Cancer care in 2023

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Looking over the events of the past year, and recalling discussions at the World Oncology Forum, Ascona, Switzerland; the World Cancer Leaders' Summit in Long Beach, California, USA; and most recently, the London Global Cancer Week, it is clear substantial challenges continue to hamper cancer control worldwide.

Stigma from a diagnosis of cancer is a global blight, particularly for people in low- and middle-income countries, and from certain cultures. Coupled with a lack of trust in health systems, it reinforces a perception that a cancer diagnosis is an inevitable and irreversible life-limiting event. Regrettably, this view is not without substance. Seen through the lens of inequities in early access to diagnosis and treatment between rich and poor citizens worldwide, the cost of cancer care – at both the macro (health systems) and micro (out of pocket expenses) level – can be catastrophic. Furthermore, most readily accessible evidence is based on research done in high-income countries with Caucasian patients. It typically does not take in to account the large variation in global cancer demography, gender, or the realities of access to care for patients living in rural areas versus those in urban centres. These are all big drivers of disparity in cancer outcomes. By 2030, there will be a need to double the expenditure on cancer care if we are to tackle existing shortages in resourcing of treatment centres; prevention and public health; strengthening of multi-disciplinary workforces; and reducing deficits in educational attainment.

Solutions do exist. Advocacy for, and the adoption of, Universal Health Care in each country is a prerequisite for addressing many of the inequities in the delivery of cancer care, but it needs to underwritten by a long-term financially sustainable plan and stable government. Better prevention, screening, and early detection is a must, as is access to morphine for palliating patients presenting with late-stage disease. At the same time, we need to explore and access novel funding mechanisms to bend the cost curve not just in our health systems, but also in our global oncology research networks, clinical trials, and implementation science. Barriers that drive gender-based and cultural disparities must also be broken down because these are among the biggest drivers of inequity. As a community, we must also press for better design of clinical trials and adherence to the principles of "common sense oncology", which promote the idea that interventions should demonstrably improve the lives of patients and not simply achieve statistical significance to gain regulatory approval.

New technologies such as AI and cloud computing can be used to build resilience in health systems, and we should amplify the narrative that spending on healthcare represents an investment in the long-term prosperity of a nation and is not just a drain on the public purse. Indeed, a healthy nation is a productive nation. Furthermore, the financial spillover from investing in cancer control in other areas of medicine drives additional change for the good. In terms of prevention, for example, cancer shares all the same risk factors of the other major NCDs and for every US$ 1 invested in NCD prevention a return of up to US$ 7 through reduced health costs and improved productivity is seen.

Finally, advocacy is a huge lever for change, but campaigners need to incorporate strategic thinking into their strategies. It is not enough to merely identify problems; we also need to provide solutions and deliver these messages to the best person, party, or agency that as the power to act – as inconceivable as it might sound, that person is often not the minister for health. Above all, though, we must not give up for this would be unforgivable. ■