

Obstacles to combatting cancer in the developing world

Cancer patients in developing countries must overcome the obstacles of inadequate infrastructure for treatment and lack of follow-up even as they contend with the disease itself, said experts at a radiation therapy conference tackling these issues.

Leading radiation oncologists and researchers met in Hamilton in late September to discuss the burden of cancer in the developing world and the role of the International Atomic Energy Agency (IAEA). Delegates attended from Canada, the US, India, South Africa, Brazil, Croatia, China and Sudan.

Cancer of the cervix is the most common cancer in women in developing countries, followed by tobacco-related cancers (esophageal, head and neck) in the so-called Esophageal Cancer Belt of South-Central Asia, which covers northern Iran, Afghanistan, Kazakhstan,

Uzbekistan and Turkmenistan, and stretches into northern China. People living there have 20 times more likely to develop esophageal cancer than Europeans and North Americans.

Pharmaceutical companies aggressively push chemotherapy drugs in developing countries, said Dr. Ranjan Sur, a radiation oncologist at Hamilton's Juravinski Cancer Centre. Delegates to the conference questioned the drugs' worth in treating patients with advanced esophageal cancer.

Unlike Western cancer patients, who are in generally good condition and weigh about 80 kg, patients in developing countries may weigh as little as 27 kilograms, be totally dehydrated and lack muscle mass.

"When you're talking about 6 or 7 weeks of aggressive radiation treatment with chemotherapy — for what?" Sur asked.

Patients in developing countries also face a shortage of radiation oncologists, with 1 professional for every 400–800 patients, compared with the 1:220 ratio in North America.

Radiology equipment is also overloaded. Cobalt machines "that we would think are appropriate for 100 patients, they would look on as appropriate for 500 patients," said Sur. "Machines work 24 hours a day in some centres around the world where there are only 1 or 2 units."

Conducting research in developing countries is not easy, and patient follow-up is a huge problem. In Colombo, Sri Lanka, for example, patients travel up to 2 days to visit a cancer centre. Many can't afford a train ticket to return, so cancer centres pay the patients out of the money the IAEA gives the centres for cancer research studies. — *Suzanne Morrison*, Oakville, Ont.

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PUBLIC HEALTH

SARS silver lining: a renewal of public health

Dr. David Butler-Jones measures the sea change in attitude toward public health by the number of politicians at the news conference announcing his appointment as Canada's first Chief Public Health Officer.

Prime Minister Paul Martin, Health Minister Ujjal Dosanjh, Treasury Board President Reg

Alcock and Dr. Carolyn Bennett, the minister of state for public health, all flanked Butler-Jones in Winnipeg on Sept. 24 for the announcement.

"Two years ago," says Butler-Jones, who now heads the new Public Health Agency of Canada, "you might have had the deputy minister there."

That was before SARS killed 44 people in the Toronto area, almost 800 worldwide and took a bite out of Ontario's economy.

"SARS was tragic ... but if there is a silver lining, it is that it underlined that public health is absolutely crucial, that it is the foundation for everything we do," says Butler-Jones.

The SARS outbreak followed the emergence of West Nile virus, the Walkerton water tragedy and the *Cryptosporidium* outbreak in North Battleford,

Sask., over which Butler-Jones presided as the province's chief medical officer of health. All underscored the importance of a well-prepared and co-ordinated response to public health emergencies, he says.

"There is a new sense of purpose and optimism about our ability to pull things together."

Most recently, Butler-Jones was the medical health officer for Sun Country Health Region and consulting medical officer for the Saskatoon Health Region.

The Winnipeg agency will hire new staff. Personnel at Health Canada's population and public health branch will remain in Ottawa and in satellite offices. Ottawa has committed \$165 million over 2 years for 6 national collaborating centres for public health. — *Joe Sornberger*, Ottawa

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Dr. Butler-Jones: the media have crowned him doctor to a nation

PHAC