



The UICC program:
"My child matters"

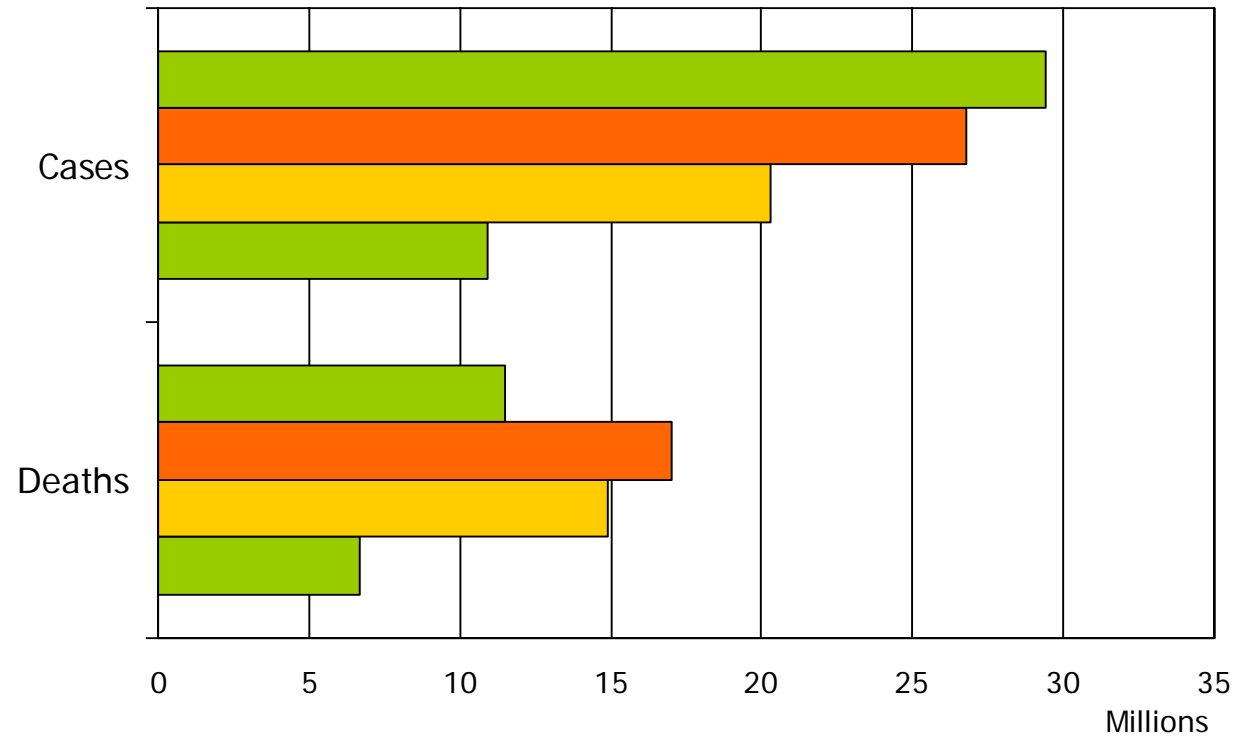
Franco Cavalli, M.D., F.R.C.P.,
UICC President



World



Estimated Cancer Burden in 2030



■ 2000

■ 2030 (Population growth)

■ 2030 (+1% annual increase of the risk)

■ 2030 Annual percent change in Incidence (+1.3) and Mortality (-0.4) in France (1978-2000)*

* Remontet et al, 2002



Increase of cases in the developing countries

Sum of mainly poverty-related tumors (cervical, oesophagus, liver) and tumors linked to western style of life (breast, lung, prostate, colorectal) as well as lack of primary and secondary prevention



The global burden of cancer at the dawn of the 21st century

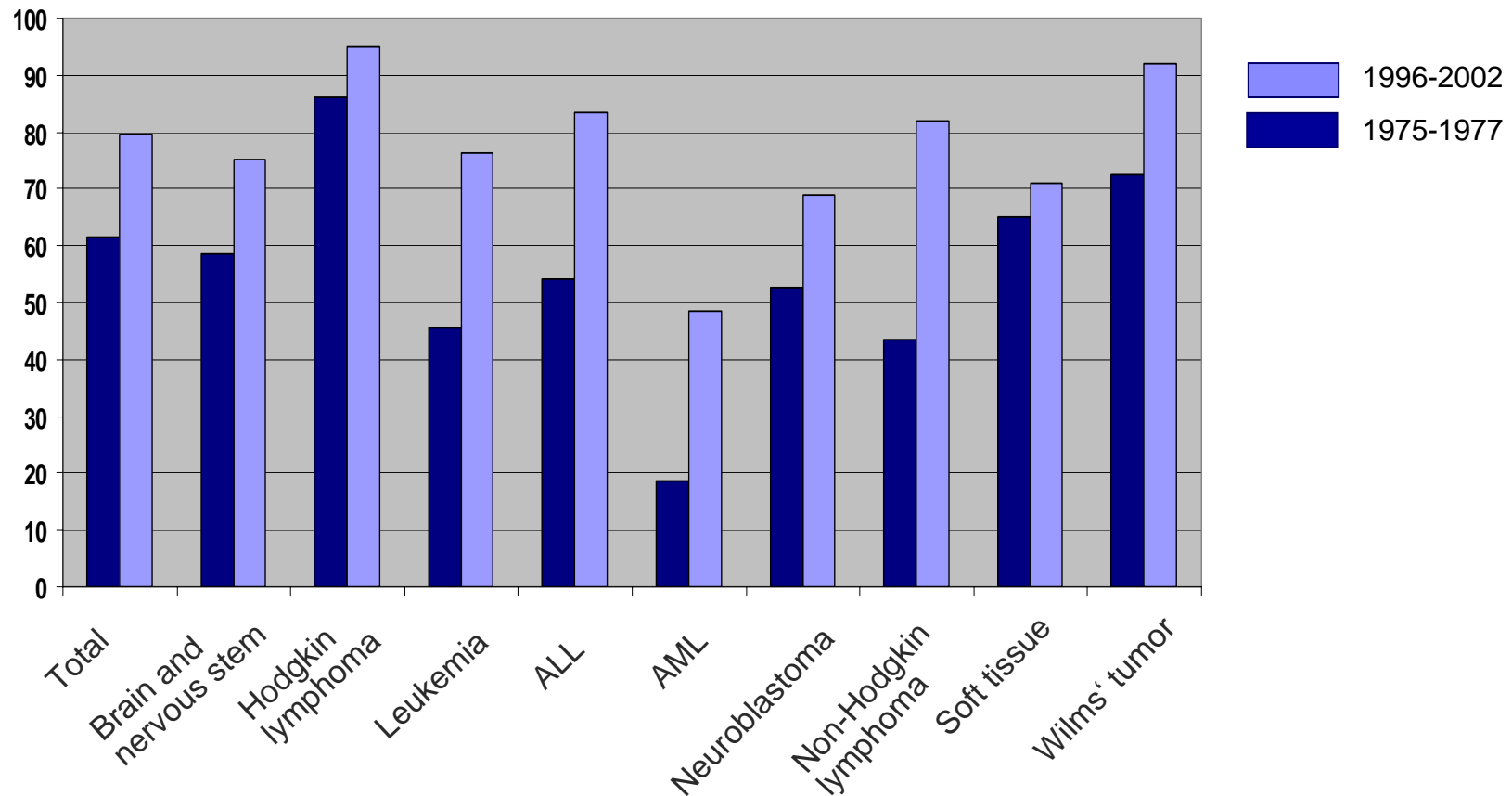
Year	Incidence Million/year	Mortality (million year)			Author
		Total	Industrialized countries	Developing countries	
1975	5.9	-	-	-	Boyle 1997
1980	6.4	4.3	2.1	2.1	Tomatis 1990
1985	7.6	5.1	2.2	2.9	Pisani 1993
1990	8.4	6.0	2.4	2.9	Murray 1997
1996	10.0	6.4	2.6	3.8	WHO 1997
2020	15-18	10.0	2.5	7.5	WHO 1997

Audit on Oncology in the Third World
 in: *Cancer in developing countries*
S. Tanneberg, F. Cavalli, F. Pannuti



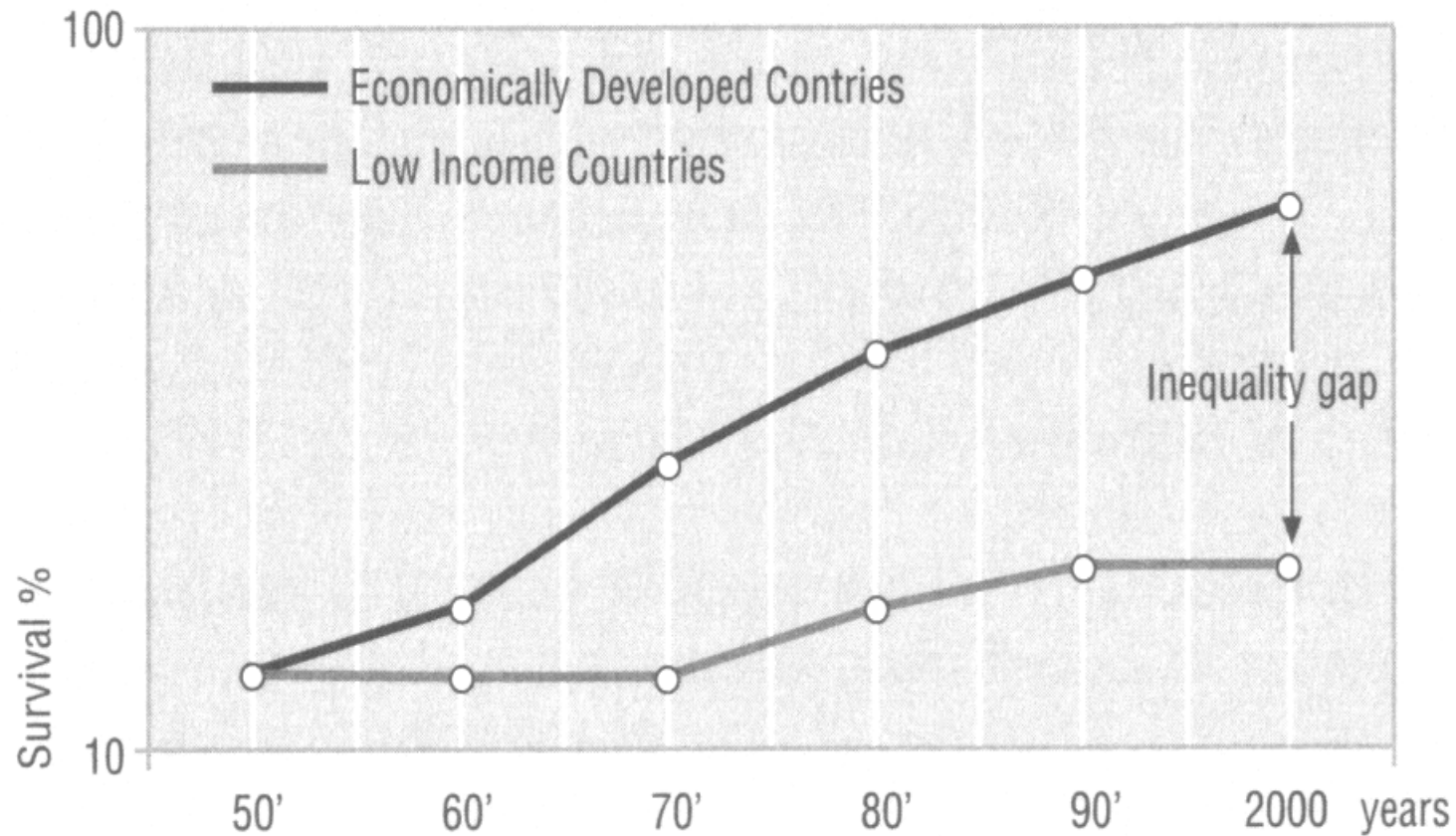
Childhood cancer survival, 1975-2003

More and more children are surviving cancer. In the last 28 years, for which statistics are available, the percentage of children who survive for 5 years has increased from 61.5% to 79.5% and the increase is even higher for certain cancer types. The difference between 1975-1977 relative survival and that in 1996-2002 is statistically significant. In this issue, researchers examine some of the problems childhood cancer survivors have in later life.





Survival of children with cancer in economically developed countries and in low-income countries





Resources today

Developing countries have already now 70% of the world's cancer, but only a third of the total radiation facilities (some 2,200 compared to 4,500 in affluent nations).

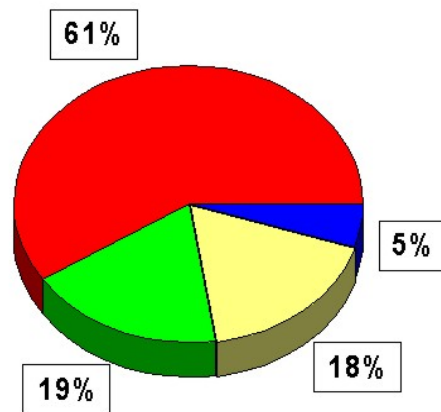
Fifteen African nations and several Asian countries have no radiotherapy machines at all.

*Source: IAEA
International Atomic Energy Agency*

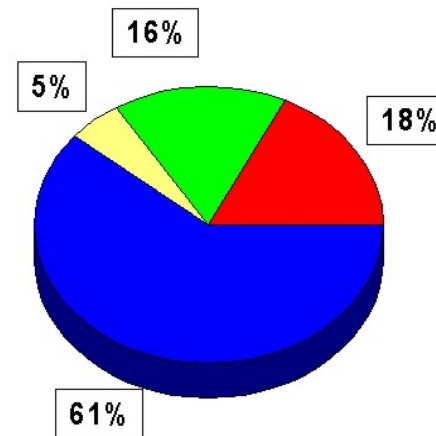


Cancer Drugs versus Cancer

Anti-Cancer Drug Sales



Cancer



USA
Japan

Europe
Rest of World



Why childhood cancer ?



Childhood cancer is rare, but highly treatable

80% of children with cancer live in the developing world

Without access to life-saving treatment, more than one in two of these children diagnosed with cancer will die

Treating childhood cancer doesn't have to be expensive



Childhood cancer

- 8-15 new annual cases for every 100.000 children
- Incidence higher developed countries + LA
lower Asia + Africa (with exceptions!)
- 6% of deaths in affluent countries
- Up to $\frac{1}{4}$ of all deaths everywhere for the age 5-14 years



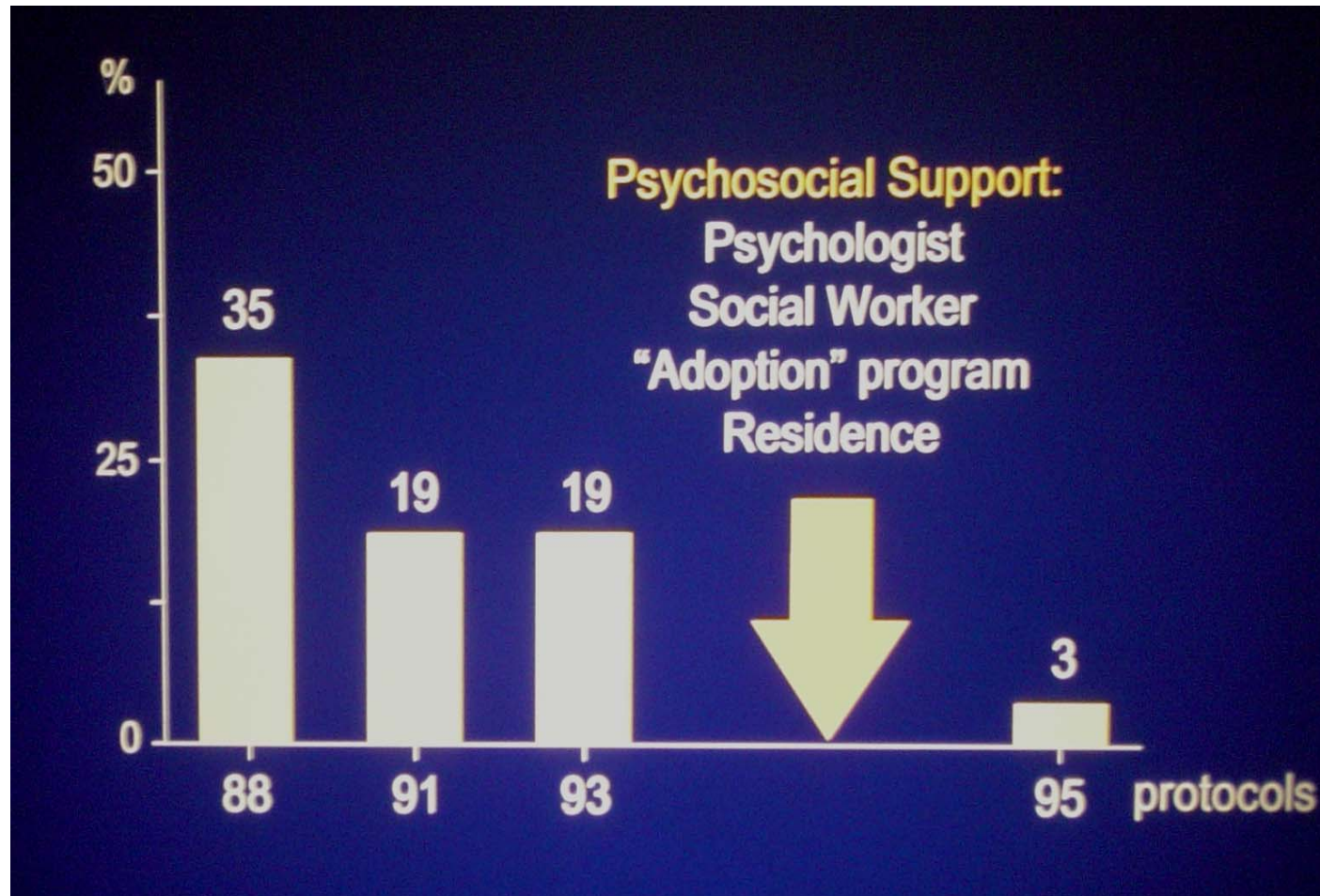
Importance of childhood cancer

Although representing „only“ 2% of all cancers

- tremendous emotional impact
- best „proof of concept“ that cancer is curable also in developing countries

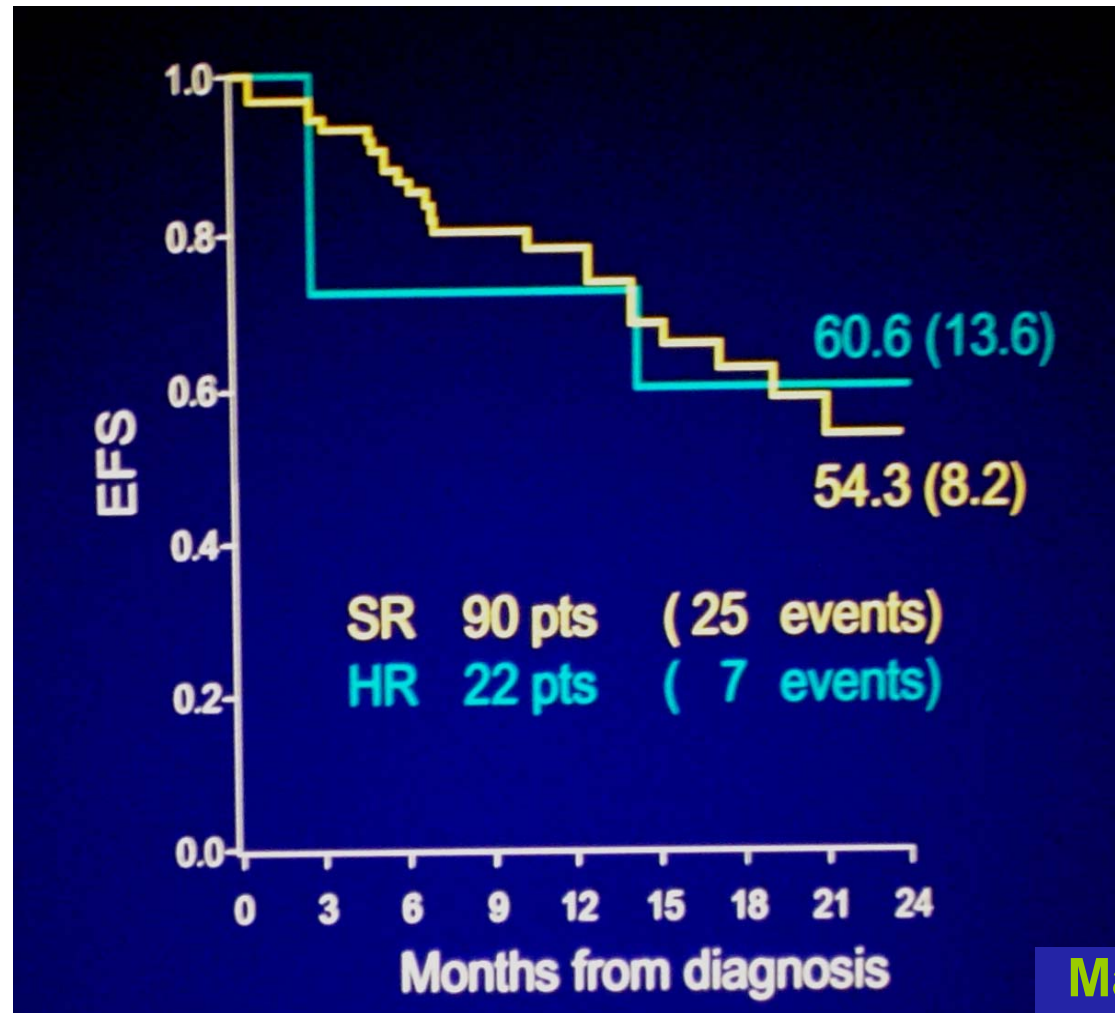


Lost to therapy





Non-B ALL – Nicaragua Protocol 95 – by risk group





Distribution and sources of the funds provided for "La Mascota" project in the period 1986-1998

	1986-89	1990-93	1994-97	Total US\$
Donations by:				
Solidarity groups	120	550	380	1.050
Governments	--	70	150	220
Adoptions Program	--	--	300	300
Resources used for:				
Antineoplastic drugs	30	200	200	430
Training and fellowships	40	220	220	480
Buildings*	50	130	80	260
Laboratory	--	50	30	80
Psychosocial support	--	20	200	220
Total	120	620	730	1.470

* The Ducate of Luxembourg has recently financed the construction of a new ward of 12 beds for hemato-oncology, for a cost of US\$ 500.000



Twinning programmes

Rules

- Make a long-term commitment
- Start with one disease (example: ALL)
 - emotional impact
 - much knowledge
 - not too much “high-tech”
- Initial investment
 - training (not too long, but continuous)
 - minimal structure
- Then provide drugs
- Long-term investment
 - supervision
 - psychosocial support



Twinning programmes

Mistakes to be avoided

- Do not simply transfer technology, but adapt it to local conditions
- Do not increase dependency, but try to create conditions for independence
- Do not transfer simply knowledge, but “research-minded attitude”
- Do not think that you have nothing to learn (example: role of social environment)



Paediatric oncology in developing countries

“effective therapy does not have to be expensive, but depends on effective drugs being available worldwide at reasonable cost”

*T. Eden , C. Pui , G .Tognoni et al.
All children have a right to full access to
treatment for cancer
Lancet 2004; 364: 1121-1122*



Call to action by the Global Cancer Declaration

Strategies should be developed and implemented regarding

- cancer control planning
- cancer registries
- tobacco control
- vaccines (infections in general)



Call to action by the Global Cancer Declaration

(cont.)

- early detection / treatment
- knowledge transfer / research
- palliative care
- monitoring

*WCC, Washington, D.C.
July 12, 2006*



World Cancer Campaign

UICC is the only international NGO dedicated exclusively to global cancer control

- The Childhood Cancer Campaign has three main components:
- Call for Projects
- Worldwide mobilization and awareness campaign to highlight the effects of childhood cancers
- A comprehensive state-of-the-art report on childhood cancers, which is scheduled to be made available to the public on World Cancer Day, 4 February 2007



Affiliated With St. Joud Children's Research Hospital



My Child Matters™
Mon enfant, ma bataille™
Mi niño ante todo™



14 catalytic childhood cancer projects in
10 selected countries

- 【 BANGLADESH
- 【 EGYPT
- 【 HONDURAS
- 【 MOROCCO
- 【 PHILIPPINES
- 【 SENEGAL
- 【 TANZANIA
- 【 UKRAINE
- 【 VENEZUELA
- 【 VIETNAM

financing of up to €50,000/year
*(funding from sanofi-aventis with additional
support from NCI-USA)*



Outcome in developing countries

Source: extensive evaluation in 10 countries of MCM

correlated with:

- structure of health care
- international help (twinning)
- activities of civil society

more than with GDP

UICC *My Child Matters*
to be published



My Child Matters™ – Mi criança ante tudo 2007 Grant Recipients



12 additional catalytic childhood
cancer projects in 6 countries

- BOLIVIA
- INDONESIA
- KENYA
- MALI
- KENYA
- PERU

financing of up to €50,000/year
*(funding from sanofi-aventis with additional support
from NCI-USA)*



AMERICAS: *Mi niño ante todo - Mi criança ante tudo*™
2007 Grant Recipients

BOLIVIA

*Project to fight childhood cancer and improve
paediatric oncological diagnosis*

Dr Yolanda Ernst

**Instituto Oncologico del Oriente -
Boliviano**

(Santa Cruz de la Sierra)

Free Leukemia Diagnosis for Bolivian children

Dr Ricardo Amaru Lucana

**School of Medicine, Mayor de San
Andres University (La Paz)**

Learning to Grow under Special Conditions

Lucy Parejas

**Fundacion amigos y familiares de niños
con cancer – AFANIC (Santa Cruz)**

PERU

Update in paediatric oncology in Peru

Gustavo Javier Sarriá-Bardales

**National Institute of Neoplastic - INEN
(Lima)**

*Desarrollo de la capacidad para la atención y
mejora de servicio a pacientes de ALDIMI*

Nelly Isabel Therese Huamani

**Albergue para enfermos de cáncer
señor de la Divina Misericordia
(ALDIMI) de Surquillo (Lima)**



ASIA *My Child Matters*[™] 2007 grant recipients

INDONESIA

*Integrated Community-based Leucemia,
Retinoblastoma Early Detection Campaign and
Referral Treatment*

Dr Melissa Luwia

Indonesian Cancer Foundation

(Jakarta)

*Early Detection and Prompt Treatments
Program in Retinoblastoma Patients in
Indonesia*

Dr Rita S. Sitorus

Faculty of Medicine

University of Indonesia

(Jakarta)



AFRICA: *My Child Matters*[™] 2007 grant recipients

KENYA

***Establishment of awareness of the occurrence of
Burkitt's Lymphoma for purposes of early
detection and treatment***

Prof Nicholas Anthony Othieno Abinya

Kenya Medical Research Institute

(Nairobi)

MALI

Oncopedia

Dr Togo Boubacar

Hôpital Gabriel

(Bamako)



Start small, scale up smart

Developing countries should consider scaling up their local or regional programs only after the pilot programs have been shown to perform well.

*In: Disease control priorities in
Developing Countries, 2nd edition
page 589; 2006*



UICC World Cancer Congress 2008

27-31 August 2008
Geneva, Switzerland

Towards True Cancer Control

First
Announcement