Letter to the Editor

Pediatric oncology and hematology: A dismal scenario of the developing world

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Dear Editor,

We read with much interest the articles entitled "Overview of pediatric oncology and hematology in Myanmar" and "Brief report on pediatric oncology in Bangladesh" published in your esteemed journal.[1,2] These articles enlighten us regarding the present state of art of pediatric oncology services in these resource-limited developing countries. Looking at the statistics of any of the pediatric cancer in these countries, it is not hard to realize the dismal scenario of the developing countries, where cancer is still a leading cause of childhood mortality. Halbert and Khaing have mentioned that retinoblastoma had the highest incidence among solid tumors in 2012 in Myanmar and second-highest overall incidence, after acute lymphoblastic leukemia (ALL). Yet, the outcome of retinoblastoma was worse as compared to ALL, with only 10% of alive and 60% abandonment cases of retinoblastoma in comparison to 46% alive and only 25.3% abandonment in ALL. The Indian scenario is no different than Myanmar, as seen by statistics of our hospital, with 49.5% abandonment and 25% mortality in retinoblastoma in a 3-year period from 2006-2011.[3] However, the picture is distinctly different in the developed countries.

The childhood and adolescent cancer statistics report issued by the American Cancer Society in 2014 has mentioned the 5-year survival rate of 90% for ALL and 99% for retinoblastoma between 2003 and 2009.[4] An estimated 175,000 cases of cancer are diagnosed annually in children aged younger than 15 years worldwide, and fewer than 40% of patients (mostly those in high-income countries) are thought to be adequately diagnosed and treated.[4] A child's probability of surviving cancer is poor in less-developed countries, and extreme discomfort is likely in the absence of palliative care. Lack of awareness, illiteracy, rural background, financial constraints, late presentation, diagnostic delays, poor compliance to therapy, and the lack of an ideal multidisciplinary team management compounded with scarce infrastructure and medical technologies are the some of the main reasons for the distressing pediatric cancer care situation of the developing countries. This gigantic difference in the pediatric cancer statistics between the developed and the developing countries is an eye opening realization, which calls for an immediate perusal and action to improve the pediatric oncology and hematology services in the developing countries. A number of organizations have drawn attention to the survival disparity for retinoblastoma, which is highly treatable when detected early, between high-income and low-income countries.[5]

World Health Organization in 1981 adopted the slogan "Health for all by the year 2000" which meant that resources for health should be evenly distributed and that essential healthcare is accessible to everyone. But even after 33 years of having made the principle of global health, the gap between the developed and the developing countries in terms of healthcare infrastructure and technologies has not been bridged. Approaches for improving outcomes for children and adolescents in low-income countries, including public awareness campaigns, community health worker and physician education, hospital twinning and equipment donation, could improve early detection and treatment.[4] So, it is a modest plea to the concerned authorities to emphasize on the urgent need for improving the pediatric oncology and hematology services in the developing countries to facilitate early diagnosis and prompt management of childhood cancers.

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References

1. Halbert J, Khaing AA. Overview of pediatric oncology and hematology in Myanmar. South Asian J Cancer 2014;3:78-82.
2. Islam A, Eden T. Brief report on pediatric oncology in Bangladesh. South Asian J Cancer 2013;2:105-6.
3. Kumar A, Moulik NR, Mishra RK, Kumar D. Causes, outcome and prevention of abandonment in retinoblastoma in India. Pediatr Blood Cancer 2013;60:771-5.
4. Ward E, Desantis C, Robbins A, Kohler B, Jemal A. Childhood and adolescent cancer statistics, 2014. CA Cancer J Clin 2014;64:83-103.
5. Dimaras H, Dimba EA, Gallie BL. Challenging the global retinoblastoma survival disparity through a collaborative research effort. Br J Ophthalmol 2010;94:1415-6.

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