

The Global Cancer Agenda: Goals, Declarations, and Aspirations



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Global Burden of Cancer

Ferlay J et al, GLOBOCAN 2012. Int J Cancer Sept 2014

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

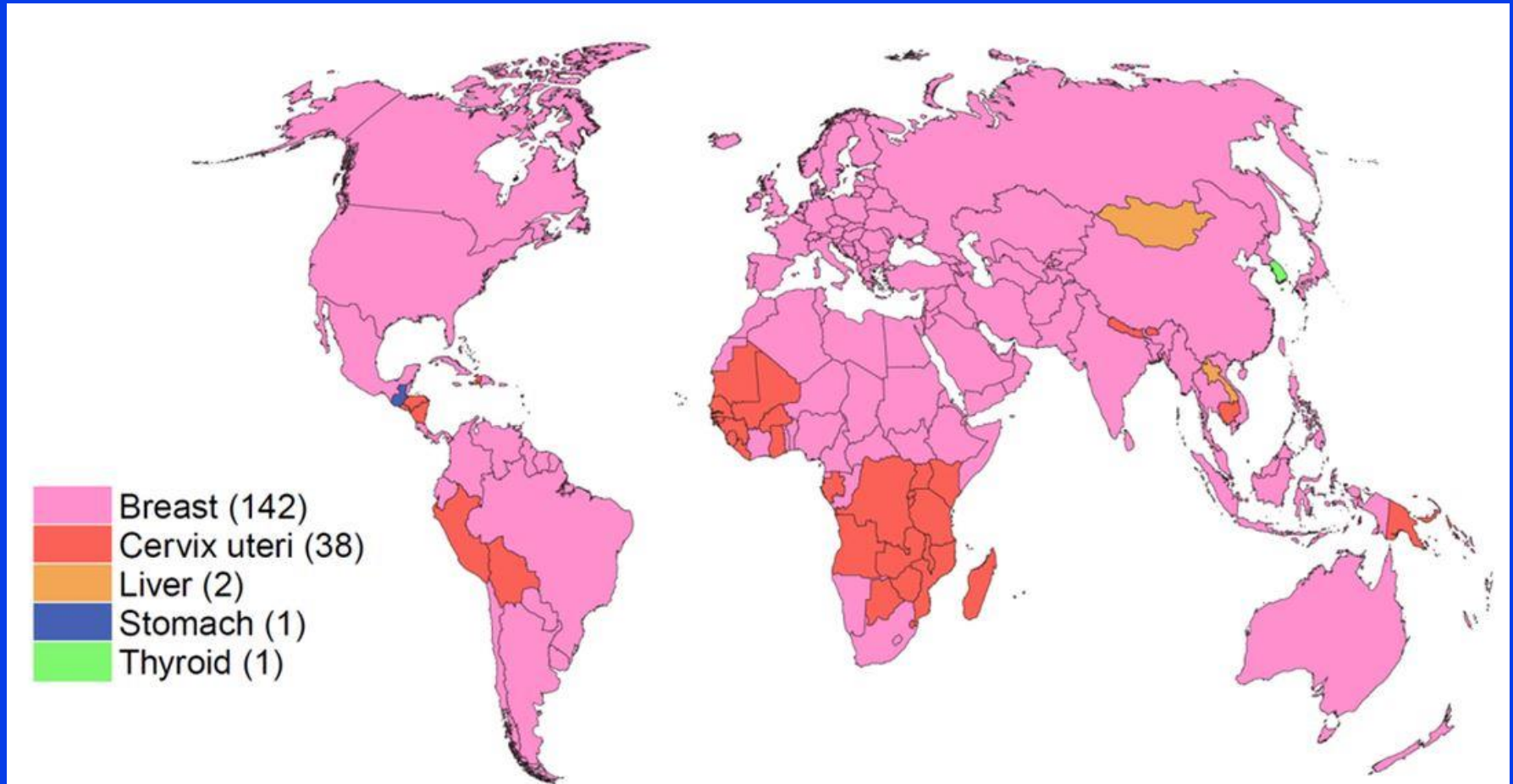


Percent of Worldwide Cancers Diagnosed in Developing Countries

Bray F et al, Lancet Oncol 2012

- 1970 – 15%**
- 2008 – 56%**
- 2030 – 70%**

Most Common Cancer Sites in Females Globally



Cancer Care and Control: A Call to Action

Farmer P et al, Lancet, August 2010

Health Policy



Expansion of cancer care and control in countries of low and middle income: a call to action

Paul Farmer, Julio Frenk, Felicia M Knaul, Lawrence N Shulman, George Alleyne, Lance Armstrong, Rifat Atun, Douglas Blayney, Lincoln Chen, Richard Feachem, Mary Gospodarowicz, Julie Gralow, Sanjay Gupta, Ana Langer, Julian Lob-Levyt, Claire Neal, Anthony Mbewe, Dina Mired, Peter Piot, K Srinath Reddy, Jeffrey D Sachs, Mahmoud Sarhan, John R Seffrin

Lancet 2010; 376: 1186-93

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See Editorial page 1117

See Perspectives page 1135

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Substantial inequalities exist in cancer survival rates across countries. In addition to prevention of new cancers by reduction of risk factors, strategies are needed to close the gap between developed and developing countries in cancer survival and the effects of the disease on human suffering. We challenge the public health community's assumption that cancers will remain untreated in poor countries, and note the analogy to similarly unfounded arguments from more than a decade ago against provision of HIV treatment. In resource-constrained countries without specialised services, experience has shown that much can be done to prevent and treat cancer by deployment of primary and secondary caregivers, use of off-patent drugs, and application of regional and global mechanisms for financing and procurement. Furthermore, several middle-income countries have included cancer treatment in national health insurance coverage with a focus on people living in poverty. These strategies can reduce costs, increase access to health services, and strengthen health systems to meet the challenge of cancer and other diseases. In 2009, we formed the Global Task Force on Expanded Access to Cancer Care and Control in Developing Countries, which is composed of leaders from the global health and cancer care communities, and is dedicated to proposal, implementation, and evaluation of strategies to advance this agenda.

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

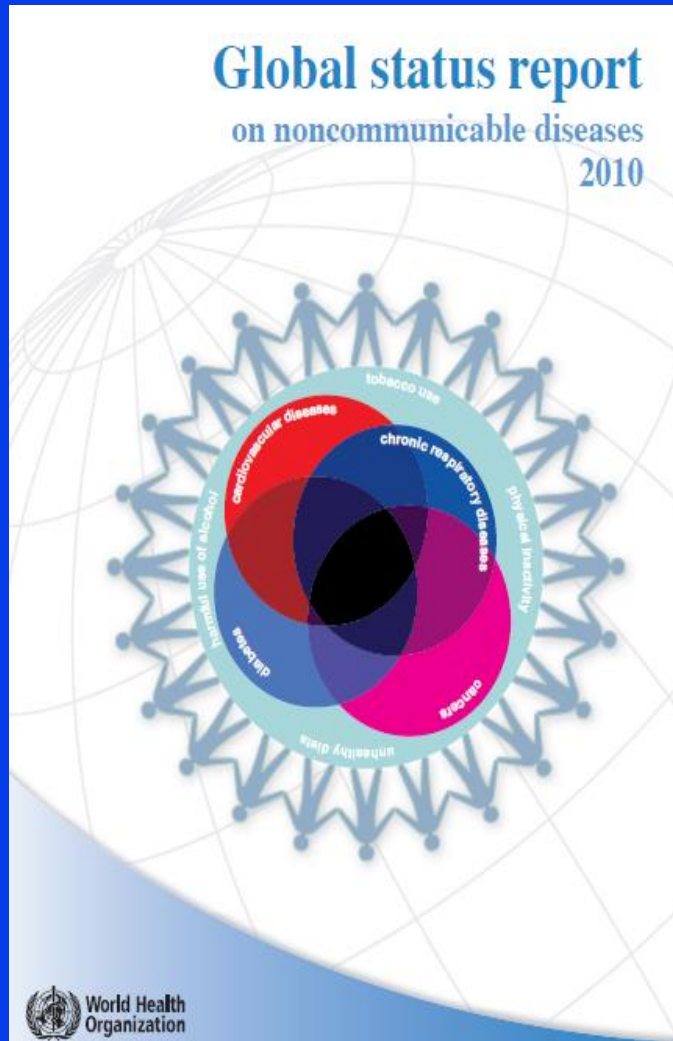
UN High-level Meeting on Prevention & Control of Non-Communicable Diseases (NCDs)

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

WHO Global Status Report on Non-communicable Diseases (NCDs) 2010



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:



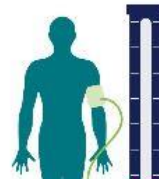
UN/WHO Global Monitoring Framework for NCDs: Targets for 2025



GLOBAL 2025 TARGET
TOBACCO
USE
30%
REDUCTION



GLOBAL 2025 TARGET
PHYSICAL
INACTIVITY
10%
REDUCTION



GLOBAL 2025 TARGET
RAISED BLOOD
PRESSURE
25%



GLOBAL 2025 TARGET
DIABETES/
OBESITY
0%
INCREASE



GLOBAL 2025 TARGET
HARMFUL
USE OF
ALCOHOL
10%
REDUCTION



GLOBAL 2025
SALT/SODIUM
INTAKE
30%
REDUCTION



GLOBAL 2025 TARGET

80%
AVAILABILITY
OF ESSENTIAL
MEDICINES
AND BASIC
TECHNOLOGIES
TO TREAT CVD
AND OTHER NCDs

GLOBAL 2025 TARGET
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 (2)
Physical inactivity (2)
Salt intake (2)
Saturated fat intake (2)
Tobacco use (2)
Blood glucose/diabetes (2)
Blood pressure (2)
Overweight and obesity (2)
Raised total cholesterol (2)

National Systems Response

Cervical cancer screening

Essential NCD medicines & technologies

Hepatitis B vaccine

Human Papilloma Virus vaccine

Access to palliative care

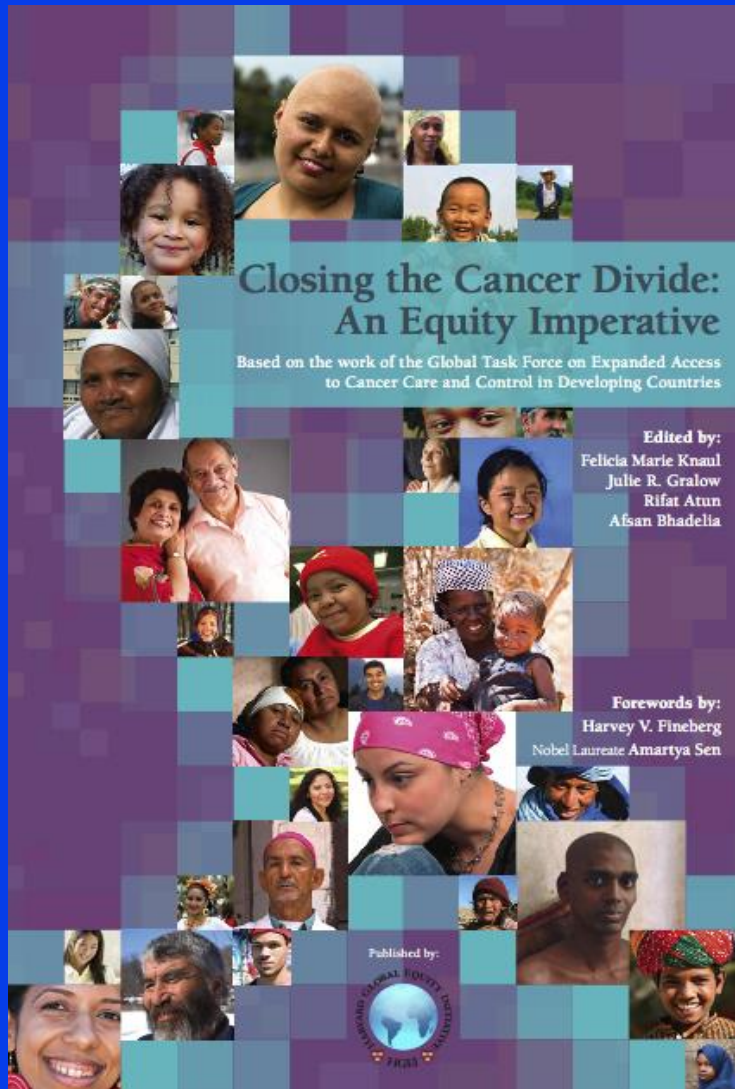
Policies to limit saturated fats and virtually eliminate trans fats

Cancer incidence by type of cancer

Total number of related indicators in brackets

25 Indicators

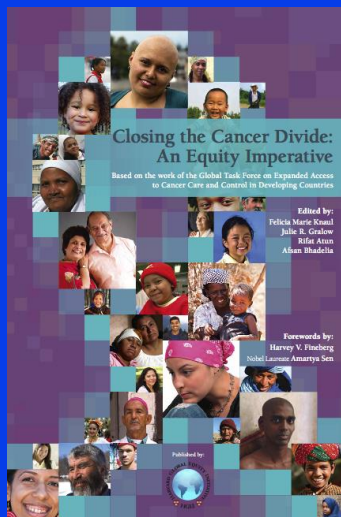
Global Task Force on Expanded Access to Cancer Care and Control in Developing Countries



- 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



Breast Health Global Initiative Guideline

Anderson B et al, Cancer: 113 (8 suppl),2008

Example: Breast Cancer Detection

Level	Method
Basic	Clinical Breast Exam
Limited	Diagnostic ultrasound/mammogram Mammography of target group
Enhanced	Mammographic screening age 50-69 every 2 years
Maximal	Annual mammography 40 and older Other imaging for high risk groups

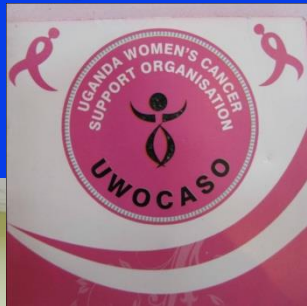
**2007 U.S. Institute of Medicine Report
on Cancer Control Opportunities in
Low- and Middle-Income Countries
Sloan FA, et al, National Academies Press, 2007**

***Advocacy has a key role to play in bringing the
public's concerns about cancer to decision
makers***

<http://www.iom.edu/Reports/2007/Cancer-Control-Opportunities-Low-Middle-Income-Countries.aspx>

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

Making breast cancer a global priority

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***