



INAUGURAL CONFERENCE
LIFESTYLE MEDICINE
IN LATIN AMERICA & THE CARIBBEAN
PREVENTION OF NCD'S
February 23-25, 2024 Willemstad, Curaçao

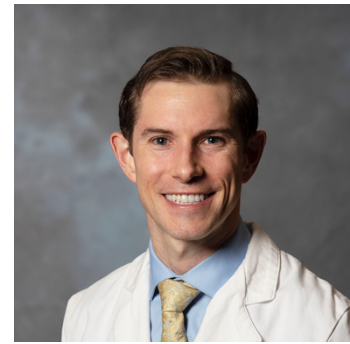
Abstracts & Faculty Biographies
for
February 24

(Last Update Febr 7, 2024)

Abstract & Biography Dr. Jonathan Bonnet

Lifestyle Medicine: Exercise is Medicine

Jonathan Bonnet, MD, MPH, Weight Management Center, Palo Alto VA, Clinical Associate Professor (Affiliated) Stanford University School of Medicine



The benefits of physical activity and exercise and health are incontrovertible. There is an extensive literature demonstrating the tremendous impact exercise has on health span and lifespan. This includes positive effects on virtually every aspect of health including: cardiometabolic conditions, cancer, brain health, overweight/obesity, falls, physical function, pregnancy, and all-cause mortality.

The direct and indirect effects of physical activity are broad, complex, and are poorly understood at a molecular level. Numerous exercise-related signaling pathways and molecules, called exerkinins, have been identified. Biological effects vary and include improved fuel utilization, endothelial function, and immune function, enhanced angiogenesis and neurogenesis and immune function, increased skeletal muscle mass and mitochondria, and inflammation mediation.

Using the Physical Activity Vital Sign or the Lifestyle Medicine Assessment enables clinicians to quickly screen patients' overall activity patterns. It is important to note that the 'dose' (frequency, intensity, duration, and activity type) of physical activity to achieve specific health outcomes varies. The physical activity guidelines recommend that adults with chronic conditions obtain 150-300 minutes/week of moderate-to-vigorous intensity aerobic activity and perform two or more resistance training sessions per week. These targets will lead to improved health outcomes. If medical conditions prevent meeting these recommendations, patients should work with a provider to be as active as their condition allows.

Biography

Jonathan Bonnet is board-certified in family, sports, obesity, and lifestyle medicine. He is an associate professor (affiliate) at Stanford University School of Medicine and the program director of medical weight loss at the clinical resource hub weight management center at the Palo Alto VA. Jonathan has a background in exercise physiology and is a certified personal trainer. He completed his undergraduate and medical school degrees at Ohio State University before finishing his family medicine residency at Duke University, and his sports medicine fellowship at the University of Florida. He also holds a master's degree in public health from Harvard.

Jonathan serves on the board of the American Board of Lifestyle Medicine and co-chairs the American College of Lifestyle Medicine's (ACLM) 30-hour CME board review course. He also serves as the advisor for the Emory University Lifestyle Medicine Interest Group and previously served on the board of the American College of Lifestyle Medicine. He has co-authored two editions of the Lifestyle Medicine Handbook and the first edition of the Medical Fitness Bible. He has published research in sleep medicine, nutrition, sports and exercise, obesity, and behavior change, and serves on the editorial board of the American Journal of Lifestyle Medicine.

Abstract & Biography dr. Ioan Hanes

Sexual health and Lifestyle Medicine

Ioan Hanes, Belgium

According to the World Health Organization, sexual health is a human right and part of our wellbeing. It impacts and reflects our lifestyle, and this is the reason the European Lifestyle Medicine Organization considers sexual health and fertility as one of the eight pillars of lifestyle medicine.

Chronic diseases may have an impact on sexual health and sometimes sexual dysfunction could be an early sign of chronic diseases. Sexual script influences the way topics related to sexuality and chronic diseases are approached in a lifestyle-focused medical consultation.

The presentation will bring answers and an evidence-based background to why, when and how we should integrate the different aspects of sexual health and fertility into our clinical practice.



Biography

Dr. Ioan Hanes is one of the pioneers in the field of lifestyle medicine in Europe. Since 2018, Dr. Hanes has been a board member and past-vice-chairman of the European Lifestyle Medicine Organization (ELMO). He is also the founder of the Belgian Lifestyle Medicine Organization (BELMO) which, together with ELMO, led to a joint action for the development of the first European Lifestyle Medicine Certificate: Health and Fitness Lifestyle Advisor. The certificate he developed and coordinated has trained more than 350 health professionals from Europe and around the world to acquire the practical skills to prevent and treat lifestyle-related chronic diseases (<https://www.eulm.org/elmo> certificate). Since 2019, Dr. Hanes has been the organizer and member of the Scientific Committee of the ELMO Congress. He is the coordinator and author of the first European e-book on lifestyle medicine, "Lifestyle Medicine and Chronic Diseases: Prevention and Treatment". He coordinates the Sexual Health and Lifestyle Medicine module in the first European MSc Lifestyle Medicine, University of Thessaly, Greece.

He is trained in Lifestyle Medicine at Harvard University, Boston, USA, and in Motivational Interviewing at Massachusetts University Hospital, USA. In Belgium, he is certified as a clinical sexologist at the ULB and graduated with a Master's degree in human sexuality and family studies at KU Leuven. He is also a member of the Société Belge des Médecins Nutritionnistes and graduated with a Master's degree in food sciences and nutrition at Ghent University. He speaks five languages fluently: English, French, Dutch, Romanian and Hungarian.

He works as a nutritionist and coordinates the Obesity MeNuFit department at the Military Hospital in Brussels. He is also a medical expertise doctor for various governmental agencies.

Abstract & Biography Prof. Carlos A. Torres-Duque

Respiratory impact of household air pollution from biomass fuels

Carlos A. Torres-Duque, Fundación Neumológica Colombiana, CINEUMO, International Research Center on Respiratory Health, Bogotá, Colombia



Around 40% of global households, up to 80% of rural ones, use solid fuels (coal and biomass) as the main domestic source of energy, thus exposing approximately 40% of the world population, close to 3 billion people, to the harmful effects of the combustion products. There is strong evidence that acute respiratory infections in children and chronic obstructive pulmonary disease (COPD) in women are associated with indoor biomass smoke. Lung cancer in women has been clearly associated with household coal use. Other conditions such as COPD in men, asthma and tuberculosis could be also associated, but evidence is scarce. According to estimates of the World Health Organization, more than 1.6 million deaths and over 38.5 million disability-adjusted life years (DALYs) can be attributed to indoor smoke from solid fuels affecting mainly children and women. Interestingly, recent evidence shows that COPD related to biomass smoke is significantly different from COPD related to tobacco smoke, because of a greater inflammatory compromise of airways and milder or no emphysema in biomass COPD.

There is an urgent need for interventions to suppress or reduce indoor exposure, including behavioral changes, improvements of household ventilation, improvements of stoves and, outstandingly, transitions to better and cleaner fuels. These changes face personal and local beliefs and economic and socio-cultural conditions. In addition, selection of fuels should consider cost, sustainability, and protection of the environment. Consequently, complex solutions need to be locally adapted, and involve the commitment and active participation of governments, scientific societies, non-governmental organizations, and the general community.

Biography

Director, CINEUMO - International Research Center on Respiratory Health, Fundación Neumológica Colombiana

Professor of Pulmonology at the School of Medicine of La Sabana University in Bogotá, Colombia

Physician, specialist in Internal Medicine and Pulmonology

Doctoral Student in Biosciences at the University of La Sabana

Active Member and Former President of the Latin American Thorax Association – ALAT

Active Member and Former President of Asociación Colombiana de Neumología y Cirugía de Tórax

Active Member of the American Thoracic Society and the European Respiratory Society

Abstract & Biography Dr. Rogelio Pérez-Padilla

Pre-COPD

Jose Pérez-Padilla (Mexico)

The Global Initiative for Chronic Obstructive Respiratory Diseases (GOLD) a very influential organization with very relevant achievements in the field, in their 2023 report defines pre-COPD as the presence of "structural lung lesions (e.g., emphysema) and/or physiological abnormalities (including low-normal FEV1, gas trapping, hyperinflation, reduced lung diffusing capacity and/or rapid FEV1 decline) without airflow obstruction". With this definition, GOLD recognizes these alterations as often present in tobacco smokers as well as in individuals exposed to other pollutants or risk factors for COPD. Pre-COPD means the presence of risk factors increasing the probability of COPD in the future.



The search for early identification of persons that years later develop COPD was extensively investigated in the seventies and found that even if tobacco smoking continues, not all individuals develop COPD. In other words, pre-COPD means PREDisposed to COPD, and not predetermined to have COPD. In the seventies, researchers investigated extensively individuals, usually smokers, with "small airways disease" or abnormal sensitive lung function tests, now, in a turn of the time wheel, is again fashionable. However, compared with the seventies, we have in our diagnostic armamentarium access to chest tomography (CT) scanning, able to identify structural emphysema or evidence of small airway involvement in individuals without airflow obstruction. These abnormalities were well known in the seventies but only could be confirmed by lung biopsies or necropsies and now by a clinical test available in most countries.

GOLD adds some categories related to and potentially overlapping with pre-COPD that should be considered tentative proposals: EARLY COPD individuals close to the biological onset; MILD COPD: with mild spirometric obstruction; YOUNG COPD present in individuals between 20–50 years old and often with family or genetic predisposing factors.

As demonstrated years ago by the Lung Health Study, the priority in individuals with pre-COPD is to quit smoking or exposure to other pollutants. This intervention should be offered to all smokers even without symptoms or abnormalities in lung function or structure.

Treatment of asthma and tuberculosis may avoid irreversible airflow obstruction, often confused with COPD.

Now, there is no additional treatment available for the so-called "Pre-COPD", and it is unlikely that we would have an intervention or medicine more cost-effective than stopping smoking or other risky exposures.

The term COPD continues to be unknown for many patients and even health personnel, and the added terms to COPD: pre, early, young, and mild, increase the confusion and the difficulty, especially for primary care but also for respiratory specialists.

All advances in biology and efforts to stop the development of COPD are welcome but stopping risky exposures and treat nicotine addiction are essential for primary and secondary prevention of COPD and a long list of other diseases.

Biography

Internist, pulmonologist, emeritus researcher at the National Institute of Respiratory Diseases of Mexico and at the National System of Researchers of Mexico.

Currently in charge of the department and research on smoking and Chronic Obstructive Pulmonary Disease at INER.

The main lines of research have been related to the impact of moderate altitude (in the Valley of Mexico) on respiratory diseases, also to breathing during sleep and lung function, and particularly to diseases due to inhalation of wood and tobacco smoke.

The activities of the department where I work focus on the treatment of smoking as an addiction and one of its most devastating consequences, which is chronic obstructive pulmonary disease (COPD).

The similarity of tobacco smoke with wood smoke when cooking, both derived from combustion of biomaterials, generate similar consequences, including COPD.

Ex-president of the Latin American Thoracic Association (ALAT) and of the Forum of International Respiratory Societies (FIRS) and previous director of the National Institute of Respiratory Diseases in Mexico.

Abstract & Biography Professor María Montes de Oca

Impact of COPD in public health of Latin-America and future perspectives

María Montes de Oca (Venezuela)



Impact of COPD on public health in Latin-America and future perspectives

Latin America covers a vast geographic area with about 600 million inhabitants distributed over 19 countries. Unfortunately, Latin America is one of the areas in the world with the widest disparity in income within and between countries, leading to a coexistence of diseases of poverty with those seen in developed countries. There is variation between countries in Latin America due to the heterogeneity between developing low- and middle-income countries (LMICs) in Central America vs. upper middle- and high-income countries (HICs) such as Brazil, Mexico, and Chile.

In Latin America, several epidemiological studies (PLATINO, PREPOCOL, CRONICAS, EPOC.AR) in urban areas showed that the prevalence of COPD in people aged 40 years or older range between 6% and 19.7% according to the criterion of post-bronchodilator FEV1/FVC <0.7. A sub-analysis of the PLATINO study showed that 89% of cases had no prior diagnosis (COPD underdiagnosis). This study also showed that COPD prevalence in never smokers was 3.5%. The PREPOCOL and CRONICAS studies showed that biomass fuel (wood) use for cooking is an independent risk factor for COPD, stronger in women from rural areas. In rural area from Peru, biomass fuel for cooking among women was associated with COPD (prevalence ratio 2.22, 95%CI 1.02-4.81). Data from an at-risk population in the primary care setting (PUMA study) from Argentina, Colombia, Venezuela and Uruguay showed 20.1% COPD prevalence (ranging from 11.0% in Venezuela to 29.6% in Argentina) with 77% and 30.4% of underdiagnosis and misdiagnosis, respectively. This study also indicated that smoking and biomass are both risk factors for COPD, but they do not appear to have an additive effect. Higher exposure to biomass smoke may also be a marker of poverty. Results from the PLATINO follow-up study showed that COPD is associated with an increased risk of mortality in middle-income populations (43% increase in COPD patients) mainly due to cardiovascular, respiratory and cancer causes.

Biography

- *She received her medical degree from the Central University of Venezuela, in Caracas, Venezuela, and completed Internal Medicine Specialization and Pulmonary Medicine and Critical Care Medicine from the Central University of Venezuela and Tufts University School of Medicine Boston, MA., U.S.A, respectively.*
- *Dr. Montes de Oca is Full Professor of Pulmonary Medicine (Tenured Professor) Central University of Venezuela, School of Medicine and Former Past-President of the Latin American Association of Thorax (ALAT) period 2012-2014.*
- *Doctor Montes de Oca primary research interest is in COPD and she is the author and coauthor of 105 articles in peer-reviewed journals including: New England Journal of Medicine, Lancet, Eur Respir J, Am J Respir Crit Care Med, Chest, Archivos de Bronconeumología, Respiratory Medicine, Pulmonary Pharmacology & Therapeutics, International Journal of Tuberculosis and Lung Disease, PLoS One, BMC Pulm Med, Respiratory Care, J Bras Pneumol. among other.*
- *Dr Montes de Oca is a Principal Investigator of some epidemiological studies in Latin America such as: Latin American Research Project on Pulmonary Obstruction (PLATINO), the Prevalence Study and Regular Practice, Diagnosis and Treatment,*



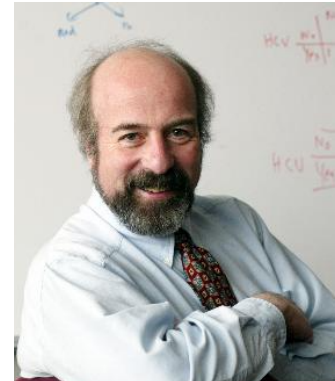
Among General Practitioners in Populations at Risk of COPD in Latin America (PUMA) and Latin American Study of 24-hs Symptoms in Chronic Obstructive Pulmonary Disease (COPD) Patients (LASSYC) studies.

- *She is member of the Scientific Committee and Board of Directors of the GLOBAL INITIATIVE FOR CHRONIC OBSTRUCTIVE PULMONARY DISEASE (GOLD).*

Abstract & Biography Professor John Groopman

Environmental carcinogens: emerging risk factors in liver cancer

John D. Groopman, Johns Hopkins Bloomberg School of Public Health, Sidney Kimmel Comprehensive Cancer Center, Johns Hopkins School of Medicine, Baltimore



Liver cancer is the third leading cause of cancer deaths worldwide (1) and has risen rapidly over the past 20 years in the US and Central America (2). In the US, immigrants, and persons with ancestry from Central American countries account for the 2nd highest numbers of liver cancer deaths. In contrast to most of the world where liver cancer is much higher in men, in Central American countries liver cancer rates are the highest in the Western Hemisphere, the incidence in men and women is almost equivalent (gco.iarc.fr).

An epidemiologic transition underpinning etiology of liver cancer is underway impacting concepts of cancer prevention and control interventions for this nearly always fatal disease. The proportional contributions of traditional etiological factors in HCC - hepatitis B virus (HBV), hepatitis C virus (HCV), alcohol, aflatoxin and smoking - are changing with the emergence of metabolic syndrome, obesity, non-alcoholic fatty liver disease (NAFLD), air pollution, and diabetes. Several recent studies in Europe, Asia and the US report that ambient air pollution exposure, particularly particulate matter PM_{2.5}, and NO₂ increases the risk of liver cancer, reviewed (1). In our continuing work in Central America where liver cancer is high and HBV and HCV infections are low, aflatoxin continues to be a major risk factor for HCC (2).

In summary, despite the recent successes in the prevention and treatment of HBV and HCV through vaccination and chemotherapy, the incidence of liver cancer continues to rise across many different populations. To affect future success in liver cancer prevention and control, the identification of new underlying and modifiable risk factors are required. Well annotated epidemiologic studies and concomitant biorepositories will provide the foundational resource for this research.

1. McGlynn KA, Petrick JL, Groopman J. Liver Cancer. In: Soliman A, Schottenfeld D, Boffetta P, editors. Cancer Epidemiology: Oxford University Press; 2024.
2. Groopman JD, Smith JW, Rivera-Andrade A, Alvarez CS, Kroker-Lobos MF, Egner PA, *et al.* Aflatoxin and the Etiology of Liver Cancer and Its Implications for Guatemala. *World Mycotoxin J* 2021;14:305-17.

Biography

Dr. Groopman is Professor of Preventive Medicine at the Johns Hopkins School of Public Health and Associate Director for Population Sciences in the Cancer Center. He received his Ph.D. from MIT. Research interests involve the development and application of molecular biomarkers of exposure, dose and effect from environmental carcinogens.

John D. Groopman

Johns Hopkins Bloomberg School of Public Health
Sidney Kimmel Comprehensive Cancer Center
Johns Hopkins School of Medicine
615 North Wolfe Street
Baltimore, MD 21205
(jgroopm1@jhu.edu)

Abstract & Biography Professor Jeremy Lim

Is modern food harming human health? (And what we can do about it)

Jeremy Lim (Singapore)



The explosion of ‘modern diseases’ such as Autism Spectrum Disorders, Type I Diabetes and Inflammatory Bowel Disease in the last decades have puzzled the healthcare community.

These have been attributed to rapid lifestyle changes and the proliferation of the so-called ‘Standard American Diet’ or SAD for short. However, the mechanisms of action have remained largely uncertain.

However, with increasing appreciation of the importance of the 100 trillion microbes that live in and around us in all aspects of human health, thoughtful clinicians and scientists are highlighting the role of excessive refined sugars, emulsifiers, Ultra Processed Foods and the like on the gut microbiome and consequently brain, immune and metabolic functions.

Prof Lim will share the state of the science as well as identify practical actions growers, manufacturers, retailers and consumers can take to restore food to its rightful place as ‘everyday medicine’.

Biography

Assoc Prof Jeremy Lim is CEO of AMILI, Southeast Asia’s first Precision Gut Microbiome Company and director for global health in the Saw Swee Hock School of Public Health, National University of Singapore. He brings diverse and unique perspectives, having spent substantial time in public and private healthcare across Asia as well as in policy advisory with Singapore’s Ministry of Health, the World Bank and the World Health Organization. Outside academia, Jeremy serves on the boards of various for-profit and not-for-profit organizations in different aspects of healthcare, including migrant worker health, end of life care and digital health interventions. He trained in surgery and public health, attaining post-graduate qualifications both in the UK and US.

Abstract & Biography dr. Olufunmilayo Olopade

Modifiable genetic and non-genetic risk factors for cancer

Olufunmilayo Olopade (USA)

In the United States and across the African diaspora, Black women are more likely to die of breast cancer than women of any other race/ethnicity. Indeed, breast cancer often hits women of African descent earlier and harder than white women for reasons that remain unknown and understudied. Yet for years, the data that has existed about breast cancer was taken from a majority white population, so treatments and research have



mostly focused on the types of tumors they had. Recent work from the Olopade laboratory in Chicago and Nigeria has identified genetic and non-genetic risk factors for breast cancer in Black women. I will discuss my work as a physician and researcher towards a deeper understanding of the many types of breast cancer, and how the focus can shift from “Who dies from breast cancer?” to “What can we do to prevent anyone from dying from it?”

Biography

Walter L. Palmer Distinguished Service Professor of Medicine and founding director of the Center for Clinical Cancer Genetics and Global Health at the University of Chicago Medicine, Olopade’s research is focused on gaining a better understanding of the root causes of breast cancer in diverse populations. She has published extensively on genetic and non-genetic risk factors for breast cancer and is internationally renowned for her work in young-onset breast cancer and clinical expertise in early detection and prevention of the disease. In the laboratory, Olopade maps genes frequently altered in cancer and has characterized the molecular pathways defining aggressive forms of breast cancer in women of African ancestry across the diaspora.

A distinguished scholar and mentor, Olopade has been elected to the most prestigious academies and societies, including member of the National Academy of Sciences, the National Academy of Medicine, the American Academy of Arts and Sciences, and the American Philosophical Society. Olopade served for six years as a member of the National Cancer Advisory Board and Chair of the Sub-Committee on Global Cancer Research. She has received numerous honors and awards, including honorary degrees from several universities, the Franklin Roosevelt Freedom from Want Medal, The Order of Lincoln, Officer of the Order of the Niger, Gregory Mendel Medal, and a MacArthur Fellowship for “translating findings on the molecular genetics of breast cancer in African and African-American women into innovative clinical practices in the United States and abroad.” An advocate for social justice and equity, she serves as director on several civic and corporate boards.

Dr. Olopade earned her medical degree from the University of Ibadan College of Medicine in Nigeria. She trained in Internal Medicine at Cook County Hospital in Chicago and in combined Hematology/Oncology and Cancer Genetics at the Joint Section of Hematology and Oncology at The University of Chicago.

Abstract & Biography Professor Herbert M. Pinedo

Cancer screening at Caribbean Prevention Center-Fundashon Prevenshon (CPC-FP) in Curaçao

Herbert M. Pinedo, Jacqueline Hugtenburg, Soraya Verstraeten, and Louise Elstak



Cancer treatment is more effective and less disabling in the case of early stage disease. Early detection will reduce cancer mortality and cancer burden on society. The CPC-FP Cancer prevention program was designed to promote early diagnosis. CPC-FP started its program in 2009, initially screening for Breast cancer, followed by the Cervical cancer Screening in 2016 and finally the Colorectal Program in 2020. When cancer is detected, the patient is referred to the local hospital for treatment.

Breast cancer screening encompasses inviting all women at the age of 45-75 year to visit the CPC-FP. Following registration and intake a mammography is performed by a radiology technician. Mammograms are evaluated within a few days by two of a team of 6 radiologists. In case of any controversy a third radiologist is approached. The CPC-FP Breast cancer screening program manages to perform mammography in 75% of individuals who received their invitation. In 2020, CPC-FP switched from 2D-mammography to 3D-mammography, which is expected to increase sensitivity and specificity of the screening program. This program is audited every 3 years by a team of the Dutch National Expert Centre for Breast Cancer Screening (LRCB).

Cervical cancer Screening enables cure at a precancerous stage of disease using a minor surgical procedure. Females aged 25-65 years are invited to the program. From the very beginning in 2016, the CPC-FP has screened for high-risk subtypes of the HPV virus. The program was implemented in close collaboration with Dr. Michael Dean from the NCI, NIH (Bethesda, Maryland, USA). Dr. Dean also audited our program thereafter. Dr. Desiree Hooi acquired her PhD at the Vrije Universiteit of Amsterdam on the Implementation of HPV screening of cervical cancer at the CPC-FP. Awareness of the population of the island for Cervical cancer has been growing steadily.

The Colorectal cancer (CRC) population screening program consists of two steps: the fecal immunochemical test (FIT) on fecal blood, followed by colonoscopy in case of a positive test result. Those with a negative fecal test are re-invited after two years. Unfortunately, response to the invitation by the male population is unsatisfactory as compared to that by women. Between 2020 and 2022 a low cutoff point for the fecal test was studied and resulted in a positivity rate of 6.8%. FIT-positive individuals were found to have cancer and/or pre-cancer polyps in 28% of cases. Professor Evelien Dekker has been guiding our CRC team. The results of the CPC-FP Population Screening Program in Curacao are currently being assessed, including the identified need for more effective Health Awareness Programs. The CPC is also planning to extend its screening into other NCD's, including (pre-)diabetes.

Acknowledgements:

Dr. Carmen Coronel played a key role during the initial years of the breast cancer program, Dr. Gomes Bravio was essential for the building up phase of the Cervical cancer screening, while Dr. Schnog was our advisor for the Colorectal program. We also thank Drs. Michiel van

Haastert and Dr. Chris Franca for their permanent availability for all planned colonoscopy sessions.

Biography

Herbert M. (Bob) Pinedo, MD, PhD, is professor-emeritus of Oncology at the Vrije Universiteit (VU) and Founder and Head of the Department of Medical Oncology at the VU Medical Center (VUmc). He is also founder of the VUmc Cancer Center Amsterdam (CCA). He is still practicing medical oncology. Professor Pinedo's honors are many, including the prestigious Dr. Josef Steiner Cancer Research Foundation Award (1995), The Netherlands Spinoza Prize (1997) and more recently the Recipient of the David A. Karnofsky Memorial Award of the American Society of Clinical Oncology (2014). In his honor the annual Pinedo Award for clinical patient care was established in 2006 by the Royal Academy. He is member of the Royal Netherlands Academy of Arts and Sciences. He was honored with the Knight of the Order of the Netherlands Lion and with the Commander in the Order of Orange Nassau. Since his retirement from the university he has been visiting professor at the Johns Hopkins University, Baltimore, Maryland, USA. His curriculum vitae includes more than 300 invited international lectures, multiple service on boards and committees of numerous international organizations, and more than 700 publications in peer-reviewed international journals. He is co-founder of the Center for Translational Molecular Medicine in the Netherlands. He was the first President of the Federation of European Cancer Societies (FECS), the first President and of European Cancer Organization (ECCO), and Past President of the European Society of Medical Oncology (ESMO). He is past Chairman of the International Advisory Committee of the VU Imaging Center, which was inaugurated in 2019 in Amsterdam with the aim to facilitate personalized medicine for cancer patients. He is advisor to 7 biotechnology and healthcare startup companies. Last but not least, since 2009 Bob Pinedo is Founder and Honorary member of the Caribbean Prevention Center-Fundashon Prevenshon in Curacao.

Abstract & Biography Professor Luiz Antonio Santini

Information system for early detection in cancer in Brazil

Luiz Antonio Santini, Fiocruz, Ministry of Health, Brazil



The growing burden of non-communicable diseases in the developing world has been frequently portrayed in specialized literature and has been highlighted by the World Health Organization (WHO). Among these diseases is cancer, which is already the second leading cause of death globally, with 9.6 million deaths in 2018, with 70% of mortality occurring in low- and middle-income countries (LMIC). In these countries, according to the WHO Report on Cancer 2020, an 81% increase in new cases is estimated over the next two decades. The biological complexity and heterogeneity of the disease (or group of diseases), characteristics that make it difficult to better understand the set of factors that influence its control and cure, make diagnosis and treatment even more difficult in countries with fragile health and information systems, making it difficult for the population to access health services and technologies. In 2019, while 90% of high-income countries reported having comprehensive cancer treatment systems, less than 15% of LMICs reported the same. In Latin America, it was estimated that there would be an increase in incidence, but also in mortality. In Brazil, between 2020 and 2023, 625,000 new cases of cancer estimated by the National Cancer Institute (INCA) should occur each year, that is half of the total number of cases estimated annually for the entire Latin American region. On the other hand, in a first analysis, even though the profound inequality in the distribution and access to services and technological resources for cancer diagnosis and treatment poses great challenges to countries like Brazil, the expansion of scientific knowledge and the advancement of new technologies suggest a transformation in the panorama of disease care in the future. Knowledge of tumor biology and biomarkers and oncological therapies have increasingly adapted to the specific characteristics of the patient and the molecular profile of the tumor. And precision medicine research is fueling new hopes of identifying the best treatments. The objective of cancer treatment has always been to seek to cure the disease. However, currently available therapies do not provide certainty of cure, nor do they assure doctors of the desired result. Generally, patients require extensive follow-up after treatment and continue to be subject to relapse, which leads to new, often more expensive, second- and third-line treatments. So, the challenges for Latin America and the Caribbean region for cancer control are mainly to define an effective strategy of cancer prevention and adequate treatment, based on the current knowledge towards universal health coverage.

Biography

Professor Luiz Antonio Santini, Associated Researcher in Center of Strategic Studies (CEE), Fiocruz, Ministry of Health, Brazil

Abstract & Biography Professor Eduardo Cazap

The Latin-American Code against Cancer

Eduardo Cazap, Argentina



Cancer prevention specialists from Latin America and the Caribbean, led by the Pan American Health Organization (PAHO) and the International Agency for Research on Cancer (IARC), with the support of the Latin American and Caribbean Society of Medical Oncology (SLACOM), have made a compilation of recommendations based on scientific evidence to reduce the risk of developing cancer and be able to detect it early for the Latin American and Caribbean Region in the official document entitled "Latin American and Caribbean Code Against Cancer".

The "Latin American and Caribbean Code Against Cancer" is the first Regional Code that adapts the model of the European Code Against Cancer under IARC's initiative of the Framework for a Global Code Against Cancer, to develop recommendations for cancer prevention aimed at the region, taking into account the specific contexts in terms of risk factors, health systems and social inequalities in the Latin American and Caribbean Region. Importantly, and unlike the European Code Against Cancer, the "Latin American and Caribbean Code Against Cancer" includes recommendations for decision makers at the level of health systems and health service providers, as well as recommendations for the general population.

More than 60 experts from the region have been involved in the development of the "Latin American and Caribbean Code Against Cancer", organized in different working groups during 2021 and 2022. The final recommendations of the "Latin American and Caribbean Code Against Cancer" were evaluated and approved by the Scientific Committee in two executive sessions that took place on May 30 and 31, 2022, and on November 8 and 10, 2022 in Sao Paulo, Brazil.

Following the recommendations developed by the working groups and reviewed and approved by the Scientific Committee, the project coordinating group announced the first edition of the "Latin American and Caribbean Code Against Cancer" (LAC Code).

The Code was launched on November 17th, 2023, throughout the region at a virtual event organized by PAHO and IARC. It was also presented the same day to global health and cancer leaders during a plenary session at the Union for International Cancer Control (UICC) World Cancer Leaders' Summit in Long Beach, California.

SLACOM will lead the third phase of the project, during 2024-2025, together with RINC-SLACOM, the Association of Ibero-American Leagues Against Cancer (ALICC), the Healthy Caribbean Coalition, and AMIGOH- Albert Einstein Brazil that are partners collaborating with the lead agencies on the dissemination of the code within the region.

Biography

Eduardo Cazap, MD, PhD, FASCO is an Argentinean medical oncologist, Founder and first President of the Latin American & Caribbean Society of Medical Oncology (SLACOM), Past-President of the International Union against Cancer (UICC) and Emeritus Professor, Latin-American School of Oncology.

He published over 200 papers and was President of the UICC World Cancer Congress in 2012. He received in 2013 the Distinguished Achievement Award of the Conquer Cancer Foundation (USA) and bestowed as Fellow of the American Society of Clinical Oncology (FASCO). 2018 Harvard Distinguished Leader Award; Harvard Medical School. Chair of the Global Track- Annual Meeting Education Committee (ASCO) and Cochairman of the Global Policy Committee (ESMO).

Editor-in-Chief, Ecancer Medical Science (UK), Co-Editor, Global Health Section, The Oncologist (USA) and Editorial Board member of around 20 other international peer-reviewed cancer journals.

Eduardo Cazap has a vast in-country and international experience and is a regular plenary speaker, chair or moderator at global cancer and health meetings as well as part of organizing major international conferences.