International collaborations in cancer control and the Third International Cancer Control Congress

Andrea Micheli¹, Natalia Sanz¹, Faith Mwangi-Powell², Michel P Coleman³, Claire Neal⁴, Andreas Ullrich⁵, Luzia Travado⁶, Luiz Antonio Santini⁷, Luigi Grassi⁸, Francesco De Lorenzo⁹, Alberto Costa¹⁰, Jean-Marie Dangou¹¹, Luigi Bisanti¹², Adele Seniori Costantini¹³, Niveen Abu-Rmeileh¹⁴, Mostafa Kamal¹⁵, Massimo Federico¹⁶, Rodolfo Saracci¹⁷, Gad Rennert¹⁸, Angelo Stefanini¹⁹, Franco Cavalli²⁰, Eduardo Cazap²¹, Kathy Redmond²², Susan O'Reilly²³, Paola Muti²⁴, Paolo Casali²⁵, Gemma Gatta²⁶, Andrea Ferrari²⁷, Sergio Koifman²⁸, Ebrima Bah²⁹, Guido Pastore³⁰, Ronald Barr³¹, Claudio Lombardo³², Cristina Frazzingaro¹, Roberta Ciampichini¹, Paolo Baili¹, and the ICCC-3 Session B group³³

¹Descriptive studies and health planning unit, Fondazione IRCCS "Istituto Nazionale dei Tumori", Milan, Italy; ²African Palliative Care Association (APCA), Kampala, Uganda; ³London School of Hygiene and Tropical Medicine, London, United Kingdom; ⁴Lance Armstrong Foundation, Texas, USA; 5Diseases and Health Promotion, World Health Organization (WHO), Geneva, Switzerland; ⁶National Coordination for Oncology Diseases, High Commission for Health, Lisbon, Portugal; ⁷National Cancer Institute of Brazil (INCA), Rio de Janeiro, Brazil; ⁸Section of Psychiatry, University of Ferrara, Italy; ⁹Italian Federation of the Volunteer Associations in Oncology, Rome, Italy; ¹⁰European School of Oncology, Milan, Italy; 11WHO Regional Office for Africa, Brazzaville, Congo Republic; ¹²Epidemiology Unit, Local Health Authority of Milan, Milan, Italy; ¹³Occupational and Environmental Epidemiology Unit, ISPO Cancer Prevention and Research Institute, Florence, Italy; 14Institute of Community and Public Health, Birzeit University West Bank, Palestinian Authority; 15 Eqyptian Smoking Prevention Research Institute, Cairo, Egypt; 16 Modena Cancer Registry, Modena, Italy; ¹⁷IFC-National Research Council, Pisa, Italy; ¹⁸National Israeli Breast and Colorectal Cancer Detection Programs Ministry of Health and Israel Cancer Association, Department of Community Medicine and Epidemiology Carmel Medical Center and B. Rappaport Faculty of Medicine, Technion, Israel; ¹⁹Office of Development Cooperation, Consulate General of Italy, Jerusalem (on leave from the University of Bologna, Italy), Jerusalem, Israel; ²⁰International Union Against Cancer (UICC), Geneva, Switzerland; ²¹Latino American and Caribbean Society of Medical Oncology (SLACOM), Buenos Aires, Argentina; ²²Cancer World Magazine and Media Program, European School of Oncology, Milan, Italy; ²³British Columbia Cancer Agency, Division of Medical Oncology Department of Medicine at the University of British Columbia, Vancouver, Canada; ²⁴Italian National Cancer Institute "Regina Elena", Rome, Italy; ²⁵Oncology Medicine Unit, Fondazione IRCCS "Istituto Nazionale dei Tumori", Milan, Italy; ²⁶Evaluation Epidemiology Unit, Fondazione IRCCS "Istituto Nazionale dei Tumori", Milan, Italy; ²⁷Paedriatic Oncology Unit, Fondazione IRCCS "Istituto Nazionale dei Tumori", Milan, Italy; ²⁸National School of Public Health, Fiocruz, Brazil; ²⁹International Agency for Cancer Research (IARC), Banjul, Gambia; 30Childhood Cancer Registry of Piedmont, Turin, Italy; ³¹Mc Master University, Hamilton, Canada; ³²National Institute for Cancer Research of Genoa, Genoa, and Alleanza Contro il Cancro, Rome; 33 listed in the Acknowledgments

Contents

- 1. Introduction
- 2. Building the collaboration between the European Union and African Union
 - 2.1. On domains where the AU-EU collaboration might be implemented
 - 2.2. Pap smear diagnosis via satellite for Africa
 - 2.3. Psychosocial morbidity and quality of life in cancer patients: the Southern European psycho-oncology study an international collaboration at the EU level
 - 2.4. A community work model for a cancer survivor driven support network in South Africa
 - Cancer survival in Eastern Libya: preliminary data from the Benghazi Cancer Registry
- 3. Cancer control collaboration in Latin American and Caribbean countries
 - 3.1. Breast cancer control in Brazil
 - 3.2. Medicine consumption and spending for chemotherapy of the most prevalent tumors in Brazil

Key words: ICCC-3, cancer control, international collaboration.

Correspondence to: Andrea Micheli, Descriptive studies and health planning unit, Fondazione IRCCS "Istituto Nazionale dei Tumori", Via Venezian 1, 20133 Milan, Italy.

Tel +39 02 2390 2867;

fax +39 02 2390 3528;

e-mail

and rea. micheli@istituto tumori.mi. it

- Cancer control experiences and collaborations in the Eastern Mediterranean area
 - 4.1. A model for international and regional scientific collaborations in the King Hussein Cancer Center
 - 4.2. Initiating a psychosocial treatment program for cancer patient's in Turkey
- 5. Cancer control: the World Cancer Declaration promoted by UICC
 - 5.1. Results of a comparison between 10 national cancer plans (NCPs) in Europe
 - 5.2. The 1st international tele-health palliative care symposium
 - 5.3. Survivors: living through and beyond cancer: an Italian study on rehabilitation for cancer patients
- World-wide study of cancer survival (CONCORD); an example of international collaboration
- 7. Cancer control experiences and collaborations on the epidemiology of cancer in young adults
 - 7.1. Cancer survival differences between European adolescents (15-19 years) and young adults (20-24 years)
 - 7.2. Adolescent cancer in El Salvador
 - 7.3. Adolescent cancer in Guatemala
- 8. Cancer Control: international collaboration on clinical practice guidelines (CPGs)
 - 8.1. Patient self management for women with breast cancer
 - 8.2. Bridging the gap linking cancer management with cancer care: the role of the oncology social worker in South Africa
- 9. Conclusions: ideas for future cancer control international collaborations

Abstract

Over the past few decades, there has been growing support for the idea that cancer needs an interdisciplinary approach. Therefore, the international cancer community has developed several strategies as outlined in the WHO non-communicable diseases Action Plan (which includes cancer control) as the World Health Assembly and the UICC World Cancer Declaration, which both include primary prevention, early diagnosis, treatment, and palliative care. This paper highlights experiences/ideas in cancer control for international collaborations between low, middle, and high income countries, including collaborations between the European Union (EU) and African Union (AU) Member States, the Latin-American and Caribbean countries, and the Eastern Mediterranean countries. These proposals are presented within the context of the global vision on cancer control set forth by WHO in partnership with the International Union Against Cancer (UICC), in addition to issues that should be considered for collaborations at the global level: cancer survival (similar to the project CON-CORD), cancer control for youth and adaptation of Clinical Practice Guidelines. Since cancer control is given lower priority on the health agenda of low and middle income countries and is less represented in global health efforts in those countries, EU and AU cancer stakeholders are working to put cancer control on the agenda of the EU-AU treaty for collaborations, and are proposing to consider palliative care, population-based cancer registration, and training and education focusing on primary prevention as core tools. A Community of Practice, such as the Third International Cancer Control Congress (ICCC-3), is an ideal place to share new proposals, learn from other experiences, and formulate new ideas. The aim of the ICCC-3 is to foster new international collaborations to promote cancer control actions in low and middle income countries. The development of supranational collaborations has been hindered by the fact that cancer control is not part of the objectives of the Millennium Development Goals (MG-Gs). As a consequence, less resources of development aids are allocated to control NCDs including cancer.