CANCER PREVENTION & TREATMENT
IN JAMAICA

Wendel C. Guthrie
Total Malignancies in Kingston & St. Andrew (2003 – 2007)

TOTAL  ----------------  4981

female  ---------  2445

male  ---------  2536
LEADING SITES

MALES

prostate ------------------- 1042
bronchus ------------------- 242
colon ----------------------- 229
<table>
<thead>
<tr>
<th>Site</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>breast</td>
<td>720</td>
</tr>
<tr>
<td>cervix</td>
<td>302</td>
</tr>
<tr>
<td>colon</td>
<td>231</td>
</tr>
<tr>
<td>Tumor Type</td>
<td>Count</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Prostate</td>
<td>1042</td>
</tr>
<tr>
<td>Breast</td>
<td>730</td>
</tr>
<tr>
<td>Large Bowel</td>
<td>460</td>
</tr>
<tr>
<td>Bronchus</td>
<td>309</td>
</tr>
<tr>
<td>Cervix</td>
<td>302</td>
</tr>
<tr>
<td>Unknown Primary</td>
<td>288</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>243</td>
</tr>
<tr>
<td>Skin</td>
<td>225</td>
</tr>
<tr>
<td>Corpus Uteri</td>
<td>177</td>
</tr>
<tr>
<td>Stomach</td>
<td>175</td>
</tr>
</tbody>
</table>
LEADING SITES CAUSING DEATHS

MALE ------ Prostate, lung & stomach

FEMALE ----- Breast, Cervix & Colon
## Sites by Age

### 0 – 14yrs

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lymphoma</strong></td>
<td><strong>Brain, NS</strong></td>
</tr>
<tr>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td><strong>Leukaemia</strong></td>
<td><strong>Leukaemia</strong></td>
</tr>
<tr>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td><strong>Brain, NS</strong></td>
<td><strong>Urinary</strong></td>
</tr>
<tr>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td><strong>Soft tissue</strong></td>
<td><strong>Ovary</strong></td>
</tr>
<tr>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Head &amp; Neck</strong></td>
<td><strong>Eye</strong></td>
</tr>
<tr>
<td>2/23</td>
<td>4/30</td>
</tr>
</tbody>
</table>

Number of cases: 23 (Male) 30 (Female)
## Sites by Age

### 15 to 24 yrs

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lymphoma</td>
<td>6</td>
<td>Ovary</td>
</tr>
<tr>
<td>Leukaemia</td>
<td>6</td>
<td>Soft tissue</td>
</tr>
<tr>
<td>Bone</td>
<td>3</td>
<td>Thyroid</td>
</tr>
<tr>
<td>Soft tissue</td>
<td>3</td>
<td>Lymphoma</td>
</tr>
<tr>
<td>Brain</td>
<td>2</td>
<td>Brain &amp; NS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>20</th>
<th>30</th>
</tr>
</thead>
</table>
KNOWN ASSOCIATED FACTORS

About 30% of cancers can be prevented.

Early detection and effective treatment can lead to improved survival.

In 1970, five year survival after being diagnosed with breast cancer was 75%; today it’s 95%. (Screening detected cancers will expect to achieve 20 yrs. survival- especially in women in their 50s & 60s). Cancers found on a mammogram have > 95%, 5 year survival rate compared to less when a lump is felt.
SMOKING

Many potent carcinogens

Lung, mouth, throat, larynx, bladder, stomach, cervix, breast and maybe many more.
SMOKING

• Smoking is associated with more cancers than any other agents.
According to repeated nationwide surveys,

More Doctors Smoke CAMELS
than any other cigarette!

Doctors in every branch of medicine were asked, “What cigarette do you smoke?” The brand named most was Camel.

You'll enjoy Camel for the same reasons I enjoy Camel: it's smooth, cool, and easy to inhale. But Camel is more than smooth. It's a blend unmatched by any other cigarette.

Ask the doctors and ask your wife. Camel's physician's report: more healthful than other cigarettes. You'll be surprised what a difference Camel can make!

THE DOCTORS' CHOICE IS AMERICA'S CHOICE!

For 30 days, test Camel in your "T-Zone" (T for Throat, T for Taste).

www.StrangeCosmos.com

Let's face it - you could get hit by a BUS tomorrow

go on -

HAVE A FAG!
The association is so strong that most researchers will **call it the cause**.
Second Hand Smoking

- Many carcinogens are inhaled, especially in shared spaces
Blow in her face and she’ll follow you anywhere.
GENETIC

Breast --------- ~ 20% in some Jews

< 5% in Jamaica

Colon --------- increased risk in relatives

Ovaries ------ " " " " "

Prostate ------ " " " " "

INDUSTRIAL CHEMICALS

Dioxin used in bleach, associated with some cancers

PVC in manufacture (not pipes), associated with bladder cancer

Particulate Asbestos - mesotheloma
INFECTIONS

Viruses

- EBV - lymphoma
- HBV - liver cancer
- HPV - cervix and others
- HTLV - leukemia
- HIV - Kaposi sarcoma

Bacteria

- H. pylori

Parasite

- Schistosomiasis
RADIATION.

Skin cancer is common – xs sunlight exposure

X-ray in pregnancy – leukemia in offspring

Ionizing radiation – nuclear accident and nuclear weapons.
HORMONES.

Endometrial cancer with unopposed estrogen

Oral contraceptive use protect against ovarian cancer

Increased risk of breast cancer with prolonged use of estrogen/progestogen HRT

Conditions with prolonged estrogen stimulation e.g. PCOS
DIETARY

High fat, low roughage and diets low in anti-oxidants

- increase risk of colon & breast cancer.

- Obesity increases risk of breast and endometrial cancers.
SYMPTOMS OF CANCERS

USUALLY LATE

WILL DEPEND ON THE ORGAN INVOLVED

e.g. prostate – urinary symptoms

- intestine - blood, obstruction
- lung - chronic cough, s.o.b. blood
- cervix - PCB, discharge
- breast - lump, nipple discharge, rash
- ovary - rapid growth of abdomen.

PAIN IS USUALLY LATE.
PREVENTION

Be aware of genetic predisposition and do appropriate tests (e.g. earlier mammograms)

Regular PAP SMEARS. Cervix cancer is the most preventable of all cancers.

Vaccination against high risk viruses e.g. HBV and HPV.
Jamaican Gov’t Screening Programme

Estimated that about 350,000 women would have to be screened to have a significant impact

(One Pap every 3 years)
The cervix

- At the upper vagina
- Called the neck or mouth of the womb
Pre-malignant Cervix

- No symptom
- Detected by Pap smears
- Easily treated by many methods
Invasive Cancer

- Bloody discharge
- Offensive odour
- PCB
PREVENTION

Avoid excessive exposure to sunlight – *if light-skinned*.

*Estrogens only should not be used in women with uteri.*

HRT should not be used for prolonged periods, without a break.

*Induce periods in women with amenorrhea.*
PREVENTION

Diet and exercise

High fibre diet to decrease intestinal cancer

Recommendation: 5 servings of fruit and veg./day

Consume alcohol moderately

Vegetables high in anti-oxidants such as cabbage, cauliflower, broccoli

Exercise promote weight loss & decrease body fat.
TREATMENT

SURGERY

RADIOThERAPY

CHEMOTHERAPY
Treatment

Precancerous cervical lesions

LLETZ/LEEP

Cautery (cold cautery or electrocautery)

Cryotherapy

LASER vapourization

Cone

Hysterectomy
TREATMENT

Visual Inspection with Acetic Acid

plus treatment
TREATMENT

Surgery for most solid tumours

Breast, bowel, uterine corpus
Early cervical, ovary.
Prostate

No shortage of skilled surgeons, however we do not have a specialized cancer unit.
TREATMENT

RADIOTHERAPY

Two units in the public sector – older cobalt type

One unit in private sector – more modern
Decrease need for going abroad.
TREATMENT

Many medical oncologists/haematologists

Either primary treatment or with surgery and/or radiotherapy

More modern approaches (targeted therapy & cytoreduction)
Palliative care

One unit in the public sector (Hope Institute)

One private unit (Consie Walters)
JCS

• Education

• Pap smears (Clinic & outreach)

• Treatment of pre-cancerous lesions (until recent past)

• Male Clinic (DRE/PSA)

• Mammography plus Breast Clinic
  - Fixed unit
  - Mobile unit

• Reach to Recovery
JCS

VOLUNTEERS

**Medical**
- General Surgeons
- Gynaecologists
- Urologists
- Radiologists
  - Plastic surgeons.

**Non-Medical**

All of society plus multifaceted board
Conclusion

• Education re awareness & tobacco control

• Appropriate screening programmes

• Immunization against oncogenic viruses

• Treatment of infections and precancerous lesions

• Improve facilities for radiotherapy

• Provide more facilities for palliative care
Thank You