



INEN GLOBAL PERSPECTIVES
NATIONAL CANCER CONTROL PLAN:
“PLAN ESPERANZA”

GLOBAL ACTIONS FOR PREVENTION AND CANCER CONTROL

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Institutional Chief

Lima – Peru

2016

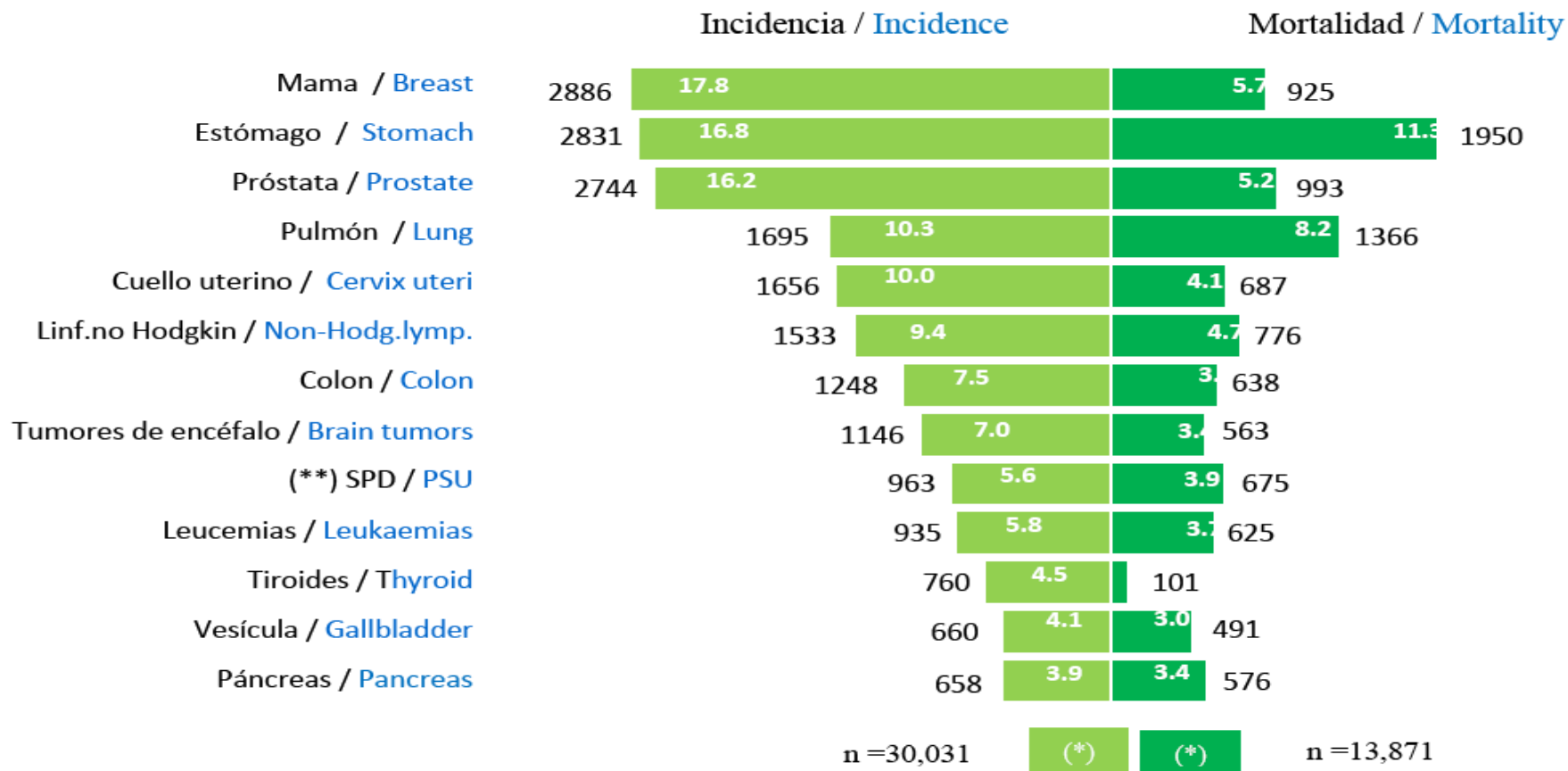
Cancer in Peru: Main Challenges

- New cases: more than 46,000 per year.
- 75% of cases are advanced disease.
- Limited access and high cost treatment.
- Economic loss: US \$ 900 millions (DALY's).



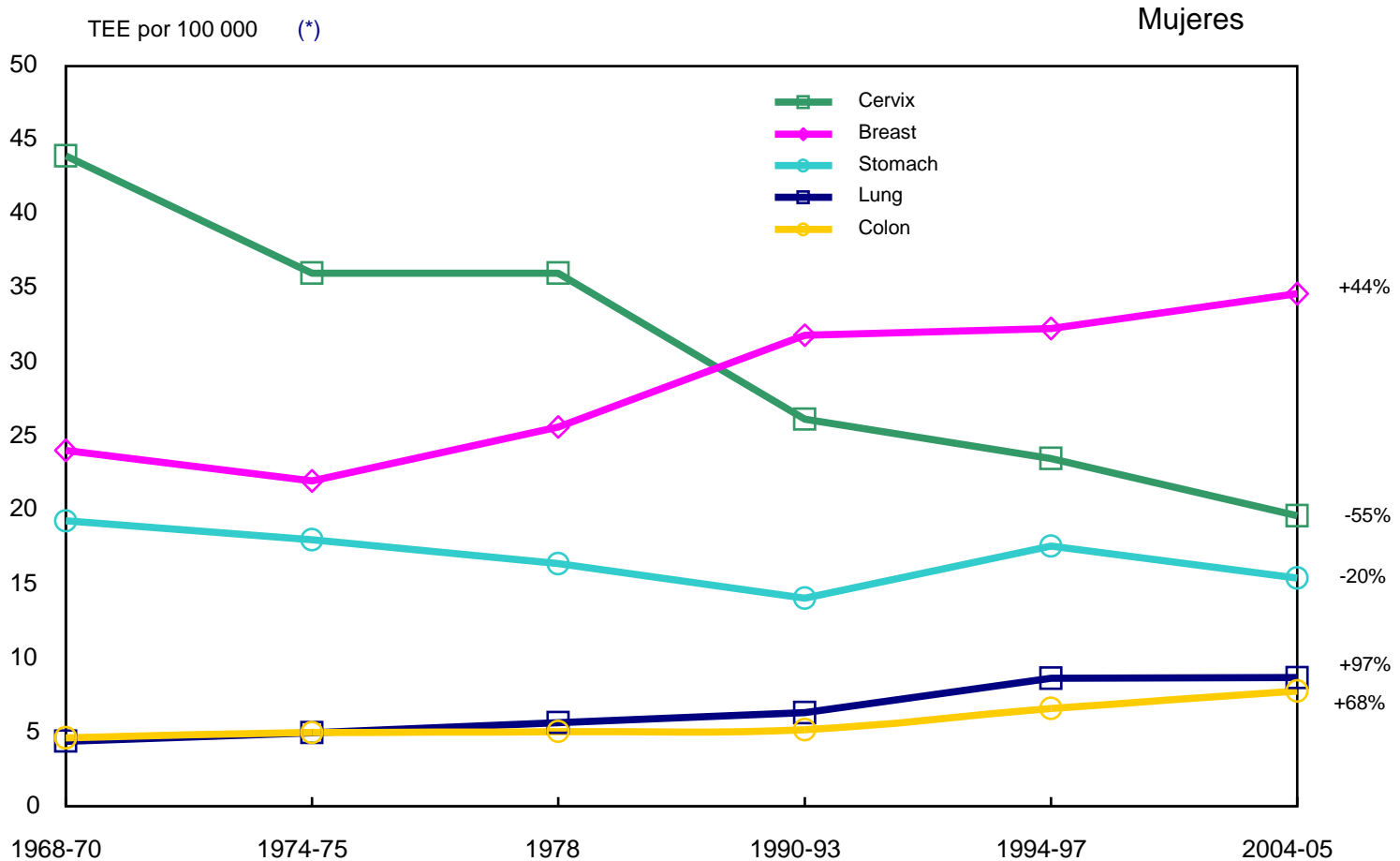
In 2000: Second cause of death in Peru (17%)

LOS SITIOS DE CANCER MAS FRECUENTES / THE MOST FREQUENT CANCER SITES
AMBOS SEXOS / BOTH SEXES
2004-2005

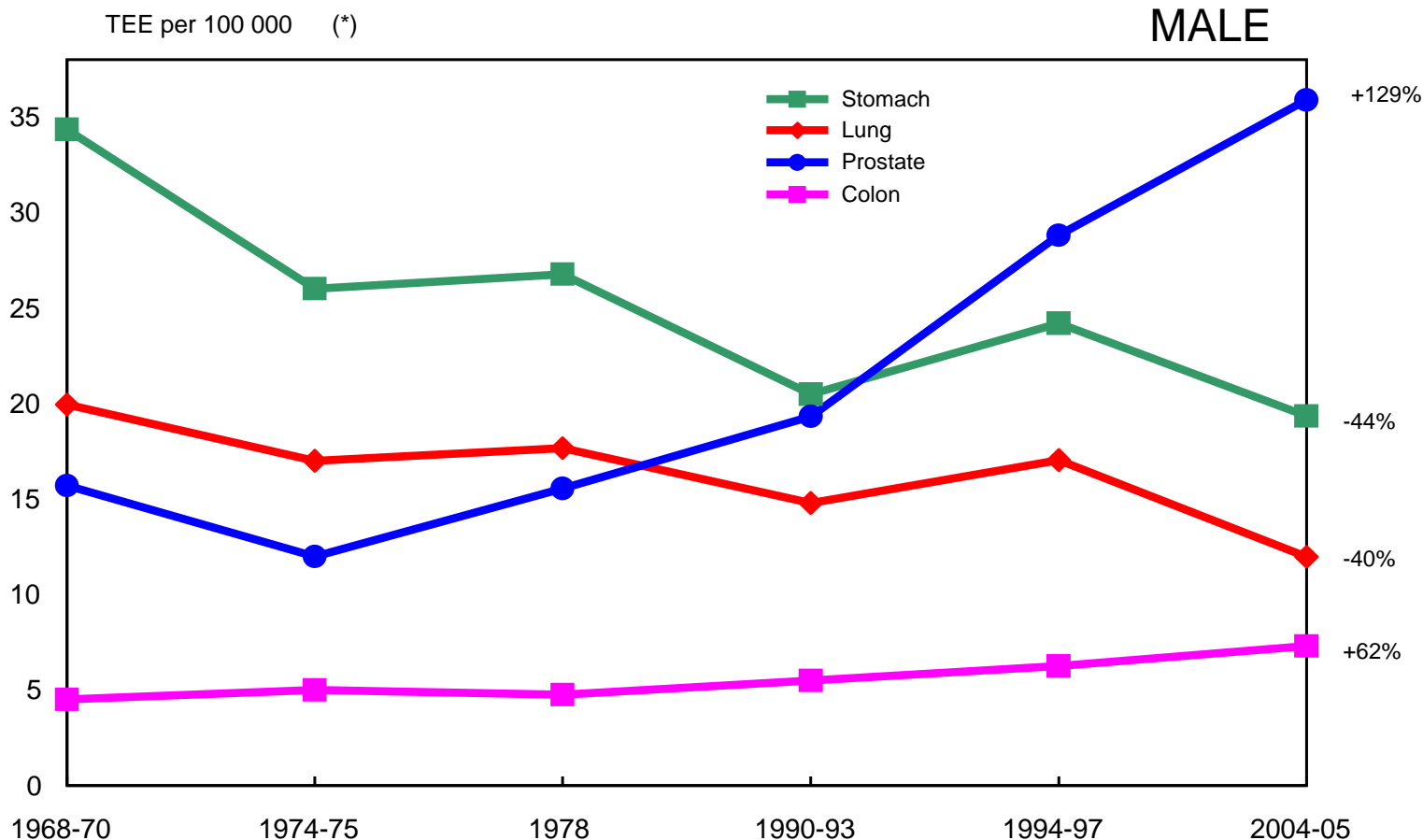


(*) TEE: tasa estandarizada por edad (dentro de la barra) / Age-standardized rate (inside bar)

(**) Sitio primario desconocido / Primary site uncertain

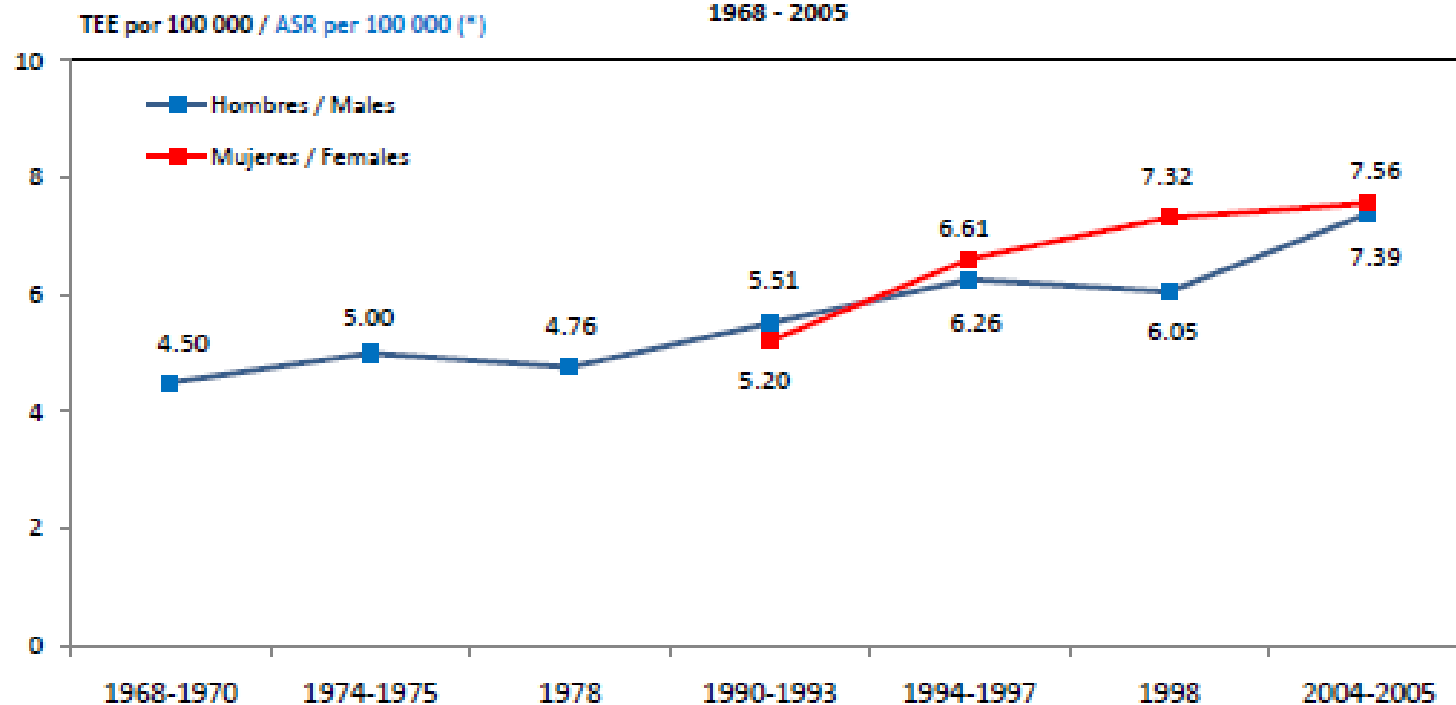


(*) Tasa estandarizada por edad por 100 000 / Standardised rate per age per 100 000



(*) Tasa estandarizada por edad por 100 000 / Standardised rate per age per 100 000

GRAF. 119
 TENDENCIA DE LA INCIDENCIA POR CANCER DE COLON
 TRENDS IN COLON CANCER INCIDENCE
 Lima Metropolitana / Metropolitan Lima
 1968 - 2005



(*) TEE: Tasa estandarizada por edad por 100,000 / ASR: Age Standardized rate per 100,000
 Registro de Cáncer de Lima Metropolitana

GRAF.126
TASAS DE INCIDENCIA POR DISTRITO / INCIDENCE RATES PER DISTRICT
CANCER DE COLON / COLON CANCER
2004 - 2005

Hombres / Males

Mujeres / Females

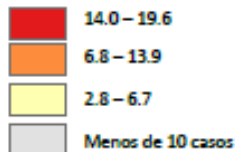
PROVINCIA DE LIMA / PROVINCE OF LIMA

- | | |
|-----------------------|-----------------------------|
| 1. Lima | 23. Pachacamac |
| 2. Ancón | 24. Pucusana |
| 3. Ate | 25. Puente Piedra |
| 4. Barranco | 26. Punta Hermosa |
| 5. Breña | 27. Punta Negra |
| 6. Carabaylo | 28. Rímac |
| 7. Chaclacayo | 29. San Bartolo |
| 8. Chorrillos | 30. San Borja |
| 9. Cieneguilla | 31. San Isidro |
| 10. Comas | 32. San Juan de Lurigancho |
| 11. El Agustino | 33. San Juan de Miraflores |
| 12. Independencia | 34. San Luis |
| 13. Jesús María | 35. San Martín de Porres |
| 14. La Molina | 36. San Miguel |
| 15. La Victoria | 37. Santa Anita |
| 16. Lince | 38. Santa María del Mar |
| 17. Los Olivos | 39. Santa Rosa |
| 18. Lurigancho | 40. Santiago de Surco |
| 19. Lurín | 41. Surquillo |
| 20. Magdalena del Mar | 42. Villa El Salvador |
| 21. Pueblo Libre | 43. Villa María del Triunfo |
| 22. Miraflores | |

PROVINCIA CONSTITUCIONAL DEL CALLAO
CONSTITUTIONAL PROVINCE OF CALLAO

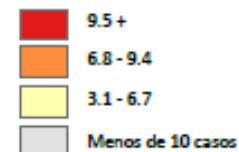
- | | |
|-------------------------------|---------------|
| a. Callao | d. La Perla |
| b. Bellavista | e. La Punta |
| c. Carmen de la Legua-Reynoso | f. Ventanilla |

Tasa estandarizada por edad por 100,000
Age-adjusted rate per 100,000 people

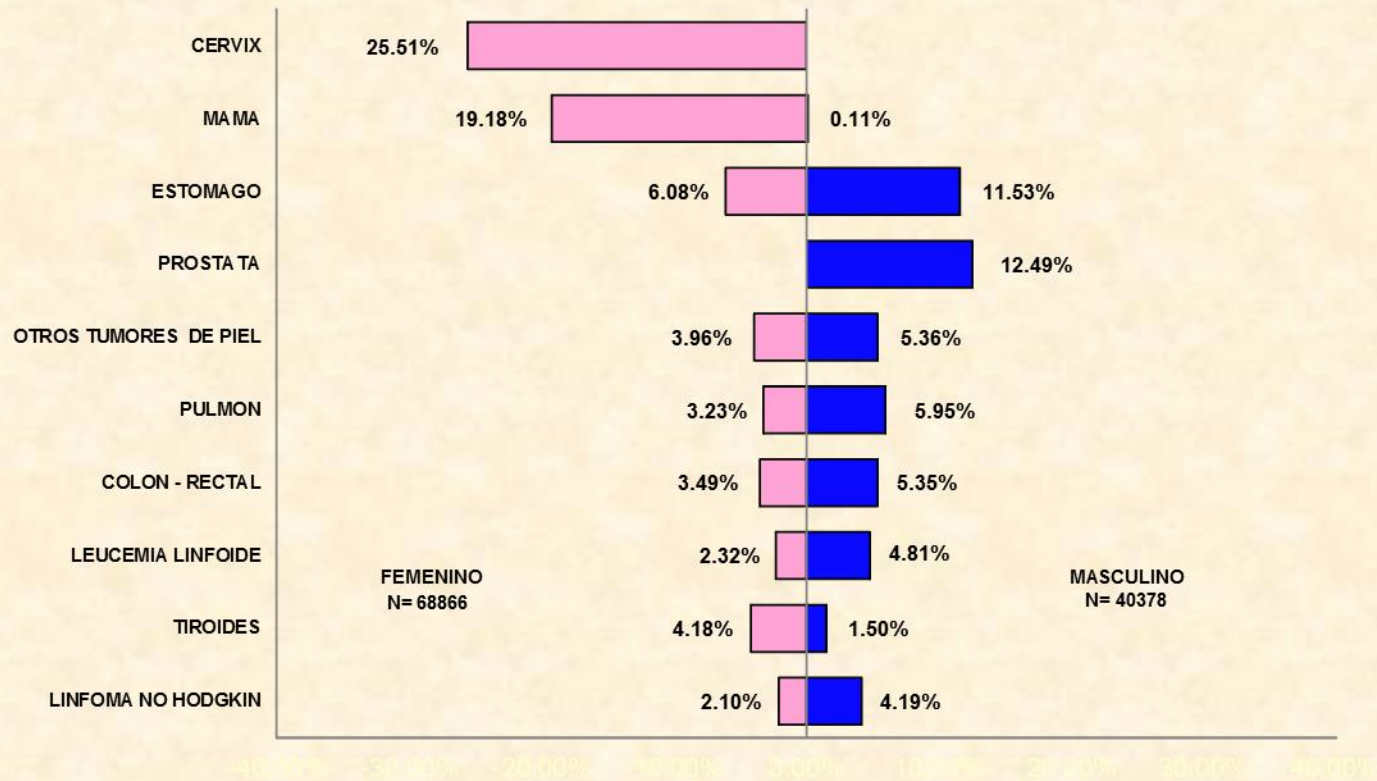


Registro de Cáncer de Lima Metropolitana

Tasa estandarizada por edad por 100,000
Age-adjusted rate per 100,000 people



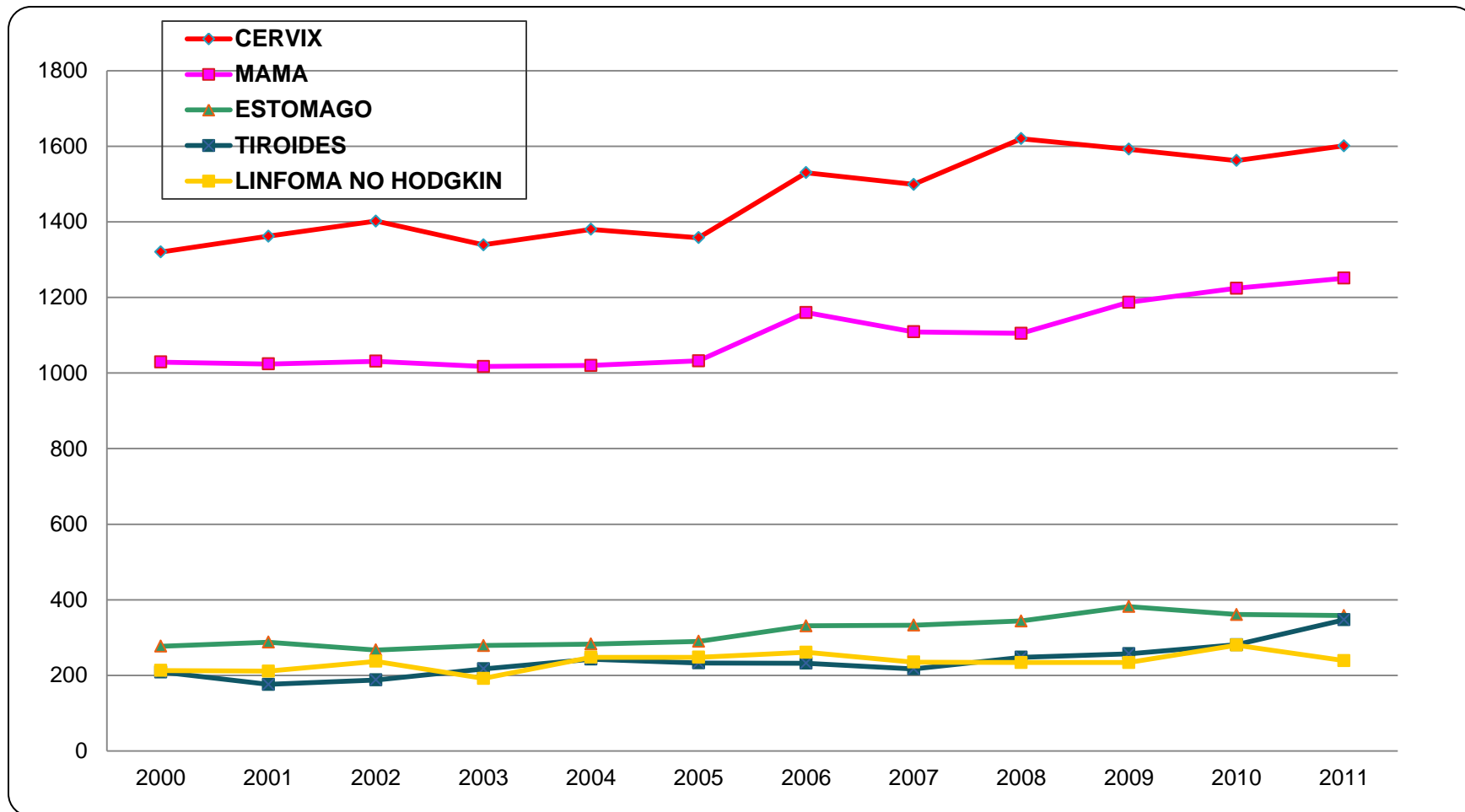
Most common cancer sites by sex - INEN 2000-2011



INSTITUTO NACIONAL DE ENFERMEDADES NEOPLASICAS - INEN

Most common neoplastic malignancies. 2000 – 2011

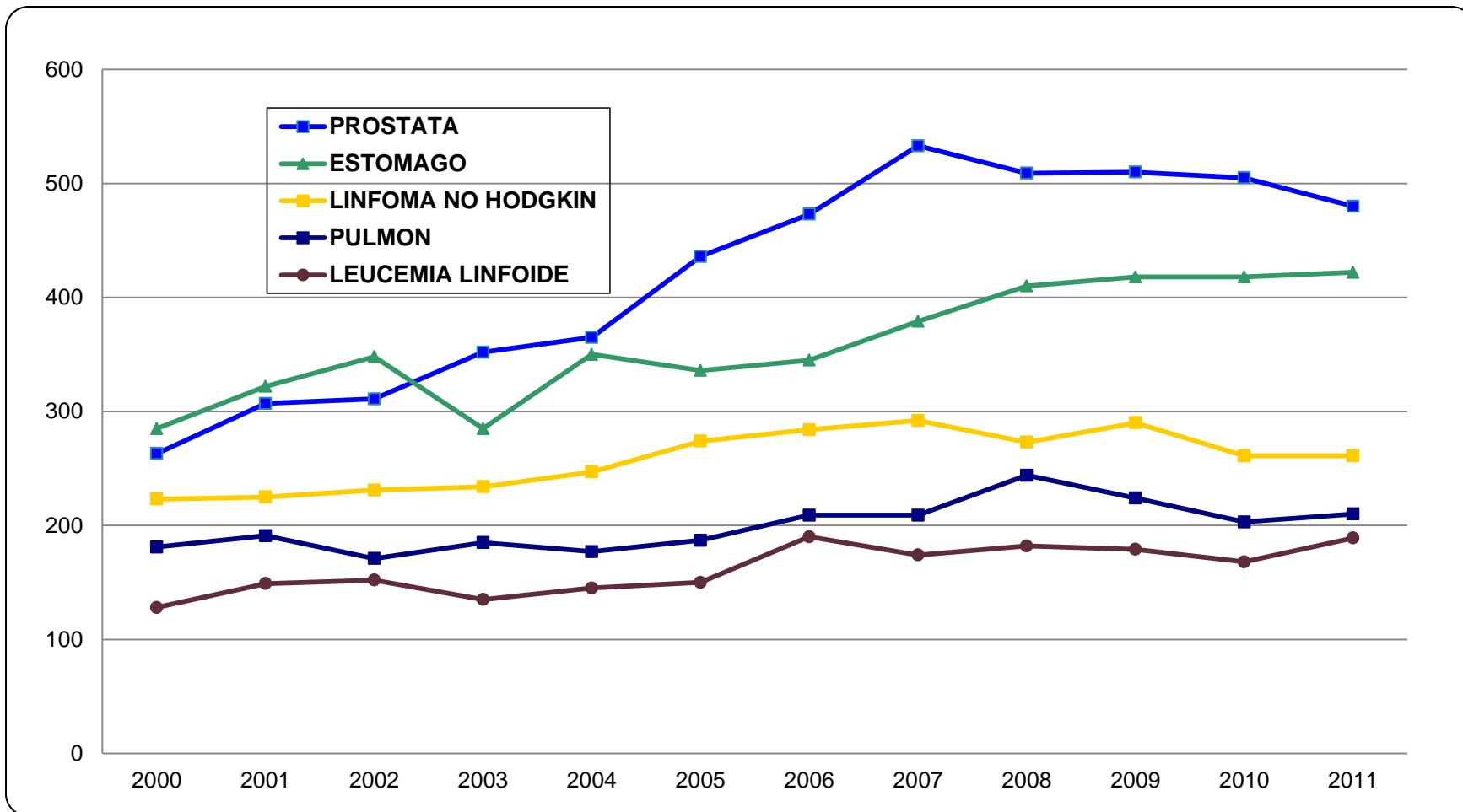
FEMALE



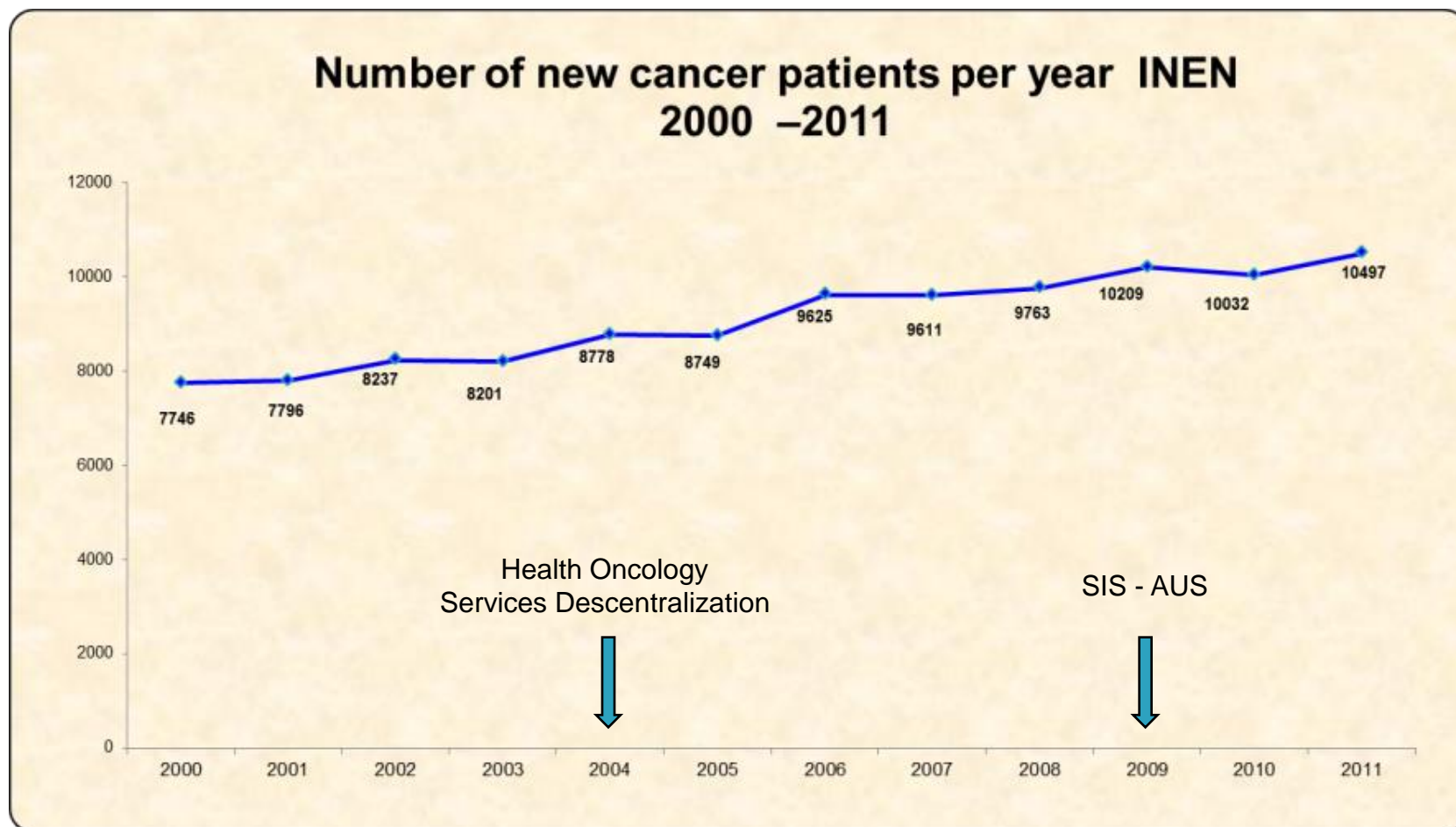
INSTITUTO NACIONAL DE ENFERMEDADES NEOPLASICAS - INEN

Most common neoplastic malignancies. 2000 - 2011

MALE

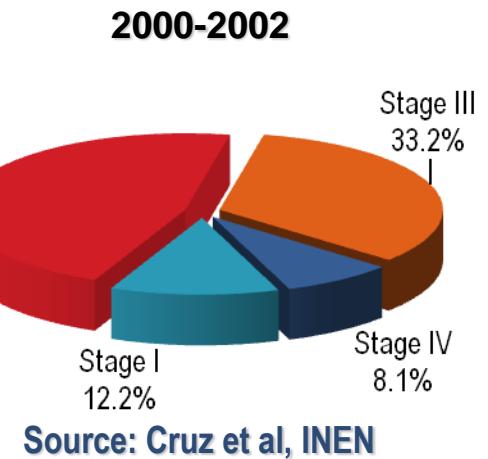
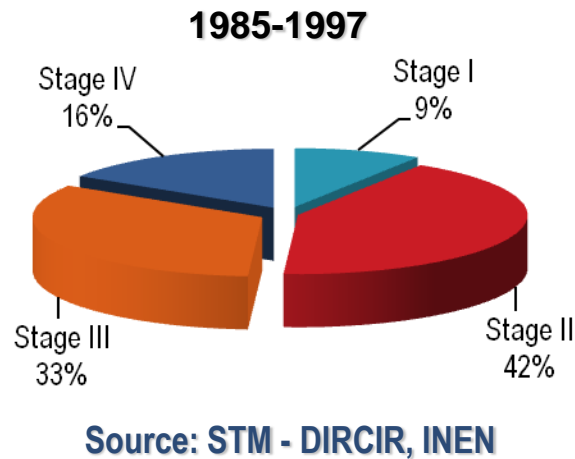


Instituto Nacional de Enfermedades Neoplásicas, Peru (INEN)

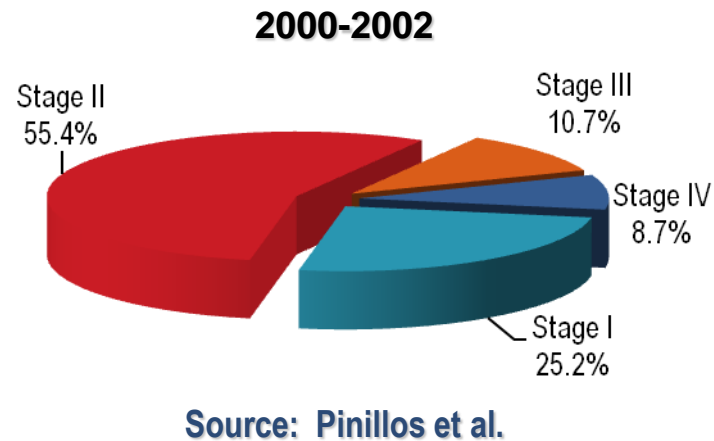


Distribution of new patients with breast cancer according to clinical stage

Public System

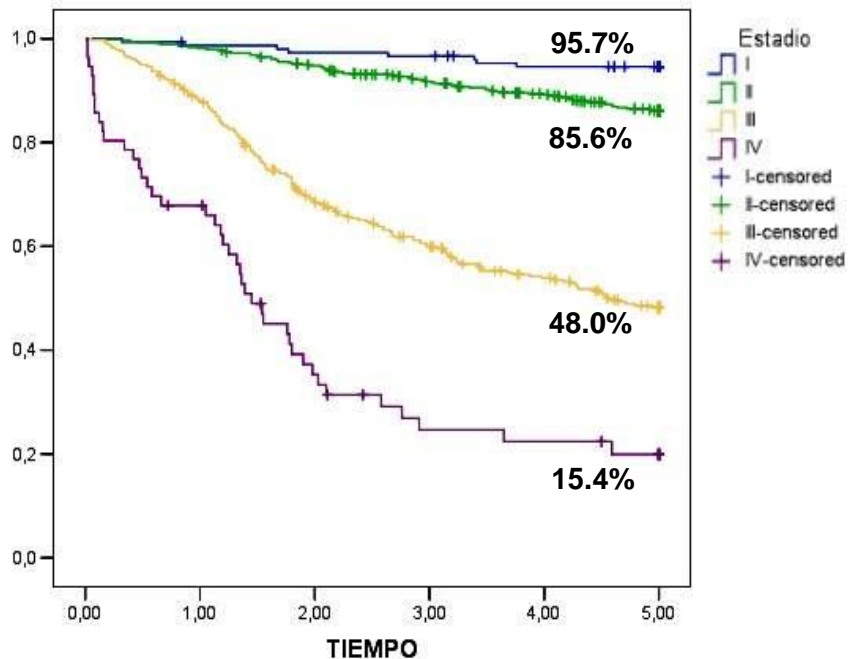


Private System



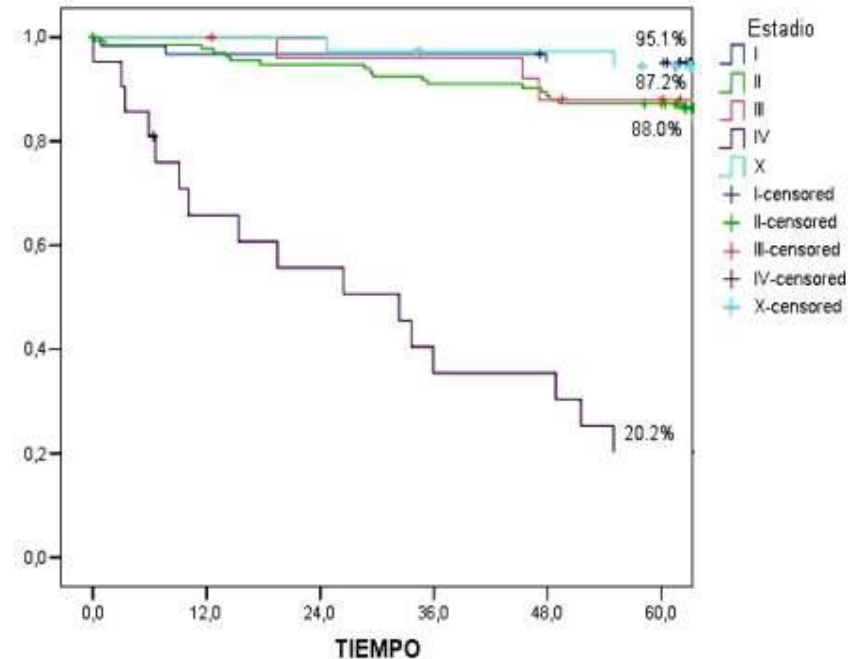
5 years Overall Survival of Breast Cancer

Public Health System



Cruz et al. INEN

Private Health System



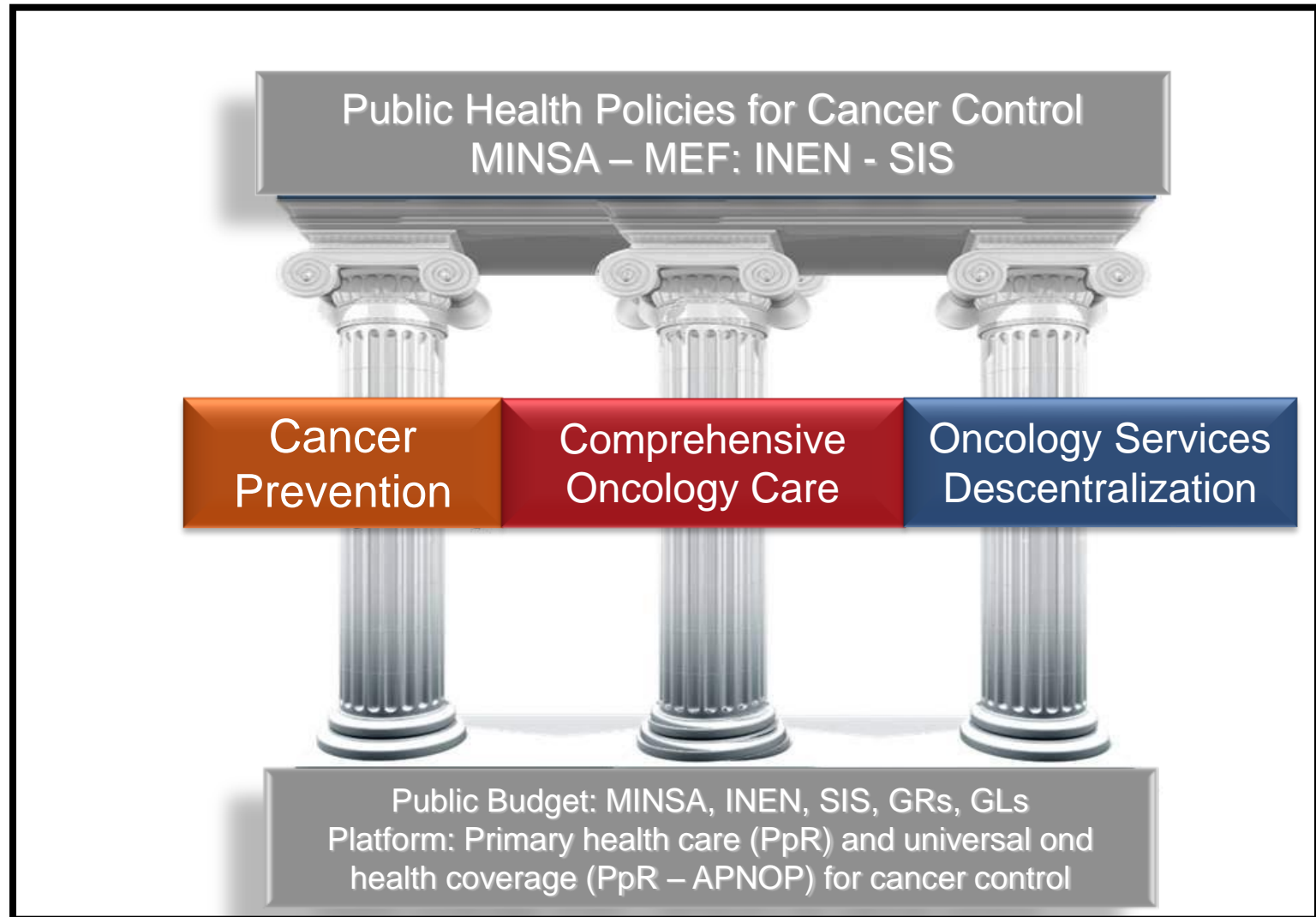
Pinillos et al.

Is it possible to establish a good National Cancer Control Plan in low and medium income countries?



PERU: Plan Esperanza Pillars

Sectorial integration to mobilize prevention and cancer control actions towards Peru free of advanced cancer with comprehensive oncology care



Strategic design of Plan Esperanza

Based on the needs of population and patients

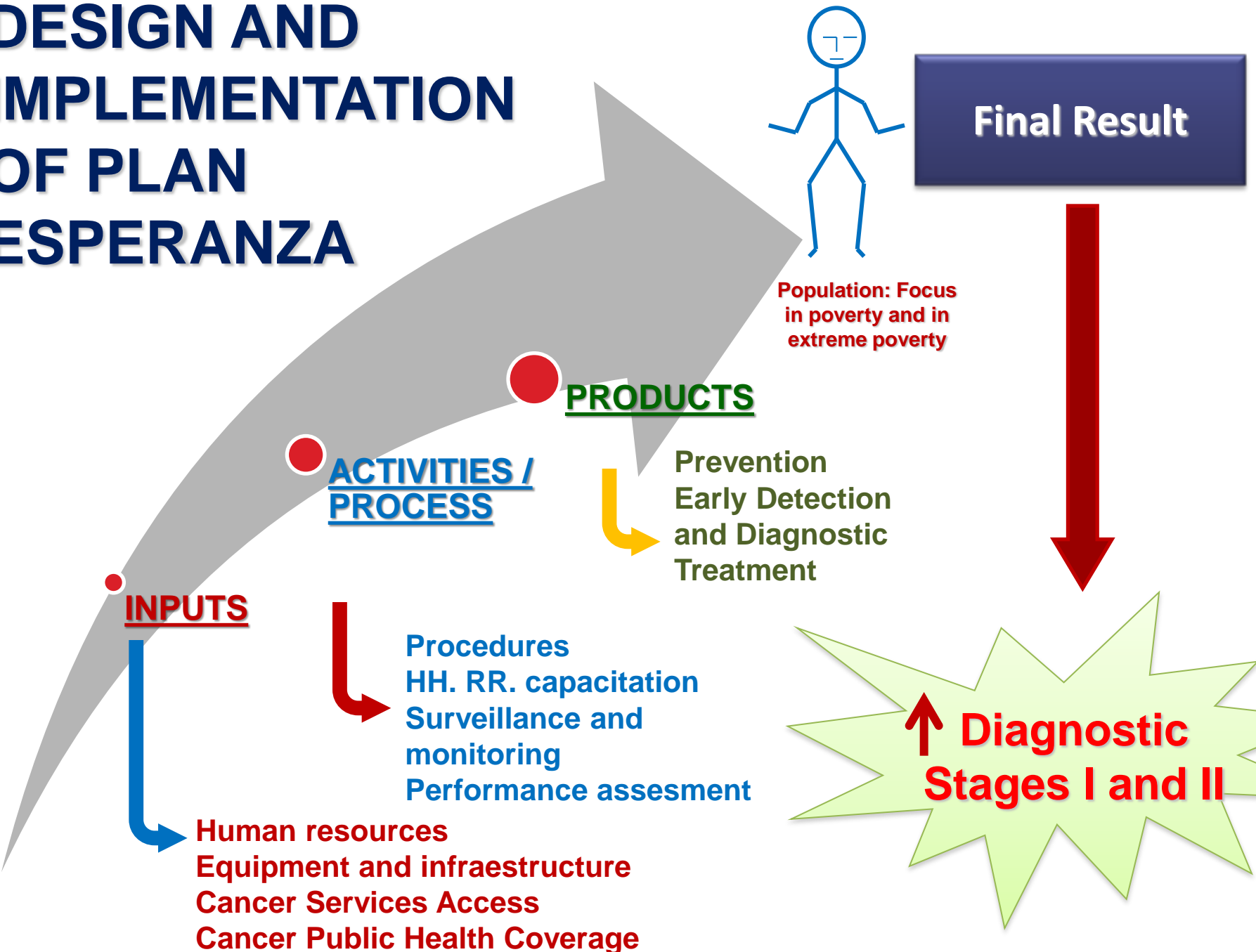
Based on evidences

Comprehensive approach to the continuum of health-disease process

Budget: MINSA, INEN, SIS - Fissal, GRs, GLs (PpR and APNOP by MEF)

Innovative model that integrates cancer prevention with comprehensive oncology care for cancer control actions

DESIGN AND IMPLEMENTATION OF PLAN ESPERANZA



INPUTS

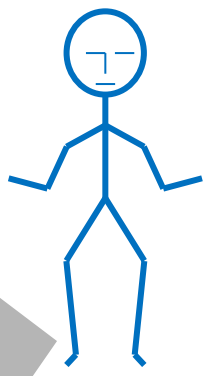
- Human resources
- Equipment and infraestructure
- Cancer Services Access
- Cancer Public Health Coverage

**ACTIVITIES /
PROCESS**

- Procedures
- HH. RR. capacitation
- Surveillance and monitoring
- Performance assesment

PRODUCTS

- Prevention
- Early Detection and Diagnostic Treatment



Population: Focus in poverty and in extreme poverty

Final Result

Diagnostic Stages I and II

PLAN ESPERANZA A CHANGE IN THE PUBLIC POLICY FOR CANCER CONTROL: PLANNING RESULTS

INITIAL RESULTS

- INCREASE OF FUNDING
- DECENTRALIZATION AND DECONCENTRATION (BUILDING CAPACITIES)
- SPECIALIZED CAPACITATION IN THE FIRST LEVELS

INTERMEDIATE RESULTS

- EARLY DETECTION
- ACCESS AND DISPONIBILITY TO TREATMENT
- DECREASE OF OUT OF POCKET EXPENSES

FINAL RESULTS

- MORTALITY
- OVERALL SURVIVAL
- QUALITY OF LIFE

Timeline: Cancer Public Policies in Peru

Law N° 28343 - 2004: Declares national interest and public health necessity the decentralization of Oncology Delivery Health Services

Ley N° 28748, que crea como Organismo Publico Descentralizado al Instituto Nacional de Enfermedades Neoplásicas – INEN

Plan Nacional Concertado en Salud
(RM N° 589-2007/MINSA)

Plan Nacional Para el Fortalecimiento de la Prevención y Control del Cáncer en el Perú
(RM N°030-2007/MINSA)

Plan Esencial de Aseguramiento en Salud (PEAS)
D.S. N° 016 - 2009 - S.A.

Programa Presupuestal Estratégico Prevención y Control del Cáncer
(Ley N°29626 - 2011)

Plan Nacional para la Atención Integral del Cáncer y el Mejoramiento del Acceso a los Servicios Oncológicos en el Perú, denominado “Plan Esperanza”.
Decreto Supremo N° 009 - 2012

2006

2007

2007

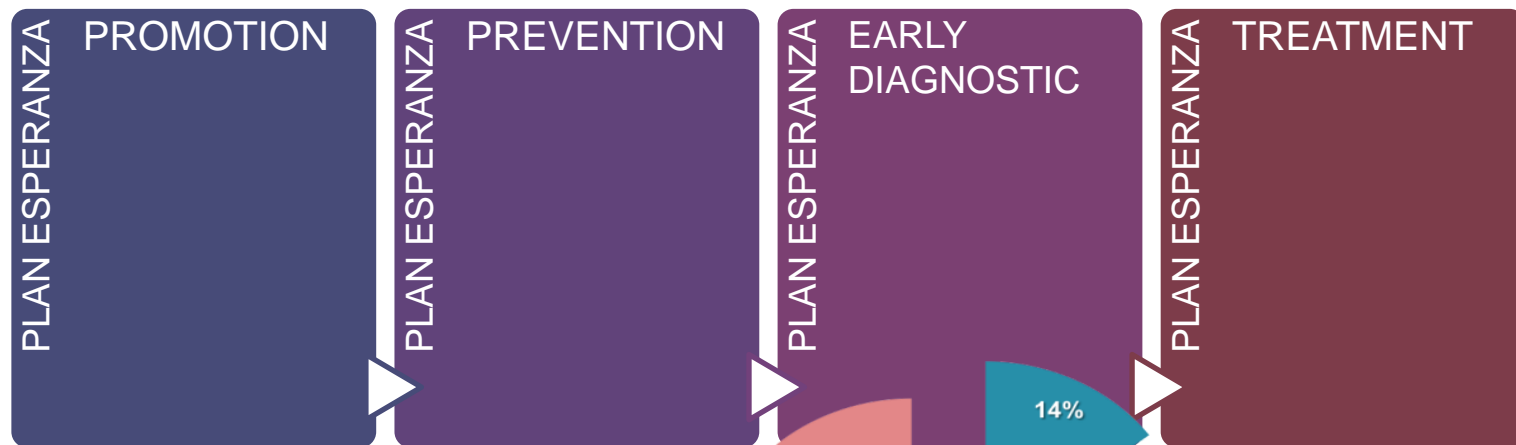
2009

2011

2012

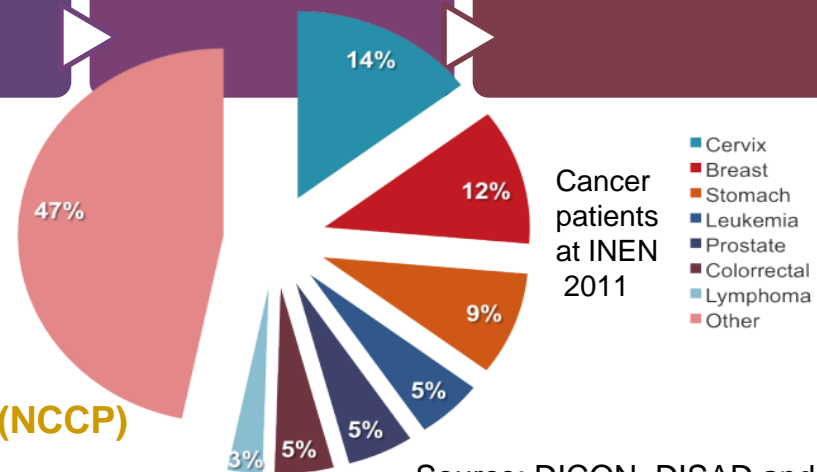
COMPREHENSIVE PUBLIC HEALTH POLICY FOR CANCER CONTROL (NCCP): PLAN ESPERANZA

THE SUSTAINABILITY AND THE SUCCESS OF THIS PLAN (NCCP) SHOULD
BE BASED MAINLY ON GOVERNMENT SUPPORT



COMPREHENSIVE AND
MULTIDISCIPLINARY APPROACH ON
CONTINUUM HEALTH DISEASE
PROCES FOR CANCER CONTROL

PERUVIAN MODEL
NATIONAL CANCER CONTROL PLAN (NCCP)
DICON - DISAD - OGPP, INEN



Source: DICON, DISAD and OGPP - INEN

Strategic Budget Program of Prevention and Control of Cancer – 2013

2013

“Ley de Presupuesto del Sector Público para el Año Fiscal 2013”

21 Millones y 00/100 Nuevos Soles, for implementing the Strategic Budget Program of Prevention and Control of Cancer

NATIONWIDE



RM N° 152-2013
Equipment Plan

10 Types of Cancer:

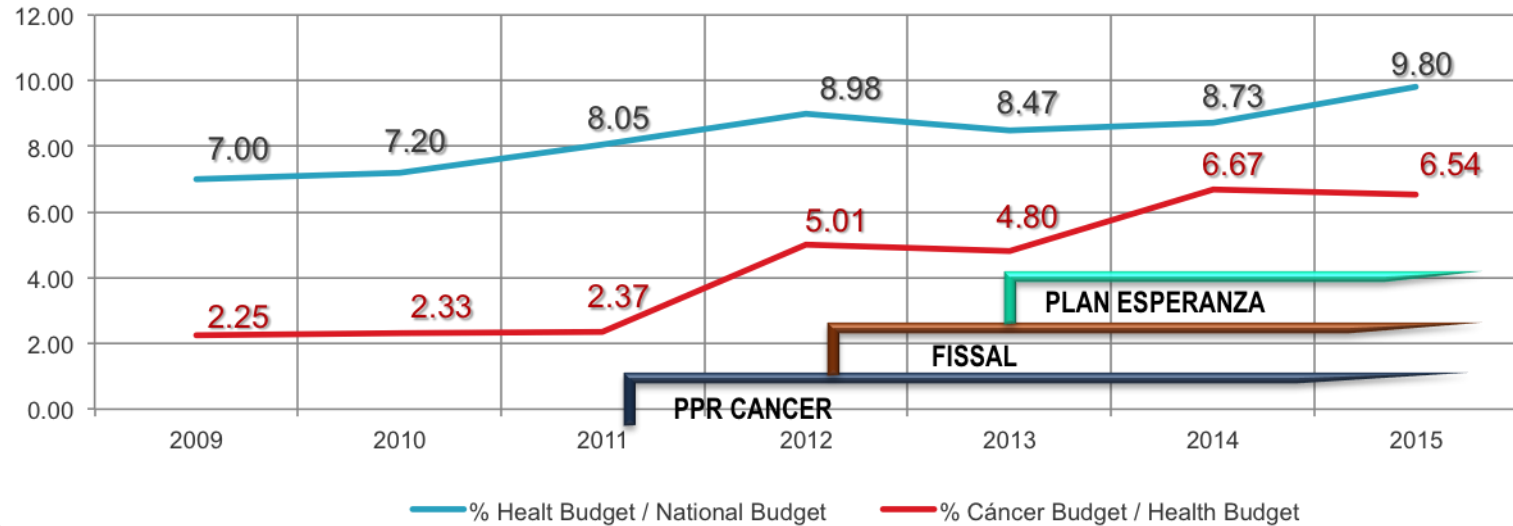
- Cervix,
- Breast,
- Stomach,
- Prostate
- Lung
- Liver
- Skin
- Colorrectal
- Leukemia
- Lymphoma

Health Promotion

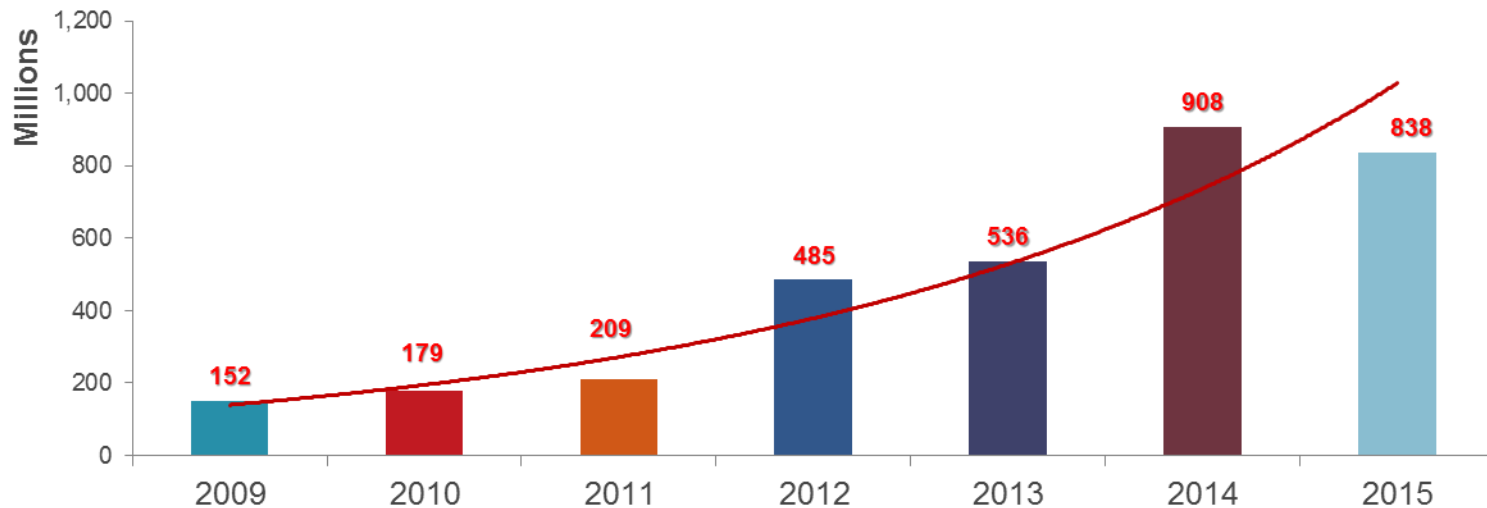
Primary and
Secondary
Prevention

TREATMENT

POLICY AN FINNANCING CANCER IN PERU 2009 2015

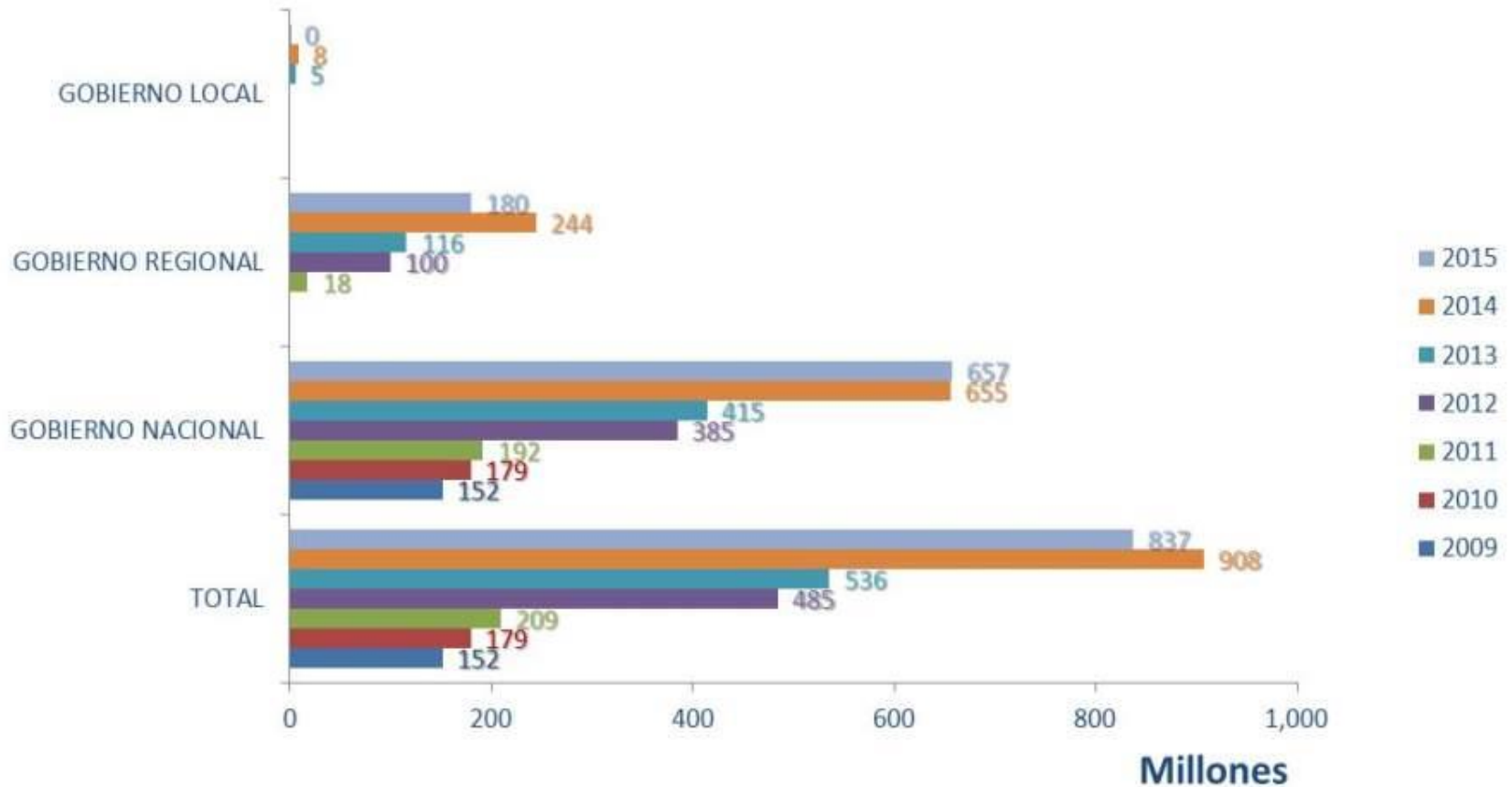


TOTAL CANCER BUDGET



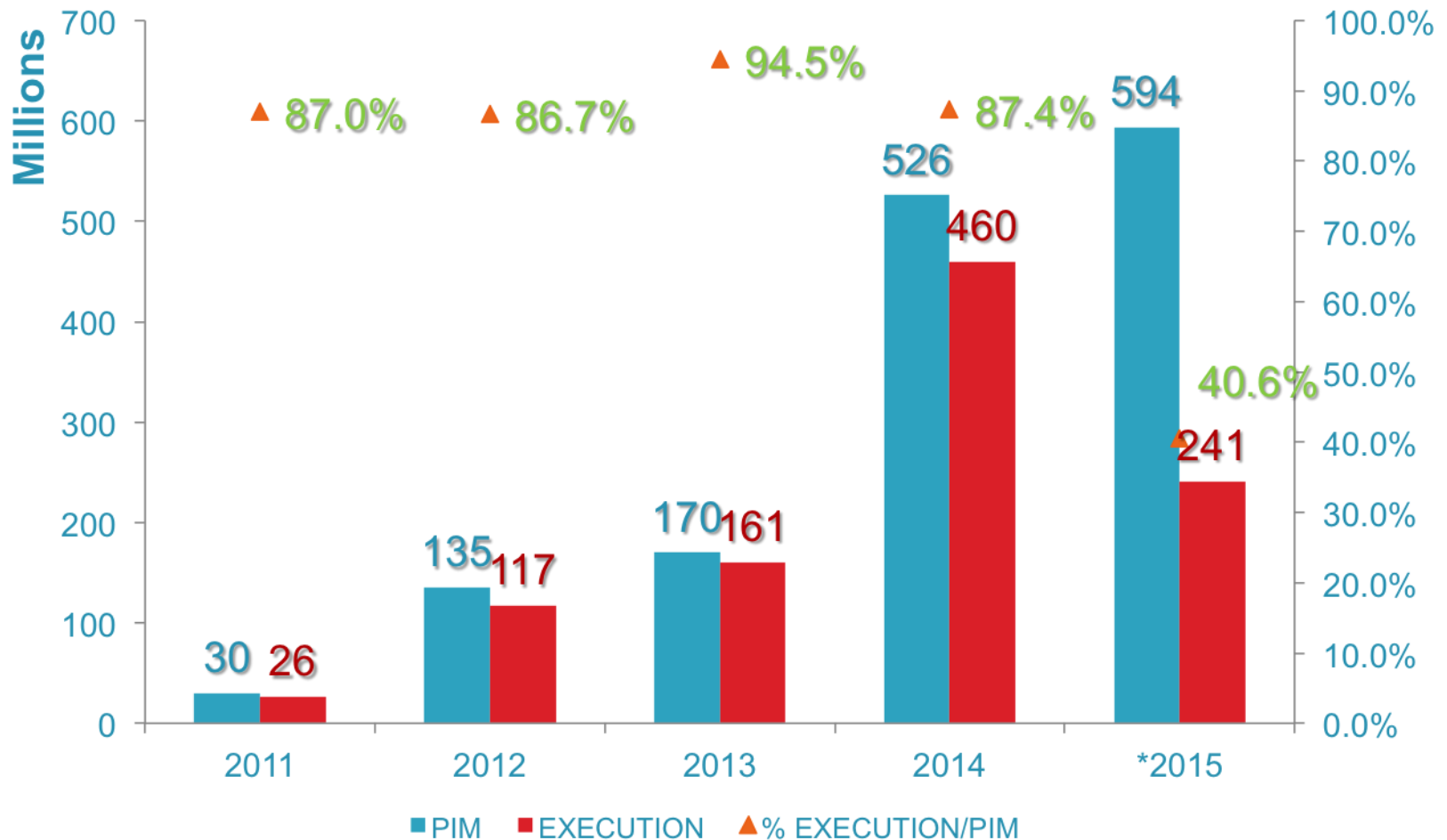
Source: MEF data base MEF for execution public budget . Feb 2015.

BUDGET FOR PREVENTION AND CANCER CONTROL IN PERU NATIONAL, REGIONAL AND LOCAL GOVERNMENT Years 2009 to 2015, Millions of Nuevos Soles



Source: MEF data base MEF for execution public budget . Jun. 2015.

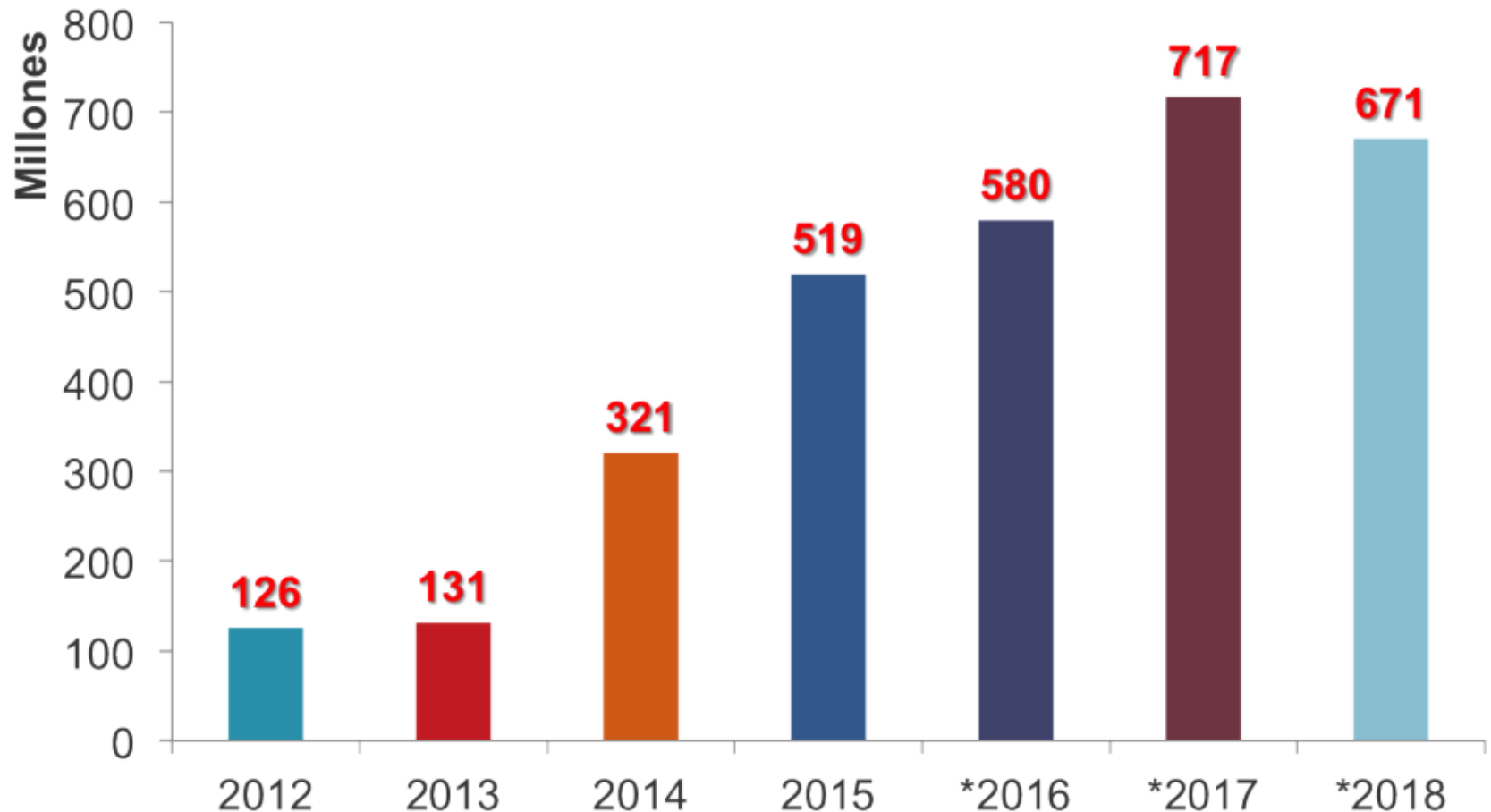
CANCER CONTROL BUDGET EXECUTION (PpR) 2011 to *2015 (1er Semestre)



Source: MEF: Data Cube Power Play - June 30 2015.

Note: Modified Budget (PIM) of Year 2012 does not consider S / . 60'5045,151 that were transferred to the Comprehensive Health Insurance in December 2012 and which were not executed.

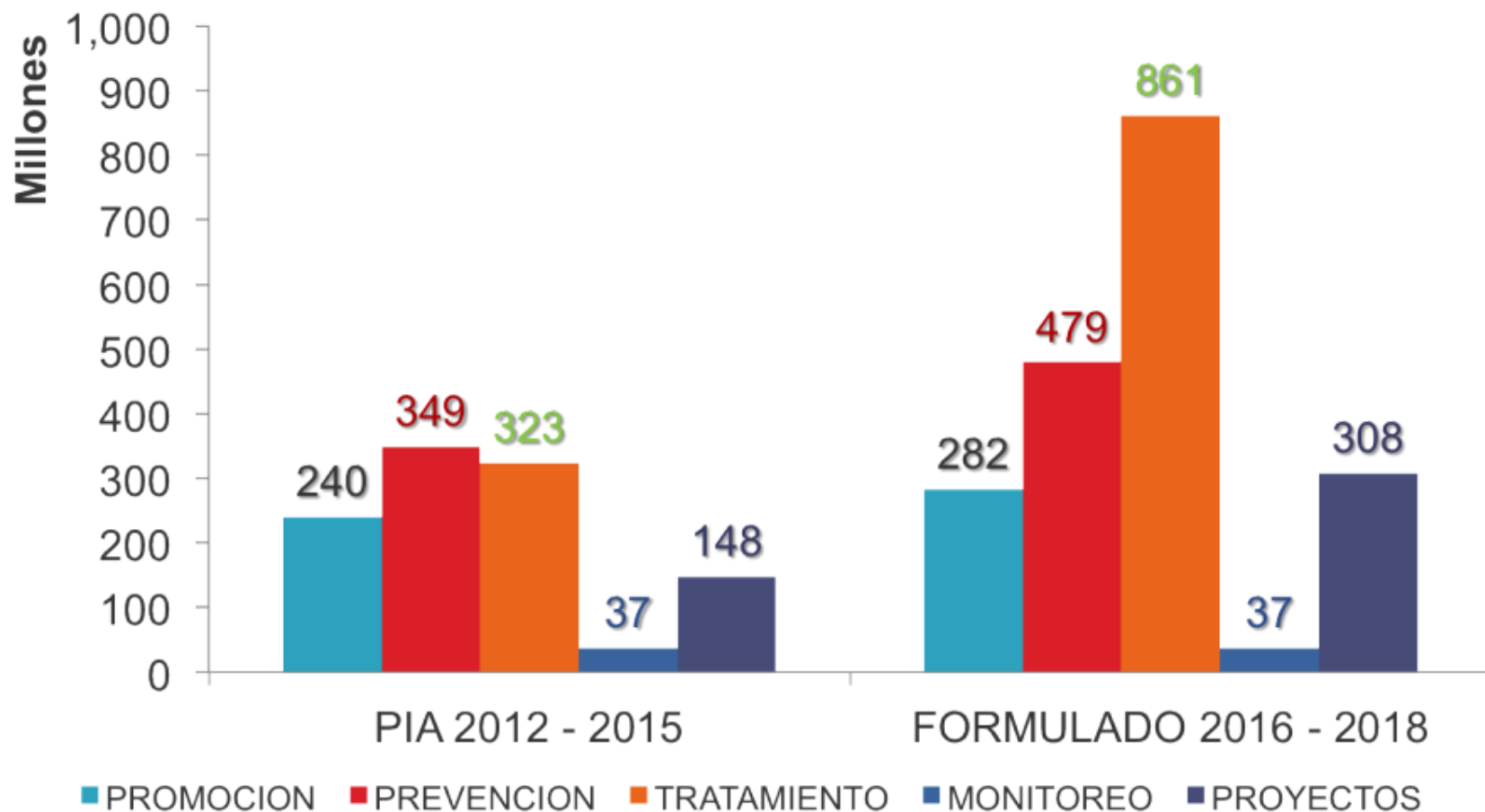
Opening Budget and Budget Formulation “Budget Program for Prevention and Control of Cancer”, Years: 2012 to 2018



Source: MEF. Data Cube Power Play - June 1 2015

Note: For the years 2012 to 2015 is considered the Institutional Opening Budget (PIA). For the years 2016 to *2018 * The value corresponds to the Multi-Year Budget Formulation: Years 2016 to 2018.

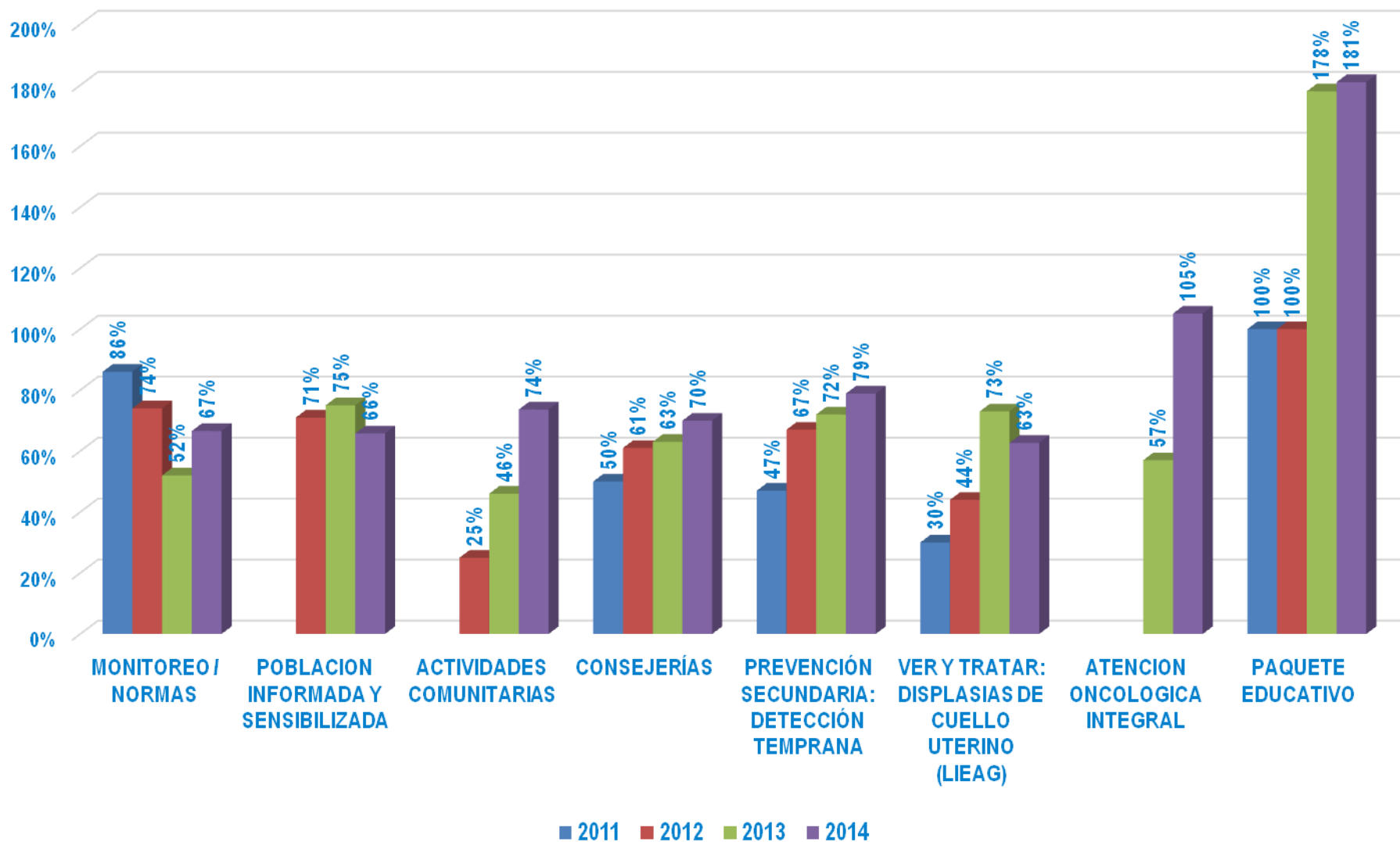
Opening Budget and Budget Formulated Accumulated, “Budget Program for Prevention and Control of Cancer” by Product Type, Years: 2012 to 2018



Source: MEF. Data Cube Power Play - June 1 2015

Note: For the years 2012 to 2015 is considered the sum of the Institutional Opening Budget (PIA). Years 2016 to 2018: For the years 2016 to * 2018 * the value of the multiyear budget formulation adds.

NATIONAL CONSOLIDATED OF PRODUCTS GROUPED BY ACTION AFFINITY YEARS 2011, 2012, 2013 and 2014





Está Contigo

IMPROVING UNIVERSAL COVERAGE FOR CANCER CONTROL



Benefits and protects the cancer patients live and the population health mainly in the lower-income population at the wide nation.

DS: N° 009-2012-SA

More than 180,000 neoplastic diseases patients attended and treated free of charge with 100% oncology public coverage (SIS and/or Fissal) at Dec 2015

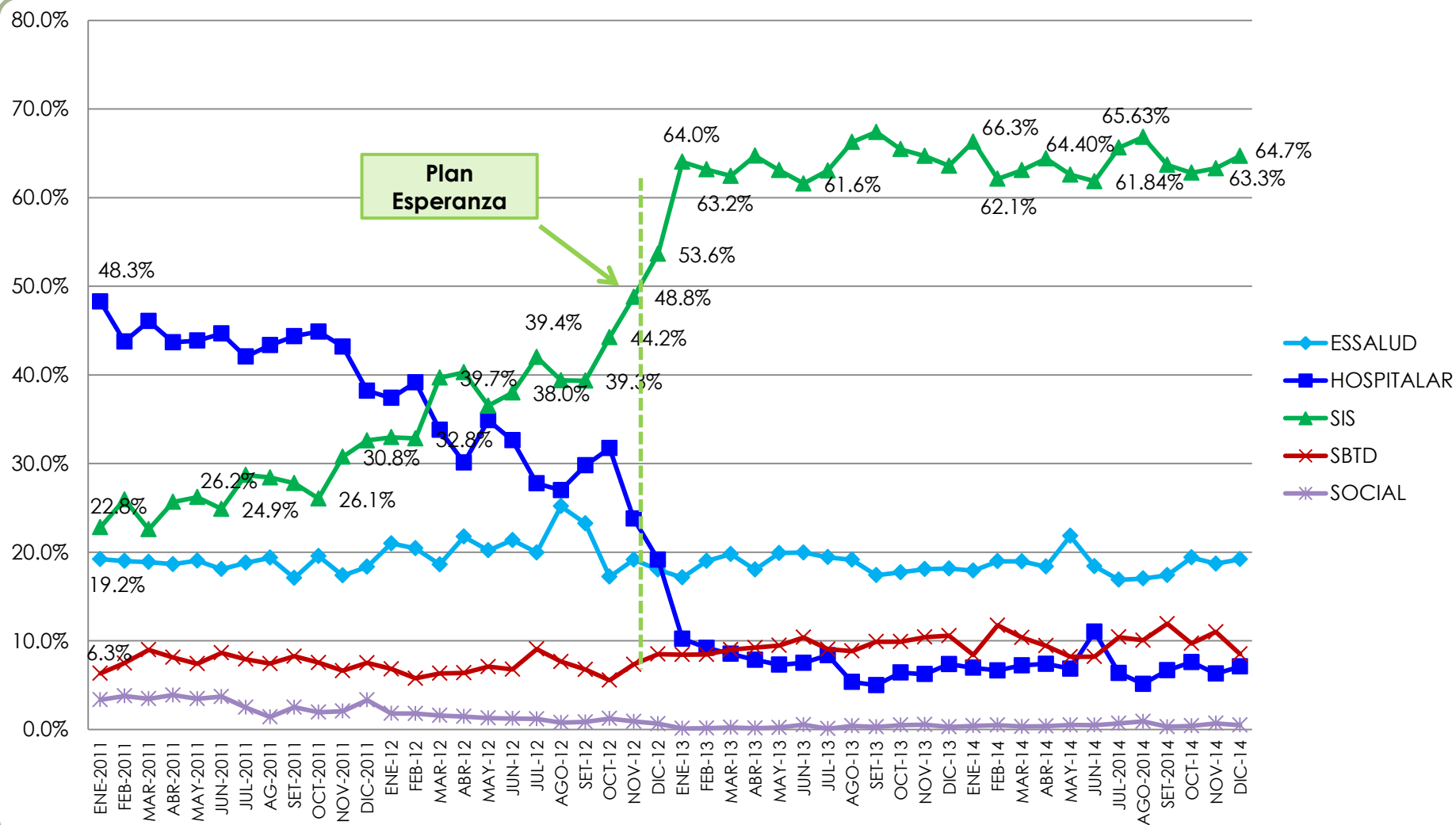
LOW INCOME LIVING CONDITION PATIENTS AT INEN 2009 to 2014

YEAR	2009	2010	2011	2012	2013	2014
SIS: Basic Coverage				SIS and/or Fissal: Total Coverage		
SIS (Fissal + SIS)	17.20%	23.10%	31.40%	38.40%	63.70%	64.31%
HOSPITAL + SOCIAL (Pocket expenses + INEN Social Funds)	58.10%	51.70%	42.70%	34.00%	8.20%	7.33%
Total	75.30%	74.80%	74.10%	72.40%	71.90%	71.64%

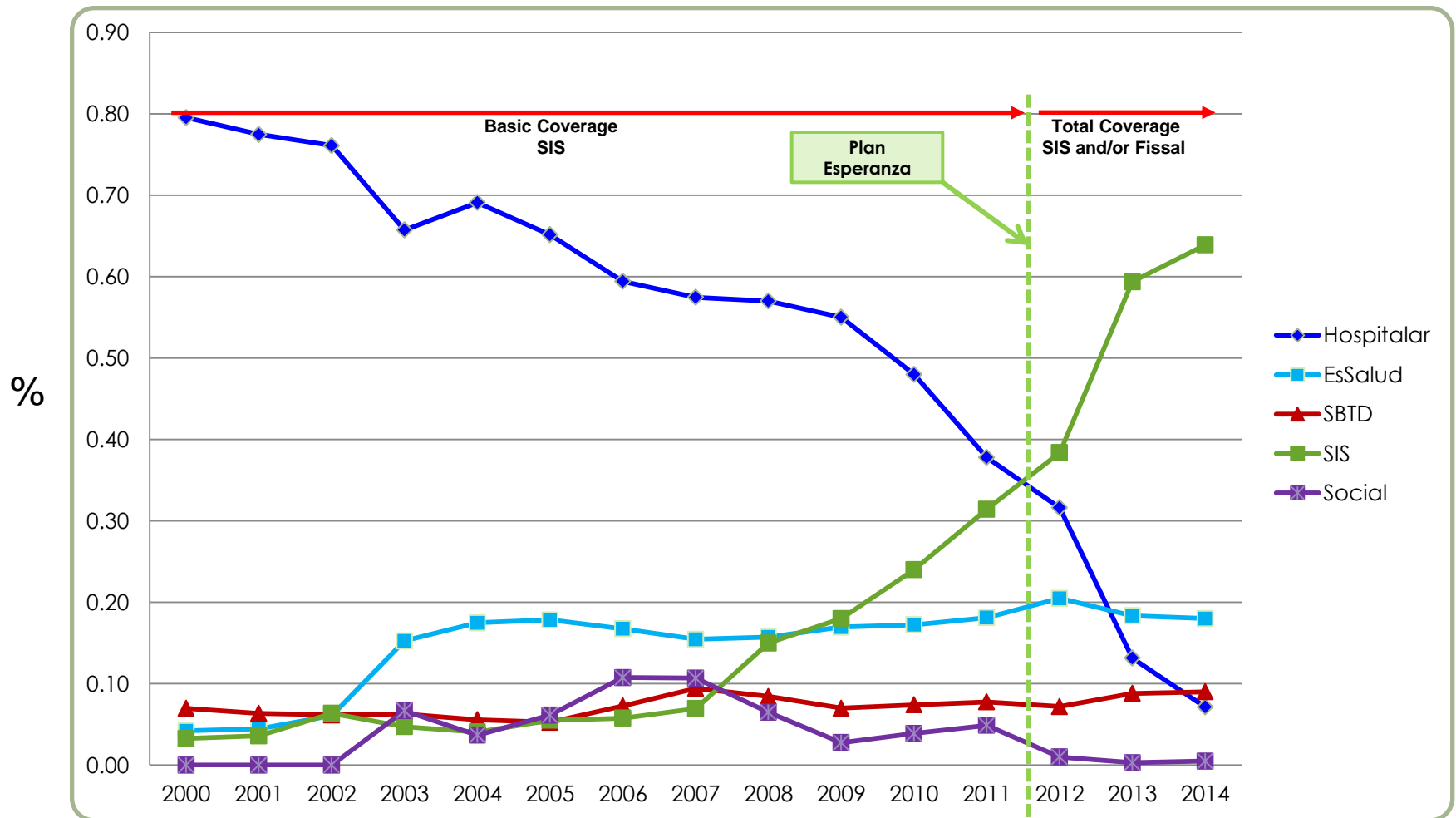
Data Base SISINEN
DISAD - INEN

Source: Informatic Office - INEN

EVOLUTION IN PERCENTAGE: NEW PATIENTS REGISTERED AT THE INEN ACCORDING TO THE SOCIO-ECONOMIC LIVING CONDITION TOWARDS THE COMPREHENSIVE ONCOLOGIC COVERAGE (JAN 2011 - DIC 2014)



EVOLUTION OF TOTAL PATIENTS AT INEN ACCORDING TO THE SOCIO-ECONOMIC LIVING CONDITION 2000 - 2014



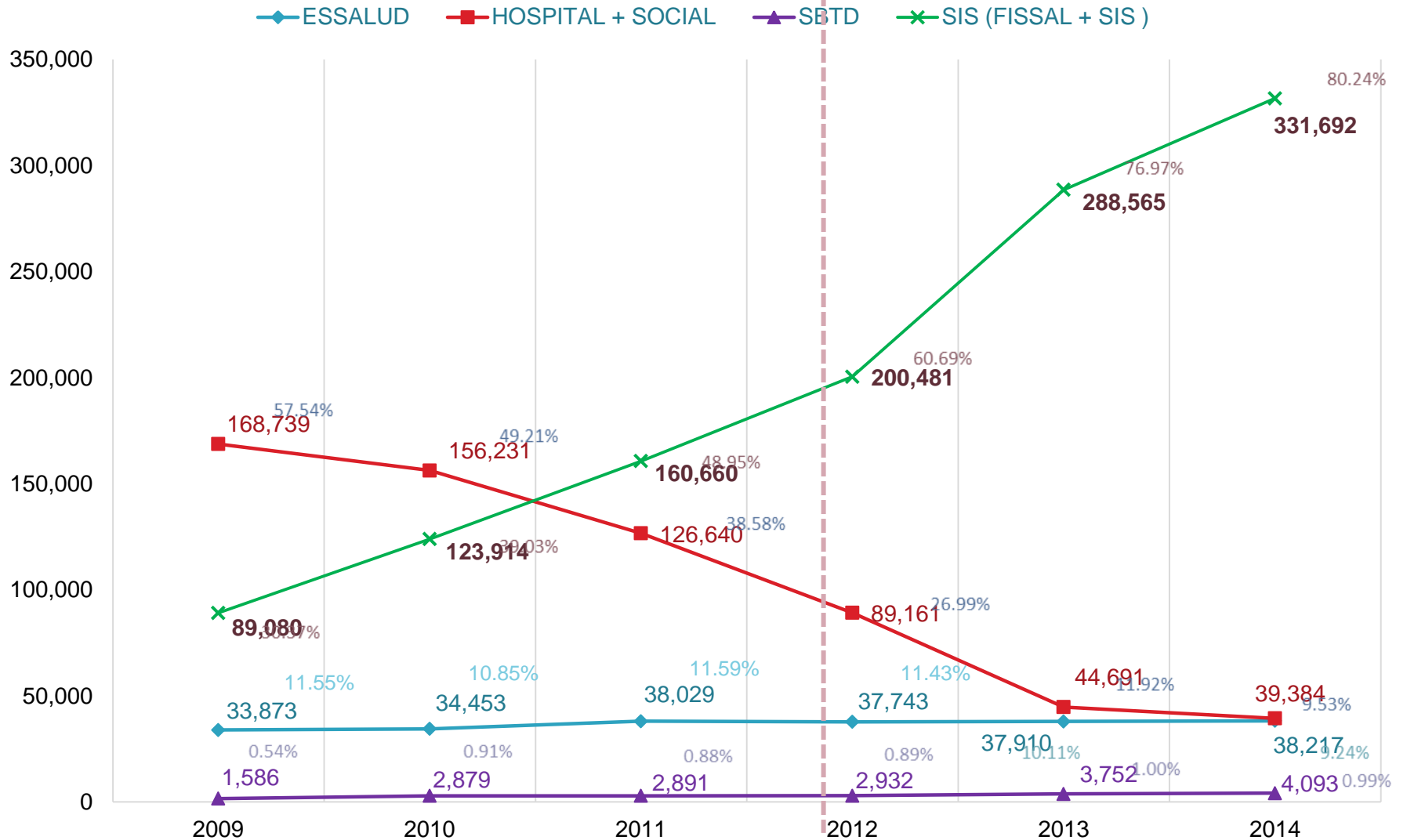
(*) Al momento de la Admisión al INEN. Hospitalario: Gasto de Bolsillo. Social: Fondo de Ayuda INEN.

Fuente: Base de Datos SYS INEN; Boletín Mensual de Indicadores para la Gestión (INEN).

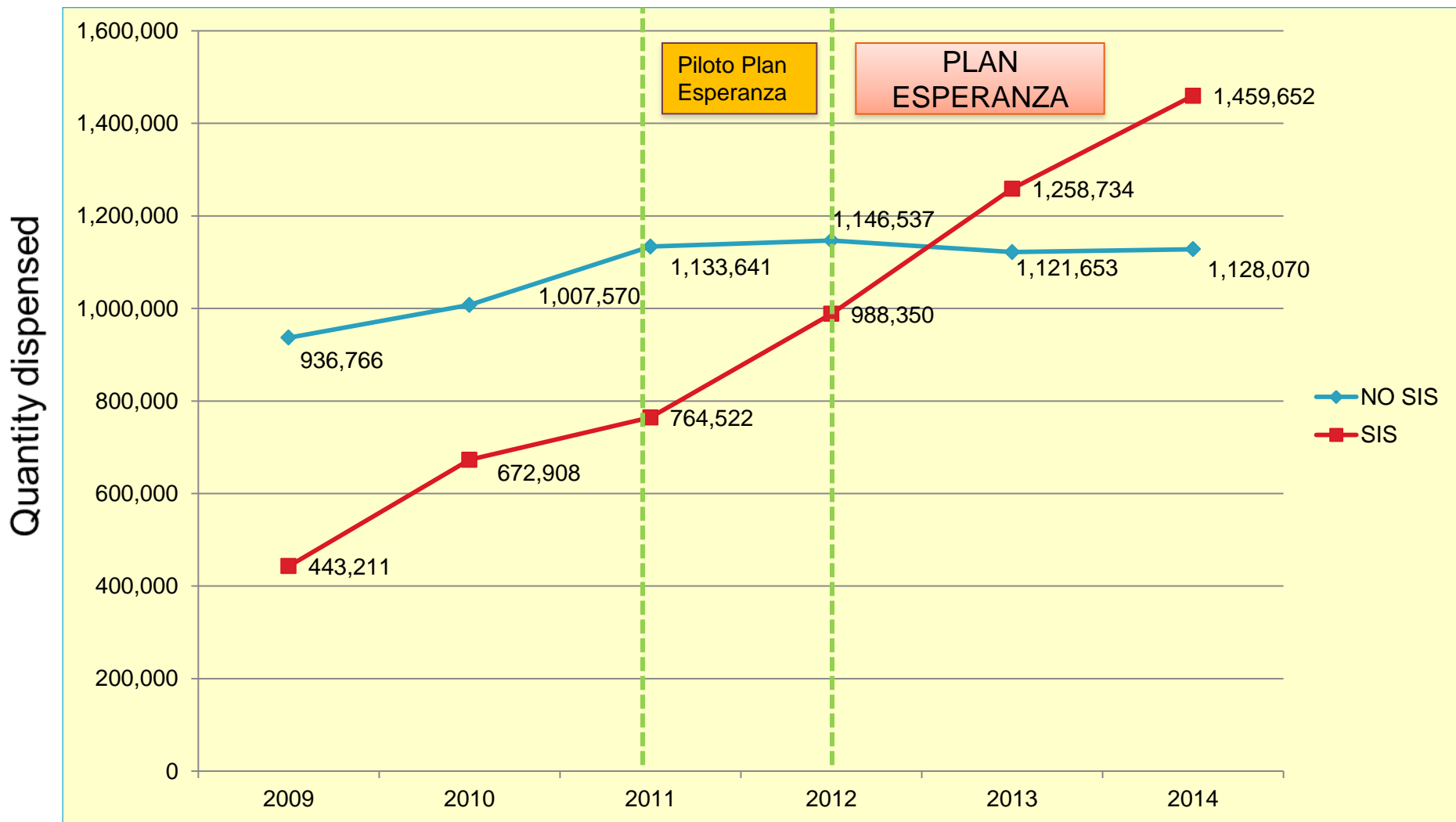
Elaborado: Departamento de Epidemiología y Estadística del Cáncer.

Source: Epidemiology and Statistics Department - INEN

DIMED INEN: Medical Attentions in Outpatients Setting by patient category by year 2009 al 2014



INEN Pharmacy: Total of Oncologic Drugs Dispensed from 2009 to 2014



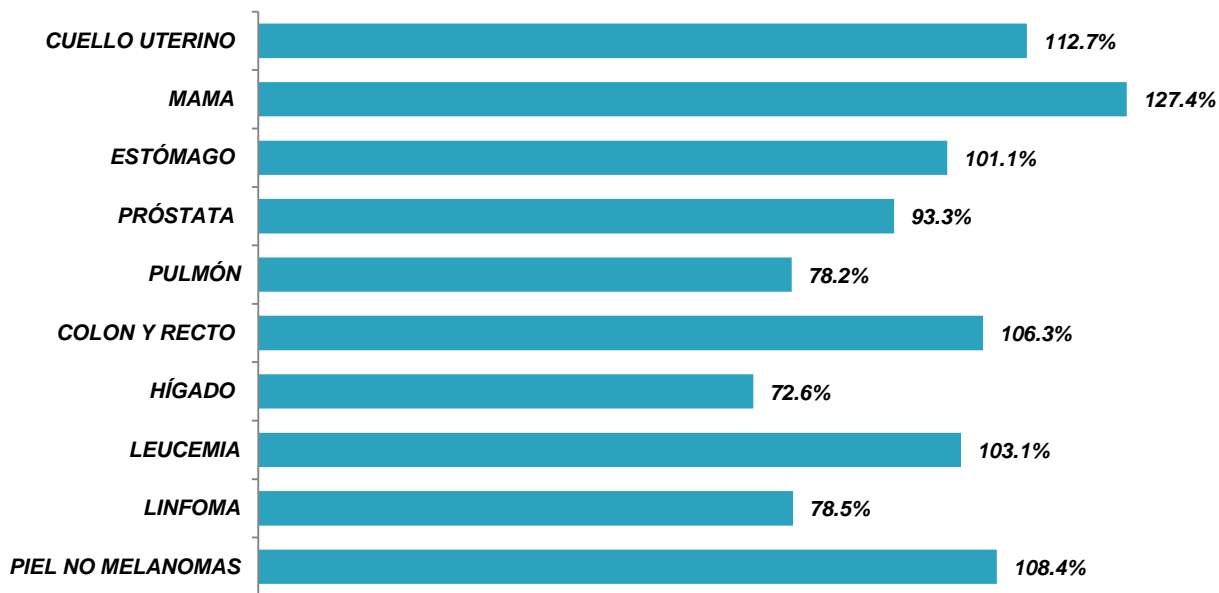
Fuente: DISAD INEN

Año



COMPREHENSIVE CANCER TREATMENT

106,738 people received cancer care for its different types: cervical and cancer, breast, stomach, prostate, lung, colon, rectum, liver, leukemia, lymphoma and non-melanoma skin.



Consolidated amount of progress in comprehensive cancer treatment, by topographic location, nationwide. Period 2013-2014.

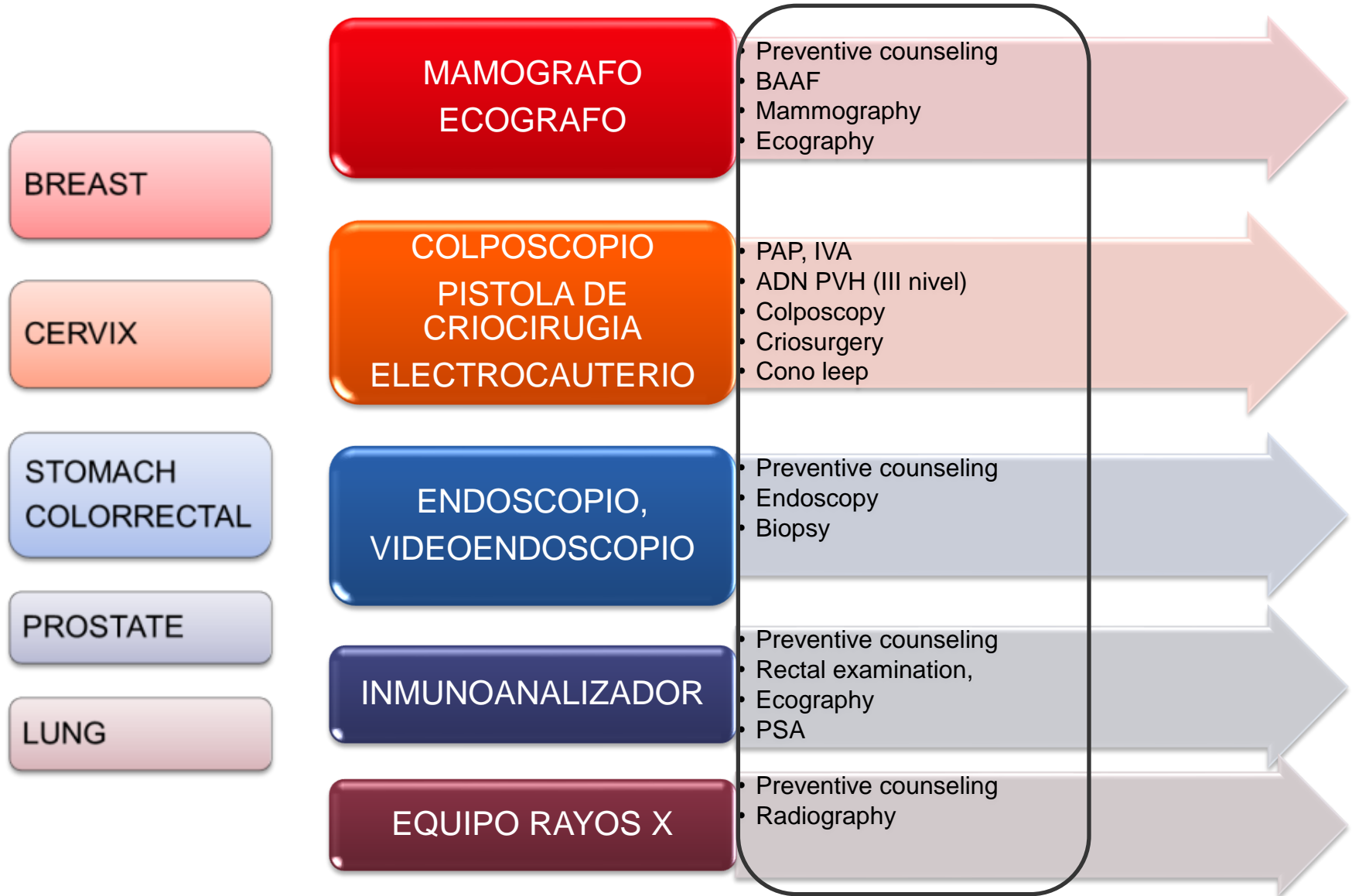
...NATIONWIDE CANCER PREVENTION HEALTH SERVICES

Decentralization of Prevention and Cancer Control by promoting joint and coordinated actions in partnership with the regions

...NATIONWIDE PpR CANCER 2011-2012-2013



Need for biomedical equipment PREVENTIVE SET: Cancer prevention and early diagnostic



EQUIPMENT ACQUIRED NATIONWIDE FOR PREVENTION AND CANCER EARLY DETECTION



COLONOSCOPIOS



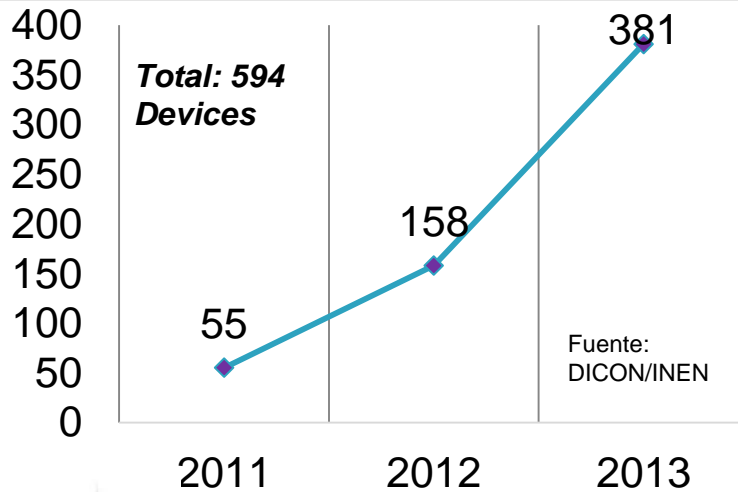
Mamógrafos digitales



Equipos de ecógrafo



Videocolpocopia



PpR CANCER 2011 -2013



Electrocirugia



Pistolas crioterapia



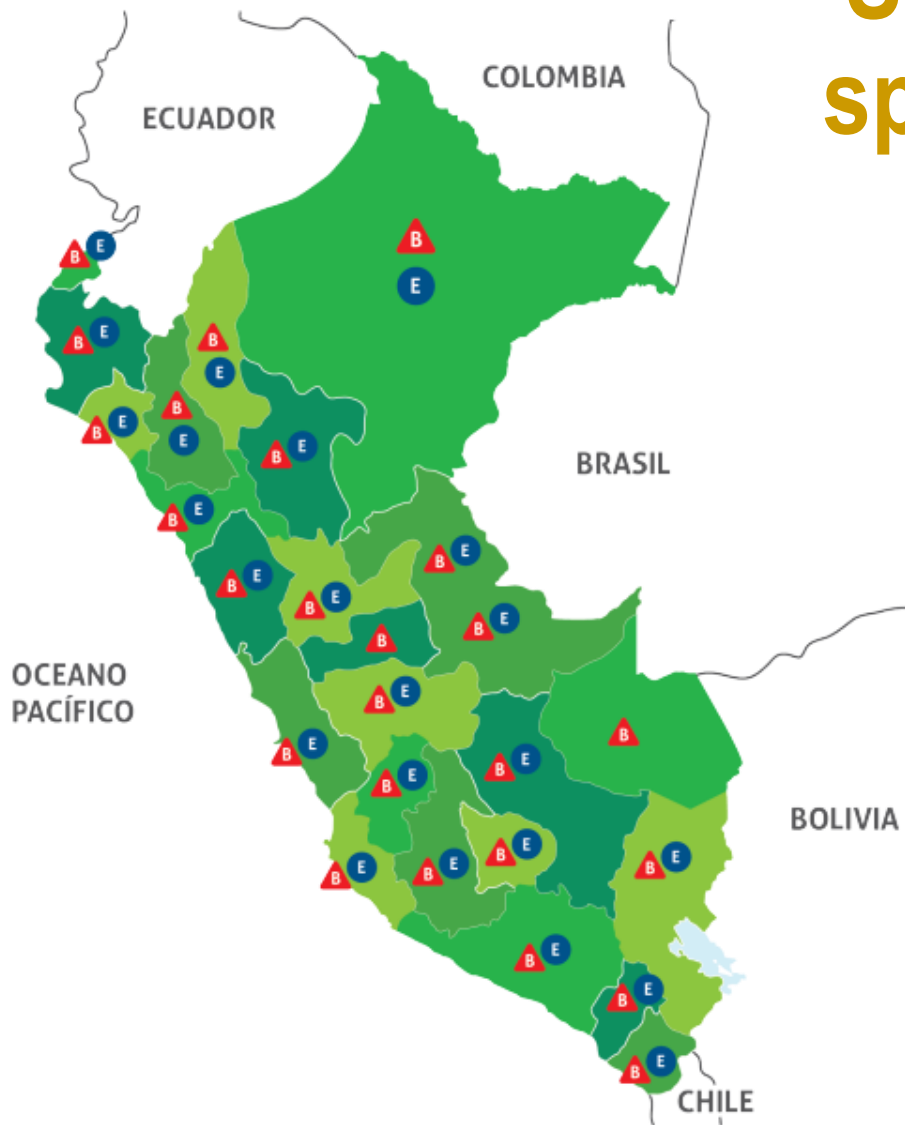
Gastrovidendoscopio

REGION	ESTABLECIMIENTO
AMAZONAS	HOSPITAL REGIONAL VIRGEN DE FATIMA
AYACUCHO	HOSPITAL REGIONAL DE HUAMANGA
ANCASH	HOSPITAL ELEAZAR GUZMAN BARRON
APURIMAC	HOSPITAL REGIONAL GUILLERMO DIAZ DE LA VEGA
APURIMAC	HOSPITAL GENERAL DE ANDAHUAYLAS
AREQUIPA	IREN SUR
CALLAO	HOSPITAL SAN JOSE
LA LIBERTAD	IREN NORTE
LAMBAYEQUE	HOSPITAL REGIONAL DOCENTE LAS MERCEDES
LIMA REGIONES	HOSPITAL DE APOYO REZOLA
LIMA REGIONES	HOSPITAL DE HUACHO
LIMA ESTE	HOSPITAL HIPOLITO UNANUE
LIMA SUR	HOSPITAL MARIA AUXILIADORA
PUNO	HOSPITAL REGIONAL DE PUNO
PUNO	HOSPITAL CARLOS MONGE
PIURA	HOSPITAL DE APOYO III-SULLANA
SAN MARTIN	HOSPITAL DE TARAPOTO
HUANCAVELICA	HOSPITAL DEPARTAMENTAL HUANCAVELICA
HUANUCO	HOSPITAL HERMILIO VALDIZAN
ICA	HOSPITAL REGIONAL DE ICA
JUNIN	HOSPITAL DANIEL ALCIDES CARRION
TACNA	HOSPITAL DE APOYO DEPARTAMENTAL HIPOLITO UNANUE
LIMA -INEN	INSTITUTO NACIONAL DE ENFERMEDADES NEOPLASICAS

MAMMOGRAPHIES ACQUIRED UNDER THE STRATEGIC BUDGET PROGRAM OF PREVENTION AND CONTROL OF CANCER NATIONWIDE (2011 - 2013)



Services of basic and specialized prevention nationwide



B PREVENTORIO BÁSICO

- Consejerías de cáncer (cérvix, mama, estomago, colon y recto, próstata y pulmón)
- Consulta médica general y/o especializada
- Papanicolaou e IVAA
- Crioterapia* y Cono Leep
- Examen Clínico de Mama
- Examen de Thevenon*
- Examen Tacto Rectal

E PREVENTORIO ESPECIALIZADO

- Consejerías de cáncer (cérvix, mama, estomago, colon y recto, próstata y pulmón)
- Consulta médica general y/o especializada
- Papanicolaou, IVAA y test de PVH
- Colposcopia
- Biopsia quirúrgica
- Crioterapia* y Cono Leep
- Examen Clínico de Mama
- BAAF
- Mamografía bilateral
- Examen de Thevenon*
- Endoscopia
- Examen Tacto Rectal
- Dosaje de PSA

*De acuerdo a la capacidad resolutive del establecimiento de salud

REGIONS RESPONSE CAPACITY FOR PREVENTION AND CANCER CONTROL IN INEN DESIGNED HEALTH SERVICES 2011, 2012 and 2013

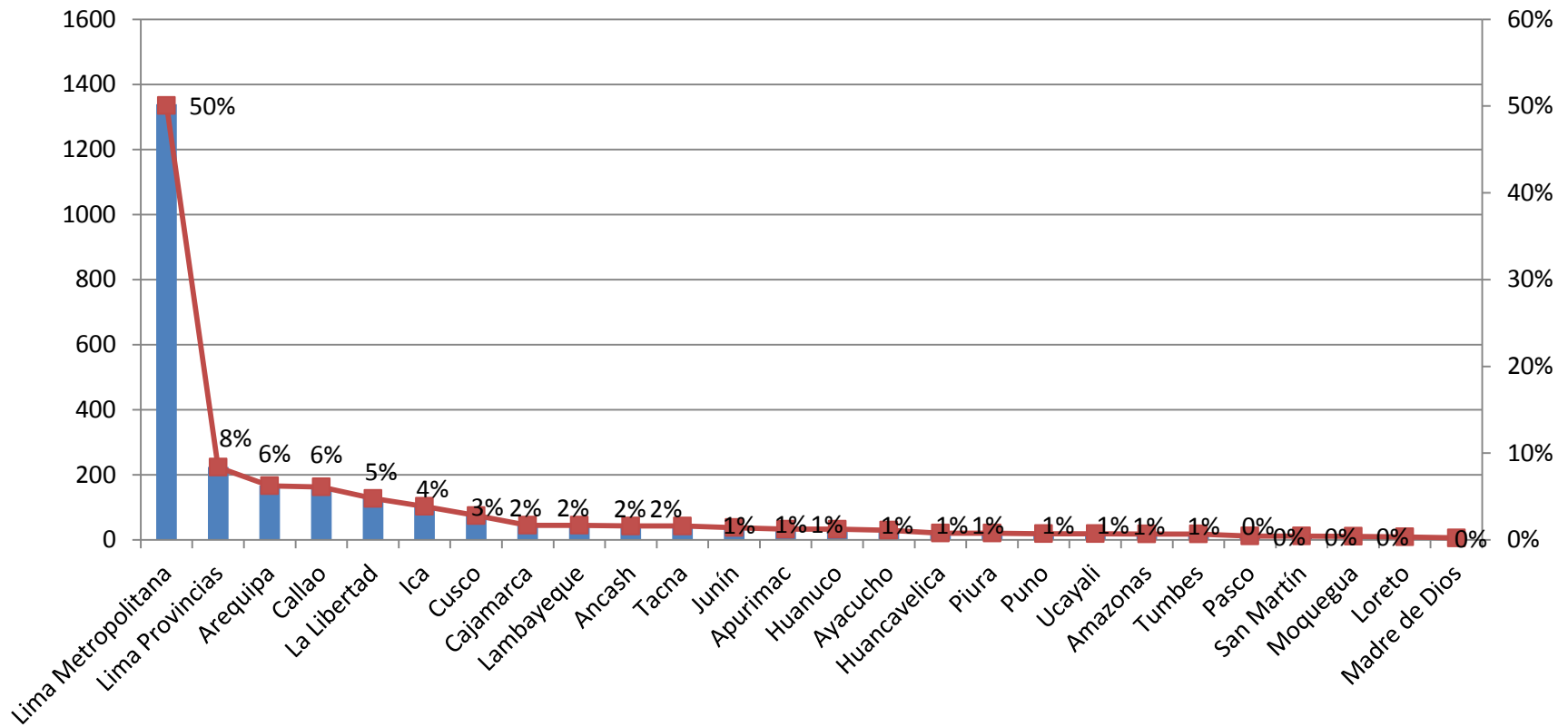
TRAINED STAFF: The intervention in health services for training in health promotion practice and cancer primary and secondary prevention, were 2890 of 121 Executing Units (U.E.).

EXECUTING UNITS	N° U.E.	N° EESS
HOSPITALS: II-1 to II-2 (E)	50	50
HHEE: I-2 to I-4 (E)	71	2,840
TOTAL	121	2,890*

Representing **41.29%** of the total of health establishments

* approximate

Medical Specialist Oncology related by Regions 2010



Source: Need of Medical Specialists in the health sector establishments, Peru 2010. Management Department of Human Resource Development. National Observatory of Human Resources in Health - Lima: Ministry of Health; 2011.

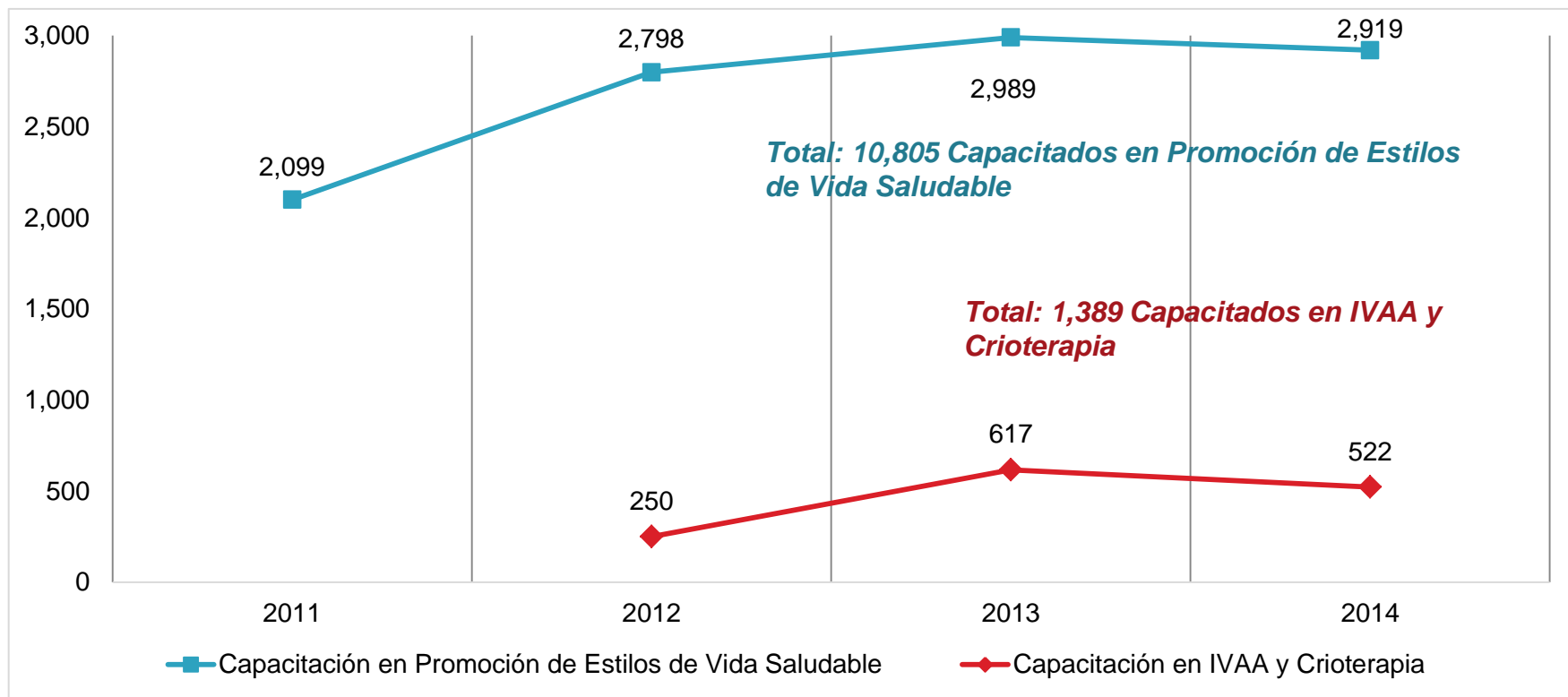
SCHOOLS OF EXCELLENCE AT THE INEN

- Center of Excellence in Training Cervical Cancer in Latin America.
- School of Excellence in Tobacco Control of INEN .
- School of Excellence in Training of Bone Marrow Transplantation and Hematopoietic Precursors of INEN.
- School of Excellence in Prevention of Breast Cancer of INEN.
- School of Excellence in Training Council for Health Promotion in Cancer.
- Others.



Health Professionals, Teachers and Promoters Trained. Number of Trained. Period 2011 - 2014

12,194 health professionals trained by the INEN, in health promotion, primary and secondary prevention of cancer.



REGIONS RESPONSE CAPACITY FOR PREVENTION AND CANCER CONTROL IN INEN DESIGNED HEALTH SERVICES 2011, 2012 and 2013



- **Equipment: 96%**
Total programmed 478
Total executed 460
- **Trained staff: 121 %**
Total programmed 7257
Total executed 8753

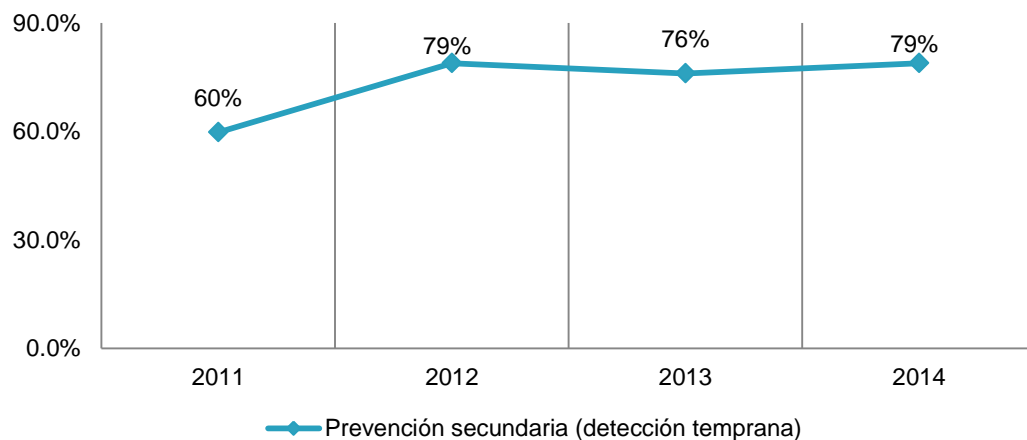
Trained staff 8753 in the 7300 establishments of Ministry of Health

Ratio= 8753/7300
1.2 trained staff per EESS



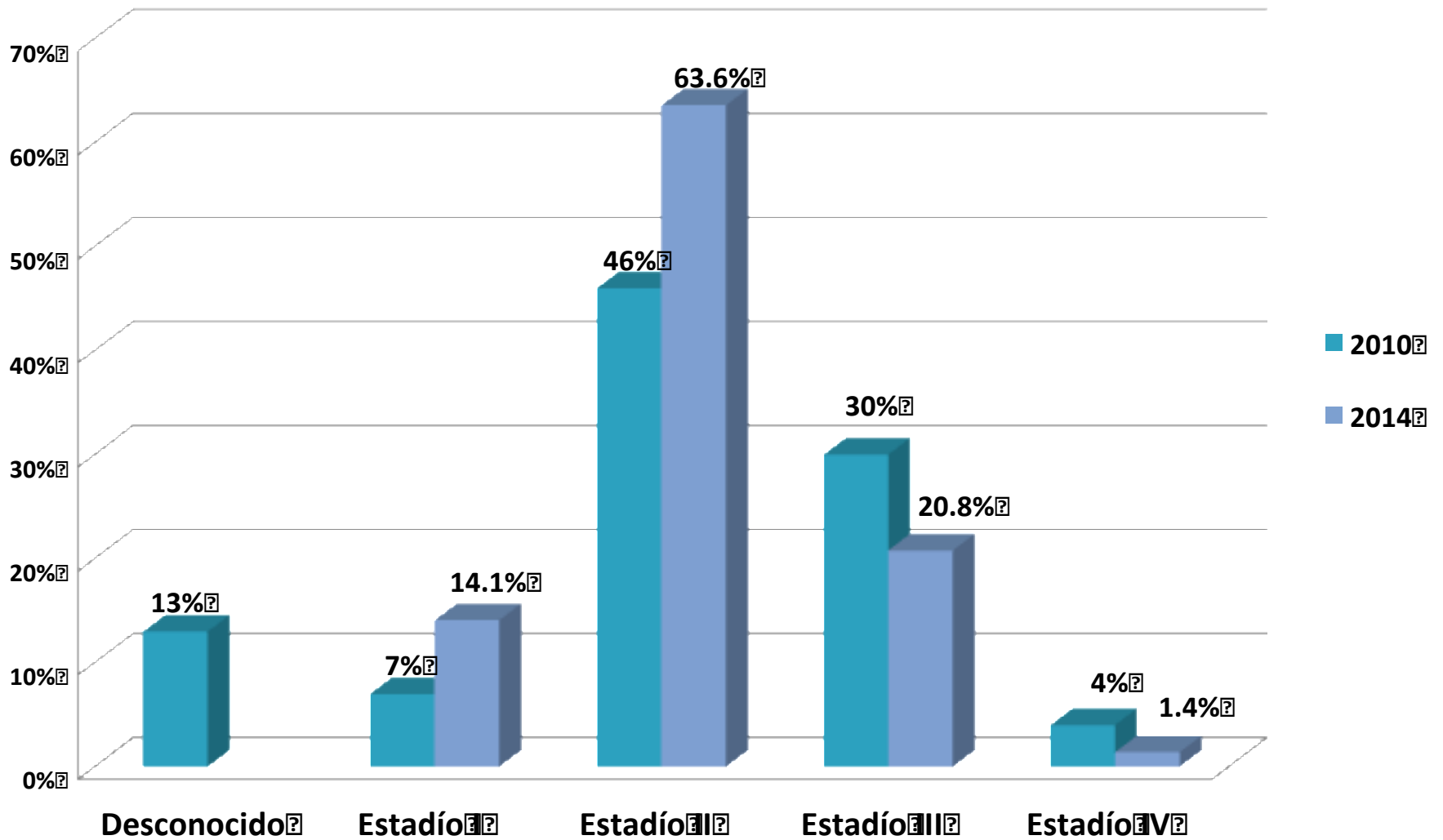
EARLY DETECTION

2'576,200 People with cancer screening for cervix, breast, stomach, prostate, colon nationwide.



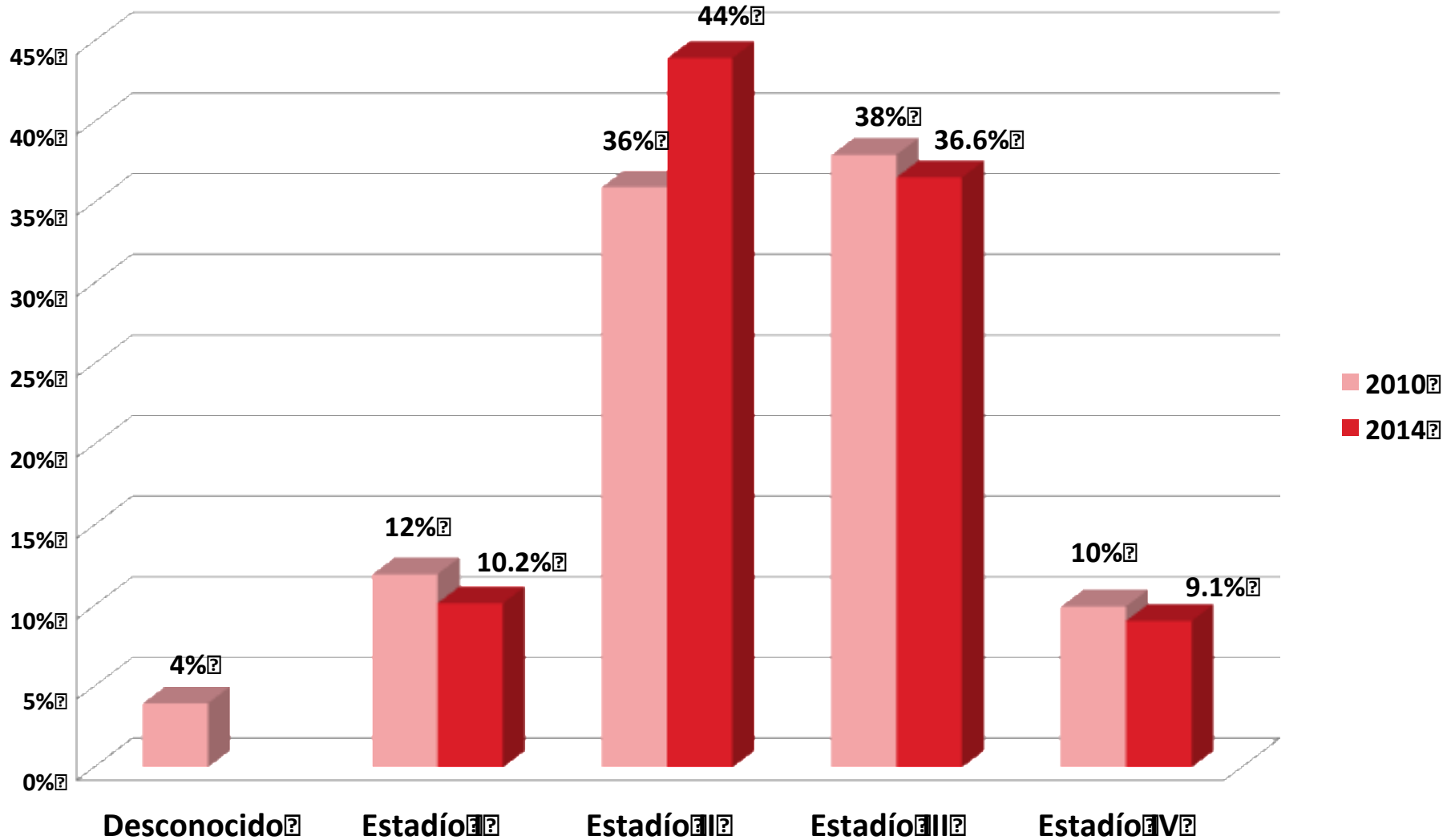
Shares in secondary prevention (early detection), by years of intervention. Period 2011 - 2014

Cervical Cancer Stage at diagnosis INEN: 2010 vs 2014



Fuente: DISAD - INEN

Breast Cancer Stage at Diagnosis INEN 2010 vs 2014



Fuente: DISAD - INEN

MONITORING, SURVEILLANCE AND EVALUATION OF ONCOLOGIC SERVICES NATIONWIDE

N°	INSTITUCIONES	FECHA DE VISITA
01	Hospital Regional de Loreto	27/03/2014
02	Hospital Nacional Daniel Alcides Carrión	08/04/2014
03	Municipalidad Distrital de Lince	22/04/2014
04	Hospital Regional de Ica	24/04/2014
05	Municipalidad de Vista Alegre – Nazca	25/04/2014
06	Municipalidad Distrital de Santa Anita	05/05/2014
07	Hospital Regional Docente las Mercedes Chiclayo	06/05/2014
08	Hospital Regional de Lambayeque	07/05/2014
09	Hospital Guillermo Díaz de la Vega Apurímac	13/05/2014
10	Municipalidad de Wanchaq - Cuzco	16/05/2014
11	Instituto Regional de Enfermedades Neoplásicas del Sur	11/08/2014
12	Instituto Regional de Enfermedades Neoplásicas del Norte	18/08/2014
13	Hospital Regional de Ayacucho	17/09/2014
14	Hospital San Juan de Lurigancho	01/10/2014
15	Hospital Nacional Hipólito Unanue	03/11/2014
16	Municipalidad Distrital de Imperial - Cañete	21/11/2014
17	Municipalidad Provincial de Moyobamba	25/11/2014
18	Hospital II – E Lamas	26/11/2014
19	Municipalidad Distrital de la Molina	27/11/2014
20	Hospital San José	28/11/2014
21	Hospital Regional Hermilio Valdizan Medrano Huánuco	10/11/2014
22	Centro de Salud Perú Corea Huánuco	10/11/2014
23	Centro de Salud Carlos Showing Ferrari Huánuco	10/11/2014

Surveillance of Oncologic services





PROGRAM OF EXTERNAL ASSESMENT OF PERFORMANCE IN CERVIX CYTOLOGY



Implementation and dissemination of Program of External Assessment of Performance in Cervix Cytology nationwide that allows to assure the quality of PAP lectures.

- From 2012 to 2014, it has allowed to reach a cobrture of 74% of regions nationwide.



Responsabilidad



El Instituto Nacional de Salud (INS)
Instituto Nacional de Enfermedades Neoplásicas (INEN)

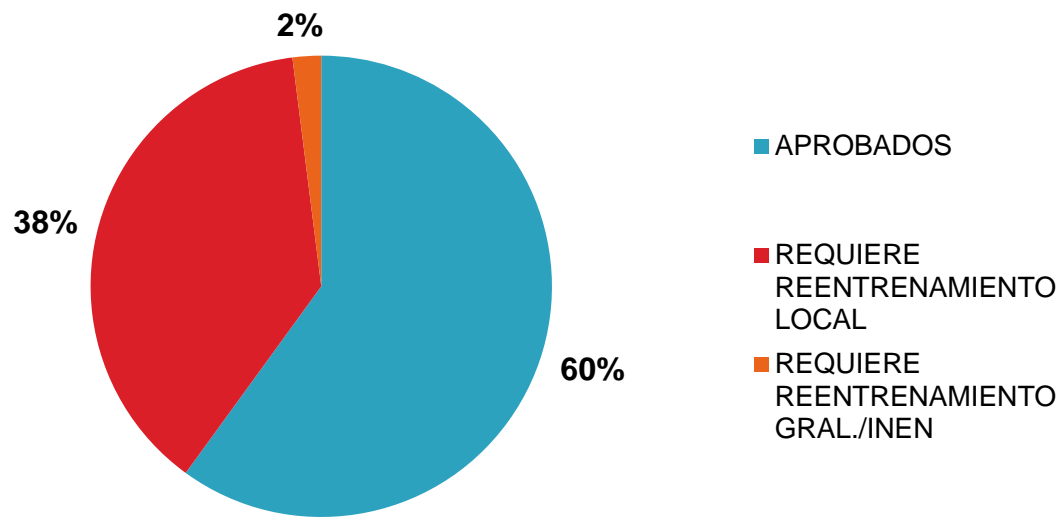


PROGRAM OF EXTERNAL ASSESMENT OF PERFORMANCE IN CERVIX CYTOLOGY



PERFORMANCE EVALUATION OF SKILLS visual inspection with acetic acid (VIA) SECONDARY PREVENTION OF CERVICAL CANCER.

Overall results of the Performance Assessment Skills VIA. Year 2013



In 2013 it was possible to evaluate 109 health professionals, including general practitioners, gynecologists and obstetricians, eight regions (Callao, Cusco, Junin, Lambayeque, La Libertad, Loreto, San Martin and Lima).

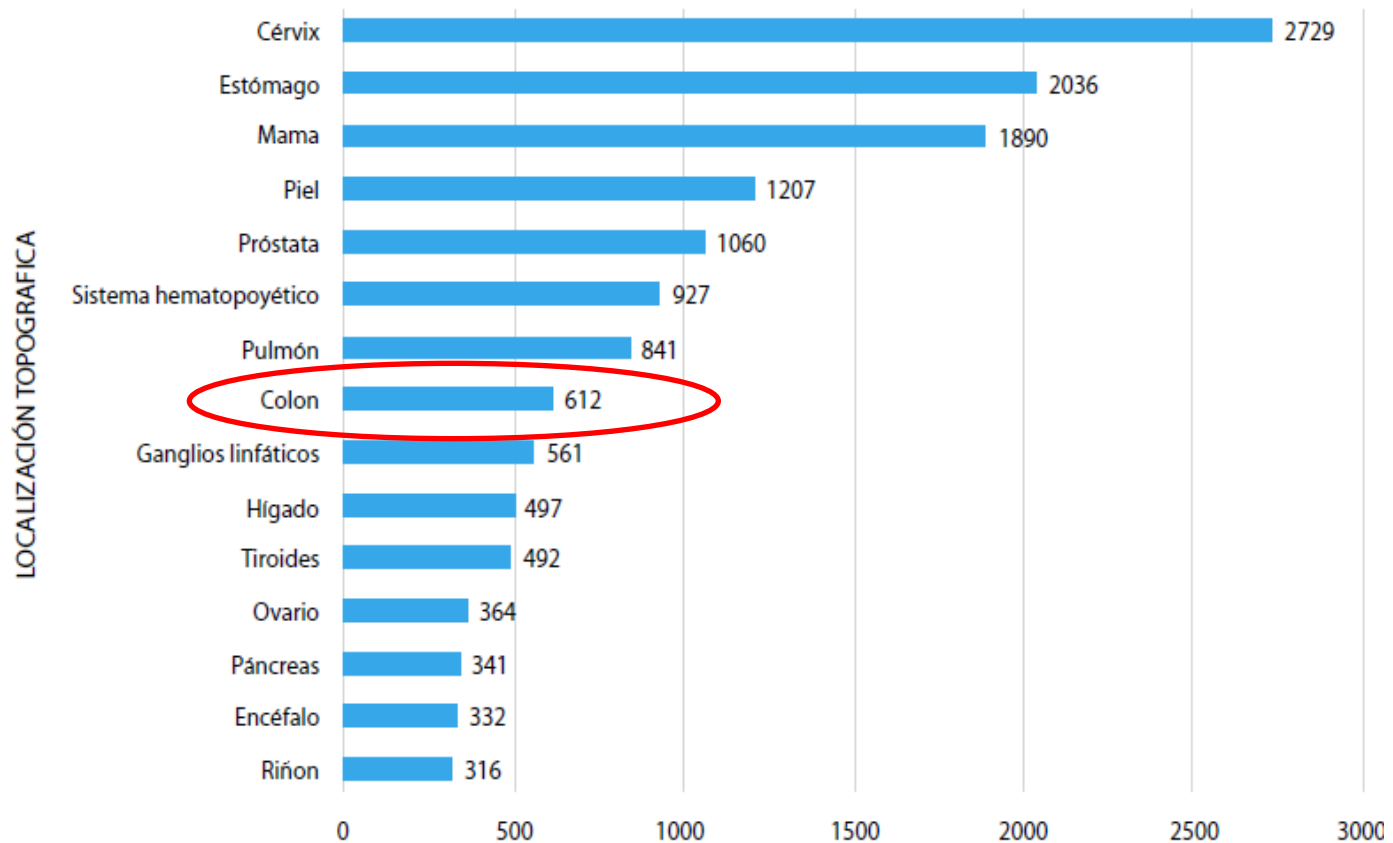
SCHOOL OF EXCELLENCE IN GASTRIC AND COLORECTO CANCER PREVENTION

RJ N° 283-2013-J/INEN

26.JUL.2013.

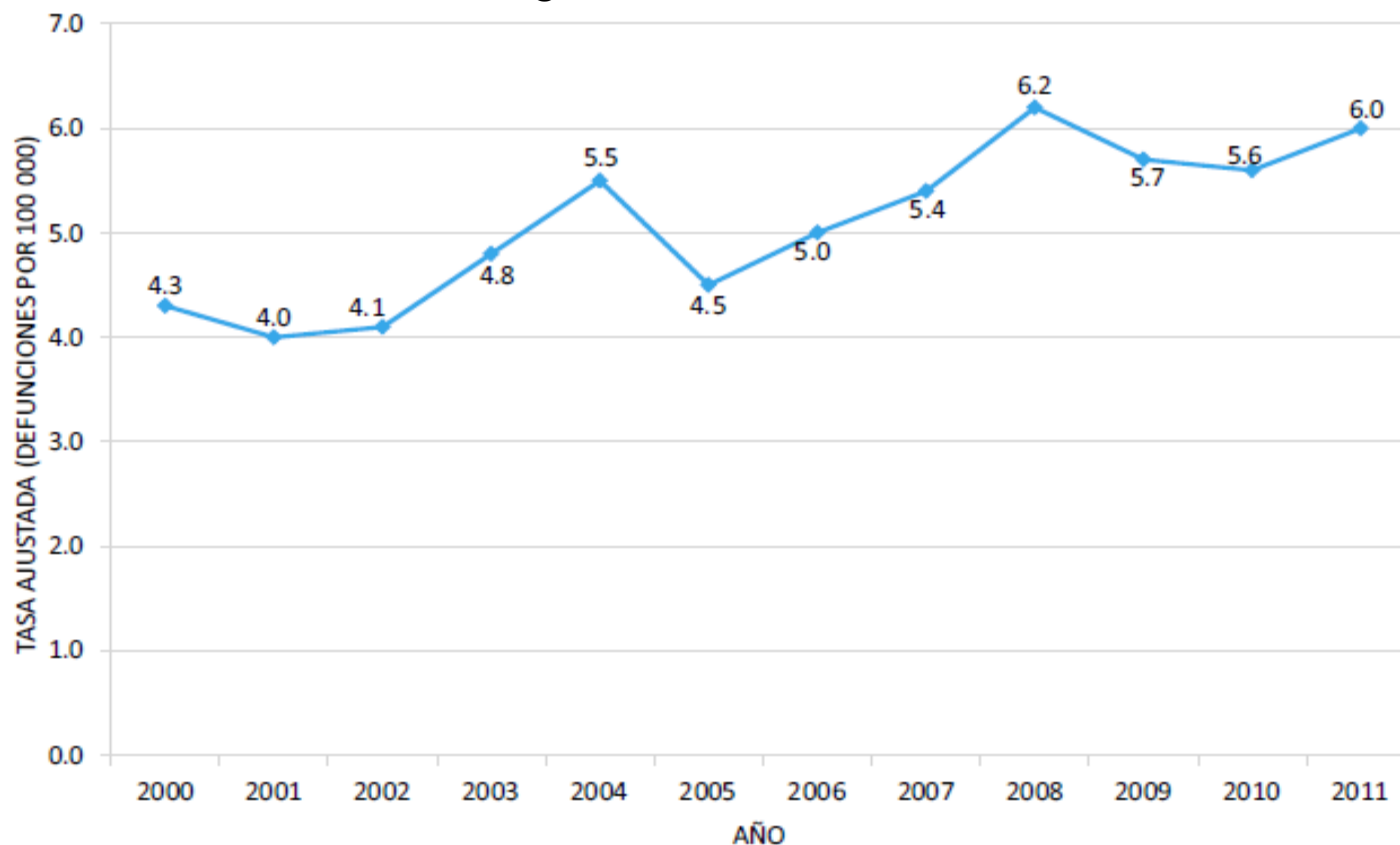
CANCER SITUATIONAL ANALYSIS IN PERU

Promedio anual de casos notificados de cáncer según localización topográfica. Periodo 2006-2011.



MORTALITY COLORECTAL CANCER IN PERÚ

Tasa ajustada de mortalidad por cáncer de colon y unión rectosigmoidea. Perú, 2000-2011.



Fuente: Registro de Hechos vitales, Base de Datos de Defunciones. OGEI-MINSA 2007-2011. Cálculo realizado con corrección del subregistro por la DGE-MINSA.

Colon cancer mortality by peruvian regions in Peru: 2000-2011

Departamento	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
AMAZONAS	1.7	8.5	4.9	5.2	4.1	5.4	2.8	0.7	7.4	5.9	3.7	9.1
ANCASH	2.3	2.2	1.9	2.8	2.8	3.3	1.1	4.9	3.7	2.4	4.3	3.7
APURIMAC	5.1	2.0	0.4	2.8	2.6	0.7	0.2	-	1.1	0.3	1.4	2.7
AREQUIPA	3.6	4.3	2.8	5.6	5.6	3.4	4.8	5.6	6.1	5.2	5.1	5.7
AYACUCHO	3.1	-	2.9	3.2	8.0	2.7	4.1	6.6	8.6	3.5	2.9	2.3
CAJAMARCA	3.0	2.3	4.0	3.7	4.4	2.9	2.7	2.2	5.5	4.7	2.5	2.9
CALLAO	5.1	4.7	3.8	3.5	5.7	5.6	6.1	6.8	8.9	6.2	5.9	7.4
CUSCO	2.8	1.0	2.5	2.7	2.8	1.6	2.9	2.3	3.1	4.0	2.5	2.4
HUANCAVELICA	5.5	4.2	2.6	7.4	1.4	1.5	1.8	3.5	6.8	4.4	3.3	1.7
HUANUCO	2.9	1.4	1.4	1.8	4.0	3.5	3.0	4.0	5.3	2.9	4.1	4.7
ICA	2.6	4.6	3.6	3.6	4.8	3.8	6.3	5.2	5.6	6.2	6.6	4.7
JUNIN	3.4	4.9	2.2	3.1	2.3	2.0	2.0	2.5	2.2	4.4	2.3	5.7
LA LIBERTAD	2.9	5.4	3.7	4.0	3.3	4.1	6.3	6.6	7.1	4.9	5.3	6.7
LAMBAYEQUE	4.3	5.6	7.2	9.2	8.5	4.7	3.8	5.4	8.7	6.6	5.5	7.5
LIMA	4.3	3.3	3.7	5.3	6.4	5.1	6.2	6.5	7.0	7.3	7.1	7.6
LORETO	4.1	5.7	2.9	6.4	2.8	4.2	3.9	4.0	3.4	1.9	3.0	2.6
MADRE DE DIOS	2.9	-	-	-	-	-	4.5	-	-	2.9	-	-
MOQUEGUA	7.5	2.1	0.6	4.7	3.7	4.2	2.4	3.9	1.7	3.9	4.3	1.6
PASCO	7.5	3.1	3.4	2.4	6.2	3.8	4.8	9.8	5.0	5.0	5.4	7.7
PIURA	3.3	4.4	5.3	4.8	2.5	4.4	3.7	5.6	5.4	5.6	5.4	5.8
PUNO	2.0	0.9	0.2	0.9	2.0	0.7	0.8	2.1	1.6	1.5	1.6	1.5
SAN MARTIN	3.5	6.3	2.4	7.3	2.5	1.3	5.4	2.2	2.9	4.8	7.9	5.7
TACNA	1.8	1.4	3.7	4.5	5.7	2.7	1.7	10.4	4.0	5.2	4.9	4.0
TUMBES	11.5	4.8	1.9	6.2	5.9	5.7	6.7	4.2	4.1	5.0	7.7	6.3
UCAYALI	2.3	6.0	4.2	0.8	3.2	4.1	5.4	6.1	2.7	5.3	6.3	1.5

Source: Registro de Hechos vitales, Base de Datos de Defunciones. OGEI-MINSA 2007-2011. Cálculo realizado con corrección del subregistro por la DGE-MINSA.

Escuela de Excelencia en prevención de cáncer gástrico, colon y recto

I Curso de la Escuela de Excelencia en Prevención en Cáncer Gástrico, Colon y Recto, dirigido a residentes de gastroenterología y gastroenterólogos. Dirigido a **50 profesionales de la salud.**

II Curso de Prevención en Cáncer Gástrico, colon y recto, capacitados a **144 profesionales de la salud y aprobados 85 profesionales de 9 redes:**

- Red San Juan de Miraflores–Villa Maria del Triunfo,
- Red VES-Lurín-Pachacamac,
- Red Barranco Chorrillos-Surco,
- Red Lima Ciudad,
- Red Túpac Amaru,
- Red Rima-SMP-Los Olivos,
- Red Puente Piedra,
- Red San Juan de Lurigancho,
- Red Lima Este metropolitana.

180 PROFESIONALES DE LA SALUD CAPACITADOS



ESCUELA DE EXCELENCIA EN PREVENCIÓN DE CÁNCER GÁSTRICO Y CÁNCER DE COLON Y RECTO

CURSO	FECHA	LUGAR	PARTICIPANTES
III	19 de marzo	Auditorio Maes Heller	40
Capacitación en provincia	Mayo - Junio	Trujillo	100
Capacitación en provincia	Agosto	Ica	100
IV	19 de noviembre	Auditorio del INEN	100



CUÉNTAMELO TODO...DEL CÁNCER
TELL ME EVERYTHING... ABOUT CANCER
Promotion Health for Cancer Prevention





GETTING CLOSER TO THE COMMUNITY



PROMOVING PREVENTIVE HEALTH:

During the period from 2011 to 2014, **16'398,364** people have received interventions for primary prevention through personalized counseling, educational sessions or mass media, for the prevention of breast cancer and early diagnosis of major cancers : breast , cervix , stomach, prostate, lung and other cancers.

Specialization in a communications strategy to strengthen our actions to promote health and cancer control with community participation .





Tell me everything about cancer

Línea Preventiva : 0051-6203333



I LIKE TO LIVE HEALTHY



DETECT CANCER WHEN IT'S SILENT



YOU CAN LIVE WELL EVEN WITH CANCER



PERU PROTECTS YOU WITH PLAN ESPERANZA



www.inen.sld.pe



[Inen Enfermedades Neoplásicas](#)



[@NeoplasticasPeru](#)



YouTube [INEN Peru](#)



Prevención Primaria en Cáncer de Colon y recto 2011-2015

20,767 Instituciones educativas saludables que promueven la prevención del cáncer de cuello uterino, mama, estomago, próstata, pulmón, **colon y recto**, hígado, leucemia, linfoma, piel y otros.

43,408 familias saludables con conocimiento de la prevención del cáncer de cuello uterino, mama, estomago, próstata, pulmón, **colon y recto**, hígado, leucemia, linfoma, piel y otros

200,693 personas han recibido consejería en la prevención del cáncer de: **colon y recto**, hígado, leucemia, linfoma, piel y otros.



NAVEGATION PROGRAM INEN



INTERVENTIONS:

- Patient Navigators (Voluntiers, Advocacy Groups)
- Health Navigators (Health Profesionals)
- Community Navigators (Health Promoters, Patient Groups)



ALEGRANDO VIDAS



VISITING THE FAIR "ALEGRANDO VIDAS"

First Lady Nation Mrs. Nadine Heredia and the Minister of Health, Dr. Anibal Velasquez participated in the fair "Alegrando vidas" at the INEN, accompanied by Dr. Tatiana Vidaurre, Institutional Chief of INEN. They have also visited environments of radiotherapy.



**INEN: Center of Excellence for oncology
science and public global health for
prevention and cancer control**

National Cancer Control Agency in PERU

**CERTIFICATION:
BEST ONCOLOGIC PRACTICES**

Building Capacity a Big Challenge

Grand Challenge: How to improve services and care for patients detected at all stages: surgery, chemotherapy, radiation therapy, supportive care and complementary support?

Strengthen the supply capacity of cancer services in the 3 levels of care

Improve the skills of health professionals nationwide cancer

High technology for the diagnosis and treatment of cancer: Molecular Oncology, minimally invasive, personalized and precision

INEN: Decentralization with integrated cancer services networks

Strengthen teaching and research in oncology

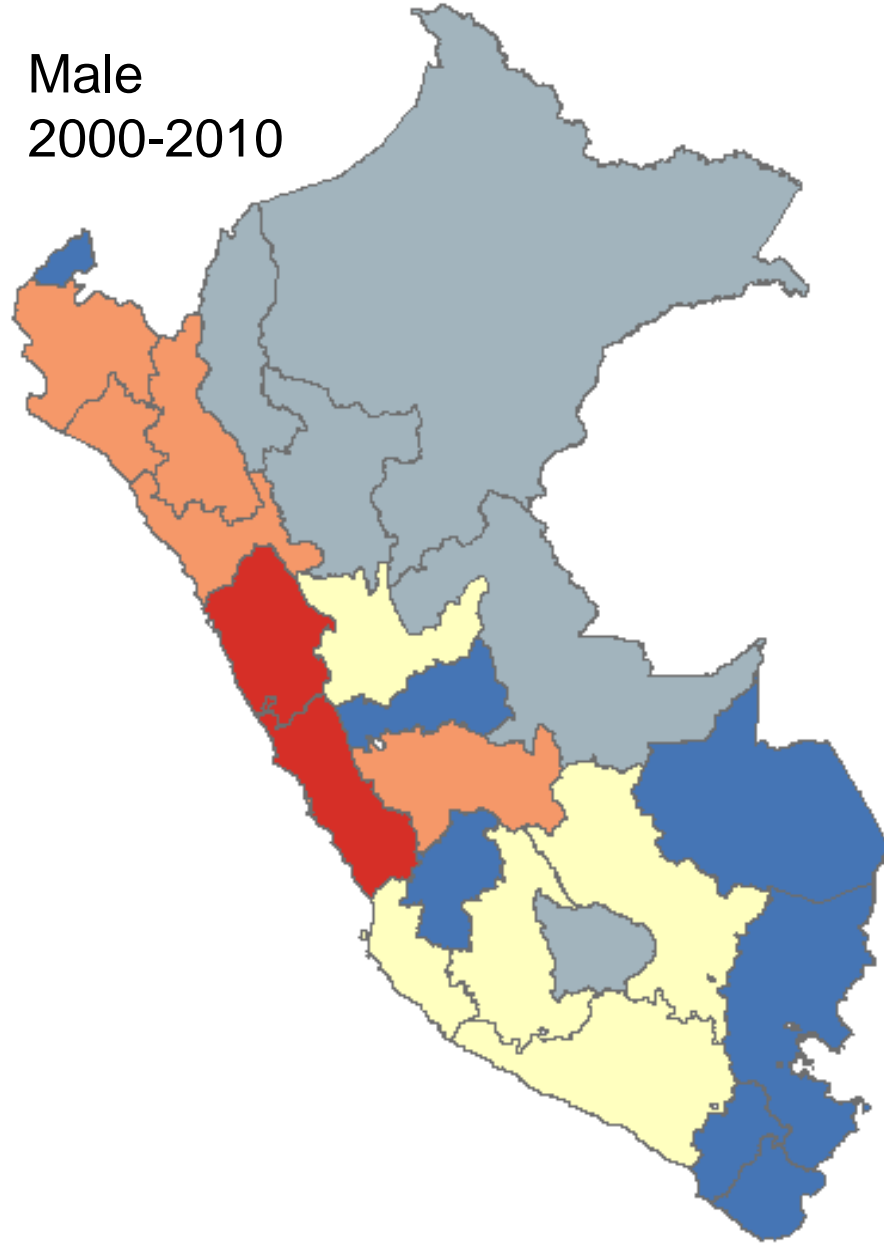
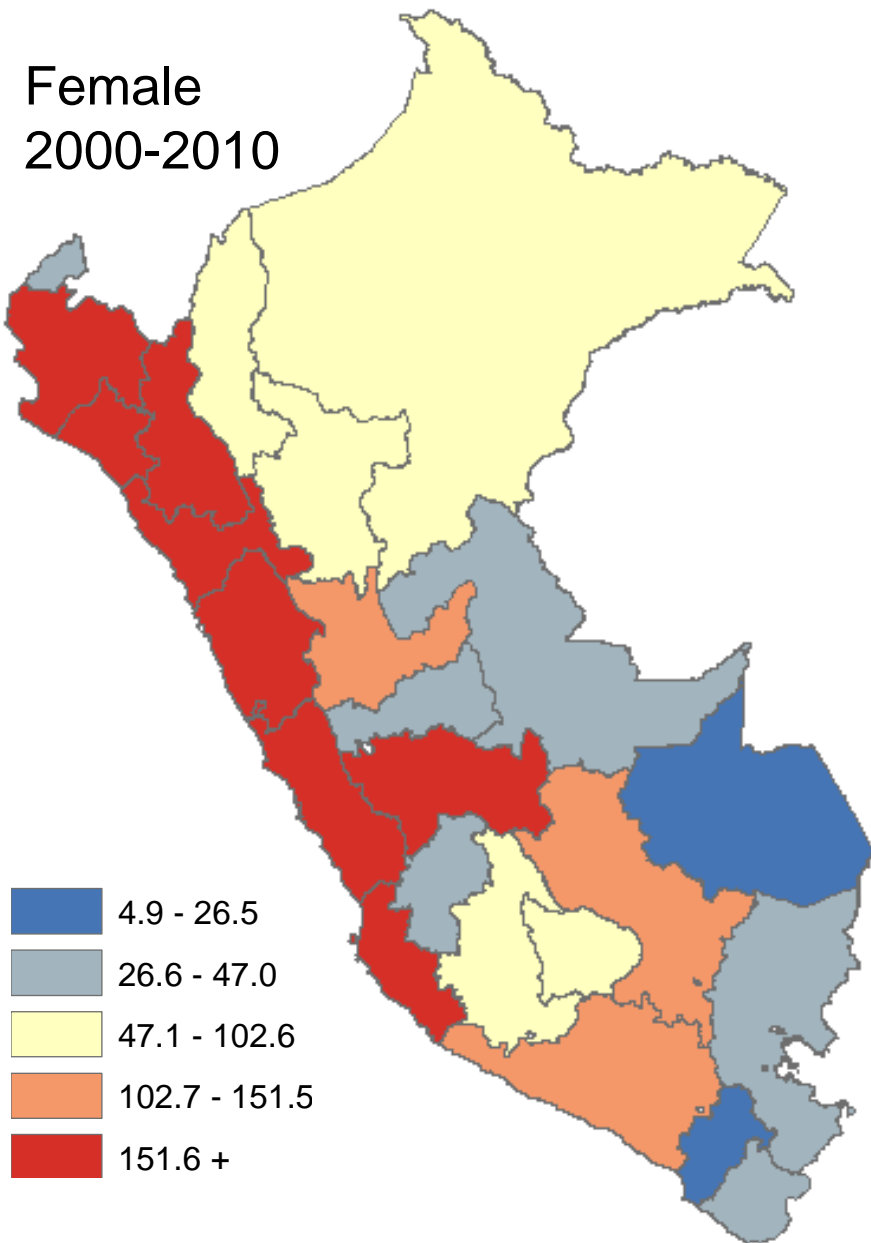
Cost control and quality of the management expenses in the use of resources: cooperation agreements - SIS FISSAL

Strengthen Epidemiology Surveillance System and Cancer Registries

Map of cancer new cases distribution widening at INEN - Perú

Female
2000-2010

Male
2000-2010



Building Comprehensive Cancer Treatment Centers

INEN Sister Institution Network Program: Lima and Regions

Descentralization for Comprehensive Oncology Care Services



Lima Metropolitana





INEN: BIOMEDICAL TECHNOLOGY RENEWAL AND INNOVATION



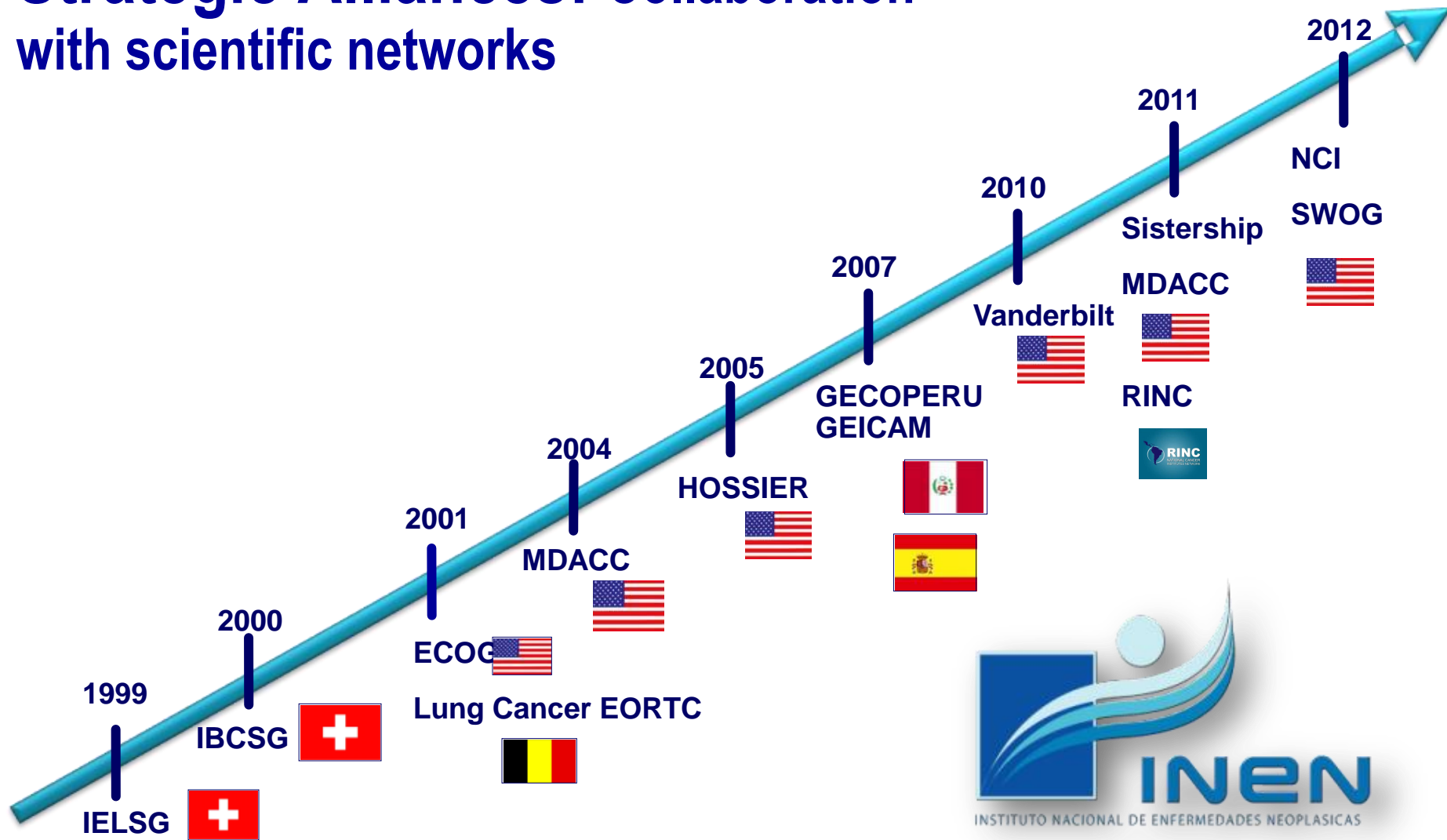
**INEN: TECHNOLOGICAL INNOVATIONS FOR MOLECULAR
ONCOLOGY, MINIMAMENTE INVASIVE and PRECISION**



Training School of Excellence in Bone Marrow Transplant or hematopoietic precursors INEN

More than 100 BMT in 3 years

Strategic Alliances: Collaboration with scientific networks





RINC
NATIONAL CANCER
INSTITUTES NETWORK

GLOBAL HEALTH: PNCC



Países de la UNASUR

- | | |
|--|---|
|  ARGENTINA |  BOLÍVIA |
|  BRASIL |  CHILE |
|  COLOMBIA |  ECUADOR |
|  GUYANA |  PARAGUAY |
|  PERU |  SURINAME |
|  URUGUAY |  VENEZUELA |

Países Asociados

- | | |
|--|---|
|  CUBA |  GUATEMALA |
|  HONDURAS |  MÉXICO |
|  NICARAGUA |  PANAMÁ |

WORKING GROUPS BIOBANKS



			
Argentina	Brazil	Colombia	Chile
			
Ecuador	Paraguay	Peru	Uruguay
			
Venezuela	Mexico	Cuba	Panamá





ESTABLISHING NEW ALLIANCES



INEN is driving research, training and education for future generations of scientists, clinicians and health specialists for cancer control and global health initiatives

PLAN ESPERANZA IS A CHANGE IN THE PUBLIC POLICY FOR CANCER CONTROL: RESULTS OBTAINED

INITIAL RESULTS

- INCREASE OF FUNDING
- DECENTRALIZATION AND DECONCENTRATION (BUILDING CAPACITIES)
- SPECIALIZED CAPACITATION IN THE FIRST LEVELS

INTERMEDIATE RESULTS

- EARLY DETECTION
- ACCESS AND DISPONIBILITY TO TREATMENT
- DECREASE OF OUT OF POCKET EXPENSES

FINAL RESULTS

- MORTALITY
- OVERALL SURVIVAL
- QUALITY OF LIFE



***Towards a Peru free of advanced cancer and
with comprehensive cancer care***



***“Changing pain with color and hope”
INEN – saving lives for 75 years***



Is it possible to establish a good National Cancer Control Plan in low and medium income countries?



I HOPE THAT EVERYBODY AGREE THAT THE ANSWER IS YES



Está Contigo

THANK YOU

"INEN is an institutuon seeking for excellence and giving máximo protection to patients, because INEN understand that even with cancer it is posible to live in a good manner.