

# Cancer Control

## Knowledge into Action

WHO Guide for Effective Programmes



# Prevention



World Health  
Organization

# Cancer Control

Knowledge into Action

WHO Guide for Effective Programmes

## Prevention

## WHO Library Cataloguing-in-Publication Data

Prevention.

(Cancer control : knowledge into action : WHO guide for effective programmes ; module 2.)

1. Neoplasms – prevention and control. 2. Health planning. 3. National health programs – organization and administration. 4. Health policy. 5. Guidelines. I. World Health Organization. II. Series.

ISBN 92 4 154711 1

(NLM classification: QZ 200)

© World Health Organization 2007

All rights reserved. Publications of the World Health Organization can be obtained from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: [bookorders@who.int](mailto:bookorders@who.int)). Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to WHO Press, at the above address (fax: +41 22 791 4806; e-mail: [permissions@who.int](mailto:permissions@who.int)).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

**The Prevention module of the Cancer Control Series is a joint effort of the following departments at WHO headquarters:**

**Chronic Diseases and Health Promotion; Ethics, Trade, Human Rights and Law; Immunization, Vaccines and Biologicals; Immunization, Vaccines and Research; Measurement and Health Information Systems; Mental Health and Substance Dependence; Public Health and Environment and the Tobacco Free Initiative; and also the WHO International Agency for Research on Cancer, Lyon, France.**

The Prevention module was produced under the direction of Catherine Le Galès-Camus (Assistant Director-General, Noncommunicable Diseases and Mental Health), Robert Beaglehole (Director, Chronic Diseases and Health Promotion), Serge Resnikoff (Coordinator, Chronic Diseases Prevention and Management) and Cecilia Sepúlveda (Chronic Diseases Prevention and Management, coordinator of the overall series of modules).

Andreas Ullrich (Chronic Diseases Prevention and Management) was the coordinator for this module and provided extensive editorial input.

Editorial support was provided by Anthony Miller (scientific editor), Inés Salas (technical adviser), Angela Haden (technical writer and editor) and Paul Garwood (copy editor). Proofreading was done by Ann Morgan.

The production of the module was coordinated by Maria Villanueva.

Core contributions for the module were received from the following WHO staff:

Teresa Aguado, Antero Aitio, Timothy Armstrong, Annemieke Brands, Alexander Capron, Zhanat Carr, Felicity Cutts, Poonam Dhavan, JoAnne Epping-Jordan, Kathleen Irwin, Ivan Dimov Ivanov, Ingrid Keller, Colin Mathers, Yumiko Mochizuki, Isidore Obot, Armando Peruga, Vladimir Poznyak, Eva Rehfuss, Dag Rekve, Heide Richter-Airijoki, Craig Shapiro, Kurt Straif (IARC), Kate Strong, Angelika Tritscher, Colin Tukuitonga, Andreas Ullrich, Emilie van Deventer, Steven Wiersma and Hajo Zeeb.

Valuable input, help and advice were received from a number of people in WHO headquarters throughout the production of the module: Caroline Allsopp, David Bramley, Raphaël Crettaz, Maryvonne Grisetti and Rebecca Harding.

Cancer experts worldwide, as well as technical staff in WHO headquarters and in WHO regional and country offices, also provided valuable input by making contributions and reviewing the module, and are listed in the Acknowledgements.

Design and layout: This document's design is based on the Chronic Diseases and Health Promotion Department Style Guide developed by Reda Sadki, Paris, France. Further design and layout by L'IV Com Sàrl, Morges, Switzerland.

Printed in Switzerland

More information about this publication can be obtained from:  
Department of Chronic Diseases and Health Promotion  
World Health Organization  
CH-1211 Geneva 27, Switzerland

The production of this publication was made possible through the generous financial support of the National Cancer Institute (NCI), USA, and the National Cancer Institute (Institut national du cancer, INCa), France. We would also like to thank the Public Health Agency of Canada (PHAC), the National Cancer Center of Korea (NCC), the International Atomic Energy Agency (IAEA) and the International Union Against Cancer (UICC) for their financial support.

# Introduction to the Cancer Control Series

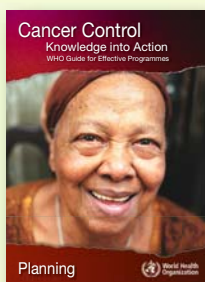
Cancer is to a large extent avoidable. Many cancers can be prevented. Others can be detected early in their development, treated and cured. Even with late stage cancer, the pain can be reduced, the progression of the cancer slowed, and patients and their families helped to cope.

Cancer is a leading cause of death globally. The World Health Organization estimates that 7.6 million people died of cancer in 2005 and 84 million people will die in the next 10 years if action is not taken. More than 70% of all cancer deaths occur in low- and middle-income countries, where resources available for prevention, diagnosis and treatment of cancer are limited or nonexistent.

But because of the wealth of available knowledge, all countries can, at some useful level, implement the four basic components of cancer control – ***prevention, early detection, diagnosis and treatment, and palliative care*** – and thus avoid and cure many cancers, as well as palliating the suffering.

***Cancer control: knowledge into action, WHO guide for effective programmes*** is a series of six modules that provides practical advice for programme managers and policy-makers on how to advocate, plan and implement effective cancer control programmes, particularly in low- and middle-income countries.





## PLANNING

A practical guide for programme managers on how to plan overall cancer control effectively, according to available resources and integrating cancer control with programmes for other chronic diseases and related problems.

The WHO guide is a response to the World Health Assembly resolution on cancer prevention and control (WHA58.22), adopted in May 2005, which calls on Member States to intensify action against cancer by developing and reinforcing cancer control programmes. It builds on *National cancer control programmes: policies and managerial guidelines* and *Preventing chronic diseases: a vital investment*, as well as on the various WHO policies that have influenced efforts to control cancer.



## PREVENTION

A practical guide for programme managers on how to implement effective cancer prevention by controlling major avoidable cancer risk factors.

Cancer control aims to reduce the incidence, morbidity and mortality of cancer and to improve the quality of life of cancer patients in a defined population, through the systematic implementation of evidence-based interventions for prevention, early detection, diagnosis, treatment, and palliative care. Comprehensive cancer control addresses the whole population, while seeking to respond to the needs of the different subgroups at risk.



## EARLY DETECTION

A practical guide for programme managers on how to implement effective early detection of major types of cancer that are amenable to early diagnosis and screening.

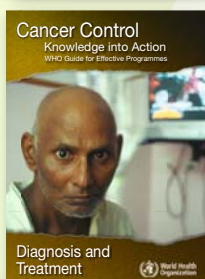
## COMPONENTS OF CANCER CONTROL

**Prevention** of cancer, especially when integrated with the prevention of chronic diseases and other related problems (such as reproductive health, hepatitis B immunization, HIV/AIDS, occupational and environmental health), offers the greatest public health potential and the most cost-effective long-term method of cancer control. We now have sufficient knowledge to prevent around 40% of all cancers. Most cancers are linked to tobacco use, unhealthy diet, or infectious agents (see Prevention module).

**Early detection** detects (or diagnoses) the disease at an early stage, when it has a high potential for cure (e.g. cervical or breast cancer). Interventions are available which permit the early detection and effective treatment of around one third of cases (see Early Detection module).

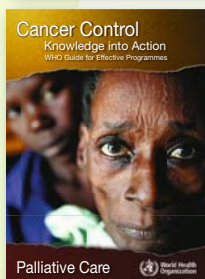
There are two strategies for early detection:

- *early diagnosis*, often involving the patient's awareness of early signs and symptoms, leading to a consultation with a health provider – who then promptly refers the patient for confirmation of diagnosis and treatment;
- *national or regional screening* of asymptomatic and apparently healthy individuals to detect pre-cancerous lesions or an early stage of cancer, and to arrange referral for diagnosis and treatment.



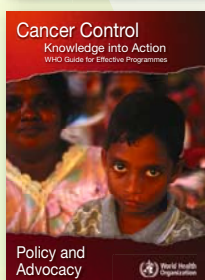
## DIAGNOSIS AND TREATMENT

A practical guide for programme managers on how to implement effective cancer diagnosis and treatment, particularly linked to early detection programmes or curable cancers.



## PALLIATIVE CARE

A practical guide for programme managers on how to implement effective palliative care for cancer, with a particular focus on community-based care.



## POLICY AND ADVOCACY

A practical guide for medium level decision-makers and programme managers on how to advocate for policy development and effective programme implementation for cancer control.

**Treatment** aims to cure disease, prolong life, and improve the quality of remaining life after the diagnosis of cancer is confirmed by the appropriate available procedures. The most effective and efficient treatment is linked to early detection programmes and follows evidence-based standards of care. Patients can benefit either by cure or by prolonged life, in cases of cancers that although disseminated are highly responsive to treatment, including acute leukaemia and lymphoma. This component also addresses rehabilitation aimed at improving the quality of life of patients with impairments due to cancer (see Diagnosis and Treatment module).

**Palliative care** meets the needs of all patients requiring relief from symptoms, and the needs of patients and their families for psychosocial and supportive care. This is particularly true when patients are in advanced stages and have a very low chance of being cured, or when they are facing the terminal phase of the disease. Because of the emotional, spiritual, social and economic consequences of cancer and its management, palliative care services addressing the needs of patients and their families, from the time of diagnosis, can improve quality of life and the ability to cope effectively (see Palliative Care module).

Despite cancer being a global public health problem, many governments have not yet included cancer control in their health agendas. There are competing health problems, and interventions may be chosen in response to the demands of interest groups, rather than in response to population needs or on the basis of cost-effectiveness and affordability.

Low-income and disadvantaged groups are generally more exposed to avoidable cancer risk factors, such as environmental carcinogens, tobacco use, alcohol abuse and infectious agents. These groups have less political influence, less access to health services, and lack education that can empower them to make decisions to protect and improve their own health.

## BASIC PRINCIPLES OF CANCER CONTROL

- **Leadership** to create clarity and unity of purpose, and to encourage team building, broad participation, ownership of the process, continuous learning and mutual recognition of efforts made
- **Involvement of stakeholders** of all related sectors, and at all levels of the decision-making process, to enable active participation and commitment of key players for the benefit of the programme.
- **Creation of partnerships** to enhance effectiveness through mutually beneficial relationships, and build upon trust and complementary capacities of partners from different disciplines and sectors.
- **Responding to the needs of people** at risk of developing cancer or already presenting with the disease, in order to meet their physical, psychosocial and spiritual needs across the full continuum of care.
- **Decision-making** based on evidence, social values and efficient and cost-effective use of resources that benefit the target population in a sustainable and equitable way.
- **Application of a systemic approach** by implementing a comprehensive programme with interrelated key components sharing the same goals and integrated with other related programmes and to the health system.
- **Seeking continuous improvement**, innovation and creativity to maximize performance and to address social and cultural diversity, as well as the needs and challenges presented by a changing environment.
- **Adoption of a stepwise approach** to planning and implementing interventions, based on local considerations and needs. (see next page for WHO stepwise framework for chronic diseases prevention and control, as applied to cancer control).

# WHO stepwise framework

## 1 PLANNING STEP 1 Where are we now?

Investigate the present state of the cancer problem, and cancer control services or programmes.

## 2 PLANNING STEP 2 Where do we want to be?

Formulate and adopt policy. This includes defining the target population, setting goals and objectives, and deciding on priority interventions across the cancer continuum.

## 3 PLANNING STEP 3 How do we get there?

Identify the steps needed to implement the policy.

The planning phase is followed by the policy implementation phase.

### Implementation step 1 CORE

Implement interventions in the policy that are feasible now, with existing resources.

### Implementation step 2 EXPANDED

Implement interventions in the policy that are feasible in the medium term, with a realistically projected increase in, or reallocation of, resources.

### Implementation step 3 DESIRABLE

Implement interventions in the policy that are beyond the reach of current resources, if and when such resources become available.

# PREVENTION MODULE CONTENTS

<b>KEY MESSAGES</b>	<b>2</b>
<b>TAKING ACTION TO PREVENT CANCER</b>	<b>4</b>
<b>CANCER RISK FACTORS</b>	<b>7</b>
<b>PLANNING STEP 1: WHERE ARE WE NOW?</b>	<b>10</b>
How to assess risk factors	11
Use risk assessment to identify priorities for action to prevent cancer	15
<b>PLANNING STEP 2: WHERE DO WE WANT TO BE?</b>	<b>16</b>
What works in prevention?	17
<b>PLANNING STEP 3: HOW DO WE GET THERE?</b>	<b>26</b>
Appoint a focal point	27
Select core risk factors and core interventions	28
Control tobacco use	30
Promote a healthy diet and physical activity and the reduction of overweight and obesity	34
Reduce harmful alcohol use	36
Immunize against hepatitis B virus	38
Prepare to immunize against human papilloma virus	39

预览已结束，完整报告链接和二维码

<https://www.yunbaogao.cn/report/index/report?reportId=1>