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## MYTH 4: CANCER IS MY FATE

### CANCER PREVENTION

Prevention is the most cost-effective and sustainable way of reducing the global cancer burden in the long term. With the right strategies, around a third of the most common cancers could be prevented (World Health Organization, 2012).

Global, regional and national policies and programmes that promote healthy lifestyles are essential to reducing cancers that are caused by factors such as alcohol, unhealthy diet and lack of physical activity (World Health Organization, 2011).

- Tobacco use, the most common risk factor is linked to 71% of all lung cancer deaths, and accounts for at least 22% of all cancer deaths. Based on current trends, tobacco use is estimated to kill one billion people in the 21st century (Knaul, Frenk, & Shulman, 2011).
- It is estimated 27-38% of the main cancers can be prevented by improving diet, physical activity and body fatness (World Cancer Research Fund International, 2012).

The positive news is that as these are modifiable behaviours, there is significant scope to effect behavioural change through implementation of policies and programmes (e.g. education and awareness-raising, regulation of marketing of food and beverages) that support a life-course approach to prevention, and strengthen the capacity of individuals to adopt lifestyles choices which can help prevent cancer (World Health Organization, 2012).

For low- and middle-income countries, the situation often goes beyond addressing behavioural change, with many countries facing a 'double burden' of exposures, the most common of which is cancer-causing infections. Chronic infections are estimated to cause approximately 16% of all cancers globally, with this figure rising to almost 23% in developing countries (Wild, 2012) (de Martel, Ferlay, & Franceschi, 2012). Several of the most common cancers in low- and middle-income countries such as liver, cervical and stomach cancers are associated with infections with the hepatitis B virus (HBV), human papillomavirus (HPV), and the bacterium helicobacter pylori (*H. pylori*), respectively. As a consequence, the introduction of safe, effective and affordable vaccines for HBV and HPV as part of national immunisation schedules as well as eradication strategies for *H. pylori* infection are specific priorities for countries with high incidence of these cancers and should be implemented as part of national cancer control plans (GAVI Alliance) (World Health Organization, 2009) (World Health Organization, 2009).

Exposure to a wide range of environmental causes of cancer in the home and the workplace, including exposure to aflatoxins, indoor air pollution, radiation and excessive sunlight are also major preventable causes of cancer.

*The UN Political Declaration on NCDs promotes the establishment of multisectoral national policies and plans for the prevention and control of NCDs including cancer; the implementation of measures to reduce the impact of common non-communicable disease (NCD) risk factors including tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol; and increased access to cost-effective vaccinations to prevent infections associated with cancers as part of national immunisation schedules.*



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### **Global Advocacy Message**

*Effective cancer prevention at the national level begins with a National Cancer Control Plan (NCCP) that responds to a country's cancer burden and cancer risk factor prevalence, and is designed to implement evidence-based resource-appropriate policies and programmes that reduce the level of exposure to risk factors for cancer and strengthen the capacity of individuals to adopt healthy lifestyle choices.*

## **CANCER KNOWLEDGE**

Lack of information and awareness about cancer is a critical obstacle to effective cancer control and care in developing countries, especially for the detection of cancers at earlier and more treatable stages. In many developing countries, misconceptions about diagnosis and treatment and stigma associated with cancer can lead individuals to seek alternative care in place of standard treatment or to avoid care altogether. Understanding and responding to cultural beliefs and practices is essential for effective primary prevention programmes.

Although awareness in lower resource settings remains low, even among health professionals, levels of concern about cancer are high, and the public pays attention to messaging about cancer. Individuals, policy makers and healthcare professionals need to understand that many cancers can be prevented through appropriate behavioural change, that cancer can often be cured, and that effective treatments are available, regardless of the resource setting.

Recent experience with screening and vaccination programmes in low- and middle-resource settings suggests that once people understand basic information about cancer and know how to access services they tend to come for the services (Cervical Cancer Action Coalition, 2011) (Yip, Cazap, Anderson, & et al, 2011). Equally important is the development of strategies to encourage help seeking behaviour, including awareness and education of ways to recognise the signs and symptoms for breast, colorectal, skin and oral cancers, and understanding that timely evaluation of symptoms will increase the opportunities for cure.

The Political Declaration on NCDs acknowledges the need to develop, strengthen and implement multisectoral public policies and action plans to promote health education and health literacy including through evidence-based education and information strategies and programmes in and out of schools, and through public awareness campaigns.

### **Global Advocacy Message**

*The approach and scope of an effective cancer prevention programme takes into account not only economic factors but also social and cultural factors. Comprehensive prevention programmes that include strategies to improve knowledge of cancer among communities, health professionals and policy makers and that expand access to services have the greatest chance of success.*

## **CANCER OUTCOMES**

Disparities in cancer outcomes exist between the developed and developing world for most cancers. Patients whose cancers are curable in the developed world unnecessarily suffer and die due to a lack of awareness, resources and access to affordable, effective and quality



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cancer services that enable early diagnosis and appropriate treatment and care (Knaul, Frenk, & Shulman, 2011).

The reality of cancer cure rates in children is reflective of the inexcusable inequities in access to care and essential cancer medicines that occur globally. There are an estimated 160,000 newly diagnosed cases of childhood cancer worldwide each year with more than 70% of the world's children with cancer lacking access to effective treatment. The result is an unacceptably low survival rate of ~10% in some low- and middle-income countries compared to ~90% in some high-income countries.

The UN Political Declaration on NCDs recognises the critical importance of strengthening health systems, including healthcare infrastructure, human resources for health, health and social protection systems, particularly in developing countries in order to respond effectively and equitably to the healthcare needs of people with non-communicable diseases.

### **Global Advocacy Message**

*Efficacious and cost-effective interventions must be made available in an equitable manner through cancer prevention, early detection and treatment delivered as part of National Cancer Control Plans that respond to the national cancer burden.*

*Access to effective, quality and affordable cancer services is a right of all individuals – not determined on where you live.*

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