



Pan American Health Organization
Regional Office of the World Health Organization



MYTH 3: CANCER IS A DEATH SENTENCE

Many cancers that were once considered a death sentence can now be prevented or cured and for many more people affected by cancer their disease can now be managed as a chronic condition.

ADVANCES IN CANCER PREVENTION AND TREATMENT

Advances in understanding risk and prevention, early detection and treatment have revolutionized the management of cancer leading to improved outcomes for patients. In the United States alone, there are 12 million Americans living with cancer today.

With few exceptions, early stage cancers are less lethal and more treatable than late stage cancers (Knaul, Frenk, & Shulman, 2011). Cervical cancer rates in wealthier nations plummeted once Pap testing was introduced broadly - and rates continue to be low, with recent figures showing that in some countries such as the UK, mortality has halved between 1990 and 2010 (Forouzanfar, et al., 2011). In countries with more than a decade of experience with organized breast cancer screening programs, the reduction in mortality from breast cancer is significant, with for example, Australia's mammographic screening programme established in 1991, integral to achieving an almost 30 per cent reduction in mortality from breast cancer over the last two decades (Australian Institute of Health and Welfare & National Breast and Ovarian Cancer Centre, 2009).

Global Advocacy Message

Cost-effective strategies for cancer control such as breast and cervical cancer screening and early detection exist for all resource settings and can be tailored to the population-based need.

ACCESS TO CANCER SERVICES

Sadly, access to comprehensive cancer services, including access to essential cancer medicines, is largely restricted to wealthy countries and individuals. Globally, closing the gap in cancer outcomes between rich and poor countries is an equity imperative.

Today, many low resource settings around the world provide effective cancer services that span the spectrum of cancer control and care from prevention to palliative care, dispelling the myth that this approach is only feasible in high resource settings. Locally appropriate solutions that provide sustainable and equitable services and encompass the core elements of a comprehensive cancer control and care continuum are possible even with scarce resources, and policy makers must understand that without each of the critical components of a multidisciplinary approach, high quality cancer care is not possible (UICC, 2012).

The UN Political Declaration on NCDs commits governments to strengthen international cooperation in support of national, regional, and global plans for the prevention and control of NCDs, through exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, development of appropriate health care infrastructure, diagnostics, and promoting the development,



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dissemination of appropriate, affordable and sustainable transfer of technology, and the production of affordable, safe, effective and quality medicines and vaccines.

Global Advocacy Message

The core elements of a cancer control and care continuum must be decided within each country based on existing health resources and infrastructure, the burden of cancer based on information from population-based cancer registries, country-specific cancer risks, political and social conditions, and cultural beliefs and practices. National Cancer Control Plans should consider the full spectrum of multidisciplinary cancer services and infrastructure across the continuum of cancer control and care (UICC / ECL, 2012).

DELIVERY OF CANCER SERVICES IN ALL RESOURCE SETTINGS

Patients whose cancers are curable in the developed world unnecessarily suffer and die due to a lack of access to essential cancer services that enable early diagnosis and appropriate treatment and care (Knaul, Frenk, & Shulman, 2011). Increasing the awareness amongst policy makers, health professionals and the community that proven, feasible and appropriate solutions exist across the spectrum of cancer control and care and can be implemented and integrated into existing health services in all resource settings is essential to achieving equity in cancer prevention and care (Quintana, Villalobos, May 2012).

The cost of interventions does not have to be prohibitively expensive. A recent report estimates that most of the off-patent generic cancer medicines required for low- and middle-income countries are available for less than \$US100 per course of treatment, and nearly all for under \$US1000 (Knaul, Frenk, & Shulman, 2011). For life-saving vaccines, such as the human papillomavirus (HPV) vaccine, progress towards affordable pricing is being driven by the GAVI Alliance, with GAVI recently opening a window of support for eligible countries for the introduction of the HPV vaccine at either the national level or as a demonstration project (GAVI Alliance).

The UN Political Declaration on NCDs commits governments to increased access to cost-effective population-based cancer screening programmes; and the improvement of access to safe, affordable, effective and quality medicines and technologies to diagnose and treat cancer.

Global Advocacy Message

Team-based, multidisciplinary treatment programmes that include access to quality, affordable and effective cancer medicines and screening should also incorporate other cost-effective treatment solutions including radiotherapy which should be seen as an essential component of every country's national cancer control plan.

All people should have access to proven effective multidisciplinary cancer services on equal terms, ensuring that cancer is diagnosed early when the chance of cure is greatest.



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