

Odds Ratio for Oral Cancer is directly Proportional to the Number of associated Habits

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The age-standardized incidence rate (ASR) for lip/oral cavity cancer is highest for South-East Asia followed by Europe, East Mediterranean region, and Africa. The increased ASR in South-East Asia is due to the rampant use of tobacco products in combination with other known risk factors.¹ The International Agency for Research on Cancer (IARC) has classified tobacco smoking as a group 1 carcinogen for oral cavity and the pharynx and smokeless tobacco is classified as a group 1 carcinogen for the oral cavity.² In addition to tobacco, alcohol was stated to be an independent risk factor for oral cancer by IARC in the “Monographs on the Evaluation of Carcinogenic Risks to Humans.” Further, a strong association and a dose–response relationship were also noted between alcohol consumption and oral squamous cell carcinoma (OSCC). The monograph also stated that cigarette smoking with

concomitant alcohol consumption exhibited a synergistic effect, which increased the relative risk for head and neck squamous cell carcinoma (HNSCC) to 15 or more among heavy users of both products.

Petti et al³ conducted a meta-analysis in 2013, where it was estimated that among individuals who smoke, drink alcohol, and chew betel quid, OSCC risk is exceptionally high with a pooled odds ratio of 40. Further, the study also revealed that 75% of oral cancer patients in South-East Asia have a history of combined smoking–drinking–betel quid exposure. By analyzing recent systematic reviews and meta-analyses, Chi et al⁴ quoted the odds ratio for HNSCC to be approximately 7 to 8 for betel quid with tobacco and 3 to 6 for betel quid without tobacco. Based on the above data, it can be stated that the odds ratio for oral cancer risk is directly proportional to the number of associated habits. Thus, it is vital to curb the growing popularity of tobacco use, especially in combination with other known risk factors.

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