

implementation of formal national oral cancer screening programmes.¹⁰ Moreover, access to dental care is not always available, especially in many less developed countries, which further reduces the chances of opportunistic oral cancer screening during clinical examinations by dental professionals.¹¹

Nevertheless, it is not total doom and gloom in our fight against oral cancer. Improved access to epidemiological data, advances in molecular biology, genetics, diagnostics and treatment modalities will eventually translate into improvements in cancer prevention and care. Rapid developments in the field of artificial intelligence (AI) offer a glimmer of hope for mass oral cancer screening.¹² AI tools with high sensitivity and specificity for oral cancer screening are currently being investigated and, potentially, AI-based mobile applications could be used not only by frontline healthcare workers but also by the public. Such technological advances may enable early recognition of suspicious lesions and facilitate early referral and management. Recent advances in immunotherapy – such as the use of immune checkpoint inhibitors (ICIs), especially programmed death-1 (PD-1)/programmed death-ligand 1 (PD-L1) inhibitors – also show immense promise for the management of OSCC. PD-1 is a checkpoint protein on T lymphocytes which prevents T cells from attacking cancer cells. Multiple clinical trials provide evidence to support the use of PD-1 inhibitors to prolong survival in recurrent

and metastatic squamous cell carcinoma of the head and neck.¹³ Anti-PD1 monoclonal antibodies nivolumab and pembrolizumab boost the immune response against cancer by enhancing recognition and destruction of cancer cells by T cells. These drugs have been shown to be superior to aggressive combination chemotherapy.

Internet connectivity and availability of social media platforms offer immense potential for raising public awareness and mass education regarding risk factors for OSCC on a global scale. Resources aimed at sensitising the public to risk factors for oral cancer can be produced in multiple languages for the benefit of populations in various geographic locations at a significantly lower cost. Learning from breast cancer awareness campaigns, active involvement of oral cancer patients in public awareness campaigns are likely to be more impactful in comparison to education by professionals alone.¹⁴ Notwithstanding the challenges in the prevention and management of OSCC, exceptional commitment and dedication of multidisciplinary head and neck cancer teams working relentlessly across the globe needs to be acknowledged. Clinicians, scientists, allied healthcare workers and policymakers must continue their excellent work against all odds and the fight against oral cancer must go on...

Author affiliation

¹*Qatar University, College of Dental Medicine, QU Health, Doha 2713, Qatar.*

References

1. Sung H, Ferlay J, Siegel R L *et al.* Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. *CA Cancer J Clin* 2021; **71**: 209–249.
2. Pulte D, Brenner H. Changes in survival in head and neck cancers in the late 20th and early 21st century: a period analysis. *Oncologist* 2010; **15**: 994–1001.
3. Ghantous Y, Abu Elnaaj I. Global incidence and risk factors of oral cancer. *Harefuah* 2017; **156**: 645–649.
4. Department of Health. *UK Chief Medical Officers' Low Risk Drinking Guidelines*. London: Department of Health, 2016.
5. Burton R, Sheron N. No level of alcohol consumption improves health. *Lancet* 2018; **392**: 987–988.
6. Bracken-Clarke D, Kapoor D, Baird A M *et al.* Vaping and lung cancer – a review of current data and recommendations. *Lung Cancer* 2021; **153**: 11–20.
7. Chattopadhyay A, Weatherspoon D, Pinto A. Human papillomavirus and oral cancer: a primer for dental public health professionals. *Community Dent Health* 2015; **32**: 117–128.
8. Reid B C. Visual screening for oral cancer may reduce oral cancer mortality in high-risk adult populations through early diagnosis and treatment. *J Evid Based Dent Pract* 2013; **13**: 174–176.
9. Seoane J, Alvarez-Novoa P, Gomez I *et al.* Early oral cancer diagnosis: the Aarhus statement perspective. A systematic review and meta-analysis. *Head Neck* 2016; DOI: 10.1002/hed.24050.
10. Warnakulasuriya S, Fennell N, Diz P, Seoane J, Rapidis A, LDV Lifelong Learning Programme. An appraisal of oral cancer and pre-cancer screening programmes in Europe: a systematic review. *J Oral Pathol Med* 2015; **44**: 559–570.
11. Speight P M, Epstein J, Kujan O *et al.* Screening for oral cancer – a perspective from the Global Oral Cancer Forum. *Oral Surg Oral Med Oral Pathol Oral Radiol* 2017; **123**: 680–687.
12. Ilhan B, Lin K, Guneri P, Wilder-Smith P. Improving oral cancer outcomes with imaging and artificial intelligence. *J Dent Res* 2020; **99**: 241–248.
13. Cramer J D, Burtneiss B, Ferris R L. Immunotherapy for head and neck cancer: recent advances and future directions. *Oral Oncol* 2019; **99**: 104460.
14. Reilly S M, Wilson Crowley M, Harold P, Haemphill D, Tumiel Berhalter L. Patient Voices Network: Bringing Breast Cancer Awareness and Action into Underserved Communities. *J Natl Med Assoc* 2018; **110**: 448–454.

Evidence-Based Dentistry (2022) **23**, 4–5.

<https://doi.org/10.1038/s41432-022-0243-1>

Correction to: Volume 22 Issue 4, December 2021

The issue can be found online at <https://www.nature.com/ebd/volumes/22/issues/4>

Journal's correction note:

Summary Review *Evid Based Dent* 2021; <https://doi.org/10.1038/s41432-021-0214-y>
 Summary Review *Evid Based Dent* 2021; <https://doi.org/10.1038/s41432-021-0215-x>
 Summary Review *Evid Based Dent* 2021; <https://doi.org/10.1038/s41432-021-0226-7>
 Summary Review *Evid Based Dent* 2021; <https://doi.org/10.1038/s41432-021-0227-6>
 Summary Review *Evid Based Dent* 2021; <https://doi.org/10.1038/s41432-021-0218-7>
 Summary Review *Evid Based Dent* 2021; <https://doi.org/10.1038/s41432-021-0219-6>
 Summary Review *Evid Based Dent* 2021; <https://doi.org/10.1038/s41432-021-0228-5>
 Summary Review *Evid Based Dent* 2021; <https://doi.org/10.1038/s41432-021-0220-0>
 Summary Review *Evid Based Dent* 2021; <https://doi.org/10.1038/s41432-021-0213-z>
 Summary Review *Evid Based Dent* 2021; <https://doi.org/10.1038/s41432-021-0216-9>
 Summary Review *Evid Based Dent* 2021; <https://doi.org/10.1038/s41432-021-0221-z>
 Summary Review *Evid Based Dent* 2021; <https://doi.org/10.1038/s41432-021-0224-9>
 Summary Review *Evid Based Dent* 2021; <https://doi.org/10.1038/s41432-021-0225-8>
 Summary Review *Evid Based Dent* 2021; <https://doi.org/10.1038/s41432-021-0223-x>

Summary Review *Evid Based Dent* 2021; <https://doi.org/10.1038/s41432-021-0217-8>
 Summary Review *Evid Based Dent* 2021; <https://doi.org/10.1038/s41432-021-0231-x>
 Summary Review *Evid Based Dent* 2021; <https://doi.org/10.1038/s41432-021-0230-y>
 Summary Review *Evid Based Dent* 2021; <https://doi.org/10.1038/s41432-021-0229-4>
 Summary Review *Evid Based Dent* 2021; <https://doi.org/10.1038/s41432-021-0222-y>
 Review *Evid Based Dent* 2021; <https://doi.org/10.1038/s41432-021-0209-8>
 Review *Evid Based Dent* 2021; <https://doi.org/10.1038/s41432-021-0207-x>
 Review *Evid Based Dent* 2021; <https://doi.org/10.1038/s41432-021-0206-y>
 Review *Evid Based Dent* 2021; <https://doi.org/10.1038/s41432-021-0208-9>

Due to a production error, when Volume 22 Issue 4 of *Evidence-Based Dentistry* was originally published, the publication date on the publisher's internal portal read 16 December 2021. This has been corrected to 17 December 2021.

In addition, when originally published, four systematic reviews which were included in this issue were omitted from the online issue Table of Contents. These four systematic reviews have now been added accordingly.

The journal apologises for any inconvenience caused.