

CONTROL DEL CÁNCER

Perspectives on Strengthening Cancer Research and Control in Latin America Through Partnerships and Diplomacy: Experience of the National Cancer Institute's Center for Global Health.

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Abstract

According to the Pan American Health Organization, noncommunicable diseases, including cancer, are the leading causes of preventable and premature death in the Americas. Governments and health care systems in Latin America face numerous challenges as a result of increasing morbidity and mortality from cancer. Multiple international organizations have recognized the need for collaborative action on and technical support for cancer research and control in Latin America. The Center for Global Health at the US National Cancer Institute (NCI-CGH) is one entity among many that are working in the region and has sought to develop a strategy for working in Latin America that draws on and expands the collaborative potential of engaged, skilled, and diverse partners. NCI-CGH has worked toward developing and implementing initiatives in collaboration with global partners that share the common objectives of building a global cancer research community and translating research results into evidence-informed policy and practice. Both objectives are complementary and synergistic and are additionally supported by an overarching strategic framework that is focused on partnerships and science diplomacy. This work highlights the overall strategy for NCI-CGH engagement in Latin America through partnerships and diplomacy, and highlights selected collaborative efforts that are aimed at improving cancer outcomes in the region.

The mortality-incidence ratio as an indicator of five-year cancer survival in metropolitan Lima.

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Ecancermedicalsecience. 2018; 12: 799.

Abstract

Introduction: The Mortality–Incidence Ratio complement $[1 - \text{MIR}]$ is an indicator validated in various populations to estimate five-year cancer survival, but its validity remains unreported in Peru. This study aims to determine if the MIR correlates directly with five-year survival in patients diagnosed with the ten most common types of cancer in metropolitan Lima. Materials and methods: The Metropolitan Lima Cancer Registry (RCLM in Spanish) for 2004–2005 was used to determine the number of new cases and the number of deaths of the following cancers: breast, stomach, prostate, thyroid, lung, colon, cervical, and liver cancers, as well as non-Hodgkin’s lymphoma and leukaemia. To determine the five-year survival, the five-year vital status of cases recorded was verified in the National Registry of Identification and Civil Status (RENIEC in Spanish). A linear regression model was used to assess the correlation between $[1 - \text{MIR}]$ and total observed five-year survival for the selected cancers. Results: Observed and estimated five-year survival determined by $[1 - \text{MIR}]$ for each neoplasia were thyroid (66.7%, 86.7%), breast (69.6%; 68%), prostate (64.3%, 63.8%) and cervical (50.1%, 58.5%), respectively. Pearson’s r coefficient for the correlation between $[\text{MIR} - 1]$ and observed survival was = 0.9839. Using the coefficient of determination, it was found that $[1 - \text{MIR}]$ (X) captures the 96.82% of observed survival (Y). Conclusion: The Mortality–Incidence Ratio complement $[1 - \text{MIR}]$ is an appropriate tool for approximating observed five-year survival for the ten types of cancers studied. This study demonstrates the validity of this model for predicting five-year survival in cancer patients in metropolitan Lima.

Factors associated with abandonment of therapy by children diagnosed with solid tumors in Peru.

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Abstract

Background: Abandonment of treatment is a major cause of treatment failure and poor survival in children with cancer in low- and middle-income countries. The incidence of treatment abandonment in Peru has not been reported. The aim of this study was to examine the prevalence of and factors associated with treatment abandonment by pediatric patients with solid tumors in Peru. Methods: We retrospectively reviewed the sociodemographic and clinical data of children referred between January 2012 and December 2014 to the two main tertiary centers for childhood cancer in Peru. The definition of treatment abandonment followed the International Society of Paediatric Oncology, Paediatric Oncology in Developing Countries, Abandonment of Treatment recommendation. Results: Data from 1135 children diagnosed with malignant solid tumors were analyzed, of which 209 (18.4%) abandoned treatment. Bivariate logistic regression analysis showed significantly higher abandonment rates in children living outside the capital city, Lima (forest; odds ratio [OR] 3.25; $P < 0.001$), those living in a rural setting (OR 3.44; $P < 0.001$), and those whose parent(s) lacked formal employment (OR 4.39; $P = 0.001$). According to cancer diagnosis, children with retinoblastoma were more likely to abandon treatment compared to children with other solid tumors (OR 1.79; $P = 0.02$). In multivariate regression analyses, rural origin (OR 2.02; $P = 0.001$) and lack of formal parental employment (OR 2.88; $P = 0.001$) were independently predictive of abandonment. Conclusion: Treatment abandonment prevalence of solid tumors in Peru is high and closely related to sociodemographical factors. Treatment outcomes could be substantially improved by strategies that help prevent abandonment of therapy based on these results.