

**WORLD HEALTH
ORGANIZATION**



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**C - SUGGESTIONS FOR CO-OPERATION IN IMPROVING CANCER INFRASTRUCTURES
AND CANCER ACTIVITIES**

by

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In the absence of adequate data on the incidence of cancer in most of the countries in the Region, a misconception exists that this is not an important problem in the Region. Again, the actual cancer problem is underestimated. In order to improve this situation, certain countries have already established Cancer Registries. There is urgent need to establish Cancer Registries in all countries and WHO should set up Demonstration Registries in such countries with the eventual hope that governments will then continue the activity.

A five-year multicentre study under the Pakistan Medical Research Council has been undertaken in Pakistan to collect data of cancer prevalence in four major centres. It is therefore proposed that:

- (1) WHO help in establishing at least one Cancer Registry in Pakistan. Once this programme is complete the present multicentre study can be converted into Cancer Registries.
- (2) For improving early diagnosis there is need to set up early detection clinics, which should ultimately become the base for screening programmes. There is need also for training of medical and paramedical staff in this field. Nominal equipment is required for these clinics. Their location, to start with, should be in peripheral dispensaries, from which suspected cases should be referred to District and City hospitals for further investigations and confirmation of diagnosis. Intra-regional training of paramedical staff should be undertaken under the auspices of WHO utilizing the facilities and manpower in countries of the Region and assigning topics according to feasibility. For instance, the existing training programme in exfoliative cytology in Pakistan should be augmented with the help of WHO, to provide personnel for early detection clinics.

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D - HOW TO DEVELOP A COMMUNITY APPROACH FOR CANCER PROGRAMME
IN EASTERN MEDITERRANEAN COUNTRIES

For effective cancer control programme this needs:

- (a) Cancer Health Education
- (b) Early Detection and Diagnosis
- (c) Cancer Health Services

(a) Cancer Health Education

This should be undertaken with the:

- (i) assistance of mass media - radio, television, newspapers, etc.
- (ii) dissemination of information on cancer in the Region which is available with WHO should widely be distributed to the member countries through medical institutions, medical associations, specialized associations such as the Association of Pathologists, Association of Radiologists, etc.
- (iii) with the well documented and confirmed information now available concerning the hazards of tobacco, WHO should take a stronger initiative in persuading the health authorities of this Region to take positive steps to reduce the use of tobacco. It is suggested that the Regional Director should write personal letters to the Ministers of Health/Director-Generals outlining the need for immediate action in this area and suggesting steps to be taken.

These steps are as follows:

- Ban advertisements of tobacco products in all communication media (newspapers, magazines, radio, television, hoardings, handbills, etc.). Alternatives, the tobacco companies should pay an equal amount of money for advertisements on health education, specifically that showing the adverse effects of tobacco.
- Request that smoking be prohibited in all committees and other meetings of the Government.
- Request that important public and Government figures should not be seen in public or photographed using tobacco products (specifically smoking cigarettes).
- School and college students be informed of the adverse effects of tobacco, either through special lectures or by introducing this topic into textbooks, lectures on hygiene, etc.
- WHO should advise the various medical associations of the Region to prohibit the use of tobacco products during meetings and seminars, etc. taking place under their sponsorship.
- use of cigarettes etc. in public places (including trains and planes) should be restricted to specially designated areas.

- (iv) with increasing knowledge of environmental carcinogens, preventive measures should be worked out and conveyed to all the member countries in order to eliminate the hazards involved. Legislative acts need to be put in force for effective control of the use of carcinogenic agents, either in industry or as individual practices; this refers especially to tobacco smoking and chewing. In Pakistan the direct relationship of tobacco chewing to the high incidence of oropharyngeal, oesophageal and bronchial cancer has been established.

(b) Early Detection and Diagnosis

As mentioned in topic C (2), the development of early detection clinics will result in early diagnosis. With the assistance of Cancer Societies and voluntary organizations through the use of mass media, patients could be encouraged to undergo medical examinations which would result in early detection. The co-operation of the community in the cancer control programme can be improved by cancer health education and promoting the activities of cancer societies. WHO assistance is required in improving exfoliative cytology in teaching hospitals. Training programmes already exist which need to be expanded to provide this service.

(c) Cancer Health Services

- (i) There is great need for equipment in the field of cancer treatment. Some international effort is required for making available inexpensive, effective and durable equipment for developing countries in the Region. Although certain member countries are economically very sound and can afford the most sophisticated equipment, other countries, such as Pakistan, need assistance for procurement of equipment.
- (ii) Chemotherapeutic agents required for cancer treatment are expensive and as such could not be used on a wider scale in this Region. There is need for international effort to make them available at a reduced price to developing countries who have limited financial resources.
- (iii) There is need for training of paramedical personnel in the field of cancer rehabilitation. Patients undergoing extensive surgery for oropharyngeal cancer require this assistance. At present no speech therapist is available in Pakistan; thus, has resulted in a great handicap to patients undergoing laryngectomy. This also results in a constraint for surgeons, who would otherwise undertake this surgery more widely. This problem is further aggravated in an illiterate population. A programme for the training of speech therapists on a regional level should be undertaken.