

# East and Central African Journal of Surgery

## Editorial

### AN OVERVIEW CANCER MANAGEMENT AND PREVENTION IN AFRICA.

Of the three most dreaded disease in the United States, heart disease, cancer and stroke, cancer is the most feared. According to public opinion polls, Americans fear cancer more than war. For over a hundred years scientists have probed for the cause of cancer in the hope of defeating this disease or at least improving the number of cancers that can be cured.

By the middle of the last century, there was debate as to whether cancer was a problem at all in Africa. There was a perceived belief that it was a disease of developed and affluent societies. The establishment of Cancer Registries in the 1950's provided information about cancer patterns in Africa.

Cancer Registries in East and South Africa provided the frequencies of common cancers. It was difficult, and it is still difficult, to give true incidence rates of cancers in Africa. Several restrictions that make it difficult to have proper cancer statistics in developing countries have been noted. Among them is the fact that cancer is still not regarded as a major priority in many developing nations' health plans.

Unfortunately, cancer is often viewed as a thunderbolt of fate, striking at random, with no cure or cause. This is not true now. Many effective ways of treating cancer now exist, and more are being researched. We also now know quite a lot about the causes of cancer and that certain substances or life-style habits increase the risk of cancer or actually cause the disease. Thus individuals can take steps to reduce their risk of cancer.

In Africa the message about how to detect common cancers early has not reached the majority of people, particularly those living in rural areas. Even when the malignancy is large and quite obvious, many patients go to traditional healers for treatment before reporting to hospitals or clinics for help. Others have no access to health institutions. Thus many patients present with advanced malignancies when surgery for cure is impossible and only palliative care can be offered.

Unfortunately many African countries lack both facilities and specialists in palliative care. Until recently palliative

care was not even included in the curriculum for medical students. Anti-cancer drugs, radiotherapy and appropriate pain killers such as oral morphine required for managing severe cancer pain are not readily available or affordable to most African patients. Ideal for managing severe cancer pain are not readily available and even when available, may not be affordable to the majority of African patients.

On 14-16th September 2000, an international conference of the Pan African Psycho-Oncology Society (PAPOS) was held in Kampala in which there was stress on the 'HOLISTIC APPROACH' to the management of cancer. The components of the holistic approach include the following:

1. Physical care,
2. Psychological care,
3. Spiritual care and
4. Social care.

It was obvious from this conference that there is a need to stress the principle of an holistic approach to the management of cancer in Africa where the majority of our patients present with advanced disease.

It is estimated that by the year 2020, 20 million people will die of cancer per annum worldwide, with 70% being in developing countries.

In many countries in Africa there are no policies on the early diagnosis, management and prevention of cancers. The time has come for the medical profession in Africa, lead by our Association of Surgeons of East Africa, to put pressure on our ministries of health and our governments to provide programmes and policies on cancer management and prevention.

The general public must be educated about the known causes and the possible preventative measures that can be taken to avoid cancer. Anti-cancer drugs and effective pain killers must be made accessible and affordable for all.

Ignatius Kakande

## **TRIBUTE TO PROFESSOR J E JELLIS**

After a long and very successful editorship, Professor John E Jellis has retired as editor of the Proceedings of the Association of Surgeons of East Africa, and subsequently the East and Central African Journal of Surgery.

He held these posts for twenty years. Someone who has not held the post of editor may not really appreciate what it means to be one. For those whose future depends on publication in scientific journals, an editor is a great friend when he quickly publishes their papers and an enemy when there are delays in publishing them. On his part, the editor does all that is humanly possible not to disappoint his readers. This may involve many hours of sleepless nights and personal sacrifices. Although it is only a few months since I took over from John, I have come to appreciate what a demanding job it is to be an

editor. For the editor to succeed he has to have very efficient and committed members on the editorial board.

On behalf of all the fellows, members and associate members of the Association of Surgeons of East Africa, as well as all contributors and subscribers to the East and Central African Journal of Surgery, I wish to pay special tribute to Professor Jellis and his team for the work well done.

THANK YOU VERY MUCH FOR YOUR TREMENDOUS CONTRIBUTION TO THE ADVANCEMENT OF THE SCIENTIFIC KNOWLEDGE OF SURGERY IN AFRICA. ASANTE SANA. MAY GOD REWARD YOU ABUNDANTLY.

I. Kakande