



## **Cancer Control Necessities Here and there; What Would Be the Actual Problem?**

The malignant diseases are one of the health problems here and there by different incidence rate, prevalence and mortality. In less and more developed countries it would be into more consideration. Estimation of incidence of cancer for the year 2050 by UN agencies is about 24 million; of which, 2/3 will be diagnosed in less developed countries. Also, the death due to cancer is estimated about 12 million for the year 2030; of which, 70 percent occur in less developed countries with less than 10 percent resources compared with 90 percent in more developed countries. Data from western countries during the last decades have confirmed that 40% of cancer cases could be prevented. When considering the infra structure of the developing countries, it seems that forty percent of cancers can be prevented during the next decade, but this has already happened in developed countries. The main factor for developing malignancies is the age of the population that accounts for more than 70% of incidence of cancers. The life expectancy in developed countries is high and will not change seriously in the near future, but it is the main cause of increase of the cancer number in developing countries. The other factor for cancer involvement is exposure to such risk factors as smoking, diet, obesity, physical activities and so on. Recent data reveal that all of these factors are prevented and more limited in developed countries, but they are rising in developing countries. Therefore, the estimation of more incident of cancer will be a true and unchangeable fact in these countries, and needs different status in global management of cancer. Nowadays that science and experience of developed countries is sufficient to help cancer control, it is their responsibility to act upon it through the UN agencies and/or directly. Cancer related death which is completely different in developed and developing countries, is completely related to cancer care which is clearly different in low and middle income countries with restricted resources. The feature of cancer care is related to sex, age, stage of disease and kind of care. Sex is the same all over the world, but age, stage and kind of care are completely different and are related to manpower, facilities, knowledge of care and socioeconomic determinants; and this is the actual problem that should be taken in to more consideration by the global managers and local governments.

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