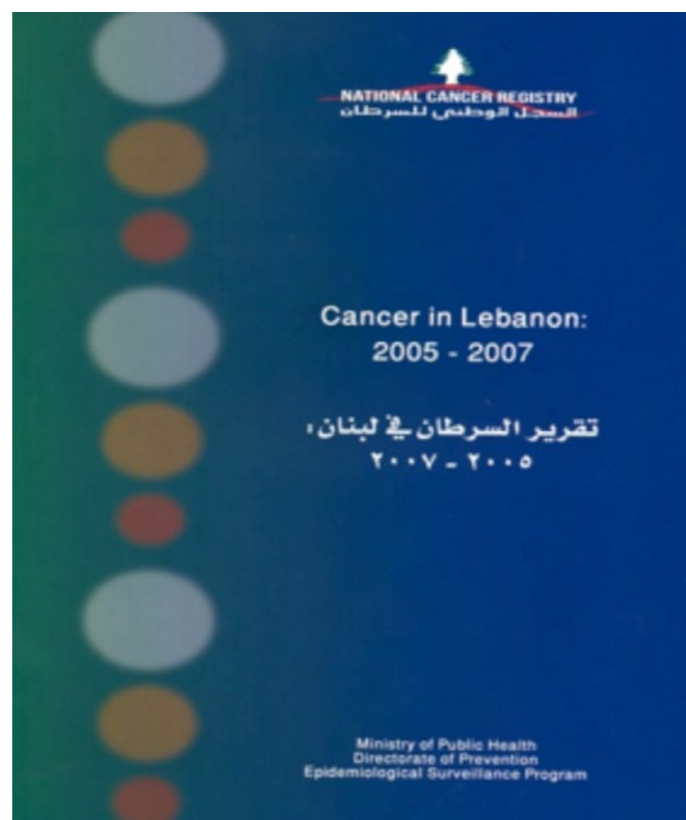


Public Health Aspects of Cancer in Lebanon



Salim Adib¹ MD, DrPH
has been involved in various academic activities, research, Community service & public consultations in the USA



• Relative proportions: Mean age at diagnosis, Most frequent cancer and Pathological descriptions of cancers

2. Changes in incidence rates in Lebanon

ASR	1966	1998	2004	2007
Males	102.8	154.2	179.3	201.4
Females	104.1	134.8	180.3	199.0

The comprehensive public health approach to cancer control rests on three pillars:

1. Surveillance: Monitoring cancer and its determinants
2. Prevention: Reducing the incidence and severity of cancers
3. Management: Strengthening health care for people with cancers

I- Surveillance

- For decades, and because of the civil wars, our knowledge of cancer epidemiology in Lebanon was based on work from the 1960-70s
- From 1993, efforts started by MOPH to bring various hospital-based cancer registry under the umbrella of one National Cancer Registry
- The first annual report on Cancer in Lebanon 2002 has now been followed by printed reports covering 2003-2007, with a report on Cancer 2008 available on the web-page of the Registry accessible through MOPH site (www.moph.gov.lb)

1. Available indicators for Cancer in Lebanon

- Incidence: Overall incidence, by age and sex, by cancer anatomical location

¹ Prof. Salim Adib MD, DrPH has been involved in various academic activities, research, community service and public consultations in the USA (1986-93), Lebanon (1993-95; 2002-now) and Kuwait (1995-2002). Between 2010 and 2012, he was the Manager of the Public Health Department of the Emirate of Abu-Dhabi (UAE). In 2013, he served as a Professional International Expert for the NCD Department at WHO-East Mediterranean Regional Office in Cairo. Prof. Adib has been with the Department of Epidemiology and Population Studies at the American University in Beirut since 2014.

3. Main cancer sites in Lebanon and the USA

Men

Lebanon 2007	USA 2010
Prostate	Prostate
Lung	Lung and Bronchus
Bladder	Colorectum
Colorectum	Urinary bladder
Hodgkin's Lymphoma	Melanoma of skin
Larynx	NH Lymphoma

Women

Lebanon 2010	USA 2010
Breast	Breast
Colorectum	Lung and Bronchus
Ovary	Colorectum
Lymphoma	Uterus
Lung	Thyroid
Bladder	NH Lymphoma

2. Cancer indicators not available in Lebanon

- I. Prevalence: only partial data available from the MOPH
- II. Cancer specific mortality rates
- III. Survival rates
- IV. Staging

II- Prevention

1. Health promotion: Informing, educating and empowering people about staying in good health
2. Primary prevention: Need to explicitly acknowledge the areas of commonality between prevention of cancer and many other NCD
3. Major lifestyles' related risk factors and NCD

	Tobacco Use	Unhealthy diet	Physical inactivity	Alcohol abuse
Heart disease and stroke	x	x	x	x
Diabetes		x	x	x
Cancer	x	x	x	x
Chronic lung disease COPD	x			

4. Low cost "best buys" solutions (WHO- NCD Global Action Plan)

Interventions	Risk factor	Best buys
Population-based interventions addressing NCD risk factors	Tobacco use	Tax increases Smoke-free indoor workplaces and public places Health information Warnings about tobacco Bans on advertising and promotion
Population-based interventions addressing NCD risk factors	Harmful use of alcohol	Tax increases on alcoholic beverages Comprehensive restrictions and bans on alcohol marketing Restrictions on the availability of retailed alcohol

Population-based interventions addressing NCD risk factors	Unhealthy diet and physical inactivity	Salt reduction through mass media campaigns Reduced salt content in processed food Replacement of trans fats with polyunsaturated fats Physical awareness program about diet and physical activity
Individual-based interventions addressing NCDs in Primary care	Cancer	Prevention of liver cancer through Hepatitis B immunization Prevention of cervical cancer through screening and treatment of precancerous lesions

5. Progress on tobacco control in Lebanon

Reduction measures (MPOWER)	
1. Monitor tobacco use and prevention policies	Measure 1 is partially implemented
2. Protect people from tobacco smoke	Measures 2,3 and 6 have not been initiated
3. Offer help to quit tobacco use	Measures 4 and 5 are in full implementation
4. Warn about the dangers of tobacco	
5. Enforce bans on tobacco advertising, promotion and sponsorship	
6. Raise taxes on tobacco	



6. Specific cancer primary prevention

- Occupational carcinogens (benzidines, naphthylamine, aromatic hydrocarbons, etc..) of lesser concern in Lebanon
- Environmental carcinogens (radiations, pesticides, arsenic, lead, asbestos, trichloromethanes...) major concern in Lebanon

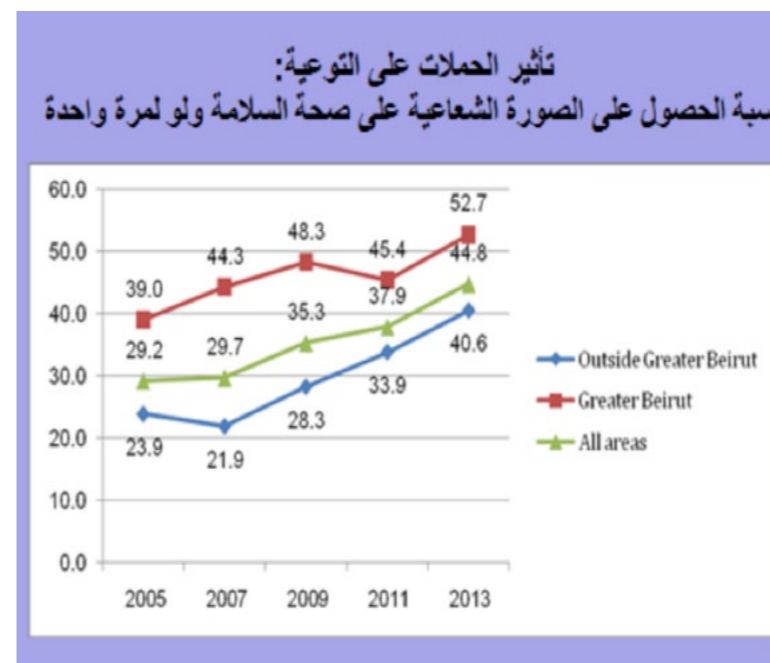
III- Management

1. Secondary prevention: screening and early detection
2. Access to quality and affordable health care
3. Assuring the quality of cancer care
4. Palliative care

1. Secondary prevention: Screening and early detection

- Breast cancer: some data from the annual campaigns are shown below
- Cervical cancer
- Colon cancer
- Prostate cancer (elective)
- Skin cancer (special indications)
- Lung cancer in heavy smokers

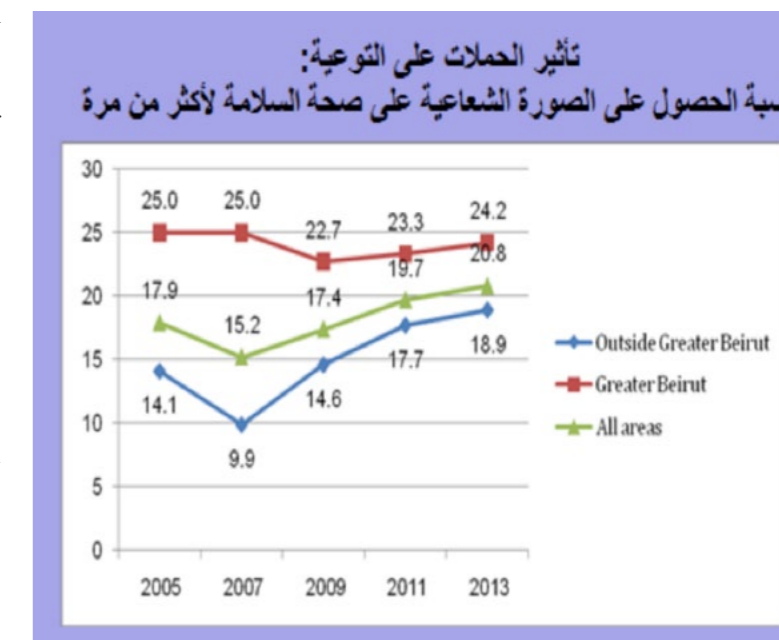
Prevalence of ever-use of screening mammography



2. Assuring the accessibility of health services

- Already several items of cancer care are covered by MOPH from public funds:
- Screening partially subsidized
 - Subsidized hospitalizations for surgery and some

Prevalence of repeating screening mammography at least once



- radiotherapy (>7000 admissions/year)
- Free chemotherapy (>5000 prescriptions/year) with runaway costs

3. Assuring the quality of cancer care

- Guidelines for diagnosis, work-up and treatment recently updated in 2014
- Extracting standards for cost control: pending.
- Integration of cancer management at PHC level?

4. Palliative care

- Improves quality of survival
- Provides end of life counseling
- Emotional/spiritual support for patients, families, care takers (care team)
- Are hospices needed?

5. National strategy for cancer prevention and control

- Working document ready (2015); builds on previous draft (2007)
- Dashboard under 5 headings
 1. Surveillance and monitoring
 2. Primary prevention
 3. Screening and early detection
 4. Case management
 5. Research avenues

We need a new cancer consensus retreat soon