Mayra Galindo Leal – General Director, AMLCC, Mexico

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Mayra Galindo Leal, general director of the Mexican Association of the Fight Against Cancer (AMLCC) provides an overview of the main milestones of this association that stands as the most important patient organization for cancer in Mexico, her expectations towards the pharmaceutical industry, and the main challenges she faces when trying to expand cancer coverage in Mexico's public sector.

You have been working for the AMLCC since 1997, which is active on four main missions: education, prevention, patient support, and advocacy. Cancer in general stands as the third cause of death in Mexico. Do you feel there is an increasing recognition around cancer as a public health priority in Mexico?

AMLCC was founded in 1972. However, until 1997, the development of cancer-related programs didn't occur in a tangible manner. The real history of the fight against cancer in Mexico started two years before I entered this institution thanks to a private company: Avon, which started their crusade against breast cancer and funnelled their funds into the Health Ministry as a countermeasure against any kind of corruption.

At that time there was however not enough knowledge about a disease that had already been affecting our community for many years. Physicians for example didn't hold the expertise and proficiency to correctly use mammograms and this is why education and knowledge transfer have

been one of our priorities over the years.

For example, Mexicans are generally not aware that there are different types of cancers and this is one of our main objectives: to make Mexican people more aware about the kind of issues that are directly related to their health.

How do you explain Mexico still doesn’t hold a National Patient Registry for Cancer?

The Ministry of Health holds a cancer registry for children up to 18 years, but not for the adult population. The INCAN (National Cancerology Institute) has been pushing forward to implementing a registry for the adult population in the major cities of our country, until a more comprehensive tool is implemented in the entire country. Nevertheless, Secretary of Health Narro recently announced a strategic program for the National Institute of Oncology, which notably includes the implementation of a long-awaited national cancer register.

AMLCC is committed to develop a culture of prevention and early detection of cancer, while Mikel Arriola of IMSS told us he is about to launch an ambitious early detection program, with aims at diagnosing cancer at the first or second phase of the disease development. What is needed in Mexico to truly develop a framework of the early detection of cancer?

Most patients seek treatment at the third or fourth stage of the disease, which represents a much higher cost and a stressful situation for both patients and families. One of the main problems that patients currently face is reaching a first level care that is actually efficient enough to cope with their needs. Primary care physicians are the ones on charge of making the right diagnosis and moving the given case to third level care. I firmly believe that prevention is crucial for this matter. Accordingly, each of our three main bodies of healthcare has developed their own prevention program. At IMSS (Mexican Social Security Institute), the program is called PrevenIMSS, at ISSSTE (Institute for Social Security and Services for State Workers), prevenISSSTE and at Seguro Popular (Public Health Insurance Scheme).

Because of fundamental differences in the way we operate we are not currently working with the three major institutions since our institution’s goal is to benefit people that do not have any kind of social security whatsoever. In addition, we deal with cancer pathologies that are not covered by Seguro popular.

What are the most important obstacles faced by AMLCC in advocating for new products to be included at IMSS, ISSSTE and Seguro Popular?

I would like every cancer patient, no matter his or her social status, to receive the same quality of medical services. I would also like to treat other types of cancer that Seguro Popular is still not treating, such as leukaemia, liver, stomach and brain cancer. There is still a substantial discrepancy in terms of treatment access beyond our healthcare providers. The main problem is that none of the major institutions are willing to spend a lot of money and provide a service beyond the most basic ones, namely chemotherapy.

The other problem relates the introduction of new treatments within these institutions. In March 2016, Seguro Popular introduced ovarian cancer treatments into their registries. However, at that point, they still don't consider the most recent technologies. I believe that pharmaceutical companies will need to push the doctors that work with these protocols to include most recent treatments or otherwise, very little to nothing will move forward.

Detected early, cancer can be cured. Nevertheless, considering the number of different types of cancer and the different types of population, how do you concretely concentrate your efforts to concretely advance education and early detection of the diseases?

At AMLCC, we are treating all types of cancer. However, if you want to treat certain specialty areas, like colorectal cancer, it almost becomes an impossible task because the hospital or clinic needs to be credited, which is something that you don't see very often in Mexico. We have been trying to bring this certification to Seguro Popular but so far we haven't seen much progress.

In terms of different types of cancer, we have unfortunately seen little interest by the public authorities to include treatments for liver or brain cancer in their registries. This is an aspect where AMLCC still has a tremendous job to do in terms of educating the authorities and advocating for these forms of cancer to be included as well in order to concretely advance the early detection of this terrible disease.

As Mexico is not a wealthy country at this point, I believe and support the use of high-quality generics as a countermeasure for the monetary hardships that we are undergoing. More importantly, it will allow a greater number of patients to have access to these much-needed

oncology treatments.

Globally and in Mexico, we see many companies concentrating their efforts in oncology, investing tremendous amounts of money to develop new treatments and new way to treat patients, such as immunooncology. In the meantime, a lot of them explain they are increasing their efforts to collaborate with patient organizations, as part of their patient-centric approach. Do you feel an increased desire of pharmaceutical companies to cooperate with the AMLCC in Mexico?

Pharmaceutical companies can be a great ally to help us with prevention plans as they have a lot of money and resources. They can help us spread our message through the Internet, TV, radio, advertisement, and all sorts of media channels available. Education for our general population should be our common goal as well as our strong foundation.

At the end of the day, anything that can help us to advance the education and awareness of Mexican people would be warmly welcomed. We have seen an increasing interested from pharmaceutical companies to partner with us and we currently are collaborating with many of the big pharma companies. Naturally, we would like to see these partnerships increasing in the future to really make a difference in terms of early detection and treatment.

We need a true collaborative and holistic effort to also increase knowledge and education among our medical community. As part of this effort, we are working with 15 different organizations in the so-called “Laboratorio Del Cambio” (Laboratory of change), where our main objective is to learn to work as a network and foster knowledge transfer across the healthcare value chain.

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