



LONDON GLOBAL CANCER WEEK 2019 THE REPORT

Foreword by HRH Princess Dina Mired

It gives me great pleasure to provide this Foreword to the Report of the London Global Cancer Week 2019.

As President of the Union for International Cancer Control it was a great honour to be asked to launch the inaugural London Global Cancer Week on Monday 25 November 2019 - the first four day multi-disciplinary global cancer event to be held in London - and to be invited to speak at several of its meetings.

Reading this Report you will discover not only the high quality of the programme and opportunities for shared learning that were enjoyed by those fortunate to attend these proceedings but also the diversity and inclusiveness that characterised the planning for the Week's sessions. There has never been a more important time to break down the artificial walls between our specialties and to create opportunities for engagement with expert opinion formers and policy-makers.

We should all be encouraged by the willing involvement of the Church of England, the Royal Society of Medicine, The Economist Events Unit, the Royal Institute of International Affairs Chatham House, Royal College of Radiologists and the Commonwealth Secretariat.

I congratulate the authors of this report and the organisers of London Global Cancer Week 2019 and wish the organisers of this year's London Global Cancer Week every success. I sincerely hope that more organizations join this truly multisectoral forum as we now need more than ever "all hands to on deck" to bring much needed focus to global cancer control.

HRH Princess Dina Mired

Hashemite Kingdom of Jordan



Foreword

We welcome you to the report on the 2019 London Global Cancer Week. We greatly appreciate HRH Princess Dina's Foreword and the time and energy she so generously gave in support of the proceedings described herein.

This report is a record of a series of meetings held in venues across central London during the last week of November 2019 under the umbrella title London Global Cancer Week. These events provided the space for the active community of UK and international experts from across the cancer spectrum and working in partnership with colleagues in low and middle income countries to come together to discuss their work and to explore new opportunities for collaboration.

Despite the unwelcome advent of the Coronavirus, it is our intention not only to repeat the success of this coming together this year with the second London Global Cancer Week (15-20 November) but also to encourage colleagues in other countries to follow our example. For why should London be unique when there could be similar Global Cancer Weeks in Paris, Madrid, Berlin, or even Washington DC?

We are grateful to our colleagues at the Royal Society of Medicine, the Economist Events team, Royal Institute for International Affairs Chatham House, C3 Collaborating for Health, Royal College of Radiologists and the Commonwealth Secretariat for their contributions to this report. Their input has been essential and their counsel invaluable. We are also grateful to our Media Partner Global Health Dynamics for their encouragement and ideas. We would like to thank Dr James Newcome, Bishop Carlisle, and Canon Paul Wright for enabling our international visitors to attend the beautiful Mattins service at the Chapel Royal, St James's Palace. We would also like to thank Simon Middleton and Laurence Lodge for their tireless work on the website and the social media functions, without which no conference these days is possible.

Lastly, we would like to put on record our profound gratitude to our dear friend the late Dr. Mbololwa Mbikusita-Lewanika, Health Advisor to the Commonwealth Secretariat in whose memory this report is respectfully dedicated.

Mark Lodge

Executive Director, International Network for Cancer Treatment and Research UK

Dr Susannah Stanway

Consultant Medical Oncology, Breast Unit, Royal Marsden NHS Foundation Trust

REPORT ON LONDON GLOBAL CANCER WEEK 2019

24-28 November 2019

Introduction

Cancer has become the second leading cause of death globally, responsible for 9.6 million deaths in 2018,¹ and has become a significant risk not only for the populations of wealthy countries but in low resource nations too. Two thirds of all cancer deaths occur in Africa and Asia, where late-stage presentation and a lack of accessible diagnostic and treatment infrastructure are common. Only 1 in 5 low- and middle-income countries (LMICs) have the necessary data to drive cancer policy. Excluded from the Millennium Development Goals (MDGs) during 2000-2015, cancer has now reached global pandemic proportions, becoming the cause of one death every five seconds in LMICs and surpassing the total annual mortality from HIV/AIDS, malaria and tuberculosis combined.

Cancer impacts on national economies and society at large through increased out of pocket health expenditure, labour and productivity losses, and reduced investment in human and physical capital formation. In conjunction with the other major non-communicable diseases (NCDs) - heart disease, stroke, diabetes and chronic respiratory diseases - cancer is beginning to destroy the gains made through forty years of Development Aid. The cost of cancer to the global economy was estimated at US\$ 1.16 trillion per annum in 2010 and in 2015 >200 million DALYS were lost to cancer. Yet only 2.7% of global investment in cancer research is spent on research directly relevant to the LMICs where the majority of cancer cases and deaths from cancer occur. In common with the other NCDs, cancer is overshadowed on the global health security agenda by the threat of outbreaks of new communicable diseases.

Background

Historically the UK has had a significant influence on the global development of disease control strategies and scientific method. The UK Government played a major role in designing the architecture of the MDGs. Despite cancer's exclusion from these Goals, in this period (2001-2015) many productive partnerships and strategic relationships were forged between UK Royal Colleges, universities, private sector organisations, cancer centres and NGOs and their counterparts in LMICs.

In more recent years there has been a proliferation of 'Global Health' Institutes and Departments. The Royal Society of Medicine has hosted an annual meeting in November focused on issues around cancer in low and middle income countries. Its audience are primarily clinicians and health professionals that have an academic interest or clinical involvement in 'global health'. In the same month the Economist Intelligence Unit's *'War on Cancer - Europe'* programme provides a platform for a day of discussions with a different type of speaker and attendees: policymakers; CEOs and international thought leaders. When in November 2018 these meetings took place on succeeding dates (RSM: 19 November 2018; EIU: 20 November 2018) and had met with some success, it was evident that an opportunity might exist to create a week of co-ordinated events under the umbrella title 'London Global Cancer Week'.

Using the 2019 RSM and EIU meetings (plans for which were already underway) as a starting point, other institutions would need to be approached in order different types of audiences. The vision was that, as far as possible, 'London Global Cancer Week' should provide a 360° picture of the impact of the rising incidence of cancer in LMICs. Such an initiative offered the opportunity to take stock of the challenge cancers represents to the emerging countries and to highlight how UK partners can continue to help LMICs address the rising tide of malignant disease.

Informal discussions with colleagues at Centre for Global Health Security at The Royal Institute of International Affairs Chatham House were immediately productive: Chatham House would consider hosting two meetings: a closed Round

Table discussion on Cancer in an age of Universal Health Coverage and an open Members event on Toxic Air pollution and cancer. This provided a third day of events.

An ad hoc Steering Group was formed which quickly agreed on the importance of securing sufficient funding for (a) a Project Manager and (b) a coordinated Communications strategy that included high Social Media activity. It was agreed that the week of events would run from Sunday 24 November to Thursday 28 November. A Concept Note was commissioned to support the search for potential sponsors and for additional organisations that might be interested in hosting a LGCW event. This helped clarify the purpose of the London Global Cancer Week, which would be to:

- I. draw attention to the global cancer pandemic
- II. provide an opportunity for multisectoral/multidisciplinary discussions, engagement and reflection on the costs and challenges arising from the spread of Cancer in LMICs and what it will take to address the growing cancer burden
- III. highlight opportunities for the UK to contribute towards building capacity for sustainable cancer control in LMICS through training, research, aid and diplomacy
- IV. be a catalyst for the development of substantial multilateral and bilateral initiatives in global cancer control and research.
- V. explore how governments and civil society can address the commercial determinants of health that adversely impact on cancer prevention and control

It was agreed that the schedule of events should be coordinated so as to avoid clashing of dates and timings. Theoretically, a visitor to London would be able to attend every 'open' meeting if he /she needed to. Crucially it was also agreed that each event host would be responsible for their own costs and PR; in return the LGCW organisers would promote their event on the LGCW website and would not ask for a financial contribution to support LGCW umbrella activities.

Preparation

Over the following ten months the Steering Group met mostly by phone/skype in teleconferences organised by the EIU office, or occasionally face to face in rooms provided by Chatham House. The SG recognised that helping event organisers attract important international speakers would contribute to raising the profile of the Week. Following her stirring address at the United Nations High Level Meeting on Non Communicable Diseases the previous year (September 2018, UN, New York) an approach was made to HRH Princess Dina Mired of the Hashemite Kingdom of Jordan, in her capacity as the President of the Union for International Cancer Control (UICC). Princess Dina generously agreed that she would fly from Jordan to London to inaugurate London Global Cancer Week and attend as many LGCW events as she was able on the condition that she would be given an opportunity to address the issues that were of global importance. The Princess's entry was warmly welcomed by the event hosts, most of whom were able quickly to invite her onto their meeting agendas as a key note speaker.

The impact of cancer on a patient and their family or loved ones is not only physical; there is a profound spiritual aspect. In pursuit of its objective of providing a 360° view of cancer, an approach was made to the Church of England requesting a service to mark London Global Cancer Week and to commemorate the work of colleagues that travel, often on an unpaid voluntary basis, from the UK to work in partnership with their opposite numbers in the poorer resourced settings of the emerging countries. The LGCW organisers were most fortunate that this request came to the attention of Dr James Newcome, Bishop of Carlisle, who in 2014 had been appointed Clerk of the Closet by HM The Queen. Arrangements were made for LGCW guests to attend a private morning service at the Chapel Royal, accompanied by an invitation to an informal reception at York House, St James's Palace following the service.

These successes were outweighed by the difficulties encountered in securing funding. The LGCW Steering Group Members were tasked with using their extensive networks of contacts to identify potential funding sources, and more institutions interested in hosting an event as part of the inaugural London Global Cancer Week. Approaches were made to Government Departments, the Medical Research Council, academic institutions (including the London School of Hygiene and Tropical Medicine and Imperial College), the medical Royal Colleges, the Private Sector,

It soon became clear that no funding was available for such a visionary and innovative initiative and that both the management of the project and the building and running of the LGCW communication strategy, and the costs associated with these roles, would have to be borne by members belonging to the LGCW Steering Group. Accordingly Dr Susannah Stanway (who was on maternity leave) and Mark Lodge agreed to fund the building of the LGCW website and share between them the majority of the project management as best they could, with additional help coming from the other SG members. Again, good fortune came to the aid of project. Simon Middleton offered to design and build the website at a very substantial discount and to provide tutelage on how to add value to its content and function. Laurence Lodge (in his third year at Nottingham University) agreed to develop the Social Media strategy and to maintain and promote the Week's visibility on Twitter, Instagram and Facebook.

Finding more institutions who were sufficiently interested in the concept of LGCW was an easier task. C3 Collaborating for Health, the small London-based charity with an international reputation for hosting informative and topical breakfast seminars, offered to host an event looking at Cancer Prevention. Colleagues at the Royal College of Radiologists were keen to provide an afternoon meeting that would explore the successes and deficits in cancer radiotherapy in LMICs. The Commonwealth Secretariat confirmed that it would hold a prestige meeting at its headquarters at Marlborough House, Pall Mall, as part of London Global Cancer Week, to highlight its ongoing determination to identify opportunities for collective action to eliminate the scourge of cervical cancer within the Commonwealth.

A Press Release was prepared in advance and disseminated across the mainstream news media. Unfortunately, the ongoing anguish around Brexit and then the announcement that the date for a General Election had been set for two weeks following London Global Cancer Week, effectively annulled any hopes of Press coverage. To compensate,

growing attention was being paid to the website www.lgcw.org.uk , where individuals were being invited to post 1 minute video clips describing their work assisting in strengthening health systems and addressing cancer control in LMIC. It was responses such as these that contributed to a sense of quiet optimism as London Global Cancer Week finally got under way.

DAY ONE Sunday 24 November



Event One	Service of Sung Mattins and Reception
Host	The Church of England
Venue	The Chapel Royal and York House St James's Palace, London
Time	11.15 a.m. – 1.30 p.m.

31 people, including 4 international speakers, members of the London Global Cancer Week Steering Group and representatives of UK charities attended the service of Sung Mattins at the Chapel Royal, St James's Palace as guests of the Church of England. They were welcomed by Dr James Newcome, Bishop of Carlisle and were privileged to enjoy the matchless singing of the Chapel Royal Choir. At the conclusion of the Service Canon Paul Wright (Sub-Dean of the Chapel Royal) thanked the LGCW guests for their attendance and shared some interesting facts about the Chapel Royal before guiding the group towards York House. At the Reception Mark Lodge gave a short address, thanking Bishop James and Canon Paul for their kindness and the Church of England for its generosity. Welcoming the international speakers to London, he briefly summarised the objectives of the London Global Cancer Week and wished the speakers and the organisers good fortune in the week that lay ahead.

DAY TWO Monday 25th November



Event Two 6]	Cancer control in low and middle income countries: New solutions to evolving challenges [CPD credits: 6]
Host	Royal Society of Medicine Oncology Section
Venue	Royal Society of Medicine, 1 Wimpole St, Marylebone, London, W1G 0AE,
Time	9 a.m. – 5.30 p.m.

This event, now in its 4th year discussed the importance of effective cancer control in low resource settings and highlighted the magnitude of the disparities that currently exists.

Aims of the meeting included:

1. To share first-hand accounts of healthcare professionals working in LMICs
2. To increase awareness of global cancer collaborations that currently exist between high income and LMICs
3. To improve understanding of the challenges to of delivering cancer care in LMICs
4. To provide a forum to discuss future strategies to improve global cancer control

In a full day's meeting organised by a multi-professional steering group* chaired by Dr Susie Stanway, 21 experts (8 from the UK, 13 international) contributed 14 talks, presentations and workshops. Several speakers spoke of their experiences collaborating with LMICs with the aim of improving outcomes. The topics addressed ranged across the cancer spectrum from the challenge of falsified medicines (Chloe Tuck, Sheffield UK), and the necessity of developing resource stratified guidelines for oncology in LMICs (Dr Benjamin Anderson, University of Washington USA) to the damaging stigma encountered by women with breast cancer in LMICs (Dr Beatrice Waife Addei, Kumasi Ghana) and the important role of primary care in global oncology (Dr. Ophira Ginsburg). The annual Vanessa Moss prize was presented by HRH Princess Dina Mired to the winner Dr. Nono Ahuka from Congo (in absentia) for his work on raising awareness of prostate cancer in sub-Saharan Africa. HRH Princess Dina went on to give an inspiring talk on *The need for new paradigm shift on building sustainable partnerships and solutions to tackle cancer control challenges in the low and middle income countries*, before formally launching the first London Global Cancer Week.

There were 160 delegates registered for the meeting. 94 attended are were from a range of disciplines (nurse/AHP/midwife 14, Consultant/GP 24, associate 1, Fellow 9, Retired fellow 8, Trainee 23, Student 16). Attendees came from within the UK and internationally.

Feedback:

Formal delegate feedback collected on the meeting on individual speakers was overwhelmingly positive. Constructive feedback was given on how to improve the running of the workshops. Aims and objectives were said to have been met by the majority. Quotes from attendees include that the day was “inspiring” and provided excellent networking opportunity”. The majority of attendees felt that knowledge gained from the conference would impact on their practice. Positive outcomes from the meeting were cited such as “I will use the knowledge in my research projects and with doctoral students”, “the conference showed me the direction my organisation should be going in”, “I will tell my colleagues about the day and how they should aim to attend next year”, “I will pursue possible research opportunities in global oncology”, “I will review the latest NCCN guidelines applicable to LMICs and will change our approach to a program we are running-very impactful change I hope”, “I will disseminate the knowledge and materials amongst my Masters and Doctors students and research partners in East Africa”, “I met people I hope to work with in the future”.

Summary

A series of international experts from high-, middle- and low- income countries presented a comprehensive image of the growing incidence of cancer worldwide, encouraged countries to prioritise cancer control services in their health strategies and discussed how the UK could contribute towards building capacity for sustainable cancer control in these settings through training, research, aid and diplomacy.

Key outcomes:

1. This was the first meeting held as part of London Global Cancer Week 2019 and set the scene for the week
2. A call and subsequent momentum for the setting up of a national global oncology network has come from this meeting
3. Relationships have been started and strengthened for ongoing work in the area of global oncology

*RSM Oncology Section Steering Group members were: Dr Bhawna Sirohi (Consultant Oncologist, India), Dr Georgina Wood (SpR Medical Oncology UK), Florence Gutu (Nurse, UK), Dr Ruth Board (consultant medical oncology UK), Dr Katie Wakeham (Consultant Medical Oncology UK), Dr David Okonji (Consultant Medical Oncology New Zealand), Dr Prakhar Srivastava (Doctor UK), Dr Emine Hatipoglu (SpR Medical Oncology UK), Sarah Cavenagh (Nurse UK), Dr Chinenye Lwuji (Consultant Medical Oncology UK), Dr Berkin Hack (Doctor, UK), Emma Foreman (Pharmacist UK), Shyama Persuad (Clinical Trials Coordinator UK), Dr Neha Chopra (SpR Medical Oncology UK), Dr Pippa Lewis (SpR Clinical Oncology UK), Kirsty Balachandran (SpR Medical Oncology UK).

DAY THREE Tuesday 26th November



Event Three War against Cancer – Europe
Host: Economist Events
Venue Waldorf Hilton, Aldwych, London WC2B 4DD
Time 8.45 a.m. – 6.15 p.m.

Over the last four years, the Economist Events' series of cancer summits in Europe has articulated the challenges and opportunities in improving cancer control. There is still considerable unmet patient and societal need; cancer control and preparedness varies among and within countries; and investment and health systems generally lag behind the advances in technology and services available to combat cancer. The way forward can seem dauntingly complex. 2019's summit looked to solutions, not problems.

The opening Plenary - *Reasons To Be Cheerful (But Not Complacent)* - celebrated the fact that cancer outcomes have improved considerably over the past 20 years. Prevention strategies (like tobacco control and HPV vaccination) had been hugely successful across many countries in Europe and treatments now allowed many people who have faced cancer to return to a productive and long life. In this session Henny Braund (Chief Executive, Anthony Nolan), Jerome Coffey (National Director, National Cancer Control Programme, National Health Executive (Ireland)), Michelle Mitchell OBE (Chief Executive, Cancer Research UK), and Vivek Muthu (Chief Health adviser, The Economist Intelligence Unit) discussed what could be done to extend these successes. What did good cancer care look like, and in what areas could countries continue to improve their provision?

In the second discussion of the morning on Regulatory Innovation Vivek Muthu helped Nicola Strickland (Consultant radiologist and Professor of Practice, Imperial College Healthcare NHS Trust), Paul Workman (Chief Executive and President, The Institute of Cancer Research, London), Nathalie Moll (Director-General, European Federation of Pharmaceutical Industries and Associations) and Elizabeth Sukkar (Managing Editor and Global Healthcare Lead Thought Leadership, The Economist Intelligence Unit) unpack the advances in regulation and examine how the dynamic between regulators and industry had changed to accommodate new clinical approaches. They discussed how these innovations could be extended and managed in the future.

Following a brief Interview H.E. Tanel Kiik Minister of Social Affairs, Estonia, was joined onstage by Franco Cavalli (Chairman of the Scientific Committee, European School of Oncology), Mary Gospodarowicz (Medical Director, Princess Margaret Cancer Centre) ,and Rachel Nugent (Vice-president, Global Noncommunicable Diseases, RTI International) for a discussion on Engaging Politically—Cancer Control as a Societal and Economic Investment.

In a keynote Interview HRH Princess Dina Mired (President, Union for International Cancer Control and a former Director General of the King Hussein Cancer Foundation) shared her experience and perspective on how governments, NGOs, public and private sector should coordinate their efforts to create unified strategies to tackle cancer.

The recent publication of the Economist Intelligence Unit's Index of Cancer Preparedness had revealed areas of unmet need. Vivek Muthu discussed Charmaine Gauci (Superintendent of Public Health, Department for Health Regulation, Malta) and Bob Steele (Independent chair, UK National Screening Committee) what the Index had revealed about the potential for improvement across therapeutic innovations, regulatory changes, evolution of health-technology assessment, implementation of data infrastructure and registries, and trial design.

Concluding the morning's proceedings Maira Caleffi (Chief of Breast Center, Hospital Moinhos de Vento, Porto Alegre, Brazil) and volunteer President, FEMAMA), Gilberto Lopes (Associate Professor, Clinical Medicine, Sylvester Comprehensive Cancer Center; editor-in-chief, Journal of Global Oncology, American Society of Clinical Oncology) and Dr Beatrice Wiafe Addai (Breast surgeon, President, Breast Care International and Chief Executive, Peace and Love Hospitals, Ghana) considered the Global Challenges that lay ahead. Where were the greatest strides in improving diagnosis, treatment, and provision of care to be seen across the globe?

The afternoon's meeting began with two Strategy Sessions. The first, on Personalised Cancer Care and Data Initiatives, looked at how data had been used to therapeutic benefit. Vivek Muthu discussed with Tim Jaeger (Global Head of Diagnostics Information Solutions (DIS), Roche), Charlie Davie (Managing Director, UCL Partners; Hub Director, DATA-CAN), and Evangelos Pappas (founder and Chief Scientific Officer, RTsafe) how governance had issues been managed, and what could be done to scale examples of good practice. The second Strategy Session, which was sponsored by St. Jude Children's Research Hospital, asked what was the value of including care for children in cancer control plans? A panel consisting of Jon Rosser (Chief Executive, World Child Cancer), Richard Sullivan (Director, Institute of Cancer Policy and Conflict & Health Research Group, King's College London), Carlos Rodriguez-Galindo (Executive Vice President and Director, St. Jude Global), Kathy Pritchard-Jones, President, International Society of Paediatric Oncology) and Elizabeth Sukkar were asked what was being done across the European region – and worldwide – to implement and sustain successful childhood cancer control efforts.

Two Spotlight Interviews followed the Strategy Sessions, focusing on how taboos persist around cancer and how people living with cancer could be helped to enjoy food again. The artist Leanne Pero (Founder, Leanne Pero Cancer Foundation) described her experience of the stigma she had encountered as a young women with breast cancer living within the BAME community of Peckham, South London. Ryan Riley (chef, food writer and founder of the cancer cookery initiative Life Kitchen) spoke about his new collection of recipes, developed through a collaboration with World Cancer Research Fund, that were designed to help to people living with cancer tackle the loss of taste and enjoyment from food.

The theme of the personal burden of cancer and its societal consequences was continued in the next session: The Human Face of Cancer Control. Verna Lavender (Head, Guy's Cancer Academy and President, UK Oncology Nursing Society) and Ann-Louise Ward (Chief Operating Officer, Maggie's Centres) discussed with Vivek Muthu the practical, physical and emotional consequences of cancer and provided examples of how good practice in cancer care could transform people's lives

The final session of the meeting - Patients Driving Change – looked at how Patient groups had become more prominent and vocal in recent years, successfully engaging not only in providing peer-to-peer support but in shaping and influencing policy. Patient groups were now involved in the health-technology assessment and in the development and implementation of cancer-control policy. Citing case studies of successful advocacy, Lydia Makaroff (Chief Executive, Fight Bladder Cancer UK), Veronica Foote (Head of Patient Relations and Communications, Novartis Oncology Region Europe) described how this momentum could be used to drive better policy in the future.

Summary

Building on the findings of the Economist Intelligence Unit's recently released Index of Cancer Preparedness, 'War against Cancer – Europe 2019' explored examples and case studies from programmes that have navigated the complexities to genuinely "move the needle" on cancer control. It set out to celebrate the successes—even if these were small-scale at present—in areas of policy, regulation, investment, partnerships, systems and technology that had led to better outcomes for patients, and to ask: What was accomplished? How? And how could this progress be built upon? Despite the progress that had been made, there was still a long way to go before the inequities of care would be eliminated and the stigma and misconceptions around cancer were removed.

DAY FOUR Wednesday 27th November



Event Four	Cancer in an age of Universal Health Coverage (Round Table)
Host	Royal Institute of International Affairs
Venue	Chatham House, 10 St James's Square, St. James's, London SW1Y 4L
Time	1.00 p.m.-4.00 p.m.

The primary purpose of this roundtable was to bring together leading cancer experts, advocates and leading figures from the UHC movement and global health, to highlight the importance of prioritising cancer services in the UHC reform process. The event featured participants from diverse backgrounds, including patient advocates, donor organisations, global advocates and leading experts on cancer and key figures in the global health field. The meeting was held under the Chatham House Rule and the views expressed are those of the participants.

Some of the main findings of the meeting include:

Financing cancer care within UHC

- * Creating separate funds for cancer control may not work – giving budget support more broadly may prove more effective to improve health outcomes.
- * Financial protection should be an integral part of future efforts. Fee-based services tend to impact women in LMICs disproportionately, as they tend to forego treatment to protect their household from catastrophic health expenditure.
- * There is potential to create a global fund for cancer, which could take the shape of earmarked funds within country health systems. However, rather than creating a separate fund for this, any such effort should be embedded in a UHC system, and risks such as diminished country ownership, lower levels of accountability and fragmentation of funds should be mitigated.
- * Taxes earmarked for health, such as on tobacco or sugary beverages, dependent on the country context could be vehicles for UHC funding and reduce cancer levels in populations.
- * The affordability of cancer treatment and control programmes remains a key concern in health systems in LMICs.

Regulation issues

- * Inefficiency and corruption are impediments to cost-effective care. Many countries lack regulatory control and struggle with covering large proportions of the population that work in the informal economy. Funding sources for UHC should be country-specific.
- * Information on cancer treatment should be readily available, drawn from reliable sources. Patient guidelines should be put in place to ensure access to credible treatments.

Access to medicine

- * The success of the HIV response in advocating for more affordable medicine and treatment options with pharmaceutical companies can be used to inform strategy in the cancer community.
- * The pharmaceutical sector has failed as an industry to ensure safe and appropriate use of medicines, diagnostics and equipment in the cancer sphere. Innovations in research as well as early diagnosis, social research and personalisation of care are available, but not yet universally accessible.

Human resources for health

- * Human resources for health remain a barrier for the achievement of universal health coverage. Training and education of health workers needs more investment.
- * There should be a global database of interventions and resources to promote cooperation between countries on cancer interventions.
- * Training of the cancer workforce must be sustainable. Services can exist but if they are managed poorly and there is no accountability they do not work.

Quality of cancer care

- * There is a lack of information available to prevent, diagnose and manage diseases in general. This leads to late presentation and lack of quality of care in cancer services.
- * Addressing social determinants of health are crucial to improve health outcomes of cancer patients, including mental health, financial hardship and emotional wellbeing and relationships.
- * Cancer treatment pathways are often outdated and do not respond to the full spectrum of patient needs
- * Children's cancer often gets overlooked, due to the relatively small numbers. LMIC's national cancer plans often exclude childhood cancers.
- * There is not enough focus on palliative care. Access to morphine and essential pain medicines is often restricted, and the WHO essential medicine list does not necessarily translate to national priorities. The state has a responsibility to provide palliative care.

Technology, innovation and efficiency

- * Technology and data can render cancer services more efficient, reducing duplication and increasing the affordability of care. LMICs have the potential to leapfrog, learning from health system challenges in higher-income countries.
- * There should be more investment in data-based systems and technology to reduce drug prices and eliminate unnecessary treatments.

Lessons learnt and next steps

- * Promoting the economic and political benefits of good health is crucial to make UHC appeal to political leaders.
- * The cancer community should promote "quick wins" such as cervical and childhood cancers, which can be used as drivers to put in place systems to address other cancers as well.
- * UHC can be used as a vehicle to improve health outcomes. Focusing messaging around solidarity can be useful to encourage measures to reduce health inequalities.
- * Human resources and education for cancer services require a complete transformation to serve the needs of populations living with cancer. Future training needs to move to a continuous learning cycle, support task shifting and increase the transferability of medical degrees.
- * Collaboration is crucial to resolve fragmentation in the cancer community. Organisations, governments and other figures in the cancer field should share data and information more openly to reduce duplication of efforts and increase efficiency.
- * There are great lessons in how the HIV community approached access to medicines and political strategies to generate political support and policy change.
- * Technology, improvement of data quality and optimisation of available resources are all strategy that can save money by reducing wastage and inefficiencies.

Event Five Tackling Toxic Air Pollution in Cities (Chatham House Members Event)
Host Royal Institute of International Affairs
Venue Chatham House, 10 St James's Square, St. James's, London SW1Y 4L
Time 6p.m. – 8 p.m

Participants Camilla Hodgson, Environment Reporter, Financial Times; Dr Benjamin Barratt, Senior Lecturer in Chinese Environment, KCL; Dr Susannah Stanway MBChB MSc FRCP MD, Consultant in Medical Oncology Royal Marsden NHS Foundation Trust; Elliot Treharne, Head of Air Quality, Greater London Authority. Chair: Rob Yates, Head, Centre on Global Health Security, Chatham House

Air pollution has been classified as a cancer-causing agent with evidence showing an increased risk of lung cancer associated with increasing levels of exposure to outdoor air pollution and particulate matter. Air pollution is also known to increase risks for other diseases, especially respiratory and heart diseases, and studies show that levels of exposure to air pollution have increased significantly in some parts of the world - mostly in rapidly industrializing countries with large populations.

In coordination with London Global Cancer Week partner organizations, this event outlined the evidence linking air pollution and cancer rates in London and other major cities. Panellists provided a 360° picture of the impact of the rising incidence of cancer across the world, the challenges the cancer pandemic poses to the implementation of universal health coverage and the existing UK contribution to strengthening capacity in cancer management and research in developing countries.

DAY FIVE Thursday 28th November



Event Six Cancer screening in a middle-income country: the idealist versus the pragmatist (Breakfast seminar)
Host C3 Collaborating for Health
Venue: CAN Mezzanine, 7-14 Great Dover Street London, SE1 4YR
Timing: 8.30 a.m. – 10.00 a.m.

Like most developed and developing countries, Malaysia is experiencing an epidemiological transition where Non-Communicable Diseases (NCDs) in particular cardiovascular diseases and cancers have progressively become more prevalent. In cancer, early detection and prompt treatment improves the chances of cure.

Dr Feisul Mustapha, Consultant Public Health Physician and Deputy Director (NCDs) at the Ministry of Health Malaysia described how historically delays in presentation have been commonly found among cancer patients. Almost 60 per cent of cancers in Malaysia are detected late (stage III and IV) despite the availability and accessibility of cancer screening. Although the core concepts of cancer prevention and control programmes should be applied universally, implementation of screening programs in a middle-income country such as Malaysia requires distinct considerations. It must be an iterative process with realistic interventions taking into consideration cultural values and belief systems, beyond healthcare systems.

Working in a resource-constrained setting, yet with the involvement of various stakeholders and players, Malaysia is moving forward and will continue to engage new partners for potential collaborative work to address the various challenges.



Event Seven Cancer in the Commonwealth: the case for collective action on cervical cancer
Host Commonwealth Secretariat
Venue Marlborough House Pall Mall London SW1Y 5HX
Timing: 10.30 a.m.. – 1 p.m.

Under the heading *Health officials urge action amidst rising cancer cases in Commonwealth* the Commonwealth Secretariat has released the following report:

29 November 2019

Leading health officials are calling for urgent action to reduce the number of cancer cases in the Commonwealth, which are above global averages. Cancer rates in the Commonwealth have risen by 35 per cent over the past decade, including three of the most common forms: breast, cervical and prostate cancer.

This analysis was presented at a Commonwealth event as part of the first London Global Cancer Week. Attendees included officials from high commissions, academic institutions, health organisations and development agencies. In 2018, around three million cancer cases were reported in the Commonwealth equivalent to one new case in every 10 seconds. Of those three million cases, about 1.7 million people died, equivalent to one death every 18 seconds. The analysis predicts a further 35 per cent rise in the incidence of cancer by 2030. Health officials have therefore urged governments to realign their health priorities to provide training and improve access to early detection and treatment of tumours.

Professor Isaac Adewole , a specialist in female cancer and former Nigerian Minister of Health, presented the Commonwealth's collective action on cervical cancer.

"I want Commonwealth leaders to declare war on cervical cancer. It is almost 100 per cent preventable," he said. "The most efficient formula for cervical cancer prevention is a combination of two strategies: vaccination plus screen and treat. "The prevention and defeat of cervical cancer is a challenge worthy of the Commonwealth and is well within its capabilities, as demonstrated by the collective global action on reducing persistent, high levels of maternal mortality, which has been a success."

It is estimated that without a collective action; cervical cancer deaths will rise by 62 per cent by 2030 causing one death every three minutes in the Commonwealth. The analysis highlights the 'worrying' impact of cancer on productivity. In 2015, cancer accounted for more than 200 million work delays worldwide of people missing work due to medical appointments.

"Cancer is not just a health issue but it is also a development issue," said Deputy Secretary-General Arjoon Suddhoo at the event. He added: "We are working on developing a Commonwealth price-sharing and information-sharing database for essential medicines such as the HPV vaccine. "The database will help member countries improve citizens' access to prevention approaches and negotiate fair prices for the human papillomavirus (HPV) vaccine, which helps protect teenage girls against cervical cancer."

The analysis identifies tobacco, excessive alcohol consumption, poor diet, lack of exercise and obesity as the five major cancer risk factors. Prevention of these factors, the report shows, could reduce cancer incidences.

“It is all about the political will,” said Princess Dina Mired of Jordan, who is the President of the Union for International Cancer Control. “If leaders decide to focus on health. It will bring hope. “We see it actually happening in Rwanda which has provided universal health coverage to 90 per cent of its citizens and that too by public funding.”

The analysis also reveals that a longer duration of ultraviolet rays has increased cancer incidences and the indirect effect of climate change has disrupted the delivery of health services, particularly in small island states. Officials recommended people to carry out regular screenings to help detect early signs of the diseases which they said, “raises the chances of survival”.



Event Eight Oncology in the global setting: Improving access to quality radiotherapy & radiology [CPD credits:3]
Host: Royal College of Radiologists
Venue Royal College of Radiologists, 63 Lincoln's Inn Fields, London, WC2A 3JW
Timings: 1.30 pm – 5.30 pm

Hosted by the Royal College of Radiologists, this Global Cancer event provided the chance to hear from innovative individuals who are improving cancer services in low- and middle-income (LMIC) settings. Globally diagnostic radiology and radiotherapy are essential components of cancer management. Imaging is required in virtually all cases, while radiotherapy is an essential but sometimes forgotten modality of cancer treatment. It is estimated that approximately half of new cancer patients should receive radiotherapy as part of their curative treatment. Despite the key role of radiology and radiotherapy there is a paucity of functional services and infrastructure outside of high-income settings. The Royal College of Radiologists may play a key role in improving equitable access to cancer treatment as it offers both credibility and a rich resource of expertise.

London Global Cancer Week 2019 - Outcomes

London Global Cancer Week fulfilled its primary purpose of drawing attention to the global cancer pandemic providing the opportunity for multisectoral/multidisciplinary discussions, engagement and networking. During the Week expert speakers reflected on the costs and challenges arising from the spread of cancer in LMICs and what it will take to address their growing global cancer burden. Presentations highlighted UK-LMIC partnerships that were building capacity for sustainable cancer control in the emerging countries through training and research.

There were four immediate outcomes of the inaugural London Global Cancer Week.

Commonwealth support

In her Sky TV interview on World Cancer the Commonwealth Secretary General Scotland Q.C. restated the case for action on the elimination of cervical presented at the Marlborough House November 2019.



Day (4 February) 2020
Baroness Patricia
supporting collective
cancer that had been
meeting on 28

“We know that if we don’t do something the next ten years there will be a further Commonwealth cancer incidence). And health ministers came together last year going to come together again this May, about it? How can we share the knowledge? How can we make sure that what works and what doesn’t work gets to be transferred? And the great news is.... that cervical cancer is preventable. We have seen that in Australia but we have also seen that in the developing country of Rwanda. Making the knowledge available, making the vaccine available has... virtually eradicated cervical cancer in those two countries. So they are exemplars of what we can do if we work together and share the best practice and actually get these prices down in terms of the HPV vaccine. We know that it works but we’ve got to start early and there’s a lot that we can do. And the Commonwealth is absolutely committed to doing it.”

together it is likely in
35 per cent rise (In
so, the Commonwealth
in May, and they are
to say “What can we do

The full interview can be viewed online at https://www.youtube.com/watch?v=pZTNWXD_4kg

UK Global Cancer Network

Moves have begun towards establishing a UK network of individuals and institutions involved in cancer global health that will strengthen existing UK-LMIC partnerships and build upon the momentum generated by the success of London Global Cancer Week. Dr Susannah Stanway, Professor Richard Cowan and Mark Lodge have formed a core group that are reaching out to active participants in LGCW 2019. Due to the outbreak of the COVID-19 pandemic a preliminary exploratory meeting, originally scheduled to take place at the Royal Society of Medicine in London on Friday 24 April has been postponed until later in the year.

Visit to Ghana

As a result of the presentations that had highlighted the negative impact of cancer stigma on the early presentation of cancer – particularly for African heritage women with breast and cervical cancer in both developed and developing countries – Dr James Newcome, The Anglican Bishop of Carlisle and Mark Lodge (Executive Director, international Network for Cancer Treatment and Research UK) were invited by Dr Beatrice Waife Addei, the President of Breast Care International to visit Kumasi, Ghana, and to address church leaders and their congregations on the importance of early presentation.



During their three day visit which has been widely reported in the Ghanaian media, Dr Newcome met with the clinical staff at the Peace and Love Hospital, Kumasi, was interviewed on local radio about the importance of spirituality to cancer care and preached a sermon at St Cyprian's Anglican Cathedral at which he spoke out about the danger of erroneous teachings and of predatory pastors who preyed on the fears of families of cancer patients.

Publication

Authors of selected talks presented at London Global Cancer Week events have been invited to provide texts for publication in the forthcoming edition of *Cancer Control 2020* (www.cancercontrol.info). A summary of the case for Commonwealth collective action has been included in the Commonwealth Health Ministers Meeting 2020 book. Commentaries on the importance of informed spiritual beliefs, the opportunities to improve cancer control and progress towards universal health coverage in Commonwealth nations, and the role of the Commonwealth in the wider global cancer control agenda have been accepted for publication by Lancet Oncology.

Plans for London Global Cancer Week 15-20 November 2020

The COVID-19 pandemic has become a major disrupter of plans, requiring the widespread introduction of social distancing and causing the postponement of the NIHR 2020 Research and Improvement Conference (UK), World Cancer Congress (Oman), Commonwealth Heads of Government Meeting (Rwanda) and other key events. A 'new normal' is establishing itself, built on the advances in telecommunications and improvements in access to Web-based technologies. The Commonwealth Health Ministers Meeting and the 73rd session of the World Health Assembly (17–21 May 2020) have been held online and consist of virtual discussions and presentations, as was this year's ASCO Scientific Meeting (May 29-June 2).

Because of the unique character of London Global Cancer Week the LGCW 2020 Steering Group is confident in its commitment to ensuring that every event (whether 'live' or 'virtual'), that is held under the LGCW umbrella in November, achieves the maximum attention and attendance. The schedule of events for London Cancer Week 2020 (15-20 November) as of 5/5/2020 is as follows:

Sunday 15 November	Morning Service Chapel Royal St James's Palace + Reception
Monday 16 November	Royal Society of Medicine Oncology Group: <i>The impact of COVID 19 on cancer management in low and middle income settings.</i>
Tuesday 17 November	Year of the Nurse meeting @ Royal College of Nurses (confirmed)
Wednesday 18 November	Chatham House Members Meeting (confirmed)
Thursday 19 November	<i>Cancer Prevention</i> C3 Collaborating for Health (Confirmed); Commonwealth Secretariat (to be confirmed)
Friday 20 November	Childhood cancers

*This listing does not include evening events which are also under discussion.

The impact that the Coronavirus pandemic will have on the delivery of care to cancer patients in the low and middle income countries has not yet been assessed. This year's events will provide the first opportunity for clinicians, policy makers, industry experts and researchers to reflect and share their expertise on the current status of and foreseeable future for cancer prevention and control in low resource settings.

ANNEX

Listing of Programmes and Speakers for the following London Global Cancer Week 2019 events:

Monday 25 November 2019

Cancer control in low and middle income countries: New solutions to evolving challenges

Tuesday 26 November 2019

War against Cancer – Europe

Thursday 28 November 2019

Cancer in the Commonwealth: the case for collective action on cervical cancer

Oncology in the global setting: Improving access to quality radiotherapy & radiology

Monday 25 November 2019

LGCW Event Two Cancer control in low and middle income countries: New solutions to evolving challenges
Venue Royal Society of Medicine, 1 Wimpole St, Marylebone, London, W1G 0AE,

8:30am Registration, tea and coffee

9:00am Welcome and introduction

Dr Susannah Stanway, Consultant Medical Oncologist, Royal Marsden NHS Foundation Trust

SESSION ONE

Chairs: Prof David Collingridge and Prof Di Sarfati, New Zealand

9:05am The promise of UHC for global cancer: moving from challenges to solutions

Prof Richard Sullivan, King's Health Partners, UK

9:35am The challenge of falsified medicines

Ms Chloe Tuck and MS Oksana Pyzik, Commonwealth Pharmacy Association

10:00am Digital health in LMICs

Prof Shafi Ahmed, St Bartholomew's Hospital, London, UK

10:30am Why an understanding of anthropology is so important for cancer control

Dr Carlo Caduff, King's Health Partners

11:00am Tea and coffee break and poster viewing

THE VANESSA MOSS PRIZE

11.10 Introduction by Dr Susannah Stanway

11:15am Vanessa Moss prize winner's presentation

Presentation by winner and questions

11.25 Presentation of certificate and prize for presenter

HRH Princess Dina Mired, President, Union for International Cancer Control

11:30am Oncology collaborations within the Tropical Health and Education Trust (THET) project portfolio

Mr Ben Simms, Chief Executive Officer, THET, London

11.50 A breast cancer control strategy in Ghana: The Breast Care International (BCI) approach

Mrs Beatrice Wiafe Addai, Peace and Love Hospital, Accra, Ghana and President Breast Care International

12:10pm The importance of engaging with decision makers

Prof Di Sarfati, New Zealand

12:30pm Panel discussion

Launch of London Global Cancer Week

12.50 The need for new paradigm shift on building sustainable partnerships and solutions to tackle cancer control challenges in the LMIC

HRH Princess Dina Mired

1:00pm Lunch and poster viewing

1:50pm TWO WORKSHOPS

Africa

Nazima Dharsee, Ocean Road Cancer Institute, Dar es Salaam, Tanzania, Beatrice Wiafe Addai, Peace and Love Hospital, Accra, Ghana and Groesbeck Parham, Global Women's Health Fund-Zambia, Ayay Aggarwal Consultant Clinical Oncologist Guys Cancer-Guys and St Thomas' NHS Foundation Trust and Dr Warren Phipps, Medical Director, Uganda Cancer Institute and Fred Hutchinson Center Cancer Alliance, USA

Asia

C.S. Pramesh, Tata Memorial Hospital, Mumbai, India, Bhawna Sirohi, Barts Director Medical Oncology Max Institute of Cancer Care, New Delhi, Shailesh Shrikhande, Deputy Director and Head of Cancer Surgery, Tata Memorial Center, Mumbai, India

SESSION TWO

Chairs: Prof Ophira Ginsburg and Dr Bhawna Sirohi

2:50pm Development of resource stratified oncology guidelines

Prof Ben Anderson, University of Washington, USA

3:10pm Setting up a global oncology programme

Prof Gilberto Lopes, Sylvester Cancer Center, Miami, USA

3:50pm The role of primary care in global oncology

Prof Ophira Ginsburg, New York University, New York, USA

3.50 Panel Discussion

4:10pm Tea and coffee break and poster viewing

4:30pm Challenges and opportunities in developing a cancer centre in a LMIC

Prof Shailesh Shrikhande

4.50 Understanding breast cancer survivorship in Tanzania

Dr Nazima Dharsee, Ocean Road Cancer Institute, Dar es Salaam, Tanzania

5:10pm Closing remarks Dr Bhawna Sirohi

5:30pm Close of meeting and drinks reception

Tuesday 26 November 2019

LGCW Event Three War against Cancer – Europe
Venue Waldorf Hilton, Aldwych, London WC2B 4DD

8:00 a.m. Registration and Refreshments

8:45 a.m. Chair's Opening Remarks

9:00 a.m. Opening Plenary: Reasons To Be Cheerful (But Not Complacent)

Henny Braund Chief executive, Anthony Nolan

Jerome Coffey National director, national cancer control programme, National Health Executive (Ireland)

Michelle Mitchell OBE Chief executive, Cancer Research UK

Vivek Muthu Chief health adviser, The Economist Intelligence Unit

9:45 a.m. Regulatory Innovation

Nicola Strickland Consultant radiologist and professor of practice, Imperial College Healthcare NHS Trust

Paul Workman Chief Executive and President, The Institute of Cancer Research, London

Nathalie Moll Director-general, European Federation of Pharmaceutical Industries and Associations

Elizabeth Sukkar Managing editor and global healthcare lead, Thought Leadership, The Economist Intelligence Unit

10:20 a.m. Ministerial Interview

Vivek Muthu interviews Tanel Kiik Minister of Social Affairs, Estonia

10:40 a.m. Engaging Politically—Cancer Control as a Societal and Economic Investment

Franco Cavalli Chairman of the scientific committee, European School of Oncology

Mary Gospodarowicz Medical director, Princess Margaret Cancer Centre

Rachel Nugent Vice-president, Global Noncommunicable Diseases, RTI International

Tanel Kiik Minister of Social Affairs, Estonia

11:20 a.m. Networking Break

11:50 a.m. Keynote Interview: Planning For Success

Vivek Muthu and HRH Princess Dina Mired

12:10 p.m. Cancer Control Progress: Areas of Unmet Need

Charmaine Gauci, Superintendent of public health, department for health regulation, Malta

Bob Steele, Independent chair, UK National Screening Committee

Vivek Muthu, Chief health adviser, The Economist Intelligence Unit

12:40 p.m. Global Challenges

Where are we seeing the greatest strides in improving diagnosis, treatment, and provision of care across the globe?

Maira Caleffi Chief of breast center, Hospital Moinhos de Vento (Porto Alegre, Brazil); volunteer president, FEMAMA

Gilberto Lopes Associate professor, clinical medicine, Sylvester Comprehensive Cancer Center; editor-in-chief, Journal of Global Oncology, American Society of Clinical Oncology

Beatrice Wiafe Addai Breast surgeon, president, Breast Care International and chief executive, Peace and Love Hospitals, Ghana

1:20 p.m. Lunch and Networking

2:30 p.m. Strategy Session 1: Personalised Cancer Care and Data Initiatives

Tim M. Jaeger Global Head Of Diagnostics Information Solutions (DIS), Roche

Charlie Davie Managing Director, UCL Partners; Hub Director, DATA-CAN

Vivek Muthu Chief Health Adviser, The Economist Intelligence Unit

Evangelos Pappas Founder and chief scientific officer, RTsafe

2:30 p.m. Strategy Session 2: Collaboration to Catalyse Cancer Control Plans

Sponsored by St. Jude Children's Research Hospital

Cancer control is vital for developing evidence-based and timely diagnosis and treatment,

Jon Rosser Chief executive, World Child Cancer

Richard Sullivan Director, Institute of Cancer Policy and Conflict & Health Research Group, King's College London

Carlos Rodriguez-Galindo Executive vice president and director, St. Jude Global, St. Jude Children's Research Hospital

Kathy Pritchard-Jones Professor of paediatric oncology, University College London; president, International Society of Paediatric Oncology

Elizabeth Sukkar Managing editor and global healthcare lead, Thought Leadership, The Economist Intelligence Unit

3:10 p.m. Spotlight Interview: Changing the Narrative

Leanne Pero Founder, Leanne Pero Cancer Foundation

Ryan Riley Founder, Life Kitchen

Vivek Muthu Chief health adviser, The Economist Intelligence Unit

3:30 p.m. Networking Break

4:00 p.m. The Human Face Of Cancer Control

Verna Lavender Head, Guy's Cancer Academy and president, UK Oncology Nursing Society

Ann-Louise Ward Chief operating officer, Maggie's Centres

Vivek Muthu Chief health adviser, The Economist Intelligence Unit

4:20 p.m. Patients Driving Change

Lydia Makaroff Chief Executive, Fight Bladder Cancer UK

Veronica Foote Head of patient relations and communications, Novartis Oncology Region Europe

Vivek Muthu Chief health adviser, The Economist Intelligence Unit

5:00 PM Closing Remarks

5:15 PM Networking Drinks: Meet the Moderators [In partnership with UICC]

6:15 PM Conference Close

Thursday 28 November 2019

LGCW Event Seven Cancer in the Commonwealth: the case for collective action on cervical cancer
Venue Marlborough House, Pall Mall London

1030 Arrival of Guests and Refreshments

1055 Guests seated

1100 Welcome remarks
Commonwealth Deputy Secretary-General Dr Arjoon Suddhoo

1110 London Global Cancer Week: vision
Dr Susannah Stanway, London Global Cancer Week Steering Group

1115 Cancer in the Commonwealth: overview
Mr Mark Lodge, UK Director, International Network for Cancer Treatment and Research

1125 Commonwealth Scholarship: contribution to the fight against cancer
Dr Yvonne Joko Walburga Fru, Oxford University

1130 Cancer outcomes in women and other underserved populations
Dr Ophira Ginsburg, Medical Oncologist, New York University

The Case for Collective Commonwealth Action on Cervical Cancer
Professor Isaac Folorunso Adewole, Professor of Gynaecology and Obstetrics

12.25 From Talking to Action: the need for urgent political action on cancer prevention and control
HRH Princess Dina Mired, President of the Union for International Cancer Control (UICC)

DISCUSSION

Closing remarks Dr Arjoon Suddhoo

1300 Lunch

Thursday 28 November 2019

LGCW Event Eight Oncology in the global setting: Improving access to quality radiotherapy & radiology
Venue Royal College of Radiologists, 63 Lincoln's Inn Fields, London, WC2A 3JW

13:00 Registration

13:30 Welcome and introduction

Dr Andy Beale, International Committee Chair, The Royal College of Radiologists

13:45 Challenges and opportunities for improving global cancer control

Dr Mary Gospodarowicz, Radiation Oncologist, Princess Margaret Cancer Centre, Toronto

14:15 Collaborative multidisciplinary approaches to building high quality global radiotherapy capacity

Dr Ajay Aggarwal, Consultant Clinical Oncologist, Guy's & St Thomas NHS Foundation Trust & King's College, London

14:45 Use of AI to Increase Access to High Quality Radiotherapy in LMICs

Professor Laurence Court, MD Anderson Cancer Centre, Houston, Texas.

15:15 Improving radiology expertise in Kenya through NHS based fellowships

Dr Jacqueline Mavuti, Radiologist, Aga Khan University Hospital, Nairobi, Kenya

Dr Ian Francis, Consultant Radiologist, Queen Victoria Hospital, East Grinstead

15:45 Coffee

16:00 Improving radiotherapy safety and accuracy: Lusaka-Brighton Cancer Link

Dr Katie Wakeham & Rebecca Furner – Clinical Oncologist & Medical Physicist. Brighton and Sussex University Hospital

16:15 Experience at Nepal Cancer & Research Centre, Kathmandu

Dr Jen Van Griethuysen, Clinical Oncology SpRs, Nepal FRCR project

Dr Chloe Brooks, Clinical Oncology SpRs, Nepal FRCR project

16:30 Diagnostic Imaging challenges on the long road to the cancer centre

Dr Liz Joeke, Consultant Radiologist and co-founder 'Worldwide Radiology'

16:45 Improving Knowledge of Early Cancer Symptoms and Diagnosis in East Africa: Royal College of Physicians

Dr Susannah Stanway MBChB MSc FRCP MD, Consultant in Medical Oncology Royal Marsden NHS Foundation Trust

17:00 Panel Discussion & Questions, followed by a Reception.