



Letter to Editor

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Cancer: An alarm is ticking

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Cancer has become an important topic of concern since the world Cancer Report alarms that cancer patients are expected to rise by 50% resulting in 50 million new cancer cases by 2020^[1].

In the developing countries, cancer is emerged as a major public health problem and it is feared that it will be a cause of approximately 75% of all deaths^[2, 3]. In 2012, cancer was the cause of 600 000–700 000 deaths^[4] proving the severity of the disease and cause of concern. Many factors like unawareness, lower socio economic status, ignorance are responsible for delayed diagnosis leading to advanced stage at the time of diagnosis. It leads to lowering in patient survival rate of 30% compared to 60% in developed countries^[5, 6]. WHO has highlighted that healthy lifestyles and suitable public health action plans will take care of majority of cancers^[2].

In the recent years, due to advancement in technologies, the scenario of cancer diagnosis and treatment has drastically changed. Now a days we see disease-free, long term survivors even with metastatic diseases^[7]. The quality and the productivity of life in the survivors who were diagnosed 15-20 years ago is also improved.

In case of cancer survivors, doctors seek patient's active participation in form of decision making for their own treatment. The Early diagnosis of cancer causes fear and anxiety in the patient^[8]. This has opened a new field of psycho oncology, as nearly 20-30% of new patients developing stress and anxiety and related psychosomatic diseases in addition to cancer. To improve the quality of life, patients explore alternative therapies like yoga, music, meditation, relaxation techniques etc., in addition to the mainstream cancer care^[9-11]. The concept of cure is shifted from adding in the years of life to improvement in the quality of life of survivors.

Epidemiology of Cancers

There is a geographical difference in cancer incidences throughout the world. A vast difference of cancer incidences and the types of cancers are observed among patients from developing and developed countries. A noticeable increase in cancer rates especially among elder population is seen. There are many etiological factors responsible for increase in the number of cancer patients. Besides impact of tobacco, obesity and infections, increase in life expectancy, Increase stress in life, changes in life-styles, use of pesticides and insecticides, increase migration from rural to urban areas, globetrotting individuals for better opportunities in education and jobs are some of the important factors. Non modifiable risk factors namely race, familial and genetic background, reproductive and hormonal history also play an important role. India is no exception to this, in India, varying cancer patterns and incidence rates are observed^[12, 13].

In India, oral and esophageal cancers are among the highest in the world, and one of the lowest for certain cancers e.g. colorectal, prostate and lung cancers. Some of the districts in the country have recorded the highest incidences of cancers in India pertaining to the site of cancer associated with the tobacco use. These include cancer of the mouth in the Wardha district of Maharashtra, Kanyakumari district of Tamil Nadu, Kollam and Thiruvananthapuram districts of Kerala and Pondicherry^[6,7,11]. This highlights the relevance of life style modifications in form of tobacco addiction and the crucial role of environmental changes on occurrence of variety of cancers. In Bengaluru and Chennai, cancer stomach among males is commonly seen.

Oesophageal cancer is prevalent in Nagpur followed by in Bengaluru, Barshi, Chennai and Mumbai^[6,7,11]. In India, nearly 1.6% to 4.8% of all cancers are seen in children less than 15 years of age. There is urban to rural variation in morbidity and mortality data may be due to under notification of cases including

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mortality data especially in rural areas.^[14]

The Future

Since we are able to control the communicable diseases, non-communicable disease like cancer becomes a major public health issue. We have major obstacles to the implementation of the programme like limited resources, social stigma, unawareness of people, ignorance, lack of political motivation, etc. By making an ambitious action plan and implementing it with maximum utilization of available resources in the health care system, we can effectively control this dreadful disease.

References

1. Kar M. Oncology- Its relevance in a Developing Country like Ours. Journal of the Indian Medical Association 2005; 103(09):2.
2. WHO. 10 facts about cancer. Available from http://www.who.int/features/factfiles/cancer/03_en.html.
3. WHO. The Impact of Cancer in your Country (INDIA). Available from <http://www.who.int/infobase/report.aspx?isodandrid119andgobutton=go>.
4. Mallath MK, Taylor DG, Badwe RA, Rath GK, Shanta V, Pramesh CS *et al*. The growing burden of cancer in India: epidemiology and social context. Lancet Oncol. 2014 May;15(6):e205-12.
5. Dinshaw KA, Shastri SS, Kurkure AP, Nandkumar AP. Cancer prevention and control strategies for South Asia. Geneva UICC Publications, 2006.
6. Yeole BB. Role of Cancer registries in Determining Cancer Mortalities in Asia? Asian Pac J cancer Prev 2006;7:489-91
7. Fisch MJ, Titzer ML, Kristeller JL. Assessment of quality of life in outpatients with advanced cancer: the accuracy of clinician estimations and the relevance of spiritual well-being-a Hoosier Oncology Group study. J ClinOncol 2003; 21:2754-9.
8. Hills J, Paice JA, Cameron JR, Shott S. Spirituality and distress in palliative care consultation. J Palliat. Med 2005; 8:782.
9. Chaturvedi SK. Ethical Dilemmas in Palliative Care in a Traditional Developing Society, with special reference to Indian setting. J Med Ethics 2008; 34:611-15.
10. Chaturvedi SK. Spirituality issues at end of life. Indian J Palliative Care 2007; 13:48-52.
11. Silverstri GA, Knittig S, Zoller JS, Nietert PJ. Importance of faith on medical decisions regarding cancer care. J Clin Oncol 2003; 21:1379-82.
12. Prasad RR, Yadav DK. Epidemiology of Cancer: Indian Scenario. J Indian Med Assoc 2005 Sep; 103(9):5.
13. World Cancer Report 2014-IARC www.iarc.fr › Publications › Books › World Cancer Report 2014.
14. Arora RS, Eden T, Kapoor G. Epidemiology of childhood cancer in India. Indian Journal of Cancer 2009 Oct-Dec; 46(4):264-73.