

SALUD PÚBLICA

The implementation of the Plan Esperanza and response to the imPACT Review.

Vidaurre T, Santos C, Gómez H, Sarria G, Amarin E, López M, Regalado R, Manrique J, Tarco D, Ayestas C, Calderón M, Mas L, Neciosup S, Salazar M, Chávez JC, Ubillus M, Limache A, Ubillus JC, Navarro J, Sarwal K, Sutcliffe S, Gutiérrez-Aguado A, Silva M, Mena A, Guillén ME, Castañeda C, Abugattas J.

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Abstract

Following the implementation of the National Cancer Prevention and Control Results-based Budget Programme (PpR Cancer-024) in 2011, the Peruvian Government approved the Plan Esperanza—a population-based national cancer control plan—in 2012. Legislation that ensured full government-supported funding for people who were otherwise unable to access or afford care and treatment accompanied the Plan. In 2013, the Ministry of Health requested an integrated mission of the Programme of Action for Cancer Therapy (imPACT) report to strengthen cancer control in Peru. The imPACT Review, which was executed in 2014, assessed Peru's achievements in cancer control, and areas for improvement, including cancer control planning, further development of population-based cancer registration, increased prevention, early diagnosis, treatment and palliative care, and the engagement and participation of civil society in the health-care system. This Series paper gives a brief history of the development of the Plan Esperanza, describes the innovative funding model that supports it, and summarises how funds are disseminated on the basis of disease, geography, and demographics. An overview of the imPACT Review, and the government's response in the context of the Plan Esperanza, is provided. The development and execution of the Plan Esperanza and the execution of and response to the imPACT Review demonstrates the Peruvian Government's commitment to fighting cancer across the country, including in remote and urban areas.


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Cancer patterns, trends, and transitions in Peru: a regional perspective.

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Abstract

Peru, like several other South American countries, is experiencing remarkable population growth, ageing, and urbanisation, which has given rise to profound changes in its epidemiological profile. Prostate and breast cancer are the most frequent cancers in men and women, respectively, in Lima and Arequipa, the two areas with population-based cancer registries. However, infection-associated cancers (cervix and stomach) are also common, and rank highest in the national cancer mortality profile. Although a foundation of surveillance informs cancer-control initiatives in Peru, improvements in the vital statistics system, and the quality and use of incidence data for the planning and assessment of cancer prevention and control actions, are needed. Existing population-based cancer registries in Lima and Arequipa, and linkages to the established national mandatory cancer reporting system, are crucial for the collection of high-quality data on national cancer incidence. The delivery of effective cancer prevention and control measures requires sustained investment in the collection of high-quality data capable of informing policies and driving research programmes.



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Lymphadenopathies in human immunodeficiency virus infection.

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Abstract

This article describes the various non-neoplastic lymphadenopathies that occur in patients infected with the human immunodeficiency virus (HIV), before or during the stage of acquired immunodeficiency syndrome (AIDS). The stages that develop during the HIV infection include: primary infection (acute infection, spread of the virus, development of host immune response, and acute retroviral syndrome), chronic infection or clinical latency, and finally, the AIDS stage. Non-neoplastic lymphadenopathies can occur at any of these phases of the infection and are due to multiple causes that can be divided into infectious causes (bacterial, fungal, parasitic, viral), and reactive causes (persistent generalized lymphadenopathy and a variety of situations that they also occur in immunocompetent people such as Castleman's disease and Kikuchi-Fujimoto's disease, among others). The general, histological and immunophenotypic characteristics of these pathologies are described.


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