Adapting the cancer prevention recommendations to Latin America and the Caribbean

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1.Background and rationale

2.Methodology

3.Dissemination

Rationale

- 1.1 million people were diagnosed with cancer and 0.6 millions dead in Latin America and the Caribbean in 2012 (all cancers excl. non-melanoma)

- Expected increase until 2030: > 65% (to 1.8 million new cases)

  > 75% (to 1.06 million deaths)

- Demographic changes (world's most urbanized region):

  40% (1950) **->** 70% (1990) **->** 80% (2014) **->** 90% (2050)

  74% in EU (2014) urban population

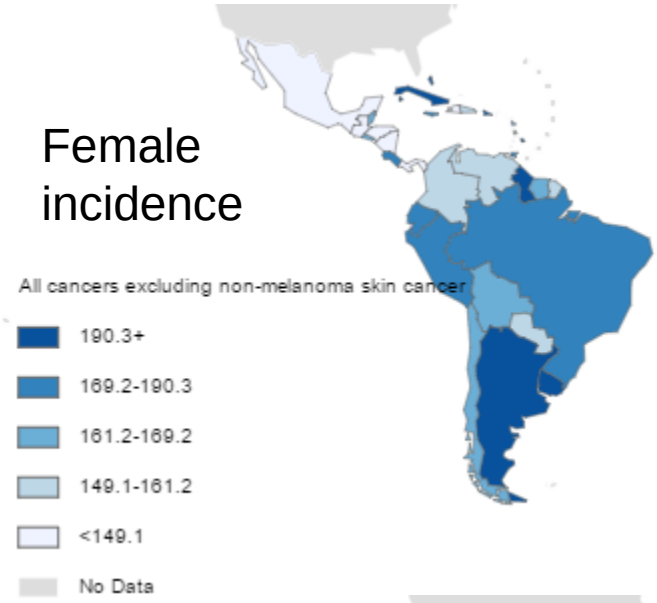
  Brazil and the southern cone may reach 90% by 2020

Sources: Globocan 2012, UN-Habitat

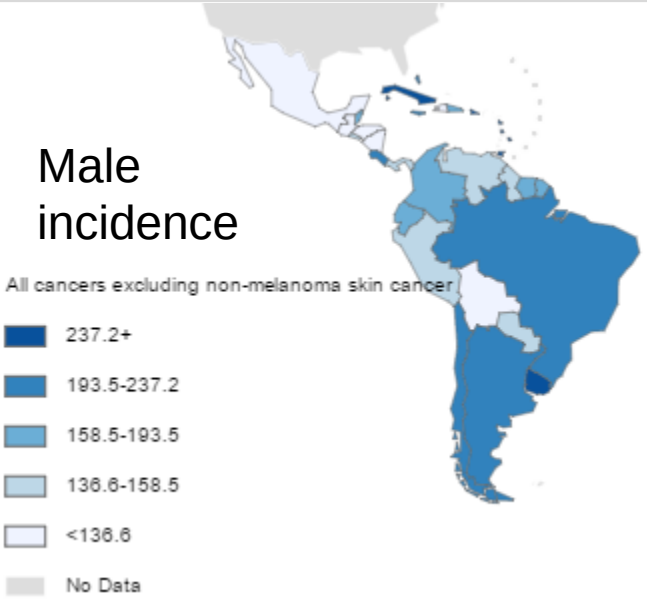
Cancer Incidence and Mortality in Latin America and the Caribbean

Source: Globocan 2012

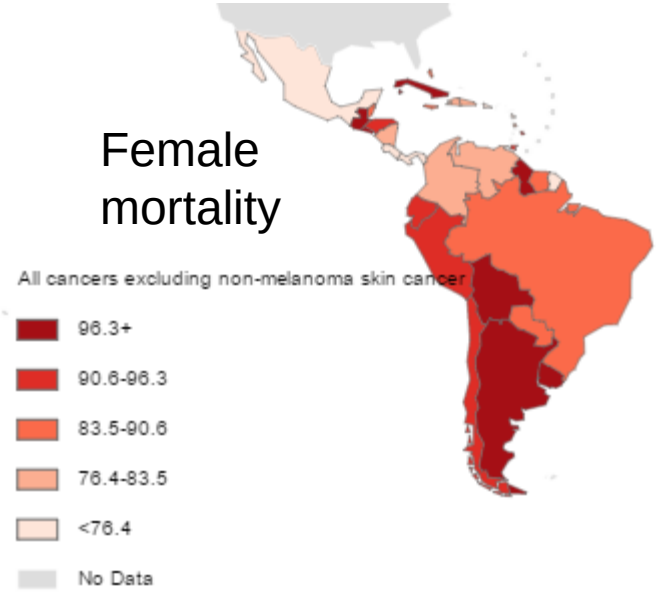
Female incidence



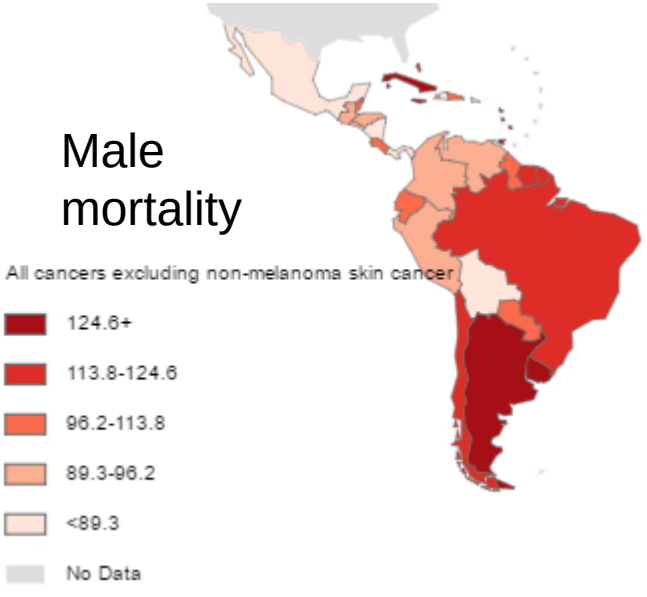
Male incidence



Female mortality



Male mortality



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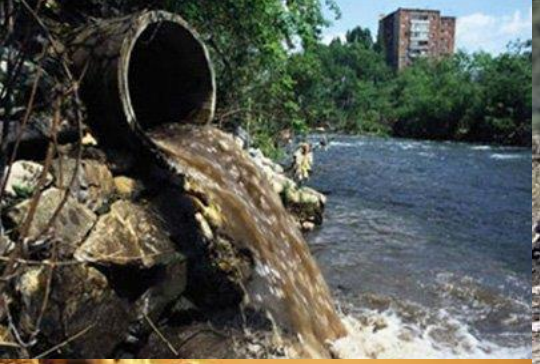
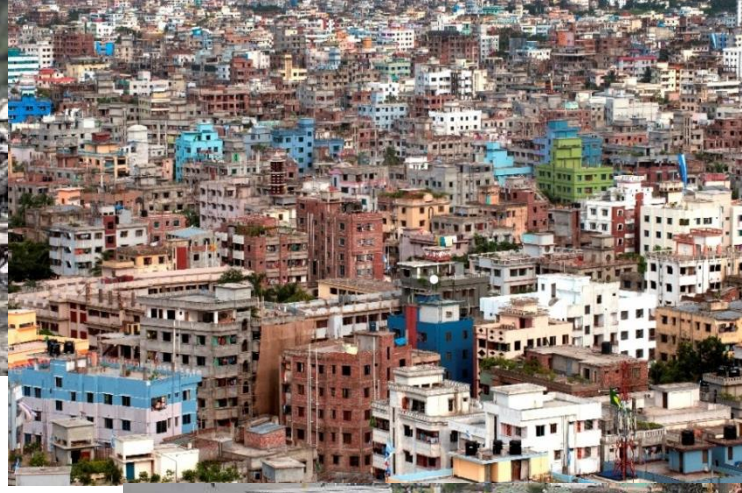
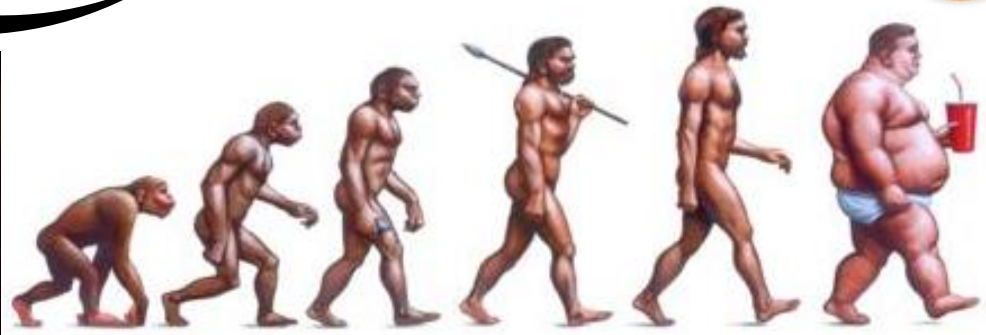
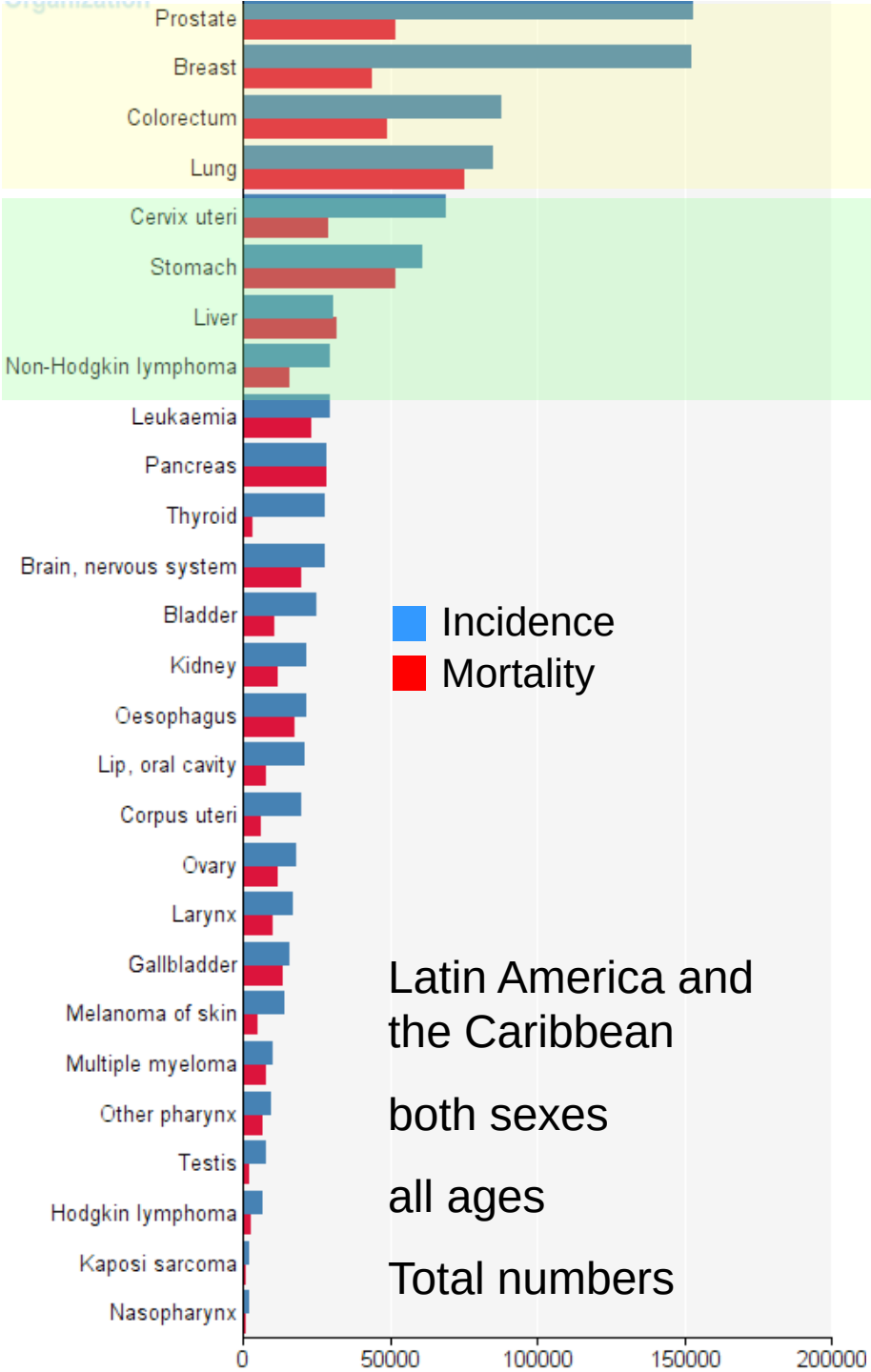





FILTER CIGARETTES
Marlboro
¿Se parece a vos?
M.S.P.

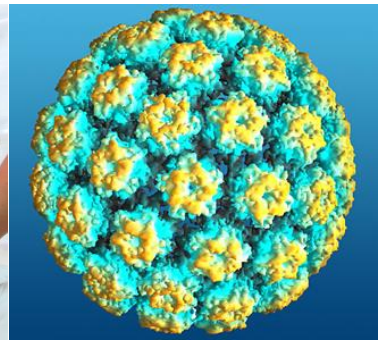




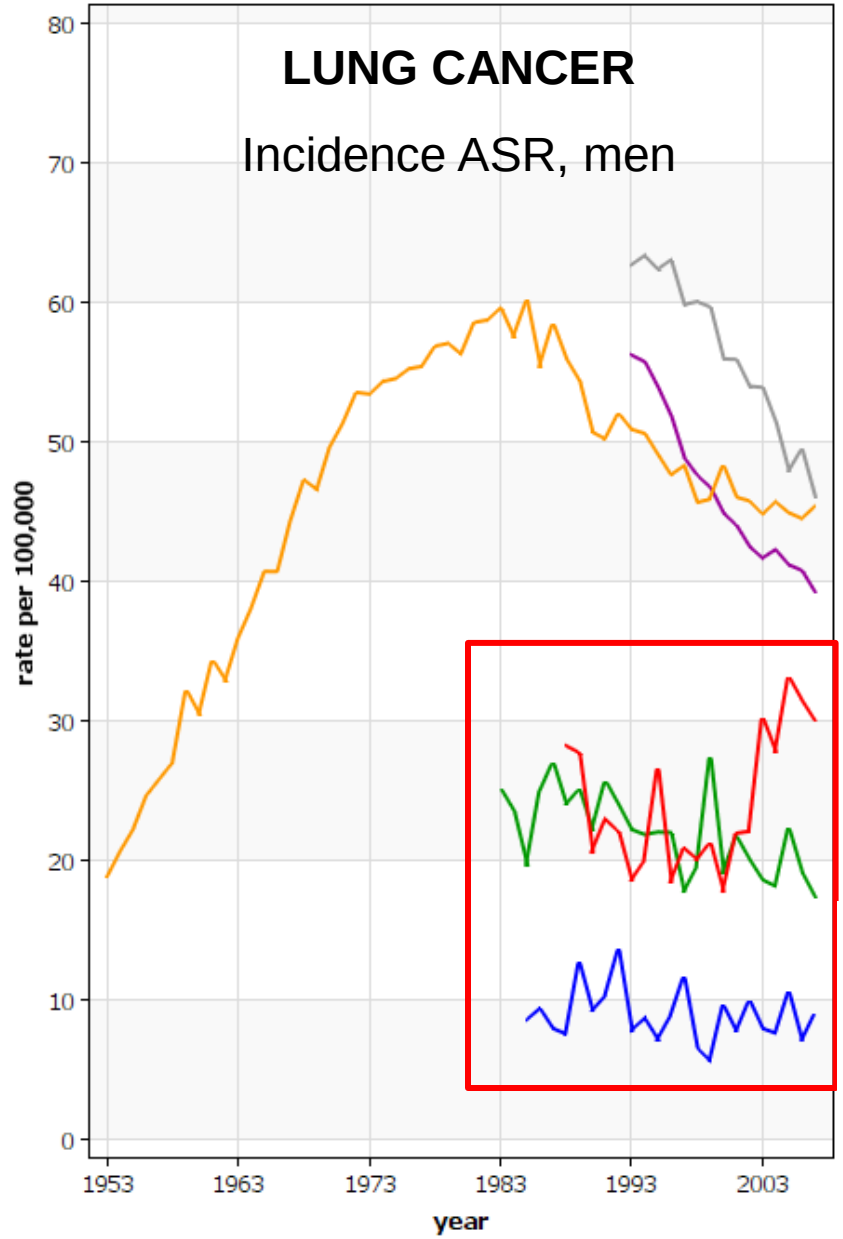
Socioeconomic transition

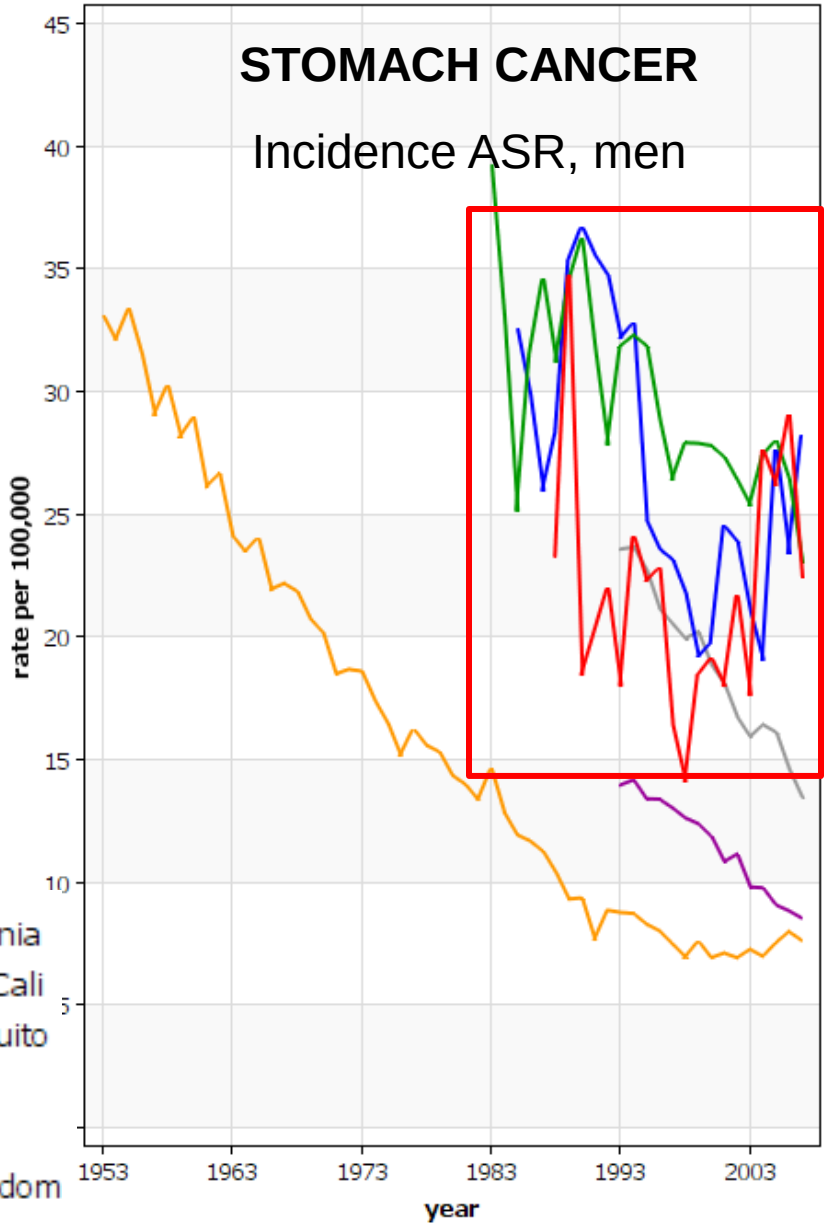
epidemiologic transition

But *double* burden of cancer!

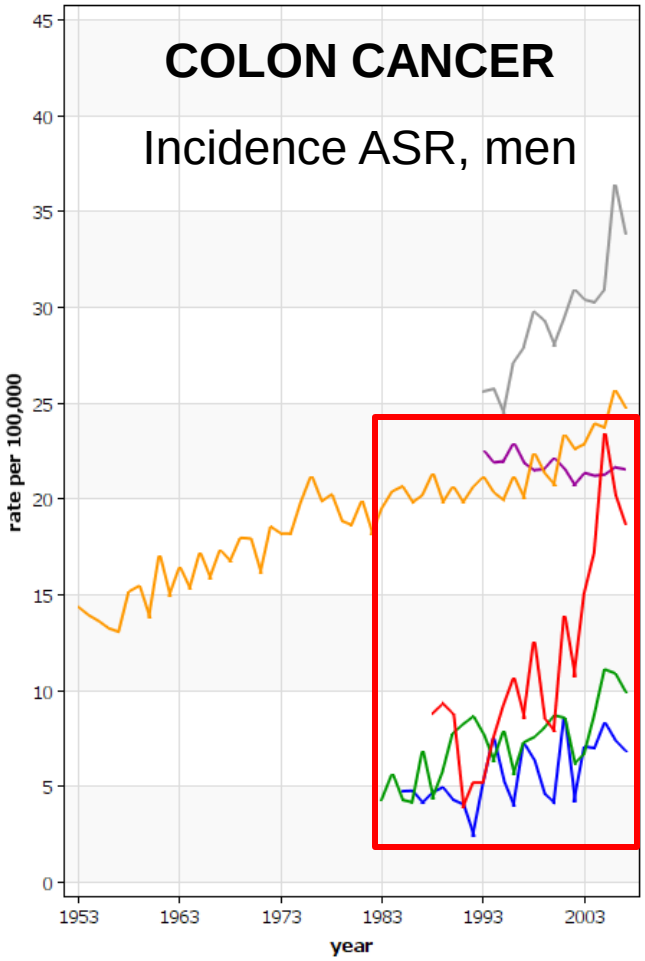


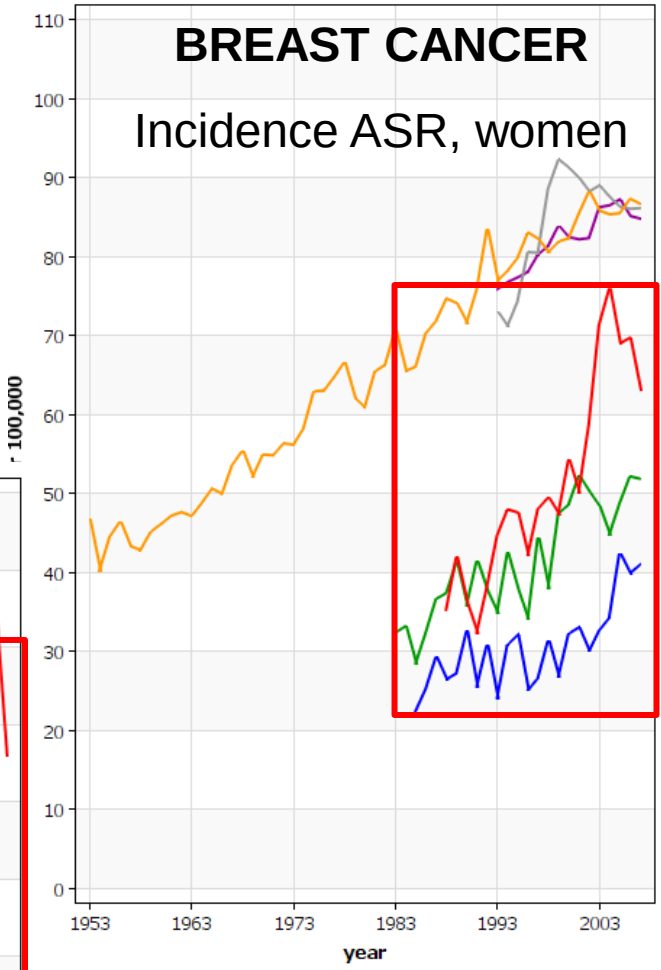
Time trends Incidence in comparison to Europe

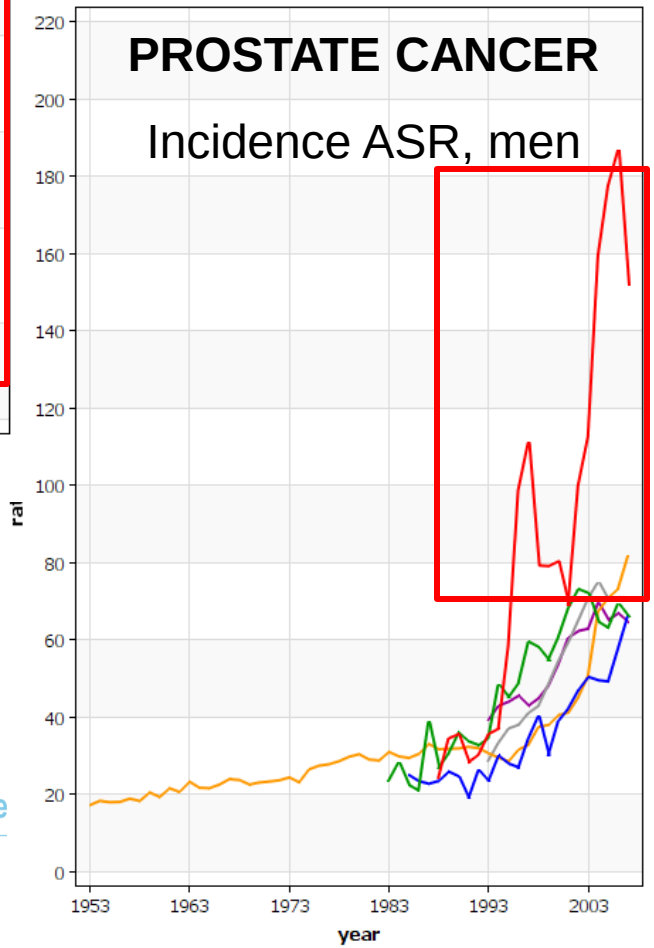




Brazil, Goiania
Colombia, Cali
Ecuador, Quito
Denmark
Italy
United Kingdom







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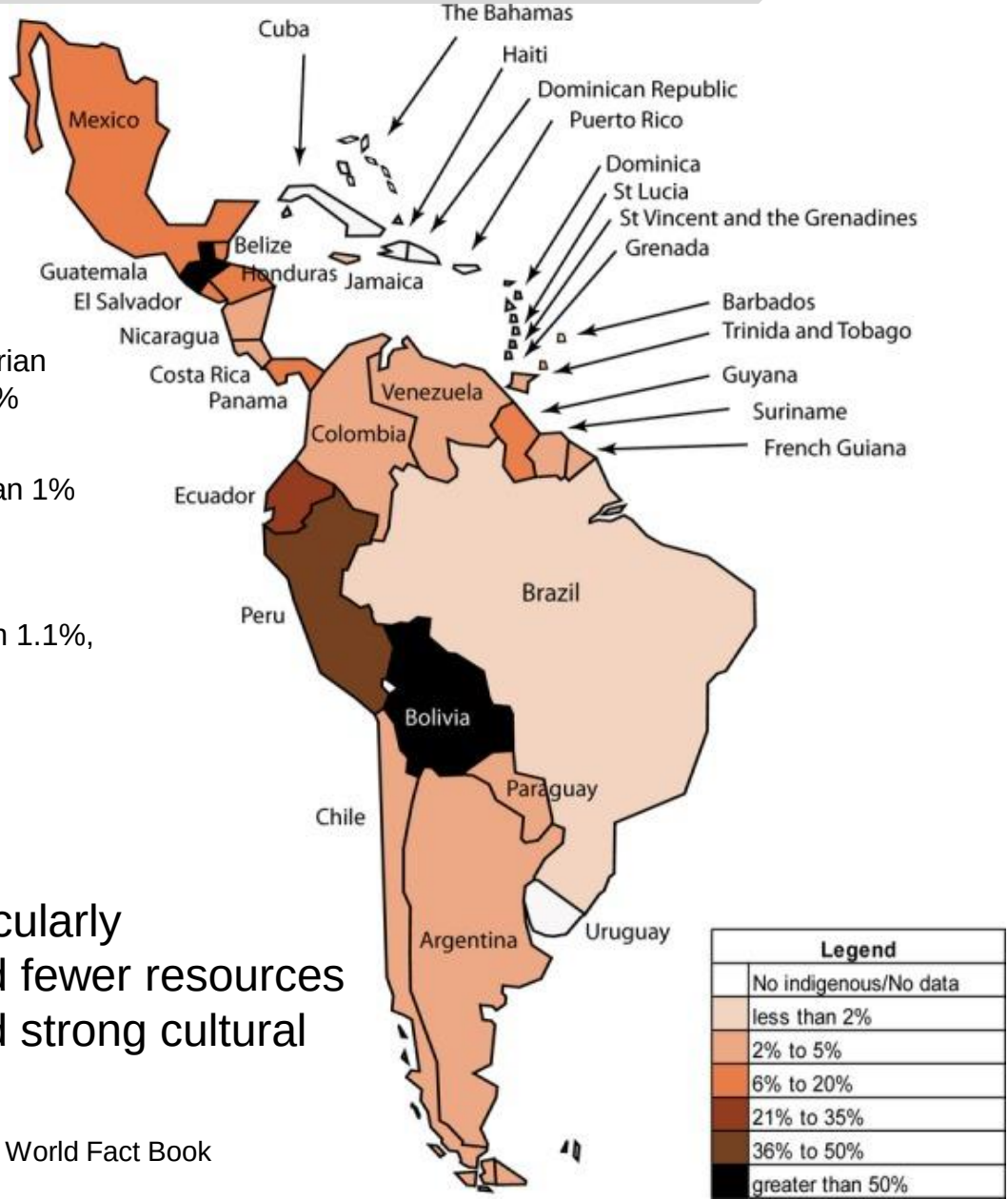
Ethnical diversity

- Roughly 10% of the total population are indigenous:

- ✓ Bolivia = Quechua 30%, mestizo 30%, Aymara 25%, white 15%
- ✓ Ecuador = mestizo 71.9%, Montubio 7.4%, Afroecuadorian 7.2%, Amerindian 7%, white 6.1%, other 0.4%
- ✓ Colombia = mestizo 58%, white 20%, mulatto 14%, black 4%, mixed black-Amerindian 3%, Amerindian 1%
- ✓ Argentina = white 97%, mestizo, Amerindian, or other non-white groups 3%
- ✓ Brazil = white 47.7%, mulatto 43.1%, black 7.6%, Asian 1.1%, indigenous 0.4%



- Geographically isolated populations
- Poor and rural populations are particularly disadvantaged (less information and fewer resources available, fewer healthy choices and strong cultural traditions)

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Sources: Moore SP, et al. 2013, The World Fact Book

Risk factors

Tobacco

- ✓ 26% of all cancer deaths related to tobacco and 84% of lung cancer deaths in Latin America
- ✓ Increasing smoking rates among young people and women
- ✓ Despite smoke free policies, SHS exposure at workplace, restaurants, public transport, etc.

Second-hand smoke

Healthy body weight

- ✓ High BMI is a leading risk factor for disease:

  50 - >60% prevalence of overweight and
  20 - >30% obesity (both sexes, 2010)

- ✓ Predicted to rise by 2030: 60% of women overweight/obese (90% in Cuba and Panama)
- ✓ 15% of the incident cancers can be attributed to obesity
- ✓ 12% of all the postmenopausal breast cancer cases attributed to overweigh/obesity
- ✓ Increasing problem in children

Physical activity

- ✓ 14% of all the breast cancer cases attributed to physical inactivity (2008)

Diet

- ✓ Most countries have implemented WHO recommendations for tobacco and alcohol control policies

Alcohol

- ✓ Second highest alcohol consumption per capita in the world, after Europe

Sun / UV

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Sources: Goss PE *et al.* 2013; Arnold M *et al.* 2014; Di Sibio *et al.* 2016; Sierra MS *et al.* 2016

Occupational chemicals

- ✓ Exposures to environmental and occupational cancer risk factors related to rapid urbanisation are rising
- ✓ Exposures to pesticides, industrial waste or arsenic in drinking water

Radon

- ✓ 87 million people exposed to household air pollution from biomass (cooking and heating)

Breastfeeding

Hormonal therapy

- ✓ Changing patterns of childbearing and breastfeeding

Vaccination

- ✓ Around 14% of cancers are attributable to HBV & C, HPV, *H. pylori* and others (7% in Europe)
- ✓ Low prevalence of HBV & C; 2% aflatoxin-related liver cancers (except Mexico,11-times higher than HBV-related liver cancers)
- ✓ 18 countries offered the HPV vaccine via public immunization programs (2014)

Screening

- ✓ Mammography screening rates much lower than recommended by WHO (low participation rates; unequitable access)
- ✓ Cervical cancer mortality not decreased despite cervical screening programmes (constraints: coverage, quality of tests, access to diagnosis and treatment, social and cultural barriers)
- ✓ New cervical cancer screening technologies and clinical breast examination may be considered for some populations
- ✓ CRC screening guidelines in most countries but only Uruguay and Argentina have national programs

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Sources: Goss PE *et al.* 2013; Forman D and Sierra MS 2016; Sierra MS and Forman D 2016; Sierra MS *et al.* 2016

Q&A

Tobacco

- What types of tobacco products are used in Europe?
- What can I do to quit smoking?
- Are e-cigarettes less harmful than conventional cigarettes?

Second-hand smoke

- What percentage of people in Europe are exposed to tobacco smoke inside the home?
- What are the benefits of a smoke-free home?

Healthy body weight

- What do “overweight” and “obesity” mean?
- If I am overweight or obese, is it worth losing weight?

Physical activity

- What types of cancer may be prevented by physical activity?
- How do I become more physically active?

Diet

- What is meant by “fatty and sugary foods”?
- Which foods have a high salt content?

Alcohol

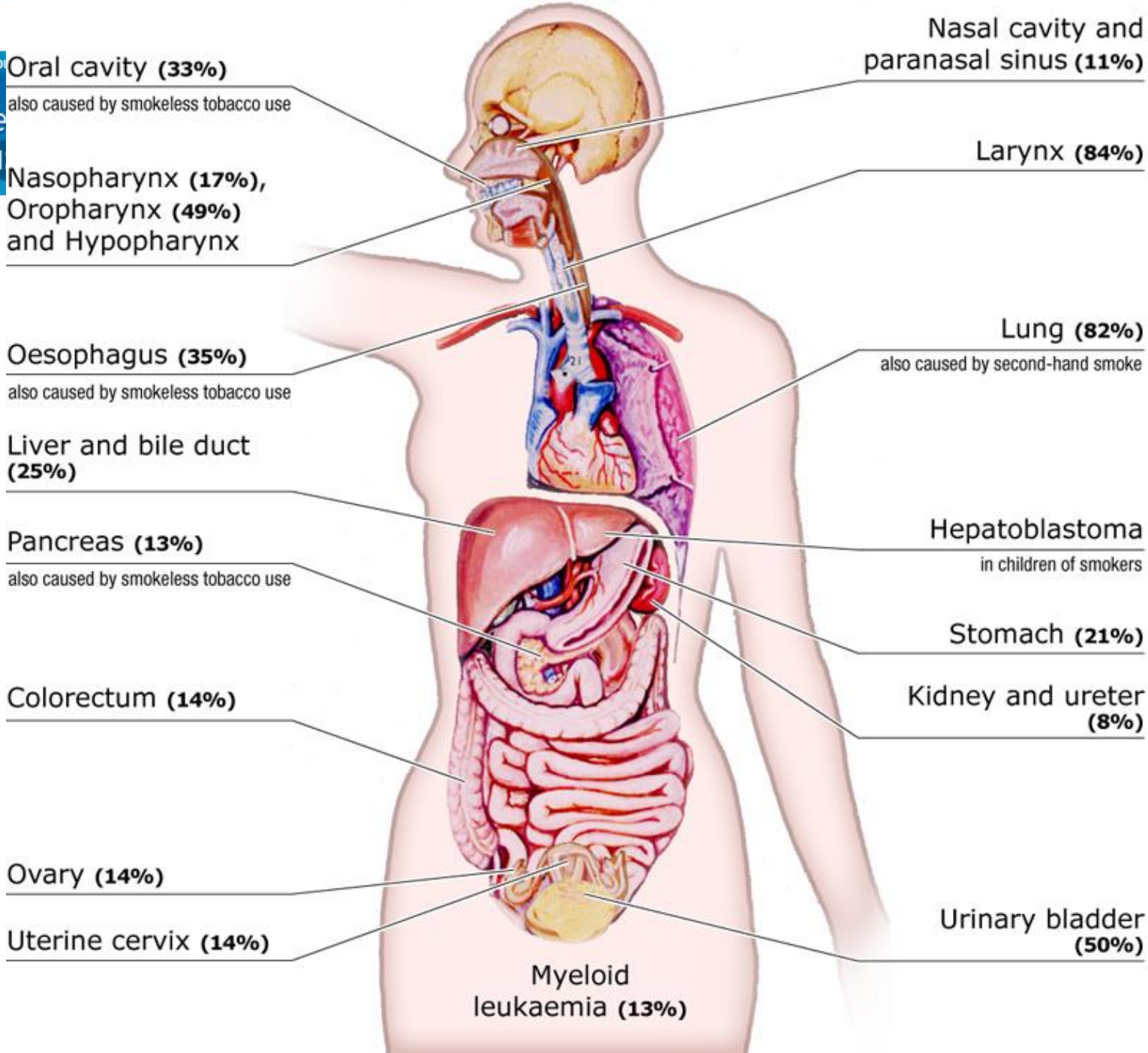
- Do all types of alcoholic drinks increase the risk of cancer?
- Is drinking small amounts of alcohol good for my heart?

Sun / UV

- Is there such a thing as a “healthy tan”?
- Why should I not use sunbeds?

Questions & Answers
- Tobacco
- Second-hand smoke
- Healthy body weight
- Physical activity
- Diet
- Alcohol
- Sun/UV exposure
- Pollutants
- Radiation
- Breastfeeding
- Hormonal therapy
- Vaccination and infections
- Screening

OTHERS
- Pharmaceutical drugs



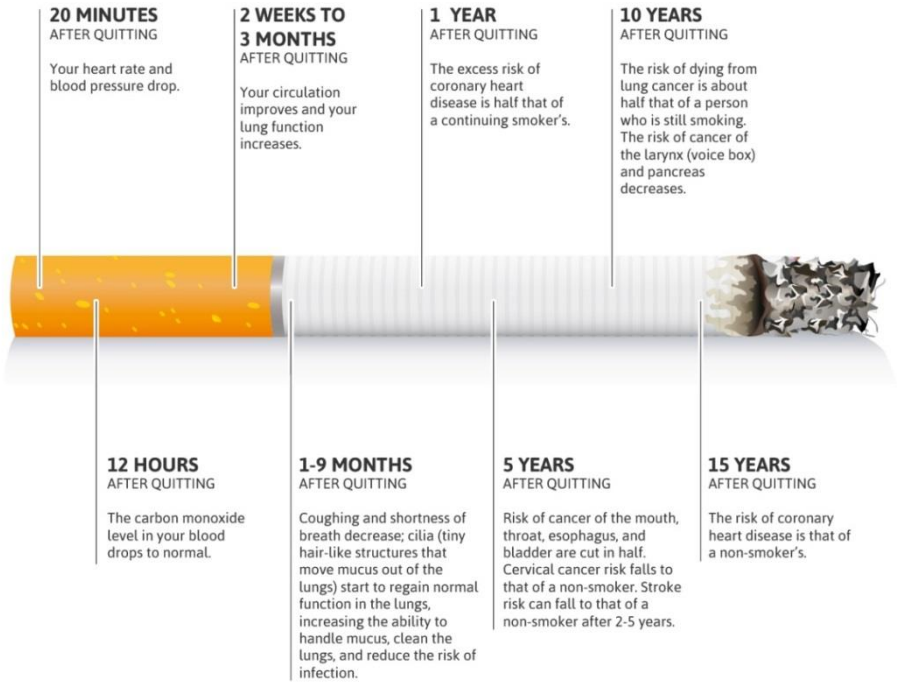
Can I reduce my risk of developing cancer or dying of cancer if I quit smoking?

Yes. The scientific evidence conclusively shows that the risk of cancer decreases after quitting smoking at any age, but the younger the age when stopping, the greater the benefit.

On average, smokers lose at least 10 years of life compared with those who have never smoked. Quitting smoking before the age of 40 years reduces the risk of a smoking-related death by about 90%.

It is never too late to stop smoking; quitting at any age lowers the risk of smoking-related death compared with those who continue to smoke.
Quitting smoking also has other health benefits that you can see immediately (see Figure 5). What smokers can do to quit is described here in Q&A 9.

Figure 5.: *Short- and long-term beneficial health effects observed after quitting smoking.*



Occupational chemicals

- Which are the most important chemical substances in the environment that may cause cancer, and which cancers do they cause?
- Is there adequate control (…)? Am I adequately protected?
- Is there adequate control of workplace cancer-causing substances, and what actions can I take to protect myself and my family?

Radon

- Should I be concerned about cancer risk from X-rays?
- Is there any cancer risk from (…) the electromagnetic fields from power lines, the microwaves (…), and the radio waves (…) (mobile phones, Wi-Fi, television, and radio)?

Breastfeeding

Hormonal therapy

- May use of oral contraceptives increase my risk of cancer?

OTHERS

- Pharmaceutical drugs

- Are there other drugs that may increase my risk of cancer?
- Are there any drugs, such as aspirin, that I can take to reduce my risk of cancer?

Vaccination

- How common is hepatitis C virus (HCV) infection in EU?
- What are the side-effects of hepatitis C treatment?
- Can *H. pylori* infection be prevented?

Screening

- What is an “organized” screening programme?
- Why is quality important in cancer screening?
- Why is prostate cancer screening not recommended?

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What actions can I take to protect myself and my family?

For most cancer-causing chemical substances in the environment, the most effective measures are regulations and community actions aimed at reducing or eliminating these substances, rather than personal actions. However, it is important to know what you are being exposed to, so that you can make informed decisions about your health. Here are some examples of personal interventions:

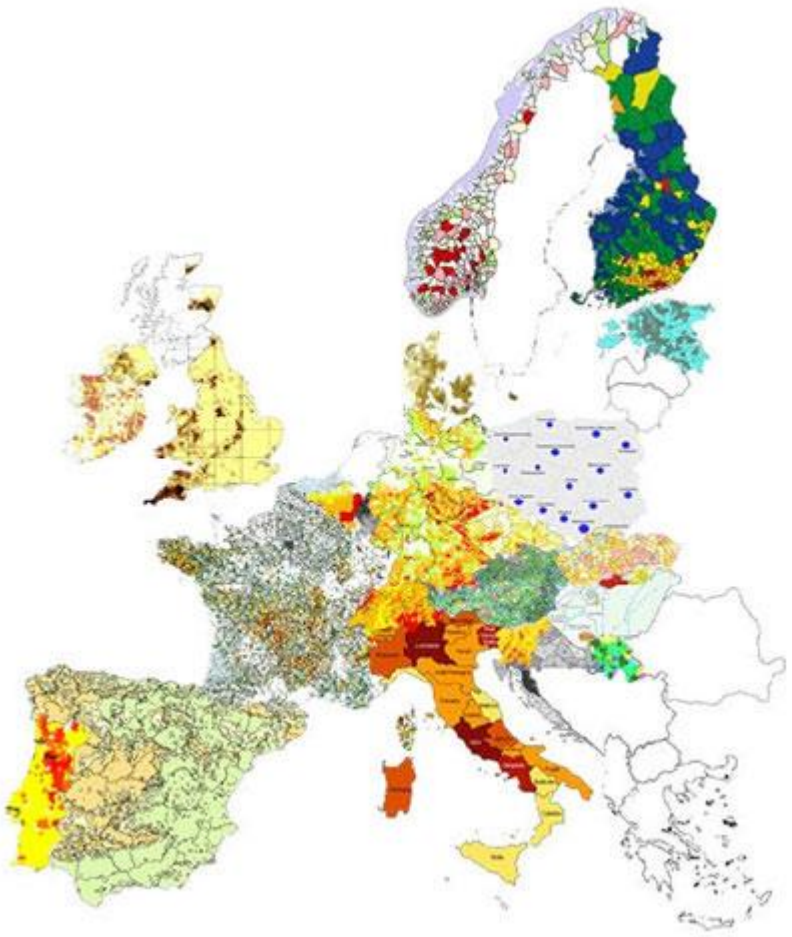
- You can make your home and immediate environment smoke-free by not allowing others to smoke indoors or in vehicles.
- Be aware of the chemicals in the products you buy for private use; read instructions for safe and proper use, if available, and follow the directions carefully.
- You can reduce indoor air pollution by ensuring adequate ventilation (…)
- Individual actions (such as limiting the use of cars and properly maintain these, or using a bicycle or public transportation) can contribute to reduce air pollution.
- You can contribute to minimizing contamination of drinking-water and soil by properly disposing of household chemicals (e.g. pesticides, paints) or pharmaceuticals, and by reducing waste.
- You can also contribute to a healthier environment by contributing to raise public awareness, which may result in general public or community actions.

How do I find out about radon exposure in my home?

Radon concentration is measured as (…)

Your country may have maps (often available online) that you can use to see whether homes in your area are at more or less risk of having high radon levels.

If your home is in an area of increased radon risk, you are advised to have your home tested for radon levels.



What is breast cancer screening?

Breast cancer screening uses an X-ray image called a mammogram to check the breasts for signs of cancer. It can find cancers that are too small to be felt. The earlier a breast cancer is found, the more effective treatment may be. Screening does not prevent breast cancer from developing, but it may find a breast cancer sooner, when the chance of successful treatment is higher. Mammography is currently the only screening method that has been proven to help prevent deaths from breast cancer.

When should I participate in breast cancer screening?

It is recommended that you participate in breast cancer screening every time you receive an invitation and after you have read the information materials provided and carefully considered the potential benefits and harms of screening. Screening programmes in the European Union vary with respect to the age groups invited and the interval between invitations, depending on each country's breast cancer burden and local resources.

Most programmes invite women to breast cancer screening starting at age 40–50 years, and from then on, every 2 years until they reach age 70–75 years. If you have any questions, discuss them with your doctor or health-care provider.

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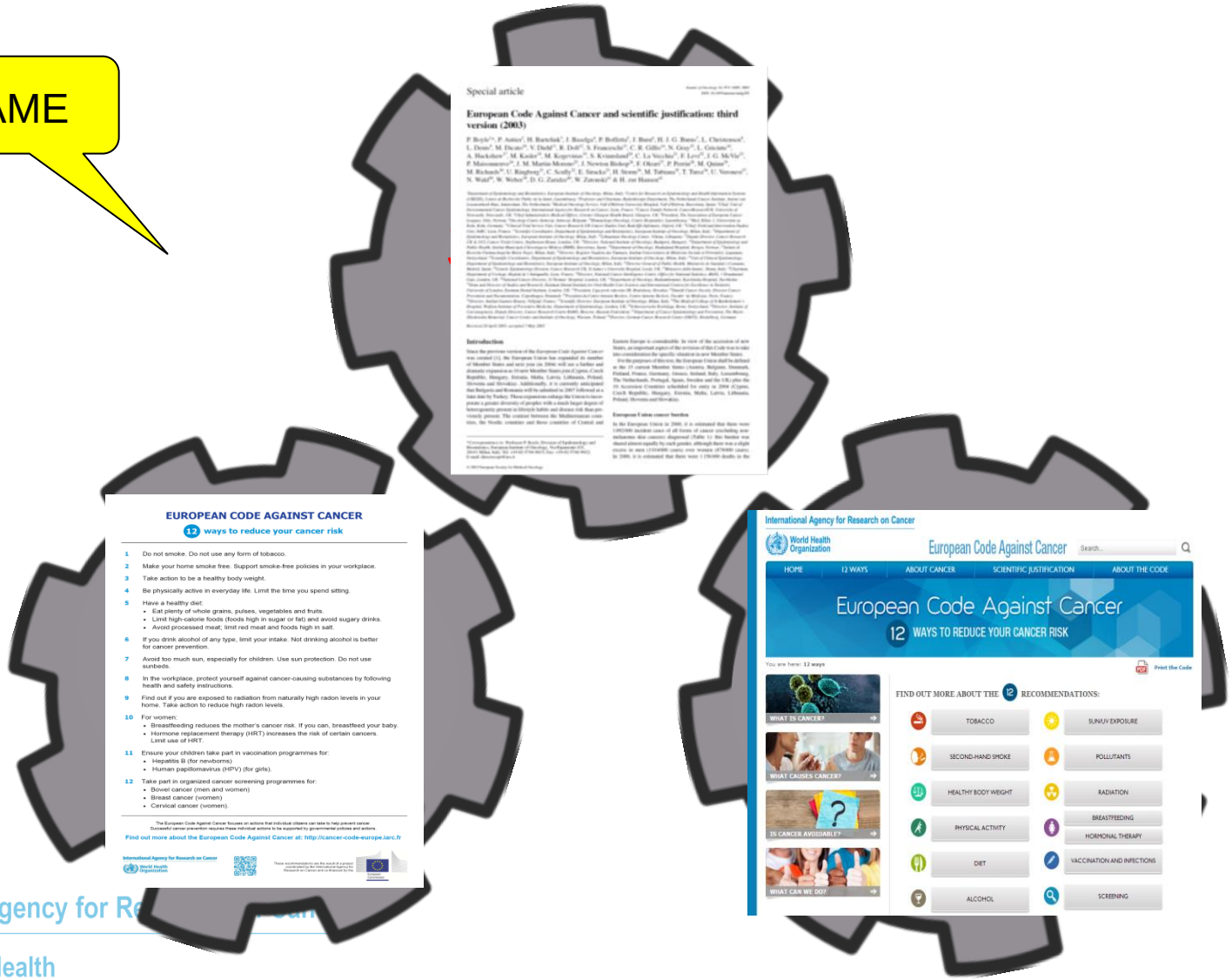
1.Background and rationale

2.Methodology

3.Dissemination

New structure and outcomes

SAME



Working process

External Scientific Committee ***from the Region***

advises & adopts

Political Lead ***from the Region***

monitors

Coordination Group:

Secretariat:

Scientific Secretariat:
International Agency for Research on Cancer (IARC, France)

Administrative Secretariat:
At PAHO

Chair of Communication ***from the Region***

Chairs of experts' groups ***from the Region***

prepares

Expert Groups ***from the Region***

WG Lifestyle
- Tobacco
- Alcohol
- Diet and beverages
- Body mass
- Physical activity
- Hormonal factors (e.g. breastfeeding, horm. treatment)

WG Environment
- Air, water, soil, waste
- Food contaminants
- Radiation (including UV and medical radiation)
- Occupational

WG Medical interventions
- Vaccination
- Infection-related intervention (e.g. *H. Pylory*, HIV)
- Screening
- Pharmaceuticals

Experts on communicaiton ***from the Region***

supports

Target group

Same?

Targeting health professionals?

1. To the individual

What can I do to reduce my risk of cancer?

2. To health professionals, educators, etc.

1.Background and rationale

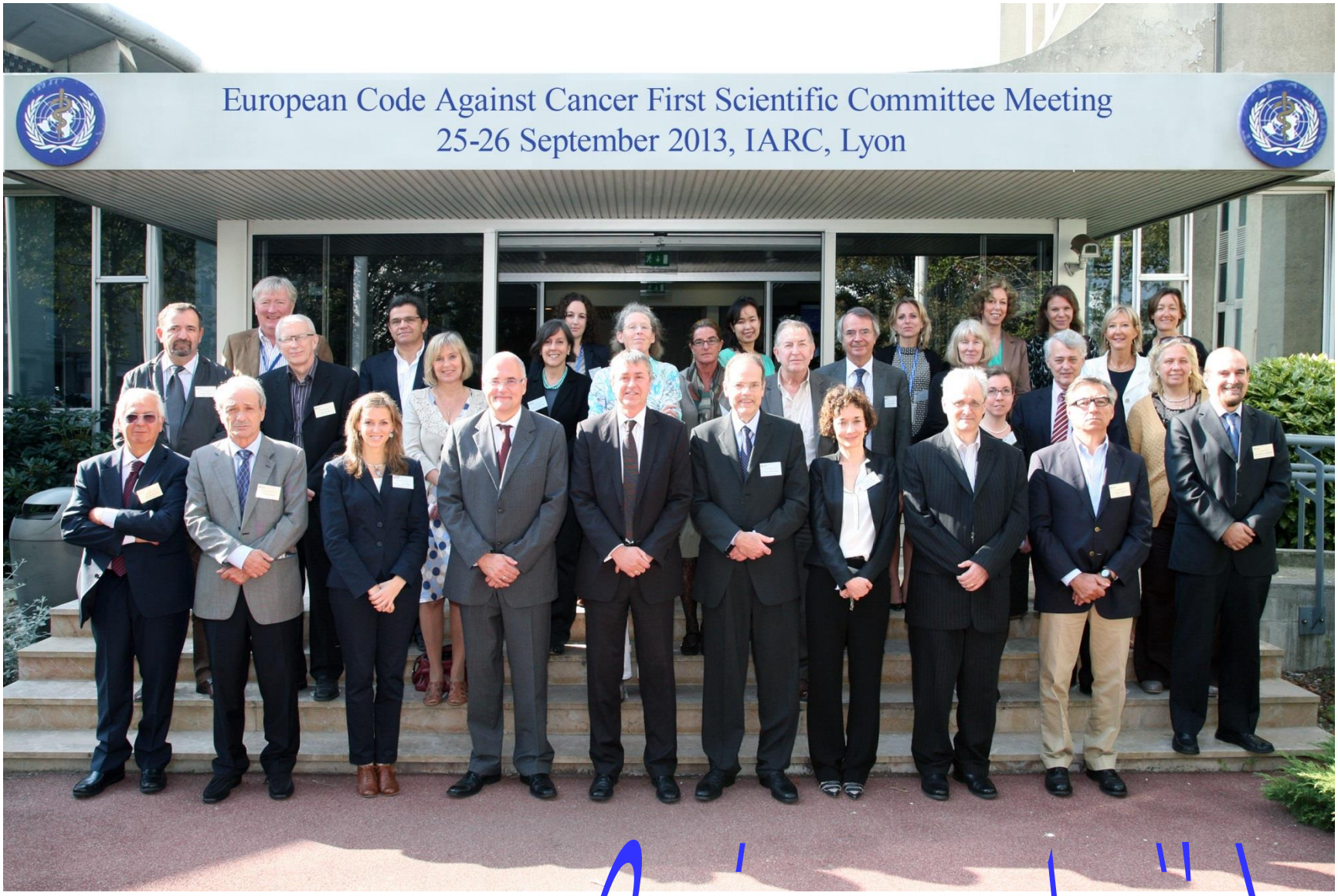
2.Methodology

3.Dissemination

Involving partners (MoH, cancer associations, etc.) from the start

Points for discussion

1. Partners' commitment
2. Risk factor mapping in Latin America and the Caribbean
3. Project and funding:
    - Expected time and kind of resources needed
    - Structure and outcomes
    - Target group(s)
    - Dissemination strategy
    - Working process
        a. Extensive meetings in the Region and travel budget for SC and WGs
        b. Scientific Coordinator at IARC
        c. Operational secretariat in the Region



¡Gracias por su atención!

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