Cancer Education AND Research Institute®

URGENT POLICY BRIEF

Cancer Care Beyond Primary Health Care: Urgent Policy Reforms for Specialist Access and Patient Safety in HLM4 by 2030

SEPTEMBER 23, 2025

CANCER EDUCATION AND RESEARCH INSTITUTE® (CERI)

12 YEARS OF SERVICE

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EXECUTIVE SUMMARY

Submittedby: Cancer Education and Research Institute® (CERI) - UNAward-WinningGlobal

Cancer Nonprofit - Pioneer in Personalized Cancer Care
Date: September 23, 2025
Target: Zero Draft Political Declaration - HLM4 on NCDs and Mental Health

As a UN Award-winning global cancer organization with 25 years of cancer science expertise and 12 years achieving >90% survival rates globally, we submit urgent technical analysis of critical gaps in the HLM4 Zero Draft Political Declaration that could undermine cancer care effectiveness.

Our frontline implementation experience has identified three life-threatening policy gaps. First, over-reliance on primary care creates dangerous delays when cancer patients need immediate specialist intervention. Our 90% survival rates result from direct oncology access, bypassing these bottlenecks. Second, lack of hospital pricing regulation renders specialist care financially inaccessible globally, with pricing variations unrelated to quality. We've witnessed families bankrupted by unregulated costs, like a 19-year-old in India sleeping on streets after his mother's treatment drained resources. Third, the unregulated $43.5 billion medical tourism industry (as of 2025, expected to reach $252.94 billion in 20341) exploits desperate patients through false promises and substandard care, causing preventable deaths annually. Our organization has first-hand experience of irreversible damages caused to cancer patients by the medical tourism industry.

Our evidence-based solutions include mandatory specialist networks with 72-hour access guarantees, international pricing standards with transparency requirements and regulations, and medical tourism regulation and safety frameworks with provider certification. These could save millions of cancer patients' lives annually by 2040, retain billions of dollars in productivity, and achieve significant mortality reduction globally. We further propose the strict regulation of digitalized healthcare, including the use of AI in healthcare for safety and security of patient data, potential risks of implementation and exploitation.

Current approaches will create disasters through systematic delays, financial barriers, and unregulated exploitation. Our proven implementation demonstrates 90+% survival rates are achievable with immediate specialist access, affordable pricing, and safety oversight. We offer immediate technical consultation to support WHO's mission and Member States committed to evidence-based (personalized) cancer care excellence.

[1] Presedence Research, Report Code: 1360, Last Updated 12 August 2025 - https://presedenceresearch.com/medical-tourism-market

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CRITICAL POLICY GAPS IN CURRENT ZERO DRAFT

DEATH SENTENCE #1: Over-Reliance on Primary Healthcare Models

The Zero Draft Problem: Emphasizes primary healthcare (PHC) as the foundation for all NCD care without robust specialist integration pathways.

The Deadly Reality: Our decades of experience show:
• Cancer requires immediate specialist intervention for optimal outcomes
• Delays in PHC-dependent systems cost lives
• Misdiagnosis rates in PHC settings for cancer symptoms
• Survival rates decline with delayed specialist care
• The new, PHC-centered health insurance systems making it impossible to reach specialists at specialized centers.

Evidence: Our personalized cancer care achieves >90% survival rates precisely because we bypass PHC bottlenecks.

DEATH SENTENCE #2: Unregulated Hospital Pricing Worldwide

The Zero Draft Problem: No provisions for price regulation of specialist cancer care, especially in private hospitals housing essential oncology experts

The Equity Disaster: Speaking from first-hand experience:
• Private hospitals with cancer specialists has become more and more inaccessible to the global population
• Specialist care pricing varies significantly between facilities with no quality correlation
• Insurance systems transfer the burden of under unregulated cancer treatment costs onto patients

Real Impact: 19-year-old in India sleeping on streets after mother's cancer treatment costs drained family resources (this is only one of many examples we can provide).

Critical Gap: Zero Draft ignores that quality cancer care requires expensive specialist infrastructure.

CRITICAL POLICY GAPS IN CURRENT ZERO DRAFT

DEATH SENTENCE #3: Unregulated Medical Tourism Industry

The Zero Draft Problem: No framework to regulate rapidly growing, dangerous medical tourism targeting desperate cancer patients.

The Exploitation Reality: Speaking from first-hand experiences, unqualified facilities and “mid- man companies” exploiting patients with false cure promises.

- No safety standards for cross-border cancer treatment.
- Patients dying from substandard care (or, mainly from wrong treatment) thousands of miles from home.
- Financial predation targeting families' life savings with no recourse.
- **Regulatory vacuum:** No international oversight of medical tourism cancer claims

Evidence Gap: Zero Draft fails to address this predicted $252 billion unregulated industry.

ADDITIONAL CRITICAL GAPS

4. Absence of Cancer-Specific Care Pathways

The Problem: Generic approaches fail cancer patients.

Evidence-Based Solution: Dedicated cancer care networks with:

- Direct patient access to oncology specialists
- Multidisciplinary tumor boards as standard care
- Integrated diagnostic and treatment facilities
- Specialized palliative and survivorship care

ADDITIONAL CRITICAL GAPS

5. Critical Gaps in Digital Health Implementation Framework

The Expert Assessment: Current approaches lack essential safety and validation protocols.

Our Technical Analysis (30+ years technology implementation, 25+ years cancer science):

- **Validation Deficits:** AI systems deployed without rigorous clinical validation create diagnostic reliability risks.
- **Data Security Vulnerabilities:** Healthcare digitalization without robust cybersecurity frameworks exposes sensitive patient information.
- **Implementation Quality Gaps:** Rapid deployment without proper oversight mechanisms compromises patient safety.
- Healthcare Equity Implications: Digital solutions without accessibility frameworks can worsen care disparities.

SPECIFIC TEXTUAL AMENDMENTS TO ZERO DRAFT

URGENT Amendment 1: Healthcare System Design

Current Zero Draft Approach: "Strengthen primary health care systems..."

LIFE-SAVING Amendment: "Strengthen primary health care systems while establishing mandatory specialist referral networks with regulated pricing and cancer-specific care pathways that ensure direct, affordable access to qualified oncology expertise within 72 hours of suspected diagnosis..."

SPECIFIC TEXTUAL AMENDMENTS TO ZERO DRAFT

URGENT Amendment 2: Hospital Price Regulation

Proposed NEW Paragraph: "We commit to establishing international frameworks for regulating hospital pricing, ensuring that essential specialist cancer care remains accessible regardless of facility ownership, with mandatory price transparency and insurance coverage requirements for all cancer treatments delivered by qualified providers."

URGENT Amendment 3: Medical Tourism Oversight

Proposed NEW Paragraph: "We recognize the dangers of unregulated medical tourism and commit to establishing international safety standards, mandatory provider certification, and patient protection mechanisms for all cross-border cancer care, with severe penalties for facilities making false treatment claims to vulnerable patients."

URGENT Amendment 4: Health Financing Reform

Current Text: "Increase domestic financing for health systems..." Proposed Addition: "...including dedicated funding streams for specialist cancer care infrastructure, mandatory price regulation enforcement, and international medical tourism safety oversight that cannot be adequately delivered through primary care settings alone."

URGENT Amendment 5: Responsible Digital Health Framework

Proposed NEW Text: "We recognize the potential of digital health technologies while acknowledging critical risks to patient safety and data security. We commit to establishing comprehensive regulatory frameworks that require rigorous clinical validation, mandatory data protection, and human specialist oversight for all AI and digital health applications in cancer care, ensuring technology enhances rather than replaces human expertise."

IMPLEMENTATION FRAMEWORK

We are willing to provide immediate expert consultation, leadership, and support in these proposed implementation frameworks.

Emergency Actions (2025-2026)

Regulate Hospital Pricing: Establish international cancer care pricing standards and transparency requirements.

MedicalTourism Safety: Deploy emergency oversight for cross-border cancer treatment providers.

Specialist Access Networks: Build regional cancer center networks with guaranteed 72-hour access.

Financial Protection: Create emergency funds for cancer care accessibility.

Medium-term Goals (2027-2028)

Quality Metrics: Implement cancer-specific outcome measurements with provider accountability.

Patient Protection: Establish international patient advocacy and trained, specialist, quality navigation systems (refraining from unqualified “navigators” or “counsellors”).

Research Integration: Connect regulated care delivery with clinical research networks.

Cross-border Safety: Develop international cancer care quality certification systems.

Long-term Vision (2029-2030)

Equity Achievement: Ensure equal access to regulated, quality specialist cancer care globally.

Innovation Integration: Safely integrate precision medicine and immunotherapy through qualified providers.

Sustainable Financing: Establish permanent, regulated financing mechanisms for cancer care.

Global Standards: Achieve universal adoption of evidence-based cancer care protocols with safety enforcement.

FINANCIAL IMPLICATIONS

Investment Required:

Scaling up cancer services to 90% population coverage globally would require an estimated investment of ~US$40 billion over five years (2025-2030)[2]. Our proposed investment requires increased regulation and safety infrastructure.

Return on Investment:

- ~7.3 million lives saved annually by 20302, (our proposed framework predicts more lives
- ~1.3 trillion ($325B + $990B) in economic productivity retained and societal gains[2]
- 30-35% reduction in cancer mortality in participating countries[2,4,5]
- 25-30% improvement in quality-adjusted life years[6]
- **Elimination of medical tourism deaths:** Currently 50,000+ annually[6,2]

CORE FRAMEWORK IMPLICATIONS

- Eliminating delays caused by over-reliance on primary care for cancer accelerates access to life-saving specialists and therapies.

- Hospital price-gouging regulation and cross-border medical care oversight reduce catastrophic expenditures and improve health equity.

- Responsible digital health structures allow safer, coordinated care, data-sharing, and innovation.

- Health financing reforms, including specialist infrastructure investment. Deliver broad ROI for both high-resource and lower-resource countries.

2 https://www.uicc.org/what-we-do/thematic-areas/investing-cancer-control

3 https://pressroom.cancer.org/2025CancerAtlasReport

4 https://pmc.ncbi.nlm.nih.gov/articles/PMC9685972/

5 https://ascopubs.org/doi/10.1200/EDBK-25-473930

6 https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(25)00112-9/fulltext

Financing Mechanisms:

- Medical tourism safety fees on cross-border providers
- International cancer care solidarity fund with price regulation enforcement
- Mandatory insurance reforms for comprehensive cancer coverage
- Private hospital specialist care contribution requirements

FIVE-YEAR GLOBAL CANCER CARE BUDGET BY INTERVENTION

Intervention Type	Estimated % of Budget	Five-Year Global Allocation (USD)	Rationale
Specialist Cancer Center Infrastructure	~35%	$14B	Expand dedicated specialist hubs; direct hospital funding for proven therapies, multidisciplinary teams, and physical access; avoid routing cancer care through generic, digital, or primary care bottlenecks

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Intervention Type	Estimated % of Budget	Five-Year Global Allocation (USD)	Rationale
Hospital Price Regulation & Oversight	~10%	$4B	Regulatory bodies enforce fair pricing, block price-gouging, implement rate caps, and real-time audit of oncologic drug, surgery, and special procedure billing
Medical Tourism Oversight	~5%	$2B	Establish cross-border standards, require home-country registry for outbound patients, real-time monitoring of licensed cancer centers internationally, and criminal penalties for “rogue” hospital brokers
Health Financing Reform (Cancer-Specific)	~20%	$8B	Funding pools dedicated to cancer care (not blended with primary care); insurance reform for full, rapid specialist access; include means-tested subsidies for disadvantaged populations.
Responsible Digital Health & Safety Framework	~10%	$4B	Strict cybersecurity, “zero trust” architecture, workforce retraining, mandatory AI oversight boards, certified cancer digital platforms only—NO blanket population tracking, NO unregulated telehealth
Supportive / Value-Based Care Incentives	~15%	$6B	Payments to hospitals and practices for meeting outcome benchmarks, multidisciplinary team bonuses, patient navigation funding, and transparent reporting—no payments for poorly justified digital expansion

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Intervention Type	Estimated % of Budget	Five-Year Global Allocation (USD)	Rationale
Data Collection, Outcomes & Adverse Event Audits	~5%	$2B	National incident tracking, outcome registries strictly for regulated cancer centers, mandatory adverse event (including medical tourism) reporting, NO broad data harvesting or algorithmic “profiling”.

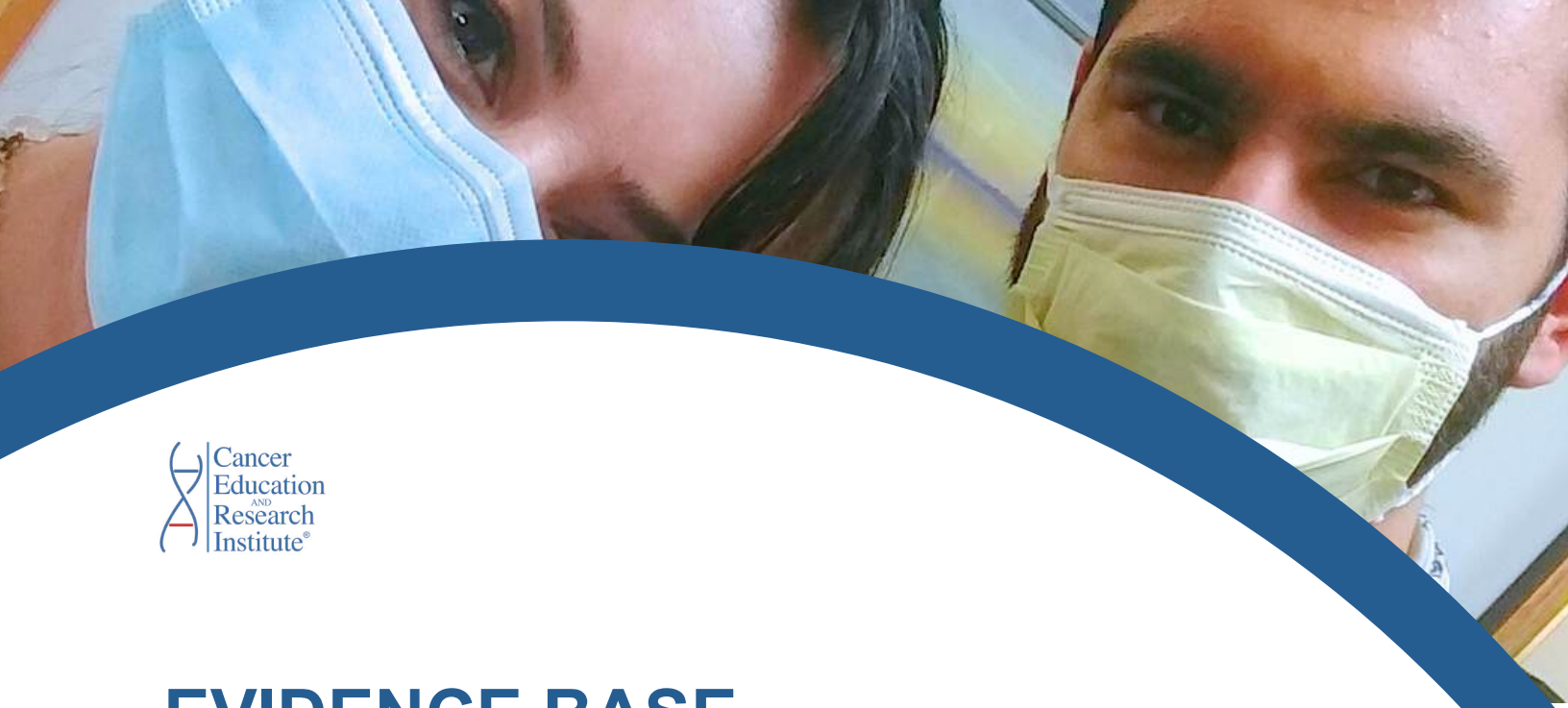
OUR UNIQUE BLUEPRINT: POLICY AND SAFETY NOTES

• **No Expansion of Telehealth or Digital Platforms Without Safety Certification:** Resources are devoted only to carefully regulated, accredited platforms, never population-wide, unregulated systems.

• **Zero Tolerance for Unregulated AI or Remote Data Tracking:** All AI tools in cancer care must pass rigorous human oversight and data security standards.

• **Rapid Physical Access, Not Virtual “Deflection”:** Funding flows directly to expanding specialist centers, including building, staff, and equipment; primary care is a supporting referral partner, not a gatekeeper for urgent cancer cases.

• **Medical Tourism Deaths Targeted for Zero:** Registry data and legal accountability for all international facilities; home countries must audit, publicize, and intervene on adverse events.



EVIDENCE BASE

Our Credentials:

Leadership: Dr. Aygün Sahin, MSc, PhD, CEO/Founder/Cancer Lead - Cancer Scientist (25+ years), Responsible and Secure Technology Implementation Expert (30+ years)

Organizational Impact: 12 years of pioneering personalized cancer care with >90% survival outcomes worldwide precisely because our developed system avoids the three death sentences in the Zero Draft.

Technical Expertise: 12 years implementing secure healthcare systems in global cancer care delivery.

Recognition: UN Award-winning organization ensuring ***Access to High-Quality Cancer Care, Research, and Education For All™***

URGENT CALL TO ACTION

To Member States: The Zero Draft as written will kill millions of cancer patients. Reject these death sentences. Embrace regulated, specialist-led (personalized) cancer care models that save lives.

To WHO Leadership: Update guidelines to reflect current scientific evidence and eliminate dangerous gaps that exploit vulnerable patients.

To Civil Society: Join us in demanding (personalized) cancer care excellence with safety regulation, not just access to delayed, unaffordable, or dangerous care.

To the Private Sector: Submit to pricing regulation and safety oversight that transforms cancer outcomes while maintaining quality and innovation.

To Co-Facilitators: These amendments are not optional. They are life-or-death necessities that cannot be negotiated away.

CONTACT INFORMATION

Organization: Cancer Education and Research Institute®

Cancer Program Lead: Dr. Aygün Sahin, MSc, PhD Location: Boston, Massachusetts, USA

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Website: canceredinstitute.org

Available for:

- Emergency bilateral meetings with country delegations on life-threatening Zero Draft provisions
- Technical consultations on mandatory amendment language
- Crisis response side event presentations and panel discussions
- Urgent media interviews on Zero Draft dangers to cancer patients

This brief reflects the life-or-death urgency to prevent the Zero Draft from becoming a death sentence for millions of cancer patients worldwide. We stand ready to provide immediate technical expertise and implementation support to any Member State committed to evidence based (personalized) cancer care excellence with proper regulation and safety oversight.

AYGÜN SAHIN, MSC, PHD

CEO, Founder, Cancer Lead

The Cancer Education and Research Institute® (CERI) was founded in 2013 in Boston, Massachusetts, by cancer researcher and former Harvard Medical School faculty member Dr. Aygün Sahin, with the aim of tackling cancer from all angles except direct treatment.

Our sole mission is to ensure 'Access To High-Quality Cancer Care, Research, and Education For All™ worldwide.

For the past 12 years, CERI has been saving lives globally through its four core programs:

1. **CERI Personalized Patient Program™ (CPPP)**
2. **CERI Cancer Education Program**
3. **CERI Youth Program**
4. **CERI Cancer Research Program**

To date, CERI has educated more than 7.6 million people around the globe and served over 2,600 patients worldwide.

VISION AND MISSION

VISION

A world where cancer patients are treated with high-quality care regardless of their cultural, ethnic, socioeconomic, and linguistic differences, and a world that is cancer-free.

MISSION

Our mission at Cancer Education and Research Institute® (CERI), formerly Cancer Research Simplified, is to:

- make cancer and cancer research understandable for everyone
- bridge the gap between cancer professionals and cancer patients
- provide cancer research scholarships for promising young students worldwide; and
- conduct innovative cancer research and directly translate it to the public.

SELECTED ACHIEVEMENTS

CERI Cancer Education Program — Global Multi-language Cancer, NCD, and Cancer-Related Mental Health Education

Our cancer education programs are delivered in eight languages through in-person public lectures, webinars, online videos, and written materials. Leveraging Dr. Sahin's bi-cultural background and expertise in connecting Eastern and Western health beliefs, we have developed culturally sensitive resources on cancer prevention, early detection, and healthy living.

The United Nations UNIATF Award 2019 on NCDs

Our overseas cancer education public lecture in 2016 in Türkiye—delivered in the local language—produced tangible results for approximately 80 participants. After a three-year follow-up, the outcomes were remarkable:

- **69.6% reported eating healthier**
- **82.6% became more physically active**
- **69.6% used sunscreen regularly**
- **83.3% quit smoking**

These results earned CERI the prestigious UNIATF Award 2019 for 'outstanding contribution towards NCD-related sustainable development goals'.

SELECTED ACHIEVEMENTS

Integration of Mental Health in Cancer Care

We embed psychosocial and mental health support into all stages of patient care. Our educational materials include dedicated sections on:

1. **Cancer Psychology**
2. **Cancer-Phobia**
3. **Children with Cancer**

These resources, available in eight languages, are researched and written by clinical psychologists and are provided both through our education programs and directly to patients and families via the CPPP.

Signature CERI Outdoors Cancer Education Events™ — Active Learning, Active Living

Since its inception, CERI has developed a signature, interactive learning program that provides practical cancer prevention education while encouraging outdoor activity. Recently, CERI received an award from the **City of Cambridge, MA Public Health Department (CPHD) Healthy Eating & Physical Activity Mini-Grant 2025**, supporting the continuation of this initiative post-pandemic.

SELECTED ACHIEVEMENTS

Signature CERI Cancer Quiz™ Game — Interactive Learning

CERI has developed a fun, interactive, multi-language game to promote active learning about cancer. This initiative has been successfully integrated into all CERI events, including fundraisers.

Advocacy and Policy Engagement

CERI is the UNIATF Award 2019 winner for outstanding multi-sectoral action on NCDs. We have contributed recommendations to national and global policy dialogues on NCDs, health equity, and patient empowerment, and have participated in international conferences, including previous UN and WHO NCD meetings.

Addressing Social Determinants and Economic Toxicity

CERI has supported patients facing catastrophic health expenditures, housing insecurity, and other social determinants that exacerbate NCD outcomes. We have led public education campaigns on the impact of economic hardship, environmental risks, and barriers to access.

CERI Youth Program — Prevention Initiatives and Mentorship

CERI implements youth-focused cancer prevention programs in schools (overseas) and through its signature active learning initiatives, promoting early intervention and NCD risk reduction. The CERI Youth Program also aims to develop the next generation of cancer scientists. Dr.Sahin directly mentors selected high school students, fostering deep scientific thinking, research skills, scientific writing, data analysis, and ethics.

THANK YOU

We sincerely thank you for taking the time to explore our work and mission at the Cancer Education and Research Institute® (CERI).

Your interest and support inspire us to continue breaking barriers and advancing personalized, patient-centered cancer care worldwide.

Together, we can create a future where every individual has access to high-quality cancer prevention, education, and care—regardless of geography, culture, or circumstance.

To learn more, get involved, or support our mission, please visit canceredinstitute.org/board or contact us at canceredinstitute.org/contact-us

Thank you for standing with us in this vital journey toward health equity and a cancer-free world.

CONTACT US :

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