



# ***The Scientific Research Agenda for the EU-CELAC Joint Initiative on Health research - Cancer***

**Dr Eduardo Cazap , on behalf of the Working Group  
Cancer: J. Ellershaw, Gemma Gatta, A. Mohar**

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# Background



- About 906.000 new cancer cases were estimated to occur in LAC annually; a higher number of cases were expected for Europe (2.5 millions)
- Overall, incidence and mortality rates were 1.5 and 1.2 higher in Europe than LAC.
- The major assessed cancer risk factor is tobacco smoke; among the 5 commonest cancers in LAC, lung, stomach and cervix cancers are mainly related to tobacco.



# Societal challenges



- Cancer is neither rare anywhere in the world, nor mainly confined to high-resource countries. Striking differences in the patterns of cancer from region to region are observed.



# Societal challenges 2



- **Colorectal, lung, breast, prostate and pancreatic cancers** were the main contributors to total DALYs in the European countries and caused 52% of the total cancer burden for Europe.
- In LAC countries, **breast, lung, stomach, cervix and leukaemia** were the major tumors affecting DALYs, with a cancer burden of 43%.



# Scientific challenges



- Epidemiological differences in cancer incidence between the two populations should generate hypotheses for etiological studies.
- Cancer survival (population based) is available for few regions in LAC; therefore, research in this areas is needed in order to compare strategies intervention in both regions.



# Scientific challenges 2



- A public health approach is required to integrate a balanced cancer control action, **tailored to local conditions.**
- Innovative strategies based on regional or international collaboration is needed.
- It is imperative to develop innovative strategies to improve the participation of LAC countries in cancer research, providing data originated locally and using the results obtained to improve cancer care at the regional level.



# Added value of the EU LAC collaboration



- Partnerships are today a fundamental component in the global fight against cancer. A potential collaboration between Europe and Latin America and the Caribbean will provide benefits for both partners.



## Some research lines with special added value of EU-LAC collaboration



- Deeper knowledge about the etiology and the factor determine childhood cancer survival
- Capacity building both at the organizational level and individual level (regulatory issues, ethical considerations, accreditation, clinical trials skills, mobility actions, training etc.)
- Particular attention should be given to training programs focused on enhancing clinical trial capabilities.





## Some research lines with special added value of EU-LAC collaboration 2



- Empowerment of EU-LAC networks on cancer operational research in order to compare community health intervention effectiveness
- Promotion of national and local universities and medical center's infrastructure for academic clinical trials
- Research on palliative care in cancer patients with specific comparative research initiatives on care of the dying, symptom control and opioid access



# Some key concepts



- Cancer is a consequence of human development( ageing, urbanization, etc.)
- The average risk of cancer for an European or LA individual, lifetime, is today 1 in 2 (50%)
- Europe and LA together have the responsibility to lead a joint action to control the disease in the years to come.



# EU-LAC Health Partners



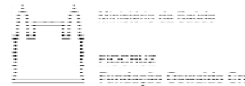
**Dr. Rafael de Andrés (Coordinator)**  
ISCIH, Instituto de Salud Carlos III, Ministerio de Economía y Competitividad, Spain



**Dr. Stephanie Splett-Rudolph**  
DLR, Deutsches Zentrum für Luft- und Raumfahrt e.V., Germany



**Dr. Luis Tacsan Chen**  
RIMAIS, Red Iberoamericana Ministerial de Aprendizaje e Investigación en Salud, Ministerio de Salud, Costa Rica



**Dr. Paulo Buss**  
FIOCRUZ, Fundação Oswaldo Cruz, Brazil



**Dr. Joaquin Guinea**  
INNOVATEC, Sociedad para el Fomento de la Innovación Tecnológica, Spain



**Eng. Águeda Menvielle**  
MINCYT, Ministerio de Ciencia, Tecnología Argentina e Innovación Productiva

The COHRED Group



**Dr. Gabriela Montorzi**  
COHRED, Council on Health Research for Development, Switzerland /Mexico



**Dr. Diassina Di Maggio**  
APRE, Agenzia per la Promozione della Ricerca, Italy



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