Short duration of survival among South African Blacks with oesophageal cancer

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Summary

South African urban Blacks are very prone to oesophageal cancer, and mean age at diagnosis is almost a decade lower than that of White patients (male preponderance is equally marked in both ethnic groups). In recent years the socio-economic position of urban Blacks has improved greatly, with considerable strides being made in literacy and awareness of hospital services. This socio-economic improvement could conceivably improve the extremely short durations of survival among oesophageal cancer patients noted in earlier studies; this, however, has not occurred. Of a series comprising 146 male and 37 female patients, 50% had died after 3.6 and 4.2 months respectively. The corresponding periods noted for White patients are about twice as long.

Among Blacks in Soweto, Johannesburg, the incidence of oesophageal cancer is high. In 1980-1982 the annual rates for males and females were about 26 and 6 per 100,000 (World population) respectively. In contrast, in Los Angeles the incidence rates for White males and females in 1979 were 2.9 and 1.4 per 100,000 (World population) respectively. Of 390 Black patients in Soweto in 1964-1966, 50% had died (both sexes) by 2.4 months (the 50% mortality period [MP50]). In 1970-1972 the MP50s were 3.2 and 3.9 months in series of 312 male and 75 female patients respectively. Duration of survival was scarcely affected by modality of treatment — surgery, radiotherapy or chemotherapy.

Since a decade ago (when the above study was completed) tremendous improvements in the socio-economic status of Blacks have taken place, especially during the last 5 years. One sequel is that the proportions of children and adults availing themselves of medical attention when sick have risen. In view of this and other altered circumstances, it was thought worth while to carry out a retrospective study on survival to determine whether any change had occurred in the MP50 of Black patients with oesophageal cancer.

Patients and methods

Baragwanath Hospital (2700 beds) serves the medical needs of Blacks in Soweto (population 1/4 million or more). Using hospital records lists were made of all patients diagnosed as having oesophageal cancer during 1982. There were 190 male and 45 female patients. Information was sought, inter alia, regarding each patient's age and address. Unfortunately some records were missing, and others were incomplete. Some patients who lived far from Johannesburg had returned home after treatment. Ultimately 166 males and 39 females were listed for study. Patients' homes were visited by Black nursing sisters or by responsible associates. Twenty male and 2 female patients had either given incorrect addresses or left without trace. This left 146 male and 37 female patients; at the time of enquiry 140 males and 35 females were already dead. Their relatives or neighbours were closely questioned, and it appeared that 137 of the males and the 35 females had virtually certainly died from oesophageal cancer.

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<th>TABLE I. CHARACTERISTICS AND MPso OF SOUTH AFRICAN BLACK PATIENTS WITH OESOPHAGEAL CANCER</th>
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<tbody>
<tr>
<td>No. of patients</td>
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<td>Mean age (yrs) (± SD)</td>
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<td>Age range (yrs)</td>
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<td>Male/female ratio</td>
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<td>MPso (mo.)</td>
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Results

The mean ages of the male and female patients at diagnosis, 52.7 and 55.1 years respectively, are similar to data reported in an earlier study (1970-1972) on local patients in which the respective mean ages were 55 and 53 years. Male preponderance prevails in other parts of Africa. Furthermore, in a large series of Black patients investigated in Durban, the mean age was 55 years (both sexes combined). In the USA median ages for Black and White males have been reported as 60 and 65 years respectively, and for Black and White females 59 and 64 years respectively.

In the present series the Black male/female ratio was 4.1:1. That in the 1970-1972 series was 4:1, and in the Durban series it was also 4:1. Male preponderance prevails in other parts of Africa. In the USA, male/female ratios for Black and White patients range from 3:1 to 4:1.

In our series of South African Black patients the MP50 was 3.6 months for male patients and 4.2 months for female patients. The increase in the duration of survival in comparison with the earlier study (MP50 for males and females 3.2 and 3.9 months respectively) has therefore been negligible.

Discussion

The absence of improvement in the duration of survival of South African Black patients with oesophageal cancer is disap-
pointing. However, the duration of survival is very short even in prosperous populations in Western countries. In recent studies in the USA \(^1\,^2\) and in the UK \(^3\) 50% of patients died within 6-8 months. The reasons for the very short duration of survival among South African Black patients is not clear. The same poor duration of survival prevails among Blacks with breast cancer (relatively rare in this population group); in Black patients the MP \(_{50}\) is 1.4 years, \(^1\,^4\) far shorter than the 4-6 years in White patients. \(^1\,^5\) Unpublished studies show that a relatively short duration of survival prevails among Black patients with invasive cervical cancer, by far the commonest malignant tumour among Black women.\(^1\) However, in the USA it has been reported that after controlling for primary cancer care and other factors, indigent patients fared much worse than otherwise comparable patients. \(^1\,^1\) Therefore, as the malignant tumour among Black South African urban black women with breast cancer. Dr J Cancer 1977; 39: 667-477.

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### Drugs in sport

A report of laboratory investigations into the prevalence of their use in South Africa

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**Summary**

Screening procedures utilizing two-dimensional thin-layer chromatography, gas-liquid chromatography and gas chromatography-mass spectrometry were carried out in an attempt to detect stimulant drugs in urine specimens collected from competitors in three major sporting events held during 1983.

Drugs classified as forbidden stimulants by the International Olympics Committee were detected in 4% of the specimens collected from competitors in the South African Athletics Championships and in 28% of the specimens collected from competitors in the 1983 Rapport Cycling Tour, while none were detected in specimens collected from competitors in the South African Senior Swimming Championships.

**References**


