MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

Cancer: A neglected Pacific health issue

Dr Sunia Foliaki
Centre for Public Health Research
Massey University – Wellington
New Zealand

THE ENGINE OF THE NEW NEW ZEALAND

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

The Presentation

- This Sea of Islands (Moana Nui)
- Cancer Burden
- Cancer Control
- Cancer Registries in the Pacific

THE ENGINE OF THE NEW NEW ZEALAND

Only sometimes in the Sea of Islands

This Huge Sea of Islands

- 22 islands
- Some very large, some very small
- Thermonuclear weapons testing
- Significant radioactive exposure
- Unprecedented rapid changing lifestyle and modifiable risk factors with NCD related cancers on top of an unfinished infectious diseases agenda and infectious related cancers

The Burden

Percentage of Worldwide Cancers Diagnosed in Developing Countries

- 1970 – 15%
- 2008 – 56%
- 2030 – 70%

•Ferlay J, et al. GLOBOCAN 2008. Lyon: International Agency for Research on Cancer, 2010
•Beaulieu N, et al. Breakaway: the global burden of cancer—challenges and opportunities. A report from the Economist Intelligence Unit, 2009.

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

How bad is it for Pasifika nations? Cancer as Cause of Death

• American Samoa	2nd	
• Fiji (2016)		3rd
• Guam (2014)	2nd	
• Papua New Guinea (2016)	2nd	
• Samoa (2016)	2nd	
• Solomon Islands (2016)	2nd	
• Tonga (2016)	2nd	
• Vanuatu (2016)		2nd
• Guam (2014)	2nd	

http://www.who.int/nmh/countries/en/#F

THE ENGINE OF THE NEW NEW ZEALAND

Cancer in the Pacific

- We DON'T know the magnitude of the problem, all of the key risk factors (prostate) or potential for prevention
- We DO know more than 1/3 of cancer deaths are due to preventable causes like viral infections and tobacco use
- We DO know it's costing the health system heaps
- In some countries, cancer accounts for over 70% of budgets allocated annually for overseas medical referrals

Cancer Burden and Trends in the Pacific

- A shift from infection related cancers to pattern in developed countries (breast a regional leader, prostate, colon, lung)
- Diversity still exists between countries due to persistence of risk factors (cervical, oral cancer, stomach, liver)
- Cancers of priority within regions (oral)

Some Cancer Control Indicators

- Regional High Quality PBCR (x6)
- National High Quality PBCR (x2)
- PBCR (x1)
- Lack of cancer data from a number of Pacific island countries

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

Gathering the troops

- 2018: 3rd High Level

THE ENGINE OF THE NEW NEW ZEALAND

The UN High Level Meeting on NCDs

- A specific condition
- A specific indicator
  - Indicator 2 - Cancer incidence, by type of cancer, per 100 000 population

Cancer Registries in the Pacific

- Few ‘established’ cancer registries and peer-reviewed publications on cancer mostly a product of isolated outside driven research. *Northern Pacific well supported US affiliated PI. U. Hawaii*

  - *Papua New Guinea - First cancer registry in the Pacific 1958*
  - *Fiji followed with a cancer registry in 1965*
  - *SPC developed a ‘standardized’ cancer reporting system in 1977*
  - *IARC held a course for Cancer Registras in the Pacific 1998*
  - *IARC held a course on cancer epidemiology in the Pacific 2004*
  - *Others followed but rather comatose implementation*

- None of the 22 Pacific islands data reflected or contributed to *Cancer Incidence in Five Continents Volume* X

The Need for Cancer Registries

- To assess the situation, evaluate evidence and plan for response
- Provides a solid basis for the establishment, monitoring, and evaluation of cancer control programmes
- Helps understand causes, survival and service quality

It's NOT just about cancer

- A win-win for other leading causes of death like heart disease, stroke, diabetes
- There are common methodologies in studying their causes
- These diseases often share common causes
- They share common health protection and promotion strategies
- Hence, the importance of an integrated policy for prevention and control . Are there NCD and CD conditions?

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

Cancer registry in the Pacific

- Vital data very poor
- Limited capacity for early detection, diagnosis and treatment of cancer
- **Cancer registries don't have a "home"**
- Dangerously isolated from other medical core functions

THE ENGINE OF THE NEW NEW ZEALAND

Inadequate Reporting and Dynamic Populations

- High percentage of cancer diagnosed from death certificates with low histologically or cytohaematologically confirmed diagnoses
- Lack of information on outpatient events and possible under-reporting of cancer on death certificates
- Dynamic population and active movements and migration of a heterogeneous group limits follow up and comparability of sub-populations

Reporting and Monitoring Issues

- Coding and reporting quality of mortality and morbidity data variable in the Pacific region.
- There is a lack of consistent definitions for reporting of deaths affecting the comparability of results (? leading or underlying causes of death).
- Only half of Pacific Island countries have cervical screening at the Primary Health Care level affecting diagnosis, Rx and reporting
- Radiotherapy is not available in all 10 ‘central’ south Pacific islands, chemotherapy is available in only 3 Pacific Island countries
- Home care for advanced cancer cases is available in only 5 of 10 Pacific Island countries in the central region

Palliative Care

It's not often practical to care for your own

Adequate pain relief

Cancer one of several leading conditions that benefit from a palliative care approach

Effective and Cost saving

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

The Global Initiative for Cancer Registry Development

Pacific Regional Hub for Cancer Registration

THE ENGINE OF THE NEW NEW ZEALAND

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

The Pacific Regional Cancer Registry Hub

- Providing knowledge transfer
- Capacity building
- Training
- Surveillance
- Research

THE ENGINE OF THE NEW NEW ZEALAND

A Pacific Cancer Registry Hub – Is certainly a good idea

- Exactly what strategic approach would be needed?
- What specific steps should be taken and by whom?
- Can we ensure full participation/ownership of the initiative by Pacific countries?
- How could the Hub be sustainable, effective and responsive?
- How could it work?
- Let's give it it our best shot

Funding and Training

- Competition for limited funding with multiple local and regional health burdens and demands
- Lack of priority by funders for cancer control, the silent withdrawal when treatment looms
- Training – Isolated and multiple agencies implementing cancer control training with inadequate coordination
- Training materials too often lack cultural sensitivity and context

Conclusion

- The Pacific Islands are scattered over a 165 million square kilometres ocean.
- Cancer is a leading significant and leading health burden in the Pacific.
- Registration, cancer control data quality and resources is lacking in the Pacific.
- A systemic multi-lateral regional collaboration for cancer control is an immediate and necessary step.

Where to from here

- Cancer has for too long been a 'silent epidemic’
- We can make a difference with your help
- We must move cancer to the top of the health, political, social, economic and global agendas
- If we do, cancer control is, most certainly, an accessible dream

Malo ‘Aupito

- Thank you for being here and the opportunity to speak with you today
- World Cancer Congress, IARC, NZ Cancer Society
- We count on your support for global efforts to come

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

Join Us

THE ENGINE
OF THE NEW
NEW ZEALAND

What are the political, social, geographic and economic factors influencing cancer control in the Pacific?

Paula Vivili

Public Health Division

Pacific Community (SPC)

Outline

- Influencing factors
- Key challenges
- Where to from here?

The ‘Blue’ Continent

Background

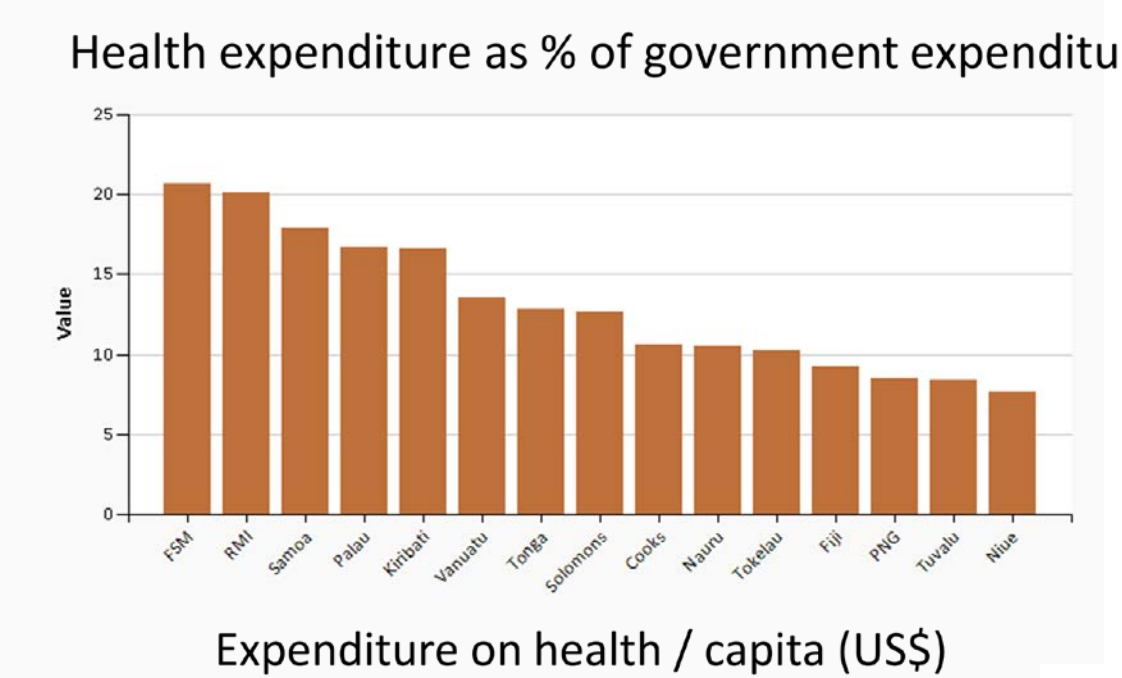
- 22 **highly diverse** Pacific Island Countries and Territories (PICTs)
  - Culture, language, history, population size, geography, economic and social development
- NCDs main burden of disease – CVD, cancers, COPD and diabetes
- Cancers – infectious, tobacco, lifestyle, hormonal
- Unique setting with multiple challenges

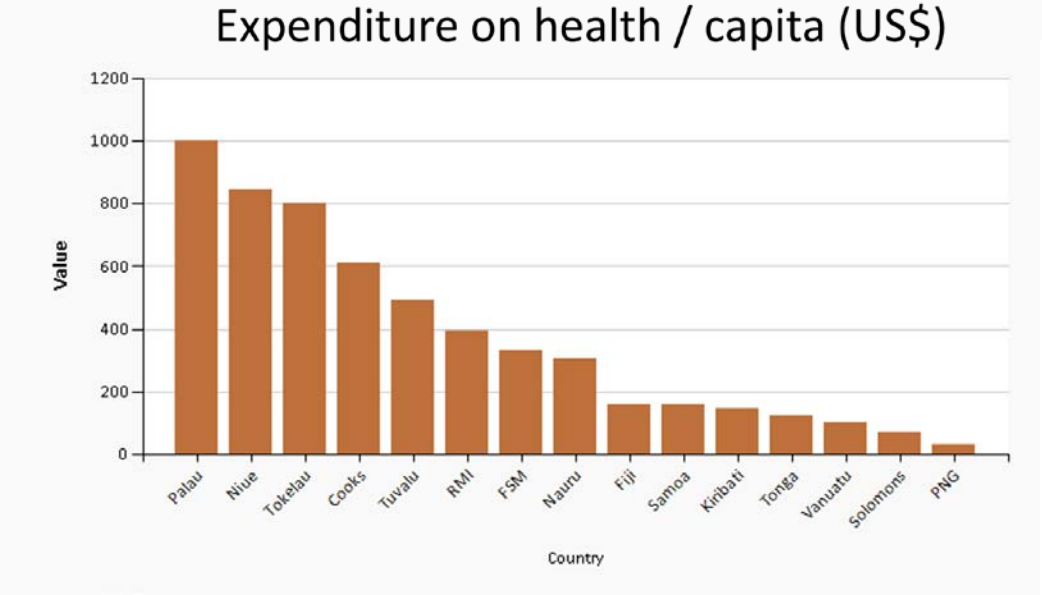
Many shared features influencing cancer control

- Geographical challenges
  - Small geographically dispersed populations and isolation
  - Frequent natural disasters
  - Access challenges for those on outer islands and in rural villages (up to 80% of population for some PICTs[1]) = late presentations/not at all
- Social
  - Close knit family-oriented communities
  - Knowledge about cancer and palliation is poor in community health services which delays diagnosis and often prevents effective treatment, referral or palliative
  - Cultural beliefs and language barriers to cancer care

Many shared features influencing cancer control

- Fragile health systems
  - Lack of medical infrustructure and resource
    - Critical health worker shortages in several PICTs
  - Multiple competing priorites for services
  - Many of the smaller islands do not have population sizes large enough to justify a specialised oncology workforce





Many shared features influencing cancer control

Political & Economic

- Links/affiliations favour cancer control (e.g. cancer control more advanced in French Territories)
- Region heavily reliant on external financing and technical support
- Health services largely publicly funded (and Health expenditure as % of Total Government Expenditure is already high)
- Cost implication of increasing NCDs to governments is significant
- Under-developed cancer policy - few PICTs have cancer plans

Key challenges in cancer care

- Incomplete/non-existent cancer surveillance systems – true burden of cancer unknown
- Limited preventative and screening services in many PICTs
- Late presentations with advanced cancers and many PICTs are unable to provide care for those affected
  - <1/3 of PICTs have either or both a full time pathologist or radiologist
  - Very limited availability of chemotherapy (7/21 PICTs offer some), and radiotherapy only available in 3 PICTs
  - Palliative care under-developed

Where to from here?

- Regional approach?
- Improve cancer surveillance
- Tie in to NCD agenda for prevention
- HPV vaccination: ensure it is out there
- Screening: how to improve quality in these settings
- Reassess treatment processes
- Appropriateness of medical training in these contexts
- Collaborations with like minded partners

Cancer Prevention and Control in the Pacific:

A Regional, Multi-Lateral , Multi-Level Approach

Union For International Cancer Control (UICC)

Kuala Lumpur, Malaysia

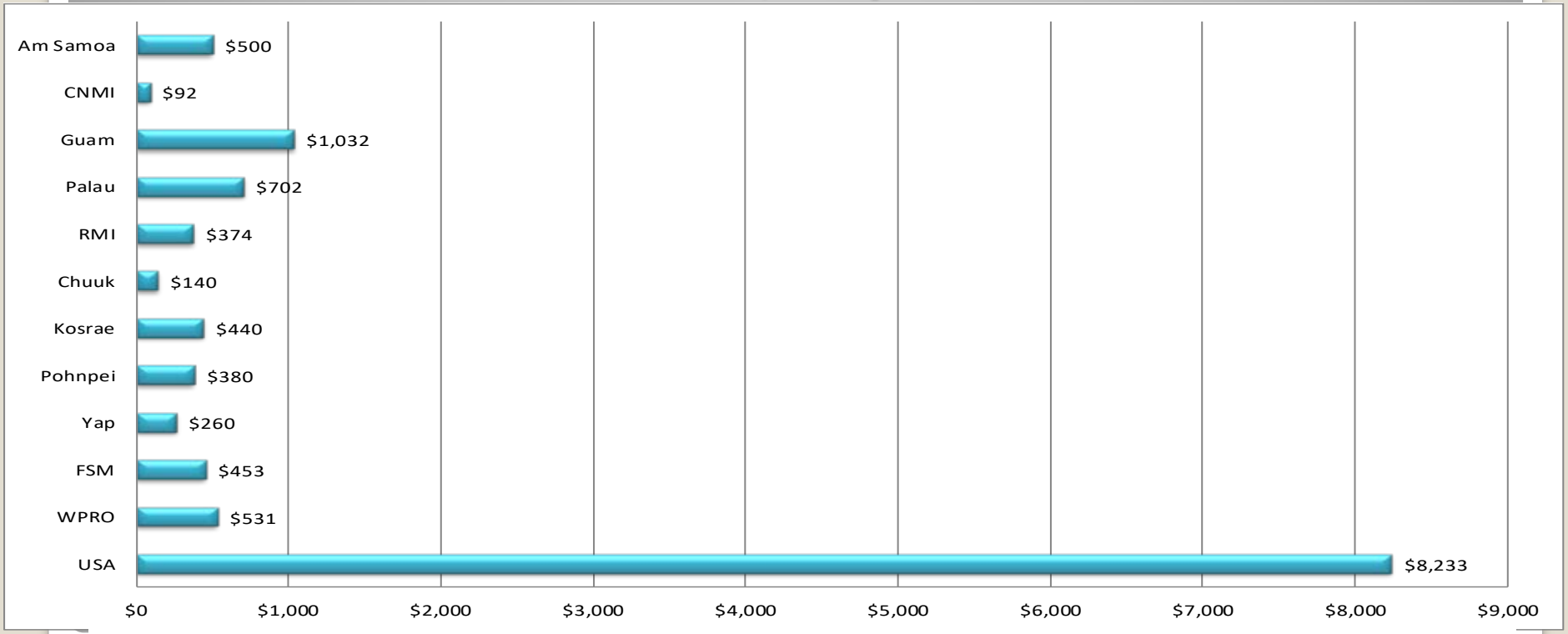
October 1-5, 2018

Neal A. Palafox MD MPH
University of Hawaii John A Burns School of Medicine
University of Hawaii Cancer Center

US Affiliated Pacific Islands

USAPI Per Capita Total Expenditure on Health

(in Purchasing Power Parity (PPP) terms, International $ for FSM, RMI, AS, GU, USA)

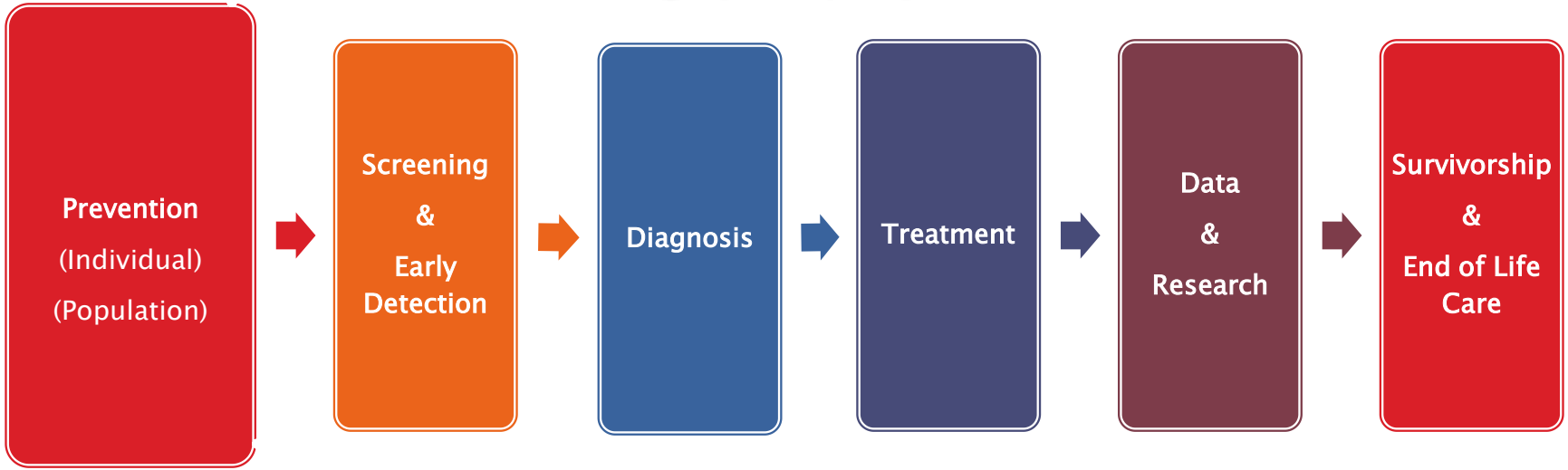


WHO World Health Statistics 2013 (FM, MH, USA); WHO Country Profiles 2011 (AS, GU (2000))

CNMI $5M FY13 budget for CHCC / 53,883 popn (2010) in USD not adjusted

CANCER COUNCIL OF THE PACIFIC ISLANDS (CCPI)- 2003

Domains of Cancer Prevention and Control



Primordial Prevention	Primary Prevention	Secondary Prevention	Tertiary Prevention

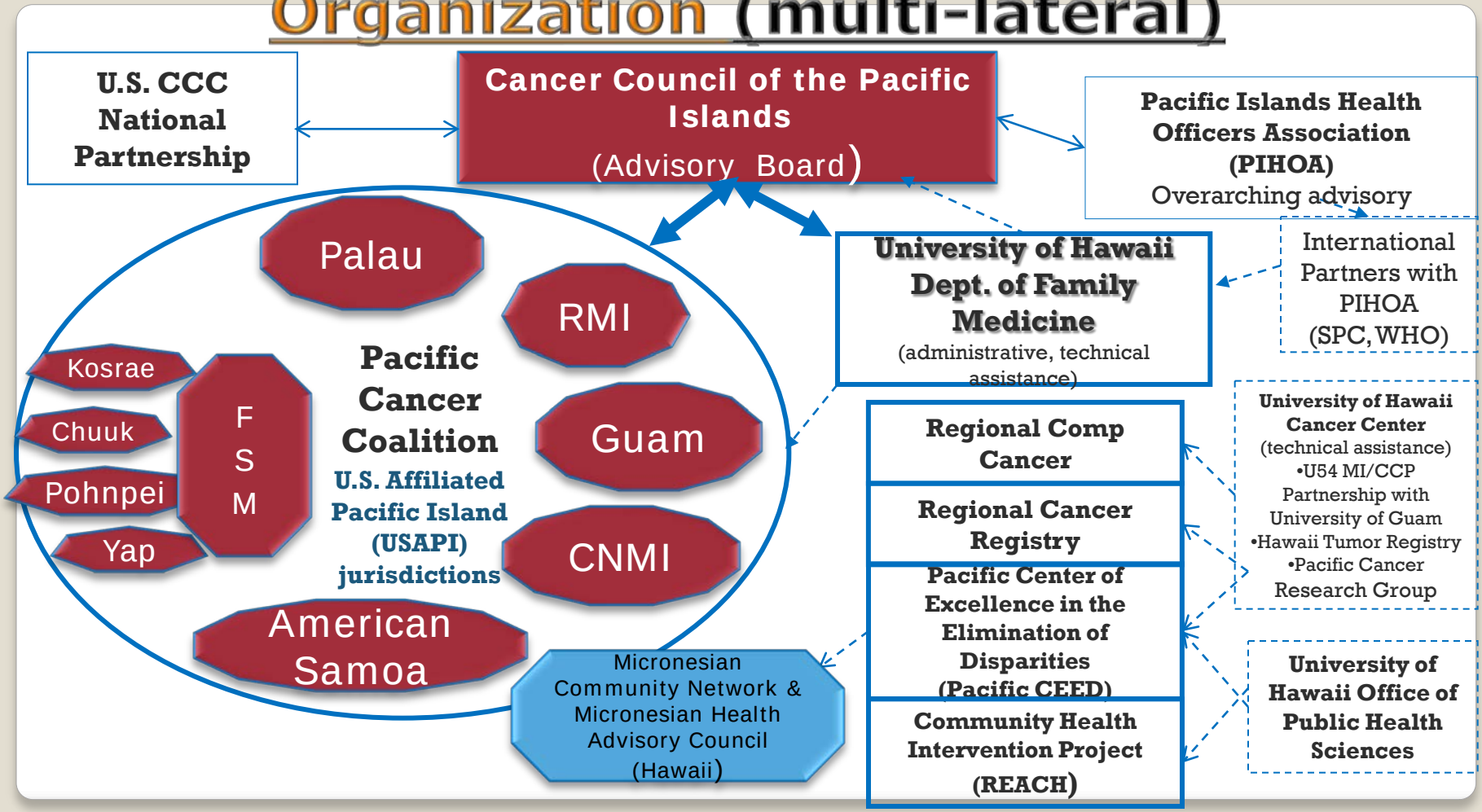
Comp Cancer Planning Process

- Stakeholder Collaboration
  - reduces duplication of effort
  - maximize existing resources
- Data driven priorities
- Research / evaluation
  - develop evidence based interventions
- Develop/implement written strategic plan
  - within cultural context & resource appropriate

Elements

- Stakeholders
  - Multi-sector (health, education, business, policy, faith based)
  - Multi-level (individual, local, community, traditional, gov)
- Comprehensive (all domains of cancer control)
- Local Context (community centered)
- Evidence Based / Data Driven
- Indigenous Centered (paradigms, culture)**
- Enhance island country capacity and development **
- Sustainability**

Organization (multi-lateral)



Regionalization

- Organizational Framework
  - Collaborative
  - Multi-lateral (10 island jurisdiction level coalitions)
  - CCPI (advisory, coordinating body)
  - Value Added
    - Economy of scale
    - Shared assets , shared challenges
    - One voice in global arena

Outcomes

- Dependency vs Inter-dependency
  - Decision Making, Shared Strategies
    - Community of Practice
  - Policy Development
    - Standards of Care, tobacco control
  - Data: CA Registry and Surveillance
  - Leverage funds, Sustainability
  - Research (best practices)
    - Cervical CA Screening
    - Breast CA Screening

CCPI- CCC- Registry

THANK YOU!

- Si Yu’us Ma’ase
- Mahalo
- Olomwaay
- Fa’a Fetai Tele Lava
- Msuulaang
- Kulo Malulap
- Komagar
- Kalangan
- Kirissou Chapwur
- Kommol Tata

npalafox@hawaii.edu

Palliative Care in Samoa

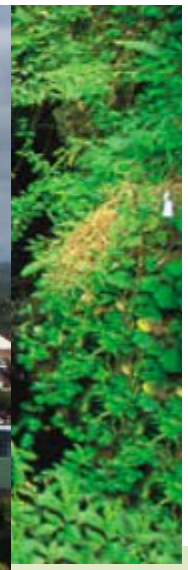
Dr Malama Tafuna'I

Senior Clinical Lecturer

National University of Samoa

University of Otago

"IA AO SAMOA"



Samoa's Health Sector

- Ministry of Health
- National Health Service
  - Primary Health Care services – Palliative care
- National Kidney Foundation
  - Dialysis
  - Pre-dialysis/Primary Care
  - Palliative/ Renal support services
- Private Sector
  - "General Practitioners"
  - All in Apia
- Samoa Cancer Society (NGO)
  - Patient Support Officer
  - 1x Nurse (Australian Volunteer)
- Traditional Healers

Palliative Care

"IA AO SAMOA"

- On paper
- Means different things to everyone involved
- Negative connotations associated
- Just for "Cancer"
- Student Audit
  - Survey of 20 NHS nurses and doctors conducted by medical students, respondents ranged in experience from 3 years as a clinician to 20+ years.
  - Generally respondents were very supportive of palliative care in Samoa and recognized that it is a need which is not being met.
- Summary of Responses
  - Question 1 & 2: "How is Palliative Care delivered in Samoa?" & "What Palliative Care services are you aware of?"
    - No consistent answer or clear understanding of what palliative care is demonstrated.

- **Questions 3 & 4: “Do you think / feel Samoa meets international standards for palliative care?” & “Do you thing/feel it is culturally appropriate?”**
  - **19/20 (95%) respondents felt it did not meet international standards and 100% of respondents think it is culturally appropriate.**

- **Question 5: “Do you think anything could be done better?”**
  - **Three main themes in answers;**
    - **more understanding/knowledge about palliative care**
    - **a dedicated palliative care service**
    - **resources allocated to palliative care**

- **Question 6: “What would encourage you as a doctor/nurse to want to work in the area of Palliative Care?”**
  - **Three main themes in answers;**
    - **career pathway**
    - **learning opportunities**
    - **appropriate resources allocated**

“IA AO SAMOA”

- What has happened ?
  - Poor understanding amongst health workers and whose role it is to provide palliative care
- NHS
  - Trying to provide service – need support and assistance to understand what palliative care is
- Samoa Cancer Society (SCS)
  - Patient Support Officer
    - Australian Volunteer – Palliative nurse
- SCS – "Palliative Care Forum" May 2018
  - Open Dialogue with all stakeholders
  - Pathway forward – MOH/NHS
- NKFS
  - Palliative Pathway
  - Palliative EML
- National University of Samoa – School of Medicine w SCS
  - PCC4u undergraduate course (http://www.pcc4u.org/)
  - EPM – Pain management (Linda Huggins)

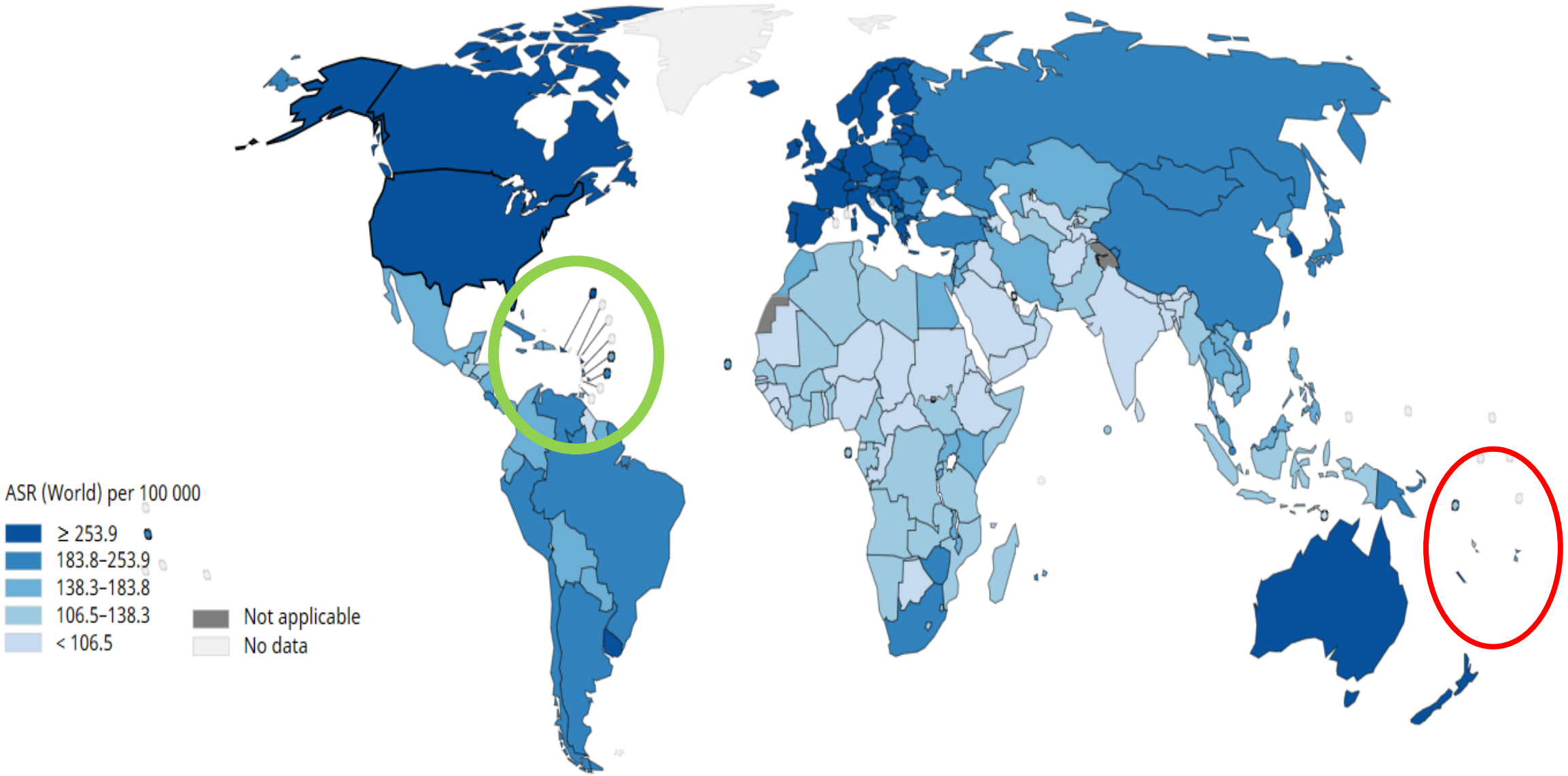
"IA AO SAMOA"

- Way Forward
  - Vision
  - “champion (s)”
  - Career pathway for palliative care
  - Raise awareness – engage stakeholders
  - Innovative ways to develop resources to engage communities ie ‘new words’
  - Support/more learning opportunities – transfer of skills
  - Traditional Healers
    - Develop relationship

- **Pacific Continent – “Oceania”**
- **20+ Pacific islands**
- **Similar but different**

“IA AO SAMOA”

Estimated age-standardized incidence rates (World) in 2018, all cancers, both sexes, all ages



Data source: GLOBOCAN 2018
Graph production: IARC