



Cancer control in the Pacific: big challenges facing small island nations

Introduction

This summary is taken from a Series of five papers commissioned by *The Lancet Oncology* journal on cancer control in small island nations to be launched in August, 2019. Two of these papers focus exclusively on the Pacific region. The Series includes 65 collaborators from countries in the Pacific and worldwide. This summary provides a brief overview of key issues and recommendations for priorities for cancer control in the Pacific region.

Background

Pacific Island countries and territories are diverse, but face common challenges of small, geographically dispersed, and isolated populations, scarce resources, fragile ecological and economic systems, and overburdened health services. They face a triple burden of infection-related cancers, rapid transition to lifestyle-related diseases, and ageing populations, while responding to natural disasters that are increasing with climate change.

Cancer is a growing problem in the Pacific. The International Agency for Research on Cancer estimates that there will be a doubling of new cancer cases in the Pacific by 2040. Currently, few countries in the region have comprehensive cancer plans, cancer surveillance systems are weak, and patients often present with advanced cancer. It is difficult or impossible for many Pacific Island countries and territories to provide comprehensive cancer services to those affected, and palliative care services are underdeveloped. Although many Pacific Island countries and territories have insufficient screening programmes, pathology, oncology, surgical, and palliative services, examples of innovative practice in cancer planning, prevention, and treatment approaches are emerging in some countries and regions of the Pacific.

Cancer can be seen as a complex and expensive problem competing with other health-related needs. However, much is possible and achievable to reduce premature death and suffering from cancer, even in resource-constrained settings. These realistic and achievable goals are those cost-effective interventions not requiring specialist services or substantial infrastructure, frequently delivered in primary and community health settings.

The following are the six recommendations for priority action to address the challenges of cancer control in the Pacific region.

1. Regional collaborative approach to cancer control

In environments with constrained resources, especially human resources as is inherent in countries with small population numbers, sharing expertise, experience, and resources is likely to be almost an inevitable prerequisite for success. The close relationships that exist across and beyond countries in the Pacific region provides an excellent foundation to move the cancer agenda forward.

Recommendation: We recommend that countries and regional organisations consider regional or sub-regional collaborative approaches on cancer control, including cancer control planning and surveillance, cancer screening, and cancer treatment services, including drug and equipment procurement.

2. Ensure cancer control is integral to the broader non-communicable disease agenda

Strengthening tobacco control strategies is a focus for the region, yet many countries have a very high prevalence of smoking, especially among men. Ensuring full implementation of evidence-based policies such as tobacco taxation (including by raising excise duties to at least 70% of the retail price of cigarettes, as per the non-communicable disease [NCD] roadmap¹), smoke-free environments, bans on advertising, promotion and sponsorship, warning labels, and cessation support remains a priority. The role of obesity in driving the non-communicable disease epidemic in the Pacific is indisputable. Rates of obesity-related cancers in the region are high, and this burden will increase over time. Strategies to address this problem should prioritise cost-effective strategies such as taxes and subsidies on food and drinks, including increasing sugar-sweetened beverages excise taxes to 20% of the retail price; the introduction of mandatory healthy food policies in schools (eg, banning sugary drinks, and ensuring availability of healthy food and beverages, such as water and fruit); and restricted marketing of unhealthy food and drinks to children.^{1,2} The

Pacific Monitoring Alliance for NCD Action is monitoring progress towards these goals.²

Recommendation: We strongly support continued action to meet the goals of the Pacific NCD roadmap, especially those relating to tobacco use and lowering the prevalence of excess bodyweight.

3. Strengthened palliative care provision in the region

This goal is imperative, especially in terms of improved access to immediate-release morphine for those with moderate to severe pain or dyspnoea. Achievement of this aim is likely to require a review of potential legal and regulatory barriers, awareness-building campaigns, workforce development, and the creation of palliative care guidelines and service delivery plans in collaboration with health care providers (including nurses, doctors, and pharmacists), patients and their families, communities (including traditional healers), and non-governmental organisations. The recent *Lancet Oncology* Commission on palliative care developed an Essential Package of palliative care, which includes essential medications, equipment, and human resources to provide basic palliative care in resource-constrained settings.³

Recommendation: We recommend that all Pacific countries have a palliative care plan or ensure the full integration of palliative care in relevant health sector plans by 2030.

4. Increasing human papillomavirus vaccination and cervical cancer screening

Cervical cancer is a major burden in the region, and is the second biggest cause of cancer deaths in women. It was identified as a priority for action by Pacific health leaders in 2014. Prevention and control of cervical cancer through human papillomavirus (HPV) vaccination of girls aged 9–13 years and cervical screening of women aged 30–49 years are recommended as part of the WHO “best buys” for low-income and middle-income countries.⁴ Recent research in Samoa has suggested that cervical screening using HPV screening would be highly cost-effective, feasible, and acceptable, under a range of scenario assumptions.⁵

Recommendation: We recommend that by 2030, 70% of girls aged 9–13 years are immunised against HPV and that at least 70% of women aged between 30 and 49 years have undergone at least one cervical cancer screen, with timely, safe, and effective treatment of precancerous lesions in all Pacific countries.

5. Improving cancer surveillance

Effective cancer control planning and monitoring requires up-to-date, accurate data on the current and emerging patterns of cancer incidence and survival. Functional high-quality cancer registers provide these data. The Global Initiative of Cancer Registers is working with several Pacific nations to develop a cancer registry hub in the region.

Recommendation: We support this initiative, and recommend that ongoing, sustainable resources are identified to ensure the successful implementation and ongoing viability of this initiative in at least five Pacific countries that do not currently have high-quality cancer registers by 2025.

6. Developing cancer treatment capacity across the region

This goal requires longer term investment, and must inevitably be balanced with competing health and welfare priorities. The extent to which treatment can be provided within countries will depend on their capacity and access to resources (both within and outside the country). Effective networks need to be established and maintained to ensure access for small populations. Some services will inevitably need to be provided outside some Pacific island countries. At a minimum, there should be a focus on ensuring safe, effective, and accessible diagnosis and treatment for cancers that typically have a good prognosis, such as early-stage breast, cervical, and colorectal cancers, lymphoma, and curable childhood cancers.

Recommendation: We recommend that Pacific countries set targets and work towards ensuring that all stage I and II breast, cervical, and colorectal cancers, and curable childhood cancers are treated with curative intent in a timely and effective manner.

- 1 Joint Forum of Economic and Pacific Health Ministers. Joint Forum Economic and Pacific Health Ministers Meeting Outcomes Statement. Honiara, Solomon Islands. 2014. <https://cooperation-regionale.gouv.nc/sites/default/files/atoms/files/outcomes.pdf> (accessed Sept 30, 2018).
- 2 Secretariat of the Pacific Community. Agenda item 3-1: Pacific non-communicable diseases roadmap—progress update, 2017. 5th Meeting of the Heads of Health; Suva, Fiji; April 25–27, 2017.
Kaasa S, Loge JH, Aapro M, et al. Integration of oncology and palliative care: a *Lancet Oncology* Commission. *Lancet Oncol* 2018; **19**: e588–653
- 4 World Health Organization. Tackling NCDs: ‘best buys’ and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva: World Health Organization, 2017. <http://www.who.int/iris/handle/10665/259232> (accessed Feb 13, 2019).
- 5 Rijnberg V, Hansen P, Ekeroma A, Stanton J. Is cervical cancer screening cost-effective for Samoa? A cost-utility analysis based on a cohort Markov model. *Pacific Journal Reproductive Health* 2019; **1**: 423–39.