Cancer Survival In Developing Countries

#cancer survival developing countries #global cancer disparities #low-income country cancer care #oncology developing nations challenges #healthcare access cancer global

Explore the critical challenges impacting cancer survival in developing countries, where stark disparities in healthcare access, early diagnosis, and treatment options significantly reduce patient outcomes. This overview delves into the complex factors contributing to these global cancer disparities, highlighting the urgent need for targeted interventions and improved resource allocation to enhance survival rates and mitigate the growing burden of cancer in low-income settings.

Cancer Survival in Developing Countries

For the first time, comprehensive cancer survival data are published from developing countries, 10 populations in total from, Costa Rica, Cuba, China, India, the Philippines and Thailand. These data allow valid comparisons to be made with data from Europe and North America. An interesting finding is that for cancers associated with poor prognosis, the differences in survival between developed and developing countries were negligible. However, there are larger absolute differences for cancers of the large bowel, breast, cervix, ovary and testis, and for lymphoreticular malignancies. The publication provides a framework for investigating the problems in data gathering and patient follow-up, as well as methods for estimating cancer survival in developing countries.

Cancer Survival in Africa, Asia, the Caribbean and Central America

Population-based cancer survival rates offer an important benchmark for measuring a health care system's overall effectiveness in the fight against cancer. While this type of information on high-resource countries is readily available, Cancer Survival in Africa, Asia, the Caribbean and Central America presents in-depth cancer survival data from 27 population-based cancer registries in 14 low- and middle-resource countries. The striking inequalities in cancer survival between countries and within countries described in this volume are largely related to the differences in general awareness, availability of early detection practices, trained human resources, diagnosis and treatment and the development and accessibility to cancer services, as well as, to a lesser extent, to issues of data quality and reliability. The differences in cancer survival reported in populations observed between and within countries studied in this volume provide valuable insights for future planning and investment by governments in primary prevention activities, early detection initiatives and tertiary care to achieve meaningful cancer control. The calendar period of registration of incident cases for the present study ranges between 1990 and 2001. Data on 564 606 cases of 1-56 cancer sites from different registries are reported. Data from eleven registries were utilized for eliciting survival trend and seventeen registries for reporting

survival by clinical extent of disease. Besides chapters on every registry and general chapters on methodology, database and overview, the availability of online comparative statistics on cancer survival data by participating registries or cancer site in the form of tables or graphs is an added feature.

Cancer Control Opportunities in Low- and Middle-Income Countries

Cancer is low or absent on the health agendas of low- and middle-income countries (LMCs) despite the fact that more people die from cancer in these countries than from AIDS and malaria combined. International health organizations, bilateral aid agencies, and major foundations—which are instrumental in setting health priorities—also have largely ignored cancer in these countries. This book identifies feasible, affordable steps for LMCs and their international partners to begin to reduce the cancer burden for current and future generations. Stemming the growth of cigarette smoking tops the list to prevent cancer and all the other major chronic diseases. Other priorities include infant vaccination against the hepatitis B virus to prevent liver cancers and vaccination to prevent cervical cancer. Developing and increasing capacity for cancer screening and treatment of highly curable cancers (including most childhood malignancies) can be accomplished using "resource-level appropriateness" as a guide. And there are ways to make inexpensive oral morphine available to ease the pain of the many who will still die from cancer.

Cancer Care

More than five million new cases of cancer are diagnosed every year in OECD countries. Mortality rates are declining, but not as fast as for other big killers such as heart disease, and cancer survival rates show almost a four-fold difference across countries. In short, many countries are not doing as well as they could in the fight against cancer. Cancer Care: Assuring Quality to Improve Survival surveys the policy trends in cancer care over recent years and looks at survival rates to identify the why some countries are doing better than others. It sets out what governments should do to reduce the burden of cancer in their countries. As well as an adequate level of resourcing, a comprehensive national cancer control plan appears critical, emphasising initiatives such as early detection and fast-track treatment pathways. Countries also need better data, particularly for patients' experiences of care, in order to provide high quality, continuously improving cancer care.

Cancer Survival

Examines differences in the availability of certain health services and outcomes across 2 developed countries -- the U.S. and Canada. Examines survival from 4 specific forms of cancer: lung cancer, colon cancer, Hodgkin's disease, and breast cancer across two locations -- the U.S. and the Canadian province of Ontario. 20 charts and tables.

OECD Health Policy Studies Cancer Care Assuring Quality to Improve Survival

Cancer Care: Assuring Quality to Improve Survival surveys the policy trends in cancer care over recent years and looks at survival rates to identify the why some countries are doing better than others.

Cancer Prevention in Developing Countries

Cancer is low or absent on the health agendas of low- and middle-income countries (LMCs) despite the fact that more people die from cancer in these countries than from AIDS and malaria combined. International health organizations, bilateral aid agencies, and major foundations—which are instrumental in setting health priorities—also have largely ignored cancer in these countries. This book identifies feasible, affordable steps for LMCs and their international partners to begin to reduce the cancer burden for current and future generations. Stemming the growth of cigarette smoking tops the list to prevent cancer and all the other major chronic diseases. Other priorities include infant vaccination against the hepatitis B virus to prevent liver cancers and vaccination to prevent cervical cancer. Developing and increasing capacity for cancer screening and treatment of highly curable cancers (including most childhood malignancies) can be accomplished using "resource-level appropriateness" as a guide. And there are ways to make inexpensive oral morphine available to ease the pain of the many who will still die from cancer.

Cancer Control Opportunities in Low- and Middle-Income Countries

This book examines issues concerning how developing countries will have to prepare for demographic and epidemiologic change. Much of the current literature focuses on the prevalence of specific diseases and their economic consequences, but a need exists to consider the consequences of the epidemiological transition: the change in mortality patterns from infectious and parasitic diseases to chronic and degenerative ones. Among the topics covered are the association between the health of children and adults, the strong orientation of many international health organizations toward infant and child health, and how the public and private sectors will need to address and confront the large-scale shifts in disease and demographic characteristics of populations in developing countries.

The Epidemiological Transition

This atlas illustrates the latest available data on the cancer epidemic, showing causes, stages of development, and prevalence rates of different types of cancers by gender, income group, and region. It also examines the cost of the disease, both in terms of health care and commercial interests, and the steps being taken to curb the epidemic, from research and screening to cancer management programs and health education.

The Cancer Atlas

Cancer has become a leading cause of death and disability and a serious yet unforeseen challenge to health systems in low- and middle-income countries. A protracted and polarized cancer transition is under way and fuels a concentration of preventable risk, illness, suffering, impoverishment from ill health, and death among poor populations. Closing this cancer divide is an equity imperative. The world faces a huge, unperceived cost of failure to take action that requires an immediate and large-scale global response. Closing the Cancer Divide presents strategies for innovation in delivery, pricing, procurement, finance, knowledge-building, and leadership that can be scaled up by applying a diagonal approach to health system strengthening. The chapters provide evidence-based recommendations for developing programs, local and global policy-making, and prioritizing research. The cases and frameworks provide a guide for developing responses to the challenge of cancer and other chronic illnesses. The book summarizes results of the Global Task Force on Expanding Access to Cancer Care and Control in Developing Countries, a collaboration among leaders from the global health and cancer care communities worldwide, originally convened by Harvard University. It includes contributions from civil society, global and national policy-makers, patients and practitioners, and academics representing an array of fields.

Closing the Cancer Divide

In 1950 men and women in the United States had a combined life expectancy of 68.9 years, the 12th highest life expectancy at birth in the world. Today, life expectancy is up to 79.2 years, yet the country is now 28th on the list, behind the United Kingdom, Korea, Canada, and France, among others. The United States does have higher rates of infant mortality and violent deaths than in other developed countries, but these factors do not fully account for the country's relatively poor ranking in life expectancy. International Differences in Mortality at Older Ages: Dimensions and Sources examines patterns in international differences in life expectancy above age 50 and assesses the evidence and arguments that have been advanced to explain the poor position of the United States relative to other countries. The papers in this deeply researched volume identify gaps in measurement, data, theory, and research design and pinpoint areas for future high-priority research in this area. In addition to examining the differences in mortality around the world, the papers in International Differences in Mortality at Older Ages look at health factors and life-style choices commonly believed to contribute to the observed international differences in life expectancy. They also identify strategic opportunities for health-related interventions. This book offers a wide variety of disciplinary and scholarly perspectives to the study of mortality, and it offers in-depth analyses that can serve health professionals, policy makers, statisticians, and researchers.

International Differences in Mortality at Older Ages

In both industrialized and lessdeveloped societies, cancer incidence and survival are related to socioeconomic factors. This fascinating volume, the first to examine the magnitude of these socioeconomic differences in relation to cancer, provides vital information for all those interested in public health. Cancer incidence and survival are related to socioeconomic status in both industrialized and less

developed countries. These differences can be explained, in part, by known risk factors, particularly tobacco smoke, occupational exposures, reproductive behaviour, diet and biological agents. T.

Social Inequalities and Cancer

Worldwide, breast cancer is the commonest cancer in women and it is characterized by regional variations and late clinical presentation and poor access in low and middle income countries including Nigeria. It is disproportionately responsible for mortality among women in developing countries compared to those in developed countries. There are several challenges associated with the effective management of breast cancer in Nigeria; financial barriers limit womens access to screening and treatment services, late-stage presentation, high incidence of triple negative breast cancers and failure in stewardship by government in their inability to provide the best possible cancer care like their counterparts in the West. There is an urgent need to step up activities through governmental and non-governmental agencies to promote advocacy, national policy on training of personnel for diagnosis, clinical and self-breast examination and nationwide screening program (mammography) in order to enhance early detection, control the upward trends and reduce the mortality rate associated with breast cancer. Routine age appropriate and specific breast screening should become an integral part of healthcare system in Nigeria allowing for early detection and intervention; aggressive awareness campaign on the advantages of early diagnosis and the dangers of late presentation, need to offer universal and affordable treatment, implementation of a strategy to offer annual mammogram to women above the age threshold for breast cancer, increased budgetary allocation for the diagnosis and management of cancer, more investment in the training of healthcare workers involved in the diagnosis and management of breast cancer, provision of Health Education encouraging women to conduct routine Breast Self Examination (BSE). BSE could become a simple, low-priced, secure, effective, appropriate and feasible screening tool in Nigeria. There is need to re-emphasize the importance of prompt reporting of any new breast symptoms to a health professional. Clinical Breast Examination (CBE) should become part of a periodic health examination, preferably at least every three years. Asymptomatic women aged 40 and over should be offered a CBE as part of a periodic health examination, preferably annually. Objective implementation of these steps can help reduce the incidence of breast cancer-related mortality in Nigeria.

Breast Cancer in Nigeria: Diagnosis, Management and Challenges

Based on careful analysis of burden of disease and the costs ofinterventions, this second edition of 'Disease Control Priorities in Developing Countries, 2nd edition' highlights achievable priorities; measures progresstoward providing efficient, equitable care; promotes cost-effectiveinterventions to targeted populations; and encourages integrated effortsto optimize health. Nearly 500 experts - scientists, epidemiologists, health economists,academicians, and public health practitioners - from around the worldcontributed to the data sources and methodologies, and identifiedchallenges and priorities, resulting in this integrated, comprehensivereference volume on the state of health in developing countries.

Disease Control Priorities in Developing Countries

Worldwide, cancer is responsible for one in eight deaths--more than AIDS, tuberculosis, and malaria combined. This global burden starkly illustrates the inequality between the developed and the developing world. While the majority of people living in developed countries receive timely treatment, those living in developing countries are not as fortunate and their survival rates are much lower--not only due to delays in diagnosis, but also to a lack of personnel, a paucity of treatment facilities, and the unavailability of many medications. Routine screening--a mainstay in the developed world--could greatly increase the likelihood of identifying individuals with early stage cancers and thus reduce the number of people who present with advanced disease. This book represents a critical addition to the literature of global health studies. Focusing on cervical, breast, and oral cancers, these case studies highlight innovative strategies in cancer screening in a diverse array of developing countries. The authors discuss common issues and share how obstacles--medical, economic, legal, social, and psychological--were addressed or overcome in specific settings. Each chapter offers an empirical discussion of the nature and scope of a screening program, the methodology used, and its findings, along with a candid discussion of challenges and limitations and suggestions for future efforts.

Cancer Screening in the Developing World

"The accumulation and expansion of registry data have enabled geographical and time trends of incidence mortality survival and prevalence to flourish. The individual data sets collected have also fed into a very large number of analytical epidemiological studies. More recent developments include research based on registry linkages with clinical databanks and biological sample repositories. Although these achievements are becoming standard practice in registries in industrialized countries much work still remains to ensure a similar development in low- and middle-income countries (LMICs). Registry coverage with high-quality data remains well below 10% in Africa Asia and Latin America and there is an urgent need to support the initiation expansion and development of registries in many LMICs. This guidance document provides an overview of the key concepts in cancer registration covering the steps involved in planning a registry the sources of information a registry will need to access methods for ensuring data quality and how registry results should be reported. As such it will be of value to those who are seeking to establish a registry or are in the early stages of developing a registry. It covers the major components that need to be thought about when setting up a registry and ensuring that it provides the necessary information for its main stakeholders - especially those involved in cancer control planning."

Planning and Developing Population-Based Cancer Registration in Low- and Middle-Income Settings

Typically, manuals of pediatric hematology-oncology are written by specialists from high-income countries, and usually target an audience with a sub-specialist level of training, often assisted by cutting-edge diagnostic and treatment facilities. However, approximately 80% of new cases of cancer in children appear in mid- and low-income countries. Almost invariably, general practitioners or general pediatricians without special training in oncology will look after children with malignancies who enter the health care system in these countries. The diagnostic facilities are usually limited, as are the treatment options. The survival figures in these conditions are somewhere below 20%, while in high-income countries they are in the range of 80% for many childhood cancers. Pediatric Hematology-Oncology in Countries with Limited Resources is the only book of its kind to provide specific guidance applicable to limited resource settings and builds up from the foundation of general practitioner or general pediatrician competence. Written and edited by leaders in the field, this manual educates physicians on the essential components of the discipline, filtered through the experience of specialists from developing countries, with immediate applicability in the specific healthcare environment in these countries.

Pediatric Hematology-Oncology in Countries with Limited Resources

Data obtained by population based cancer registries have a pivotal role in cancer control. Now also available in Spanish and French, this volume, which contains 15 authored chapters and four useful appendices, remains a standard reference for those planning to establish new cancer registries and those keen to adopt recognized methodologies. Information is given on the techniques required to collect, store, analyse and interpret data.

Cancer Registration

Providing a historical perspective on the etiology of lung cancer, this comprehensive reference presents an in-depth analysis of the epidemiology of cancer of the lung-describing the current understanding of risk factors and the use of epidemiological data to design programs for the control of this leading cause of death worldwide.

Cancer in Developing Countries

Are breast cancer survival rates higher in the United States than in the United Kingdom and France? Are a patient's chances of dying within 30 days after admission to a hospital with a heart attack lower in Canada than in Korea? Are surgeons in some countries more likely to leave "foreign bodies" behind after operations or make accidental punctures or lacerations rates when performing surgery? The need for answers to these kinds of questions and the value of measuring the quality of health care are among the issues addressed in this publication. Many health policies depend on our ability to measure the quality of care accurately. Governments want to increase "patient-centeredness\

Epidemiology of Lung Cancer

Britain's National Health Service is supposed to be the envy of the world, but its record in treating patients with cancer and diseases of the circulatory system (the two main causes of death) is extremely poor. Survival rates for sufferers are almost the worst in the developed world. thirteenth out of 15 European countries studied. The record on cancer care is even worse. A 17-nation study found that the one-year survival rate for lung cancer (the biggest killer) in England was the worst among the 17. The five-year survival rate was little better, ranking twelfth out of 17. For breast cancer England's one-year survival was ranked tenth and Scotland's twelfth out of 17. The five-year survival rate in England was eleventh and in Scotland twelfth out of 17. implausible in the face of such figures. Delay, denial and dilution of treatment cannot be explained by 'clinical considerations'.The primary cause of these failures is low expenditure, but to raise expenditure to the levels of other developed countries, on the present NHS model, would require unacceptable increases in taxation. In order to improve health care in the UK it may be necessary to look at alternatives to the present system. worst in the developed world, the Institute of Economic Affairs claimed yesterday. The Institute cites death rates from heart disease to show that the UK is 13th out of 15 countries for those aged under 65. Financial Times. The idea that it is the envy of the world is a sick joke. As a recent book by the Institute of Economic Affairs makes clear, if you are unlucky enough to suffer from a life?threatening disease your chance of survival is far less if you live in Britain than in almost any other country in Europe. Sunday Times. practitioner. The NHS has had its successes. But measured by the parameters of the modern, wealthy economy, it is woefully inadequate... The problems identified by this book are hugely depressing and insoluble in the short term. We have too few doctors... We would need to double the number of oncologists to equal the European average and spend an extra #30bn a year to match the Germans. Doctor. services that are just about the worst in the developed world. Walter Williams, Washington Times.

Improving Value in Health Care

Cancer treatment is complex and calls for a diverse set of services. Radiation therapy is recognized as an essential tool in the cure and palliation of cancer. Currently, access to radiation treatment is limited in many countries and non-existent in some. This lack of radiation therapy resources exacerbates the burden of disease and underscores the continuing health care disparity among States. Closing this gap represents an essential measure in addressing this global health equity problem. This publication presents a comprehensive overview of the major topics and issues to be taken into consideration when planning a strategy to address this problem, in particular in low and middle income countries. With contributions from leaders in the field, it provides an introduction to the achievements and issues of radiation therapy as a cancer treatment modality around the world. Dedicated chapters focus on the new radiotherapy technologies, proton beams, carbon ion, intraoperative radiotherapy, radiotherapy for children, treatment of HIV-AIDS malignancies, and costing and quality management issues.

Delay, Denial and Dilution

The 2020 edition of Health at a Glance: Europe focuses on the impact of the COVID 19 crisis. Chapter 1 provides an initial assessment of the resilience of European health systems to the COVID-19 pandemic and their ability to contain and respond to the worst pandemic in the past century.

Radiotherapy in Cancer Care

As the culminating volume in the DCP3 series, volume 9 will provide an overview of DCP3 findings and methods, a summary of messages and substantive lessons to be taken from DCP3, and a further discussion of cross-cutting and synthesizing topics across the first eight volumes. The introductory chapters (1-3) in this volume take as their starting point the elements of the Essential Packages presented in the overview chapters of each volume. First, the chapter on intersectoral policy priorities for health includes fiscal and intersectoral policies and assembles a subset of the population policies and applies strict criteria for a low-income setting in order to propose a "highest-priority" essential package. Second, the chapter on packages of care and delivery platforms for universal health coverage (UHC) includes health sector interventions, primarily clinical and public health services, and uses the same approach to propose a highest priority package of interventions and policies that meet similar criteria, provides cost estimates, and describes a pathway to UHC.

Health at a Glance: Europe 2020 State of Health in the EU Cycle

Developing or existing breast cancer centres strive to provide the highest quality care possible within their current financial and personnel resources. Although the basics in diagnosis and treatment of

breast cancer are well known, providing, monitoring, and assessing the care offered can be challenging for most sites. Based on the work of the International Congress of Breast Disease Centres, this book provides a comprehensive overview of how to start or improve a breast unit wherever you live. Written by a multidisciplinary team of over 100 experts from 25 countries, it provides a practical guide for how to optimally organise high quality integrated breast cancer care, whilst taking into account the local economics and resources available to different countries. Each component of the care pathway, including imaging, surgery, systemic treatment, nursing, and genetic assessment, is discussed from a theoretical and practical aspect. The authors define targets to strive for, methods to assess care, and key recommendations for how to improve within existing limitations. Finally, the book looks beyond the breast care unit to consider accreditation and certification, emerging technologies, media, and the role of governments. This guide will be valuable for anyone working in the field of integrated breast cancer care, including established breast care experts, those new to the field, and policy makers interested in the social, financial, and political aspects of improving breast care quality.

Disease Control Priorities, Third Edition (Volume 9)

This open access book provides a valuable resource for hospitals, institutions, and health authorities worldwide in their plans to set up and develop comprehensive cancer care centers. The development and implementation of a comprehensive cancer program allows for a systematic approach to evidence-based strategies of prevention, early detection, diagnosis, treatment, and palliation. Comprehensive cancer programs also provide a nexus for the running of clinical trials and implementation of novel cancer therapies with the overall aim of optimizing comprehensive and holistic care of cancer patients and providing them with the best opportunity to improve quality of life and overall survival. This book's self-contained chapter format aims to reinforce the critical importance of comprehensive cancer care centers while providing a practical guide for the essential components needed to achieve them, such as operational considerations, guidelines for best clinical inpatient and outpatient care, and research and quality management structures. Intended to be wide-ranging and applicable at a global level for both high and low income countries, this book is also instructive for regions with limited resources. The Comprehensive Cancer Center: Development, Integration, and Implementation is an essential resource for oncology physicians including hematologists, medical oncologists, radiation oncologists, surgical oncologists, and oncology nurses as well as hospitals, health departments, university authorities, governments and legislators.

Breast Cancer: Global Quality Care

The Cancer in Sub-Saharan Africa volume brings together population-based cancer incidence data from 25 cancer registries in 20 sub-Saharan African countries that are part of the African Cancer Registry Network. The compiled data in this volume, presented and commented upon by covered population and by anatomical site, are of tremendous value to the assessment of the pattern and evolution of cancer in Africa, as a means of elucidating, confirming, and evaluating causes of the disease.

The Comprehensive Cancer Center

This sixth edition of Health at a Glance Asia/Pacific presents a set of key indicators of health status, the determinants of health, health care resources and utilisation, health care expenditure and financing and quality of care across 27 Asia-Pacific countries and territories. It also provides a series of dashboards to compare performance across countries and territories, and a thematic analysis on the impact of the COVID-19 outbreak on Asia/Pacific health systems.

Cancer in Sub-Saharan Africa

Health at a Glance: Latin America and the Caribbean 2020 presents key indicators on health and health systems in 33 Latin America and the Caribbean countries. This first Health at a Glance publication to cover the Latin America and the Caribbean region was prepared jointly by OECD and the World Bank.

Health at a Glance: Asia/Pacific 2020 Measuring Progress Towards Universal Health Coverage

Information on future mortality trends is essential for population forecasts, public health policy, actuarial studies, and many other purposes. Realising the importance of such needs, this volume contains contributions to the theory and practice of forecasting mortality in the relatively favourable circumstances

in developed countries of Western Europe. In this context techniques from mathematical statistics and econometrics can provide useful descriptions of past mortality. The naive forecast obtained by extrapolating a fitted model may give as good a forecast as any but forecasting by extrapolation requires careful justification since it assumes the prolongation of historical conditions. On the other hand, whilst it is generally accepted that scientific and other advances will continue to impact on mortality, perhaps dramatically so, it is impossible to quantify more than the outline of future consequences with a strong degree of confidence. The decision to modify an extrapolation of a model fitted to historical data (or conversely choosing not to modify it) in order to obtain a forecast is therefore strongly influenced by subjective and judgmental elements, with the quality of the latter dependent on demographic, epidemiological and indeed perhaps more general considerations. The thread running through the book reflects therefore the necessity of integrating demographic, epidemiological, and statistical factors to obtain an improvement in the prediction of mortality.

Health at a Glance: Latin America and the Caribbean 2020

“Social Inequities in Cancer” is a compendium of articles that identify barriers and metrics on the topic of modifiable and unnecessary cancer inequalities. Social inequities have long been recognised as a strong contributing factor in health and cancer inequalities for the past several decades. Despite progress in cancer treatment, cancer incidence, mortality and survival vary markedly between and within countries. Globalisation, greater life expectancy, emerging analytical technologies, and the scalability of big data have revolutionized the vantage point from which social inequities can be studied. The focus of these articles is inequalities as they relate to cancer, with the inequalities ranging from the community to the global scale. Disclaimer: Where authors are identified as personnel of the International Agency for Research on Cancer / World Health Organization, the authors alone are responsible for the views expressed in this article and they do not necessarily represent the decisions, policy or views of the International Agency for Research on Cancer / World Health Organization.

Forecasting Mortality in Developed Countries

Strategic health planning, the cornerstone of initiatives designed to achieve health improvement goals around the world, requires an understanding of the comparative burden of diseases and injuries, their corresponding risk factors and the likely effects of invervention options. The Global Burden of Disease framework, originally published in 1990, has been widely adopted as the preferred method for health accounting and has become the standard to guide the setting of health research priorities. This publication sets out an updated assessment of the situation, with an analysis of trends observed since 1990 and a chapter on the sensitivity of GBD estimates to various sources of uncertainty in methods and data.

Cancer Incidence and Survival Among Children and Adolescents

This book is a comprehensive and easy-to-read guide to obstetrics and gynecology in developing countries. Although significant progress has been made towards the reduction of maternal mortality and morbidity globally, they are still unacceptably high in developing countries. This can be directly or indirectly tied to poor quality maternal health care and lack of access to cost-effective, comprehensive healthcare. Health practitioners in developing countries also contend with trying to keep abreast of recent developments in obstetrics and gynecology while dealing with lack of time, resources, and access to relevant information. This textbook was thus created by experts in obstetrics and gynecology with extensive experience in African clinical settings and consultants in developed countries to teach proper and accurate diagnosis, treatment and management of gynecologic and obstetric health issues within the context of developing countries. This second edition has been fully updated throughout with an added 25+ chapters that cover topics such as reproductive health, gynecological cancers and research methods. The book is divided into six sections: Women’s Reproductive Health; Obstetrics; Medical and Surgical Disorders in Pregnancy; General Gynecology; Gynecological Malignancies; Health Systems Organization, Research Methodology and Biostatistics. These section topics have been carefully covered by expert authors with the use of valid scientific data, policy instruments, and adapted to the cultural and social context of developing countries, with particular in depth coverage of conditions that have greater prevalence and incidence in developing countries. Each chapter also focuses on filling gaps in knowledge with a distinct pedagogical approach, starting with a set of learning objectives and ending with key takeaways for the chapter. This is an ideal guide for residents, medical

students, practitioners of obstetrics and gynecology, midwives, general practitioners, and pediatricians, particularly those working in developing companies.

Social Inequities in Cancer

This book explores in depth the relation between physical activity and cancer control, including primary prevention, coping with treatments, recovery after treatments, long-term survivorship, secondary prevention, and survival. The first part of the book presents the most recent research on the impact of physical activity in preventing a range of cancers. In the second part, the association between physical activity and cancer survivorship is addressed. The effects of physical activity on supportive care endpoints (e.g., quality of life, fatigue, physical functioning) and disease endpoints (e.g., biomarkers, recurrence, survival) are carefully analyzed. In addition, the determinants of physical activity in cancer survivors are discussed, and behavior change strategies for increasing physical activity in cancer survivors are appraised. The final part of the book is devoted to special topics, including the relation of physical activity to pediatric cancer survivorship and to palliative cancer care.

Global Burden of Disease and Risk Factors

Sixth edition of the hugely successful, internationally recognised textbook on global public health and epidemiology, with 3 volumes comprehensively covering the scope, methods, and practice of the discipline

Contemporary Obstetrics and Gynecology for Developing Countries

Breast cancer remains a disease of considerable public health importance worldwide, with over 800,000 new cases diagnosed globally each year. Considerable energy is currently being spent by researchers to further our understanding of this complex disease, however, keeping up with all of the new data is a real challenge given the sheer volume of information that becomes available on a daily basis. The purpose of this book would be to provide a comprehensive review of breast cancer epidemiology, covering the topics of disease burden, etiology, risk factors, prevention, early detection/screening, treatment, and outcomes. The book would be a single comprehensive source of the most recent information on breast cancer epidemiology, and it would serve as a valuable resource for breast cancer researchers across disciplines regardless of what stage of their career they are in. To the knowledge of the editor, no such resource is currently available.

Physical Activity and Cancer

Oxford Textbook of Global Public Health