The role of General Practitioners in contrasting cancer care disparities
Translational implications of tumor biology

LONG, STEPWISE Process
frequently induced by modifiable Risk Factors

Advanced Stage
HETEROGENEITY !!!
<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Prevention</th>
<th>Early Diagnosis</th>
<th>Early Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
<td>+++++</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Oesophagus</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Stomach</td>
<td>+</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>Colon-rectum</td>
<td>+</td>
<td>+++</td>
<td>+</td>
</tr>
<tr>
<td>Breast</td>
<td>+</td>
<td>+++</td>
<td>++</td>
</tr>
<tr>
<td>Uterine cervix</td>
<td>+++</td>
<td>+++</td>
<td>+</td>
</tr>
<tr>
<td>Testicle - cryptorch</td>
<td>+</td>
<td>+</td>
<td>++ +</td>
</tr>
<tr>
<td>Skin</td>
<td>++</td>
<td>+++</td>
<td>+ +</td>
</tr>
<tr>
<td>Lymph./ Leuk.</td>
<td>----</td>
<td>+ + +</td>
<td>++ +</td>
</tr>
<tr>
<td>Prostate</td>
<td>----</td>
<td>++</td>
<td>+ +</td>
</tr>
<tr>
<td>Ovary</td>
<td>----</td>
<td>+</td>
<td>++</td>
</tr>
<tr>
<td>Pancreas</td>
<td>----</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Bladder</td>
<td>+</td>
<td>++</td>
<td>+ +</td>
</tr>
<tr>
<td>Oral cavity</td>
<td>+++</td>
<td>+++</td>
<td>+</td>
</tr>
<tr>
<td>Liver</td>
<td>+++</td>
<td>++</td>
<td>+</td>
</tr>
</tbody>
</table>

**17th Statement (2015)**

MOST TYPES OF CANCER ARE NOT DUE TO BAD LUCK

1/3, 1/2 prevented

the remaining largely averted by early detection
Evidence based medicine, economic investments, literacy /awareness/ advocacy

TRENDS IN ESTIMATED, AGE-STANDARIZED MORTALITY RATE PER 100.000 MEN

BUT
TRENDS IN ESTIMATED **INCIDENCE**, **AGE-STANDARIZED RATE**

PER 100.00 **WOMEN**

AND.....
DISPARITIES  *Interplay of genetic, environmental and social issues*......

Union Florida County mortality rate is 7 times higher than Summit Colorado County (AACR, 2107)

ITALY CRC Screening
We are facing a global emergency which requires comprehensive efforts to fully exploit available knowledge in view of the decrease of economic resources need to reduce disparities
KNOWN INTERNAL AND EXTERNAL RISK FACTORS....

Genetic inherited risk 6% (early onset)

Enviromental-Occupational 10%

Life Styles 65%

Infection-Inflammation 15 %

All worsen by POVERTY !!!!

....Unknown
REASONS FOR DISPARITIES  (from: Cancer to day magazine)

LOW INCOME and health literacy

Low access to qualified counselling to not delay diagnosis
i.e advanced disease

reduced trust in providers and health care system
provider biases and prejudices
overt discrimination
poor quality care
MEDITERRANEAN TASK FORCE FOR CANCER CONTROL

VISION AND ACTIONS

*Unify* efforts to reduce cancer mortality by decreasing incidence of *Advanced Disease* 

*Prevention* and *Early Diagnosis* 

with *No Discrimination* related to 

gender, ethnicity, insurance and socio-economic status, residence


WERE DOES MTCC INVEST INTO ??
General Practitioners/Family Doctors have the most consistent contact with patients before they become “severely sick”

Role in Cancer Care

Directly involved in the initial diagnosis of more than 85% of all cancers cases

...... in counselling, progression/relapse advanced/terminal stages
WE WILL BE LIVING IN A PRIMARY CARE DESERT (favoring disparites!!!)

(P. Miller, Merrit Hawkins)
WHY GPS REPRESENT FIRST LINE CANCER DISPARITIES FIGHTERS?

Because of Knowledge of patients ‘ personal and family medical records, living enviroment, occupation, health literacy, economic status

THEY can SIGNIFICANTLY decrease disparities into access to standard care by reducing the delay in diagnosis through referral to specialized Centers, thus decreasing incidence of advanced disease and related costs and through cooperation with NURSES and Community ( Church, School....)

by increasing public awararness advocacy in the community compliance with Health Systems Guidelines

by advising health authorities in the adoption of relevant/usable interventions at population level!!
MTCC FIELD ACTIONS FOR GPS

LYBIA

KOSOVO

JORDAN ARMY

IRAN

2nd and 3rd Jordanian Cancer Prevention & Early Detection Conference
Jordanian Society of General Practitioners, Amman

2nd and 3rd Qatar Internal Medicine Conference, Doha

HEBRON, 2017

YOUNG Algerian Students
Change attitudes from compassionate fatalism to aggressive optimism
Because of Increasing Costs, Decreasing Resources, Disparities in access to standard care are likely to increase

THIS IS MEDICALLY and ETHICALLY UNACCEPTABLE
under whatsoever socio-economic system and faith

GPs’ mission is to deal with patients as Individuals and in aggregate as Population, thus preserving Health and Working Power

HEALTH = WEALTH

WHAT MTCC ACTIVELY ADVOCATES?

GPs should actively participate in lowering the widening research-to practice gap through the development of prevention and early diagnosis plans tailored to individual risks

The moonshot is here !!!