Expert Consultation on Prostate Cancer Screening and Early Detection in Latin America and the Caribbean

Meeting Report

Mexico City, 12-13 September, 2017

Pan American Health Organization

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BACKGROUND

In Latin America and the Caribbean (LAC), prostate cancer is the most common cancer in men over 50 years of age, with approximately 152,000 new cases and 51,000 deaths each year. If measures are not taken, the incidence of prostate cancer in LAC will increase by 84% to 280,000 new cases, while mortality will double to 100,000 deaths by 2030. The Caribbean countries, notably Barbados, Trinidad and Tobago, and Jamaica, have the highest prostate cancer rates.

Late-stage diagnosis of prostate cancer contributes to the high mortality rates in LAC; however, screening and early detection of prostate cancer present a number of challenges. The use of prostate-specific antigen (PSA) remains controversial and the scientific community has not yet reached consensus on population-based prostate cancer screening strategies. As a result, the World Health Organization has not yet developed specific recommendations for prostate cancer screening, although guidance has been developed on the health system requirements for cancer screening and early detection programs.

Many countries have been promoting systematic prostate cancer screening, using the PSA test in the male population. However, this approach can lead to over-diagnosis and over-treatment causing more harm than good. More recently, countries such as Canada and the United States have promoted patient-centered strategies for prostate cancer screening, providing individuals with information on harms and benefits and promoting shared decision making on screening. These experiences could serve as examples for other countries in the region to address the prostate cancer problem.

With this background, the Pan American Health Organization (PAHO), in collaboration with the Mexico National Cancer Institute and Mexico National Public Health Institute, convened a regional expert consultation to review the evidence and experiences on prostate cancer screening, with a view to develop future guidance appropriate for the context of Latin America and the Caribbean.

The meeting was structured to first review the scientific evidence on prostate cancer screening, using PSA testing, followed by a review of existing national guidelines, and then a discussion on experiences from various country perspectives on prostate cancer screening (see Appendix 1 for the meeting agenda).

The meeting objectives were as follows:

- To review available scientific information and evidence on methods and strategies for prostate cancer screening and early detection;
- To discuss existing national guidelines on prostate cancer screening and early detection; and
- To exchange information about experiences in implementing prostate cancer screening initiatives in the region.

Approximately 40 participants from 9 countries, along with representatives from PAHO and from several academic institutions participated in the meeting. The participants represented the Ministries of Health, the National Cancer Institutes, and other public health and academic institutions of the countries in the Americas.

DAY ONE

The meeting was opened by the co-hosts Dr. Abelardo Meneses, Director of the Mexico National Cancer Institute, and Ms. Silvana Luciani from PAHO's Regional Program on Noncommunicable Diseases, noting the relevance and importance of this expert consultation on prostate cancer screening. A series of presentations[1] on the scientific evidence and country experiences and challenges on regarding prostate cancer screening took place, as well as a discussion on strategies for improving early detection of prostate cancer in LAC. This report summarizes the presentations and discussions from the meeting, and the ideas that emerged on how best to address prostate cancer screening and early detection in the region.

SESSION 1: PROSTATE CANCER IN LATIN AMERICA AND THE CARIBBEAN

Dr. Héctor Lamadrid from the National Institute of Public Health of Mexico presented the Global Burden of Disease (GBD) project, and the findings on the burden of prostate cancer. The data illustrated that globally, prostate cancer is the most common cancer in men: it ranked 5th for cancer deaths, contributed to 1.49% of global deaths, and the prostate cancer mortality rate has decreased 11.6% from 1990 to 2015. In LAC, prostate cancer is the leading cancer in men, accounting for 3.3% of total deaths, and prostate cancer mortality rates have increased 16.8% from 1990 to 2015, a significant difference from that observed globally. The prostate cancer burden varies among the countries in LAC, with the Caribbean having higher mortality rates, double that of Latin America.

SESSION 2: SCIENTIFIC EVIDENCE ON PROSTATE CANCER SCREENING

Dr. Matthew Cooperberg from the University of California in San Francisco presented a review of the clinical trials and evidence on PSA testing for prostate cancer screening. He noted the long natural history of prostate cancer, its genetic risk factors, heterogeneity of the disease, and the fact that the PSA test is a good biomarker test, which has been shown to reduce prostate cancer mortality. In this regard, he highlighted three prostate cancer screening clinical trials: the European Randomized Study of Screening for Prostate Cancer[2] (ERSPC); the Goteborg Study[3];

[1] **You can see the slides of the presentations in the link:**
http://www.paho.org/hq/index.php?option=com_content&view=article&id=13818&Itemid=42459&lang=en
[2] http://www.erspc.org/

and the Randomized Prostate, Lung, Colorectal, and Ovarian Cancer Screening[4] (PLCO) trial. The first two studies demonstrated a clear reduction in prostate cancer mortality in the intervention group; however, the PLCO study did not, owing to possible challenges in the study's implementation. Dr. Cooperberg also highlighted the work of the Cancer Intervention and Surveillance Modeling Network (CISNET[5]), a consortium of NCI-sponsored cancer researchers, that has used trial data and modeled the impact of PSA testing, showing that it does lead to reductions in prostate cancer mortality. Age, race, and family history of prostate cancer are important risk factors, and there are tools available to assess risk, and consider using a risk-stratified approach to screening. The PSA cutpoint matters, and there is not always consistency in the level of cutpoints used in screening programs. Moreover, when a lower cutpoint is used, ,it captures those at lower risk of prostate cancer and can lead to more harm than good. Dr. Cooperberg also noted that triage tests, as an additional step to further evaluate those with abnormal PSA test results, are in development and in the future could be available and potentially reduce the harms associated with PSA testing.

Discussion

The discussion during this session focused on the controversies associated with recommending PSA testing as a population-based screening strategy. It was noted that PSA testing is widely available, is a relatively cheap test, there is public demand for this test, and several country guidelines recommend the use of PSA testing. The challenge is to use this test better to identify the populations at high risk for aggressive diseases. It was also noted, however, that for PSA screening to be effective, it requires more than the application of the test; it requires a health system and infrastructure for follow-up, biopsy and treatment, as well as counselling on the harms and benefits associated with PSA testing.

[3] http://www.isrctn.com/ISRCTN54449243
[4] https://prevention.cancer.gov/major-programs/prostate-lung-colorectal
[5] https://cisnet.cancer.gov/prostate/

SESSION 3: TO SCREEN OR NOT TO SCREEN? CONCLUSIONS OF NATIONAL GUIDELINES

In this session, representatives from public health programs in Canada, USA, and Mexico presented their experiences in the elaboration and implementation of their national prostate cancer screening guidelines.

USA Preventive Services Task Force draft prostate cancer screening guidelines

Dr. Alex Krist from the U.S. Preventive Services Task Force (USPSTF) explained the methods to develop their prostate cancer screening recommendations. The USPSTF assesses the evidence regarding PSA testing, based on the certainty of the estimates of the potential benefits and harms, as well as the magnitude of the potential benefits and harms, with the goal to judge the balance of benefits and harms, or magnitude of the net benefit of PSA testing. Prior to 2012, the recommendation was that there was insufficient evidence to recommend for or against prostate cancer screening. Then in 2012, the USPSTF issued its current recommendations, which recommend against PSA-based prostate cancer screening (D recommendation). This year, the USPSTF has reviewed its prostate cancer screening recommendation, and a draft recommendation has been issued and, at the time of this presentation, it is currently undergoing public consultation.

The recommendation is for clinicians to inform men aged 55 to 69 years of age about the potential benefits and harms of PSA-based screening (C recommendation), so that it becomes a shared decision-making process of whether or not to undergo PSA testing. For men aged 70 years and older, the recommendation is still against PSA-based screening. No specific recommendations are provided for African American men or men with a family history of prostate cancer, although these populations may have a higher risk of prostate cancer. Dr. Krist noted the reasons for the change from a D recommendation to a C recommendation were based on new data from longer follow-up of the ERSPC, as well as data showing that active surveillance can mitigate some of the harms of screening and subsequent treatment.

Dr. Krist emphasized the approach of informed and shared decision making, as the evidence shows that 20-40% of cases are overdiagnosed and the harms associated with PSA testing continue to be of concern. He highlighted the importance of conveying information to patients on

benefits and harms, including false positives, overdiagnosis, and complications from diagnosis and treatment.

Canada: Experiences in implementing the national prostate cancer screening guidelines

The Canadian Task Force on Preventive Health Care (CTFPHC) issued prostate cancer screening guidelines for Canada in 2014. James Dickinson, a member of the guideline committee, presented the methods used by the CTFPHC to elaborate these recommendations, as well as the implementation processes and challenges. Dr. Dickinson noted that the PSA test is a good biomarker test, but a poor screening test. The CTFPHC used a systemic, consultative approach based on an extensive review of evidence to develop their recommendations. It included an independent panel of primary care physicians and prevention experts, with no conflicts of interest. The GRADE methodology was used and evidence was reviewed on PSA testing effectiveness, harms, and patient preferences. Data from six trials were considered, three of them were disregarded and data from the ERSPC, the Swedish study and the PLCO were used in the end. The CTFPHC guidelines recommend not screening for prostate cancer with the PSA test in all age groups. The CTFPHC developed several, very visual public information materials to communicate their recommendations and inform men about the harms and benefits of prostate cancer screening. The implementation of these guidelines in Canada has faced some opposition from community groups lobbying for PSA testing.

Mexico: Proposed Mexican norms for prostate cancer screening

Dr. Fernando Gabilondo (INCMNSZ, México) reviewed and critiqued the draft of the Mexican norm for prostate cancer screening, which is currently in development. The proposed draft norm includes interventions for hyperplasia, as well as prostate cancer, and emphasizes opportunistic screening in all men, as well as a risk stratified approach. Dr. Gabilondo pointed out the difficulties in using a risk-stratified approach and defining high-risk populations, because there is still much that is unknown about prostate cancer risk factors. Dr. Gabilondo highlighted the important role of urologists in providing prostate cancer screening, as well as diagnosis and treatment services. He noted that in limited resource settings, the introduction of population-based screening programs may not feasible, and that a feasible approach would be to limit

screening to high-risk populations, while focusing on building the health service capacity for prostate cancer diagnosis and treatment.

Discussion

In the discussion on country guidelines, it was noted that the trials did not have data specific to PSA testing in sub-populations, such as Hispanic, Native American, or African American men; therefore, no specific recommendations were made for these sub-populations that might have a higher risk of prostate cancer. The need for research and generating evidence on specific population groups was stressed.

A question was raised on the use of digital rectal exam (DRE) for prostate cancer screening. Evidence on this was reviewed in developing the Canada prostate cancer screening guideline, and the evidence was considered inconclusive. Thus, the USPSTF did not consider the use of DRE for prostate cancer screening.

SESSION 4: SHARING EXPERIENCES ABOUT PROSTATE CANCER SCREENING

In this session, representatives from the Ministries of Health from Brazil, Chile, Jamaica, Panama, and Trinidad and Tobago presented the situation of prostate cancer in their countries, the status of screening programs, and their challenges to establish prostate cancer screening programs.

Brazil: Dr. Alexander Dias, National Cancer Institute

In Brazil, there are 61,000 new cases and 40,000 deaths each year from prostate cancer, and it is the most common cancer and second cause of cancer mortality in men. Approximately 30-40% of patients present with metastatic disease. The Brazil guideline for prostate cancer recommends against PSA testing and there is no screening program in place. Men can request a PSA test, and counseling is provided, highlighting the benefits and harms. The Brazilian Society of Urology promotes the use of PSA testing, encouraging men to discuss this with their doctors. November is celebrated as men's health month, and many health promotion activities take place, including information dissemination and promotion of prostate cancer early detection.

Chile: Dr. María Inés Romero, Ministry of Health

In Chile, 45,000 new cases of prostate cancer are diagnosed each year, and prostate cancer is the second cause of cancer death in men. The Ministry of Health does not recommend PSA testing at this time, and there is no prostate cancer screening program, however testing does take place primarily in the private sector. The Ministry of Health does provide, and financially covers, diagnosis and treatment services for prostate cancer, among other cancer types. The major challenge in Chile at the moment is in ensuring equitable access to cancer services, as well as ensuring good cancer registries for monitoring and evaluation of the cancer program.

Jamaica: Dr. Tamu Davidson-Sadler, Ministry of Health

In Jamaica, prostate cancer is the most common cancer and leading cause of cancer death in men. The Ministry of Health does not have a prostate screening guideline, nor a screening program. However, opportunistic screening in men 40 years of age and older is offered in primary care settings, and through the Jamaica Cancer Society. DRE is the most commonly used exam. However, the PSA test is offered and can be requested. The country celebrates prostate cancer

month in September, with public information, media messages and a conference open to the public. The Ministry of Health has a cancer control plan, and there is an interest in developing standard guidelines for prostate cancer screening. The current challenges are similar to those found in other countries in the region: increasing access to cancer care, cultural factors preventing men to talk about their health and seeking diagnosis for prostate cancer, and fear and stigma associated with cancer.

Panama: Dr. Armando de Gracia, National Oncologic Institute

In Panama, prostate cancer is the leading cause of cancer mortality in men. A consensus document for prostate cancer screening, using PSA testing, is currently in development and no screening program exists. The health system has a public care system, a social security system, and private medical care. As a result, there is fragmentation in health care and inequalities in access to care, which has an impact on cancer and prostate cancer. Therefore, these health care challenges would need to be addressed in order to offer a prostate cancer screening program in future.

Trinidad and Tobago: Dr. Lester Goetz, University of the West Indies

In Trinidad and Tobago, prostate cancer is the most common cancer among men. The Ministry of Health does not have prostate cancer screening guidelines in place, but are considering developing guidelines and a screening program for the future. Opportunistic screening is offered through the Cancer Society, and there was a Tobago Screening Project in the past. The current focus is on improving access to cancer care services, notably radiotherapy services.

Discussion

The need for more prostate cancer research, especially regarding risk factors, risks in African-descendant populations and other sub-populations, and the need to have locally relevant data from cancer registries were all noted. The importance of health system strengthening, with a focus on primary care services for cancer screening, and clear referral and service availability for diagnosis and treatment, including sufficient number of urologists were also noted. The fact was noted that not all men with prostate cancer will die from the disease, given the heterogeneity of the disease. In addition, PSA testing will not be able to identify those with aggressive disease.

Therefore, discussions on harms and benefits and shared decision making are critical, and education campaigns for prostate cancer screening need different messages than those used to promote breast or cervical cancer screening.

SESSION 5: PERSPECTIVES ON PSA TESTING IN LATIN AMERICA AND THE CARIBBEAN

Dr. Matthew Cooperberg provided reflections on the use of PSA testing in the context of LAC countries. He summarized the previous discussions as follows: PSA testing has the potential to reduce mortality from prostate cancer; there are benefits and harms associated with PSA testing; men with less than a 10-year life expectancy should probably not be screened, given the long natural history of prostate cancer; informed decision making is a necessary part of PSA testing, but there may be practical challenges in applying this in clinical settings; reducing inequities in access to PSA testing must be considered, so that those at risk for prostate cancer have an equal opportunity to access care; active surveillance, especially of those men with low risk of having aggressive prostate cancer, is an alternative to treating all men with elevated PSA; and more data and evidence are needed on risk factors, populations at higher risk of prostate cancer, the use of high risk approach for screening, and how to reduce false positives.

Discussion

There was much discussion on the need to better understand the risk factors and populations at risk for prostate cancer, strategies to effectively detect aggressive prostate cancer from the ones that may not need treatment, and the need for more research on prostate cancer early detection. A current study, PROTECT[6], was mentioned as providing promising new evidence for prostate cancer screening strategies. All agreed that for the LAC context, it is critical to first improve the cancer care system to ensure adequate resources are in place for cancer diagnosis and treatment, before initiating screening and early detection interventions.

The high burden of prostate cancer in LAC, along with the limited resources for treatment and challenges with PSA testing were noted as the greatest hurdles for the region to reduce the burden of prostate cancer.

[6] http://www.nejm.org/do/10.1056/NEJMdo005092/full/

DAY TWO

Silvana Luciani (PAHO) briefly summarized of the discussions from the first day of the meeting. The second day then focused on health system and service requirements for effective prostate cancer screening. A series of presentations were delivered and participants shared their perspectives of needs and considerations to improve health services, for more effective prostate cancer screening.

SESSION 6: HEALTH SYSTEM CONSIDERATIONS FOR PROSTATE CANCER SCREENING PROGRAMS

Silvana Luciani (PAHO) discussed the health system building blocks and the essential components that must be considered when developing cancer screening programs. Dr. Octavio Gomez-Dantés (INSP) then presented an experience from Mexico on setting priorities in health that could be used in considering when and how to establish prostate cancer screening within a public health program in limited resource settings. The considerations in priority setting in health were summarized as follows: 1) that health resources are limited; 2) that these limited resources must be distributed in the most equitable and reasonable manner; and 3) that ideally the mechanisms to distribute these limited resources use criteria that are sensible and widely accepted. For the selection criteria, the intervention must address a relevant problem, be cost-effective and feasible, and be accepted by society. All relevant actors need to participate in the decision-making process; these include representatives from health institutions, health care workers, clinical experts, public health experts, health economist, academics, and civil society representatives. Dr Gómez-Dantés illustrated how this approach was applied in Mexico to determine priorities in health for HIV/AIDS, childhood leukemia, and rare diseases.

Discussion

The question of how prostate cancer screening and early detection could be introduced as part of such a priority-setting model was discussed. Dr. Gómez-Dantés noted that, although preventive and curative interventions are necessary, the health system tends to prioritize treatment, which presents a challenge for cancer screening and early detection interventions.

In Chile, the Universal Access Plan for Explicit Guarantees (AUGE) used a similar approach and criteria to prioritize their health interventions. The universities were involved in this project in which the available information was collected. Among the prioritized interventions, many are in the area of cancer prevention and control. However, for colorectal cancer screening, although it was deemed cost-effective, it was not included in AUGE because the country did not have the capacity to offer colonoscopy.

Dr. Gabilondo (INCMNSZ) highlighted the challenges in Mexico, as many other countries in LAC, to establish population-based prostate cancer screening. Dr. Gabilondo suggested focusing first on health system strengthening for cancer control, and ensuring equitable access to services.

Dr. Ivonne Mejia from the Mexican Institute of Social Security (IMSS) noted that IMSS is conducting a pilot study for prostate cancer screening in Jalisco. Primary doctors are trained and offer prostate cancer screening, with PSA testing. Some promising preliminary results are being collected through the project, although there are some barriers to overcome.

Representatives from the Caribbean countries noted that the health system challenges are greater in their countries, which limit the ability to implement population-based prostate cancer screening in these settings.

CONCLUSIONS

Prostate cancer screening continues to be controversial given the challenges and risks associated with PSA testing at population level as well as the health system requirements needed to establish screening programs. The meeting discussions highlighted the evidence for PSA testing, the harms and benefits associated with its use, the experiences in several countries to address prostate cancer screening, and the gaps in knowledge, evidence, and implementation. The meeting participants confirmed that the first priority in addressing the prostate cancer burden needs to be in establishing a cancer care system that can provide the necessary diagnosis and treatment, in an equitable manner. Participants also agreed that any prostate cancer screening and early detection program should use evidence-based guidelines and shared decision-making to inform patients about the benefits and harms associated with screening. As next steps, the meeting participants agreed it would be useful to continue dialogue and technical assistance to countries as they continue to make decisions about how best to reduce the prostate cancer

burden, in the face of limited and competing health resources. As a follow-up to this expert consultation, PAHO will continue to work with Member States, civil society groups, professional associations, academic institutions, and experts on prostate cancer control, in the context of national cancer control programs.

APPENDIX 1: Agenda

Tuesday, September 12, 2017	
8:30am	**PARTICIPANT REGISTRATION**
9:00am	**OPENING REMARKS** ***Miguel Malo***, PAHO/WHO country office of Mexico ***Abelardo Meneses***, Director, *National Cancer Institute of Mexico* (INCan)
9:10am	**OVERVIEW OF THE MEETING OBJECTIVES** ***Silvana Luciani,*** PAHO/WHO ***Alejandro Mohar***, INCan ***Fernando Gabilondo***, National Institute of Medical Sciences and Nutrition Salvador Zubirán ***Martin Lajous***, *National Institute of Public Health of Mexico* (INSP)
9:30am	**SESSION 1: PROSTATE CANCER IN LATIN AMERICA AND THE CARIBBEAN** The burden of prostate cancer in the region, in the context of the Global Burden of Disease Project (GBD). ***Héctor Lamadrid,*** *National Institute of Public Health of Mexico* Questions and answers
10:00am	**SESSION 2: SCIENTIFIC EVIDENCE ON STRATEGIES FOR EARLY DETECTION OF PROSTATE CANCER** ***Moderator:*** *Miguel Ángel Jiménez,* INCan The role of prostate specific antigen (PSA) testing in screening and early detection of prostate cancer. ***Matthew Cooperberg****, University of California*, San Francisco Questions and answers
11:00am	**COFFEE BREAK**
11:30am	**SESSION 3: TO SCREEN OR NOT TO SCREEN? CONCLUSIONS OF NATIONAL GUIDELINES** ***Moderator:*** *Luisa Torres-Sánchez*, INSP U.S. Preventive Services Task Force: Draft Prostate Cancer Screening Recommendation **Alex Krist**, *US Preventive Services Task Force* Experiences in implementing Canada's prostate cancer screening guidelines ***James Dickinson****, Canadian Task Force on Preventive Health Care* Mexico case study: Timely detection of prostate cancer based on the new Mexican Norms ***Fernando Gabilondo***, Mexican *National Institute of Medical Sciences and Nutrition* Questions and answers
1:00pm	**LUNCH**

2:00pm	**SESSION 4: SHARING EXPERIENCES ABOUT PROSTATE CANCER SCREENING** **Moderated discussion on experiences in Latin America and the Caribbean** ***Moderator:*** Alejandro Mohar, INCan ***Panelists:*** **BRAZIL:** Alexander Dias, National Cancer Institute **CHILE:** María Inés Romero, Ministry of Health **JAMAICA:** Tamu Davidson-Sadler, Ministry of Health **PANAMA:** Armando de Gracia, National Oncologic Institute **TRINIDAD & TOBAGO:** Lester Goetz, University of the West Indies Questions and answers
3:30pm	**COFFEE BREAK**
4:00pm	**SESSION 5: Structured conversation. Perspectives on the Use of PSA testing in Latin America and the Caribbean** ***Moderator:*** Martín Lajous ***Discussion starter:*** Mathew Cooperberg
5:30pm	**ADJOURN AND SOCIAL EVENT**

Wednesday, September 13, 2017	
9:30am	**REVIEW** of the discussion and results from the first day
9:45am	**SESSION 6: Health System Considerations for Prostate Cancer Screening Programs** ***Discussion starter:*** Octavio Gómez-Dantés, INSP ***Moderator:*** Sebastián García-Saisó, Secretaría de Salud Moderate and structured discussion to identify the necessary considerations in the implementation of strategies for the timely diagnosis of prostate cancer: • Which strategies, based on the successful experiences shown on **day 1**, are applicable to LAC countries? • What are the criteria to consider before introducing and implementing a prostate cancer screening program? • What processes should be followed to reach consensus on recommendations for screening for prostate cancer in LAC? • What health service capacity is needed to ensure appropriate follow up diagnosis and treatment for prostate cancer? • Is it feasible to establish similar approaches with greater patient participation in the decision of being screened in LAC countries and especially in areas with limited resources?
11:00am	**COFFEE BREAK**
11:30am	**SESSION 6: Discussion (cont'd)**
12:00pm	**CONCLUSIONS and NEXT STEPS** ***Moderator:*** Silvana Luciani Discussion and agreements to improve prostate cancer screening in LAC
12:30pm	**END OF THE REGIONAL MEETING**

APPENDIX 2: List of participants

Name	Organization	Country
Dr. Ingrid Cumberbatch	Ministry of Health	Barbados
Dr. Erwin Arthur Phillips	University of the West Indies	Barbados
Dr. Alexander Dias	Instituto Nacional del Cáncer (INCA)	Brazil
Dr. María Inés Romero	Ministry of Health	Chile
Dr. William Aiken	University of the West Indies	Jamaica
Dr. Tamu Davidson-Sadler	Ministry of Health	Jamaica
Dr. Fernando Gabilondo	National Institute of Nutrition & Medical Sciences	Mexico
Dr. Sebastián Garcia Saiso	Secretariat of Health	Mexico
Dr. Octavio Gómez Dantés	National Institute of Public Health	Mexico
Dr. Felipe González Roldán	Mexican Society of Public Health	Mexico
Dr. Narciso Hernández Toriz	Mexican Social Security Institute	Mexico
Dr. Miguel Ángel Jiménez	National Cancer Institute of Mexico	Mexico
Dr. Martín Lajous	National Institute of Public Health	Mexico
Dr. Héctor Lamadrid	National Institute of Public Health	Mexico
Dr. Eduardo Lazcano Ponce	National Institute of Public Health	Mexico
Dr. Ruy López Ridaura	National Institute of Public Health	Mexico
Dr. Hugo Manzanilla	Mexico General Hospital	Mexico
Dr. Ivonne Mejía Rodríguez	Mexican Social Security Institute	Mexico
Dr. Arturo Mendoza	American Confederation of Urology	Mexico
Dr. Abelardo Meneses	National Cancer Institute of Mexico	Mexico
Dr. Alejandro Mohar	National Cancer Institute of Mexico	Mexico
Dr. Jesús Ojino Sosa	Nat. Center for Technological Excellence in Health	Mexico
Dr. Nancy Reynoso,	National Cancer Institute of Mexico	Mexico
Dr. Francisco Rdgez Covarrubias	National Institute of Nutrition & Medical Sciences	Mexico
Dr. Gustavo Sánchez Turati	American-British Cowdry Hospital	Mexico
Dr. Luisa Torres	National Institute of Public Health	Mexico
Dr. Luis Alonso Herrera	National Cancer Institute of Mexico	Mexico
Dr. Armando De Gracia	Instituto Oncológico Nacional	Panama
Dr. Lester Goetz	University of the West Indies	Trinidad & Tobago
Dr. Karen Sealey	Ministry of Health	Trinidad & Tobago
Dr. Alex Krist	US Preventive Services Task Force	USA
Dr. James Dickinson	Canadian Task Force on Preventive Health Care	Canada
Dr. Franklin Huang	Harvard University	USA
Dr. Jennifer Rider	Boston University	USA
Dr. Matthew Cooperberg	University of California-San Francisco	USA
Ms. Silvana Luciani	Pan American Health Organization	USA
Dr. Bernardo Nuche-Berenguer	Pan American Health Organization	USA
Dr. Miguel Malo	Pan American Health Organization	Mexico