



The Evolving Landscape of Oral Pathology, Then and Now

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It is with great honor and privilege that I pen the editorial for a new visionary group of the Practicing Oral Pathologists and Microbiologists Association (POPMA).

As someone who has witnessed the journey, of Oral Pathology over the last six decades, I consider it a pleasure to write my perception and observations.

The Yesteryears, of Oral Pathology did encompass in a significant manner, all important clinical arm. The examination of oral mucosa also became the prime responsibility for clinical evaluation of oral lesions inclusive of oral manifestation of systemic diseases.

This had special relevance in our country where oral cancer is a major health problem, which has been there since long and is present in a big way even now. oral cancer and oral precancer became an important area of the commitment for us, resulting in in a great way the effective and important contributions by many of our specialty group. In a similar context one can view our path breaking international study of oral precancer---oral cancer.

The Tata Institute of Fundamental Research study of ours of those years, initiated way back in 1966, supported by National Institute of Health, Bethesda. USA (30+ years) greatly helped establish understanding of oral precancer-oral cancer relationship, thus paving the way of bringing preventive oncology in the forefront with complete acceptance and recognition by the medical profession, inclusive of cancer hospitals, too. It was for the first time ever an Oral Precancer Registry was established. A distinguished honor also was awarded by WHO in recognizing our unit as WHO collaborating Centre of Prevention of oral precancer-cancer. The gutka ban in Maharashtra by Food and Drug Administration, was also a step in the right direction by the Government of Maharashtra, a direct fall out of our study. The significance of this study can be gauged by the fact that 30+ years of work' over 200000 population in 7 Indian states in the rural areas, resulting into large number of relevant publications, contribution of chapters in Text Books, 3 educational films with other various interventional inputs.

Oral pathologists had identity at a grass root level then, and they effectively participated in the healthcare measures in the mitigating serious problem of oral cancer of our country. Oral Pathology, now over the years has changed in many directions and has been evolving into a stem cell application, also in depth molecular study has brought our specialty the recognition much beyond the boundaries of our group. The science and scientific capital is now a great positive asset of our specialty.

Basic research is continuous process and is undertaken without necessarily looking at the thought of the practical ends and its relevant applications. Basic research is regarded as a pacemaker of technological progress. Molecular biology has yet to make a major contribution to understand early development (Dr Siddharth Mukherjee "The Emperor of Maladies").

Even the forensic odontology that was a great part, then, now reached greater heights with the advent of both technology as well as scientific input by our group. We are proud of our progress. It is a creditable journey that has carved out a niche amongst the scientists of various specialties all over the world.

But we cannot afford to ignore our country's major problem of oral cancer. we are not now miniscule number of professionals and collectively we owe it to society to do what we can do, to help control the disease Pathology of oral cancer. If we do not execute our job, it is an abuse of our privilege, of our duty and obligations.

We are not respectful, to our preferred status and responsibilities. Simply stating, we all need basic ethical literacy of the profession. In a recent guest editorial, Minal Chaudhary brings in the seriousness of the problem by quoting the report of International Agency for Research, that has predicted that the incidence of cancer in India will increase from 1 million in 2012 to 1.7 million by 2035. In India, oral cancer accounts for 30% of all cancers (J. of Oral Maxillofacial Pathology, Vol 27, Issue Jan-March 2023, pages 4-5).

Today we have Niagara of Knowledge, but it cannot be operative, at the primary level of intervention for oral precancer----cancer prevention programme. We may be over trained for such ground root level of intervention, and in a similar vein, we may be regarded as under trained for what we should be doing on oral precancer. It seems needle is not moving.

We need the intellectual honesty to bring back our clinical arm with the primary objective of reestablishing our Healthcare delivery into our study. We need to step out in the field, in the clinical world of patients, if that is being ignored then one can feel “Whither Oral Pathology Enough Evidence, Enough Clarity, and Directions”. Time to device health care delivery system.

We have the expertise and understanding of oral mucosa as a part of our learning process, as well as from our extensive TIFR study too. The word health seems to be out of Oral Pathology. We are more prone towards being cell pathologist, molecular biologist. Time to change this calm acceptance on our side.

We are at crossroads.

Time to bring our objective back into the mainstream. Time to reflect too. Today in the evolving landscape of Oral Pathology, the establishment of POPMA, by Dr Bhuvan Nagpal and his team to practice at the ground root level could help bring in a desired change. I wish Dr Nagpal well for his initiative, his creative efforts, and his visionary approach. The burden of the oral disease, particularly those linked to lifestyle and habits such as tobacco, pan masala use shall be a pressing concern for him and his creative team.

This is not the time to brush the oral cancer problem under the carpet, one can appreciate the administrative or academic (syllabus) road blocks, our own inertia, but our intent to bypass this should be reflected in our action plan. A fresh look is required for both class room teaching, academic settings, health care delivery system at ground level.

Today, we also can help in a big way the social awareness that would create an impact. Advertising world has created demand where none existed. Their voice is at the Zenith and our silence is at its peak, rendering “Stimulus”, leading to increased number of oral precancer cases. Corporate, Media world are great influencers, and they are all hostages of their thoughts.

Our advocacy almost nonexistent. If unchecked, the present shall imperceptibly emerge as the future, with possibility of our young population, described and recognized as “Demographic Dividend” may fall prey to the inevitable oral cancer/precancer pathology, and become “Demographic Disaster”. The “Pan Masala” culture of today is vying with equal presence to “Pop Culture” of the society.

It may require collaborative efforts with others, as well as joint inter disciplinary approach. The fraternity of dental profession and specialized groups like Oral Pathology and Oral Medicine can work effectively towards this strategic goal, then there may be possibly positive results happening in the coming years. At no stage, our voice has been raised or heard in the forum of the powers that may be. The silence is deafening and so also our inaction. It is a paradoxical observation that more we know about this pathology, less we do it.

I extend my sincere appreciation to POPMA, its leadership of Dr Nagpal and its members for their commitment to advancing Oral Pathology and Microbiology, as well as, undertaking the issues that are essential for our people and the country.

Today we are well established with our Indian Association of Maxillofacial Pathologists too. We have knowledge, we have clarity of purpose, and there is obvious need for us to control the problem of Oral Cancer. Need to focus with our “ EXPERTIUSE”.

Is PRIORITIZATION of ORAL PRECANCER for Prevention of ORAL CANCER a flippant Objective?

We owe it to our people.