

EDITORIAL

Cancer – A Major Health Problem in Malaysia

CANCER is a major health problem in Malaysia today. There are more cases of deaths certified as due to cancer than any other major disease – complex apart from cardiovascular disease. The actual numbers are probably much larger as under reporting and erroneous certification are well known. Apart from mortality figures, the morbidity and the attendant cost of treatment are enormous. The emotive responses of the word 'cancer' among the lay (and often among doctors and other medical personnel) only adds to the difficulties in overcoming this problem.

The number of reported cases of cancer is increasing in Malaysia. This increase is both absolute and relative. With an increasing population, we can expect more cases of cancer. Age is the most important aetiological factor and as the population structure in Malaysia increasingly resembles that of developed countries (from a 'pyramidal' structure to a 'rectangular' one), the number of cancer cases increases due to the presence of an 'older' population. The other important cause for the increasing incidence of cancer can be attributed to the Westernisation of our diet and life styles. A high calorie and a high fat-low fiber diet predisposes to cancers of the colon and the breast.

The relative increase in cancer cases is due to more awareness and better reporting. What are the dimensions of this problem? Based on the reported figures and an estimate of the cases unreported, we can expect 20,000 to 25,000 new cases (incidence) a year. The prevalence would be at least 3 times this figure. In the United States, one million new cases are reported each year. In other words, one out of 250 population can be expected to be diagnosed to have cancer every year. In the United Kingdom, a figure of 4 in 1000 is the usual incidence quoted which is roughly the same as in the U.S. Using this ratio, we would arrive at an incidence in Malaysia (assuming a population of 18,000,000 and if a similar population structure exists) of about 70,000 new cases!

The common cancers encountered in Malaysia are cancers of the breast, lungs, colorectum, cervix, oral cavity, nasopharynx (NPC) and liver (HCC). In other words, what is common in the west is common here with the exception of skin cancer (uncommon here) and NPC and HCC where we are in the hyperendemic zone.

Where possible, the cornerstone of an enlightened public health policy should prioritise prevention and early diagnosis. The WHO estimates that at least one-third of all cancers are preventable. In Malaysia, 3 common cancers are potentially 'preventable'. The link between smoking and lung cancer is firmly established. It is heartening to note the numerous public health campaigns in this country on this issue. The government and other authorities have taken steps to discourage smoking in public places. In particular, the Ministry of Health has launched an aggressive anti-smoking campaign including the total ban on smoking in all Ministry of Health premises. It is well known that PAP Smear Screening is effective in picking up cases of preinvasive cervical cancer for further management. In almost all cases, cure is almost definite. It is hoped that the number of cases of liver cancer (HCC) will be significantly reduced in the coming decades now that we have launched the nationwide Hepatitis B Vaccination Programme for newborns and infants. Much more needs to be done in the field of prevention. Public Education through the mass media on smoking, diet and life style should be stepped

up. There should be a central coordinating body (preferably the Ministry of Health) to coordinate and oversee the various programmes undertaken by both the government agencies and non government organisations. Where cancer cannot be easily prevented, early diagnosis and treatment will result in cures in many patients. It is often not realized that almost all stage I and II cancers can be cured using a judicious combination of surgery, radiotherapy and chemotherapy. Common cancers in Malaysia where early diagnosis is possible and treatment readily available include breast cancer and nasopharyngeal cancer (NPC). All women above 50 are advised to practise breast self examination monthly, to undergo a physician's examination of the breasts annually and to undergo a mammogram yearly. Women with high risk factors for breast cancer should undergo a mammogram at an earlier age i.e. at 40. It is advisable for any person presenting with a symptom arising from the ear, nose or throat or a painless neck lump, be thoroughly examined to exclude the presence of NPC. Apart from the cancers mentioned everyone should seek medical help early should any unresolving symptom of ill health develop.

The facilities for cancer treatment in Malaysia compare favourably with that of more developed nations. The role of surgery, especially in cancers of the gastrointestinal tract, is important. Most surgeons in the government general hospitals, the 3 medical schools and the larger private hospitals are familiar with the role of surgery in the diagnostic and curative aspects of cancer management. Comprehensive radiotherapy facilities are available in the Kuala Lumpur General Hospital, Sarawak General Hospital (Kuching) and the Mount Miriam Cancer Centre (Penang). In addition there are 4 private cancer centres (one in Ipoh and three in Kuala Lumpur) where radiotherapy treatment is available. All cytotoxic drugs commonly used in cancer treatment have been registered by the Drug Control Authority and are available. Notwithstanding what has been said, the number of specialists in cancer treatment and the facilities available are presently inadequate to cope with the workload. There are only 12 clinical oncologists (radiotherapy and oncology) in Malaysia. They manage mainly the 'solid' tumours which account for at least 90% of all cancer cases. In addition, leukemias and other hematologic malignancies and childhood tumours are managed by about a dozen physicians and paediatricians who have a special interest and training in managing these malignancies. Radiotherapy facilities are available only in Kuala Lumpur and 3 other urban cancer centres (Penang, Ipoh and Kuching) and this creates socioeconomic and logistics problems for cancer patients who undergo such treatment. The Ministry of Health has a long term plan to decentralise radiotherapy facilities. However the private sector can and should participate in setting up cancer treatment facilities in regions where such facilities are currently not available.

The attack on the cancer problem is multiprong. Prevention programmes if successful are certainly very cost effective. Early diagnosis leads to reduced cost of treatment and saves human lives. Treatment facilities and the training of specialist personnel should be given special attention. Malaysia is on the threshold of becoming a developed country and the health services in general and cancer treatment services in particular, must meet the sophisticated demands of an enlightened and educated population.

Albert KH Lim

MBBS FRCR

Head & Senior Consultant in Radiotherapy & Oncology,
Institute of Radiotherapy, Oncology & Nuclear Medicine,
The General Hospital, Kuala Lumpur