Reviewer's report

Title: The Changing Burden of Cancer in Asia: Clinical Implications

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Reviewer: Paola Pisani

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The title of the paper promises to treat one of the topical components of implementing cancer control in resource-poor settings — disease management. It is now widely recognized that tackling non-communicable diseases, including cancer, is a priority for health systems in developing countries (see WHO World Health Reports since 1997). In the last 20 years local and international organizations have conquered efforts to gain knowledge on the burden of different types of cancer in greatly diverse world regions, and to develop cancer plans adjusted to local specific conditions. Organizational models, detection procedures, alternative interventions have been and are proposed and tested in various settings contributing to a growing amount of knowledge and experience that help drive decision-making and policies. The authors of this paper themselves have contributed to this field of research with seminal field studies. Against this backdrop of intense work, this paper is disappointingly unfocused and outdated — a lot of the text is on disease burden rather than management, but there is no indication of how such quantitative measures of occurrence can inform the development of cancer care health systems or how they should help frame different options of intervention. The authors overlook results accumulated in the last 10-15 years that are quite relevant to decision-making. Just two examples: in discussing breast cancer the authors state that “…improving breast cancer awareness, access to health services, early detection and prompt treatment are the major public health and clinical approaches to improve survival and to prevent premature deaths from it.” and postpone any actions to the results of their on-going trial on early detection by physical examination. There is no mention of previous studies as if this was an entirely new area of research. This is a partial view of the evidence that overlooks how (lack of) infrastructures may jeopardize a potentially effective low-cost modality of early detection. Even raising “awareness” has proved a difficult achievement in populations used to have low expectations with respect to assistance from the public health system. The authors do not mention any of the work of the Global Initiative for Breast Cancer (http://portal.bhgi.org/) and in particular the Consensus Guidelines for International Breast Health and Cancer Control—Implementation (Cancer, 2008, vol 113(S8), pages i–ix, 2215–2371) that provide an operational reference to implement measures aimed at improving early detection, diagnostic accuracy and treatment efficacy, stratified by the level of infrastructure and resources available in a given setting. The second example is that of gastric cancer. The authors discuss screening modalities that have been in use or are being tested in Japan and South Korea, rich countries where gastric cancer is still one of the
most common types of cancer in both sexes; they also mention mass eradication of infection with helicobacter pylori. The authors show that incidence rates are rather low in most other Asian countries examined with the exception of China and other population groups of Chinese origin, and that rates are declining as everywhere else in the world. In view of these burden data, it is not clear what advice to decision-makers with respect to implementing any of the screening strategies described they advise. Over 60% of the population (conservative estimate) is infected with the bacterium while only 2% will develop the disease by age 75 years (GLOBOCAN, Asia, M+F, cumulative risk) and bacterial eradication has short- and long-term adverse effects. Is it a reasonable option even in countries where incidence is still high?

More generally, the discussion of screening modalities (see also colorectal cancer) should be accompanied by summary figures of cost-effectiveness, namely the ratio of number of cases detected to number screened and accompanied by some considerations on organizational challenges required to reach high coverage of the target population and minimum infrastructure to ensure quality diagnosis and timely treatment. Bearing in mind the status of health systems stratified by gross national income as described in table 7, the reader (and policy maker) would be able to confront requirements with expected benefits and reason on feasibility, sustainability and priorities. Finally, with reference to the comment on palliative care in the conclusions, I would like to remind the authors that even in the most optimistic scenario that pictures the implementation of effective down-staging of the most common cancers and access to effective treatment, at least one in two cases will continue to die from the disease for many years to come. Caregivers who assist a loved one dying in pain with no assistance will not be convinced by “awareness” campaigns. Lack of palliative care foments stigma on the disease and disbelief towards the health system, which, in turn, reduce the efficacy of any other interventions (see example of breast cancer down-staging in the Philippines and Indonesia).

I understand that this paper is aimed to a general readership and cannot be very specific; but one would expect from such authoritative writers greater attention to means to improve delivery of clinical care as a pre-requisite to successful interventions and greater consideration of the fairly large literature on the subject.

Other comments

There are too many tables and figures. Figures extracted from published papers (e.g. table 4) can be quoted in the text, need not be reproduced in tables. Many of the figures presented in the tables are not commented in the text and their link to cancer control is not obvious.

Several references listed are not quoted in the text.

Quality of written English: Needs some language corrections before being published
**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.