

# Contribution to the History of Cancer Prevention at the National Cancer Institute

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*Contribuição à História da Prevenção do Câncer no Instituto Nacional de Câncer*

*Contribución a la Historia de la Prevención del Cáncer en el Instituto Nacional del Cáncer*

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## INTRODUCTION

Within the context of Brazil's political redemocratization in the 1980's, the National Cancer Institute (INCA) was restructured, expanding its scope to education and care, pursuing the construction of a nation-wide model to prevent cancer which has been improved throughout four decades.

Several texts and articles published by Revista Brasileira de Cancerologia (RBC), thesis and studies addressing the theme, specifically activity and management reports produced by INCA in that period were thoroughly analyzed to elaborate the historical inventory about cancer prevention in Brazil.

## DEVELOPMENT

### THE GENESIS OF CANCER PREVENTION CONSTRUCTED BY THE NATIONAL CANCER INSTITUTE

At its very beginning, cancer prevention in Brazil, deemed as an incurable disease, grounded its actions on demographics and health statistics and with scientific support moved forward to the therapeutic-curative context, after the disease onset, utilizing the available relatively effective and costly physical-technological and pharmacochemical assets. How to cope with the disease and the creation of a political-governmental agenda led to the elaboration of by-laws which included the political-administrative restructuring of INCA since 1980.

In that decade, in order to reduce social security costs with oncologic patients treated by private institutions<sup>1</sup>, INCA, then in "relative neglect and great ociosity"<sup>2</sup>, would become viable with investments of the Ministries of Health and Social Security and Welfare through co-management and equitable cooperation of both Ministries in the Institute administration.

This modality of management brought technical and human resources through the administrative flexibility of

the "*Campanha Nacional de Combate ao Câncer (CNCC)*" a legal entity created in 1967 by decree, and later left behind after INCA moved to the administrative structure and purview of the Ministry of Education between 1969 and 1971 whose finality was:

intensify and coordinate nation-wide the public and private activities of prevention, early diagnosis [...] related to malignant neoplasms in all its clinical forms to reduce their incidence<sup>3</sup>.

Co-management would be aligned with the necessity of having an organized cancer control through an evidence-based planning, redesigning the role of statistics as priority and pre-requirement of medical practice<sup>4</sup>, cementing the principles that would rule a public policy of cancer prevention.

Since 1984, INCA started to manage nationally the Integrated and Region-base Cancer Control System (SIRCC), formed by institutions producing epidemiological information on cancer, early analyzed as "requiring programmatic initiative within a perspective driven to actions of control"<sup>5</sup>. These institutions would be the foundation of the Population-Based Cancer Registries (PBCR) of some States, of the Tumor Pathology National Registry (RNPT), assembling more than 300 pathology laboratories and Hospital-Based Cancer Registries (RHC).

The Regional Committee of Cancer in Rio de Janeiro and the Working Group were created to elaborate the SIRCC. Both were provided with information from State Health Secretaries and given the processing dynamic, would ask the Ministry of Health Roberto Santos (1986-1987) to create a program able to generate the conditions to prevent cancer in network, technically and scientifically applicable.

### PROGRAM OF ONCOLOGY (1987-1998)

The Program of Oncology (*Pro-Onco*) was the first nation-based governmental public program to design a

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multiprofessional model for cancer prevention actions through technical cooperation among government areas.

The inventory identified the focus on curative approach with strong emphasis on technological aspects of the therapy and a “quasi-neglect of preventive actions”<sup>6</sup> which affected the productivity at the health basic network and quality of care.

However, advances of “some actions, though isolated and with few resources but beneficial and viable for the target populations”<sup>6</sup> and perspectives of preventive actions prior to the enactment of Law 8,080 dated September 19, 1990<sup>7</sup> (Health Organic Law) were the pillars of the creation of the National Health System (SUS).

The mission of *Pro-Onco* to reduce the morbimortality by cancer in Brazil and its action would reach the whole country through programs, as tobacco control in 1989, professional and community education, implementation, consolidation and disclosure of data, follow-up and training in cancer registry and control and evaluation in oncology within the scope of SUS<sup>8</sup>.

After CNCC discontinuation by the Government of President Collor, *Pro-Onco* moved to the purview of INCA but with a new name, “*Coordenação de Programas de Controle do Câncer*” (Coordination of Cancer Control Programs) but keeping the acronym *Pro-Onco*<sup>9</sup>. Under the mandate of Marcos Moraes (1936-2020), its actions at INCA were mostly driven to three areas: Information, Education and Prevention in partnership with Municipal and State Health Secretaries, cancer services and hospitals, universities and civil society<sup>8</sup>.

In 1991, the by-laws of the Ministry of Health assigned INCA the role of consultant, executive and coordinator of the National Policy of Cancer Prevention and Control as disposed in Decree 109 dated May 2, 1991<sup>10</sup>.

At that time, communication to the society was intensified jointly with thematic strategies at annual commemorative dates: Take Down Tobacco National Day, August 29; World No-Tobacco Day, May 31 and Take Down Cancer National Day, November 27.

The protagonism of INCA through *Pro-Onco*, the creation of “*Associação Brasileira de Registradores de Câncer*” (Brazilian Association of Cancer Registries) in 1992, in order to improve and unify the technical information in Brazil were key landmarks.

#### NATIONAL COORDINATION OF TOBACCO CONTROL AND PRIMARY PREVENTION OF CANCER (1996-1998)

Embracing the concept of primary prevention, which means promotion of health, complementary to secondary prevention through early diagnosis<sup>11</sup>, the National Coordination of Tobacco Control and Primary Prevention of Cancer (Contapp) was created by Internal Directive

91, April 9, 1996<sup>12</sup>.

Contapp was assigned the power of establishing and developing activities and national campaigns of prevention within the concept of primary strategic prevention, not only of tobacco-related diseases but attempting to restrain and/or extinguish unhealthy life habits and exposure to actual environment and working sites cancerous agents.

Sharing the actions of prevention and surveillance with *Pro-Onco*, Contapp improved tobacco control initiatives, obtaining support from medical entities and public opinion which eventually influenced the Congress to approve the historical law number 9,294/96<sup>13</sup>, which banned cigarette ads in the media after decades of opposition of the tobacco industries to innumerable legislative bids with the same content.

As an additional preventive action, *Pro-Onco* was assigned the coordination of RHC and the formulation of the program *Viva Mulher*, a presidential demand after the participation of Brazil in the Fourth World Conference on Women in Beijing, China in 1995.

The expertise of *Pro-Onco* in effective treatment and moderate costs for a large country as Brazil would give INCA the opportunity of creating a regional-based feasible program for the whole country. Under the purview of a Central Committee, *Viva Mulher* would be implemented in five stages since 1996, starting with the enrollment of the target-population after collecting samples for Papanicolaou test going through the cytopathology processing and treatment of cases diagnosed up to evaluation<sup>14</sup>.

The launching of the first Estimate of Incidence and Mortality by Cancer in Brazil in 1995, and the expansion of statistics of cancer cases from 4% to 20% of the population investigated covered by cancer registries, including cities then epidemiologically uncharted were nation-wide impactful initiatives.

After the media was banned from advertising cigarettes, Contapp implemented strategies to reduce the use of tobacco products, among them, the commissioning of *Fundação Getúlio Vargas* to analyze the impact of a strong tax raise of these widely accessible products due to the nonsensical low price, the second lowest in consumer countries.

Pursuing the preventive line, Contapp organized a widely visible event in 1997 during the National Day of Fight Against Cancer at Rio de Janeiro downtown with stands with data and information, handouts, orchestra, choir and ballet, drawing the public’s attention<sup>15</sup>.

#### NATIONAL COORDINATION OF PREVENTION AND SURVEILLANCE (SINCE 1998)

INCA expanded its national dimension under the purview of Jacob Kligerman assigned by the Ministry of

Health, José Serra in 1998, replacing Marcos Moraes. The less hierarchical relation between them favored the increase of the financial resources and eventually in INCA's restructuring with the creation of the Chamber of Administrative Activities divided in four units: Care, Education and Research, National Programs and Strategy. Contapp was merged with *Pro-Onco* and gave birth to the National Coordination of Prevention and Surveillance (Conprev).

For the first time, the multiannual plan (PPA) 2000-2003<sup>16</sup> addressed multiple cancer control actions coordinated by INCA including prevention, surveillance and research.

After matching to PPA, INCA created the Program of Cancer Evaluation and Surveillance and its risk factors, having its anti-tobacco policy acknowledged with the invitation to join the National Commission of Tobacco Use and Control that would entail Brazil's ratification of the WHO Framework Convention on Tobacco Control<sup>17</sup> in 2006.

The Project *Expande* created in 1998 and expanded in 2001 to contribute to the reduction of regional inequalities of oncologic care and linked to Conprev proposed the implementation of new High Complexity Oncologic Centers (Cacon) in several nation-wide regions<sup>18</sup>.

With a new President in 2003, the sanitarian José Gomes Temporão conducted INCA and implemented the model of Participative Management supported by a collegiate who discussed the policies agreed upon consensus<sup>19</sup>.

WHO proposed Brazil to host the organizational activities of the World No-Tobacco Day in May 2004 after the international recognition as leader of tobacco control. Further to this appreciation, the "*Programa Saber Saúde*" (Education in Health) implemented in 1996 would reach 556 schools and 6,705 professors and coaching of 1,019 health professionals of 512 health units with the objective of tobacco cessation at health public network.

Luiz Antônio Santini replaced Temporão as INCA Director in November 2005. Santini formalized the Oncologic Attention Network within the Policy of Oncologic Attention created to be adopted in every Brazilian State<sup>20</sup>, endorsed by the Ministry of Health, Saraiva Felipe, in force until 2013 and replaced by the National Policy of Cancer Prevention and Control (PNPCC) at the Network of Attention to Health of Persons with Chronic Disease within the scope of SUS<sup>21</sup>, signed by the Ministry Alexandre Padilha. The Policy of Oncologic Attention guided the national actions integrated to the Municipal and State Secretaries aligned with SUS decentralization strategy.

The activities developed by INCA within the scope of PPA in 2004-2007 prioritized care, but from 2007 to

2011, the promotion of health associated with tobacco prevention and control was resumed through surveillance and control of non-communicable diseases<sup>22</sup>.

The National Policy of Promotion of Health created in 2005<sup>23</sup> was guided to adopt the agenda of the 2011 United Nations High Level Meeting on the Prevention and Control of Non-Communicable Diseases with INCA contributing to elaborate the Non-Communicable Diseases Strategic Actions Plan in Brazil to launch goals and initiatives associated with cancer prevention<sup>9</sup>.

Between 2013 and 2015, in addition to the technical aspects, the actions produced and coordinated by Conprev similar to the Project *Expande*, reinforced the surveillance, support and technical advice, production of knowledge and tobacco control, the concept of social mobilization through events, exhibitions and workshops, prioritizing the female population.

In 2017, Conprev, through the Division of Surveillance and Status Monitoring focused to the young population, launched the paper Incidence, Mortality and Hospital Morbidity by Cancer in Children, Adolescents and Young Adults in Brazil<sup>24</sup>.

Additionally, the actions of social mobilization like the agroecological fair of 2018 and technical norms as panel-Oncology of access to data for the monitoring of the time between the diagnosis and beginning of the first treatment of patients with malignant neoplasm by SUS were agreed upon as ruled by Law 12,732 of November 22, 2012<sup>25</sup> – known as 60-days law.

## CONCLUSION

Today, the mission of Conprev is the production, organization and dissemination of information on cancer and its risk factors, technical advice and supervision, formation, training and improvement of Human Resources for SUS, management of information systems, actions of mobilization and communication and management and governance of programs.

## CONTRIBUTIONS

Alexandre Octavio Ribeiro de Carvalho contributed substantially to the study design, acquisition, analysis and interpretation of the data, wording and critical review. Liz Maria de Almeida and Eduardo Barros Franco contributed substantially to the wording and critical review. The authors approved the final version to be published.

## DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare.

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