

For Comprehensive and Equitable Care for Oral Cancer

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Por uma Linha de Cuidado Integral e Equânime para o Câncer de Boca
 Para una Atención Integral y Equitativa del Cáncer Oral

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Oral cavity cancer is a severe public health issue. It is one of the most frequent cancer types¹ in Brazil, despite having well-known and preventable risk factors, such as smoking, alcohol consumption, solar radiation, and human papillomavirus (HPV) infection, mainly in the oropharynx region. For years, it has been diagnosed in late stages, largely compromising the chances of cure and a good quality life with minimal long-term effects for survivors².

The delay in diagnosis results from several reasons. It must be considered that, in most cases, oral cancer starts asymptotically, and the first signs are similar to an aphthous lesion. Tumors usually occur in people who are smokers, chronic alcohol drinkers, have low education levels³, and have low income, common characteristics of people who seek healthcare services less. Finally, for the general public, oral problems are closely related to teeth⁴. Mouth cancer? To many people, something unlikely.

Additionally, the lack of qualified listening that can capture the first warning signs, difficulties identifying changes in the oral cavity, barriers to healthcare access⁵, and a network that is not prepared to ensure diagnostic confirmation and referral to treatment, impair diagnosis and the start of oncological treatment for early stage tumors.

In this scenario, it becomes urgent to build a structured care pathway for oral cancer. Such a pathway must integrate all healthcare levels, starting with primary prevention, aimed at reducing exposure to carcinogenic factors through public policies, such as tobacco and alcohol cessation programs⁶, encouraging sun protection, and HPV vaccination. Secondary prevention, in turn, must include oral clinical examination and early diagnosis of potentially malignant oral disorders or neoplastic lesions, ensuring opportunistic and decisive treatment.

The care pathway must also include dental support during and after treatment, maxillofacial rehabilitation, and palliative care, within a patient-centered multiprofessional approach. This perspective is in line with international recommendations that advocate for strengthening organized screening of people with increased risk of developing the illness⁷, early diagnosis, and evidence-based interventions as effective strategies to reduce the global burden of the disease⁸.

In Brazil, initiatives such as the *Revista Brasileira de Cancerologia's* call for papers dedicated to this theme, reinforce⁸ the importance of scientific production and communication as instruments to guide the formulation of public policies and improve clinical practice. By stimulating debate among healthcare managers, researchers, and professionals, these movements favor the consolidation of a more equitable and effective healthcare model.

Therefore, the creation of an oral cancer care pathway is not only a technical necessity but also an ethical and social requirement. Ensuring that vulnerable people have access to early diagnosis, quality treatment, and comprehensive rehabilitation means advancing the effective implementation of the principles of the National Health System (SUS) and addressing inequalities that characterize the country's current oncology scenario. Ultimately, it is about reaffirming commitment to the life, dignity, and health of the Brazilian population.

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CONTRIBUTIONS

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