

# CANCER CONTROL 2021

SUPPLEMENT: LGCW 2020



## SHINING A LIGHT ON THE GLOBAL CANCER EPIDEMIC

THE REPORT ON LONDON GLOBAL CANCER WEEK 2020

15 – 20 November 2020



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## DEDICATION

This report is dedicated to all the cancer patients who sadly lost their lives to COVID-19 and to their families, to the memory of our friends and colleagues Dr Mbololwa Mbikusita-Lewanika (left) of the Commonwealth Secretariat, Professor Gordon McVie of e-Cancer (centre), and to the tireless work of Dr Tabaré Vazquez (right), former President



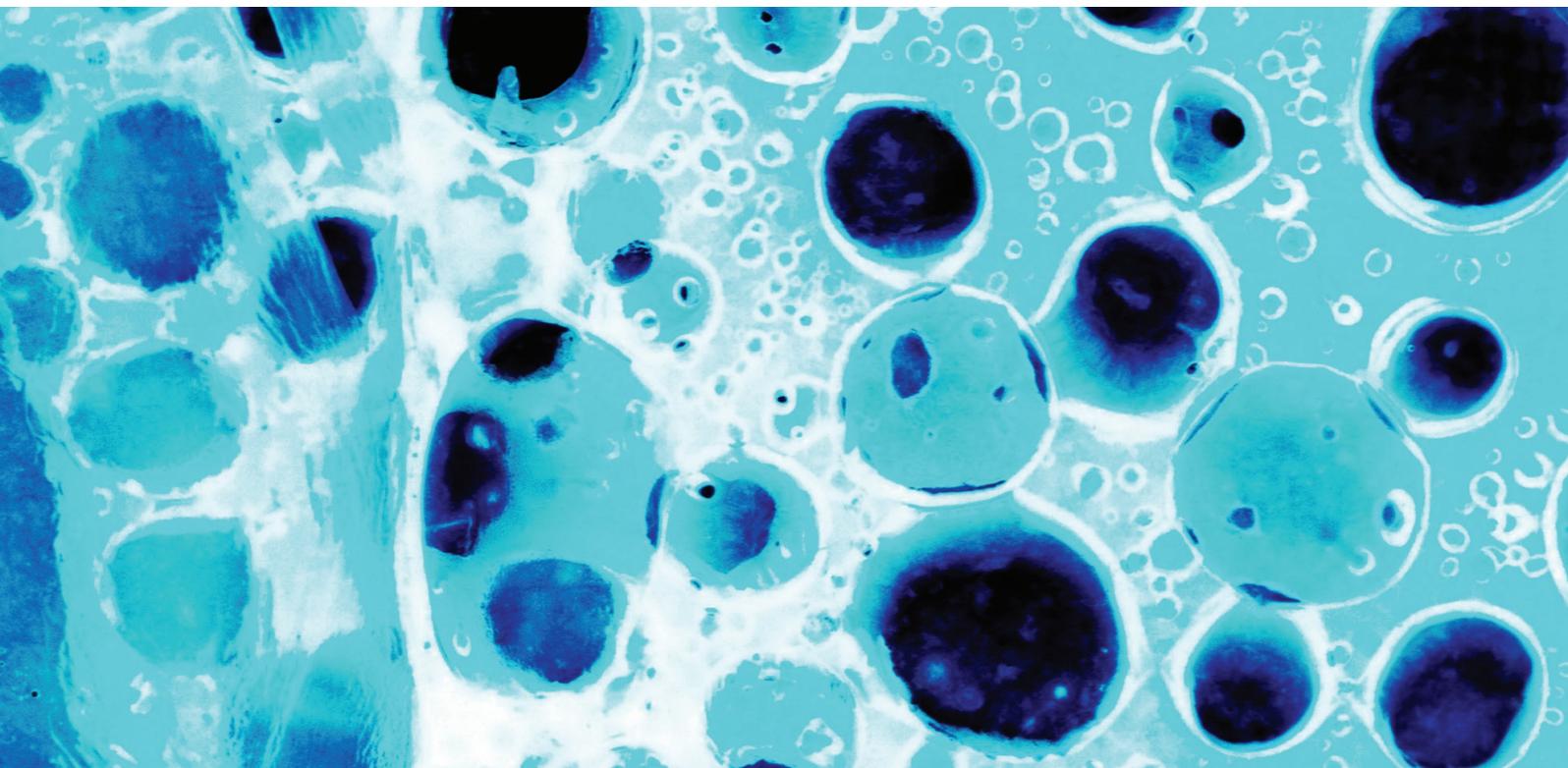
of Uruguay and radiotherapist, who died on 6 December 2020, and who was instrumental in tackling the tobacco industry's legal attempts to undermine many of the tobacco control measures in place worldwide.

## ACKNOWLEDGEMENTS

Organising London Global Cancer Week is a complex undertaking and reliant on the generosity of many partners. In this regard, the Steering Committee would like to extend their gratitude to all our academic partners who dedicated their time to arrange symposia throughout the week, and to the following supporting institutions, NGOs, and corporate sponsors that made the event possible:

African Cancer Registry Network  
African Organisation for Research and Training in Cancer (AORTIC)  
Alliance Mondiale Contre le Cancer (AMCC)  
Bristol Myers Squibb  
C3 Collaborating for Health (UK)  
Commonwealth Secretariat  
CONCORD programme, London School of Hygiene and Tropical Medicine  
The CREDO Workshop team at Tata Memorial Centre, Mumbai, India  
Eastern Mediterranean NCD Alliance  
Global Health Dynamics  
Good Clinical Practice Alliance-Europe in (GCPA-Europe)  
International Agency for Research on Cancer (IARC)  
International Atomic Energy Agency (IAEA)  
International Network for Cancer Treatment and Research (INCTR)  
*The Lancet Oncology*  
Latin American Cooperative Oncology Group (LACOG)  
National Cancer Institute Center for Global Health (NCI/CGH)  
Roche Products  
Royal Society of Medicine Oncology Group  
Royal Society of International Affairs Chatham House  
Sociedad Latinoamericana y del Caribe de Oncología Médica (SLACOM)  
Two Worlds Cancer Collaboration (TWCC) (Canada)  
Union for International Cancer Control  
World Health Organization (WHO)

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# FOREWORD

“I was honoured to have patronised the first ever London Global Cancer Week (LGCW) in 2019. At the time, when I was asked to support this endeavour, I was surprised to know that there was no such multidisciplinary crosscutting forum that united all stakeholders in cancer control in the UK in this unique and comprehensive way. This was especially astounding given my knowledge about the active landscape of UK’s cancer control efforts globally.

After attending the events, it therefore was no surprise to me at all, that the 2020 conference grew exponentially from eight events in 2019 to 22 events and drew nearly 2000 attendees from 97 countries. UK’s Global Cancer Week Network revealed the extensive reservoir of dedicated clinicians, researchers and NGOs at ground level within the UK that are committed to improving the care of cancer patients in low and middle-income countries (LMIC).

The commitment of the participants to LGCW defied the ongoing Coronavirus (SARS-Cov-19) pandemic 2020 which has had a deep impact on the care of cancer patients around the world, the full terrible effect of which has still to be accounted for.

In a time of lockdowns, economic vulnerability and travel restrictions unprecedented outside of wartime, the organisers of LGCW should be applauded for their resilience and determination to go ahead and provide a global platform for informed discussions about the spread of cancers in LMIC –populations already burdened with the world’s ills. Prior to the pandemic, 70% of global cancer deaths occurred in LMIC.

The evidence that such a platform is wanted is presented in this report. The involvement of UN organisations and agencies (WHO, IARC, and IAEA) and the Commonwealth of Nations as well as all stakeholders in cancer control underlines the importance of holding a global vision for cancer, where no patient – child or adult – is left behind.

Perhaps what is most significant is that LGCW remains essentially a grassroots cross-cutting response to a worldwide health challenge. Its success should be measured by its outcomes and its performance as a catalyst for positive change in global cancer care. I have no doubt that LGCW shall become to a key contributor to the global fight against cancer. ■

## HRH Princess Dina Mired

Immediate Past President of the Union For International Cancer Control (UICC)

Patron of International Society for Pediatric Oncology (SIOP)

Honorary President of European Organization for Research and Treatment of Cancer (EORTC)

Special Envoy for NCDs for Vital Strategies

# EXECUTIVE SUMMARY

London Global Cancer Week (LGCW) annually provides a multidisciplinary, multicultural global meeting point for individuals and institutions committed to improving the care of people with cancer in the low and middle income countries (LMIC). The purpose of LGCW is to raise awareness about the work that is being done in LMIC to improve the care delivered to cancer patients, and to provide, through its proceedings, a catalyst for positive change in global cancer care. This report describes how LGCW came of age in 2020 in unprecedented circumstances, to become “a key contributor to the global fight against cancer”.

Three months after the success of the first LGCW (held on 15–20 November 2019), the COVID-19 pandemic proved a major disrupter of plans, requiring the LGCW organisers to rethink the format and content of their second meeting. Refusing the options of cancellation or postponement, they pivoted away from organising live London-based events to embrace the new normal of online webinars, thereby transforming LGCW into a virtual auditorium that encompassed the globe. In this they were significantly helped by the support and sponsorship provided by *The Lancet Oncology*. Invitations were dispatched to leading experts and institutions across the international cancer community (including the United Nations organisations), many of whom had been impacted by the cancellation of larger conferences. Confident that the number of online events planned for LGCW 2020 would not only surpass LGCW 2019 (n=8), but also draw a larger and more diverse audience and provide freer access for participants from LMIC, the organisers were determined, in spite of the limitations placed globally by COVID-19, to present a fully rounded multidisciplinary programme of events.

Their confidence was well founded: the organisers were able to secure commitments to host 22 events during LGCW 2020, and the participation of key speakers including HRH Princess Dina Mired (past President of the UICC), Dr Ren Minghui (WHO Assistant Director-General for Universal Health Coverage/Communicable and Noncommunicable Diseases), and the Rt Hon. Patricia Scotland, QC (Commonwealth Secretary General). Dame Cally Palmer DBE (NHS England’s National Cancer Director) contributed a short video message of welcome for attendees at LGCW meetings. Further, the success of its inauguration in 2019 and the active endorsement by *The Lancet Oncology* made an important difference to LGCW’s prospects. By the opening of LGCW on Sunday 15 November 2020 sponsorship had been promised by Bristol Myers Squibb and Roche Products.

The summary reports of the meetings and webinars held during LGCW 2020 submitted by the event hosts, are included in this report. The known audience attendance at LGCW

2020 events was 1902 people from 97 countries, although the final figure is likely to be higher as the figures for the UN organisations events were not provided. Access to two events was restricted by the hosts and 21 of the 22 events did not require a registration fee. The top five issues most frequently addressed during the events were: equity; cervical cancer; the impact of the COVID-19 pandemic; childhood cancers and the importance of having access to reliable information/cancer surveillance data. LGCW 2020 played a significant role in the launch of the UK’s first Global Cancer Network (UKGCN) and also helping drive forward the Commonwealth’s concerted effort to contribute to the global elimination of cervical cancer as a public health problem (Annex 1).

Invited to rate their level of satisfaction with the week’s organisation and their experience as event hosts on a scale of 1 to 10, fifteen event hosts responded with a cumulative score of 136.5 out of 150 (mean average score 9.1; range 8–10). The feedback they had received from the participants attending their sessions was similarly positive. Social media data was also collected and showed an increase in interest over the course of LGCW 2020.

This report includes a candid discussion of key issues raised by the experience of LGCW 2020. Besides the UK GCN and the involvement with the Commonwealth, how successful was LGCW 2020 as a catalyst for positive change? How can the barriers of time zones and language be surmounted so that future LGCW events could be made more accessible and relevant? LGCW 2020’s success in attracting international interest was noticeably not matched by the response from senior UK institutions, which in some cases displayed an active unwillingness to engage with LGCW. Similarly, there had been sustained lack of interest by the mainstream UK media in LGCW 2020 events. What more could be done?

A task list for LGCW 2021 sets out possible solutions to these challenges. A mapping exercise conducted by the UK Global Cancer Network is revealing an extensive reservoir of dedicated clinicians, researchers and NGOs at ground level

within the UK that are committed to improving the care of cancer patients in LMIC. Reaching out to these individuals, and to institutions with known involvement in Global Health (i.e. Royal Colleges, UK Research bodies and professional associations) is the way forward.

The report concludes with an outline of the arrangements for LGCW 2021 (14–19 November 2021). Thirty-five online events have been confirmed hosted by 22 institutions and groups drawn from the global cancer community. The challenge of securing funding for LGCW remains a continuous concern. Identifying funding must be a priority task for LGCW 2021. The organisers are looking at innovative strategies for involving the private sector and providing LGCW audiences with the opportunity of hearing new thinking about problems that continue to beset the delivery of cancer care to affected populations in the LMIC.

Online briefings have been held with all the registered event hosts, and the importance of using LGCW 2021 to achieve measurable outcomes has been emphasised. The programme for LGCW 2021 has been restructured, taking into account global time zones and addressing cancer issues within regional contexts. The LGCW press strategy is being revised and Royal Colleges, UK Research bodies and professional associations will be kept informed of developments in the run up to LGCW 2021. The possibility of providing English language translation on selected events is being explored.

LGCW remains a work in progress and the experience of LGCW 2020 provides helpful lessons for this year's organisers, as does the feedback from Event hosts. The organisers recognise that the challenge for LGCW 2021 lies in taking on board the lessons of 2020, finding the financial resources post-COVID to sustain progress, and in keeping the interest of the global institutions in the face of renewed competition from other major conference events, while developing further its audiences in the LMIC and in the UK. ■

# LONDON GLOBAL CANCER WEEK

## 15–20 NOVEMBER 2020

### BACKGROUND

The first LGCW was inaugurated in November 2019 as an annual multidisciplinary, multicultural global meeting point for individuals and institutions committed to improving the care of children and adults with cancer in the LMIC. The purpose of LGCW is to raise awareness about the work that is being done in LMIC to improve the care delivered to cancer patients, and to provide, through its proceedings, a catalyst for positive change in global cancer care.

By March 2020 the organisers of LGCW 2020 had recognised that the COVID-19 pandemic had become a major disrupter of plans, requiring the widespread introduction of social distancing and causing the postponement of many meetings and conferences that had a significance for the treatment and research of cancer in the global population. A “new normal” had been established that enabled (as an example) the Commonwealth Health Ministers Meeting, the Seventy-third Session of the World Health Assembly (17–21 May 2020) and the ASCO Scientific Meeting (May 29–June 2), to be held online and to consist entirely of virtual discussions and presentations.

As the months passed and lockdowns and travel restrictions grew commonplace, it became evident that the growing familiarity with, and wide global acceptance of, the webinar format, coupled with the cancellation or postponement of major “live” meeting that may have conflicted with its schedule, had potentially transformed LGCW’s reach from being a London-based series of live events, to a virtual auditorium that encompassed the globe. With thoughtful scheduling, LGCW could provide a platform for speakers and viewers from every region of the world.

Because of LGCW’s cost-effective format the organisers were confident that the number of events being planned for 15–20 November 2020 would exceed the 2019 total of eight events, draw a larger and more diverse audience, and provide freer access for participants from LMIC. LGCW 2020 had the additional advantage over its preceding inaugural year in having earned the approval of *The Lancet Oncology*. *The Lancet*

*Oncology’s* financial sponsorship and editorial support would raise the week’s profile to an hitherto unavailable level.

### PREPARATIONS

The organisers were determined to develop as fully rounded a multidisciplinary programme of events as could be presented, given the unprecedented circumstances. Several key issues presented themselves as themes for LGCW 2020. The impact that the Coronavirus pandemic was having on the delivery of care to cancer patients in the LMIC had not yet been assessed. London Global Cancer Week might provide the first opportunity for many LMIC attendees to reflect openly and share their expertise on the contemporary condition of cancer prevention and control in low resource settings. The sudden arrival of COVID-19 had also impacted on at least four long planned international initiatives that were relevant to cancer patients: the WHO Global Initiative for Childhood Cancers (GICC); The Lancet Oncology Commission on Childhood Cancers, the launch of the WHO Global initiative for the Elimination of Cervical Cancer and the celebrations for “2020 The Year of the Nurse”. Emails were dispatched across the international cancer community inviting leading cancer experts and institutions to share their knowledge with a global audience by hosting an event during LGCW (15–20 November 2020).

Benefiting from the success of the inaugural LGCW 2019, which had served as evidence of proof of concept, the organisers were eventually able to secure commitments to host LGCW 2020 events from the following agencies and groups:

- ➔ African Cancer Registry Network
- ➔ African Organisation for Research and Training in Cancer (AORTIC)
- ➔ Alliance Mondiale Contre le Cancer (AMCC)
- ➔ C3 Collaborating for Health (UK)
- ➔ Commonwealth Secretariat
- ➔ CONCORD programme at the London School of Hygiene and Tropical Medicine;
- ➔ The CReDO Workshop team at Tata Memorial Centre, Mumbai, India

- ➔ Eastern Mediterranean NCD Alliance
- ➔ Good Clinical Practice Alliance-Europe in (GCPA-Europe)
- ➔ International Agency for Research on Cancer (IARC)
- ➔ International Atomic Energy Agency (IAEA)
- ➔ International Network for Cancer Treatment and Research (INCTR) (Belgium)
- ➔ *The Lancet Oncology*
- ➔ Latin American Cooperative Oncology group (LACOG) (facilitated by *The Lancet Oncology*)
- ➔ Sociedad Latinoamericana y del Caribe de Oncología Médica (SLACOM) (facilitated by *The Lancet Oncology*)
- ➔ National Cancer Institute Center for Global Health (NCI/CGH)
- ➔ Roche Products
- ➔ Royal Society of Medicine Oncology Group
- ➔ Royal Society of International Affairs Chatham House Centre for Universal Health
- ➔ Strategic Initiative for Developing Capacity in Ethical Review (SIDCER)
- ➔ Two Worlds Cancer Collaboration (TWCC) (Canada).
- ➔ Union for International Cancer Control the UICC in collaboration with the Wellcome Trust;
- ➔ World Health Organization (WHO)

The UK Oncology Nursing Society also became an important addition to the LGCW 2020 programme, as the organisers of a six hour session “The Global Power of Oncology Nursing” which was to serve as one of the key UK celebrations of “2020-The Year of the Nurse”.

As important as the challenge of attracting new event hosts was, equal value was placed on maintaining engagement and support with the original seven UK-based hosts that had taken part in LGCW in 2019: The Chapel Royal, Royal Society of Medicine Oncology Group, Economist Events, Royal Society of International Affairs Chatham House, C3 Collaborating for Health, the Commonwealth Secretariat and the Royal College of Radiologists. Eventually, three of these seven 2019 hosts were to find themselves unable to hold an event as part of LGCW 2020: the Chapel Royal due to COVID-19 restrictions; Economist Events because its “War against Cancer – Europe” conference had been transferred to Brussels post-Brexit; and the Royal College of Radiologists. Their participation and good fellowship was missed.

New and established relationships forged through LGCW secured the participation of key speakers. HRH Princess Dina Mired, past President of the UICC and a good friend of LGCW graciously accepted invitations to speak at several

key events. Dr Ren Minghui, WHO Assistant Director-General for Universal Health Coverage/Communicable and Noncommunicable Diseases, agreed to provide a prefatory address at the meetings hosted by the UN organisations on the morning of Monday 16 November. Dame Cally Palmer, DBE, in her capacity as NHS England’s National Cancer Director, generously contributed a short video welcoming attendees to LGCW meetings. And through her presence at both LGCW 2020 events that were hosted by the Commonwealth Secretariat, the Rt Hon. Patricia Scotland, QC, Commonwealth Secretary General, ensured that nobody overlooked the importance of the Commonwealth’s “Good Offices” in the global strategy to eliminate cervical cancer as a public health problem, thereby marking LGCW as a legitimate occasion for policy discussions (Annex 1).

The list of scheduled events drawn up on the eve of Sunday 15 November (Table 1) provided grounds for satisfaction. Fundraising approaches by members of the LGCW Steering Group proved successful with sponsorship packages generously provided by Bristol Myers Squibb and Roche Products. Not all the overtures were productive. An advance invitation sent to Rt Hon Dominic Raab MP at the Foreign and Commonwealth Office (which had recently annexed the UK International Development portfolio) resulted in disappointment. After some delay Wendy Morton MP responded that the Department of International Development would be too busy to provide a brief pre-recorded message to the attendees of LGCW. ■

Table 1. London Global Cancer Week 2020 Scheduled Events 15 – 20 November 2020

**Sunday 15 November**

11.15 am – 12.30 pm	Mattins Service, Chapel Royal, St James's Palace <b>CANCELLED DUE TO COVID-19</b>
2.30 pm – 5.30 pm	UK Global Cancer Network: <b>Launch meeting</b>

**Monday 16 November**

8.00 am – 9.00 am	African Organisation for Research and Training in Cancer <i>Cancer in Africa</i>
9.00 am – 11.00 am	United Nations (IAEA, IARC) <i>UN global response to cancer</i>
11.00 am – 1.00 pm	World Health Organization <i>WHO initiatives in cancer</i>
12.30 pm – 5.30 pm	Royal Society of Medicine Oncology Group <i>The impact of COVID-19 on cancer management in LMIC</i>

**Tuesday 17 November**

8.00 am – 9.00 am	International Collaboration for Research Methods Development in Oncology (CReDO), National Cancer Grid of India, Tata Memorial Centre <i>The CReDO workshop: Shaping the future of global oncology research</i>
9.30 am. – 3.30 pm	UKONS <i>The global power of oncology nursing</i>
3.30 pm – 5.30 pm	GCPA-Europe/SIDCER/INCTR <i>Research and treatment of paediatric cancers during COVID-19: Global perspectives.</i>

**Wednesday 18 November**

8:00 am – 10:00 am	International breakfast webinar: London School of Hygiene and Tropical Medicine <i>Global surveillance of cancer survival CONCORD programme</i>
10.00 am – 10.45 am	Alliance Mondiale Contre le Cancer: <i>Reference centre for the diagnosis of childhood cancers in Senegal</i>
10.45 am – 12.45 pm.	African Cancer Registry Network <i>Cancer surveillance in Africa</i>
1.00 pm – 3.00 pm	<i>The Lancet Oncology The Lancet Childhood Cancer Commission</i>
3.00 pm – 5.00 pm.	LACOG / SLACOM / The Lancet Oncology <i>Emerging technologies and clinical research in Latin America</i>
6.00 pm – 7.00 pm	Royal Institute of International Affairs Chatham House Members Event: <i>Making the case for cancer control and prevention</i>

**Thursday 19 November**

7.00 am – 8.15 am	Eastern Mediterranean NCD Alliance <i>Cancer in the Eastern Mediterranean Region</i>
8.30 am – 09.30 am	C3 Collaborating for Health International Breakfast Webinar <i>Cancer prevention</i> with HRH Princess Dina Mired, Dr Bronwyn King, Dr Jose Luis Castro,
10.00 am – 12.00 pm	Commonwealth Secretariat <i>Cancer prevention: Policy session</i>
12.00 pm – 2.00 pm	UICC and Wellcome Trust <i>Cancer patients are the most obvious victims of the superbug crisis – why we need to talk about the impact of antimicrobial resistance on cancer care outcomes</i>
2.00 pm – 4.00 pm	Commonwealth Secretariat <i>Cancer prevention: Civil society session</i>

**Friday 20 November**

12.30 pm – 1.30 pm	<i>Women and cancer event</i> (sponsored by Roche Products Ltd.)
1.30 pm – 3.00 pm	US National Cancer Institute Center for Global Health <i>International collaboration to advance global cancer research and control: The US National Cancer Institute perspective</i>
3.00 p.m – 5.00 pm	Two Worlds Cancer Collaboration (INCTR Canada) <i>Bridging the cancer divide between two worlds – collaboration and partnership</i>

# LONDON GLOBAL CANCER WEEK 2020 – THE EVENTS

## Day 1 Sunday 15 November 2020

3.00 pm – 5.00 pm

**UK Global Cancer Network: Launch Meeting**

### Speakers



**Professor Richard Sullivan**

Director, Institute of Cancer Policy, Kings College London, UK



**Professor Satish Gopal**

Director, NCI Center for Global Health, USA



**Dr Bhawna Sirohi**

Medical Oncologist, Apollo Spectra Hospital, Chennai, India



**Mark Lodge**

Executive Director, INCTR, UK



**Dr Susannah Stanway (Co-Chair)**

Consultant Oncologist Royal Marsden Hospital, London, UK



**Professor Richard Cowan (Co-Chair)**

Director of the Christie School of Oncology, Manchester, UK

The steering group of the Network welcomed the 20 people present including founding members to the launch of the UKGCN. The background to why the Network has been formed was presented along with the mission statement and key priorities. **Professor Richard Sullivan** spoke about how this group is urgently needed for sharing of initiatives, collaboration and improving care and the potential future role it could play in national and global policy. **Dr Satish Gopal**, recently appointed Director of the National Cancer Institute Center for Global Health (NCI/CGH) presented the US experience of a network and outlined the privilege and learning from having a 2-way LMIC/HIC partnership. **Dr Bhawna Sirohi** from Chennai, India spoke from the LMIC perspective on the crucial role this Network could play by truly understanding the culture and real-life cancer care in LMIC. Comments were sought from the audience included attention to diversity, sustainability and suggestions to start

initiatives where the relationships already are ongoing. **Mark Lodge** outlined the proposed mapping exercise that was to be the Network's first piece of work, which will identify current UK global health and cancer projects – clinical, educational, research and others. A discussion was held around the different sort of membership that would make up the Network and how the administration would be organised. Proposals on how to finance the Network were discussed. A website is in the process of being designed that will serve as the online home of the Network.

**Attendance: 26**

**Countries: UK, USA, India**

## Day 2 Monday 16 November 2020

8:00 am – 9:00 am

**The COVID-19 pandemic: An African perspective: Hosted by the African Organisation for Research and Training in Cancer (AORTIC)**

### Speakers



**Dr Bello Abubaker**

President of AORTIC and Chief Consultant Clinical and Radiation Oncologist at the National Hospital, Abuja, Nigeria



**Dr Yehoda M. Martei**

Associate Professor of Medicine, Department of Medicine, Division of Hematology-Oncology, University of Pennsylvania USA



**Ms Tara Rick**

Physician assistant, currently a PhD candidate at Erasmus University, The Netherlands



**Ms Kwanele Asante**

Secretary-General of AORTIC, Chairperson, Ministerial Advisory Committee on Cancer Prevention and Control, Republic of South Africa; Founder, BreastSens



**Professor Frank Chinegwundoh (Chair)**

Consultant Urological Surgeon, Barts Health NHS Trust; Honorary Visiting Professor, City University of London, School of Health Sciences; AORTIC Vice-President Europe

**Dr Bello Abubaker** presented data from Globocan 2018 showing that the main cancers in Nigeria are breast, cervix, prostate and colorectal. He reported that when lockdown commenced in Nigeria in March 2020, patients were unable to readily access hospitals. There was anxiety and fear from both patients and their doctors. Patients feared attending hospital due to the perceived risk of acquiring COVID-19 infection. There was an increase in patients communicating directly with their consultants by phone or by text. Planned cancer treatments were delayed, supplies of cancer drugs dwindled and health care professionals (HCP) had insufficient personal protective equipment (PPE). As a result many HCP acquired infection and several died. Guidelines were developed about social distancing, face masks, hand sanitizers and hand washing. In Nigeria, 745 COVID-19 cases were reported, in 24 hours on 18 June 2020. It is recognised that poor health systems are unable to cope without external support. Dr Abubaker said that countries must look to develop their own pharmaceutical industries, something the Nigerian government is aiming to do so as to produce drugs on the essential list. The economic impact of lockdown was acknowledged.

Dr Abubaker made recommendations, which included that the African Union must develop a plan to support member countries in such a pandemic, that international organisations should help African develop comprehensive approaches to dealing with the cancer burden, and that more cancer centres were needed to avoid overcrowding.

**Dr Yehoda Martei** and **Ms Tara Rick** presented jointly on the *Impact of COVID-19 on cancer care delivery in Africa: A cross-sectional survey of oncology providers in Africa*. This was work conducted between June and August 2020. The main aim of the study which involved multiple collaborators and contributors, was to characterise the scope of COVID-19 and cancer care-specific response strategies employed by African countries. This was a web-based cross-sectional survey. 122 health care professionals started the study, but 79 ended up providing complete or partial data, from 19 countries. Nigeria and Zambia contributed the most and the biggest participant group were oncologists. The response strategies elicited were divided into patient-facing strategies and provider-facing strategies. Common to both were social distancing, face masks for all and temperature screening. The use of telemedicine was noted as was drone technology in Rwanda for delivering medicines. Postponing surveillance visits and delayed initiation of treatment in new patients was common. There were modifications in all treatment modalities, for example delaying radiotherapy. Ninety-four percent of cancer centres

remained open but 76% reported a decrease in patients and 57% documented staff shortages. Of concern was that 76% of respondents reported a shortage of PPE. Cancer medications and analgesic shortages were noted. There were certain myths exposed, such as Africans are less susceptible to the virus and that strong faith is protective. Their data highlighted delays and disruptions in cancer care. There were limitations to the study, in particular the small sample size and concerns over reliability of institutional COVID-19 data. COVID-19 cases are going up in Africa despite the initial relatively few cases. **Dr Yehoda Martei** and **Ms Tara Rick** confirmed that cancer care globally has been disrupted by COVID-19. We need to reach a balanced position where COVID-19 is controlled alongside continuing cancer care. Even pre-COVID-19, in Africa, the majority of patients who develop cancer will succumb to it, whereas in Europe and USA, most survive a cancer diagnosis.

**Ms Kwanele Asante** is a lawyer and bioethicist from South Africa. In her talk entitled *COVID-19: ethical and legal issues*, she noted that COVID-19 has exposed gaps in African health services. Health is a fundamental human right. African States must ensure that everyone's right to health is in line with international norms. Under Article 16 of the African Charter on Human and Peoples' Rights, everyone has a right to enjoy the best attainable physical and mental health.

Due to resources being diverted to COVID-19, she posed the question "Are cancer patients Covid collateral damage?" Cancer was not included as part of essential health services in national Covid responses. In Gauteng province (South Africa) major hospitals that dealt with non-communicable diseases (NCD) were converted into COVID-19 hospitals. Delays in diagnosing cancer resulted in more advanced disease. Cancer treatments were halted or at least delayed. Oncology nursing staff and palliative care specialists were reassigned to care for COVID-19 patients. The mental health of cancer patients suffered. Access to hospitals was challenging in lockdown. The private sector was less hard hit. The latter part of her presentation was on equity in COVID-19 vaccine distribution. Fair allocation is necessary to quell growing vaccine hesitancy and mistrust in science.

**Attendance: 46**

**Countries: Angola, Australia, Austria, Bahrain, Brazil, Burkina Faso, Cameroon, Canada, Cape Verde, Egypt, Ethiopia, France, Germany, Ghana, India, Kenya, Lebanon, Libya, Malawi, Mali, Netherlands, Niger, Nigeria, Pakistan, Paraguay, Rwanda, Sierra Leone, South Africa, Sudan, Switzerland, Tunisia, Uganda, UK, USA, Zambia, Zimbabwe**

**9:00 am – 11:00 am****UN country support in cancer control: Strengthening policies and capacity***Hosted by the United Nations***Speakers****Dr Ren MInghui**

Assistant Director-General for HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases

**Dr May Abdel-Wahab**

Director of the Division of Human Health, International Atomic Energy Agency, Vienna, Austria

**Dr Bente Mikkelsen**

Director, UHC/Communicable and Noncommunicable diseases, World Health Organization

**Dr Lisa Stevens**

Director, Programme of Action for Cancer Therapy, International Atomic Energy Agency (IAEA/PACT)

**Dr Elisabete Weiderpass**

Director, International Agency for Research on Cancer

**Geraldine Arias de Goebel**

Head of the Cancer Control Review and Planning Section, International Atomic Energy Agency, Vienna, Austria

**Dr Freddie Bray**

Head of Cancer Surveillance Section, International Agency for Research on Cancer

**Eduardo Zubizarreta**

Radiation Oncologist, International Atomic Energy Agency, Vienna, Austria

**Dr André Ilbawi**

Technical Officer, World Health Organization

This session focused on the role of UN agencies in supporting governments and other stakeholders to plan and implement cancer programmes and the role of public/private partnerships in delivering on the cancer agenda, including engagement with Civil Society and people with cancer. Themes discussed in this session included: How has the UN agency successfully trained personnel in cancer control for both programme design

and clinical skills e.g. what is the role of IAEA to train clinical oncologists?

- ➔ What has the UN done to support governments in cancer control in the context of the current COVID-19 pandemic?

There was a discussion on some of the challenges being raised How can sufficient financial investments be made in cancer prevention and control?

What sorts of financing mechanisms are available and can be developed to support capacity building in cancer?

Information systems are essential to evidence-based cancer policy programmes. Without strengthening cancer registries we will not be able to track progress towards the SDGs or towards any existing global initiative in cancer.

**Attendance: Not reported**

**Countries: Not reported**

**11:00 am – 1:00 pm****WHO Global Initiatives in Cancer: Platforms for accelerated action***Hosted by the World Health Organisation***Speakers****Dr Princess Nono Simelela**

Assistant Director-General for Family, Women, Children and Adolescents, World Health Organization

**Dr Roberta Ortiz Sequeira**

Paediatric Hematology-oncology Department, La Mascota Children's Hospital Managua, Nicaragua

**Dr Carlos Rodriguez-Galindo**

Chair, Department of Global Paediatric Medicine, St. Jude Children's Research Hospital, USA

**Dr Ben Anderson.**

Director, Breast Health Clinic, Seattle Cancer Care Alliance, USA

**Dr Liliana Vásquez**

Paediatric oncologist in Paediatric Oncology Division, Rebagliati Hospital, Lima, Peru

**Dr Sharon Kapambwe**

Assistant Director, Ministry of Health, Zambia

The following key issues were addressed in the presentations, Childhood cancer: A progress report was given on the *Global Initiative for Childhood Cancer* including progress with implementation in Peru and Myanmar,

Cervical Cancer: as a prequel to the official Launch for the *Global Strategy for Cervical Cancer Elimination* on the following day (Tuesday 17 November 2020). The presentations included the advance release of the content of the WHO Technical Package for Cervical Cancer Management, and a progress report on cervical cancer programmes in Namibia which included details of government-led response to critical challenges.

Breast cancer: Reflections on the emerging *WHO Breast Cancer Global Initiative*, with an invitation for attendees for participate in working groups for that initiative.

**Attendance: Not reported**

**Countries: Not reported**

**12:30 pm – 5:00 pm**

**Oncology in low-middle income settings: The impact of the COVID-19 pandemic**

Hosted by: Royal Society of Medicine Oncology Group

### Speakers



**Professor Richard Sullivan**  
Chair of Cancer & Global Health and the Institute of Cancer Policy at King's College London



**Professor Warren Phipps** Medical Director, UCI-Fred Hutch Collaboration UCI/ Hutchinson Center Cancer Alliance, Kampala, Uganda



**Dr May Abdel-Wahab**  
Director, Human Health Programme, International Atomic Energy Agency, Vienna, Austria



**Ms Isabel Mestres**  
Director, Global Public Affairs, City Cancer Challenge, Geneva, Switzerland



**Dr Hannah Tharmalingam**  
Vice-President, Clinical Oncology, Royal College of Radiologists, London, United Kingdom



**Dr Partha Basu**  
Head Screening Group, International Agency for Research on Cancer



**Dr Ophira Ginsburg**  
Associate Professor, Section for Global Health, Department of Population Health, New York University, USA



**Professor Karen Canfell**  
Director, Cancer Research Division, Cancer Council, New South Wales, Australia



**Professor Mary Gospodarowicz**  
Clinician Investigator, Princess Margaret Cancer Centre, Toronto, Canada



**Dr Verna Vanderpuye**  
National Center for Radiotherapy and Nuclear Medicine, Korle-Bu Teaching Hospital, Accra, Ghana



**Dr Manjit Dosanjh**  
Honorary CERN Staff, European Organization for Nuclear Research (CERN), Switzerland; Visiting Professor, University of Oxford and Project Leader, STELLA (Smart Technologies to Extend Lives with Linear Accelerators)



**Professor Bente Mikkelsen**  
Director, UHC/Communicable and Noncommunicable diseases, World Health Organization

The event covered three main topics: delivery of cancer services; focus on women's cancers; and research and innovations. The speakers presented within these topics, focusing on how the global COVID-19 pandemic had impacted upon their endeavours in this field. Pertinent points from the presentations and discussions included:

- ➔ **Highlighting the specific increases** in risk of severe and fatal COVID-19 in patients with advanced cancer, which will disproportionately affect those in LMIC with poorer access to good cancer care
- ➔ **Highlighting the variation** across nations in access to screening, diagnostics and cancer therapeutic services while the pandemic is prioritised
- ➔ **Discussion regarding the shift in focus from NCDs back to a communicable infectious disease** – how best to mitigate this and prevent losing the significant gains made in NCD care in LMIC in recent years
- ➔ **The lack of a “one-size-fits-all”** approach to managing cancer services during a pandemic in differently-resourced

settings – innovative and accessible methods for sharing best practice across LMIC should be encouraged

- ➔ **Discussion of the pressure on health ministries** to support cancer service strengthening in the wake of a health crisis that has weakened already fragile economies
- ➔ **Specific discussion around how COVID-19** has disproportionately affected women – as cancer patients and as carers/in their roles within the home
- ➔ **HPV vaccination programmes** and lack of uptake during pandemic – how this might affect the WHO's Call to Action for eliminating cervical cancer
- ➔ **Excess global deaths from cervical cancer** due to lack of screening, vaccination and treatment during the pandemic and how to mitigate this with forward planning
- ➔ **E-health and digital solutions** – do LMIC have the necessary infrastructure to benefit from these advances in remote health care necessitated in many HIC by the pandemic
- ➔ **How can research into cancer in LMIC be maintained** following loss of funding, grants and suspension of recruitment – can studies be re-opened or deadlines prolonged to avoid losing valuable data already collected? Can expanded use of ICT or digital solutions be useful?
- ➔ **How can a multi-disciplinary approach to cancer research and innovation** mitigate some of the negative impacts on progress in global cancer care that the pandemic has had?

## Day 3 Tuesday 17 November 2020

8:00 am – 9:00 am

### **The CReDO workshop: Shaping the future of global oncology research**

Hosted by: The International Collaboration for Research Methods Development in Oncology (CReDO), National Cancer Grid of India, Tata Memorial Centre

#### Speakers



**Professor Arnie Purushotham**  
Director of King's Health Partners Comprehensive Cancer Centre; Professor of Breast Cancer, King's College London, UK



**Dr Soumya Swaminathan**  
Former Director-General, Indian Council of Medical Research, Chief Scientist, World Health Organization



**Professor C S Pramesh**  
Director, Tata Memorial Hospital, Mumbai, India



**Professor Priya Ranganathan**  
Professor, Anaesthesiology, Tata Memorial Centre, Mumbai, India



**Professor Richard Sullivan**  
Professor, Cancer Policy & Global Health, King's College London, UK

Global oncology research is predominantly focused on cancers prevalent in high-income countries (HIC). The quantum of cancer research output from LMIC is disproportionately low, compared to their disease burden. The key reasons for this low output are lack of training in research methods and inadequate research infrastructure. The International Collaboration for Research methods Development in Oncology (CReDO) workshop is an initiative by the Tata Memorial Centre and the National Cancer Grid of India to increase research capacity in oncology. This is a six day intensive residential protocol development workshop which helps oncology researchers to convert a one-page concept sheet into a full-fledged protocol. There have been five CReDO workshops so far, training more than 250 oncologists from around the world.

This session looked at the evolution of the CReDO workshop and its impact on global oncology research. It discussed challenges to research in LMIC and ways to overcome these barriers. Q and A focused on details of the CReDO workshop – the application process, eligibility etc. and the potential for research collaboration with cancer centres in India.

**Attendees: 170**

**Countries: UK, African countries, India, Sri Lanka and others**

9:30 am – 3:30 pm

### **The global power of oncology nursing**

Hosted by the UK Oncology Nursing Society (UKONS) and the Royal College of Nursing (RCN)

The prime message of this session was what an extraordinary

#### Speakers



**HRH Princess Dina Mired**  
former President, Union for International Cancer Control, Jordan



**Dr Judy Khanyola, MSc**  
Regional Nursing Advisor, ICAP, Kenya



**Vicky Opi,**  
Executive Director, Peace Hospice, Adjumani, Uganda

job nurses caring for cancer patients do in LMIC. Nurses demonstrate resourcefulness with compassion. at all levels – on the ground in refugee camps, disaster zones, occupied territories, outreach centres, in education and research and at the policy level. The local and regional wide oncology nursing societies facilitated much learning and encouragement as did the whole multidisciplinary team locally. The appreciation of the work of nurses caring for cancer patients was acknowledged time and time again – by parents of children who had cancer, by the chairs of the sessions, by the policy makers. The Global Power of Oncology Nursing shone through the day – through song, dance and word. A key issue raised in the presentations was how nurses are valued so differently throughout the globe, being respected highly in many LMIC and treated poorly in others. There is still so much to do but by example, in partnership and over time, we can strive for all nurses to be held in the highest esteem through the achievement of gender equality.

**Attendees: 298**

**Countries: Australia, Bangladesh, Barbados, Belgium, Brazil, Cameroon, Canada, Croatia, Ethiopia, France, Georgia, Ghana, Greece, Hong Kong, SAR India, India, Ireland, Israel, Italy, Jamaica, Jordan, Kenya, Lebanon, Malaysia, Malta, Mauritius, Nepal, Netherlands, Niger, Nigeria, Oman, Pakistan, Palestine, Peru, Philippines, Qatar, Romania, Rwanda, Saudi Arabia, Somalia, Somaliland, South Africa, Spain, Switzerland, Trinidad and Tobago, Turkey, Uganda, UK, USA, Zimbabwe**

**3:30 pm – 5.30 pm.**

**Research and treatment of paediatric cancers during COVID-19: Global perspectives. An INCTR, GCPA and SIDCER webinar**

Hosted by the International Network for Cancer Treatment and Research (INCTR), Good Clinical Practice Alliance – Europe (GCPA), and the Strategic Initiative for Developing Capacity in Ethical Review (SIDCER). Melissa Adde represented INCTR and Francis Crawley represented both GCPA and SIDCER

### Speakers



**Catherine Abala**

Lead Paediatrician, Department of Paediatrics, St Mary's Hospital Lacor, Gulu, Uganda



**Sameer Bakhshi**

Department of Medical Oncology, Dr. B.R.A. Institute Rotary Cancer Hospital, All India Institute of Medical Sciences, New Delhi, India



**Sidnei Epelman**

President, INCTR Brasil and TUCCA, Consultant Paediatric Oncologist, Santa Marcelina Hospital, São Paulo, Brasil



**Mariam Hassan**

Clinical Research Administrator, Clinical Research Office, Shaukat Khanum Memorial Hospital and Research Centre, Lahore, Pakistan



**Mariana Kruger**

Clinical Unit Head, Paediatric Oncology, Tygerberg Hospital, Executive Head, Department of Paediatric and Child Health, Faculty of Medicine and Health Sciences, Stellenbosch University, Stellenbosch, South Africa



**Priya Kumari**

Head of Department of Paediatric Oncology, Regional Cancer Centre, Trivandrum, Kerala, India



**Francis Okongo**

Department of Cancer Registration, Head of Palliative Care, St. Mary's Hospital Lacor, Gulu, Uganda



**Farah Rasheed**

Clinical Research Administrator, Clinical Research Office, Shaukat Khanum Memorial Hospital and Research Centre, Lahore, Pakistan



**Haleema Saeed**

Consultant Paediatric Oncologist, Department of Paediatric Oncology, Shaukat Khanum Memorial Hospital and Research Centre, Lahore, Pakistan



**Rhian Thomas-Turner**

Cardiff and Vale UHB, Child Health, NHS Wales, Cardiff, Wales, UK

The primary objective of this webinar was to examine the global impact of COVID-19 on the treatment and research of paediatric cancers, including the ability of staff and institutions to maintain normal treatment schedules as well as their ability to conduct clinical research related to paediatric cancers.

Reports were received from Brazil, India, Pakistan, Uganda, South Africa, and the United Kingdom as well as input from other countries during the discussion. The ensuing discussions focused on the development and implementation of cancer policy aimed at protecting paediatric patient care and research, while promoting trust and engagement with families and communities during a public health emergency (PHE). The participants emphasised the need for the sharing of on-the-ground experiences and best practices as well as examining institutional, local, national, and international guidance and

policies that have been adopted during the current COVID-19 pandemic. The participants agreed that it was critical to learn from the impact of COVID-19 on cancer treatment and research to be examined more closely and critically. They agreed to work together to consider the development of a project focused on exchanging and developing case studies, best practices, and policies for paediatric cancer treatment and research during a PHE in LMIC and HIC.

**Attendees: 36**

**Countries: Brazil, India, Pakistan, Sri Lanka, Uganda, South Africa, Niger, Indonesia, Kuwait, UK, Belgium, France, Denmark, Austria, Greece, Egypt, Lebanon, Australia, Canada, USA**

## Day 4 Wednesday 18 November 2020

**8.00 am – 10.00 am**

**International Breakfast Webinar: Global surveillance of cancer survival: The CONCORD programme, London School of Hygiene and Tropical Medicine, UK**

Hosted by the London School of Hygiene and Tropical Medicine (LSHTM).

### Speakers



**Claudia Allemani**  
LSHTM, London, UK



**Michel Coleman**  
LSHTM, London, UK



**Niek Klazinga**  
University of Amsterdam, The Netherlands



**Professor Richard Sullivan**  
Kings College, London, UK

In 2015, the CONCORD programme, led by the Cancer Survival Group at the LSHTM, established global surveillance of trends in cancer survival with CONCORD-2. In 2018, CONCORD-3, published in *The Lancet*, involved 600 collaborators, and included individual tumour records for more than 37.5 million patients with cancer, provided by 322 cancer registries in 71 countries and territories worldwide.

Since 2017, the Organisation for Economic Co-operation and Development has included CONCORD survival estimates for 48 countries in its *Health at a Glance* publications, among the indicators of the effectiveness of national health systems in managing cancer. This provides formal recognition by an international agency of the global coverage, methodological

rigour and international comparability of the CONCORD survival estimates. CONCORD results have also been used by the European Union (EU) for its *State of Health* in the EU initiative, by the World Health Organization to examine the impact of the economic benefits of delivering sustainable care for children with cancer around the world.

The presentations solicited discussions on cancer registration in Africa, especially the reasons why so few sub-Saharan registries are participating in the CONCORD programme. We also discussed data availability, data quality and the lack of resources for population-based research, as well as better engagement with ethnic minorities to address inequalities in cancer outcomes.

**The webinar was attended by 120 participants from Algeria, Austria, Belgium, Brazil, China, Czech Republic, Denmark, France, Georgia, Germany, Hong Kong SAR, Iceland, Italy, Japan, Jordan, Kenya, Republic of Korea, Kuwait, Lebanon, Nigeria, Pakistan, Poland, Romania, the Russian Federation, Saudi Arabia, Singapore, Slovenia, South Africa, Spain, Switzerland, Thailand, Turkey, UK, USA**

**10:00 am – 10:45 am**

**Reference centre for the diagnosis of childhood cancers in Senegal**  
Hosted by Alliance Mondiale Contre le Cancer

Hosted by Alliance Mondiale Contre le Cancer (AMCC)

### Speakers



**Professor Martine Raphaël**  
ex Emeritus Professor of Hematology, University Paris-Saclay, Vice President of AMCC, Paris, France



**François Desbrandes**  
Head of My Child Matters Childhood Cancer Program, Sanofi Espoir Foundation, Paris, France



**Professor Awa Toure**  
Professor of Hematology, Cheikh Anta Diop University, Dakar, Senegal



**Professor Chérif Dial**  
Professor of Pathology, Cheikh Anta Diop University, Dakar, Senegal

Key issues in the presentations: Notion of a reference centre with complementary techniques for timely and accurate diagnosis. To create a network in countries, sub-regions and between francophone and anglophone Africa.

Q&A: about Samples: flow and how to send samples, banking, frozen samples; e-learning; research and international congresses; mobile technologies - Interest of a multidisciplinary

project; connection to the clinics of paediatric oncology such as GFAOP (Groupe Franco Africain d'Oncologie Pédiatrique); collaboration with others African Countries (e.g Democratic Republic of Congo).

**Attendees: 44**

**Countries: Belgium, UK, France, Lebanon, DRC, Senegal, Ivory Coast, Burkina Faso, Gabon, Nigeria, Brazil, USA**

**10:45 am – 12:45 pm**

### Cancer surveillance in Africa

Hosted by The African Cancer Registry Network

#### Speakers



**Anne Korir, PhD**

Head, Cancer Registry Unit of Kenya Medical Research, Institute, Nairobi, Kenya



**Yvonne Joko, MD**

Oxford PhD, Nuffield Department of Population Health, Oxford (Cameroon)



**Biying Liu**

Programme Administrator, African Cancer Registry Network, Oxford, UK



**Abidemi Omonisi, MD**

Pathologist at Ekiti State University Teaching, Hospital, Ekiti State, Nigeria



**Dr Elima Jedy-Agba, PhD**

Research Scientist, International Research Center of Excellence, Nigeria



**Natasha Abraham**

Researcher, National Health Laboratory Service, Johannesburg, South Africa



**Lerato Khoali**

Manager, Ekurhuleni Cancer Registry, South Africa

The purpose of this LGCW 2020 Event was to report on the activities of the African Cancer Registry Network (AFCRN) in 2020; to disseminate the results of most recent research published based on the data generated by the member registries of the AFCRN and to advocate the importance of the population-based cancer registry in national cancer control planning in sub-Saharan Africa. Presentations included:

- ➔ Cancer surveillance in sub-Saharan Africa **Yvonne Joko**
- ➔ The African Cancer Registry Network **Biying Liu**
- ➔ How do we fit into the global cancer control? **Abidemi Omonisi**

- ➔ Developing a national cancer registration system **Gisbert Msigwa** (Tanzania)

- ➔ Breast cancer i) **Tobias Seraphin** (Germany), Incidence, survival and treatment in SSA (Case study) **Yvonne Joko**

- ➔ Cervical cancer incidence in sub-Saharan Africa (Case study) **Elima Jedy-Agba**

- ➔ Prostate cancer incidence, survival and treatment in sub-Saharan Africa (Case study)

- ➔ National childhood cancer registration programme in five Southern African countries (Case study)

**Natasha Abraham**

- ➔ COVID-19 impact **Lerato Khoali**

**Attendees: 68**

**Countries: not reported**

**1:00 pm – 3:00 pm**

### Sustainable care for children with cancer: A Lancet Oncology Commission

Hosted by The Lancet Oncology

#### Speakers



**Ali Landman**

Deputy Editor, *Lancet Oncology*, London, UK



**Claudia Allemani**

London School of Hygiene and Tropical Medicine London, UK



**Carlos Rodriguez-Galindo**

St Jude Children's Research Hospital, Memphis, TN, USA



**Kathy Pritchard-Jones**

UCL Great Ormond Street, London, UK



**Rifat Atun**

Harvard TH Chan School of Public Health, Harvard University, Boston, MA

This LGCW 2020 event was a presentation of the findings and recommendations from the Sustainable Care for Children with Cancer Commission published by *The Lancet Oncology* in March, 2020. Discussion ranged from understanding the global cancer burden in children to how to make an economic case for investment in cancer care for children as well as practicalities of implementing care in LMIC.

**Attendees: 239**

**Countries: Not reported**

**3:00 pm – 5:00 pm****Emerging technologies and clinical research in Latin America**

Hosted by LACOG / SLACOM / The Lancet Oncology

**Speakers****David Collingridge (chair)**Editor-in-Chief, *The Lancet Oncology*; Publishing Director, *The Lancet Group***Eduardo Cazap (chair)**

Latin-American &amp; Caribbean Society of Medical Oncology, Buenos Aires, Argentina

**Carlos Barrios (chair)**

Centro de Pesquisa em Oncologia, Hospital São Lucas, Porto Alegre, Brazil

**Gustavo Werutsky**

Centro de Pesquisa em Oncologia, Hospital São Lucas, Porto Alegre, Brazil

**Georgina Sposetti**

Instituto de Investigaciones Clínicas / Un Ensayo para Mí / Fundación DiMe, Mar del plata, Argentina

**Rodrigo Dienstmann**

Vall d'Hebron Institute of Oncology, Barcelona, Spain

**Stephen Stephani**

ISPOR Brazil / Fundação Universidade UNIMED, Porto Alegre, Brazil

This event addressed the challenges of cancer control in Latin America, the influence of the socio-political and medical landscape, and how modern advances in digital health might overcome some of these big issues.

**Attendees: 103****Countries: Not reported****6:00 pm – 7:00 pm****Making the case for cancer control and prevention**

Hosted by The Royal Institute of International Affairs Chatham House

**Speakers****Dr Rifat Atun**

Professor of Global Health Systems, Harvard T.H. Chan School of Public Health, Boston, USA

**Her Excellency Dr Zainab Shinkafi Bagudu**

First Lady of Kebbi State, Nigeria; CEO of Medicaid Cancer Foundation

As the COVID-19 pandemic disrupts cancer services across the world leading to more avoidable deaths, how can we make the case to policymakers to spend more, and better on the cancer needs of their population? This event addressed two key questions:

- ➔ How do we persuade (finance) ministers to invest in cancer prevention and control?
- ➔ How do we finance cancer prevention, control and care in limited resource settings?

The first speaker (Dr Rifat Atun) advocated focusing the argument on investing in cancer and also the risk of *not* investing in cancer, in terms of both direct effects of the health systems and direct costs, as well as excess mortality and morbidity. Overview was provided on how economic slowdowns, unemployment and social consequences are exacerbating the effects of cancer, further feeding into poor health which has affected economic productivity, turning this into a vicious cycle. Dr Rifat Atun urged a need to find a way to interrupt this cycle, as well as the impact of COVID-19 on interruption of screening programmes and diagnosis and access to care. It was recognised that increased numbers of undiagnosed cases and late state presentations due to COVID-19 are already affecting effectiveness of interventions.

Investing in Universal Health Coverage was considered to be one of the best strategies to protect the effect of economic downturns on cancer. A very strong and compelling case for investing in cancer and Universal Health Coverage was provided, especially with the economic and social shocks that countries are facing because health benefits and economic benefits are gained. But where would the money come from? Solutions include prioritisation of health in the budget, 'Sin taxes, such as tobacco taxes (e.g. Mexico) and Social impact bonds (Australia). It was highlighted that investing in Universal

Health Coverage in cancer care needs to implement some health policy, economic benefits and safeguards against other consequences of the situation being experienced.

Dr Zainab Shinkafi-Bagudu, speaking from Nigeria, reported that until a few years ago it was just the HIC that were considered to be affected by cancer, but some of the LMIC are now bearing the highest burden of cancer. The speaker then considered the risk factors that cut across Nigeria. Fruits and vegetable intake and low alcohol consumption were recognised as less relevant whilst use of tobacco is generally low; particularly in the northern part which is predominantly Muslim. However, lack of physical activity remains a key problem.

Kebbi State is a smaller state with a population of under 5 million. A state-wide cancer registry was started three years ago, and since then the state has been able to carry out two pilots of HPV vaccination. However, without funding to translate the will to action, the Kebbi State cancer plan remains to be properly implemented. As a leader of a cancer charity, Dr Zainab Shinkafi-Bagudu recognised the efforts to improve access to treatment to be the greatest challenge as this requires the use of treatment costs, especially chemotherapy. Looking to utilise global partnerships was proposed as a more sustainable way to achieve this, particularly by looking to technologies that can be transferred and possibly intellectual property for the local manufacturing of these drugs, as well as the machines. The speaker stressed that Kebbi State will have to try and build on local capacity to maintain critical but expensive inputs.

**Attendees: 71**

**Countries: UK, Nigeria, Canada, Lebanon, Romania, Jordan, Switzerland, Italy, Russia, Poland, Portugal, Uganda**

## DAY 5 Thursday 19 November

7:00 am – 8:15 am

**Cancer in the Eastern Mediterranean Region**

Hosted by Eastern Mediterranean NCD Alliance

### Speakers



**Dr Ibtihal Fadhil MBChB, MSc PhD**  
Founder & Chair of Eastern Mediterranean NCD Alliance, Member of Board of Directors, Global NCD Alliance and Eastern Mediterranean NCDA, Kuwait



**Asmus Hammerich**  
Director for Non-Communicable Diseases and Mental Health (NMH), WHO/EMRO.



**Slim Slama**  
Regional Adviser NCD Prevention and Management, WHO/EMRO



**Ali Al-Zahrani**  
Director of National Cancer Surveillance Centre, Director of Gulf Cancer Control Centre, Kingdom of Saudi Arabia.



**Deborah Mukherji**  
Associate Professor of Clinical Medicine, Department of Internal Medicine, Division of Hematology Oncology, American University of Beirut, Lebanon.



**Hikmat Abdel Razaq**  
Professor and Chairman, Department of Medicine, Chief Medical Officer and Deputy Director General, King Hussein Cancer Center



**Raya Saab**  
Acting Director, Children's Cancer Institute Director, Pediatric Cancer Research Program, Associate Professor - Pediatric and Adolescent Medicine, American University of Beirut, Lebanon.



**Nasim Poughazain**  
Technical Officer, NMH Department, WHO/EMRO.

The presentations in this event focused on the following topics.

- ➔ Cancer Burden and profile in the Eastern Mediterranean Region (EMR).
- ➔ Country responses and Planning of cancer in EMR
- ➔ Cancer control in the context of COVID-19
- ➔ Cancer control in humanitarian crises in the region
- ➔ Pediatric cancer and new initiatives
- ➔ The status of cervical cancer and regional strategy to eliminate cervical cancer.

Attendees raised questions related WHO tools and mitigation strategy to support countries.

**Attendees: 87**

**Countries: Lebanon, Jordan, UAE, Qatar, Egypt, Iraq, Bahrain, Saudi Arabia, Tunisia, Sudan, Pakistan UK, France, Nigeria, Uganda, USA, France, India**

8:30 am – 10:00 am

**C3 Collaborating for Health International Breakfast Seminar: Cancer prevention.***Big Tobacco on COVID-19: Breath taking exploitation*<https://www.c3health.org/blog/video-big-tobacco-on-covid-19-breath-taking-exploitation/>.**Speakers****HRH Princess Dina Mired**

Former President, Union for International Cancer Control, Jordan

**Dr Bronwyn King**

CEO, Tobacco Free Portfolios, Melbourne, Australia

**Dr Jose Luis Castro**

President and CEO, Vital Strategies

**Christine Hancock (Moderator)**

Founder &amp; Director, C3 Collaborating for Health

We had three big leaders in tobacco control and prevention and between them, they chose the title and also decided to have no presentations but to take questions from the audience. Christine Hancock introduced C3, a global charity focused on preventing chronic disease and smoking is the most significant risk factor but gets less attention. The panel introduced themselves:

**Princess Dina Mired** is a leading global advocate for cancer control and non-communicable diseases, as well as the President of the Union for International Cancer Control.

**Dr Bronwyn King** is a radiation oncologist by background, who founded Tobacco Free Portfolios after discovering her pension plan was in part, funded big tobacco.

**Dr Jose Luis Castro** is the President and Chief Executive of Vital Strategies, that works across 73 countries, advocating for stopping smoking in health facilities.

Questions came fast:

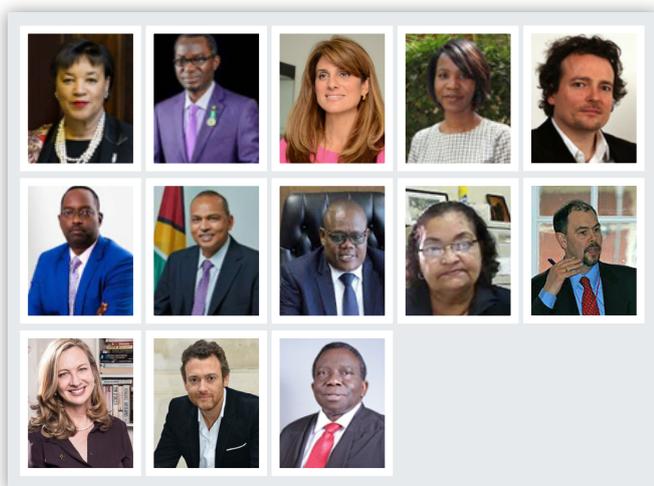
- ➔ On the impact of the pandemic, that in France tobacco stores were still open with huge demand, in Jordan tobacco has been listed as an “essential food” item. In the UK, a survey in July 2020 showed that 1 million people had quit

smoking from the start of the pandemic. In Australia since the pandemic began, there has been a 400% increase in calls to its quit services.

- ➔ On ways to take money from the tobacco companies (such as taxation) to help pay for the economic and public health impacts, and how to impede their social media and marketing strategies. Tobacco companies externalize all costs to public health and economies yet internalizes all of the profits. Taxation is “win-win” as higher costs puts people off purchasing the product.
- ➔ The role of the media and especially social media. Princess Dina has been to media events, where they have in fact been sponsored by Phillip Morris, and that media conglomerates are taking money from tobacco companies unapologetically. Product placement raises big issues, especially over social media. Younger people need to get involved, and tougher policies from global companies like Google and Facebook are needed. Jose also mentioned various global hard-hitting campaigns that have been created, which have proved very effective and are available for tobacco free advocates. Princess Dina felt there is more traction speaking with teenagers about big conspiracy and the implications of smoking and the tobacco companies – making them see themselves as cash cows for the industry.
- ➔ Eight million deaths globally will happen this year as a result of smoking. The tobacco industry has not gone away and smoking remains a killer, especially in LMIC. People do not know that investment in pension funds can often include tobacco. Companies should not await studies but use this unique period of time to be strategic and continue with collaborations to creatively advance tobacco control, and finally, take this opportunity to “step-up” efforts as prevention is surest way.

**Attendees: 80**

**Countries: Jordan, Lebanon, Malaysia, UK and others**



**10.00 am – 12.15 pm.**

**Commonwealth Policy Response to Cancer Prevention and Cervical Cancer Elimination**

*Hosted by the Commonwealth Secretariat (Invitation only) We are grateful to the Secretariat for the following report:*

The first of the two London Global Cancer Week events was focused on the review and development of policy around prevention and treatment of the disease. **The Rt Hon. Patricia Scotland** opened the meeting then handed the reins to **Dr Osahon Enabulule**, president of the Commonwealth Medical Association, who acted as Chair.

The event attracted eminent people such as **HRH Princess Dina Mired of Jordan** whose powerful keynote speech focused on how cervical cancer elimination in the Commonwealth could pave the way for more efficient health systems, and solutions to the challenges posed by other cancers and non-communicable diseases. She also highlighted the opportunities to strengthen implementation of Universal Health Coverage. In her presentation, **Dr Miriam Mutebi**, chair of the board for the Union of International Cancer Control (UICC), focused on the implementation of the World Health Organization's (WHO) global strategy and the life course approach for cervical cancer elimination. **Dr Freddy Bray**, Head of Cancer Surveillance Section at the International Agency for Research on Cancer (IARC), gave an overview of cancer prevalence and trends in the Commonwealth, and discussed the importance of predominant cancer surveillance mechanisms in Africa. **Mark Lodge**, Convenor of LGCW and UK Director of International Network for Cancer Treatment and Research, provided the audience with the vision and holistic overview of LGCW 2020.

Rwandan Minister of Health, **Hon Daniel Ngamije**, Guyanese

Minister of Health **Hon Dr Frank Anthony** and Zambia's Permanent Secretary, **Dr Kennedy Malama** outlined their countries' efforts toward cervical cancer elimination and the management and control of other types of cancers, while the Permanent Secretary for Zambia presented the country's path to cervical cancer elimination. **Dr Natalia Largaespada Beer**, technical adviser of Belize's Maternal and Child Health Unit, also shared her country's experience with cervical cancer elimination, including how it navigated the current challenges of the pandemic. And **Professor Karen Canfell** outlined the strategies that put Australia on track to being the first country to actively eliminate cervical cancer.

The academic and research perspectives on women's health, equity and cancer control were provided by **Professor Richard Sullivan** of Kings College London. **Professor Isaac Folorunso Adewole** closed the event with a call to collective action on cervical cancer, outlining the key strategic steps that the Commonwealth should consider. His recommendations were based on political commitments and action, costed cancer control plans, vaccination access and affordable pricing, research and centres of excellence and regional collaboration.

The event ended with the unveiling of the Secretariat's awareness campaign, delivered in collaboration with LGCW – a key contributor to the fight against cancer. One of the highlights of LGCW's 2020 campaign, it also featured former Nigerian Health Minister **Isaac Adewole**, Bangladeshi actor, teacher and child protection worker **Jaya Ahsan**, NHS England Cancer Director **Dame Cally Palmer**, New Zealand's National Cancer Control Director **Professor Diana Sarfati** and many others. At the event, The Secretary-General shared that "Commonwealth members including Australia and Rwanda have shown us that prevention is not only possible but achievable when we prioritise and invest in pioneering technologies and prevention strategies..... *"I believe if we draw on the expertise and best practices and approaches, inside and outside the Commonwealth, and work collaboratively, we can eliminate this disease."*

In a later statement posted online the Commonwealth Secretariat (Annex1) reported:

*"The Secretariat unveiled its awareness campaign at the high-level virtual event, hosted in partnership with the Commonwealth Foundation and the organisers of the 2020 London Global Cancer Week (LGCW). The campaign was one of the highlights of this year's LGCW – a key contributor to the global fight against cancer."*

**Attendees: 83**

**Countries: Jordan, Lebanon, Malaysia, UK and others**

12:00 pm - 1:30 pm

**Antimicrobial resistance (AMR) and its impact on cancer care**

Hosted in collaboration with the Union for International Cancer Control and the Wellcome Trust

**Speakers**

**Sonali Johnson (Moderator)**  
Union for International Cancer Control  
(Chair)



**Abdul Ghafur**  
Consultant and Adjunct Associate Professor in  
Infectious Diseases and Clinical Microbiology,  
Apollo Hospitals, India



**Dame Sally Davies**  
UK Special Envoy on Antimicrobial Resistance



**Gemma Buckland Merrett**  
Science and Research Lead Drug-resistant  
Infections, Wellcome Trust, UK



**Lillian Sung**  
Scientific Committee Member, International  
Society of Paediatric Oncology (SIOP)



**Jon Kirknes**  
Head of Department, Norwegian Cancer Society

LGCW 2020 was an ideal platform to bring together experts from the cancer and AMR fields to discuss the problem and what action needs to be taken. Some of the key issues and messages mentioned in this session included:

- ➔ AMR is a global crisis and one of the biggest health threats we face now.
- ➔ Cancer patients are the most vulnerable and on the front line of the impending crisis. Chemotherapy, radiotherapy and surgery all depend on a safety net of effective antibiotics.
- ➔ Wellcome commissioned RAND Europe to perform a rapid assessment of the evidence on AMR's impact (across multiple domains – e.g. mortality, length of stay) on key areas of health care – cancer, transplants, HIV, diabetes, neonatal, immunodeficiency, trauma, liver and kidney disease, and general surgery – (i) with regard to Mortality: the report showed that patients with cancer may be at increased risk of dying if they acquire a drug-resistant infection compared to non-cancer patients, with regard to (ii) with regard to health outcomes: patients with cancer who acquire a resistant infection may have an increased risk of poorer health outcomes compared to non-cancer patients, and specifically have a greater risk of sepsis, with regard to (iii) with regard to length of hospital stay: it is unclear if patients with cancer need to spend longer in hospital if they acquire a resistant infection. With regard to risk of AMR, Hospital stays, inflammation of the gastrointestinal tract, and use of multiple antibiotics increase the risk of patients with cancer acquiring a drug-resistant infection. Wellcome's goal is to use this evidence to help mobilise patient and public advocacy and push for more ambitious policy action on AMR.
- ➔ One of the panellists focused on the importance of infections in paediatric cancer patients, and how these infections were one of the most common causes of death during treatment. It was also mentioned that the consequences of high rates of resistance in centres were increases in toxicity, higher costs and increasing risk of infections not susceptible to any antibiotic and death in children who could otherwise be long term survivors. The need to highlight the availability of guidelines for management of infections was also mentioned along with raising awareness within the families of cancer patients on the issue (i.e guideline summaries for patients).
- ➔ It was mentioned that most countries have not implemented their National AMR action plans and that it was perhaps time for WHO to relaunch the Global action plan on AMR.
- ➔ The Cancer and infectious diseases communities need to come together towards research collaborations, share knowledge and best practises and move towards innovative strategies for treatment and infections control for patients and better policy.
- ➔ The WHO has addressed the importance of collaboration to prevent and control infections and to ensure the proper use of existing antibiotics. Proper use must be ensured in the human, animal and agricultural sectors (the one health approach).
- ➔ The WHO now points out that several large pharmaceutical companies have joined forces with The European Investment Bank, the Wellcome Trust and the WHO to accelerate the innovation of new antibacterial therapies via the AMR Action Fund. The need for new vaccines and diagnostics was also mentioned.
- ➔ The need for strong resilient health systems was mentioned. The theme for this years WAAW, was 'Handle with care', recognizing the role of stewardship and preserving out antibiotics and fragile supply chain.
- ➔ Messages about impact of antibiotic resistance tested better when they were framed in terms of the potential to

undermine modern medicine – e.g. cancer care.

- ➔ All the panellists mentioned the importance of the public – all of us, in tackling this issue, including school children, families of cancer patients etc.
- ➔ UICC will continue to ensure that the issue of addressing AMR for improving cancer care outcomes is high on the global oncology agenda.
- ➔ Effective action to tackle AMR will help prevent a reversal of successes in improving cancer outcomes - Key to driving this action is to mobilize patients and the public behind

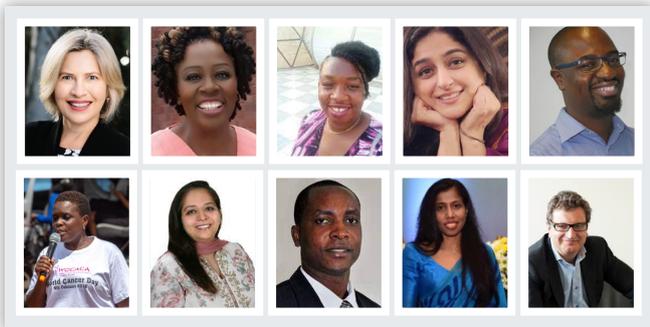
**Attendees: 47**

**Countries: India, Norway, UK, Switzerland, Sweden, USA, Egypt, Canada, France, Lebanon, Nigeria, Greece, Niger, Israel, The Philippines, Myanmar and Samoa**

**2:00 pm - 4:00 pm.**

#### **Advocacy towards Commonwealth collective action on cancer prevention and cervical cancer**

*Hosted by The Commonwealth Secretariat in collaboration with The Commonwealth Foundation. We are grateful to the Secretariat for the following report:*



Chaired by **Anne Therese Gallagher AO**, Director-General of The Commonwealth Foundation, this event featured the moving experiences of cancer survivors and the perspective of civil society and the private sector on what is needed in the Commonwealth to eliminate cervical cancer by 2030. The event was sectioned into panels, with Jamaican **Yvonne Dunkley**, **Dr Pintos Egesimba** from Nigeria and **Nadia Jamil** from Pakistan leading the testimonies and perspectives of cancer survivors who had become advocates.

Panel Two explored the contributions of grassroots organisations working with rural communities, in hospitals and with young people and people living with HIV. It was led by **Allan Maleche**, executive director of The Kenya Legal & Ethical Issues Network on HIV and AIDS (KELIN); **Maud Mwakasungula**, executive director of Women Coalition Against Cancer Malawi; **Dr Monika Arora**, executive director

of Health Related Information Dissemination amongst Youth (HRIDAY), and **Dr Owen Gabriel** oncologist representative of the Healthy Caribbean Coalition.

In Panel Three, **Nirmali Samaratunga**, chairperson of National Cancer Prevention & Early Detection Project at Rotary Club of Colombo, Sri Lanka; **Greg Perry**, Assistant Director General of International Federation of Pharmaceutical Manufacturers and Associations and **Anil Arusha**, medical director of Merck Sharpe and Dohme, shared messages about partnership, the need to address vaccine hesitancy and the major milestones in research and innovation.

Three key messages were prominent in the advocacy event:

- ➔ A call for a commitment to investment and financing to increase rates of health literacy and improve access to health services.
- ➔ A commitment to step-up advocacy to remove barriers to health such as stigma, shame and destructive gender norms.
- ➔ Action to boost vaccine confidence at every level of society.

The event also tackled cancer-related concerns, with HIV specialists from organisations such as KELIN stressing that understanding the needs of people living with HIV is essential to cervical cancer elimination. The keynote speech from Julie Torode, deputy CEO and director of Advocacy and Networks at UICC pointed to three early steps the Commonwealth should consider:

- ➔ A strong commitment from Commonwealth governments to eliminate cervical cancer.
- ➔ Collaboration between governments and the World Health Organization on feasible models and specific timelines for national action.
- ➔ Government coordination to conduct an early update of national cancer control plans with a clear strategy for cervical cancer elimination.

**Rt Hon. Patricia Scotland**, Secretary General of the Commonwealth closed the event with a powerful call for action and continued collaboration across all sectors of society on the elimination of cervical cancer in the Commonwealth. At the end of the session, the Director General of The Commonwealth Foundation summarised discussions, focusing on the need for a holistic, people-centred approach to all cancers, special attention to populations at risk of being left behind, including women, rural populations, those living with HIV and young people; and strong investment in public health.

**Attendees: 151**

**Countries: Not reported**

**DAY 6 Friday 20 November 2020**

11:00 am – 12:30

**Improving support for women and cancer**

Hosted by Roche Products

**Speakers****Dr Julie Torode**

Deputy CEO and Director of Advocacy and Networks for the Union for International Cancer Control (UICC)

**Dr Lydia Dsane-Selby**

Chief Executive of the National Health Insurance Authority (NHIA), Ghana

**Teresa Graham**

Head of Global Product Strategy, Roche, Switzerland

**Ranjit Kaur**

President, Breast Cancer Welfare Association Malaysia and breast cancer survivor

**Shiulie Ghosh (Moderator)**

Journalist and former TV news anchor, BBC, Al Jazeera

This session was managed in two parts; the first addressed the increasing incidence of cancer and how the health care system needs to accommodate women's perspective; the second part addressed the impact of COVID-19 on global cancer care and lessons learned from the pandemic so far.

**Part one**

Started with a discussion around the recently launched WHO strategy for global cervical cancer eradication. The audience then heard about the National health Insurance Scheme in Ghana and how this has helped with improving the affordability of breast and cervical cancer treatment. Examples of ways healthcare companies such as Roche, can contribute were discussed, such as adopting a holistic approach, integrated solutions and addressing the spectrum of the cancer patient's journey. The importance of data collection was discussed. Ranjit Kaur presented the patient view and how tackling social, intellectual and psychological aspects are a necessity. Cost effectiveness of different screening tools for breast cancer in different contexts was raised. A discussion was had around how imperative universal health coverage is for cancer control. Towards the end of this part of the session a conversation was had about how a more proactive approach to health care was needed and how working in partnership with the public could improve this.

**Part two**

Of the panel discussion addressed the effect of COVID-19 on cancer patients and their carers and how services such as surgery and radiotherapy have had to adapt to safely continue treating patients. Sadly, the delays in cancer diagnostics, leading to stage shift and worse outcomes during the pandemic in high income countries which will undoubtedly also be seen in LMIC. The panel acknowledged that health systems will need to adapt and resilience built in case of future pandemics. The "silver linings" of the pandemic such as increase use of telehealth and digital technology were discussed. COVID-19 has exposed gender inequity in all health care systems across the world highlighting it as an even more important issue. What the healthcare sector can do to improve cancer treatment such as ease of access for women receiving cancer treatment and clinical trial design was discussed.

**Conclusions**

On what high level factors will improve health outcomes for women with cancer globally were presented which included engaging with the public on education, working together across disciplines and groups to find solutions, acknowledging that cancer control isn't "unaffordable" for most countries and data collection.

**Attendees: 68**

**Countries: UK, Australia, Switzerland, Germany, India, Argentina, France, Nigeria, Niger, Philippines, Austria, Georgia, Ghana, Kenya, Malaysia, Slovenia**

1:30 pm – 3:00 pm

**International collaboration to advance global cancer research and control: The US National Cancer Institute perspective**

Hosted by US National Cancer Institute Center for Global Health

**Speakers****Dr Satish Gopal (Chair)**

Director, US National Cancer Institute Center for Global Health

**Dr Yehoda M Martei MD, MSCE**

Assistant Professor of Medicine, University of Pennsylvania, Philadelphia, PA, USA

**Dr Partha Basu MD, PhD,**

Head, Screening Group, Early Detection and Prevention Section, International Agency for Research on Cancer, Lyon, France

**Dr Valeria I Fink MD**

Clinical Researcher, Fundación Huésped, Buenos Aires, Argentina

This webinar showcased successful global cancer research partnerships and collaborations, highlighting different aspects of partnership-building and offering lessons learned and recommendations.

**Dr Satish Gopal** provided an overview of global cancer research at National Cancer Institute Center for Global Health (NCI/CGH) and specific examples of real-world impact from global cancer science supported by NCI/CGH. He identified future opportunities and directions being taken at the NCI/CGH

**Yehoda M Martei's** presentation *Building a Career in Global Cancer Research Through Mentored Research Training Opportunities* described setting up effective mentorship as a young investigator, building successful research partnerships and research teams in global health sites and National Cancer Institute Center for Global Health (NCI/CGH) global cancer research opportunities for young investigators

**Partha Basu** spoke to *The Role of Collaborative Research to Identify Effective and Affordable Technologies and Inform Global Policies in Cancer Prevention*. Academia, industry and international organizations have complementary roles in advancement of technologies. NIH sponsored research have supported the development of a much-needed technology. The research informed a WHO recommendation, which led to wider implementation of the technology in cervical precancer treatment. The WHO recommendation also identified research gaps in the area that the researchers are addressing

though supplementary studies

**Valeria I Fink's** presentation was titled *International Research Networks: Capacity Building and Advance in Scientific Knowledge*. She highlighted the different ways to become involved in cancer research (e.g. from HIV to cancer), opportunities from NIH-sponsored networks for LMIC and improving local capabilities and reinforcing local researchers' skills, thereby leveraging science across the globe.

The event highlighted the accomplishments of several NCI-funded global oncology researchers, who reflected not only on their research outcomes but on the impact of international collaboration on those outcomes. Their presentations explained the benefits of building partnerships to advance science and strengthen cancer research and control capacity, provided best practices for building effective and sustaining partnerships, and discussed the role of implementation science research in translating scientific outcomes from these collaborations into evidence-informed practice.

**Attendees: 98**

**Countries:** [Argentina](#), [Austria](#), [Botswana](#), [Canada](#), [Colombia](#), [Egypt](#), [France](#), [India](#), [Indonesia](#), [Japan](#), [Kenya](#), [Lebanon](#), [Nigeria](#), [Russia](#), [South Africa](#), [Switzerland](#), [UK](#), [USA](#)

3:00 pm - 5:00 pm

**Bridging the cancer divide between two worlds – collaboration, partnership and conditions for success**

Hosted by Two Worlds Cancer Collaboration

**Dr Simon Sutcliffe (Chair)**

President, Two Worlds Cancer Collaboration, Canada

**Speakers****Sandi Broughton**

Executive Director, Two Worlds Cancer Collaboration; Chair of the Research Ethics Board for the Interior Health Authority in British Columbia, Canada

**Gillian Fyles**

Palliative Access Director – India, Two Worlds Cancer Collaboration, Canada

**Megan Doherty**

Paediatric Palliative Access Director – South Asia, Two Worlds Cancer Collaboration, Canada

**Stuart Brown**

Consultant, Palliative Medicine, Waikato Hospital, New Zealand

This session provided a demonstration of what is being done in Palliative Care in South Asia and described building programme capacity and scaling up of activities within and between countries in the South Asia region. In their presentations the speakers emphasised the importance of identifying the core components of population-based PC capacity & capability and the key considerations determining probability of achieving goals. They also considered the development of novel technologies/communication (internet /zoom/ECHO) to overcome issues of distance, geography, travel, time and the opportunities these innovations offer for the introduction of new programmes/projects e.g. oral cavity cancer screening. Attendees were encouraged to contact the Two Worlds Collaboration if they wished to follow-up the discussion beyond the presentation.

*Attendees: 35*

*Countries: Canada, Sweden, UK, USA, New Zealand, Lebanon, Colombia, India, Nepal, Afghanistan, Russia, Bangladesh, UAE, Australia, Nigeria, France, Netherlands, Estonia, Niger*

# LONDON GLOBAL CANCER WEEK 2020 – THE REVIEW

## Issues addressed in London Global Cancer Week 2020

The top five issues most frequently addressed during London Global Cancer Week 2020 (LGCW 2020) were: equity (1st =), cervical cancer (1st =), the effect of the COVID-19 pandemic (3rd), childhood cancer (4th =) and the importance of having access to reliable information/cancer surveillance data (4th =). Based on the reports supplied by the event hosts the frequency of key issues addressed in LGCW 2020 events were as follows:

Equity	7
Cervical cancer	7
COVID-19	5
Childhood cancer	4
Information/cancer surveillance data	4
Financing	3
Training	3
Research	3
Palliative care	2
Technology	2
Antimicrobial resistance (AMR)	1
Breast cancer	1
Cancer planning	1
Cancer prevention	1
Diagnostics	1
Nursing	1

## Attendance and diversity

The known attendance at LGCW 2020 events was 1902. LGCW 2020 participants were based in 97 countries. A full list of the countries is included in Panel 1.

## Access and connectivity

The opportunity to attend LGCW events was dependant on the status of the event (i.e. open or closed), affordability; availability of the attendee; reliable access to the internet; and experience with cloud-based video conferencing services.

- ➔ Access to only two events was restricted by the hosts. (*Making the case for cancer control and prevention* (The Royal Institute of International Affairs Chatham House members' event, Wednesday 18 November) and the Cancer Prevention: Policy Session (Commonwealth Secretariat

closed meeting, Thursday 19 November)

- ➔ Twenty-one of the 22 events did not require a registration fee
- ➔ Regionally relevant events were scheduled to correspond with local time zones. Many of the events were videorecorded and these filmed records are being made available on the LGCW 2020 website for later reference
- ➔ Although event hosts experienced occasional lapses in internet connection, all hosts reported satisfactory levels of connectivity. A multiplicity of video conferencing services were used including: Blue Jeans, Bright Talk, GotoWebinar, Webex and Zoom. Zoom was the most popular platform, being used in 14 of the 22 events.

## Hosts' experience of London Global Cancer Week 2020: How happy were our hosts?

The event hosts were invited to rate their level of satisfaction with the Week's organisation and their experience as meeting hosts on a scale of 1 to 10. 15 Event hosts responded with a cumulative score of 136.5 out of 150 (mean average score 9.1, range 8 – 10). The following comments were received:

- ➔ It was very rewarding to arrange and host a meeting with such esteemed and knowledgeable presenters. As the host, it was a great opportunity to question these experts and stimulate discussion based on the feedback and participation from the audience – which was easier than in a real-life setting! (RSM Oncology Group)
- ➔ The event was well organised and publicised and gave us a platform to highlight this initiative (CReDO)
- ➔ LGCW organiser support was excellent (UKONS)
- ➔ It was a positive event that stimulated a great deal of interest and brought participants together while also creating a common set of objectives going forward. INCTR and GCPA & SIDCER want to express their strong appreciation for the quality of the overall LGCW and the great work put into it by the organisers and the support staff. We recognise that putting together a virtual conference during this difficult period is far from easy. Our own session went off without a hitch and all of the participants were pleased for the opportunity LGCW 2020

## Panel 1. London Global Cancer Week 2020: Participants came from 97 Countries

Afghanistan	Ecuador	Lebanon	Saudi Arabia
Angola	Egypt	Libya	Senegal
Antigua and Barbuda	Estonia	Malawi	Singapore
Argentina	Eswatini	Malaysia	Slovenia
Australia	Ethiopia	Mali	Somalia
Austria	France	Mauritius	Somaliland
Bahamas	Gabon	Myanmar	South Africa
Bahrain	Georgia	Nepal	South Korea
Bangladesh	Germany	Netherlands	Spain
Barbados	Ghana	New Zealand	Sri Lanka
Belgium	Greece	Niger	Sudan
Belize	Guyana	Nigeria	Sweden
Botswana	Hong Kong SAR	Norway	Switzerland
Brazil	Iceland	Oman	Thailand
Burkina Faso	India	Pakistan	Trinidad and Tobago
Cabo Verde	Indonesia	Peru	Tunisia
Cameroon	Iraq	Philippines	Turkey
Canada	Ireland	Poland	Uganda
China	Israel	Portugal	United Arab Emirates
Colombia	Italy	Qatar	United Kingdom
Côte d'Ivoire	Jamaica	Romania	United States of America
Croatia	Japan	Russian Federation	Zambia
Democratic Republic of the Congo	Jordan	Rwanda	Zimbabwe
Denmark	Kenya	Saint Lucia	
	Kuwait	Samoa	

presented to discuss the importance of global cooperation in cancer treatment and research, most especially in the current context of the COVID-19 pandemic. The diversity of topics and the depth of expertise within the overall conference was remarkable. (GCPA/INCTR)

- ➔ As the event host, we got out a positive feeling about this event with a lot of questions and emails of satisfaction. (AMCC)
- ➔ It is a very nice alternative way to bring people together under the current global challenge (COVID-19 global pandemic). (AFCRN)
- ➔ This was a great opportunity to make people aware of the (Childhood Cancer) Commission and we had a really lively Q&A session so it was clear that this is a topic of high interest. (*The Lancet Oncology*)
- ➔ It was a good opportunity to revisit the work of *The Lancet Oncology's* two prior Commissions on cancer control in Latin America, asking how the landscape has evolved in the 5 years since the last report and what needs to be done now to re-energise and re-vitalise cancer care in the region. (LACOG & SLACOM)
- ➔ The week activities were found very useful and insightful. The session was deemed a success as it drew over 80 attendees. (Eastern Mediterranean Region NCD Alliance)
- ➔ Excellent to connect with the speakers, discussions about future seminars and collaborations are in progress. (C3)
- ➔ Following the events, the speakers also found the event thoughtful, well-coordinated, and an excellent learning experience... We had a very positive experience working with the LGCW team and found the event to be well-coordinated. National Cancer Institute Center for Global Health. (NCI/CGH)
- ➔ The level of communication, support, attention to detail and exposure of the LGCW program and purpose has been excellent. (Two Worlds Collaboration)

**Audience response: How happy were the attendees?**

The event hosts were also invited to share the feedback they had received from the participants attending their sessions. The following responses were provided:

**Monday 16 November 2020**

8:00 am – 9:00 am

*The COVID-19 pandemic: An African perspective*

I enjoyed the pace of the webinar.

The presentations were short and informative. I also relished the way some presenters referred to previous presentations. I loved how the moderator summarised all of the presentation.

12:30 pm – 5:00 pm

*Oncology in low-middle income settings: The impact of the COVID-19 pandemic*

The global oncology community came together for this event to contribute to useful, significant discussion on the impact of COVID-19. The webinar allowed presenters from across the world to join together and share their expertise making this a truly global event. ... The response was very positive, with all of the involved speakers giving positive feedback on the experience, and many attendees stating how impressed they were with the variety of speakers and the content covered.

**Tuesday 17 November 2020**

8:00 am – 9:00 am

*The CReDO workshop: Shaping the future of global oncology research*

The response from attendees has been very encouraging and positive. The event was well organised and publicised.

9:30 am – 3:30 pm

*The global power of oncology nursing*

Feedback amazingly positive – formal feedback being collated. Feedback from one non-nurse speaker: “It was a small humble effort on my part to support the amazing work that you all do day in day out. Fantastic Day”.

3:30 p.m. – 5.30 p.m.

*Research & treatment of paediatric cancers during COVID-19: International perspectives.*

As well as being positive, the responses (many unsolicited) also focused on the continual development of the shared objectives and the outcome.

**Day 4 Wednesday 18 November 2020**

8.00 am – 10.00 am

*International Breakfast Webinar: Global surveillance of cancer survival – CONCORD Programme*

They were very complimentary about the content of the webinar and the engagement and delivery of the presenters.

10:00 am – 10:45 am

*Reference centre for the diagnosis of childhood cancers in Senegal*

Numerous good appreciations about the project.

10:45 am – 12:45 pm

*Cancer surveillance in Africa*

Very well received and people were happy to see each other after a long time.

1:00 pm – 3:00 pm

*Sustainable care for children with cancer: A Lancet Oncology Commission*

“Very positive response from the speakers.”

3:00 pm – 5:00 pm

*Emerging Technologies and clinical research in Latin America*

“The speakers and the Presidents of the two major societies in Latin America (LACOG and SLACOM) were very pleased with how the event was organised, how it was received in their communities, and importantly how it highlighted the issues in their part of the world to wider global audience.”

6:00 pm – 7:00 pm

*Making the case for cancer control and prevention*

Positive response, with many people asking for a recording after the event, and connections made during the webinar, sharing of academic articles.

**Thursday 19 November 2020**

8:30 am – 9:30 am

*C3 International Breakfast Webinar: Cancer prevention*

“Very informative and enlightening”. “What an amazing panel discussion - brilliant, thanks so much!”

12:00 pm - 1:30 pm

*Antimicrobial resistance (AMR) and its impact on cancer care*

We received good feedback on the event. A few participants congratulated us on the event.

2:00 pm – 4:00 pm

*Advocacy towards Commonwealth collective action on cancer prevention and cervical cancer*

“It was a pleasure to participate at these events.” “Great job and great panellists.” “Proud to be part of the Commonwealth.”

**Friday 20 November 2020**

1:30 pm – 3:00 pm

***International collaboration to advance global cancer research and control: The US National Cancer Institute perspective***

“Feedback from participants during the event via chat was positive and appreciative of the presenters’ views. Following the events, the speakers also found the event thoughtful, well-coordinated, and an excellent learning experience. The short length of each presentation (15–20 minutes) combined with unique stories across a shared theme seemed to hold participants’ attention”

3:00 pm – 5:00 pm

***Bridging the cancer divide between two worlds – collaboration, partnership and conditions for success***

All feed-back has been positive. The presentation appears to have been informative, educational and of value to participant understanding.

**Social media**

This year’s Twitter analysis shows an increase in engagement and impressions from our social media accounts, with London Global Cancer Week gaining 356 followers. During November 2020 1,610 accounts visited the London Global Cancer Week Twitter page and LGCW2020 Twitter received on average 4.4k impressions per day (126k Tweet impressions reported in November 2020 rising from <10k in September 2020). Twitter engagement spiked during the Week itself (15–20 November) with a massive increase in people tweeting before, during, and post the events. The most re-Tweets came from Tweets involving, or from, *The Lancet Oncology*, Royal Society of Medicine, and The Commonwealth. However, the posts with the most engagements (i.e. the total number of times a user has interacted with a tweet) came from “big picture” Tweets such as the Tweets at the start of the and end at the end of the Week.

Event hosts were invited to share their social media data. Unfortunately the majority of the event hosts were not in a position to provide this data. We are grateful for the following responses that we received:

- ➔ **AORTIC** October 2020 Top Tweet earned 2,299 impressions (“We are pleased to announce that AORTIC will be hosting a breakfast session on Monday 16 November @ 08h00 - 09h00 (London time / BST (UTC+1hrs) during the London Global Cancer Week. Register now to secure your place!”) **November 2020 Top Tweet earned 2,934 impressions**
- ➔ **National Cancer Institute Center for Global Health (NCI/CGH) @NCIGlobalHealth** published 8 tweets related to

the session between October 22 and November 20, 2020.

The tweets resulted in a total of 23,951 impressions and 825 engagements for an engagement rate of 4%. The Center for Global Health published a page on our website with a link to registration and session information (<https://www.cancer.gov/about-nci/organization/cgh/events/lgcw-2020>). *There were a total of 220 visits from 169 unique visitors to the page in the 30 days leading up to the event, with 42 visits on the date of the session. Approximately a quarter of these visits were driven by social media posts.*

- ➔ **Two Worlds Cancer Collaboration ((TWCC): Facebook:** FB Following 373; 66% engagement on 3 posts; 17 shares. **Instagram:** 108 Followers; 2 Insta Posts = 10 likes; 2 Insta Stories, =29 views. **Twitter:** 149 Followers; 5 Tweets; Best engagement was Nov 19 Tweet, 408 impressions; 32 likes; 19 re-Tweets; Overall gain = 22 followers

**Discussion**

In 2020 London Global Cancer Week succeeded in growing in size and reach, increasing the number of events from 8 (2019) to 22, attended by more than 1900 people from 97 countries.

**Outcomes**

Rather than being a conventional international reporting conference or a profit making enterprise, one of the key characteristics of LGCW is its emphasis on being a catalyst for positive change. Feedback from the event hosts showed that the question “What was achieved?” presented a challenge. The launch of the UK Global Cancer Network and the strengthening resolve of the Commonwealth to pursue a policy of collective action on the elimination of cervical cancer can be cited as two outcomes of LGCW 2020, while the enthusiasm generated by the “Global power of oncology nursing” event might translate into the formation of an effective advocacy grouping.

**Press relations**

By most criteria LGCW has a phenomenal story to tell but for the second year running the staging of LGCW in November attracted nil interest in the UK printed /broadcast media. Reasons can be offered for this – in November to December 2019 Brexit and the UK election were of major concern, whereas in November-December 2020 it was COVID-19, the results and aftermath of the US election and Brexit (again) – but this does not explain the lack of traction achieved during the months preceding the Week.

**Timings**

The issue of timing was raised by more than one event host. The current arrangements do not recognise time zone

differentials, placing the audiences and speakers from LMIC in regions most distant from the Greenwich Meridian at a disadvantage, with the result that their participation was more unlikely.

#### *Language*

Language also limits access for large parts of our global audiences. Part of the presentation of the AMCC event during LGCW 2020 had necessarily to be delivered in French, offering greater benefit for attendees from Francophone Africa. The Arabic audience for the EMR region event and also the number of Spanish speaking and Lusophone attendees at the LACOG / SLACOM may have been bigger if the speakers had been able to make their addresses in their mother tongue accompanied by an English language translation.

#### *Engagement with UK institutions*

Less than 12 months old, in 2020 LGCW spread its wings and brought in the major international institutions listed in Part I. It is gratifying that our global partners at WHO, IARC, IAEA The Commonwealth, National Cancer Institute Center for Global Health (NCI/CGH), Tata Memorial Centre, Mumbai and the UICC have already expressed a keenness to take part in LGCW 2021. Their involvement is critical for reflecting the Week's international standing and for attracting a global audience. In contrast there was little interest in LGCW 2020 shown by senior UK institutions and, in some cases an active unwillingness to engage with the Week was encountered. A mapping exercise conducted by the UKGCN has revealed an extensive reservoir of dedicated clinicians, researchers and NGOs at ground level within the UK that are committed to improving the care of cancer patients LMIC. Royal Colleges, UK Research bodies and professional associations are also active in this field. Persuading them to move out of their silos and join in the global discussion is also a work in progress.

#### *Funding*

The challenge of securing funding for LGCW remains a continuous concern. The success of its inauguration in 2019 and having earned the generous and active support from *The Lancet Oncology* made an important difference to its funding prospects and the Week was successful in securing sponsorship from Bristol Myers Squibb and from Roche Products. Identifying funding must be a priority task for LGCW 2021 as we renew the search for sponsorship in a far more difficult economic climate.

### **Task list for LGCW 2021**

#### *Outcomes*

Invitations will be sent to the confirmed LGCW 2021 hosts

inviting them to an early (March 2021) briefing on the arrangements for this year's LGCW, during which emphasis will be placed on using the opportunity to achieved measurable outcomes.

#### *Press relations*

The LGCW press strategy should be revised, and include the creation of a international press pool of correspondents that would be interested in the development and delivery of this unique global cancer event, and the scheduling of periodic briefings before the commencement of LGCW 2021.

#### *Timings*

The programme for LGCW 2021 will be restructured to take into account global time zones.

As far as possible, the hours of 6 am – 10 am (GMT) will be reserved for events with particular relevance to audiences in WHO WPRO, SEARO and EMRO regions; from 10 am – 5pm (GMT) for events relevant to audiences in the EURO AND AFRO regions; from 5pm -9pm (GMT) for events relevant to audiences in the PAHO region.

#### *Language*

Translation is expensive and can be logistically difficult but Year 3 must be the year to start exploring ways in which simultaneous translation could be offered for some LGCW events

#### *Engagement with UK institutions*

The relevant offices of Royal Colleges, UK Research bodies and professional associations with a track record of engagement in global cancer care in LMIC should be invited to participate by hosting an event during LGCW. They should also be kept informed of developments in the run up to LGCW 2021, via briefings, newsletters and social media.

#### *Funding*

The organisers are looking at innovatory strategies for involving the private sector in a transparent ways that offers sponsors an equitable platform and the opportunity, to our audiences, of hearing new thinking about problems that continue to beset the delivery of care to cancer populations in LMIC. ■

# PLANS FOR LONDON GLOBAL CANCER WEEK 2021 (14–19 NOVEMBER)

Thirty-three online events have been confirmed for the period Sunday 14 November to Thursday 18 November (see below). The following institutions and groups have confirmed their participation in LGCW 2021:

- ➔ African Cancer Registry Network
- ➔ African Organisation for Research and Training in Cancer (AORTIC)
- ➔ Alliance Mondiale Contre le Cancer (AMCC)
- ➔ C3 Collaborating for Health UK
- ➔ Centre for Universal Health Chatham House Royal Institute for International Affairs
- ➔ The Chapel Royal, St James's Palace
- ➔ The Commonwealth Secretariat
- ➔ CONCORD London School of Hygiene and Tropical Medicine
- ➔ Eastern Mediterranean Region NCD Alliance
- ➔ INCTR Challenge Fund
- ➔ International Collaboration for Research Methods Development in Oncology (CReDO)
- ➔ International Agency for Research on Cancer (IARC)
- ➔ International Atomic Energy Agency (IAEA)
- ➔ International Society of Paediatric Oncology (SIOP)
- ➔ *The Lancet Oncology*
- ➔ National Cancer Institute Center for Global Health (NCI/CGH)
- ➔ Royal College of Surgeons of England
- ➔ Royal Society of Medicine Oncology Group
- ➔ Two Worlds Collaboration
- ➔ UK Global Cancer Network
- ➔ Union for International Cancer Control (UICC)
- ➔ World Health Organisation (WHO)

Private sector organisations are being offered the opportunity to sponsor seminars scheduled for Friday 19 November.

Online briefings have been held with all the registered event hosts, and the importance of using LGCW 2021 to achieve measurable outcomes emphasised. The programme for LGCW 2021 has been restructured, taking into account global time zones and addressing cancer issues within regional contexts.

The LGCW press strategy is being revised and Royal Colleges, UK Research bodies and professional associations will be kept informed of developments in the run up to LGCW 2021. The possibility of providing English language translation on selected events is being explored.

## Conclusion

London Global Cancer Week has a strong and attractive USP as an accessible multi-disciplinary, multi-cultural event that focuses on the care being delivered to cancer patients in poorer resourced settings, is outcomes-driven and does not shy away from discussions around health equity.

In less than 12 months LGCW made huge advances on the international stage. The number of events hosted during LGCW 2020 increased from eight to 22 and achieved a far greater diversity than had been achieved in the first year. In the face of unprecedented logistical and economic disruption caused by the COVID-19 pandemic, LGCW 2020's success was primarily due to the hard work of its organisers and management team, to the active encouragement of colleagues at *The Lancet Oncology*, and to the financial support it received from its sponsors.

London Global Cancer Week remains a work in progress. The experience of LGCW 2020 provides helpful lessons for this year's organisers, as does the feedback from the Event hosts. As the World begins to right itself in response to COVID-19 and the competition from other major cancer conference events resumes, the challenge LGCW lies in taking on board the lessons of 2020, finding the financial resources to sustain its progress and keeping the support of the global institutions it has attracted while developing further its audiences in the LMIC and in the UK. ■

## Schedule of Events for London Global Cancer Week 2021

**Sunday 14 November**

8.00 am – 9.00 am	COVID-19 and cancer: lessons from low and middle income countries The CREDO workshop and the National Cancer Grid of India
9.00 am – 11.00 am	Learning lessons from COVID-19 – Building better cancer control in the Eastern Mediterranean Region. Eastern Mediterranean Region NCD Alliance
11.15 am – 12.30 pm	Mattins Service at the Queen's Chapel of the Savoy, Savoy Hill, London
1.00 pm. – 3.00 pm	Cancer post-COVID-19 in Africa. African Organisation for Research and Training in Cancer
3.00 pm – 5.00 pm	Annual Meeting - UK Global Cancer Network (Closed)

**Monday 15 November**

7.00 am– 9.00 am	Cancer Control in The Middle East <i>The Lancet Oncology</i>
9.00 am – 10.30 am	Population-based cancer registration in sub-Saharan Africa. African Cancer Registry Network
10.30 am – 11.30 pm	International Atomic Energy Agency (IAEA/NAHU) Special Programmes International Atomic Energy Agency (IAEA/NAHU)
11.30 am – 3.30 am	Integrated Strategies for Global Cancer Control by United Nations Agencies: Enabled by UN Agencies, Implemented by Countries World Health Organization, International Agency for Research on Cancer and International Atomic Energy Agency
11.30 am. – 12.30 pm	UN Joint Session #1: Cancer control today: are we on track to achieve SDGs?
12.30 pm – 13.40 pm	UN Joint Session #2: Effective cancer control planning: Addressing the gaps
13.40 pm – 14.45 pm	UN Joint Session #3: UN Programmes to accelerate implementation
14.45 pm – 15.30 pm	UN Joint Session #4: Implementation research to guide programme scale-up
5.00 pm – 6.50 pm	Cancer Care - a balance of costs. Royal Society of Medicine Oncology Section
5.30 pm – 7.30 pm	Cancer Control after the COVID-19 Pandemic: Challenges for Latin American Countries SLACOM and LACOG

**Tuesday 16 November**

8am– 9.30 am	Cancer survival trends in the Asia Pacific Region – The CONCORD and VENUSCANCER programmes. London School of Hygiene & Tropical Medicine
9.30 am – 11.00 am	AMCC Programme in sub Saharan Africa: Retinoblastoma, pathology and palliative care Alliance Mondiale contre le Cancer (AMCC)
11 am – 12.30 pm	Cancer survival trends in Europe – The CONCORD and VENUSCANCER programmes. London School of Hygiene & Tropical Medicine
1.00 pm – 5.00 pm	Celebrating the global power of oncology nursing: Compassion- Innovation – Strength
5.00 pm – 6.30 pm	Global surgical frontiers: Conversations on cancer. Royal College of Surgeons of England
6.30 pm – 8.00 pm	Cancer survival trends in Latin America – The CONCORD and VENUSCANCER programmes. London School of Hygiene & Tropical Medicine

**Wednesday 17 November**

7.00 am – 9.00 am	Celebrating oncology nursing: Compassion, innovation, strength: eastern regional meeting. Global Power of Oncology Nursing
9.00 am – 10.00 am	A new look at the War against Cancer from an economic perspective. The Open University
10.00 am – 11.00 am	Cancer care and social inclusion: Perspectives from East Africa. The Open University
11.00 am – 12.00 pm	UKGCN Survey: Links between UK and LMIC practitioners and researchers in Cancer UK Global Cancer Network
12.00 pm – 1.00 pm	Lunchtime event: Increasing global access to cancer treatments Chatham House Centre for Universal Health
1.00 pm – 3.00 pm	Women and cancer: A Commission update. Institute of Cancer Policy, Kings College London

Schedule of Events for London Global Cancer Week 2021 *continued*

3.00 pm – 5.00 pm	<i>The Lancet Oncology</i> Commission on Medical Imaging and Nuclear Medicine <i>The Lancet Oncology</i>
5.00 pm – 6.30 pm	Financing global expansion of cancer care and control Professor Rifat Atun, Harvard University
6.30 pm – 8.00 pm	Mapping childhood cancer centres International Society of Paediatric Oncology (SIOP)

**Thursday 18 November**

6.30 am – 8.30 am	Making collaborations relevant, respectful and impactful “on the ground” in lesser-resourced settings. Two Worlds Cancer Collaboration.
8.30 – 9.30 am	Obesity and cancer risk. C3 Collaborating for Health
9.30 am – 10.00 am	Project Hospice Nepal. INCTR Challenge Fund
10.00 am – 1.00 pm	Innovations in achieving equitable access and solutions for the screening and prevention of cervical cancer (Closed meeting) Commonwealth Secretariat
10.00 am – 12.00 pm	Cancer control in emerging economies: Lessons from the EECA (Eastern Europe and Central Asia) countries WHO EURO
12.00 pm – 1.00 pm	Developing psycho-social support within paediatric oncology in Africa – lessons from the field World Child Cancer in collaboration with Soleterre
1.00 pm – 2.00 pm	Cancer patients are the most obvious victims of the superbug crisis Union for International Cancer Control with The Wellcome Trust
2.00 pm – 4.30 pm	Elevating the needs of young people experiencing cancer in the Commonwealth. Commonwealth Secretariat
4.30 pm – 6.00 pm	Towards a more diverse and inclusive global cancer research workforce National Cancer Institute Center for Global Health (NCI/CGH)
6.00 pm – 8.00 pm	Celebrating oncology nursing: Compassion, innovation, strength. Western Regional Meeting. Global Power of Oncology Nursing

**Friday 19 November**

9.00 am – 5.00 pm	Sponsored Meetings
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# HOW THE COMMONWEALTH IS JOINING THE FIGHT AGAINST CANCER

23 March 2021

One of the important aspects of the Commonwealth's work is supporting member countries' efforts to prevent and treat non-communicable diseases such as cancers.

Last year, health advocates, cancer survivors and celebrities joined the Commonwealth's campaign to eradicate cervical cancer in its 54 countries.

## We can stop cervical cancer

Their message was "we can stop cervical cancer" with simple solutions such as vaccination and screening, which can save an estimated five million women across the globe by 2050.

Currently, the disease kills a woman every five minutes in the Commonwealth due to lack of access to vaccines and treatment, but 94 per cent of cases are preventable.

## Awareness campaign

The Secretariat unveiled its awareness campaign at the high-level virtual event, hosted in partnership with the Commonwealth Foundation and the organisers of the 2020 London Global Cancer Week (LGCW). The campaign was one of the highlights of this year's LGCW – a key contributor to the global fight against cancer.

The campaign featured former Nigerian Health Minister Isaac Adewole, Bangladeshi actress Jaya Ahsan, England's National Health Services Cancer Director Cally Palmer, New Zealand's National Cancer Control Director Diana Sarfati and many others.

## Invest in technologies and prevention

Commonwealth Secretary-General Patricia Scotland said: "Imagine sitting in front of a doctor and hearing the dreaded words: 'you have cancer'. Imagine having to break the news to your family. These were the heart-wrenching, devastating moments that we shared with our survivors last week.

"Their stories underscored the urgent need for the

Commonwealth to work with international advocates to raise awareness of this public health crisis, which affects every family, community and social class.

"Cervical cancer is particularly rampant in our member countries. The Commonwealth accounts for one-third of the world's population, but 40 per cent of global incidences and 43 per cent of mortality from cervical cancer."

She described these largely avoidable deaths as a "real tragedy" which can be prevented and treated.

The Secretary-General continued: "Commonwealth members including Australia and Rwanda have shown us that prevention is not only possible but achievable when we prioritise and invest in pioneering technologies and prevention strategies.

"I believe if we draw on the expertise and best practices and approaches, inside and outside the Commonwealth, and work collaboratively, we can eliminate this disease."

## Challenges and solutions

At the event, countries shared their challenges and solutions in providing effective prevention and treatment services. Representatives from Belize spoke about their new 'drive-through' clinics to ensure girls receive vaccination against human papillomavirus – a major cause of cervical cancer – during the pandemic.

Australia described the dramatic reduction in cervical cancer cases since the country introduced a national cervical screening programme in 1991 and a publicly-funded school immunisation initiative in 2007. The country is on the path to eliminating cervical cancer within 20 years with the current trajectory.

In the campaign video, Dr Sarfati said: "Cervical cancer is a second or third leading cause of cancer death for women in the Pacific. They need support and resources to help deliver

vaccine and screening programmes to prevent new cases.”

### **Supporting national efforts**

The Secretariat shared its ongoing initiatives to support national efforts in the 54 member countries to ensure all girls between nine-to-13 years old are vaccinated by 2025.

Representatives from member countries heard the powerful testimonies of survivors who spoke of the role of the language in cancer discussions, which can change public perception of the disease. This shift, they insisted, could encourage more people to receive vaccines and undergo screenings.

The Commonwealth Foundation’s Director-General, Anne Gallagher, stressed the importance of amplifying the human-interest angle in discussions about cancer.

She said: “We need to bring people into every aspect of cancer awareness, prevention and treatment. Whether it is the private sector, those working in rural communities, survivors and top oncology researchers, everyone said the same thing, people must be at the centre.”

The outcomes from the event will contribute to the policy proposals for the 2021 Commonwealth Heads of Government Meeting in Rwanda. ■

