

PRESENTATION OF THE TECHNICAL DOCUMENT "ANALYSIS OF THE CANCER SITUATION IN PERU, 2018".

PRESENTACIÓN DEL DOCUMENTO TÉCNICO "ANÁLISIS DE LA SITUACIÓN DEL CÁNCER EN EL PERÚ, 2018"

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EDITORIAL

The design and planning of prevention and control interventions, as well as the evaluation of the interventions already implemented, require a situational analysis based on various systems and sources of information that allow for the targeting and prioritization of resources towards the most vulnerable and/or disadvantaged populations. Health situation analyses are a powerful tool for identifying needs and priorities and are essential for building health policies^(1,2).

On December 27, 2019, the National Center for Epidemiology, Prevention and Disease Control presented at the Paraninfo of the Ministry of Health the "Analysis of the situation of cancer in Peru, 2018"⁽³⁾. This technical document seeks to contribute, based on the analysis of data from various sources of information, to the design of cancer prevention and control interventions in the country, particularly in the formulation of the National Comprehensive Cancer Care Plan 2020-2024, which represents the continuation of the Plan Esperanza⁽⁴⁾.

The "Analysis of the cancer situation in Peru, 2018" shows that cancer incidence and mortality in Peru is largely explained by the social determinants of health (poverty, education) and exposure to risk factors. Data from the National Household Survey show that poverty in Peru over the last 11 years has shown a downward trend, from 32.0% in 2007 to 17.4% in 2017. The average number of years of study of the national population in 2017 was 10.3 years compared to 2007 when the average was 9.9 years, indicating that a significant fraction of the population did not complete secondary education.

The National Surveys on Drug Prevention and Consumption in the general population and the Demographic and Family Health Surveys 2014-2017 show that tobacco and alcohol consumption have a downward trend, obesity and overweight have an upward trend, while low consumption of fruits and vegetables has a stationary trend. Oncogenic infections show variable prevalence in the general population and vulnerable populations, being the most prevalent infection by *Helicobacter pylori* and the infection by the human papillomavirus (HPV).

The technical document presented shows that by the year 2018, the International Agency for Research on Cancer estimates that the standardized rate of cancer incidence in Peru was 192.6 new cases per 100,000 inhabitants, which represents the diagnosis of 66,627 new cases in a population of 32,551,811 people for that year⁽⁵⁾. Likewise, based on the Death Registry, it is estimated that in 2016 there were 32,163 deaths from cancer, representing an adjusted mortality rate of 122.9 deaths per 100,000 population. Malignant neoplasms were the second leading cause of death overall, and the departments with the highest adjusted mortality rate were Huánuco, Junín, Apurímac, Ayacucho and San Martín. The cancers with the highest mortality rates were those of the prostate, stomach, cervix, liver and bile ducts, and trachea, bronchus, and lung.

Concerning the response of the state and health services to cancer, the "Analysis of the cancer situation in Peru, 2018" finds that there was an increase in the number of specialists in clinical oncology and radiotherapy about the first analysis of the cancer situation published in 2013⁽⁶⁾; however, the inequity in their distribution has not been reduced. By 2017, of the 204 clinical oncology specialists registered, 73.0% were concentrated in Lima and Callao. In 2018, there were 69 radiotherapy specialists nationwide, also concentrated in Lima and Callao (82.6%). A similar situation occurred with oncological surgeons, with 79.2% of the 178 specialists registered in 2017 being in Lima and Callao.

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By 2017, 110 mammography kits were operational nationwide, and while all departments had at least one kit, in departments such as Cajamarca, Cusco, Piura, Lima, Loreto, Ica, La Libertad and Puno the number of kits was insufficient for the target population. All departments had at least one pathological anatomy service except Amazonas, Apurímac, Huánuco, Madre de Dios, Pasco and Tumbes departments. The services with the greatest concentration in public facilities were radiotherapy and bone marrow transplant. Radiotherapy was restricted to Lima, Arequipa, La Libertad, Cusco, and Junín; while bone marrow transplant was restricted to Lima, Lambayeque, and Arequipa.

The territorial vulnerability analysis included in the "Analysis of the cancer situation in Peru, 2018" shows that the most vulnerable departments for the cancer prevention and control response were Huánuco, Pasco, Ayacucho, Amazonas, Cajamarca, Loreto, and San Martín. These departments require priority intervention in the

short term to strengthen interventions of prevention and cancer control. The departments of Apurímac, Ica, Huancavelica, Madre de Dios, Junín, Lambayeque, and Piura were also in a vulnerable condition and therefore require intervention in the short to medium term.

It is hoped that the information presented in the technical document "Analysis of the Cancer Situation in Peru, 2018" will contribute to optimizing the prevention and control interventions implemented by the Peruvian state (preventive, screening and early diagnosis, access and care of cases as well as palliative care), particularly in the most vulnerable departments to improve the effectiveness and efficiency of the interventions as well as to bring them to the groups at greatest risk and/or exclusion. It is hoped that this technical document will also contribute to the discussion of interventions based on evidence that could be implemented in the country not only by state institutions but also by academia and civil society.

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