POLICY AND PRACTICE

Programs for Asian Pacific Cancer Prevention in Response to the Four Strategic Directions of UICC for the New Millennium

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Abstract

The final goal of epidemiology is the establishment of prevention measures and the promotion of better human health. The information we obtain through research needs to be substantially supplemented by comprehensive knowledge of the standardized "global strategy". To establish regional cancer control programs, we need basic data on cancer incidence and mortality in the general populace gained from well-organized cancer registration and collection of vital statistics. Cancer is a typical lifestyle related disease and we should define the risk and protective factors for cancer in particular peoples. In general, lifestyle is established by long-term acquired culture in each ethnic group and area, and we cannot easily transfer established cancer control programs from developed countries to other states with a very different cultural background. We need to establish our own cancer control strategy that would be accommodating our own physical and social environments. This was the reason why the Asia Pacific Organization for Cancer Prevention (APOCP) was set up to promote all aspects of cancer prevention across our own area of the globe. The idea of a Practical Prevention Program (PPP) pilot center in Asia was a well-timed proposal and to now promote the PPP, continuous grass route activity by core persons and institutions, accompanied by positive participation of the general populace, is indispensable. The APOCP and the UICC should play central roles in providing rear-area logistic support to promote local activities on cancer control. What we learn here in the Asian Pacific will also be of great assistance to efforts in other areas of the world.

Key Words: Strategic directions - Asian Pacific - UICC - Practical Prevention Program

Asian Pacific J Cancer Prev, **3**, 263-266

The 17st UICC General Assembly

From June 27 to July 6, 2002, the general assembly of the 18th UICC (International Union Against Cancer, Union International Contra Cancrum) General Assembly was held in Oslo, Norway. More than 5,000 participants from 100 countries gathered in the hall and discussed cancer issues of worldwide importance. The Executive Committee of UICC disclosed the decision to concentrate on four strategic directions in the new millennium as follows: 1) Tobacco Control; 2) Prevention and Population-based Cancer Control; 3) Knowledge, Synthesis and Dissemination; and 4) Building Professional and Organizational Capacity (Table 1). Generally speaking the new UICC strategic directions emphasize the importance of cancer prevention with a complete shift to practice-oriented activities and a major reconstruction the previous program line-up: 1) Smoking and Cancer; 2) Committee on International Collaborative Activities (CICA); 3) Campaign, Organization, Public Education and Patients Support (COPES); 4) Epidemiology and Prevention; 5) Professional Education; 6) Fellowships; 7) Detection and Diagnosis; and Others. These latter programs were started in 1980 on the basis of accumulated scienitific evidence from previous years (Aoki, 2000).

UICC Decision Making for the New Millennium Strategic Directions

In April 2000, the Executive Committee appointed five task forces, 1) UICC Mission, Role and Purpose, 2) Evaluation/Programme Vetting, 3) Strategic Issues, 4) Organizational Issues, and 5) Resource Issues, to make recommendations for new directions of the UICC activities in the new millennium (UICC, Biennual Report, 2000-2001). A new UICC is emerging from collaborative activities with other organizations concerned with cancer and public health, to meet the specific needs and requirements of the different regions of the world. The task force on the UICC Mission led by the new president, Dr. John Seffrin, identified the following eight priority areas;

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Table 1. Four Strategic Directions and Continuous Activities of UICC

1. Tobacco Control
GLOBALink International Tobacco-control Network
Tobacco Pedia (http://TobaccoPedia.org)
LOCAL ink (www.LOCALink.org)
Monitoring Tobacco Control Activities in Europe
Leadership & Advocacy
Policy Document & Information
Cessation & No Smoking Campaign
2. Prevention and Population-based Cancer Control
Cancer Registration
Hospital-based Cancer Registration
Population-based Cancer Registration
Cancer Registry Software
Prevention and Screening
Cervical Cancer Screening
Colorectal Cancer Screening
Epidemiology and Prevention
Nutrition and Cancer
Evaluation of Cancer Prevention
Regional and Familial Cancer Prevention
3. Cancer Knowledge Transfer and Dissemination
Cancer Education
Nurses and Medical Students
Researchers and Clinicians
UICC Fellowships
Publication
Guidelines and Policy Papers
TNM Classification
UICC Annual World Cancer Report
International Journal of Cancer
4. Building Professional and Organizational Capacity
National Cancer Control Planning
Member Support and Capacity Building

Data source: UICC Biennual Report, 2000-2001

1) tobacco control; 2) NGO capacity building; 3) public health versus clinical approaches; 4) volunteerism; 5) collaboration; 6) quality cancer information; 7) transfer of clinical management and research expertise and technologies; and 8) appropriate medical intervention for high incidence/curable cancers. Furthermore, the UICC Executive Committee condensed these into the four strategic directions listed above to succeed in positioning itself as the leading international organization dedicated to the global campaign against cancer.

Summary of the Four Strategic Directions from their Responsible Leaders

1) Tobacco Control (Strategic Leader: Dr. Yussuf Saloojee)

Tobacco is the single avoidable cause of lifestyle diseases and premature death in the world. A paradigm shift on the role and use of tobacco is long overdue and acoherent and comprehensive strategy needs to be unveiled to eradicate the production, sales, promotion and use of tobacco in all countries. In terms of cigarette consumption, there were 60%, 36%, 28% and 24 % increases in the West Pacific, Asia, East Europe and Africa during the last two decades, even though a 30% of reduction was achieved in the US. It has been estimated that annual deaths attributable to tobacco stand at more than 7 millions in the developing countries. Elements of comprehensive tobacco control policy requiring stress are as follows: health education; increase tobacco excise taxes; ban tobacco advertising; restrict smoking in public places; rotate health warnings on tobacco products; ban sales to children; introduce anti-smuggling measures; generic packaging; litigation; assisting smokers quitting; and finally using 1% of tobacco tax revenues for tobacco control. An international treaty that will set international standards for national action and provide for cooperation amongst countries is to be completed by May 2003. The UICC needs to do more advocacy, leadership training, strategic planning, development of position papers and intersectorial cooperation for its strategic initiation.

2) Population-based Prevention and Cancer Control (Strategic Leader: Dr. Helene Sancho-Garnier)

Primary prevention and early detection/diagnosis offer the best hope for significantly reducing suffering at a low cost. Cancer research has made great strides in recent years and our understanding has advanced sufficiently for us to be in a position to save lives and improve the quality of life for cancer patients. One-third to one-half of all cancers could be avoided by primary prevention. Prevention strategies include: 1) elimination or reduction of exposure to risk factors, e.g., smoking cessation; 2) promotion of the effect of protective factors, e.g., dietary improvement; 3) treatment of precancerous lesions which have a high probability of evolution into cancer, e.g. colon polyps and cervical dysplasia. Prevention measures should be evaluated for feasibility, acceptability and efficacy, involving quality control of the proposed programme. The following four aims of this programme must be pointed out. First of all is acquiring better knowledge on the cancer burden, the risk factors, the behavior determinants and the benefit/risk balance of preventive interventions. The second is setting priorities driven by knowledge in various countries in the world. The third is determining and promoting evidence-based and cost effective interventions and adapting them to the regional and cultural context. The fourth is defining the needs of training, structures, people, budget and etc. to implement interventions. The fifth is fto generate protocols to evaluate quality assurance and population based results.

3) Cancer Knowledge Transfer and Dissemination (Strategic Leader: Dr. Kenneth Nilsson)

The global burden of cancer could be greatly reduced by applying current existing knowledge and working collaboratively to shorten the time it takes for new advances to reach the patient from the laboratory bench. UICC is committed to facilitating the transfer of cancer knowledge, expertise, skills and technologies from those who have it to those who do not in a format that is adaptable to local conditions. The key players are experts and allied health

professionals in UICC members, cancer societies, health oriented collaborating partners. The UICC can contribute to training and education for researchers, scientists and allied health professionals by quality information and online services as a tool for decision-making. Most importantly UICC's Cancer Knowledge Transfer activities will also address the evolving needs to Behavioral, Policy and Applied Research.

4) Building and Enhancing Capacity (Strategic Leader: Dr. Robert Burton)

Experience in the industrialized world has shown that strong voluntary cancer organizations can contribute significantly to improving the quality of life for cancer patients and reducing cancer incidence and mortality by primary prevention and early detection of common cancers. However, the full effects of our efforts to achieve the above mentioned activities will only be fully realized if all partners in this noble cause work together under a common banner and the voice of cancer patients is heard. The UICC has to play a role ensuring that cancer control is placed firmly on national agendas.

Challenging Strategic Direction for Cancer Control Program in the Asian Pacific Area

The final goal of epidemiology is the establishment of prevention measures and the promotion of better human health. We epidemiologists explore how to make harmonize human life with the physical and social environment in the hope of being able to make improvements. Implementation of cancer control measures requires modification of human behavior based on an awareness of the culture of the people concerned. The implementation approach needs to incorporate an appropriate strategic direction in a targeted area-specific atmosphere. The researched information we produce needs to be substantially supplemented by comprehensive knowledge of the standardized "Global strategy" for regional cancer prevention program as shown in Figure 1. For example, with regard to ethnic group- or area-specific risk factors for cancer, we can use current information obtained from molecular epidemiologic studies on modification of cancer related to lifestyle exposure by gene-environment interactions based on genetic polymorphisms.

To establish an effective cancer control program, basic information on cancer incidence and mortality is essential. We can only evaluate effects of primary prevention by risk reduction with information obtained from continuous regional cancer registration. Similarly, we can confirm the effects of cancer screening programs by death reduction of cancer from twinned information on cancer incidence and mortality. There is no question that primary and secondary prevention programs both need to take into account site-specificity, e.g., stomach vs. colon in the gastro-intestine, or cervix vs. endometium in the uterus. In general risk and protective factors may vary with the site and we have to recognize that foods may exert independent and contrasting risk and protective influence. For example, sufficient intake of grains might be protective for colon cancer in western countries but probably becomes risk factor for stomach cancer in northeast Asian countries. UICC's Epidemiology and Prevention Program Nutrition and Cancer has in fact issued guidelines for cancer control in the world (Table 2) in general agreement with the five rule points we ourselves proposed for cancer prevention in the Asian Pacific (Table 3). In the new millennium cancer control program the emphasis is on regional cancer control programs, i.e., ethnic group-specific and/or geographic area-specific. Cancer is typically a lifestyle related disease and we should define the risk and protective factors in each targeted people. Since lifestyle is established on the basis of long-term acquired culture, we cannot simply transfer established cancer control programs from developed countries to other states with a

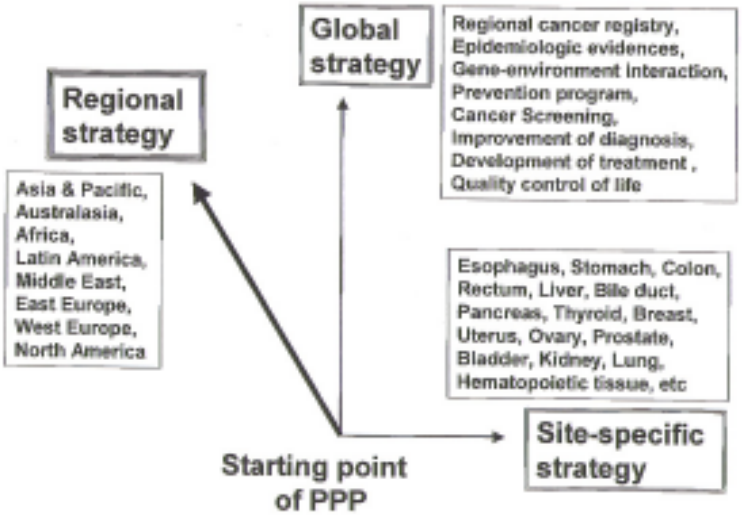

Figure 1. Three-dimensional Strategic Directions in the Practical Prevention Program (PPP) Against Cancer

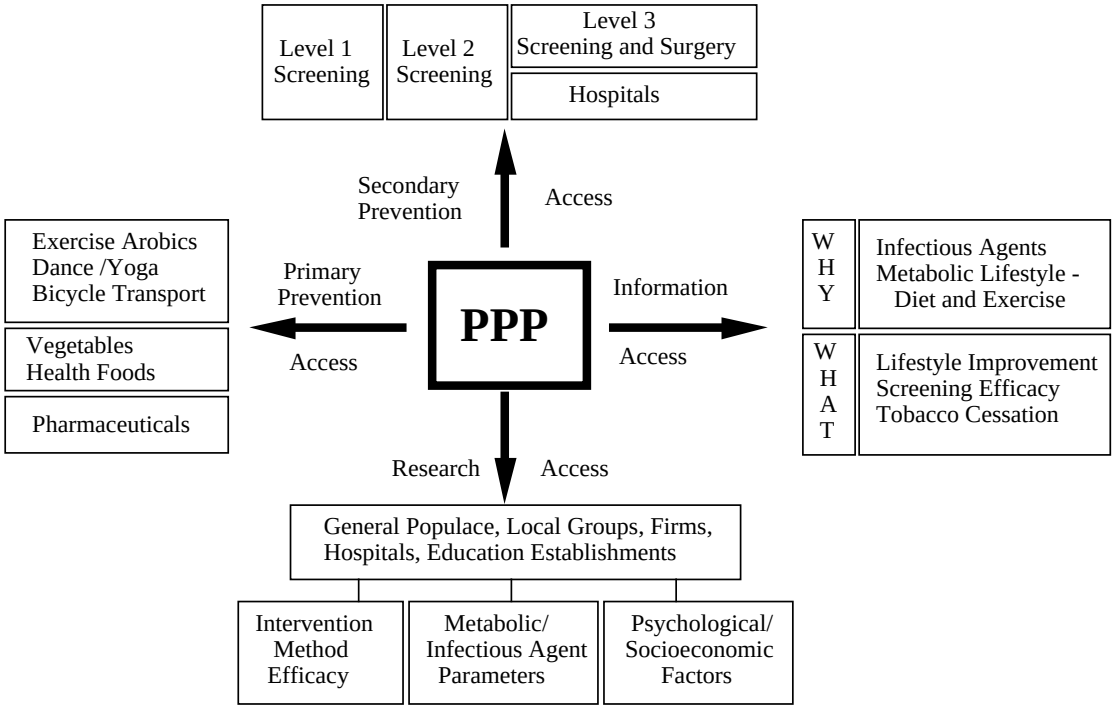

Figure 2. Practical Prevention Program Scheme for Development

Table 2. Seven Guideline Recommendations for Cancer Control from the UICC's Epidemiology and Prevention Programme

1. Consume a life-long, varied diet rich in plant foods including vegetables, fruits, and whole grains.
2. Intake of fatty foods should be restricted.
3. Alcoholic beverage consumption should be limited or avoided.
4. Foods should be stored and prepared in ways that reduce carcinogenic, microbial and fungal contamination.
5. Reduce use of added salt during food preparation and eating.
6. Dietary intake and energy expenditure should be balanced to avoid excess of high or low weight.
7. Supplementary vitamins and minerals should not be relied on as a substitute for balanced and adequate diet

Data source: UICC Biennual Report, 2000-2001

different cultural background.

It is not a simple task to establish culturally appropriate regional cancer control, but we should recognize that it is time to concentrate on this area in the developing countries, where cancer incidence is still low, but looks set to definite increase in the future. The idea to set up the Asia Pacific Organization for Cancer Prevention (APOCP). to promote all aspects of cancer prevention across our own area of the globe, and a Practical Prevention Program (PPP) pilot center in an Asian country (Tajima et al, 2000b) was therefore a well-timed proposal. For success of the PPP, continuous grass-roots activity by core persons and institutions accompanied by positive participation of general populace

Table 3. Five Rule Points for Cancer Prevention

1st Stress the strongest weapons for cancer prevention-no-smoking and moderation in alcohol consumption
2nd Focus on green, yellow and red signals for health- colored fruits and vegetables
3rd Reduce all risk for cancer, including chronic diseases-take at least 30 minutes gentle exercise twice a week
4th Develop a well-balanced health sense- ensure adequate intake of nutrients with variation in foods
5th Contribute to healthy life in Asian Pacific in the 21st century-plan a menu of low salt and moderate fat

Data source: Tajima et al, 2001a

is indispensable (Figure 2). The APOCP and the UICC should work together to play roles in providing rear-area logistic support to promote local activities for cancer control.

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