4th INTERNATIONAL CANCER CONTROL CONGRESS

The 4th International Cancer Control Congress

Simon B Sutcliffe, on behalf of the Steering and Scientific Committees and the Core Team of the ICCC-4

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There is increasing recognition of the growing population burden of cancer in all countries worldwide – a reflection of the increasing number of people and the aging of the global population as a result of the demographic transition associated with global human development. There is also an increasing realization that the burden of cancer will become greatest amongst those with the least capacity to respond. The most immediate consequence of this inexorable challenge is one of overwhelming the available resources (human, technical, facility and financial) to treat cancer, notwithstanding the potential longer-term gains of increasing functional years of life through the control of disease, survivorship and productive longevity.

While cancer has, perhaps, received more public attention through stigma, fear and socio-economic compromise, there is increasing recognition that cancer is but one of a number of non-communicable, chronic conditions that derive from exposure to common causal factors (e.g., tobacco, alcohol, diet, physical activity, etc.) and common societal determinants of health and illness predisposition and maintenance (e.g., poverty, illiteracy, gender inequality, social isolation, stigma, socioeconomic status, and occupational and environmental exposures). Furthermore, infectious diseases are a common cause of cancer worldwide (approximately 18% of all new cancer diagnoses), a major cause of cancer in certain countries and regions (e.g., Nepal, sub-Saharan Africa, South-East Asia), and a substantial target for cancer control reduction through established, available, and evidence-informed interventions.

Increasing recognition of the problem, however, is of limited value if there is no transfer of this knowledge to policy formulation, health practice change and public/patient access and uptake of the interventions necessary to transform outcomes. Although straightforward in principle, knowledge transfer is contingent upon national and societal context, practical realities, individual, family and community circumstances, assignable resources, and socio-political resolve.

The 4th International Cancer Control Congress (ICCC-4) convened participants from countries spending

less than US \$300 per capita on health to those spending more than US \$4000 per capita per year. Four sessions were established: 1) prevention of cancer and noncommunicable diseases; 2) managing population health to prevent and detect cancer and non-communicable diseases; 3) coordinating care and treatment for cancer patients; and 4) knowledge exchange – translating research into practice and policy. Each session comprised plenary presentations providing an overview of the subject matter as a means of preparing Congress participants for open discussions in small group, interactive workshops on relevant topics within the subject area. Several submitted abstracts providing particular insights into the topic area were presented orally by the authors in each workshop. Workshop leaders were encouraged to conclude with brief recommendations or directions for further development of interventional activity beyond the Congress. In addition, a detailed evaluation of ICCC-4 was undertaken as well as a process for broader interpretation of the impact and value of international cancer congresses.

The purpose of bringing participants together was twofold – one, as participants, they are distinguished by the challenge of building the health capacity that needs to exist (low and middle-income countries) and the need to maintain and sustain existing capacity to control cancer (middle and high-income countries); and two, that low, middle, and high-income countries can contribute insights and solutions for each other, and are greatly enriched through collaboration, ongoing partnerships and the development of 'communities of practice' that address mutually desirable and achievable goals.

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Steering Committee: Josep Maria Borras, Institut Català d'Oncologia, Barcelona, Spain; Geoffrey Cannon, World Cancer Research Fund, Juiz de Fora, Brazil;

Canadian Partnership Against Cancer, ICCCA, Canada Email: cci-cancercontrol@shaw.ca

Eduardo Cazap, UICC, Buenos Aires, Argentina; Frances Prescilla Cuevas, Department of Health, Degenerative Disease Office, National Centre for Disease Prevention & Control, Manila, Philippines; Kimberley Elmslie, Director General, Public Health Agency of Canada, Ottawa, Canada; Mark Elwood, BC Cancer Agency, Family and Community Oncology, Vancouver, Canada; Margaret Fitch, International Society of Nurses in Cancer Care, Toronto, Canada; Jon Kerner, Canadian Partnership Against Cancer, Toronto, Canada; Jin Soo Lee, President, National Cancer Center, Goyang, Republic of Korea; Silvana Luciani, Pan American Health Organization, Washington DC, USA; Andrea Micheli, Fondazione IRCCS "Istituto Nazionale dei Tumori", Milan, Italy; Malcolm Moore, UICC Asian Regional Office, Bangkok, Thailand; Eun Cheol Park, National Cancer Control Research, Goyang, Republic of Korea; Sohee Park, Head, Division of Cancer Registration and Surveillance, National Cancer Center, Goyang, Republic of Korea; Alojz Peterle, Member, European Parliament, Bâtiment Altiero Spinelli, Bruxelles, Belgium; Matti Rautalahti, Chief Medical Officer, Cancer Society of Finland, Helsinki, Finland; Massoud Samiei, International Atomic Energy Agency, Vienna, Austria; Luiz Antonio Santini, Instituto Nacional de Câncer, Rio de Janeiro, Brazil; Kavita Sarwal, Consultant, Vancouver, Canada; Hai-Rim Shin, Team Leader, Non Communicable Diseases and Health Promotion, WHO Western Pacific Regional Office, Philippines; Bhakta Man Shrestha, Executive Director, Senior Consultant Surgical Oncologist, BPKoirala Memorial Cancer Hospital; Chitwan, Nepal; Simon Sutcliffe, President, ICCC Association & Chair, Canadian Partnership Against Cancer, Vancouver, Canada; Kazuo Tajima, Secretary General, Asian Pacific Federation of Organizations for Cancer Control (APFOCC) and APCC, Japan; Edward Trapido, International Prevention Research Institute; Stanley C. Scott Cancer Center, New Orleans, USA; Andreas Ullrich, World Health Organization, Geneva, Switzerland; Keun-Young Yoo, Secretary General, APOCP, Republic of Korea; Ping Zhao, Director, Cancer Institute & Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College, China; Helen Zorbas, CEO, National Breast & Ovarian Cancer Coalition, CEO, Cancer Australia, Dickson, Australia:

With the support of: **Catherine Sutcliffe**, Bloomberg School of Public Health, John Hopkins University, Baltimore, MD, USA, and **Helen Torrance**, Surrey, Canada.

Scientific Committee: Heather Bryant, Canadian Partnership Against Cancer Canada; Geoffrey Cannon, World Cancer Research Fund(WCRF), Brazil; Prakash Gupta, Healis-Sekhsaria Institute of Public Health, India; Jon Kerner, Canadian Partnership Against Cancer' Canada; Jin-Soo Lee, National Cancer Center, Republic of Korea; Malcolm Moore, UICC Asian Regional Office Thailand; Eun-Cheol Park, Yonsei University, Republic of Korea; Sohee Park, National Cancer Center, Republic

of Korea; You-Lin Qiao, Cancer Institute of Chinese Academy of Medical Sciences, China; Massoud Samiei International Atomic Energy Agency, Austria; Hai-Rim Shin, World Health Organization WPRO, Philippines; Kazuo Tajima, Asian Pacific Federation of Organizations for Cancer Control, Japan; Edward Trapido, International Prevention Research Institute, USA; Cheng-Har Yip, University Malaya Medical Centre, Malaysia; Keun-Young Yoo, APOCP, Seoul National University, Republic of Korea.

Facilitated by: **Mark Elwood**, BC Cancer Agency, Canada; **Kavita Sarwal**, Consultant, Canada; **Catherine Sutcliffe**, Johns Hopkins School of Public Health, USA; **Simon Sutcliffe**, ICCC Association, Canada.