

Lung cancer: Knowledge application gap

Sir,

Lung cancer is a leading cause of cancer death in both men and women. Lung cancer kills more people than any other cancer, a trend that is expected to continue until 2030, unless efforts for global tobacco control are greatly intensified.^[1] Tobacco use is the most important risk factor for cancer causing 71% of global lung cancer deaths.^[2]

In a prospective cohort study which assessed delay in diagnosis of lung cancer, it was concluded that lung cancer patients experience substantial delays from development of symptoms to first initiation of treatment and hence there is need to promote awareness of lung cancer symptoms and develop and evaluate rapid assessment clinics for patients with suspected lung cancers.^[3]

Results from a UK based population survey^[4] revealed low awareness of lung cancer symptoms and risk factors while in a study among residents of Pokhara Valley in Nepal, it was concluded that despite their awareness of smoking as a risk factor for lung cancer, most of them still continue to smoke.^[5]

As lung cancer is to a large extent avoidable, preventive and control efforts should focus on all 3 major risk factors that are responsible for the rising incidence of lung cancer i.e., tobacco – all nations should ratify the WHO Framework Convention on Tobacco Control and implement the strategies that are part of convention, indoor air pollutants–by using improved stoves^[6] and occupational carcinogens.

Table 1 shows some of the important problems identified with regards to control of lung cancer and their possible corrective measures. Despite cancer being a global public health problem, many governments have not yet included cancer control in their health agendas. Incorporating cancer control programs in the public health system can consolidate the cancer control activities. Other measures include developing a sense of ownership among program managers; decision-making based on evidence and efficient and cost-effective use of resources that benefit the target population in a sustainable and equitable way.

To conclude, multi-sectoral action is necessary at all stages to control rising trends of lung cancer because many cancer risk factors lie outside the health sector's direct influence. Planned interventions should be integrated as far as possible within the existing national health policies and health sector strategies. These interventions should be integral components of both the national cancer control program and the chronic disease control strategy.

Saurabh R. Shrivastava, Prateek S. Shrivastava, Jegadeesh Ramasamy

Department of Community Medicine,
Shri Sathya Sai Medical College and Research Institute,
Kancheepuram, Chennai, Tamil Nadu, India

Correspondence to: Dr. Saurabh R. Shrivastava,

E-mail: drshrishri2008@gmail.com

References

1. Are the number of cancer cases increasing or decreasing in the world? Available from: <http://www.who.int/features/qa/15/en/index.html>. [Last accessed on 2012 Apr 12].
2. Cancer – Key facts: World Health Organization. Available from: <http://www.who.int/mediacentre/factsheets/fs297/en/#content>. [Last accessed on 2012 Aug 25].

Table 1: Measures for bridging knowledge-application gap

Problems identified	Suggested measure
Lack of involvement of stake holders, Community based organizations (CBOs) and non-governmental organizations (NGOs)	Involvement of all stakeholders in a systematic and planned manner Facilitating vertical and horizontal linkages between government departments, scientific and technical institutions, NGOs, CBOs and local bodies
Early detection of lung cancer	Broadening the eligibility criteria for identifying lung cancer suspects Expediting the diagnosis process for people who have symptoms of lung cancer Provision of holistic services (diagnostic/treatment/palliative) all under one roof for provision of rapid and efficient care
Awareness about tobacco being a major cause and about symptoms/risk factors of lung cancer	Use of mass media campaigns, pictorial warnings on all tobacco products to reinforce awareness about harmful effects of tobacco Sharing of experiences by patients, who have survived lung cancer scare, on a wider platform as a part of promotional campaign for lung cancer Creation of lung cancer support groups, lung cancer centers and organizing lung cancer events
Low budgetary allotment	Rational budgetary allocation towards lung cancer diagnostic and therapeutic services as well as for preventive measures Making it obligatory on the part of tobacco companies to pay a portion of their revenue towards cancer prevention and or cure Utilizing funds for conducting research to identify newer diagnostic/treatment modalities
Lack of research	Promoting research projects to identify newer diagnostic modalities with higher sensitivity to enable early and correct detection of lung cancer
Inadequate international cooperation	Developing integrated strategies by active collaboration between lung societies of different nations

CBOs = Community based organizations, NGOs = Non-governmental organizations

3. Ellis PM, Vandermeer R. Delays in the diagnosis of lung cancer. *J Thorac Dis* 2011;3:183-8.
4. Simon AE, Juszczyk D, Smyth N, Power E, Hiom S, Peake MD, *et al.* Knowledge of lung cancer symptoms and risk factors in the U.K.: Development of a measure and results from a population-based survey. *Thorax* 2012;67:426-32.
5. Chawla R, Sathian B, Mehra A, Kiyawat V, Garg A, Sharma K. Awareness and assessment of risk factors for lung cancer in residents of Pokhara Valley, Nepal. *Asian Pac J Cancer Prev* 2010;11:1789-93.
6. Sinton JE, Smith KR, Peabody JW, Yaping L, Xiliang Z, Edwards R, *et al.* An assessment of programs to promote improved household stoves in China. *Energy Sustainable Dev* 2004;8:33-52.

Access this article online	
Quick Response Code: 	Website: www.sajc.org
	DOI: 10.4103/2278-330X.105884