preventable deaths from non-communicable diseases (NCDs) by 25% by 2025,⁸ 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.9 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.¹⁰ The recruitment of health personnel from low-income countries also needs to be addressed: the related WHO Code of Practice¹¹ 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.¹²

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.

Franco Cavalli

Oncology Institute of Southern Switzerland, Bellinzona, CH 6500, Switzerland

franco.cavalli@eoc.ch

I am Chairman of the Scientific Committee of the European School of Oncology. I declare that I have no conflicts of interest. I thank Anna Wagstaff for her editorial assistance and participants who attended the World Oncology Forum for helping prepare the Stop Cancer Now! appeal.

- Lozano R, Naghavi M, Foreman K, et al. 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. *Lancet* 2012; **380**: 2095–128.
- 2 WHO. Cancer: fact sheet no 297. Feb, 2012. http://www.who.int/ mediacentre/factsheets/fs297/en/index.html (accessed Jan 30, 2012).
- 3 Bray F, Jemal A, Grey N, Ferlay J, Forman D. Global cancer transitions according to the Human Development Index (2008–2030): a population-based study. *Lancet Oncol* 2012; 13: 790–801.
- 4 Horton R. Offline: At least two reasons to be grateful for Europe. Lancet 2012; 380: 1542.
- 5 Jemal A, Center MM, De Santis C, Ward EM. Global patterns of cancer incidence and mortality rates and trends. *Cancer Epidemiol Biomarkers Prev* 2010; **19:** 1893–907.
- 6 Soerjomataram I, Lortet-Tieulent J, Parkin DM, et al. Global burden of cancer in 2008: a systematic analysis of disability-adjusted life-years in 12 world regions. Lancet 2012; 380: 1840–50.
- 7 Sankaranarayanan R, Swaminathan R, Brenner H, et al. Cancer survival in Africa, Asia, and Central America: a population-based study. *Lancet Oncol* 2010; **11**: 165–73.
- 8 WHO. 65th World Health Assembly. WHA65(8) Prevention and control of noncommunicable diseases: follow-up to the High-level meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable diseases. http://apps.who.int/gb/ebwha/pdf_files/ WHA65/A65_DIV3-en.pdf. (accessed Jan 15, 2012).
- 9 Murray CJL, Ezzati M, Flaxman AD, et al. GBD 2010: design, definitions, and metrics. *Lancet* 2012; **380:** 2063–66.
- 10 Sundwall J, Swanson RC, Betigeri A, et al. Health-systems strengthening: current and future activities. *Lancet* 2011; **377:** 1222–23.
- 11 Taylor AL, Hwenda L, Larsen BI, Daulaire N. Stemming the brain drain a WHO global Code of Practice on International Recruitment of Health Personnel. New Engl J Med 2011; 365: 2348–51.
- 12 Horton R: Offline: Can WHO survive? Lancet 2012; 380: 1457.

🕢 Stop Cancer Now!

Published Online February 4, 2013 http://dx.doi.org/10.1016/ S0140-6736(13)60060-4

See Comment pages 425 and 427 See Online/Comment http://dx.doi.org/10.1016/ S0140-6736(13)60176-2 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 to foster research, modify lifestyles and environments, redesign health systems, and reform health policy is urgently required.

Governments, policy makers, and everyone who can help stop these unnecessary deaths must take action to:

Prevent preventable cancers:

- 1 Wage war on tobacco, by far the biggest cause of cancer death across the globe. Extend to all countries the anti-tobacco measures already found to be effective and tax the profits made from tobacco.
- 2 Give people the knowledge they need to understand which cancers threaten them most, and how to reduce their risk; develop and implement scientifically sound strategies, including vaccines, to protect against cancers caused by infections.

Treat treatable cancers:

- 3 Develop early detection programmes tailored to local needs and resources, which target cancers that are the most detectable and treatable and have the greatest social impact.
- 4 Ensure that every cancer patient has access to a package of indispensable diagnostics and curative and palliative care that has been shown to get the best possible results within the local setting and is delivered by trained health professionals.

Support all those who are living with cancer:

- 5 Give all patients access to optimal pain control by changing attitudes and removing bureaucratic, legal, and logistical barriers to the medical use of morphine.
- 6 Involve patients as partners in decisions about their own care and give them a voice in decision making about policies that affect them.

Accelerate finding cures for cancers that are not yet curable:

7 Replace the current broken business model for developing new therapies with more efficient forms of public-private collaboration, geared to accelerating delivery of affordable therapies that are of real benefit to patients across the world.

To achieve all the above:

- 8 Educate policy makers and the public to counter the entrenched fatalistic myths and misconceptions that undermine efforts to mobilise forces against cancer and deter people who suspect they may have cancer from seeking early medical advice.
- 9 Promote and strengthen sustainable and universally accessible health systems that are supported by innovative financing mechanisms, and are driven by evidence about cost-effective ways to deliver the best results and not by vested economic interests.
- 10 Ensure that all countries have a clear cancer control strategy that evolves in the light of needs and experience, and is built on creative ideas, backed by solid evidence, in order to turn back the tide on cancer.

Global cancer burden and sustainable health development

Managing non-communicable diseases, particularly cancer, forms a central part of the Sustainable Development Goals of Rio+20.¹ Advancing cancer screening, diagnosis, and treatment in high-income countries means cancer-related deaths are likely to remain stable in these nations. By contrast, about 70% of global cancer mortality occurs in low-income countries, and current estimates predict that deaths from cancer in these countries will grow from 5.5 million at present to 8.9 million in 2030.² A global strategic plan is required to improve cancer services sustainably in low-income countries and should focus on preventive strategies and innovative service delivery models.

The largest modifiable contributors to cancer are driven by unhealthy behaviours (eg, smoking, unhealthy eating, physical inactivity, and alcohol consumption)



Published Online February 4, 2013 http://dx.doi.org/10.1016/ S0140-6736(13)60138-5

See **Comment** pages 425 and 426

See Online/Comment http://dx.doi.org/10.1016/ S0140-6736(13)60176-2

^{*}The World Oncology Forum (WOF) was a gathering of leading cancer researchers, clinicians, policy makers, industry representatives, patient advocates, and journalists. It was convened by the European School of Oncology on the occasion of its 30th anniversary in Lugano, Switzerland, on 26–27 October 2012, in partnership with *The Lancet*. The Stop Cancer Now! statement was developed by the WOF participants. WOF was supported by the European School of Oncology's sustaining foundations, the Swiss Cancer League and the Swiss Cancer Research Foundation, and the City of Lugano and Canton of Ticino authorities. It was totally independent of commercial sponsorship. Further information about the WOF and the Stop Cancer Now! statement is available at http://www. worldoncologyforum.org.