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Editorial Commentary

Gastrointestinal cancers in India: Treatment perspective

Time is Ripe for Introspection

As a group, gastrointestinal (GI) cancer is not only one of the most common cancers but also one of the most common causes of cancer mortality. A quick look at Globocan data 2012 showed that out of estimated 1.01 million new cases in the year 2012 in India, 227,000 were located in GI tract. Similarly, out of about 682,000 cancer-related deaths, approximately 182,000 deaths were because of GI cancers.[1] The six most common GI cancers are colorectal cancer (CRC), stomach, esophagus, liver, gallbladder, and pancreas. In this issue of the journal, authors (Ghadylpatil, *et al*.) have tried to summarize and compile important Indian studies involving GI cancers. This is a step to showcase what has been the collective contribution of Indian medical and scientific research in this field.[2] More importantly, this also gives a chance to introspect whether as a community we are happy with this contribution or this is the high time we introspect.

In this report, authors have divided various published studies based on organ of involvement. I am not going to repeat what has been written by authors. The magnitude of GI cancers in India is shown in Table 1.[1]

I have analyzed this paper and highlight some important points which this paper tells us and also which it does not tell us. For this purpose, I have phrased some questions:

1. What has been the contribution of various medical specialties?

   Table 2 shows that majority of the published studies involve combined modality treatment (29 papers), suggesting a good coordination between different specialties. This is followed by systemic therapy (chemotherapy).
2. Whether these publications evenly include various GI primary sites?

   Table 3 reveals that the most studies were related to CRC (21) followed by gallbladder (14). This suggests that research in GI cancer is unevenly distributed.
3. How important and relevant these studies have been?

   In other word, how often a particular paper has been cited? As many of referred studies were published in the last 1–3 years, studies published on or before 2011 were included as this would allow ample time before a study is quoted or referred to.

   Table 4 shows that only three of reported Indian studies were cited more than 50 times, only 2 more than 100 times, both involving gallbladder cancer.
4. Types of studies, whether randomized or nonrandomized?

   A quick look at the reference list and paper shows that only three studies were randomized in nature.

   Appeared authors have included only those studies which involved therapeutic interventions and available in PubMed, thus excluding few important epidemiological studies. Whether studies published in the last 10–20 years only were included is not clearly stated in methodology. Furthermore, it is not clear why only PubMed was searched. As clearly mentioned, majority of studies are either institutional experiences, small phase II studies, or only very limited randomized studies. Unfortunately, no major randomized study except 1 or 2.

Table 1: Incidence and mortality of 6 most common gastrointestinal cancer as per Globocan 2012*

Cancer	Incidence	Mortality
Colorectal	64,332	48,603
Stomach	63,097	59,041
Esophagus	41,774	38,683
Liver	27,416	26,763
Gallbladder	18,787	15,866
Pancreas	11,936	10,828
Out of total	227,332/1,014,934	199,784/682,830

*Adapted from http://globocan.iarc.fr/old/summary_table_pop-html.asp?selection=89356&title=India&sex=0&type=0&window=1&sort=0&submit=%C2%A0Execute

Table 2: Number of papers contributed

	Number
Surgery	10
Chemotherapy	15
RT	04
CMT	29
Supportive	01
Pathology	03

RT=Radiotherapy, CMT=Combined modality treatment

Table 3: Organ-wise publications in order of frequency

	Number
Colorectal	21
Gallbladder	14
GIST	07
Pancreas	06
Stomach	04
Anal canal	04
Periampullary/BTC	03
HCC	02
Neuroendocrine tumor	02

HCC=Hepatocellular carcinoma, GIST=Gastrointestinal stromal tumors, BTC=Biliary tract cancer

Table 4: Citation of various studies published on or before 2011

Primary site	Number of times sited
Gallbladder	124
Gallbladder	123
Periampullary	50
GIST	43
Pancreas	36
HCC	35
Gallbladder	25
Anal canal	14
Gallbladder	14
GIST	13
Gallbladder	10
Gallbladder	10
GIST	09
Anal canal	06
Neuroendocrine tumor	04
GIST	02
Anal canal	01

HCC=Hepatocellular carcinoma, GIST=Gastrointestinal stromal tumors

I fully agree with the conclusion by Ghadylpatil, *et al*. and mention that ad verbatim that "most of the studies are small ones and retrospective analyses. While one has to be careful in interpreting the data and the outcomes, these data can be used

to calculate the disease burden and plan sample size for large prospective studies."[2]

This paper has not included few good studies from diagnostic, supportive, and epidemiology side. More importantly, studies involving esophageal cancer have been excluded. Few of studies concerning these aspects have been cited more than fifty times.[3-5] It would have been better if these were included.

Clearly understanding that GI cancers constitute about 20% of cancer burden in our country, our research contribution cannot be considered optimum or encouraging. I might have missed few randomized studies. Despite the number, lack of well-planned randomized studies, I believe time is ripe for introspection.

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