

the globalisation of Cancer

by Louise Potterton

Cancer has gone global. Once seen as the disease of the rich and old, cancer now kills over seven million people a year, with 70% of these deaths occurring in developing countries.

IAEA Director General Yukiya Amano is briefed at the facilities of the Abuja National Hospital by its Medical Director Dr. Segun Ajuwon. (Abuja, Nigeria, 15 December 2009. Photo: Afolabi Sotunde)

“Not so long ago, cancer was thought to be uniquely a disease of the high income, industrialised countries of the West,” said Professor Peter Boyle, a leading cancer expert and President of the International Prevention Research Institute.

“But with increasing life expectancy and the exportation of the cancer risk factors from the western

to the low resource countries, we’re seeing a huge increase there. Today, the majority of new cancers are diagnosed in low and medium resource countries.”

The number of cancer cases is growing globally, but developing countries are worst hit by the cancer crisis, since the resources needed to prevent, diagnose and treat cancer are severely limited or nonexistent.

“The harsh reality is that many developing countries today are struggling with a lack of cancer aware-

ness, cancer treatment facilities and resources," said Nancy Brinker, a cancer campaigner and World Health Organization (WHO) Goodwill Ambassador for Cancer Control.

"Cancer victims in many countries are unscreened, undiagnosed and untreated right up until the end without so much as pain medication," she said.

"Cancer is by no stretch a rich country's disease, but if we fail to act, the treatments and cures for cancer will have become a rich country's luxury. We have the duty and the ability to save millions of lives in the years to come."

Professor Boyle and Ms. Brinker were guest speakers at a seminar on the Globalisation of Cancer, organised in October 2009 in Vienna by the IAEA's Programme of Action for Cancer Therapy (PACT) to highlight the negative social and economic impacts of cancer on developing countries.

According to Professor Boyle, the cancer crisis has to be tackled on many fronts: "Firstly, we've got to control the risk factors. And we've got to change people's attitudes towards cancer and convince them that it's not a death sentence."

"We've got to implement screening for cancer where we can and catch these cancers early. Then we've got to get the resources, the surgery, the oncology, the radiotherapy, everything in place to get the best possible outcome," he said.

After tobacco some of the highest cancer-causing risk factors in developing countries are infectious agents like Human Papillomavirus, Hepatitis and HIV.

According to figures from the World Health Organization, the number of cancer cases doubled globally between 1975 and 2000.

The latest figures, presented during the PACT seminar, showed that cancer will double again by 2020 and nearly triple by 2030 — with projections of 26 million new diagnoses and 17 million deaths.

Massoud Samiei, the Head of the PACT Programme, said: "Most of the developing countries have very fragile economies and small budgets for health care systems. So when additional diseases occur or start to increase, alongside the well known diseases like malaria, HIV and TB, then there will be a crisis."

He added that it is important to put cancer on the 'global health agenda' since the disease is not given the 'same priority' as other diseases.

"Cancer does not feature in the Millennium Development Goals. So we work with the WHO and other UN Agencies to bring cancer to the attention of the donors and the public at large, to show that this is also an important disease."

He stressed the need for additional funding to help countries in the developing world to focus on cancer prevention and early detection and, where appropriate, to expand cancer diagnostic and treatment services.


During the Vienna seminar both Ms Brinker and Professor Boyle praised the efforts of the PACT programme, which helps developing countries to build sustainable cancer control programmes and called for a 'new approach' to confront the global cancer crisis.

Although cancer is a devastating disease, it is largely preventable and also curable if detected early.

"Compared to other global health communities, the global cancer control community is diffuse and often ineffective. It needs to be re-launched and to acquire focus and priorities," said Peter Boyle. Ms Brinker called for a "concentrated effort of political will".

However, the participants stressed that although cancer is a devastating disease, it is largely preventable and also curable if detected early, particularly for common cancers such as breast, colorectal, prostate, cervix and head and neck.

"While effective treatment could increase patients' survival and reduce cancer mortality in the short term, preventive measures such as tobacco control, reduction of alcohol consumption, increased physical activity, vaccinations against liver and cervix cancers, and screening and awareness could have a great impact on reducing the global cancer burden," said Massoud Samiei.

The seminar concluded that the rapid increase in the global cancer burden represents a real challenge for health systems worldwide and requires urgent and coordinated international action. 

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