



PRESS RELEASE

On World Cancer Day, cancer leaders call for equal access to reduce premature cancer deaths by 25%

- *World Cancer Day 2018 highlights the global equity gap in accessing early detection, treatment and care services*
- *SOCRON and UICC call for more equal access to reduce premature cancer and non-communicable disease deaths by 25% by 2025 in line with WHO targets*
- *Consolidated country-by-country statistics on cancer incidences and mortalities, national cancer control plans and registries and access to radiotherapy based on latest GLOBOCAN and WHO data*
- *Cancer incidence in Nigeria is available from the Nigerian National System of Cancer Registries where there is updated data from 10 Population Based Cancer Registries and 20 Hospital Based Cancer Registries*

Sunday 4 February 2018 – World Cancer Day: On Sunday 4 February, World Cancer Day raises awareness of the millions of people world-wide facing unequal access to cancer detection, treatment, and care services. With cancer leaders, health professionals and supporters across the world pushing for urgent action to reduce the rate of premature cancer deaths globally, the day calls for diagnostic and treatment access to be prioritised.

The global target of a 25% reduction in premature deaths from cancer and non-communicable diseases* (NCDs) by 2025 is possible. However, to deliver on this global commitment¹, the current inequities in risk factor exposure, and in access to screening, early detection and timely and appropriate treatment and care, must be addressed.

Professor Clement Adebamowo, President, Society of Oncology and Cancer Research of Nigeria (SOCRON) and Director of the Nigerian National System of Cancer Registries (NSCR):

“The need for access to radiotherapy in Nigeria is critical. If we are to make any progress in reducing the number of premature cancer deaths in our country, we must urgently address the access, infrastructure and human resource gaps in delivering radiotherapy treatment to cancer patients in Nigeria. This World Cancer Day, we call on governments, policy makers and authorities to continue to push for improved access to all cancer services and treatments, including radiotherapy.”

Professor Sanchia Aranda, President of UICC and CEO of Cancer Council Australia:

“Set in 2011, the World Health Organization’s target to cut premature NCD deaths by 25% within 14 years is coming towards its half way mark. We can meet the target, but more action than ever will be required. Inequality in access to prevention, diagnosis, treatment and care makes reducing premature deaths from cancer difficult. If we are committed to achieving this goal, we must act quickly and decisively to make access to cancer services more equal all around the world.”

World Cancer Day, led by the Union for International Cancer Control (UICC), every year rallies the world's voices against what the World Health Organization (WHO) recently recognised for the first time as the leading cause of global morbidity¹.

Today, there are an estimated 8.8 million deaths from cancer every year². However, it is the low- to middle-income countries who are bearing the brunt, as approximately 70% of deaths occur in developing countries, which are the most ill-equipped to cope with the cancer burden³. The starkest area of inequity relates to childhood cancers – a specific group that the WHO underscored in its landmark 2017 Cancer Resolution - with survival rates over 80% in high income countries and as low as 20% in low income countries⁴.

Inequities are also acutely experienced in high- to middle-income countries, particularly within certain populations, including the indigenous, immigrant, refugee, rural, and lower-socioeconomic populations.

¹World Health Organization (2017) Seventieth World Health Assembly, Agenda item 15.6: Cancer prevention and control in the context of an integrated approach [Accessed:21.12.17] http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_R12-en.pdf

²World Health Organization (2017) Cancer Fact Sheet. [Accessed:20.12.17] <http://www.who.int/mediacentre/factsheets/fs297/en/>

³World Health Organization (2017) Cancer Fact Sheet. [Accessed:20.12.17] <http://www.who.int/mediacentre/factsheets/fs297/en/>

⁴Childhood Cancer International, 8 Reasons why Childhood Cancer should be a global child health priority [Accessed:10.01.2018] <http://childhoodcancerinternational.org/8-reasons-why-childhood-cancer-should-be-a-global-child-health-priority/>



Professor Sanchia Aranda:

“In the last year of the ‘We can. I can.’ campaign for World Cancer Day, we hope to inspire real action from governments and civil society in addressing the inequities in cancer diagnosis, treatment and care, which unfortunately largely affects the most vulnerable populations in every country. In Australia, while we maintain some of the best cancer outcomes in the world, national data shows that the gap between those in the highest and lowest socioeconomic groups is continuing to widen over time. These overlooked voices must be more forcefully represented in our discussions this World Cancer Day.”

An acute example of a global access gap particularly affecting the underserved and underprivileged is access to radiotherapy. As one of the major methods of treatment for cancer[†], radiotherapy is recommended for 52% of cancer patients⁵. Glaringly, the gap between need and availability is highest in low- to middle-income countries; 90% of low- to middle-income country cancer patients lack access to radiotherapy⁶. Yet, issues of access to this critical treatment also cuts across many countries. In mainland **China**, there exists a gross shortage of radiotherapy facilities, with access varying widely from province to province. Depending on where you live in **England**[§], patients can face significant variation – anywhere from 20% to 70% - in accessing Intensity Modulated Radiotherapy, an advanced form of radiotherapy treatment⁷.

As an urgent response to the global equity gap and the critical need for an in-country response, UICC today officially launched, *Treatment for All*. It marks the second new initiative by UICC in as many years to mobilise national action to improve access to diagnosis and treatment for cancer, and is a direct acknowledgement that the cancer burden cannot be alleviated exclusively through prevention to reduce cancer incidence.

Dr Cary Adams, Chief Executive Officer of UICC:

“The tsunami of cancer cases anticipated in the coming decades requires a persuasive and robust response at all levels – global and national. Treatment for All, in tandem with its sister initiative, C/Can 2025: City Cancer Challenge, will work to accelerate progress by translating global commitments to evidence-, safety- and quality-based national actions.”

By empowering individuals, cities, countries and governments to lever *Treatment for All's* four pillars of cancer treatment and care, we can achieve:

- Improved quality of cancer data for public health use
- Increased number of people with access to early detection and accurate cancer diagnosis
- Greater timely and quality treatment for early and metastatic disease
- At a minimum, basic supportive and palliative care service for the current 32.6 million people living with cancer⁸.

Today, on World Cancer Day, ‘We can. I can.’ improve access and deliver on the global target of a 25% reduction in cancer and NCD premature deaths by 2025.

* Non-communicable - or chronic - diseases are diseases of long duration and generally slow progression. The four main types are cardiovascular diseases, cancer, chronic respiratory diseases and diabetes.

† The global community has committed to reduce premature deaths from cancer and NCDs by 25% by 2025 as set out in the Global Action Plan for the Prevention and Control of Non-communicable Diseases

‡ The major modalities of treatment for cancer includes radiotherapy, surgery and medicines including chemotherapy

§ The wide disparity in cancer services and patient outcomes depending on where you live is often called the Postcode Lottery

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<https://nigeriancancerregistries.net>

⁵ Barton, Frommer & Shafiq (2006) Role of radiotherapy in cancer control in low-income and middle-income countries, *Lancet Oncology* 7(7): 584-595 [Accessed 24.04.2017] [http://thelancet.com/pdfs/journals/lanonc/PIIS1470-2045\(06\)70759-8.pdf](http://thelancet.com/pdfs/journals/lanonc/PIIS1470-2045(06)70759-8.pdf)

⁶ Zubizarreta et al. (2015) *Clin Oncol (R Coll Radiol)* 27(2):107-114 [Accessed 24.04.2017] <https://www.ncbi.nlm.nih.gov/pubmed/25455407>

⁷ Staffurth, Ellison, Ball & Hanna (2015) *Patterns of IMRT delivery in England* [Accessed

3.01.2018] https://www.google.ch/url?sa=t&tct=j&q=&esrc=s&source=web&cd=3&cad=rja&uact=8&ved=0ahUKEwiL4dri_nvYAhWlIuwKHxZbAxAQFgg5MAI&url=http%3A%2F%2Fwww.natcan.sat.nhs.uk%2Fdlhandler.ashx%3Fd%3Dpubs%26f%3DNCR1_IMRT%25202015%2520v1.4.pdf&usg=AOvVaw3n79oHHaBi1fIn2ywn_3E

⁸ GLOBOCAN 2012 (International Agency for Research on Cancer), Estimated Cancer Incidence, Mortality and Prevalence in Nigeria in 2012 [Accessed: 20.12.17] http://globocan.iarc.fr/Pages/fact_sheets_cancer.aspx