

Guest Editorial

Strengthening the prevention of oral cancer: the WHO perspective

Cancer is one of the major threats to public health in the developed world and increasingly in the developing world. In developed countries cancer is the second most common cause of death. According to the World Health Report 2004 (1), cancer accounted for 7.1 million deaths in 2003 and it is estimated the overall number of new cases will rise by 50% in the next 20 years (2).

Oropharyngeal cancer is more common in developing than developed countries (3, 4). The prevalence of oral cancer is particularly high among men, the eighth most common cancer worldwide. Incidence rates for oral cancer vary in men from 1 to 10 cases per 100 000 population in many countries. In south-central Asia, cancer of the oral cavity ranks among the three most common types of cancer. In India, the age standardized incidence rate of oral cancer is 12.6 per 100 000 population. It is noteworthy that sharp increases in the incidence rates of oral/pharyngeal cancers have been reported for several countries and regions such as Denmark, France, Germany, Scotland, central and eastern Europe and to a lesser extent Australia, Japan, New Zealand and the USA (3, 4).

The cancer epidemic in developed countries, and increasingly in developing countries, is due to the combined effect of the ageing of populations, and the high or increasing levels of prevalence of cancer risk factors. It has been estimated that 43% of cancer deaths worldwide are due to tobacco, unhealthy diet, physical inactivity and infections (3). Tobacco use and excessive alcohol consumption have been estimated to account for about 90% of cancers in the oral cavity; the oral cancer risk increases when tobacco is used in combination with alcohol or areca

nut (5). The evidence that smokeless tobacco causes oral cancer was confirmed recently by the International Agency for Research on Cancer (6).

WHO Co-Sponsored Congress on Oral Cancer: the Crete Declaration

The 10th International Congress on Oral Cancer took place during 19–24 April 2005 in Crete, Greece, and was attended by nearly 1000 researchers, health professionals, and public health administrators. The congress was organized by the association for International Congress on Oral Cancer, the Hellenic Cancer Society, the Hellenic Association for the Treatment of Maxillofacial Cancer, and co-sponsored by the World Health Organization.

Biologic, clinical and public health aspects of oral cancer and precancer was analysed by participants and the congress programme focused on international disease trends and risk factors; tools for early diagnosis of oral cancer; prevention and screening; treatment, care and services; quality of life of patients suffering from oral cancer, public health implications and the need for international collaborative research and intervention.

The participants of 57 countries unanimously issued the Crete Declaration on Oral Cancer Prevention (http://www.who.int/oral_health/events/crete_declaration_05) and encouraged national and international health authorities, research institutions, nongovernmental organizations and civil society to strengthen their efforts for the

The Crete Declaration on Oral Cancer Prevention 2005 - A commitment to action



Hellenic Cancer Society



International Congress on
Oral Cancer



Hellenic Association for
the Treatment of
Maxillofacial Cancer



World Health Organization

The participants of the 10th International Congress on Oral Cancer which took place 19-24 April 2005 in Crete, Greece, welcomed the initiative to analyse the evidence on oral cancer and the implications for prevention and public health programmes.

The participants from 57 countries emphasized that oral health is an integral part of general health and wellbeing. They expressed concern about the neglected burden of oral cancer which particularly affects developing countries with low availability of prevention programmes and services for oral health.

Participants took note of the following documents essential to improved health and disease control in the 21st Century.

- The WHO World Oral Health Report 2003
- The WHO World Health Report 2004 - Changing History
- The WHO Technical Report Series No. 916 on Diet, Nutrition and the Prevention of Chronic Diseases, 2003
- WHO Framework Convention on Tobacco Control, 2003

The participants hereby affirm their commitment to oral health and general health as a basic human right and resolve to support the work carried out by national and international health authorities, research institutions, non-governmental organizations and civil society for the effective control of oral cancer. In particular, the following areas of work should be strengthened:

- (a) provision of systematic epidemiological information on prevalences of oral cancer and cancer risks in countries, particularly in the developing world.
- (b) promotion of research into understanding biological, behavioural and psychosocial factors in oral cancer, emphasizing the inter-relationship between oral health and general health
- (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
- (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.

The participants support the efforts of the WHO Oral Health Programme aiming at coordination and inter-country sharing of experiences in prevention and oral health care of people affected by oral cancer.

Sponsors of the Congress on top.

effective control and prevention of oral cancer. The WHO Oral Health Programme is committed to work for country capacity building in oral cancer prevention, inter-country exchange of information and experiences from integrated approaches in prevention and health promotion and the development of global surveillance systems for oral cancer and risk factors.

The potential for prevention

Owing to the recent WHO Framework Convention on Tobacco Control (7–9) and the recent WHO resolutions on diet, physical activity and health (10) there is an increasing political debate about how to address prevention of cancer and other chronic, noncommunicable diseases that share similar risk factors. Furthermore, a 2005 World Health Assembly resolution on cancer prevention and control (11) highlights the need for a comprehensive approach to combat cancer, with prevention being on integral component.

The Fifty-eighth World Health Assembly Resolution on Cancer prevention and control (WHA 58.22), 25 May 2005, urges member states to collaborate with WHO in developing and reinforcing comprehensive cancer control programmes tailored to the socioeconomic context, specifically through the systematic, stepwise and equitable implementation of evidence-based strategies for prevention, early detection, diagnosis, treatment, rehabilitation and palliative care, and to evaluate the impact of implementing such programmes. National health authorities are encouraged to consider outcome-oriented objectives for their cancer control programmes, prioritizing preventable tumours and exposure to risk factors (such as tobacco use, unhealthy diets and harmful use of alcohol), and cancers amenable to early detection and treatment, such as oral cancer and cervical, breast and prostate cancers. The 2005 World Health Assembly Resolution also encourages the scientific research necessary to increase knowledge about the burden of and causes of human cancer, giving

priority to tumours, such as cervical and oral cancer, that have a high incidence in low-resource settings and are amenable to cost-effective interventions.

Further information on WHO Oral Health Programme activities related to strengthening of cancer prevention: http://www.who.int/oral_health.

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References

1. World Health Organization. The World Health Report 2004: changing history. Geneva: WHO; 2004.
2. World Health Organization and International Union Against Cancer. Global action against cancer. Geneva: WHO; 2003.
3. Stewart BW, Kleihues P (eds). World Cancer Report. Lyon: WHO International Agency for Research on Cancer; 2003.
4. Petersen PE. The World Oral Health Report 2003: Continuous improvement of oral health in the 21st century – the approach of the WHO Global Oral Health Programme. *Community Dent Oral Epidemiol* 2003;31(Supp. 1):3–24.
5. Reibel J. Tobacco and oral diseases: an update on the evidence, with recommendations. *Med Princ Pract* 2003;12:22–32.
6. Coglian V, Straif K, Baab R, Grosse Y, Secretan B, Ghissassi FEI. Smokeless tobacco and tobacco-related nitrosamines. *The Lancet Oncology* 2004;5:708.
7. World Health Organization. Framework convention on tobacco control. World Health Assembly, 2003 (Resolution WHA 56.1). Geneva: WHO; 2003.
8. Petersen PE. Tobacco and oral health – the role of the World Health Organization. *Oral Health Prev Dent* 2003;1:309–15.
9. Petersen PE. Global framework convention on tobacco control: the implications for oral health. *Community Dent Health* 2003;20:137–8.
10. World Health Organization. Global strategy on diet, physical activity and health. World Health Assembly, 2004 (Resolution WHA 57.17). Geneva: WHO; 2004.
11. World Health Organization. Cancer prevention and control. World Health Assembly, 2005 (Resolution 58.22). Geneva: WHO; 2005.

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