



## AWARENESS OF CANCER AMONG THE DENTAL PATIENTS REPORTING TO YENEPOYA DENTAL COLLEGE

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### INTRODUCTION

Approximately 200,000 deaths annually is caused by oral cancer worldwide and 46,000 deaths occur particularly in India.<sup>[1]</sup> (Jemal et al., 2010). There is evidence that this cancer is more common in the developing countries when compared to the developed ones, with the highest oral cavity cancer rates being found in South-Central Asia, and Central and Eastern Europe and the lowest in Africa, Central America, and Eastern Asia for both males and females.<sup>[2]</sup> (Ferlay et al., 2010). Oral cancers, has one of the highest incidences in India constituting around 12% of all cancers in men and 8% of all cancers among

women.

Every year around 83,000 new oral cancer cases are being reported. Moreover, in India, the extreme popular use of the smokeless tobacco product called gutkha renders its population and the youth are at a greater risk of developing oral submucous fibrosis, a premalignant disease resulting in increased incidence of oral cancer in younger patients.

Smoking, smokeless tobacco products, alcohol use, and HPV (human papillomavirus) infections are the risk factors for oral cancer, with smoking and alcohol having synergistic

effects. The major risk factors for oral cavity cancer in India and other neighbouring countries include smokeless tobacco products and betel quid with or without tobacco.<sup>[3]</sup> (Jemal et al., 2011). Long-standing premalignant lesions especially in high incidence areas have been observed to be the major reason for oral cancer development.<sup>[4]</sup> (Lumerman et al., 1995). National and international guidelines stress the importance of early detection and by avoiding known risk factors mouth cancer is largely preventable.<sup>[5]</sup> (Llewellyn et al., 2004). Public knowledge regarding oral cancer can help in prevention and early detection of the disease. More than 50 % of oral cancer cases are diagnosed at advanced stages. Delayed presentation of oral cancer is mainly due to lack of awareness about oral cancer and its associated risk factors among the public population which also results in increased treatment morbidity and reduced survival rates.<sup>[6]</sup> (Warnakalasuriya et al., 1999).

India is the second largest producer of tobacco in the world and most of the tobacco produced is consumed within the country only, with approximately 274.9 million users of tobacco according to recent data (Global Adult Tobacco Survey-GATS, 2010). As per the report of this survey more than one third (35%) of adults in India use tobacco in some form or the other, 163.7 million are users of smokeless tobacco only, 68.9 million only smokers, and 42.3 million users of both smoking and smokeless tobacco. There is a need for an extensive awareness campaign on the issues related to oral cancer since there is alarmingly high statistics and delayed presentation of patients at time of primary diagnosis. Such campaigns help in educating people and help in implementation of effective education strategies targeting the areas where there is lack of public knowledge. Early detection comprises of screening asymptomatic populations and increasing awareness of public regarding early signs and symptoms which increases the probability of cure.<sup>[7]</sup> (Petersen, 2009). Awareness regarding oral cancer is low among Indian population. The main objective of the present study was to ascertain the level of awareness of oral cancer, knowledge about early signs and the associated risk factors in the dental patients. The results obtained from this survey will assist to administer an effective health education program thereby helping to reduce the incidence rates of oral cancer.

## METHODOLOGY

As a part of oral cancer awareness day, a one day interview was conducted on the patients who walked into oral medicine department. A total of 80 patients walked in and out of them only 20 willingly participated with consent. The questionnaire comprised of 11 questions that

assessed the subjects' awareness of oral cancer, knowledge of signs/symptoms and risk factors for oral cancer.

## RESULTS

In the present study 80% were males and 20% were females. 25% had primary education, 40% had high school education, 10% had higher secondary education and only 25% had bachelor degree or equivalent degree.

About 60% of the participants were employed, about 30% were unemployed and about 10% were students. 60% of participants were from urban areas whereas 40% were from nearby rural areas.

Males had more awareness whereas females had more knowledge regarding oral cancer.

Patients who held a bachelor or other equivalent degree had more knowledge and awareness about oral cancer when compared to other groups based on education.

Based on occupation, patients belonging to student group had better knowledge and awareness regarding oral cancer when compared to professionals or self-employed people.

People residing in urban area had more awareness whereas people from rural areas had more knowledge about oral cancer.

## DISCUSSION

The overall awareness and knowledge on the general issues of oral cancer as well as its symptoms is not satisfactory, and these results were consistent as observed in earlier studies<sup>[8]</sup> (Patton *et al*;2004; Elango *et al*;2009; Mamta Agarwal *et al*;2012) This calls the need for more such awareness programs in the targeted population specially directed towards the control of the risk factors. AS for the difference in knowledge between both the sexes, females and males were equally aware. For knowledge of signs/symptoms the difference was significant across most dimensions with females having higher mean values. It is also noteworthy that for increased level of education, there was increased awareness. This is due to wide media exposure and different anti-tobacco campaigns in recent years.

Knowledge scores was significantly more for those respondents whose education level was high school or more and lower among illiterates or had only primary education.

Occupational groups did not show any distinctive pattern except for the student group having significant higher mean score across most dimensions.

A significant difference was observed between the urban and rural population with former scoring significantly better for most dimension of general awareness. Whereas knowledge score was significantly more in rural population due to increased number of awareness and health education programs conducted in rural areas.

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