

# Research on women's cancers lacking in poor and middle-income countries

3 September 2015, by Barbara Ficarra



Low- and middle-income countries (LMICs) see millions of cases of breast and cervical cancer each year, but much of the research on these diseases is based in wealthier countries that have far greater resources and treatment options available, according to a review of existing research published Sept. 1 by the CDC's Global and Territorial Health Research Network. The network's coordinating center is based at the University of Rochester.

The research disparity means gaps in our understanding of these cancers, since they may behave differently based on patients' geography, culture and local medical practices.

Recommendations and protocols based on research conducted outside of low- and middle-income [countries](#) may or may not be practical or even possible. Without this fundamental knowledge, patients in these regions may often suffer preventable illness and death.

"We're talking about many countries in sub-Saharan Africa, Latin America, Asia, Southeast Asia – in other words, most of the world," said Timothy Dye, Ph.D., professor and associate chair

of Obstetrics and Gynecology at the University of Rochester's School of Medicine and Dentistry, and principal investigator of the CDC's Global and Territorial Health Research Network Coordinating Center. Dye is corresponding author of the review, published in *PLoS One*, a peer-reviewed, open-access resource from the Public Library of Science.

"We're arguing for more research to be done in low- and middle-income countries so prevention and treatment strategies there can be more evidence-based," Dye said. "Better research on breast and cervical cancer in low- and middle-income countries would help develop more effective prevention programs as well."

Introduction of the Human Papilloma Virus (HPV) vaccine in LMICs has shifted the focus toward prevention in cervical cancer, though similar developments toward prevention of [breast cancer](#) have not been documented. For both women's cancers, the focus on implementation science (how interventions fit within real-world public health and clinical service systems) is often lacking for low- and middle-income countries.

"With women's cancers continually emerging as a major contributor toward morbidity and mortality around the world, failing to address their prevention and control with research generated by and for low- and middle-income settings could lead to inappropriate recommendations based on research generated in high-income settings," said Dye.

In recommending expansion of the research base for women's cancers in low- and middle-income countries, the authors also stress the importance of evaluating implementation of breast and [cervical cancer](#) interventions on the ground.

"The best hope for improving cancer control in low- and middle-income countries is to make sure that what we think works toward [prevention](#) and control, actually works in the settings and circumstances

faced around the world," Dye added.

**More information:** "Developing the Evidence Base to Inform Best Practice: A Scoping Study of Breast and Cervical Cancer Reviews in Low- and Middle-Income Countries." *PLoS ONE* 10(9): e0134618. [DOI: 10.1371/journal.pone.0134618](https://doi.org/10.1371/journal.pone.0134618)

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