

## SUMMARY

Oral cancer is a public health problem in the South Asian region, including Sri Lanka, because of its high prevalence. Usually oral cancer does not appear "de novo" and it is preceded by a precancerous lesion or condition. The exact aetiological factor is unknown, however several predisposing factors have been identified.

Non probability convenient sample was selected from patients who were attending the Cancer Institute Maharagama. A pre-coded questionnaire was administered by the interviewer to ascertain the demographic characteristics and site of oral cancer.

Total number of cancer patients examined were 294, males 208 and females 86. The age range was 22 and 90 years. According to ethnicity Sinhala, Tamil, Moors and Burger patients were in the sample. According to religion Buddhist, Hindu, Catholic and Islam were there. Nearly 60% of patients were labourers and more than 50% had less than Rs. 500/= individual monthly income. Highest number of patients had buccal mucosal cancer (38%).

The only habit, betel chewing was practiced by 30% and betel chewing with other habits was practiced by 78% of the sample. Smoking as only habit was practiced by 8% and smoking with other habits were 38% alcohol as only

habit was 5% and alcohol with other habits were 5%. Eleven percent of sample had indulged in combination of all 3 habits.

The betel chewers (only betel chewing) showed the highest percentage (55%), of buccal mucosal cancer. Highest percentage of commissural cancer (100%) were found among beedi smokers.

Seventy five percent of floor of the mouth cancer were detected among alcoholic patients those who consume alcohol only.

With increasing the frequency of betel chewing (number per day) the risk of inflicting buccal mucosal cancer also increased. Highest percentage of buccal mucosal cancer (69%) was found among those who kept the quid in the mouth overnight.

Histologically 293 patients had squamous cell carcinoma out of 294 patients.

More than 95% of betel chewers had chewed betel with all 4 ingredients.

Alcoholic patients consumed different types of alcohol such as pot arrack, arrack, toddy.

Smokers used cigarette, cigar or beedi.