Cancer in South Africa

Cancer is a disease that is becoming more prevalent throughout the world, but it is a killer that can be beaten. Gillian Warren-Brown explores how cancer is affecting ordinary South Africans.
There are about 150 different cancers and not every cancer is a death sentence. In fact, about a third of all cancers are potentially curable if diagnosed early enough.

ON THE INCREASE

Cancer is one of the major killers in the developing and developed world. Including South Africa. Globally, 11 million new cases of cancer are diagnosed and seven million people die from the disease each year.

A report published in The Lancet last year entitled "The burden of non-communicable diseases in South Africa," says the country's health situation is characterised by a "quadruple burden" of diseases—communicable, non-communicable, perinatal and maternal, and injury-related disorders.

A large proportion of South Africa's health resources have, understandably, gone towards HIV & Aids and tuberculosis (TB). But, the report warns: "The burgeoning morbidity and mortality from HIV & Aids and tuberculosis has probably suppressed the rise of non-communicable diseases. Once the accelerated roll-out of highly active antiretroviral therapy takes effect, deaths from HIV & Aids and TB should fall, leading to a rise in the incidence of non-communicable diseases."

Cancer is one of these.

While some people living with HIV & Aids may get cancer in the future due to their prolonged survival age, recent research suggests that increasing cancer rates in Africa may be a direct result of the HIV & Aids pandemic. Dr Philani Gade, a radiotherapy oncologist at Groote Schuur Hospital in Cape Town, says there has been an increase in HIV & Aids related cancers such as lymphoma and Kaposi's Sarcoma, as a result of the HIV & Aids pandemic. Dr Zainob Mohamed, a radiotherapy oncologist at Groote Schuur Hospital in Cape Town, says there has been an increase in HIV & Aids related cancers such as lymphoma and Kaposi's Sarcoma, as a result of the HIV & Aids pandemic. Dr Zainob Mohamed, a radiotherapy oncologist at Groote Schuur Hospital in Cape Town, says there has been an increase in HIV & Aids related cancers such as lymphoma and Kaposi's Sarcoma, as a result of the HIV & Aids pandemic.

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People needing cancer treatment, including chemotherapy and radiotherapy, can get it either at the private or state healthcare systems. Most medical aids cover cancers that are classified as a prescribed minimum benefit (PMB). These include cancers of solid organs that are defined as "treatable," and a variety of cancers of non-solid organs, whether "treatable" or not if the cancer is not a PMB, you cannot get treatment. But the cost will be subject to benefits and limitations set by your medical scheme.

CEO of the South African Oncology Consortium (SAOC), Dr. Martin Schickel, says the SAOC has developed a "treated" oncology treatment guideline in which chemotherapy and radiation therapy must be tailored to the individual patient's health care insurance benefits.

Three years ago, a group of radiation oncologists started a managed care initiative, the Independent Clinical Oncology Network (ICON), to provide treatment in the private sector at discounted rates to medical aid members with low benefit options that allow them limited access to cancer services. They do not have any copayments—something that has become a regular feature of cancer care as medical aid try to reduce costs by limiting benefits.

The network uses private facilities across the country, such as the Life Little Company of Mary Hospital in Pretoria, to provide clinical care equivalent to that of the public sector. Costs are similar to that of the public sector, but the major difference is that patients have immediate access to treatment with no waiting lists.

South Africa’s private healthcare sector has the capability to offer the same treatments at lower rates than those offered in full-world countries,” says Dr. McMichael. “The constraint is often that medical aids are paying less and we as oncologists are caught in the middle between the patient wanting the best treatment possible and the medical aid wanting a less expensive treatment.”

Dr. Conrad Jacobs, one of the directors of GVL, a private oncology practice, adds that cost constraints also impede the availability of specialized equipment to treat cancer. Equipment is expensive to set up and maintain, for the reason the use can get treatment, but the cost will be subject to benefits and limitations set by your medical scheme.

"The authorities need to make an effort to retain professionals and make sure the training of new oncologists is not compromised because a disparity in cancer resources between provinces leads to 'medical tourism.' For example, patients from the Eastern Cape often travel to the Western Cape for treatment. On the other hand, as some chemotherapy drugs are not available in the Western Cape, people may go to KwaZulu-Natal for treatment.

Fortunately, most oncology treatment is given on an outpatient basis. "One of the most distressing things is not being able to treat patients who need to be hospitalised immediately because of a shortage of beds," says Dr. Mohamed. "If it’s an emergency, we try to get beds in other wards. The main problem is lack of beds, the delay in giving chemotherapy to patients with curable cancers who require in-patient admission. Delays can decrease the efficacy of treatment because cancer is a dynamic disease that can progress very quickly.

The report says that in addition to a shortage of facilities (even in the private sector), there’s also a shortage of oncologists. Professor Julius Malema, a South African oncologist, says the shortage of oncologists is most acute in the public sector, which deals with the majority of cancer patients. "The authorities need to make an effort to retain professionals and make sure the training of new oncologists is not compromised due to staffing issues at some institutions."

Common cancers

Skin cancer is the most common type of cancer in South Africa and is the most common cancer, followed by prostate, colorectal and bladder cancer. In women, breast and cervical cancer are the most common, followed by uterine, colorectal and oesophageal cancer.

CANCER MANAGEMENT

What needs to be done?

Groote Schuur’s radiation oncology unit treated close to 3,000 new patients last year, a 5 percent increase on 2008, Dr. Mohamed says. "Of these, a large number of patients have advanced cancers. Many patients present late because they couldn’t afford to come to hospital. Most lack education about cancer so they don’t seek medical help immediately, or they try alternative care first."

Education is key to cancer prevention," says Dr. McMichael. "This includes getting people to have screening tests, such as pap smears (for cervical cancer) and mammograms (for breast cancer)." In the Western Cape, people may go to KwaZulu-Natal for treatment.

The South African Cancer Society (CanSA) has a special programme called Tough Living with Cancer to help support children with cancer and their families. It also runs prevention programmes to promote..."
healthy lifestyles among school children. Regarding environmental cancer-causing agents (carcinogens), Seguin believes legislation to protect people needs to be considered. For example, banning Lindane, a substance which occurs in certain children's head-lice shampoos. CANSA asked the government to ban polycarbonate baby bottles containing Bisphenol-A, but the health department responded that "the information at hand seems to be insufficient to ban the use of BPA in baby bottles and sipper cups".

CANSA's head of research, Dr Carl Albrecht, says that while the Department of Health spends about R4 billion a year on cancer, there is little "holistic networking" between the department, academia, NGO, industry, professions, the public and patients. "We need something like the National Cancer Institute (NCI) in the US to co-ordinate a cancer control programme and to unite all the role players."

In the meantime, CANSA and the Medical Research Council (MRC) are working through a joint platform called the Cancer Research Initiative of South Africa (CARISA), which is beginning to perform a meaningful function as a fledgling NCI, he adds.

Dr Albrecht's wish list is for government to use a percentage of the R8 billion tobacco tax to fight cancer and fund the roll-out of the anti-HPV vaccine, as well as for a South African NCI to be formed and for all the organisations fighting the disease in South Africa to function as a holistic network.

What is being done?

One of the most preventable risk factors for cancer is tobacco use. Dr McMahan says in addition to lung cancer, smoking increases the risk of developing stomach and pancreas cancer, as well as other types. He cites South Africa's tobacco control legislation, regarded as among the most advanced in the world, as a success in terms of cancer prevention efforts. But there are still about seven million smokers in South Africa. It's concern that the number of young people and women smokers is still on the increase," he says.

A joint campaign between the Department of Health and partner organisations, including CANSA, implementing the Hepatitis B vaccine in the expanded programme of immunisation is also helping to prevent cancer - in this case, at the liver.

A DOH spokesperson adds that the department is in the process of addressing other issues surrounding the treatment of cancer too, elaborating, "Doctors are being trained to use colposcopy machines, which are used to diagnose cervical abnormalities after an abnormal Pap smear, and referral systems are being reviewed."

In a bid to decrease the incidence of human papilloma virus (HPV), which can lead to cervical cancer, the Medicines Control Council has registered two HPV vaccines. "If they become accessible, they'll alleviate the burden of this type of cancer," says Seguin. Dr Albrecht adds: "CARISA is initiating a million rand project aimed at decreasing the incidence of cervical cancer through HPV vaccination and early detection, especially in girls of school-going-age."

CANSAs allocates over R4 million a year for cancer research in South Africa, the results of which influence its watchdog and health education services," says Seguin. CANSA is also involved in a number of projects aimed at reducing the impact of environmental carcinogens, in addition to tobacco, these include industrial pollution, smoke from open fires, contaminated water and trans fats in food (recent legislation requires that trans fat content should be less than two percent).

Ultimately, the most effective action to avoid getting cancer comes from you understanding it could be me" will motivate you to adopt your lifestyle so that it needn't be you.}