

Follow-up from screening to diagnosis – the real challenge that needs addressing

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I am writing this with reference to a published article titled ""Vaai Ganam" - a screening program for early detection of oral potentially malignant disorders and oral cancer among truck drivers in Chennai – a cross-sectional survey," by Madan Kumar PD et al.¹ We would like to express our sincere appreciation and gratitude to the authors of recent published article titled ""Vaai Ganam" - a screening program for early detection of oral potentially malignant disorders and oral cancer among truck drivers in Chennai – a cross-sectional survey," by Madan Kumar PD et al.¹ for referencing our ICMR-funded project titled "SCOPE – Self Screening and Care for Oral Cancer Prevention and Eradication - A Model for Long Distance Heavy Vehicle Drivers" in their paper. Based in Pondicherry, India, this project focuses on developing a cost-effective, sustainable, and inclusive model for cancer prevention, specifically targeted at long-distance

In this context, I acknowledge Madhan Kumar PD et al. for their insightful study on the marginalized population. It is a well-conceived study that highlights the critical need for oral cancer screening and prevention within this

heavy vehicle drivers often away from their home base for a minimum of three months.

Oral cancer is a significant concern in the Indian subcontinent, primarily due to its late diagnosis. Additionally, the incidence of oral cancer is notably higher among low socioeconomic groups, who often do not seek or cannot afford timely treatment.² This delay reduces the chances of survival. Like all cancers, oral cancer is preventable and treatable when detected early. Early detection is crucial in this context. This population is of particular interest due to their extended periods away from a home base, differentiating them from the general civilian population. While data on the prevalence of OPMD in this group is limited, existing studies consistently indicate a high prevalence of tobacco use and related lesions. Our study also found similar trends, potentially even significant results in these areas, though we are not disclosing them now as they are still pending publication.

group. Another commendable aspect of their work is the inclusion of health education messages in their screening program, with a particular focus on tobacco and alcohol cessation through cognitive behavioral therapy.

We would consider this the "initial step for prevention." As a part of our project, we explored the group's awareness, attitude, and knowledge about oral cancer. The majority of the population remains unaware of the risks, signs, or treatment options for oral pre-cancer and cancer. The results highlight the urgent need for educational campaigns focused on preventing and detecting oral cancer within this group.³

While information on oral cancer and the harms of tobacco use is being disseminated, the key challenge remains ensuring that the population effectively receives these messages. Additionally, what strategies can be implemented to ensure

proper follow-up for individuals diagnosed with OPMD? It would be highly valuable if the authors could share their insights on this matter, particularly as we are developing methods for follow-up care, especially for drivers who are often not at the exact location at the time of screening, making it difficult to reach them by the time a diagnosis is made.

In conclusion, surveys of this nature are both valuable and crucial, as this population faces an increased occupational risk for OPMD and oral cancers. The findings from such studies will play a significant role in shaping educational and preventive strategies designed to reduce, if not eliminate, the incidence of oral cancer.

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