



# Establishing The “International Head and Neck Cancer Working Group”

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We read with deep concern about a recent study by Ren et al, which recorded an enormous, non-abating, and worsening situation of the global oral cancer burden.<sup>1</sup> According to Ren et al,<sup>1</sup> the incidence and mortality rates, and the disability-adjusted life years (DALYs) of oral cancer multiplied by one-fold between 1990 and 2017. Worrisomely, a similar trend is observed with many other cancer types in the head and neck region, e.g., oropharyngeal, nasopharyngeal, salivary gland cancers.<sup>2</sup>

Head and neck cancer (HNC) has multiple risk factors; however, its three major risk factors are tobacco smoking, harmful alcohol use, and oral sex (a route of human papillomavirus [HPV] transmission).<sup>3</sup> The current estimated/projected prevalence of these major HNC risk factors amongst young adults, particularly in the low- and middle-income

countries (LMICs) in the sub-Saharan African region—tobacco use: 20.7%; alcohol use: 18.4%; and oral sex: 1.7 to 47.2%—is of deep concern.<sup>4–6</sup>

The LMICs currently are the worst hit by the HNC burden, compared to the high-income countries,<sup>1,2</sup> revealing the significant public health inequalities associated with HNC. Pertinently, public awareness about HNC is still very low, as evidenced by very recent studies exploring HNC knowledge among different populations in the LMICs.<sup>7–9</sup>

In tackling the current devastating HNC burden, particularly in the LMICs, laudable strategies such as massive public education programs (for public awareness creation) on HNC, massive HNC screening programs and training of healthcare professionals on HNC detection (to boost early detection of HNC), and increasing access to HNC care (to minimize HNC-

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associated morbidities and mortalities in underserved populations) are of high priority.<sup>10</sup>

Due to the deep concern regarding the current trajectory of HNC indices,<sup>1–10</sup> particularly in LMICs, the authors of this letter, who are academics, social, medical, and health professionals with multidisciplinary backgrounds and diverse institutional affiliations voluntarily came together and birthed the idea of establishing the International Head and Neck Cancer Working Group (IHNCWG).

The IHNCWG is an open network that welcomes like-minded academics and public health professionals with interest in working toward alleviating the burdens due to HNC. The objectives of the IHNCWG are as follows:

- To conduct and promote multi-disciplinary research on HNC in both LMICs and HICs.
- To develop and implement evidence-based interventions to reduce burdens due to HNC in LMICs and HICs.
- To organize regular scientific meetings (including seminars, workshops, conferences) that will move the cause of global HNC eradication forward.
- To establish a strong network of stakeholders including HNC professionals, politicians, media, academics, etc. to influence the policy for reducing HNC disease burdens at a global scale.

So far, the first multicenter public health research project on HNC led by the IHNCWG has commenced in Nigeria—a middle-income country in sub-Saharan Africa. The group aims to expand the project across multiple LMICs and HICs. This letter invites like-minded professionals with interest in tackling the current HNC burden, particularly in LMICs. This is a call to work collaboratively to alleviate the HNC burden particularly in countries badly affected.

#### Conflict of Interest

None declared.

#### References

- 1 Ren ZH, Hu CY, He HR, Li YJ, Lyu J. Global and regional burdens of oral cancer from 1990 to 2017: results from the global burden of disease study. *Cancer Commun (Lond)* 2020;40(2-3): 81–92
- 2 Du M, Nair R, Jamieson L, Liu Z, Bi P. Incidence trends of lip, oral cavity, and pharyngeal cancers: global burden of disease 1990–2017. *J Dent Res* 2020;99(02):143–151
- 3 Argiris A, Karamouzis MV, Raben D, Ferris RL. Head and neck cancer. *Lancet* 2008;371(9625):1695–1709
- 4 Morhason-Bello IO, Kabakama S, Baisley K, Francis SC, Watson-Jones D. Reported oral and anal sex among adolescents and adults reporting heterosexual sex in sub-Saharan Africa: a systematic review. *Reprod Health* 2019;16(01):48
- 5 WHO. WHO global report on trends in prevalence of tobacco use 2000–2025, third edition. Geneva: World Health Organization; 2019
- 6 WHO. Alcohol. Accessed: January 15, 2022 at: <https://apps.who.int/iris/bitstream/handle/10665/274603/9789241565639-eng.pdf?ua=1>
- 7 Kanmodi K, Kanmodi P, Ogbeide M, Nwafor J. Head and neck literacy in Nigeria: a systematic review of the literature. *Ann Public Health Issues* 2021;1:25–49. Doi: 10.2478/aphi-2021-0004
- 8 Alqaryan S, Aldrees T, Almatrafi S, Alharbi A, Alhumaid H. Awareness of head and neck cancers in Saudi Arabia. A questionnaire based study. *Saudi Med J* 2020;41(04):400–405
- 9 Al-Dhahli Z, Al-Sheibani SM, Al-Kalbani F, Hyder J. Outcomes of the national head and neck cancer awareness and screening campaign in Oman. *Sultan Qaboos Univ Med J* 2020;20(02): e173–e178
- 10 Kanmodi KK. Late screening and detection of head and neck cancer in Saudi Arabia: is it a policy or a literacy issue? *Front Oral Maxillofac Med* 2020;2:22