THE LANCET ONCOLOGY / THE LANCET CANCER CAMPAIGN

The Lancet is a weekly peer-reviewed journal which also publishes a monthly speciality journal on oncology. The joint L/LO cancer campaign serves to deliver the best available scientific evidence to inform priority-setting and decision-making by providing a clinical and public health framework for addressing cancer.

- Two commissions – Radiotherapy and Global Cancer Surgery - launched at European Cancer Congress in Vienna, Austria, on 26 and 28 September 2015
- The Lancet Oncology Primary Care Commission will be launched at the Royal College of General Practitioners annual congress in Glasgow, UK, on Oct 1–3, 2015
- The Lancet identifies two special and neglected priorities—palliative care and women’s cancers, projects that will be launched in 2016.

Context

- Deaths from cancer rose from 5.7 million in 1990 to 8.2 million in 2013, according to the latest data from the Global Burden of Disease Study. This 46% increase—one in seven deaths worldwide from cancer-related causes—explains why cancer has risen quickly to the top of the global health agenda.
- The underlying rising incidence of cancer is outpacing the improved cancer survival seen over the past 5 years, and recent data from CONCORD-2 shows the large inequalities and differences that exist between countries.
- This September, the new SDGs have been set. Addressing the cancer epidemic will be a key part of these goals.
- An already ambitious target exists for the global community to meet: a 25% reduction in premature deaths from NCDs by 2025 (as outlined in the WHO Global Action Plan for NCDs). Cancer is a critical component of this commitment, expressed, for example, as 80% availability to essential medicines and technologies
- Member States at the 68th WHA in May 2015 unanimously adopted a resolution on “strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage”. Underlining the importance of building political commitment to expand access and of strengthening the surgical workforce through training and knowledge-exchange, the Resolution emphasises the need for development of a robust framework for monitoring and evaluation of surgical capacity, and regular reporting of access to and safety of surgery.
- Multidisciplinary care is a cornerstone for cancer control. Access to essential medicines, radiotherapy and surgery are an indispensable part of UHC and cancer care – both curative and palliative - in all resource settings, priority areas of focus in UICC’s current workplan.
- One lesson of the MDGs is that best available scientific evidence has an important part to play in supporting decisions to invest wisely in national health programmes. Recognising this, a joint Lancet Oncology/ Lancet Cancer Campaign will see the launch of two commissioned pieces on radiotherapy and surgery, complementing existing work on essential medicines, at the ECC in Vienna, 25-29 September 2015. What these commissions demonstrate is that, used wisely, multidisciplinary cancer care is cost-effective and there are huge cost-savings to be made.
- Drawing on the key findings, UICC, together with The LO/L, believes we can catalyse political action by mobilising the cancer community to support key stakeholders and decision makers who seek answers for their growing cancer burdens. UICC emphasises the recommendations from these important commissions and invites members and partners to promote them widely amongst their networks and drive action forward.

Global Cancer Surgery Commission

Cancer surgery is an integral part of national cancer control plans; this Commission aims to address the under-looked role of curative surgery in cancer care globally.

- Less than 25% of patients worldwide get access to safe, affordable, or timely surgery. This is despite the fact that, of the estimated 15.2 million new cancer cases in 2015, more than 80% will require surgery at some, often multiple, times in their treatment. By 2030, it is predicted that 45 million surgical procedures will be needed worldwide.
- The Commission on global cancer surgery, led by Richard Sullivan and Arnie Purushotham (Kings College, London), critically examines the link between the needs, gaps and opportunities and directed
changes in policy to drive improvements in cancer surgery research, education, and systems of care across all income settings.

- Key findings of the Commission include:
  - The profound equity and economic gaps in global cancer surgery
  - Failure to train more cancer surgeons and strengthen systems could result in as much as 6.2 trillion USD in lost cumulative GDP by 2030
  - Interdependent fields for cancer surgery, eg pathology and imaging, are inadequate
  - Issues of access, a paucity of investment in public surgical systems, low investment in research, and training gaps are widespread
  - Solutions include better regulated public systems, international partnerships, super-centralisation of surgical services, novel surgical clinical trials, and new approaches to scale-up cancer surgical systems through education and training
  - The central message being that to deliver safe, affordable, and timely cancer surgery to all, surgery must be included in global and national cancer control planning.

Radiotherapy Commission

The Commission on Expanding Global Access to Radiotherapy showcases a path to achieve equity in global access to radiation therapy by 2035. Together with the UICC Global Task Force for Cancer Control (GTFRCC) the commission quantifies the investment needed to meet the essential cancer services needs of the 50% of cancer patients who would benefit from radiotherapy globally, saving lives with economic returns.

- A Global Task Force on Radiotherapy for Cancer Control (GTFRCC) was launched Under the President’s Portfolio at UICC by Mary Gospodarowicz, Immediate-past President of UICC
- Consisting of 100 members, including cancer experts and economists, the GTFRCC together with The Lancet Oncology Commission on Global Radiotherapy clarifies the challenges – and quantifies the investment needed – to achieve equity in global access to radiation therapy by 2035
- Radiotherapy is an essential treatment for 50% of cancer patients, but this integral part of cancer treatment has been mostly absent in global health discussions and has received little funding.
  - The reason: a short-run viewpoint, data, and analysis focused only on the immediate, costly up-front investment.
- The task remains to connect the details of the need for radiotherapy and machinery to advance comprehensive cancer services worldwide
- The Lancet Oncology UICC Commission on Global Radiotherapy aims to improve worldwide access to effective cancer treatment by encouraging the development of comprehensive cancer control strategies that—in addition to prevention, diagnostic services, surgery, chemotherapy, and patient support services—focus on the crisis in the availability of radiotherapy.
- The Commission conveys the importance of radiotherapy in cancer control. Without making radiotherapy widely accessible, countries will not achieve their goal of addressing the growing cancer burden.
- Published results have shown that about half of patients with cancer require radiotherapy during the course of cancer treatment. Yet global access to radiotherapy is woefully inadequate—eg, many countries in Africa have no access to radiotherapy at all.
- Much information is available to guide the establishment of modern radiotherapy facilities. Progress in information and communication technology facilitates international collaboration that further enables deployment of high quality radiotherapy operations.
- Evidence shows that radiotherapy is affordable, feasible, and can be safely and consistently used in low-to-middle-income countries, resulting in benefits to both human health and the economy.
  - The RT Commission presents new evidence arguing for the long-term health and economic benefits of investment in radiotherapy.
- Investment in radiotherapy needs an important set of skills and resources. The Commission reviews this in terms of what exists and what is still needed for expansion of high-quality services to meet the demand of patients worldwide.
- Report includes an analysis of the health-systems investments needed to facilitate implementation. The GTFRCC investment framework provides key information about the scale and pace of growth needed, and quantifies returns with a long-term horizon of benefits.
- Model also proposes that innovation will be a key factor in securing successful investment.