



## World Cancer Day 4 February 2018

### Summary

World Cancer Day takes place on 4 February each year. It was established by the [Paris Charter](#) adopted at the World Summit Against Cancer for the New Millennium in 2000.<sup>1</sup> By marking the same day each year, the event aims to save millions of preventable deaths through education, raising awareness and by pressing both governments and individuals to take action.<sup>2</sup>

In 2018, World Cancer Day is taking place under the theme ‘We Can. I Can.’, which explores “how everyone—as a collective or as individuals—can do their part to reduce the global burden of cancer”.<sup>3</sup> Explaining the theme, the Union for International Cancer Control stated:

Just as cancer affects everyone in different ways, all people have the power to take various actions to reduce the impact that cancer has on individuals, families and communities. World Cancer Day is a chance to reflect on what you can do, make a pledge and take action. Whatever you choose to do ‘We Can. I Can.’ make a difference to the fight against cancer.<sup>4</sup>

The key messages of the day this year focus on what actions can be taken both collectively and individually. For example, the messages under ‘We Can’ include: inspire action, take action; create healthy schools; shape policy change; and improve access to cancer care.<sup>5</sup> For ‘I Can’, the messages include: make healthy lifestyle choices; ask for support; make my voice heard; and take control of my cancer journey.

### Background

World Cancer Day is an initiative of the Union for International Cancer Control (UICC).<sup>6</sup> The organisation was founded in 1933 and is based in Geneva, Switzerland.<sup>7</sup> It is the largest and oldest international cancer organisation and claims a membership of over 1,000 members and 56 partners, across 162 countries.<sup>8</sup> It includes the world’s major cancer societies, ministries of health, research and treatment institutes, patient groups and industry leaders.<sup>9</sup> The organisation also works closely with the World Health Organisation (WHO) and the United Nations (UN) through its consultative status with the [UN’s Economic and Social Council](#) (ECOSOC).<sup>10</sup>

As part of the [World Cancer Declaration](#) set out by the UICC, the organisation has stated that “through strategic partnerships involving members and other institutions [...] we aim to save millions of lives by focusing on three priority areas”.<sup>11</sup> One of the priority areas—convening the global cancer control community—includes holding the annual World Cancer Day, with the aim of “ensuring that year-on-year World Cancer Day is seen and heard by more people, presenting an urgent and unified message to global leaders to prioritise the fight against cancer”.<sup>12</sup> In 2017, over 800 activities in 100 countries took place to mark World Cancer Day, with press coverage and online activity

creating an estimated reach of over seven million people.<sup>13</sup> Amongst the actions taken to mark the Day, governments—including the ministries of health in Canada, Germany, the Maldives, Poland, Samoa and Tanzania—pledged to take action to fight cancer.<sup>14</sup>

## Statistics

### *Global Figures*

According to statistics published by the WHO, cancer is one of the leading causes of morbidity and mortality worldwide. In 2015, the disease was the second leading cause of death globally and was responsible for 8.8 million deaths<sup>15</sup>—4 million of which were among those aged 30 to 69.<sup>16</sup> The most common types of cancers which led to deaths globally were:

- Lung (1.69 million deaths)
- Liver (788,000 deaths)
- Colorectal (774,000 deaths)
- Stomach (754,000 deaths)
- Breast (571,000 deaths)<sup>17</sup>

Although the UICC have stated that the incidence of cancer is highest in developed countries,<sup>18</sup> the WHO have reported that approximately 70 percent of the deaths occurred in low- and middle-income countries.<sup>19</sup> It has also stated that the economic impact of cancer is significant and increasing, with the total annual cost in 2010 estimated at approximately \$1.16 trillion (US dollars).<sup>20</sup>

The WHO has estimated that a third of deaths due to cancer are a result of the five leading behavioural and dietary risks: high body mass index, low fruit and vegetable intake, lack of physical activity, tobacco use and alcohol use.<sup>21</sup> However, tobacco use was identified as the most important risk factor, responsible for approximately 22 percent of cancer deaths.<sup>22</sup> Cancer causing infections, such as hepatitis and human papilloma virus (HPV), are also a severe issue, with these type of infections responsible for 25 percent of cases in low- and middle-income countries.<sup>23</sup>

In regards to prevention, the WHO have stated that between 30 to 50 percent of cancers can currently be prevented by avoiding risk factors and implementing existing evidence-based prediction strategies.<sup>24</sup> It also argued that the cancer burden can be reduced through early detection and management of patients, stating that “many cancers have a high chance of cure if diagnosed early and treated adequately”.<sup>25</sup> However, examining issues with treatment, the WHO have reported that late-stage presentation and inaccessible diagnosis and treatment are common. For example, it has stated that in 2015, only 35 percent of low-income countries reported having pathology services generally available in the public sector. In addition, more than 90 percent of high-income countries reported that treatment services are available, compared to less than 30 percent of low-income countries.<sup>26</sup> Reliable data is also identified as an issue, with only 1-in-5 low- and middle-income countries reported as having the necessary data to drive cancer policy.<sup>27</sup>

Looking to the future, the WHO have predicted new cases to rise by around 70 percent in the next two decades.<sup>28</sup> In addition, the UICC have forecast that the number of deaths per year will rise to 13.2 million by 2020.<sup>29</sup>

## England

Focusing on the UK, a recent statistical bulletin published by the Office for National Statistics (ONS) outlines the cancer registration figures for 2016. It states:

- The number of new cases of cancer in England continues to rise and, in 2016, there were 303,135 cancers registered (excluding non-melanoma skin cancers); this is an increase of 3,212 from 2015 and is equivalent to 828 new cases being diagnosed each day during 2016.
- More cancers were registered in males (155,019) than females (148,116) and across the majority of cancer sites, more males were diagnosed with cancer than females; this is a persistent feature of the data, as reported in [previous cancer registration years](#).
- The age-standardised incidence rates for newly diagnosed cancers were 663.4 per 100,000 males and 541.1 per 100,000 females; age-standardised rates for newly registered cases of cancer (incidence) were higher in males than females, which is a repeating trend of the data, as outlined in [previous cancer registration statistics](#).
- Breast (15.2 percent), prostate (13.4 percent), lung (12.7 percent) and colorectal (11.5 percent) cancers continue to account for over half of the cancer registrations in England for all ages combined.<sup>30</sup>

The ONS reported that cancer accounted for 28.5 percent of all deaths registered in 2016, meaning that cancer remained the most common broad cause of death for both men and women (30.8 percent of all male deaths and 26.2 percent of all female deaths registered).<sup>31</sup> However, the overall rates for cancer have decreased by 0.5 percent compared to 2015, despite an increase of 0.1 percent for females.<sup>32</sup>

Focusing on longer term trends, between 1994 and 2014 cancer mortality rates fell by 22 percent for men and 15 percent for women.<sup>33</sup> In addition, the ONS have reported that “overall, cancer survival has been improving steadily in England, but is still lower than similar countries in Europe and around the world”.<sup>34</sup>

### Policy: NHS England

As part of the NHS *Five Year Forward View*, in January 2015, NHS England announced a new independent cancer taskforce led by Sir Harpal Kumar (Chief Executive of Cancer Research UK), which would develop a five-year action plan for cancer services to improve survival rates.<sup>35</sup> The strategy published by the taskforce, [Achieving World-Class Cancer Outcomes: A Strategy for England 2015–2020](#), included 96 recommendations for improvements across cancer treatment, support and research—with the aim of improving survival rates, awareness and the quality of care people receive—all of which were accepted by the Government.<sup>36</sup> NHS England have since published a strategy progress report for 2016–17, which reported:

In this second year of a five year programme to implement the cancer strategy, we have made rapid progress in a number of key and high-impact areas. This includes working with colleagues across the country to establish the infrastructure and environment to deliver transformation in outcomes that will benefit all patients, regardless of their age or ethnicity, where they live or what type of cancer they have.<sup>37</sup>

## Further Information

- House of Commons Library, [Cancer Strategy One Year On](#), 6 December 2016
- World Health Organisation, [Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020](#), 2013
- Annals of Oncology, [World Cancer Day 2018 Reading List](#), accessed 25 January 2018

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<sup>1</sup> World Cancer Day, '[Background Information: Origin of World Cancer Day](#)', accessed 25 January 2018.

<sup>2</sup> World Cancer Day, '[Frequently Asked Questions \(FAQs\)](#)', accessed 25 January 2018.

<sup>3</sup> World Cancer Day, '[Theme: We Can. I Can](#)', accessed 25 January 2018.

<sup>4</sup> *ibid.*

<sup>5</sup> *ibid.*

<sup>6</sup> World Cancer Day, '[Frequently Asked Questions \(FAQs\)](#)', accessed 25 January 2018.

<sup>7</sup> Union for International Cancer Control, '[About UICC](#)', accessed 25 January 2018, p 1.

<sup>8</sup> *ibid.*

<sup>9</sup> *ibid.*

<sup>10</sup> Union for International Cancer Control, '[Introduction to UICC](#)', 2015, p 1; and '[About UICC](#)', accessed 25 January 2018, p 1.

<sup>11</sup> Union for International Cancer Control, '[Introduction to UICC](#)', 2015, p 2.

<sup>12</sup> *ibid.*

<sup>13</sup> Union for International Cancer Control, '[How the World Marked World Cancer Day 2017](#)', 7 February 2017.

<sup>14</sup> *ibid.*

<sup>15</sup> World Health Organisation, '[Cancer: Fact Sheet](#)', February 2017.

<sup>16</sup> World Cancer Day, '[What Is World Cancer Day?](#)' accessed 25 January 2018.

<sup>17</sup> World Health Organisation, '[Cancer: Fact Sheet](#)', February 2017.

<sup>18</sup> Union for International Cancer Control, '[Media Factsheet: Cancer Explained](#)', accessed 26 January 2018, p 4.

<sup>19</sup> World Health Organisation, '[Cancer: Fact Sheet](#)', February 2017.

<sup>20</sup> *ibid.*

<sup>21</sup> *ibid.*

<sup>22</sup> *ibid.*

<sup>23</sup> *ibid.*

<sup>24</sup> *ibid.*

<sup>25</sup> *ibid.*

<sup>26</sup> *ibid.*

<sup>27</sup> *ibid.*

<sup>28</sup> *ibid.*

<sup>29</sup> World Cancer Day, '[Introduction to World Cancer Day](#)', accessed 25 January 2018.

<sup>30</sup> Office for National Statistics, '[Cancer Registration Statistics, England: First Release, 2016](#)', 25 January 2018.

<sup>31</sup> Office for National Statistics, '[Death Registered in England and Wales](#)', 19 July 2017.

<sup>32</sup> *ibid.*

<sup>33</sup> House of Commons Library, '[Cancer Statistics: In Brief](#)', 6 December 2016, p 4.

<sup>34</sup> Office for National Statistics, '[Cancer Survival in England: Adult, Stage at Diagnosis and Childhood—Patients Followed Up To 2016](#)', 29 June 2017.

<sup>35</sup> House of Commons Library, '[Cancer Strategy One Year On](#)', 6 December 2016, p 2.

<sup>36</sup> *ibid.*

<sup>37</sup> NHS England, '[Achieving World-Class Cancer Outcomes: A Strategy for England 2015–2020: Progress Report 2016–17](#)', 30 October 2017, p 4.

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