

The International Union Against Cancer – Global Cancer Control

a report by

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Cancer is the second leading cause of worldwide mortality. Each year, more than 11 million new cases are diagnosed. Seven million of those diagnosed will die from cancer, with over 70% of these cases occurring in low- and middle-income countries.¹ In addition to the emotional and financial burden cancer places on families, the disease is costly for societies and threatens development, especially when it involves individuals who are economically active. The incidence of cancer is on the rise worldwide, reasons for which appear to vary from region to region. Increased physical inactivity, unhealthy diet and exposure to tobacco use are some of the causes of this increase. Infections with viruses such as hepatitis B (HBV), which causes liver cancer, and human papillomavirus (HPV), which causes cervical cancer, are important risk factors for developing cancer in low- and middle-income countries. In addition, at least 152,000 cancer deaths are linked to occupational carcinogens.¹ Over 40% of all deaths can be prevented by appropriate changes in lifestyle and environment. Many millions of deaths due to cancer could be prevented if these cases were identified early and treated effectively. This is particularly true of breast and cervical cancer. The technology for screening, diagnosing and treating these diseases is much more advanced, providing an opportunity to prevent the number of cancer deaths from rising. The International Union Against Cancer (UICC) is an international non-governmental organisation with almost 300 members, dedicated to the global control of cancer. It works to lead the worldwide cancer community in: sharing and exchanging knowledge and competence; transferring scientific findings to clinical, patient and public settings; systematically reducing and eliminating disparities in prevention, early detection and treatment; and delivering the best possible care to people living with cancer throughout the world. The UICC focuses its work on four strategic areas: cancer prevention and control; tobacco control; knowledge transfer; and capacity building and supportive care.

Cancer Patterns in South Asia

In South Asia, many factors contribute to the rise in cancer rates, including tobacco use, dietary-linked matters, occupational cancers and infections. As the world becomes more homogeneous, so does the rise in lifestyle-related cancers. The 10 most common cancers in South Asia for men are: lung, stomach, prostate, leukaemia, non-Hodgkin's lymphoma, oral cavity, larynx, colon, oesophagus and pharynx. In India and Sri Lanka, cancer of the oral

cavity is the most common. In Bangladesh and Pakistan, lung cancer is the most common type of cancer. *Table 1* shows the combined cancer incidence rates in India, Pakistan, Bangladesh and Sri Lanka in 2000. For women in South Asia, the highest incidence of cancer is found in the following sites: cervix, breast, oral cavity, ovary, oesophagus, colon, stomach, blood/bone marrow, thyroid and lung. Cancer of the cervix appears to be the most frequent form of cancer among the countries in South Asia, excluding Pakistan, where breast cancer is the leading cancer. Cancer of the oral cavity is the third most common cancer in Bangladesh, India and Sri Lanka, ranking second in Pakistan. Among females, cancers of the breast, cervix and ovaries contribute to approximately 50% of the total cancer incidence.²

Dietary Prevention of Cancer

It is estimated that dietary risk factors contribute to 10–30% of cancer deaths worldwide. Increased body fat is implicated as a cause of death from numerous non-communicable diseases.² However, not all the risk of cancer is due to excess calories and fat. A deficiency in the intake of fibre and nutrients such as vitamins and minerals contributes greatly to this risk. Today, the processing of foods is a major contributor to the lack of important nutrients in what we eat. A shift from a traditional diet rich in fruits, vegetable and fibres to a diet rich in energy and fats and low in protective nutrients has occurred during the last few decades. In addition, over time a steady flow of carcinogens in foods has increased the progression to certain cancers.

Cervical Cancer

Cervical cancer is the second most common cancer among women worldwide. It is caused by the human papillomavirus (HPV). In an effort to provide a global comprehensive prevention strategy to stop cervical cancer, the UICC has joined in a cervical cancer coalition with 11 other not-for-profit organisations. The aim of their campaign is to pair cervical cancer vaccination with screening and treatment programmes with the aim of reversing the worldwide threat of this type of cancer. For this campaign to be a success, the provision of access to life-saving technologies is a necessity. The UICC, along with members of the 'Global Call to Stop Cervical Cancer' group, call for the commitment and action necessary for women and girls around the world to have equal access to high-quality prevention and treatment options. To learn more, please read the UICC Cervical Cancer Concept Paper (at www.uicc.org).

Tobacco Control

Worldwide, smoking is responsible for more than 80% of lung cancer cases in men and 45% of those in women. According to the WHO, exposure to tobacco smoke also increases the risk of lung cancer by 20% in non-smokers. Cigarettes account for the largest share of manufactured tobacco products in the world – 96% of total sales.³ Five countries – China, the US, the Russian Federation, Japan and Indonesia – consume more than half of



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the world's cigarettes. Approximately 1,800 billion cigarettes are consumed in China each year, with Japan accounting for 312 billion annually.³ Second-hand smoke has been conclusively shown to harm the health of children. Two of the main challenges to ending this activity appear to be a lack of public awareness of these hazards and well-financed opposition by tobacco companies to oppose smoke-free laws. Tobacco companies collaborate with the restaurant and hospitality industry in their efforts to overturn existing legislation. In some countries, the tobacco industry uses the court system to challenge the legality of smoke-free laws and support state laws that preempt local smoke-free laws. Tobacco companies have also denied that adverse health affects are caused by second-hand smoke and have sought to undermine the smoke-free case by calling the scientific evidence into question and by sponsoring research of their own.⁴ Controlling tobacco use is a complex and challenging task. Strategies needed include health education, increasing tax on tobacco products, clean-air policies, tobacco advertising bans and control of illegal trade. The WHO Framework Convention on Tobacco Control (FCTC) is the world's first public-health treaty. The treaty came into force in February 2005. It has been signed by 168 countries and by September 2007 had been ratified by 151 countries (see www.who.int/tobacco). The UICC continues to work with the treaty parties with the goal of increasing the number of countries applying the strategies outlined in the FCTC.

Knowledge Transfer

Knowledge transfer at the UICC includes the international cancer fellowships programme as well as the tumour, lymph nodes and metastasis (TNM) prognostic factors project. Fellowships provide opportunities for professional development for cancer investigators, clinicians, cancer nurses and cancer society staff and volunteers. Each year 200 fellowships are awarded for advancing, transferring and disseminating knowledge about cancer from those who are knowledgeable to those who are eager to learn. To find out more about fellowships and grant possibilities in your area, please visit www.uicc.org/fellowships. The UICC's TNM Prognostic Factors project has the responsibility of promoting and disseminating cancer staging worldwide. Experts support the project by appraising literature and producing transferable knowledge. In 2006, the third edition of *Prognostic Factors in Cancer* was published, which has been acknowledged as the only textbook focusing on the clinical methodology for evaluating prognostic factors. The seventh edition of the *TNM Classification of Malignant Tumours* is scheduled for publication in 2009.

Capacity Building and Supportive Care

The UICC endeavours to increase the efficacy of member organisations by helping them to mobilise resources and take advantage of the potential in their communities. The UICC promotes fund-raising capacities, advocacy and communication skills, as well as the ability to participate in strategic alliances and cancer control planning. It helps new organisations get started, young organisations to strengthen and mature organisations to make the most of their impact. In response to the rising incidence of cancer in China, the Tianjin Declaration, modelled after the World Cancer Declaration adopted in 2006, has been developed by UICC member organisations there. To advance cancer control, several actions will be promoted including: improved data collection and reporting, health education, better screening,

Table 1: Combined Cancer Incidence Rates in South Asia, 2000²

Country	Male	Female
India	73.9	87
Pakistan	76.3	99.1
Bangladesh	60.5	70
Sri Lanka	89.8	102.8
South Asia	75.1	89.7

Crude incidence rate per 100,000.

standardised diagnosis and treatment and improved palliative care and rehabilitation. The Tianjin Declaration has proved to be a useful framework to set up effective interventions, in collaboration with health authorities.

World Cancer Campaign

The World Cancer Campaign for 2007–2012 entitled 'Today's Children, Tomorrow's World' employs a strong focus on lifestyle change in children and their families as a way to prevent cancer. The aim is to raise awareness of simple lifestyle changes that can prevent disease and encourage behaviour change. The four main messages espoused in this campaign include: providing a smoke-free environment; encouraging an energy-balanced lifestyle based on adequate physical activity and healthy eating habits; learning the facts about specific vaccinations that provide protection against certain cancers; and teaching children to be sun-smart and avoid excess ultraviolet (UV) exposure. The fourth of February each year has been designated as World Cancer Day. The goal of the global media campaign that surrounds the day is to raise public awareness in order to modify behaviour. The theme for World Cancer Day in 2009 is 'I love my healthy active childhood' and the message to parents and policy-makers is 'Overweight, obesity can lead to cancer. Help children to maintain a healthy body weight by balancing energy intake (low-calorie food and drink) and energy output (physical activity).' Public service announcements in multiple languages, press releases, news briefings and media events are all part of this worldwide campaign to educate the public on the options that exist. The UICC carries out this campaign with its member organisations and other health institutions worldwide.

World Cancer Congress

The latest World Cancer Congress was held in Geneva in August 2008. Over 3,000 participants from more than 120 countries met, networked, exchanged ideas and learned from leading experts in cancer control. The programme revolved around five tracks: prevention, treatment, tobacco control, patient advocacy and palliative care. The congress endorsed the World Cancer Declaration 2008, which represents a consensus between foundations, national and international non-governmental and governmental organisations, professional bodies, the private sector, academia and civil society and is a tool to help cancer advocates bring the growing cancer crisis to the attention of health policy-makers. As the leading public health congress on cancer, the biennial World Cancer Congress is an opportunity to measure progress made on the different fronts of the global fight against cancer, as well as to evaluate, prioritise and develop plans to address ongoing and emerging threats. The Congress is next scheduled to meet in Beijing in August 2010. For more information regarding the congress, please visit www.worldcancercongress.org ■

1. World Health Organization, 2007.

2. Cancer Awareness, *Prevention and Control: Strategies for South Asia*, A UICC Handbook, 2006

3. Mackey J, Erikson M, Shafey O, *The Tobacco Atlas, 2nd Edition*,

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4. US DHHS, *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*, Rockville, Maryland: US Department of Health and Human Services,

Centres for Disease Control and Prevention, National Centre for Chronic Disease Prevention and Health Promotion, Office On Smoking and Health, 2006.