

Highlights



The **International Liver Cancer Movement (ILCM)** made its debut at the World Cancer Congress (WCC) where it led a 'Meet the Experts' session that addressed the need to fast-track progress in the field. Entitled "Liver cancer is today where breast cancer was 30 years ago. Changing the narrative: the emergence of the first ever liver cancer global movement", our session was led by ILCM member Luciana Holtz (Oncoguia, Brazil) who took this opportunity to share experiences with and gather feedback from the broader cancer community.

Further, we had a chance to attend many sessions at the WCC. Below are a few highlights:

Main themes

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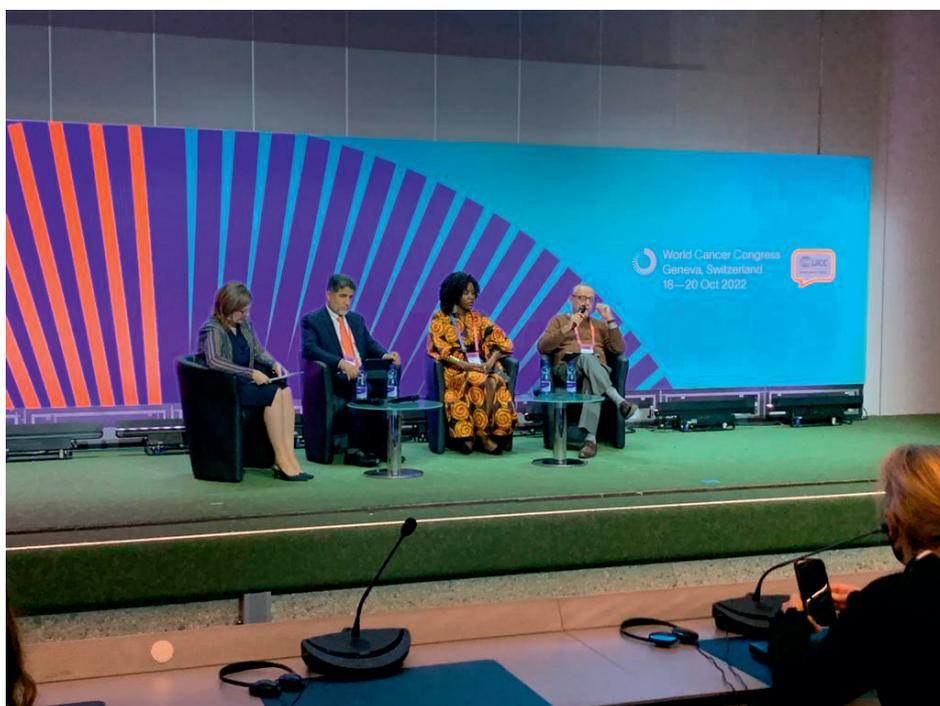
The key emerging themes from the WCC were:

- Significant focus on breast, cervical, colorectal and lung cancer backed by WHO papers and adopted by most of countries worldwide
- NCD prevention topics focused on tobacco use, nutrition and alcohol consumption as these are drivers for cancer (incidentally, a link to liver cancer was mentioned in the plenary session)
- Disruptions on cancer screening, early detection and access to care caused by COVID
- Huge need for strong advocacy with regards to the urgency in addressing cancer prevention, diagnosis and care in the post-COVID era

Interestingly, aside from these big topics, there was a clear message on the importance to work in less high ranked cancer entities, such as liver and pancreatic cancers.

This was exemplified by the session **"How can we shift attention to cancers with poor prognosis"**.

- Next Challenges: pancreatic and liver cancer (!)
- Innovative risk adapted prevention strategies incl. promising biomarkers for prostate, lung, bladder, oral and nasopharyngeal; the notion of “prevention 2.0” (public health strategies being 1.0); biomarkers, microbiome, immunology; importance early detection, and need to identify people at high risk to develop cancer in 5 years.
- Precision medicine incl. individualization, personalization.
- Integrated prevention and screening programs incl. care pathways from risk factor identification alongside social and societal aspects
- eHealth in limited infrastructure environments incl. need to share knowledge and expertise; artificial intelligence (AI) to support diagnostic processes; need to strengthen capacities outside of main hospitals, to involve patients and informal carers into care management (via chatbots), and effective ways to interpret data.



Ahmed Al-Mandhari, World Health Organisation (WHO) Eastern Mediterranean office, Marcos Espinal, Pan American Health Organisation (PAHO) in the panel discussion How can regional planning improve cancer control

Regional planning to improve cancer control

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(key messages coming from different parts of the world)

- **Europe/French Ministry of Health and Prevention:** Cancer with poor prognosis needs more attention with the aim to improve survival; this is part of an EU collaboration between France, Czech and Sweden.
- **PAHO:** to combat the inequalities within the region it's essential to tackle universal access to health, the increasing numbers of expected cases, HPV vaccination and survival, elimination of cervical cancer. The push for action should be done on a country level in close cooperation with NGOs. Existing strategic funds are not used enough for cancer; PAHO credit line programs for countries to buy medicines and technologies and pooled procurement are essential to advance progress.
- **African region:** is doing well in terms of awareness and action around cancer control. Still, most patients are diagnosed in advanced stages and don't complete care. The financial burden is a huge barrier, as well as lack of health insurance and social cultural aspects. Question: what are the factors on the ground to improve innovations in the diaspora regions to overcome lack of health workers capacities and shift narratives?
- **EMRO:** cancer is now the #4 reason for death in the region, with doubled numbers expected for 2040. Smoking, obesity, diabetes as well as instabilities in countries are contributing to massive disruptions in health care, limited funding, lack of access to technologies, limited data, and limited surveillance programs. That said, work on cancer plans is ongoing despite all of these challenges.

Other:

- **Digital formats** make it possible to do more meetings with less funding. Sharing best practices is vital, as is the work with NGOs.
- **Partnerships** with civil society organisations are essential to deliver impact on the ground, to bring new ideas and thoughts to the table. We need to mobilize communities and look at pooling resources.
- **Cancer community** to translate key topics into clear call to action for policy makers so they understand where to act.

Overcoming COVID Disruptions

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- **Colorectal screening cancer group (global)** – this is a good example when it comes to mitigation strategies re: modelling of impact and catch up of patients who missed their screening
- **IARC Cancer Control post Covid Global Taskforce** – focus: assessing the impact on outcomes re: colorectal, cervical and breast cancer

Sharing best practices

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Research Partnerships strategies to advance patient centred cancer control

- Stronger together peer to peer support for women with cancer: cultural adaptation of training programs in Vietnam – research fund to adapt and evaluate pilots, results published in a scientific journal.
- Cancer Alliance, South Africa (Salome Meyer): advocacy report on cost of cancer challenges for the next 10 years. All relevant stakeholders were brought together in solution labs to rethink, redesign, reengineer care. Methodology to partner patient voice together with the science to drive advocacy.
- Strengthening research capacity of PAGs, Brazil (Luciana Holtz): use of data to generate knowledge and contribute to the conversations about how to improve the lives of people living with cancer, how to inform educational and awareness campaigns, how to define institutional strategies, to change public policy evidence based, and ultimately ensure the patient voice is heard and valued.
- WHO Cervical cancer elimination program: derived from the SDGs, the program has concrete aims specific to cervical cancer elimination according to WHO Guidelines. It looks at the cost of delay of elimination, and refers to Globocan CANCER & COVID data to support country planning.

Rethinking Awareness through Creative Action and Collaboration

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- Online cancer fitness exercise in China, song contest to follow
- Flash Mobs in Lebanon to break taboo linked to cancer and spread hope, sit in's to request access to care, flash mob on World Cancer Day to raise awareness on drug shortage issues
- World Cancer Day Song in Malaysia, many tomorrows: hope, joy and happiness (made possible by a UICC grant)
- Creating conversation between 2 generations of survivors, Philippines: on World Cancer Day, awareness on disparities in access to care "close the gap".



Stella Kyriakides, European Commission (Belgium) giving a key note in the plenary session: How can regional planning improve cancer control