

FROM THE EDITOR

Malignant Disparity and the Ethics of Global Cancer Prevention

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In the 21st century, cancer is projected to be the single greatest killer in the world.¹ While nearly 10 million deaths due to cancer occurred globally in 2018, approximately 70% of those deaths occurred in low- and middle-income countries (LMICs),² underscoring that cancer is a reflection of global inequality. Governments will not be able to treat their way out of cancer.³ Up to half of cancers are preventable,⁴ but several issues challenge prioritizing prevention. Prevention often lacks the social visibility and market appeal of treatment and depends on sustainable behavior change. Moreover, prevention is held to a different standard than treatment; while treatment is assessed by whether it leads to a return equal to its cost, prevention is expected to produce a net positive return.⁵ Accordingly, prevention remains neglected.

This theme issue of the *AMA Journal of Ethics* is devoted to exploring ethical complexities of cancer prevention in LMICs. Evident disparities between cancer control programs in LMICs and in high-income countries illuminate practical challenges to reducing morbidity and mortality of individual patients and at the national level. In providing care to patients in low-resource settings, how should clinicians overcome barriers to access? Where screening services are limited, clinicians must decide whether and when a [suboptimal approach](#) is better than none.

Of risk factors for cancer, tobacco remains the leading contributor to cancer incidence worldwide.² Clinicians have an increasingly vital role in prioritizing [smoking cessation](#) in light of the rising use and market penetration of cigarettes in LMICs.⁶ The role of global tobacco control regulation, such as the World Health Organization Framework Convention on Tobacco Control,⁷ remains paramount in [preventing youth](#) from lighting their first cigarette (or e-cigarette), but its impact will depend on how it is implemented and enforced.

Cervical cancer in many LMICs is the [leading cause of cancer death](#) in women.¹ In these settings, human papillomavirus vaccination policy typically targets

girls alone, but a more equitable policy might be a gender-neutral one that includes vaccinating boys to prevent male-specific cancers while reducing spread of the virus.⁸ Given health care access disparities, emerging home-based, [self-sampling](#), cervical screening initiatives could have greater impact on cancer rates than existing facility-based approaches. As oncology research and clinical trials continue, [biobanks](#) will play an increasingly important role in deepening our understanding of complex cancer pathophysiology by serving as long-term repositories of biological material for research.⁹ Ethical issues in biobanking emerge in practice, however, and researchers must navigate informed consent processes in LMICs. Finally, examining principles of international law, particularly regarding [patent protections](#), holds promise for identifying and addressing barriers to accelerating new developments in cancer prevention technology. This issue of the *AMA Journal of Ethics* examines these timely, complex ethical issues.

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