

# Global Health Global Cancer Control

Mary Gospodarowicz MD FRCPC FRCR(Hon)  
Princess Margaret Cancer Centre  
Toronto, Canada

# Global Burden of Disease - 2015

5.8 M deaths globally

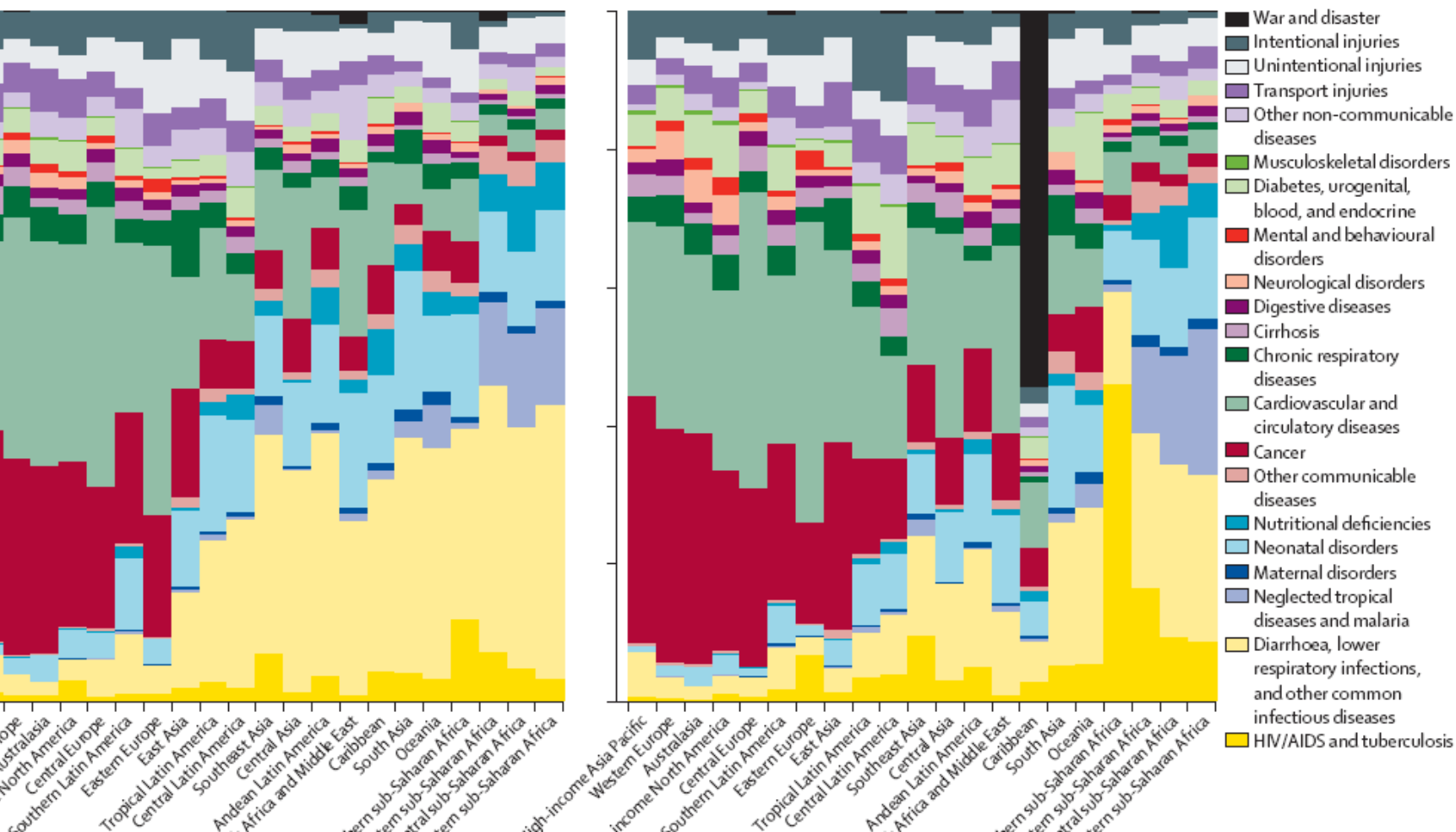
9.8 M deaths - NCDs

1.8 M cancer deaths

Cancer deaths increased by 17% since 2005

- In many countries cancer is #1 cause of death
- In most countries cancer is #2 or #3 cause of death
- With ageing of population and lower mortality from infections and heart disease cancer will become #1 cause of death in the world

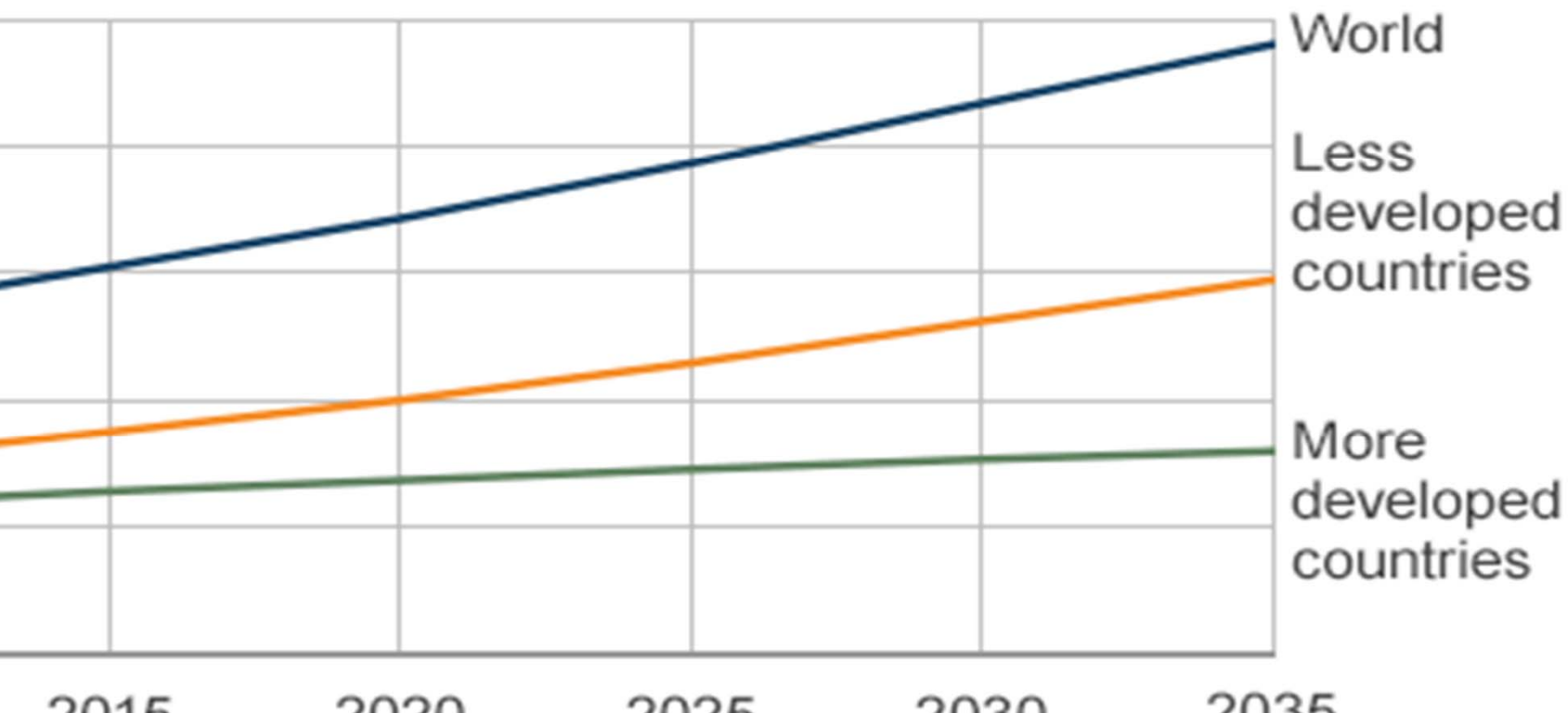
# World regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010



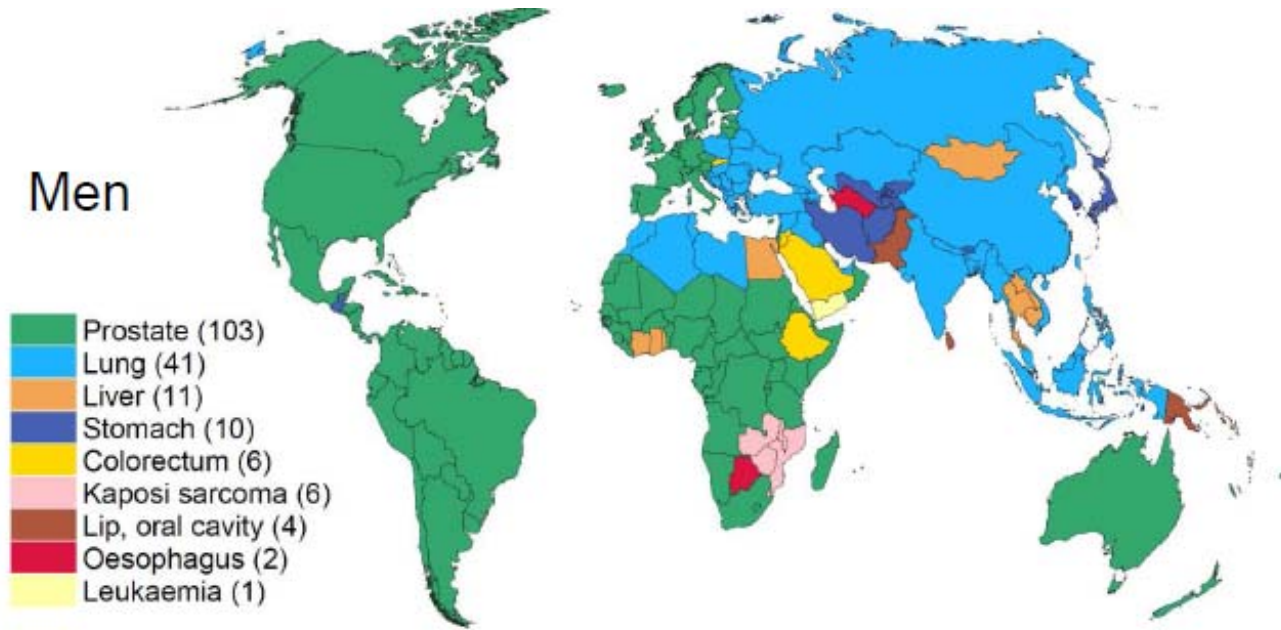
LAN 2012: Estimated Cancer Incidence,  
and Prevalence Worldwide in 2012

## Predicted Global Cancer Cases

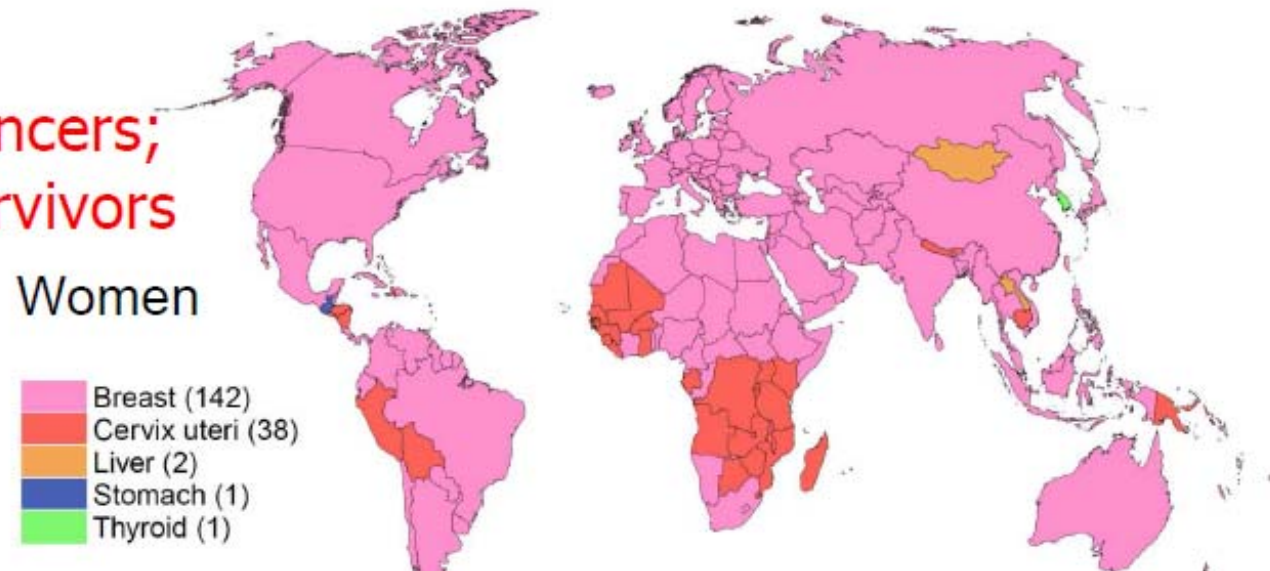
s (millions)



Most common cancers differ by country and region

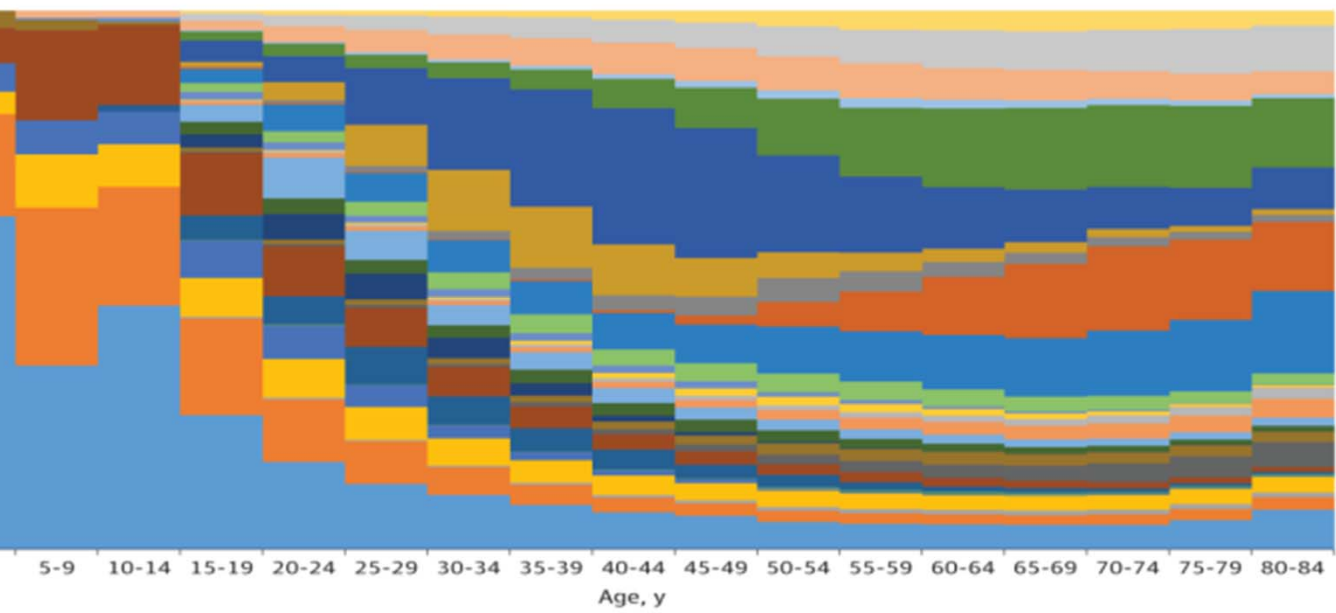


Most common cancer: Breast (142) of all female cancers; 25% of all cancer survivors

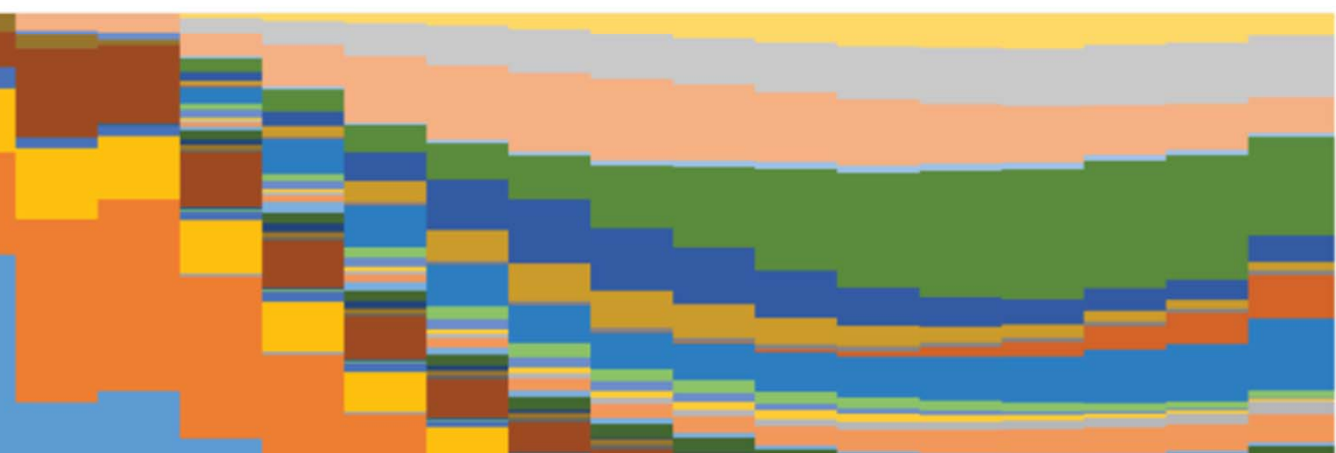


# The JAMA Network

idence



mortality



- Esophageal cancer
- Stomach cancer
- Liver cancer
- Larynx cancer
- Tracheal, bronchus, and lung cancer
- Breast cancer
- Cervical cancer
- Uterine cancer
- Prostate cancer
- Colon and rectum cancer
- Lip and oral cavity cancer
- Nasopharynx cancer
- Other pharynx cancer
- Gallbladder and biliary tract cancer
- Pancreatic cancer
- Malignant skin melanoma
- Ovarian cancer
- Testicular cancer
- Kidney cancer
- Bladder cancer
- Brain and nervous system cancer
- Thyroid cancer
- Mesothelioma
- Hodgkin lymphoma
- Non-Hodgkin lymphoma
- Multiple myeloma
- Leukemia
- Other neoplasms

# Cancer

Complex set of diverse diseases

Patterns vary across the world,  
development areas, and life-course

Multiple risk factors

Require complex diagnostics and  
therapeutic approaches

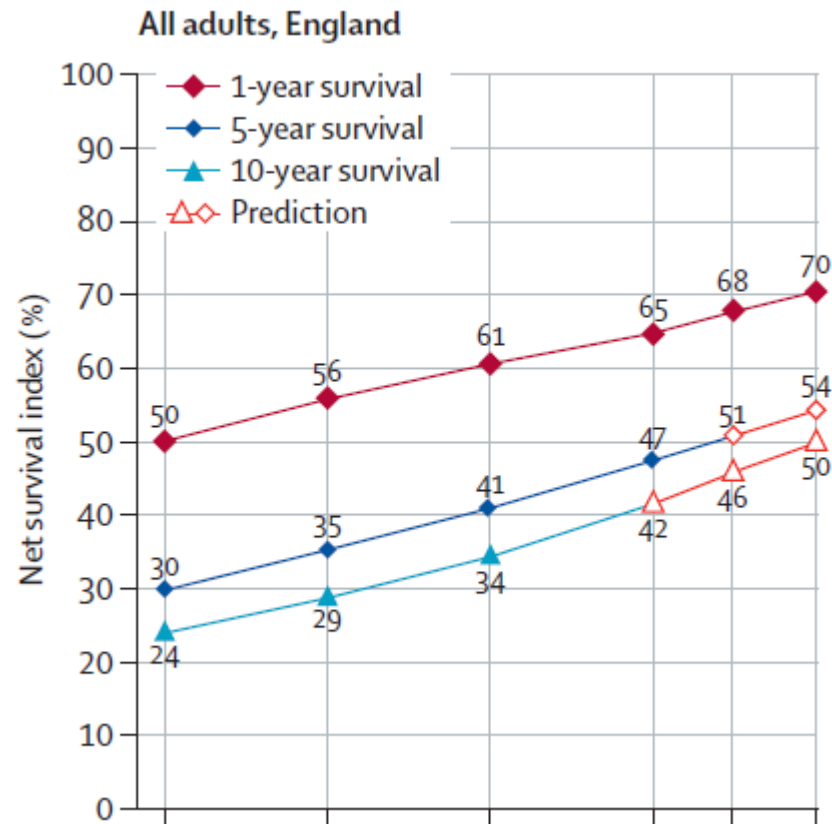
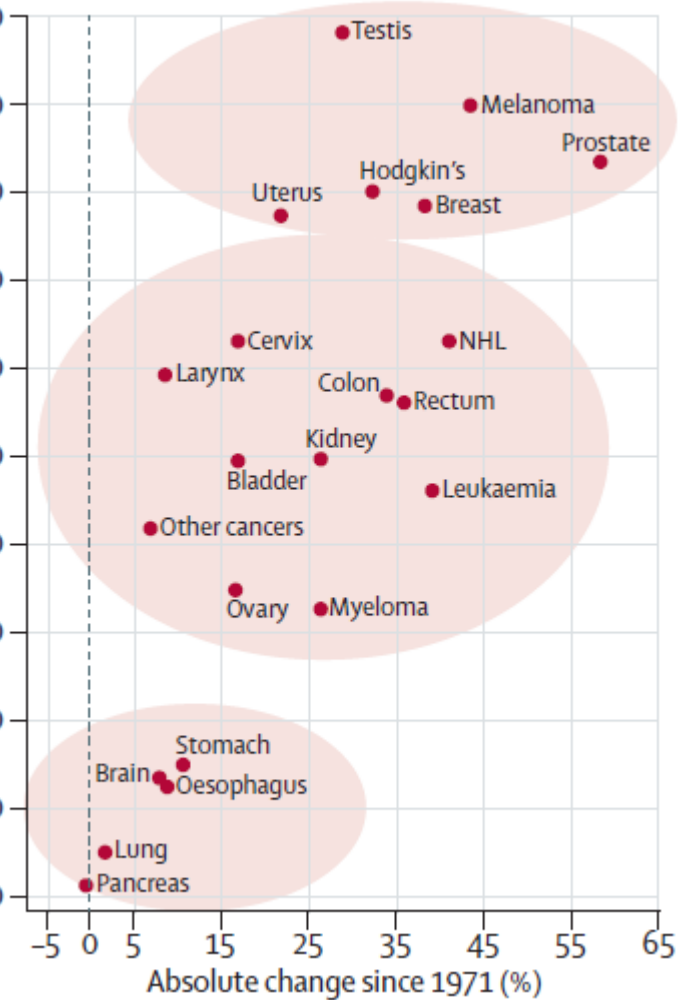
Episodic illness – both acute and chronic

Uses most aspects of healthcare system



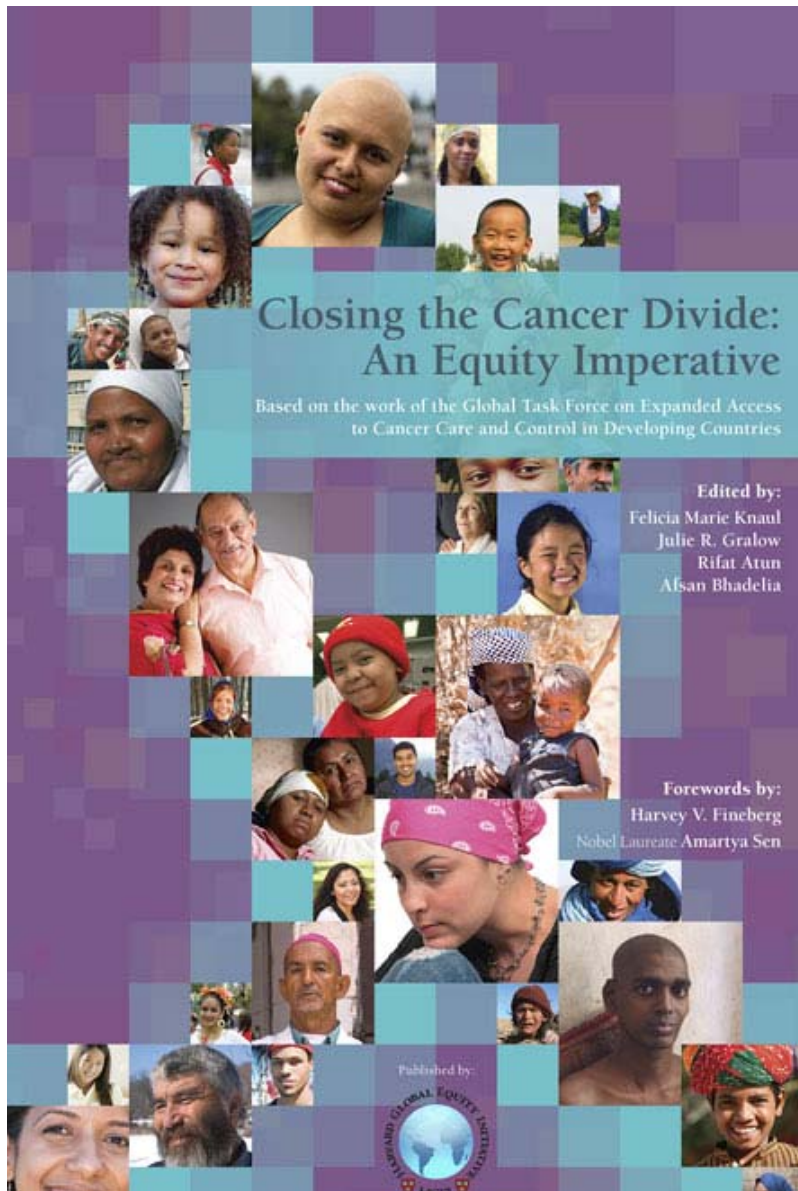
## 40-year trends in an index of survival for all cancers combined and survival adjusted for age and sex for each cancer in England and Wales, 1971–2011: a population-based study

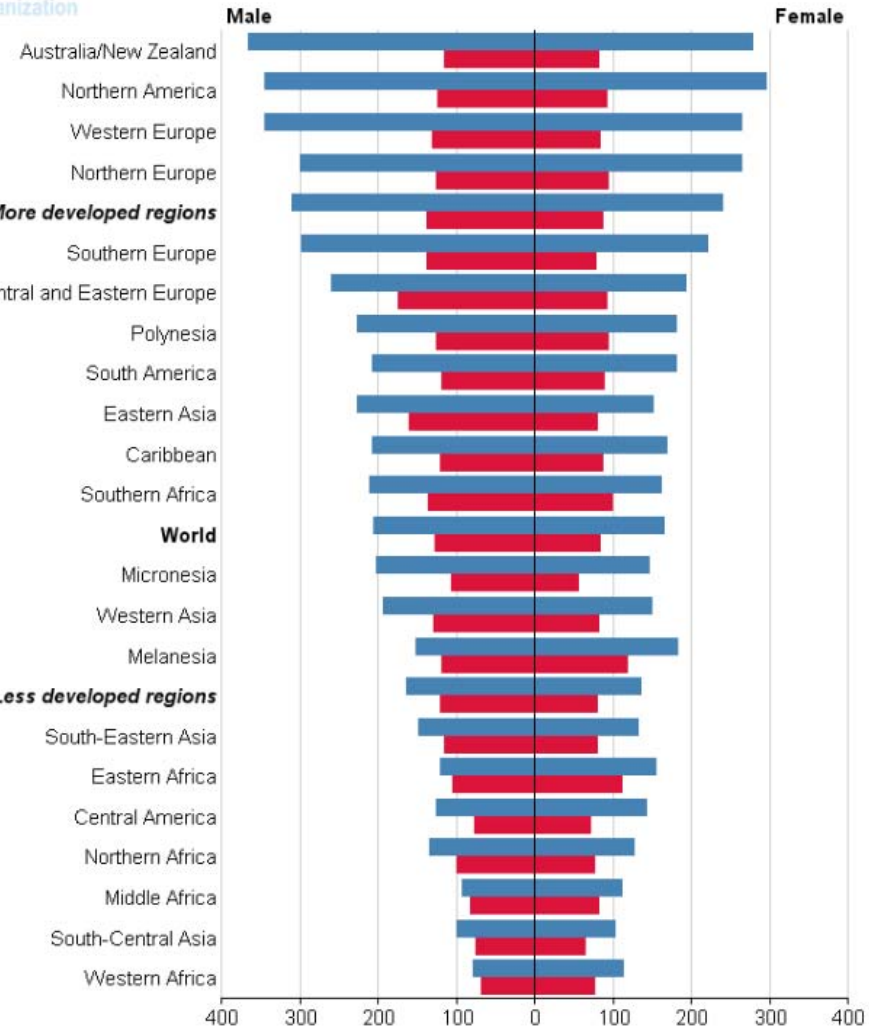
Manuela Quaresma, Michel P Coleman, Bernard Rachet





quity





■ Incidence  
■ Mortality

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

# The Equity Gap

## Availability of care

- Lack of prevention, early detection
- Diagnostic services
- **Facilities, health professionals, equipment**
- Health systems

## Affordability

- Poverty, catastrophic expense, UHC

## Awareness

- Education, stigma

# Sustainable Development Goals





Global Cancer  
Prevention

[Contact Us](#) | [Log In](#)

---

Home
References
About
News & Events
Country Work
Publications
DCP3

---

Home > References

## Cancer

**Key Messages**

Cancer is a priority issue. Poor people are more likely to die from cancer, and a cancer diagnosis can push households into poverty. Cancer prevention interventions, such as tobacco bans and HPV vaccination, are possible, providing relatively large benefits to low-income households.

### Volume Contents

Download the entire volume

**Front Matter**

- Overview Chapter
- Part 1: Burden
- Part 2: Interventions
- Part 3: Policy, Cancer Services and Research
- Part 4: Economics

**Back Matter**

**Annexes**

### Foreword by Dr. Amartya Sen

"The lesson that emerges from the well-timed empirical analyses presented in this volume is not only that a major difference can be made in the incidence, management, and elimination of cancer, even in the poorest countries of the world, but that this can be done in straightforward and affordable ways. Understanding and dissemination are the challenges now in need of change."

[Read complete foreword. HTML | PDF](#)

### Lancet Article on Cancer

Published online 15 November, 2014

**Introduction:**

Interventions in cancer control—prevention, detection, diagnosis, surgery, other treatment, and palliative care—are increasingly needed in low-income and particularly in middle-income countries...

[Read more](#)

### Cancer Incidence Worldwide

### News and Events

**Cancer Care: A Neglected Area in Global Health: Blog Post from Cancer Editor**  
November 18, 2014

DCP3 cancer volume lead editor, Helen Gelman, mentioned a piece in the World Bank's blog, "Investing in Health: Women and Young in Healthy Development. Gelman discussed the global neglect of cancer and highlights the importance of building a sustainable infrastructure for cancer control."

**PRESS RELEASE: DCP3 Publishes Cancer Volume**  
November 18, 2014

The latest Disease Control Priorities 3rd Edition (DCP3) volume on cancer, available today, gathers essential information on effectiveness, cost-effectiveness, feasibility and affordability of a range of interventions to provide evidence-based guidance to decision makers worldwide. It is available...

**DCP3 Cancer Volume Presented at AGETIC Conference in Mannheim**  
November 18, 2014

DCP3 Cancer volume editors and authors will launch the Cancer volume at the 2014 AGETIC conference: "AGETIC Roadmap to Cancer Control in Africa" in Mannheim, Germany November 18.

### Meet the Authors

**Mary Coughlin**  
Program Manager, Cancer Control,  
University Health Services

### Volume Editors

**Helen Gelman**  
Center for Disease  
Prevention, Surveillance  
& Policy

**Prakash Jha**  
Center for Global  
Health Research,  
Toronto

**Rangaraj Venugopal**  
International Agency  
for Research on  
Cancer

**Rae Martin**  
University of  
Winnipeg, School of  
Public Health and  
Health Services

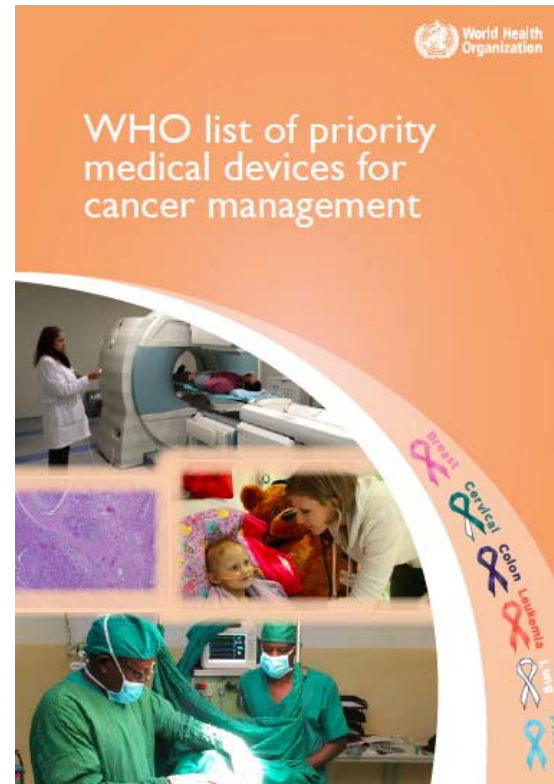
# WHO Initiatives

## Resolutions

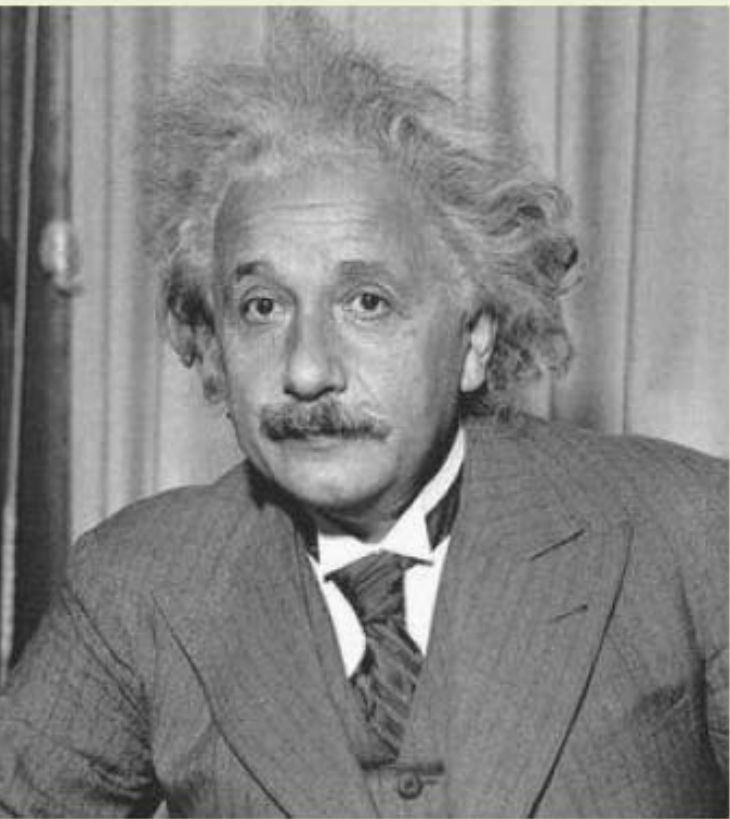
- Palliative care
- Essential medicines
- Surgery
- Cancer 2017

## Essential technologies

- Lists
- Multidisciplinary engagement



More of the same will not do...



“Insanity is doing  
the same thing  
over and over  
again and  
expecting  
different results.”

# Need more...


## Innovation

- More evidence
- New interventions and technologies

## Advocacy

- Political - civil society, local – global

## Evidence

- Research and innovation to generate evidence
  - Evidence to inform advocacy
  - Advocacy to change policy
- 



# address the future....

engage in broader sphere of healthcare and  
cancer control

engage in creating and harnessing  
innovation

reorganize and redefine the professional  
practice

engage in stewardship of cancer care



# Engage

- Sir Michael Marmot
  - *Do something*
  - *Do more*
  - *Do it better*





Thank you

