

## **ELECTIVE (SSC5a) REPORT (1200 words)**

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

### **To describe the epidemiology of cancers in the Chinese population and explore in the context of global health**

Cancer is the most common cause of mortality in China, above cardiovascular, respiratory, and cerebrovascular disease. China has undergone a dramatic transformation in the last few decades, from a mainly agricultural country to a technological and economic powerhouse. During this time, healthcare provision and standard of living have significantly improved, with a trend towards urbanisation and a more western lifestyle. (1)

Overall, the most common type of cancer in women is breast cancer, followed by lung, and then colorectal cancer. In terms of gynaecological malignancy, cervical cancer is the 7<sup>th</sup> most common type of cancer in females. (1) In the Guizhou province, HPV 16 and 18 remain the most common causes of cervical cancer. (2) In men, the most common type of cancer is lung cancer (there is a very high prevalence of smoking in China compared to most other countries), followed by liver and stomach cancer. (1)

From 1990 to 2019, the incidence of cervical cancer has increased, particularly in younger women. In 2018, there were roughly 570,000 new cases of cervical cancer with 311,000 deaths. China has one of the highest cervical cancer burdens in the world. This may be linked to the fact that women often are reluctant to attend screening, particularly in rural areas where awareness and education are limited. Further factors contributing to the increased incidence include increased rates of unprotected sex, a younger age of first intercourse, and a greater number of sexual partners. (3)

### **To describe the pattern of oncology provision in China and compare and contrast this with the United Kingdom**

Currently, China has a social medical insurance system. This reduces the cost of basic medical care; however, physical examinations still need to be paid for by individuals. Furthermore, for major operations, medical insurance does not cover the full cost of operations, and thus those with lower socioeconomic incomes are often unable to pay for treatment and so are impacted disproportionately. (1)

There is a major shortage of radiotherapy equipment compared to the Chinese population's increasing needs. There are only 1.06 <sup>60</sup>Co machines and linear accelerators per one million population, which is short of the World Health Organisation (WHO) minimum requirements of two linear accelerators per one million population. Furthermore, there is an uneven distribution of equipment throughout China, with most machines in major cities such as Beijing and Shanghai, while rural regions have limited access to radiotherapy treatment. (4)

Another interesting aspect of oncology provision in China is that often, traditional Chinese medicine and western medicine are integrated together. Traditional Chinese medicine includes herbal remedies that feature phytochemicals such as curcumin, resveratrol, and berberine, which are believed to improve symptoms and decrease toxic side effects of western medicine. Some studies have shown that herbal remedies can improve survival and quality of life in non-small cell lung cancer patients. Herbal remedies have been shown to increase rates of tumor suppressor gene activity such as P53, and reduce angiogenesis and cancer-associated fibroblast activity. (5)

## **To develop an understanding on the challenges and opportunities for cancer prevention, diagnosis, treatment and care in low-resourced or underserved settings in China.**

While China has a high rate of cervical cancer, human papilloma virus (HPV) vaccination rates and cervical cancer screening coverage remain low. The HPV vaccine is not covered by medical insurance, and thus uptake rates are suboptimal. The government has attempted to boost the HPV screening rate by providing free screening services for breast and cervical cancers for women in rural areas. However currently, the uptake rate for cervical cancer screening nationwide remains relatively low, at 61.19%, compared to 68.7% in the United Kingdom. Han et al. showed that women who receive notification of the screening program have significantly higher attendance (odds ratio 1.59, 95% confidence interval 1.27-1.99), and thus it is important that screening is promoted more to women. (6)

## **To enhance my cross-cultural competency and communication skills by immersing myself in the local healthcare environment in China, respecting and understanding cultural nuances in patient interactions, and appreciating how cultural factors impact healthcare decisions.**

I undertook an elective at Guizhou Cancer Hospital, a tertiary center in Guiyang, the capital of the Guizhou province. I was based in the gynae-oncology department. During my time at the hospital, I noticed some cultural differences between the UK and China. I felt that there was more of a paternalistic approach in China, with patients often letting doctors decide what the best treatment for them is, instead of in the UK, where patients are often offered multiple options and allowed to make a decision for themselves. Furthermore, in China, I noticed that patients often let their relatives decide what was the best option for their treatment. Another interesting cultural aspect is that relatives often shield the true prognosis for a condition from the patient. While this would be unheard of in the UK, Chinese people often do this because they feel that this protects the patient.

One difficulty that I faced during my interactions with patients on my elective is that often, they spoke in the Guizhou dialect, which has a different accent to normal Mandarin Chinese. This often meant that I was unable to understand fully what the patient was saying. I resolved this difficulty by asking other doctors on the ward for clarification, and learning more about different cultural backgrounds in the region.

### **References**

1. Cao M, Li H, Sun D, He S, Yan X, Yang F, et al. Current cancer burden in China: epidemiology, etiology, and prevention. *Cancer Biol Med*. 2022 Aug 15;19(8):1121–38.
2. Guo GZ, Zhao Y. [Analysis of cervical cancer screening results in women aged 50 and older in Beijing and Guizhou]. *Zhonghua Zhong Liu Za Zhi*. 2018 Dec 23;40(12):922–6.
3. Shen X, Cheng Y, Ren F, Shi Z. The burden of cervical cancer in China. *Front Oncol*. 2022;12:979809.
4. Ma X, Lin C, Zhen W. Cancer care in China: A general review. *Biomed Imaging Interv J*. 2008 Jul;4(3):e39.
5. Xiang Y, Guo Z, Zhu P, Chen J, Huang Y. Traditional Chinese medicine as a cancer treatment: Modern perspectives of ancient but advanced science. *Cancer Med*. 2019 May;8(5):1958–75.
6. Han H, Wang X, Zhu Y, Liang Y. Organized Breast and Cervical Cancer Screening: Attendance and Determinants in Rural China. *Int J Environ Res Public Health*. 2022 Jul 6;19(14):8237.

1064 words