

# War on Cancer

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“If I could be anything, I would have wanted to have been the president [who] ended cancer...,” said a tearful Joe Biden at a gathering in the Rose Garden of the White House when he withdrew from the presidential race in 2016, months after cancer claimed the life of his eldest son, Beau. His words sprung from realization and resolve that had crystallized as a result of his brush with a particularly fatal type of cancer and his countless interactions with leading cancer experts across the world during a two year-long personal odyssey. “But I know we can do this,” he said, “we need a moon shot”. The Beau Biden Cancer Moonshot programme, with the audacious aim to compress 10 years of cancer research in five years’ time, was born that evening. The bipartisan support it received in the US Congress, which thrice rebuffed Donald Trump’s efforts to cut funding to the National Cancer Institute, the principal organization for the programme, is a testament to the impact of cancer on everyone’s life.

The current pandemic, which has disrupted cancer treatment, has, paradoxically, also become a boon for cancer research as envisaged in the Cancer Moonshot programme whose three main guiding principles are erasing the boundaries among different research agencies, interest groups and even nationalities; sharing of big data and experiment results in real time to build on each other’s success so that time and money are not wasted in reduplicating work; and simplifying financial regulations for allocation of funds and resources to enlarge the scope and reach of clinical trials. The swiftness with which medical communities and science researchers have responded to develop treatment protocols with new vaccines in the case of Covid-19 by sharing clinical data and

experiences often forgoing research credits shows that the lofty objectives of the Cancer Moonshot programme through the formation of multi-national and multi-institutional global alliances remain realistic.

This is also the call of World Cancer Day, following the adoption of the Paris Charter at the World Summit Against Cancer for the New Millennium in February 2000. The idea is to form a global alliance against cancer, one that will not only stretch up to the last citizen but also encourage active participation. The success of any public health programme depends on active participation by citizens motivated through tireless awareness campaigns and the sharing of relevant information.

Yet, this is far from an easy task. Science was abused during the pandemic through misinformation that, at times, served political interests. The anti-vaccine movement and the reluctance to undergo a biopsy are two facets of the same problem.

Public education and spreading awareness regarding methods of prevention are perhaps the more important components of all anti-cancer programmes. There are more than 200 different types of cancer with diverse biologies that evolve through multi-factorial processes. It will thus be difficult to find a common trajectory to reach them all. Modern cancer research has grown with sophisticated but costly procedures. Genetic engineering and immune modulation will take time to reach clinical application and make a difference. Preventive oncology, however, can address the challenge. Programmes to raise awareness about cancer-causing substances, HPV and Hepatitis B vaccination, establishing telemedicine networks for remote screening of and early detection in rural populations and periodical checkups can substantially reduce suffering in this country where 40 per cent of cancer deaths are caused by preventable cancers.