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Opinion

Considerations in Oral Cancer Diagnosis

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According to GLOBOCAN 2018 around 228.000 deaths were caused by lip, oral and oropharynx cancer, and there were more than 443.000 new cases of these malignant tumors [1]. The late diagnosis compromises profoundly the quality of life of oral cancer patients and treatment outcome. Despite all the knowledge accumulated in all these years of cancer research, so far, the best chance for the patient to get cured of his cancer is the early diagnosis [2]. Therefore, the early detection is imperative to improve the prognosis for head and neck cancers.

Clinical examination and anamnesis are critical steps for diagnosis of pre-malignant and malignant lesions. Oral cavity is an accessible anatomical site for clinical examination, and tobacco, alcohol, and HPV are well-established risk factors associated with the development of these tumors [1-3].

When analyzing the proportions of oral and oropharyngeal cancer in young patients, Hussein., *et al.* (2017) reported that North America had the lowest proportion and attributed this fact to the awareness among professionals and the population about general risk factors for cancer, and timely treatment and removal of precancerous lesions [3].

The healthcare professionals, specially the ones associated with Dental Schools, should be prepared to accurately evaluate and identify the lesions of oral cavity, specially be aware of the main signs and symptoms of oral cancer including red and white soft tissue lesions (erythroplakia, erythroleukoplakia), ulcero-infiltrative to exophytic lesions, harden soft tissue, non-healing ulceration, for example. Biopsies, imaging examination such as X-ray, computed tomography scanning, magnetic resonance imaging are complementary approaches for the diagnosis of these malignant tumors.

In addition, patients should also be advised how to do a self-exam of the oral cavity to identify simple alterations, including non-healing ulcerations longer than 21 days, and look for a healthcare professional when needed. A delay in the diagnosis process is also associated with the delay in seeking patient care.

In conclusion, in an era of worldwide information access through technology, it should be emphasized that qualified human resources and population knowledge of oral cavity self-exam are the most important chain link during different steps of oral cancer diagnosis. In addition, experienced professionals are valuable to prepare new healthcare professionals and improve the chances to achieve the cure of these patients.

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