



International Agency for Research on Cancer

Centre International de Recherche sur le Cancer

IARC Press Release

February 4, 2008

WORLD CANCER DAY, 2008

Introduction

Given the continuing growth and ageing of the world's population, the impact on the global burden of cancer incidence and cancer mortality will be substantial. The International Agency for Research on Cancer will be presenting the 2007 *Annual World Cancer Data Update* and the 2008 *Annual Statement of Cancer Challenges* at a press conference on the occasion of World Cancer Day, February 4th, at the Agency's Headquarters in Lyon, France.

World Cancer Day has now grown into a universally recognized yearly event, and a milestone for cancer researchers, oncologists, patients and the civil society at large, for a number of reasons: perceived increase in cancer incidence, better understanding of the problem on a global scale, better awareness of the relative weight of cancer vs. the still huge burden of communicable disease in poorer countries.

The International Agency for Research on Cancer is setting the pace in establishing a yearly rendez-vous of all parties concerned, to publish the latest hard facts of the incidence and mortality of the disease by WHO Region: these will be used by all other stakeholders to establish priorities, set up interventions, design cancer control strategies and decide on public health policies. While IARC is recognized as the source of reference cancer data for more than 4 decades, it inaugurates today a series of annual meetings that will review the pattern of cancer round the world year after year.

2007 Annual World Cancer Data Update

A major global shift of the cancer burden

The majority of the global cancer burden has now shifted from westernised, developed countries several decades ago to medium- and low-resource countries today.

WHO Regions with a large proportion of countries of low- or medium-resource are hardest hit and the impact in such countries, still faced with the burden of infectious disease and a low budget for health, will be considerable in terms of the treatment needs and the costs of treatment.

Background

Less than 20% of the world's population is covered by cancer registration and, in 2000, 30% by mortality registration schemes. However, this is not equally spread over the globe.



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Mortality data coverage

In Africa less than 0.1% of the population is covered by medically certified cause of death schemes, in Asia only 8.5% of the population is covered.

Cancer incidence coverage

The corresponding population coverage for cancer incidence statistics is 8% in Africa, 7% in Asia and 10% in Latin America. In the absence of data from large portions of the population, estimations of the burden of cancer incidence and mortality in each World Health Organization Region have been made making maximum use of all data sources available to the IARC.

Explosion of cancer impact foreseen within two decades

Neither the number of new cases of cancer nor the number of deaths caused by cancer is available for many parts of the world. To move towards cancer prevention and control world-wide we must first understand the magnitude and nature of the cancer burden in different regions of the world. Various estimates can be made under a variety of different assumptions. Available estimates for 2000 suggest that there were 10.4 million new cases of cancer diagnosed worldwide, 6.5 million deaths from cancer, and over 25 million persons alive with cancer five years after diagnosis. Taking account of the growth and ageing of the world's population, based on various assumptions regarding trends in cancer risk, by 2030 it could be expected that there will be 20 to 25 million incident cases of cancer, and 13 to 16 million cancer deaths annually.

Effective cancer control measures and capacity building essential to curb this trend

It is essential to address the world's growing cancer burden. The WHO Resolution on Cancer Control provides a strong impetus for countries to develop programmes aimed at the reduction of cancer incidence and mortality. Priorities need to be realistic and achievable and include a focus on the identification, delivery, and assessment of effective cancer control measures. Depending on resources and competing health priorities, all steps must be taken to avoid those cancers which are avoidable; to treat those cancers which are treatable; to cure those cancers which are curable; and to provide palliation to those patients who need palliative care. The necessity for cancer control and capacity building in countries of limited resources is evident and urgent.

Identifying the cause helps identify the control strategy

There are several clearly identified causes of cancer¹ and several strategies which can lead to reductions in cancer incidence and mortality². Currently, the most common forms of cancer differ between high-resource countries and the remainder.

Ageing of the population and adoption of 'western' lifestyle

The great problems facing low- and medium-resource countries into this century are the growth and ageing of the population and the *westernisation* of their lifestyle and tobacco³. Changes in lifestyle habits, increase in sedentary lifestyle, weight gain and obesity and sociological changes notably increasing age at first birth and decreasing



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parity in women, are leading to large increases in breast and colorectal cancer in particular.

Tobacco

Tobacco is the best identified human carcinogen and which is carcinogenic in all its forms of use^{4,5}. It is clear, and has been for several years now, that the effect of tobacco on cancer risk, and indeed on overall mortality, is far in excess of any other common risk factor or treatment effect. Information nowadays taken for granted, has evolved from the extensive follow-up of the British Doctors study⁶.

Tobacco epidemic will grow into cancer epidemic in poorer countries in decades to come

Tobacco use has taken hold in populations in low- and medium-resource countries and substantial increases have taken place in smoking prevalence in recent years. Given the substantial delay, which approaches 40 years, between big changes in smoking prevalence in populations being reflected in big changes in disease rates, the peak of the tobacco-smoking related cancer epidemic in low- and medium-countries has still to materialize. The Tobacco Epidemic will be driving the Cancer Epidemic in low- and medium-resource countries for years to come.

Poorer countries bear heaviest burden

Low-income and medium-income countries are, arguably, harder hit by cancer than the high-resource countries⁷. Such countries often have a limited health budget and a high background level of communicable disease. Cancer treatment facilities are not universally available and life-extending therapies are often unavailable. Cancer and other chronic diseases, which are becoming more common, can cause devastating damage.

Grasping the magnitude of cancer problem makes it possible to understand avoidable causes of the disease

The first big step towards cancer prevention and control world-wide is understanding the magnitude and nature of the cancer burden in different regions of the world and then moving towards an understanding of avoidable causes. Recent increases in data availability in low-resource countries allow a better picture of the global cancer burden to be understood.

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2008 Cancer Challenges

IARC, WHO and partners are leading the way for concerted action along four major avenues:

General Challenges

To prevent those cancers that can be prevented

To treat cancers which can be treated

To cure those cancers which can be cured

To provide palliation whenever it is required

Specific Priorities

To take action against Tobacco world-wide

To implement what is known to reduce cancer risk

To develop concerted action against breast cancer

To develop concerted action against cancer of the cervix