

The IARC-C19: ongoing activities and future steps

- building a global cancer surveillance platform to support national planning (before, during and after crises)

Isabelle Soerjomataram

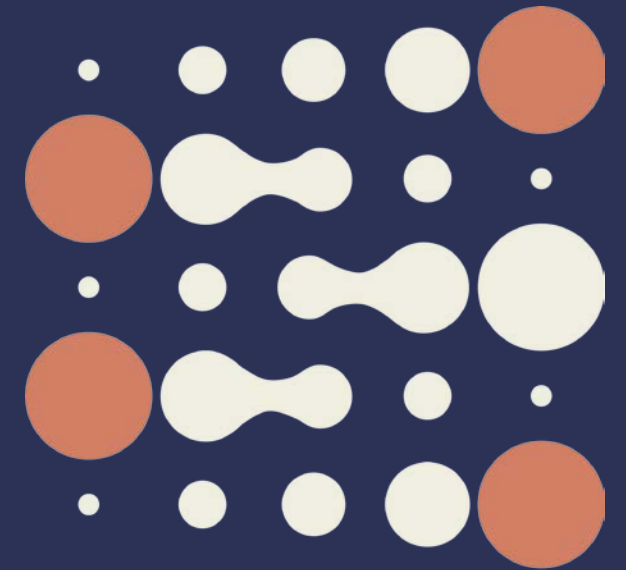
Freddie Bray

Cancer Surveillance Branch

International Agency
for Research on Cancer



Governing Council 66th Session ♦ 15-16 May 2024



The IARC-IRCC: Initiative for Resilience in Cancer Control ongoing activities and future steps

- building a global cancer surveillance platform to support national planning (before, during and after crises)

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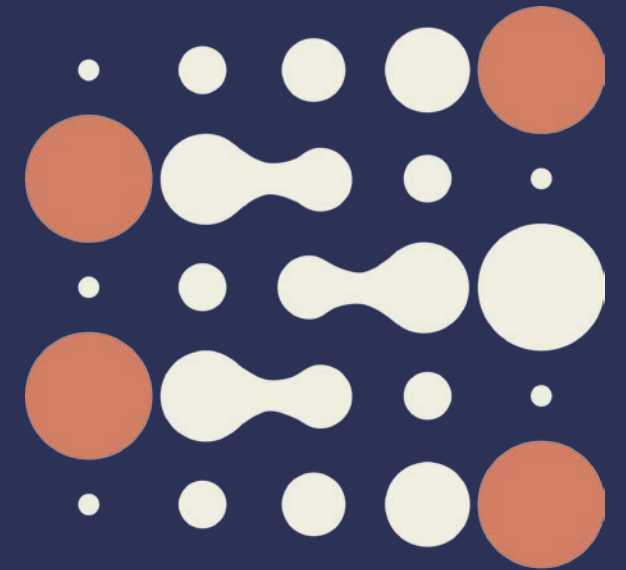
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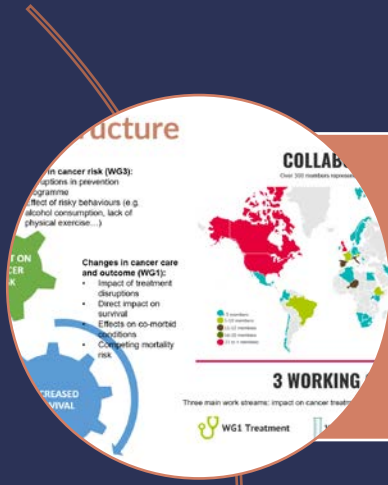
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The IARC-IRCC: priorities and expected outcomes



IARC-IRCC: Ongoing activities & partnerships

IARC IRCC: aims and ongoing activities



1. Collate **evidence** & strengthen **data collection systems** to better understand linkages between policies and outcomes during the COVID-19 pandemic, especially those related to cancer

Covid and Cancer systematic reviews

Screened for Cancer

- 39%

Cancer diagnoses

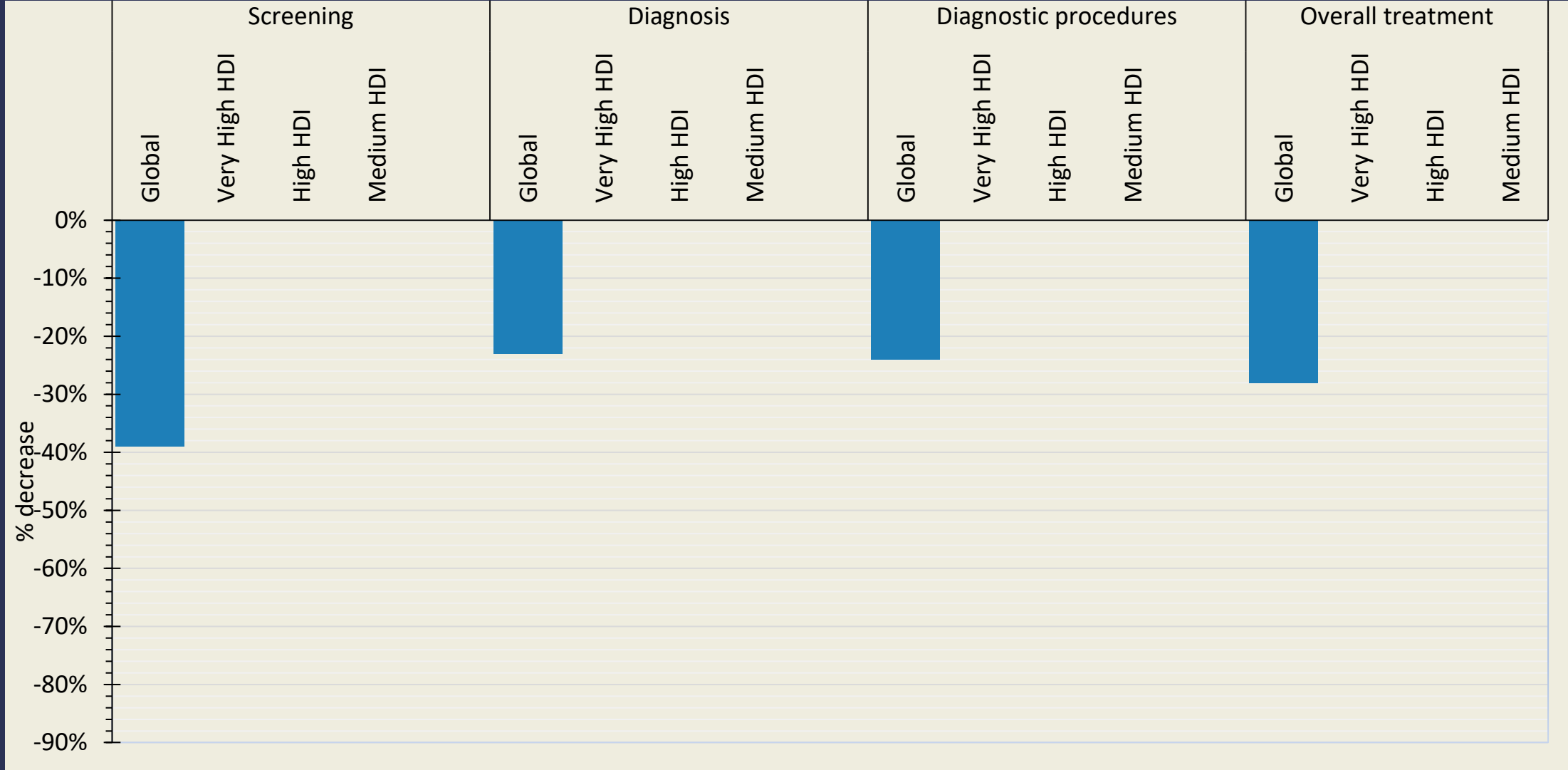
- 23%

Cancer Treatment

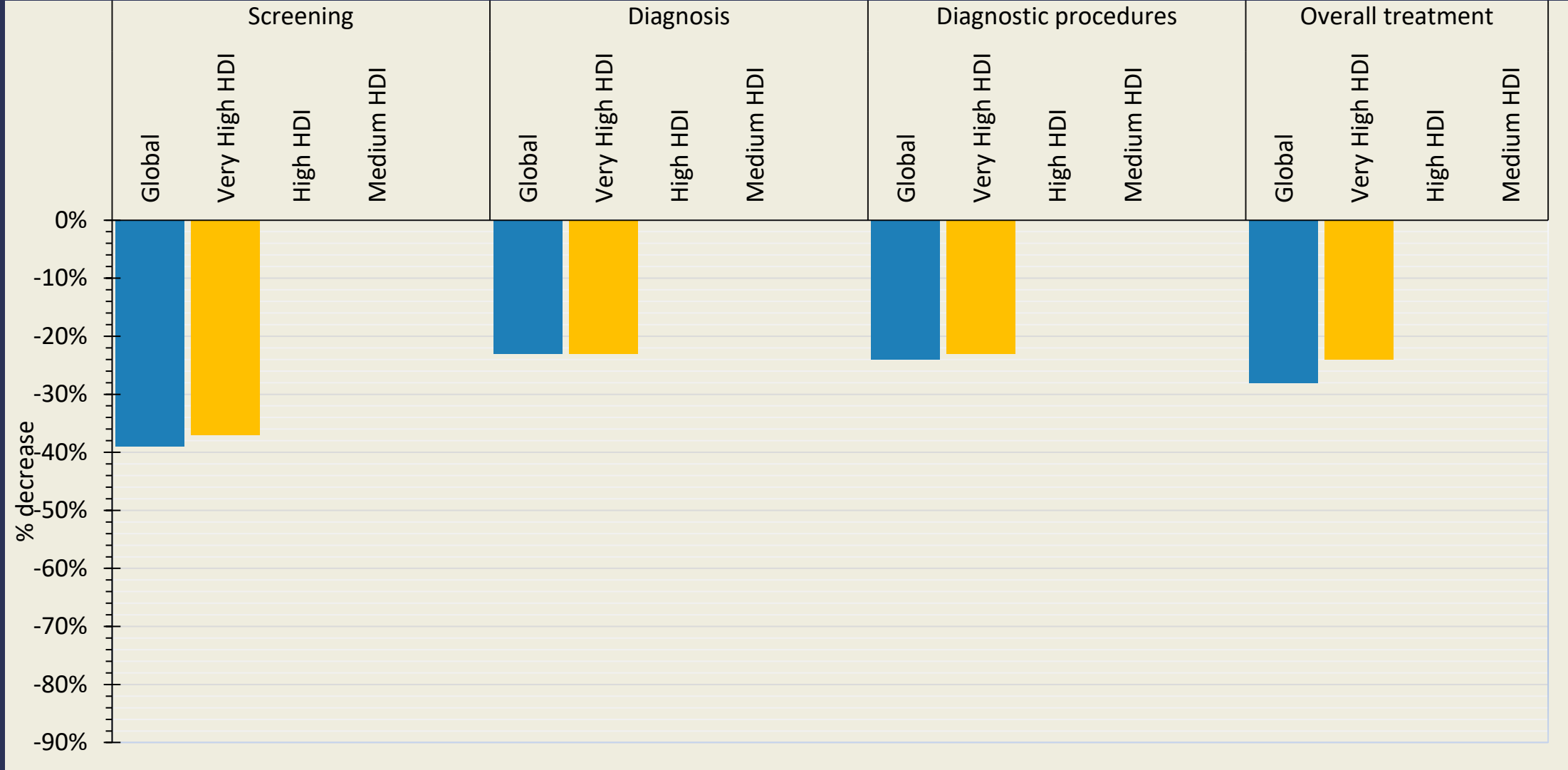
- 28%

Larger impact in lower resource settings e.g. -54% vs -23 in medium vs very high human development

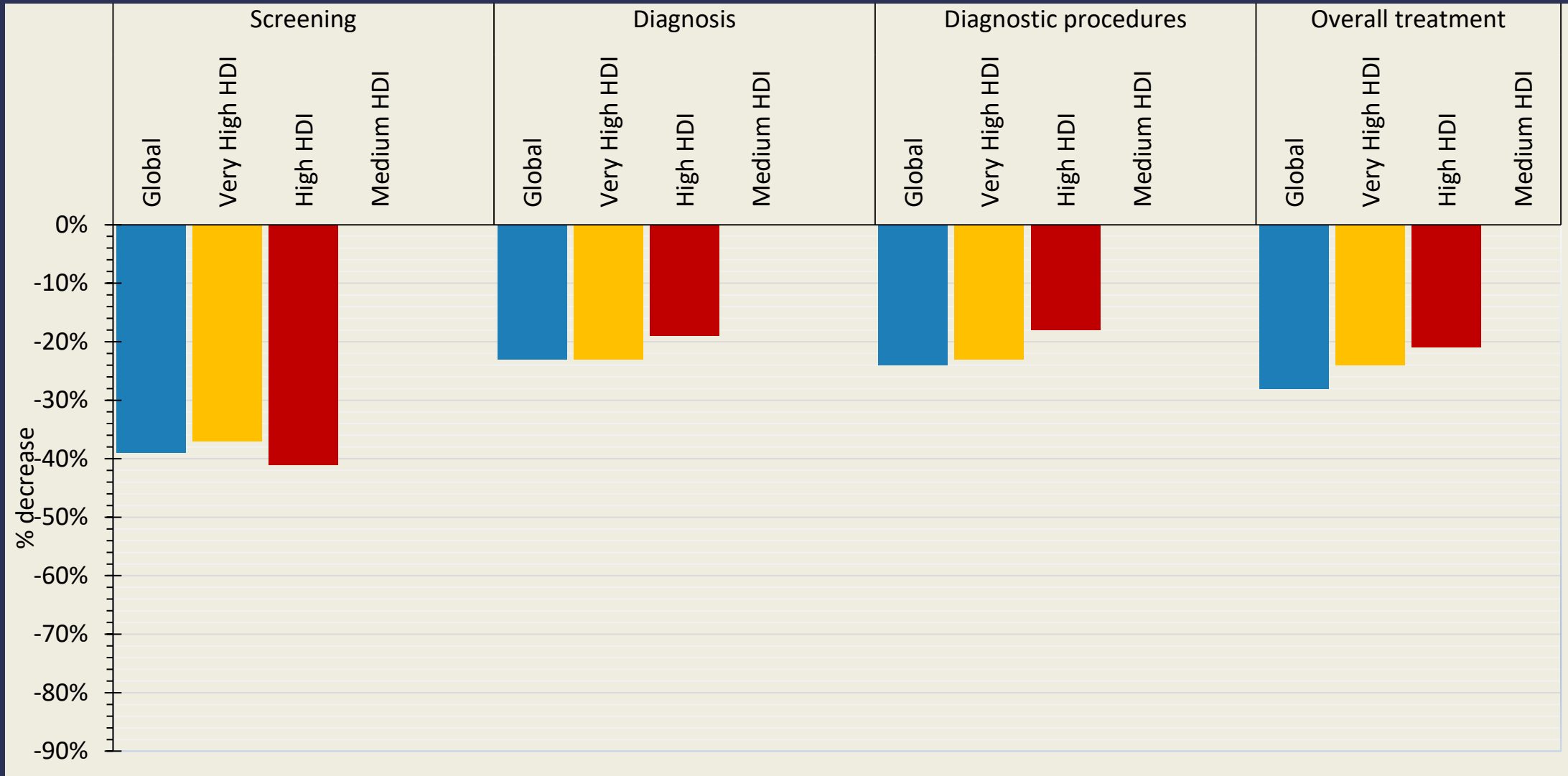
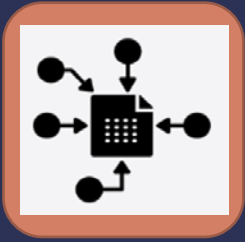
IARC-IRCC: aims and ongoing activities



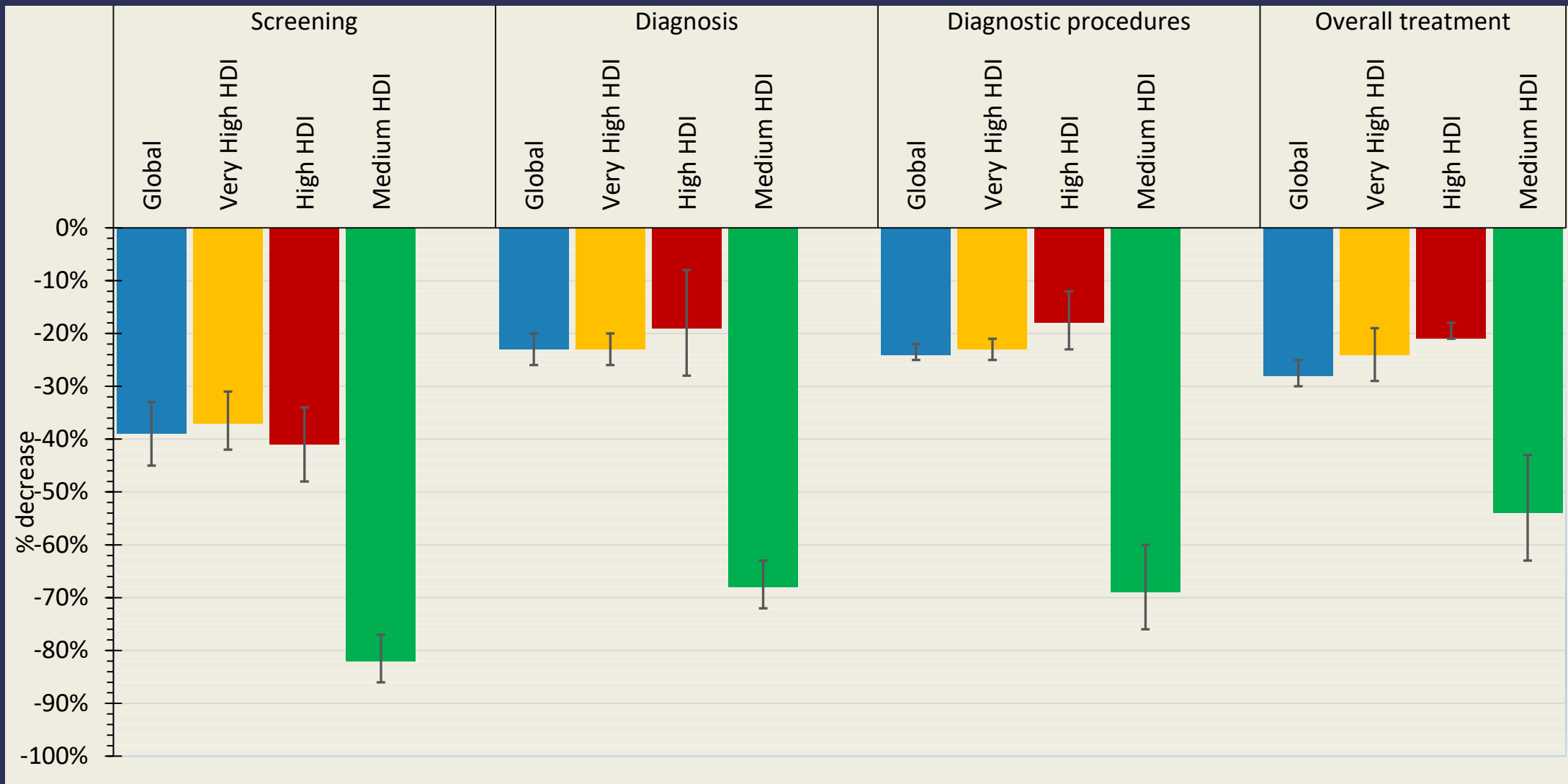
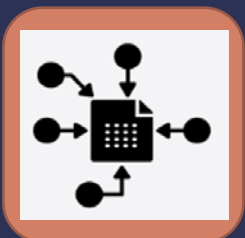
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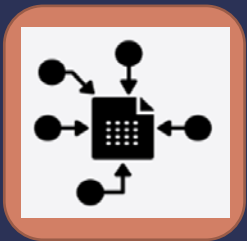
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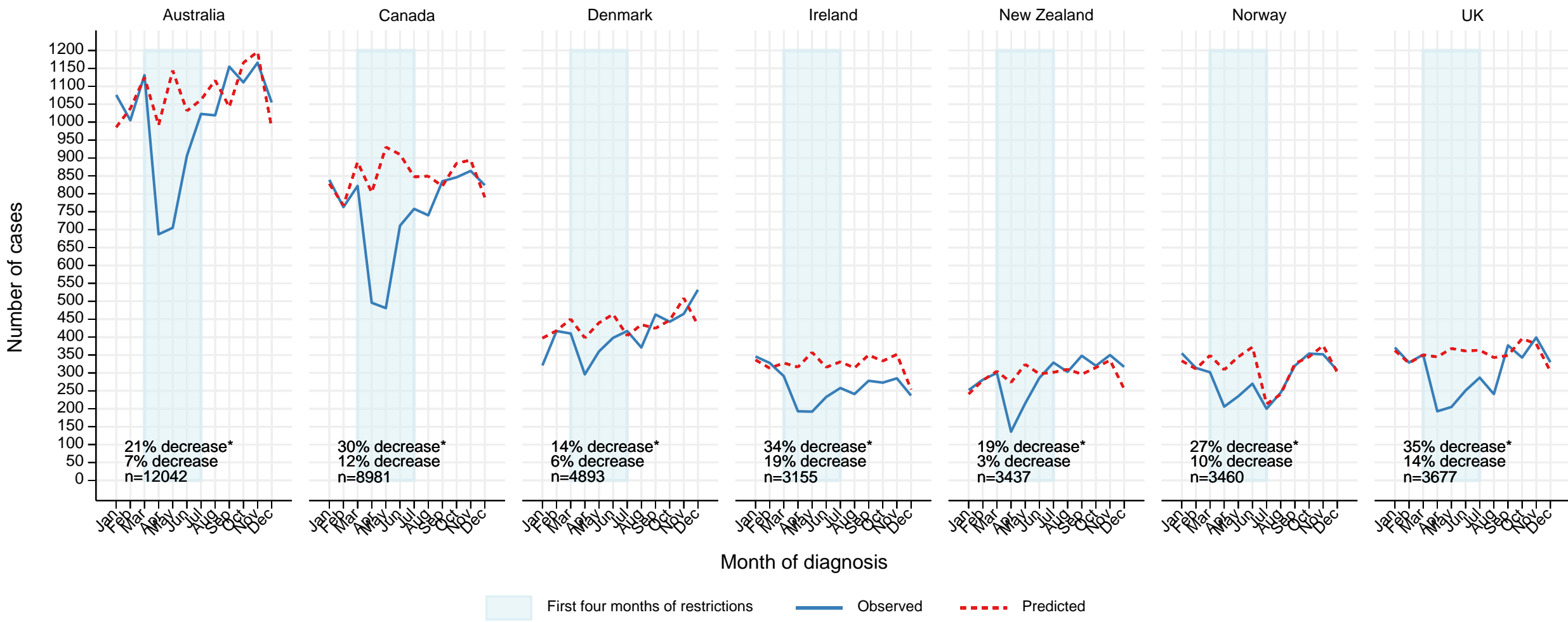
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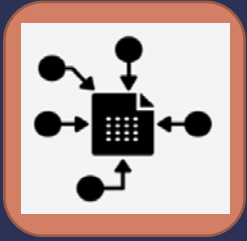
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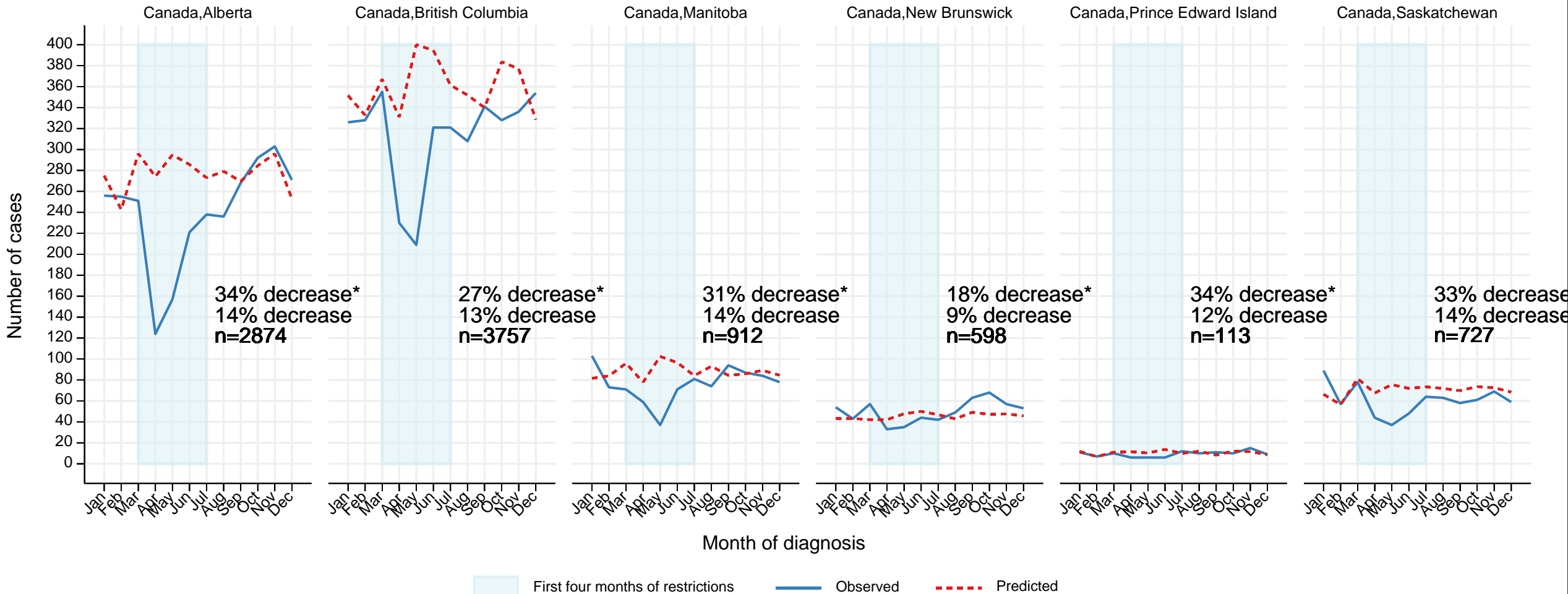
High quality population-based data – High income countries
Breast cancer



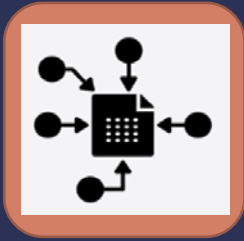
IARC-IRCC: aims and ongoing activities



High quality population-based data – High income countries
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IARC-IRCC: aims and ongoing activities

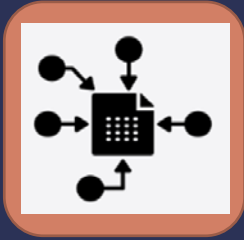


Country engagement, survey, key stakeholder interviews

Phase 1: 2020

CODE	DESCRIPTION	NSW	VICTORIA	NEW ZEALAND	NORWAY	CANADA	DENMARK	IRELAND	ENGLAND	SCOTLAND	WALES	NORTHERN IRELAND
DISRUPTIONS TO SCREENING	SCREENING PROGRAMS AND/OR SERVICES ASSOCIATED WITH CANCER PREVENTION/ EARLY DIAGNOSIS WERE SUSPENDED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PRIORITISING SERVICES	SERVICES WERE CATEGORISED AS THOSE NEEDING TO CONTINUE VERSUS THOSE THAT ARE NOT ESSENTIAL.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
STAFF REDEPLOYMENT	STAFF WERE REDISTRIBUTED TO PROVIDE COVERAGE OF COVID-CHALLENGED AREAS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PPE SHORTAGES	LOCAL OR GLOBAL SHORTAGES IN PERSONAL PROTECTIVE EQUIPMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CENTRALISED DECISION MAKING	HEALTH OR COVID-RELATED DECISIONS MADE AT A GOVERNMENT LEVEL AND DISSEMINATED TO THE PUBLIC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

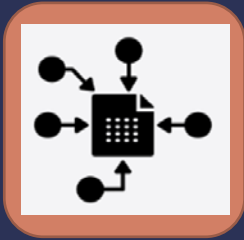
IARC-IRCC: aims and ongoing activities



Country engagement, survey, key stakeholder interviews Phase 1: 2020

CODE	DESCRIPTION	NSW	VICTORIA	NEW ZEALAND	NORWAY	CANADA	DENMARK	IRELAND	ENGLAND	SCOTLAND	WALES	NORTHERN IRELAND
VACCINE AVAILABILITY	PURCHASE, SUPPLY AND DISTRIBUTION OF VACCINES WERE DISCUSSED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
STAFF SHORTAGES	WORKFORCE SHORTAGES FROM COVID ISOLATION, STRESS, BURNOUT, ATTRITION.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
BURNOUT	THERE WAS LOSS OF MORALE, DISTRESS, PSYCHOLOGICAL STRESS FROM INCREASED PRESSURE AND DEMANDS OF ADAPTING TO COVID ENVIRONMENT		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WAIT TIMES AND BACKLOG	THERE WAS PROLONGED DURATION FOR PATIENTS TO RECEIVE CARE, AND CHALLENGES IN DEALING WITH BUILD-UP OF PREVIOUSLY 'SIDELINED' CASES				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

IARC-IRCC: aims and ongoing activities



Country engagement, survey, key stakeholder interviews

Phase 1: 2020 vs Phase 2: 2021 vs Phase 3: 2022

Phase 1 (2020)

PPE shortages

Disruptions to screening

Staff redeployment

Centralised decision making

Prioritising services

Phase 2 (2021)

Staff shortages

Wait times and backlogs

Burnout

Vaccine availability

Phase 3 (2022)

Burnout

Changing models of care

Rationalism

Lessons learnt

Yellow box = codes related to service disruptions

Grey box = codes related to mitigation and/ or recovery

IARC-IRCC: aims and ongoing activities



2. Improve **health system resilience** of countries to provide guidance in building back better

International Agency for Research on Cancer | World Health Organization | **CERVICAL CANCER ELIMINATION** | About Database Visualization Factsheets References

Home / Dashboard | Summary | Cost input (csv) | Scenario description (xlsx) | Full data (csv)

Choose scenario

Populations (1) | India

Scenario | D11

HPV vaccination | Single dose | Double dose

Start Year | 90% by 2021 | 70% by 2023 | 90% by 2023

Target year | 90% by 2021 | 70% by 2030 | 90% by 2030

Elimination accelerators | No | No | No | No | No | No

Reset

India
Vaccination scale-up starting in 2021, and Screening and Cancer treatment scale-up starting in 2023
Scenario : D11
Number of dose(s) :

Elimination year
2062

Return on investment *
\$4.04
* Per dollar spent over 50 years

Budget Impact
5-year: **\$1.01B** | 10-year: **\$1.96B**

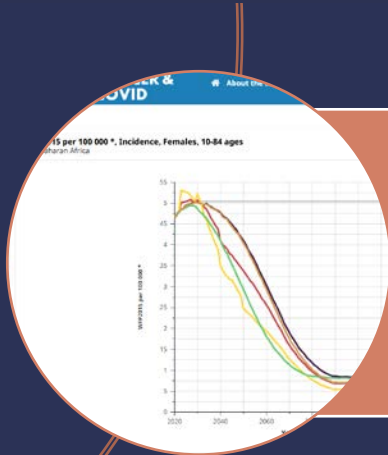
Cervical cancer ASR (World) (incidence) and elimination threshold

Lives saved

#	Cost of treatment (timeframe = 50 years)		#	Resource	Number required in the first 5 years
1	Total cost	\$7 594M	1	Prophylactic HPV vaccine doses	93 984 558
2	Benefits	\$30 651M	2	Primary screen	16880992

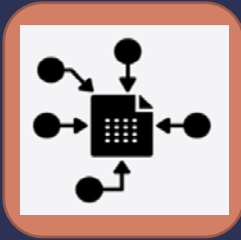
<http://tinyurl.com/cceiarc>

The IARC-IRCC Initiative: priorities and expected outcomes



Building for tomorrow –
IARC-IRCC and future plans

IARC-IRCC Initiative: aim & next steps



Quantitative & qualitative data collection

Data call & workshops:

- Registry data: Incidence and survival by stage at diagnosis and treatment (protocol, support, & quality assurance)
- Qualitative assessment and reviews of cancer service disruptions

Assess impact of cancer service disruption:

- New cancer diagnoses incl. stage distribution)
- Case studies (lessons learned)

Estimate:

- National and global impact of the pandemic on cancer (survival and excess mortality)



Scenarios of delay impact and mitigation

Model hypothetical scenarios to represent range of different scenarios (best-buys) and disruptions of health care system at the national level and their impact on future excess mortality

Model adaptation and scale up strategies that can be adapted to national contexts to reduce expected mortality:

- Achievable and aspirational targets
- Adaptable timelines
- Include resources needed, return of investment



Knowledge dissemination

The global modelling platform will be housed at **IARC's Global Cancer Observatory**

Knowledge transfer

Technology transfer will enable IARC Participating States and partner countries from LMIC to second staff to IARC

Governance

International Advisory Panel

Executive Committee - Stakeholders from PS