

Bengal Journal of Otolaryngology and Head Neck Surgery

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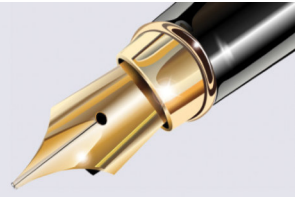
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From the Desk of the Editor



Upper Aero Digestive Tract (UADT) cancers are very common in India, contributing up to 30-40% of all cancers, driven primarily by high rates of tobacco (smoking/chewing) and alcohol use. Though these cancers are curable if diagnosed early, presently these are one of the major causes of all cancer deaths in our country. The reason behind high mortality in spite of curable surgical and medical advancements is delay in the diagnosis and subsequent delay in the initiation of treatment. Often the patients are diagnosed to have Stage 3 / 4 cancers due to delay in the diagnosis.

The term “diagnostic delay” generally refers to the time gap between the first recognition of a sign or symptom of illness by the patient and the arrival of a definitive diagnosis. (1) The delay may be divided grossly into two parts. The first one is patient delay—due to lack of awareness to recognize the symptoms by the patients, who often consider the symptoms as those of upper aerodigestive tract infection and self-/over-the-counter use of medicines. The second one is health care-related delay—either primary health care delay (delayed referral to specialists) or specialist health care delay (delay in diagnostic processes). (2)

As otolaryngologists, our role is very crucial to minimize the delay in every stage. As ENT surgeons, we can directly influence and minimize the specialist health care delay only (that also needs collaboration of pathologists, radiologists, and other specialties). But the other causes of delay should also be interfered with by ENT surgeons indirectly. Proper awareness among the population about the ominous symptoms and signs (through periodic health camps) and training of health workers as well as primary care physicians about their responsibilities in terms of appropriate suspicion, basic examinations, and timely referral may curtail the delay to a considerable extent.

Another cause of delay in initiation of therapy is seeking treatment from non-qualified healers by the patient and their relatives, even after final diagnosis. The reason behind this is economical or medical. The high cost of therapy for cancer treatment sometimes compels them to depend upon other forms of therapy. Experience of high morbidity, shared by other patients, may also be an important reason to refuse surgery, radiotherapy, or chemotherapy.

Sirshak Dutta

Dr. Sirshak Dutta

Managing Editor

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