## Comment



## Is the current knowledge about oral cancer enough?

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Cite as: Pérez-Sayáns M & García-García A. Is the current knowledge about oral cancer enough? J Oral Res 2017; 6(12):315. doi:10.17126/joralres.2017.094 The term oral cancer is used as a synonym for oral squamous cell carcinoma (OSCC), which accounts for 90% of all head and neck cancers and 3-4% of malignancies. It is the sixth cancer in the world in terms of incidence (approximately half a million people per year). The incidence increases with age and affects middle-advanced aged adults at a higher frequency (from the fourth decade onwards, with a maximum peek in the 60s).<sup>1</sup>

Patients diagnosed with this type of cancer are treated by surgery, radiotherapy, chemotherapy or a combination of these three treatments; the choice of treatment depends on the location of the tumor, its extension, histological subtype, tumor stage and the patient's general health condition.<sup>2</sup>

Surgery and radiotherapy are used independently to treat cases of nonmetastatic disease (stages I and II), but cancers in advanced stages (III and IV) require concomitant radiotherapy and chemotherapy. One third of patients have tumors in their initial phases (stages I-II), while the other two thirds show advanced stage tumors (stages III-IV). Over 50% of cancer patients suffer local recurrence and 25% develop distant metastasis.<sup>3</sup>

However, the prognosis of these patients still remains poor. Although the most important prognostic indicator of recurrence is metastasis to the lymph nodes in the neck, the incidence of distant metastasis has increased dramatically. Despite the significant advances in diagnostics and therapeutic options, the 5-year survival rate has remained stable at approximately 50% throughout the last decades and in all tumor phases.<sup>4</sup>

Although, currently, fewer patients suffer from locoregional recurrence, several have developed distant disease due to hidden cervical metastasis. These micro-metastasis seem to contribute to an increase in mortality and morbidity. Therefore, better methods are needed for early detection of metastatic spread and residual tumors, and for the decision making process in terms of individual therapeutic interventions.<sup>5</sup>

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