Anu Agrawal
Seventy percent of cancer deaths are in low- and middle-income country settings, and with the increasing incidence largely going to be in those places, it's quite a dire situation. But with support and development of infrastructure and capacity, there's an incredible opportunity to change that and improve upon those predictions. We really see ourselves as the leading global cancer organization, supporting other cancer organizations to do the work that we've done for the last 100 years in America, to do that work similarly together in their settings globally.

Ellen Kelsay
That's Dr. Anu Agrawal, pediatric oncologist and Vice President of Global Cancer Support at the American Cancer Society, whose work aims to improve cancer care infrastructure and navigation in regions that need it most.

I'm Ellen Kelsey, and this is a Business Group on Health podcast, conversations with experts on the most relevant health and well-being issues facing employers.

The global incidence of cancer is growing at concerning rates and many health systems across the world are struggling to get patients to the care they need. In response, the American Cancer Society has launched global initiatives to try to break down barriers and connect patients to care. In this episode, I speak with Anu about how these efforts may help low-income countries optimize the services already available and build best practice care delivery systems from the ground up, along with what employers and their partners can learn from this work.

Anu, welcome to the podcast. We're thrilled to have you.

Anu Agrawal
Thank you. It's my pleasure.

Ellen Kelsay
Cancer is a topic that our podcast has focused on quite frequently in large part because it's growing in incidence and in spend, as well as because there's been a tremendous amount of innovation in the field. However, what we haven't explored in as much detail is how cancer is affecting different populations around the world. We've focused primarily quite a bit through the lens of U.S.-based cancer incidents. Today we're particularly interested in illuminating what is happening outside the U.S. and where you think employers and others should be looking more closely. So let's start there.

Anu Agrawal
The global trends are very different than the U.S. trends. Fortunately in the U.S., things are relatively flat now, as far as incidence and the vast majority of increased incidence in the next three decades is predicted to occur in low- and middle-income countries. To give numbers to that, there's about 20 million cancer cases per year now, and that's estimated by 2050 to be 35 million cancer cases. Again, this is going to be largely in low- and middle-income countries due to population growth and aging of the population. This doesn't even take into account modifiable risk factors in terms of prevention, and so those numbers as countries become more wealthy, those numbers are actually likely even going to increase further.

Ellen Kelsay
Wow, that's startling. You mentioned modifiable risk factors. What are some of those and what should folks be thinking about there?

Anu Agrawal
About 30% to 40% of all adult cancers are due to behaviors or health. That includes alcohol consumption. Tobacco really is the number one thing. There's still a staggering number, over a billion tobacco users worldwide, and a one-fifth or 20% of all cancer deaths are due to smoking, largely lung cancer, but also other smoking-related cancers. That's a very staggering but huge opportunity to make improvements. Then we're learning more about other risk factors, such as physical inactivity, obesity. Those are all factors that

we're trying to focus on, as well as increased use of ultra-processed foods. And then of course, sun exposure is a risk for melanoma and other skin cancers.

Ellen Kelsay
You mentioned something during our prep call about infections, for example, HPV and Hep B and C. Elaborate for our listeners, what are you seeing there?

Anu Agrawal
Globally, there are some trends which are different than the U.S. and also unique to certain populations. As an example, H. pylori, which is a common infection in the stomach, which can cause gastritis or stomach ulcers or GERD, leads to, in East Asia, a very, very high prevalence of gastric cancer. In the global setting, there definitely needs to be priority based on certain populations and for certain risk factors. Similarly, the use of a lot of canned foods, smoked foods, and salted foods also can increase that in certain populations. Then in regards to the other infections, cervical cancer, which fortunately in the United States due to appropriate screening, has relatively low prevalence globally, especially in low- and middle-income countries due to HPV, human papillomavirus, is one of the most common killers of women. It's an incredible opportunity to get women vaccinated, girls vaccinated, and women screened for cervical cancer. There are countries in the world, such as Australia, which are on track to eliminate cervical cancer in the next few years, but globally it's an incredible opportunity to eliminate a cancer which is unlike anything else.

Ellen Kelsay
Well, your organization is the American Cancer Society, clearly a well-known, esteemed organization, very well respected here in the United States. What perhaps is maybe less well known is that the American Cancer Society has been getting increasingly involved in the global cancer response. So talk a little bit about that. How did that start and where are you all focused?

Anu Agrawal
Our work in the global space started about two decades ago. Our CEO at that time, John Seffrin, was very, very interested in helping to improve cancer outcomes globally, taking all of our experience and expertise in the United States and trying to apply it in the global settings, both in low- and middle-income countries (LMICs), but also working with other high income country settings. We have continued that work and really see that it's an incredible opportunity to share knowledge and also learn from each other. There's so much we can also learn from other settings, both other high-income countries, as well as low- and middle-income countries, and take that knowledge and experience to improve the care we provide here in the United States. And as mentioned, given the largest burden of death and cancer incidence increase is going to be in those settings, it's really an imperative for us to participate in that work. I didn't mention that even though the cancer incidence is lower in LMICs, the vast majority of deaths because of poor resources and lack of infrastructure are in those settings. So 70% of cancer deaths are in low- and middle-income country settings and with the increasing incidence largely going to be in those places, it's quite a dire situation. But with support and development of infrastructure and capacity, there's an incredible opportunity to change that and improve upon those predictions. We really see ourselves as the leading global cancer organization, supporting other cancer organizations to do the work that we've done for the last 100 years in America, to do that work similarly together in their settings globally.

Ellen Kelsay
There are so many different approaches to health care around the world. As you approach working in partnership with other organizations in other countries, give some examples of your main goals and how you're approaching this issue globally and in partnership with others.

Anu Agrawal
We work across the cancer continuum, we think about all the different touch points where you can help patients, caregivers, potential patients. First and foremost, we still see and always historically as an organization seen that prevention and screening is the bedrock of the work we do that if you can prevent the cancer, you can really help the entire health system. The cost benefit ratio of that is unquestionable, of

course. Focusing on prevention and screening is number one for us in the global setting as well. We focus a lot of our efforts on HPV vaccination, again, really understanding the linkage to vaccination and preventing cervical cancer, but also as we discussed, thinking about how do you message around the other modifiable risk factors to decrease tobacco, alcohol, increase physical activity, decrease red meat, ultra processed foods, etc. Second, we really do a lot of work to support patients. In these settings, there's really a lack of oncologists, so the amount of time that the patient will spend with the oncologist can be even just a couple minutes. It's really important for us to provide the important education that the patient and caregiver needs to be able to understand their diagnosis and treatment. We have education materials in multiple languages that are easy to read and to look at picture formats. Then we also have a very large patient navigation program. Patient navigation is a key tool or resource that can provide support for the patient and caregiver so that they can not only access treatment, but that they can complete treatment, that they can receive all of the resources that they need to be able to get through the cancer and even the post-cancer care. We know that it's not just going through treatment. Cancer affects every part of your life, your ability to continue to work, to support your family, to take care of your children, to take care of your grandparents. Similarly, it impacts the caregiver who's taking care of the cancer patient and all of those same things that they have to do as well. So supporting the patient is incredibly important. Then finally is supporting the health care providers. Again, in the setting, there's often not enough oncologists and the health systems are very weak. We do a lot of work to support the providers as well as to strengthen the health system so they can provide better care over time.

Ellen Kelsay
Do you all have your people on the ground in all of these countries or is this mainly in partnership with other affiliated organizations that exist or is it a combination of all of the above?

Anu Agrawal
Yes, that's a great question. We've really leveraged digital technology and innovation and changed our strategy over time. We used to do a lot of in-country work. We had a program called ACS University in the past, which would actually be in-country multiple day trainings where we would work with local organizations and help them to develop into an ACS, like how do you develop a board and how do you fundraise and all those pieces. Along the way, I've met people who started out with ACSU and they talk about how much that helped them in their journey to develop a civil society organization, a CSO, or in the U.S. what we call an NGO or non-governmental organization. Since I started, we've really pivoted away from that deep in-country high resource work and really focused on if we want to be able to scale and disseminate our work globally, we really need to empower local organizations and help them to build that capacity in the context of the local environment, local language, local customs, local culture. So that's really been our focus now. We work with partners in 60 countries that can be a CSO, the civil society organization, that can be government, it can be a combination thereof, it can be survivors, it can be community health workers, and really focused on developing with them the tools that we need to be able to have sustainable growth within all of those areas of the cancer continuum. That's where we see our now strategy is continuing to build those networks of providers and organizations that we work with and also helping them to coordinate efforts. In many settings there's lots of organizations but they're not talking to each other and they're duplicating work or siloing the work.

Ellen Kelsay
That's quite comprehensive and extensive. Thank you for sharing that. You mentioned just a little while ago patient navigation. How are you supporting patients and navigating their oncology journeys?

Anu Agrawal
Navigation is a perfect example of how we've taken the work and expertise in the United States and try to apply it to the global setting. Navigation started 30 years ago in the U.S. with Harold Freeman helping to break down barriers for his patients in New York. ACS has championed navigation since that time and we've been able to help advocate for insurance changes within the U.S. setting so that navigation can start to be more of a universal opportunity to connect patients and their caregivers to the resources they need. That can include financial navigation. We know that 50 percent of patients suffer from financial toxicity which is incredibly important for employers as well to know about. That's something that is even worse in

the global setting. That could also include resource navigation - what are all the resources you need, transportation, food, housing, and supportive care. All the other pieces helping to manage the side effects from treatment both during cancer therapy and after. All the other things that can help you potentially return to work and return to your normal life afterward. These programs are starting to develop in the global setting based on the work that's been done in the United States, but it's really in its infancy now. It's an incredible opportunity for us to help develop these programs in collaboration with local organizations. Similar to our overall strategic concept, it's really identifying the right partners within country. We have a program called BEACON, Building Expertise, Advocacy, and Capacity for Oncology Navigation. It's a capacity development program that now is in over 25 countries with 40 partner organizations and we'll continue to grow that as an implementation strategy for navigation.

Ellen Kelsay
You also have another program. I believe it's a pilot called Spark. Can you share more about what Spark is all about?

Anu Agrawal
Definitely. BEACON was really set up to develop navigation at the National Cancer Hospital or the tertiary care facility. Many of these countries, as they build infrastructure, are starting to also develop regional hospitals. We're really now thinking about identifying that patient in the community that's screened positive for a cancer, like cervical cancer. How do we ensure that they get to a regional cancer hospital or the National Cancer Hospital, and then they get back to their community for their post-cancer care survivorship as well? How do we support them throughout that journey? Navigation is really a key piece, but BEACON was really set up to start to develop navigation within country. Spark is the second program that we started this year supporting patient navigation adoption, replication, and knowledge exchange. It's in three countries, Nigeria, Kenya, and Indonesia, all countries that have started to develop navigation at different levels and moving to the next step of how do we support the country, the ministry, the government, policymakers, to start to develop a coordinated navigation program that can touch all the patients within countries. So ultimately, our hope is to develop universal adoption of navigation as a core component of cancer treatment.

Ellen Kelsay
For the Spark pilot, how long has that pilot been underway? How's it going? Any interesting ahas or, you know, good nuggets of information that you've gleaned so far?

Anu Agrawal
The Spark pilot started this year in 2025. It's a six-year program, so it's still early, but it's been great. There's so much enthusiasm around navigation development. And again, I think for us and for me as an individual, seeing the amount of enthusiasm of the American Cancer Society being the partner with countries, with ministries, it's always gives me awe of all the work that's happened in the past, both in the U.S. and globally. I think that's really now harnessing the enthusiasm and the work that's already being done and organizing it. We develop technical working groups in all those countries, all with local leaders. We provide some support, but it's really meant to be them working to develop together a program that makes sense for their context.

Ellen Kelsay
Well, and I'm really curious as you're working with these countries, what is something that can be effectively transferred from the U.S. health care system? What doesn't work? What can't really be effectively transferred?

Anu Agrawal
That's a great question. I actually think a lot can be transferred and I think there's also a lot that can be learned because many of these settings have much less resources. But again, I'm not sure that it's necessarily a resource issue that's the problem in improving systems. A lot of these systems are much more in their infancy as compared to the United States. I think in that regard, it's hard to move to the level of care that we provide here. So I think that it's really important to focus on the treatments that are

possible in these settings and that the most innovative novel therapies that are happening in the United States, the cutting edge therapies, in most settings, those aren't realistic, but we should really be focused on the core principles of care, which is prevention screening, which as mentioned, is incredibly cheap, has a very high return on investment. Getting patients to treatment earlier is also a really key step because if you can identify and treat patients that are stage one or two, before they have metastatic cancer, stage three, four cancer, you're going to do a much better job. So we think about stage shifting, all the things that we can do to get patients to treatment earlier, navigation's a piece of that, increasing prevention and screening activity is a piece of that, and also changing the cancer narrative because many of these settings, if a woman feels a lump in her breast, she assumes that there's no treatment, but also that she's going to become stigmatized, that her daughter is not going to become marriageable. We really have to work together to change the stigma around cancer therapy to get patients to present earlier where they're still curable.

Ellen Kelsay
I'm going to ask the flip side of that question or the reverse. Anything that you've learned from countries outside of the U.S. related to cancer care that perhaps are good lessons for us here in the United States to think about that we should be applying?

Anu Agrawal
Yeah, there's so much we can learn from other settings that can be applied to the United States. As a couple of examples, in high income countries, such as in Europe, they do a really great job with transition of care. So transitioning back potentially to the general practitioner or the family medicine practitioner. The systems are based really on having a foundation of family practitioners or general practitioners who do the vast majority of care, very different model than the U.S., which is really based on subspecialty care, and there's a lack of the general practitioners. So when the patient finishes treatment in the United States, really a problem is who's going to provide the care they need to manage all of their post-treatment side effects. That portion is really a desert in the United States. I think there's a lot that we can learn from other settings. When I think about other settings, low- and middle-income countries, as well as other high-income country settings, there's often a much larger community to help support the patient and caregivers in those settings. Although navigation is important in all of these settings, it's going to look different because in the United States, you may be by yourself and you need a caregiver and how do you address that? In many of these settings with the larger community, you have more support, and so you may need navigation, but it's going to look very different.

Ellen Kelsay
Those cultural elements are really so vitally important, whether it be stigma, as you mentioned in the breast cancer example, or in the community support caregiving after a procedure or after a diagnosis, what kind of community support does an individual have. So I'm really glad you brought forward those cultural aspects of care as well. We know that here in the United States, employers have a very direct role in the provision of health care, health insurance for their workforce and that's maybe not always the case around the world. How can employers globally get involved in supporting their workforce when it comes to cancer?

Anu Agrawal
I think that's really an important aspect because again, as an organization, really think about coordinating all the different pieces that help to make policy change. I think that often the insurers and the employers are not included in that conversation, but their role is incredibly important. They're managing this workforce. They're often interacting potentially with insurers as well to provide for their employees and so I think they have a really important role in saying, if an employee is undergoing cancer, what are the core components that we as an organization should provide to support our employee, not only to help them to get through the cancer treatment, but ultimately to get them where they want to be, which is back to work. When you ask people, what do they want to do after they have a cancer diagnosis, it's really just getting back to where they were before their cancer diagnosis. They don't want to go to Hawaii and sit on the beach. They just want to resume their life as it was before. We're really recognizing now that it's all of these other aspects outside of just the treatment that are really important to help get patients and

employees back to work. I think employers, once they know that, that we really have to focus on all these other aspects, navigation, supportive care, financial toxicity. If we can really demand that those are included as part of cancer care, whether it's through insurers or it's through leave policies, that can really make a huge impact and ultimately be a cost benefit and also a return on investment and a faster return to work.

Ellen Kelsay
You brought so many issues forward that we talk about many different pillars of well-being. You talked about the financial impact, the supportive community and cultural connection that folks have, obviously the physical impacts, the mental well-being impacts. So really glad that you brought forward all of those in addition to leave and workplace flexibilities as people are navigating their individual cancer journeys. They'll need different things at different times, so supportive workplace policies to allow for that where appropriate. You've talked about so many amazing things that you all are doing in partnerships with so many wonderful organizations around the world. When you think about the future, what gives you hope?

Anu Agrawal
There's so much to be optimistic about because the infrastructure in many of these places has developed so much in the last decades that we're really at a place where we can tackle cancer, whereas we really couldn't 20 years ago. I worked in a small country called Lesotho, which is inside South Africa in 2007 to take care of children with HIV and taking care of a patient with cancer then almost 20 years ago. It was unimaginable, but we've really reached a place where we can do it. As I mentioned at the out front, it's not really a resource issue now. It's really a coordination effort of how do we work better together? So rather than competing for resources, how do we really start to develop these interconnected networks? How can we use technology and even AI to help us think about who are the partners in this country or in this region and how do we really start to streamline an approach so that we're not duplicating and so that we can share these limited resources in a more effective way? I'm very optimistic that this is really going to be the way that we move the needle forward. And there is a lot of collaboration in this space. I think that provides me a lot of optimism as well.

Ellen Kelsay
Well, what a great way to end. Anu, thank you so much for joining us. Fascinating to hear all that you and your team at the American Cancer Society are doing globally. Clearly, it's a rapidly evolving field. There's so much to keep an eye on and just are so grateful for the work you all are leading in collaboration with others. So grateful for your time and sharing it with our audience today.

Anu Agrawal
Thank you so much. It was my pleasure. Thank you for having me.

Ellen Kelsay
I've been speaking with Dr. Anu Agrawal, Vice President of Global Cancer Support at the American Cancer Society about his work to lighten global burden of cancer by shaping the global policy agenda and partnering with health systems across the world.

I'm Ellen Kelsey, and this podcast is produced by Business Group on Health, with Connected Social Media. If you like the episode, please share it and leave a review.