



Late screening and detection of head and neck cancer in Saudi Arabia: is it a policy or a literacy issue?

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I read with keen interest the recently published article by Durani *et al.*, in which they conducted a hospital-based retrospective study exploring the clinic-epidemiological profile of head and neck cancer (HNC) patients treated at the King Fahad Medical City, Riyadh, Saudi Arabia. The study showed that 15.1% and 64.6% of HNC patients presented at TNM stage 3 and 4, respectively; these two stages are advanced cancer stages which are associated with poor treatment outcomes and poor quality of life (1). This finding, as obtained in the article of Durani *et al.*, fits with the epidemiology from other papers published nationally, in Saudi Arabia (2,3).

Over the years, the issue of late HNC presentation among Saudi Arabians has been an issue of serious public health concern (1-4); however, the magnitude of public health response towards the prevention of the disease has left so much to be desired (5-11).

Saudi Arabia is an oil-rich country, with good health policies on general cancer prevention and care strategies compared to many other developing countries in the world. However, the country's current policy status on HNC prevention and care strategies is still very weak (5). For instance, Saudi Arabia has a weak and weakly enforced policy/law restricting tobacco use despite the alarming rate of cigarette smoking (as about 2 out of every Saudi Arabians aged ≥ 15 years are current users of tobacco) among its populace (12). Also, the country lacks a working policy preventing harmful alcohol use or guiding routine immunization activities against human papillomavirus

(HPV) (tobacco, alcohol and HPV are one of the major HNC risk factors in Saudi Arabia) (5-7); in addition, the country also lacks a particular mechanical strategy for data gathering on HNC screening, diagnosis, care, and prognosis (8). Unlike in the USA—a highly developed country—the burden of HNC and as well as the rate of late HNC presentation amongst its populace is relatively lower when compared to that of Saudi Arabia; this is simply because better public health efforts, especially in the area of public health policy making and implementation (favouring HNC prevention and cure), are in place unlike in Saudi Arabia (13-15).

Furthermore, recent studies had shown that the majority of the lay public members and even the healthcare practitioners in Saudi Arabia lack basic knowledge on HNC risk factors, symptoms, and screening—high rate of HNC illiteracy (8-10). Pertinently, scientific research had shown that those cancer patients who are aware of cancer do present earlier at the hospital for cancer screening, detection, and care, more often than those who are unaware of it (11). Hence, the high rate of delayed HNC presentation in the hospitals in Saudi Arabia can be attributed to the very low HNC literacy rate among Saudi Arabians.

Based on the above, it can be concluded that the high rate of late presentation of HNC patients in Saudi Arabia can be linked to low public HNC literacy and weak policy on HNC prevention (1,4-11); this is a problematic issue that requires urgent public health attention.

The HNC burden in Saudi Arabia can be brought down to the barest minimum through painstaking policy review, planning, and implementation of HNC prevention strategies at all levels—primary, secondary and tertiary levels, if commenced as soon as possible. However, no matter how perfect a health policy or a plan is, if it is not properly implemented, it may not generate its desired public health outcomes. Hence, in order to achieve beautiful outcomes as regards the eradication of the huge burden of HNC in Saudi Arabia, the Saudi Arabian government needs to provide substantial financial support, reliable logistic measures, and human resources towards the implementation of HNC prevention strategies. These strategies should include massive HNC awareness campaigns using social media and news media, free community-based HNC screening programs, free or subsidized clinical care programs for HNC patients, regular follow-up of HNC patients, and regular documentation of HNC cases at the cancer registry of Saudi Arabia.

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