**Conference Abstracts**

# Disparities of Head & Neck Cancer in North India related to variability of Tobacco and Alcohol Intake: Policy consideration for Third World.

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## Background

Background: Head and neck squamous cell cancer has highest global incidence in Indian subcontinent wherein environmental practices contribute maximally.

## Methods

Methods: Our study of 707 such patients from north India presents the possible role of tobacco/ alcohol practices associated with age, sex, religion, site of involvement with emphasis on passive smoking at home, & workplace, severity of smoking, age when became a regular smoker / stopped smoking, age at starting / quitting alcohol.

## Results

Results: The combined cancer incidence of oral cavity with oropharynx far exceeds other categories. Passive smoking is seen at home (76%) and workplace (72%) wherein oral cavity is the commonest. Majority (62%) smoke more than 100 cigarettes in their life time (oral cavity cancer with odds of 2). Fourth decade is commonest period to inculcate regular smoking habit in majority (21%), while laryngeal cancer is commonest amongst those who develop the habit before 15 years age. Fifth decade onwards is when majority (53%) quit smoking. The associated alcohol intake is seen in 24.4% while smokeless chewing variety (31.6%) and bidi smoking (16.8%) emerge on top. Despite 15% prevalence of ear discharge (otitis media), malignancy tympanomastoid does not correlate. Interestingly increased pharyngeal cancer is seen in 5th decade.

## Conclusion

Conclusion: For tobacco control an early strict prohibitory action amongst adolescents & young students is needed in India and more so vigorous cancer education in 5th decade. Furthermore, to prevent passive smoking, active segregation of nonsmoking indoor inhabitants is essential in rural India, while grave consequences of patients / survivors be 'displayed' for a stronger negative impact amongst youth.