



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD
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Cancer control

Report by the Secretariat

1. Cancer is one of the most common causes of morbidity and mortality today, with more than 10 million new cases and more than 6 million deaths each year worldwide. More than 20 million persons around the world live with a diagnosis of cancer, and more than half all cancer cases occur in the developing countries. Cancer is responsible for about 20% of all deaths in industrialized countries and 10% in developing countries. It is projected that by 2020 there will be every year 15 million new cancer cases and 10 million cancer deaths. Much of this increase in absolute numbers derives from the ageing of populations worldwide.
2. Although the existing body of knowledge about cancer prevention, treatment and palliative care is extensive, more still needs to be known in many areas, notably in etiology and prevention research. There is now sufficient understanding of the causes to prevent at least one third of all cancers worldwide. Information is also available that would permit the early detection and effective treatment of a further one third of cases. Effective strategies exist for the relief of pain and the provision of palliative care to all cancer patients in need and of support to their families, even in low-resource settings.
3. Nonetheless, this knowledge is not always put into practice. Efforts to prevent and control cancer are hampered by the low priority frequently given to the disease by governments and health ministries, excessive reliance and expenditure on treatment, and a considerable imbalance between resources allocated for basic cancer research and those devoted to its prevention and control. For example, primary prevention, early detection and palliative care are often neglected in favour of treatment-oriented approaches, even in cases where these approaches are not cost-effective and cause unnecessary human suffering. Another example is the failure to take into consideration the social inequalities related to cancer prevention and control. Cancer incidence and survival are clearly linked to socioeconomic factors. Low-income and disadvantaged groups are generally more exposed to avoidable risk factors such as environmental carcinogens, alcohol, infectious agents, and tobacco use. These groups have less access to the health services and health education that would empower them to make decisions to protect and improve their own health. In addition, changing lifestyles expose people to risk factors that were once primarily obtained only in developed countries (such as sedentariness, diets high in animal fat and tobacco use).
4. The overall goal of cancer control is to reduce the incidence and mortality of cancer and to improve the quality of life of cancer patients and their families. A well conceived national cancer control programme is the most effective instrument to bridge the gap between knowledge and practice and achieve this goal. Integrated into existing health systems and related services, these programmes ensure systematic and equitable implementation of control strategies across the continuum of

prevention, early detection, treatment, and palliative care, as set out in WHO's guidelines for national cancer control programmes.¹ A national cancer control programme can help policy-makers and programme managers make the most efficient use of available resources to benefit the whole population by taking a balanced approach to evidence-based interventions.

5. Prevention frequently offers the most cost-effective long-term strategy for cancer control. Preventive measures are doubly beneficial as they can also contribute to preventing other chronic diseases that share the same risk factors. It is estimated that around 43% of cancer deaths are due to tobacco use, unhealthy diets, alcohol consumption, inactive lifestyles and infection. Of these, tobacco use is the world's most avoidable cause of cancer. In addition to lung cancer, tobacco consumption causes tumours of the larynx, pancreas, kidney, bladder and, in conjunction with alcohol drinking, a high incidence of carcinomas of the oral cavity and the oesophagus. Furthermore, implementation of effective, integrated preventive strategies will reduce in the long term the incidence of other tumours in sites such as stomach, liver, breast, cervix uteri, colon and rectum.

6. Infectious agents are responsible for almost 25% of cancer deaths in the developing world and 6% in industrialized countries. In low-resource settings with a high prevalence of cancers induced by biological agents, special measures are needed to combat these infections. For example, in areas endemic for liver cancer, hepatitis B virus immunization, integrated with other vaccination programmes, is the principal preventive measure. Vaccines are being developed and tested in human beings that could prove to be effective in preventing cervical cancer in the near future. Prevention of HIV infection will also reduce the incidence of HIV/AIDS-related cancers such as Kaposi sarcoma and lymphoma. Specific preventive and protective measures to control or avoid carcinogens or risks in the environment (including excessive exposure to sun) and the workplace will reduce significantly the incidence of such cancers as lung, bladder and skin.

7. Early detection, which comprises screening of asymptomatic populations and awareness of early signs and symptoms, increases the probability of cure. However, it requires the facilities to confirm diagnosis and provide treatment, and availability of resources to serve the population in need. The prevalence of the cancer should also justify the effort and expense. Awareness of early signs and symptoms is particularly relevant for cancers of the breast, cervix, mouth, larynx, endometrium, colon and rectum, stomach and skin. On the basis of existing evidence, population screening can currently be advocated only for cancers of the breast, cervix and colon and rectum, in countries where resources are available for wide coverage of the population, appropriate treatment is in place and quality-control standards are implemented. Nonetheless, studies are under way to evaluate low-cost approaches to screening that can be implemented and sustained in low-resource settings. For example, visual inspection after application of acetic acid may prove to be an effective screening method for cervical cancer in the near future. More studies are needed to evaluate low-cost alternatives to mammography screening, such as clinical breast examination.

8. Treatment aims to cure disease, prolong life, and improve the quality of life. The most effective and efficient treatment is linked to early detection programmes and follows evidence-based standards of care. Treatment guidelines and praxis guides improve treatment outcome by setting standards for patient management. The formulation of guidelines and their adaptation to various resource settings help to assure quality including equitable and sustainable access to treatment resources. Implementation of these guidelines can prevent the misuse of resources by ensuring that treatment is provided only to those patients whose cancers are at a stage where they would benefit from treatment.

¹ *National cancer control programmes: policies and managerial guidelines: executive summary*. Geneva, World Health Organization, 2002.

Patients can benefit either by cure or by prolonged life, in cases of cancers that are highly responsive to treatment.

9. Most cancer patients require palliative care. Palliative care involves not only pain relief, but also spiritual and psychosocial support to patients and their families from diagnosis, throughout the course of the disease, to the end of life and bereavement. It improves the quality of life of patients and their families, regardless of the possibilities of cure. These services can be provided simply and inexpensively. For example, morphine for oral administration in the case of moderate to severe pain can be provided at relatively low cost. Nonetheless, access to pain relief and palliative care services is often limited, even in high-resources settings, because of lack of political will, insufficient information and education of the general public, health care providers and patients, and excessive regulation of opioids.

10. Surveillance and research are crucial for both planning effective and efficient cancer control programmes and monitoring and evaluating their performance. A comprehensive surveillance system provides data on the magnitude of the cancer burden and trends in risk factors, and on the effect of prevention, early detection, treatment and palliative care. Cancer registries are part of the surveillance system. Population-based registries provide information on incidence cases and incidence trends; whereas hospital-based registries provide information regarding diagnosis, stage distribution, treatment methods and survival. Research contributes to determining causes of cancer and identifying and evaluating strategies for prevention, treatment and control. Hence research planning and priority setting are important elements of a cancer control programme.

11. Effective partnerships at national, regional and global levels are essential for cancer prevention and control to have a sustainable impact. WHO has strengthened its links with other institutions active in the field of cancer control. As a result, the Alliance for Global Cancer Control was launched in August 2003 by WHO and the International Union Against Cancer. Its goals are to identify and increase opportunities for collaboration in global cancer control, to advocate such control with a unified voice, and to serve as a forum for communication and exchange of information. The Alliance comprises international organizations, agencies of the United Nations system, government bodies, nongovernmental organizations, and private-sector entities, covering such fields of expertise as medicine, nursing, research, public health and communications.

12. IARC conducts focused research on cancer etiology and prevention providing evidence on global cancer prevalence and incidence, the causes of cancer and mechanisms of carcinogenesis, and the most effective strategies for cancer prevention and early detection. WHO promotes policy development and programme implementation. The recently published WHO/IARC report contains the latest epidemiological data and projections about cancer, current knowledge about the causes of cancer, and policy recommendations for cancer control programmes.¹ This report, together with other IARC and WHO monographs, technical reports and scientific publications, provides a sound basis on which to develop effective cancer control strategies.

13. To date, no Health Assembly resolution has dealt specifically with the subject of comprehensive cancer control and prevention. However, previous resolutions that relate to prevention and control of chronic diseases provide the general framework for addressing cancer prevention and control. Resolution WHA51.18 noted that noncommunicable diseases, including cancer, represented a significant and growing burden on public health services; resolution WHA53.17 urged the establishment of comprehensive programmes for the prevention and control of major

¹ Stewart BW, Kleihues P. *World cancer report*. Lyon, IARC Press for IARC/WHO, 2003.

noncommunicable diseases; resolution WHA55.23 urged the development of a global strategy on diet, physical activity and health; and resolution WHA56.1 adopted the WHO Framework Convention on Tobacco Control.

ACTION BY THE EXECUTIVE BOARD

14. The Executive Board is invited to consider the following draft resolution:

The Executive Board,

Having examined the report on the prevention and control of cancer,¹

RECOMMENDS to the Fifty-eighth World Health Assembly the adoption of the following resolution:

The Fifty-eighth World Health Assembly,

Recalling resolutions WHA51.18 and WHA53.17 on the prevention and control of noncommunicable diseases, WHA55.23 on diet, physical activity and health, WHA56.1 on tobacco control, and WHA57.xx on reproductive health strategies including cervical cancer control;

Recognizing the suffering of cancer patients and their families and the extent to which cancer threatens development when it affects economically active members of society;

Alarmed by the rising trends of cancer risk-factors and cancer morbidity and mortality worldwide, and in particular in the developing countries, that are still battling communicable diseases;

Recognizing that many of these cases of cancer and deaths could be prevented, and that the provision of palliative care for all individuals in need is an urgent, humanitarian responsibility;

Recognizing that tobacco use is the world's most avoidable cause of cancer and that there are control measures, such as legislation, education, promotion of smoke-free environments, and treatment of tobacco dependence, that can be effectively applied in all resource settings;

Recognizing that among all cancer sites cervical cancer, causing 11% of all cancer deaths in women in developing countries, has one of the greatest potential for early detection and cure, that cost-effective interventions for early detection are available and not yet widely used, and that the control of cervical cancer will contribute to the attainment of the international development goals and targets related to reproductive health;

¹ Document EB114/3.

Mindful of the need for careful planning and for priority-setting in the use of resources in order to undertake the varied activities needed effectively and efficiently to reduce the cancer burden;

Encouraged by the prospects offered by partnerships with international and national organizations within the Global Alliance for Cancer Control,

1. URGES Member States:

- (1) to collaborate with WHO in developing and reinforcing comprehensive cancer control programmes tailored to the socioeconomic context, and aimed at reducing cancer incidence and mortality and improving the quality of life of cancer patients and their families, specifically through the systematic, stepwise and equitable implementation of evidence-based strategies for prevention, early detection, diagnosis, treatment, and palliative care, and to evaluate the impact of implementing such programmes;
- (2) to encourage the integration into existing health systems of national cancer control programmes that set out outcome-oriented and measurable goals and objectives for the short, medium and long term, as recommended in the Annex to the present resolution, identify evidence-based, sustainable actions across the continuum of care, and make the best use of resources and benefit the entire population;
- (3) to encourage the scientific research necessary to increase knowledge of the burden and causes of human cancer further and to increase knowledge related to cancer prevention strategies;
- (4) to give priority to tumours, such as cervical cancer, that have a high incidence in low-resource settings and that are amenable to cost-effective interventions;
- (5) to consider a team and networking approach to cancer control that involves in the planning, implementation and evaluation phases all key stakeholders representing governmental, nongovernmental and community-based organizations, including those of patients and their families;
- (6) to develop appropriate information systems that support planning, monitoring and evaluation of cancer control programmes;
- (7) to assess periodically the performance of cancer control programmes using outcome and process indicators, and to support applied research that allows countries to improve the effectiveness and efficiency of their programmes;
- (8) to participate actively in implementing WHO's integrated health promotion and prevention strategies targeting risk factors for noncommunicable diseases, including cancer, such as tobacco use, unhealthy diet and the exposure to biological, chemical and physical agents known to cause cancer and to consider signing, ratifying, accepting, approving, formally confirming or acceding to the WHO Framework Convention on Tobacco Control;

(9) to comply with WHO's strategies for nationwide provision of essential drugs for cost-effective cancer treatment and palliative care in order to reach at least a minimum standard adapted to each local situation;

(10) to ensure the medical availability of opioid analgesics according to international treaties and recommendations of WHO and the International Narcotics Control Board;

2. REQUESTS the Director-General:

(1) to develop WHO's work and capacity in cancer prevention and control and to promote effective, comprehensive cancer control strategies in the context of the global strategy for the prevention and control of noncommunicable diseases, with special emphasis on less developed countries;

(2) to strengthen WHO's involvement in international partnerships and collaboration with Member States and actors from a wide variety of related sectors and disciplines in order to advocate, mobilize resources, and build capacity for a comprehensive approach to cancer control;

(3) to continue developing WHO's strategy for the formulation and refinement of cancer control programmes, by collecting, analysing and disseminating national experiences in this regard, and providing appropriate guidance to Member States;

(4) to promote and support a more equitable allocation of resources so that the knowledge provided by research is translated into effective and efficient public health measures for cancer prevention and control;

(5) to promote and support research that evaluates low-cost interventions that are affordable and sustainable in low-income countries;

(6) to give every support to the further development and expansion of a research agenda in IARC and other agencies that is appropriate to the framing of policies and strategies for cancer control in an integrated process.

ANNEX

NATIONAL CANCER CONTROL PROGRAMMES: RECOMMENDATIONS FOR OUTCOME-ORIENTED OBJECTIVES

National health authorities may wish to consider the following outcome-oriented objectives for their cancer control programmes, according to type of cancer:

- preventable tumours (such as those of lung, colon, rectum, and liver): to avoid and reduce exposure to risk factors (such as tobacco use, unhealthy diets, sedentariness, and infectious agents), thus limiting cancer incidence

- cancers amenable to early detection and treatment (such as oral, cervical and breast cancers): to reduce late presentation, in order to increase survival, reduce mortality and improve quality of life
- disseminated cancers that have potential of being cured or the patients' lives prolonged considerably (such as acute leukaemia in childhood): to provide appropriate care in order to increase survival, reduce mortality and improve quality of life
- advanced cancers: to enhance relief from pain and other symptoms and improve quality of life of patients and their families.

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