Editor's comment

The big C

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One of the women that I regularly run with was diagnosed with breast cancer earlier this year. Her first thought was 'damn – and I have an entry for the Puffer this year!' Unfortunately, her surgery was scheduled for the day after the Puffer – an 80 km run from Cape Point to the Waterfront over the mountain chain – and she didn't think that she would have the mental stamina to do the run with that hanging over her. Since she was lymph node positive she needed chemotherapy as well as radiotherapy. Just about every Sunday since her diagnosis, she has been running on the mountain with our group of aspirant Puffer runners. I must admit to being humbled by lagging behind someone who is going through what she is going through at the moment – I can't run the hills that she can!

Her attitude to her disease is positive and open. She told everyone in the running club and everyone with whom she works (she is a vet) about her diagnosis – totally destigmatising the disease for all around her. When a group of friends said they would shave their heads as her hair started to fall out, she made a fund-raising event out of it – generating a large amount of money for the animal sterilisation NGO that she works with.

Yvonne is coming through her treatment well. At the time of writing she is nearly finished with the chemo and now has many weeks of radiotherapy to get through in the New Year. Despite having almost no white cells left, she has only suffered from one bad cold during this time. She reckons that the adriamycin is so toxic that it kills all known germs! We all confidently expect to be running the Puffer with her in August 2007.

Not everyone who suffers from cancer is as positive or has the resources – mental and material – that Yvonne has. Although the incidence of cancer is slightly lower in the developing world than it is in the West, people generally present later and have a worse outcome. And the pattern of the disease is different, particularly now that HIV-related cancers are becoming increasingly common.

My introduction to cancer in South Africa was through working in radiotherapy at Groote Schuur Hospital both as a houseman and as an SHO. What really struck me at the time was the enormous range of presentations of the different forms of the disease; generally early presentation in the wealthier and better educated portion of the population and the terrible late presentations in the urban and rural poor. Oesophageal cancer was particularly distressing. People from Transkei would arrive emaciated and only weeks from death. It often struck me that these poor individuals must have been very confused by this big hospital that offered enormously high-tech medicine that still couldn't help them.

In Africa chronic infections such as HIV and malaria are thought to be important causes of cancer – cancers such as Kaposi's sarcoma and cervical and penile cancer. Seventy per cent of cancer deaths and most new cancer cases are now in low-to middle-income countries – those with less than 10% of global resources. Cancer deaths cost Africa $4 billion a year, but cancer is a neglected disease. Poverty and ignorance cause late presentations. This is then combined with poor health infrastructure, misdiagnosis, a reliance on traditional medicine and long journeys to very few specialised centres. The end result is that people often present too late for anything other than palliative treatment.

The World Health Organization estimates that 7.6 million people died of cancer in 2005 and predicts up to 10 million deaths a year by 2015.

There are many new advances in cancer diagnosis and treatment. We also know a lot more about how to prevent certain forms of cancer. But unless these advances and prevention measures get beyond the educated and the wealthy, millions will continue to die of cancer each year.

CME is published monthly by the South African Medical Association Health and Medical Publishing Group, Private Bag X1, Pinelands, 7430 (Incorporated Association not for gain. Reg. No. 05/00136/08). Correspondence for CME should be addressed to the Editor at the above address.
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