"Climate change"-A potential risk factor for cancer?

Pallab Chakraborty^{1*}

1. B.Sc in Zoology; Ramakrishna Mission Vidyamandira; University of Calcutta, India

*Email: pallabchakraborty59@gmail.com

Note: This article uploaded as preprint to Cambridge Open Engage. https://doi.org/10.33774/coe-2021-c44zr

Highlights:

- 1. Climate change and its consequences are disturbing major resources of life (e.g. air and food)
- 2. Disturbed climate negatively impacting on human health and causes several health related problems
- 3. Weather patterns changes can contribute to cancer progressiveness.
- 4. Lack of awareness and lack of preparedness is a major challenge.

Abstract:

Cancer, mainly known for abnormal growth and altered cellular function is now the second prominent reason of death in the world. There are so many factors responsible for this disease and one of the major factors is climate change. The deviations of weather patterns that is definitely as a result of human activities over long periods of times generally referred as climate change. The consequence's includes, increasing temperature, melting of ice, rising of sea levels, increasing wind speed, changes in rainfall patterns etc. Due to all these concerns, the most important resource for a healthy life—Air, Water, and Food are gets disturbed and as a results causes several health related problems. Previous researches related to this field also demonstrated that climate change played critical role over cancer risk and cancer surveillance. It increases the amount of carcinogens and also its blocks patients' access to cancer hospitality. Here in this article you will get to know about the impacts of climate changes on health. Why this can be potential risk factors for cancer by focusing mainly on lung and skin cancer and about some well-known limitations that we need have to resolve in the near future. In this concerns

several steps has been implicated globally but more preparedness and attentiveness are reasonable.

Key words: Climate change, Health impacts, Skin Cancer, Lung cancer, Awareness

1. Introduction:

It is well known to us that the climate change has very unique impacts over health but unfortunately it is dangerous (1). Mostly due to human activities the normal patterns of weather gets changed dramatically and the consequences, like high temperature, rainfall, melting of ice, rising of sea levels, increasing of wind speeds all these disrupting the healthcare, social, economic structure globally(1,2). Data published on 2008 indicates that the burning of fossil fuels, deforestation by humans helps to increase carbon dioxide up to 30% that traps heat into the atmosphere causing rising of temperature(3). The report from AR4 IPCC 2007 also says that at 21 century ends, worldwide peoples will experience a higher temperature than the last 10,000 years because the surface temperature will vary between 1.1 and 6.4 degrees Celsius and the sea level will rise estimated 0.17m during 20th century (3). Recent data supports its role in several heath related disorders like vector- and water-borne diseases, lung disease, skin problems and also cancer (2,4)(5). Still now the fact is that it is not fully curable but on the other the amount of carcinogens in nature are getting increased by the effect of climate change (6). It also found to be acts as a barrier for cancer patients' to access cancer care, treatments and hospitality thus impacting on survivals(7). The major drawback is that majority of the people are not educated or warned in this case that again proved by the small recent survey (see in the point number 5). So for all these everyone should be aware about its bad effects and try to heal our beautiful nature. In this concern more caring and more effective warranted from both nations and every individuals. This abstract was accepted at 2020 GW4 Symposium Climate Change - Science & Society and I have presented my topic on 3rd December 2020. Here in this article, I have tried to present the role of climate changes over health and cancer in brief.

2. Methods:

For this manuscript I did literature review from Google scholar, Research gate and Google search engine. I have used climate change, cancer as the major search keywords. Here a survey data also presented. I did the online survey for one week long through the Google forms (Received response, N=31) and the main focus of this survey was to get a instant idea about how much aware people about climate change and cancer.

3. The relation with health:

Climate change has very important role in healthcare. It can be comes from several dimension and directly or indirectly can affect the human health's. Here in brief I have summarized the relation

between climate change and health problems. Like as heat waves that is linked with climate change and causes highest deaths mostly suffer the Western Europe peoples (1,8). Elderly peoples are died in this as it can contribute several cardiac and respiratory problems as high temperature found to increase the heart rate so can cause heart attack and failure on the other the high temperature can contributes in multi system failure (9). Climate change can also increases air pollution too and impacts over health (1). Natural disasters like flood, droughts also performed key role in human health's (10).

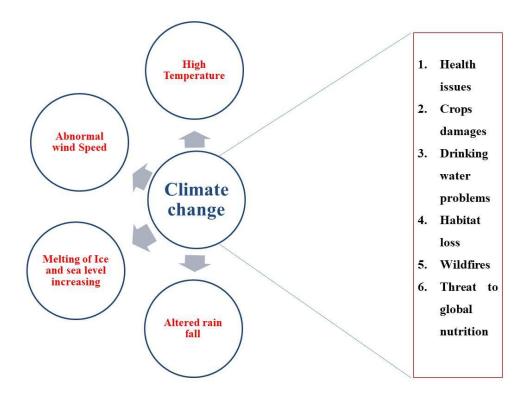


Fig.1, Schematics represents climate change and its effects.

Floods can be the reason for the mobility of toxic chemicals (11), it cause diarrheal and respiratory diseases (1,10) both high- and low-income countries, Droughts and floods both together can hindered several important facilities like hospitals, electricity, drinking water, (12) crops, etc., and by all these means it contribute towards humans health's. Vector born infectious disease also gets affected by means of their transmission procedure with climate change, as associated to humidity, heat, altered rain etc. and contributed to our health (13). A brief overview on this demonstrated in the figure 1.

4. Relation with cancer:

As discussed, changing in weather causes several health problems it also reported to contribute in cancer. Previous articles published in this field also supports that it can contributes also in cancer by means of increasing carcinogens(6) and one of them is dioxin with 50 years half-life (7,14). The wild fires that has great role in air pollution also contribute in cancer by increasing the particulate matter in environment(15,16).

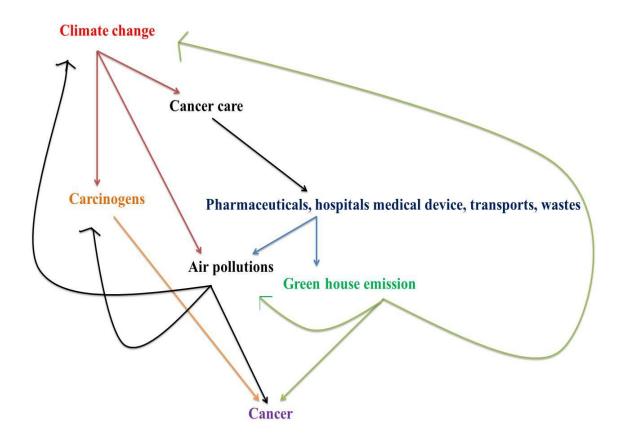


Fig.2, Climate change and cancer relation

Weather changing also can upheld the concentration of aflatoxin, potent carcinogen in dietary source also (17). According to the reported data, changes in environment like high temperature can increase the concentration of aflatoxin of *Aspergillus* sp and lower in clod season (18). There are mainly 3 types of known skin cancers, Basal cell carcinoma(BCC) Squamous cell carcinoma(SCC), and malignant melanoma(MM) and among these most dangerous is malignant melanoma due to death upto 80% (5). It is reported that weather changes and its adverse effects like heat, ozone depletion by chlorofluorocarbons, and sun exposer, ultraviolet exposers all can contributes in skin cancer development(4,5,19) (20). The direct exposer of sun in child hood and adolescence can promote BCC (21), in case of SCC the guardian of genome gets mutated by UV exposer and helps the development of these types of tumors (22) and MM also formed due to UV-B and UV-A (5). Apart form that the particulate matters, volatile organic compounds (VOCs), ozone, nitrogen dioxide and sulphur dioxide also contribute in skin cancer (23),

specifically the PM and polycyclic aromatic hydrocarbons impacts majorly in skin cancer experimented in animal models(24).

The adverse effects of climate change also responsible for the lung cancer development (25). It's mostly affected by air pollution due to biomass combustion or coal gas (25,26). Not only lung cancer others respiratory disease like COPD(Chronic obstructive pulmonary disease) are also caused by the indoor pollution (27–29). It was measured that apart from tobacco smoking the indoor pollution (wood fire, fire generated from waste or coal) are highly dangerous for the lung cancer especially for the women who are using coal for cooking purpose (25). The lung cancer formation rate incidents in women's are found 3 fold higher from past 20 years and according to smoking history it is 50% higher in men than before 20 years (30). According to WHO(world health organization) the 3 billion peoples are cook using the normal stove with kerosin or wood or other waste or coal and ,3.8 million peoples are died due to this indoor pollution and 8% of them are died due to lung cancer (31), that's tells us about its severity itself. In this concern in India Prime Minister Narendra Modi led central government launched LPG scheme known as Pradhan Mantri Ujjwala Yojana (32), that Is very effective step, as the main objective is to save rural woman's mainly of India from the health hazards that comes from fossil fuels and it could reduce household air pollution too.

Here the notable point is that the consequences of climate change not only cause cancer by increasing carcinogens only, one another major problems is related with cancer care, because it disrupt healthcare facilities and delivery that is the most important for the treatment, diagnosis of cancer patients (33). Due to hurricanes most of cancer patients (Non-small cell lung cancer) are died due to disruption of radiation therapy according to Nogueira LM *et al* research (34) and specifically hurricane Maria in 2018 causes national shortage of intravenous medicine (35). The healthcare system mainly the pharmaceutical industries and hospitals are also released several gases like anesthetic gas used in surgery which are more dangerous than carbon dioxide, and this are the source of carbon foot print (7,36,37). The energy costs in cancer treatment facilities, medication, from packaging to delivery of the pharmaceuticals, considerably impacts to greenhouse gas discharges (7). The transport of patients and staff to specialized cancer treatment indirectly contributed in vehicle emission that promote climate change, although it can be minimize by promoting physical means like waling ,cycling etc. (38,39).

All the information in this field as proved that climate change is very importantly related with development of cancer, so we can say that this climate change is a potential risk factor for cancer and in present situation everybody should have to be concern with its side effects.

5. Survey results:

For knowing the people awareness about the climate change and its impact on cancer I have performed a 7 days long online survey and the data is very impressive as presented below from fig 3-6. According to the result the peoples from age group of 18 to > 31, the 90.3% of them are very

concerned about the climate change and its impact on health but 9.7% are not. Another response from the same age group also indicates that about 12.9% from total participants are not sure whether the weather change can contribute to cancer or not. Data represented here from only 31 responses, and it is based on India thus more responses required from globally for proper evaluation. The data are represented below.

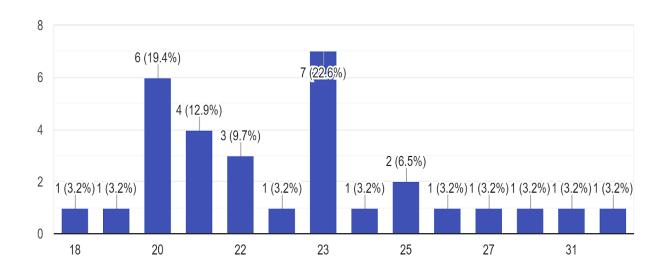


Fig.3. Following chart represent the age distribution of participant's. The X axis is for age and Y axis denotes the number of responses.

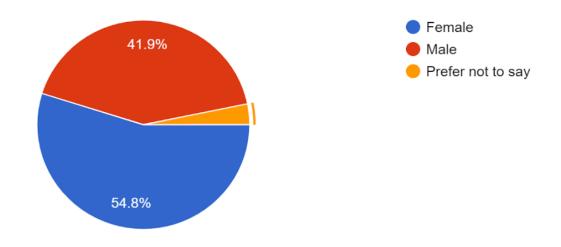


Fig.4. Chart represents the gender ratio of the participant's.

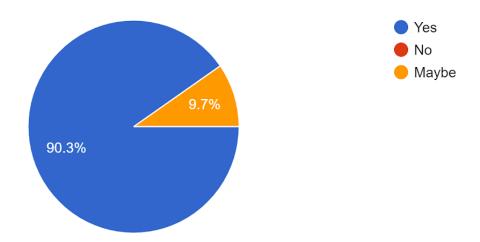


Fig.5. Following chart represent how much people are concerned about the climate change impact on health. The data shows that about 90.3% are very concerned but 9.7% are not sure.

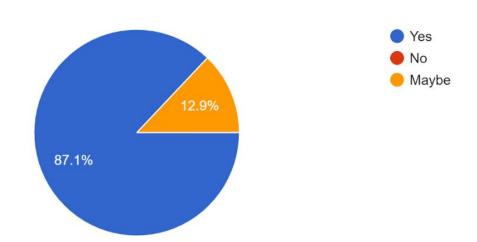


Fig.6, The Chart represent that how much people know that change in climate can cause cancer. The data shows about 12.9% from total participants are not sure.

6. Conclusions and Future insights:

Still now we have discussed the impact of climate change in cancer. Now here we should focus on the limitation in this field for the betterment. Data shows that still now peoples are not concerned about the effects of climate change and its impact in cancer so more awareness is required both in public and academic level. Several projects, camps, internships must be includes in school and college level to improve the knowledge in this filed. It will also help to contribute the students for the betterment of the environment and reduced its risks.

For controlling several consequences of climate change, several steps have been implicated globally but more preparedness and attentiveness is reasonable. Like as for reducing air pollution (majorly contributed in lung cancer) smart policies like low or zero emission stove (25) must be used. The steps are reasonable in case of developing and low income countries.

To date, no studies have estimated the carbon footprint of cancer care (7),so more research must be performed for better knowing, and better controlling this both from hospitals and pharmaceutical companies. The work is very important for developed and high income counties. As we know that the health care system of cancer also responsible for a great amount of greenhouse emission starting from the energy, pharmaceutical, medical devices, etc., so more development and policies are very meaningful here to control over greenhouse emission. A very effective rule is thus expected to implements in this regard near future. There is a need to assess weaknesses and categorize cost-effective interposition (1) options in the both health and other sector related to health issue because an early planning and detections can help reduce future adverse health impacts. Lastly we should know that peoples don't do what they say, so we should focus on doing something rather saying lots of things.

In conclusion we can say that the climate change positively contributes in cancer development so everybody should be aware with its consequences. I have pointed out some of the limitations but more are there that needs to be assessed by the governing authority in each country and should be controlled by implementation of some policies.

Availability of data and materials:

All data generated or analysed during this study are included in this published article.

Declaration:

The author declares that; this work is original & totally done by him. Use or Modification of other's articles (open access) data, idea, and information related to this field done after giving appropriate credit to the original author(s) and the source. The author, furthermore, makes no representations that the data available in the referenced papers is free from error.

Acknowledgement:

The abstract of this manuscript was accepted at 2020 GW4 Symposium Climate Change - Science & Society for oral presentation in 2020. I am thankful to my parents. I would like to thank you all the participants for giving their valuable response in my Survey. I am sorry if I did not cite your valuable paper due to space issue.

Authors Contributions: The idea of this work came from PC, he designed the work and performed the survey online. He independently prepared the manuscript and did referencing. The schematics are used here created by PC by using Microsoft PowerPoint.

Funding: Not applicable

Ethics declarations

Ethical approval and consent to participate: All participants consent had been obtained in the beginning of online Google form. They all were aware about their contribution.

Consent for publication: Taken in the small Google form

Competing interests: The author(s) have declared they have no conflict of interest with regard to this content

References:

- 1. Haines A, Kovats RS, Campbell-lendrum D, Corvalan C. Climate change and human health: Impacts, vulnerability and public health *. 2006;585–96.
- 2. Wright CY, Norval M, Kapwata T, Jean D, Wernecke B, Tod BM, et al. The Incidence of Skin Cancer in Relation to Climate Change in South Africa. :1–11.
- 3. Asia S, World TS, Assembly H, States M, Region TSEA, Meeting T. Climate Change and Health. 2008;2.
- 4. Kaffenberger BH, Shetlar D, Mph SN, Rosenbach M. The effect of climate change on skin disease in North America. J Am Dermatology [Internet]. 2016; Available from: http://dx.doi.org/10.1016/j.jaad.2016.08.014
- 5. Bharath AK. Impact of climate change on skin. 2009;215–8.
- 6. https://www.hsph.harvard.edu/c-change/news/climate-change-and-cancer/.
- 7. Nogueira LM. Climate Change and Cancer. 2020;70(4):239–44.
- 8. Johnson H, Kovats RS, McGregor GR et al. The impact of the 2003 heatwave on mortality and hospital admissions in England. Heal Stat Q. 2005;6–11.
- 9. Giang, P. N., Dung, d., Bao Giang, K., Vinhc, H. V., & Rocklöv J. The effect of temperature on cardiovascular disease hospital admissions among elderly people in Thai

- Nguyen Province, Vietnam. Glob Health Action. 2014;(7):23649.
- 10. Ahern M, Kovats RS, Wilkinson P, Few R MF. Global health impacts of floods: epidemiologic evidence. Epidemiol Rev. 2005;36–46.
- 11. Albering HJ, van Leusen SM, Moonen EJC HJ, JCS K. Human health risk assessment: a case study involving heavy metal soil contamination after the flooding of the river Meuse during the winter of 1993–1994. Env Heal Perspect. 1999;37–43.
- 12. Meusel D KWL learned from the 2002 flood in, Dresden, German.In: Menne B, Bertollini R, Kirch W editors. Extreme weather events and public health response. Berlin. Springer. 2005;175–84.
- 13. Kovats S, Bouma MJ, Hajat S, Worrell E HA. El Nino and health. Lancet. 2003;1481–1489.
- 14. International Agency for Research on Cancer. Polychlorinated Dibenzo-para- Dioxins and polychlorinated dibenzofurans. IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, No. 69. World Health Organization/International Agency for Research on. World Heal Organ Agency Res Cancer; [Internet]. 2020; Available from: iarc.fr/87
- 15. Liu JC, Mickley LJ, Sulprizio MP et al. Particulate air pollution from wildfires in the Western US under climate change. Clim Chang. 2016;(138):655–66.
- 16. Jaffe D, Hafner W, Chand D WA, D. S. Interannual variations in PM2.5 due to wildfires in the Western United States. 2008;(42):2812-2818.
- 17. Battilani P, Toscano P V der F-K, HJ et al. Aflatoxin B1 contamination in maize in Europe increases due to climate change. Sci Rep. 2016;6:24328.
- 18. A.A. Motalebi, K. Ardalani and S. Jamili. Effect of Temperature on the Produced Aflatoxins in the Rainbow Trout Feed in West Azerbaijan Province. J Fish Aquat Sci. 2008;3(6):pp392-397.
- 19. Diffey B. Climate change, ozone depletion and the impact on ultraviolet exposure of human skin. Phys Med Biol. 2004;49:R1–11.
- 20. Narayanan, D.L.; Saladi, R.N.; Fox JL. Ultraviolet radiation and skin cancer. Int J Dermatol. 2010;49:978–986.
- 21. Corona R, Dogliotti E, D'Errico M et al. Risk factors for basal cell carcinoma in a Mediterranean population: role of recreational sun exposure early in life. Arch Derm. 2001;137:1162–8.
- 22. Ziegler A, Jonason AS, Leffell DJ et al. Sunburn and p53 in the onset of skin cancer. Nature. 1994;372:773–6.
- 23. Mancebo, S.E.; Wand SQ. Recognizing the impact of ambient air pollution on skin health. J Eur Acad Dermatol Venereol. 2015;29:2326–2332.
- 24. Zegarska, B.; Pietkun, K.; Giemza-Kucharska, P.; Zegarski, T.; Nowacki, M.S.;

- Romanska-Gocka K. Changes in Langerhans cells during skin ageing. Postep Dermatol Alergol. 2017;34:260–267.
- 25. Ku N. Commentary: Abating climate change and lung cancer! 2011;(March):729–30.
- 26. Hopkinson NS, Hart N, Jenkins G, Kaminski N, Rosenfeld M, Smyth A, et al. Climate change and lung health: the challenge for a new president. 1985;295–6.
- 27. Zhang JJ SK. Household air pollution from coal and biomass fuels in China: measurements, health impacts, and interventions. Env Heal Perspect. 2007;115:8848–55.
- 28. Torres-Duque C, Maldonado D, Perez-Padilla R EM, G. V. Biomass fuels and respiratory diseases: a review of the evidence. Proc Am Thorac Soc. 2008;5:577–90.
- 29. Kurmi OP, Semple S, Simkhada P, Smith WC AJ. COPD and chronic bronchitis risk of indoor air pollution from solid fuel: a systematic review and meta-analysis. Thorax. 2010;65:221–8.
- 30. Lan Q, Chapman RS, Schreinemachers DM, Tian L HX. Household stove improvement and risk of lung cancer in Xuanwei, China. J Natl Cancer Inst. 2002;94:826–35.
- 31. https://www.who.int/news-room/fact-sheets/detail/household-air-pollution-and-health.
- 32. https://www.india.gov.in/spotlight/pradhan-mantri-ujjwala-yojana#tab=tab-1.
- 33. Man RX, Lack DA, Wyatt CE M V. The effect of natural disasters on cancer care: a systematic review. Lancet Oncol. 2018;19:e482-e499.
- 34. Nogueira LM, Sahar L EJ, Jemal A YK. Association between declared hurricane disasters and survival of patients with lung cancer undergoing radiation treatment. JAMA. 2019;322:269–71.
- 35. FDA UF and DA, Scott NRFC, Gottlieb MD. updates on some ongoing shortages related to IV fluids. US Food and Drug Administration; 2020; Available from: fda.gov/news-event s/%0Apress -annou nceme nts/fda-commi ssion%0Aer-scott -gottl ieb-md-updat es-some-ongoi%0Ang-short ages-relat ed-iv-fluids
- 36. MacNeill AJ, Lillywhite R BC. The impact of surgery on global climate: a carbon footprinting study of operating theatres in three health systems. Lancet Planet Heal. 2017;e381–8.
- 37. Chung JW MD. Estimate of the carbon footprint of the US health care sector. JAMA. JAMA. 2009;302:1970–2.
- 38. Demark-Wahnefried W. Cancer survival: time to get moving? Data accumulate suggesting a link between physical activity and cancer survival. J Clin Oncol. 2006;24:3517–8.
- 39. Monninkhof EM, Elias SG VF, Al. E. Physical activity and breast cancer: a systematic review. Epidemiology. 2007;18:137–57.