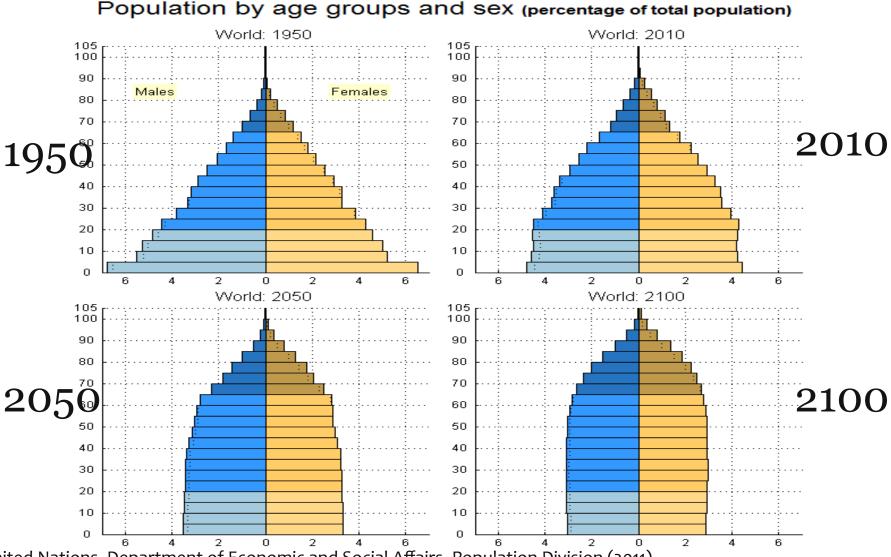
Cancer and NCD prevention from a global perspective

ICCC5 Lima, Peru

Graham A Colditz, MD DrPH Niess-Gain Professor



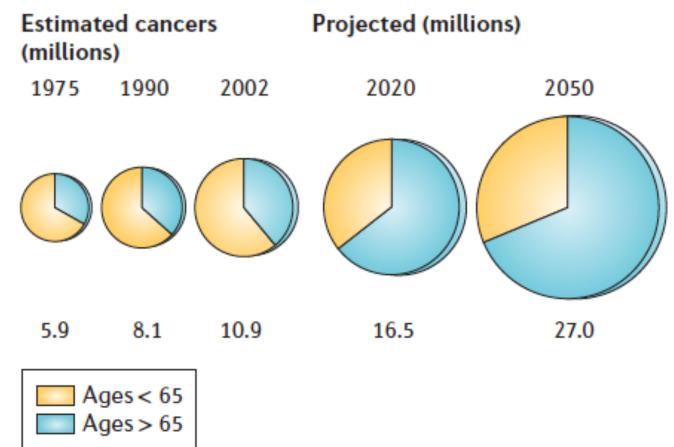
World: Population Pyramids 1950-2100



United Nations, Department of Economic and Social Affairs, Population Division (2011)

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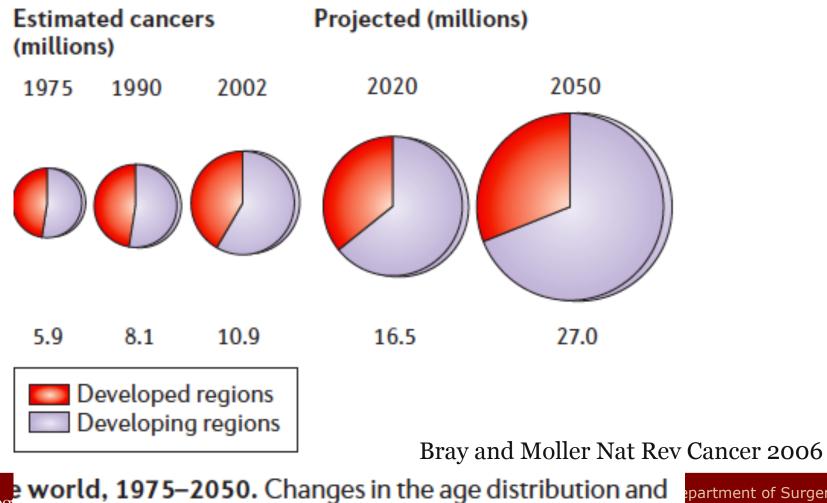
Estimated new cancer cases, World, 1975 to 2050: Age



Bray and Moller Nat Rev Cancer 2006

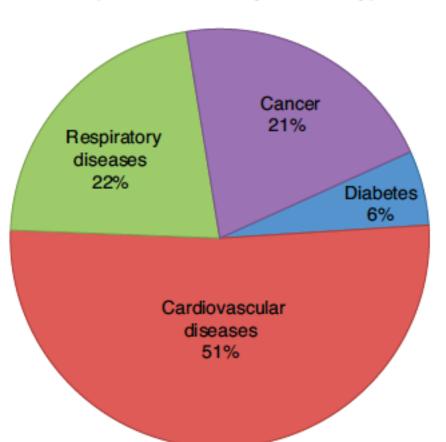
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Estimated new cancer cases, World, 1975 to 2050: Region



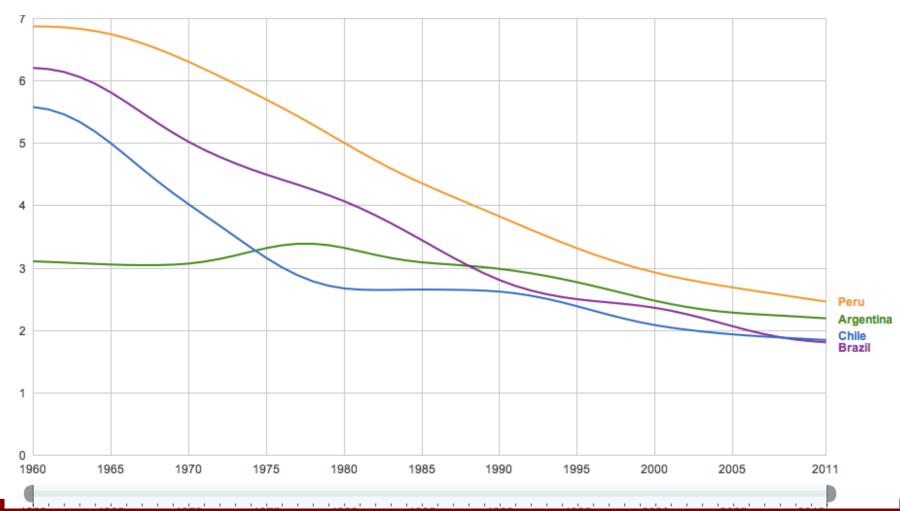
Breakdown NCD costs for LMIC

Lost output 2011-2025, by disease type



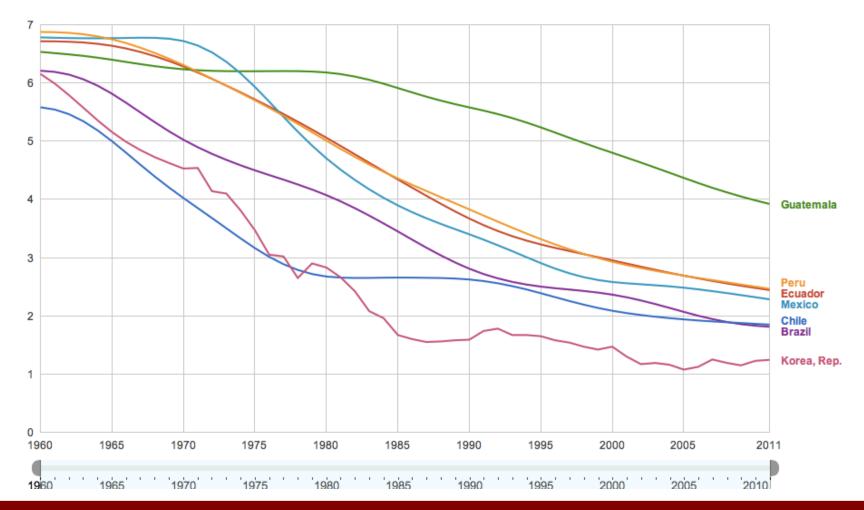
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S. America declining fertility



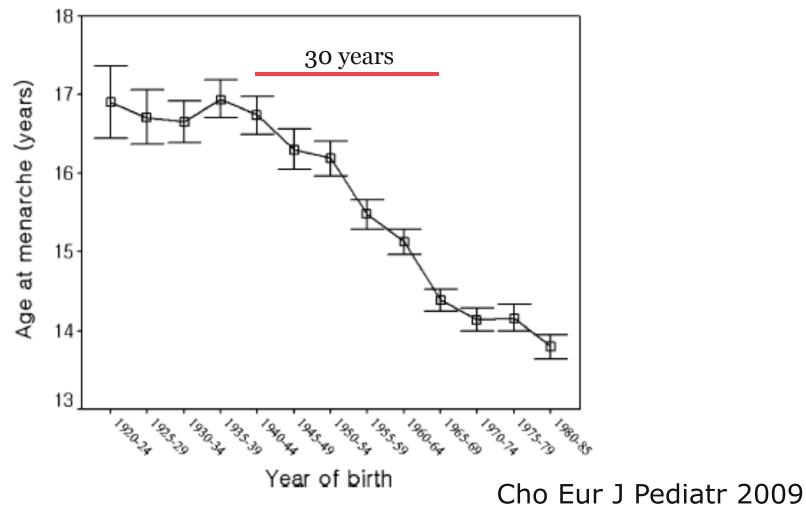
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Change in menarche, Korea

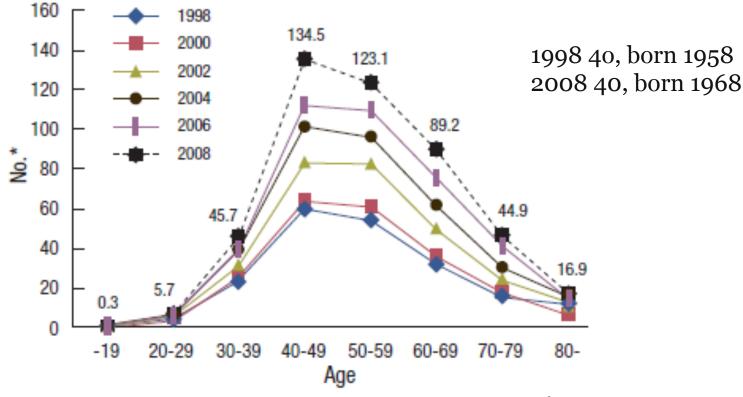


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Breast Cancer Incidence, Korea



Jung et al, J Breast Ca, 2011

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Why are we not preventing cancer now?

Multiple barriers:

- Skepticism that cancer can be prevented
- Short term focus of cancer research
- Interventions deployed too late in life
- Research focused on treatment not prevention
- Debates among scientists
- Societal factors ignored
- Lack of transdisciplinary training
- Complexity of implementation

Colditz et al Sci Transl Med 2012: March 28

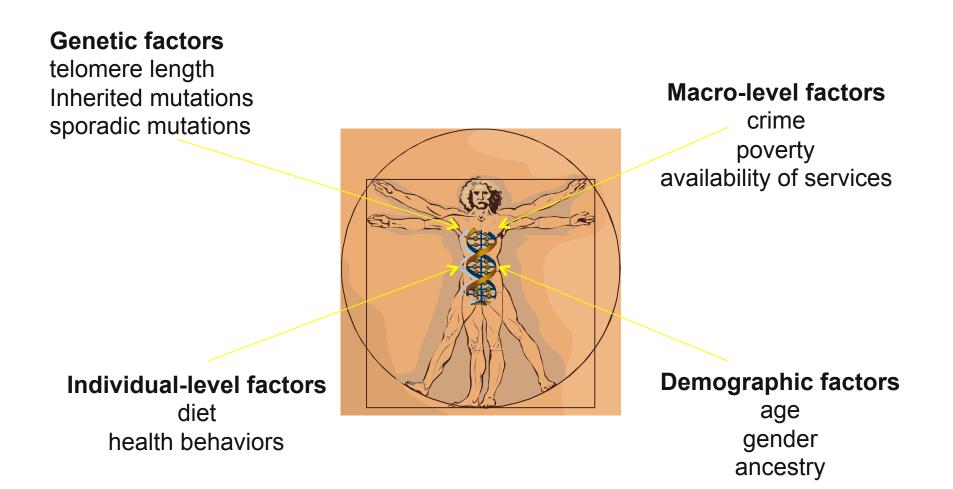
Overcoming obstacles of skepticism and time frame

- Must counter skepticism that cancer can be prevented
 - Goals of prevention: risk marker, premalignant lesion, invasive disease, death
 - Avoid exposure vs. remove later in life
 - Can we intervene if we don't have the pathway defined?
- Take into account time frame of cancer development

Complexity of prevention

- Success requires more than a "finite medical intervention" to achieve prevention in the broader community and improve population health
- Interplay of individual behavior, social circumstances, behavior, genetics, and health care system

What Potentially Influences Cancer?



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What is preventable?

- More than 50% of all cancer, heart disease, stroke, diabetes, can be prevented with what we know now
- How big is the reduction due to lifestyle?
- How long will we wait?

Lifestyle: high income countries

	Cause	% cancer caused	Magnitude possible reduction	Time (yrs)	
	Smoking	33			
	Overweight/ obesity	20			
	Diet	5			·
	Lack of exercise	5			
	Occupation	5			•
	Viruses	5-7			
	Family history	5			
	Alcohol	3			
	UV/ionizing radiation	2			
	Reproductive	3			of Surgery
hir	Pollution	2			th Sciences

Wash Wash

Lifestyle: high income countries

Cause	% cancer caused	Magnitude possible reduction	Time (yrs)	
Smoking	33	75%		
Overweight/ obesity	20	50%		
Diet	5	50%		
Lack of exercise	5	85%		
Occupation	5	50%		
Viruses	5-7	100%		
Family history	5	50%		
Alcohol	3	50%		
UV/ionizing radiation	2	50%		
Reproductive	3	0		of Surger
ⁱⁱ Pollution	2	0		th Science

Wash Wash

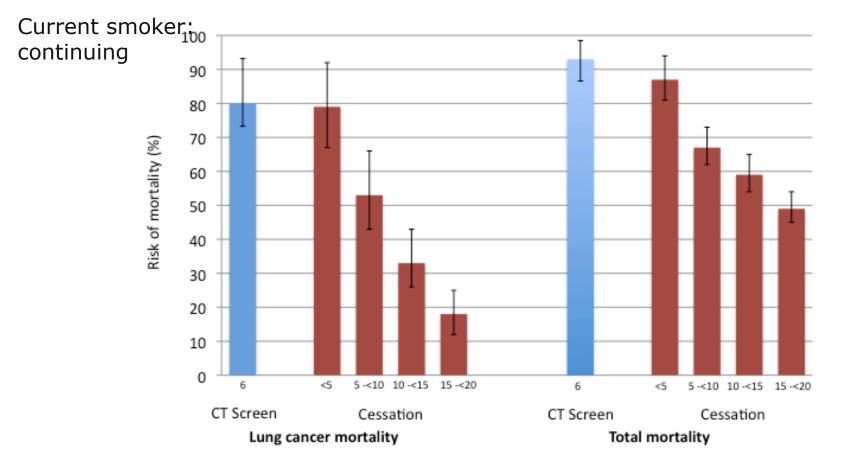
Tobacco control: population wide strategies

MPOWER

- Monitor tobacco use and prevention policies
- **P**rotect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion, and sponsorship
- **R**aise taxes on tobacco

Implement Framework Convention on Tobacco Control

Time course: lung & total mortality





Sources: Kenfield et al, 2008; Aberle et al, 2011

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Infections

- Helicobacter pylori
- HPV
- Hepatitis B
- Hepatitis C
- Epstein-Barr virus
- HTLV
- Human herpes virus 8
- Schistosoma haematobium
- Opisthorchis viverrini

- High income countries 7.4%
- Low and middle income countries 23% of cancer
- 2 million cases/yr (16%)
 - de Martel et al, Lancet Oncology, 2012

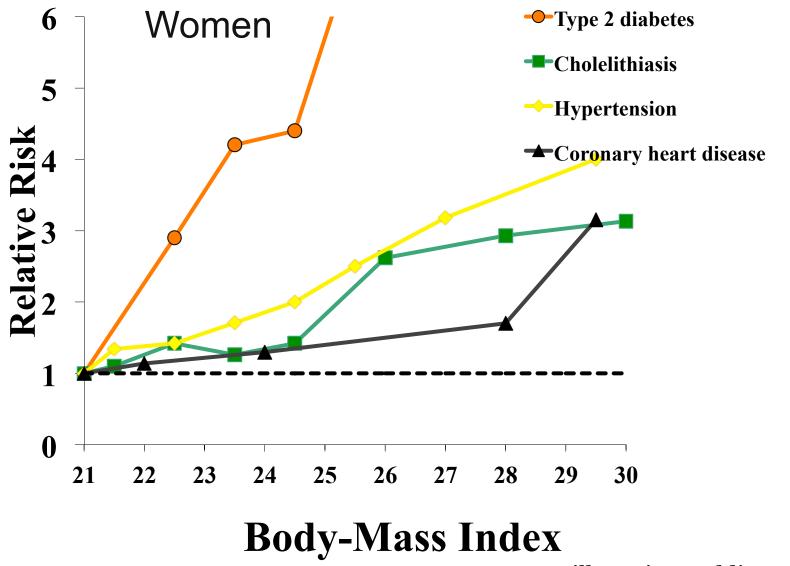
Lifestyle: high income countries

C	Cause	% cancer caused	Magnitude possible reduction	Time (yrs)	
S	Smoking	33	75%	10-20	
	Overweight/ besity	20	50%	2-20	
C	Diet	5	50%	5-20	
	ack of exercise	5	85%	5-20	•
C	Dccupation	5	50%	20-40	•
\mathbf{V}	/iruses	5-7	100%	20-40	
F	amily history	5	50%	2-10	
A	Alcohol	3	50%	5-20	
	JV/ionizing adiation	2	50%	2-10	
F	Reproductive	3	0	N/A	of Surgery
^{hir} P	Pollution	2	0	N/A	th Sciences

Wash Wash

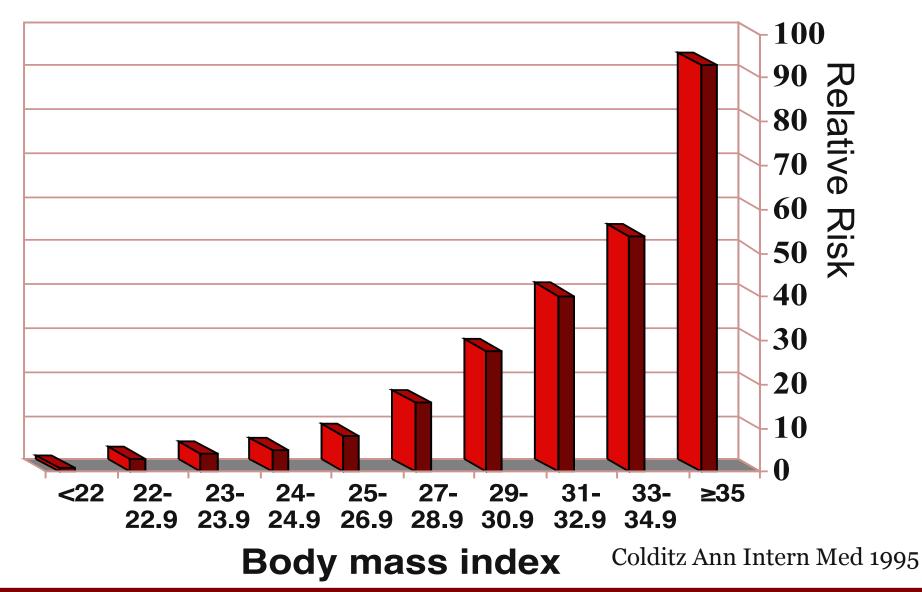
Diabetes and heart disease prevention priority

- Obesity, lack of physical activity, smoking, and poor diet account for majority of heart disease and diabetes
- Not smoking, being physically active, remaining normal weight and a diet high in fiber, grains, and no trans fat, will avoid NCDs
- 64% CHD (Stampfer et al NEJM 2000)
- 80+% DB (Hu et al NEJM 2001)



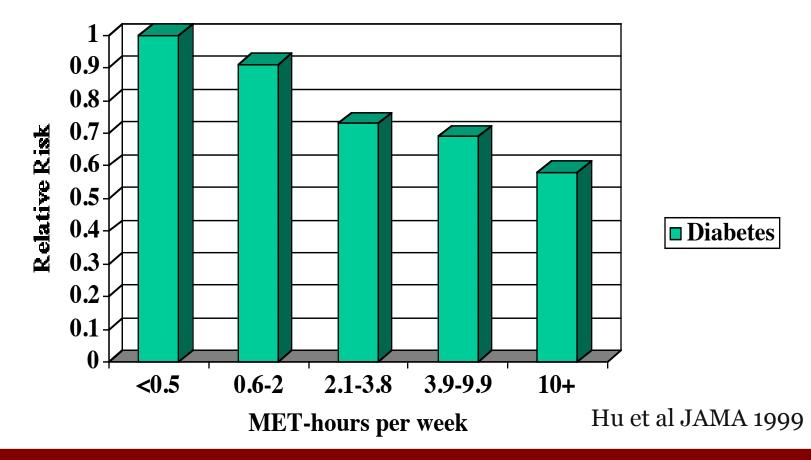
Willett Dietz Colditz, NEJM 1999

BMI and risk of Diabetes in Women



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Walking and diabetes



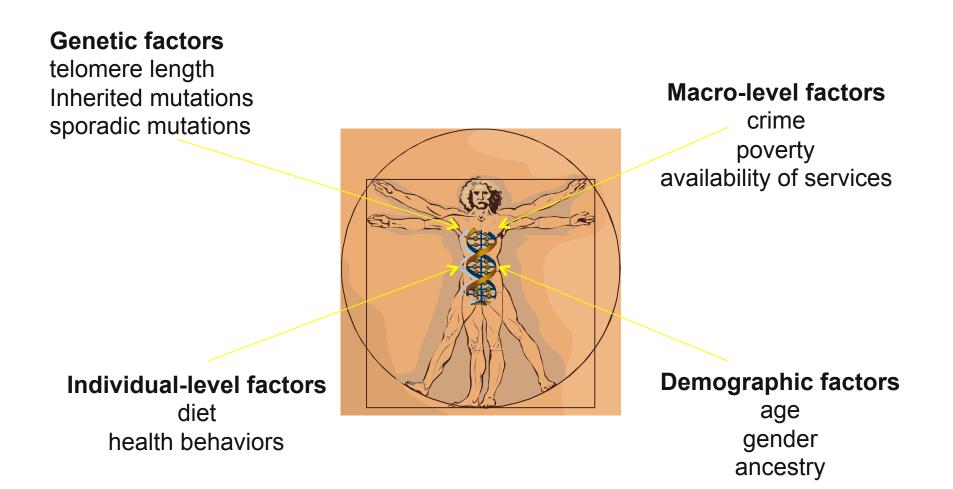
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ROADMAP FOR WINNING TOGETHER: TCCC & OUR BOTTLING PARTNERS

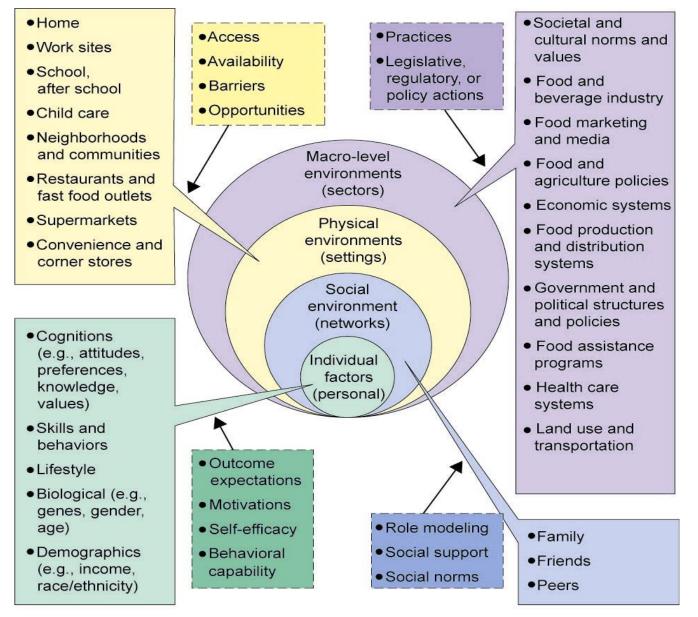
Our Vision	Our Goals	Our System Priorities – Consumer / Customer and Commercial / Franchise	Our Metrics
PROFIT	More than double system revenue while increasing system margins.	 Maximize Company and bottler long-term cash flow: Boost system investment in sales and market execution. Operate the lowest cost manufacturing and logistics in every market, while maintaining our quality standards Use our size and expertise to create economies of scale. 	Total shareowner return Economic profit growth System cash flow
PEOPLE	Be a great place to work.	 Attract, engage and retain the best talent: Increase people's system knowledge and cross-system movement. Inspire our people to be passionate ambassadors for our brands. Recruit, develop and advance women and achieve true diversity. 	 Engagement Employer of choice Workplace rights Diversity Retention
PORTFOLIO	More than double our servings to over 3 billion a day. Be #1 in NARTD business in every market and every category that's of value to us.	 Develop and deploy the world's most innovative and effective marketing. Win with Coca-Cola: Accelerate growth of Trademark Coca-Cola, the epicenter of our business. Act now to ensure the next generation of youth falls in love with Coca-Cola. Aggressively increase the value of our portfolio: Acquire or develop scalable, innovative premium brands. Bring innovations to the market faster. Satisfy the needs of older consumers with the right brands and marketing. Together with our bottlers, use new technologies to reinvent our fountain business. Ensure that our products are always the 'gold standard' for quality. 	 Volume & value share Servings growth Brand health Category ranking # of new billion dollar brands Commercialization: Percentage Speed Longevity Quality index
PARTNERS	Be the most preferred and trusted beverage partner.	 Think and act like an integrated global enterprise while intensifying our local focus. Become a critical part of our customer's growth strategies: Align our franchise structure to create unsurpassed value for our customers. Focus on selling and merchandising; be flexible on delivery method. Win at the point of sale: Anticipate and serve local tastes, traditions and needs, providing outlets with products and communications tailored to their specific shoppers. Expand immediate consumption investment. 	 Customer relationship health Retail sales growth Shopping trips with a Company product Immediate consumption growth
PLANET	Global leadership in sustainable water use. Industry leadership in packaging, energy and climate protection	 Create competitive advantage by fulfilling our Live Positively commitments: Community Workplace Marketplace (beverage benefits and active, healthy living) Environment (climate packaging and water) 	Reputation tracking Environmental performance Safety record
PRODUCTIVITY	Manage people, time and money for greatest effectiveness.	 Design and Implement the most effective and efficient business system: Redirect resources to drive profitable growth. Standardize and simplify our business processes, data and IT systems. Create a competitive cost advantage across the entire supply chain. Build a continuous improvement and cost management culture. Minimize our energy use. 	 Market-driven spending levels Supply chain costs Overhead per unit Total energy use
	PROFIT PEOPLE PORTFOLIO PARTNERS PLANET	PROFITMore than double system revenue while increasing system margins.PEOPLEBe a great place to work.PEOPLEMore than double our servings to over 3 billion a day.PORTFOLIOMore than double our servings to over 3 billion a day.PORTFOLIOBe #1 in NARTD business in every market and every category that's of value to us.PARTNERSBe the most preferred and trusted beverage partner.PLANETGlobal leadership in sustainable water use. Industry leadership in packaging, energy and climate protectionPRODUCTIVITYManage people, time and money for greatest	PROFIT More than double system revenue while increasing system margins. Maximize Company and bottler long-term cash flow: Derate the lowest cost manufacturing and logistics in every market, while maintaining our quality standards Use our size and expetites to create economies of scale. PEOPLE Be a great place to work. Attract, engage and retain the best talent: Increase people's system knowledge and cross-system movement. Inspire our people to be passionate ambassadors for our brands. Recruit, develop and deploy the world's most innovative and effective marketing. Win with Coca-Cola: Accelerate growth of Trademark Coca-Cola, the epicenter of our business. Act new to ensure the next generation of youth fails in low with Coca-Cola. Aggressively increase the value of our portfolio: Acquier of develop scalable, innovative gremium brands. Be fit in NARTD Satisfy the needs of older consumers with the right brands and marketing. Satisfy the meds of older consumers with the right brands and marketing. Satisfy the meds of older consumers with the right brands and marketing. Satisfy the meds of older consumers with the right brands and marketing. Satisfy the meds of older consumers with the right brands and marketing. Satisfy the meds of older consumers with the right conduction to routs/ments. Be the most preferred an trusted beverage parther.

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R Story M, et al. 2008. Annu. Rev. Public Health. 29:253–72

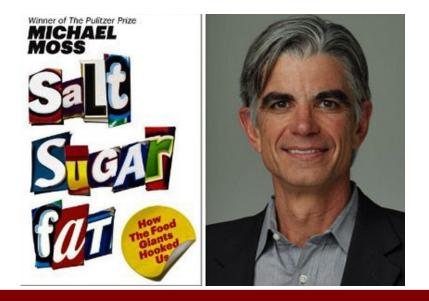
Annual Reviews

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Salt, Sugar, Fat

- Farm policy and market incentives
- Dairy as major example, as is beef
 - Two major sources of saturated fat
 - Marketing of cheese to deal with the surplus of dairy fat



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Sugar, Salt, Fat

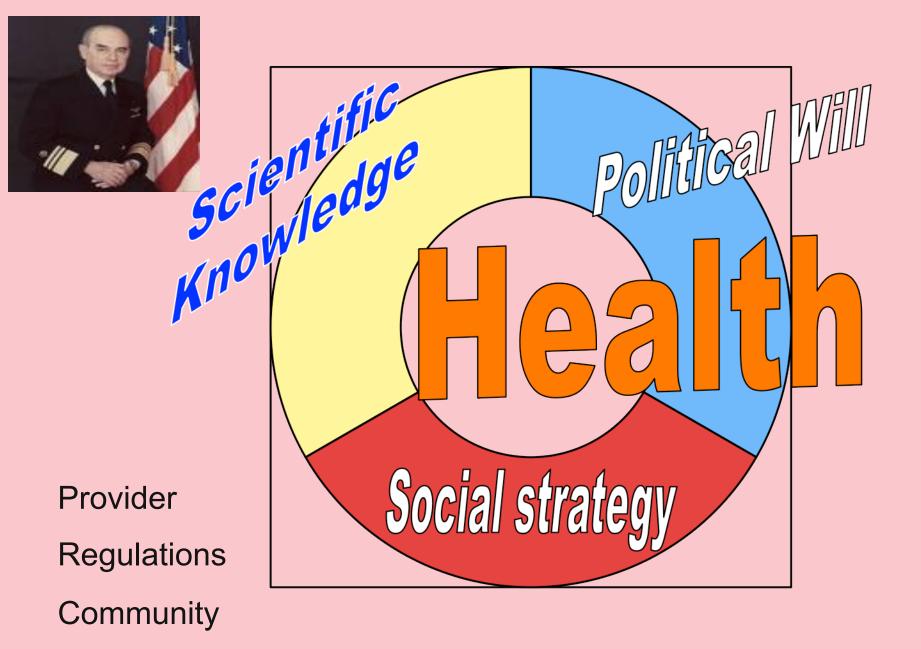


- Fat, → cheese in school lunches, → pizza crust, → Guatemala school food sources!
- Salt, from winter roads, to processing for faster impact on taste buds and increased consumption of processed foods
- Sugar, beverages, increasing consumption

WHO priorities: population-wide interventions

- Reducing tobacco use (a best buy)
- Promoting physical activity
- Reducing harmful alcohol use
- Promoting healthy diets
- Cancer specific strategies
 - Hepatitis B vaccine (a best buy)
 - HPV vaccine
 - Cervical cancer screening
 - Not currently recommended in low income countries CRC screening

WHO: Global status report on noncummunicable diseases, 2010



Atwood, Colditz, Kawachi, AJPH 1997; 87: 1603-1606.

Best buys

Interventions that are not only highly cost-effective but also feasible and appropriate to implement within the constraints of the local LMIC health system

Sustained social change / collective impact requires:

Shared common agenda

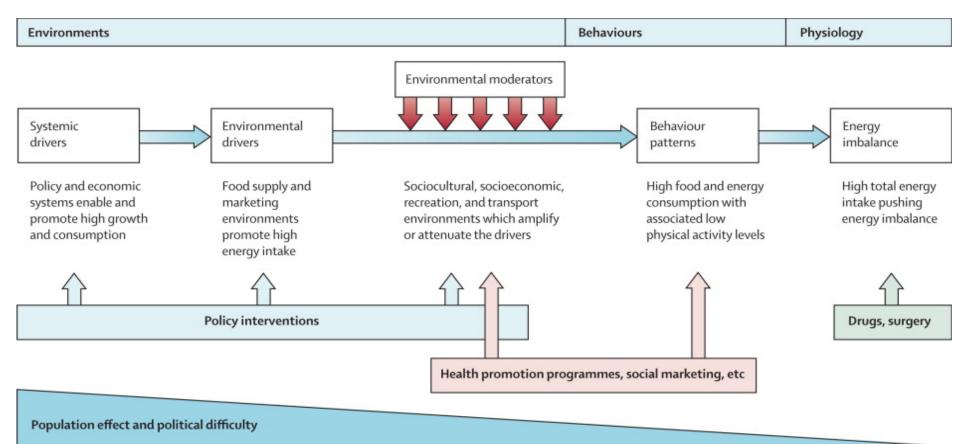
Shared measurement system

Mutually reinforcing activities

Continuous communication and backbone support organization

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A framework to categorize obesity determinants and solutions



The global obesity pandemic: shaped by global drivers and local environments. Swinburn BA et al.

The Lancet Volume 378, Issue 9793 2011 804 - 814 http://dx.doi.org/10.1016/S0140-6736(11)60813-1

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Commission on social determinants of health, 2008

Improve the conditions of daily life – the circumstances in which people are born, grow, live, work, and age.

Tackle the inequitable distribution of power, money, and resources – the structural drivers of those conditions of daily life – globally, nationally, and locally.

Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health. "In the beginning of every enterprise we should know, as distinctly as possible, what we propose to do, and the means of doing it... We desire to lay the foundation and to mature some parts of the plan. Those who come after us must finish the work."

William Greenleaf Eliot, co-founder Washington University in St Louis 1854



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