Cancer treatment has remained a big challenge for health care providers. A battle that sometime leaves us triumphant and sometime with tears especially if we lose a young vibrant person but as someone rightly said “Some see a hopeless end, while others see an endless hope” hence the battle continues.

Not long ago we use to read in our books that with few exceptions, cancer is a disease of old age, however according to the American Cancer Society the rates of some cancers including colorectal, thyroid and testicular, are rising in people ages 20 to 39. And a report released in August by the National Cancer Institute and Lance Armstrong Foundation found that even as cancer survival rates continued to improve in adults of middle age and older, the survival rates for people ages 15 to 39 had not risen substantially in more than two decades.

We are one of the developing countries of the world where a major portion of population is still under privileged especially in health sector. It is alarming to see the recent upsurge in malignancies especially breast and colorectal cancers.

According to monograph published by National Cancer Institute in 2006 “Colorectal carcinoma occurs in adolescents and young adults at an incidence that increases exponentially between 10 and 35 years of age”1. In authors observations the age range of patients with colorectal carcinoma seen was 14 to 35 years with two patients of 14 and 15 years of age having anal carcinoma, and cluster of 7 cases between 25 to 30 years having adenocarcinoma of rectum. Interestingly all rectal carcinomas were male patients.

According to Krystal Bottom and colleagues “Breast cancer in adolescents and young adults is rare. From 1975 to 2000, less than 0.1% of all breast cancer occurred in young women under 30 years of age. There was an increase in the average incidence of breast cancer per million females per year across the adolescent and young adult age groups during the period 1975 to 2000: incidence was 1.3 in 15- to 19-year-olds, 12.1 in 20- to 24-year-olds, rising to 81.1 in 25- to 29-year-old”2. The age range of Carcinoma Breast in our patients seen was 25 to 32 yrs. Two of them were unmarried and nulliparous(25 and 28 years). Most of the remaining patients were multiparous, they had breast fed their children, none of them had used contraceptive or had family history of malignancy which is contrary to already defined risk factors.

Although it’s a limited data of past one year from authors own observation but this might be the tip of iceberg with much more number of patient remaining undiagnosed till the very advance stage as clinician do not develop suspicion in young patients even with symptoms that can alarm them in older patients thus delaying diagnosis hence less chances of cure.

On one hand we need to be vigilant in making
diagnosis by careful history taking and thorough examination while on the other hand we need to evaluate the causative factors of this increasing rate of carcinomas in our population; is it genetic, environmental, is it related to contamination of food and water, are we being bombarded with radiation in the form of telecommunication waves, nuclear contamination. May be more than one factor is involved and may be we are not aware of carcinogens which are yet to be found out. Authors suggest that environmentalists and health professionals should come together and start investigating the causative factors in order to win this continuing battle and minimize the incidence of cancer in young population.

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References: