

## Cancer Management Perspective

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Cancer is one of the leading causes of morbidity and mortality. To the people, it seems to be synonymous with impending death. The article by Acharya B et al and similar other study about rectal cancer has highlighted the alarming occurrence of the disease in young. According to the article, although the patients completing treatment are about one fourth in that centre, it is also encouraging to know that three fourth of those who completed went into complete remission.

Despite many a times patients come to us at a very late stage, we have also come across patients with early stage cancer which we have been able to cure giving us tremendous satisfaction. A well devised screening program for cancers will just be able to do that more often. Developing countries cannot afford to have expensive and high skilled procedures like colonoscopy for screening purposes but a well constructed checklist for history taking and physical examination and a standardized periodic fecal occult blood testing may go a long way in finding high risk patients for colorectal cancers enabling the health personnel to stratify further investigation according to a algorithm. Setting up mobile units with well trained health personnel may also be cost effective for these screening programs. Public awareness campaigns with mass medias are also very effective.

Institutions should seek to train their staff for more advance treatment modalities of cancer and inviting foreign experts in the related field for short term stays may be more effective both in terms of costs and training of the whole department. In the era of day to day development of new medical advances, long formal training in sub specialties will ensure development of overall in depth medical services.

Having a national registry and network from all cancer treating institutions will show the nationwide status for all cancers. How to follow up these cases effectively is also another challenge that has to be addressed promptly. Having facilities for frozen section biopsies in at least key institutions will help in completing the surgery in a single setting. As the costs of investigations just to prove cancer and find its stage is also expensive and time consuming especially for the poor, there should also be mechanism to make such investigations more affordable and quick then early detected cancers can really be managed successfully with the available funds.

Similarly, the government provision of providing treatment equivalent to rupees one lakh to cancer patients does provide some support to these patients. However, most patients from poor financial conditions often tend to undergo treatment as long such provision lasts and may abandon the treatment in the middle of the course. We have to think of ways to continue treatment in such conditions.

As patients and their care givers usually go through a psychological turmoil during the course of illness, it is imperative that we have well established human resources to provide psychological support for the whole family, which may have a major impact during decision making of treatment strategy.

Palliative care for the terminally ill is equally important as the patient may dread the daily pain than death itself. Provisions should be made in institutions for arrangement of such care and will require multidisciplinary support as well because most patients may be uncomfortable due to other health conditions apart from those related to cancer.

Often we come across patients who come to us at a late stage but we should not delay in improving our services and this is where we should not be too late. Let us all dream of a day when a gentleman comes with a bad cancer report asks us whether we can treat the “cancer” successfully and we are able to say “yes, we can, sir”.

## REFERENCES

1. Acharya B et al. Audit of Rectal Cancer in a tertiary cancer hospital of Nepal;PMJN Volume 12, Number 2,Jul-Dec 2012.
2. Ahnen D.J. Wade S.W. et al. The Increasing Incidence of Young-Onset Colorectal Cancer: A Call to Action: Mayo Clin Proc. February 2014;89(2):216-224 .