Oesophageal cancer in South Africa: the need for a public health response

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This edition of the South African Journal of Surgery has chosen to focus on oesophageal cancer. This is timely and appropriate as there has been a general paucity of research on this common and lethal cancer over the last two decades.[1] The outcomes for oesophageal cancer in South Africa remain abysmal and lag behind those reported in the developed world.[2,3,4] The three papers in this edition highlight the fact that the quality of care and treatment of this disease is extremely variable across South Africa. There is a difference in algorithms of care and in clinical outcomes of this disease between the Western Cape and the Eastern Cape.[5] These discrepancies also exist between private and state sectors.[6] For example, there appears to be very little detection of premalignant disease in the state sector but a reasonable rate in the private sector. The result as documented in the third paper is that patients present late with advanced disease and are only candidates for palliation.[7] It would appear that the management of gastrointestinal malignancy in South Africa is fragmented and ad hoc and outcomes remain less than ideal. There are a number of reasons for this failure to develop a comprehensive strategy. The focus of the department of health over the last twenty five years has been a primary health care one and has been directed at infectious disease and maternal and child health. This has resulted in a relative neglect of diagnostic and curative services.[8] However, there has also been a broad failure by the medical fraternity to take on board the concept of a comprehensive strategy. As the demographics of South Africa continue to change, so the burden of cancer and other non-communicable diseases become apparent. The challenge is to avoid fatalism by responding with a co-ordinated plan. Increasingly it is clear that a public health type approach is applicable to non-communicable diseases. A public health approach integrates the various components of a comprehensive health strategy. These range from prevention and education, to earlier detection followed by appropriate multi-disciplinary treatment. This can be curative or palliative and includes rehabilitative treatment. A good example of such an approach is the trauma systems approach pioneered by the American College of Surgeons. This template can be applied to non-communicable diseases. Modern gastrointestinal cancer care is multi-disciplinary and multi-modal. Such a disease requires a co-ordinated systematic response. Surgery is one component of the care of patients with cancer and for it to be effective, surgical care must be delivered as part of a comprehensive public health-based strategy. It is hoped that this edition will encourage the development of a multi-disciplinary interest group which will develop strategies to improve the detection and referral of patients with oesophageal cancer and to promote consistent national algorithms and guidelines for this disease. Only by developing a comprehensive strategy will we have any hope of controlling and rolling back this disease.

Conflicts of interest

The authors declare no conflicts of interest.

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