

ON WORLD CANCER DAY, EXPERTS SPOTLIGHT THE GROWING CRISIS OF CANCER IN POOR COUNTRIES, AND THE GLOBAL GAP IN CANCER DIAGNOSIS AND TREATMENT

More than half of new cancer cases and 60% of cancer deaths occur in developing countries; expanded access to cancer diagnosis and treatment is crucial

(Paris – 2 February, 2009) – Often considered a disease of wealthy countries, cancer now kills more people each year in developing countries than either AIDS, tuberculosis or malaria, and is now one of the leading causes of death in poorer nations. Developing countries are experiencing large and rapidly growing cancer caseloads for which their health and social service systems must rapidly become prepared, according to experts addressing the global shift in cancer burden this World Cancer Day, February 4.

“Cancer in the developing world is a hidden crisis that goes largely unreported, undiagnosed, and untreated,” said David Kerr, MD, Rhodes Professor of Clinical Pharmacology and Cancer Therapeutics at the University of Oxford, Chief Research Advisor, SIDRA and co-founder of AfrOx, an organisation that assists African countries in implementing cancer prevention and control programmes. “Cancer survival rates in developing countries are exceptionally poor. Lack of awareness, stigma, and reliance on traditional healers mean most people do not seek medical help until their disease is advanced, and often incurable.”

While late-stage cancer treatment can be complex and expensive, prevention and early diagnosis are highly cost effective, and can often be performed without advanced technologies. This World Cancer Day, experts are drawing global attention to the need for expanded access to cancer drugs and diagnostics in low- and middle-income countries, modelled on highly successful efforts to increase developing world access to treatment for diseases such as HIV/AIDS.

Cancer is on the rise worldwide, but is growing most quickly in developing countries. By 2020, the cancer death rate in low- and middle-income countries is projected to be more than five times that of the industrialised world. Among the barriers to addressing this growing epidemic are lack of awareness; lack of resources; insufficient cancer policies and programmes; lack of diagnosis and treatment infrastructure; lack of trained personnel; and the high cost of many cancer treatments. Experts at today’s commemoration of the upcoming World Cancer Day, however, also pointed to several successful efforts now underway to increase prevention, early diagnosis, and access to advanced cancer treatment.

“Access to cancer diagnostics and drugs is essential, said Joseph Saba, MD, chief executive officer of Axios, which is dedicated to improving access to healthcare in developing countries. “Today, significant progress has been made in the early detection of many cancers, in particular breast and cervical, yet nearly four out of five people with cancer in developing countries are not diagnosed until they have late stage disease. The vast majority of people with cancer in poorer countries also receive little or no treatment, or even palliative care. Progress made in providing HIV treatment, however, proves that much more can be done to expand access to care. Lessons learned from HIV should now be used to benefit those with other diseases.”

Closing the global cancer prevention, diagnosis, care and treatment gap

Discrepancies between cancer diagnosis and survival rates in rich and poor countries are alarming. Cervical cancer, the leading cause of cancer deaths in women in the developing world, is among the easiest to treat if diagnosed early. Yet, while low-technology screening methods can significantly reduce cervical cancer rates, limited access to screening means women in developing countries now account for more 80% of all new cases worldwide. The five-year survival rate for women in the USA who receive treatment early for cervical cancer is 92%, while fewer than 3 in 10 patients in Africa are alive five years after diagnosis. More than six times as many women (272,000 vs. 42,000) in developing countries died of cervical cancer in developing countries than in wealthy countries in 2007.

In 2007, just under half of the total breast cancer cases worldwide, nearly 600,000 cases, occurred in the developing world. Breast cancer is now the second leading cause of cancer death in developing countries. Yet, while 81% of women with breast cancer are alive five years later in the USA, only 32% of women in sub-Saharan Africa survive five years from diagnosis. Increasing early detection of breast cancer would improve outcomes and save money, as treating late stage breast cancer is up to nine times more costly than treating early disease.

Jean Lemerle, MD, president of the Franco-African Group for Paediatric Oncology, emphasized the serious impact of cancer on children in developing countries. “Eighty percent of children with cancer live in developing countries. And more than 60% of children with cancer worldwide do not have access to effective treatment,” Professor Lemerle said. “While deaths from childhood cancer have declined significantly in industrialized countries, little progress has been made in reducing cancer’s impact on children in low- and middle-income countries due largely to the lack of access to diagnosis and treatment for the cancers that affect children most. As a starting point, sufficient budgets must be allocated to health programmes in these countries, and within these, cancer must be given much greater priority.”

Addressing the role of preventable, treatable chronic infections

Chronic infection is a leading cause of cancer in developing countries -- more than one in four cancers in the developing world is related to chronic infection, compared to fewer than one in twelve in developed countries -- and preventing and treating such infections is one important approach to reducing cancer in these settings, experts meeting here reported. Many cancer-causing infections, such as infection with human papilloma virus, which is associated with cervical cancer; hepatitis B, which is highly associated with liver cancer; and the bacterium *helicobacter pylori*, which can cause stomach cancer, are preventable through improvements in basic healthcare, immunization, and use of antibiotics.

Access to HIV treatment greatly reduces the incidence of a number of cancers, including Kaposi sarcoma, cervical, colorectal and lymphatic cancers. Vaccination of adolescent girls against HPV can significantly reduce future rates of cervical cancer. An access programme, managed by Axios, plans to make available at least 3 million doses of the vaccine developed by Merck to prevent cervical cancer caused by HPV in eligible low-income countries throughout the world.

Models for action must be expanded

Experts emphasize that HIV/AIDS has demonstrated that complex care can be delivered safely and effectively in very low-resource settings. Low-cost and low-technology approaches to cancer diagnosis include manual examinations for breast cancer by trained healthcare providers, which can be as effective as mammography; and visual inspection for signs of cervical cancer using vinegar or Lugol iodine. Cervical cancer can also be treated, if detected early, through cryotherapy, a simple and inexpensive freezing procedure. Practitioners can be trained to provide both cervical cancer acid screening and cryotherapy in 5-10 days. Such new models must highlight early detection, which then allows for treatment to be easier, cheaper and more effective.

Several low-income countries are demonstrating progress in their cancer response. Among these are:

- The Sudan, an extremely poor country with a large rural population and widespread illiteracy, which has established a cancer control programme focussed on breast, cervical and oral cancer – major killers for which screening is affordable and treatment is feasible.
- Cambodia, where the US-based NGO Partners Telemedicine uses the Internet and email to connect patients in remote villages with cancer specialists in Phnom Penh and Boston.

- Ethiopia, which four years ago had no data on breast cancer patients, no mammography, or treatment guidelines, and only one cancer specialist and one radiotherapy unit for the whole country. A programme developed here by Axios International, with the support of AstraZeneca and the Ministry of Health, has significantly increased Ethiopia's capacity to manage all aspects of breast cancer.

These highly effective models for action cannot be sustained and replicated, however, without greater global support. Today, only 5% of global resources for cancer are spent in the developing world and only 15% of countries in sub-Saharan Africa have cancer policies or plans in place. Lack of infrastructure and skilled personnel, including insufficient clinics, insufficient numbers of trained health professionals and acute shortages of laboratory facilities, equipment and technicians for cancer screening and radiotherapy services, weigh heavily on efforts to address the cancer epidemic.

Increasing access to advanced cancer diagnostics and therapies

The high cost of cancer drugs and diagnostics is a key barrier that Axios has been working to overcome, through innovative models already used to promote sustainable access to the products that have transformed HIV diagnosis and treatment.

“Drug donation programmes can help improve immediate access to drugs in specific situations but cannot be the only solution in the long run,” said Axios International CEO Joseph Saba, MD. “Axios works with in-country partners to encourage drug makers to approach low- and middle-income countries as a market instead of a charity. This model encourages manufacturers of vital drugs and diagnostics to charge only what payers in particular markets can afford – creating profits not through high mark-ups, but through increased volumes that provide treatment to more people in need.”

Experts meeting here presented a new issue paper and advocacy agenda for improving responses to the growing crisis of cancer in low- and middle-income countries, including strategies to promote early cancer detection; build improved cancer surveillance; reduce the chronic infections that cause a large proportion of cancers in developing countries; improve healthcare training and capacity building; increase access to expensive drugs and diagnostics; and expand cancer education and awareness among policy makers, health professionals, and the public. A copy of the Issue Paper on Cancer Treatment and Care in Low- and Middle Income Countries is available at (<http://www.axios-group.com>).

About Axios

Axios delivers pioneering solutions that increase access to drugs, diagnostics, and healthcare services for cancer, HIV/AIDS, diabetes and cardiovascular diseases in developing countries. Through Axios International, which provides strategic support and

technical assistance to improve healthcare delivery, and the Axios Foundation, which implements philanthropic healthcare programmes. Axios works with in-country partners to build sustainable approaches to modernizing developing world healthcare infrastructure and systems. More than 8 million people have received tests or treatment through Axios' global network of more than 450 healthcare institutions in 117 countries.

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