

Awareness and High Relative Mortality Rates in the Asian Pacific

In the present issue of the journal, Yang et al (2004) point to the gravity of the cancer problem in the countries of East Asia, while Eftekhari and Yarandi (2004) and Ray and Mandal (2004) emphasize the need for more knowledge transfer and awareness of risk factors and symptoms of early cancer in the populations of Asia. In addition, Vahdaninia and Montazeri (2004) and Yeole and Kumar (2004) focus on cancer mortality, generally demonstrating lower survival rates than in the developed world.

For comparison of what is happening in the various regions of the world it is useful to look at change in the major female cancers, occurring in the breast and uterine cervix, reported by cancer registries included in the Cancer Incidences in Five Continents series of IARC books for the last twenty-five years (Waterhouse et al., 1982; Muir et al., 1987; Parkin et al., 1992; 1997; 2002). Data for China (Shanghai), India (Mumbai), Japan (Miyagi) and Australia (New South Wales), in the Asian-Pacific, Colombia (Cali) in South America, and Denmark and Slovakia in Europe, are compared in Figures 1 and 2. The respective Globoscan 2000 data (Ferlay et al., 2001), accessed by Yang et al (2004)

Table 1. Incidence and Mortality Rates for Breast Cancer in Selected Countries

Country	Incidence	Mortality	Mortality (%)
Australia	82.7	19.7	23.8
China	16.4	4.5	27.4
Colombia	33.0	10.6	32.0
Denmark	86.5	29.2	33.8
India	19.1	9.9	51.8
Japan	31.4	7.7	24.5
Slovakia	45.6	18.4	40.4

(see also cover page), are shown for comparison in Tables 1 and 2. Clearly, incidence rates for breast cancer are still very much higher in the Western world than in the other countries, continuing to climb at a more rapid rate, but the relative mortality, or proportion of cancer deaths, is particularly poor in India, and also Slovakia. Best rates for survival are evident for Australia and Japan, with surprisingly intermediate value for Denmark. Mass screening for female breast cancer, mainly by physical examination, has contributed to a

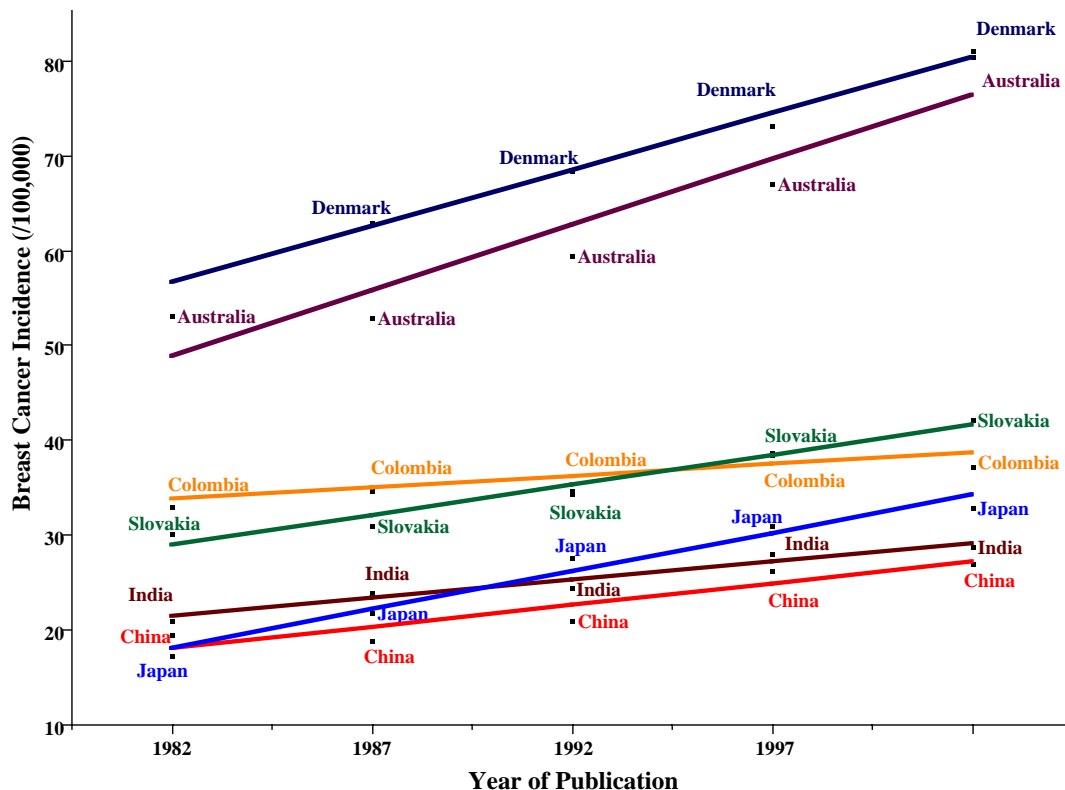


Figure 1. Change in Incidence Rates over Time for Selected Cancer Registries: Breast

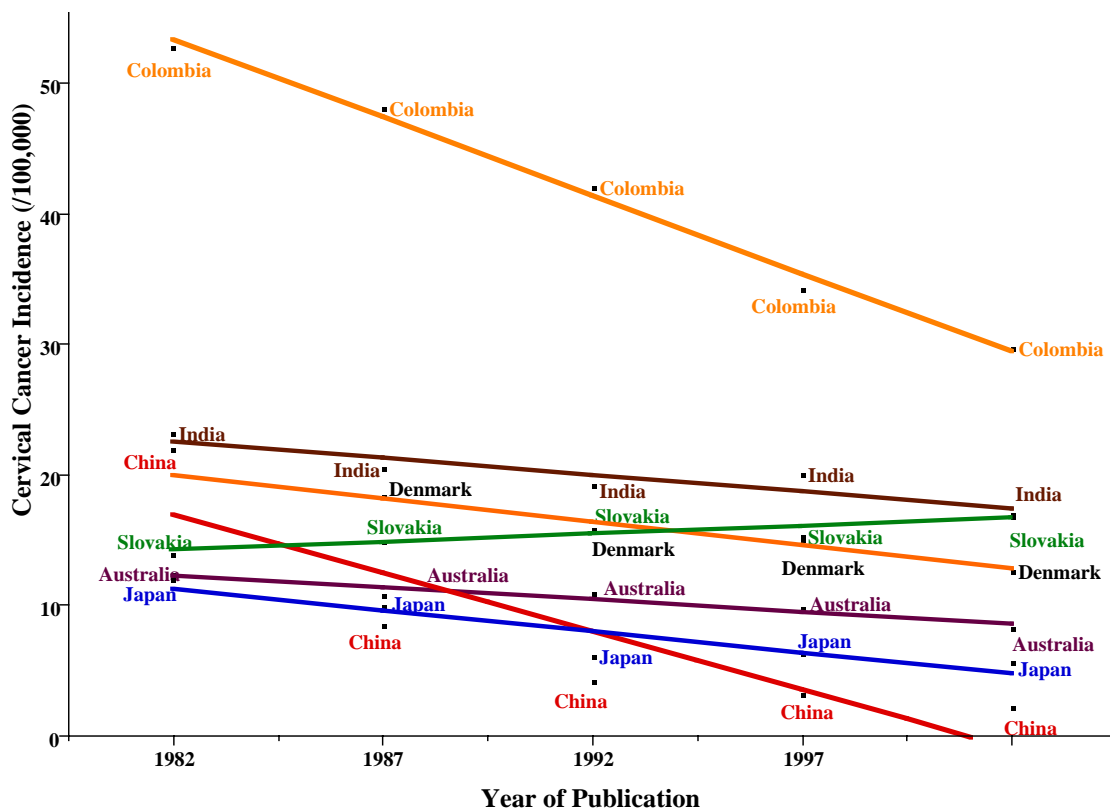


Figure 2. Change in Incidence Rates over Time for Selected Cancer Registries: Uterine Cervix

reduction of mortality from breast cancer in Japan (Kuroishi et al., 2000), but the implementation rate is presently very low and the coverage is only about 2% (Morimoto et al., 2004). Earlier diagnosis is of obvious importance and although adjusting for patho-anatomical variables was found to reduce but not eliminate the higher risk of death among Danish as opposed to Swedish patients, some other factor must be involved (Christensen et al., 2004). In India, the survival rate among those who had more than 12 years of education was higher at 5 years than that of illiterate subjects, an inverse relationship being seen between survival rates and clinical extent of disease (Gajalakshmi et al., 1997).

In the cervix case, decrease has been remarkable in many countries, particularly in China, but the situation continues to be poor in India and Colombia. Furthermore, the proportion of cancers leading to mortality appears around half in these countries, as opposed to just over one quarter

in the developed world. Clearly, the lack of effective screening for early lesions is being felt not only in Asia but also in countries like Slovakia in Eastern Europe (Vlasak et al., 1991). Not only screening but also cultural factors are important, for example in China the decrease in risk of exposure to sexually transmitted factors at an early age after the founding of the People's Republic in 1949 being thought to play a role (Li et al., 2000).

The situation is complicated by the fact that within countries there is considerable variation depending on socioeconomic background, and also ethnicity, as shown in the present volume for Russian and Kyrgyz populations in Kyrgyzstan (Igisinov, 2004). Aboriginal women in rural and remote areas of Australia are at significantly higher risk of death from cancer of the cervix than either Aboriginal women in metropolitan areas or non-Aboriginal women in any region, raising questions about access to services for prevention and early diagnosis and other factors that might impact on the incidence and progression of disease (O'Brien et al., 2001). Level of awareness is clearly on variable of considerable importance.

As the populations in the Asian Pacific age, the cancer problem will become exacerbated and present planning for effective prevention measures is essential to meet future quality cancer care needs (Yancik and Ries, 2004). The need for cancer control programs has recently been argued for India and Pakistan by Pal and Mittal (2004) and Bhurgri (2004), respectively. Studies in China, have indicated that large increases in the absolute number of deaths that result

Table 2. Incidence and Mortality Rates (/100,000) for Cancer of the Uterine Cervix in Selected Countries

Country	Incidence	Mortality	Mortality (%)
Australia	7.1	2.4	33.8
China	5.2	3.1	56.8
Colombia	32.9	13.7	41.6
Denmark	15.3	4.1	26.8
India	30.7	17.4	56.7
Japan	11.1	3.0	27.0
Slovakia	16.6	5.4	32.5

from the increasing and aging population are much more important in determining the future cancer burden than any changes due to change in risk (Yang et al., 2003; 2004). An Asian-Pacific wide effort thus appears warranted, perhaps somewhat along the lines of the comprehensive cancer monitoring programme which has been set up for Europe (Bray et al., 2003). It is certainly a topic worthy of in depth consideration at the forthcoming APOCP General Assembly Conference in Seoul, in November of this year. Whether it should be included in the aims of the UICC for the Asian Pacific, as part of drives to establish practical prevention programs (Tajima and Moore, 2001; 2002) also requires discussion.

References

- Bray F, Guerra Yi M, Parkin DM (2003). The comprehensive cancer monitoring programme in Europe. *Eur J Public Health*, **13 (Suppl)**, 61-6.
- Bhurgri Y (2004). Karachi Cancer Registry Data – Implications for the National Cancer Control Program of Pakistan. *Asian Pacific J Cancer Prev*, **5**, 77-82.
- Christensen LH, Engholm G, Ceberg J, et al (2004). Can the survival difference between breast cancer patients in Denmark and Sweden 1989 and 1994 be explained by patho-anatomical variables?--a population-based study. *Eur J Cancer*, **40**, 1233-43.
- Eftekhari Z, Yarandi F (2004). Knowledge and concerns about Cancer in Patients with Primary Gynecologic Cancers *Asian Pacific J Cancer Prev*, **5**, 83-7. 212
- Ferlay J, Bray F, Pisani P, Parkin DM (2001). GLOBOCAN 2000: Cancer Incidence, Mortality and Prevalence Worldwide, Version 1.0. IARC Cancer Base No. 5. Lyon, IARC Press.
- Gajalakshmi CK, Shanta V, Swaminathan R, Sankaranarayanan R, Black RJ (1997). A population-based survival study on female breast cancer in Madras, India. *Br J Cancer*, **75**, 771-5.
- Igishinov N (2004) Ethnic and age variation of cancer of the reproductive system in women of Kyrgyzstan. *Asian Pacific J Cancer Prev*, **5**, 217-22.
- Kuroishi T, Hirose K, Suzuki T, Tominaga S (2000). Effectiveness of mass screening for breast cancer in Japan. *Breast Cancer*, **7**, 1-8.
- Li H, Jin S, Xu H, Thomas DB (2000). The decline in the mortality rates of cervical cancer and a plausible explanation in Shandong, China. *Int J Epidemiol*, **29**, 398-404.
- Morimoto T, Okazaki M, Endo T (2004). Current status and goals of mammographic screening for breast cancer in Japan. *Breast Cancer*, **11**, 73-81.
- Muir CS, Waterhouse J, Mack T, Powell J, Whelan SL (Eds) (1987) Cancer Incidence in Five Continents Vol. V. IARC Scientific Publications No 88. IARC, Lyon.
- O'Brien ED, Bailie RS, Jelfs PL (2000). Cervical cancer mortality in Australia: contrasting risk by Aboriginality, age and rurality. *Int J Epidemiol*, **29**, 813-6.
- Pal SK, Mittal B (2004). Improving Cancer Care in India: Prospects and Challenges. *Asian Pacific J Cancer Prev*, **5**, 225-8.
- Parkin DM, Muir CS, Whelan SL, Gao YT, Ferlay J, Powell J (Eds) (1992). Cancer Incidence in Five Continents Vol. VI. IARC Scientific Publications No 120. IARC, Lyon.
- Parkin DM, Whelan SL, Ferlay J, Raymond L, Young J (Eds) (1997). Cancer Incidence in Five Continents Vol. VII. IARC Scientific Publications No 143., IARC, Lyon.
- Parkin DM, Whelan SL, Ferlay J, Teppo L, Thomas DB (Eds) (2002). Cancer Incidence in Five Continents Vol. VIII. IARC Scientific Publications No 155, IARC, Lyon.
- Ray K, Mandal S (2004). Knowledge of cancer in West Bengal - a pilot survey *Asian Pacific J Cancer Prev*, **5**, 205-13.
- Tajima K, Moore MA (2001). Risk and beneficial factors - Fallacy at the individual but not the population level? Relevance to a Practical Prevention Program. *Asian Pacific J Cancer Prev*, **2**, 83-7.
- Tajima K, Moore MA (2002). Programs for Asian Pacific cancer prevention in response to the four strategic directions of UICC for the new millennium. *Asian Pacific J Cancer Prev*, **3**, 263-6.
- Vlasak V, Plesko I, Dimitrova E, Hudakova G (1991). Recent trends in uterine cervix cancer in Slovakia, 1968-1987. *Neoplasma*, **38**, 533-40.
- Vahdaninia M, Montazeri A (2004). Breast cancer in Iran: a survival analysis. *Asian Pacific J Cancer Prev*, **5**, 223-5.
- Waterhouse J, Muir C, Shanmugaratnam K, Powell J (Eds) (1982). Cancer Incidence in Five Continents Vol. IV. IARC Scientific Publications No 42. IARC, Lyon.
- Yancik R, Ries LA (2004). Cancer in older persons: an international issue in an aging world. *Semin Oncol*, **31**, 128-36.
- Yang BH, Parkin DM, Cai L, Zhang Z-F (2004). Cancer burden and trends in the Asian Pacific rim region. *Asian Pacific J Cancer Prev*, **5**, 96-117.
- Yang L, Parkin DM, Li L, Chen Y (2003). Time trends in cancer mortality in China: 1987-1999. *Int J Cancer*, **106**, 771-83.
- Yeole BK, Kumar AVR (2004). Population-based survival from cancers having a poor prognosis in Mumbai (Bombay), India. *Asian Pacific J Cancer Prev*, **5**, 175-82.