

## LETTER to the EDITOR

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# Estimating the Cancer Treatment Cost for 5 Common Types of Cancer with Separating Out-of-Pocket and Governmental Costs in Afghanistan, 2020

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### Dear Editor

The recently published article (Rohani et al., 2022) estimated the government and out-of-pocket treatment costs for five cancers (breast, esophagus, colorectal, stomach, and lung) in Afghanistan. We argue that some of the statements and findings expressed in this article are not consistent with the literature of the Ministry of Public Health (MoPH), nor is the methodology adequate to correctly measure the various components of treatment cost.

This article reported the out-of-pocket cost of cancer treatment as 13.97% (82,537.66) while the National Health Accounts (NHA) has consistently reported the out-of-pocket cost in health sector as more than 70% (National Health Accounts 2018, 2019). One of the reasons for this significant difference could be the inadequate use of the research methodology and inaccurate analysis of cost and expenses of various cancer care services in this study.

For example, the article mentioned that except for CT scan, MRI, and mammography, other services (Figure 3) were provided for free by the Cancer Center in Jamhuriat Hospital. Even though chemotherapy was administered for free, the National Cancer Control Program (NCCP) had not procured chemotherapeutic drugs but patients bought from pharmacies. Similarly, limited sonography services were provided to female patients only. Moreover, though the article mentioned the cost of biopsy procedure, it did not include the cost of cyto-histopathology examination. Therefore, if the costs of CT scan, MRI, mammography, and chemotherapy are added together, without even including the cost of cyto-histology and sonography, the out-of-pocket cost will increase from 13.9% to 43%.

Furthermore, the article mentioned that 2,180 patients were registered with the Cancer Center in 2020. Based on the Center's report, however, 16,058 visits/consultations were recorded in 2020. Those consultations resulted in the admission of 3,200 patients to the medical and surgical oncology wards (IPD) and admission of 2,180 patients in the day-care unit (OPD). It is very likely that the article has analyzed only these 2,180 patients that were treated in the day-care unit while overlooking the other 3,200 patients from the IPD.

Also, the article stated that the possible causes of increased cancer prevalence were lack of awareness, late diagnosis, lack of access to medical services, and lack of financial resources. However, most of these factors are not

associated with the increase in prevalence or incidence of cancer. These factors contribute to late diagnosis and subsequently premature deaths of cancer patients. In fact, the referenced article (Bhandari et al., 2021) implied that most of those factors were associated with low breast cancer screening intentions.

Besides, the article provided detailed information about the educational status of patients, and listed the educational status of patients into six groups such as two patients had master's, 18 patients had bachelor's, 12 patients graduated from 12th grade, one person each had primary and secondary level education, and 735 (96%) patients had no education (illiterate). How did the study acquire information on the educational status of these patients when the patients' files at the Cancer Center do not contain such data?

Moreover, the article misidentified the Afghanistan Cancer Foundation (ACF) as Action Against Cancer Foundation. In the same paragraph, some other information is either incorrect or outdated. For example, the article stated that the NCCP was established in 2016 in Jamhuriat Hospital as Cancer Diagnosis and Treatment Project (CDTP). In fact, the CDTP and the NCCP were established in the MoPH in 2016 and 2017 respectively. On the other hand, it was the Cancer Center which was set up in Jamhuriat Hospital in 2016 by the CDTP.

Last but not least, the article mentioned that the study's ethical approval was taken from the Afghanistan National Charity Organization for Special Diseases (ANCOSD), which is a small non-government organization (NGO). Based on the Ministry of Public Health's regulations, the Institutional Review Board (IRB) of Afghanistan National Public Health Institute (ANPHI) has the authority to approve biomedical research proposals. Even though the Ministry of Higher Education and Kabul University have their respective IRBs, they are limited to the research work in their own institutions (Health Research Policy, 2012). Therefore, even they are not in a position to give approval to such research.

Given the above stated reasons, the article needs to be corrected. A well-designed and well-executed research is crucial to find out the economic cost of cancer, especially the catastrophic out-of-pocket cost of cancer treatment in Afghanistan.

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### Reply to the letter to the editor: Estimating the Cancer Treatment Cost for 5 Common Types of Cancer with Separating Out-of-Pocket and Governmental Costs in Afghanistan, 2020

#### Dear Editor

The author team is glad to bring in to consideration which completing field research in Afghanistan is a great challenge and need to meet many regulations and policies. Altogether, the following responses were provided

Although the out-of-pocket cost of health is 70% for all health services, this article is focused on 5 common types of cancer and since it focuses on one disease, the existing difference is completely reasonable and any argument related to this issue by presenting valid and similar researches can be acceptable.

As mentioned in the article, the estimation of the costs of this disease only includes the service costs and not the costs of the drugs used to receive medical services. There were two logical reasons for this issue: 1) It was not possible to access the data related to patients in the system of this hospital and all the information was obtained from the patients' hard files, which was extremely messy and inaccurate. Although the collection of these data was extremely time-consuming, it is a reliable reason for the severe lack of professionalism of in charge individuals. 2) The medicines used by the patients were not available in their files, and according to repeated requests, no documents were available regarding the amount of medicine used by each patient.

In addition, in the reviewed files, only 3 cases of mammography, CT scan and MRA were included in the patient files, and items such as sonography and

cyto-histology were not included. The point that can be discussed here is based on which data did the author state that out-of-pocket costs for patients will increase by 43%?

Moreover, it should be mentioned again that this article examines the cost of 5 common types of cancer and all the cancer cases registered in Jamhuriyat Hospital are more than 30 types. It is also necessary to mention that out of the 2180 registered cases, only 769 cases could be included with complete information, which shows the huge weakness of this department and the in-charge individuals in documenting the patients' information. In addition, the educational status of the patients is not the key point in the examination of the costs and there is no need to add fake information. While, the questionnaire was designed after a pilot period.

Meanwhile, If it is mentioned in the article that some concepts are mentioned incorrectly or old, based on any argument, being old does not mean that the words and meaning of the words are wrong.

It is important to bring in to consideration that the smallness of NCOSD is not based on any logical argument that it is invalid. While it is officially registered in the government and is officially active and has had many activities in the field of research and publication of valid articles. In addition, the access to the information was done with the written order of the Minister of Public Health, under no circumstances the collected data has harmed third person.

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