



## Note on Oral Oncology

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**Accepted:** August 17, 2021

Oral cancer is a type of cancer that begins in the mouth or throat. Oral cancer is fairly prevalent, and it can often be cured if caught and treated early. (When the cancer is little and hasn't spread, this is the case.) Because the mouth is easy to check, a doctor or dentist can commonly detect oral cancer in its early stages. Squamous cell carcinoma accounts for more than 9 out of 10 oral cavity malignancies. The lining of the mouth cavity is made up of squamous cells (the mucosa). Cancer in the mouth's lining has the potential to spread to neighbouring tissues as it progresses. Squamous cell carcinoma with verrucous carcinoma is an uncommon kind of squamous cell carcinoma. It's a low-grade, slow-growing species that only infrequently spreads to new locations (metastasizes). It accounts for less than one in every fifty cases of oral cancer. Salivary gland tumours, such as adenoid cystic carcinoma and adenocarcinoma, and lymphoma are two less prevalent kinds of oral cancer.

Oral Oncology is a multidisciplinary international journal that publishes high-quality original research, clinical trials, review articles, editorials, and commentaries on the etiopathogenesis, epidemiology, prevention, clinical features, diagnosis, treatment, and management of patients with head and neck neoplasms. Head and neck surgeons, radiation and medical oncologists, maxillo-facial surgeons, oto-rhino-laryngologists, plastic surgeons, pathologists, scientists, oral medical specialists, special care dentists, dental care professionals, general dental practitioners, public health physicians, palliative care physicians, nurses, radiologists, radiographers, dieticians, and oral medical specialists are all interested in oral oncology. Occupational therapists, speech and language therapists, dieticians, clinical and health psychologists and counsellors, end-of-life care professionals, and those with an interest in these subjects are all welcome to attend.

Basic, translational, or clinical research or review papers on the following aspects of neoplasms arising in the head and neck

(including the lip, tongue, oral cavity, oropharynx, salivary glands, sinuses, nose, nasopharynx, larynx, skull base, thyroid, and craniofacial region, and the related hard and soft tissues and lymph nodes) are invited.

**Etiopathogenesis:** Natural history of cancer and pre-cancer; basic pathology; cellular and molecular changes; microorganisms; growth factors, adhesion, and other molecules; genetic alterations; cellular and molecular changes; microorganisms; growth factors, adhesion, and other molecules

**Epidemiology:** risk factors, biomarkers, protective factors, geographic variables, prevention, screening, and intervention are all topics covered in this course. Clinical characteristics; orofacial consequences of neoplasms, both local and distant; tumour staging and grading

Medical, radiotherapy, chemotherapy, immunotherapy, biological, and gene therapy advances; clinical, cellular, and molecular markers for prognosis; treatment options including surgical, lasers, photodynamic therapy, cryosurgery, microvascular, and other forms of surgery; molecular targets and new therapeutics; molecular targets and new therapeutics (new cytotoxics and molecular-targeted therapies) Patient involvement; psychological interventions; the prevention, diagnosis, and management of consequences, such as pain, bleeding, dysfunction, deformity, osteoradionecrosis, xerostomia, and others; rehabilitation; palliative and end-of-life care; and support.

The tonsils, as well as the back or base of the tongue and the back of the roof of the mouth (soft palate), are not part of the oral cavity. Instead, they are a component of the oropharynx, or throat region. Every portion of the mouth serves a vital purpose. Speaking, for example, necessitates the use of the lips. Speaking and swallowing both need the use of the tongue.