

**Press release**

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**CANTREAT INTERNATONAL**

**INTERNATIONAL EXPERTS CALL FOR CONCERTED ACTION TO COUNTER RAPID GROWTH OF WOMEN'S CANCERS IN LOW- AND MIDDLE-INCOME COUNTRIES**

**Misinformation and Lack of Diagnosis and Treatment Mark Women's Experiences; Low-Cost, High-Impact Initiatives Could Save Thousands of Lives**

(Berlin, 22 September, 2009) – The Cancer Treatment Informal Working Group (CanTreat International), a coalition of international cancer experts, today released *The Hidden Epidemic: Women's Cancers in Low- and Middle-Income Countries*, an analysis of and call for action to address the rapidly growing and largely overlooked epidemic of women's cancers in low- and middle-income countries. The report, which examines dramatic increases in breast and cervical cancer and the disproportionate global impact of cancer on women in poor countries, was released at the 15<sup>th</sup> Congress of the European CanCer Organisation (ECCO) and 34<sup>th</sup> Congress of the European Society for Medical Oncology (ESMO) in Berlin.

The new report also addresses growing rates of breast and cervical cancer in the middle-income countries of Eastern Europe and the former Soviet Union (FSU). In many of these, increases in cancer rates and risk factors along with very low rates of access to diagnosis and treatment present situations similar to those of poor countries in Africa or Southeast Asia.

**Global Cancer Burden to Double, Growing Most Rapidly in Developing Countries**

The report warns that the world must prepare for a doubling of the global cancer burden over the next 20 years, along with an increasing concentration of cancer cases in low- and middle-income countries. More than half of the 12.4 million estimated new cases of cancer and two-thirds of the estimated 7.6 million cancer deaths of cancer in 2008 occurred in low- and middle-income countries<sup>1</sup>, where cancer kills more people each year than AIDS, TB and malaria. Breast cancer incidence is currently growing in low- and middle-income countries at up to ten times the global average – up to 5% per year<sup>2</sup>. Once diagnosed, the chances of dying of cancer are typically three times higher for a person in a poor country than for one in a wealthy country<sup>3</sup>.

## **Women in Poor Countries are Majority of Breast, Cervical Cancer Deaths**

Breast and cervical cancer, which together account for more than one-quarter of female cancer deaths worldwide<sup>4</sup>, are a main focus of the new coalition report – as the global burden of illness and death from these diseases is shifting rapidly to developing countries. More than 85% of all deaths from cervical cancer, for example, now occur in developing countries<sup>5</sup>, as do more than half of all breast cancer deaths. At the same time, only 5% of global resources for cancer are spent in the developing world<sup>6</sup> and cancer control is not even mentioned in the UN Millennium Development Goals.

“Any health facilities in low- and middle-income countries capable of cancer diagnosis and treatment are usually inaccessible to poor, rural populations, and most health workers are insufficiently trained in cancer prevention, diagnosis and treatment,” said David Kerr, MD, Professor of Cancer Medicine at the University of Oxford, President-elect of ESMO, Chief Research Advisor, SIDRA and co-founder of AfrOx, an organization that assists African countries in implementing cancer prevention and control programmes. “As a result, around 80% of cancer patients are not seen by the health services until their disease is advanced, and most women with cancer in poor countries receive little or no medical attention at all.”

“While all cancers require much greater attention in low-resource settings, breast and cervical cancer warrant particular focus, as each is amenable to prevention and treatment options that can be provided in low-resource settings, but that have not been widely available to women in need,” said Joseph Saba, MD, Chief Executive Officer of Axios, which is dedicated to improving access to healthcare in developing countries.. “Increasing access to low-cost, high impact interventions to reduce the burden of these two cancers will also provide an invaluable opportunity to strengthen health systems to address other cancers and chronic diseases, such as cardiovascular disease and diabetes, in low- and middle-income countries.”

“We need more pragmatic approaches to manage breast cancer in poorer countries” said Alexandru Eniu, MD, PhD, Medical Oncologist at the Oncology Institute Ion Chiricuta in Romania. “Guidelines developed in high-income countries are unhelpful in situations where the resources required to implement them are simply unavailable. Locally appropriate responses are needed in developing countries, as well as in many middle-income countries, such as those in Eastern Europe.”

Changing lifestyles, aging populations, urbanization and chronic infection lie at the root of the global growth in cancer. Changes in diet, insufficient exercise, smoking, drinking and obesity are all increasing cancer risk in the world’s poorest countries, as well as in Eastern Europe and the FSU. The prevalence of cancer causing infections in developing countries is also a significant factor in the shifting burden of cancer worldwide.

## **The Case for Expanding Cancer Diagnosis and Treatment in Poor Countries**

The coalition report presents the humanitarian and development case for greatly expanding public and private sector support for cancer prevention, detection and care in poor countries. Proven but underutilized low-cost screening techniques include increased public education, clinical breast examination and visual inspection

of the cervix, using staining with acetic acid (vinegar) or Lugol iodine, along with cryotherapy to freeze early cervical cancer cells.

“Early detection has been key to dramatically reducing the impact of women’s cancers in developed countries, and must become the focal point of efforts to address rapidly growing caseloads of breast and cervical cancer in low- and middle-income countries as well,” said Anne Reeler, Chief Technical Officer of Axios. “Low cost, low technology approaches to early detection and treatment have been proven effective and shown to be feasible in these countries. The international community must now move quickly to support these lifesaving practices.”

Education of health workers and the public at large is also a major component of increasing cancer awareness and diagnosis, according to the report. In many countries cancer in general, and women’s cancers in particular, are surrounded by powerful myths and prejudices – including the common notion that cancer is contagious and that women with the disease must be ostracized from the community. In Eastern Europe, it is common practice to not even tell women with cancer about their illness. At the same time numerous studies show that education is key to reducing stigma, which disproportionately affects girls and women,<sup>7</sup> and which leads to a lower uptake of preventive and diagnostic services and to postponement or rejection of treatment, care and support.

The report also calls for greatly enhanced efforts to educate providers about and ensure the availability of palliative care for late-stage disease. Currently, restrictions on the use of morphine mean the vast majority of people with late-stage cancer in developing countries live with excruciating pain with no pain management.

*The Hidden Epidemic: Women’s Cancers in Low- and Middle-Income Countries* includes a Call to Action that outlines specific, low-cost activities that developing countries and donors must undertake urgently to reduce the rate of growth in women’s cancers and increase access to information, diagnosis, treatment and support for cancer in low- and middle-income countries. Among these are recommendations to better track caseloads, increase education and communication, strengthen health systems to treat women’s and other cancers, make health services more accommodating or and sensitive to women, and institute low-cost diagnosis and treatment methods that are proven and available today.

Copies of the report are available at <http://www.axios-group.com>

### **About CanTreat International**

The Informal Working Group on Cancer Treatment in Developing Countries (CanTreat International) comprises experts from leading global cancer organizations working in an individual capacity to develop new models for the delivery of treatment and palliative care for cancer, in particular women’s cancers, in developing countries. CanTreat International members include: Ben Anderson (Breast Health Global Initiative), Michel Ballieu (Chief Executive Officer, ECCO – the European CanCer Organisation), Colm Bradley (ELN Foundation), Ahmed Elzawawy (ICEDOC), Joe Harford, (Director, International Affairs, National Institutes of Health), David Kerr (AFROX, Professor, Oxford University), Ian Magrath (International Network for Cancer Treatment and Research), Len Mafrica (Publisher, Oncology Nursing Society), Doug Pyle (Director International Affairs, American Society of Clinical

Oncology), Anne Reeler (Chief Technical Officer, Axios International), Lewis Rowett (European Society for Medical Oncology), Joseph Saba (Chief Executive Officer, Axios International)

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<sup>1</sup> International Agency for Research on Cancer 2008, *ibid*, (p15)

<sup>2</sup> International Agency for Research on Cancer 2008, *ibid*, (p100)

<sup>3</sup> LA et al. Between and within: International perspectives on Cancer and Health Disparities. *Journal of Clinical Oncology* 2006;14:2204.

<sup>4</sup> American Cancer Society 2007, *ibid* (p3)

<sup>5</sup> American Cancer Society 2007, *ibid*, (p3)

<sup>6</sup> Ngoma, T. *World Health Organization cancer priorities in developing countries*. *Annals of Oncology* Vol.17, Supplement 8, June 2006.

<sup>7</sup> Joint United Nations Programme on HIV/AIDS. *Reducing HIV Stigma and Discrimination: a critical part of national AIDS programmes – A resource for national stakeholders in the HIV response*. Geneva, Switzerland. UNAIDS, 2007 (p9)