

For Immediate Release
Thursday, 25 March 2010

Contact
Paris: Georgia Seidl-Lebègue
+33 6 16 15 27 02 georgia.seidl@axiosint.com
New York: Mark Aurigemma
+212 600 1960 mark@aucomm.net

CANCER TREATMENT LEADERS LOOK TO HIV FOR MODELS OF ACTION TO INCREASE ACCESS TO CANCER CARE IN DEVELOPING COUNTRIES

-- Experts from leading global cancer organizations say expanded action to treat growing cancer caseloads in poor countries is feasible and necessary --

(Paris, 25 March, 2010) -- The global health movement that has provided treatment for HIV/AIDS to more than four million people in low- and middle-income countries (LMICs) offers compelling models of action for public health authorities and advocates seeking to expand treatment for rapidly growing cancer caseloads in poor countries, according to a new editorial CanTreat International in the current issue of *Annals of Oncology*, a journal published by Oxford University Press. <http://annonc.oxfordjournals.org/current.dtl>

In the new editorial, "Scaling up cancer diagnosis and treatment in developing countries: what can we learn from the HIV/AIDS epidemic?," the global coalition of cancer experts point out that more than half of new cases of cancer and more than 70% of cancer deaths in 2008 occurred in LMICs. Globally, cancer kills more people each year than AIDS, tuberculosis and malaria combined. Yet, in many developing countries with a heavy cancer burden, health systems are ill-prepared to deal with this rapidly growing killer.

The editorial looks at lessons learned from more than 25 years of experience with HIV/AIDS that can enable more effective public health responses to cancer in developing countries. Among these are the need to ensure access to treatment, which has greatly reduced HIV illness and death, increased interest in diagnosis and prevention and reduced stigma; the need to mainstream cancer prevention and treatment into regular health systems services; and the need to greatly increase advocacy and education around cancer.

"Just a few years ago, developing countries faced an exploding HIV epidemic with little information and almost no access to treatment. That situation has changed dramatically with more than four million people in poor countries now receiving lifesaving AIDS treatment, testing up and HIV transmission declining" noted CanTreat contributor Anne Reeler from Axios International. "Cancer in poor countries today is similar in many ways to where HIV was a few years ago. Though the diseases differ, lessons from HIV can be adapted and applied to efforts to expand global access to prevention, diagnosis and treatment for cancer."

The editorial points out how that current responses of the international community and governments to cancer in LMICs are very limited, despite rapidly growing cancer caseloads. Treatments for cancer, as well as drugs for pain control, are largely inaccessible in developing countries. Access to diagnostics is often limited to one or two hospitals in capital cities – making them unavailable to the vast majority of people in need. Radiotherapy facilities, an essential part of treatment of most common cancers, are very scarce in most Asian and African countries and most patients present much too late for the therapy to be effective. Referral systems are weak, doctors and health workers are inexperienced in cancer detection and the public in most high cancer impact countries are largely unaware of the need to screen for highly treatable cancers such as cervical cancer and the importance of seeking care early if symptoms occur.

“Lack of access to treatment makes cancer a death sentence for most people in developing countries, and many policy makers and donors seem to believe that little can be done to change that,” noted Anne Reeler. “That was also a common attitude about HIV/AIDS, before a focused global effort increased access to antiretroviral therapy for people living with HIV in LMICs 10-fold between 2003 and 2008. Today, we know that not only is it possible to provide broad access to therapy for serious diseases in resource-poor environments, but also that doing so provides extensive related benefits for health and economic development.”

In addition to saving the lives of millions of people living with HIV and AIDS, scaling up access to therapy has also greatly increased interest in and uptake of HIV prevention and testing in developing countries. Examining the need for bold new approaches to cancer diagnosis and treatment in LMICs, experts from CanTreat writing in the *Annals of Oncology* urge a multi-pronged approach to building effective public health responses to cancer in developing countries, which includes:

- Making cancer drugs on the WHO Essential Medicines List widely available and accessible in developing countries based on public health priorities.
- Expanding successful access strategies that adapt the cost of medicines in non-reimbursed markets to what patients can afford to pay.
- Exploring alternative and potentially more cost-effective cancer treatment strategies.
- Adapting public health approaches, tailored to local conditions, that integrate detection, earlier diagnosis of cancer, effective treatment and palliative care with other health services in ways that strengthen health systems as at all levels.
- Increasing the use of low-cost, low-technology approaches to cancer diagnosis and treatment such as a recently developed test for HPV.
- Expanding efforts to diagnosis and treat cancer-causing infections, and to prevent infections such as HPV through vaccination.

“We have a great deal of knowledge about how to prevent and treat this rapidly growing cancer burden, but far too little action and funds to translate that knowledge into effective public health action,” said Joe Harford, National Cancer Institute, NIH. “Responses to HIV/AIDS in developing countries offer important lessons in how to implement many aspects of a broad public health approach to cancer, and compelling evidence that this type of expanded response to cancer can strengthen care for a variety of chronic health problems as well.”

“More than 80% of people live in developing countries, yet only 5% of global resources devoted to cancer are spent in developing countries” said Joe Harford. “We cannot allow millions of people each year to develop and die from cancer without treatment or care. As with HIV/AIDS, we must recognize that failure to act to prevent and treat the cancer pandemic will create an unsustainable health and development burden for the developing world and, with it, for developed countries as well.”

About CanTreat International

The Informal Working Group on Cancer Treatment in Developing Countries (CanTreat International) comprises experts from leading global cancer organizations working in an individual capacity to develop new models for the delivery of treatment and palliative care for cancer, in particular women’s cancers, in developing countries. CanTreat International members include:

Benjamin O. Anderson [Director, Breast Health Global Initiative (BHGI)], Michel Ballieu (Chief Executive Officer, The European CanCer Organisation), Colin Bradley (Officer, European Leukemia Net ELN Foundation), Ahmed Elzawawy [President, International Campaign for Establishment and Development of Oncology Centers (ICEDOC) and ICEDOC’s Experts in Cancer Without Borders], Eduardo Cazap (President-Elect,

CanTreat International

International Union Against Cancer and President, Latin American and Caribbean Society of Medical Oncology), Alexandru Eniu (Cancer Institute I. Chiricuta, Romania and BHGI), Joe Harford (Director, Office of International Affairs, National Cancer Institute, National Institutes of Health), David Kerr (AFROX, Professor, Oxford University), Ian Magrath (President, International Network for Cancer Treatment and Research), Anne Reeler (Chief Technical Officer, Axios International), Lewis Rowett (Department Head, Annals of Oncology, European Society for Medical Oncology), Joseph Saba (Chief Executive Officer, Axios International), Massoud Samiei (Head, Programme of Action for Cancer Therapy, International Atomic Energy Agency), and Leslie Sullivan (Senior Program Manager, BHGI).

Editorial review was provided by Doug Pyle (Senior Director International Affairs, American Society of Clinical Oncology) and Len Mafrica (Publisher, Oncology Nursing Society).