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Overoptimism about cancer

The year has started optimistically for people in the UK, with much media coverage last week of the prediction that cancer might be “beaten” in 50 years’ time—not necessarily cured, but readily controlled, as diabetes is today. A key factor underpinning this prediction is the alleged impending genetic revolution. The forecast was made by Gordon McVie, director general of the Cancer Research Campaign, a UK charity, in a press release headed “End to cancer in sight . . .”. On its website, the BBC news report of this optimistic outlook cited Karol Sikora, formerly of WHO, predicting the possibility that in 20 years’ time 80% of people with cancer would not die from the disease, provided there were sufficient resources.

On the same day, the other huge cancer charity in the UK, the Imperial Cancer Research Fund, ran a newspaper advertisement headed “Cancer update, New Year 2000” and ending with the upbeat message, “Turning science into hope”. One statement in the update was that “An Imperial Cancer Research Fund study has found that premenopausal women with breast cancer who have had surgery during the second half of their menstrual cycle have a significantly improved chance of survival”. There was no indication that there remains uncertainty over these findings.

Soundly based optimism about cancer is welcome at any time and especially now in the UK, where there has been widespread publicity about cancer survival rates, said to be among the lowest in Europe. Whether or not this poor rating is correct, it has prompted the government to appoint a national cancer director for England and Wales, to oversee the delivery of cancer services. The government has also been issuing a steady stream of announcements of allocations of funds for different aspects of cancer care. The aim is to reduce death rates from cancer by a fifth by 2010.

Setting a public-health target to work towards is one thing. Making overall predictions is quite another. Cancer statistics are complicated. Whatever underlying trends predictions might be based on can be influenced by the distribution of sites or stages of tumour, demographics, health services, quality of cancer registries, and socio-

economic and lifestyle factors. Moreover, scientific progress, no matter how promising initially, is not always smooth or rapid; nor is its translation into clinical practice straightforward. Even for single-gene disorders, such as cystic fibrosis and Duchenne’s muscular dystrophy, the optimism generated for gene therapy about a decade ago has become muted. The population effect of targeting therapy at people with genetic predispositions to cancer is still to be proven.

To expect massive mortality reductions on the basis of results of new drug treatments is likewise premature. Improved 5-year and 10-year survival rates indicate an extension of lifespan, which does not necessarily equate with a normal lifespan or lives saved. And even though early detection of cancer, its better control, and the ageing of the population may reduce the proportion of people dying from cancer, most patients who have cancer still die with it. The end of cancer cannot be said to be in sight.

The tone of last week’s messages was reminiscent of the American Cancer Society’s campaign to get the 1971 Cancer Act signed. Yet the “War on Cancer” that started in the USA then has not led to a substantial decline in overall mortality from cancer.

There is no doubt that the cancer charities are doing good work; that there is steady progress in cancer research and therapy, with substantial reductions in case-fatality from some cancers and improvements in survival for others; that clinicians and patients are frustrated by limited resources for cancer care; and that competition for funds is stiff. Even so, there is no case for flagrant exaggeration. If the claims are seized upon by disease-specific advocacy groups (which are no longer confined to the USA) to lobby for resources, the result could be very inequitable distribution of health-care funds. Besides, maintenance of public confidence is crucial for fundraising. Such confidence will be shattered when the public starts to see the gap between what is being said and what is being achieved.

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