

CANCER IN DEVELOPING COUNTRIES – THE HIDDEN EPIDERMIC

In the past I had regarded the field of oncology (study of cancer) as a rather strange feature of non-communicable disease. Indeed as a health professional in a developing country it is very easy to relegate cancer to the background of normal practice considering the flurry of activity around HIV/AIDS, tuberculosis and malaria. But I was compelled to change this perception over the course of time as a hospital pharmacist. The change became complete following my association with the Cancer Society of Ghana (CSG). Over the past few weeks I have been startled by the information gleaned on cancer—a staggering burden in developing countries.

Cancer Burden

There are more deaths due to cancer per year than the annual total deaths from HIV/AIDS, tuberculosis and malaria. According to the WHO report of 2003 there were over 7 million cancer deaths as compared to about 5.5 million total deaths from HIV/AIDS, TB and malaria together.

More than 70% of cancer deaths occur in low and middle-income countries.

It is estimated that based on current trends by the year 2020 there will be 16 million new cases of cancer per year and 10 million people will die from cancer each year.

Of these, developing countries are likely to bear the brunt of the crippling effects of cancer across the globe.

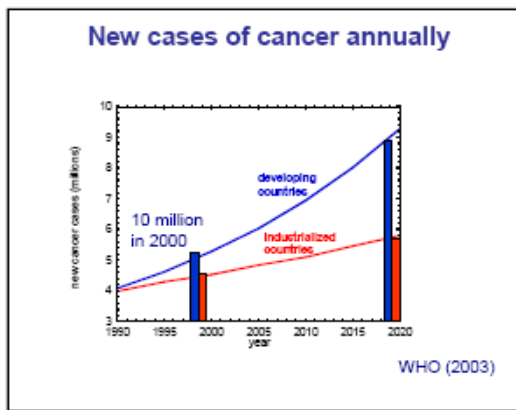


Fig 1. WHO projection of global increase in rates of new cancers.

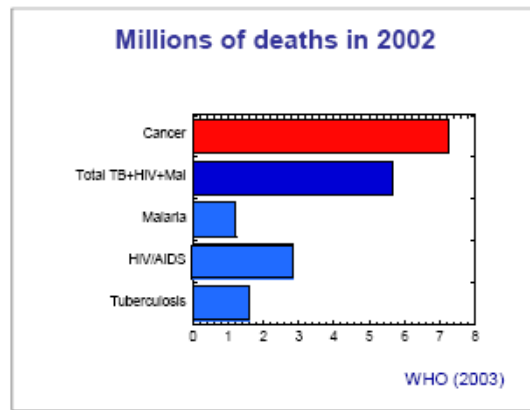


Fig 2. WHO estimate of global mortality 2002.

I am sure that many colleague pharmacists from developing countries have always regarded cancer as a disease of affluence and therefore the prevalence of cancer should be higher in advanced countries. One could not be farther from reality!

It seems that the advanced countries have identified this impending 'tsunami' long ago and have over the years developed aggressive measures to confront the cancer burden.

Responding To The Challenge of Cancer in Europe

The European Union has a document titled 'Responding to the challenge of cancer in Europe' (2008) which details the union's measures adopted to fight against cancer. It

among other things, affirms the adaptation of strategies proven effective against other diseases to comprehensively prevent and control cancer. It further emphasizes the need to promote healthy lifestyles and reduce exposure to risk factors associated with cancer in order to prevent cancer. The document also stresses the need for early detection of cancers that can not be prevented. There is also a strong drive towards providing the best possible treatment and care to cancer patients, exchanging information on best practices for diagnosis, treatment, rehabilitation and palliative care. The strategy also seeks to encourage research that aims to identify the causes of cancer and to develop better strategies for prevention, diagnosis, treatment and cure.

Challenges of Cancer Control In Ghana

Lack of awareness coupled with cultural practices and beliefs are significant barriers to cancer prevention and control in Ghana. In the course of a month-long cancer screening programme by the Cancer Society of Ghana (CSG), a number of women with obvious signs of breast cancer, defended their failure to seek early assistance from medical facilities for various reasons. A significant feature was that they believed the intervention at the medical facility- the removal of the breasts- would result in death, mentioning friends who died soon after their breasts were removed at the hospital.

Another formidable challenge is the apparent lack of database on the cancer situation in the country. A reference to a study conducted by the department of pathology of the Korle Bu Teaching hospital underpins the dearth of cancer intelligence in Ghana and Africa as a whole. The study involved a retrospective review of autopsy records of the Department of Pathology and medical certificate of cause of death books from all the wards of the Korle-Bu Teaching Hospital (KBTH), Accra, Ghana during the 10-year period 1991-2000. There study the need for an active cancer registry in Ghana.

Another area critical to cancer control is the provision of adequate infrastructure. Ghana currently has two radiotherapy centers for a population of over 20 million.

There is a serious shortage of the requisite health workforce for cancer prevention and control in Ghana. To date, the Greater Accra Region (the region where Accra, the capital of Ghana is situated) has only two established screening centers for breast and cervical cancers. There are few trained oncologists in the country. Training of health workforce must be multi-disciplinary.

Referral systems are also weak and therefore many cancer cases arrive at the specialist clinics at advanced stages. It is generally acclaimed that successful and effective cancer treatment is hinged on early intervention.

Chemotherapy forms a key aspect of cancer treatment and yet very few pharmacies are appropriately resourced to provide highly specialized anti-cancer medicines. It is not unusual to find clients waiting for initiation or continuation of chemotherapy due to non-availability of anti-cancer medicines.

Preventing Cancers

All these factors reinforce the need for increased efforts at preventing cancers. It is known that about 40% of cancers can be prevented through avoidance of certain risk factors:- tobacco smoking, obesity and physical inactivity, consumption of diets high in fats, exposure to some carcinogens (such as cadmium), high consumption of alcohol, undue exposure to the sun. Since many cancers are due to 'faulty' genes, early detection

and screening is highly imperative for people with a family history of cancers. Some cancers (e.g. prostate) are also associated with ageing and therefore underpins the need for routine screening in men above 40 years of age. Infection with viruses such as hepatitis B and human papilloma virus (HPV) identified as the main causes of liver and cervical cancers respectively could be prevented by appropriate immunization.

Addressing the Challenges

The first step is education to create awareness and remove all barriers hindering self-examination, early detection and screening.

The initiative of the Pharmaceutical Society of Ghana (PSGH) in promoting immunization against the hepatitis B virus could be extended to immunization of females against (HPV). In Ghana there is the fact no denying the increased awareness of hepatitis B is largely due to the campaign launched by the PSGH five years ago. It is also true that this initiative compelled many health care professionals to update their knowledge and skills in the management of Hepatitis B infection.

The gastro-enterology clinic at Ghana's premier hospital-Korle-Bu Teaching Hospital has improved on its infrastructure due to increasing demands from the public as a result of the PSGH initiative on Hepatitis B.

There is the need for increased training of health workforce in the field of oncology and an equal need for expansion and improvement in infrastructure of the health care delivery system. The active collaboration between the PSGH and some multinational pharmaceutical companies resulted in the training of a core group of pharmacists for the PSGH-led initiative against Hepatitis B.

Effective cancer prevention and control will be a mirage if steps are not taken to develop robust, efficient and reliable cancer registries. It is common knowledge that intelligence is key to the effective control of the enemy-cancer. Health intelligence tends to be relegated to the background and only belatedly realized as important to the sustainability of health programmes. It is only through such registers that we can monitor and evaluate the programme. It should be possible to set up systems within both the public and private sectors of health care to allow for active knowledge and skills transfer. It has been possible with the management of tuberculosis in Ghana and therefore easy to adapt it for cancer control.

There must be a pool of health professionals (health care team) positioned to render specialized services in oncology for the mutual benefit of both service providers and clients. A solid cancer registry is vital to the supply management of anti-cancer drugs. It is easier to advocate for tax waivers and other reliefs for anti-cancer medicines.

Laboratory investigations and interpretations are of utmost importance in the drive towards rendering efficient and effective health care.

The news of cancer even in developed systems can be disconcerting for the affected person. It calls for very good support system such as palliative care to assist the person walk through the throes of the disease. The benefits of such support systems amply demonstrated in HIV/AIDS could easily be adapted to cancer care. Palliative care is highly critical in cancer control. A recent encounter with a breast cancer survivor reinforced the fact that contrary to what many assume, palliative care goes far beyond pain relief.(I will relate this encounter in another article). Through palliative care the

health care worker is not only seen as a member of the health care team but more importantly as a member of the affected person's family.

Partnerships

The Cancer Society of Ghana (CSG) will be the first to admit the impact of AfrOx on its annual cancer awareness programmes. AfrOx is the acronym for Africa-Oxford Cancer Consortium - a new organization which seeks to provide broad support and guidance on the design, delivery and funding of sustainable national cancer plans in Africa. AfrOx facilitates educational and training efforts by the international cancer community. It works with partners (governments, NGOs, pharmaceutical industry and cancer charities) to fund cancer control initiatives in Africa.

In Ghana, AfrOx through the Cancer Society of Ghana (CSG) is supporting the establishment of Cancer Intelligence Units (cancer registries). AfrOx provides support for the early diagnosis and prevention of cancers such as the cancer awareness programmes of the CSG. It is against this backdrop that the efforts of the Africa-Oxford Cancer Consortium (AfrOx) in partnering the Cancer Society of Ghana to increase awareness on the cancer burden, deserve loads and loads of commendation.

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