EDITORIAL

CAN WE DO BETTER THAN JUST SCRATCHING AT THE SURFACE OF UNENDING MISERY 2?

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In a 1997 Editorial in the Pakistan Journal of Otolaryngology.[1] I wrote, under that title, on the then emerging role of Oral and Maxillofacial Surgery (OMFS) specialization in Pakistan noting, with a degree of pride, the beneficial introductory addition of the expertise of the dento-facial specialist surgeon to the then existing group of Head and Neck surgical specialties.

Oral cancer, already acknowledged in the late eighties as the second most common non-gender specific cancer after lung cancer- both tobacco related and largely preventable- was rising. [1] It noted that the majority of patients seen at the OMFS and ENT Units at Dow Medical / Civil Hospital, Karachi, presented late requiring heroic, always painfully mutilating, and even in the mileu of the public sector hospitals, financially draining and often pointless, surgical procedures; or as often happened, were rejected as already beyond salvage. Evidence based introduction of selective rather than routine radical neck dissections and the advent of microvascular anastomosed free flaps, still mainly limited to a few private sector institutions Evidence based introduction of selective rather than routine radical neck dissections and the advent of microvascular anastomosed free flaps, still mainly limited to a few private sector institutions, has done much to improve the quality of care and reduce the morbidity of this terrible disease.

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Oral cancer is essentially a male predominant (2:1) disease the incidence of which has risen exponentially in these intervening years with an average age of incidence of 45 years. Today, oropharyngeal largely tobacco related are the sixth most common Head and Neck cancers worldwide[2]and may well become the Number One cancer in Pakistan. Potentiating this and essentially areca nut chewing habit caused, is Oral sub Mucosal Fibrosis (OSMF) the most prevalent oral premalignant condition, affecting persons, including children as young as 6 years and with an inordinately high potential for malignant transformation especially when tobacco and other chemicals are added to the easily available and widely chewed commercial mixtures.[3] The most worrisome aspect of this study is that malignant transformation (OSMFCancer) occurred in over 30% of the oral carcinomas with females predominantly affected in a reverse (4:1) ratio and of an age group 10 years younger than those without evidence of pre-existing OSMF. In our society, women tend to be among the most socioeconomically and nutritionally deprived and disadvantaged. These are young persons in their prime; the women, often bread earners and usually multiparous. For all practical purposes oral cancer is a disease affecting people of lower socio-economic strata with the oral habit of betel / tobacco. Delay in presentation and poor nutritional status results[4] in a high mortality rate- and a lot of orphans! The increasing number of affected young women signals a potential demographic disaster and the need to ring major alarm bells. The sheer volume of oral cancer and prohibitive treatment costs make prevention the only viable option. Recognizing this, the WHO in 2012 released an action plan calling for a combination of policy, public awareness campaigns, and community outreach to curb the habit.[2]

Oral and lung cancers, although with predominantly male predilection, affect both genders. Although Breast cancer can affect males it is essentially gender specific being the most common cancer in women and constituting almost one-third of all women cancers. Breast cancer rates in Pakistan are reported to be the highest in Asia, and are on the rise.[5]In common with the adversely changing trends in oral cancer this and another study [6] noted that women continue to present at an advanced stage of disease and that almost one third of patients were below the age of 40, over ten years younger than the average age of incidence. Genetic factors apart - and there is evidence that genetics may also play a role in OSMF and subsequent malignant transformation- the other significant commonalities between these two high mortality cancers tending to affect females include a lack of education, low socio-economic status and tobacco usage. A lack of awareness and inadequate cancer care facilities is exploited by uncontrolled alternative

practitioners. The end result is similar. More needless deaths, with more orphans and greater impoverishment.

Twenty years ago at least two other aspects gave me for concern. To quote that wish: "I wonder if we, at this premier teaching institute and the tertiary care referral centre of the country can look more objectively at what we are trying to do and the circumstances in which we do what we manage to do. I believe we can do better resource allocation and patient service if we more closely coordinate our efforts for those patients who need multi-disciplinary care. I also believe that being the hot seat of reality we need to push the message of prevention and early detection both to the population and to the pundits who control the future from the rarefied atmospheres of their remote office. I do believe that if we join hands we can help reduce the sheer numbers of those whom we just cannot treat and the morbidity and mortality figures for those we can."[1]

The first concern is slowly being addressed. This is the issue of better and more cost effective management of cancer patients, providing better outcomes, through the consolidation of evidence and resources. The concept of the multi-disciplinary approach has long been practised in developed nations. In middle and low income countries such as ours there is a desperate need for tackling cancer problems through multi -disciplinary Tumour Boards where the collective and cumulative knowledge, experiences and skills of the various concerned care givers helps in determining the best management options for these unfortunate, and almost invariably poor, patients. The establishment of some thirty-six, largely AACME accredited different specialty Tumour Boards that meet at a regular frequency is a great step forwards in this direction.[7](Personal Communication with Dr Nadeem Abbasi, Radiation Oncologist, AKUH).

Across the world, cancer treatment is expensive. Ranging from the mainstay of radical surgical resection and /or blanket chemo- radiation the spectrum of cancer management now extends to chemotherapies targeted at the molecular level of the cancerous cells. Available for a variety of cancers including oral and breast these immune modulating treatments have reduced the many side effects of conventional radiation and provide hope for further improvements in life saving. Beneficial as they are, the multidisciplinary approaches to the management of various cancers still focus on the established disease and not the factors that lead to the condition! The cost of conventional cancer management in Pakistan still remains beyond the reach of many. Newer technologies and therapies, available in some centres, are simply unaffordable. In a poor country like ours the improvements in treatments for avoidable cancers, without concerted efforts at the national scale to target prevention and early detection, is impractical and non-sustainable in the long run.

Addressing the equally, if not more important, issue of prevention and early diagnosis addressed in that Editorial twenty years ago is where we remain abysmally poor. It is a matter of shame that the governments of the day still fail to address the basic human needs of socio-economic awareness, justice and basic healthcare. In almost all Health and Developmental indices, Pakistan, sadly remains in the lower levels.[8]Although limited in outreach and hampered by the bureaucracy we must laud the zeal and dedication of those NGO's that work to create awareness, better life quality and diagnostic facilities for the most fragile and susceptible- in this context cancer prone- segments of the population.

Over the past few years there has been a mushrooming of medical and dental schools with a quantum increase in graduates and a disproportionate increase in the number of young women entering the health field across the country. For a variety of reasons many of them sadly do not join or remain in the work force thus being a further drain on precious resources. However, all these young women are in the top educated percentile of Pakistan's literate population. They will constitute the bread earners, healthcare workers and the mothers of future generations. In their years at medical schools and irrespective of what they eventually do or where they end up, within or out of the healthcare profession, these young women who hail from towns and villages across the country need to be enthused with the zeal to be the torch bearers of the message of awareness, prevention, basic self-health care, and early diagnosis. If cohesive and dedicated, our myriad healthcare institutions can put significant pressure on the government and the regulatory bodies to fulfil their basic civic obligations. But that seems unlikely. Instead of hoping and waiting for uncaring governments we need to look at the graduates we are producing and train them to be voluntary and dedicated partners in the improvement of the lot of the vast, poor majority who cannot get access to healthcare delivery services. This is a vast national resource that can be mobilized if focussed on. There is no rocket science in this endeavour. Much stress currently is being put on the teaching of 'ethics' in medical education. If the objective of that is to make better, empathic, humans out of our future doctors then we need to review and expand the subject of Community Health and spread the concept of Family Medicine so that our graduates, especially the females, while in the business of making money, will also be willing to use their

knowledge to interact voluntarily with children in schools, social and religious circles and the more deprived communities with logic, simple common sense information and advice. The ripple effect can reduce not just these dismal cancer statistics but improve the overall miserable quality of survival of our many stunted mothers and their children.[4]

Together, with just a little effort, we can make a difference.

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