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Oral Cancer: Staging is Not Sentencing - A Misconception
By Asst. Prof. Dr. Pram Kumar Subramaniam (English version)

When one hears a doctor uttering the words “*Stage Four*” for cancer patients, it seems to denote the end. For many patients and families, hearing this term immediately translates into dread; a notion that nothing more can be done except succumb to their fate.

However, this perception is not always accurate as it varies from types of cancer, staging process and location. As an oral maxillofacial surgeon, I and my colleagues recently consulted a patient diagnosed clinically with stage four (IV) oral cancer. Understandably, the patient and family were overwhelmed by anxiety and were distraught, assuming the disease had progressed beyond the possibility of cure. Yet after thorough evaluation by our multidisciplinary team, we determined that the tumour was still operable. Surgery remained a viable option followed by other additional treatment to increase the probability of survival.

In my viewpoint, this experience highlights an important reality: cancer staging is more complex than most people realise, and a higher stage does not automatically mean that treatment is futile for all forms of cancer. That is a general misconception that the public alludes to. As an oral maxillofacial surgeon, I thought this was something worth sharing with everyone.

What Does “Stage IV in Oral Cancer” Actually Mean?

Cancer staging is a structured system clinicians use to describe the extent of disease based on the tumour size, corresponding lymph node involvement, and whether the cancer has spread past the original tumour location to distant organs in the body.

In oral cancer, Stage IV is categorized as an advanced disease state. But it is crucial to understand that “advanced” does not always mean “incurable.” Even in stage IV there are further subcategories that vary in treatment and prognosis. Some Stage IV tumours remain localized enough to be surgically removed, sometimes followed by reconstruction and additional therapies such as radiotherapy or chemotherapy. Many patients go on to achieve meaningful survival and good quality of life. The danger lies not in the stage itself, but in the assumption that it is final.

Why Staging Is Not Always Straightforward

Another common misconception is that staging is fixed and absolute. Staging evolves as more information becomes available. Doctors typically evaluate cancer through three major perspectives, namely clinical, radiological and pathological.

Clinical staging is the first estimate based on physical examination and initial findings. It guides early treatment planning but is not the final word. Next, radiological staging uses imaging such as CT, MRI, or PET scans to provide a clearer picture of tumour and its level of extent. Imaging scans help clinicians determine if the said cancer is either less extensive or more involved than initially thought. Finally, there is the pathological staging, considered the gold standard, which can only be determined after the tumour has been surgically removed and examined under a microscope. It sometimes tells a very different story from earlier assessments. There have been instances where a patient has a higher staging in clinical and radiological phase but pathological staging dials down to a lower staging, improving survivability outcome.

Because of these layers of evaluation, two patients labelled with the same stage may have very different treatment pathways and outcomes.

Prognosis Is a Probability — Not a Promise

Patients often ask doctors for certainty: “What are my chances?” Medicine, however, deals largely with probabilities rather than guarantees. Survival statistics are derived from large population studies. They help clinicians guide treatment decisions but cannot predict exactly how an individual patient will respond. Factors such as general health, immune response, tumour biology, treatment tolerance, and even mindset can influence recovery. We have seen patients outperform expectations and occasionally others whose disease behaves more aggressively than predicted. Therefore, staging should inform hope, not extinguish it.

The Real Enemy: Late Detection

While correcting misconceptions is important, one truth remains undeniable — early detection dramatically improves survival.

Persistent ulcers, unexplained lumps, red or white patches, difficulty swallowing, or numbness in the mouth should never be ignored. Regular dental visits are not just about teeth; they are critical opportunities for early cancer screening.

Unfortunately, many oral cancer patients in Malaysia still present late, often because early symptoms are painless or mistaken for minor problems. Public awareness can change this.

Moving Beyond Fear

Cancer conversations should be guided by knowledge rather than fear. When patients hear “Stage IV,” the question should not immediately become “Is this the end?” but rather “What are the treatment options?”

Modern oncology continues to evolve. Advances in surgical techniques, microvascular reconstruction, brachytherapy, chemotherapy, radiotherapy, immunotherapy and supportive care have transformed what is possible — even in advanced disease.

As clinicians, our role is not only to treat but also to educate and reassure. A stage is a clinical description, not a verdict on a person’s future.

For patients and families facing an oral cancer diagnosis, remember this: do not surrender hope based solely on a number. Seek clarity, ask questions, and allow your healthcare team to guide you through the full picture. Because sometimes, even at Stage IV, the story is far from over.

It is perhaps fitting that this message is shared now during the Mouth Cancer Awareness Month (MCAM), an annual campaign done in the month of February in Malaysia to increase public understanding and realizing the importance of early oral cancer detection. This year’s campaign carries a powerful reminder: “Spot the Signs, Stop Mouth Cancer”. By spotting the signs early we afford ourselves the strongest chance to fight it and stop it.

About me:

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