



Healthy Caribbean 2008 – A Wellness Revolution October 16-19th 2008

Revolutionizing the Management of Cancer: Prevention

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Believe

*Trinidad &
Tobago*

1. Most Feasible Strategy

Most Feasible initiative :

Education and Information Campaign

a. Public and Patients-

b. Medical Staff

c. Politicians

d. Decision makers

2. Most Desperately Needed

2. Most Desperately Needed

Health Workers
and Optimize them by
adding Support
systems

2. Most Desperately Needed: staff

**If this is your waiting room:
Will you be attending to patient
tobacco history and cessation?**



3. Strategy based on important breakthrough

3. Strategy based on important breakthrough:

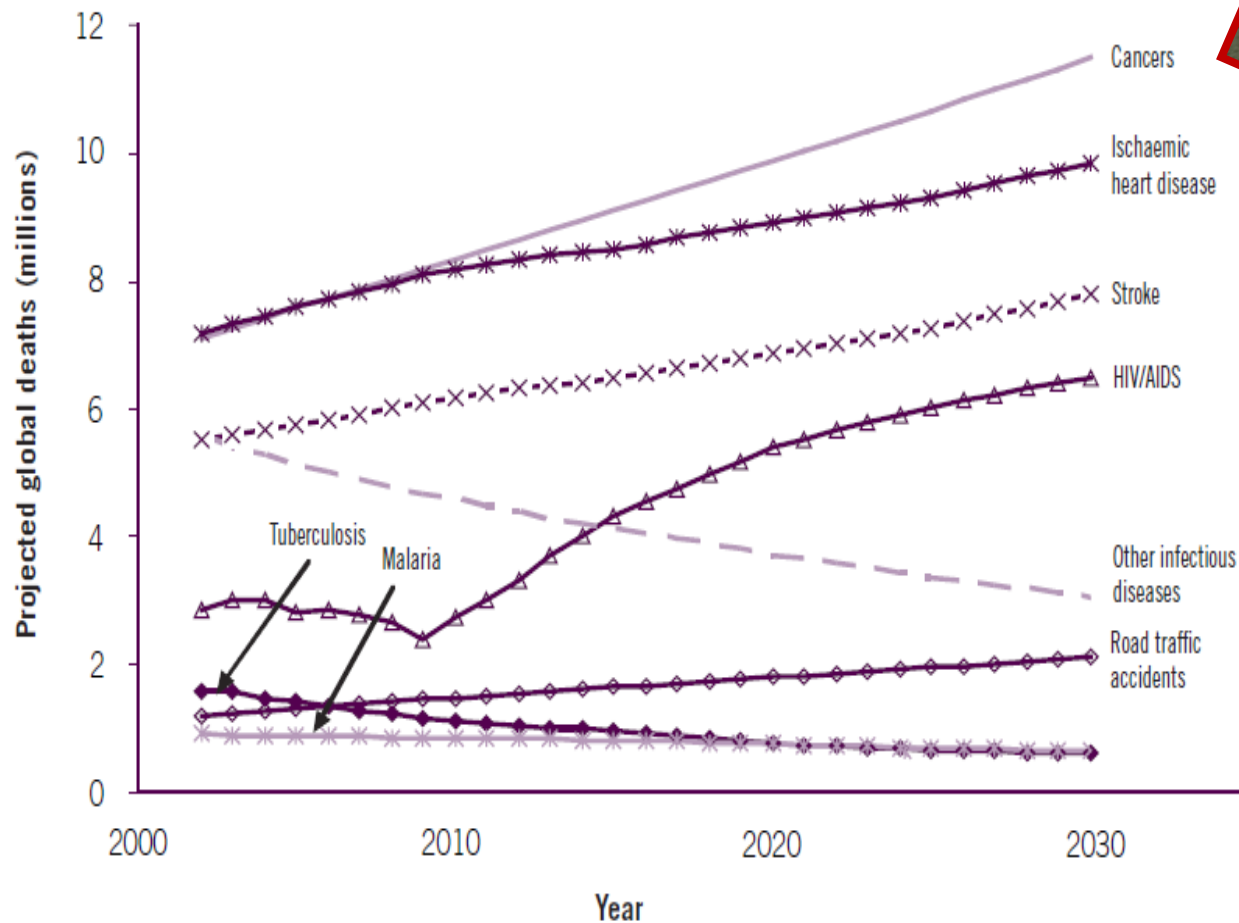
Vaccination to prevent
cervical cancer

4. Most urgent Humanitarian need:

Pain Control

A Hurricane is coming!

Projected global deaths for selected causes of death, 2002–2030



Bad news

- Cancer is a leading cause of *death, pain and suffering*
- 7.6 million died of Ca in 2005
- Cancer deaths > AIDS+ TB + malaria
- > 70% of Ca deaths occur in low- and middle-income countries

Good News

Many cancers can be prevented:

All countries can, at some useful level implement the three basic components of cancer control

Most Feasible Strategy

Most Feasible initiative :

Education and Information Campaign

a. Public and Patients-

b. Medical Staff

c. Politicians

d. Decision makers

Most Feasible initiative : **Education and Information Campaign**

Evidence-based, Continuous, sustained

Prevention

Early signs

Pathways and navigation – by country for screening

Treatment

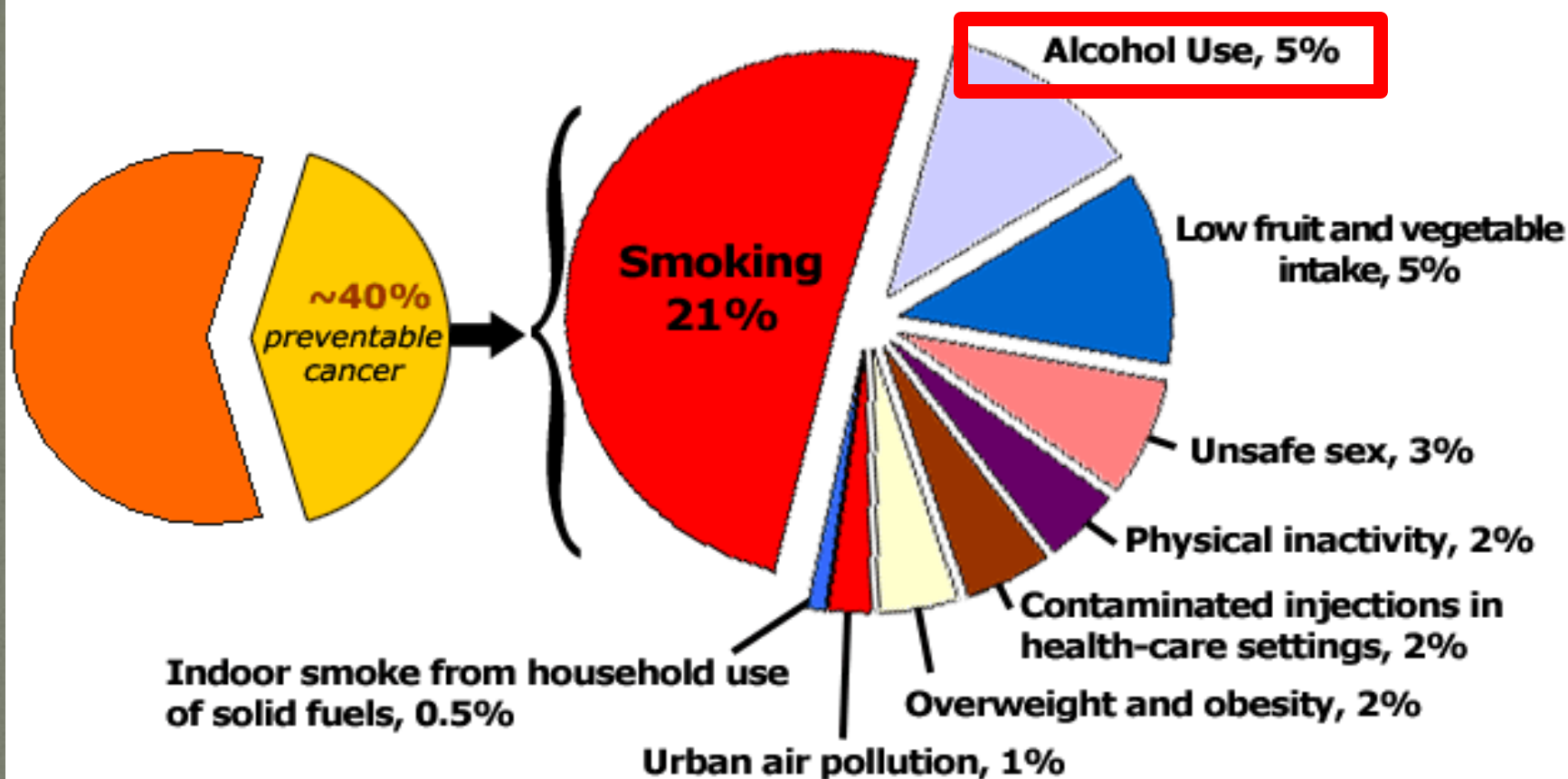
Caribbean FAQs and dispel common myths

Most Feasible initiative :

Education and Information Campaign
What do they need to know?

Training trainers on Avoiding Cancer

Estimated proportion of preventable cancer associated with 9 leading modifiable risk factors



Danaei G, Vander Hoorn S, Lopez AD, Murray CJ, Ezzati M. Causes of cancer in the world: comparative risk assessment of nine behavioural and environmental risk factors *The Lancet*, 2005, 366:1784-1793

Training trainers on Avoiding Cancer

Like other CNCDs - proven risk factors

- tobacco use
- alcohol use
- dietary factors incl. low fruit & veg.
- physical inactivity
- overweight and obesity



Example : World Cancer Nutrition Guidelines 2007

FOODS AND DRINKS THAT PROMOTE WEIGHT GAIN

Limit consumption of energy-dense foods
Avoid sugary drinks

PLANT FOODS

Eat mostly foods of plant origin

ANIMAL FOODS

Limit intake of red meat and avoid processed meat

ALCOHOLIC DRINKS

Limit alcoholic drinks

PRESERVATION, PROCESSING, PREPARATION

Limit consumption of salt
Avoid mouldy cereals (grains) or pulses (legumes)

DIETARY SUPPLEMENTS

Aim to meet nutritional needs through diet alone

BREASTFEEDING

Mothers to breastfeed; children to be breastfed

Training trainers on Avoiding Cancer

Unlike other CNCDs - proven risk factors:

physical carcinogens

- ultraviolet (UV)
- ionizing radiation

Training trainers on Avoiding Cancer

Unlike other CNCDs - proven risk factors:

chemical carcinogens

- **Group 1: Carcinogenic to humans (102 agents)*
- **Group 2A: Probably carcinogenic to humans (69 agents)*
- **Group 2B: Possibly carcinogenic to humans (246 agents)*

**The International Agency for Research on Cancer (IARC) is part of the World Health Organization . www.iarc.fr*

Training trainers on Avoiding Cancer **biological carcinogens**

**Immuniz'n / tmt of agents that cause
cancers**

HPV- Cervical Cancer (**2nd commonest in
Females on J'ca and T&T**)

**This is the only Cancer vaccine that will
prevent more than 70% of cases!!**

Training trainers on Avoiding Cancer

biological carcinogens

H. pylori : A bacteria that causes gastric cancer (**2nd commonest in males in J'ca and B'dos**)-

- Hepatitis B

Must educate and inform

- a. Public and Patients-
- b. Medical Staff
- c. Politicians
- d. Decision makers

About
Early detection & secondary prevention

Is Cancer as
preventable as
Stroke & Heart
Disease?

Is Cancer as **preventable** as Stroke &
Heart Disease?

NO

Worldwide:

If major risk factors eliminated we would prevent

- 80% of heart disease, stroke and type 2 diabetes

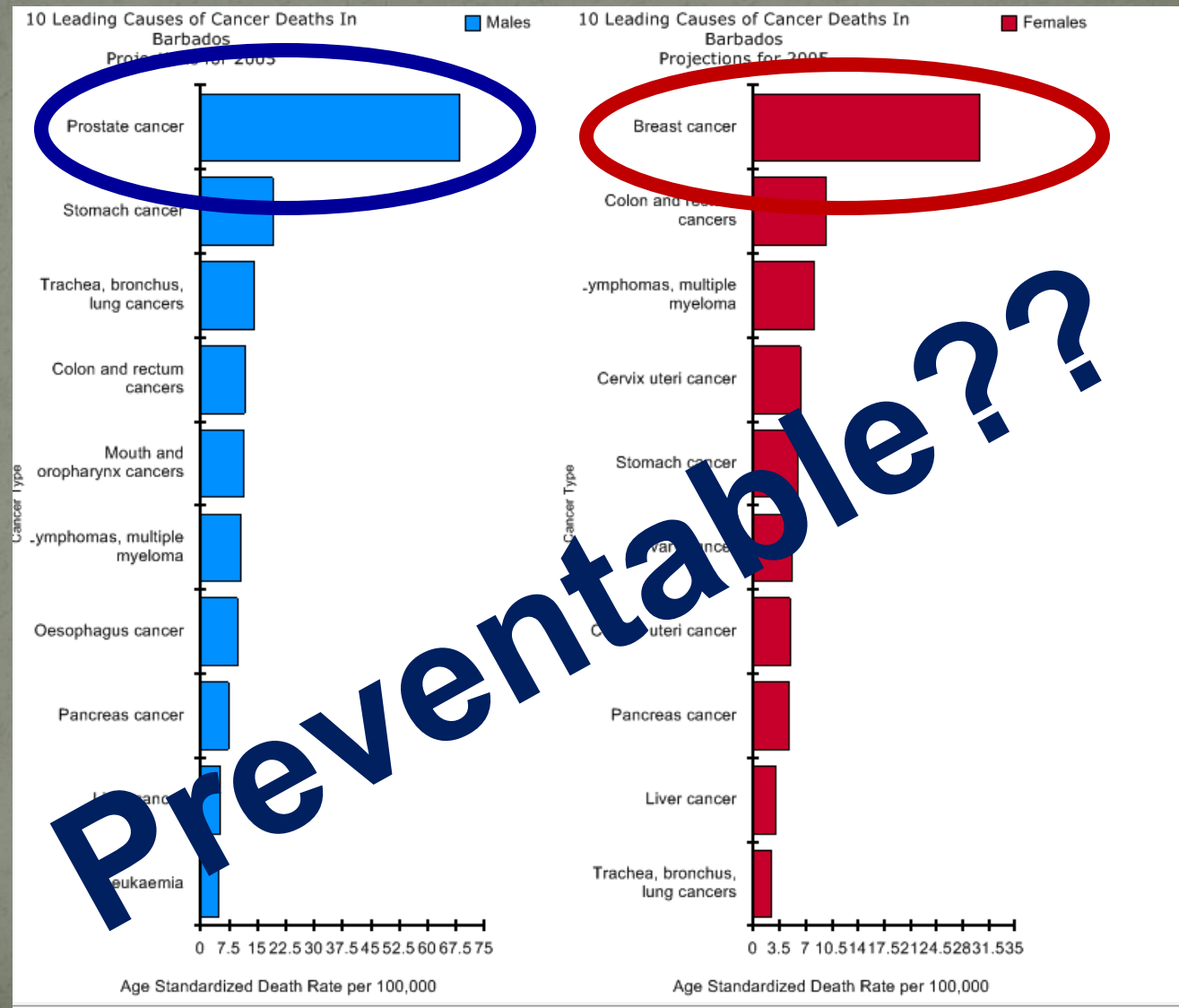
- 30- 40% of cancer

Caribbean Region

If major risk factors eliminated

**Would we even prevent 30-40%
of cancer ??**

Barbados : Males Females



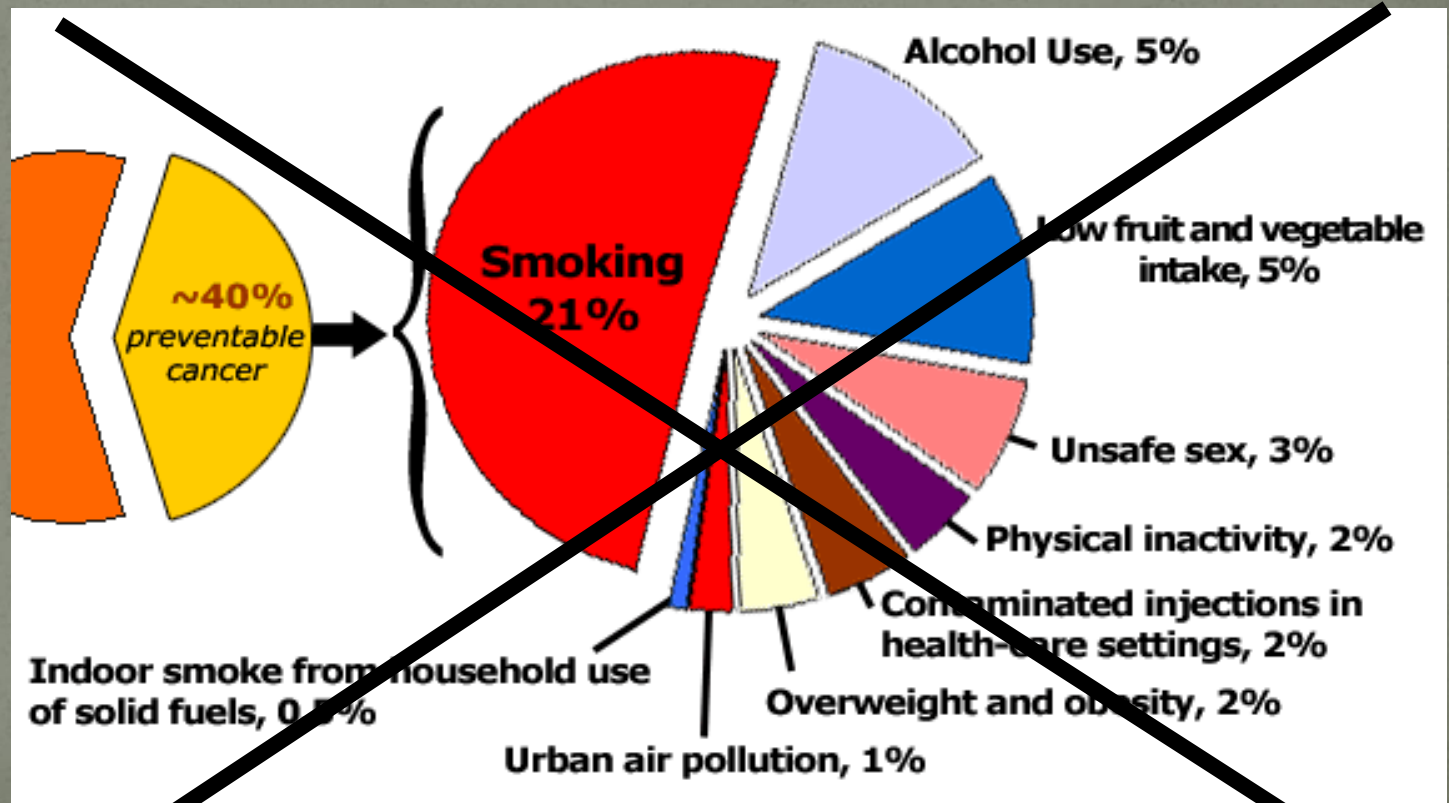
Barbados: Prevention?

Males

Prostate

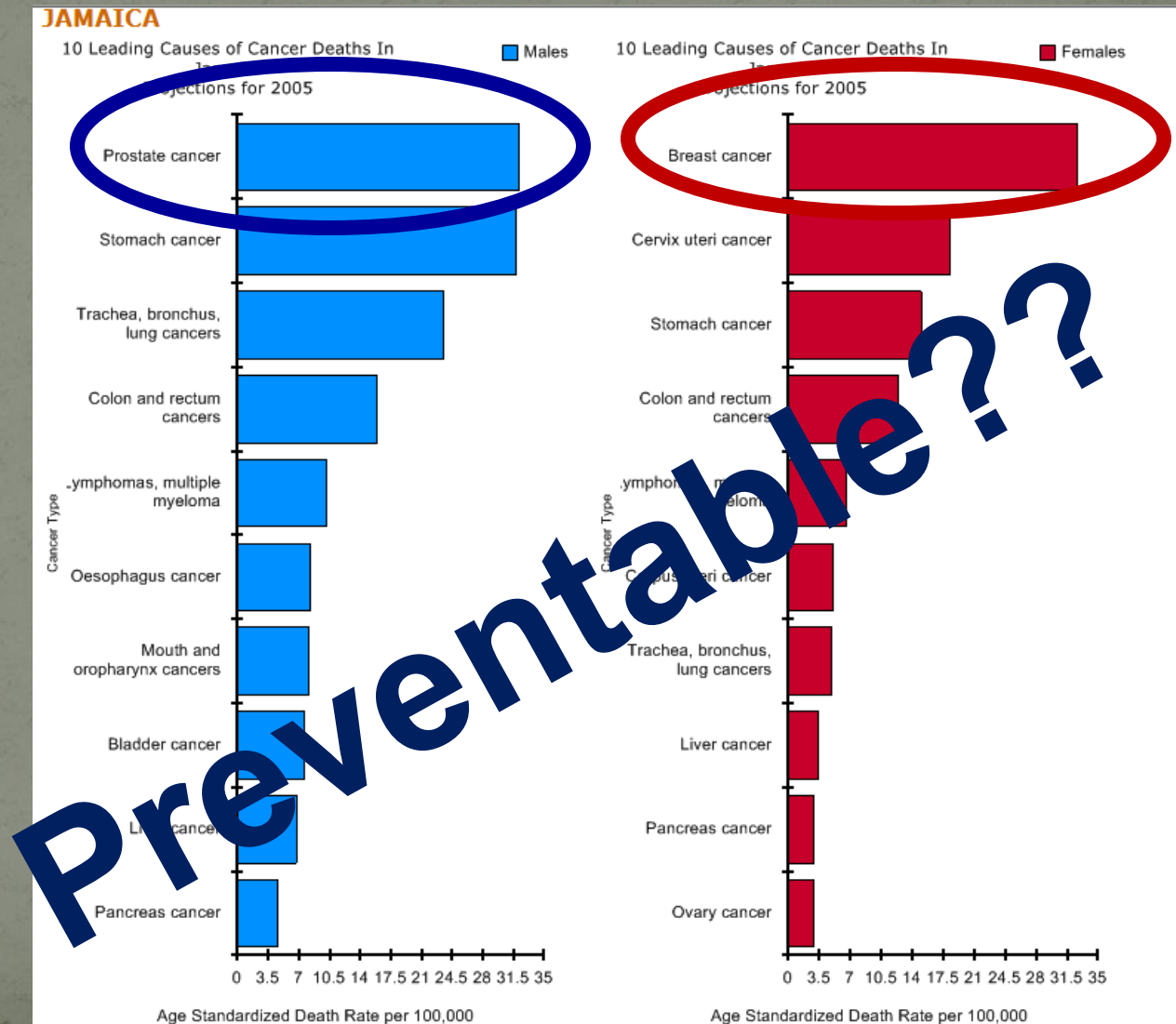
Females

Breast



Jamaica: Males

Females



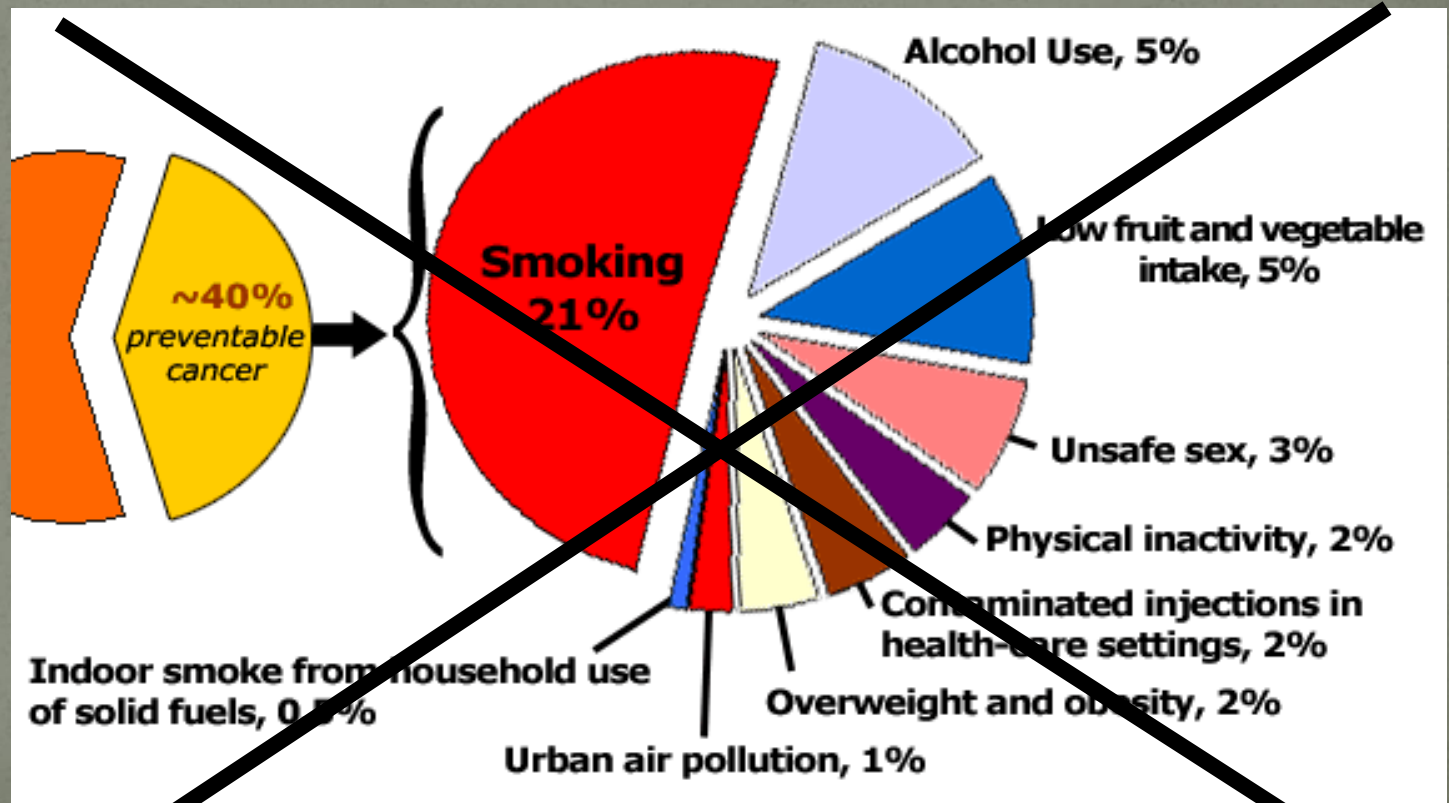
Jamaica: Prevention?

Males

Prostate

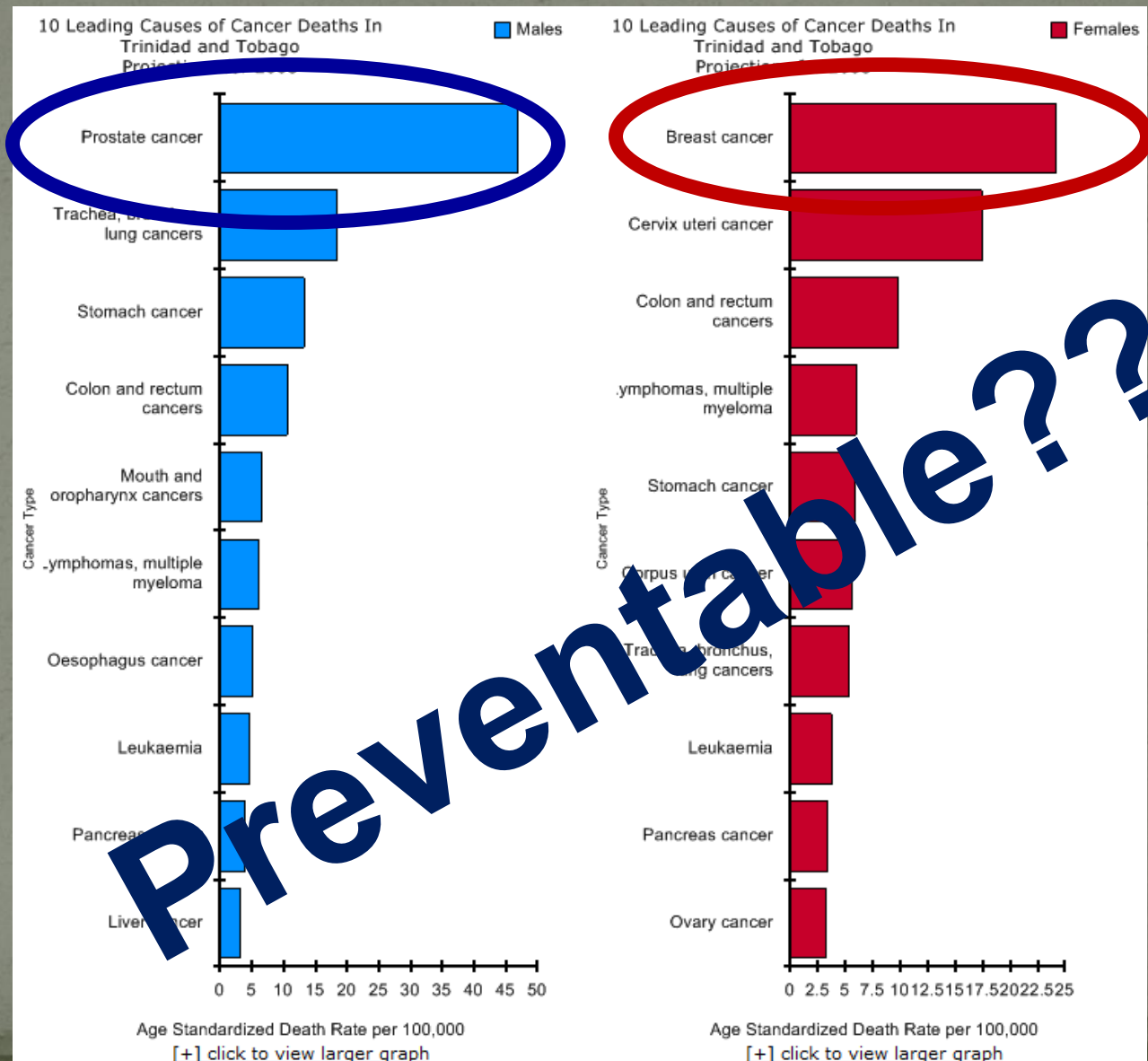
Females

Breast



Tr'dad & T'bgo: Males

Females



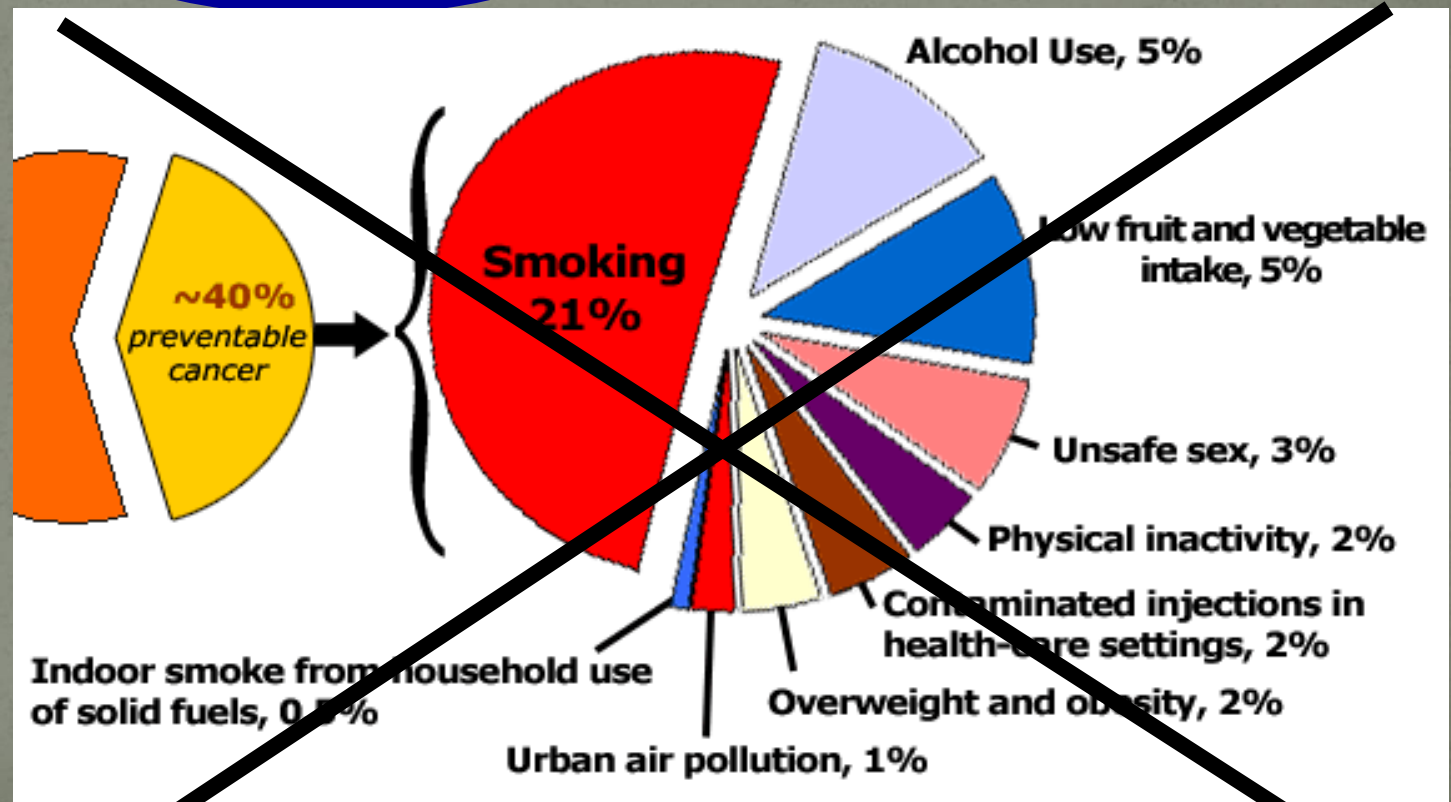
Trinidad : Prevention?

Males

Prostate

Females

Breast



Training trainers on Avoiding Cancer

Early detection & secondary prevention

1. **Cervical cancer screening:** detect pre cancer
(# 2 in females in J'ca and T&T)
2. **Early Detection of Breast Cancer / Pre- Cancer**
#1 in Females) (#1 in B'dos, T&T , J'ca)
 - Breast self awareness (BSA)
 - Clinical Breast Examination (CBE)
 - Mammography

Training trainers on Avoiding Cancer

Early detection & secondary prevention

3. Screening for Colorectal Ca. (#2 in males in T&T and in females in B'dos)

4. Screening for Prostate Ca (# 1 in males in J'ca, B'dos and T&T)

Most Feasible Strategy

Most Feasible initiative :

Train the trainers Campaign

Cancer prevalence

About Cancer

Early signs

Pathways and navigation – by country

Prevention

Treatment

Caribbean FAQs

Dispelling common myths

Evidence-based, Continuous, sustained,

Most Feasible initiative :

Education and Information Campaign Strategy for initiation

A. Support a network with Caribbean professionals who are functioning in US, UK and Canada and locals

I have a long list of cancer specialists who are eager to come in to help fuel evidence based education and practice.

Most Feasible initiative :

Education and Information Campaign

B. Advocate for Healthcare agencies to mandate and pay for education for staff

C. Use available resources:

Available Resources



Prevention

How to implement effective cancer prevention by controlling major avoidable cancer risk factors.

[Download \[pdf 1.95Mb\]](#)

- <http://www.who.int/topics/cancer/en/>

Available Resources

WHO GUIDE FOR EFFECTIVE PROGRAMMES



In 2005, 7.6 million people died of cancer. More than 70% of those deaths occurred in low and middle income countries. WHO has developed a series of six modules that provides practical advice for programme managers and policy-makers on how to advocate, plan and implement effective cancer control programmes, particularly in low and middle income countries.

The WHO guide is a response to the World Health Assembly resolution on cancer prevention and control (WHA58.22), adopted in May 2005, which calls on Member States to intensify action against cancer by developing and reinforcing cancer control programmes.

[Short summary \[pdf 1.93Mb\]](#)

- <http://www.who.int/topics/cancer/en/>

Available Resources

TOOLS AND FEATURES

Useful tools

These tools are part of the Planning module which was published in 2006.

[1. Team Building \[pdf 244kb\]](#)

[2. Team building - Spanish \[pdf 316kb\]](#)

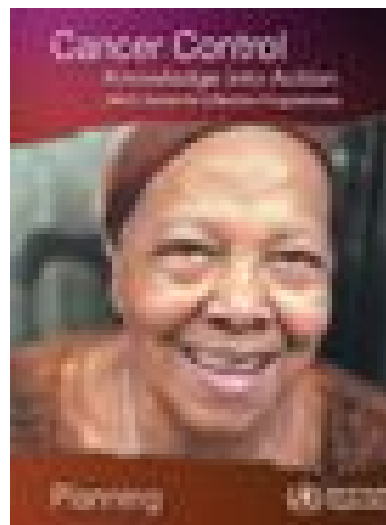
[3. Assessing partnerships \[pdf 74kb\]](#)

[4. Assessing partnerships - Spanish \[pdf 80kb\]](#)

[5. Web resources \[pdf 321kb\]](#)

- <http://www.who.int/topics/cancer/en/>

Available Resources



Planning

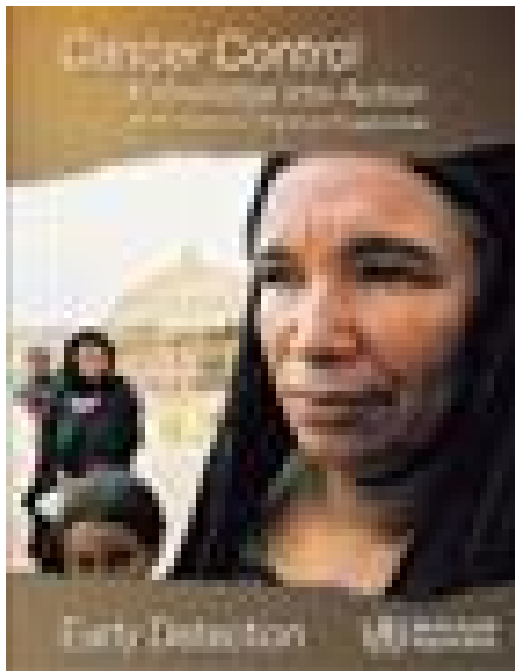
How to plan overall cancer control effectively, according to available resources and integrating cancer control with

programmes for other chronic diseases and related problems.

[Download \[pdf 1.28Mb\]](#)

- <http://www.who.int/topics/cancer/en/>

Available Resources

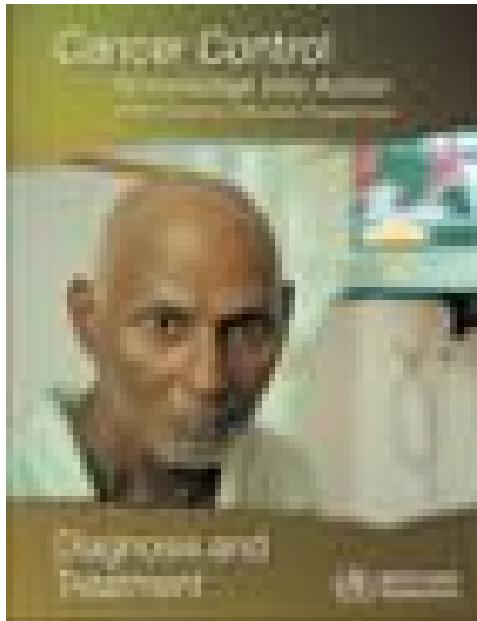


Early detection
How to implement effective early detection of major types of cancer that are amenable to early diagnosis and screening.

[Download \[pdf 4.78Mb\]](#)

- <http://www.who.int/topics/cancer/en/>

Available Resources



Diagnosis and treatment

How to implement effective cancer diagnosis and treatment,

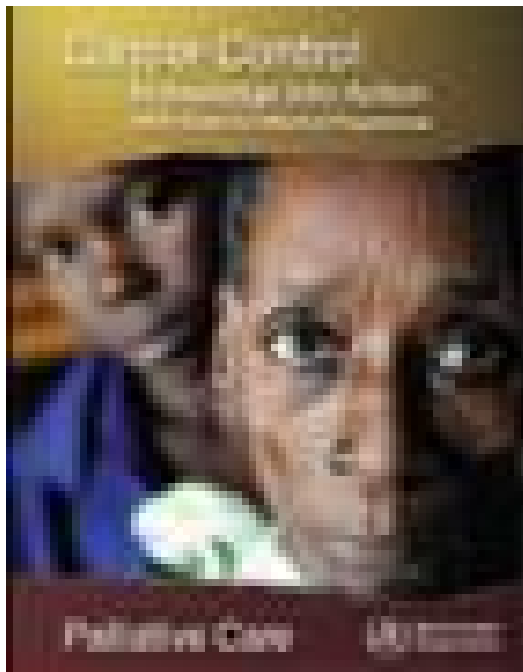
particularly linked to early detection

programmes or curable cancers.

[Download \[pdf 5.77Mb\]](#)

- <http://www.who.int/topics/cancer/en/>

Available Resources



Palliative care

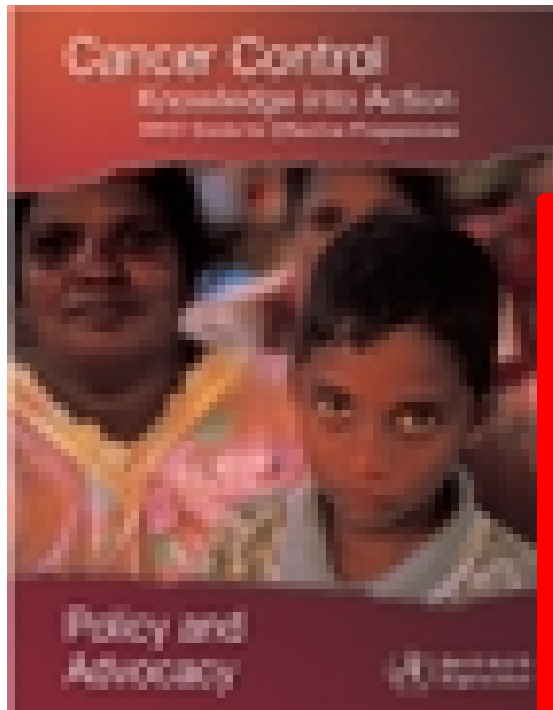
How to implement effective palliative care for cancer, with a particular focus on community-based care.

[Download \[pdf](#)

[4.21Mb\]](#)

- <http://www.who.int/topics/cancer/en/>

Available Resources



Policy and advocacy

How to advocate for policy development and effective programme implementation of cancer control.

[Download \[pdf 3.80Mb\]](#)

- <http://www.who.int/topics/cancer/en/>

Available Resources



The screenshot displays the UICC website. The header features the UICC logo (a globe icon) and the text 'uicc | international union against cancer' in orange, with the tagline 'together we are a resource for action, a voice for change' below it. Navigation links include 'home', 'what we do', 'our structures', 'our partners', 'finance', and 'media centre'. A 'contact us' link with an envelope icon and a search bar are also present. The left sidebar lists various topics under 'what we do', including cancer prevention and control, tobacco control, knowledge transfer, capacity building and patient care, world cancer campaign, world cancer congress, and world cancer declaration. The main content area, titled 'what we do', is highlighted with a red box and contains the text 'UICC develops its work in four strategic directions:' followed by a list of four items: Cancer prevention and control, Tobacco control, Knowledge transfer, and Capacity building and supportive care. Below this list, a paragraph states: 'Knowledge transfer includes both the international cancer fellowships programme and the TNM prognostic factors project.' On the right, there are sections for 'donate now to save lives' and 'uicc links' with links to the global cancer control community, globalink, and international cancer foundation.

uicc | international union against cancer
together we are a resource for action, a voice for change

[contact us](#)

[home](#) | [what we do](#) | [our structures](#) | [our partners](#) | [finance](#) | [media centre](#)

[home](#) > [what we do](#)

what we do [PDF](#) [PRINT](#) [EMAIL](#)

UICC develops its work in four strategic directions:

- > Cancer prevention and control
- > Tobacco control
- > Knowledge transfer
- > Capacity building and supportive care

Knowledge transfer includes both the international cancer fellowships programme and the TNM prognostic factors project.

donate now to save lives

uicc links

- > global cancer control community
- > globalink
- > international cancer foundation

 <http://www.uicc.org/>

Available Resources

The World Cancer Declaration 2008 was developed by the International Union Against Cancer (UICC)

endorsed by the World Cancer Congress 2008

 <http://www.uicc.org/>

Handout



World Cancer Declaration 2008





The World Cancer Declaration 2008 was developed by the International Union Against Cancer (UICC), adopted by the World Cancer Summit 2008, and endorsed by the World Cancer Congress 2008.

A call to action from the global cancer community

We, the global cancer community call on governments, international governmental organizations, the international donor community, development agencies, professional organizations, the private sector and all civil society to take immediate steps to slow and ultimately reverse the growth in deaths from cancer, by committing to the targets set out below and providing resources and political backing for the priority actions needed to achieve them.

Targets: by 2020

- Sustainable delivery systems will be in place to ensure that effective cancer control programmes are available in all countries
- The measurement of the global cancer burden and the impact of cancer control interventions will have improved significantly
- Global tobacco consumption, obesity and alcohol intake levels will have fallen significantly
- Populations in the areas affected by HPV and HBV will be covered by universal vaccination programmes
- Public attitudes towards cancer will improve and damaging myths and misconceptions about the disease will be dispelled
- Many more cancers will be diagnosed when still localized through the provision of screening and early detection programmes and high levels of public and professional awareness about important cancer warning signs
- Access to accurate cancer diagnosis, appropriate cancer treatments, supportive care, rehabilitation services and palliative care will have improved for all patients worldwide
- Effective pain control measures will be available universally to all cancer patients in pain
- The number of training opportunities available for health professionals in different aspects of cancer control will have improved significantly
- Emigration of health workers with specialist training in cancer control will have reduced dramatically
- There will be major improvements in cancer survival rates in all countries

Priority actions

These targets are ambitious. During the past few years, however, there is growing evidence that concerted action can make a difference in a short time. We believe, therefore, that the targets can be achieved provided a number of priority actions are implemented.

Health policy

- Place cancer on the development agenda. Increase the political priority given to cancer by demonstrating that a country's investment in dealing with its growing cancer problem is an investment in the economic and social well-being of the country. Organizations concerned with cancer control should work with the global donor community, development agencies, the private sector and all civil society to invest in cancer control
- Mobilize stakeholders to ensure that strategies to control cancer globally are targeted at those who are most in need. Involve all major stakeholder groups in the development, or updating, of national cancer control policies
- Implement strategies that have been proven to bridge existing cancer surveillance gaps
- Increase efforts to involve cancer patients in cancer control planning at a local and national level

Cancer prevention and early detection

- Increase efforts to reduce tobacco consumption by encouraging governments to fully implement and enforce the FCTC
- Raise awareness about the need for culturally sensitive cancer risk reduction campaigns, along with public and professional education about cancer warning signs. Push governments to implement policies that will support risk-reducing strategies at a community level and enable individuals to make more informed consumption choices and adopt healthier behaviour
- Encourage governments to implement measures to reduce people's exposure to environmental and occupational carcinogens
- Undertake actions to ensure that vaccines and other strategies that are shown to prevent cancer-causing infections are made more widely available

Cancer treatment

- Promote the development and use of cancer treatment guidelines that are relevant to local needs and resources. Ensure that sufficient treatment, rehabilitation and palliative care facilities and well-trained staff are available to meet the physical, social and emotional needs of patients with cancer
- Take steps to tackle the many barriers to optimal pain control. Work with governments to address the over-regulation of pain medicines. Cooperate with international organizations, including the International Narcotics Control Board and the World Health Organization, to ensure global implementation of the UN's international drug control conventions do not unduly interfere with legitimate efforts to advance access to pain medicines for cancer patients in pain
- Work with the pharmaceutical industry to increase access to cancer medicines that are affordable and of assured quality
- Increase the number of health professionals with expertise in all aspects of cancer control by providing specialist training opportunities and fellowships to enable professionals to study in specialist settings
- Raise awareness about the impact of health worker emigration on the ability of countries to provide adequate levels of cancer care and work collectively to address global and national health workforce shortages and the resultant deepening of inequity
- Increase investment in independent basic and applied cancer research and accelerate the translation of research findings into clinical and public health practice
- Encourage cancer research organizations in different countries to collaborate, share data and define complementary research objectives to optimize the use of the limited funds available for cancer research and reduce duplication of effort

Progressing towards the 2020 targets

- Through its member organizations, now more than 300 in over 100 countries, the International Union Against Cancer (UICC) will promote partnerships and international collaboration aimed at accelerating progress towards achieving the 2020 targets
- Given the huge variability in cancer burden and service provision throughout the world, the UICC will encourage members to use the World Cancer Declaration as a template to develop regional or national cancer declarations that can better reflect local needs and priorities and allow for more accurate quantification of targets where data exists
- The UICC will take responsibility for preparing a report every two years on the progress made towards achieving the 2020 targets. These reports will be presented at the biennial World Cancer Congress

Background

The World Cancer Declaration 2008 is a tool to help cancer advocates bring the growing cancer crisis to the attention of health policymakers at national, regional and global levels. It represents a consensus between foundations, national and international non-governmental and governmental organizations, professional bodies, the private sector, academia and civil society from all continents that are committed to the vision of eliminating cancer as a major threat for future generations.

The International Union Against Cancer (UICC) is the leading non-governmental organization dedicated exclusively to global cancer control.

The UICC encourages partnership within the framework of the World Cancer Declaration. By working together, we can more easily implement the priority actions and achieve the 2020 targets.

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**WORLD CANCER
WE CAN**

For more information:
www.uicc.org/wcd

- Place cancer on the development agenda.
- Increase political priority
- A country's investment in its growing cancer problem is an investment in the economic and social well-being of the country.

11 Targets: by 2020

1. Sustainable delivery systems will be in place to ensure that effective cancer control programmes are available in all countries
2. The measurement of the global cancer burden and the impact of cancer control interventions will have improved significantly
3. Global tobacco consumption, obesity and alcohol intake levels will have fallen significantly

11 Targets: by 2020

4. Populations in the areas affected by HPV and HBV will be covered by universal vaccination programmes
5. Public attitudes towards cancer will improve and damaging myths and misconceptions about the disease will be dispelled
6. Many more cancers will be diagnosed when still localized through the provision of screening and early detection programmes and high levels of public and professional awareness about important cancer warning signs

11 Targets: by 2020

7. Access to accurate cancer diagnosis, appropriate cancer treatments, supportive care, rehabilitation services and palliative care will have improved for all patients worldwide
8. Effective pain control measures will be available universally to all cancer patients in pain
9. The number of training opportunities available for health professionals in different aspects of cancer control will have improved significantly

11 Targets: by 2020

10. Emigration of health workers with specialist training in cancer control will have reduced dramatically

11. There will be major improvements in cancer survival rates in all countries

My Favorite?

11 Targets: by 2020

My Favorite:

10. Emigration of health workers with specialist training in cancer control will have reduced dramatically

I asked the question to world leaders in Geneva in August:



What is the plan for No. 10?

(“Emigration of health workers with specialist training in cancer control will have reduced dramatically”)

They took my email and promised to get back to me!

2. Most Desperately Needed

Health Workers
and Optimize them by
adding Support
systems

Most needed initiative :

Staff Staff Staff



Cancer Nurses

Cancer Doctors

Physicists, Pharmacists, Radiation therapists,

Radiographers, Cytologists

Healthcare Information Systems Management

Professional Education/Research/Ethics

Most needed initiative :

Staff Staff Staff

Train

Retain

Repatriate

Import

Most needed initiative :

Staff Staff Staff

Advocate for adequate
staffing

Most needed initiative :

Staff

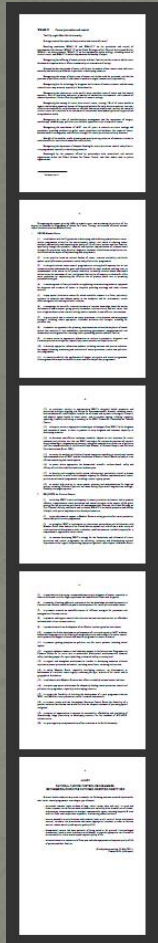
Optimize use of medical staff:

Arm you doctors

- ✓ Prevention educators at all points of contact.

- ✓ Material: Internet access, booklets, DVDs, videos, audio

Handout



58th World Health Assembly approved resolution on cancer prevention and control

For the first time in the history of WHO, an opportunity to reinforce comprehensive cancer policies and strategies among its member states has presented itself.

Adopted cancer prevention and control resolution, May 2005

In May 2005 the 58th WHA has approved a resolution on cancer prevention and control. The document is available in the six WHO official languages:

Good News

- Significant proportion can be cured
 - ✓ Surgery
 - ✓ Radiotherapy
 - ✓ Chemotherapy

4. Most urgent Humanitarian need Strategy

Pain control

- > 70% of Ca deaths occur in low- and middle-income countries
- 89% of world morphine used in USA and Europe

SUMMARY

TOAST CANCER

Train the trainers & decision makers

Optimize Staff : Educators in clinic

Avoid Cervical Cancer- Vaccinate

STop Pain

Handout

Information sources on the Web

- www.uicc.org
- www.who.int/topics/cancer/en/
- www.cancer.org
- www.cancer.org.au/home.htm
- www.cancer.ca
- www.cancer.gov
- www.nccn.org
- www.dietandcancerreport.org/

Be Patient
We're only getting started!

Thanks

- All attendees
- Prof. Trevor A. Hassell, *Director HSFB, Conference Coordinator*
- Adrian J L Randall , *CEO, Heart & Stroke Foundation of Barbados and Organisers of this meeting*
- Prof. Henry Fraser



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