



# UICC

## Leading the Global Fight Against Cancer

**Cary Adams**, CEO of the Union for International Cancer Control (UICC), speaks to *Research Features* about how the organisation is uniting the global cancer community and what we can all do to contribute. Delivering a personal message for young global leaders of the future, Cary explains how the effort to combat cancer is a global concern that is shared across the world.

*How does collaboration with partners, such as the United Nations (UN) and the World Health Organization (WHO), help UICC achieve its goals?*

Well, I think it works both ways. We can help them because the World Health Organization (like any organisation) has limited resources. For example, it can't employ the world's experts on cancer. What UICC can offer is access to the expertise of its over 1,000 members around the world, to help WHO to do a better job than they could do on their own. And that's critical to the smooth running of international governance on health, and applies to all the other disease groups. But equally, the decisions that can be taken at the World Health Assembly, when all countries get together to discuss health issues, can make a significant difference for us and our members around the world, and we can help implement those decisions.

So, by way of example, a high-point in the last few years was in May 2014, when UN Member States for the World Health Assembly all signed off on a resolution which essentially said that no-one around the world should die in avoidable pain.

Palliative care and pain relief is a critical part of health care across the globe. However, access to morphine, and other effective drugs, is not always available. For example, 80% of the consumption of morphine is within only about 7 or 8 countries in the world. Unfortunately, if you were to die of cancer in a lower- or middle-income country, you're very unlikely to have access to any pain

relief whatsoever. So it's a desperate time for the patient, and their family, during those last few weeks.

To get the World Health Assembly to agree that no one should die in avoidable or unbearable pain around the world, wasn't just a major step forward for our community but also for our generation. Now we're working with WHO to develop the guidelines to help countries implement the changes required, so that morphine and palliative care is more readily available, particularly in low- and middle-income countries. In countries like these, the treatment infrastructure is not there, so as a result more people die from cancer than are actually cured.

*Do you think that governments around the world are taking the economic cost of cancer seriously enough?*

I would say that we generally, the cancer community and governments, have not done enough to understand the economic benefits of investing in cancer treatment and care. So I wouldn't blame the governments specifically but I think as a community we've not articulated the economic cost of cancer as well as we should have done. However, there has been work happening in the last couple of years which has allowed us to at least start that discussion.

We worked with *The Lancet* last year to produce a commission report on radiotherapy. That report, which was co-authored by 140 individuals, very well-articulated that investing in radiotherapy,



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cancer treatment and care was of net economic benefit to countries. Although investing in radiotherapy at the start is quite expensive, the financial return is within 15 years.

So I think that we have tried to work in that space, in a better way, than we have done before. But I'm also conscious that in order to make the case for any politician or government to start refocusing their efforts on cancer, as opposed to other diseases, we need to make the case to the head, the heart, and the pocket.

We can make the case from an economic perspective, the pocket, and that's important – to look at the relative value of investing in cancer treatment, as opposed to other things that a government has to invest in.

We also need to appeal to the heart because this is a situation where there are lots of people dying unnecessarily and we shouldn't be allowing that to happen. We have the tools, we have the equipment, and we have the drugs to not only address many cancers around the world but also prevent them. We have the means to do this by, for example, reducing tobacco use around the world.

And then we have to appeal to the head. This means using scientific evidence to show that by pursuing certain interventions we will reduce both the number of cancer cases and the number of deaths through cancer. It's important that we have sound evidence and advice to give to governments on what they should be doing because it can become confusing.

So, for example, it's important – absolutely essential – that every government addresses the issue of tobacco use because it's linked to six of the biggest killers in the world, including lung cancer.

For a government, if they are looking at priorities about where they should spend their money in health, probably the biggest

return they would get is increasing the taxes on smoking and cigarettes in their countries from tomorrow. This is something they actually could do now that will have a long-term positive benefit on the economy and health of the country. Also, the tax revenues themselves can then be used to address things such as education, or to invest in other health programmes.

So, there's lots that can be done - but I do believe that we are starting the process of speaking more eloquently about the economic case for action.

*You have previously made a plea for employers to 'put the health of their workforces at the centre of their corporate social responsibility agendas'. Could you tell us a bit more about what you think this could involve?*

This is something that we have been working on for the last couple of years, with colleagues in the NCD (Non-Communicable Disease) Alliance, as well as some of our corporate partners, in order to raise the profile of the value and impact that employers can have in terms of delivering global health improvements.

Something like 60% of the world's population is employed. And that's a very captive audience on a day-to-day basis, where people aren't exposed to adverts on poor-quality food but are very much exposed to the opportunities that the leaders of that organisation can give them.

Making improvements, for example, in any canteen food or simple things, such as putting bicycle parking outside the front door of the company to encourage people to cycle to work. Another one is having tobacco-free environments and offering advice and help to those who want to quit smoking. Employers can also provide their employees with health training, and invite NGOs to come in to do free screenings for women for breast cancer, as well as providing other positive opportunities.

So, there's a lot that companies can do to signal the importance of healthy living to their own employees and also beyond that to ease the path back into employment for those who do, unfortunately, have a non-communicable disease or suffer from ill-health. This includes making sure they are given every opportunity to return to the company, and to be as effective as they were before they left. Given the large numbers of companies, and the large numbers of employees, it's certainly a means through which we can impact people's lives from a health perspective on a day-to-day basis.

*What are your most prominent current projects within UICC's strategy for the next 24 months?*

Well, we have a very busy next twenty-four months ahead of us at the moment. A major thing for UICC is the World Cancer Congress. We have just held this in Paris, where we also had the World Cancer Leaders' Summit. That's where we bring over 3,000 people from around the world, who are passionate about cancer control, to learn from each other. They are then inspired to make a difference for cancer control in their own cities, or in their own countries. We are starting to prepare for the 2018 World

Cancer Congress, in Kuala Lumpur, and the ambitions there will be even higher; we are aiming to have more people attend and to have an even greater impact.

So that's one aspect of our work at the moment, but in terms of the next couple of years, there are two or three areas we're working on which will be quite important.

The first one is capacity building. This year, we've established a focus area for helping our members around the world to, 'do an even better job tomorrow than they already do today'.

What that means is that we identify, through UICC's network of incredible organisations, opportunities to share best practices across all of our members globally. Thinking, for example, what is Cancer Research UK doing in the UK that can be transferred and used by other organisations around the world? It can also include distributing funds to low- and middle-income countries, when funding for initiatives is not there. Or it could mean arranging fellowships, which is where we take an individual from one country to another country to be trained in a specialist area that is relevant to them and their organisation. And also running workshops as well, so a lot ►

of face-to-face and peer-to-peer training.

Additionally, the development of online services, toolkits and guidelines, in multiple languages, would be a personal ambition for the next two years: moving away from predominately English capacity-building training and education and moving towards French, Spanish and other languages. I think it would benefit our members around the world tremendously because, despite the fact that we have the internet, it's actually sometimes very difficult to get great ideas shared.

So the other area, which would be important to us, would be to make sure that cancer stays on the global health agenda. We're currently in discussion with some countries, as well as the WHO, on whether there's a possibility for the World Health Assembly to pass a resolution pulling together all the great work we've done in the last few years on cancer. This would involve making a declaration of intent, following through on the palliative care resolution and following through on the essential medicines and the essential technologies work we're doing with them at the moment. Every country would then make a public declaration that cancer is important to them and they are going to follow through on their promises from previous years.

I don't know if we can achieve that in 2017, but given that the question was regarding the next 24 months, I'm more confident that by 2018 we may have something that we can celebrate.

*You mentioned briefly the World Cancer Congress. What makes this event so unique?*

Well it's probably, and I think I can say this with some conviction, the only cancer congress in the world which covers the full spectrum of cancer control, i.e., we have experts in the field talking about prevention, early detection, treatment and care. We supplement that with a whole series of different topics related to, for example, global advocacy - how to do advocacy, and how to use social media. We also cover event topics, like how to fundraise better, because (like most organisations) NGOs face the challenge of raising enough funds to be effective, and we can't do much without funding coming in to all our organisations.

So, the event's quite unique in terms



2016WCC Opening Ceremony, (from left to right: Princess Dina Mired from Jordan, President-elect of UICC; the French Minister of Health, Marisol Touraine; Princess Lalla Salma from Morocco; the President of France, François Hollande; Queen Letizia of Spain; and Tezer Kutluk, Immediate-past President of UICC)

of its composition and the programme, which is really built around implementation science. Indeed, there are many other cancer conferences, but they tend to be focused on very specific areas, like radiotherapy, chemotherapy, liver cancer or breast cancer. But what we're able to do, at the World Cancer Congress, is to address the full spectrum of cancer control issues.

Now what this means for the delegates is that they come along to a mini-university. People like myself, CEOs, we're very busy people, so for a CEO who generally has to know a little about a lot, as opposed to a lot about a little, this is the perfect environment for them to come and find out what the current thinking is. Example topics might be alcohol and cancer or physical inactivity and cancer. Or they might want to find out about screening, what works on vaccinations, what's operating

around the world on palliative care, where we are on the global discussion on NCDs and what is working at an advocacy level. Even, how do I better develop my strategy going forward so I'll have great impact? And on top of all that, they have the most wonderful opportunities to meet their peer group from around the world, exchange business cards and develop their own network of collaboration or support.

So it is quite a unique environment, and we're very happy with how it's developed in the last few iterations. When we were in Melbourne, in 2014, we received feedback from delegates that 98% of them would recommend it to a colleague, or a friend, which is an outstanding result, and 80% of them also rated it as 'outstanding' or 'excellent'.

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*World Cancer Day, which takes place every 4 February, is also a key platform of UICC's. What role can research/researchers play in the day?*

The World Cancer Day is a completely open day and environment for everyone who has a passion about cancer and wants to get involved. We design it specifically around a broad theme. It has the tag line "We can. I can." and therefore this question is quite relevant because everyone who is reading this, or is involved in cancer, can do something on World Cancer Day.

We provide fact sheets and bullet-point information, for people to hopefully use to reach out to their communities. Or at least to reach out to newspapers, journals and the media more generally and through social media to get messages out which are consistent with the overall messaging that we try to co-ordinate from Geneva.

Now the important thing is that what we provide is a framework, within which we give latitude for people to operate. So we're not going to be very specific, i.e., you must say something about a particular cancer, or something about vaccinations. We allow every individual to use that day as a framework through which they can project their own views, their own ideas on what they're doing on cancer.

So, for example, any researcher who's involved in something to do with cancer can use this day to project what they're doing, and they can use it to reach out to local cancer organisations to collaborate. And there are also many that use it to raise funds and/or run events. People can even just use it to contact journalists. We know that (having worked so well over the last seven years) World Cancer Day is pretty much ear-marked in most journalists' or media outlets' diaries, and the week before that day they're looking for good stories.

So this is a great opportunity, during a very packed year when there is a lot going on, to use 4 February to project your messages, to get across your interests and your ideas, to a media that's ready to take those ideas on.

*How should we all be encouraging the development of new technology and drugs to improve the detection, prevention and treatment of cancer?*

Well I think we should all be encouraging everyone who's involved in innovative research for new drugs and technology, in

all aspects of cancer control. That could be encouraging the development of new vaccinations. If we are to use the human papillomavirus and its link to cervical cancer as an example, then vaccinations play a pivotal role in the prevention of a huge number of cancer cases. So any breakthroughs on drugs which are vaccinations and/or treatment are very much appreciated. I understand that there may be a period of time when those drugs may be priced at a level that may not be accessible to many around the world. But hopefully over time, as they become generic, they'll then impact the health of our children and our children's children in the future.

In regards to other technologies, it's well known that in order to treat cancer successfully, probably about 50% of cancers require radiotherapy. Therefore, we need companies to invest in making that technology more effective, and cheaper for low- to middle-income countries – because the current prices are really quite high for these countries to invest in. Of course we also need great diagnostics for pathology.

Across that whole range of areas, we need innovation, we need companies to invest, we need governments to invest, and we need breakthroughs from small, enterprising individuals that will change the whole paradigm, and the way that we can prevent and treat cancer.

*Do you have a personal message for today's young researchers, who as tomorrow's cancer pioneers, hope to enact change and*

*drive progress in the fight against cancer?*  
I do. First of all, they're doing a very important job. Cancer rates around the world are going up, and up, and up. We're looking towards a world where potentially double the number of people will be dying of cancer, due to our ageing population and the increasing number of people on this planet.

Everyone involved in cancer research has a very important role to play. Probably the most inspirational people I've met in this community are the ones who have stepped up, away from where their work may have been, whether it be research, nursing or being an oncologist, to consider themselves to be a global citizen and to want to do more.

So, my personal message would be to encourage any young researcher to firstly stay in role, do a great job, make the breakthroughs we absolutely need to control cancer in the future, but also to keep an eye on what else they can do on a global level to help drive progress for cancer in global health and development agendas.

We work with people around the world who are incredible researchers, but they find time and energy, and make an effort to be part of that global work that we do. And they want to be involved in global advocacy, they want to be involved in international projects which touch the lives of people in more difficult situations in lower-/middle-income countries. Some of our board members are leaders in their fields, but they are also global citizens working on the global field, and those sorts of people are very special.

## Detail

### BIO

Born in London, Cary Adams has a BSc Honours degree in Economics, Computing and Statistics from the University of Bath, United Kingdom and a Masters degree (with Distinction) in Business Administration. He is a Harvard Business School Alumni having attended the School's Executive General Management programme in 2003. In 2009, Cary made a career change, moving from the management of international businesses in the banking sector to become CEO of UICC based in Geneva, Switzerland.

### RESOURCES

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