



# GLOCAL Oncology: Global Oncology That Is Relevant to Local Needs

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Ind J Med Paediatr Oncol 2022;43:223–224.

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“Vasudhaiva Kutumbakam” in the Sanskrit language means the “World is One Family.” This philosophy was embraced in our scholarly texts thousands of years ago. It truly encompasses what global health, including global oncology, should stand for.

As globalization increases, the disparities increase among countries and even within regions and people. The disparities are magnified in the field of oncology.<sup>1–3</sup> A significant amount of money is invested by companies to make the next blockbuster anticancer drug.<sup>4</sup> However, most patients with cancer across the world, especially those in low-income and low- and middle-income countries (LLMICs), cannot access these life-prolonging or life-saving drugs due to the high costs.<sup>5–7</sup>

The global oncology agenda is heavily influenced by the Global North and the developed economies.<sup>8–10</sup> Individuals and organizations from emerging economies find it difficult to make their voices heard globally. The *Indian Journal of Medical and Pediatric Oncology* (IJMPO) wants to break this barrier and provide a platform for researchers worldwide, especially LLMICs, to share their experiences.

I would propose the word GLOCAL (Global + Local) Oncology as not all global initiatives can be implemented locally due to cultural, demographic, financial, or administrative issues. Modifying global solutions to local needs (GLOCAL) can ensure that cancer patients worldwide benefit. Examples of GLOCAL initiatives that have helped reduce cancer treatment costs and increase accessibility include low-dose immunotherapy, drug repurposing for chemotherapy-induced nausea and vomiting, weekly versus 3-weekly cisplatin in

head and neck squamous cell carcinomas, and weight-based dosing for immune checkpoint inhibitors.<sup>11,12</sup>

The special global oncology issue of IJMPO is truly a global village with articles and authors from the Dominican Republic, Sri Lanka, Pakistan, the United States of America, Turkey, and India. The articles focus on a wide range of issues that impact the global community, including palliative care, the nursing workforce, the coronavirus disease 2019 pandemic, education and training, quality of life, access to drugs, research, and alternative treatments.

The global oncology space does not belong to oncologists alone. We need to bring all stakeholders like nurses, social workers, paramedical staff, basic scientists, patients, and caregivers to the global table.<sup>13</sup> Without the involvement of these stakeholders, the dream of global oncology transcending borders to impact lives positively cannot be achieved.

How can emerging economies change the global oncology narrative? The first step toward this would be to support research that answers questions relevant to the local needs. This is best achieved through the formation of collaborative groups.<sup>14,15</sup> The next step is to translate the local research to global needs.<sup>15</sup> This is a bigger task that requires the pharma industry, governments, academic centers, and collaborative groups to come together. Countries like India and China are the manufacturing hubs for the pharmaceutical industry. They have trained staff to do research and clinical trials. We should use the strength of patient numbers and the pharmaceutical industry to conduct relevant studies that will change practice worldwide.

DOI <https://doi.org/10.1055/s-0042-1750737>.  
ISSN 0971-5851.

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The time has also come to have experts from LLMICs be a part of consensus guidelines in oncology.<sup>16</sup> These guidelines are heavily influenced by key opinion leaders from the Global North. Sometimes, there are no experts, or they are in the minority from LLMICs for guidelines made for LLMICs.

To conclude much more needs to be done to make global oncology inclusive. One step toward this is for journals from LLMICs to start participating in the global health agenda, and IJMPO is moving in that direction.

#### Funding

None.

#### Conflict of Interest

None declared.

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