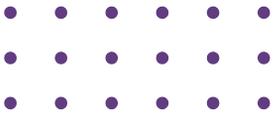


# Guidelines from Civil Society for Lung Cancer Care

**NEWSLETTER**



On December 13, the **Esperantra Patients Association** and the **Latin American and Caribbean Union Against Lung Cancer - ULACPUL** held the educational event: **"Guidelines from Civil Society for Lung Cancer Care"**.

The event counted with the participation of the following speakers: **Dr. Carlos H. Barrios**, Clinical Oncologist from Porto Alegre Brazil; **Dr. Adolfo Ortiz Barboza**, former Vice Minister of Health of Costa Rica; and **Dr. Herberth Cuba**, advisor to the Health Commission of the Congress of the Republic.

The main objective of this event was to share the advances and challenges faced by Latin American countries in cancer care and treatment. The experts discussed about their experiences in their countries and showed how inequity in public health systems generates major problems when it comes to implementing modern and targeted treatments.



# BRAZIL



## Policy Shaping: the Value of Care for Lung Cancer Patients

Dr. Carlos H. Barrios – Clinical Oncologist from Porto Alegre, Brazil

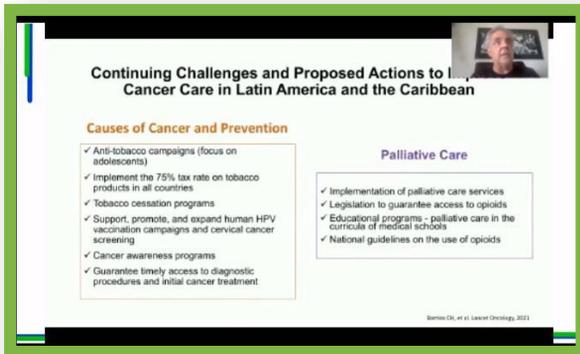


- The pandemic has worsened health systems in the region, generating problems in the early diagnosis of cancer patients. In addition, treatments have been interrupted and there has been a decrease in the number of cancers detected.
- When an authority prevents, for any reason, the use of a new drug to treat a disease, the potential number of patients who could benefit from the drug will be adversely affected.

**Cancer is a public health problem in Latin America. More than 1.4 million cases annually with approximately 600 thousand deaths in 2020. There are a number of challenges we have to face in relation to cancer: problems with the money invested to treat this disease, the fragmentation of health systems, and delays in diagnosis and treatment.**

In the U.S. there was a reduction of almost 26% in the number of people who died with cancer between 1991 and 2015. These figures show that things need to improve in Latin American countries.

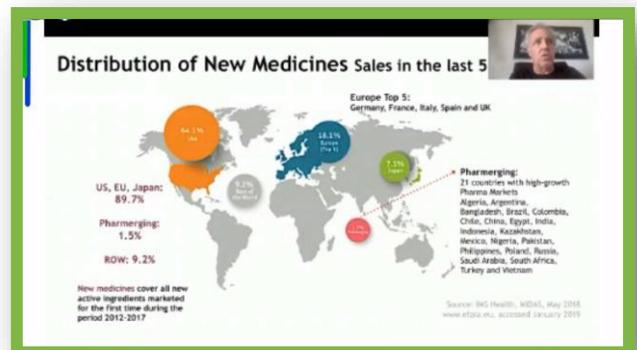
There are measures that can be applied in the health systems of the countries of the region, measures on financing the care of cancer patients. At the same time, there should be a register of cancer patients in order to have greater knowledge and apply targeted treatments.



It is important to recognize that not all cancer patients are cured, even though treatments are being improved. Therefore, palliative care is an absolute necessity for patients with advanced disease. Palliative care can ensure that the healthcare system provides patients with quality of life.

**One of the problems in the treatment of cancer patients is the uneven distribution of drugs. Specifically, new drugs are distributed mainly in the United States, Japan and European countries, where most of the new and recently approved drugs are concentrated. This only leaves about 10% of drugs to be distributed to the rest of the world.**

These drugs should be promoted in regions with less access, thus encouraging research into more effective treatments. There are significant disparities in the global and regional distribution of optimal care.



As physicians, citizens and members of patients' associations, we must consider the social context where we live. This implies a moral mandate to identify and diagnose disparities in order to understand how the health system works in different territories.

# COSTA RICA

## Civil Society Guidelines for Lung Cancer Care

Dr. Adolfo Ortiz Barboza, former Vice Minister of Health of Costa Rica



- Last year, the WHO warned that, if current trends continue, the number of cancer cases will increase by 60% in the next twenty years.
- Worldwide, breast and prostate cancer are the cancers with the highest incidence rates. Lung cancer follows. Despite this, lung cancer is the leading cause of death in the world.

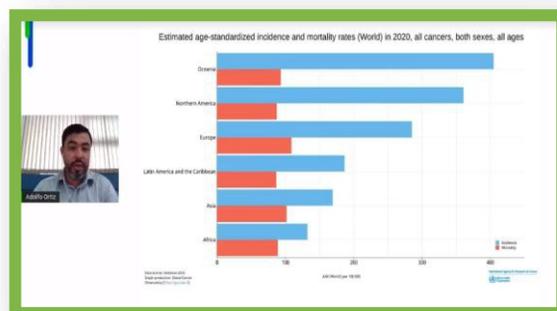
According to the Projected Global deaths for selected causes of death, 2002-2030 (WHO), **cancer will be the leading cause of death in the world in the coming years, surpassing ischemic heart disease and cerebrovascular disease.** The pattern of deaths from cancer is unlikely to change, as it is a costly disease and scientific advances to treat the disease remain scarce.

Cancer is a disease that reflects inequity. Cancer is the only chronic disease that is curable, if detected early. However, over the next decade, the WHO projects that the number of cancer deaths will increase in low- and middle-income countries, but not in high-income countries. 40% of cancer deaths are preventable.

**In recent years, it has been reported that cancer has had changes in its pattern and increasingly affects younger populations. Countries in Central and South America have increased the percentage of premature deaths in people under 69 years of age.**



**In developed continents the incidence (detection) is high and mortality is low. This pattern is visible in European countries, Oceania and the United States. In Latin America and the Caribbean, incidence is low and mortality rates are higher.**



Worldwide, breast and prostate cancer are diagnosed with a higher percentage in the countries of the northern hemisphere. On the other hand, lung cancer is the main cause of mortality in more developed countries.



In the Latin American region, the countries with the highest incidence of lung cancer are Uruguay, Argentina and Cuba, which is mainly associated with smoking. Peru is located in the third quintile of the incidence ranking.

"The implementation of the necessary measures requires the formulation of evidence-based policies, the mobilization and appropriate allocation of resources, the active participation of stakeholders and above all government commitment to legislation, education, and national and international collaboration in support of cancer control". (WHO,2004).

**In Costa Rica, cancer control policies are based on controlling the first five types of cancer with the highest incidence, with lung cancer being relegated from the policies, since it is in seventh place in the ranking.**

# PERU

## The Lung Cancer Act

Dr. Herberth Cuba – Advisor to the Health Commission of the Congress of the Republic of Peru



- **Public health policies in the country are not explicitly designed. In other words, what the Ministry of Health has are basically general technical regulations on the treatment of diseases.**
- **In our country, there is an immense dispersion of institutions committed to treat cancer patients, but they do not comply with this commitment properly.**

One of the main stumbling blocks is the lack of clarity in the development of public policies that achieve the wellbeing, care and treatment of cancer patients. Therefore, it is necessary to generate joint efforts to promote the consolidation of specialized personnel to provide modern and easily accessible treatments in hospitals and clinics.

At present, there are improvements in the genetic detection of the molecular variation of lung cancer. This should be taken into account to improve treatments and promote policies that meet patients´ requirements.

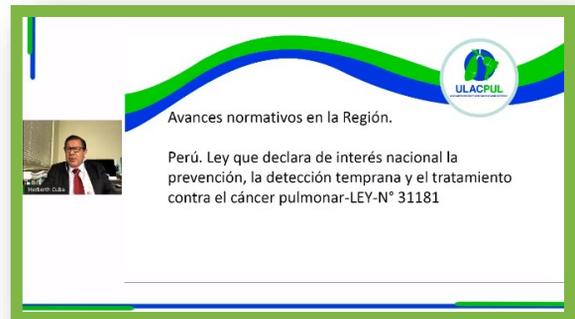
There are a number of causes of lung cancer, including smoking, environmental pollution and genetic disposition. Therefore, it is important to promote early detection at a national level.





The Congress of the Republic approved a law on lung cancer, which is declaratory, with the main objective of making the Executive pay attention to the care of lung cancer patients. It has two important transitory regulations:

- **The Ministry of Health must include the biological drugs required for this treatment into the National List of Essential Medicines (PNUME).**
- **The Government is required to approve the clinical practice guidelines for the treatment of this disease.**



**These issues are important as they shorten the admission process for innovative treatments.**

Institutions, such as the General Directorate of Medicines, Supplies and Drugs (Digemid), should update the list of drugs needed to treat lung cancer and provide the corresponding sanitary registration. In the meantime, clinical practice guidelines would be very important to standardize processes according to each patient's characteristics. The aim is to effectively treat the mutations caused by lung cancer.

The Legislative Branch should generate follow-up and political control over the Executive Branch for this Law to be passed and these regulations issued. Likewise, Civil Associations and patients should help to put pressure on the Executive to amend the single national essential drug petition and to advance the purchasing process.

The immense dispersion of institutions committed to treat cancer, such as the Ministry of Health, must be corrected. It is necessary to create a national system for cancer care and treatment.



**ULACPUL**

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