



# Regional Plan of Action for Cancer Prevention & Control



## Report of the Cancer Stakeholders Meeting



**Integrated Chronic Disease Prevention & Control**

PAHO Headquarters Building

Washington, DC, USA

11–12 June 2008

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## Executive Summary

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Cancer control leaders, researchers, health professionals and program managers from 19 countries and 10 partner organizations gathered together in Washington, DC on 11-12 June 2008 to discuss a **Regional Action Plan for Cancer Prevention and Control**.

This is part of PAHO's Regional Strategy on Chronic Diseases, in which PAHO is scaling up its efforts in cancer prevention and control.

The purpose of the action plan is to align existing work being undertaken by PAHO and the various actors in the cancer control community into a common framework, and build synergies across all partner organizations. The cancer stakeholders meeting, convened by PAHO, was an opportunity to unite representatives from non governmental organizations, professional organizations and PAHO Member States to discuss the relevance and content of the cancer action plan.

The participants of the meeting were all aware of the magnitude of the problem. In 2005, approximately 1.15 million people in the Americas died of cancer, and 480,000 of these deaths were in Latin America and the Caribbean (LAC). Expected demographic changes, along with increased exposure to cancer risk factors, will result in increases in the burden of cancer in LAC in the near future. Inequalities in access to cancer care and to preventive health services further exacerbate the problem.

Cancer prevention and control requires a complete spectrum of activities from prevention, early detection, treatment and palliative care. Current PAHO activities are focusing on technical cooperation with Member States in national cancer control planning, cancer prevention strategies such as tobacco control, promotion of healthy diet

and physical activity, HBV immunization, environmental and occupation health strategies, as well as assistance in radiological health and monitoring cancer burden and risks. PAHO is currently scaling up and aligning these activities under the organization-wide Plan of Action for Cancer Prevention and Control.

The overall goal of the Plan of Action is to prevent what is preventable, to cure what is curable, to provide palliative care for all cancer patients in need and to manage and monitor for measurable results. The plan is complementary to the Regional Strategy and Plan of Action for Chronic Diseases and follows the four lines of action: policy and advocacy; monitoring and surveillance; health promotion and cancer prevention; and cancer management. The plan includes specific objectives, indicators and activities for each of the four lines of action.

The participants of the meeting had an opportunity to review and discuss the contents of the Plan of Action, during working groups and in plenary sessions. The current initiatives in cancer control in the Region from partner organizations and potential areas for synergy were also discussed. Concrete suggestions were provided to further develop the plan of action and to tailor it to the concrete country needs and develop an inclusive regional plan. There was general consensus that the plan is relevant and timely for moving forward the agenda for cancer control. Many countries in LAC still do not have a national cancer plan because of gaps in political commitment to this major public health problem. For this reason, it was suggested that the plan of action include a communication strategy. A crucial part of this plan is to support scaling up the health system at all levels of care, in order to improve access to treatment and palliative

care for cancer patients. In order to make this happen, the plan should catalyse collaboration among countries and partners.

The participants also discussed the way forward and next steps. It was agreed that the declaration of Rio de Janeiro, made during the 2<sup>nd</sup> International Cancer Control Congress in Brazil and endorsed by several country representatives and stakeholders was a basis from which to move forward. Notably, the Latin American and Caribbean Alliance for Cancer Control, initiated during the 2<sup>nd</sup> ICCC is a key forum for the implementation of the cancer plan of action.

The meeting concluded that the proposed plan of action presented will be further developed, taking into account the suggestions resulting from this meeting's discussions. Several participants suggested that the cancer plan of action be included on the agenda of the PAHO Directing Council in order to help raise the prominence and political support for the issue of cancer control in the Region. It was agreed that PAHO/WHO Member States and partner organizations would collaborate within the Latin American and Caribbean Alliance for Cancer Control. Subsequent meetings, such as during the occasion of the UICC World Cancer Congress 2008, will be held with cancer stakeholders from LAC in order to further refine the cancer plan and concretize the operations of the Alliance. The establishment of a joint secretariat for the Alliance is needed to manage joint projects and to monitor the implementation of the plan of action.

In terms of immediate next steps, a proposal will be put forth to the PAHO Executive Committee by several PAHO Member States, to have the cancer action plan and an accompanying resolution on the agenda of the 2009 PAHO Directing Council. In the

meantime, the action plan would be further elaborated with additional input from countries and partner organizations; a set of concrete joint projects would be established for the next 2 years; a secretariat for the Latin American Alliance for Cancer Control would be established to facilitate communication and networking within the Alliance and facilitate the implementation of the joint projects.

## Introduction

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The context within PAHO/WHO for developing a cancer plan of action is the Regional Strategy for Chronic Disease Prevention and Control, approved by the PAHO Directing Council in 2006, the World Health Assembly Resolution on cancer prevention and control (WHA 58.22), the WHO NCD action plan endorsed by the World Health Assembly in 2008 and its application to cancer control (Global Action Plan Against Cancer). Cancer is part of noncommunicable diseases because of the overlap of some of the underlying risk factors as well as commonalities in cure and care along the lines of the WHO chronic care model (3).

The purpose of the PAHO stakeholder meeting was to discuss the plan of action for cancer prevention and control for the Region of Latin America and the Caribbean and to discuss how to work collaboratively to realize the plan. Several countries were represented at the meeting with senior health officials from Ministries of Health and from National Cancer Institutes, along with representatives of partner organizations and professional societies actively working in cancer control in the Region.

The main objectives of the meeting were to discuss and agree upon the goals, objectives,

and expected results of the Plan of Action for Cancer Prevention and Control; and to identify synergies between partner organizations, countries and PAHO/WHO with a view to deepen existing partnerships in support of implementing the plan of action.

An overview of the current situation in the region was provided, from PAHO/WHO data on cancer incidence and mortality and cancer risk factor prevalence. An overview of PAHO's current normative and programmatic work in cancer control was also reviewed. The draft PAHO plan of action had been prepared for the meeting by reviewing available data on cancer burden, and risk and trends, country programmatic gaps and needs, and adapting WHO recommended strategies to the situation in LAC. The implementation of the plan will need a joint effort of PAHO involving the whole organization and PAHO's partners together with the Member States.

The meeting was designed to ensure interaction among the participants to both discuss the action plan and identify ways of strengthening collaborative future work in cancer control among the countries in the Americas and to discuss concrete next step in creating a partnership between PAHO and the main stakeholders in the region.

The meeting was planned by PAHO, Area of Health Surveillance and Disease Management, in collaboration with other areas, and supported by WHO Headquarters' Department of Chronic Disease and Health Promotion.

## Extent of the Cancer Problem

### Key Messages

- Many countries in the LAC region are experiencing similar cancer mortality rates as in Northern America.
- The most common cancers in the Region include: stomach, prostate, lung and colorectal cancers in men; and cervical, breast, stomach and colorectal cancers in women.
- Expressed country needs are in the areas of policy and finance, prevention programmes and cancer treatment services.

Cancer is the second leading cause of death in Latin America and the Caribbean, where there were an estimated 480,000 deaths due to cancer in 2005<sup>1</sup>. The overall cancer mortality rate in LAC is 107/100,000 and the highest rates are observed in Uruguay, Barbados, Peru, Argentina and Chile. The percentage of cancer deaths (as a percentage of all deaths) ranges from 5% (Haiti) to 30% (Canada). The most common cancers in the Region include: stomach, prostate, lung and colorectal cancers in men; and cervical, breast, stomach and colorectal cancers in women. With an aging population and epidemiological transition occurring throughout Latin America and the Caribbean, the cancer burden is projected to increase significantly in the near future.

The current scientific evidence suggests that 40% of cancers can be prevented through reduction of risk factors and primary prevention; a further 30% can be cured if detected early and treated appropriately; and all cases of advanced cancer can benefit from palliative care.

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<sup>1</sup> Pan American Health Organization. *Health Situation in the Americas: Basic Indicators 2007*.

Countries in this Region are challenged to meet the demand generated on their health systems from chronic diseases, including cancer, particularly to prevent, diagnose, treat and offer palliative care services. In a 2005 national capacity survey conducted by PAHO, only 50% of the responding Ministries of Health reported having a cancer program and budget line for cancer. All countries in Latin America and the Caribbean reported having cervical cancer screening services; yet screening coverage was self-assessed to be less than 50% in the majority of these programs. Many countries have cancer registries, however most are hospital based and the quality and completeness of data can be improved.

According to the results of the PAHO cancer control capacity survey (2006) among Ministries of Health in LAC, cancer control needs were identified in the following areas:

- **Policy and finance:** This includes the need for more political will to make cancer a priority among the existing health priorities. This also includes the need for national leadership and dedicated funds, as well as trained health personnel.
- **Programmatic needs:** Particularly for surveillance and monitoring; achieving higher coverage of screening programs; reaching high risk and difficult to reach populations; general planning and development capacity and impact evaluation.
- **Cancer treatment:** Services for cancer patients outside the big cities; standards in treatment by commonly applied treatment protocols; more infrastructure, equipment and supplies and better organization and accessibility of cancer treatment especially outside main cities.

## Context of the PAHO Cancer Plan

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### Key Messages

- PAHO/WHO has an explicit mandate by Member States to increase efforts in chronic disease prevention and control.
- PAHO provides technical cooperation to its Member States in a variety of activities, from primary prevention through to palliative care.
- WHO and PAHO have an integrated approach to control non-communicable diseases which includes primary prevention, and disease specific interventions.

The World Health Assembly has asked in 2005 that WHO and WHO Member States take urgent action against cancer by resolution 58.22 on cancer prevention and control. Furthermore a series of recent resolutions are calling for action in various aspects of cancer prevention e.g. tobacco control (WHO Framework Convention on Tobacco Control), diet and physical activity (Global Strategy for Diet and Physical Activity, DPAS). In 2008 the World Health Assembly approved the NCD plan of plan (2008)<sup>2</sup> which promotes national comprehensive NCD plans with focus on population-based risk reduction related to tobacco, diet and physical activity and alcohol as well as health system strengthening by scaling up services for CVD, diabetes and cancer control.

In 2006, the 26<sup>th</sup> Pan American Sanitary Conference adopted the PAHO Regional Strategy and Plan of Action on an Integrated Approach to Prevention and Control of Chronic Diseases along the lines of advocacy and public policy development for

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<sup>2</sup> As seen in Annex to document A 61/8 endorsed by World Health Assembly resolution 61.14

NCD prevention and control, surveillance of NCD risks, health promotion and integrated NCD disease management (1).

WHO is attempting to integrate prevention of all noncommunicable diseases (NCDs), in order to avoid the overlapping of risk factor control initiatives. The WHO Tobacco Free initiative which led to the WHO Framework Convention on Tobacco Control and the WHO Global Strategy on Diet and Physical Activity are examples. Cancer control programmes can be most easily integrated with NCD control initiatives with respect to cancer prevention. The risk factors of tobacco use, alcohol, unhealthy diet, physical inactivity and obesity are common to both cancer and cardiovascular disease.

## PAHO's Areas of Work in Cancer Control

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### Key Messages

For cancer control, PAHO currently provides technical assistance to its Member States in the areas of:

- ➔ National cancer control planning
- ➔ Cancer prevention (tobacco, diet, viral infection)
- ➔ Cervical cancer screening and breast cancer prevention
- ➔ Occupational and environmental health
- ➔ Radiological health
- ➔ Palliative care
- ➔ Monitoring cancer burden and risks and planning evaluation

### National Cancer Control Planning

PAHO has promoted the application of the WHO policy and managerial guidelines, National Cancer Control Programs which

was also produced in Spanish and disseminated throughout the Region. PAHO has been assisting several Member States, including Peru, Honduras, and Nicaragua with the development of national cancer control program plans, applying evidence-based strategies appropriate for available resources. In addition, PAHO has been promoting the application of the WHO Cancer Planning Module to provide countries with tools for program planning exercises.

In the subregion of Central America, PAHO was instrumental in developing a sub-regional cancer control plan with cancer program managers from each Central American country. The sub-regional plan was presented and endorsed by the RESSCAD, a ministerial governing body for the subregion, and resource mobilization activities are on-going to finance the activities contained in this sub-regional plan.

### Cancer Prevention

The PAHO Tobacco Control Team is actively involved in providing Member States with technical cooperation for developing and enacting policy and legislation that complies with the key mandates of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). This is included in the WHO MPOWER package: Monitor tobacco use and tobacco control policies, Protect from second hand smoke, Offer smoking cessation treatment, Warn of tobacco dangers (through health warnings in the tobacco packages and counter advertisement), Enforce advertising bans and Raise taxes.

In implementing the WHO Global Strategy on Diet, Physical Activity and Health [DPAS], PAHO has rolled out a

comprehensive set of interventions and activities aimed at catalyzing regulatory and structural changes for the promotion of healthy eating and physical activity. This includes communications and advocacy, such as “five a day” campaigns for healthy eating; and promoting the use of public transportation and cycling pathways.

The World Health Organization (WHO) and the Pan American Health Organization (PAHO) recommend routine universal infant vaccination against hepatitis B as the main strategy to control hepatitis B and its severe consequences and as of 2006, all countries in the Americas, but Haiti, have hepatitis B vaccine in their childhood immunization schedule; Coverage levels for the third dose of hepatitis B are usually over 80%.

PAHO is providing technical guidance to Member States on the policy decisions regarding whether and how to introduce HPV vaccines. A regional consultation in May 2008 has set the pace and criteria for introducing HPV vaccines in the context of comprehensive national cervical cancer programs.

### **Cervical and Breast Cancer Control**

PAHO has been working with partners in the Alliance for Cervical Cancer Prevention since 1999, with financial support from the Bill and Melinda Gates Foundation and has developed evidence that the use of visual inspection screening (VIA) and cryotherapy for precancer treatment in low-resource settings in LAC countries is cost-effective, feasible and safe and can be delivered by general practitioners in primary care settings. PAHO has also worked with Member States in the Region to conduct cervical cancer program needs assessments and help strengthen operational aspects of their cytology screening programs. PAHO

also disseminated information and guidelines for comprehensive cervical cancer control and assisted countries with national cervical cancer program planning. In light of the availability of new screening methods for cervical cancer and the availability of HPV vaccines, this year PAHO will present a **Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control** to its governing body in 2008. It will call for actions to strengthen the coverage and quality of screening programs; to consider the introduction of alternative screening methods; and to evaluate evidence to make informed policy decisions regarding whether and how to introduce HPV vaccines.

PAHO has been working in partnership with the Breast Health Global Initiative (BHGI) in the development, Spanish translation and dissemination of guidelines for low resource settings on breast cancer early detection, diagnosis, treatment, and health service organization. The guidelines have been widely disseminated throughout Latin America and the Caribbean.

### **Occupational and Environmental Cancer Risks**

PAHO’s occupation and environmental health program has begun to incorporate cancer prevention as part of their Regional plan on workers’ health. The focus has been on raising awareness and promoting workplace interventions that will prevent, control, and/or eliminate occupational and environmental exposure to carcinogenic risks. The WHO Workers’ Health Global Plan of Action also calls for national approaches for the prevention of work-related cancers. The plan also calls for Hepatitis B immunization program for health-care workers, as well as the development and implementation of

integrated program aiming to eliminate occupational hazards, including carcinogens. Monitoring exposure is a key component of the regional plan. This work is being conducted in collaboration with the Centre for Occupational and Environmental Health (IRET) and is adapting the International Information System on Occupational Exposure to Carcinogens (CAREX).

## Radiological Health

PAHO has a longstanding history of working in the Americas to improve radiotherapy and strengthen treatment capacity, through its Radiation Health Program. The focus is on supporting countries to increase access to, and quality of, radiation therapy services. This involves facilitating training of radiotherapists and medical physicists, providing expert advice on the acquisition and maintenance of medical technologies, conducting dose quality audits and calibration checks. The program also supports countries in developing national regulations and standards for radiotherapy and radiation protection, along with assisting countries with response to radiological emergencies. PAHO is currently participating in the revision of these standards, together with partners including the International Atomic Energy Agency (IAEA).

## Palliative Care

In collaboration with the International Association for Hospice and Palliative Care, PAHO published and disseminated a Spanish clinical practice guide for clinicians *Cuidados Paliativos: guía para el manejo clínico*. The guide provides practical information on palliative medicine, symptom management and pain control, communicating with patients and families, and psycho-social considerations. PAHO

liaises with the PAHO/WHO Collaborating Centre for Policy and Communications in Cancer Care (PAHO/WHO CC), based in the University of Wisconsin, assisting with the dissemination of information and publications including Cancer Pain Relief.

## Surveillance and Monitoring

The PAHO initiative on Basic Data in the last 10 years has been strengthening country capacity for availability, timelines and quality of data related to mortality of all cancers and morbidity /incidence of the following localizations: lung, breast and uterus, reported from the national or sub national cancer registers. Data on cancer incidence provided by countries annually through this system of collection differ in quality and coverage comparing to International Agency for Research on Cancer (IARC) annual estimates based on cancer registry data and show several discrepancies. Until now, IARC estimations for countries have been used for publishing in the Basic Data annual publication, and are included in the data base of the same initiative.

WHO- Headquarters has developed through NCD INFO Base *country profiles on cancer*<sup>3</sup> that are providing information on the epidemiology of cancer and related risk factors in our region. Data used for this purpose are collected through several sources, mainly through published literature. WHO cancer country profiles do not include data from cancer registers or about national cancer programs performance.

As of now, member countries report for their internal purposes country-specific cancer registry data. By 2012, the NCD Surveillance System at subregional and

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<sup>3</sup> <http://www.who.int/cancer/en/> "What is the impact of cancer in my country?".

Regional level will establish channels for annual information exchange on cancer incidence, and program performance data from national programs.

## The International Cancer Control Congress and the Latin American and Caribbean Alliance for Cancer Control

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### Key Messages

- The 1st International Cancer Control Congress (ICCC) called for global collaboration to address the cancer problem.
- The 2nd ICCC, hosted by the Brazil National Cancer Institute provided a forum of collaboration where regional LAC challenges were discussed.
- The 2<sup>nd</sup> ICCC was where the Latin American and Caribbean Alliance for Cancer Control was conceived and launched.

Two International Cancer Control Congresses (ICCCs) have been held in the Americas. The first was in 2005 in Vancouver, Canada, and the second in 2007 in Rio de Janeiro, Brazil. These Congresses had extensive participation of several countries and societies with a wide and varying experience in health care and cancer control. The Congresses were an opportunity for dynamic debate, collaboration and exchange of ideas within the cancer control community. The first ICCC, with the theme of “building global collaboration” was aimed at sharing knowledge about effective and sustainable population-based national cancer control strategies at all resource levels. The second ICCC focused on the how to translate this knowledge into the practice in LAC.

At the 2<sup>nd</sup> ICCC, a declaration was signed by cancer control leaders from Argentina, Brazil, Chile, Columbia, Costa Rica, Cuba, Mexico, Nicaragua, Peru and Uruguay. The declaration proposes a collaborative framework for a process for regional collaboration to achieve enhanced population-based cancer control programs. The declaration proposes to ensure participation, representation, and engagement of countries, societies and all relevant sectors of the health community. It is aimed at promoting an ongoing dialogue to enhance cancer control and building on and synergizing ongoing work by governments, NGOs, international organizations to make sustainable cancer control an important LAC priority. The signatories of the declaration agreed to create a Latin American and Caribbean Alliance for Cancer Control and to work collaboratively through the Alliance.

### Activities of Partner Organizations

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There are several organizations involved in cancer prevention and control in the Americas. The participants recognized and welcomed the varied existing activities being undertaken by a wide range of organizations and institutions, many of which were represented at the meeting. A summary of the cancer partners’ activities was distributed at the meeting. In addition, many of the partner organization initiatives were discussed during working group and plenary discussions.

## Purpose and Goal of the Plan of Action for Cancer Prevention and Control

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### Key Messages

- The cancer plan of action follows the comprehensive approach of cancer control including prevention, early detection and screening, treatment and palliative care.
- The main focus of the plan is to improve country capacity, within the context of national cancer plans.
- Mainstreaming regional, sub-regional and national policy decisions on cancer control are a priority.

The **aim** of the PAHO Plan of Action for Cancer Prevention and Control is to respond to the expressed needs of Ministries of Health, and to align and support the varied initiatives being undertaken in the region by governments and partner organizations in cancer, including the creation of the Latin American and Caribbean Alliance for Cancer Control, and the recent development of a Central American sub-regional cancer plan.

The **overall goal** is to reduce the burden of cancer and improve the quality of life of patients with cancer. It aims to:

- reduce population exposure to cancer risks through effective multisectoral policies, regulations and programs;
- improve health service capacity at primary, secondary and tertiary care level. These health services include early detection programs for cervical, breast and colorectal cancers, as well as services for diagnosis, treatment and palliative care.

In doing so, a reduction can be achieved in the incidence of largely preventable cancers such as lung, mesothelioma, cervical, liver and colorectal cancers; and in cancer mortality.

This plan of action is complementary to the Regional Strategy and Plan of Action for Chronic Diseases (PAHO 2006) and follows the same overall **four lines of action**:

1. policy and advocacy;
2. monitoring and surveillance;
3. health promotion and disease prevention;
4. disease management.

Cross-cutting issues included in these lines of action include: research, training, communications and partnerships.

The **goal** is to reduce cancer incidence and mortality and improve the quality of life of people living with cancer. This will be measured by the following indicator.

**Indicator:** By 2015, there will be a 15% reduction in cancer incidence and a 10% reduction in cancer mortality in the Region.

The **purpose** of this plan of action is to improve country capacity for comprehensive cancer control programs through strengthened institutional capacity and strategic alliances with cancer stakeholders. This will be measured by the following indicator.

**Indicator:** By 2015, at least 20 countries in the Region will be implementing a national cancer control program.

## Overall Discussion Points AND Comments

The following general comments were provided during the meeting discussion on the action plan.

### Relevance of the Plan

- Cancer control in LAC requires a significant investment, however, it is not yet perceived as a priority at the highest political level. For example, cancer control is not yet part of the Millennium Development Goals (MDG).
- The PAHO cancer plan is of major relevance for cancer control in the region. PAHO because of its international statute and mission has compared to the partners the strongest influence on health policies the Region. Therefore, it is important that PAHO sends the right signals to the political leaders in LAC.
- Joint advocacy work by a broad coalition of partners can be very successful in changing health policies. As an example, HIV/AIDS has attracted a great attention in LAC with the consequence of huge investments in programs and human resources.
- A communication component should be part of this action plan.

### Comments on the Indicators

- The indicator "cancer incidence" is valid mainly for preventable cancer types and their risks such as lung and tobacco use, exposure to occupational carcinogens.
- Cancer incidence as an indicator of effectiveness of cancer plans is less valid for cancers amenable to screening where the cancer, rather than a cancer precursor is detected.

For example, prostate cancer screening will increase recorded cancer incidence because of the lead time gained by screening and over diagnosis.

- The best indicator for effectiveness of early detection /early diagnosis programs is "stage at diagnosis".
- As suggestion was made to further refine the indicators.

### On Health Systems/National Plans

- Health systems are at the core of any regional and national cancer plan. There is a great variety in health systems in LAC which need to be taken into consideration.
- Countries should be given an opportunity to adapt the generic template of the plan to their specific needs.
- There is a need for national cancer plans to have short term results to be appealing for politicians. However, cancer needs long term goals and related investment.
- The plan as it is presented does not yet have a balanced approach with regard to palliative care of advanced cancer.
- The concept of "rehabilitation for cancer patients after treatment" needs to be included into the plan.

### Regarding Resources

- Resources for treatment services, expertise, and procurement of medicines may need to be shared among some countries. This is particularly relevant to countries with small populations such as in the Caribbean.
- Resource mobilization strategies should be part of the plan, to help fund the implementation of activities.

## Specific Objectives by Each of the Four Lines of Action

### Key Messages

- This cancer action plan is an integral part of the PAHO Chronic Disease Regional Strategy and Plan of Action, which was endorsed by the PAHO Directing Council in 2006.
- The overall goal and purpose of the cancer plan of action will be achieved through the four lines of action: cancer policy and advocacy; monitoring and surveillance; health promotion and disease prevention; and cancer management. The objectives of each line of action are detailed below.

### 1.0 Cancer Policy and Advocacy

Agenda-setting for cancer control and bringing cancer prevention and control to the frontline of health policy development is an essential component of the plan. Policy can be addressed at the regional, subregional and country level. Comprehensive cancer control is best addressed by means of rational planning based on data and knowledge about effective and cost-effective interventions. The development of **national cancer plans** requires a firm political will, a cross sectional and multi stakeholder approach reflected in the establishment of a national steering committee, and the allocation of resources to implement and monitor the plan. PAHO is committed to stimulate and facilitate processes for national cancer control planning.

A cancer planning process needs to include stakeholders from governments and non governmental organizations, and include actors beyond the health sector, such as agriculture, consumer protection, trade, and labor. The objective is **mainstreaming**

cancer control in political decision making processes and assessing the impact of these decisions on the future cancer burden. The inclusion of the **private sector** and especially the food and beverage industry in the planning process in the area of diet, physical activity and alcohol is essential.

### Objectives

- 1.1 To advocate for cancer prevention and control to be placed on the national and sub-regional public health agendas, and encourage appropriate resources.
- 1.2 To assist countries with the establishment and execution of national cancer control plans based on scientific evidence for interventions on prevention, screening, diagnosis, treatment and palliative care.
- 1.3 To develop national policies and regulations to prevent occupational and environmental cancers.

### Discussion Points, Comments and Suggestions

- Advocacy will need a joint and synchronized effort by PAHO and its partners. There will be the need for educating the public to be more aware of the problem of cancer.
- The lack of awareness and political support is perceived as most prominent in the area of palliative care.
- Communication strategies added to the plan at regional and national level may change general myths related to cancer (fatalistic perception as not preventable nor curable)
- Evidence (data about cancer burden and trends, economic impact) is key for influencing decision making.

PAHO can play a major role in this domain as part of the plan.

- Relatively rare however curable cancer types such as childhood cancer should not be neglected in advocacy activities for cancer control.
- A communication component of the plan needs to address cultural perceptions and myths.
- The PAHO plan should underline the need for sustainable leadership at country level supported by multidisciplinary steering groups.

## 2.0 Monitoring and Surveillance

The availability of high quality data about cancer risk factors, cancer incidence and mortality and about national strategies of control are essential for rational cancer control planning and priority setting. Further development of population-based cancer registries aimed at providing high quality incidence and mortality data on cancer and the development of NCD risk factor surveillance systems for tobacco obesity and physical activity are essential for cancer planning.

Country specific data bases exist on tobacco use, obesity, fruit and vegetable consumption, and alcohol and need to be further developed and regularly up dated as a monitoring system for cancer risk exposure and the effectiveness of interventions. STEPs is the standardized WHO/PAHO tool for behavioral risk factor surveillance. Beyond behavioral risk assessment, cancer risk monitoring requires data about infectious disease exposure (HBV, HPV) and exposure to occupational and environmental carcinogens (indoor /outdoor pollution).

## Objectives

- 2.1 To improve country capacity for cancer monitoring, applying existing tools such as the WHO Cancer Planning and Prevention Modules.
- 2.2 To promote the use of common terminology, data standards, and message specifications for collecting and reporting cancer data for public health and research purposes.
- 2.3 To support capacity building for cancer epidemiology and registration through collaboration with IARC and CDC.
- 2.4 To monitor and evaluate the performance of national cancer programs, according to established indicators.
- 2.5 To support capacity building for the surveillance of occupational exposure to carcinogens and strengthen information systems, for occupational cancers.

## Discussion Points, Comments and Suggestions

- This component of the plan is critical to move forward the agenda of cancer control since politicians require data to be persuaded to allocate resources.
- Gender-specific data may be needed and this should be included in the cancer plan.
- Countries may not have the skills to develop cancer registries and need more support from PAHO and partners.
- “How to” guidelines for data collection are needed to implement this component.
- Data from a national cancer registry is not a pre-requisite to develop a national cancer plan. Estimates and

extrapolations from hospital-based registries are sufficient for planning in the absence of more comprehensive data.

- A suggestion is to define a set of needed actions, tools and partners to provide support to countries in cancer registration.

## Health Promotion and Cancer Prevention

Health promotion is aimed at empowering people to increase control over their health, to adopt sustained healthy behavior and prevent chronic diseases. This strategic objective of the cancer plan is aimed at bridging NCD prevention and health promotion strategies with the requirements of cancer control. This is understood as providing and disseminating information about the link between tobacco, diet, physical activity and alcohol and cancer. Awareness about exposure to carcinogens in the environment, food and the workplace are part of the cancer prevention package.

Furthermore, it is important to acknowledge that empowering people to reduce their individual cancer mortality risk entails activities which go beyond primary prevention and "classical" health promotion. Public education about early signs and symptoms is an important intervention aimed at reducing late presentation of cancer types for which early symptoms are individually detectable, such as skin cancer, breast, cervical and colorectal cancer. Raising awareness about cancer will create public demand for services; therefore health promotion efforts will need to be commensurate with the capacity of the health system to respond to people seeking medical attention.

## Objectives

- 3.1 To disseminate information to health professionals and the public to raise awareness about causes of cancer, risk factor reduction, cancer screening, early signs and symptoms and effective interventions for cancer control.
- 3.2 To promote the implementation of healthy eating, physical activity and tobacco control strategies.
- 3.3 To eliminate, prevent and/or control exposure to occupational carcinogens.

## Discussion Points, Comments and Suggestions

- Cancer prevention is an integral part of cancer control since it is the most cost effective approach to reduce the cancer burden.
- NCD prevention and cancer prevention are synergistic in terms of messages, strategies and related health professional networks. The CARMEN<sup>4</sup> initiative, a network of countries and partner organizations in the Americas for the integrated prevention and control of chronic diseases, has a key role in this domain.
- The WHO guide "Cancer Control, Knowledge into Action – Prevention" has a great value as reference guide for planning and implementing the major cancer prevention strategies.
- Health professionals need more opportunities for continuous education and training in NCD/cancer prevention.
- The fact that chronic diseases share some of the major behavioral risk factors should synergize disease

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<sup>4</sup> <http://www.paho.org/english/ad/dpc/nc/carmen-info.htm>

specific advocacy, for example with campaigns against tobacco and promoting diet and physical activity for heart health, diabetes prevention, and cancer prevention.

- Suggestion: The plan should emphasize the need for dissemination of messages that cancer can be partly prevented by behavioral changes, including exposure to UV radiation.
- Alcohol control needs to be part of cancer prevention. In this context a policy of “healthy” drinking should be promoted based on data about how much of the cancer burden is caused by alcohol consumption.
  - √ Public education and prevention programs should be tailored to the problems and specificities of the country.
  - √ Opportunities for cancer prevention should be used where ever possible.
  - √ Ex-patriots and tourists have in some countries a major influence on national habits and behavior such as tobacco use and consumption of an unhealthy diet. Suggestion: the problem arising from influences from expatriates and tourism need to be taken into consideration by national cancer plans, where applicable.

## Cancer Management

This line of action, within the cancer action plan is to promote adequate and appropriate provision of care at all levels of the health care system, across the spectrum of cancer control.

## Objectives

- 4.1 To develop and promote the use of standardized guidelines for cancer prevention, screening, diagnosis, treatment and palliative care.
- 4.2 In collaboration with professional associations and cancer institutes, build technical capacity of health providers for accurate and timely cancer screening, diagnosis, treatment and palliative care.
- 4.3 To improve access and quality of cancer treatment and palliative care services.
- 4.4 To improve availability, access and rational use of antineoplastic medicines and opioids for cancer pain management.

## Discussion Points

- National cancer plans need to focus on early detection, based on available resources.
- Training can be facilitated by telemedicine, but offshore approaches to diagnosis (e.g. reading of histopathology samples) are unlikely to be sustainable.
- There is a need for standardized treatment protocols, at least for the major (curable) cancer types. Suggestion: utilize the alliance to develop LAC standards in cancer treatment.
- Qualified human resources are essential. Standardized curricula for medical professionals (oncologists, radiotherapists, nurses) would be beneficial for the region. Suggestion: develop standardized curricula for health professionals in cancer control.
- National plans should consider improving opportunities for health professional education.

- Continuous quality improvement, at all levels of health care, needs to be part of national cancer plans to ensure quality of care.
- In order to improve access, national cancer plans should envisage minimum guarantees for treatment.
- National cancer plans could focus on projects with health centers which have little or no access to palliative care or opioids. These projects within a national cancer plan would provide training for health care providers and develop a procurement strategy for oral morphine. Suggestion: further develop the palliative care part of the cancer plan of action.
- The WHO Collaborating Centers provide important resources for supporting national planning in palliative care (guides, tools and e-learning).

## Conclusions of the Meeting

### Consensus about the Need for an Inclusive Regional Plan of Action

There was general consensus that the draft cancer action plan presented by PAHO is a comprehensive proposal which covers the main areas of needs expressed by countries and stakeholders for developing national capacity and policies related to cancer control. The plan makes clear that its main recipients are the countries and that there is a great need to join efforts at regional, sub-regional and country level.

It was welcomed that the draft plan was developed by PAHO, with input from the entire organization and in consultation with

countries and partner organizations. Participants are expecting that this process will raise the prominence of cancer within PAHO and with PAHO Member States in their national priority health actions. The proposed plan will be of major value for Member States. It needs some further refinement, in terms of operational planning, activities and budgets with input from PAHO programs related to cancer prevention and control and from key stakeholders. The participants were invited to provide written comments to PAHO on the proposed cancer action plan, up to one month following this meeting.

More advanced versions of the plan will be made accessible to other relevant partners who have not attended the meeting. The overall purpose of a broader consultation process is to develop an inclusive regional cancer plan.

### The Need to Fully Operationalize the Latin America and Caribbean Alliance for Cancer Control

There was a consensus that the Latin America and Caribbean Alliance for Cancer Control would be expanded and operationalized with countries and partners. The alliance would serve as the forum for implementation of the cancer action plan, communication with members would be via web portal, email, and occasional meetings. PAHO would serve as the secretariat for the alliance and a small coordinating group of partners would be convened to oversee the operations and function of the Alliance.

Lessons learnt from existing WHO partnerships in health and earlier attempts for developing global cancer networks were presented. It was recognized that in order to be sustainable and productive, the alliance

needs to come together around a concrete project for kick off. In planning concrete projects the recipient countries need to be involved.

PAHO and the region are in the favorable situation that the Latin America and Caribbean Alliance for comprehensive cancer control (LAC Alliance) represented at the stakeholder meeting by several founding members (directors of national cancer institutes and representatives of ministries of health) welcomes the development of the PAHO cancer plan and expressed its willingness to work with PAHO within the Alliance on the implementation of the plan at regional subregional and national level. All participants were supportive in discussing the development of the Alliance; some representatives such as from PHAC, CDC, ACS and NCI offered concrete cooperation in specific projects.

It was proposed that the Alliance, as a first priority would support countries in developing national cancer plans in at least three countries. Furthermore, several areas could be envisaged to be of interest for the Alliance and PAHO Member States in following the strategic objectives of the PAHO cancer plan and supporting its implementation. The LAC Alliance in engaging in concrete projects would need to expand the number of collaborating institutions.

## Consensus on Specific Areas of Collaboration

### 1. National Cancer Control Plans

Supporting the development of national cancer control plans in at least three countries in LAC per year was suggested as

a main project for collaboration within the Alliance. Primary partners in this activity would be UICC and ACS, and Brazil, Costa Rica, Peru and Trinidad & Tobago offered to provide technical cooperation to neighboring countries. The Alliance would also be supportive in following up the political momentum which will come once the PAHO Directing Council has approved the resolution on cervical cancer (September 2008). Other opportunities for the Alliance to support agenda setting for cancer control are through the political forums of Central America (RESSCAD) and the Southern Cone (MERCOSUR). The UICC World Cancer Campaign and cancer declaration offer good opportunities for partners to be involved in and contribute to raising awareness and political support for cancer.

### 2. Situation Analysis and Research

Collaborating organizations such as CDC, NCI and the WHO/IARC would be ideal in strengthening PAHO's capacity in supporting Member states in situation analysis, developing cancer registration and developing national capacity in LAC countries for clinical and epidemiological research. The specific projects for collaboration were identified as follows:

- conduct situation assessment (baseline evaluation) in the three NCCP countries.
- strengthen cancer registries and information systems in at least 5 countries.
- undertake a clinical research training program together with NCI, ASCO, SLACOM

### 3. Cancer Prevention

The Alliance could engage in supporting FCTC implementation in LAC by applying the MPower assessment and implementation tool, in at least five countries. The alliance

could be instrumental in supporting the roll out of the WHO Diet and Physical Activity Strategy in five target countries in LAC. Partners to facilitate these activities include UICC, the CDC and the Primary Prevention Action Group of the Canadian Partnership against Cancer.

#### 4. Early Detection

Cervical cancer prevention and early detection of breast cancer were identified as priority areas for collaboration. The Regional Strategy for Cervical Cancer and its implementation in high burden countries, as well as the implementation of BHGI guidelines in at least 2 countries were named as potential projects. Alliance collaborating organizations with specific expertise in cancer screening and early detection, such as UICC, ACS, BHGI, CDC could participate in this area.

#### 5. Cancer Treatment

Standardized treatment guidelines for major cancer sites, training/ fellowship opportunities, and improvements in the quality of radiotherapy were identified as priority areas of collaboration for the Alliance. The leading LAC National Cancer Institutes, IAEA, SLACOM, ALATRO and ALFIM were named as possible partners for projects in this area.

### Next Steps

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Following the two-day meeting, it was agreed that the immediate next steps would be as follows:

- The proposed Cancer Plan of Action will be further refined with additional inputs from stakeholders and partners.
- The Latin American and Caribbean Alliance for Cancer Control, which was initiated during the November 2007 International Cancer Congress will be operationalized and utilized as a forum for the delivery of the Cancer Plan of Action.
- A joint coordination secretariat, based at PAHO will be established to oversee and monitor the implementation of the Cancer Plan of Action.
- A follow up core group meeting of cancer stakeholders will be held during the UICC World Cancer Congress in August 2008, with those participants who will be in attendance. At this occasion, we will determine priority activities for immediate and short term implementation.
- Several PAHO Member States will submit a formal request to the PAHO Executive Committee for the Cancer Plan of Action to be placed on the agenda of the 2009 Directing Council.

### Acknowledgements

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PAHO/WHO wishes to thank the Public Health Agency of Canada and the American Cancer Society for their financial contributions to this stakeholder consultation meeting; and we wish to thank all of the participants for their valuable contributions to help shape this plan of action for cancer prevention and control.

## Annex I: Programme

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### Purpose

To discuss an action plan for cancer prevention and control for the Region of Latin America and the Caribbean, with representatives from governments, cancer institutions, non-governmental organizations, professional associations and the Pan American Health Organization /World Health Organization (PAHO/WHO)

### Objectives

1. To discuss and agree upon the goals, objectives, and expected results for the PAHO Plan of Action for Cancer Prevention and Control.
2. To identify synergies between partner organizations, countries and PAHO/WHO with a view to deepen existing partnerships in support of implementing a PAHO Plan of Action for Cancer Prevention and Control.

### Expected Results

1. Final draft of the PAHO Plan of Action for Cancer Prevention and Control.
2. Agreement on a coordinated approach by cancer stakeholders for the provision of technical cooperation for cancer prevention and control in Latin America and the Caribbean.
3. A Network for implementing and monitoring the PAHO Plan of Action for Cancer Prevention and Control.

## Annex II: Agenda

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**Wednesday, 11 June 2008**

- 9:00 AM Welcoming remarks  
*Socorro Gross, Assistant Director*
- 9:10 AM Introduction of participants, and review meeting agenda  
*Richard Lessard, Facilitator*
- 9:30 AM Context for a PAHO Cancer Plan**
- PAHO Regional Strategy for Chronic Diseases, applied to Cancer Control  
*James Hospedales, Chronic Disease Unit Chief*  
*Silvana Luciani, Project Manager, Chronic Disease*
- WHO Global Action Plan Against Cancer & a Regional Plan of Action  
*Andreas Ullrich, Medical Officer WHO/Geneva*
- The Latin American-Caribbean Alliance for Cancer Control  
*Luiz Antonio Santini, Brazil Cancer Institute*
- 10:15 AM Question and answer period
- 10:30 AM *BREAK*
- 10:45 AM **Proposed PAHO Plan of Action for Cancer Prevention and Control**
- Overview of the Goals, Objectives, and Expected Results  
*James Hospedales*
- Roundtable discussions and reaction from audience on each line of action  
Policy and advocacy  
Discussants: *Alafia Samuels*
- Monitoring and surveillance  
Discussants: *Branka Legetic, Fatima Marinho, Alfonso Contreras*
- Health promotion and disease prevention  
Discussants: *Enrique Jacoby*
- Disease management  
Discussants: *Silvana Luciani, Alberto Barcelo*
- 12:30 PM LUNCH

- 1:30 PM      **Work Group Discussions**
- Brief commentary on work group objectives and tasks  
*Richard Lessard*
- Work groups to discuss the PAHO Cancer Plan and areas of collaboration
- 3:45 PM      *BREAK*
- 4:00 PM      Brief presentations from each work group
- 4:45 PM      Conclusions and wrap-up of day 1
- 5:00 PM      Adjourn

### Thursday, 12 June 2008

- 9:00 AM      Review conclusions from day 1
- 9:15 AM      Continue work group sessions to discuss PAHO Cancer Plan and areas of collaboration
- 11:15 AM      *BREAK*
- 11:30 AM      Brief presentation from each work group
- 12:30 pm      *LUNCH*
- 1:30 PM      Discussion and final consensus on the PAHO Cancer Plan of Action
- 2:30 PM      Consensus on specific areas for collaboration with partner organizations and countries
- 3:30 PM      Conclusions and next steps
- 4:00 PM      Adjourn

## Annex III: List of Participants

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### ANTIGUA & BARBUDA

Oritta Zachariah  
Ministry of Health

### ARGENTINA

Eduardo Cazap  
Latin American and Caribbean  
Society for Oncology

### BARBADOS

Angela Rose  
Ministry of Health

Shirley Alleyne  
PAHO/WHO Country Office in  
Barbados & Eastern Caribbean

### BELIZE

Alba Argentina Sosa  
Ministry of Health

Lorraine Thompson  
PAHO/WHO Country Office  
in Belize

### BRAZIL

Otaliba Libanio de Morais Neto  
Ministry of Health

Luiz Antonio Santini  
National Cancer Institute

Micheline Meiners  
PAHO/WHO Country Office

in Brazil

### CANADA

Lianne Vardy  
Public Health Agency of Canada  
Paul Lapierre  
Canadian Cancer Society

Anna Greenberg  
Canadian Partnership Against Cancer

Tony Miller  
Canadian Partnership Against Cancer

Richard Lessard  
Facilitator

### CHILE

Lea Derio Palacios  
Ministry of Health

Juan Manuel Sotelo  
PAHO/WHO Representative  
in Chile

### COLOMBIA

Carlos Rada  
National Cancer Institute

### COSTA RICA

Adolfo Ortiz  
Ministry of Health

Luis Loria Sáenz  
Social Security System

Roberto del Aguila

PAHO/WHO Country Office  
in Costa Rica  
**EL SALVADOR**

José Douglas Jaquín  
Ministry of Health

Gonzalo Beltrán  
Social Security System

## **GRENADA**

Christine La Grenade  
Ministry of Health

## **HONDURAS**

Jorge Higuero Crespo  
Ministry of Health

Miriam Chávez  
Social Security System

Tamara Mancero  
PAHO/WHO Country Office  
in Honduras

## **MEXICO**

Blanca de la Rosa Montano  
Secretary of Health

Lizbeth Lopez Carillo  
National Public Health Institute

## **PERU**

Tania Lopez  
Ministry of Health

Gustavo Sarria  
National Cancer Institute

Mario Valcárcel

PAHO/WHO Country Office  
in Peru  
**TRINIDAD AND TOBAGO**

Rosemarie Paul  
Ministry of Health

## **USA**

Joe Harford  
National Cancer Institute

Philip M. Budashewitz  
National Cancer Institute  
Isabel Otero  
National Cancer Institute

Jorge Gómez  
National Cancer Institute  
Teri Brown  
National Cancer Institute

Roger Glass  
Fogarty International Center

Carol Friedman  
Centers for Disease Control

Elmer Huerta  
American Cancer Society

Alessandra Durstine  
American Cancer Society

David Joranson  
WHO Collaborating Center on Cancer Policy  
and Communications

Liliana De Lima  
International Association for  
Hospice and Palliative Care

Benjamin Anderson  
Breast Health Global Initiative

Pia Axemo

World Bank

## **EUROPE**

Andreas Ullrich  
World Health Organization [Geneva]

Isabel Mortara  
International Union Against Cancer

Silvia Perel  
International Union Against Cancer

Massoud Samiei  
International Atomic Energy Agency

Eduardo Rosenblatt  
International Atomic Energy Agency

## **PAHO/WHO**

Alberto Barceló

Meghan Blake

Adriana Blanco

Alfonso Contreras

Lucimar Coser-Cannon

Socorro Gross-Galiano

James Hospedales

Marie-Claude Lavoie

Branka Legetic

Mariela Licha Salomón

Silvana Luciani

Fatima Marinho

Manisha Pahwa

Enrique Perez-Flores

Rosalba Ruiz, United States-Mexico Border, Field  
Office (FO/USMB)

Alafia Samuels

Maritza Tennessee