



IDCA and the World Health Organisation

The World Health Organization has had a long-standing commitment to cancer control. On the occasion of the recent publication of the second edition of its book on National Cancer Control Programmes: Policies and Managerial Guidelines, the WHO issued a press release calling attention to the worldwide problem of cancer and the need for greater emphasis on prevention. The IDCA responded to this challenge in two ways: firstly, a letter (reprinted below) was drafted and sent directly to Ms. Gro Harlem Brundtland, Director-General of the WHO. Secondly, the IDCA held very productive joint meetings at the United European Gastroenterology Week (UEGW) meeting held in Geneva in November 2002 with Dr. Andreas Ullrich, Medical Officer of the WHO Cancer Control Program. Dr. Ullrich expressed great interest in working closely with the IDCA, and a number of potential collaborative activities were considered. The WHO press release and the IDCA letter are presented below.

World Health Organization Press Release

National Cancer Control Programmes: Policies and Managerial Guidelines. 2nd ed. Geneva: WHO, 2002. (ISBN 924154557-7.)

Each year, cancer affects more than 10 million people worldwide, and kills 6 million. Without effective control of the disease, these figures will increase significantly, with the most marked rise occurring in the developing countries. Although much remains to be learned about the etiology of cancer, enough is now known about the causes of cancer and means of control for suitable interventions to have a significant impact. At least one-third of cases are preventable by such means as controlling tobacco and alcohol use, moderating diet, and immunizing against viral hepatitis B. Early detection, and therefore prompt treatment, of a further one-third of cases is possible where resources allow. Effective techniques for pain relief are sufficiently well established to permit comprehensive palliative care for the remaining, more advanced, cases. The establishment of a national cancer control program, tailored to the socio-economic and cultural context, should allow countries to effectively and efficiently translate the present knowledge into action. Implementation of the necessary measures requires the formulation of evidence-based policies, the mobilization and appropriate allocation of resources, the active participation of all stakeholders and - above all - government commitment to legislation, education, and national and international collaboration in support of cancer control.

This monograph provides guidance for policy-makers and others on the establishment of national cancer control programs. It outlines the scientific basis of feasible approaches to the control of cancer, and considers possibilities for prevention, early detection, cure, and care. It discusses the appropriateness of particular technologies, and describes how to manage national programs tailored to different resource settings.

From the report: "While many Member States recognize the need to develop national cancer control programs, few in the industrialized world and even fewer in developing countries have yet done so. As a result many people die from preventable cancers and suffer unnecessarily from pain and anguish at the end of their lives... This edition provides the information needed to guide the development of feasible, equitable, sustainable, and effective national cancer control programs." Dr. Gro Harlem Brundtland, WHO Director-General.

Copies of the book can be ordered from the WHO:
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IDCA Letter to the WHO

To Ms. Gro Harlem Brundtland, Director-General, World Health Organization

Dear Director-General,

The recently-released second edition of National Cancer Control Programmes: Policies and Managerial Guidelines states that millions of lives can be saved each year by implementing cancer prevention programs. We agree wholeheartedly, and nowhere is this more pertinent than in digestive cancers. Digestive cancers as a group (esophagus, stomach, pancreas, liver, colon) are the most common form of cancer worldwide, with an incidence of approximately 3 million new cases and a mortality of 2.2 million people each year. Among these cancers, colorectal cancer (CRC) has the highest incidence.

We launched a worldwide campaign for CRC prevention at the Vatican in Rome in March 2002, as the first focus of the new International Digestive Cancer Alliance, sponsored by several international medical societies and supported by H.H. the late Pope John Paul II. Medical representatives from more than 50 countries, as well as the media, health-care officials, and industry representatives participated in the meeting.

We plan to help raise awareness and encourage preventive approaches globally through the national member societies of the Alliance, and through www.gastro-pro.org, a new e-learning tool for gastroenterologists and other health workers in remote locations and underserved countries, which will soon publish an instructional module on simple CRC screening techniques. We also plan to initiate campaigns that will focus on the prevention of other digestive cancers.

CRC was chosen as the first campaign because of its high incidence worldwide and the tremendous potential for prevention. A worldwide survey reported at the meeting in Rome, demonstrated the low rate of promotion of CRC screening, especially in developing countries. The results of the survey were based on 158 responses from 59 countries. They showed there was a higher level of physician awareness in high-risk countries of the importance of CRC screening than in low-risk countries, and higher awareness for familial high-risk people, but there was a substantial lack of awareness in all countries, regardless of the familial risk.

The survey uncovered many barriers to screening, including lack of public awareness and inadequate financial support and resources on a national basis in most countries. Among the findings:

- 67% of responding physicians sought help for developing educational materials.
- 64% wanted greater distribution of educational material.
- 57% were interested in hearing expert speakers on CRC screening.
- 54% sought additional training in CRC screening.

There is now strong evidence that colorectal screening is effective in reducing the incidence and mortality from this disease. Guidelines have provided several options for screening. The challenge now is to implement screening worldwide, especially in countries at high risk for the disease. This will require overcoming the low level of awareness of both the public and every physician regarding the importance of CRC screening.

It appears from this survey that some physicians do recommend colorectal cancer screening, but that approaches vary widely in terms of screening options offered, at what age screening should start and the interval between screens, especially screening colonoscopy.



Many countries do not have established CRC guidelines for health-care providers. It also appears that resources are not adequate to support screening and diagnosis in many countries, especially the low-risk countries. We hope that the International Digestive Cancer Alliance can help overcome some of these barriers and stimulate national organized programs.

Colorectal cancer is a major worldwide medical burden, especially in Western and westernized countries. We now have an understanding of the natural history of colorectal cancer. We also have the tools to intervene in that natural history and substantially reduce CRC incidence and mortality. There is a consensus that screening is effective and should be promoted and there are many guidelines available that can help health-care providers.

However, awareness must be raised, resources strengthened, guidelines developed that are specific for each country if they are not available, a national program developed, and efforts made to reduce the financial barriers. We now have a unique opportunity to dramatically reduce the numbers of men and women who are destined to be afflicted by and die of this major cancer. Our goal is the same as WHO's: saving lives through strategies that are available today.

We welcome an active collaboration with WHO in this critical worldwide disease, the control of which we all share. This can be organized in several ways. WHO could make its resources available to the International Digestive Cancer Alliance as one of the founding organizations, or designate the Alliance as a WHO Collaborating Center for the Prevention of Digestive Cancers, or in some other way as is appropriate. We would be pleased to meet at the time of the European Digestive Disease Week to be held in Geneva during the week of October 20th to discuss further how we can work together. We are responding to the challenge presented by WHO.

Yours sincerely,

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Chairman: International Digestive Cancer Alliance

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