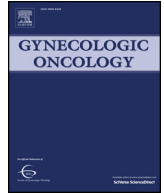




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Review

Global health perspective on gynecologic oncology

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HIGHLIGHTS

- An estimated 80% of global cancer burden and only 5% of global cancer spending affect LMICs.
- Prevention is central to global health efforts to close the cancer divide.

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ABSTRACT

Objective. To describe challenges faced by low-middle income countries (LMICs) across the cancer spectrum, with specific focus on gynecologic cancers.

Methods. MEDLINE was searched for research articles published in English between January 1, 2000 and February 1, 2015 which reported on global health efforts in LMICs.

Results. An estimated 80% of global cancer burden and only 5% of global cancer spending affect LMICs. The overwhelming majority of cervical cancer cases and related deaths occur in LMICs. The charge to close this cancer divide is at the center of global health efforts.

Conclusions. Prevention is central to global health efforts to close the cancer divide. The gynecologic oncology community is well positioned to lead efforts in global health by partnering with institutions, professional societies and advocacy groups.

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Contents

1.	Introduction	0
2.	Cancer incidence	0
2.1.	Cancer among women	0
2.2.	Economic burden of cancer	0
2.3.	Objective	0
3.	Primary prevention	0
3.1.	Tobacco	0
3.2.	Physical activity, diet, and obesity	0
3.3.	Infection	0
3.4.	Environmental factors	0
4.	Secondary prevention	0
5.	Treatment	0
5.1.	Surgery	0
5.2.	Radiation therapy	0
5.3.	Systemic therapy	0
5.4.	Surveillance/survivorship	0
5.5.	Palliative care	0

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6. Conclusions	0
Conflict of interest statement	0
References	0

1. Introduction

Global health represents the intersection of interests inherent to public health and international health, focusing on population-based prevention, health care delivery to underserved and vulnerable populations, as well as multi- and interdisciplinary efforts engaging stakeholders in structuring and delivering health services [1,2]. It seeks to promote social/economic equity and eliminate health care disparities [1]. Central to global health efforts is the charge to alleviate the impact of cancer and poverty on each other. Poverty and limited access to education and health care services result in increased risk for developing and dying from malignancies. In turn, health care costs and long-term disability result in impoverishment affecting individuals, families, communities and the health care system. According to the World Economic Forum, chronic disease impacts global productivity and economic development, ranking it as one of the three leading global economic risks (the other two, water crises and weapons of mass destruction) [3]. The last decades have seen unprecedented advances in ease/speed of travel, communication, and economic interdependency among nations [1]. Health and medicine are at the forefront of this globalization process, offering an opportunity for social change.

2. Cancer incidence

In 2012, there were 14.1 million new cancer cases, 32.6 million people living with cancer (<5 years from diagnosis), and 8.2 million cancer-related deaths worldwide [4]. Women accounted for over 6.6 million new cases and 3.5 million of these deaths [4]. A total of 214 economies are classified by the World Bank, 139 (65%) fall under the low and middle income country (LMIC) category [5]. Approximately 62%, 25%, and 13% of the world's population lives in low-, middle-, and high-income countries (HICs), respectively [5]. The majority of the world's cancer burden occurs in LMICs, with 8 million (57%) new cancer cases and 5.3 million (65%) cancer-related deaths per year [4].

2.1. Cancer among women

The ten most prevalent cancers among women worldwide include breast, colorectal, lung, cervix, stomach, uterus, ovary, thyroid, liver

and non-Hodgkins lymphoma (NHL). For the majority of these malignancies, the incidence and mortality is higher in LMICs compared with HICs (Fig. 1). The largest disparity is seen with cervical cancer, with the overwhelming majority of cases and related deaths occurring in LMICs in Latin America and sub-Saharan Africa. In 2012, there were 83,000 new cervical cancer cases and 35,000 related deaths in HICs compared with 444,000 new cases and 230,000 related deaths in LMICs [4]. Of those, 93,225 cases and 57,381 deaths were in sub-Saharan Africa, and 83,195 cases and 35,673 were in Latin America [4].

2.2. Economic burden of cancer

The global costs associated with cancer are significant and are estimated to comprise 2–4% of the annual gross domestic product (GDP) [6]. By 2035, 24 million new cancer cases and 14.6 million deaths will occur in LMICs [1]. For women, incidence and mortality are projected to increase for all cancers, including gynecologic malignancies (Fig. 2). This crisis constitutes a challenge to all global health efforts, threatening to increase human suffering and further devastate economic growth.

Despite over 80% of the global cancer burden occurring in LMICs, only 5% of global cancer spending is focused on these countries [4,6]. The cost of increasing access to cancer treatment globally is not as high as expected. The estimated global annual cost of unmet medical treatment for cervical cancer is \$26 million [4]. The impact that cancer has on a population reflects issues of equity since access to cancer prevention and treatment and cancer care for the poor are much more limited than for the wealthy, and largely determined by geography and income [6]. While LMICs continue to battle against diseases associated with poverty/underdevelopment, they face a growing challenge, what has been termed the *cancer divide* [4,6,7]. The disproportionate burden in cancer incidence and mortality shouldered by LMICs represents a cancer divide with a mandate, at the core of all global health efforts, for equity in accessing health care and improving the socio-economic, environmental and health conditions of poor populations. This divide affects all cancer types across the entire continuum of care, from prevention to screening, treatment, surveillance, and palliative care [2,8]. Despite comparative achievements attained in cancer control and treatment over the last decades, large inequities remain. Most of these advances have benefited HICs and further expanded the divide

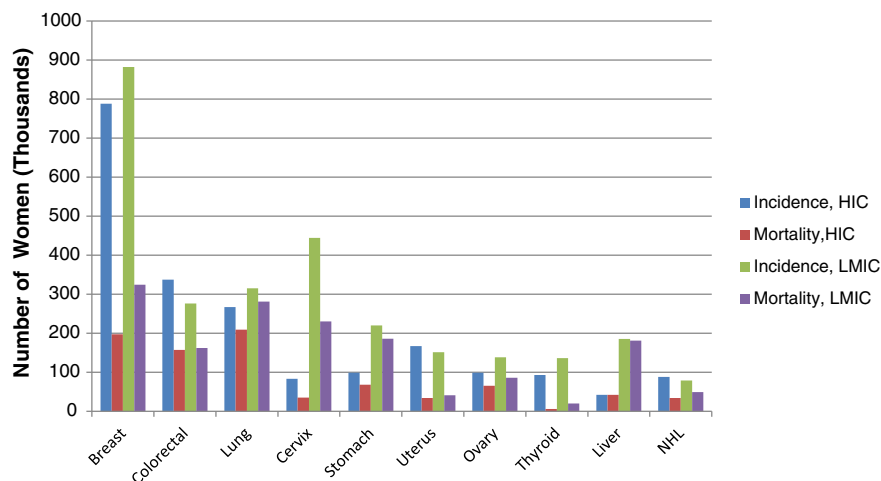


Fig. 1. Incidence and mortality of the 10 most prevalent female cancers (all ages) for high and low-middle income countries.

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