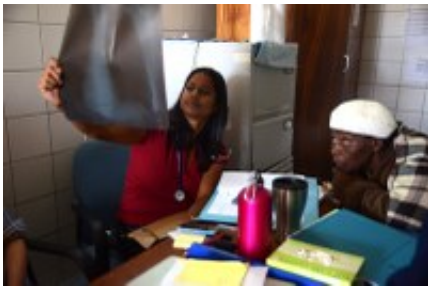


Hematologic malignancies rapidly increasing and unaddressed in Sub-Saharan Africa

April 4 2012, By Ellen de Graffenreid



The cancer clinic at UNC Project in Lilongwe, Malawi.

(Medical Xpress) -- Sub-Saharan Africa is experiencing a growing cancer burden, and hematologic malignancies account for almost 10 percent of cancer deaths in the region. In the United States and other resource-rich settings, patients with diseases such as non-Hodgkin lymphoma, Hodgkin lymphoma, leukemia and multiple myeloma have benefited from treatment advances that have resulted in unprecedented rates of long-term control.

[A study](#) pre-published on-line in the March 28, 2012 issue of the journal *Blood*, argues that these diseases can be effectively treated in a resource-limited setting and offers a clinical service and research agenda to address the growing impact of hematologic malignancies in sub-Saharan Africa.

UNC hematology/oncology and infectious disease fellow Satish Gopal, MD, MPH, is corresponding author on the study. He notes, “Aging, social and behavioral trends, HIV, and other endemic infections are all contributing to a rapidly increasing cancer burden in sub-Saharan Africa which has the potential to overwhelm fragmented and under-resourced health systems in this part of the world.”

[Sub-Saharan Africa](#) has few resources to diagnose, treat and provide supportive and palliative care to patients with [hematologic malignancies](#). What is more, available services are concentrated in major population centers in more economically advanced countries, while 63 percent of the population lives in rural areas. The research team notes critical shortages in the availability of pathologists with expertise in these diseases, an 82 percent deficit in radiotherapy facilities (with 21 countries in the region having no operational units), limited supportive care, and extremely limited facilities for bone marrow and stem cell transplantation. In addition, chemotherapy availability is highly restricted and cancer medicines can be difficult to administer due to the need for specialized facilities and trained personnel. Global shortages of many generic chemotherapy drugs are further challenging the region’s ability to treat cancer effectively.

Other challenges in the care of these patients include a high endemic infectious burden, as many antibacterial and antifungal drugs commonly used in developed regions are simply unavailable to support patients who are immunosuppressed from cancer treatment, HIV, malnutrition, and other factors. The region also lacks a blood transfusion infrastructure including lack of centralized national systems for blood collection and banking. Finally, pain management drugs are often highly-regulated or unavailable.

The research team suggests that strategies can be developed for addressing these issues, including development of conventional and new

diagnostics adapted to low-resource settings, making cancer medicines affordable and integrating newer treatments, using the care and research infrastructure established to deal with HIV and other infectious diseases to study and control cancer, increasing global funding for cancer while rigorously assessing cost-effectiveness of [cancer](#) control measures, and addressing critical health worker shortages by focusing on training efforts.

Provided by University of North Carolina at Chapel Hill School of Medicine

Citation: Hematologic malignancies rapidly increasing and unaddressed in Sub-Saharan Africa (2012, April 4) retrieved 19 April 2024 from <https://medicalxpress.com/news/2012-04-hematologic-malignancies-rapidly-unaddressed-sub-saharan.html>

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