

COMMENTARY

Challenges and Outlook for the UICC-Asian Regional Office

Hideyuki Akaza*

Abstract

At the United Nations High-level Meeting on Non-communicable Disease Prevention and Control in 2011 the link between health and socioeconomic issues was raised, becoming a global political issue. Health equity is one challenge that has hitherto not been addressed directly, although there is a growing shared recognition that cancer in Asia is an urgent social issue. At the UICC-ARO we are working to promote and widen networks of individuals and organizations in Asia and involve them in cooperation for this purpose. As part of our current activities, we are addressing the question of the “Economic burden of cancer in Asian countries: How should we face the current situation?” from a variety of angles and seeking to bring together a wealth of multidisciplinary knowledge about cancer in Asia and its related socioeconomic factors. It is essential to ensure that the real picture of cancer in Asia, which is currently not accurately understood, is conveyed clearly to all concerned, and also that the differences between cancer in Asia and in the West are highlighted.

Keywords: Cancer control - international organizations - cooperation - health equity - Asia specific problems

Asian Pac J Cancer Prev, **14** (8), 4935-4937

Cancer as a Social Challenge for Asia

In recent years countries around the world have been engaging in efforts towards the standardization of medical care. These efforts include domestic efforts to realize standardization within individual countries, and also wider efforts towards international standardization of medical care. These efforts have cumulated in the compilation of various standardized treatment manuals, or guidelines, for the treatment of many conditions, which are now in use around the world. However, even if such guidelines are in place, their existence does not necessarily guarantee that all cancer patients will receive the same, uniform treatment. Guidelines are compiled on a scientific (medical) basis and in the context of various constraints. No matter how medically effective the treatment method that is detailed in a guideline may be considered to be, if circumstances in a country (regional or demographic) prevent that treatment from being used, it is impossible to provide treatment in accordance with the stipulated guidelines. This constraint has an immense impact on standardization and the use of guidelines. In an era where the internet spans the globe, all people have access to information about medical treatment, regardless of national borders. However, when people—whether they be patients, family members or medical practitioners—realize that for various reasons they are unable to receive or implement such treatment, this causes personal dilemmas and considerable stress. It is easy to foresee that this individual and personal stress then develops into various types of societal stresses.

When researchers from Asian countries engage

in discussions on clinical approaches to cancer, there are times when I get the feeling that there are gaps of perception in the discussions, or that we are talking on different planes. This is because that in each country virtually the same types of reports are being provided with regard to treatment methods and treatment results. The spread of international treatment guidelines is considered to be one of the factors affecting this uniformity in reporting. It is also the case that in many of the countries in Asia it is only patients with economic power, living in major urban centers, and patients at the upper end of the social scale who have access to the latest treatment methods. The reports that are provided from these countries are therefore based on the results of treatment to this limited range of patients. Given this situation, there are also times in discussions with researchers (clinicians), who you may know well, when you ask “What percentage of the population receives treatment in line with international guidelines?” and sometimes the atmosphere in the room changes and stiffens. There are still not all the countries in Asia where the great majority of the population has access to the same high standard of medical treatment. However, despite the fact that Asian researchers have worked hard to achieve results in cancer treatment that are on a par with their counterparts in Europe and North America, the various international cancer-related academic gatherings that take place in Asia have to date failed to address the key challenge of equity in treatment head on.

At the United Nations High-level Meeting on Non-communicable Disease Prevention and Control in 2011 the link between health and socioeconomic issues was

Director of the UICC-ARO, Department of Strategic Investigation on Comprehensive Cancer Network, Research Center for Advanced Science and Technology, The University of Tokyo, Tokyo, Japan *For correspondence: akazah@med.rcast.u-tokyo.ac.jp

raised, becoming a global political issue (http://www.who.int/nmh/events/un_ncd_summit2011/en/). To date, health equity is one challenge, as mentioned above, that has not been addressed directly, however, there is a growing shared recognition that cancer in Asia is an urgent social issue (Kawahara et al., 2012). The realization that health issues are at the same time economic issues and that they present a global political challenge if they are to be resolved, and the fact that this recognition was given a voice at the UN high-level meeting, is one of the achievements of international efforts to tackle and control cancer.

Mission of the UICC-ARO

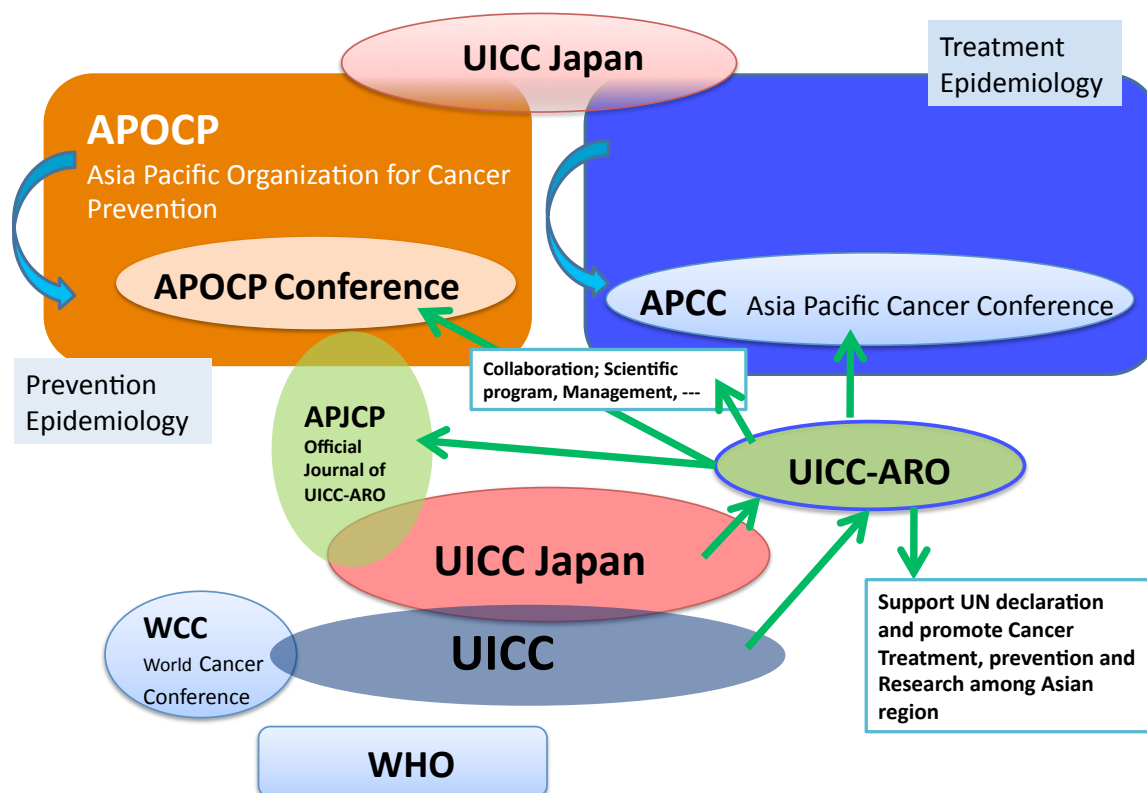
The Union for International Cancer Control Asia Regional Office (UICC-ARO) (http://www.jfcr.or.jp/UICC/uicc_aro/index.html) was established in 2006 as the first regional office of the UICC (<http://www.uicc.org/about-uicc>) with the support of the UICC President at the time, Dr. Franco Cavalli, and following the approval of the UICC Board of Directors. UICC-ARO supports the further development and activation of the UICC movement in Asia and aims to promote activities that strengthen cooperation and collaboration among organizations that are working to overcome cancer in Asia. From its establishment until 2012, UICC-ARO was headed by Dr. Malcolm A Moore. Following Dr. Moore's desire to concentrate his activities exclusively on editing of the Asian Pacific Journal of Cancer Prevention (APJCP) (Moore and Tajima, 2008; <http://www.apocpcontrol.org>), I have succeeded him as director of UICC-ARO.

The chart depicted here in Text Figure 1 shows the

current status of international cooperation on cancer in Asia, centered on the activities of UICC-ARO. Our action plan includes activities to widen understanding in the Asian region about the work of the UICC and promote participation from Asia in the UICC World Cancer Congress. To that end we are working to promote and widen networks of individuals and organizations in Asia and involve them in UICC-ARO activities.

As director of UICC-ARO, I believe that in order to raise the level of cancer treatment in Asia, we must not only concentrate on the medical nature of the disease, but also take a more macro perspective that takes into account the social determinants of cancer in Asia, including social structures, culture and economy. In the field of medical sociology, economic and social conditions have come to be widely considered as factors that determine people's health, otherwise known as social determinants of health (SDH). However, in recent years, while cancer treatment itself has become increasingly specialized and focused on "micro" aspects of medicine, including the use of molecular targeted therapies, society as a whole has not given a great deal of thought to impact of cancer. Now is the time to look to the long term and work to share a common recognition of the current status of cancer as a social challenge for Asia, based on the "social determinants of cancer in Asia," working to address the issue not in purely medical terms, but through interdisciplinary and cross-boundary discussions.

As part of our current activities, we are addressing the question of the "Economic burden of cancer in Asian countries: How should we face the current situation?" from a variety of angles and seeking to bring together a wealth of multidisciplinary knowledge about cancer



Text-Figure 1. Activities and Cooperating Partners of the UICC Asian Regional Office

in Asia and its related socioeconomic factors. Another question we must consider is how the concept of cost-effectiveness should be incorporated into medical care in Asia, given the fact that limited medical resources are conspiring to make issues of cost vs. effectiveness a very real and pressing issue. This autumn, at the Annual Meeting of the Japanese Cancer Association, colleagues from Japan, Korea and the National Institute for Health and Care Excellence (NICE) will engage in discussions on innovative ways to respond to social challenges. UICC-ARO also aims to hold a meeting on this issue as part of the official program of the 23rd UICC World Cancer Congress in Melbourne, Australia, in 2014. Various efforts to address the social determinants of cancer in Asia have already been initiated, starting with a UICC Session at the Annual Meeting of the Japanese Cancer Association in 2012, which was conducted in a roundtable format. The details of that meeting have been compiled into a report, which has been published (Akaza et al., 2013).

Asia within the Context of Global Health

Within the international community in recent years vast funds have been mobilized as part of global initiatives that aim to couple development challenges and measures to combat disease. There is a strong impression that the focus of concern for the international organizations of Europe and North America is increasingly shifting to Africa, rather than Asia. The same tendency can also be seen within the UICC itself, but in view of the fact that Asia accounts for almost half of cancer incidence and mortality in the world today, it is imperative that we raise recognition of the situation relating to cancer in Asia within the UICC.

I have published an Asia Consensus Statement, which details the results of discussion on the degree to which clinical practices in Western Europe could be reasonably applied to Asian countries in the event that Asia adopted the National Comprehensive Cancer Network (NCCN) Clinical Practice Guideline that is widespread global use (www.nccn.org/professionals/physician_gls/PDF/kidney-asia.pdf). From the basis of the knowledge gained from these discussions, what can be said is that cancer treatment in Asia is tending to develop in a way where simple differences between developed and developing countries can be seen, and where cultural differences between East and West are not simply accepted. Within the Asian region, based on the histories of the various countries, diverse of methods of cancer treatment are being developed due to various factors, including the melding of globalization and tradition and diplomatic efforts.

In cooperation with the World Health Organization (WHO), the UICC has initiated activities to support the utilization of essential cancer medicines on a global scale (<http://www.uicc.org/who-essential-medicines-list>) Despite the fact that Asia is the region where cancer is growing faster than anywhere else, it seems to have only a peripheral presence in global health discussions, which are being advanced mainly in the West. It is therefore essential to ensure that the real picture of cancer in Asia, which is currently not accurately understood, is conveyed

clearly to the UICC, and also that the differences between cancer in Asia and in the West are highlighted.

As director of UICC-ARO, my aims for the organization are simple: "To define a clear vision for UICC activities aimed at tackling cancer in Asia. Also, to ensure that this vision can be crystallized, to plan and implement information gathering and activities (support) for academic meetings and gatherings, and present the evidence gained from such efforts to UICC headquarters."

Cancer is a disease that is closely linked to various challenges, including political, economic, diplomatic and cultural challenges. In a sense it could be said that "Cancer is like a mirror that reflects society (Akaza and Kawahara, 2013). It is my conviction that the responsibility of UICC-ARO is to ensure that this mirror, which is currently skewed towards the West, can also come to accurately reflect the real picture in Asia.

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