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Contents lists available at ScienceDirect

Oral Oncology

journal homepage: www.elsevier.com/locate/oraloncology

Letter to the editor

Continuing education in oral cancer during coronavirus disease 2019 (covid-19) outbreak



By the April 07th, 2020, the coronavirus disease 2019 (COVID-19) pandemic presented more than 1.4 million of confirmed cases, with more than 82,000 deaths (<https://coronavirus.jhu.edu/map.html>). In order to contain the outbreak and prevent a collapse of the health care systems, billions of people around the world are under quarantine, isolation or social distancing in their homes. Patients and dentists may be infected by the novel coronavirus (2019-nCoV) during dental care because are often exposed to saliva and blood, besides personal contact patient-dentist. In this way, in many countries, the elective dental procedures are suspended, leading to the closure of public and private dental clinics. Thus, thousands of dentists are confined in their homes or having only administrative work.

Because of the severe global crisis caused by the COVID-19 pandemic, it is accepted that all the attention of the worldwide press and social media is focused on this disease. Nevertheless, other diseases with significant clinical impact continue to occur. In the oral cavity, squamous cell carcinoma (SCC) is the disease of greatest clinical significance. In 2018, it was estimated that 354,900 cases of oral SCC occurred worldwide, with 177,400 deaths [1]. Diagnostic delay is common. Thus, most cases are diagnosed in advanced clinical stages, resulting in high mortality and morbidity. The diagnostic delay may be attributed to factors associated with the patient, the practitioner, and treatment [2].

To change this scenario, considering the delay associated with the practitioner, continuing education is essential. The internet is a powerful tool to reach millions of people located in different geographic regions. In this time of confinement due to COVID-19, it seems to us that it may be a good opportunity to draw the attention of dentists outside their offices, to the main clinical features of oral SCC, its current epidemiological trends, stressing the association between early diagnosis and good prognosis. However, recently we have evidenced that the information on oral SCC available on the internet is of low quality,

both on websites, YouTube and Instagram [3,4]. Thus, members of international and national Professional Associations (Oral Pathology and Medicine, Oral and Maxillofacial Surgery, Head and Neck Surgery and Otorhinolaryngology), and Dental and Medical Schools around the world, could mobilize themselves to produce quality online content on Websites, Instagram, YouTube, and other apps that allow the transmission of videos and lives. Individual specialists are also encouraged for such action. It is noteworthy that quality online content must have several criteria that ensure readability, confidence, and usefulness [4].

In this pandemic period, the production of quality information on oral SCC can be essential to keep dentists updated (keep reminding them that the disease exists), in addition to preparing them, especially those in primary care, for the prompt identification and diagnosis of patients after returning from clinical practice. In addition, we must be prepared for online continuing education, since second COVID-19 wave is not ruled out [5], which may require new periods of confinement or social distancing in the future. In return clinical practice, dentists should be aware not only the protocols and guidelines for the prevention of COVID-19, but also to significant oral diseases, such as oral SCC.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgment

The National Council for Scientific and Technological Development (CNPq), The Minas Gerais State Research Foundation (FAPEMIG), and The Coordination of Training of Higher Education Personnel (CAPES), Brazil.

<https://doi.org/10.1016/j.oraloncology.2020.104713>

Received 8 April 2020; Accepted 10 April 2020

Available online 16 April 2020

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