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## CASE REPORT

# A Plea For Iraqi National Cancer Center And Hospital

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### ABSTRACT

I had the opportunity of being a member of a group training in clinical oncology course in the National Cancer Center and Hospital in Tokyo-Japan, Which lasted for four months, this was arranged for post-graduate doctors of high qualifications in different specialties: general surgery, oncology, radiotherapy, chemotherapy, general medicine, pediatrics, gynecology and obstetrics sponsored by JICA (Japan International Cooperation Agency). The number of the group was eleven, from: Iraq, Brazil, Argentine, Korea, Indonesia, Thailand, Taiwan, Malaysia, Panama and Colombia. We were all impressed by what we have witnessed in that center and the hospital with respect to diagnostic means and treatment protocols for all types of cancers in addition to research work on animals and the palliation for advanced cases of cancer. As a general surgeon I really saw ideal cancer surgery and cancer surgeons who were Organ Surgeons for different cancers. Such centers and hospitals are existing in many developed and developing countries.

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## INTRODUCTION

Cancer is a generic term for a large group of diseases characterized by the growth of abnormal cells beyond their usual boundaries that can then invade adjoining parts of the body and/or to other organs. Cancer is the second leading cause of death globally. 30 - 50% of cancer can be prevented by modifying or avoiding risk factors.

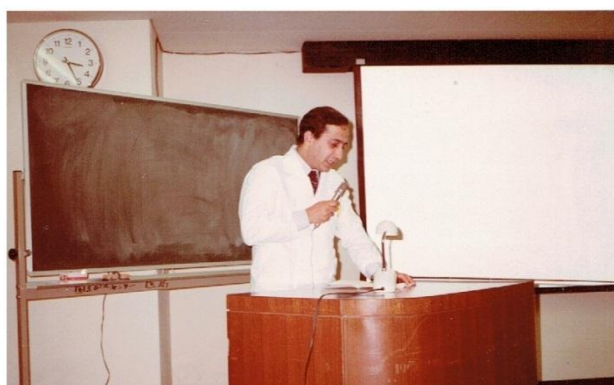
National Cancer Center and Hospital-Japan: As I said before it was the first time for me to view a cancer hospital. I had the chance from lectures, conferences and discussions to know that the results of treatment statistics in national cancer hospital compared to that of the other countries we have many better prognostic

results<sup>1</sup>. As an example cancer of stomach which was the highest in Japan and in the world at that time diagnosed very early when it was few millimeters in size with aid of double contrast Barium Meal and gastroscopy, the treatment was partial gastrectomy with removal of the perigastric lymph nodes which were numbered and all tissues removed were submitted to histopathological examination<sup>2</sup>. For stage 1 gastric cancer 5-year survival was more than 95% There was a nice fruitful cooperation between all concerned in cancer treatment, preoperative case conference for evaluation for the parties involved and then postoperative assessment<sup>3</sup>. There were a dozen of operating theatres

for different organ cancer surgery performed by cancer surgeons who were all MD's assisted by colleagues of the same rank<sup>4</sup>. About surgery I must say I have seen careful, safe, skillful and radical as needed for tumor removal, involved lymph nodes, and other metastatic lesions to reduce tumor burden to provide effective adjuvant treatment<sup>5</sup> (Figure 1).

## CASE PRESENTATION

In Iraq Cancer incidence is relatively high. The presence of so much carcinogenic material across Iraq suggest that the public health legacy of recurring wars is going to get worse. In our country cancer cases are operated on by many surgeons in different hospitals in different governorates across Iraq and are referred to the only central hospital in Baghdad and that is the Radiation and Nuclear Medicine Hospital for opinion of adjuvant treatment and the patients follow up becomes difficult by the treating surgeons.



-a-



-b-



-c-



-d-

Figure 1(a, b, c and d): National Cancer Center and Hospital-Japan.

## Discussion

Overall, there were 14.1 million new cases and 8.2 million deaths in 2012 worldwide. The most commonly diagnosed cancers lung (1.82), breast(1.67) and colorectal(1.36); the most common causes of cancer death were lung cancer (1.6 million deaths), liver cancer (745000 deaths) and stomach cancer (723000 deaths)<sup>6</sup>. Now the facts provided by WHO are :

- Cancer is the second leading cause globally, and was responsible for 8.8 million deaths in 2015. Globally, nearly 1 in 6 deaths is due to cancer.
- Approximately 70% of deaths from cancer occur in low-and middle-income countries.
- Around one third of deaths from cancer are due to the 5 leading behavioral and dietary risks: high body mass index, low fruit and vegetable intake, lack of physical activity, tobacco use, and alcohol use.
- Tobacco use is the most important risk factor for cancer and is responsible for approximately 22% of cancer deaths<sup>7</sup>.
- Cancer causing infections, such as hepatitis and human papilloma virus(HPV), are responsible for up to 25% of cancer cases in low- and middle- income countries<sup>8</sup>.
- Late stage presentation and inaccessible diagnosis and treatment are common. In 2017, only 26% of low-income countries reported having pathology services generally available in public sector. More than 90% of high-income countries reported treatment services are available compared to less than 30% of low-income countries.
- The economic impact of cancer is significant and is increasing. The total annual economic cost of cancer in 2010 was estimated at approximately US\$ 1.16 trillion<sup>9</sup>.
- Only 1 in 5 low- and middle-income countries have the necessary data to drive cancer policy<sup>10</sup>.

## Conclusions

Iraq needs to have a cancer center and hospital. The criteria for that are available. The primary goal is generally to cure cancer or to considerably to prolong life. Improving the patients quality of life is also an important goal. This can be achieved by supportive or

palliative care and psychosocial support provided by these centers and hospitals.

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