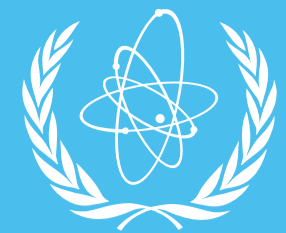


CHILDHOOD CANCERS



IAEA

International Atomic Energy Agency

1. THE GLOBAL BURDEN 2020-2050



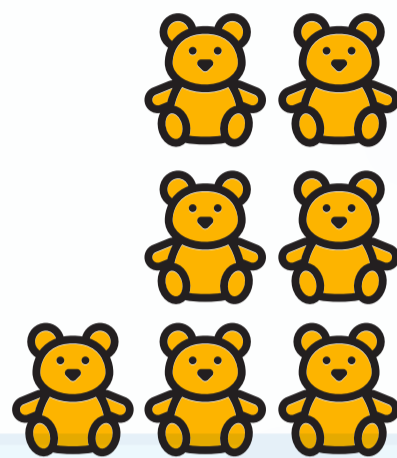
**2020
TO
2050¹**

Estimations based on current levels of health system performance (incl. access & referral)

GLOBAL CANCER CASES

Highly trained personnel and access to technology is required for diagnosis. Cancer symptoms can mimic more prevalent infectious and nutritional conditions leading to late diagnosis or none at all.²

7.6million
DIAGNOSED



6.1million
UNDIAGNOSED*



45%

13.7million

*most undocumented cases occur in less developed regions.³

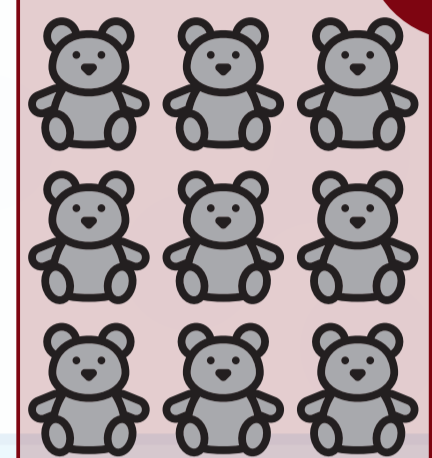
GLOBAL CANCER DEATHS

without investing in additional personnel and technology

1.8million
HIGH
INCOME COUNTRIES



9.3million
LOW AND MIDDLE
INCOME COUNTRIES



84%

11.1million

2. THE ROLE OF RADIOTHERAPY



9

RADIOTHERAPY CAN IMPROVE TREATMENT IN COMMON CHILDHOOD CANCERS IN COMBINATION WITH SURGERY AND/OR CHEMOTHERAPY⁴

- CENTRAL NERVOUS SYSTEM TUMOURS
- RETINOBLASTOMA
- LEUKAEMIAS
- LYMPHOMAS
- WILMS' TUMOUR
- NEUROBLASTOMA
- SOFT-TISSUE SARCOMAS
- BONE SARCOMAS
- HEAD AND NECK CARCINOMAS

LOW & MIDDLE
INCOME
COUNTRIES
HAVE ACCESS TO ONLY

37%

OF THE
WORLD'S
RADIOTHERAPY
RESOURCES⁵

3. INVESTMENT IMPACT¹

SOCIO-ECONOMIC BENEFITS
FROM INVESTING TO REDUCE
CHILDHOOD CANCER DEATHS
GLOBALLY

EVERY \$1 INVESTED

\$1



\$3
NET
RETURN*



*The average economic value of a person's contribution to a country's GDP with the additional years of life following radiotherapy treatment

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