

# CANCER CONTROL 2015 SURVEY: WHAT NEEDS TO BE DONE TO REACH A 25% REDUCTION IN PREMATURE CANCER MORTALITY BY 2025?

Cancer Control asked 12 leading cancer experts from across the world to briefly answer one survey question on “What do you think needs to be done in the area of cancer to help reach the target of a 25% reduction in premature deaths from NCDs by 2025?” The answers given were surprisingly varied and ranged from increased early detection and screening to monitoring adherence to guidelines and from increased tobacco control to innovative financial partnerships that enable increased medical research in low- and middle-income countries. The very breadth of these answers suggests that there is no one “silver bullet” that will reduce cancer by 25% by 2025 and that this target can only be achieved by waging war on many diverse fronts.

## **You Lin Qiao, National Cancer Centre, China**

- “1) To control tobacco: Tobacco control in the developing world, particularly in some countries that have big populations and substantial revenues that still come from the tobacco industry, such China, India.
- 2) To promote the population-based vaccination of HBV and HPV in developing countries. The high price of HPV vaccine means population coverage is quite low in these countries compared with industrial countries.
- 3) To implement population-based cervical and breast cancer screening in developing countries. In China, breast cancer onset is 10 years earlier than North America and European countries. The mortalities of breast and cervical cancer among young women are also higher than in industrial countries.”

## **Pierre Bey and Martine Raphael, AMCC, France**

“The most efficient action to reduce premature death from cancer is primary prevention (avoid tobacco and being overweight, promote physical activity, vaccination against HPV and hepatitis). Results will still be limited in 2025, but these measures have to be undertaken now everywhere in the world.

One action to rapidly reduce premature death from cancer is early diagnosis of highly curable cancers, being sure that the means to diagnose and treat are available. It should

concern:

- most child and young adult tumours (diagnosis at first symptoms);
- cervix uteri (clinical exam);
- skin melanoma (clinical exam);
- breast (clinical exam and mammograms after age 50 in more advanced regions);
- colorectal (colonoscopy when symptoms and after age 50 in more advanced regions).”

## **Franco Cavalli, European School of Oncology, Switzerland**

“Many actions are important, but there is one which in my opinion and in the opinion of the World Oncology Forum (WOF) is by far the most important one. This is the creation of a Global Fund, similar to the one created for fighting AIDS. This global fund should then coordinate with all the stakeholders all the actions which need to be taken on prevention, early diagnosis and treatment of cancer. Without such a coordination, the global target will never be achieved.”

## **Nadya Dimitrova, National Hospital of Oncology, Bulgaria**

“The main actions for reduction of premature cancer deaths are early diagnosis of cancer, when treatment is more

effective, and adherence to treatment guidelines, which ensure the most favourable outcome. While in the area of early diagnosis of cancer there are many activities on an international level, including raising awareness campaigns, standards for screening and implemented programmes, but the adherence to treatment guidelines is a relatively rare focus. Only a few countries (mainly in North America and North-Western Europe) and specialized cancer societies (e.g. breast, gynecological) monitor the level of adherence to agreed treatment guidelines, which directly affects the prognosis for cancer patients. That is why I think that action needs to be taken to regularly monitor the adherence to treatment guidelines for cancer patients and to remove the obstacles for optimal adherence.

#### **Eduardo Cazap, SLACOM, Latin America**

"The UN Political Declaration has been instrumental in galvanising global action on NCDs. Since then, WHO has successfully adopted a Global Action Plan including targets and monitoring to reduce premature deaths from NCDs by 25% by 2025. The NCD targets cover common risk factors including tobacco, alcohol abuse, physical inactivity and obesity, but also address the full care continuum for cancer including planning and surveillance, HPV and HBV vaccination, early detection and screening for breast and cervical cancers, access to essential medicines and technologies and palliative care. The guidance of the 2020 UICC's World Cancer Declaration Targets are the best tool for the realization of this 25 by 25 goal. A global coordinated top-down/down-top strategy, in which multisectoral international organizations work together with regional bodies and all stakeholders at the country level, will ensure the possibility of reaching the common goals."

#### **Laurent Huber, Framework Convention Alliance (FCA) for Tobacco Control**

"To achieve this target it will be imperative to tackle the global tobacco-related epidemic. Governments must devote adequate resources to accelerate the implementation of the FCTC and increase taxes on tobacco products. Tobacco tax policies are widely recognized to be an effective means of reducing demand and consumption of tobacco products. In fact, it is hard to think of any jurisdiction that has substantially reduced tobacco use prevalence without significant increases in tobacco prices. Governments should follow the recommendations in the *Guidelines for implementation of Article 6 of the WHO FCTC* and "establish coherent long-term policies on their tobacco taxation structure and monitor on a regular basis including targets for

their tax rates, in order to achieve their public health and fiscal objectives".

#### **Nelly Enwerem Bromson, IAEA PACT**

"Innovative partnerships, financing and technologies for cancer control in low- and middle-income countries. The only way to achieve this ambitious goal is to have the courage to innovate. Without courage, Sidney Farber would not have used antifolates for clinical trials in leukaemia patients, paving the way to modern chemotherapy. Emil Grubbe would not have tried to apply X-rays for treatment of breast carcinoma, which led to the birth of radiation therapy. The past century has witnessed a myriad of innovative ventures that effectively tackled seemingly insurmountable goals. Let's match the innovative spirit of the past and seek bold solutions in applied science, economics, and technology to overcome the global cancer pandemic. We need to promote affordable, accessible and appropriate radiation technology for low-resource settings and come up with innovative financial schemes and partnerships to address the pressing and unacceptable gaps in cancer control in far too many LMICs."

#### **Professor Ian Olver, Cancer Council, Australia**

"These challenges should be at the forefront of governmental discussions, global and domestic. Nations must make evidence-based public health a priority to achieve the cancer NCD goals. We need to continue to press for tobacco control through taxation, further restriction of advertising and limiting availability. Increasing public awareness of healthy diet, the risks of alcohol consumption and regular exercise to prevent obesity needs support by restricting advertising of high-energy, low-nutrition foods, particularly to children. We also need to keep promoting the sun protection message. Finally, we need to boost participation in HPV vaccination to prevent cancer of the cervix and the population screening programmes in breast, cervix and bowel to maximise the lives saved in these cancers."

#### **Simon Sutcliffe, INCTR, Canada**

"The content and 'know-how' already exists for 25 x 25: adaptation of content to context and implementation ("how to") requires collaboration. To undertake 25 x 25, nations must resolve and commit to:

- a global-national governance partnership - joint accountability to ensure self-sufficient and sustainable governance of a population-based cancer control plan.
- a global-national implementation partnership - shared

responsibility and accountability for population-level interventions, including capacity-building, to enhance cancer control outcomes.

- ▶ a global-national business partnership - to create and oversee the fiscal resources for a self-sufficient and sustainable NCCP. This business plan is not “foreign aid”, but rather a repayable loan over 10 years with a discountable interest rate based upon performance to target.”

### **Richard L Schilsky, American Society of Clinical Oncology, USA**

“Cancer continues to exact an enormous toll on all human populations and its impact will be greatest in the developing countries of the world in coming years. In addition to tobacco control and vaccination against cancer-causing agents, there must be widespread dissemination and adoption of diagnostic strategies and therapies known to be effective in detecting cancer early and treating it effectively according to resource-appropriate clinical practice guidelines. Continued research to understand the causes of cancer and innovation in translating that knowledge to new and more effective treatments is also essential. Government investment in public education and procurement and dissemination of effective treatments is vital as is public-private partnership to advance the efficient development of new therapies and molecular diagnostics.”

### **Anna Mary Nyakabau, Parirenyatwa Hospital, Zimbabwe**

“Low-resource settings such as Zimbabwe face the double burden of infection-related cancers and increasing rates of cancers associated with Western lifestyles. Strengthening HIV and other infection control programmes and the implementation of vaccination (HPV and Hepatitis B) programmes should be prioritized. Early detection and treatment of cancer or precancerous lesions, particularly cervical cancer, would greatly reduce cancer mortality in resource-constrained countries.

In addition, governments should develop, implement and continuously monitor and evaluate comprehensive cancer control programmes and improve accessibility through the integration of cancer care into primary health care and the decentralization of cancer care services. Policies that avail increased funding for comprehensive cancer care and subsidization of cancer services should be developed and implemented. Increasing cancer health education and promotion to society and health workers will encourage improved health-seeking behaviour, leading to improved

cancer prevention, early detection, treatment and palliative care.”

### **Harald zur Hausen, Cancer Research Centre, Germany**

“In order to reduce the cancer risk by 25% by 2025, I believe that this is only achievable by intensification of the preventive activities. It may not result directly into the 25% reduction of premature deaths, but it is clearly the way to go to reduce the global cancer burden. Of course, primary prevention by vaccination (Hepatitis B, high-risk papillomaviruses) but also by preventive therapeutic interferences (Hepatitis C and HIV infections) deserve attention. Moreover, intensified health education considering other risk factors (tobacco consumption, alcohol abuse, diminishing red meat consumption and others) are of high importance.

We see today that the cancer incidence globally increases, whereas mortality is slightly decreasing. Clearly, this is a merit of intensified therapeutic interferences. On the other hand, if we do not actively propagate primary cancer prevention, but also secondary cancer prevention (cytological screening, colonoscopy, mammography and other procedures), we will not reduce the rate of cancer incidence at conclusion of passage. ●