1. The problem
2. A systems approach promises solutions
3. Successful steps in B.C., Canada

Neglected disease globally
- 350,000 new cases per year
- 170,000 deaths per year

Gaps & challenges
- Low community awareness
- Low provider awareness
- Low prioritization
- Inequities in care
- Insufficient surveillance
- System fragmentation

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A systems approach

1. Sociocultural, economic, & political determinants
   - Support healthcare system
   - Reduce population risks
   - Prioritize oral health
   - Enact supportive policies

2. Community awareness
   - Reduce risks
   - Build knowledge

3. Health provider capacity
   - Build awareness, knowledge, skills
   - Implement guidelines (e.g., screening)
   - Shift norms

4. Surveillance system
   - Control/monitor patient flow
   - Set up lesion registry
   - Link to cancer registry for outcome

5. Referral system
   - Improve assessment and treatment
   - Use appropriate technology

Societal context
Primary dental/health care
Oral biopsy service
Regional hospital clinics
Cancer centres

PREVENTION TO CARE CONTINUUM
Successful strategies in British Columbia

**IMPROVED REFERRAL PATHWAY**
Lesion risk assessment
Diagnosis
Dysplasia, cancer care

**ONGOING CANCER RESEARCH**
- Technology development in longitudinal study: NIH/NIDCR
- Multi-ctr. FV-guided surgery study
- New surveillance system: Dysplasia Registry (CPAC)

**HIGH PRIORITY COMMUNITIES’ NEEDS TARGETED**
- Participatory research
- Integrated risk approach to primary prevention (Aboriginal communities)
- Mobile education, screening, referral (Vancouver low SES & immigrant communities)

**ORGANIZATIONS & LEADERS MOBILIZED**
- Partners
- Networks
- Advocacy
- Intersectoral action

**PROFESSIONAL PRACTICES IMPROVED**
- Screening guideline
- Referral pathway
- Adjunct technology
- Knowledge translation (KT) via journals, training, 1:1 practice support, evaluation feedback

**PUBLIC AWARENESS INCREASED**
- TV, Radio, News
- Websites
- Schools
- Workplaces
- Care settings

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