

Global cancer surgery



LANCET ONCOLOGY COMMISSION ON GLOBAL CANCER SURGERY

Surgery is the main modality for cancer control and cure globally. Yet, in comparison to other areas such as cancer drugs, there has been no systematic approach to the analysis of global policy and systems to deliver better quality of care, education and research to drive improvements in cancer surgery in all resource settings and better outcomes for patients.

The Lancet Commission on Global Cancer Surgery will examine contemporary and new evidence around resource availability and surgical need within clinical pathways, integrated systems of delivery with pathology, radiotherapy, community care, etc., global research mapping, the economics of cancer surgery, and case studies from low income and emerging economies to high income settings, as well as the interface between the burden of cancer surgical disease and unmet need.

This Commission will build on the foundations laid by the Lancet Commission on Global Surgery. Stratification of cancer surgical procedures by level and resource setting will also be quantified. The gap in cancer surgical manpower in specific settings e.g. India with mosaic policy solutions will also be presented. We also look at specific emerging issues to the delivery of cancer surgery training and systems of care to address specific niche areas e.g. childhood cancers and cancer surgery in humanitarian situations.

In cancer surgical research the global lacunae in programs aimed at the specific context of emerging economies will be presented and discussed, along with the networks of current international collaboration. Here we will address how nation states and international funders can address the future needs of global cancer surgery.

Finally the Lancet Oncology Commission will draw together the political and policy NCD context relevant to global surgery, and analysing how current policy around SDG's meet the actual needs of patients and cancer surgery.

Key themes:

- Global: the Commission will cover all resource settings
- The complexity of cancer surgical conditions, and co-dependencies in care pathways (pathology, imaging et al)
- Estimates of the global burden of cancer surgical conditions
- Paying for cancer surgery: funding systems, surgeons and patients.
- Cancer surgical systems, including quality indicators
- Workforce, training and education
- Macro economics and financing
- Research agenda for global surgery.

The Commission is having a number of regional meetings culminating in launch of the report at European Cancer Congress Presidential session on 28th September 2015

www.thelancet.com/campaigns/cancer/global-surgery

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Luis Santini, Director, INCA, Brasil.

Commission Framework and Working Groups

A. The state of global cancer surgery: what do we already know?

Historical context / Framing the Commission

Foundations of cancer surgery – link to Commission on Global Surgery

Breadth of operations and required interdependencies: pathology, peri-and post operative care. Should reflect low to high income settings

B. Global need for cancer surgery

Global burden of cancer amenable to surgery

Impact of surgery on cancer control and cure

Stratification of burden and impact by HDI

Unmet need

C. Political economy of cancer surgery

Economics: macroeconomics; CE; investment frameworks. Critical analysis of public and private investment, differentials, and salaries.

Legal and Regulatory framing: informed consent / patient empowerment in treatment and decision-making

/ understanding not just the immediate surgery but likely progression of treatment after surgery, and also financial aspects of treatment (people understanding out-of-pocket costs)/ regulation of practitioners in a way that protects patients but doesn't hamper good medical practice

D. Cancer surgery systems across the human development spectrum

Global quality in cancer surgery

Models of care: creating practical tools and resources to help countries and systems. How do we address the two tier (public and private) systems? Cancer stratified guidelines – integrating surgery / resource stratification and integration with non-surgical disciplines – what not to operate on, and when not

Critical interdependencies in cancer surgery: the role of pathology - Interdependency of path and surgery and importance of good path to good cancer surgery / situation of path in LMICs - some numbers and examples / possible approaches to addressing the problems / plans for the future

Fit of technologies (role of minimally invasive surgery, robotics etc & implications for emerging economies)

Surgery for women's cancers - burden of surgical disease for women's cancers. Differences in presentation between low / middle / high income settings / critical procedures / context of surgery – what is needed in terms of scaling up systems of care in low and middle income settings

Cancer surgery in high income settings: a sustainable future?

Specific settings:

Emerging Powers

Nigeria

India

China

Brasil

Latin America, specific focus Chile

Arab World

Zambia

Place of cancer surgery in low-income settings

E. Research and global cancer surgery

Surgeon as technology research

Surgeon as trialist: Window of opportunity studies* / to large scale phase 3

Surgeon as biologist, epidemiologist.

F. Human Resources, Training and Education

Specific examples of regional training initiatives: Senegal.

Partnerships and global models of co-operation: what does and doesn't work.

Training non-surgeons in cancer surgery in resource limited environments: could and should this be done? Models

G. How does cancer surgery fit into the global health agenda?

Analysis against cross cutting themes e.g. Grand Convergence 2025, SGDs, 25 by 25, Lancet Commission on Global Surgery et al.

Analytical against WHO-IARC-IAEA and InterAgency Taskforces

SDG and UHC

New concepts of Global Health

H. Policy implications: what is needed, what needs to be changed.

Other specific sections

- *Childhood cancer surgery* – look at the range of procedures and resources necessary. Additional stand alone paper from this group on global childhood cancer surgery
- *Fragile countries* (cancer surgery and conflict)
- *Key health system tenets in cancer surgery*, similar to the one recently produced in the medical literature e.g. volume-outcome curve, multi-disciplinary care, role of cancer centers, geographic barriers, need for patient advocacy, etc.
- *Impact of ageing population*: burden and under-treatment