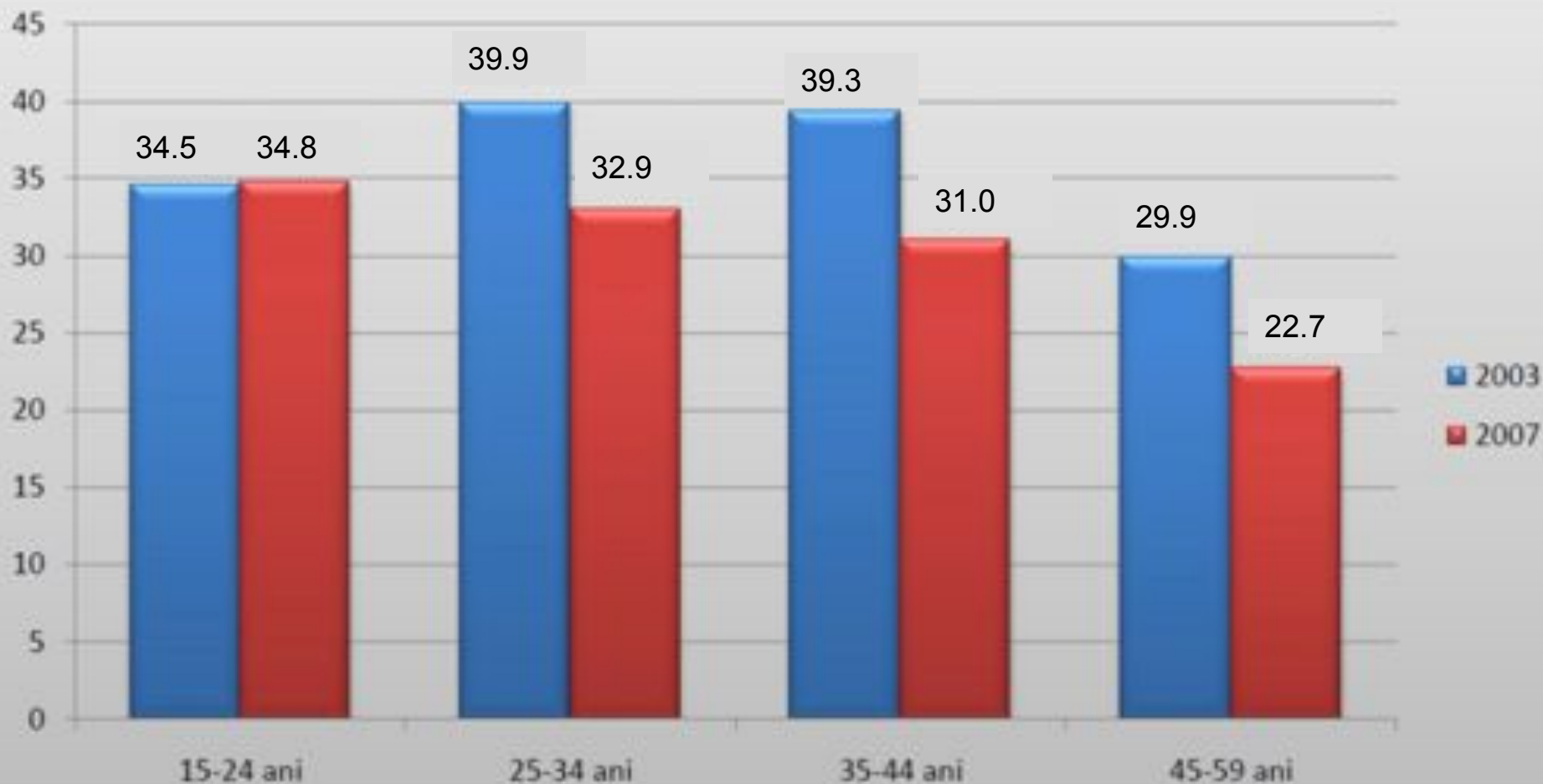
In addition to the above, there are numerous minor risk factors that should be considered when considering oral cancer susceptibility. These include:

- ✚ Genetic / familial disposition;
- ✚ Environmental pollution;
- ✚ Excessive exposure to sunlight;
- ✚ Candida albicans yeast fungi infection.

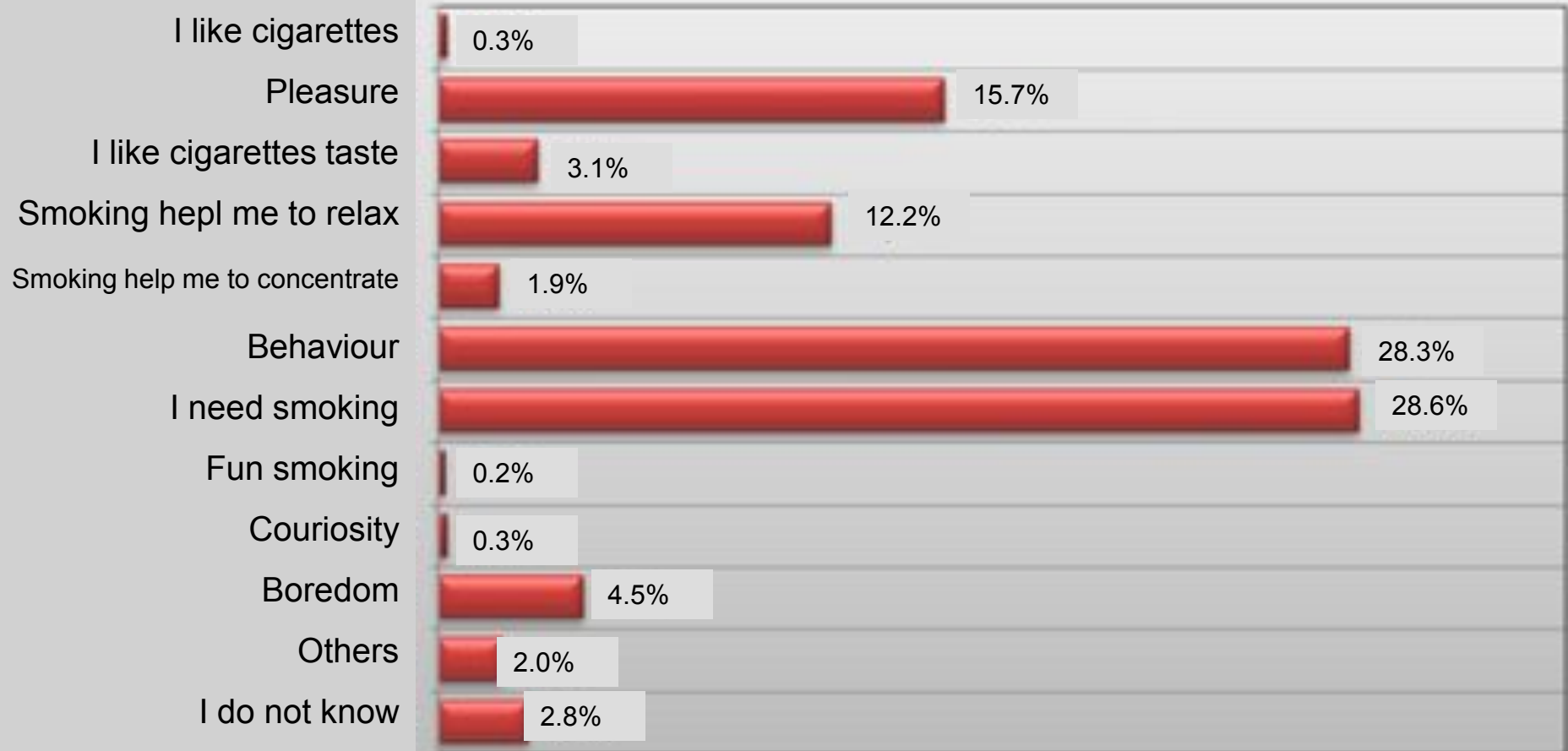


THE MAJOR RISK FACTORS ASSOCIATED WITH ORAL CANCER

Various studies have shown that a causative relationship exists between oral cancer and the heavy intake of alcohol, the evidence from which indicates that the combination of tobacco and alcohol use raises the risk for oral cancer significantly more than the use of either substance alone.

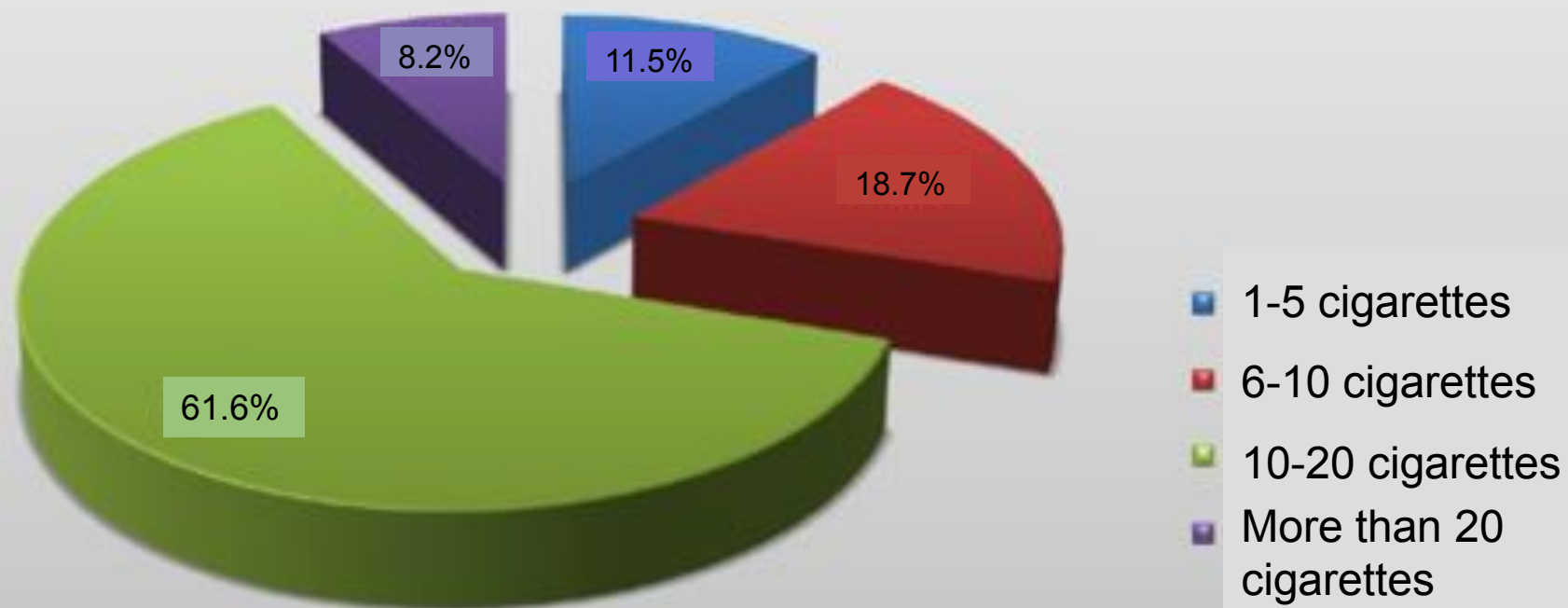


The prevalence of smoking according with age groups in Romania
(Policies and Health Services Center, Bucharest, 2007).



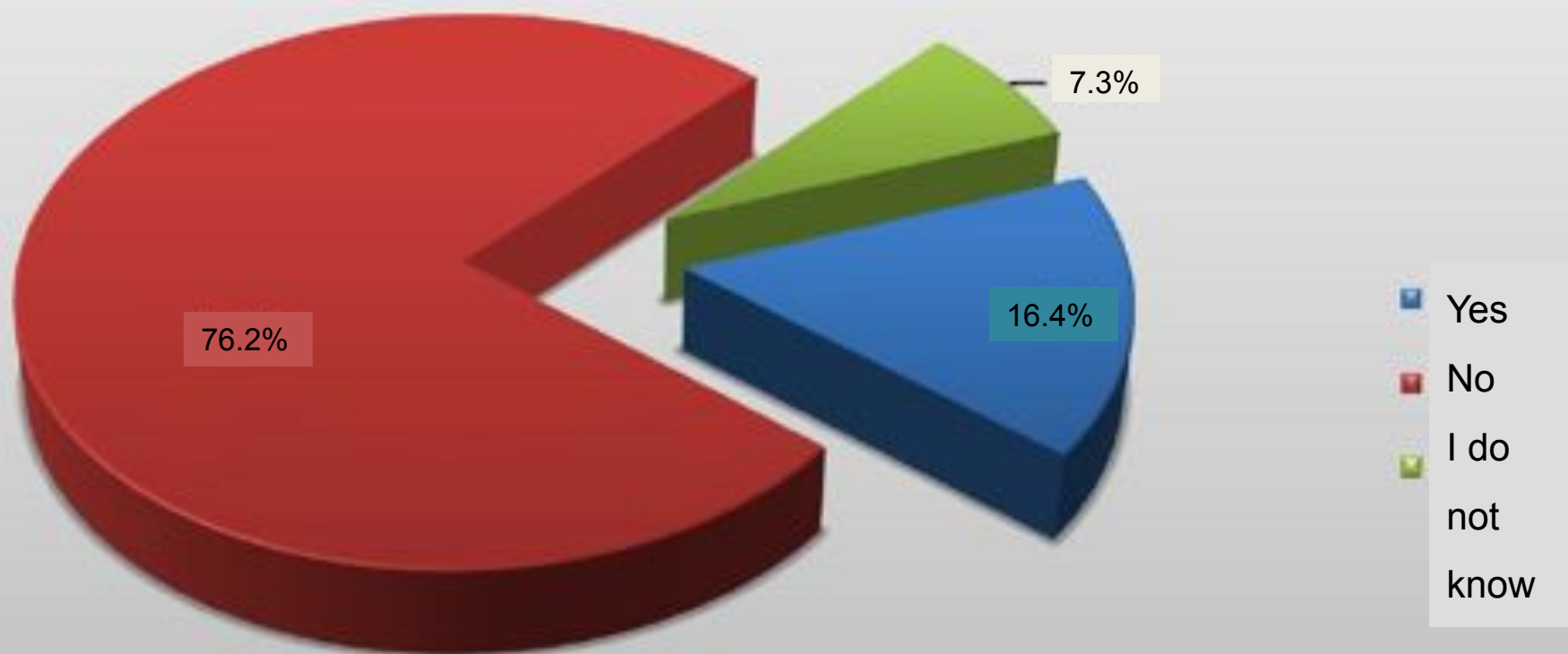
The reasons for smoking in Romania

(Policies and Health Services Center, Bucharest, 2007).



The number of smoking cigarettes /day in Romania

(Policies and Health Services Center, Bucharest, 2007).



Did you received stop smoking advice from the medical team in Romania?

(Policies and Health Services Center, Bucharest, 2007).



WHAT CAN BE DONE?



Tobacco use is the leading preventable cause of death in the world.
(World Health Organization: The World Health Report 2003)



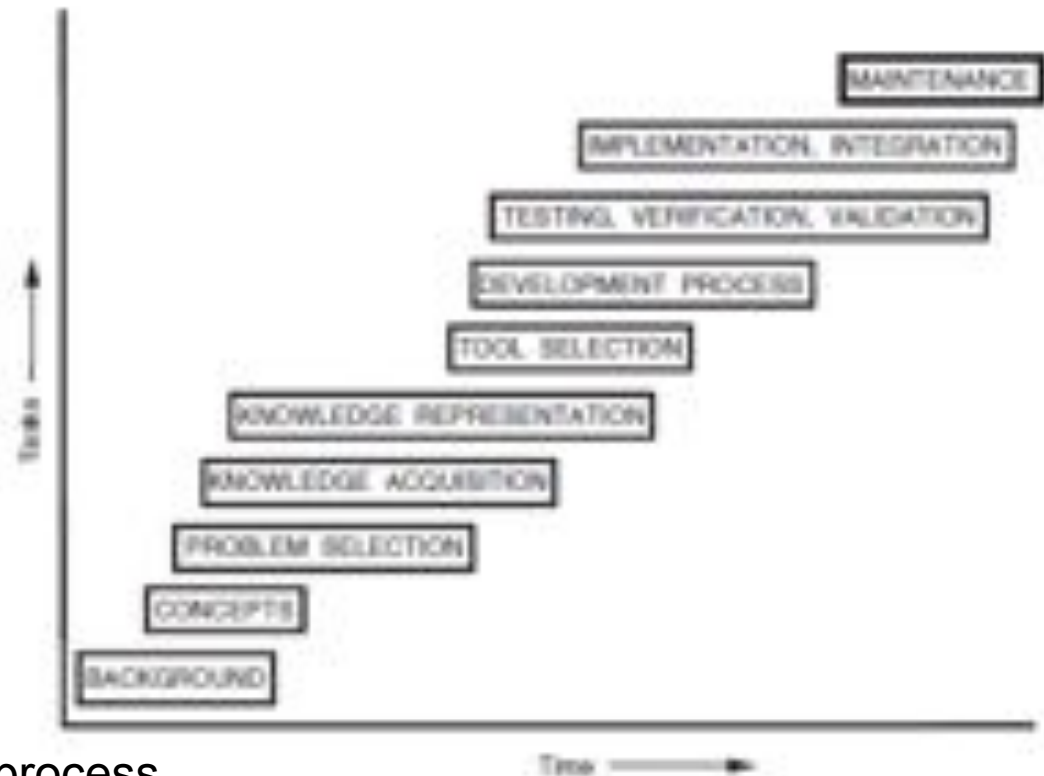
THE ROLE OF DENTAL FACULTIES

- ✚ To introduce in curricula of dental faculties courses concerning the impact of smoking on human health, and quality of life;
- ✚ To provide training on smoking cessation and prevention.



NATIONAL PARTNERSHIP IN ORAL HEALTH AREA ON TOBACCO USE PREVENTION AND SMOKING CESSATION –“SANFACTOR“

The project proposes **the realization and implementation, of an expert system named SANFACTOR**, that appeals to techniques of knowledge gain in the field of dentist-patient dialogue using specific communication means based on Natural Language Generation (NLG)



Expert systems development process.



Integration of expert systems components.



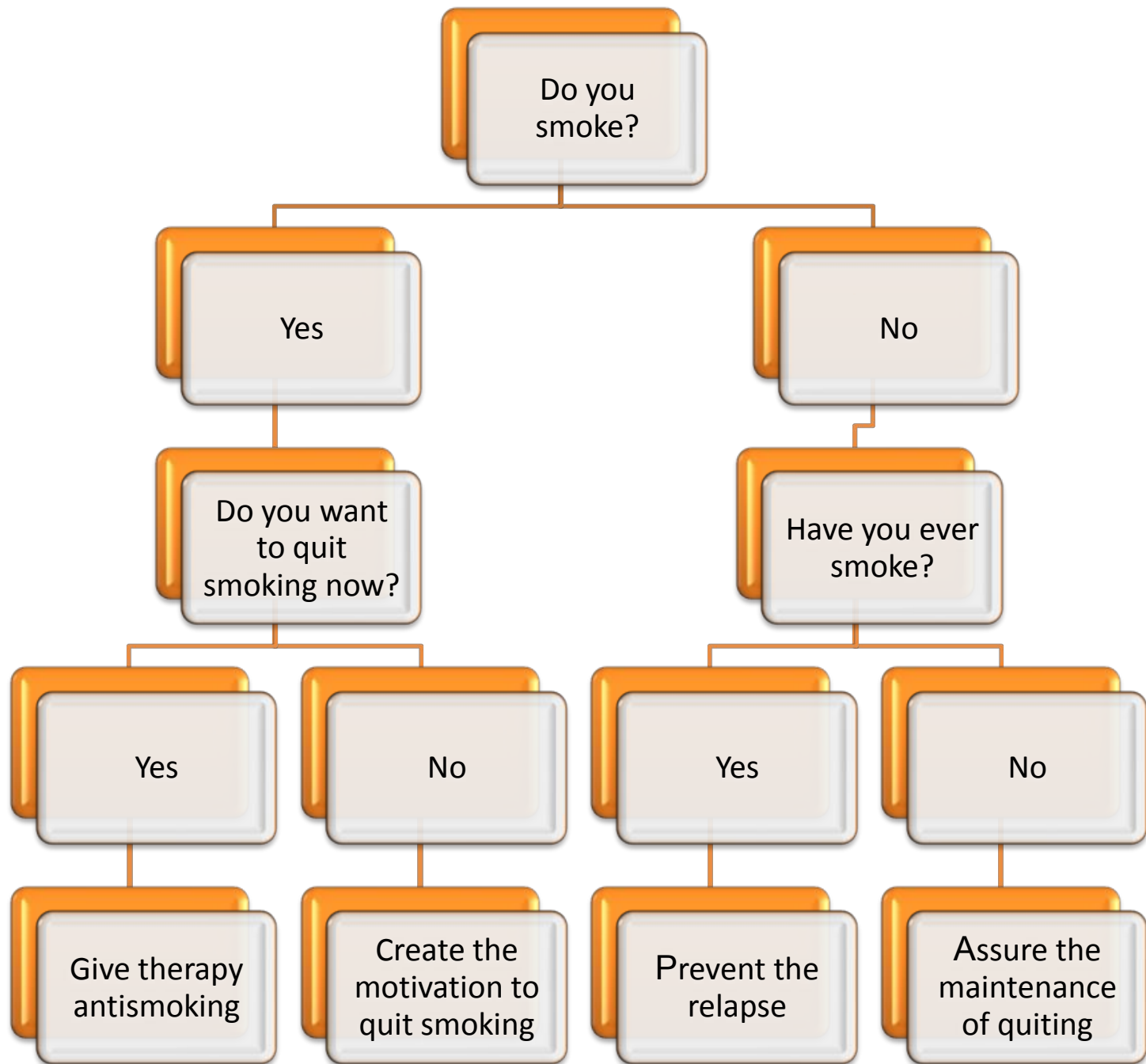
THE ROLE OF DENTAL TEAM





TOBACCO CESSATION PROGRAMS

- ✚ Asking patient about their tobacco use;
- ✚ Advising patient to stop using tobacco products;
- ✚ Assisting patient in taking steps to stop;
- ✚ Arranging patient follow-up service.





Dentists have a crucial role to play in:

- ✚ helping patients to quit smoking;
- ✚ informing them about the impact of tobacco on oral health and disseminating information about it.

The combination of providing opportunistic advice, particularly to stop smoking, together with regular screening will reduce the overall morbidity and mortality from oral cancer and other mouth disorders, and will dramatically improve the quality of life of those people who are at greatest risk of these diseases.



Instead of Conclusions.....

The Crete Declaration on Oral Cancer Prevention 2005

- (a) provision of systematic epidemiological information on prevalence of oral cancer and cancer risks in countries, particularly in the developing world;

- (b) promotion of research into understanding biological, behavioral and psychosocial factors in oral cancer, emphasizing the inter-relationship between oral health and general health;



Instead of Conclusions.....

The Crete Declaration on Oral Cancer Prevention 2005

(c) integrating oral cancer information into national health surveillance systems which record chronic diseases and common risk factors;

(d) dissemination of information on oral cancer, prevention and care through every possible means of communication;

(e) active involvement of oral health professionals in oral cancer prevention through control of risk factors such as tobacco, alcohol and diet;



Instead of Conclusions.....

The Crete Declaration on Oral Cancer Prevention 2005

(f) training of primary health workers in screening and provision of first-level care in oral cancer;

(g) access to health facilities and provision of systems for early detection and intervention, oral health care and health promotion for the improvement of quality of life of people affected by oral cancer.



THANK YOU FOR LISTENING

