RADIOTHERAPY

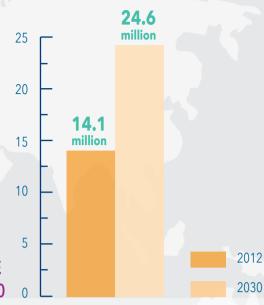
A Critical Component of Cancer Treatment

Global Cancer Rates Are on the RISE



90% OF THE POPULATION IN LOW-INCOME COUNTRIES LACK ACCESS TO RADIOTHERAPY.

CANCER CASES EXPECTED TO RISE FROM 2012 TO 2030



- Only 40 60% of patients with cancer have access to radiation therapy.
- Low- and middle-income countries have 80% of the global cancer burden, but only 5% of resources for cancer control.

Patients Need Access to Radiotherapy

SENEFITS

If all patients needing radiotherapy had access, in 2035:

Cancer in 2.5 million people would be **PREVENTED FROM PROGRESSING**

950,000 people would have an **OVERALL SURVIVAL BENEFIT**

Radiotherapy is important for managing most cancers, such as breast, lung, prostate, head and neck, and cervical cancers, which account for more than **two-fifths** of cases worldwide.



In **2035**, 12 million patients worldwide will need radiotherapy.

Radiotherapy is a Cost-Effective Cancer Treatment

In fact, radiotherapy can be more cost effective than other forms of cancer treatment, such as chemotherapy and surgery.^{1,2}

Some 55,000 patients may benefit from treatment with each radiotherapy device.



Investment in full access **\$97 billion**



Economic benefits **\$278 - 365 billion**



Saved **27 million life years**

We Can **Expand Access** to **Radiotherapy**

Full access to radiotherapy for all patients in low- and middle- income countries can be achieved for as little as \$97 billion–producing economic benefits ranging from \$278 to \$365 billion over the next 20 years, and saving 27 million life years.

Visit www.thelancet.com/commissions/radiotherapy to read experts' recommendations for expanding access to radiotherapy.

SOURCES: Atun R, et al. Expanding global access to radiotherapy. Lancet Oncol. 2015 Sep;16(10):1153-86

² Department of Health and Human Services, Centers for Medicare & Medicaid Services. Medicare five percent sample LDS SAF files, 2006.



¹ Bijlani A, et al. Stereotactic radiosurgery and stereotactic body radiation therapy cost-effectiveness results. Front. Oncol. 2013 April. 3:77.