



# World Cancer Leaders' Summit

# Report



16-17 October 2023  
Long Beach, California, USA



## Cancer control in a changing world

On 16 and 17 October 2023, in Long Beach, California, the World Cancer Leaders's Summit hosted by the American Society for Clinical Pathology (ASCP), the American Association for Cancer Research (AACR), the American Cancer Society (ACS), the American Society of Clinical Oncology (ASCO), MD Anderson Cancer Center and Stand Up To Cancer convened 350 cancer experts from 58 countries to explore 'Cancer control in a changing world'.

Over the course of two days, participants discussed the impact of global trends on cancer prevention, diagnosis, treatment and cancer, and heard how cancer organisations are building collaborative solutions to improve equitable cancer care over the coming years. With participation by the First Lady of Rwanda, government officials and senior representatives, and other expert speakers, the Summit explored the complex interplay of global economic, social and environmental

changes on cancer control through a mixture of engaging high-level discussions and focused sessions. Throughout the sessions, participants were encouraged to make connections with other leaders and experts from around the world and take home news approaches to drive improvements in equitable cancer care.



## Contents

Cancer prevention in a changing world	05
Delivering cancer diagnosis, treatment and care in a changing world	08
Harnessing change to drive equitable cancer care	13
Call to action	19





Welcoming participants to Long Beach, Professor Jeff Dunn, UICC President, celebrated the return to an in-person World Cancer Leaders' Summit coinciding with and marking [UICC's 90th anniversary](#). Since UICC's foundation in 1933, the landscape of cancer control has changed beyond recognition. While many more individuals and families are affected by cancer, innovations in prevention, detection, and treatment have helped to achieve phenomenal improvements in cancer survival. Reflecting on his own personal cancer journey, Professor Dunn shared his renewed commitment to addressing inequities around the world and ensuring that people with lived experience of cancer are supported through their treatment journey and beyond.

The Mayor of Long Beach, Mr Rex Richardson, echoed these sentiments in his welcome address, expressing the city's pride in its healthcare infrastructure and proactive approach to public health, and called on all those present to invoke the spirit of collaboration to make progress in cancer control. Her Excellency the First Lady of Rwanda, Madame Jeannette Kagame, likewise celebrated the progress in health promotion and cervical cancer elimination in Rwanda, attributing progress to creative partnerships and initiatives such as Kigali's car-free days and the creation of the Butaro Cancer Centre of Excellence. Achieving progress in cancer, she emphasised, is possible in every country and must be a collective effort.

Once again, the World Cancer Leaders' Summit was held in partnership with the World Health Organization (WHO), International Agency for Research on Cancer (IARC), and International Atomic Energy Agency (IAEA), the three leading UN agencies in the global cancer response. Lending her voice to the welcome, Dr Elisabete Weiderpass, IARC Director, reflected on how the growing global cancer burden demands new solutions and collaborations, underpinned by robust research and knowledge sharing. In the face of the dynamic forces that are shaping our societies, economies and health systems, Dr Weiderpass encouraged the cancer control community to use its powerful voice for change. In their respective video addresses, the Director General of the WHO, Dr Tedros Adhanom Ghebreyesus, and Director General of the IAEA, Mr Rafael Mariano Grossi, called for stepping up cancer control interventions globally and shared the work of their agencies on tobacco control and the Rays of Hope Initiative in support of equitable cancer care.

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*"To adopt a laissez-faire attitude and to give up on innovation is the same as heaving wealth and not doing your part, so let us all together spend every last bit of our energy to ensure cancer is controlled or cured."*

Her Excellency Madame Jeannette Kagame,  
First Lady of Rwanda

# Cancer prevention in a changing world

The landscape of cancer prevention is constantly shifting and several sessions touched on how the development of new products, regulations and social norms have the potential to re-shape the cancer burden in countries and globally.

Reflecting one of the most pressing global trends, '*Cancer and climate change*' kicked off discussions with an engaging presentation on the impacts of climate change on cancer care from Professor Robert Hiatt from the University of California, San Francisco. The Professor noted that climatic changes are already driving an increase in extreme weather events increasing exposure to certain cancer risk factors, including air pollutants, and increasing the vulnerability of often-centralised cancer infrastructure as a result of flooding, extreme heat and wildfires. Looking ahead, Professor Hiatt called for greater education and communication on the environmental determinants of cancer control which was underscored by Dr Leticia Nogueira from the American Cancer Society. Witnessing the impact of hurricane Harvey, Dr Nogueira shared how marginalised communities are already bearing a disproportionate impact of climate change as a result of damage to cancer care infrastructure, transport networks, together with the release of carcinogenic chemicals at every stage of fossil fuel extraction, processing and use. Dr Nogueira suggested that the cancer community has a critical role to play in advocating to safeguard communities and protect the functioning of cancer care systems.

Responding to calls by both the previous speakers, Ms Kathryn Spates of The Joint Commission shared examples of the work undertaken to educate and engage the cancer control community in measures to curtail the environmental impact of cancer care delivery.

Bringing both global and national discussions, '*Tobacco control in a changing world*' reflected on how progress in tobacco control policy is being undermined globally by the tobacco industry, which uses front groups and new platforms, notably social media, to promote new and smokeless tobacco products. Professor Ahmad Besaratinia from the University of Southern California provided a comprehensive picture of the health effects of vaping and called for further data on the impact of novel products on human health, noting that public perception view vaping as 'safer' than cigarettes despite growing evidence of carcinogens and DNA damage. Ms Rachel Devotsu, from the McCabe Centre for Law and Cancer, and Mr Todd Harper, from Cancer Council Victoria, shared different national perspectives on how tobacco industry actors are re-using existing strategies to circumvent existing tobacco product regulation in both Kenya and Australia. Both speakers called for a coordinated and evidence-based approach to halt the rise in tobacco consumption that is associated with the use of these products.



## Cancer prevention in a changing world



### Catalysing global action on lung cancer: A focus on secondary prevention

The roll-out of comprehensive tobacco control measures have established a strong foundation on which to reduce the global lung cancer burden, but alone they will not be enough to tackle the rise in cases. At the same time, there is a concerning growth in the number of lung cancer cases amongst never-smoking populations. To explore the need to scale up lung cancer screening a focused session was organised by the Lung Cancer Collaboration, drawing on lessons from the United States, Egypt and Australia. Participants heard Professor Hesham Elghazaly, of the Egyptian Ministry of Health about how the Ministry has recently launched a lung cancer screening programme, utilising the political momentum and lessons learned from breast cancer screening programmes in the country to engage key communities.

Experiences were also shared by Professor Dorothy Keefe of Cancer Australia, who has been working to create a comprehensive case for lung cancer nationally, marshalling financial resources from tobacco taxes to support the implementation of a national screening programme. Both MS Karen Kelly from IASLC and Dr Gilberto Lopes of the University of Miami, noted that administrative barriers, including the need for referrals for screening, are continuing to limit participation across the US and Latin America. Looking ahead, the panel highlighted the need to improve awareness among the general public about the risks and opportunities for screening and build support across policy makers, and remove administrative barriers to participating in screening.

This session was organised by AstraZeneca.



## Cancer prevention in a changing world

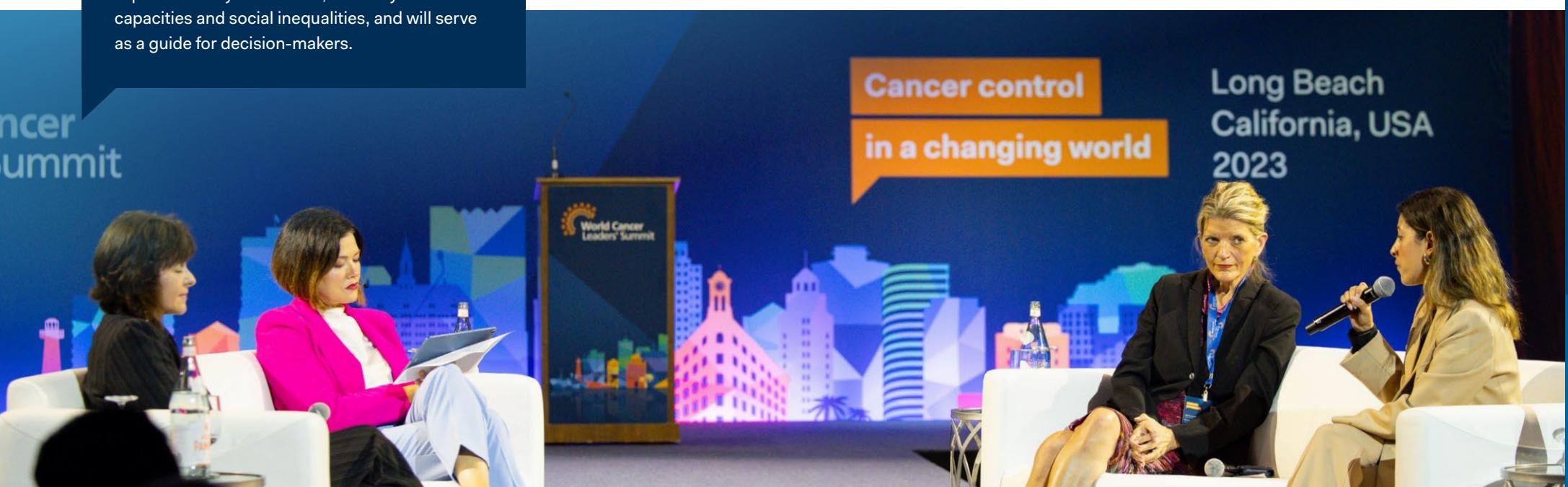


### Launch of the Latin American and the Caribbean code against cancer

The 2023 World Cancer Leaders' Summit celebrated the global launch of the [Latin American and Caribbean code against cancer](#). Developed by a coalition of organisations across the region, the code is the first Regional framework that adapts the model of the European Code Against Cancer. It includes a series of recommendations for cancer prevention that are tailored to the region, taking into account exposure to key risk factors, health system capacities and social inequalities, and will serve as a guide for decision-makers.

One further session, '[Cancer and obesity](#)' also touched on how global trends are reshaping the cancer burden across countries. Ms Johanna Ralston from the World Obesity Federation shared how the rapid global growth in overweight and obesity across populations has resulted in it becoming the third leading cause of cancer. Simultaneously the policy changes needed to address the rise have been hampered by stigma and the misconception that obesity is the result of poor individual choices. Looking ahead, the adoption of a WHO acceleration plan to stop obesity indicates the growing commitment to address this by governments and Senator Sylvana Beltrones shared experiences from Mexico where

the use of law has helped to implement taxation on junk food and warning labels on highly processed foods. Dr Colleen Spees, from Ohio State University Medical Centre, brought a new perspective to the discussion as well, highlighting the critical importance of nutrition in both preventing cancer and supporting cancer patients to improve treatment outcomes as, in the US, 50% of cancer patients have some form of malnutrition which rises to 80% amongst individuals in active treatment. There is, Dr Spees suggested, a clear need for the cancer community to engage more in global nutrition discussions as part of a commitment to cancer control.



# Delivering cancer diagnosis, treatment and care in a changing world

Some of the most profound changes in cancer control have been driven by technological innovations. Over the course of two days several sessions examined the potential for new technologies, partnership and practices to reshape the delivery of essential cancer services to address longstanding inequities.

## Cancer control in the drive to UHC

Since the adoption of the Sustainable Development Goals, the achievement of UHC has become the guiding ambition for global, regional and national health strategies. For the cancer community, this ambition has the potential to accelerate progress where a core set of cancer prevention, diagnostic and care interventions are included in UHC strategies. However, one of the key hurdles to the achievement of UHC, and particularly the inclusion of cancer services, has been the mobilisation of sufficient financial resources particularly in light of the investments made during the COVID-19 pandemic and subsequent global financial difficulties.

In a keynote presentation '*Health in the global economy*', Mr Ammar Abdo Ahmed, Senior Health Economist at the Islamic Development Bank (IsDB), provided a concise summary of the current trends in health investment across the region. In particular, he highlighted that coverage of public health insurance varied substantially across the region, leading to high out-of-pocket expenditure. In response, Mr Ahmad shared how the IsDB has developed a high impact investment platform and is supporting governments to utilise blended finance to lower the

threshold for investment in core cancer infrastructure to help ensure the long-term sustainability of investments and resilience of health systems. Looking ahead, he suggested this blended model could be more widely used to access new sources of investment in response to new and evolving challenges in cancer control.

The ensuing Governmental panel explored how the drive to UHC can support more equitable cancer services '*Delivering and funding the promise of UHC*' drew on the insights of senior Government representatives. Opening the panel the Minister of State in the Ministry of Health, Dr Yvan Butera, shared work done in Rwanda to build capacities at each level of the health system to support cancer patients to access essential care. By initially prioritising community health and disease prevention, including community-led breast and HPV screening, the government has worked to progressively expand the cancer benefit package to include essential chemotherapies.

Commenting on the work being undertaken by the Ministry of Public Health in Qatar, Sheikh Dr Mohammed Bin Mamad Al-Thani shared how the country has sought to progressively realise a comprehensive cancer package over time, using progressive successes to build political momentum for further investment. Starting with a focus on detecting cancer early through national breast and colon screening programmes, Qatar was able to shift the stage at diagnosis for both cancer types. This in turn has enabled the government to utilise financial resources to build in survivorship services into national care packages.

Reflecting on this progress Dr Bin Mamad Al-Thani emphasised the critical importance of collecting data to monitor the efficiency and effectiveness of investments.

Drawing on experiences from the Department of Health of the Philippines, Dr Gloria Balboa reflected on the lessons learned over the five years since the implementation of the UHC law nationally. Building services over time has enabled the country to expand the 'Phil-Health' package to include more cancer services, with a greater focus on prevention and screening, and setting maximum retail prices for essential medicines to reduce out-of-pocket costs. Critical to this has been a strong support amongst legislators who have been able to champion cancer investment and introduction of newer measures, such as the often-reported sin-taxes, which have been used to augment the national cancer budget line to support more equitable and accessible care.



## Spotlight on cancer control

For the first time, the World Cancer Leaders' Summit hosted a series of spotlight interviews with thought leaders in cancer control. These provided an engaging snapshot of key topics across the cancer control spectrum.

[Explore the series →](#)

## Delivering cancer diagnosis, treatment and care in a changing world

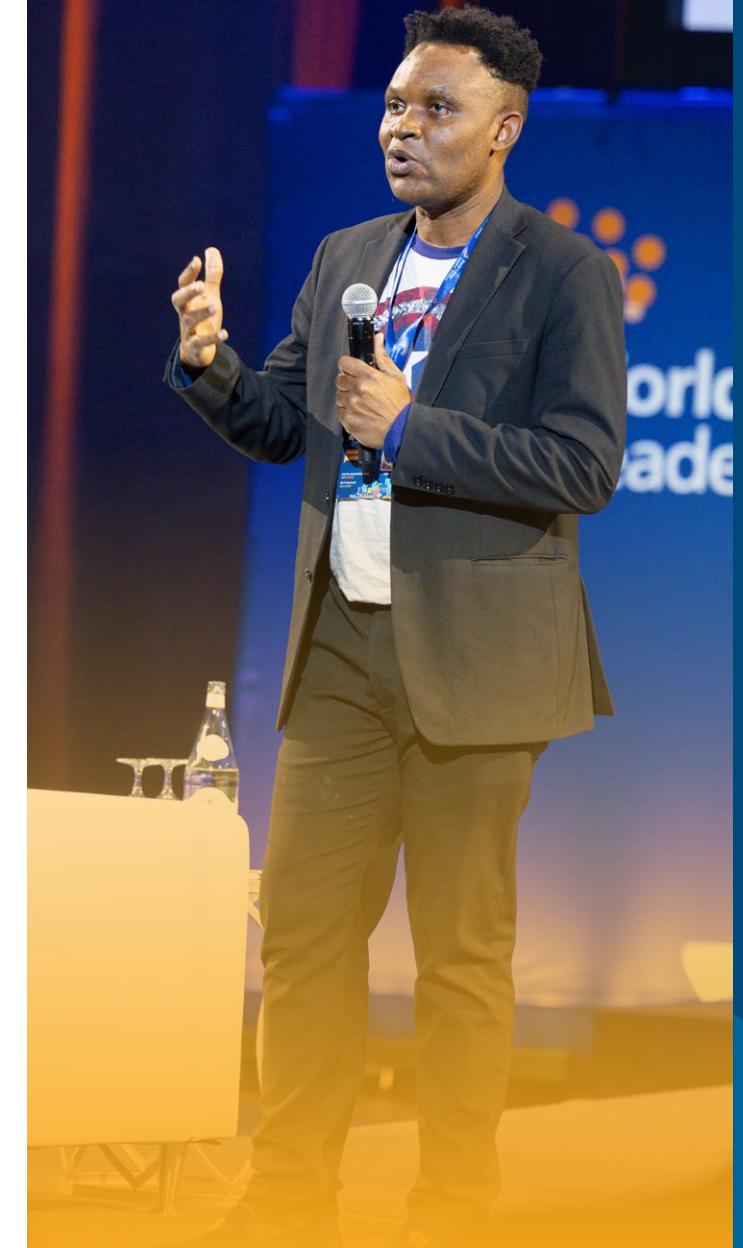
### Driving progress in cancer control through technological innovation

In her keynote address '*Closing the care gap through disruptive technologies and approaches*' the Ugandan Minister for Science, Technology and Innovation Ms Monica Musenero Masanza, urged participants to consider opportunities to disrupt care. Learning from approaches used by the technology industries, the Minister highlighted opportunities to bring together policy, leadership and industry to reimagine how care is delivered and help make a compelling case for investing in cancer control. Reflecting on longstanding challenges in accessing medicines nationally, she shared how Uganda has invested in bolstering local production capacity and made the case that these investments could help deliver improvements in health nationally while also contributing to local employment and bolstering research and development capacities.

The ensuing panel discussion drew on expertise from technology, academia and clinical practice to explore how current developments have the potential to dramatically change the delivery of cancer care. Sharing highlights from the recent Lancet Oncology Commission on cancer in sub-Saharan Africa, Professor Wil Ngwa shared how artificial intelligence (AI) could be used to support the diagnosis and management of patients with cancer in regions with limited access to cancer facilities. By shifting to a cloud model, clinical teams would be able to monitor and follow up with patients to deliver quality care, only

bringing patients to physical facilities when necessary and reducing the burden on individuals and families. Thinking about taking this to scale, Mr Suneet Varma from Pfizer argued that transformation requires robust science, technology and policy to simultaneously address needs and create opportunities and demand for change. Reflecting on the use of AI, Mr Varma noted the upstream impacts that AI is already having in accelerating research and development. When thinking about the downstream impacts however, he cautioned that disruption must be accompanied by policies that protect vulnerable groups to pursue equity as without these, technologies have the potential to widen inequities.

Throughout the discussions speakers reflected on the role of different sectors in harnessing the potential of technological innovations to improve equitable care, and particularly on the role of private sector organisations in investing in innovations. Drawing on the expertise of pharmaceutical and medical device companies a panel on '*Innovation and access*' explored what is needed to make technological innovations available to cancer patients around the world. Key to achieving improvements in access are partnerships employ the complementary strengths of different organisations. Drawing on experiences from his career, Mr Amadou Diarra from Bristol Myers Squibb noted the importance of building understanding between organisations to avoid the duplication of efforts and to facilitate the sharing of lessons learned in pursuit of a common goal.



## Delivering cancer diagnosis, treatment and care in a changing world

Commenting on the increasing number of partnerships in the cancer space, Ms Claudia Leteneux from Novartis highlighted the critical importance of accountability by all partnership to build trust. Often, she shared, this requires an evolution in mindsets to think more about working together and sharing common resources, including data.

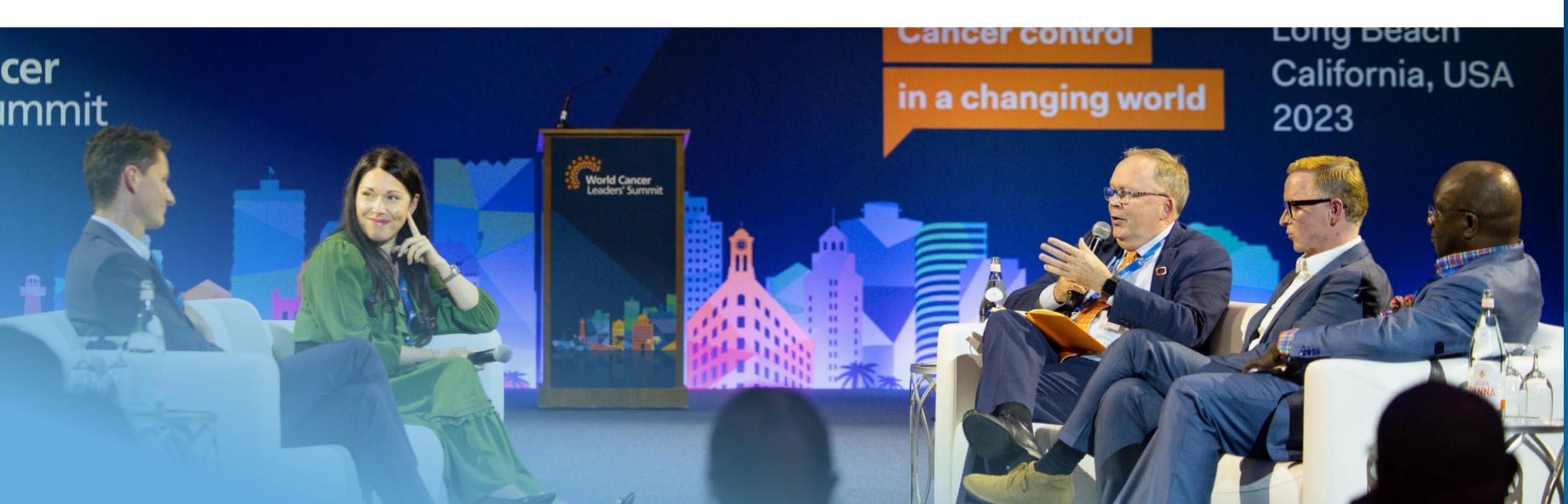
Mr Michael Oberreiter suggested a key takeaway from the work that Roche has done is to work with partners to consider the context into which innovations are being introduced in order to identify the best or most appropriate solution. We should not, he suggested, seek to replicate systems in high-income countries but work

with governments towards long-term health goals that strengthen existing health systems to meet population's needs. The systems approach was re-emphasised by Mr Philipp Mueller who argued that companies like Hologic are striving to understand their place within the delivery of care. For example, medicines cannot be used effectively to treat women with breast or cervical cancer without appropriate, accessible and affordable diagnostics. As the community looks ahead to the wider use of AI, amongst other innovations, it is critical to think about how these address needs, create opportunities for improved care and engage policy makers and communities in order to improve access.

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*"There's a lot of hope in potential innovations, but the largest potential is in collaboration and partnerships. The more sophisticated the technology, the more innovative the partnership will need to be."*

Amadou Diarra,  
Bristol Myers Squibb



## Delivering cancer diagnosis, treatment and care in a changing world

### Safeguarding cancer services in a changing world

While many of the global changes discussed could be harnessed to improve equitable cancer care, the sessions also highlighted several pressing threats which are radically re-shaping how cancer services are delivered.

#### *'Cancer and the threat of anti-microbial resistance'*

(AMR) explored the potential impact of the growing resistance of microbes (bacteria, fungi, viruses and parasites) to antibiotics and antifungals on cancer care worldwide. Ambassador Malin Gripe, Sweden's AMR Ambassador, made an impassioned address urging the cancer organisations present to support advocacy to combat AMR, noting that one-in-five cancer patients are hospitalised due to resistant infections. Ambassador Gripe shared that, despite global efforts and a package of effective and feasible measures to counter AMR, markets have failed to produce new medicines and many people in LMICs still lack access to frontline antimicrobials.

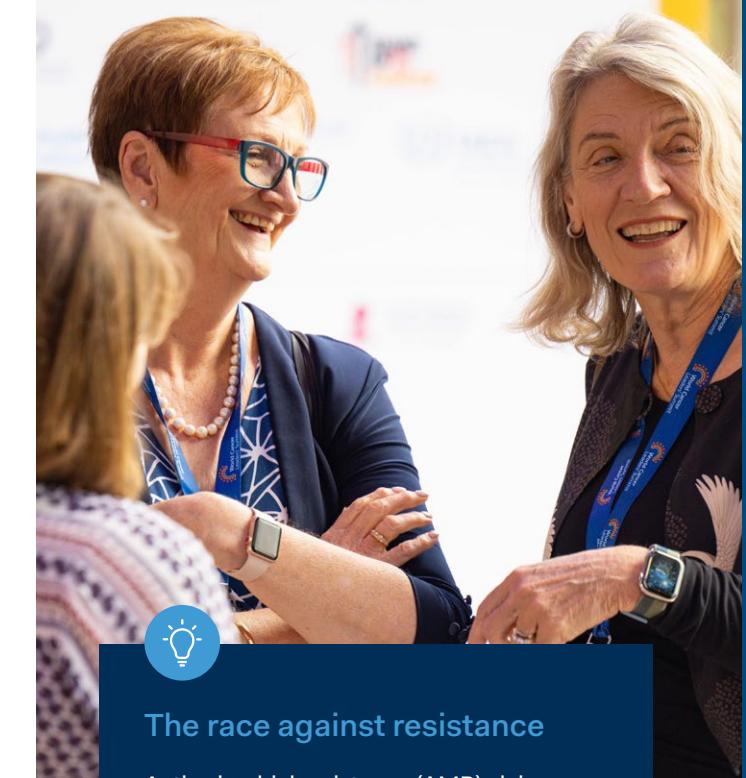
Drawing on his personal experience, Dr Scott Howard of the Yeolian National Hematology Centre shared that he had lost patients to AMR and that resistant infections substantially delayed treatment. This has motivated his work to found Resonance, an open-source technology to better compile the available information to update antibiograms and support treatment decision making, including using the most appropriate antibiotics to treat patients. Turning to the issue of access, Dr Subasree Srinivasan shared how GARDP is working to address the

market failure in AMR development alongside changing the prevalent culture of antibiotic use to ensure that the right medicines are used at the right time. Looking ahead to new technologies, Dr Srinivasan shared that a key element is to ensure reliable global and regional supply chains that provide quality medicines. She and the other speakers, encouraged the cancer community to support these and other efforts in policy and practice, including infection prevention and control and the rational use of antibiotics to address the challenge caused by AMR.



*"What I find most inspiring about the Leaders' Summit is the sheer breadth of expertise and passion to tackle what is one of healthcare's biggest challenges. There is nowhere else where the world's most experienced cancer leaders can spend time together and build on new ideas; create new partnerships and find common ground for improving global access to quality cancer care. I return to Switzerland with new friends; a belief that we can do this together; and energy to bring back to my team!"*

Michael Oberreiter, Roche



#### The race against resistance

Anti-microbial resistance (AMR) claims around 1.2 million lives per year; however, unlike other health issues AMR has not been able to generate the same global movement calling for change. Reflecting on why, Ms Gemma Jennings of BBC Storyworks argued that AMR lacks the 'collective resonance' of cancer. In response, BBC Storyworks has developed a short documentary 'Race Against Resistance: The life and death struggle to save antibiotics' to use stories of the impacts of AMR to connect with individuals and clinicians to build their understanding. Looking ahead, Ms Jennings urged the cancer community to add their voices to calls for accelerated action and share their stories.

## Delivering cancer diagnosis, treatment and care in a changing world

Alongside climate change and AMR, the Summit touched on the growing number of armed conflicts which are disrupting communities and care systems. Introducing the session on '*Cancer control in crisis situations*' Mr Andreas Charalambous, President of the European Cancer Organisation, noted that while frameworks on emergency responses exist, each crisis is unique in its scale, scope and cultural context and requires a tailored approach to ensure the accessibility of essential cancer services. At the same time the global number of crises is increasing, placing additional burdens on already overstretched health systems.

For communities, one of the most immediate concerns during a crisis is being able to access care when there are disruptions in supply chains, transport networks and at facilities. This exerts great stress on available health services and health workers, but also interrupts care pathways. Professor Nazik Hammad of the University of Toronto, shared how the rapid development of the conflict in Sudan has impacted the delivery of care nationally and regionally. She shared how, in one clinic, the patient load had tripled leading to severe shortages of medicines and other essential supplies. These issues have been particularly acute as cancer patients from neighbouring countries haven commonly been referred to Sudan for treatment, and much of the cancer infrastructure is centralised in Khartoum, which has been a major flashpoint in the conflict. Ms Hanna Uzlova, co-Founder of Foundation Inspiration Family, also shared how in Ukraine moving populations have also made it much harder to track and meet patient needs and outcomes.

Taking the example of cancer screening, participation in screening programmes has dropped significantly and, since the start of the war, 30-35% of cancers in Ukraine are now diagnosed at a late stage increasing the difficulty of treatment and care and costs for patients.

These crises also pose significant challenges for 'host' communities. Professor Tezer Kutluk, UICC Past President, described how the rapid increase in refugees from Syria to Türkiye in the early 2010s put the health system under great strain, where this threatened to cause resentment amongst the Turkish population. In response, the Government worked to provide additional primary and secondary care centres in refugee camps; however, Professor Kutluk emphasised that care not only has to respond to the direct needs of cancer patients but also to issues arising from poor nutrition, education, trauma and other mental health issues. Looking ahead, Professor Kutluk suggested that all national cancer control plans must include emergency preparedness, given the number of crises being faced by health systems and cascade of impacts that these have on neighbouring countries. Reflecting on earlier discussions on the impact of climate change, Professor Hammad also suggested that the wide-ranging impacts of environmental change are such that the cancer community must improve its capacities to deliver essential services in crisis situations.



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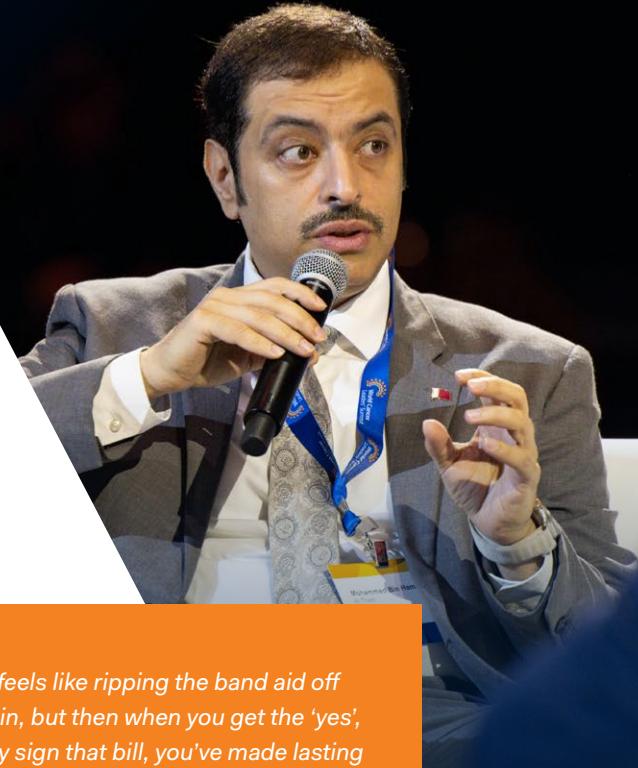
*"We must invest in our healthcare workforce, supporting pathologists and physicians, ensuring accurate diagnostics for patients worldwide. Our unwavering commitment is to provide sustainable solutions and reduce cancer disparities for everyone."*

Blair Holladay,  
American Society for Clinical Pathology

## Harnessing change to drive equitable cancer care

The critical importance of ensuring that political, economic, and technological changes serve to improve equitable access to cancer services was a common thread throughout both days of the Summit including several focused sessions. Several of these sessions explored the challenges faced by key groups or populations and noted that, in a changing world, innovations in technologies or policies can either widen or address inequities.

One of the most common strategies highlighted to ensure that change fosters greater equity was the most systematic inclusion of community voices in policymaking and programme development. The focused session '*Driving change for meaningful engagement of people living with cancer in policies*' drew on lived experiences from Lebanon, Zambia and the United States, to highlight the unique power of patient voices and stories in addressing stigma and misconceptions around cancer and putting a human face to national statistics. Participants emphasised the role of patient experiences in identifying shortcomings in care systems, which contribute to poor outcomes or patients abandoning care. The panel explored how Zambia's commitment to include patients in national cancer control committees should be more widely replicated in order to make these experiences more readily available to cancer planners. The recent WHO framework on the 'Meaningful engagement of people with lived experience of noncommunicable diseases and mental health and neurological conditions' was mentioned as a key resource. In many cases patient perspectives are not valued in the same way as clinical perspectives. This, together with the time and financial costs of engaging in planning and policy work, often results in these essential voices being lost from national conversations.



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*Sometimes it feels like ripping the band aid off again and again, but then when you get the 'yes', and they finally sign that bill, you've made lasting change... My voice is the reason why we now have survivorship in our national cancer control plan as you may have finished with the treatment, but the treatment has not finished with you - you live with that for the rest of your life. Survivors are the best ambassadors we have, but you need to equip survivors to become agents of change.*

Karen Nakawala, Teal Sisters,  
Zambia

## Harnessing change to drive equitable cancer care

### Childhood cancer in a changing world

The challenges faced by children with cancer and their families were highlighted in two separate sessions. Building on the ambition of the Global Initiative for Childhood Cancer (GICC), the sessions explored how to utilise global trends and technological developments to address the stark inequities in access to services and survival globally. '*Childhood cancer in a changing world*' discussed how implementing the GICC's CureAll framework could help achieve radical improvements in survival. Dr Freddie Bay from IARC provided an overview of the global trends in childhood cancer and the discussion then focused how to change global conversations from 'what can be done' about childhood cancer to how change can be driven. Key to this is the drive to use the strengths of existing programmes and partnerships with presentations from Dr Lisa Stephen's on IAEA's Rays of Hope initiative, Dr David Poplack on the Global Hope programme of Texas Children's Hospital together with the training and research being undertaken to support childhood cancer treatment by St Jude Children's Research Hospital. Mr Carl Queiros of Childhood Cancer International and Dr Julia Challinor from International Society for Paediatric Oncology also emphasised the importance of engaging patients and their families to address bottlenecks in service delivery and mobilise a global advocacy movement with the voices of survivors and carers at the centre.



### Global innovations in access to accurate diagnostics and essential medicines for children with cancer

Innovations have played an important role in improving childhood cancer survival through the development of new diagnostics and essential medicines and technologies. However, one aspect that is often overlooked are the platforms and collaborations needed to connect these resources with the families who need them the most. The session explored the potential for the GICC to accelerate access to paediatric cancer medicines, including lessons learned from the Pan-American Health Organization's (PAHO) Strategic Fund to improve access to quality-assured essential public health supplies.

PAHO's Mr Christopher Lim highlighted the need to capitalise on economies of scale through pooled procurement and shape markets to achieve regional goals. Likewise, Ms Dorcas Neotoft from UNICEF shared experiences of using global knowledge, purchasing capacity and logistics experience to procure quality, essential supplies reflected on the ambition for UNICEF to support access to medicines for childhood cancer. Dr Carlos Rodriguez-Galindo from St Jude Children's Research Hospital provided an engaging overview of how St. Jude is working to develop a medicines platform that engages partners over the next six years to provide an uninterrupted supply in support of the GICC.

This session was organised by the St. Jude Children's Research Hospital.

Harnessing change to drive  
equitable cancer care



## Women's cancers in a changing world

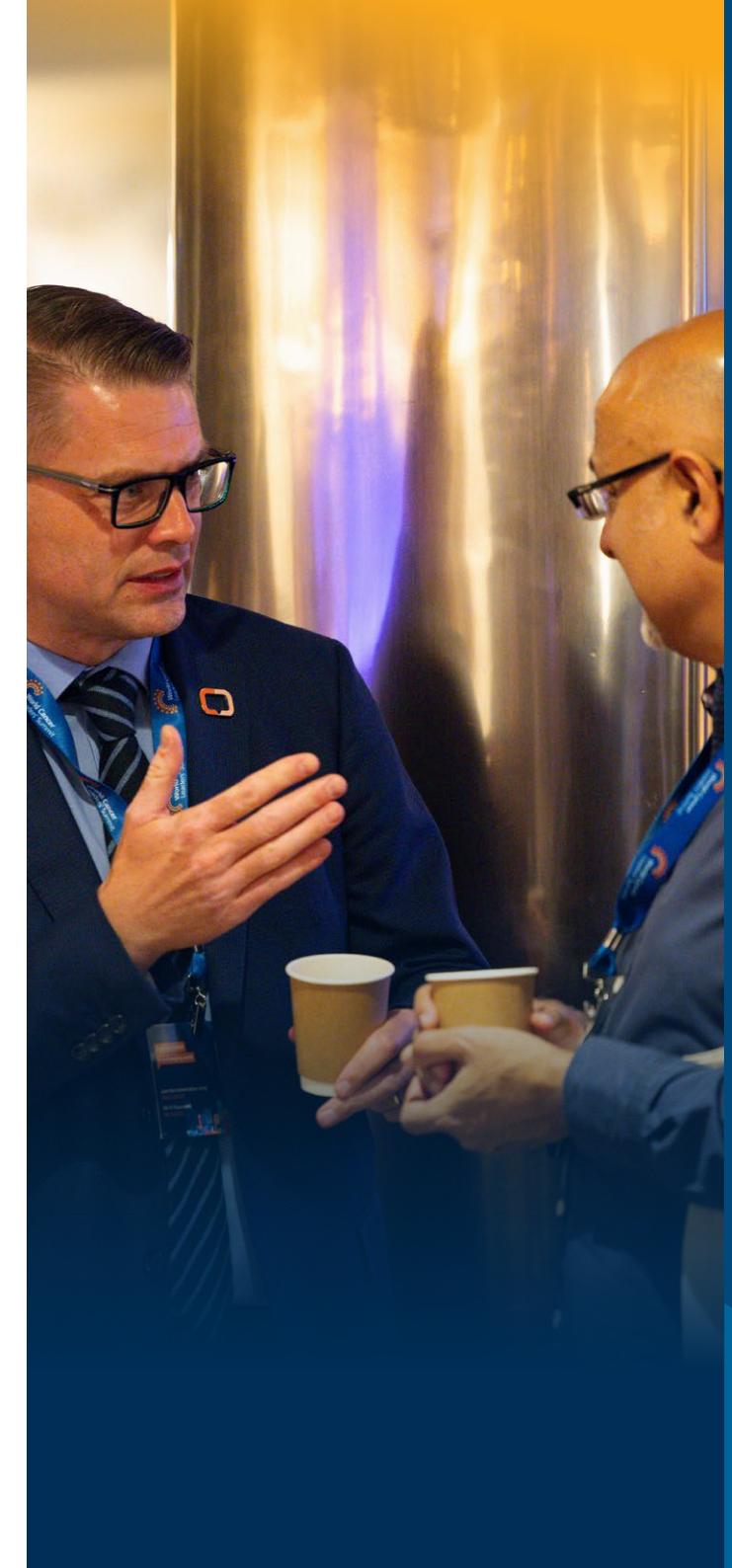
Several of the focused sessions also explored the potential for innovations to drive radical improvements along the cancer continuum, including in improving the early detection and diagnosis of cancer. '*Closing the care gap: Addressing health disparities in the US and globally through novel technologies*' drew on examples from across the United States, Tanzania and Mozambique to understand the challenges faced by women. The session explored how, in the United States, the need for three clinical visits for cervical cancer diagnosis contributes to a high level of loss to follow-up amongst women, particularly in underserved communities. Dr Kathleen Schmeler from MD Anderson highlighted a point-of-care test for HPV, which has reduced the need for follow-up visits and improved the acceptability and practicality of cervical cancer screening. Professor Laurence Court from MD Anderson also shared the potential to use AI and automation in treatment planning to help bridge the global shortage of 50,000 radiation oncologists and medical physicists globally. Given the growing evidence for the efficacy of AI assessments, he suggested that this would be a valuable technology for closing the gap in access to cancer care. Looking ahead, the panellists urged participants to think about the collaborations research needed to ensure continual improvements in women's cancer programmes.

In '*More than just survival: integrating early diagnosis and timely treatment to improve cancer care*', panellists explored how to translate innovation into change for patients. Dr Maira Caleffi from FEMAMA argued that chief amongst these success factors was the need to engage stakeholders, including patients, to understand why uptake of prevention or screening services may be low, and then tailor global recommendations to local contexts. To support implementation of cancer programmes across different cultural and social contexts, the panellists highlighted the value of engaging civil society and other groups. Alongside community listening was the need for political action through investment. Sharing an example from Cancer Australia, Professor Dorothy Keefe noted that new technologies could widen inequities if there is not an investment to reach underserved groups, particularly for cancer prevention. It was felt that cancer financing often goes to more visible or well-publicised issues, while those that are less conspicuous often receive less financial support, even though they may be more critical to the effectiveness of cancer control programmes. In response, Mr Michael Oberreiter from Roche suggested the cancer community needs to better make the case for UHC both as a human right and a political choice. Innovations provide opportunities to make more effective use of existing health systems and financial resources, together with the engagement of international partners and novel financing mechanisms to meet the investment shortfalls.

## Harnessing change to drive equitable cancer care

*'Catalysing action: time for a transformative global agenda for women and cancer'* looked at ways to capitalise on the growing momentum for women's cancers and improve women's health globally. Central to the discussion was the importance of engaging women and Dr Ophira Ginsburg, US National Cancer Institute, emphasised the need to build gender responsive health systems and address key recommendations from the Lancet Commission report on Women, Power and Cancer. Reflecting on this, Professor Hesham Elghazaly, shared how the Egyptian Ministry of Health has worked to rolled out Egypt's Women's Health Initiative which has screened 33 million women for breast cancer in five years. The professor noted the importance of political will and the engagement of women at the community level. More than being the simple recipients of services, Dr Samiratou Ouedraogo from University Joseph KI-ZERBO, underscored the value of women's experiences to identify failings in patient treatment pathways, together with the growing leadership movement for women in the health sector in Africa. Rounding out the first panel, Dr May Abdel-Wahab from IAEA highlighted the need for data and research on topics surrounding women's cancers in supporting funding decisions, and encouraged the use of common platforms for multistakeholder to collaborate. The session was wrapped up with a panel discussion drawing on expertise from the private sector and clinical practice, calling for increased synergies in women's cancer.

Exploring how to implement change across health systems *'Fit for purpose innovations to address women's cancers'* explore the panellists ambitions and what actions are needed to achieve the global breast and cervical goals. In Nigeria, Dr Zainab Shinkafi-Bagudu from Medicaid Cancer Foundation shared how engaging with community gatekeepers has been essential. By using trusted messengers, programmes have been able to build understanding and break down barriers for women in communities. Reflecting on commonalities across Nigeria and India, Dr Somesh Kumar from Jhpiego Corporation underscored the need to move away from disease siloes and integrate care where women engage with health systems, capitalising on their ability to engage with local healthcare facilities to deliver a package of care around their needs and 'democratising' care with adequate investment. Dr Miriam Mutebi noted that these changes require a granular understanding of the challenges faced by women, in order to plan and implement effective responses. These often include issues such as financial toxicity, gender and cancer related stigma, and must also include training and awareness for clinical staff. In drawing the session to a close, Dr Ben Anderson from WHO called for participants to focus more energy and investment on gathering the data needed to continually refine and improve programme reach and impact, together with a shift in language to talk about how cancer investments empower health systems to do more.



Harnessing change to drive  
equitable cancer care



## Harnessing change for indigenous and native populations

Using data and ensuring representation of voices to build more responsive care plans also emerged as key themes in '*Cancer care disparities in Indigenous/Native populations in the Americas*'. Panellists emphasised the diverse nature of indigenous/native groups, however these communities often face similar challenges in accessing acceptable care. Professors Yanin Chavarri-Guerra and Neal Palafox from Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán in Mexico and the University of Hawaii Cancer Center underscored the importance of investing in more data collection efforts to inform and shape care for these communities. For example, five-year cancer survival rates drop substantially across more remote Pacific communities. Dr Charles Wiggins of the New Mexico Tumor Registry, argued that more work is needed to listen to indigenous populations and build care that responds to the needs and preferences of communities, including better understanding of the importance

of landscape and place to the identity and wellbeing of indigenous and native populations. Affecting positive change will require education at every stage of professional development to ensure care providers have the skills and understanding to tailor care to community needs. In Alaska, Dr Anu Mariampillai of the Alaska Native Medical Centre, shared how tailoring care means that treatment plans are built with patient around key milestones, such as important fishing periods. In practice, this has meant scheduling chemotherapy around these times or moving to oral therapies as approaches that have substantially improved patient engagement. Looking ahead, each of the speakers voiced hoped that further improvements can be made by capitalising on new technologies and approaches in partnership with these communities.

## Harnessing change to drive equitable cancer care



### National Cancer Control Plans in action: setting actionable and effective cancer plans for impact

National cancer control plans (NCCPs) form the backbone of effective and efficient national cancer control responses. This session explored how laws, policies and collaborations have been shaped, by NCCPs. Drawing on the experience of Qatar, Sheikh Dr Mohammed Bin Mamad Al-Thani shared how a multistakeholder approach to the development of the plan enabled the development of a common vision and goal and mobilisation of the expertise, financial and physical resources needed to achieve this. The plan continues to serve as a valuable coordinating tool. At the regional level Mr Andreas Charalambous from the European

Cancer Organisation shared how the European Beating Cancer Plan serves a similar purpose, uniting different national actors, supporting the sharing of lessons learned in the face of common challenges. A regional approach also sets a longer-term objective, beyond shorter national election terms and holds governments accountable. The conversation also drew on expertise from Ms Hayley Jones from the McCabe Centre regarding the use of law as an essential tool to govern the institutions engaged in cancer control, creating long term accountability from each successive government, safeguarding the use and protection of patient data, as well as mobilisation and safeguarding of adequate resources for NCCPs.

This session was organised by MSD.



*"In the realm of cancer care, the WCLS stands as a beacon to guide efforts on fighting cancer. What sets this WCLS apart is not just the focus on understanding the different challenges facing cancer, but its emphasis on implementation and catalyzing impactful actions."*

Oday Gharaibeh,  
Novartis

## Call to action

Drawing together two days of thought-provoking discussions, Professor Dunn reflected on some of the key themes including climate change, AMR, armed crises, and obesity, together with the power of innovative technologies and partnerships to see through effective policies. While much may change, Professor Dunn emphasised the importance of global collaboration, government support for universal health coverage, cancer plans, and cancer registries as the foundation to address the growing cancer burden. Looking ahead, he identified three opportunities for participants to put these principles into practice, including calling on Governments to commit to '[Close the care gap](#)' on [World Cancer Day 2024](#), to join the global cancer community and share expertise at the [World Cancer Congress 2024](#), and join UICC and other NCD-focused organisations in preparing for the 2025 UN High-Level Meeting on NCDs.



### Looking ahead: UICC Young Leaders (2023-2024)

UICC was delighted to welcome the 2023-2024 cohort of Young Leaders to join discussions at the World Cancer Leaders' Summit at the kick-off to their programme. Over the coming year, this group of 10 young professionals will benefit from learning opportunities on systems leadership specifically, as well as tailored opportunities for engagement related to their specific areas of expertise, and collaborative projects exploring themes such as patient-centred models of supportive care, engagement of people living with cancer in policy-making and integrated services for women's cancers. UICC looks forward to welcoming them to the World Cancer Congress 2024.

## Summit at a glance



350 global health and cancer control leaders from all over the world from 203 organisations including 93 UICC members



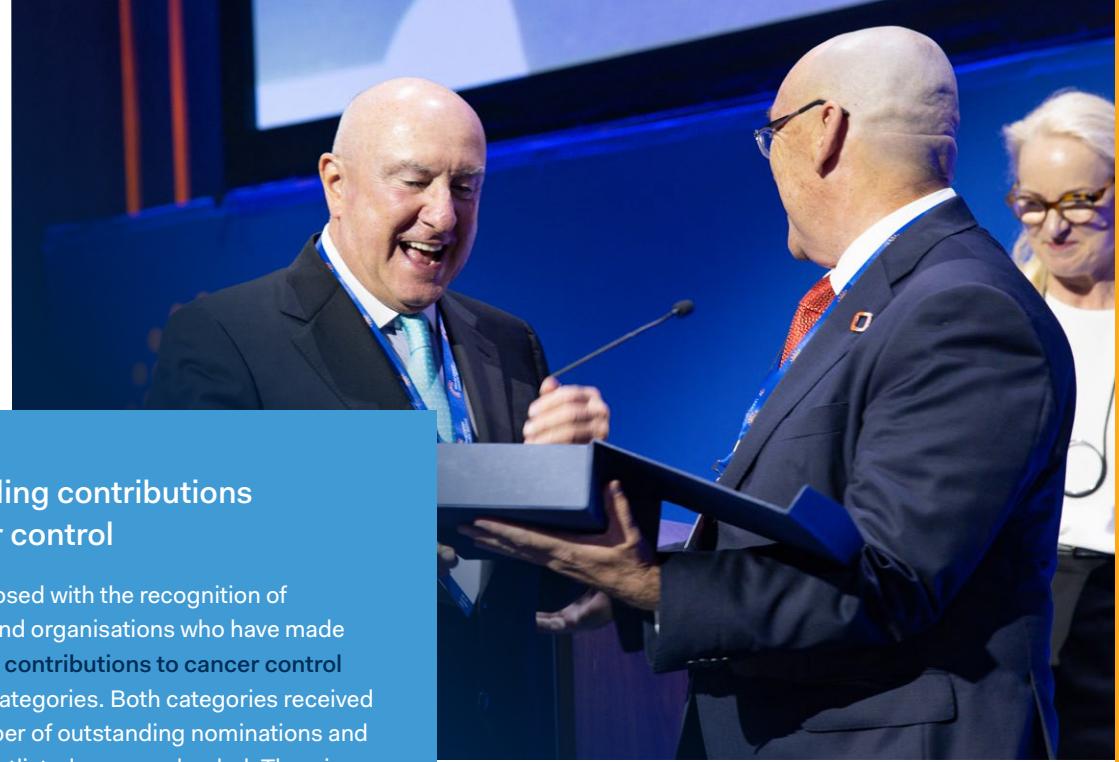
94 speakers across 32 sessions, all available on the World Cancer Leaders' Summit online platform



**Co-hosts:** the American Society for Clinical Pathology (ASCP), the American Association for Cancer Research (AACR), the American Cancer Society (ACS), the American Society of Clinical Oncology (ASCO), MD Anderson Cancer Center and Stand Up To Cancer.



**Partners:** the World Health Organization (WHO), the International Agency for Research on Cancer (IARC) and the International Atomic Energy Agency (IAEA).



### Outstanding contributions to cancer control

The event closed with the recognition of individuals and organisations who have made outstanding contributions to cancer control across two categories. Both categories received a large number of outstanding nominations and all those shortlisted were applauded. The winner of 'Outstanding Cancer Control Organisation' was Liga Contra el Cancer, Peru for their work on building a cancer prevention movement nationally. Dr Freddie Bray won the award for 'Outstanding individual contribution' for his work to improve the quality and availability of data for cancer control around the world.



Watch the World Cancer Leaders' Summit 2023 – summary video →



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