Global cancer surgery: delivering safe, affordable, and timely cancer surgery

“Surgery is essential for global cancer care... [and] must be at the heart of global and national cancer control planning.”

Lancet Oncology Commission

Global Cancer Surgery

Richard Sullivan MD PhD

Integrated Cancer Centre
Commission set out to understand issues and solutions to delivering affordable, safe and timely cancer surgery across all resource settings.

Always careful to recognise the surgery is a SYSTEM ‘Surgical Trinity’ with radiotherapy and chemotherapy.
So, what were the findings of the Global Cancer Surgery Commission?
KEY MESSAGE 1

Over 80% of 15.2 million people diagnosed with cancer worldwide in 2015 will need a surgical procedure at some point in their treatment.

But at present ¾ of these procedures are -
• Not delivered
• Unsafe
• Not affordable
Lack of domestic and context-specific data

*Most data in LMIC are modeled*

but we are seeing more field work

Surgeons overseas assessment of surgical need (SOSAS) survey
Quantifying surgical need in Uganda

1 Pediatric Surg International 2016, 32: 1075-85
KEY MESSAGE 2
All countries are projected to lose 0.5 to 1.5% of GDP, annually, between now and 2030 if surgical systems for cancer are not strengthened.

If we do nothing about the strengthening cancer surgical systems 6 trillion USD will be lost globally by 2030.
These numbers are so huge no one knows how to get the heads round them...!!

More work on macroeconomics e.g. 16.9Bn loss due to head and neck cancer in India, Pakistan and B’desh

Less work on cost effectiveness (unsurprisingly)

1 John M’s group. Head & Neck. 2016: 38: 1242-1247
KEY MESSAGE 3

National cancer control plans must include the strengthening of surgical systems through investment in **public** sector infrastructure, education, and training.

Only 9% of National Cancer Plans address surgery.
Reasonable progress on national surgical plans

*Probably should be ‘harder focus’ on this and the quality agenda*

IAEA have now introduced surgical assessments into their national reviews

Not been good about holding countries to account in developing and implementing rational national cancer control plans

Probably a need for global independent auditing
KEY MESSAGE 4

Less than 5% of global cancer research is devoted to surgery despite its huge effect on patient outcomes and its importance to personalised cancer medicine.

Only 17.2% of global cancer surgical research is being undertaken in LMIC.
No change!

No new initiatives from ANY of the major research funding organisations in cancer or NCD

what....????

1. Harder critical approach to research funders
2. Targeted policy work with key funders: build on partnership and capacity funding where there has been some movement.
3. Updating analysis for publication in 2017: fresh round of data
KEY MESSAGE 5
Global cancer surgery needs to be a political priority for policy makers in countries, research funders, international organisations, and global alliances.

Only around 9% of national and global initiatives, statements, etc. address cancer surgery.

VoxViewer analysis: Eng language.
Better political activism

1. WHO: technical document work on devices, including cancer surgery, as well as appendix 3 on economics
2. More calls for political action by representative organisations, e.g. Soc Gynae Oncology
3. More activity by professional surgical societies to embed this ‘movement’ in meetings, teaching etc
What happened next?
Cancer surgical care is ‘expensive’ BUT it saves more money than it costs.

Improving outcomes means improving total surgical care, but investment is only part of achieving better outcomes.

Making tomorrow’s economic burden feel like today’s political issue is difficult.

Technologies, higher expectations and ‘disease friction’ are driving tractable costs in cancer surgery.

Inequalities are worsened by allowing ‘market’ forces to determine the structures of cancer care pathways & systems.

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I’ll leave you with this question to ponder:

*How do we make cancer surgery matter in the era of precision medicine and the tsunami of sustainable development goals?*