

Global Forum of Cancer Surgeons: Declaration of Intent

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The global cancer burden is rising and cancer is the second leading cause of death worldwide. In 2012, there were 14.1 million new cancer cases and 8.2 million cancer-related deaths, which is predicted to increase to 23.9 million new cancer cases and 14.6 million cancer-related deaths by 2035.¹ Unfortunately, the less-developed regions of the world will bear the brunt of the rising cancer burden. In 2012, these regions accounted for 57% (8 million) of new cancer cases and 65% (5.3 million) of cancer deaths in 2012.¹

Surgery is a key component of cancer care and 80% of cancer patients will require some form of surgical intervention during the course of their disease. It is estimated that by the year 2030, 45 million surgical procedures will be required.² Additionally, in some less-developed regions of the world, surgery may be the only viable treatment option for several reasons.

Due to the disproportionate rise in cancer burden, low- to middle-income countries (LMICs) will have the greatest increase in the need for surgical procedures. It is estimated that of the 17.3 million cancer patients who will need surgery in 2030, 10 million will be domiciled in LMICs.² Unfortunately, more than three-quarters of cancer patients in LMICs do not receive timely, safe, and affordable cancer surgery.³ Funk et al. noted that the low-income subregions (representing 2.2 billion people) had less than two operating rooms per 100,000 people compared with 14 per 100,000 for high-income countries.⁴

This lack of adequate surgical care for cancer patients is attributable to many factors. One factor could be the lack of surgical presence and leadership on the global stage to influence cancer policy that can emphasize the importance of surgical disciplines and simultaneously address the gross inequities in access to surgical care.

To address this impending problem of lack of adequate surgical care for cancer patients on the global stage, a group of leading surgical oncology societies gathered at the annual meeting of the Society of Surgical Oncology in Seattle, March 2017. The purpose of this forum was to chart out a roadmap to improve delivery of surgical care to cancer patients through collaborative efforts on the global stage. Following this initial effort, it is hoped that other leading societies across the world will join this

consortium in the future, which will meet every year at the annual meeting of the Society of Surgical Oncology.

The broad initiatives highlighted by the societies present to improve surgical care for cancer patients consist of:

1. Raising awareness of the rising cancer burden.
2. Raising awareness of the vital role that surgical disciplines play in the treatment of cancer for curative and palliative intents.
3. Raising awareness of the major disparities and critical lack of surgical care for the majority of cancer patients across the world.
4. Raising awareness of the lack of surgical leadership on the global stage for tackling the rising global cancer burden.
5. Enhance the visibility and leadership roles of surgical disciplines on the global stage by involvement in major

7. To be involved in lobbying appropriate entities (governmental and other global societies) to direct resources that can help build the infrastructure needed to deliver high-quality, timely, safe, and affordable surgical care to patients with all types of cancer.

It is hoped that through the continued efforts of this consortium of leading surgical oncology societies, we will be able to enhance the presence of surgical leadership on the global cancer stage and raise awareness of the importance of surgical disciplines. These efforts will hopefully help in highlighting the inadequacy of surgical care and influence policies to deliver the much needed surgical care to all cancer patients regardless of their geographic location and socioeconomic standing.

From left to right

Top row: Do Joong Park, Juan Enrique Bargallo-Rocha,



global organizations [such as the International Agency for Research on Cancer (IARC), Union for International Cancer Control (UICC), and the World Health Organization (WHO)] and other national organizations.

6. To be integrally involved in influencing and shaping health policy for cancer management.

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Bottom row (sitting): Daniel G. Coit, Isabel Rubio, Chandrakanth Are, Santiago Gonzalez-Moreno, Muhammad A. Cheema, Cassandra Coburn

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