

underscores the call for a Global Cancer Fund⁴ to meet this shortfall. Furthermore, the Commission advocates local studies to establish cost-effectiveness, which is particularly important for key treatment options such as radiotherapy and surgery, both of which are discussed in more detail in two other *The Lancet Oncology* Commissions published in September, 2015.^{5,6}

With the 2013 Commission as a barometer for low-income and middle-income countries, so much change in Latin America since this publication is encouraging to note, especially in such a short period of time. We hope that this latest Commission will encourage policy makers and their international partners to continue and extend their work together, to promote engagement with the upcoming SDGs,

and to continue to make the changes needed to halt the rising cancer burden.

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Cancer registration and information systems in Latin America



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In 2011,¹ only 21% of countries in Latin America had a population-based cancer registry. As a result, accurate estimations of cancer burden and risks faced by different countries and populations were not possible. The 2013 *Lancet Oncology Commission*¹ on cancer control in Latin America and the Caribbean showed the shortage of local scientific evidence and economic data regarding cancer prevention and control. Moreover, the authors reported that cancer control programmes faced structural problems of inadequate funding; inequitable distribution of resources and services, and no adequate care for many populations based on socioeconomic, geographical, and ethnic factors. Accurate, updated, and comparable data are essential to measure effectiveness of health programmes, so in the absence of a real priority assigned to cancer control, the dearth of development of cancer registries is unsurprising. Thus, the problem of cancer registration can be thought of as the tip of the iceberg for insufficient effective cancer control programmes.

The 2015 Commission² reports a net improvement in cancer registries in the region, concomitant with important efforts to reduce social disparities in health, implement universal health care, and develop national cancer control plans. Therefore, a key lesson is that development of cancer registration will not occur as an isolated occurrence, but as part of a broad political commitment to reduce health inequalities, prioritise

cancer control, and develop effective national cancer control plans.

One example of this improvement can be noted with *Sistema de Información Tara el Tamizaje* (SITAM), the information system developed in Argentina to monitor and evaluate the progress of the National Cervical Cancer Prevention Program (*El Programa Nacional de Prevención de Cáncer Cervicouterino*; PNPCC). In 2007, a study³ showed that no registries of events related to cervical cancer and no personnel or budget had been allocated for the development of prevention programmes. Thus, in 2008, the PNPCC designed and implemented SITAM, an online system accessible to programme managers, health professionals, and policy makers, that records data for cervical cancer screening, diagnostic, and treatment procedures undertaken within the public health system.⁴ At present, 21 of 24 provinces in Argentina use SITAM, with data available for almost 1.5 million women screened in public institutions. Data from SITAM has already been used in a study⁵ that showed that HPV testing in the Jujuy province of Argentina was feasible and detected more disease than cytological tests. Additionally, SITAM has been expanded to register events related to breast and colon cancer prevention programmes.

Moreover, in 2010 the Argentinean National Cancer Institute (INC) was created with one of its key objectives being the improvement of population-based registries in

different provinces. *El Registro Oncopediátrico Hospitalario Argentino* (known as ROHA) became the public national registry. This incorporation of ROHA into INC was deemed to be essential to developing evidence-based childhood cancer control.⁶

Coordination of international cooperation is key to foster resources and support towards a common objective. An example of this cooperation is the creation of the Global Initiative for Cancer Registry Development (GICR) led by the International Agency for Research on Cancer, with the objective of providing support to and sharing knowledge with countries to build population-based cancer registries. The GICR has created so-called regional hubs, which provide support in building and maintaining cancer registries to surrounding countries. One of these hubs is in Buenos Aires and is coordinated by INC. These hubs facilitate collaborations from different partners including the Operative Group on cancer registries from the Network of National Cancer Institutes (RINC), one of the six networks that are part of the South American Health Governance Institute.⁷ Operative groups from participating countries constitute a Latin American platform and network where countries exchange and share knowledge and expertise, as well as set up regional priorities. RINC has also commissioned a revision of information systems used to monitor cervical cancer prevention programmes in the region to allow sharing of country experiences with systems and contribute to the construction of a common set of indicators to measure programme performances.

A main challenge in the implementation of cancer registries and information systems is sustainability in the long term, and for that, commitment from governments is essential. Cancer registries require

highly trained staff with suitable working conditions to increase employee retention.⁸ Furthermore, robust government support is key to incorporate all sources of information such as data from social security and the private sector, to assure comprehensive registries. This factor is especially important in the context of Latin America, where health systems are highly fragmented, and underlies the importance of including cancer registries in national cancer control plans.

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I declare no competing interests.

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Developments in paediatric care in Latin America

Paul Goss and colleagues' 2015 Commission¹ has provided a detailed and highly informative account of progress in cancer control in Latin America and the Caribbean. The process carried out in this and its antecedent Commission² 2 years ago can serve as a measure of performance for governments and policy makers, cancer agencies, institutions including hospitals, health-care providers, administrators, consumers, and advocates. Moreover, the recommendations in the

Commission serve as a template for change in resource constrained low-income and middle-income countries.

However, children, adolescents, and young adults receive somewhat scant attention in the Commission. Although the cancer burden in this age group is a small proportion of incident cases as a whole, the age distribution of the population in low-income and middle-income countries results in a greater proportion of the burden of morbidity and mortality



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