Scientific Evidence for Cancer Control in Vietnam

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Vietnam has been undergoing a rapid epidemiological transition, whereby the burden of disease from noncommunicable diseases, including cancers, is sharply rising. However, detailed and reliable scientific information on cancer epidemiology and control in Vietnam is still largely lacking. Through this special collection of papers entitled "Cancers in Vietnam: Burden and control efforts," we aim to provide insight into today's public health, clinical, and paraclinical aspects of cancer in Vietnam. The evidence generated from these papers would be useful for health planning and decision-making in Vietnam, as well as in similar settings around the world.

The cancer burden in Vietnam is increasing, as well highlighted by a review by Tung et al, which shows that the Vietnam cancer burden has tripled over the last 30 years. This phenomenon could be partly explained by the growing prevalence of both existing and newly emerging risk factors.[1] Sang et al predicted that, with 16.9% growth in the overall population, and dramatic aging within 2 urban centers (Hanoi and Ho Chi Minh City), the burden of cancer incidence will increase sharply in both cities over the next decades.[2]

Comorbidity is common among patients with cancer, which may affect treatment decisions and clinical outcomes. A study by Quang et al reported that respective proportions of hepatitis B virus and hepatitis C virus infections were 81.3% and 5.6% among patients with advanced hepatocellular carcinoma.[3] Dung et al found that anxiety and depression were common among patients with cancer (27.6% of the patients had an anxiety score between 8 and 10 points, and 15.5% had an anxiety score of ≥ 11 points). Interestingly, it was found that the prevalence of anxiety decreased with duration since cancer diagnosis. Lower levels of anxiety were observed in patients who stated that hospital facilities were adequate or who had trust in their health-care workers.[4] Similarly, Huong et al demonstrated that health-related quality of life among Vietnamese women with breast cancer was generally low, especially among socioeconomically disadvantaged patients.[5]

Knowledge on cancer causes, symptoms, and screening is important for cancer prevention and control. However,

according to a study by Toan et al, many patients with cancer, especially socioeconomically disadvantaged patients, had little knowledge of cancers. Few women in the mountainous regions of Vietnam had good knowledge or partook of breast cancer screenings.[6] Do et al also found low prevalence of sufficient breast self-examination knowledge (22.7%) and practice (15.8%) among female textile workers in Hanoi and Ho Chi Minh City. Low education level and a lack of education on Breast Self Examination (BSE) were associated with insufficient BSE knowledge and practice among female Vietnamese textile workers.[7] Hall et al demonstrated that patients' beliefs about what may have caused their cancers were complex and likely to be impacted by multiple factors, including the country in which they reside. Developing public awareness campaigns that are accurate and tailored to address specific beliefs and possible misconceptions held by the target communities are needed.[8]

In terms of control efforts, Tung et al reported a lack of national cancer screening programs in Vietnam, and the capacity of cancer care services could not maintain pace with the demands of a rapidly increasing cancer patient population.[1] Vietnam must implement effective intervention programs to control for the rising rate of cancer. Intervention studies are needed to provide population-specific advice. In a quasi-experimental study, Anh et al found that community-based interventions on knowledge and practice of human papillomavirus (HPV) prevention had significant effects on improving

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knowledge of HPV prevention among married females, but no significant changes in the practice of HPV prevention (eg, condom usage, number of sexual partners, HPV vaccination, and screening tests for cervical cancer).[9] In a hospital-based case–control study, Quang LN et al suggested that physically active lifestyle patterns could reduce the risk of colorectal cancer.[10]

A study by Quang NT et al, based on a review of medical records for 83 patients with stage II and III colorectal cancer who received the mFOLFOX6 regimen, revealed that postoperative carcinoembryonic antigen levels were a significant prognostic factor for survival. The regimen was also demonstrated to be well tolerated and could be used in routine practice as adjuvant chemotherapy.[11] Kien et al assessed the efficacy of imatinib mesylate against unresectable or recurrent gastrointestinal stromal tumors and found that imatinib had a high response rate and long-term survival outcome. Good performance status and response to imatinib were associated with progression-free and overall survival.[12]

Evidence on the accuracy of screening, early detection, and diagnostic methods, as well as prognostic factors, is also an important element for cancer control. Huong et al reported that baseline albumin–bilirubin grade, a simple and objective approach in assessing liver function in patients with hepatocellular carcinoma, was an independent predictor of survival in patients treated with sorafenib.[13] Binh et al found that the Bach Mai Boston Tool is a practical, informative, and valid tool for detecting malnutrition in hospitalized oncology patients.[14] Phung et al showed that magnetic resonance imaging (MRI) had even higher accuracy than computed tomography (CT) scan in thymoma diagnosis. Chemical shift MRI was more accurate than CT scan for differentiating thymoma from non-thymoma in patients with myasthenia gravis.[15] Thang et al reported that progesterone receptor status was a prognostic factor for survival rates of patients with breast cancer in postmenopausal women with breast cancer but not in premenopausal women.[16] Using St Gallen 2007 classifications, Nguyen et al conducted a study aimed to predict survival outcomes of invasive breast cancer in Vietnam. The team concluded that 3 main risk categories of breast cancer (based on age, clinicohistopathological, and immunohistochemistry stainings) had distinct disease-free and overall survival rates.[17]

We sincerely hope that policymakers, managers, clinicians, and other health staff, as well as the public, will find this cluster of scientific papers useful. Based on the empirical evidence, policy and interventional efforts would be strengthened to control for cancers.

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