

Breast Cancer Care Knowledge Summaries: What are they? What is the goal?

A Toolkit for Policymakers & Clinicians

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Abstract code: 872

Disclosure of Interest: None Declared



2014 | DEC
3-6
MELBOURNE
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Background

Why Knowledge Summaries?

Knowledge
Summaries
for
Comprehensive
Breast Cancer
Care

es
resources
re
Needs assessments
Economic analysis
Implementation science
Clinical trials
Systematic reviews
Standards of care

(for policymakers)

(for clinicians)

7 Core
Volumes

Planning

Prevention

Early Detection

Diagnosis

Treatment

Palliative Care

Policy & Advocacy

Surgery

Radiation Therapy

Chemotherapy

Hormonal Therapy &
Targeted Agent

EARLY DETECTION:
BREAST AWARENESS, SELF-EXAMINATION,
AND CLINICAL BREAST EXAM
(DIAGNOSTIC AND SCREENING)



What this Knowledge Summary (KS) covers:

This module covers the major breast cancer early detection strategies including breast cancer awareness (patient, community and health professional education), breast self-exams (BSE), and clinical breast exams (CBE). A description of how to perform a CBE is included in the Early Diagnosis: Signs and Symptoms module. A discussion of breast cancer mammographic screening is provided in the Early Detection: Imaging Modalities module.

Clinical Knowledge:

What we know

Breast Awareness
(Downstaging, cultural context)
BSE (effectiveness)
CBE (screening tool)

What works & What does not work

From patient & community
From health professionals
Opportunistic vs organized screening
Quality control
Care across continuum

How do we get there

Public awareness
Primary care & Referrals
Data collection
Mixed method analysis

Mixed methods for early detection: In some countries, mixed screening strategies may be appropriate based on differences in local availability of resources and expertise. For example, a rural setting may be able to implement breast awareness programs, tissue biopsy followed by mastectomy for definitive surgical treatment, while synchronous implementation in urban, higher resource settings of the same country could include mammographic screening, core needle biopsy followed by breast conservation therapy with lumpectomy followed by radiation therapy for definitive local cancer control. Mobile screening units may decrease inequities in access to care, however, this approach can substantially increase the overall cost of screening programs. Other studies have found that the scaling-up availability of effective early detection programs can result in substantial improvement in overall health at a relatively low overall cost.

Data collection: Health professionals and health ministers must work together to support the collection and consolidation of data and tracking of indicators based on national standards and goals. Collaborative efforts can help decentralized systems develop organized breast screening programs (see Case Study #1).

Resource-stratified care pathways: Using a resource-stratified pathway allows programs to begin with breast cancer awareness and diagnostic CBE, and move along the pathway toward organized mammography screening as more resources become available (see Table 1).



POLICY IMPACT

PLANNING STEP 3:
 HOW DO WE GET THERE?

Bridge gaps and overcome existing barriers

- Programs should address known structural (e.g., social factors), organizational (e.g., access for ethnic or minority groups), psychological (e.g., fear of cancer and perceived resultant fatality), sociocultural (e.g., woman's status as decision-maker), financial (e.g., cost of care) barriers that preclude women from using breast-screening services.

Partnerships and financing

- Regional, national and international advocacy groups are key strategic partners in the development and advancement of early detection programs, including fundraising.

Coordination of care

- Health care systems are central to coordination of care and optimal use of available resources. Centralized cancer facilities can serve as referral centers where more advanced screening, registries and monitoring, diagnosis, and treatment can be performed with less fragmentation of care.
- National and regional policy makers must consider concerns about access for low-resource communities with screening and treatment facilities available at centralized cancer centers.

Monitor and evaluate

- Predefined metrics should be established at the beginning of the program to measure its relevance, effectiveness, and impact; impact measures include tumor size at presentation and participation rates).
- The quality and safety of screening programs must be monitored (e.g., education, training and expertise of personnel, standardization of protocols, time from referral for diagnosis to diagnosis, time from positive diagnosis to treatment).

Policy Framework:

Preplanning Establish goals & priorities

Planning Step 1: Where are we now

Assess:
Burden
Existing programs
Capacity
Barriers to care
Cost-effectiveness

Planning Step 2: Where do we want to be

Choose target & approach
Anticipate barriers
Set achievable objectives

Planning Step 3: How do we get there

Bridge gaps
Partnering & Financing
Coordination of care
Monitor & Evaluation

CONCLUSIONS

Breast cancer awareness is a key component of early diagnosis efforts. Women need to know the most common symptoms associated with breast cancer, such as lumps and thickenings, they need to understand that prompt evaluation and early detection improves outcome, they need to have access to health facilities that can provide accurate diagnosis, and they must be empowered to access these services in a timely fashion. Breast awareness should include the full range of stakeholders: women, men, community at large (the public), health professionals, health system administrators and policymakers. Advocacy groups can provide valuable support and influence public and political awareness. At a minimum, healthy systems must be prepared to evaluate women who present with breast complaints, and refer them for timely diagnosis and treatment. Health professionals need to be trained in clinical breast exams (CBE) and breast health counseling, including culturally sensitive patient-clinician communication strategies.

Early detection screening methods should realistically match available resources (staff, equipment, facilities) and community support and access to care. CBE provides a lower-cost screening modality than mammography and requires fewer resources to implement and is most appropriate in settings where early detection has not previously been made available to the public. In LMICs, CBE can function as a transitional screening modality along a resource-stratified pathway before introduction of screening mammography, which may or may not be implemented depending on existing resources and current cancer stage at diagnosis. Structural, organizational, psychological, sociocultural, and financial barriers that preclude women from utilizing available breast cancer services must be overcome to improve breast cancer early detection. Implementation research on breast cancer awareness efforts, particularly those studies performed in developing countries, should continue to inform and guide program development. Successful implementation of early detection program, cognizant of local barriers, can result in downsizing of breast cancer and improved overall health outcomes.

Table 1. Resource-stratified pathway for breast cancer early detection and screening programs.

	Level of Available Resources			
	Basic (Level 1)	Limited (Level 2)	Enhanced (Level 3)	Maximal (Level 4)
Public Education and Awareness	Development of culturally sensitive, linguistically appropriate local education programs for target populations to teach value of early detection, breast cancer risk factors and breast health awareness (education + self-examination)	Culturally and linguistically appropriate targeted outreach/ education encouraging CBE for age groups at higher risk administered at district/provincial level using healthcare providers in the field	Regional awareness programs regarding breast health linked to general health and women's health programs	National awareness campaigns regarding breast health using media
Detection Method	Clinical history and CBE	Diagnostic breast US +/- diagnostic mammography in women with positive CBE Mammographic screening of target group	Mammographic screening every 2 years in women ages 50-69 Consider mammographic screening every 12-18 months in women ages 40-49	Consider annual mammographic screening in women ages 40 and older Other imaging technologies as appropriate for high-risk groups
Evaluation Goal	Breast health awareness regarding value of early detection in improving breast cancer outcome	Downsizing of symptomatic disease	Downsizing and / or downstaging of asymptomatic disease in women in highest yield target groups	Downsizing and/ or downstaging of asymptomatic disease in women in all risk groups

Adapted from the Breast Health Global Initiative (BHGI) guidelines, 2008

DEFINITIONS: Basic (level 1) resources are core resources or fundamental services absolutely necessary for any breast health care system to function; basic-level services are typically applied in a single clinical interaction. Limited (level 2) resources are attainable with limited financial means and modest infrastructure. Enhanced (level 3) resources are optional but important, and improve options and outcomes. The maximal (level 4) resource-allocations are lower-priority, higher-cost options, and are generally not recommended in low or limited resource settings.

Foundation

Resource Stratification

- Validated resource-stratified guidelines from BHGI
- Provide a *Care Pathway*
 - Resource utilization & prioritization
 - Integration of services
 - Communication tool

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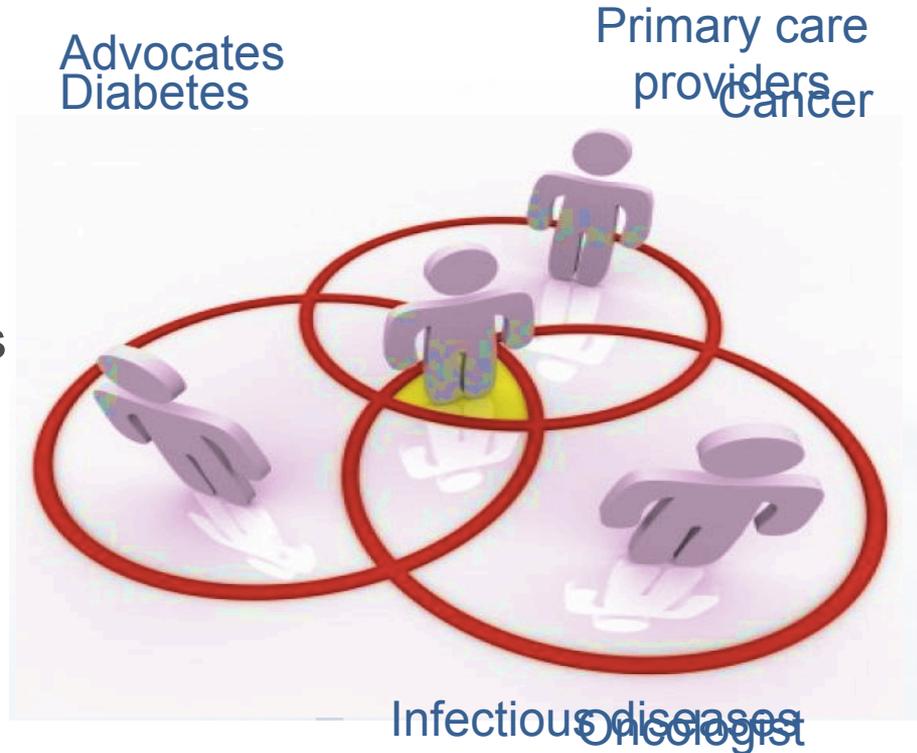
Implementation & Integration

Health system approach

- Care Pathways
- Communication tool
- Strengthening of resources
- Cost-effective use of services
- **Integration**

Effective implementation

- Adaptability to country context
- Monitoring & evaluation





Case Study 1: Using a national tracking system to implement a systematic mammography screening program.

BHGI 2010 GLOBAL SUMMIT: HEALTH POLICY AND EARLY DETECTION, BRAZIL

Background:

A national survey found that 75% of Brazilian women age 40 years or older had undergone CBE at least once in their lives, and 40% within one year prior to the survey. There were notable regional differences, as well as differences related to household income: 52% of women from low-income households compared to 96% of women from high-income households reported having undergone a CBE. In addition, 71% of women age 50-69 years reported having undergone mammography at least once in their lives, and 54% within 2 years. Mammography coverage was greater in the South and lower in the North. While there were no significant regional differences in mammography coverage overall, there were important regional differences within the low-income population, with a mammography coverage 28% in the North, 56% in the South, and 67%, in the Southeast.

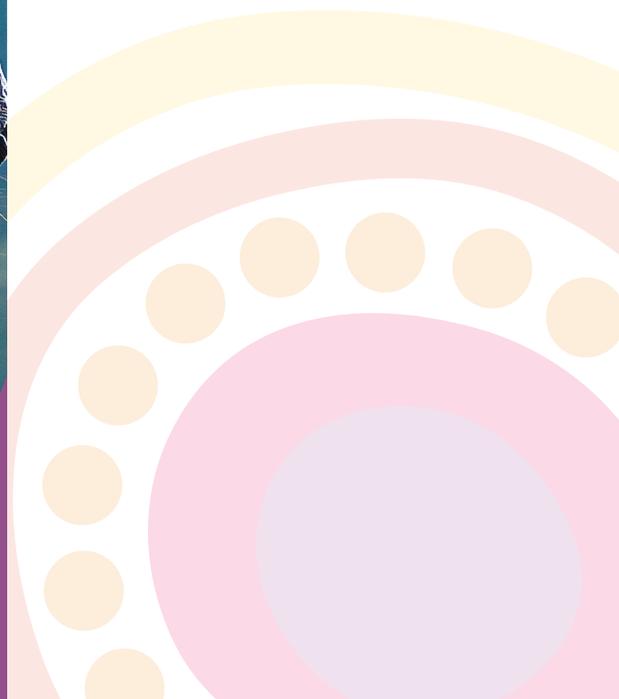
Study:

Although Brazil's National Program for Early Detection of Breast Cancer recommends annual CBE for all women starting at age 40 years old and mammography every 2 years for women at age 50-69 years old. To date, only one municipality, Curitiba, in late 2009, has established organized breast cancer screening.

Outcome:

A new program to track publicly-financed mammograms and breast biopsies, "SISMAMA", was launched in December 2008 that requires a government facility, a contracted private imaging center or a pathology laboratory to provide certain standardized information that is recorded in SISMAMA prior to reimbursement. Over 1.5 million mammograms have been conducted nationally and entered into SISMAMA to be analyzed.

The UICC would like to acknowledge the Breast Health Global Initiative of the Fred Hutchinson Cancer Research Center; the Center for Global Health of the National Cancer Institute (USA) and the Pan American Health Organization as valuable partners in the development of the Knowledge Summaries of Comprehensive Breast Cancer Control and for its extensive expertise and resources in making these summaries a reality that will benefit women worldwide.

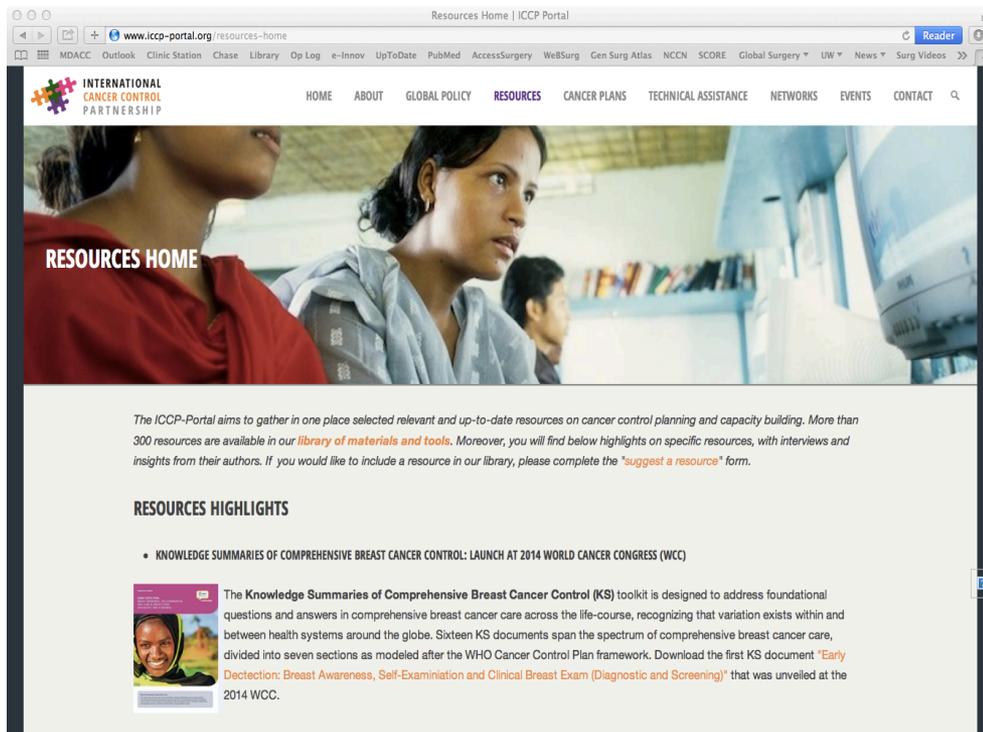


Knowledge Summaries

Where to go from here?

Current Status

- Expert review
- ICCP portal - <http://www.iccp-portal.org/resources-home>



The screenshot shows a web browser window displaying the ICCP Portal Resources Home page. The browser's address bar shows the URL www.iccp-portal.org/resources-home. The page features a navigation menu with links for HOME, ABOUT, GLOBAL POLICY, RESOURCES, CANCER PLANS, TECHNICAL ASSISTANCE, NETWORKS, EVENTS, and CONTACT. Below the navigation is a large banner image of two women in a clinical setting, with the text "RESOURCES HOME" overlaid. A paragraph of text describes the portal's mission: "The ICCP-Portal aims to gather in one place selected relevant and up-to-date resources on cancer control planning and capacity building. More than 300 resources are available in our library of materials and tools. Moreover, you will find below highlights on specific resources, with interviews and insights from their authors. If you would like to include a resource in our library, please complete the 'suggest a resource' form." Below this is a section titled "RESOURCES HIGHLIGHTS" with a bullet point: "KNOWLEDGE SUMMARIES OF COMPREHENSIVE BREAST CANCER CONTROL: LAUNCH AT 2014 WORLD CANCER CONGRESS (WCC)". A small thumbnail image of a woman is shown next to a text block that reads: "The Knowledge Summaries of Comprehensive Breast Cancer Control (KS) toolkit is designed to address foundational questions and answers in comprehensive breast cancer care across the life-course, recognizing that variation exists within and between health systems around the globe. Sixteen KS documents span the spectrum of comprehensive breast cancer care, divided into seven sections as modeled after the WHO Cancer Control Plan framework. Download the first KS document 'Early Detection: Breast Awareness, Self-Examination and Clinical Breast Exam (Diagnostic and Screening)' that was unveiled at the 2014 WCC."



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