



National Cancer Control Plans: Comparative Analysis between South Africa and Brazil Focusing on Colorectal Cancer Control

2018, 6,937 (6.5%) (Q) 3,508 (7.3%) (G) C
 6.4% 3,429 (5.7%) (O) (2018),
 S. A. 14.4/100,000 7.3 7.1 100,000
 795 2010 931 2015, 17%
 6% 2014 2018 S. A. 39% S. A.
 40% (2,498/100,000) 2018 3,495
 2030 S. A. CRC (ASIR) S. A.
 N ASR. (14.4 13.4 100,000).
 133,675 (NCD) 2016, 23.3%
 SD 8, 14,000 2030.

Brazil

C 4 (CRC) S. A. B. 2018
 9.3% 10.1% 100,000
 25% B. 3,993 2010 4,995 2015
 CRC 10% B.
 2014 2018. CRC 2015
 1.2 B. (4.91
 3.96/100,000).
 B. CRCASIR, S. A. ASR
 (19.6 18.6 100,000) GLOBOCAN
 2018 1. 416,222
 NCD 2016, 30.3% B.
 CRC SD 8, 45,000
 2030.

Research questions

Q1: S. A. B. CRC ?

Q2: ?

Why compare between South Africa and Brazil?

B. H.
 NCD 3,4.



Figure 1: Components of the Cancer Control Planning process.

Source: Components of the Cancer control planning process. Source: WHO, 2006 [accessed 11th April 2020].

Purpose

The purpose of this study is to compare the National Cancer Control Plans (NCCPs) of South Africa and Brazil, focusing on Colorectal Cancer (CRC) control. The study aims to identify the components of the cancer control planning process and assess the effectiveness of the NCCPs in both countries.

Aim

The aim of this study is to compare the NCCPs of South Africa and Brazil, focusing on CRC control. The study aims to identify the components of the cancer control planning process and assess the effectiveness of the NCCPs in both countries.

Objectives

1. Determine the components of the cancer control planning process.
2. Identify the key stakeholders involved in the cancer control planning process.
3. Assess the effectiveness of the NCCPs in South Africa and Brazil.
4. Compare the NCCPs of South Africa and Brazil.
5. Review the literature on cancer control planning.
6. Assess the impact of the NCCPs on CRC control.

Intended Use and Significance

The findings of this study will be used to inform the development of NCCPs in South Africa and Brazil. The study will also provide valuable information for other countries in the BRICS region.

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Methods

The study will use a comparative analysis of the NCCPs of South Africa and Brazil. The study will also use a literature review to identify the components of the cancer control planning process.

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- (1) Comparison of the NCCPs of South Africa and Brazil.
- (2) Identification of the key stakeholders involved in the cancer control planning process.
- (3) Assessment of the effectiveness of the NCCPs in South Africa and Brazil.
- (4) Comparison of the NCCPs of South Africa and Brazil.
- (5) Review of the literature on cancer control planning.
- (6) Assessment of the impact of the NCCPs on CRC control.

... (1) ... NCD; (2) ...

E ...

Investigations to different target groups : <ul style="list-style-type: none"> • Asymptomatic • Symptomatic • High risk 	No Yes Yes	No Yes Yes
5. Colorectal cancer care continuum		
Public cancer centres per 10,000 cancer patients	1.2	6
Has comprehensive care centres	Yes but mostly at tertiary level in 3 major cities	Yes but mostly at tertiary level in 3 regions with high burden
Treatment including surgery	Yes in public and private health systems	Yes in public and private health systems
Existence of radiotherapy centres	Yes in public and private health systems but at tertiary level	Yes in public health systems but at tertiary level
Chemotherapy (medicines not specified)	Yes in public and private health systems	Yes in public and private health systems
Oral morphine (formulation not specified)	Yes in public and private health systems and non-profit-cancer organisations e.g. Cancer associations	Yes in public health systems and non-profit-cancer organisations e.g. Cancer associations
Palliative and survivor care:		
Community/home care for people with advanced stage cancer and other NCDs	Limited availability through cancer non-profit organisations	Yes as part of public health system
Key principles for quality are considered Safe, effective, timely, patient-centeredness	Yes	Yes
6. Monitoring, Research and Surveillance		
National Cancer register	Yes	Yes
Reported Quality of the national cancer registry data as stated by the Cancer Country Profile 2020	High	High
Reported Quality of mortality registry data as stated by the Cancer Country Profile 2020	Medium	High
Scope	Population and Pathology-based reliability and completeness of data reported from these registries are variable	Population based newly established with strong technical support from the regional cancer hub
Coverage	Restricted to only 3 cities in 3 provinces with tertiary hospitals	Expanded to sub-national level mainly in southern regions with highest burden on CRC
Last year of CRC data publication from cancer registry	2019	2019
Targets included to reduce risk factors for NCD including cancers	None	None
Targets to reduce risk factors on NCD	Yes	Yes
Aligned to or adopt WHO guidelines and STEPS surveillance mechanism	Yes	Yes
7. Governance		

Brazil NCD, ...
G... A... P... NCD ...
NCD ... 16-18 . I ...
S... H ...
NCD ...
16,19 . F... HO ...

S. A. 25. R. HO STEPS

B. NCCP I. NCD

H. HO 37.

B. NCD H. C. (HC).

A. NCCP NCCP 38,39.

H. HC. 40. T. BRICS BRICS 1990 2011.

C. B. S. A. R. 41. A. CRC

(57 63) 24. I. S. A. 42.

L.

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