Recalling WHO Resolution 58.22 on Cancer Prevention and Control (2005) and PAHO Resolution CD48.R10 on Cervical Cancer (2008);

Recognizing the contribution of IARC, of over 40 years, to the research of cancer etiology and prevention, and to the provision of evidence on global cancer prevalence and incidence, the causes of cancer mechanisms of carcinogenesis and effective strategies for cancer prevention and early detection;

Recognizing the support given by PAHO-WHO in setting priorities based on regional and national burdens of cancer, resource availability and health system capacity for cancer prevention, control and palliative care programs;

Recognizing the efforts and the contribution of the Latin American and Caribbean Alliance for Cancer Control in meeting Regional needs in different areas of cancer control such as surveillance, prevention, care and research by carrying out policies and practices based on multilateral partnerships and networking;

Aware that patterns of cancer incidence are not clear in the Region due to the diversity of populations and socioeconomic conditions;

Recognizing that cancer is preventable and risk factors for many cancers are already known;

Encouraged by support offered by international organizations, public and private institutions, academic institutions and NGOs;
We urge governments to:

✓ Develop new or strengthen existing information systems to provide or include population-based data for different types of cancer, which will inform decision-makers in priority setting and implementation or enhancement of comprehensive cancer control programs.

✓ Recognize cancer registries as part of the integrated national health information system.

✓ Ensure cancer registry access to disaggregated mortality data from the national statistics bureau, including personal identifiers, while ensuring confidentiality.

✓ Encourage policies that secure resources for sustaining the quality, timeliness and completeness of cancer data.

✓ Engage multiple stakeholders as advocates for the importance of up-to-date cancer data/information and as the disseminators of cancer information.

✓ Provide leadership support, including support for capacity building in cancer registration, data analysis and dissemination of information.

✓ Support the use of technology in cancer registration, for both registry quality control and dissemination of information.

✓ Encourage scientific research related to improvement of tools and resources that will support better information on cancer, evaluation of cancer registries, and the cost-effectiveness and guidance of interventions within cancer programs.

✓ Ensure appropriate and accurate access to information on cancer patients in all settings: hospitals, private clinics, laboratories, social security, etc.

✓ Ensure access to appropriate information on cancer by different sectors of the public, by establishing channels for dissemination of that information.

✓ Plan the placement, number and coverage of population-based cancer registries by using public health criteria and existing technical and financial capacities.

Statement prepared jointly by cancer program representatives and cancer registry representatives from the following countries:

Argentina, Barbados, Belize, the Cayman Islands, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, Guatemala, Jamaica, Mexico, Nicaragua, Peru, and Uruguay.

Brasilia, 14 October 2009