



A MEMBERSHIP ORGANISATION
FIGHTING CANCER TOGETHER

Challenges in Cancer Control - 2035

M Gospodarowicz - GTFRCC

"We unite the cancer community to reduce the global cancer burden, to promote greater equity, and to integrate cancer control into the world health and development agenda."

Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010

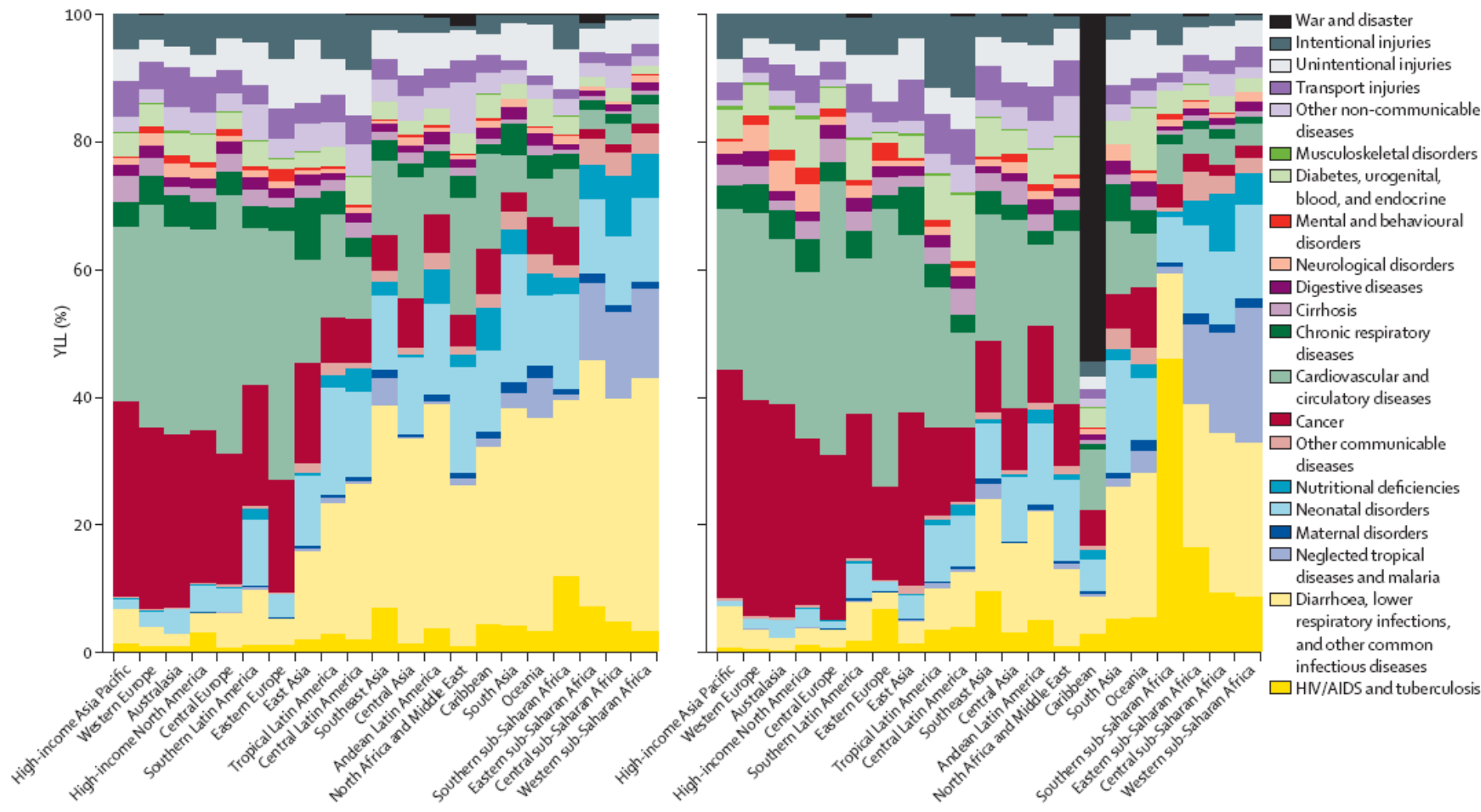
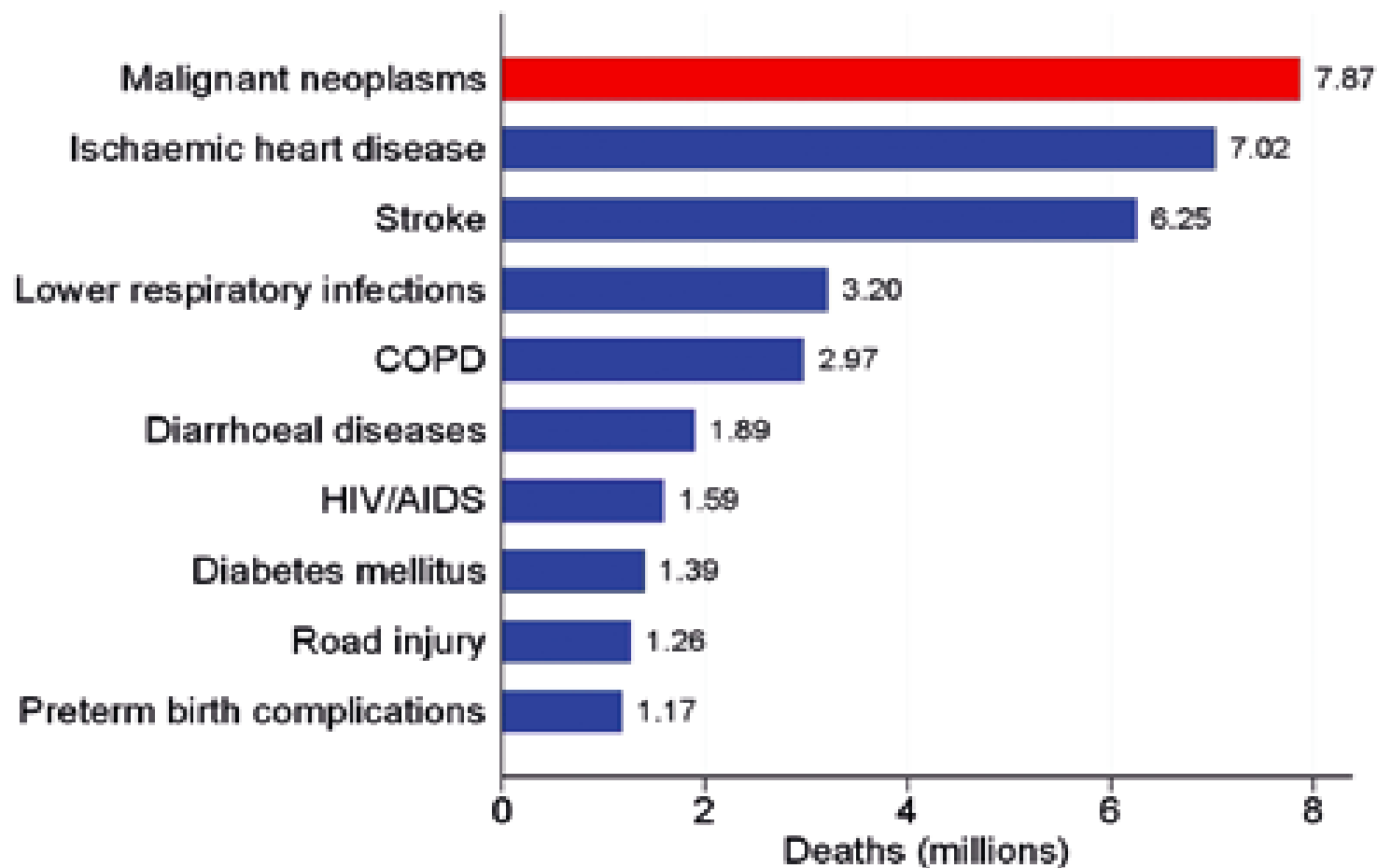


Figure 8: Percentage of YLLs for all ages and both sexes combined by cause and region in 1990 and 2010
 YLLs=years of life lost. (A) 1990. (B) 2010. An interactive version of this figure is available online at <http://healthmetricsandevaluation.org/gbd/visualizations/regional>.

Cancer mortality

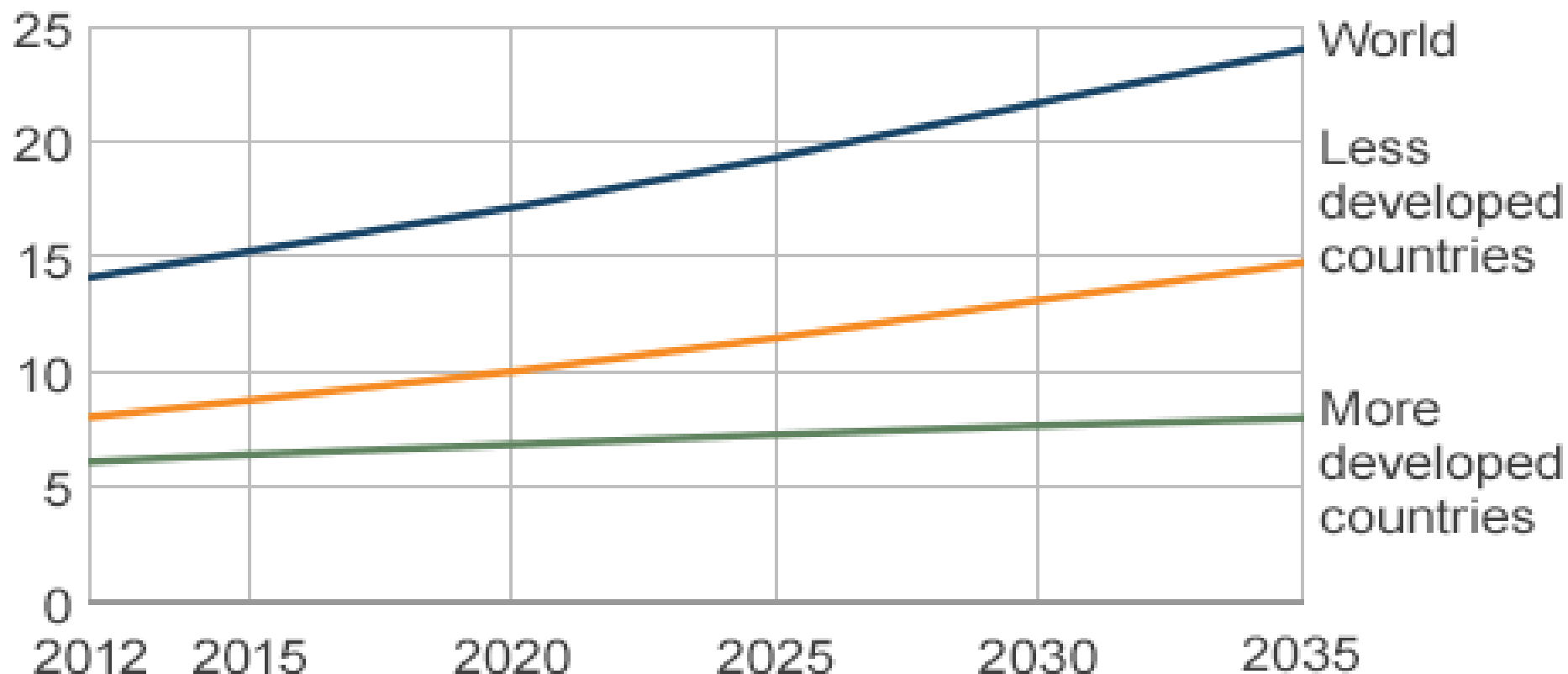


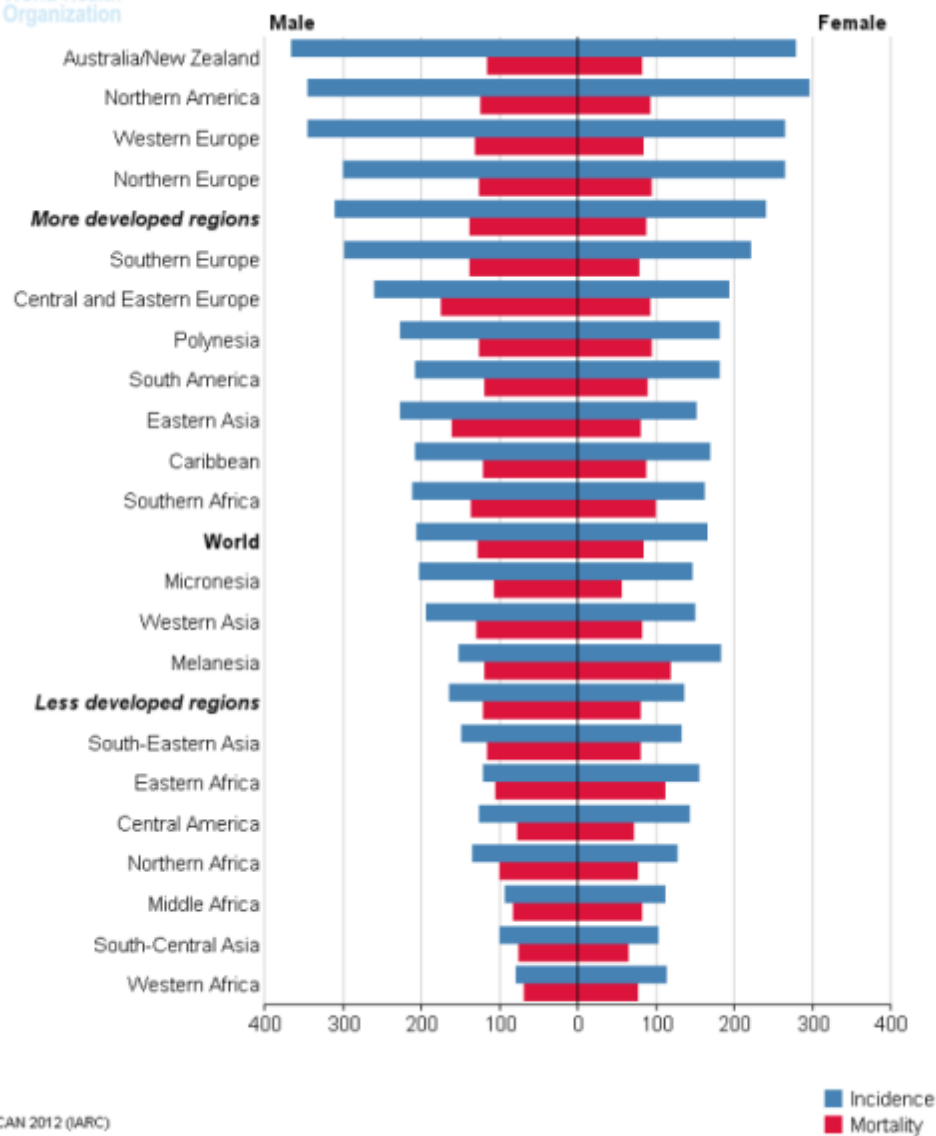
Tsunami of cancer coming



Predicted Global Cancer Cases

Cases (millions)





GLOBOCAN 2012 (IARC)

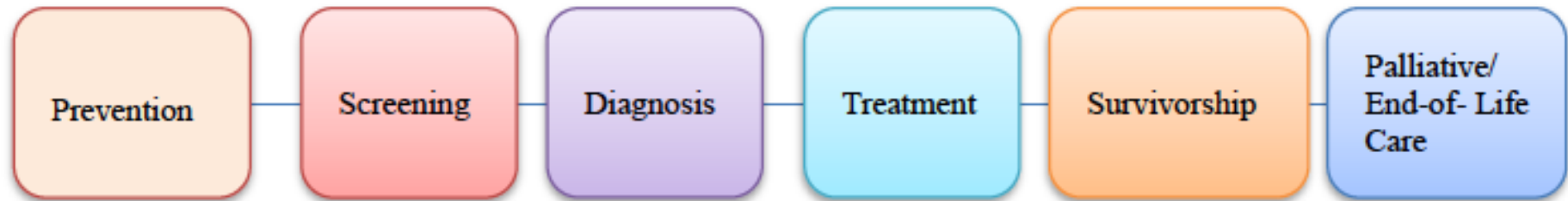
Estimated age-standardised rates (World) per 100,000

■ Incidence
■ Mortality

Cancer Control

.....designed to reduce cancer incidence and mortality and improve quality of life of cancer patients, through the systematic and equitable implementation of evidence-based strategies for the prevention, early detection, diagnosis, treatment and palliation.....

(WHO 2002)

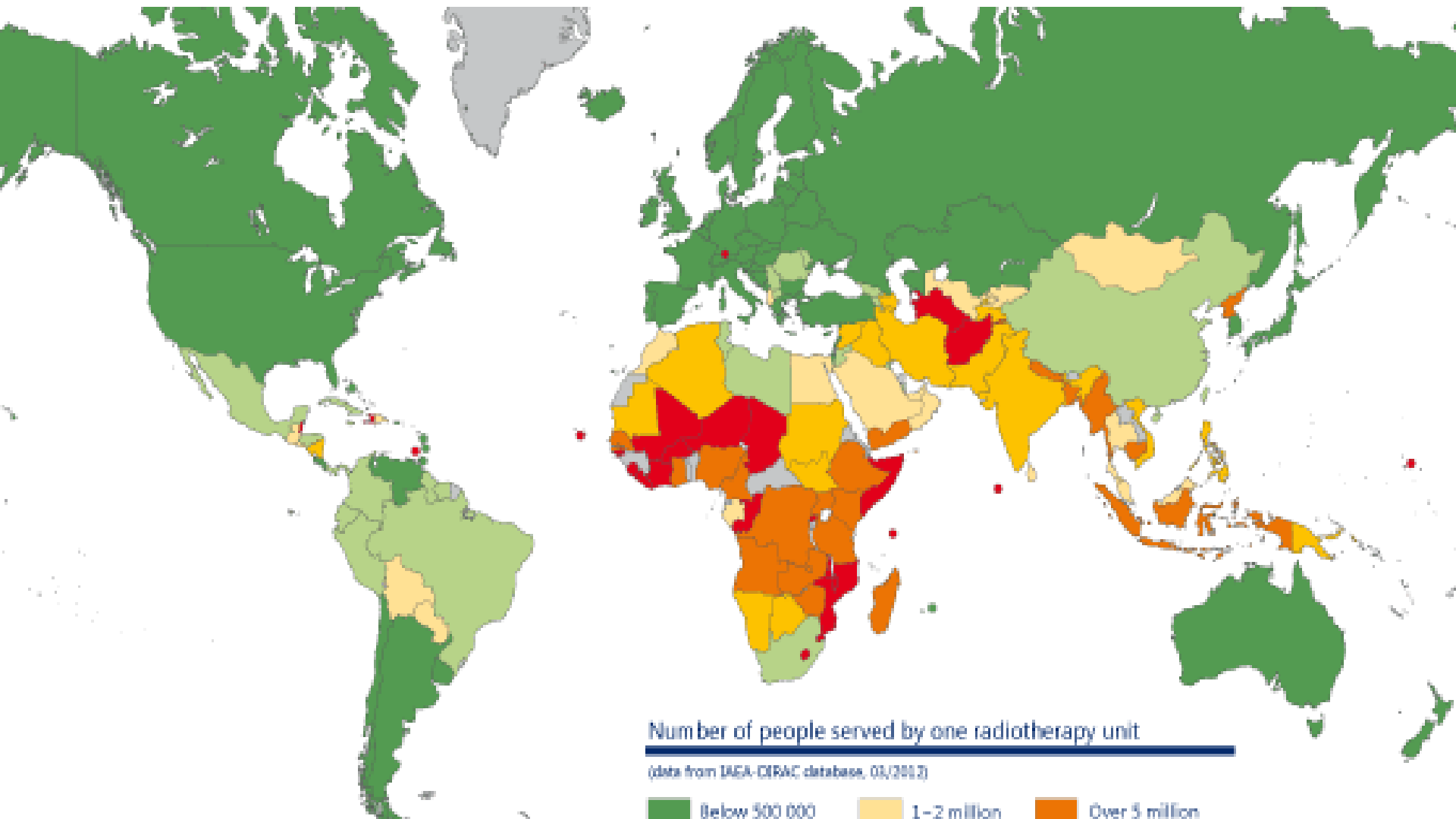


Adapted from Cancer Care Ontario, 2013b

Essential services for cancer



- Diagnostic
 - Pathology
 - Laboratory medicine
 - Imaging
- Surgery
- Radiotherapy
- Chemotherapy
- Palliative care



Number of people served by one radiotherapy unit

(data from IAEA-CIRAC database, 03/2012)



<http://cancer.iaea.org/agart.asp>

Why talk about radiotherapy now?

Someone may be listening....

September 2011





A **25%** relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases.



At least **10%** relative reduction in the harmful use of alcohol, as appropriate, within the national context.



A **10%** relative reduction in prevalence of insufficient physical activity.



A **30%** relative reduction in mean population intake of salt/sodium.



A **30%** relative reduction in prevalence of current tobacco use in persons aged 15+ years.



A **25%** relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances.



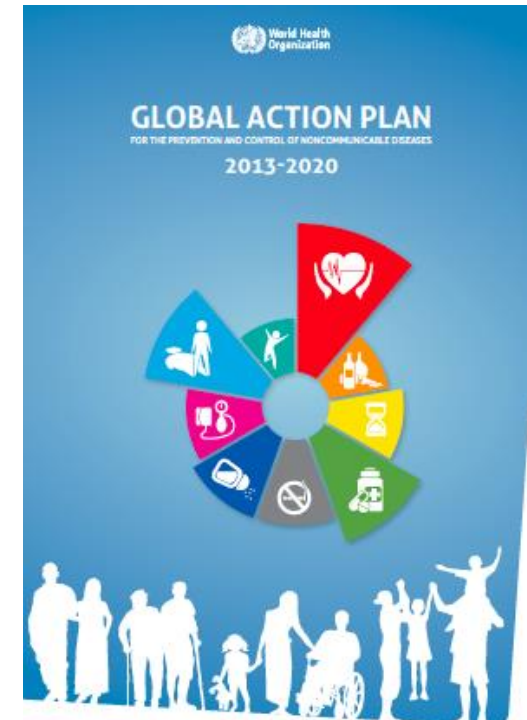
Halt the rise in diabetes and obesity.



At least **50%** of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes.



An **80%** availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities.



WHO Resolutions

- EB134.R7 Strengthening of palliative care as a component of integrated treatment within the continuum of care
- EB134.R16 Access to essential medicines. Revision of the resolution
- EB136.R7 Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage

Sustainable Development Goals



SDG 3



- 3.4 By 2030, reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being
- 3.8 achieve universal health coverage, including financial protection, access to quality essential health services and access to safe, effective, quality and affordable essential medicines and vaccines for all

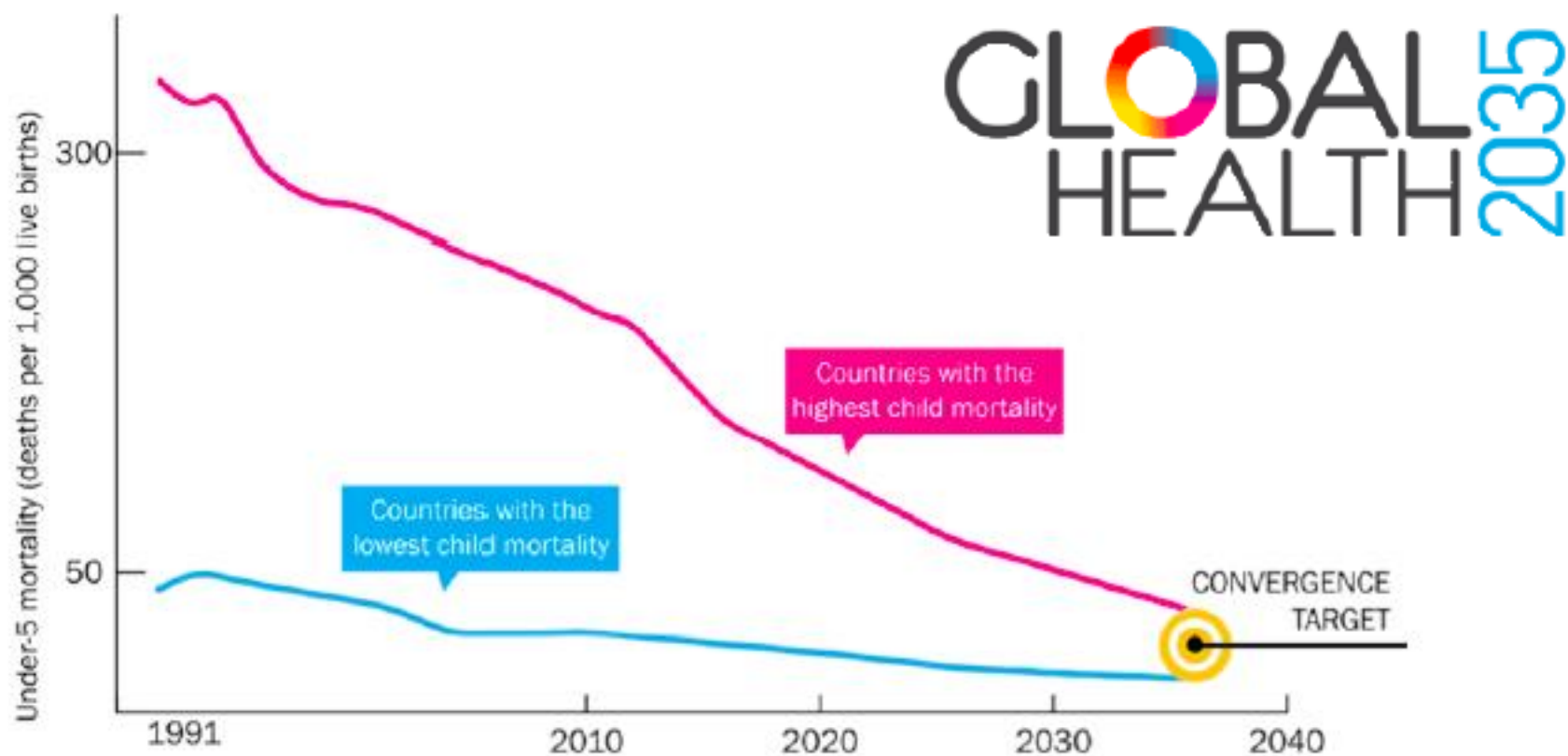
Will SDGs be achieved?

Pessimist view

Optimist view

Do we have evidence for
investing in health – does it
work?

Grand Convergence in Health



Global Health 2035: 4 Key Messages

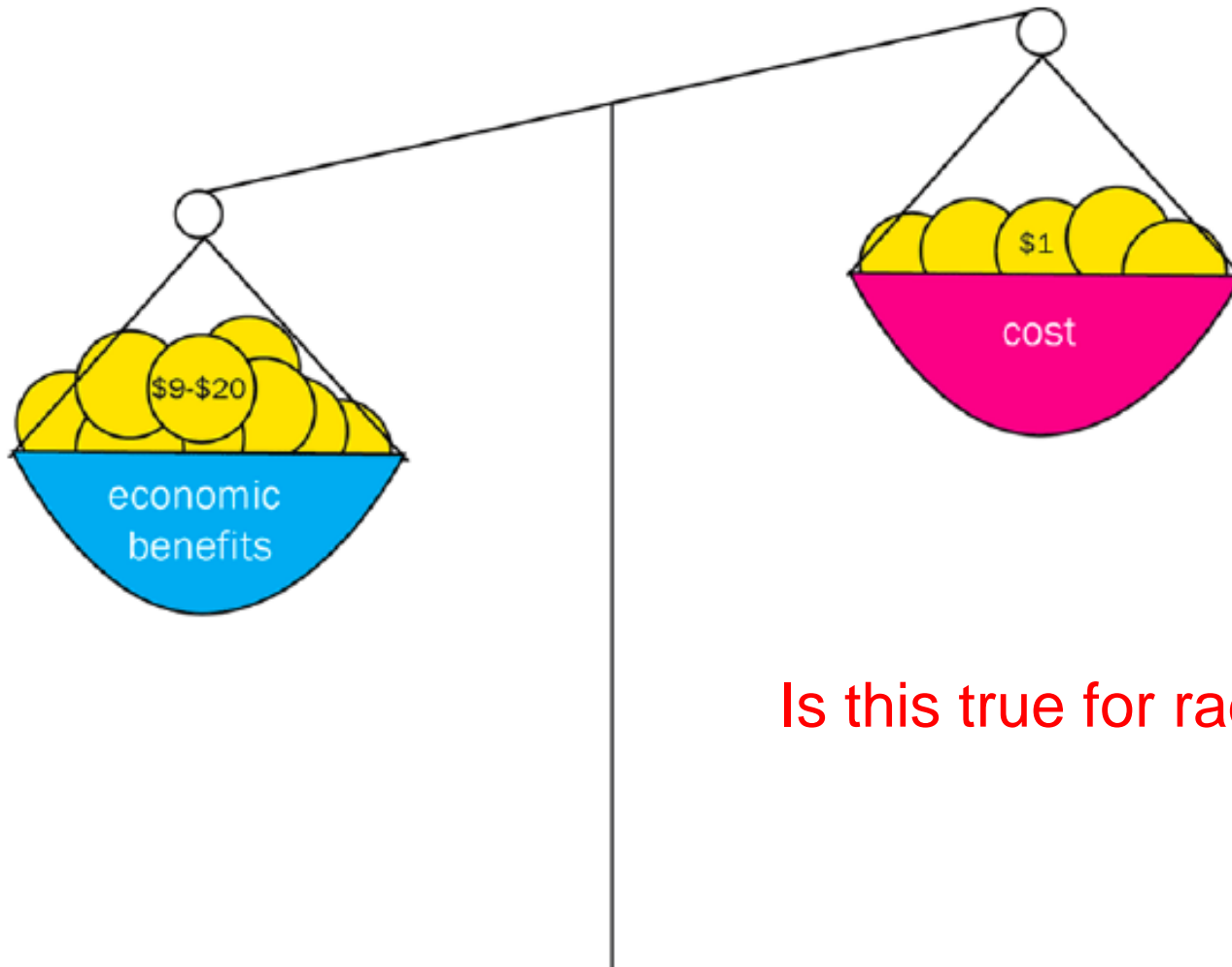
A grand convergence in health is achievable within our lifetime

The returns from investing in health are extremely impressive

Fiscal policies are a powerful, underused lever for curbing non-communicable diseases and injuries

Progressive pathways to universal health coverage are an efficient way to achieve health and financial protection

CASE FOR INVESTING IN HEALTH



Is this true for radiotherapy?

Acknowledgements



Lancet Oncology Commission for Global Radiotherapy
R Atun, DA Jaffray, MB Barton, F Bray, M Baumann, B
Vikram, TP Hanna, FM Knaul, Y Lievens, T Lui, M Milosevic,
B O'Sullivan, DL Rodin, E Rosenblatt, J Van Dyk, ML Yap, E
Zubizarreta, M Gospodarowicz



THE LANCET Oncology



Union for International Cancer Control
www.uicc.org