Tumours of the oral cavity may be either epithelial, mesenchymal, or haematolymphoid. Epithelial tumors may be classified as those originating within the epithelium lining of the oral cavity and oropharynx and those derived from salivary gland tissue. Squamous cell carcinomas (SCC) amount to more than 90% of malignant tumors of the oral cavity. As in other parts of the upper aerodigestive tract, there is a strong association with tobacco smoking and alcohol abuse. In some regions, particularly the Indian subcontinent, oral cancer is among the most frequent malignancies, largely due to tobacco chewing. Patients with small oral and oropharyngeal SCC are often asymptomatic or may present with vague symptoms and minimal physical findings. Hence, a high index of clinical suspicion is needed to diagnose small lesions, especially if the patients have tobacco and alcohol habits. Tumour size and nodal status are the most significant prognostic factors. Histological grade correlates poorly with patient outcome. The value of grading improves only when the deeply invasive margins of the tumour are evaluated. Although there has been considerable progress in the understanding of the genetic and molecular events underlying the progression of precancerous lesions to invasive carcinomas, this has yet to be translated into novel therapeutic strategies.