26 TAKING ACTION

THE CANCER CONTINUUM

An Overview of Interventions and Potential for Impact

Resource-appropriate, broad application of known interventions in each country can substantially reduce the morbidity and mortality associated with cancer.

Proportion (%) of countries with NCD plans/national cancer control plans that

based)

List

Evidence-based, resource appropriate interventions for cancer prevention and control exist across the cancer continuum in each country, from prevention of risk factors to early detection, treatment, survivorship, and end-of-life care. FIGURE 26.1 Tobacco use, the cause of the largest number of preventable cancers worldwide, can be substantially reduced through raising excise tax on tobacco products, smoke-free air laws, health warnings on tobacco packaging, and restrictions on promotion and advertising of tobacco products. FIGURE 26.2 (see 28, Tobacco Control) Unhealthy diet and physical inactivity can be reduced through increased public awareness about their health hazards and through public policies (e.g., excise tax on sweetened beverages) and structural and environmental interventions (e.g., pedestrian and bike lanes) (see 27, Health Promotion). The hepatitis B virus (HBV) and human papillomavirus (HPV), infections that cause liver cancer (HBV) and cervical and other urogenital and oropharyngeal cancers (HPV), can be prevented through vaccination (see 29, Vaccination). Indoor and outdoor air pollution can be reduced through use of clean stoves, cleaner fuels, and proper ventilation, and air quality guidelines and policies. Protection from harmful sun exposure could reduce the risk of skin cancer. Cancer-causing occupational exposures could be prevented through improved work place safety. Addressing cancer risk factors can also have a shared impact on other non-communicable diseases.

Regular screening for cervical, colorectal, breast, and lung cancers allows detection of these diseases at an early stage, when treatments are more successful and the chance for survival and cure is high. MAP 26.1 Screening for colorectal and cervical cancers also prevents cancer by detecting precancerous lessions for removal by surgery or other forms of treatment. A heightened awareness of warning signs for cancer of the oral cavity, skin, and some other cancers may also lead to detection of cancers at early stage (see 30, Early Detection).

Effective treatment modes (surgery, radiation, chemotherapy, hormonal therapy, immunotherapy) have been developed for several cancers, including for cancers of the breast, colon and rectum, and testis and for many childhood cancers. FIGURE 26.3 (see 31, Management and Treatment) For certain cancers such as testis, treatment could lead to cure, even for advanced-stage disease. Awareness and availability of services to meet the needs of cancer survivors are increasing worldwide FIGURE 26.4, and pain associated with cancer can be controlled by administration of analgesic drugs. **FIGURE 26.5** (see 32, Pain Control)

Resource-appropriate application of known interventions in each country could prevent a substantial proportion of cancer deaths. However, such broad interventions have not materialized in most parts of the world largely because of lack of political commitment.

Lower middle income countries

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High income countries





TREATMENT: Childhood cancer mortality trends, all cancer sites combined, males 0-19 years, 1975-2013



address key components across the cancer continuum, by income level, 2018 Upper middle income countries Low income countries 100 The cancer continuum is represented in national non-communicable disease and cancer control plans. 75 50 25 TREATMENT / SURVIVORSHIP / END OF LIFE POLICY & RESEARCH **PREVENTION & EARLY DETECTION** HPV 'HRV Breast cancer Breast cancer WHO Pediatric Survivorship Palliative Financial Cervical Radiotherapy National Vulnerable Cost Cancer Cancer vaccination vaccination cancer populations of the plan research screening Essential treatment cancer care care resources screenina care screening (opportunistic) (population-Medicines guidelines

FIGURE 26.1

FIGURE 26.2



FIGURE 26.5

END-OF-LIFE CARE: Adult palliative care needs at the end of life by disease (%) worldwide, 2011

