This special edition is dedicated to the UICC World Cancer Congress and the 13th World Conference on Tobacco OR Health, which took place back to back in the Washington Convention Centre, 8-15 July.

Thousands of international cancer and tobacco control leaders from almost 150 countries crowded into Washington DC for the two events, which sought to address the global cancer and tobacco burden and a sobering projected increase in cancer deaths worldwide. They were doing something that hasn’t been done before – uniting two world conferences that have rarely been held in the same year, and never in the same country.

“These meetings will reach across the entire breadth of cancer control to focus energy and attention not just on talking about the cancer problem, but on identifying and sharing practical solutions that can make a lifesaving difference in communities around the world today,” UICC President John Seffrin told the National Press Club in Washington in June.

The World Cancer Congress, hosted by the American Cancer Society together with UICC, was opened by former US President George HW Bush and former First Lady Barbara Bush, ambassador of UICC’s My Child Matters initiative.

UICC congratulates and warmly thanks John Seffrin and his team – Harmon Eyre, Gerald Maburn, Mike Heron, Judy Shope, Susan Herrington, Allan Erickson, and all our other US colleagues – who worked long, hard and selflessly to contribute to the success of the congress.

The next World Cancer Congress will take place in Geneva, Switzerland, 27-31 August 2008.

Outgoing President John Seffrin honoured in DC

At the UICC General Assembly on 7 July, John Seffrin handed over the presidency to Franco Cavalli of Switzerland.

On leaving office, Seffrin pointed to major changes that had taken place during his presidency. Six years ago, UICC reached out to members to reshape its mission and governance, establishing four strategic directions for its work and creating a new Board of Directors.

“We now have an assembly where every delegate representing a member organization has a vote – a change from voting by country. This is far more democratic. We’ve also changed the constitution to allow for individual membership.”

In opening and closing speeches to the World Cancer Congress, Seffrin reiterated the key messages that defined his presidency. First, the “seven facts of cancer life and death”:

1. Cancer is a global problem, and the tumour burden is growing in every region of the world.
2. Yet we have more useful knowledge and know-how to help us control cancer than ever before.
3. Thus we have an extraordinary opportunity to save lives and reduce suffering from cancer today.
4. Well-designed, comprehensive cancer control plans and programmes can save and improve lives, but most countries don’t have such a programme.
5. Indeed, because we don’t do what we know how to do, the gap is growing between what is and what could be in cancer control.
6. Cancer is potentially the most preventable and most curable of the major life-threatening diseases facing humankind.
7. But UICC and its members must take coordinated, evidence-based action to make this happen – to turn this truth into a reality for all people everywhere.

Second, an unbridled attack on the tobacco majors:

“Throughout the world one in five individuals use tobacco products, trading on their health
I ncoming UICC President Franco Cavalli is Director of the Oncology Institute of Southern Switzerland (IOSI), Bellinzona, the comprehensive cancer centre for the Italian-speaking part of Switzerland. From 2001 to 2004, he was President of the Swiss Cancer League. Since 1995, he has been a member of the Swiss parliament, where he focuses on debates about health care and health policy.

Twenty years ago, with other Swiss-Italian doctors, he founded the Association for Medical Aid to Central America. Through this association, he has coordinated many projects in Nicaragua, El Salvador, Guatemala and Mexico. He is also President of the Southern New Drug Organization. In January this year, he received a Swiss award for his contribution to society – in particular, for his work in the fight against cancer in the developing world.

"Cancer transcends all geographical boundaries, and so must our efforts to eliminate it," says the new UICC President. "Our vision is of a world where we know about cancer, our resources for diagnosing and treating patients who have cancer and, most importantly, our ability to prevent cancer are equal in every region of the globe."

New UICC President to lead global campaign against cancer

U nder the new UICC constitution, adopted in 2004 and entering into force this year, the former Council and Executive Committee are replaced by a Board of Directors. Ex officio members of the board are UICC President Franco Cavalli (Switzerland), President-Elect David Hill (Australia), and immediate Past President John Seffrin (USA).

On Friday 7 July, the UICC General Assembly in Washington DC elected 10 more members of the board: Eduardo Cazap (Argentina) Mary Gospodarowicz (Canada) Xishan Hao (China) Ranjit Kaur (Malaysia) Tomoyuki Kitagawa (Japan) Arun Kurkure (India) Alex Markham (UK) Pearl Moore (USA) Harri Vertio (Finland) Roberto Zanetti (Italy)

At its first meeting the following day, the board elected a further four members: Farhat Ben Ayed (Tunisia) H Fred Mickelson (USA) Thierry Philip (France) Miri Ziv (Israel)

The new Nominating Committee is: John Seffrin (USA) Louis J Demus (Belgium) Mary Gospodarowicz (Canada) Elizabeth Hjorth (Denmark) Tomoyuki Kitagawa (Japan) Ignacio M Musé Sevrini (Uruguay) Eliezer Robinson (Israel)

The new Membership Committee is: Eduardo Cazap (Argentina) Ketayun A Dinshaw (India) Tezer Kuthuk (Turkey) Bruno Meili (Switzerland)

Read more: www.uicc.org/fileadmin/about/cavalli.pdf

UIACC elects new Board of Directors

F ranco Cavalli

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Read more: www.uicc.org/ga2006
Profile

New strategic leaders

Four new strategic leaders were elected at the General Assembly on 7 July. Hélène Sancho-Garnier (profiled in UICC eNews in August 2005) continues as Strategic Leader for Cancer Prevention and Control, but will divide this responsibility with Kazuo Tajima.

Tajima welcomes plan for Asian Regional Office

“UICC has historically played an important role in this part of the world,” says UICC’s new Strategic Leader for Cancer Prevention and Control in Asia, Kazuo Tajima. “I expect this role to deepen with the launch of the Asian Regional Office later this year.”

Based in Bangkok, Thailand, the new office will bolster UICC activities across Asia and provide a physical base for coordinating UICC-related organizations and their activities.

In April this year, Kazuo Tajima took over as Director of the Aichi Cancer Centre Research Institute, in Japan’s Tokai region, where he has worked for almost 30 years. The research programme he leads seeks to determine the aetiological factors for the principal cancers found among local Japanese, challenges molecular epidemiology to clarify the gene–environment interaction for the main cancer sites, and aims to develop an effective prevention strategy.

Tajima has a special interest in the ethno-epidemiology of cancer, including the risk and protective factors for ethnicity-specific cancers, prevention strategies rooted in the cultural backgrounds of ethnic groups, and the anthropogenetic characteristics of cancer epidemics among Mongoloid populations in the Asia-Pacific region.

Civil society has a crucial role in controlling tobacco, says Joossens

Luk Joossens, Tobacco Control Manager with the Belgian Foundation against Cancer and Advocacy Officer for the European Cancer Leagues, takes on a new responsibility as UICC Strategic Leader for Tobacco Control.

Joossens has been one of the world’s foremost tobacco control advocates for almost 30 years. His pioneering work on Belgium’s tobacco advertising ban, European Union tobacco subsidies and international tobacco smuggling has established him as an expert on tobacco control policy, a relentless activist and a versatile leader of the international tobacco control movement.

Joossens is no stranger to UICC, but he is excited about his new role in the organization.

“The coming few years are particularly important, as governments throughout the world take on the challenge of translating the commitments in the Framework Convention on Tobacco Control into meaningful action,” he says.

“Civil society has a crucial role to play in seeing that potential become a reality. I am looking forward to working with UICC member organizations and tobacco control advocates around the world to encourage policymakers everywhere to curb tobacco use and save lives.”

At the World Conference on Tobacco OR Health in Washington DC, Joossens received a Luther L Terry award in recognition of his efforts to prevent and control tobacco use.

Read more: www.2006conferences.org/pdfs/LutherTerryCeremony.pdf

Transferring knowledge key in the global fight against cancer, says Harford

“I believe that no activity aimed at eliminating suffering and death due to cancer is more important than building human capacity in places where such capacity is currently limited, and I am aware of no organization that has supported a higher number of individual international cancer fellowships than has UICC,” says Joe Harford, the new Strategic Leader for Knowledge Transfer.

Harford serves as Director of the Office of International Affairs of the US National Cancer Institute, overseeing many interactions between the NCI and foreign cancer research institutions. He chairs the implementation group of the Ireland–Northern Ireland-NCI Cancer
Over the next two decades, said Leyroy Hood, a systems approach will usher in a new era of “P4 medicine”: predictive, pre-emptive, personalized and participatory. The approach is based on “a very simple supposition: the idea that one or more of the biological circuits in the diseased individual have been perturbed either genetically or environmentally,” said Hood, President of the Institute for Systems Biology in Seattle, Washington.

“Let no child be overlooked in the expanded global initiative to reduce the cancer threat,” former US First Lady Barbara Bush told the World Cancer Congress on Saturday 8 July. Her interest in cancer began with the death of a loved one: the loss of her daughter Robin to leukaemia 53 years ago. Since then, progress in childhood cancer diagnosis and treatment has turned an almost uniformly fatal group of malignancies, many of them unique to children, into a group where many cancers may be cured. In developed countries, the survival rate for childhood leukaemia, for example, has shot up from 5% to about 80% today. But this is not the case in the developing nations of Africa, Asia, Latin America, and the Middle East, where many children have little or no access to effective cancer therapy and most children are still dying.

“I was quite pleased when the UICC asked me to help promote the UICC-sponsored World Cancer Day last February, which was dedicated to childhood cancer under the slogan, My Child Matters,” Mrs Bush told the congress. World Cancer Day served to stimulate collective responsibility and action among families, community-based groups and the medical profession. And it got cancer experts looking for ways to expand access to treatment in developing countries. But there is still a long way to go.

“We will not consider our job done until we make surviving childhood cancer the rule, not the exception, in every corner of the world,” Mrs Bush concluded.

Joe Harford

Jeff Dunn comes to capacity building with a double background in community-based cancer control and the social and behavioural sciences, and a particular interest in supportive care. He is Executive Director of the Queensland Cancer Fund in Australia and a social science professor at the University of Queensland.

It is critical for the cancer control community to unite if we are to address the growing burden of cancer, says Jeff Dunn, UICC’s new Strategic Leader for Capacity Building.

“UICC has a unique and vitally important role to play here,” Dunn says. “That role is to harness the potential of our member organizations — to build their capacity to operate effectively within their own communities and then to contribute more widely to the global effort. UICC recognizes and values the importance of local action and community involvement. Our aim is to enhance the effectiveness of our members. As they become stronger, the impact of the synergistic effect of our collective action increases.”

Jeff Dunn

Jeff Dunn

Barbara Bush praises My Child Matters initiative

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General plenaries

Bridging which gap?

Three very different perspectives on transforming what we know about cancer into what we do about cancer were presented to the morning plenary on Sunday 9 July.

Over the next two decades, said Leyroy Hood, a systems approach will usher in a new era of “P4 medicine”: predictive, pre-emptive, personalized and participatory. The approach is based on “a very simple supposition: the idea that one or more of the biological circuits in the diseased individual have been perturbed either genetically or environmentally,” said Hood, President of the Institute for Systems Biology in Seattle, Washington.
This gives us a completely new approach to diagnostics, the identification of drug targets and prevention. Very early in the disease there are changes in the expression of proteins that are secreted in the blood. This “molecular fingerprint” reports the status of the corresponding organ or tissue type.

Once we can read these fingerprints, we can make for each individual a complete assessment of health and disease. “Today we begin to read these fingerprints either with simple tools like antibodies or global blood proteomics, but tomorrow we’re going to read these fingerprints using the tools of microfluidics and nanotechnology.”

P4 medicine will be predictive: “You will all in 10 years time have your genomes done, and from that we can create probabilistic health histories for what is likely to happen to you in the future. We can monitor your trajectory towards those histories by analysing, twice a year, 2,000 blood proteins in a hand-held device you’ll have at home.”

It will be preventive: We can create targeted drugs that can perturb the networks effectively and inexpensively, and ultimately we will be able to design drugs to prevent them from becoming perturbed in the first place.

It will be personalized: “Within 10 years, we’ll be making billions of measurements on each individual and we’ll have the enormous task of reducing these data to coherent and simple hypotheses about health and disease. This will require new strategies in computer science and new strategies in mathematics.”

And it will be participatory: Information democratizes. It allows patients to play a far more major role in determining their own future health. “The challenge is on the one hand the education of physicians and on the other hand the education of patients.”

And the resulting digitalization of medicine will reverse the inexorable increase in the cost of medicine, to the point where advances can be globalized across the world, Hood said.

To tackle a really big scientific problem such as P4 medicine requires focus and coordination, and strategic partnerships between academia, industry and governments, Hood concluded. “But governments as well as many of the other partners will have to think in very different ways about what it is to be a partner and how we fund partners – an enormous challenge for the future.”

Asian models

Edison Liu spoke from the perspective of Asia’s newly industrialized countries. These technologically advanced societies have resources of their own: “We don’t have to go for handouts from the western world.” And their huge populations – 2.5 to 3 billion people in all – mean that scientific developments can be tested “in large scale”.

Liu, an American who for the last five years has worked as Executive Director of the Genome Institute of Singapore, stressed the importance of governance and economics. Newly developed countries in Asia, with minimal legacy structures in health care but new-found wealth, can provide models for the rest of the world.

Singapore, a small country with no natural resources, has universal health coverage and a longevity now comparable to that of the United States. It does this with 3.2% of gross domestic product, compared with 15% in the United States.

“How does one get universal coverage at 3.2% of GDP? That’s something that I think the UICC should help our members explore,” Liu said. “Using the American model has been really a disastrous approach for many developing countries.”

In Singapore, the ministries of health, education, and trade and industry work closely together. “It’s not health they’re interested in, it’s economic development.”

With appropriate organization, Singapore solved its SARS crisis at minimal cost. Afterwards, the business community rated the country higher than before, because it showed that it could mount a disciplined response to a major health crisis. Health was actually an important part of economic development. “Unless we voice everything in the context of economics, our bureaucrats will not listen to us.”

The developing world

Then Ketayun A Dinshaw, Director of India’s Tata Memorial Centre, stepped up to the microphone. “I come from a different part of the world, different from Seattle and Singapore, representing billions of people in the third world,” she said. “How do we grapple with the existing problems at the same time as delivering state-of-the-art care in the developing world?”

Never has the gap between what we know and what we can do seemed so large.
The medical model is simply not enough to achieve desired public health outcomes when it comes to cancer and its control,” former US President George HW Bush told the opening plenary of the World Cancer Congress. “We simply must move into new partnerships, advocacy, and the strengthening of public policy through tough governmental action.”

This theme was the subject of focused attention at the general plenary on 11 July.

“There’s nothing new about public health advocacy to change public policy,” Michael Daube told the plenary. “But we must be professional in the way we set about these tasks.”

Benjamin Lozare stressed the importance of strategic health communication in the war against cancer. Lozare, from the Centre for Communications Programmes, Bloomberg School of Public Health, Johns Hopkins University, used beguilingly simple images to shake up his listeners’ expectations.

“The single most important point I’d like to leave with you this morning,” he said, “is that households and communities are the key actors in the fight against cancer.”

“Any significant reduction in cancer deaths will come from prevention, not cure. Our strategic move is to increase cancer health literacy and competence.”

But this may mean a change in our mental models of cancer and public health. To change others we may first have to change ourselves.

Pretend you are the Minister of Agriculture in your country, Lozare suggested. A reporter asks you, “Who produces food in your country – the farmers or the Ministry of Agriculture?” The answer is clear.

Now pretend you are the Minister of Health. A reporter asks you, “Who produces health in your country – the people or the Ministry of Health?”

We need to move from a model in which governments and cancer NGOs are the primary actors in cancer prevention and control, with the people playing a very small role. We need to see households and communities as the primary producers of health, and the goal of strategic health communication as helping them to do that.

We need to assist and mobilize survivors as champions. “Cancer survivors and their families make good champions in the fight against cancer because they have a perspective, a passion, a commitment and a vision that are hard to match.”

The third key strategy is more effective communication to prevent cancer. Inadequate prevention can overwhelm treatment, Lozare warned, citing HIV/AIDS as an example. “In many hospitals in sub-Saharan Africa, more than 50% of hospital beds are now used for AIDS-related cases.”

“Communication is not a cost, but a worthwhile investment,” Lozare said. “In some instances, the best ‘tools’ of medicine are television, radio, or newspaper, properly used to nurture appropriate values and healthy behaviour.”

“Let us share this vision: households, communities and cancer organizations all working together to enable everyone to have the knowledge and skills to defeat cancer.”

All of us have a role in strategic health communication that goes far beyond the new technologies, said Vera Luiza da Costa e Silva, a public health consultant from the Brazilian Ministry of Health. The word of mouth is a universal medium, and sometimes the only medium. With the word of mouth, people are able to reach others individually. With the word of mouth, artists in the theatre, teachers at the school, and civil society can call for a stronger government prevention and control agenda.

“Word of mouth is so important that we could risk saying the solution for successful cancer prevention and control is not so much in doctors’ hands as in their mouths,” she said.

According to Brazilian educationalist Paolo Freire, the use of dialogue is the key to building community-based participatory interventions. “The principle is that before community members address social change goals introduced from the outside, they must first be organized and empowered to address their own concerns and goals.”

She cited several examples of what she meant, not just in Brazil or Peru, but also in Alabama and South Carolina.
and crucially we must present a clear message and a united front, with a good understanding of the way decision-makers work and policy is made."

“When compared with the size, power, finance, ruthlessness and sheer persistence of the tobacco industry, the tobacco control movement is tiny, with minimal funding,” said Daube, a professor of public health policy at Curtin University of Technology, Perth, Australia. “Yet we’ve seen dramatic changes in behaviour, attitudes and political action that will have saved millions of lives since Doll and Hill’s first work was published in 1950. Those changes occurred because doctors, cancer societies and others became active in the public policy arena, both inside government and outside.”

“The great gains are to be made from policy changes that will affect communities at local, state or national level,” Daube said. “We can use the power of public policy to enact legislation, influence funding decisions – whether for prevention, treatment or research – and constrain our opponents. If we fail to use this tool, we’re as guilty of negligence as the clinician who fails to treat a patient.”

María Julia Muñoz, Minister of Public Health in Uruguay, spoke on the challenges for governments, and Karen Antman, dean of Boston University School of Medicine, argued that universities must have an advocacy role. Shoba John, Programme Director of PATH Canada, looked at what works, and at what remains to be done. Discussing what we have learned from public health achievements, Steven Schroeder, a professor of health and health care at the University of California, concluded that successful public health campaigns combine four key elements – credible scientific evidence, passionate advocates, media campaigns that deliver the message, and pertinent laws and regulations.

“Cancer is as much a political and public policy issue as it is a public health issue,” John Seffrin told the National Press Club in Washington DC just before the congress. “Our most pressing charge is to make cancer a policy priority – to educate lawmakers, governments, and civic leaders about the urgency of cancer control and inspire their commitment to enact public policies that will make cancer advances available to all people in all nations.”

**Congress declares its intent**

The World Cancer Declaration adopted by the World Cancer Congress on Wednesday 12 July is a declaration of intent, outlining specific actions the global cancer control community should take during the next two to three years:

1. Make the case that investment in solving the cancer problem is an investment in the health of the population and therefore an investment in a country’s economic health.
2. Consistently deliver a set of compelling messages that can be tailored to different country settings and to traditional and non-traditional partners.
3. Increase the number of countries with national cancer control programmes.
4. Increase the number of countries with viable and adequately funded cancer surveillance systems, including cancer registries.
5. Increase the number of countries implementing strategies that have been identified as successful in the WHO Framework Convention on Tobacco Control.
6. Develop a collaborative international plan for implementing HPV vaccination programmes in low- and middle-income countries where the burden of cervical cancer is high.
7. Integrate Hepatitis B vaccination with other routine infant vaccinations, particularly in countries with high rates of liver cancer.
8. Adopt appropriate evidence-based guidelines for early detection and treatment programmes and tailor priority actions to different socio-economic, cultural and resource settings.
9. Increase the number of countries that make pain relief and palliative care an essential service in all cancer treatment and home-based care.
10. Increase the number of opportunities for people living with cancer and those touched by cancer to participate fully in community, regional, and country cancer control efforts.
11. Develop and implement a process for monitoring these actions and developing future actions.

The declaration was first discussed at a closed-door summit of public health, economic and business leaders.
Four awards for excellence in global cancer control were presented at the UICC General Assembly dinner in Washington DC on 7 July.

The award for outstanding UICC volunteer went to Lance Armstrong of the USA, cancer survivor and seven times winner of the Tour de France. "This is a special occasion, and I’m proud to accept this award, knowing that this is the biggest fight of my life – and not just mine but every-

Crossover event

Cancer control and tobacco control advocates join forces

For two hours on 12 July, the thousands of participants in the World Cancer Congress and the World Conference on Tobacco OR Health met in a joint plenary focusing on how the war against tobacco can be won.

Using live, taped, and satellite interviews, CNN’s Sanjay Gupta and Larry King led them through a mix of inspiring stories covering the successes of the WHO Framework Convention on Tobacco Control (FCTC), frontline cancer research, personal initiatives, smokefree legislation in individual countries, and historic tobacco control programmes.

Gupta, CNN’s senior medical correspondent, said, “Our goals here are not that bold – only to save millions and millions of lives over the next several years.”

Catherine Le Galès-Camus, Assistant Director General of the World Health Organization, noted that the FCTC had been ratified by over 130 countries. It was now the responsibility of all of us to make sure that each of these countries implements its provisions. “We’ve made progress, but we should not spend too much time congratulating ourselves. Our public health goal is to avert 200 million deaths by 2050.”

Former US Surgeon General Everett Koop recalled his efforts to ban smoking from US commercial planes. Thanks to partnerships with nonprofit associations, it was possible to spread the message that tobacco causes disease, disability, and death. “Armies of volunteers carried that message to every corner of this land,” he said. “In the history of smoking in this country, this is one of the greatest public health triumphs, but there is a lot more to do.”

Ireland’s Prime Minister, Bertie Ahern, talked by video about the success of his country’s pioneering smokefree law. “This sends a clear message to legislators around world who are considering similar legislation,” Ahern said. “The FCTC provides hope to be the basis of a concerted effort to reduce the incidence of smoking across the globe.”

The plenary included a “Town Hall meeting”, with Gupta serving as moderator. The message was clear – controlling the use of tobacco can only be achieved through a global effort that begins with the education of youth and convinces governments in developing countries that economic growth does not depend on the tobacco industry.

“You have to take the fight to the international arena,” said one of the on-stage advocates, Mary Assunta Kolondai of the University of Sydney, Australia. She described how the tobacco industry goes to great lengths to lure young people in developing nations into tobacco addiction. “What happened in the US and the UK 20 years ago they would not dare to do today in the US and the UK. But they will do it in Asia. We have to expose them. We have to name and shame.”

Awards

UICC presents awards for excellence in global cancer control

Four awards for excellence in global cancer control were presented at the UICC General Assembly dinner in Washington DC on 7 July.

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Sanjay Gupta interviews Catherine Le Galès-Camus

Henry Waxman (right) makes a point to Larry King and Everett Koop
body at the Lance Armstrong Foundation,” he said. “We’re all very excited about this relationship and this partnership and being part of such a great organization. Live strong!”

The award for outstanding UICC member organization went to Tata Memorial Centre, India. “This is a peer recognition of the commitment, teamwork, motivation and dedication of all my colleagues and their contribution to remove the shadow of cancer from many lives,” said Ketayun A Dinshaw, accepting the award on behalf of the centre.

“This award also recognizes the overall proactive national cancer control plan in my country, the large number of cancer control institutions, and the momentum and energy in human resource development, with well-defined goals for service, education and research. India could well be considered a role model for many other developing countries.”

The award for outstanding government official went to President Tabaré Vázquez of Uruguay. “I accept this award as an acknowledgement that goes way beyond me,” he said. “It is an acknowledgement of all those in my country, that small but great country named Uruguay, who have helped me in my professional activity, my academic work, my political options, and the institutional responsibilities that I assumed.”

A new award for distinguished corporate visionary went to Caty Forget, Director of Humanitarian Sponsorship at sanofi-aventis, who has worked closely with UICC on childhood cancer.

“The injustice of cancer seems all the greater when children are concerned,” she said in a message from Paris.

“It was while reading a WHO communiqué in 2003, quoting dramatic statistics and survival rates as low as 20% or even 10% among child cancer patients in poor countries, that the idea came to me. That was the beginning of the My Child Matters initiative, driven by the heartfelt conviction that cancer will be rolled back through cooperation between institutions and countries, through the sharing of knowledge, through the mobilization of determination and financial resources.”

Read more: www.uicc.org/awards

Inaugural GSP awards recognize excellence in smokefree air campaign

The Global Smokefree Partnership – a new UICC initiative that brings together leading organizations to promote effective smokefree air policies worldwide – presented its first-ever annual awards during a reception at the 13th World Conference on Tobacco or Health.

The Smokefree Partnership, Europe, received the award for outstanding research report. Lifting the Smokescreen: 10 Reasons for a Smokefree Europe is a comprehensive report that brings together new estimates of the deaths caused by second-hand smoke and research on the economic impact and popularity of smokefree policies.


The award for outstanding campaign went to the Smokefree Action Coalition, England, a broad-based coalition that was instrumental in bringing about legislation making all English workplaces – including bars, clubs and restaurants – smokefree, despite the failure of the UK government to give a lead.

Presenting the award for outstanding administrative organization to CDC China, Armando Peruga from WHO emphasized the importance of sport in promoting health and well-being and praised the announcement that the 2008 Beijing Olympics will be a smokefree event.

The Global Smokefree Partnership joined with the Framework Convention Alliance and the Campaign for Tobacco-Free Kids to make an extraordinary joint award to President Tabaré Vázquez honouring his outstanding political leadership in making Uruguay the first smokefree country in the Americas.

Seán Power, Minister of State for Health from Ireland, hoped that just as the runaway success of Irish smokefree legislation had sparked change in other European countries, Uruguay’s initiative might inspire other nations in the Americas.

Read more: www.smokefreeaction.org.uk
Cancer Information Service Tool Box launched in DC

On 8 July, UICC and the International Cancer Information Service Group (ICISG) launched an important new resource for cancer communications: a web-based Cancer Information Service Tool Box.

The tool box is designed to assist cancer organizations in setting up or improving a cancer information service (CIS), an information and support programme that gives credible cancer information to patients and the public over the telephone.

As much as patients need state-of-the-art care, they also need information to cope with their disease. Recognizing this, the two international NGOs formed a partnership two years ago to strengthen the provision of cancer information around the world.

It was, says ICISG President Anne Vézina, a partnership created to address the information needs of patients worldwide. “Our group was formed at UICC’s first World Conference for Cancer Organizations in Australia in 1996. Our members share a commitment to providing quality cancer information and helping other organizations set up information programmes.”

“Helping those affected by or concerned with cancer get the information they need is an important part of patient care,” says David Hill, UICC President-Elect. “We are proud to work with the ICISG to achieve this goal.”

An all-day workshop on how to start a cancer information service followed the launch. At the workshop, 46 participants from 24 countries learned about the steps needed to start an information service, how to recruit and train staff, elements of quality management, and key resources and technology.

Youth march for tobacco control

A hundred young people carried petitions and 25 coffins draped with flags from around the world to the White House on 13 July.

They were putting in practice lessons they had learned during two days of advocacy training before the World Conference on Tobacco OR Health.

They decided to combine several issues into their event, calling on the US to ratify the WHO Framework Convention on Tobacco Control, but also marching to the office of the US Trade Representative, and to the Motion Picture Association of America to protest scenes in films that glamorize smoking.

“The Motion Picture Association took up the petitions, but the US Trade Representative’s office rudely rejected them,” said Anna White of Essential Action, which organized the training together with the Campaign for Tobacco-Free Kids.

At the White House, a guard spent a lot of time on the telephone, trying to determine what to do with the petitions. “We ended up putting the petitions under the gate, but the guard stomped on them, kicked them out, and said ‘We do not accept them,’” White said.

The march ended with a rally at Lafayette Square, across from the White House.

UICC Cancer Control Professional Community

The International Union Against Cancer has long been a union of organizations. Now UICC offers cancer control professionals, volunteers and staff working with cancer organizations the possibility of joining us as individual members.

The UICC Cancer Control Professional Community will work as an online international network. It is open to all professionals, volunteers and staff who are interested in working closely with their peers around the world. By joining this unique interactive virtual community, you will be able to network with your peers, share and access information, discuss and debate cancer control issues and continue where the World Cancer Congress leaves off.

Today, you can sign up as an individual for membership in the UICC Cancer Control Professional Community. By pre-registering now, without obligation, you will receive privileged access to the official launch, a full preview of membership benefits, and an invitation to join, with an initial six months free membership.

Contact us at membership@uicc.org or visit our website (www.uicc.org/cancercontrol) to pre-register online.
Publications launched at the World Cancer Congress

Cancer Basics for All

*Cancer Basics for All* is an introduction to the basics of cancer biology, cancer treatment, patient management and patient and family care. Available on CD-Rom, price USD 50, it offers a fundamental understanding of the disease and its development, diagnosis and treatment, as well as exploring related psychosocial, ethical and legal issues.

Read more: [http://web.uicc.org/cancerbasics](http://web.uicc.org/cancerbasics)

The Cancer Atlas and the Tobacco Atlas

*The Cancer Atlas* illustrates the latest data on the cancer epidemic, showing causes, stages of development, and prevalence rates of different types of cancers by gender, income group and region. It also examines the cost of the disease and the steps being taken to curb the epidemic. It is an essential reference for health professionals and policymakers engaged in the global battle against cancer.

Tobacco kills five million people every year; if current trends continue, tobacco will kill more than half a billion people alive today. *The Tobacco Atlas*, now in its second edition, provides the latest information on the global tobacco pandemic. Full-colour maps and graphics illustrate the wide range of tobacco issues, revealing similarities and differences between countries, and exposing the behaviour of the tobacco companies. Both atlases are available in paperback and online in PDF format.

Read more: [www.cancer.org](http://www.cancer.org)

Evidence-based Cancer Prevention: Strategies for NGOs

Different regions of the world face different cancer burdens, in line with varying risk factors. Because no single prevention strategy can work in all cases, UICC has developed regional handbooks with a wealth of solid scientific evidence to help national, regional and local cancer organizations develop evidence-based strategies adapted to their specific needs.

*Evidence-based Cancer Prevention: Strategies for NGOs* covers the regions’ cancer burden; the role of social factors and behavioural change; an evaluation of successful cancer prevention activities; the benefits and risks of screening programmes, and detailed recommendations for designing effective cancer prevention programmes.

The European handbook is available in English, French, German and Italian and an abridged Spanish version; the Latin American edition is written in Spanish; the Asian handbooks are initially available in English. To order a copy: Please contact UICC at preventionhandbook@uicc.org — and don’t forget to tell us which version you would like to order!

National Cancer Control Planning Resources for NGOs

Only a few countries so far have drafted and implemented national cancer control plans. NGOs can play a critically important role in raising public and leadership awareness of the cancer problem and developing effective partnerships to take on the responsibility of cancer planning.

*National Cancer Control Planning Resources for NGOs* provide practical suggestions that can be applied in any context, including countries with very limited resources. Whatever the circumstances, there are always meaningful steps that can be taken.

The resources are designed around five key questions that are at the heart of a good cancer plan: What is our country’s cancer picture? Who can help us develop and implement a cancer plan? What will be in our plan? How do we communicate and implement our plan? How will we know if we are successful?

They are initially published in English and Spanish, with other translations to follow. For more information: ncp@uicc.org

Prognostic Factors in Cancer, Third Edition

*Prognostic Factors in Cancer, Third Edition* amends and streamlines the authoritative monograph on prognostic factors and their use in planning treatment for cancer patients. The first part provides an update on the science of prognosis in general and prognosis in cancer patients in particular. The second part consists of site-specific or tumour-specific chapters and the prognostic factors associated with particular malignancies.

*Prognostic Factors in Cancer, Third Edition* imparts a perspective on likely outcomes of neoplastic disease that is an increasingly useful tool for physicians and all others responsible for the care of patients with cancer.

Conferences

Multidisciplinary Psychosocial Oncology: Dialogue and Interaction  
8th World Congress of Psycho-Oncology  
Venice, Italy, 18-21 October 2006

Scientific societies, health-care agencies and academic institutions need to share and integrate their knowledge and work together towards a common language and accepted standards in the comprehensive care of cancer patients, their families and caregivers. Closing date for online registration: 20 September.  
Read more: http://www.ipos2006.it

Jagruti: The Awakening  
3rd Asia-Pacific Reach to Recovery  
International Breast Cancer Support Conference  
Mumbai, India, 7-10 November 2006

In Indian lore, Jagruti is a flame that is a perpetual source of light and energy. For women with breast cancer, it signifies the ability to regain a meaningful, vibrant life through treatment and psychosocial support. After breast cancer, a woman can still live with dignity and femininity and use the experience to help other women cope with their cancer.

The conference is organised by a coalition of six Indian NGOs – Cancer Patients Aid Association, Indian Cancer Society, Mastectomy Association (India), Passages, V Care Foundation, and Women’s Cancer Initiative (Savera) – and Tata Memorial Hospital.  
Read more: http://www.jagruti.org.in

Advancing Cancer Treatment, Improving the Quality of Life  
4th Chinese Conference on Oncology  
Tianjin, China, 26-29 October 2006

The conference will provide an important platform for sharing and exchanging advanced information on cancer research and treatment among clinicians, researchers, nurses, cancer control advocates and other experienced professionals in China and throughout the world. Closing date for online registration: 30 September.  
Read more: http://www.cco2006.org

Empowering Cancer Prevention in the Asia-Pacific  
3rd APOCP General Assembly Conference  
Bangkok, Thailand, 3-5 November 2006

The aim of the Asian-Pacific Organization for Cancer Prevention is to promote an increased awareness in all areas of cancer prevention and to stimulate research and practical intervention.  
Read more: http://www.apocp.org

Towards True Cancer Control  
UICC World Cancer Congress 2008  
Geneva, Switzerland, 27-31 August 2008

The congress will focus on public health, prevention, cancer and tobacco control, palliative care, patient advocacy, and other issues as they apply to both resource-rich and resource-limited countries. The rapid progress in treatment will be the centre of many symposia. Together we can move the cancer control agenda forward and bring hope to millions.  
Read more: http://www.uicc.org/congress08

Uniting in Recovery  
14th Reach to Recovery International Breast Cancer Support Conference  
Stockholm, Sweden, 30 May-2 June 2007

The conference, hosted by the Swedish Breast Cancer Association (BRO) and the Swedish Cancer Society, will give UICC’s Reach to Recovery International support network an opportunity to discuss all the new developments concerning breast cancer, focusing on increased chances for survival, cure and supportive care.  
Read more: http://www.congrex.se/rri2007