

The intersection of global health with cancer control

Despite major advances in care, global cancer mortality is rising steadily, and disproportionately in low-income and middle-income countries. Through past Commissions and Series, *The Lancet Oncology* has steadily charted this worrying trend and issued multiple calls for action. Our concern is not limited simply to the human cost of cancer: rising cancer incidence carries a very real economic price, both in terms of costs sunk into health care and, given the increasing emergence in patients of working age, in terms of widening inequalities and reducing countries' economic output. We are by no means alone in highlighting what rising incidence of cancer means for the world. Indeed, in 2011, the UN issued a resolution¹ explicitly stating that the rising burden of non-communicable disease "constitutes one of the major challenges for development in the twenty-first century, which undermines social and economic development throughout the world and threatens the achievement of internationally agreed development goals". Unfortunately, the world appears unprepared to meet the challenge. Only this year, for example, did WHO add basic chemotherapy drugs to its list of essential medicines.²

Radiotherapy is uniquely placed to deliver highly effective curative and palliative care for patients with cancer, often in a way in which other modalities cannot. Moreover, radiotherapy is more scalable and multifunctional than any other treatment modality. Yet, the world's capacity for radiotherapy is unacceptably low in view of the high burden of disease, and insufficiency exists even in very-high-income countries.³⁻⁵ The investment need, from a health-care perspective, is clear. However, we do not live in a perfect world where all costs and needs are created equally, and competing demands and politics create uneven pressures on finite budgets.

Although it has been previously assumed that radiotherapy is the most cost-effective treatment for cancer treatment, hard evidence has been lacking. The Commission published in this issue now presents convincingly the economic case.⁶ In 2013, the Union for International Cancer Control (UICC) created the

Global Task Force on Radiotherapy for Cancer Control (GTFRCC) to address the central role of radiotherapy in cancer treatment. In one of the linked Comments,⁷ the leaders of the GTFRCC explain in greater detail the rationale for taskforce's inception. With more than 100 members from 30 countries, more than 2 years of work have now quantified the need, cost, and economic benefit of worldwide investment in radiotherapy.

Given the scale of ambition outlined in the Commission and the associated time horizon, it is imperative that the work begun by the Commissioners continues to reverberate throughout future generations. To that end, the GTFRCC also set up a Young Leaders Programme that includes young radiotherapists, oncologists, and other medical professionals at the beginning of their careers who are dedicated to global health and continuing the work of advocating accessible radiotherapy worldwide.⁸

Too often, calls for the rising tide of cancer incidence to be checked are made with earnest intentions but soft hearts. The evidence presented in this Commission from a global body of experts provides a rational economic case to begin radiotherapy investment worldwide. The time for circular discussion and argument is over; the time for action is now.

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- 2 WHO. 19th WHO model list of essential medicines (April 2015). http://www.who.int/medicines/publications/essentialmedicines/EML2015_8-May-15.pdf (accessed Aug 26, 2015).
- 3 Barton MB, Frommer M, Shafiq J. Role of radiotherapy in cancer control in low-income and middle-income countries. *Lancet Oncol* 2006; **7**: 584-95.
- 4 Abdel-Wahab M, Bourgue JM, Pynda Y et al. Status of radiotherapy resources in Africa: an International Atomic Energy Agency analysis. *Lancet Oncol* 2013; **14**: e168-75.
- 5 Rosenblatt E, Izewska J, Anacak Y et al. Radiotherapy capacity in European countries: an analysis of the Directory of Radiotherapy Centres (DIRAC) database. *Lancet Oncol* 2013; **14**: e79-86.
- 6 Atun R, Jaffray DA, Barton MB, et al. Expanding global access to radiotherapy. *Lancet Oncol* 2015; **16**: 1153-86.
- 7 Jaffray DA, Knaul FM, Atun R, et al. Global Task Force on Radiotherapy for Cancer Control. *Lancet Oncol* 2015; **16**: 1144-46.
- 8 Rodin D, Yap ML, Hanna TP. GlobalRT: building a new radiotherapy community. *Lancet Oncol* 2014; **15**: 926.

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