GLOBAL EXPERTS CALL FOR BOLD NEW EFFORTS TO INCREASE ACCESS TO CANCER TREATMENT IN DEVELOPING COUNTRIES

As cancer rates surge in low- and middle-income countries, millions receive little or no care; new expert report provides clear recommendations to increase access to cancer treatment and palliative care –

(Shenzhen, China) – As cancer incidence, illness and death continues to greatly outpace efforts to prevent and treat the disease in low- and middle-income countries, an international body of leading cancer experts, the Informal Working Group on Cancer Treatment in Developing Countries (CanTreat International), today issued a comprehensive blueprint to increase access to lifesaving cancer treatment in developing countries and emerging economies. The new CanTreat Issue Paper, "Access to Cancer Treatment in Low- and Middle-Income Countries – An Essential Part of Global Cancer Control," was released at the International Union Against Cancer (UICC) conference in Shenzhen, China and is available at http://www.axios-group.com/press.

Throughout low- and middle-income countries (LMIC), patients in need lack access to the lifesaving treatments including radiotherapy, surgery and drugs that have greatly increased cancer survival in wealthier countries. Among the issues addressed by the CanTreat paper:

- More than half of the global cancer burden is currently found in LMIC, a figure that will rise to 70% by 2030. By 2050, it is projected that low-income countries alone will account for up to three-quarters of all cancer deaths.
- Up to 80% of cancers in LMIC may be incurable when identified because of late diagnosis related to lack of cancer awareness, information or medical services.
- Lack of accurate statistics on cancer is a key obstacle to effective cancer prevention, diagnosis and treatment. As recently as 2000, more than 80% of the world’s population lived in a country without any registry system to monitor cancer incidence.
- There is a strong relationship between the country or region in which one lives and whether one survives cancer – or even receives any type of treatment including palliative care.
- Many of the new tools and strategies that have led to notable declines in cancer mortality in high-income countries are not available in LMIC. A number of projects now underway, however, demonstrate that advanced cancer therapy can be both practical and affordable, even in very low-resource settings.

In China, host country for this year’s UICC conference, a large cancer burden is likely to grow as the country’s population continues to age and urbanize. After cardiovascular disease, cancer is the leading cause of death in China. Pilot programs in China to reduce non-communicable diseases include efforts to control tobacco use; address dietary behavior; prevent chronic disease through health education; improve breast and cervical cancer screening programs; and reduce Hepatitis B infection, a risk factor for liver cancer.
The new CanTreat paper both illustrates the need for new cancer treatment access strategies and provides evidence based on current programs that these strategies can be implemented today. The report proposes a clear plan of action to reverse the large and growing cancer treatment gap between rich and poor countries through efforts to reduce the cost of and expand access to cancer diagnosis, treatment and palliative care, including efforts to:

- Improve national cancer planning based on quality epidemiological and strategic information;
- Strengthen developing world health systems and improve training to better enable healthcare providers to diagnose and treat cancer;
- Increase access to early cancer diagnosis, which improves treatment outcomes and reduces costs;
- Develop and implement initiatives to increase access to prevention and treatment for priority cancers;
- Increase access to traditional cancer treatments, including chemotherapy, hormonal therapy, radiotherapy, surgery and palliative care, as well as to newer therapies through creative strategies to lower drug costs;
- Support innovative financing strategies and increased donor financing for cancer and other chronic diseases.

According to the new CanTreat report, several pilot projects provide compelling evidence that more advanced cancer treatment strategies can be successfully provided even in very low-resource settings. Approaches to treating HIV/AIDS in poor countries, for example, provide important lessons in what can be done to improve access to both basic and more advanced cancer treatment and care.

The current lack of access to cancer treatment, however, is a disincentive for individuals to be screened or to seek health services, and reinforces cancer stigma. The report proposes that increased investments in cancer treatment will not only save lives for people living with cancer, but may also be the most effective strategy to improve cancer awareness and increase the impact of cancer prevention efforts in the countries where this epidemic is growing fastest.

“Access to Cancer Treatment in Low- and Middle-Income Countries – An Essential Part of Global Cancer Control,” calls for governments, health professionals, funders, advocates and the pharmaceutical industry to play much larger roles in a global effort to improve access to cancer treatment. The report outlines creative strategies to lower drug prices and increase access that can be implemented in ways that protect intellectual property and may benefit the drug industry, while also greatly expanding global access to lifesaving cancer therapy.

The CanTreat paper was released alongside a new Call to Action on Cancer in Developing Countries developed by the Harvard University Global Health Equity Initiative, which was published in the *Lancet* (16 August 2010). CanTreat members expressed the hope that the new Call to Action and the new CanTreat report will galvanize international action and funding for the fight against cancer in developing countries.

**About CanTreat International**

“Access to cancer treatment in low- and middle-income countries - an essential part of global cancer control,” was developed by the Informal Working Group on Cancer Treatment in Developing Countries (CanTreat International). CanTreat International comprises experts from leading global cancer organizations working in an individual capacity to develop new models for the delivery of treatment and palliative care for cancer, in particular women’s
cancers, in developing countries. CanTreat International members include: Benjamin O. Anderson (Chair and Director, Breast Health Global Initiative (BHGI)), Michel Ballieu (Chief Executive Officer, The European CanCer Organisation), Colin Bradley (European Leukemia Net ELNFoundation), Ahmed Elzawawy (President, International Campaign for Establishment and Development of Oncology Centers (ICEDOC) and ICEDOC’s Experts in Cancer Without Borders), Eduardo Cazap (President-Elect, International Union Against Cancer and President, Latin American and Caribbean Society of Medical Oncology), Alexandru Eniu (Cancer Institute I. Chiricuta, Romania and BHGI), Joe Harford (Director, Office of International Affairs, National Cancer Institute, National Institutes of Health), David Kerr (AFROX, Professor, Oxford University), Felicia Knaul, Director, Harvard Global Equity Initiative, Ian Magrath (President, International Network for Cancer Treatment and Research), Anne Reeler (Chief Technical Officer, Axios International), Lewis Rowett (Department Head, Annals of Oncology, European Society for Medical Oncology), Joseph Saba (Chief Executive Officer, Axios International), Massoud Samiei (Head, Programme of Action for Cancer Therapy, International Atomic Energy Agency), and Leslie Sullivan (Managing Director, BHGI). LIVESTRONG/Lance Armstrong Foundation served as Contributing Editor for this paper. Doug Pyle (Senior Director International Affairs, American Society of Clinical Oncology), provided review and comments that contributed significantly to this issue paper.

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