

# What research to fund?

- Policy context
- To make the biggest impact on health status

# **National Cancer Control Programme**

To present workable, affordable interventions for SA to impact positively on health status and quality of life for people with or at risk for developing cancer

# Principles governing recommendations

- Achieve equity in health service delivery
- Develop practical implementable policy
- Have a measurable positive impact
- Mindful of resource constraints
- Consistent with and strengthen PHC within in a district model
- Consistent with current state of knowledge
- Flexible – adapt to local circumstance and change in knowledge

# Aims

- To increase knowledge about cancer
- Prevent cancer developing
- Diagnose cancer early
- Provide appropriate treatment
- Prevent suffering

- **Primary prevention** – to create environments in which people with adequate health related information can more easily adapt their lifestyles to decrease cancer risk
- **Secondary prevention** – to institute a cervical screening programme
- **Treatment** – for people who can be cured or for whom appropriate treatment will significantly improve their quality of life
- **Palliation** – offer an opportunity to die pain free and with dignity
- **Audit** – a system to monitor & evaluate the various components of the NCCP

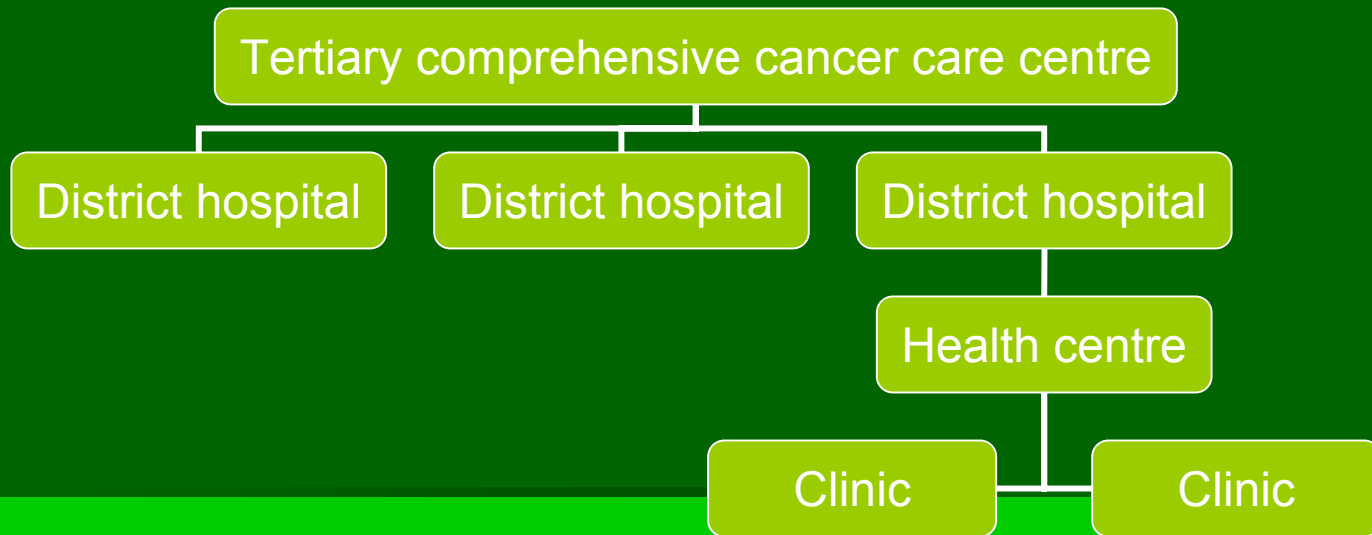
# Primary prevention

- Stop cancer developing at all
- Decreasing exposure to external environmental agents – *occupational exposure, food legislation*
- Tobacco legislation – *monitor smoking ip women and children*
- HEP B vaccination – *EPI survey*
- Healthy diet and lifestyle – *do we know how to influence this?*
- Oesophageal cancer ? – *expert meeting*

# Secondary prevention

- Cervical cancer screening – barriers to implementation – insufficient knowledge, change in curriculum; health systems research;
- One good RCT comparing mammography with HW examination with BSE – is there an affordable way of increasing pickup rate of treatable breast cancer?

# Treatment model



# Treatment

- Costing of cancer centres
- Referral pathways
- Biomedical research on treatment regimens
- Role of pharmaceutical companies – not the role of public money
- Why are we not able to implement best practise of what we already know
- Costing studies

# Palliative care

- Profound gap
- Opportunity to make a real difference to quality of life
- Research on how to integrate all diseases leading to death
- Impact evaluation
- New models of treatment, new agents of care
- Costing

# Monitoring and evaluation

- Huge gap in SA is absence of data to assess impact
- Need to collect data on HSIL
- Population based cancer registry

# Real need in research

- Some (minor) need for biological research in relation to specific diseases
- Opportunity to answer important question on breast cancer
- Significant need for health systems research
- Some need for costing work and economic evaluation
- Urgent need to improve data to support impact – monitoring and evaluation
- Internationally the balance is *unbalanced* in favour of fundamental and biological research