

# GLOBAL CANCER CONTROL: ACTIVITIES OF THE AMERICAN CANCER SOCIETY AND CHALLENGES FACING GLOBAL CANCER CONTROL EFFORTS



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Oxford Health Alliance Summit, Oxford, England  
April 16, 2009



# American Cancer Society Global Cancer Control Activities (examples):



Capacity-Building (e.g. 200+ \$5-10K seed grants since 2001)

Training (e.g. ACSU, Latin America Early Detection Program)

Communications (e.g. journalist “boot camps”, Tobacco Atlas, Cancer Atlas, OxHA-3Four50 videos)

Collaborations (e.g. Global Smokefree Partnership, African Tobacco Control Regional Initiative, Framework Convention Alliance)

Patient Care (Int’nl Relay for Life, India Palliative Care Initiative)

# Challenges Facing Global Cancer Control – A Baker’s Dozen:



Cancer viewed as a less immediate health threat (e.g. compared to the infectious diseases)

“Competition” from other diseases

Lack of a strong, science-based, but advocacy focused, international cancer organization

Difficulty in translating industrialized nation cancer control interventions to LMICs

Lack of funds

“Competition” *within* the cancer control community, among organizations and among disciplines, esp. treatment/prevention/basic science

March of the Western lifestyle



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# Challenges Facing Global Cancer Control – A Baker’s Dozen: (continued)



Late presentation for cancer treatment/lack of early detection capabilities

Lack of reliable cancer registries

Diminishing interest in disease-specific approaches and greater focus on health systems approaches/changes encompassing all diseases (an overall positive, but not for cancer or other specific diseases *per se*)

Cancer fatalism

Lack of well-trained personnel – treatment through research

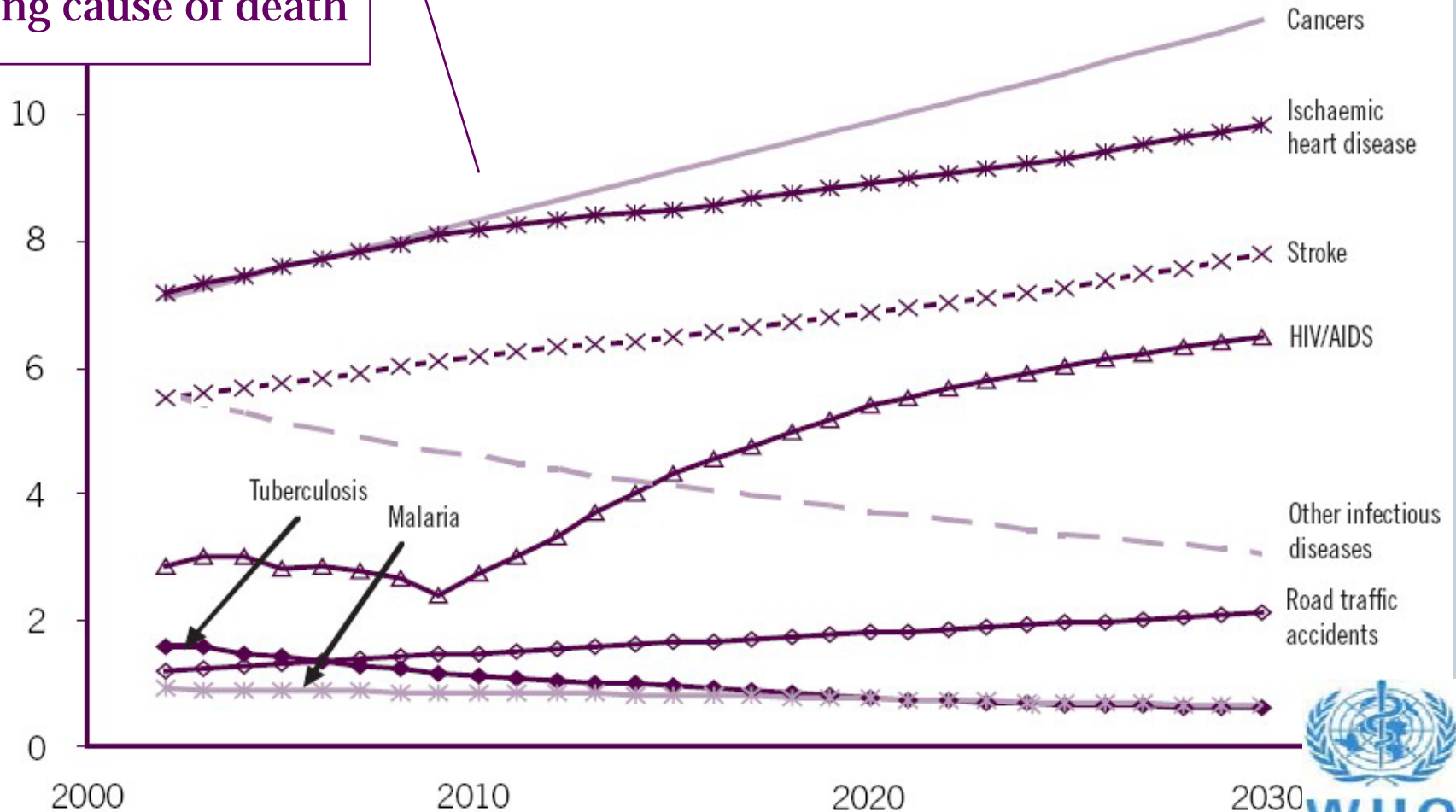
Harnessing and fostering collaboration among the wide range of factors/disciplines which contribute to cancer – e.g. tobacco, diet/nutrition, physical activity, genetics, environment, early detection



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# Projected Deaths for Selected Causes

In 2010, cancer will become the world's leading cause of death



# Significant Challenges, but Some Solutions on the Horizon:



Additional funding (e.g. Bloomberg/Gates for tobacco control)

Potentially powerful chronic disease collaborations (e.g. OxHA, WHO-World Economic Forum smokefree workplace coalition)

Growing recognition of shared risk factors among chronic diseases and the subsequent opportunity for collaborations and shared resources

More widespread science applications (e.g. WHO MPOWER plan)

Health systems changes (e.g. more widespread ability to screen for cervical ca in LMICs)



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