

## SILENT THREATS: UNDERSTANDING GAPS IN AWARENESS OF ORAL CANCER AND PRECANCEROUS PATIENTS

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### ABSTRACT

**Introduction:** One of the serious health issues that impacts individuals worldwide is oral cancer (OC). In India, this type of cancer is the second most common. OC and other premalignant illnesses of the mouth are becoming more common. There is a lack of knowledge about oral squamous cell carcinoma, especially in lower socioeconomic nations. Important factors that may have contributed to the delayed diagnosis include the patient's ignorance of the causes, self-negligence, and the lesion's modest and asymptomatic clinical appearance. The goal of this survey is to gather information on patients' awareness about the precancerous lesions/oral illnesses and their potential to develop into the OC. **Methodology:** Sixteen closed-ended questions regarding patients' knowledge and awareness were included in the questionnaire. **Results:** The study found that among 90 patients, 86.7% chew/smoke tobacco daily. 82.1% chewed mostly smokeless tobacco for more than 5 years. 82.2% patients heard about OC, 52.2% patients noticed red/white patches in their mouth. 44.4% patients noticed that the lesion was increasing in size, and 51.1% did not notice bleeding from the lesions. 60% patients were having recurring lesions for longer time; but only 58.9% patients knew that such lesions can develop into OC. **Conclusion:** According to this study, a significant number of participants were aware about the correlation between tobacco chewing and OC and about the government's treatment initiatives. Nonetheless, less than two-thirds of patients were aware of the malignant potential of warning indicators including red or white patches and persistent lesions, despite the fact of experiencing them.

**KEYWORDS:** Oral cancer, oral premalignant lesion, oral squamous cell carcinoma, tobacco chewing.

### INTRODUCTION

One of the main etiologies of oral squamous cell carcinoma is tobacco chewing or smoking. Numerous epidemiological studies have demonstrated a robust dose-response relationship between tobacco use and the occurrence of oral cancer (OC) or potentially malignant oral illness.<sup>[1]</sup> OC is among the most prevalent malignancies. The majority of the risk factors that have been identified – such as alcohol intake, tobacco use, and chewing betel nuts – are behaviors that raise the chance of developing the cancerous disease; hence, cancer can be substantially prevented. Because of its high fatality rate, early detection is essential.<sup>[2]</sup> Globally, OC ranks as the 6th most prevalent form of cancer. It has long been

acknowledged that the main etiologic factors for OC are high alcohol intake and tobacco use, particularly smokeless tobacco.<sup>[3]</sup> Head-and-neck cancers are now the more prevalent cancers in India, and in recent years, a number of cutting-edge treatment techniques, like as chemotherapy, radiation, and surgery, have been employed to treat cancer. The survival rate of cancer patients in developing countries like the Indian subcontinent remains quite low despite sophisticated treatment modalities.<sup>[4]</sup> The reasons are a lack of awareness, negligence towards premalignant signs, delayed diagnosis, and no access to affordable curative services.<sup>[5]</sup> The purpose of this study is to look into patients' awareness of the prevalence of OC, their

self-neglect of treatment options, and their awareness and knowledge of government preventive and treatment programs.

### METHODOLOGY

In the present cross-sectional survey conducted over 2 months, from April to May 2024, a questionnaire was administered to 90 persons randomly selected among patients reporting to the radiology and oral medicine department of CSMSS DC, Kanchanwadi, Chhatrapati Sambhajnagar. Out of which 60 participants were male and 30 were female. The questionnaire was formulated in English and the local language (Marathi). Approval from the institutional ethics committee was obtained. Consent

from the participants was obtained. Necessary help was provided for illiterate persons.

### Inclusion and exclusion criteria

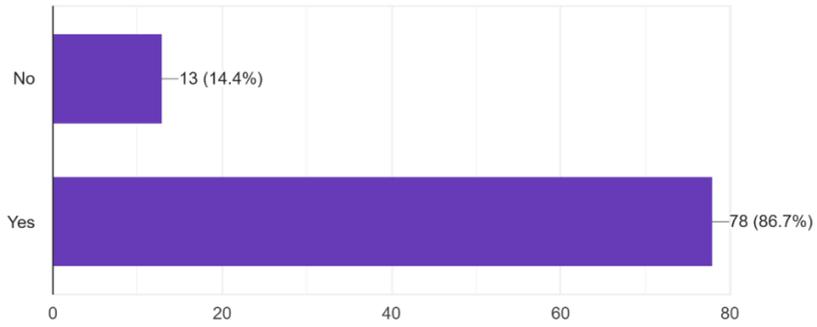
The adult patients of age 18–60 years without any medical illness and visiting the department for dental problems were included in the survey. The patients refusing to participate in the study were excluded from the study. Statistical analysis Microsoft Excel was utilized for data entry, and SPSS Software (Statistical Package for Social Science) was employed for statistical analysis in this study. The Chi-square test was used to see whether each response differed significantly.  $P < 0.005$ .

Question & Response		Frequency	Percentage
1. Do you chew / smoke tobacco daily?	Yes	13	14.4
	No	78	86.7
2. Have you heard about oral cancer?	Yes	74	82.2
	No	16	17.8
3. Do you know tobacco / cigarette can cause oral cancer?	Yes	80	88.9
	No	10	11.1
4. Have you notice the lesion (red/white patch or ulcer) in your oral cavity?	Yes	47	52.2
	No	43	47.8
5. Is the lesion increasing in size?	Yes	40	44.4
	No	50	55.6
6. Are the ulcers repetitive and persist for longer duration?	Yes	54	60
	No	36	40
7. Do you know this red/white patch or ulcer can convert into oral cancer?	Yes	53	58.9
	No	37	41.1
8. Have you noticed any bleeding from patches or ulcer in oral cavity?	Yes	44	48.9
	No	46	51.1
9. In your opinion could bleeding patches or ulcer be only signs of oral cancer?	Yes	50	55.6
	No	41	45.6
10. Have you ever visited dentist for any ulceration or patches in mouth?	Yes	59	65.6
	No	31	34.4
11. Did dentist explain you that, this can convert into oral cancer?	Yes	52	57.8
	No	38	42.2
12. Did dentist give you counselling to quit smoking/ chewing tobacco?	Yes	56	62.2
	No	34	37.8
13. If you have been taking treatment and giving follow up visit?	Yes	46	51.1
	No	44	48.9
14. Do you know oral cancer can be completely cured?	Yes	54	60
	No	36	40
15. Have you heard about Government schemes for treatment of oral cancer?	Yes	75	84.3
	No	14	15.7
1. Which of the following schemes of treatment of oral cancer u know?	RANM	29	32.2
	RAN	15	16.7
	CGHS	44	48.9
	NHP	10	11.1

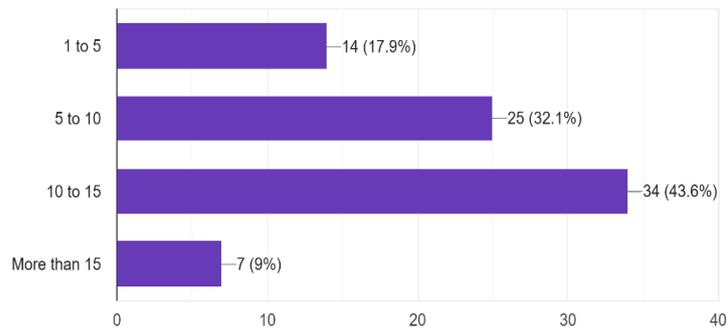
### RESULTS

The results revealed that among 90 patients, 86.7% chew/ smoke tobacco daily [Graph 1]. 82.2% patients heard about OC [Graph 2]. While 88.9% patients know tobacco causes OC [Graph 3]. 52.2% patients noticed any red, white patches in their mouth [Graph 4]. 44.4% patients noticed the lesion was increasing in size [Graph 5], and 51.1% did not notice bleeding from them, and

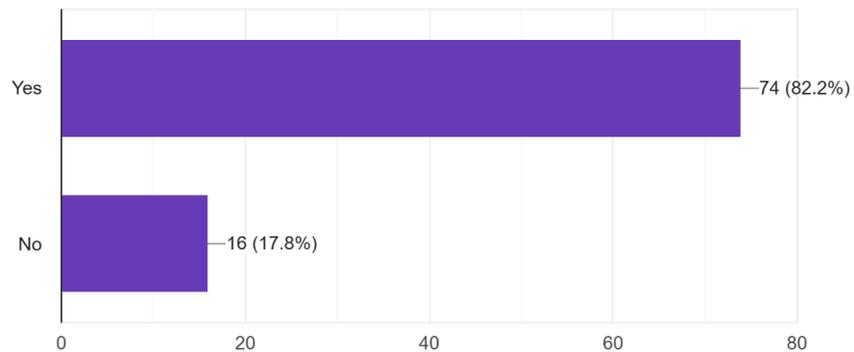
60% patients was having it for longer time and repetitive, but only 58.9% patients know that this can convert into OC. About 65.6% patient patients visited to dentist for any ulceration or patches, but 51.1% patients gave regular follow-up seek treatment. 60% patients know that cancer can be completely cured. About 84.3% of patients are aware of government programs for treating OC.



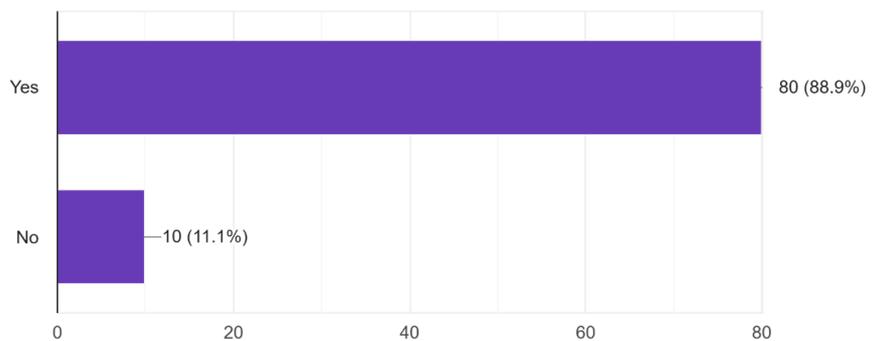
**Graph 01: Distribution Based on consumption of Tobacco.**



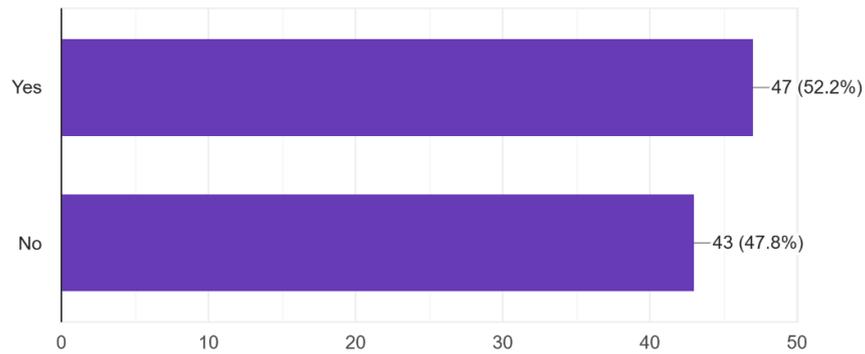
**Graph 02: Distribution Based use of tobacco since how many years.**



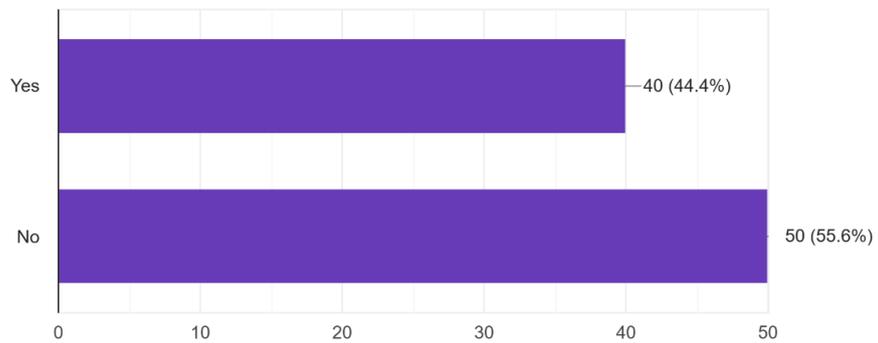
**Graph 03: Awareness for oral cancer.**



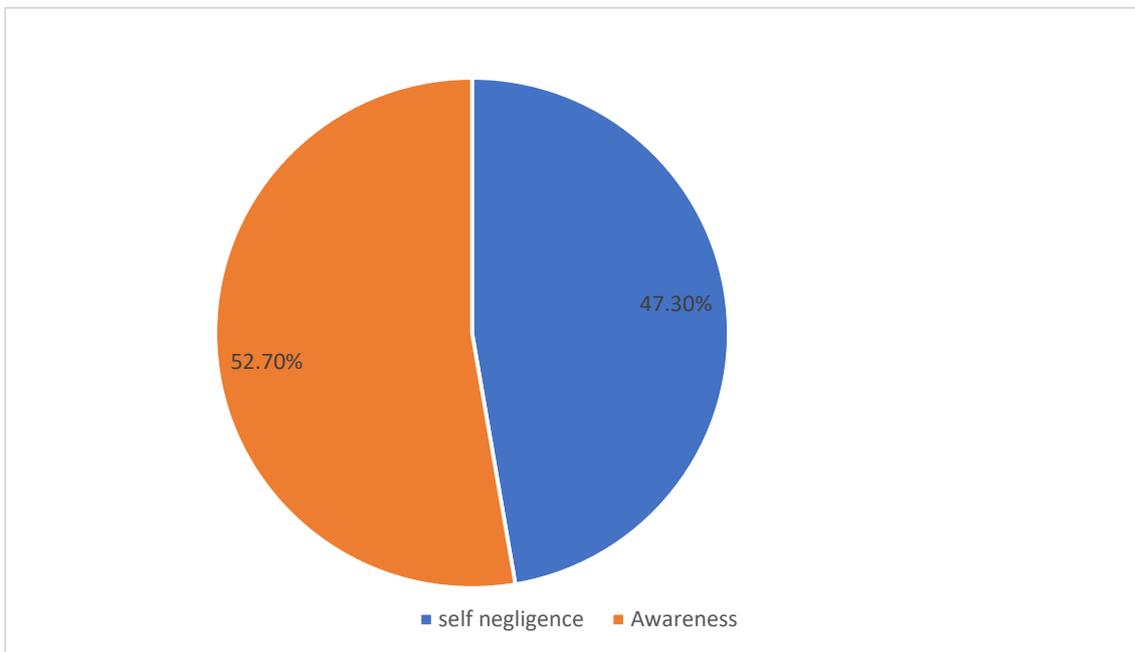
**Graph 04: Represents the Awareness for tobacco consumption leads to oral cancer.**



**Graph 05: Presence of red, white patches in mouth.**



**Graph 06: Based on increasing in size of patches.**



**Diagram 01: Based on Awareness & Self-negligence.**

**DISCUSSION**

Cancer of the oral cavity is a serious health issue on the Indian subcontinent. According to the World Health Organization, 52,000 Indians lost their lives to cancer in 2010. Over the past few decades, the number of cases of

cancer has gone up.<sup>[6,7]</sup> According to this study, around 18% of cancer deaths in women and 42% of cancer deaths in men were caused by tobacco-related malignancies. Among the most common and fatal cancers in men are lung and OCs. The first of the three

main reasons for the high death rate is a bad prognosis brought on by a delayed diagnosis. Inadequate access to healthcare services, especially throughout India's rural areas, is the second issue.<sup>[8,9]</sup> Lung and OCs are among the most prevalent and deadly tumors in males.<sup>[10]</sup> A poor prognosis due to a late diagnosis is the first of the three main causes of the more death rate. Inadequate access to healthcare services, particularly in India's rural areas, is the second issue. Specifically with regard to the concept of OC and the need of identification and treatment, there was a glaring ignorance.<sup>[11]</sup> The only method to raise the survival rate and lower the incidence rate is by early identification and prevention. One of its most important elements is raising public awareness. With an average awareness score of 70.3%, the survey found that participants had a noteworthy degree of knowledge about OC. This covers information about OC's causes, risk factors, symptoms, early diagnosis, relevant government programs, and curability. Despite this encouraging level of awareness, the study also highlighted a concerning degree of self-negligence, with an average of 47.30% of participants engaging in habits or behaviors that increase their risk. These include regular tobacco use, long-term smokeless tobacco consumption, ignoring symptoms like bleeding or lesion growth, and poor follow-up after initial dental consultations.<sup>[12]</sup> This disparity underscores the need for targeted behavioral interventions to bridge the gap between awareness and action. A person who fails to take care of their fundamental requirements, especially their medical issues, is exhibiting self-neglect. Important risk factors for cancer include advanced age, long-term smoking, alcoholism, social and functional dependence, and financial limitations. Every member of the research group engaged in one or more harmful behaviors.<sup>[13,14]</sup> The current study found that poor socioeconomic position, pseudoconfidence, lack of medical services, and ignorance about the illness are the main reasons of self-neglect. Conclusion According to the study's findings, patients knew that unhealthy behaviors may cause cancer, but they knew very little about the disease's origins, symptoms, and potential treatment choices. The study's analysis of the causes of neglect revealed that most patients relied on harmful behaviors. OC is common cancer in India, and although treatment methods have advanced significantly, the disease's prevalence and fatality rate have increased. Overall, the findings emphasize the need for stronger health education and behavior modification efforts to bridge the gap between awareness and action for effective OC prevention and early detection.

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