“We unite the cancer community to reduce the global cancer burden, to promote greater equity, and to integrate cancer control into the world health and development agenda.”
About UICC

• Oldest and largest cancer federation in the world, established in Geneva in 1933

• More than 960 members in 160 countries: leading cancer societies, research/care centres, governmental health institutions, patient groups.

• Formal relations with UN agencies: WHO, IARC, IAEA

"We unite the cancer community to reduce the global cancer burden, to promote greater equity, and to integrate cancer control into the world health and development agenda."

M. Tezer Kutluk
President
UICC
UICC - Purpose

We unite the cancer community to reduce the global cancer burden, to promote greater equity, and to integrate cancer control into the world health and development agenda.
A Worldwide Public Health Problem

- 32.6 million people are living with cancer
- 14.1 million new cases per year around the world
- It would rise to 21.6 million cases per year in 2030
- Cancer killed 8.2 million cases in 2012 around the world
- Cancer would kill 13.3 million people in 2030

Globocan, 2012

- The big opportunity is 30-40% of cancers are preventable
- Screening is available in some common cancer types
- Treatment results are improving
- Supportive & palliative cares can be expanded
The estimated total annual economic cost of cancer globally was approximately USD 1.16 trillion in 2010—taking into account the costs of prevention and treatment plus the annual economic value of disability-adjusted life years (DALYs) lost to cancer.
Deaths due to NCDs

(38 million people each year)
68% of global deaths are due to NCDs
Four by four

NCDs (defined by WHO)

Diabetes
Cardiovascular disease
Cancer
Chronic Respiratory Disease

Key Risk Factors

Tobacco Use
Unhealthy diet
Physical Inactivity
Harmful Use of Alcohol
Common Cancers

Most Common Cancers Worldwide in 2012

- Lung cancer: 40%
- Breast cancer: 13%
- Colorectal cancer: 12%
- Prostate cancer: 6%
- Stomach cancer: 7%
- Liver cancer: 6%
- Cervical cancer: 4%
- Other: 8%

Source: GLOBOCAN 2012
Morbidity, mortality, and distribution of non-communicable diseases (NCDs)

• 34·5 million of the 52·8 million deaths in 2010 were attributable to NCDs
• Leading cause of death globally, and 80% of deaths and 90% of early preventable deaths occur in LMICs
• NCDs deaths will increase by more than 50% in LMICs by 2030
• A quarter of NCD deaths occur in people aged < than 60 years
• Overall, age-specific NCD death rates are nearly twice as high in LMICs than in high-income countries, and NCDs account for 50% of all disability

Alleyne G, Lancet 2013
NCDs

- NCDs cause 66% deaths and 50% disability.
- 9 million preventable deaths before the age of 60.
- Fastest rise in LMICs – NCD deaths up by over 50% by 2030.
- A top global risk (World Economic Forum).
- NCDs cost world economy $47 trillion over the next 20 years.
- A major social and economic development issue.
# Preventing Cancer

## How many cases of cancer can be prevented?

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Prevention Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung cancer</td>
<td>89.2%</td>
</tr>
<tr>
<td>Bowel cancer</td>
<td>54.4%</td>
</tr>
<tr>
<td>Kidney cancer</td>
<td>42.3%</td>
</tr>
<tr>
<td>Esophageal cancer</td>
<td>89.0%</td>
</tr>
<tr>
<td>Leukemia</td>
<td>15.2%</td>
</tr>
</tbody>
</table>

### Factors Possible:
- Tobacco
- Chemicals at work
- Unbalanced diet
- Ionizing radiation
- Red meat
- Overweight
- Alcohol
- Inactivity
- Infections

Source: Queen Mary University of London, Cancer Research UK, 2011
Trends in Cancer Death Rates* by Sex, US, 1975-2010

*Age-adjusted to the 2000 US standard population.
Source: National Center for Health Statistics, Centers for Disease Control and Prevention, 2013.
Cancer Beliefs and Behaviors Survey in Turkey

by Turkish Association for Cancer Research & Control

• Prof. Dr. M. Tezer Kutluk, MD, PhD, FAAP
• Prof. Dr. Şuayib Yalçın, MD

Abstract code: RF.3

Disclosure of Interest: None Declared
Background & Aim

WCD Target 5  
Stigma associated with cancer will be reduced, and damaging myths and misconceptions about the disease will be dispelled”.

Aim  
To investigate the cancer related beliefs and behaviors in Turkey

Method  
A face to face survey, 1234 people representing the different socioeconomic groups at 15-65 years of age from 15 different districts, during January-February 2014. Study population was selected by multistep, semi-random sampling method and survey was conducted by GfK Turkey Omnibus study.
Beliefs regarding the magnitude of cancer; Etiology, treatability, risk behaviors (including smoking, eating, physical exercise, sun exposure), screening practices were asked in addition to personal characteristics. The results were analyzed and compared with global facts.

Main Results

Number 1 Health problem: 53% Cancer; 11% AIDS; 7% Heart diseases  
Main factors contributing to cancer development: Smoking 97%, alcohol 93%, stress 90%, infectious causes 89%, sun exposure 87%, mobile phone 84%, obesity 70%, fatty diet 68%, limited vegetable intake 65%, limited fruit intake 63%, limited grain intake 60%, limited excercise 58%, red meat 48%, tap water 44%
Main Results

Risk Factors: Smoking rate 41%; Awareness on sun exposure & cancer connection 51%; Exercising (>3 times a week) 14%.

Screening behavior: Mammography rate (> 40 yrs) 32%; PAP smear rate (>18 yrs) 30.5%; Prostate Ca screened (>50 yrs) 2.5%; Colorectal Ca screened (>50 yrs) 6%.

Having a cancer & Treatment: 31% they could have cancer in future; 21% they will die if they get cancer; 39% they will not die from cancer, 40% was not sure. 76% cancer is treatable. Tx decision: 57% doctor must decide; to the treatment, 36% they have to participate in the decision making.

Information sources: Friends 53%, internet 46%, TV 41%, 32% hospital & physician, 16% newspaper & magazine.

Conclusion

• The awareness is increasing, however, still needs investment on public knowledge and practice.
• Screening rates are getting better but still lower than levels in developed countries.
• Based on these factors, addressing the cancer by global or national campaigns will contribute the better understanding of cancer myths public.
• A successful implementation of cancer control plans require more focus on beliefs and behavior.
• Stigma associated with cancer must be reduced, and damaging myths and misconceptions about the disease must be dispelled.

• Tezer Kutluk
The World Cancer Declaration calls upon Government Leaders and health policy-makers to significantly reduce the global cancer burden, promote greater equity, and integrate cancer control into the world health and development agenda.

IMMEDIATE ACTIONS FOR ALL COUNTRIES
Building on the Global NCD Action Plan (2013-2020) agreed by Member States at the World Health Assembly in May 2013, the global cancer community has identified a set of immediate actions for all stakeholders, in particular governments, to advance progress towards the 9 World Cancer Declaration targets.
High level meeting on NCDs at UN
19-20 September 2011
More work is now needed to convince governments around the world to commit to reduce the avoidable deaths from NCDs by 25% by 2025 - a target WHO believes to be achievable.

2015 Millenium Development Goals
The global agenda

A robust NCD Framework

**Global Commitment**
UN High-Level Summit on NCDs and adoption of UN Political Declaration on NCDs

**Global Action Plan**

**Global Monitoring Framework**
“25 by 25” NCD mortality target adopted at WHA (the first of 9 global targets and 25 indicators)

**Global Coordination**
UN Task Force on NCDs and a Global Coordination Mechanism (GCM)

2011  
2012  
2013  
2014
Set of 9 voluntary global NCD targets for 2025

- Premature mortality from NCDs: 25% reduction
- Essential NCD medicines and technologies: 80% coverage
- Drug therapy and counseling: 50% coverage
- Diabetes/obesity: 0% increase
- Tobacco use: 30% reduction
- Raised blood pressure: 25% reduction
- Salt/sodium intake: 30% reduction
- Physical inactivity: 10% reduction
- Harmful use of alcohol: 10% reduction
UN General Assembly High-Level Meeting on the comprehensive review and assessment of the progress achieved in the prevention and control of NCDs 10 July 2014, New York
NCDs NOW IN THE SDGs
SDGs as key drivers

- September 25\textsuperscript{th}, 2015; Adoption of the 2030 Agenda for Sustainable Development (SDGs), the successor of the Millennium Development Goals (MDGs).
- International policy and agreements as a key tool for advocacy at national level. SDGs, driver of the international development policy and funding for the next 15 years.
- The 17 Sustainable Development Goals and 169 targets;
  - to end extreme poverty, fight inequality and injustice, improve health and wellbeing, and tackle climate issues. For the first time, NCDs are included in these goals.
- Health is recognised as a precondition for and an outcome of sustainable human development in the 2030 Agenda.
  - SDG 3 focuses on health and pledges governments to “ensure healthy lives and promote well-being for all at all ages”.
  - To measure progress against this goal, there are 9 targets covering a range of global health priorities including maternal and child health, communicable diseases, universal health coverage, and NCDs.
2016 World Cancer Congress

An exciting and innovative programme:

**Track 1**
- **Stemming the tide:** Innovations in prevention and screening

**Track 2**
- **Closing the gap:** Quality cancer treatment and diagnosis for all

**Track 3**
- **Improving patient and family experiences**

**Track 4**
- **Strengthening cancer control:** Optimising outcomes of health systems

**Track 5**
- **Empowering civil societies:** Building capacity for change

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