

FOREWORD

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Never has there been a greater need for creating guidance and global solidarity to build cancer units, general and comprehensive centres. The efforts by the Princess Margaret Cancer Centre, University Health Network in Toronto are to be warmly commended in providing an exceptional framework for comprehensive cancer centres that builds on the Princess Margaret Cancer Centre's long standing global solidarity with the cancer community.

Cancer is recognised as one of the most complicated and complex global challenges, a disease that exposes all the strengths and weakness of health systems, requiring a full spectrum of solutions, from social determinants for prevention and early presentation, to the full range of modality strengthening (surgery, pathology, internal medicine *et al*). Such complexity requires new structural and organisational solutions in emerging economies. Cancer is now a major threat to health and development in these low-middle income countries (LMIC). Already 57% of global cancer cases (8.0M out of 14.1M cases in 2016) and 65% of deaths occur in these less developed countries. This burden in LMIC is dominated by women's cancers (breast and cervix comprise 15.6% of total burden), lung (13%), bowel (9.7%) and prostate (7.9%). Overall, nearly 75% of all patients present with advanced disease (stages III & IV) in LMI settings, however, as efforts to right shift the staging of presentation take effect there will be an exponentially increasing demand for curative services, and thus more hospital based care. The lost years of life and productivity caused by cancer represent the single largest drain on the global economy in LMIC, estimated to be 1.3 trillion USD in 2016. Despite impressive gains in survival enjoyed by many patients in high-income settings, delivering affordable, equitable and sustainable cancer care remains a significant challenge for most LMI countries, and a major health barrier to development. All data from WHO and global outcome studies such as CONCORD II concur. Improvements in cancer outcomes in

many LMIC are static, or declining due to complex epidemiological, nutrition and demographic transitions, as well as new challenges such as conflict and climate change. The crucial organisation of curative and palliative services linked to community diagnostics and improvements in social determinants of cancer are urgently needed. This requires a stronger focus on frameworks for structural and quality issues especially the construction and functioning of comprehensive cancer centres. Many countries, especially those with fragile, under-resourced health systems, are struggling to cope with the rapid rise in cancer, while high maternal and child mortality rates, and high mortality rates from infectious diseases (including malaria, tuberculosis [TB], and HIV/AIDS) and malnutrition still persist (the double disease burden). The challenge is to provide ‘game changing’ solutions for cancer systems in these settings, led by LMI partners with long term capacity and capability built into their strategies.

Crucially the organisation of cancer care, education and research into comprehensive cancer centres will play a critical role in providing the political, clinical, policy and educational focus to improving national cancer plans that deliver better outcomes for some of the world’s most vulnerable populations.

The lack of traction on better outcomes for cancer in LMIC has been due to the relatively late recognition of the impact and complexity of NCDs as development challenges. The UN High Level Summit and adoption of UN political declaration on NCDs (2011), rapidly followed by commitments to reducing premature NCD mortality by 25% by 2025 (2012), the WHO Global NCD Action Plan (2013-20), UN Task Force on NCD (2014), World Cancer Declaration (2016) and the WHA Cancer Resolution signify increased political concentration on the global cancer challenge. However, countries have struggled to turn political commitment into rational, resourced National Cancer Control Plans (NCCPs), with the 58th WHA calling on national high-income partners to urgently assist with NCCPs and their implementation. This excellent framework from Princess Margaret Cancer Centre to help guide and stimulate the creation of comprehensive cancer centres across the global cancer community is a very welcome and novel contribution to these global efforts.