by Kirstie Hansen

In Her Own Words

Three doctors talk about the need for better cancer care among the poor.

In India, Dr Sarbani Ghosh Laskar is one of 14 radiation oncologists working at the Tata Memorial hospital in Mumbai. The hospital registers about 25, 000 new cases of cancer each year, of which 75% are in advanced stages.

"We have a huge load of patients; we treat about 450 cases every day, with our radiotherapy facilities. It would seem to the onlooker that we'd go mad with the numbers but it's not frustrating because we do cure patients. The only frustrating thing is that patients do have to wait because the numbers are so huge. We treat about 60% of our patients for free.

"Of the patients we see each year, about 14,000 are in advanced stages of disease, some 30% are suitable for treatment, the remaining for palliation. We see about 5000 head and neck cancers a year, and a similar number of cervical cancers.

"India is a very big country and you'll find a lot of disparity in the resources you have across the country. Luckily for us, we are a tertiary hospital supported by the Department of Atomic Energy, so as far as resources go, we aren't too strained. We've got everything that you can ask for in terms of equipment — three cobalt units, three linear accelerators a brachytherapy unit — but even so, it's less than the numbers you have to deal with.

"When cancer strikes women, it hits the family hard. The woman is not only the care giver in the family; she also is the breadwinner a lot of the times. Even in the rural setups. The patterns of cancer are very different in the city to the rural areas in India. In the metropolis like Bombay that's where you have breast cancers, whereas in the rural areas uterine and cervical cancers are more common. In the rural areas women are often not aware of screening programmes, and multiple childbirths are common. Women are often a little shy to report to you, so won't show until they have advanced stages of cancer. There are still people who ask us if cancer is communicable."

Postscript: The Tata Memorial hospital where Dr Laskar works has adopted inventive ways to help women detect cancer early. The country cannot afford a pap-smear programme. So primary health care workers rely on their resourcefulness instead. They visit the cities slums to screen women for cervical cancer using makeshift lamps and conduct a visual inspection. This cheap method is making a real dent in detecting cancers earlier, when the disease is treatable and curable.

The IAEA, through its Programme of Action for Cancer Therapy (PACT), supports the establishment of Regional Cancer Control Training Networks around the world. The Tata Memorial Centre will be integral to this model, with India well placed to be a leader in training cancer professionals from other developing nations.

Miriam Joy Calaguas works in two worlds. The Filipino radiation oncologist treats cancer patients with state-of-the art radiotherapy treatment at a private clinic in Manila. But on Wednesdays and Thursdays, she leaves the pristine corridors of St Luke's Private Hospital, to work at the two main public hospitals in the city.

"I have the privilege to work at the premier hospital where cancer patients — who can afford it — get the best in radiation treatment. At the same time, I see what is going on in the government hospitals — the lack of facilities, the lack of equipment and manpower. Where patients line up to get a slot, sometimes waiting two to three months. By the time their turn for radiation treatment comes, the tumor has already grown so big or even spread. So our treatment strategy is totally different in the public hospital. We select patients with an early diagnosis and give them priority over the ones whose cancer already has advanced to late stages.

"You feel hopeless sometimes. You don't offer them the treatment because you know they cannot afford it. It's bad enough already knowing that they are stuck with a terminal illness, without knowing that there is another kind of treatment that can extend their life but they cannot afford it. You have to be aware of the sensitivities.

"In the public hospitals we have only one machine, with about 100 patients to treat. It is used until 2AM in the morning. The technicians are overworked and underpaid, unlike in the private hospital, where they pay overtime.

"It's frustrating because you know what to do, only there are no resources. The Government doesn't have the money for a cancer control programme; sadly health is not really in the top priorities. So we need outside donors like PACT. We have the people. We have trained staff in the Philippines who are capable and smart, that we train here at the University. But what can you do without the facilities and radiotherapy equipment? You cannot treat with your hands."

Postscript: Cancer is the third biggest killer in the Philippines. It is estimated that one of every 1000 Filipino will get cancer. In a county of 66 million people spread over more than 7000 islands, only a small sector of Filipino society has access to advanced technology that can treat cancer.

In Afghanistan, Dr Nadera Hayat Borhani worked during the former Taliban rule. She was one of the few doctors able to treat women. Dr Borhani travelled by special car to the houses of female patients forbidden to leave their homes. Today she is the Afghan Deputy Minister of Public Health.

"Nobody in Afghanistan has access to health facilities for cancer. It's the same situation for the children, the men, the women, the elderly — nobody has access. Thirty years ago we had a centre for radiotherapy and a centre for diagnosis. But unfortunately during the war everything was destroyed and the infrastructure, the equipment, everything, was destroyed. So we are starting at zero again.

"When the doctor sees some sign or symptom that a patient has cancer — the option is to send the patient to Iran, or to go to Pakistan, or to India, as their economic situation allows. But Afghanistan has a low economic situation, and most of the people are very poor, so most of them don't go.

"I also worked in a provincial hospital for 15 years, so I met many patients with cancer but unfortunately we cannot help them. In my heart I want to work with my people —

especially for the women and children. All over the world they are the most vulnerable, but especially in Afghanistan. As you know we were suffering during the war from bad culture, it's not religious culture, but it's a bad culture of war. Always women are under pressure: they don't have the right to go to a health facility in rural areas without permission of the mother-in-law or father-in-law or husband. It's changing day-by-day but unfortunately if the families don't accept it, it's difficult, so we need time to change our people. We want to educate them, to teach them that this is a women's right, a child's right, a human right. For this change, it will take years and years.

PACT Around the World

by Massoud Samiei

The Programme of Action for Cancer Therapy (PACT) was created by the IAEA in 2004 in response to the developing world's growing cancer crisis. Drawing on the IAEA's 30 years experience in radiation medicine and technology, the Agency is using its share of the 2005 Nobel Peace Prize award to fund training and awareness programs.

PACT aims to help developing countries build a comprehensive, sustainable cancer control programme integrating prevention, screening, treatment and palliative care.

In 2006-2007, the IAEA organised a series of conferences in Buenos Aires, London and Bangkok to focus on the specific problems relating to combating cancer in Latin America, Africa and Asia, respectively.

Latin America

The IAEA's PACT initiative marks the beginning of the unification of the efforts of the sectors involved and the blast-off for joint and coordinated action against cancer. However, it is clear that the available resources are insufficient to respond to the current and future cancer problem in Latin America, guaranteeing the establishment of minimum quality standards in all radiotherapy services in the region. The political commitment of governments to supporting and funding national cancer prevention and control plans is essential.

The health authorities in each country will be responsible for promoting the inclusion of cancer among national priorities, in line with the resolution of the World Health Assembly held in Geneva in 2006. The primary objective of this action will be to create strategic alliances which allow a national cancer control plan to be developed on the basis of a broad consensus. Integrated identification of needs at national level is also needed. This could be facilitated using the mechanisms established by PACT and collaborating organizations.

Epidemiological information is needed to develop appropriate strategies for each country and the creation or strengthening of population-based cancer records should therefore be promoted. Cancer control plans must include the provision of information to the general public on the scope for preventing cancer and other diseases by modifying lifestyle, and through early detection and appropriate treatment upon diagnosis.

The public should be extensively informed that cancer is the most curable chronic disease and that even advanced stages of the disease do respond to efficient palliative treatment. A programme of palliative care should therefore be an integral part of national cancer control plans.

Preventive measures which have proven effective include control of tobacco addiction, infections, sedentary lifestyle and exposure to radiation. They must be addressed through existing strategies. These include adherence to recommendations of the framework agreement for control of tobacco, vaccinations, sex education, healthy food and diet, and daily physical activity.

"In 2002 the coverage of health services was 9% in Afghanistan. But fortunately this access has now reached 82%, but only for basic health services. For an essential package of hospital services it's about 28%-30% coverage. But there is no radiotherapy for cancer.

"A big problem we face in Afghanistan is lack of skilled female health staff. Literacy is low among women, about 15%. Afghanistan is a mountain country and mostly the people who are living in very rural areas don't access water, electricity, transportation, roads so it's hard to access schools and hospitals. Doctors don't want to go to rural areas and women from rural areas cannot go to the city for training unless their whole family agrees and moves with them. So far we are finding it very difficult to recruit women specialists for training. "We need a cancer registry in Afghanistan to see the numbers and different types of cancers in the country. Sadly in Afghanistan we do not know this. We need this information to make our policy. We have some data from the paediatric hospital in Kabul. They now have about 75 children with leukaemia. But the real number I think is much greater, because the doctors

Early screening and detection programmes must be implemented for common curable cancers such as cervical, breast, colorectal and skin cancer.

Training of health professionals working in the cancer field must be stipulated in cancer control plans. This training is a need which can be realized through the creation of an accredited regional cancer training network, improving the services available to the public.

All the participants to the Buenos Aires PACT conference are engaged to work with international organizations such as the IAEA, Pan American Health Organization (PAHO), International Agency for Research on Cancer (IARC), American Cancer Society (ACS), National Cancer Institute (NCI) and related scientific societies such as Asociacion Latinoamericana de Terapia Radiante Oncológica (ALATRO) in a coordinated manner, utilizing the progress experienced in various participating countries.

Furthermore, the countries of the Latin American community have adopted these guidelines through a facilitative process headed by the IAEA's PACT and technical cooperation programme, WHO/PAHO in strategic alliance with other organizations, and NGOs and organized civil society.

Africa

African countries will account for over a million new cancer cases a year and they are the least able of all developing countries to cope, having few cancer care services. Lack of resources and basic infrastructure mean that most Africans have no access to cancer screening, early diagnosis, treatment or palliative care.

Life-saving radiotherapy is available in only 21 of Africa's 53 countries, or to less than 20% of the population, and consequently cancer is a sentence to a painful and distressing death. At the same time, over one-third of cancer deaths are due to preventable causes such as viral infection, poor nutrition and widespread tobacco use. In Africa, on average 5% of childhood cancers are cured, compared to nearly an 80% cure rate in the developed world. In addition, in many African countries the combined effects of cancer, poverty, deprivation and infectious diseases hinder the development of a sustainable population and consequently a sustainable future.

However, with concerted early action cancer in Africa is a disease that can be tackled.

Asia

Most new cancer cases are now in low to middle-income countries in Asia and Africa where 70% of cases are diagnosed too late to be cured due to a lack of resources. The number of new cancer cases in Southeast Asia is expected to jump 60% to 2.1 million by 2020, and by more than 50% to nearly 5 million cases in the Western Pacific. But there is almost no screening for breast and cervical cancer in women even though both could be treated successfully if detected early.

Radiotherapy, which is used effectively on more than 50% of cancer patients in high-income countries, is unavailable to millions in Asia. It is estimated that the Asia-Pacific region needs 4,000 radiotherapy machines to treat its patients, but has only 1,200.

The cancer emergency

Cancer is a global problem accounting for 12.5% of all deaths worldwide, a greater percentage than is caused by HIV/AIDS, TB and malaria combined. By 2020 there are expected to be 15 million new cases of cancer every year, 70% of which will be in developing countries. Governments there are least prepared to address the growing cancer burden and survival rates are often less than half those of more developed countries.

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send cancer patients to the foreign countries for treatment, or home to die. Even in my family I have a history of cancer. My uncle and aunt had cancer of the brain. We need a cancer treatment centre in Afghanistan, and to have radiotherapy treatment."

Postscript: Through its technical cooperation programme, the IAEA is supporting the establishment of radiotherapy capabilities in Kabul for the treatment of cancer patients in Afghanistan. Close to $3 million has been allocated over the next seven years to support the establishment of a radiation oncology centre in the Medical University of Kabul. This year, about $30,000 is allocated to training staff and providing expertise.

—The interviews were conducted by Kirstie Hansen of the IAEA Division of Public Information, during the IAEA Nobel Fund "Special Event" in Bangkok, Thailand, 2007.

"For more stories on individuals who are helping to fight the cancer crisis in the developing world, please visit www-naweb.iaea.org/pact and click on 'Voices'."