Letters to the Editor

The real picture of cancer research and cancer care in developing countries: The quest to change the scenario!

Sir,

We appreciate the “Middle-Eastern Association for Cancer Research (www.mearcr.org)” for realizing the distressing situation of presence of large gap in cancer research between the western and the developing countries. Their vision, that starting of a new journal on cancer investigation will be a step ahead in their quest to improve the picture of cancer research and thereby, cancer care in developing countries, is commendable. Coming up with their first issue that is January-March 2012, it has successfully completed its 2 years; publishing work on cancer research that highlights the cancer care in developing countries. Most of the developing countries including Pakistan, Nepal, Bhutan and Sri Lanka etc., do not have any indigenous oncology journal. Hence, the clinical cancer investigation journal is serving as an excellent platform for the cancer researchers to share their knowledge with those in the developed countries.

Sir, after thoroughly reading numerous articles published in your esteemed journal, we realized that the lack of awareness, scarcity of funds coupled with lack of priority being given to cancer care programs and cancer research work, are the main reason behind the poor outcome of cancer treatment in developing countries. In this regard, we would like to give some suggestions, which can help change the dismal scenario of cancer research and care in developing countries.

First, the issue that needs to be addressed is the lack of awareness among our masses. For this, mass communication methods such as newspapers, television etc., should be utilized to their zenith along with incessant encouragement to the family and caregivers of the cancer patient including the patient himself, not to hide the fact of being fighting with cancer or having taken the cancer treatment, but to spread the word of how the cancer began, what were the symptoms, how was it detected and other related issues and more importantly, how bravely they fought with cancer. In addition to this, the hospitals should make an effort to increase cancer awareness by displaying posters or by running commentaries related to detection and treatment of cancer in waiting areas, canteens etc., where a large number of people can learn or can have a fair idea about the cancers prevalent in their region. Clinicians should also be made aware that practice and research are not two different things but they two sides of the same coin.

Majority of the population in developing countries is still below the poverty line and in a distressing situation where basic human requirements of food, shelter and clothing are not met, the information of being diagnosed with cancer is the final nail in the coffin, which shatters the urge of living of not only the patient but also the family members. Financial constraints are one of the most common causes for not seeking the cancer treatment and also for abandonment of treatment after initiation. There is an urgent need for the government to formulate medical insurance policies and hence that the fundamental right to health is not violated and nobody dies due to financial deficit. In addition, more research grant schemes should be formulated to help young researchers to conduct the research work.

Finally, the government and the concerned authorities should realize that even one life is worth it and every effort should be made to sustain its existence, and high priority should be given to cancer research and cancer care programs. It should be made mandatory for the educational institutions, hospitals and clinicians involved in cancer care to conduct research and submit at least one project report in a year to continuously avail the funds provided by the government. Research methodology programs and continued medical/dental education programs on incorporating research in clinical practice should be conducted more frequently to orient and incline the minds of young clinicians towards cancer research. Being a part of the developing countries in the world, doesn’t mean that our lack in cancer research and care, will not make any difference, but we should think about the gigantic development that could be achieved once we utilize our huge manpower in its full knowledge and health.

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Sir,

Globally, owing to its universal presence, enormous impact on the variable domains of life (viz. associated morbidity, financial burden, quality of life, disability, and death), cancer has emerged as a significant public health concern. In fact, current estimates suggest that 14.1 million new cancer cases and 8.2 million associated deaths have been reported in the year 2012, of which maximum contribution is from developing countries.

Furthermore, a study has depicted that approximately 20% of all forms of cancers are assigned to the environmental factor. In addition, almost 900 potential carcinogens have been earmarked for their carcinogenic potential in the workplace. Both industrialized nations (probably because of exposure to environmental carcinogens for more than five decades) and low/middle income nations (owing to the less stringent enforcement of occupational health standards) have eventually contributed to the rising trend of occupational cancers. Moreover, diversified parameters such as environmental carcinogens (viz. asbestos, silica, arsenic, radiation, etc.); employment in cancer-prone industries; exposure to unsafe equipments; nonavailability of personal protective equipments; poor awareness among workers about the occupational hazards; attitude of physicians; and nonexistence of practices like preplacement/periodic medical examinations; have together contributed to the rising trends of occupational cancer.

Researchers have realized that the efforts of policy makers/health professionals are definitely inadequate to counter the rising incidence of the disease. In fact, these potential risk factors indirectly provide opportunities to minimize the magnitude of the disease. Evidence-based strategies to reduce the magnitude of occupational cancer comprehensively. In addition, the problem is further complicated by parameters like inadequate funding, absence of a surveillance system to predict exact estimates, and dearth of scientific research, have also hampered the global efforts to combat the burden of occupational cancers. Owing to the multi-faceted nature of the problem, there is an immense need to formulate a holistic strategy that should have provisions to address all the potential determinants. This proposed strategy should be developed on the basis of findings of the case-surveillance system so as to guide for rational allocation of resources. In addition, implementation of other interventions like establishing maximum permissible limits for carcinogenic chemicals; encouraging use of personal protective measures; establishing pre-placement and periodic medical examination in industry; enhancing awareness about occupational cancer among employees; sensitizing medical practitioners regarding scope of carcinogenic elements; expanding scope of social security/insurance; and facilitating research work to understand the patho-physiology of occupational cancers; can also be done to minimize the incidence of occupational cancer.

To conclude, owing to the rising trends of occupational cancer there is an indispensable need to develop evidence-based interventions to negate its influence on different domains of life.

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REFERENCES