Telling the Truth About Cancer is a Challenge

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Cancer is our neighbor and is a part of our society. It has been here from the beginning of history and is still present hiding the truth about itself and being untouchable in its malevolent version: the unstoppable growth of abnormal cells attacking the body until it succumbs to the aggression.

Removing all malignant cells from the body is a challenge because it is the only real cure of the affected person. But, it can be done only if the disease is detected in precancerous phase, cancer in situ, and invasive cancer in clinical stage 1A. All more advanced cancers, notwithstanding the therapy employed, have a much worse prognosis. Medicine is there only to postpone the ultimate fatal outcome.

But, this is the same with life itself. It is the blessing to have it, but the challenge to live it. Cancer is the curse of our life. Therefore we have to fight against any carcinogenic and cancer promoter factor in our environments, to search for cancer indicators via surveys among healthy peoples, to put under control the groups at risk, and to conduct regular screening for detection of early signs of cancer as diligently as it has been done in the case of cervical cancer.

In this fight, medicine has made many advantages but the cancer is still present. Only a small fraction, the cervical cancer natural history has been altered due to detection of an early suspect for cancer lesions and their removal. The success was achieved in the US where Pap test has helped American health care providers to reduce its mortality rate for 80% and to reverse the curves of cancer prevalence and mortality from increasing pattern to decreasing.

This success was achieved in a group of 50 million women at risk, where 10% were found as suspect, subject to further diagnosis, only 1 million was confirmed as carrying on cancer indicators, and 40,000 lesions removed. Still, due to errors in sampling specimens, diagnostic errors or ineffective therapies, 12,000 joined the prevalence and 4,000 died per annum.

Worldwide, this concept failed. The global outreach is below 20% of women at risk, and curves of cervical cancer prevalence and mortality are still on rise. What can be done? It was our humble challenge for more than 30 years of research. Finally, a light started to appear in the tunnel of cervical cancer destiny. It is the change of the strategy from the fight against cervical cancer to the fight to reverse the Cervical Cancer Mortality curve in a definite population and for a definite time. The new strategy needs new tools and services. All of this is described in our book, What Every Women Should Know about Cervical cancer, Second Edition (Springer, 2017)
Parts were discussed at FASEB meetings in 2016 and 2017. This is a continuation of publishing the results of our research.