

INTERNATIONAL CANCER CONTROL CONGRESSES: DO THEY GET US CLOSER TO THE GOALS OF POPULATION-BASED CANCER CONTROL?

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Readily available data documents the growing burden of cancer and non-communicable diseases (NCDs) for all nations.¹ This burden is unequally distributed according to prevailing resources,² human development,³ geography,^{1,3} and capacity and preparedness to respond, with the largest burden in areas with the least available resources and capacity. In realizing this impending global challenge, the UN recently adopted the Global Action Plan calling upon all Member States to effect a 25% reduction in premature mortality from NCDs, including cancer, by 2025.⁴ The resolution addresses activities directed to human development, population health and health system performance and seeks a >2% reduction per year for the next 12 years. For any nation, this goal is a daunting challenge. In fact, a 1% reduction per year has been established to date by high-resource nations over recent decades.⁵ For middle/low-resource nations, achieving this goal will be a tremendous challenge and will require strategic and progressive actions. Paradoxically, the Global Action Plan highlights a “gap” between the high-resource world of recommendations, resolutions, rich in participation by those most able to understand and deal with health challenges, and the resource-constrained world, comprising the bulk of the worlds’ population, who are encouraged to achieve these well-intentioned resolutions with limited understanding, participation or resources to achieve them.

As the cancer control communities re-align themselves to the Global Action Plan (GAP), resources will be put into activities to promote cancer and NCD control. International congresses represent one such activity. Each year, numerous meetings address cancer and non-communicable diseases, usually separately. These meetings attract thousands of attendees and generally cost in excess of US\$ 1,500 per person to plan and implement. Thus, substantial resources are directed to international meetings each year, presumably with the intent of enhancing cancer control outcomes. It is unclear, however, how much impact these meetings have on cancer control activities and how valuable they are. These meetings are generally evaluated for participant satisfaction regarding speakers, programme content, presentations and logistics. The question of whether such meetings actually influence, or impact, the ability of

individuals, organizations or nations to enhance the implementation, application and adoption of interventions to enhance population health and cancer/NCD outcomes (as articulated through the GAP) is rarely, if ever, addressed. Indeed, this question is not answered here ... it cannot be answered through surveys directed to those who attend, but who neither influence policy nor enact broad population practice change. Follow-up evaluations of meetings would be more instructive if directed to the executive leadership of organizations and constituencies whose decisions do influence both policy and practice. In the case of ICC-5 (Peru/Latin America), PAHO, regional cancer policy (RINC), national health and cancer policy (MINS/INEN) and regional political and social mobilization advocacy (ACS; Esperanza; LiveStrong) might reflect on the value of ICC-5 in catalyzing collaboration, collective commitment and galvanized

implementation of cancer /NCD control interventions.

Insights into the probability that a meeting will influence population health and illness outcomes can be gleaned by answering four questions:

► **Why is the meeting being held? What is its purpose?**

International meetings are held for different purposes:

- To present “state-of-the-art” disease management with a focus on the disease (cancer/cancer type) and the interventions to modify the disease impact. Examples include breast, lymphoma and lung meetings.
- To present “state-of-the-art” modality management with a focus on the modality, the discipline(s) of practice, and advances in science and technology. Examples include American Society of Clinical Oncology (ASCO) and the American Society for Therapeutic Radiology and Oncology (ASTRO).
- To raise awareness, profile and advocacy for control of the disease through an organization, society or forum. Examples include American Cancer Society, LiveStrong, Union for International Cancer Control (UICC), World Cancer Forum and the World Cancer Leaders Summit.
- To implement plans and solutions for reducing the burden of the disease at a population level. Examples include the ICC.

The purpose of the conference will determine the constituencies who will be present (the attendees and their relationships), the context for consideration (“discovery” science/scientific evidence-base; contextual adaptation; relevance and translation of science to policy and practice; science and technology development), and the funding support. Revenue to support the meeting derives from registration fees, organization or society membership contributions, industry or governmental sponsorship, private sector contributions and charitable and/or Foundation support (Table 1). Funding support, other than registration, is generally higher when the purposes of the meeting and the interests of funders are aligned.

An appropriate way to define the purpose of a conference is through a “logic model” that addresses the purpose; goals, objectives and key directions; measures of process (“how”), and measures of output and outcome, and impact. This approach to conference design aligns purpose, product, outcome and evaluation and, additionally, identifies where the most appropriate sources of conference revenue are likely to come from for specific programme components.

► **Who is intended to derive the most benefit from the meeting?** There are many constituencies who may benefit

individually and/or collectively from a cancer control meeting:

- Individual practitioners and/or their professional organizations/societies who represent scientific “discovery”, clinical advance or application of measures to advance disease control.
- High, middle or low-resource constituencies who face the issue of disease control from different contexts, resources and capacities.
- Global and regional individuals/groups who stand to benefit through shared information, learning, mentorship and support to develop or enhance population-based cancer control.

The constituencies most intended to benefit should influence the “content” (the programme, the focus and the balance of interventional activities), the “context” (adaptation of content to context, cultures, priorities, resources, capacity, preparedness and resolve) and the breadth of participation and collaboration, both interdisciplinary and intersectoral, that is likely to ensue and be required.

► **Where is the meeting being held?** Where the meeting is located will have a bearing on the probability that it will achieve its purpose. The possibilities include:

- A jurisdiction of global political awareness and social advocacy.
- A jurisdiction of the major financial contributors/sponsors.
- The nations/countries who are primarily intended to benefit from conference participation.
- A location of convenience for travel or prices.

Meetings held in jurisdictions of high global political awareness and social advocacy, such as Geneva, Washington DC, or New York, are likely to attract delegates from high-resource regions, or those from low- and middle-resource countries whose attendance is fully sponsored (registration fees, travel, accommodation, and hospitality costs). Delegates from low- and middle-resource nations are least likely to benefit from presentations that address cancer control programmes in high-resource settings. Accordingly, the location of the conference is likely to have a profound influence upon participant attendance from low- and middle-resource settings, and also upon the content, context, and relevance to practice within low- and middle-resource settings. In principle, the location of the meeting has a direct bearing upon both the probability of attendance, the relevance of the content of the meeting on the intended

Table 1: Participation and probability of funding support according to purpose of conference/meeting

Purpose of meeting	Targeted population	Domain of interest	Sources of revenue			
			Registration fees	Organization and institution sources	Industry	Governmental development agencies
Disease management	Those interested in the biology and the therapy of the disease	Clinicians and scientists	+++	++	+++	—
Modality management	Those who practice the interventional modality for established advanced disease	Clinicians, health professionals, technologists and scientists	+++	+++	+++	—
Advocacy, profile awareness and societal support	Those whose interests relate to awareness, profile, support, funding and social mobilization to promote disease control	Health organizations, institutions and agencies; advocacy groups; health politics and policies; health administration and “mobilized society”	+++ (self or sponsored registration)	+	++	++
Implementation of cancer/NCD control plans	Those who impact the burden of disease through allocation and implementation of interventions to control the disease	Public and population health; clinical medicine; scientists; health administration; policy, health politics; public and private sector; “mobilized society”	+++	—	—	—

beneficiaries and hopefully, the likelihood that implementation or enhancement of population-based disease control will occur.

- ▶ **When is the meeting being held?** Meetings are held in relation to:
 - The pre-determined meeting schedule of organizations and professional societies.
 - To capitalize on social change or heightened advocacy and awareness of a health challenge.
 - When conference funding and a venue are fully available and secure.
 - When there is a convergence of “national readiness” and “conference readiness” i.e. when a government or national organization is prepared and ready for cancer planning and implementation.

This situation reflects the “push” of organizations (both non-profit and for-profit) to conduct their meetings according to their purposes and intents, and the “pull” of regions, nations, organizations and populations to avail themselves of information, learning and relationships because they are committed to the implementation of population-based cancer

control plans. In this context, “preparedness/readiness” is most likely to occur when there is:

- ▶ “ownership” of the cancer burden challenge by society as a whole;
- ▶ clearly defined leadership and authority;
- ▶ stable governance and funding in the short, medium and longer term;
- ▶ country-specific actions in concert with global cooperation;
- ▶ collaborative (interdisciplinary) relationships/partnerships across the disease-control spectrum;
- ▶ alignment to national priorities, economic growth and development;
- ▶ resolve regarding self-sufficiency and sustainability of implemented plans;
- ▶ commitment to evaluation and public reporting of the “value” of the investment in cancer and NCD control.

Conclusions

The purpose of international meetings directly influences the types of individuals and organizations attending the meeting, the extent of regional and international participation, the likelihood of securing external sources of funding and thus

Impact and Potential	Attractiveness for external funding	Appropriateness for non-profit sponsorship and direction	Potential Funding Security
	High	Accepted	High
	High	Accepted	High
	High	Inappropriate	High
	Low	Highly inappropriate	Low

the viability of the meeting (Table 1). Meetings convened for the purposes of disease management, modality management and advocacy are the most common types of international meetings as they have the highest likelihood of funding. However, arguably, they have the lowest probability of enhancing population health and cancer/NCD outcomes as they address only a segment of the cancer control continuum and attract a relatively limited range of professions. In contrast, meetings convened to discuss implementation of cancer/NCD control plans are targeted at all professions involved in cancer/NCD control in all regions of the world. They have the lowest appeal for and probability of funding and are thus the least common, but have a greater potential for the impact.

UN Member States have accepted the challenge of a 25% reduction in premature mortality from NCDs, including cancer, by 2025, which translates into a >2% annual reduction at a time when high-resourced nations have achieved a 1% annual reduction and to which cardiovascular and cerebrovascular mortality have been the dominant contributors. This would imply that the learning and experience of the high-resource world would need to be adapted, leveraged, adopted and maximized through strategic

decisions and allocation of resources if the “25% by 2025” mortality reduction from NCDs is to be realized.

If resources are to be put towards international meetings, then the types of meetings that are held and the shift of balance towards those that can have maximum impact upon improving cancer/NCD outcomes needs to become a strategic priority. Are we really strategic about the purpose of meetings convened before embarking on their promotion, funding and conduct? Do we have a basis for evaluating meetings and establishing their value if their purpose, goals, objectives, directions, outputs and outcomes have never been explicitly defined? Can we align with resolutions such as the Global Action Plan and its targets if the meetings convened do not align to the populations, interventions, measures and participation appropriate to achieving these goals?

This is more than a philosophical or semantic debate. This paper is intended to cause us to reflect on “do the right people come to the right place, at the right time, for the right reasons and with the right expectations to improve cancer/NCD control outcomes”? Given the enormity of the cancer /NCD burden challenge ahead, it will be essential to create the right environment and secure funding to bring together the right people, at the right time, for the right reasons to enact the changes that are inherent in successful attainment of the Global Action Plan goals and targets. ●

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