

## An appeal to world leaders: stop cancer now



Current strategies to control cancer are demonstrably not working. Already one of the world's leading causes of death, the annual death toll from cancer has risen by almost 40% since 1990<sup>1</sup> and this rate of increase is set to continue. WHO predicts deaths from cancer will rise from the current level of around 8 million lives a year to more than 13 million by 2030.<sup>2,3</sup> Most of the increases in new cases of cancer will happen in poorer countries that are least able to detect and treat cancer. Doing nothing in the face of this humanitarian crisis is not an option.

To mark World Cancer Day, on Feb 4, 2013, leading international experts issued an appeal to world leaders to accept their responsibilities and take effective action. The Stop Cancer Now! appeal calls for new strategies to tackle some of the causes of cancer, ensure all cancer patients get access to evidence-based care, and reshape efforts to find new therapies that can make a real difference to patients worldwide. These strategies were formulated in October, 2012, at the World Oncology Forum;<sup>4</sup> they are achievable and have the potential to substantially reduce the death and suffering that will happen unless we change our cancer-control strategies. Convened to mark the 30th anniversary of the European School of Oncology, participants at the World Oncology Forum evaluated the progress of past efforts to control cancer and drew some strategic conclusions. Rifat Atun, Professor of International Health Management at Imperial College London, called on participants to have "bold ambition" and follow the lead of clinicians involved in the response to HIV/AIDS.

In the past few decades, the combined successes of cancer prevention, early detection, and treatment have reduced overall mortality in some high-income countries with decreasing incidence or increasing survival for some cancers, including lung, cervical, breast, and stomach cancer, as well as leukaemia.<sup>5</sup> Even in these countries, however, progress in many other cancers has been marginal or non-existent. As Richard Peto, Professor of Medical Statistics and Epidemiology at the University of Oxford, explained to the World Oncology Forum, statistics that show a decrease in overall mortality rates can present a misleadingly optimistic picture. By focusing on men younger than 70 years, he showed that, in the UK, it was the decrease in deaths from smoking-related cancers that accounted for

almost all of the improvement in cancer mortality rates during the past four decades.

The situation in emerging countries is even more worrying. The expected annual rate of new cases of cancer is estimated to increase three times faster in low-income and middle-income countries than in high-income countries.<sup>6</sup> These estimates are based on projections that only account for population growth and ageing, and assume no change in the risk pattern of cancer incidence. 25 years ago about half of all new cases of cancer occurred in low-income and middle-income countries, but almost two-thirds of cancer cases predicted for 2030 are likely to occur in these countries.<sup>3</sup> Low-income and middle-income countries suffer a double burden, because tumours associated with increased "westernisation" (mainly breast, colorectal, and prostate cancer) are accumulating in addition to cancer related to poverty and infection (mainly cervical, liver, and stomach).<sup>6</sup> This shift in cancer risk is particularly evident in countries undergoing rapid socioeconomic transition.<sup>3</sup> Since survival is much lower in these countries than in high-income countries—even when differences in stage of diagnosis are accounted for—a rapid increase in new cases will lead to a similarly rapid increase in deaths. Low-income countries account for almost 90% of deaths from cervical cancer, while for breast cancer the survival rate in The Gambia and similar countries is below 15%.<sup>7</sup> There was therefore a strong consensus among participants at the World Oncology Forum that although searching for innovative ways to cure cancer remains a priority, radical improvement in cancer care is needed in low-income and middle-income countries.

Efforts to find a cure for cancer also came under scrutiny at the World Oncology Forum. The prevailing opinion was that current strategies to develop new cancer therapies, which rely on patents and short-term shareholder value, are proving largely unsustainable; the cost of the new generation of drugs is getting out of all proportion to the added benefit. There were suggestions that the bar for new compounds to reach the market should be raised to halt the trend towards undertaking ever larger trials that chase smaller and smaller benefits with statistical, but not clinical, significance.

The Stop Cancer Now! appeal is set within the framework of the international commitment to reduce



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preventable deaths from non-communicable diseases (NCDs) by 25% by 2025,<sup>8</sup> a target that resulted from the 2011 UN summit on NCDs. To reach this target at least 1.5 million people a year will need to be saved from dying of cancer. The strategy outlined in the appeal can achieve this.

The first action must be to wage war on tobacco, which is responsible for almost 6.5% of global disability-adjusted life-years.<sup>9</sup> The aim should be for an essentially tobacco-free world by at the latest 2040. Another urgent task is to strengthen health systems, which are essential for cancer prevention, early detection, and treatment. A better definition is needed for the role of major donors, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the activities of which, being restricted to specific diseases, can distort national priorities and staff allocation.<sup>10</sup> The recruitment of health personnel from low-income countries also needs to be addressed: the related WHO Code of Practice<sup>11</sup> is insufficient, and one option might be a tax for every recruited person, along the lines of the proposed Tobin Tax for financial transactions. In addition to saving lives, the quality of life for patients with cancer is also important. A third urgent action must be the removal of bureaucratic and ideological barriers to the use of morphine to alleviate the suffering of patients with cancer. All these actions underline the central role of WHO, which needs to improve its operating model, perhaps along the lines of UNAIDS. Universal health coverage is now WHO's unifying mission, but to deliver this mission it will need to be less dominated by political and bureaucratic considerations and more focused on ensuring delivery of the sorts of practical actions outlined for cancer in the appeal.<sup>12</sup>

With the Stop Cancer Now! appeal on World Cancer Day the European School of Oncology aims to galvanise everyone who has been affected by cancer, and wants to help save millions of others from suffering the same experience, to put pressure on governments and policy makers to do what they have to do, and do it now.

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## Stop Cancer Now!

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On this World Cancer Day 2013, participants of the World Oncology Forum\* raise the alarm about the increasing devastation caused by cancer across the world.

Cancer is not only one of the biggest global killers but also one of the fastest growing causes of death. The annual number of new cases is expected to double over 25 years, to reach 22 million by 2030. The greatest burden will be felt in emerging countries. Acting now will save untold human suffering.

Every year cancer drains around \$900 billion from the world economy in lost output and the cost of care—1.5% of global GDP.

At the World Health Assembly in May, 2012 governments unanimously agreed to reduce preventable deaths from non-communicable diseases by 25% by 2025. For cancer, this would mean saving at least 1.5 million lives every year. Current strategies cannot come close to achieving this goal. A new and determined set of actions