

THE FIFTH INTERNATIONAL CANCER CONTROL CONGRESS

SESSION 1: IMPROVING AND SUSTAINING PREVENTION IN CANCER CONTROL

**INTERNATIONAL CANCER CONTROL
CONGRESS ASSOCIATION**

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were:

- What are the individual and societal factors that influence cancer and NCD risk?
- How can we intervene?
- What are the barriers to implementing interventions?
- What lessons can we learn from both successful and failed strategies?

Methodology and objectives

ICCC-5 Session 1 on "Improving and sustaining prevention in cancer control" comprised two plenary presentations and a panel discussion to provide an overview of the subject matter as a means of preparing Congress participants for participating in four, small group, interactive workshops on relevant topics to be addressed in greater depth. Selected abstracts providing particular insights into the topic area were presented orally by the authors in each of the workshops. Workshop leaders were encouraged to conclude their workshops with a brief set of prioritized recommendations to identify the key directions for further development of interventional activities beyond this Congress.

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While more than 50% of cancer is preventable (8), the burden due to infectious causes is greater in low- and middle-income countries (10). Obesity, lack of physical activity, poor diet and smoking cigarettes remain the dominant causes of cancer and other chronic diseases including diabetes and heart disease. Prevention must operate across many sectors to achieve population health benefits as is evident for obesity (11,12). WHO priorities for population-wide interventions offer the best approaches to sustain improvements in health (5). These include: reducing tobacco use (a WHO best buy (13)); promoting physical activity; reducing harmful alcohol use; promoting healthy diets; and specific cancer-focused strategies that include Hepatitis B vaccine (a best buy); HPV vaccine; and cervical cancer screening.

2. Esperanza: The population cancer control plan in Peru

Jose Del Carmen, Vice Minister of Health, Ministry of Health, Peru

The impact of cancer on the expectations and quality of life of

the population can be addressed at multiple levels, including public policy, the environment, communities, health care organizations, professional teams, families and individuals. Strategically, intervening at the interfaces between the different levels has the potential to produce greater effects on population health than working on one level.

Each year an estimated 45,000 new cases of cancer occur in Peru and 75% of them present at an advanced stage. To address this and other challenges, the country is promoting a process of health reform, aimed at achieving universal coverage protection and health care for the entire population. Progress on the framework of "universal insurance" began in 2009 and has successfully extended health protection coverage to an estimated 12 million Peruvians living in poverty whose health care is funded with state resources and provided in public hospitals. In addition, the "List of diseases at high cost", which includes treatment for cancer of the cervix, breast, colon, stomach, prostate, leukaemias and lymphomas (plus CKD), was approved in 2012, thereby optimizing funding from Public Security (SIS) for cancer treatment through extraordinary coverage procedures or special cases.

This development, however, produced limited results due to the lack of adequately equipped and staffed services across the dispersed rural areas of the country. We therefore decided to initiate a process of health reform to move the line of attack from the tertiary hospitals to primary care facilities to encourage the active participation of the general population in promoting healthy lifestyles for the prevention of cancer and other chronic diseases.

In this context, the Esperanza Plan was developed, with the aim of improving the geographical and cultural access to the supply of services in health promotion, prevention, early diagnosis, final diagnosis, staging and recuperative and palliative treatment of cancer for the entire population. In addition, the Plan aims to achieve a progressive and sustained increase in the response capacity of the public sector by investing in trained human resources, infrastructure, equipment and supplies, and seeks to improve economic sustainability by joining the public security and the allocation of financial resources for the Plan. So far this year, we have managed to train 661 professionals in primary and secondary cancer prevention, 656,163 people have been screened, 117,498 families have been educated about cancer risks in 18 regions of the country and 4,320,143 people have been exposed to cancer prevention across the country.

3. Panel discussion: Linking cancer, NCD control plans and communities

Andreas Ullrich, WHO; Edgar Amorin, COLAT; Miguel Garavito, FISSAL; Tatiana Vidaurre Rojas, INEN; Francisco Tejada, University of Miami

In May 2013, the Global Action Plan for NCDs was adopted at the Sixty-sixth World Health Assembly and defined priorities for prevention and control for the next seven years (5). We now have a global agenda for cancer and other NCDs that will challenge the health community to collaborate and integrate their individual agendas and plans. The plan is driven by the fact that there are many common risk factors for NCDs, including cancer, and we therefore have the opportunity to synergize our efforts for prevention and control. This will require members of the different disease and risk factor communities to collaborate and learn from each other. For example, much work has been done in the tobacco community around laws and regulations and prevention, leading to the development and adoption of the WHO Framework Convention on Tobacco Control (14). This approach has succeeded in changing norms surrounding smoking in many countries and may provide insights that could be applied to control other risk factors. Tackling NCDs will require a multisectoral approach involving all sectors of society, including governments, civil society, industry, academia and nongovernmental organizations. Within government, all departments will need to be involved and health will need to be considered in all policies. Within academia, methods for training medical professionals will need to evolve to adapt to the changing paradigm for NCD prevention and control, with more emphasis on primary and community care and fostering health rather than treating disease. Ultimately we need to educate the population and communities around health issues as long-term success in preventing disease requires community engagement.

Workshops

1. Individual and provider-level interventions to reduce cancer risk

Graham A Colditz, Washington University in St Louis, USA and Javier Manrique-Hinojosa, Instituto Nacional de Enfermedades Neoplásicas (INEN), Lima, Peru

While many cancer prevention endeavours focus on aspects of behaviour change at the individual or community level, shared experiences across groups can reinforce lessons learned and opportunities to deliver a more integrated approach to prevention. Provider-level interventions can both