The Global Cancer Agenda: Goals, Declarations, and Aspirations

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Global Burden of Cancer
Bray F et al, Lancet Oncol 2012
http://globocan.iarc.fr

• Incidence:
  – 2008: 12.7 million cases
  – 2030: 20.3 million cases projected

• Mortality:
  – 2008: 7.6 million deaths
  – 2030: 13.2 million projected
Percent of Worldwide Cancers Diagnosed in Developing Countries
Bray F et al, Lancet Oncol 2012

• 1970 – 15%
• 2008 – 56%
• 2030 – 70%
Most Common Cancer Sites in Females Globally

Source: GLOBOCAN 2012
Expansión de la atención médica y el control del cáncer en países de bajos y medios ingresos: una llamada a la acción


Cancer Care and Control: A Call to Action
Farmer P et al, Lancet, August 2010
Cancer Care and Control: A Call to Action

- Many cancers are **preventable** through infection control and lifestyle modifications.
- Accurate cancer **diagnosis** is critical to determining an appropriate and successful treatment plan.
- Many cancers are highly **treatable** with affordable therapies that result in the addition of many years of life:
  - Denial of therapy for diseases that are highly curable with affordable drugs is unacceptable.
- **Palliation** of pain and suffering from cancer is a basic human right.
- **Reliable data** is needed to understand the magnitude of the cancer burden and the potential impact of interventions.
A Global Call to Action
UN High-level Meeting on Prevention & Control of Non-Communicable Diseases (NCDs)
September 19-20, 2011

• Millennium Development Goals expired 2015
• NCDs – cancer, cardiac, respiratory, diabetes – a major challenge to health and development in 21st century
• NCDs a priority for UN
60% of global deaths in 2008 were due to NCDs

80% of NCD deaths occurred in countries of low and middle income

Many NCD-related deaths could be averted through cost-effective and feasible interventions

4 shared common risk factors:
- Tobacco use
- Physical inactivity
- Harmful use of alcohol
- Poor Diet

WHO Global Monitoring Framework for NCDs

• Provides a clear vision for action by 2025

• UN Member States formally adopted the global monitoring framework at the 66th World Health Assembly in May 2013
  – 9 global targets
  – 25 indicators

Primary Target:
UN/WHO Global Monitoring Framework for NCDs: Targets for 2025

- **Tobacco Use**: 30% reduction
- **Physical Inactivity**: 10% reduction
- **Raised Blood Pressure**: 25% reduction
- **Diabetes/Obesity**: 0% increase
- **Harmful Use of Alcohol**: 10% reduction
- **Salt/SoI Intake**: 30% reduction
- **80% Availability of Essential Medicines and Basic Technologies to Treat CVD and Other NCDs**
- **50% of Eligible People Receiving Drug Therapy and Counselling to Prevent Heart Attack and Stroke**
Global Monitoring Framework

Mortality & Morbidity

Unconditional probability of dying between ages 30 and 70 years from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases

Risk Factors

- Harmful use of alcohol (3)
- Low fruit and vegetable intake
- Physical inactivity
- Salt intake
- Saturated fat intake
- Tobacco use (2)
- Blood glucose/diabetes
- Blood pressure
- Overweight and obesity (2)
- Raised total cholesterol

National Systems Response

- Cervical cancer screening
- Essential NCD medicines & technologies
  - Hepatitis B vaccine
  - Human Papilloma Virus vaccine
- Access to palliative care
  - Policies to limit saturated fats and virtually eliminate trans fats

Cancer incidence by type of cancer

Total number of related indicators in brackets

25 Indicators
Global Task Force on Expanded Access to Cancer Care and Control in Developing Countries

Task Force report available as free pdf download: http://gtfccc.harvard.edu
Strategies for Improving Breast Cancer Outcomes in Low- and Middle-Income Countries

Global Task Force on Cancer Care and Control

1. Improve **awareness** of breast cancer as a curable disease

2. **Integrate** early detection programs into maternal/child health, sexual/reproductive health, HIV/AIDS programs

3. Augment cancer **registries and data** collection

4. Increase **early detection** - metastatic disease is not treated successfully in ANY country

5. **Tailor therapy** to individual cancer/patient characteristics

6. Develop evidence-based, economically feasible, culturally appropriate **guidelines**

7. Promote **public advocacy** for breast cancer prevention, detection, treatment, research
Breast Health Global Initiative
http://portal.bhgi.org

- Comprehensive resource-stratified, economically feasible, evidence-based clinical guidelines for breast health and cancer control
- Designed to improve breast cancer outcomes in low- and middle-resource countries

The Breast Health Global Initiative
Example: Breast Cancer Detection

<table>
<thead>
<tr>
<th>Level</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>Clinical Breast Exam</td>
</tr>
<tr>
<td>Limited</td>
<td>Diagnostic ultrasound/mammogram</td>
</tr>
<tr>
<td></td>
<td>Mammography of target group</td>
</tr>
<tr>
<td>Enhanced</td>
<td>Mammographic screening age 50-69 every 2 years</td>
</tr>
<tr>
<td>Maximal</td>
<td>Annual mammography 40 and older</td>
</tr>
<tr>
<td></td>
<td>Other imaging for high risk groups</td>
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</tbody>
</table>
Advocacy has a key role to play in bringing the public’s concerns about cancer to decision makers
Women’s Empowerment Cancer Advocacy Network (WE CAN)

Empowering patient advocates to improve cancer outcomes in their countries

Kampala, Uganda
September 2013

Dar es Salaam, Tanzania
October 2014

Nairobi, Kenya
April 2016

www.womenscanceradvocacy.net
BCI 2.5 is a global campaign to reduce disparities in breast cancer outcomes for 2.5 million women by 2025.
US National Cancer Institute
Center for Global Health
(established 2011)

PARTNERSHIP: Together we can make a difference

Dedicated individuals, working in collaboration, continue to be the driving force behind improvements in cancer care