EDITORIAL

THE FIGHT AGAINST CANCERS

From records of the Kumasi Cancer Registry of 2015, the leading cancers seen in the country are liver and prostate cancers in males, breast and cervical cancers in females and non-Hodgkin's lymphomas and leukemias in children. The trend probably is the same as of today. The worry is that most adults with cancers present to health facilities rather late.

The reasons why such patients present late are not far-fetched and include:

- Lack of education on recognizing early symptoms of cancers
- Self-medication
- Belief in ascribing non-specific symptoms and especially new growths and other lesions on the body to certain traditional diagnoses with its attendant application of inappropriate local herbal and drug treatment.
- Beliefs in linking such non-specific symptoms to witchcraft and supernatural powers
- Poverty

How do we as service providers and training/research institutions fit into the fight against cancers in the country?

The fight against cancers cannot be won without preventive measures. It is an undeniable fact that cervical cancer is recognized as a sexually transmitted disease whose "long incubation phase" enables us to offer preventive and therapeutic measures. Vaccination against the HPV virus, life-style modification and national screening programmes need to be intensified. The treatment of pre-invasive forms of the disease must be addressed. In this regard, we need to train and equip more nurses and other field workers in the use of simple but effective technologies in identifying the pre-invasive forms of the disease and offer appropriate treatment modalities. The scaling up of visual inspection with acetic acid/iodine and the use of thermocoagulation, among others in treating pre-malignant lesions of the cervix cannot be overemphasized. We also need to encourage and help equip private practitioners and facilities in this fight against cervical cancer.

The incidence of breast cancer is increasing in the developing world due to increase life expectancy, increase urbanization and adoption of western lifestyles. Although some risk reduction might be achieved with prevention, these strategies cannot eliminate the majority of breast cancers that develop in low- and middle-income countries where breast cancer is diagnosed in very late stages. Therefore, early detection in order to improve breast cancer outcome and survival remains the cornerstone of breast cancer control.

The only breast cancer screening method that has proved to be effective is mammography screening. Efforts must be made by government and our health partners to ensure the availability of functioning equipment for mammography in the country. Programmes that will ensure that women avail themselves of the opportunity of being regularly screened must also be put in place. Low-cost screening approaches, such as clinical breast examination must be aggressively advocated and implemented in the country.

Men must be encouraged to have screening for prostatic cancer by undergoing periodic digital rectal examination coupled with ultrasound and PSA testing.

The most significant risk factor for liver cancer is chronic infection with hepatitis b virus (HBV) and hepatitis c virus (HCV). Other factors include chronic heavy alcohol usage, smoking and the ingestion of aflatoxins. Avoiding such risk factors will go a long way to reduce liver cancers. Vaccination against HBV will also be protective. However, there is no vaccine for HCV currently.

Unlike cancer in adults, the vast majority of childhood cancers do not have a known cause. Many studies have sought to identify the causes of childhood cancer, but very few cancers in children are caused by environmental or lifestyle factors. Cancer prevention efforts in children should focus on behaviours that will prevent the child from developing preventable cancer as an adult.

Some chronic infections are risk factors for childhood cancer. For example, HIV, Epstein-Barr virus and malaria increase the risk of some childhood cancers. Other infections can also increase the child's risk of developing cancer as an adult. Current data suggest that approximately 10% of all children with cancer have a predisposition because of genetic factors. Early diagnosis consists of 3 components: awareness by families and accessing care, clinical evaluation/ diagnosis and access to treatment.

When identified early, cancer is more likely to respond to effective treatment and result in a greater probability of survival, less suffering, and often less expensive and less intensive treatment. A correct diagnosis is essential to treat children with cancer because each cancer requires a specific treatment regimen that may include surgery, radiotherapy, and chemotherapy. Cure is possible for more than 80% of childhood cancers, in most cases with inexpensive generic medications.

The training of doctors at the membership level in general oncology and fellows in sub-specialty areas is key.

We need to increase the numbers of specialists trained in histopathology to help with the rapid

diagnoses of cancer patients. One has to acknowledge that the training of specialists in sub-specialty areas takes time as only few residents can be taken at a time. The lack of medical oncologists to man the few oncology centres in the country is another issue the country has to address.

We also need to scale up the training of radiation oncologists, medical physicists and specialized nurses in chemotherapy to address the deficit in this area. The training of specialised laboratory personnel, the development of laboratory quality assurance programmes and standardised procedures and reporting all need to be scaled up.

Other challenges that militate against ensuring optimum services to our cancer patients

- Lack of trained medical professionals and opportunities for training that negatively impact the quality of patient care.
- Insufficient and inadequate equipment and infrastructure for providing quality oncology services.
- Lack of harmonized cancer treatment guidelines and protocols as well as standard operating procedures (SOPs)
- Absence of comprehensive cancer care centres and dedicated units for patients (and relatives) undergoing cancer treatment and palliative care

Palliative care relieves symptoms caused by cancer and improves the quality of life of patients and their families. Not all patients with cancer can be cured, but relief of suffering is possible for everyone. Palliative care should be appropriately considered as a core component of comprehensive care starting when illness is diagnosed and continued regardless of whether or not the patient receives treatment with curative intent.

Palliative care programmes can be delivered through community- and home-based care to provide pain relief and psychosocial support to patients and their families. Adequate access to oral morphine and other pain reliefs should be provided for the treatment of moderate to severe cancer pain, which affects more than 80% of cancer patients in the terminal phase.

Finally, the treatment of cancer patients is very expensive and few patients can afford the entire cost of treatment. It would be a great relief if the cost of cancer therapy can be entirely absorbed onto the National Health Insurance Scheme. Private insurers are also greatly encouraged to fully absorb the treatment of cancers in the country.

Only with such collective efforts can we win the fight against cancers in the country.

Prof Baafuor Kofi Opoku,
Medical Director, Komfo Anokye Teaching Hospital, Kumasi. *bafupok@gmail.com*, *bopoku@kathhsp.org*