

What Plagues Cancer: Does It Spread?

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Breast cancer is the most common malignancy throughout the world: it affects both resource-rich and -poor countries and has surpassed cervical cancer as the most common malignancy in women worldwide [1]. In India, the National Cancer Control Program (NCCP) was started in 1975, and we have come a long way since then, with continued emphasis on primary prevention and early detection [2]. Partly as a result of these efforts, 5-year survival rate for women with early breast cancer has improved substantively. In addition, we have taken advantage of the various advancements in surgical techniques for breast conservation so that appropriately identified patients can retain an almost normal-looking breast [3]. Because both morbidity and mortality have been reduced in India, one would think that our patients would return to living an almost normal life; however, even with a cancer that is so commonly diagnosed, and despite worldwide campaigns for breast cancer awareness, some situations show just how much work still needs to be done.

I was seeing patients in the breast cancer clinic one day, and to me, it was “business as usual.” I had seen a patient in follow-up, a 32-year-old woman who had successfully completed her treatment for early breast cancer (breast conservation surgery followed by whole-breast radiotherapy and chemotherapy).

I remembered that she was a teacher in a school, as was her husband. Both were educated and had always appeared happily married, a couple fighting the disease together, leaving no stone unturned. He always accompanied her when she came to the hospital, whether it was for surgery, chemotherapy, or radiation therapy.

“OK, the treatment is over now,” I said, “and you are free of cancer.” I further inquired, “When are you resuming your work at school?”

I expected smiles and a sense of relief, but instead, she looked at her husband curiously—there was no emotion (or maybe, it was a “new” emotion, not known to me). At that point, I realized something was amiss.

Her husband’s phone rang then, and he suddenly got up and left the examination room. At that point, my patient suddenly said, “Doctor, I want to ask you a question. Is cancer contagious? Is there any chance that it can spread from one person to another through contact?”

I was perplexed, even speechless. She and her husband were educated, teachers by profession. I was surprised to

hear concerns about cancer as an infectious disease come from her.

I replied firmly, “Obviously not; it does not spread from one person to another.” I continued, “May I ask you, if you don’t mind, were you really of the opinion that cancer is infectious?”

Her voice softened, became muffled. She finally responded, “I do not think breast cancer is contagious, but my husband does not share my belief. Indeed, he is not willing to buy this ‘theory.’” She continued, “Although we have been living under the same roof, we live in separate rooms; our utensils, clothes, and everything else is separate. We do not share anything because my husband feels my cancer may get transmitted to him, although in some way, he also understands it should not.”

She then confided to me, “Doctor, I do not know whether he will ever accept me.”

Her husband had returned to the room after she said this, and they left the clinic soon after. I did not have a chance to respond to her, to tell both of them my thoughts.

I had hoped to see them again, but they never came for follow-up visits. All attempts to reach them by telephone went unanswered. I imagined that they had migrated to some other place.

This experience highlighted how the journey through cancer is a social one and that it affects people beyond just our patients. It also shows how quality of life is not solely up to the patient but also is informed by the attitudes and perceptions of their loved ones. Our hopes for a better life for a patient (in the face of medical progress for safe and aesthetic oncological surgery, effective and less toxic chemotherapy, or advancement in radiotherapy techniques) may be challenged by discrimination, often based on unscientific and baseless assumptions.

If we are going to improve the quality of life of cancer survivors, we must use an information, education, and communication strategy aimed at confronting the myths and misconceptions [4] about cancer directly, and this approach must be embraced by cancer prevention campaigns, including NCCP.

For me, I will heed the age-old adage that “the journey of a thousand miles begins with a single step.” Every consultation with a new patient facing cancer will begin by confronting this myth: cancer does not spread from one person to another—love and affection do.

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