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- THE BREAST HEALTH GLOBAL INITIATIVE FOR COUNTRIES OF LIMITED RESOURCES: CONSENSUS GUIDELINES FOR EARLY DETECTION, DIAGNOSIS AND TREATMENT

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Internationally, breast cancer is the most common cancer and the leading cause of cancer-related deaths among women. Much is known about methods for decreasing the morbidity and mortality of breast cancer. Unfortunately, most countries in the world lack the financial resources to implement appropriate breast health care interventions. This problem is compounded by social and cultural barriers, which obstruct women from seeking or receiving proper health care in a timely fashion.

The Breast Health Global Initiative for Countries of Limited Resources: Consensus Guidelines for Early Detection, Diagnosis and Treatment (originally titled the *Global Summit on International Breast Health*), was established to address breast healthcare measures in countries where access to healthcare is a challenge; where awareness is limited and where cultural barriers need to be overcome.

Background

Women living in limited- and low-resource countries have a lower incidence of breast cancer but poorer survival, compared with women living in countries with higher levels of resources (Figure 1). The leading cause of higher breast-cancer mortality appears to be diagnosis at more advanced stages combined with limited access to treatment.

To begin to address this situation, the challenge of improving breast health care around the world is in recognizing that improvements need to be made in increments. It is unrealistic to expect that the health care changes made in the United States or Europe can be directly imported into a country of limited resources in Africa, Asia or the Middle East. Different countries have vastly differing social issues and financial needs

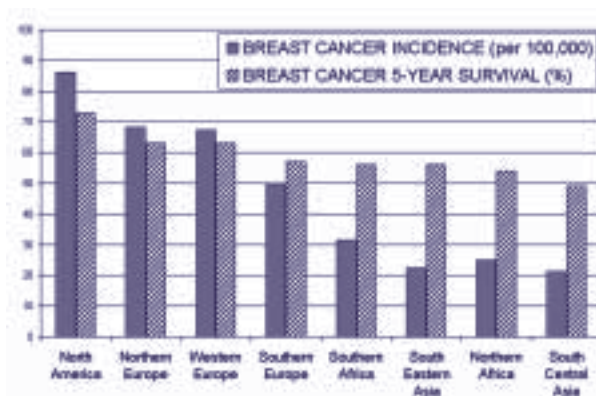


FIGURE 1: Breast cancer occurrence compared to five-year survival

that frame how breast health care changes should be implemented. A huge issue therefore is in sorting out where to begin.

Breast health care guidelines oriented to countries of limited resources have not existed in the past, yet they are a key step in improving health care particularly in developing countries of the world with limited financial resources. Evidence-based guidelines for breast health care provide a fundamental and flexible framework for change and improvement in medical health-care delivery. The development of these guidelines also cultivates international dialogue and understanding based on need for resources. Since health care systems cannot be transformed at once, guidelines help define where to begin in breast health care, providing an essential structural framework for dialogue and change, and a benchmark for growth and improvement.

The Breast Health Global Initiative

In recognizing the growing global impact of breast cancer, and the shared challenges among countries

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worldwide, *The Breast Health Global Initiative* was begun in 2002. The goals of the Initiative are:

Guideline development

- Organize and host a biennial *Breast Health Global Initiative's* "Global Summit" as a venue to integrate physicians, scientists, healthcare providers, and advocates with expertise in breast health care, representing countries and regions throughout the developing and developed world, as well as representatives from world health and medical organizations, governmental health ministries and agencies.
- Through the biennial working meetings, create evidence-based breast health care guidelines that address core issues of finite resource allocation, in order to promote early detection, proper diagnosis and medically appropriate therapy for breast cancer in countries of limited resources.

Interdisciplinary linkage and alliance building

- Build an organizational structure for linkage between three core groups:
 - clinicians and governmental health care agencies (health care systems, physicians, government agencies);
 - advocacy and non-governmental organizations (through communication, implementation, and patient education);
 - public health researchers (outcomes analysis, economic modeling, social impact studies).
- With the Guidelines as a framework, promote international outreach to underserved communities and political communities to advance change for improved breast health care, using education of the public and governmental decision makers as a tool for implementing change.
- Create new alliances and collective engagement through communication in multiple areas, including dialogue around social barriers to women's health and breast cancer advocacy.
- Continuous expansion of this program as a structure

for linkage and a "HUB" for ongoing communications, collaboration and collective engagement with focused international alliances, expanding global reach for continuing partnerships.

Communication

- Write and publish the biennial multi-disciplinary international breast healthcare guidelines oriented to a) countries of low-level resources that have some existing breast health care delivery programs and infrastructure b) countries of medium-level resources, and c) the medically underserved population pockets and regions within countries with high level resources.
- Continuous worldwide dissemination of the Guidelines through a broad cross-section of channels of communication, targeting world-health and medical organizations and associations, developing nation embassies, thought leaders, media and breast cancer advocacy organizations.
- Facilitate the implementation of the Guidelines by providing relevant data and recommendations for pilot and fully funded research projects initiated by other organizations.

Public health sciences research

- Generally provide a venue for public health sciences research directed at analysis of breast health care delivery in countries of limited resources.
- Specifically stimulate public health research projects in developing regions that specifically test the Guidelines, so as to 1) measure outcome, and 2) validate the Guideline recommendations.

Progress to Date: Global Summit 2002

The initial step of the *Breast Health Global Initiative* was to hold the first Global Summit Consensus Conference in Seattle, Washington on October 2-4, 2002. The working meeting brought together breast cancer experts and patient advocates to develop consensus recommendations for the early detection, diagnosis, and treatment of breast cancer in countries with limited resources.

The panelists, representing 17 countries and 9 world regions, followed the process charged by the World Health Organization (WHO) to address breast cancer care in countries of low- or medium-level resources. Reviewing evidence-based data and consensus-defined breast care guidelines, the panelists debated approaches for breast health care, and specifically considered how this care may best be provided under the constraints of limited resources.

The results of the Global Summit Consensus Conference 2002 were published in *The Breast Journal* in the spring of 2003 (International Breast Health Care: Guidelines for Countries with Limited Health Care Resources,” *Breast J*, May/June 2003, Vol. 9, Supplement 2). Major findings and recommendations can be summarized as follows:

OVERVIEW

All women have the right to access to health care, but considerable challenges exist in implementing breast health care programs when resources are limited.

All women have the right to education about breast cancer, but it must be culturally appropriate, and targeted and tailored to the specific population.

In countries with limited resources, most women have advanced or metastatic breast cancer at the time of diagnosis.

Because advanced breast cancer has the poorest survival and is the most resource-intensive to treat, efforts aimed at early detection can reduce the stage at diagnosis, potentially improving the odds of survival and cure, and enabling simpler and more cost-effective treatment. These efforts are likely to have the greatest overall benefit in terms of both survival and costs.

There is a need to build programs that are specific to each country’s unique situation.

The development of cancer centers can be a cost-effective way to deliver breast cancer care to some women when it is not yet possible to deliver such care to women nationwide.

Collecting data on breast cancer is imperative for deciding how best to apply resources and for measuring progress.

EARLY DETECTION

Early detection entails both early diagnosis in symptomatic women and screening in asymptomatic women.

Key prerequisites for early detection are ensuring that women are supported in seeking care, and that they have access to appropriate, affordable diagnostic tests and treatment.

The panelists propose the following action plan: 1) promote general activities to the empowerment of women to obtain health care, (2) develop infrastructure for diagnosis and treatment of breast cancer, (3) begin early detection efforts through breast

cancer education and awareness, (4) when resources permit, expand early detection efforts to include mammographic screening.

Public education and awareness can promote earlier diagnosis, and these goals can be achieved in simple and cost-effective ways, such as dissemination of messages through mass media.

When resources become available for screening, they should be invested in screening mammography, as it is the only modality that has thus far been shown to reduce breast cancer mortality.

Clinical breast examination (CBE) and breast self-examination (BSE) are important components of routine breast care in countries with access to mammography; and are important for general breast health education in all countries. However, the evidence does not support the use of CBE and BSE as sole screening methods at this time, recognizing that data from the most extreme limited-resource settings are lacking.

There is tremendous diversity among and within countries, and a program to promote early detection must therefore be tailored to each country’s unique situation.

DIAGNOSIS

Accurate diagnosis avoids erroneous treatment for breast cancer, which can have devastating consequences for the woman and unnecessarily consumes resources.

The panel distinguishes between a *clinical diagnosis* of breast cancer (one based on signs and symptoms and imaging findings) and a *pathology diagnosis* of breast cancer (one based on microscopic examination of cellular or tissue samples).

All women should have a pathology diagnosis of breast cancer before they are given definitive treatment for the disease, no matter how strongly their clinical findings suggest cancer.

Mastectomy should not be used to diagnose breast cancer, noting that accurate diagnosis can be made by less invasive means.

Mammography and ultrasound also help determine the extent of disease within the breast, which is essential when breast-conserving therapy can be offered to women.

Expertise in pathology was identified as a key requirement for ensuring reliable diagnostic findings.

The tools for pathology diagnosis include fine needle aspiration biopsy, core needle biopsy, and standard surgical biopsy.

The panel noted that each of these tools has potential benefits and limitations in the limited-resource setting, and concluded that the choice among them must be based on the available tools and expertise.

TREATMENT

Local treatment of *early-stage breast cancer* involves either mastectomy or breast-conserving surgery followed by whole-breast irradiation.

Substantial support systems are required to optimally and safely

use breast-conserving approaches to local therapy or cytotoxic chemotherapy as systemic therapy.

Cytotoxic chemotherapy also improves recurrence rates and survival with the magnitude of benefit decreasing with increasing age.

Locally advanced breast cancer (LABC) accounts for at least half of all breast cancers in countries with limited resources and has a poor prognosis.

The treatment of LABC requires multiple disciplines and is resource intensive.

Most women with LABC will require a radical or modified radical mastectomy after neoadjuvant (preoperative) chemotherapy and/or hormonal therapy.

In those women who cannot receive preoperative chemotherapy because of resource constraints, mastectomy with node dissection, when feasible, may still be considered in an attempt to achieve local-regional control.

After local-regional therapy, most women should receive additional systemic chemotherapy.

Ovarian ablation or suppression with or without tamoxifen is an effective endocrine therapy in the adjuvant treatment of breast cancer in premenopausal women with estrogen-receptor positive or unknown breast cancer.

In postmenopausal women with estrogen and/or progesterone receptor-positive or unknown breast cancer, the use of tamoxifen or anastrozole are effective adjuvant endocrine therapies.

Efforts to reduce the number of breast cancers diagnosed at an advanced stage thus have the potential to improve rates of survival while decreasing the use of limited resources.

These practical written guidelines are a crucial end-product of this collective process and they function as a vital medical tool and, importantly, as a flexible framework for implementing and expanding programs that can be tailored to each country and region's unique circumstances. It is important to recognize that populations differ, social environments differ, the types of resources that can be made available differ among different parts of the world, and so the solutions in two different parts of the world as to what is the next step may well be different.

Future Directions: Global Summit 2004 and Beyond

Now sponsored by the Fred Hutchinson Cancer Research Center, and co-sponsored by The Susan G. Komen Breast Cancer Foundation, *The Breast Health Global Initiative* is growing steadily. Collaborating organizations now include the World Health Organization (WHO), World Society for Breast Health (WSBH), International Society of Breast Pathology (ISBP),

American Society for Breast Disease (ASBD), and the U.S. National Committee/International Union Against Cancer (USNC/UICC).

The Breast Health Global Initiative is providing a flexible framework for a long-term partnership of organizations that actively support continuing growth, development and dissemination of these international breast care guidelines which serve as practical instruments for improving breast health policy, planning and implementation. These linkages and process are essential to cultivate lines of communication for a deeper understanding of the complexities of the global environment, and initiate fundamental research and pilot projects in developing regions.

In the Global Summit 2004, there will be added components of research, economic analysis and pilot projects. *The Breast Health Global Initiative* has evolved to operate as a means to produce progress and multiple outcomes and at the same time to create linkages for strategic, multifaceted public and private partnerships (Figure 2).



FIGURE 2: Framework for Breast Care Guidelines

The international breast health guidelines published in 2003 are progressively being disseminated through national and international health care and medical organizations and government health ministries. The next *Breast Health Global Initiative* is slated for fall 2004 in Washington, DC. The universal objective of this global initiative is as a continuing international alliance and inquiry into the challenge of improving breast health care around the world.

Additional Information

- **Website:** www.fhrc.org/phs/global_summit/
- **Contact** Leslie Sullivan @ 206-221-2350 or sullivan@u.washington.edu
- **To view an international briefing** held in Washington, DC on *The Breast Health Global Initiative for Countries of Limited Resources* click on the Komen website to view their webcast: www.komen.org.

RELATED PUBLICATIONS

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