

# Rajarajeswari Dental College and Hospital

<b>Event:</b> <u>CURRENT CONCEPT IN ORAL CANCER</u>	
	<b>NEWS TYPE:</b>
<b>DATE: 16/03/2017 from 9:00 am to 1:00 pm</b>	
<p>A continued dental education program was organized by the department of oral &amp; maxillofacial surgery, rajarajeswari dental college and hospital, Bangalore on 16<sup>th</sup> March 17, 2017, for enlightening on current concepts of cancer management to fight against the oral cancer, which is the 3<sup>rd</sup> most common cause of worldwide morbidity in this present decade.</p> <p>On this occasion we got three renowned speakers among us, viz. Dr. Moni Abraham Kuriokose, Dr. Sanjeeb Nair, &amp; Dr. Mathangi, who shared their valuable ideas and concepts in the field of oral and Head &amp; Neck cancer management.</p> <p>Dr. Moni Abraham Kuriokose delivered his talk on prevention and early detection of oral cancer. He emphasized on the early clinical identification of cancer using an “expert eye”. He asked to raise the suspicion for cancer whenever any non-healing ulcer in oral cavity persist for more than 3 weeks. According to him early cancer detection provide more favorable prognosis and increase the average life of survival to the patients.</p> <p>Dr. Sanjeeb Nair enlightened us with the ideas of advances in surgical management of oral cancer. He asked to follow a simple algorithm of early detection and surgical management with selective neck dissection followed by early reconstruction and chemo-radiotherapy depending on the conditions. He also informed us about the COTs, immune therapy etc.</p> <p>Dr. Mathangi enriched our knowledge about the modern techniques used in chemo-radio therapy like IMRT, IGRT etc. She emphasized on maintaining a good relation between surgeon and radiation oncologist. She advised that not only simply refer a patient for chemo-radiotherapy, but also provide with pre-operative details and surgical findings along with a referral note. She summarized that simple T1-T2 lesion with N0 neck surgery is alone the best option; where as T3-T4 lesion with N0-N1 having chance of PNI or LVI may require PORT as an adjuvant treatment with surgery but in case of N3 neck with extracapsular spread require CRT along with surgery, where chemo-radio therapy also act as palliation too.</p>	<b>CDE by</b> <b>Dept of</b> <b>ORAL</b> <b>&amp;</b> <b>MAXILLOFACIAL</b> <b>SURGERY</b>



