**Dr Christopher P. Wild, Director, International Agency for Research on Cancer, Lyon, France**

**17 October 2015**

Honorable Minister, Dr Lorena Baez, distinguished guests,

I would like to thank you for this kind invitation and the possibility to participate today in this important event. I had the pleasure of visiting Chile twice since taking up office as Director of the International Agency for Research on Cancer, the cancer agency of the World Health Organization, and was impressed both by the cancer research activities in the country but also by the priority within the Ministry of Health with respect to cancer control measures. Today is an important step, both symbolically and practically, to further strengthen cancer control measures in Chile. I particularly congratulate you today on the launch of the cancer week and of the initiative “Together against cancer” providing advice on how to reduce cancer risk.

On a global scale, cancer is projected to increase markedly in the next 20 years as a consequence of aging populations, growing populations and increasing exposure to some of the known causes of cancer such as tobacco, alcohol, chronic infections, obesity and physical inactivity. Worldwide the increase in the number of new cases every year between 2015 and 2035 is projected to be around 60%. In Chile the projections are of a still greater rise, from 45,000 new patients per year in 2015 to almost 80,000 in 2035, an 80% rise in just twenty years. At the same time there is increasing emphasis in high income countries, such as Chile, on cancer treatments that are targeted to the specific molecular characteristics of a given tumour. These sophisticated new types of drug are frequently referred to as precision medicine. However these promised advances come at a high cost and will be simply unaffordable in many parts of the world.

The increase in numbers of cancer patients combined with the spiralling cost of treatment represents a major challenge to Governments in providing sustainable cancer services in the coming decades. Our conclusion is that no country, even the wealthiest, can afford to treat its way out of the cancer problem. Cancer prevention and early detection must be an integral part of cancer control plans. In many parts of the world there has not been the right balance between investment in the treatment of patients and efforts to prevent the disease or to detect it early. This is true both in relation to funding both for cancer research and for implementing cancer control plans. At the same time we know that potentially 40 to 50% of cancers could be prevented based on current knowledge. Before I proceed I would like to emphasize that although I will focus my remarks today on prevention this is not at the expense of improved treatments, including ensuring equity of access across all sectors of society. My remarks are in the interest of ensuring balance between different, important elements of cancer control.

IARC has recently adopted its new Medium-Term Strategy (2016-2020) and our theme is to conduct cancer research to provide the evidence-base for cancer prevention so that governments can make informed decisions on priorities for cancer control measures. Within this remit we focus on three areas:

First, to describe the cancer burden including working with countries to improve the coverage and quality of cancer registration and to present the global data by country in an accessible format: without such data on the numbers of patients, the types of cancers, the number of cancer survivors etc. governments cannot make informed decisions on cancer control. I know that Chile is making progress in extending the coverage of cancer registration but the absence of data from Santiago, with such a large percentage of the population may be one limitation to be addressed. These are not statistics for their own sake, but rather a foundation for cancer control planning.

Second, we wish to understand the causes of cancer. For many common cancers we still do not know the major risk factors, for example for cancers of the prostate, pancreas, brain, kidney and haematological cancers. The Agency is working with colleagues across the world to better understand the causes of cancer using some of the different patterns we see internationally to provide clues about what exposures are behind those differences. Gall bladder is one of a number of striking examples of cancer patterns in Chile that are of international interest. Indeed, often it requires international studies to answer national questions. IARC also evaluates the available scientific evidence in its IARC Monographs and provides these as a reliable resource for national decisions on primary prevention.

Third, we evaluate preventive interventions and their implementation into health systems. Increasingly we recognize the need not only to demonstrate the efficacy of an intervention in a clinical or community-based trial but also the effectiveness once that intervention is implemented on a population level, as a public health measure. A top priority where Chile could contribute is in the area of preventive interventions against Helicobacter pylori and stomach cancer. Cancer research must extend into assessing what helps and what hinders the success of a cancer prevention measure when applied to the general population. This research has direct relevance to policy decisions. IARC also evaluates the available scientific evidence for prevention in its IARC Handbooks of Cancer Prevention, recently completing one on breast cancer screening.

One of our major activities in recent years has been to provide guidance for the general public on what the ordinary person can do to reduce their risk of cancer, in the way you are doing with your own set of recommendations in the “Together against cancer” initiative. This has taken the form of the European Code against Cancer. The Code presents 12 ways to reduce cancer risk. In preparing the Code I would like to bring a few specific points to your attention which are critical to its success:

First – we based all recommendations on an evaluation of the latest peer-reviewed scientific literature by the leading scientific experts in Europe, who reached consensus on the recommendations. This process was fundamental because if we cannot demonstrate the scientific validity of our recommendations then the Code would be open to challenge and it would potentially be undermined. The Code had to be science-based and that science-base is published in a peer-reviewed journal.

Second - we only included actions which have definitely been shown to reduce cancer risk. In other words: if you take these measures we can guarantee your cancer risk is reduced. Consequently, we did not include areas where the conclusions are not yet clear.

Third – we only included recommendations that were in the control of the individual. For example, we did not include recommendations that require policy decisions, for example, to avoid air pollution. As a result, the Code is not a complete answer to cancer prevention but must be complemented by government actions through legislation and other policy measures.

Fourth – we placed great importance on the language and communication of the Code so that the recommendations were clear and understandable by the public at large. Misunderstandings can so easily arise and in Europe we have had the additional challenge of translation, currently into 21 different languages.

Fifth – we gave not only the recommendations but also had a detailed Questions and Answers section for further support to the readers. For example, we say in the Code “be physically active” but in the Questions and Answers we ask “How much physical activity should I do?” and “Does the type of physical activity matter?” This additional information is designed to help people implement the Code in their daily lives.

Finally, I think the fact that the Code came from a respected and independent source such as IARC, the cancer agency of WHO, was vitally important. There is so much conflicting advice on what causes or prevents cancer that the general public can be confused and may even stop believing any advice given. By our rigorous process, being independent and free from conflict of interest as well as having a reputation for high-quality research, we feel justified to claim an authority for this set of recommendations.

Creating the Code is only the beginning. We now need to conduct research to see if the Code works. Does the public know the Code exists? Does it change behaviour? Does it need to be updated by new information? We want to know if the Code is effective in translating scientific knowledge into action for cancer prevention.

In closing I would like to note that this year is the 50th anniversary of the creation of the International Agency for Research on Cancer following a resolution of the World Health Assembly in 1965. IARC was established by seven countries in this post-Second World War period: Germany, the United Kingdom, France, Germany, the USSR, the USA and Australia. The principle was to fight together against a common enemy, cancer, rather than fighting each other. Today we have 25 countries from all over the world, including Brazil from Latin America, all joining in collaboration to fulfil this vision.

One of Chile’s strengths is the quality of your professional cancer community. The Agency appreciates the many excellent scientific collaborations with our colleagues in Chile. As Director of IARC I look forward to further developing the vital links of cooperation with Chile in the future.

Thank you again for the invitation today and I wish you every success in your own efforts to improve the human condition through cancer control in Chile.