Jordan Breast Cancer Program
An enabling environment for prevention and early detection in low resources settings

Ms. Rana Ghafary
Head of Advocacy and Policy Unit
Jordan Breast Cancer Program

Over the past years breast cancer continues to grow on yearly basis

Breast cancer is no.1 cancer in Jordan

Ten most common cancers among jordanians (both genders) 2014

Ten most common cancers among jordanian females, 2014

% of Female Breast Cancer cases by Age-group during 2014

Stages of breast cancer in jordan based on KHCC’s experience before JBCP
Late diagnosis and shortcomings of the health care system presented the need for national interventions:

- Late breast cancer diagnosis
- Shortage of trained health care providers
- Inadequate infrastructure
- Limited awareness of breast cancer
- Lack of standardized care
- Fragmented efforts (limited cross sectorial coordination)
Leadership of national breast cancer early detection efforts was entrusted to KHCF/KHCC in cooperation with the Ministry of Health.

Reduce mortality from breast cancer

Shift the state of diagnosis towards early stages of the disease
JBCP’s strategic vision was based on a needs analysis study that indicated four groups of main challenges hindering early detection of breast cancer in Jordan.

<table>
<thead>
<tr>
<th>Capacity Building</th>
<th>Service Delivery</th>
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<tbody>
<tr>
<td>Lack of</td>
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<tr>
<td>Training facilities</td>
<td>Unequal access to service</td>
</tr>
<tr>
<td>Training programs</td>
<td>No screening policy</td>
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<tr>
<td>Trained Female Technicians</td>
<td>Unequal distribution of service</td>
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<tr>
<td>Academic/Training curricula</td>
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<tr>
<th>Quality Assurance</th>
<th>Public Awareness</th>
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<tbody>
<tr>
<td>Lack of</td>
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<tr>
<td>Certification programs</td>
<td>Taboo/social cultural barriers</td>
</tr>
<tr>
<td>Performance management programs</td>
<td>Fear of diagnosis</td>
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<tr>
<td>Policies/Procedures</td>
<td>Mis-conceptions about the disease</td>
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<td></td>
<td>fragmented awareness efforts</td>
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</table>
Operating in a limited resources setting, Jordan planned its country action against breast cancer based on the “early diagnosis” approach.

Jordan’s Early detection strategy:
- Early diagnosis

Factors:
- Over-burdened health care system
- Limited technical & financial resources
- Demographic factors
JBCP’s current efforts in the development of services and capacity building enable early diagnosis and will serve as preparatory steps in case of early detection strategy upgrade.
JBCP’s participatory approach maximizes breast cancer early detection efforts in a limited scenario setting

- Coordinated and aligned efforts from planning to implementation
- Synergy across sectors involved in breast cancer control
- Pooling/Capitalizing on limited available resources
- Maximized reach and impact in interventions implemented
Our Approach and Scope of Work

Breast Health **System Strengthening** to ensure **supply** and **access** to Quality Services

- **Service Delivery**
  - Infrastructure and Equipment
  - HR and Capacity Building
  - Opportunistic Screening

- **Quality Management**
  - Guidelines and SOPs
  - Accreditation

Creating an **Enabling Environment** to Increase demands through: SBCC, Advocacy and policy Change

- **Social Marketing and Health Education**
  - Outreach
  - Mass Awareness campaigns
  - Training

- **Advocacy and Policy**
  - Advocacy at the Community Level
  - Advocacy at the Policy level

Data and Information for Strategic planning and Policy Decisions

- Monitoring and Evaluation
  - Reporting and Progress management
  - Studies and Research
  - National Database
Our multidimensional interventions are implemented across various health sectors.

**Horizontal Development**

- Public Sector
- Private Sector
- RMS
- NGOs
- Academic Hospitals

**Vertical Development**

- Public Education and Awareness
- Community and Policy Advocacy
- Service Delivery and Quality
- Research & Studies
JBCP improves early detection service delivery through strategic infrastructure upgrade and service provision

- The introduction of new service provision solutions (mobile units connected to KHCC)
- Mammograms offered directly to **22,300 less privileged** women in underserved areas

- **Strategic infrastructure upgrades** across sectors (33 units across the kingdom)
- Redirecting infrastructure investments towards activating existing units and improving quality of service
JBCP implements multilayered capacity building programs to increase supply of trained health care providers involved in early detection

**On the Job training:**
- Local and international
- Trained **49 radiologists** and **105 radiographers** from all sectors. **779 attended** JBCP’s conferences
- Conferences, workshops, observer-ships
- **Introduction** of critical supplementary training courses for physicists, biomedical engineers
- Training **200** of frontliners and other disciplines in the breast cancer early detection continuum

**Institutionalization of technical education: in universities:**
- First radiographer’s mammography manual to address breast imaging and quality management
- Integrated into the curricula of two Jordanian universities within three undergraduate courses attended by 300 students
JBCP enables early detection through the introduction of quality management interventions

- The Introduction of the first in the region certification program for breast imaging units
- Supported 23 units across sectors through accreditation
- The Introduction of the first national screening and diagnostic guidelines
- The endorsement of the guidelines by MoH
- Training of 200 frontlines FM, GP, etc...
JBCP effectively utilizes all communication methodologies to disseminate the early detection message

<table>
<thead>
<tr>
<th>Mass media</th>
<th>Outreach</th>
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<tbody>
<tr>
<td>Every year out campaign reaches 800,000</td>
<td>1,200 lectures attended By 30,000 Participants</td>
</tr>
<tr>
<td>50,000 IEC material</td>
<td>8,000 Home Visits in remote areas</td>
</tr>
<tr>
<td>2,000 Retweet</td>
<td>40 roadshows reaching 6,000 people</td>
</tr>
<tr>
<td>20,000 New Likers</td>
<td>15 open days reaching 7,500 family member</td>
</tr>
<tr>
<td>26 Web Banners</td>
<td></td>
</tr>
<tr>
<td>10,000 TV Spots</td>
<td></td>
</tr>
<tr>
<td>5,000 Radio Spots</td>
<td></td>
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<tr>
<td>1,700,000 Email Shots</td>
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<tr>
<td>40,000 Sms message</td>
<td></td>
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<tr>
<td>35 PSA in magazine and newspapers</td>
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</tbody>
</table>
JBCP created innovative methods to maximize reach and impact of its awareness program despite of limited resources

- The maximized use of social media and social media influencers
- The involvement of opinion and community leaders to disseminate the early detection message
- Pooling in resources through public private partnership and in kind donations
- The creation of a community mobilization initiative “Think Pink” that urges people to lead awareness activities
JBCP advocates with various stakeholders to create an enabling environment for early detection at all levels.

**Lobbying for policy reform:**
- Endorsement of the national registry system
- Inclusion of early detection tests in the public insurance law

**Advocacy with officials, policy makers, opinion leaders & stakeholders**

**Advocacy through media and social media**
- Journalist Award
- Training of media professionals

**Advocacy with the general public**
- Community mobilization initiative *Think Pink*

**Advocacy through survivors patients**
- Engagement of survivors as advocates in media
- Engagement of survivors in awareness
JBCP innovatively created mobilization initiatives that guide advocates towards implementing supportive actions of early detection.

- **Discounted/volunteered services (CBE/Mammograms)**
- **Fundraisers**
- **Awareness events**

**Results**: 285 events reaching 10,000 people, 12,000 JD raised.

**Results**: 500 journalistic releases/publications.

**Maximized reach, pooling of available resources (including those of partners), reduction in program overall costs**
JBCP’s research and studies feed its interventions with needed scientific based evidence to enable their success.

- Study of knowledge, Attitudes and Practices (KAP) of Jordanian women aged 25-65 years towards Early Detection and Screening of Breast Cancer
- Filling the Gap-Increasing Awareness, Availability and Accessibility of Breast Cancer Services
- Assess Health Care Provider’s Knowledge, Attitude and Practices towards Early Detection Screening Methods in Jordan
Pink Caravan Experience in UAE - Benefits and Challenges

Presented by:
Dr. Sawsan Al Madhi
Director General
Friends Of Cancer Patients (FOCP)
Sharjah, United Arab Emirates
Founded in 1999 in Sharjah, United Arab Emirates

Under the directives and patronage of Her Highness Sheikha Jawaher bint Mohammed Al Qasimi

Committed to help cancer patients and their families financially and morally

On a mission to create a more cancer aware society through our Kashf programs

"Cancer is no longer a personal problem. The rising rate of cancer incidence makes it a public issue that requires shared responsibility among all."

Her Highness Sheikha Jawaher Bint Mohammed Al Qasimi
Wife of the Ruler of Sharjah, UAE
Founder and Patron of Friends of Cancer Patients
International Ambassador of the World Cancer Declaration for Union for International Cancer Control (UICC)
International Ambassador for Childhood Cancer for UICC
Patron of the First Global NCD Alliance Forum
Reducing Cancer Mortality in UAE

Cancer Prevention & Spreading Awareness

Early Detection of Cancer

Cancer Treatment & Financial Access
Key factor to reducing UAE’s Cancer Mortality rate = Multisectoral Collaboration to achieve ‘UAE Vision’; “to reduce NCD mortality rate by 25% by 2025”
• Launched in 2010

• Kashf which means "detection" in Arabic, is an initiative by FOCP for early detection of cancer

• Create awareness and help promote screening methods and prevention for the early detectable cancers
Pink Caravan

Since 2011

Breast Cancer

Age 20+
Pink Caravan Statistics

2011 – 2018

56,806
Total Clinical Examinations

7
Emirates

1715
Kilometers

684
Clinics

569*
Riders

16,504
Mammogram

46,545
Utrasound

2,238

10,261

61
Positive cases

770*
Volunteers

*estimated values
Cancer prevention and spreading awareness

EARLY DETECTIONS IS THE BEST PREVENTION
Early detection of cancer
Cancer Treatment & Financial Access

**PATIENT SUPPORT COSTS**

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Positive Breast Cancer Patient</td>
<td>200,000</td>
</tr>
<tr>
<td>Surgical Procedure</td>
<td>25,000</td>
</tr>
<tr>
<td>Chemotherapy Session</td>
<td>15,000</td>
</tr>
<tr>
<td>PET Scan</td>
<td>12,500</td>
</tr>
<tr>
<td>Radiology Session</td>
<td>10,000</td>
</tr>
<tr>
<td>Medications</td>
<td>10,000</td>
</tr>
<tr>
<td>Dental Care</td>
<td>8,000</td>
</tr>
<tr>
<td>Medical equipment</td>
<td>4,000</td>
</tr>
<tr>
<td>Prosthetic limbs</td>
<td>3,500</td>
</tr>
<tr>
<td>Biopsy</td>
<td>3,500</td>
</tr>
<tr>
<td>Laboratory testing &amp; Investigation</td>
<td>1,000</td>
</tr>
<tr>
<td>Hair wigs</td>
<td>1,000</td>
</tr>
<tr>
<td>Monthly Support</td>
<td>500</td>
</tr>
<tr>
<td>Health card renewal</td>
<td>500</td>
</tr>
<tr>
<td>Food aid for one family per month</td>
<td>400</td>
</tr>
<tr>
<td>Doctor visit - initial</td>
<td>350</td>
</tr>
<tr>
<td>Doctor visit - follow-up</td>
<td>250</td>
</tr>
<tr>
<td>Transportation to hospital for medical treatment</td>
<td>150</td>
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</tbody>
</table>

*Figures based on AED. Might vary depending on treatment plan

WHERE THE MONEY GOES

56,806 Patients Screened in National Breast Cancer Programme
Thank you

If you have any further questions, please contact FOCP offices:
+971 6 506 5542  |  info@focp.ae  |  www.fo cp.ae
Barriers and Opportunities for Early Detection of Breast Cancer in the Middle East

Dr. Rola Shaheen MD FRCPC (Chair of session)
Medical Director & Chief of Radiology
Peterborough Regional Health Center—Ontario—Canada

• Track 2: Advances in screening and early detection

Disclosure of interest: None declared
• Introductions

• Barriers and Opportunities for early detection of breast cancer in the Middle East
  • Mrs Rana Ghafary
  • Dr. Mohamed Shalaan
  • Dr. Rola Shaheen
  • Dr. Sawsan Madhi
  • Dr. Ibtihal Fadhel

• Track 2: Advances in screening and early detection
1-Creating an enabling environment for prevention and early detection programs in low resources setting

Rana Ghafari
Head of advocacy and policy unit- Jordan Breast Cancer program
King Hussein Cancer Foundation
Amman- Jordan
2-The significant barriers for early detection of breast cancer in the Middle East

• The Gaza experience – Dr. Rola Shaheen
• The Egypt experience - Dr. Mohamed Shalaan

Dr. Mohamed Shalaan
Head of Breast Cancer Foundation of Egypt
3-Lessons learned from opportunistic and organized screening approaches in Middle east

Dr. Sawsan Madhi
Director General FOCP
Friends of Cancer Patients
Sharjah- United Arab Emirates

Disclosure of interest: None declared
3-Lessons learned from opportunistic and organized screening approaches in Middle East

• Dr. Ibtihal Fadhil
  • Chair- Eastern Mediterranean NCD Alliance
  • Former Regional adviser-NCD-WHO-EMRO
Panel Discussions

• Highlights of how to do more with less- KHCF model
• Knowing the barriers is the first step in winning the battle against breast cancer
• The perception of opportunistic screening- a step in the right direction?
• Why should organized screening be the “way to go”
• Propose a solution & Take action

World Cancer Congress
Kuala Lumpur, Malaysia
1—4 Oct 2018

Strengthen
Inspire
Deliver

• Track 2: Advances in screening and early detection

Disclosure of interest: None declared
The Global Breast Cancer Burden: Variations in Epidemiology and Survival

Gabriel N. Hortobagyi,¹ Jaime de la Garza Salazar,² Kathleen Pritchard,³ Dino Amadori,⁴ Renate Haidinger,⁵ Clifford A. Hudis,⁶ Hussein Khaled,⁷ Mei-Ching Liu,⁸ Miguel Martin,⁹ Moise Namer,¹⁰ Joyce A. O’Shaughnessy,¹¹ Zhen Zhou Shen,¹² Kathy S. Albain,¹³ on Behalf of the ABREAST Investigators

Abstract

Breast cancer is the most common type of cancer and the most common cause of cancer-related mortality among women worldwide. However, the burden is not evenly distributed, and, according to the best available data, there are large variations in the incidence, mortality, and survival between different countries and regions and within specific regions. Many complex factors underlie these variations, including population structure (e.g., age, race, and ethnicity), lifestyle, environment, socioeconomic status, risk factor prevalence, etc.

*Variations:
- Incidence
- Mortality
- Survival

Track 2: Advances in screening and early detection

Disclosure of interest: None declared
The Burden of Breast Cancer in MENA

Our patients! WHY?
BARRIERS TO BREAST CANCER SCREENING AND TREATMENT AMONG WOMEN IN EMIRATE OF ABU DHABI

Objectives: The objectives of this study were to explore attitudes and beliefs among major national groups of women resident in the Emirate of Abu Dhabi (EAD) in relation to breast cancer screening and treatment.

Design: A qualitative study utilizing age and nationality specific focus group discussions and interviews in all parts of EAD.

Setting: Study was conducted among women living in various areas of EAD during April-September 2009.

Participants: A total of 329 participants divided into four nationality groups and categorized into two functional groups (well women and regular screeners) were included.

INTRODUCTION

Breast cancer is the most frequent cancer affecting women globally and is a major public health problem in many developed and developing countries. 1-3 Public health data indicate that the global burden of breast cancer in women, measured by incidence, mortality and economic costs is substantial and on the increase. 2 Although breast

In the Emirate of Abu Dhabi (EAD), … recent estimates were of 26 new cases of breast cancer per 100,000 among women. 6

Significant Barriers:

• Fear of discovering they might have cancer
• Embarrassment
• Distrust in health care staff & insurance systems
• Unawareness of common risk
• Unveiling the reliance on local herbal healers and cauterization (which may delay treatment)

• Track 2: Advances in screening and early detection
## Comparative Baseline Needs Assessment for Breast Cancer Awareness & Management in ME

<table>
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<th>Panel Discussion</th>
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<tr>
<td>Dr. Sawasn Madhi - United Arab Emirates</td>
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<tr>
<td>Dr. Mohamed Shalaan – Egypt</td>
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<tr>
<td>Mrs. Taghreed Nusairat- Jordan</td>
</tr>
<tr>
<td>Dr. Fatina Al Tahan- Kingdom of Saudi Arabia</td>
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<tr>
<td>Dr. Marwa Meslemani- Bahrain</td>
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**Dr. Rola Shaheen MD, FRCPC**

Jan 22nd 2018
Harvard Medical School Center for Global Health Delivery
Dubai- UAE

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- **Track 2**: Advances in screening and early detection

Disclosure of interest: None declared
Acknowledgement

- Susan G Komen for the Cure-USA
- King Hussein Cancer Foundation (Jordan Breast Cancer)- Jordan
- Friends of Cancer Patients- UAE

Disclosure of interest: None declared
## Core Advisors:

- Study design, ethics & methodology:
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  - Max Rosen- USA
  - Priscilla Slanetz-USA
  - Sughra Raza-USA
  - Ben Anderson-USA
  - Ali Abu Alfa- Lebanon/ USA

- Study results & recommendations
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  - Afsan Badhelia-USA
  - Felicia Knaul-USA

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- Salma Jaouni-Jordan
- Nihad Abu Sitteh- Canada
- Ron Esinberg- USA
- Mahesh Setty-USA
- Keith Martin- Canada
- Ming Wang- Australia
- Colin McArdle –USA
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- Asem Mansour-Jordan
- Farah Zaabi-UAE
- Sahar Abo Omar-UAE
- Naglaa Abdel Razek-Egypt
- Fatema Al Mathem-KSA
- Fatima Al Tahan-KSA
- Alexandra Economacous-UAE
- Rana Al Nabulsi-UAE
- Amid Abu Hmaidan- Qatar
- Nabil Dabouni-UAE
- Ibtihal Fadhil-Egypt
- Ali Al Bawardi- UAE

• Track 2: Advances in screening and early detection

Disclosure of interest: None declared
• **Summary**

• Barriers & opportunities exist within the continuum of breast cancer care in the ME including early detection and diagnosis

• Discussion encompassed pros and cons of both opportunistic and organized screening in the wide spectrum of health care settings in the Middle East

• A snapshot of successful models in ME enhances doing more with less in the limited resources settings

• Track 2: Advances in screening and early detection
Thank You!

Rola.Shaheen@sympatico.ca

• Track 2: Advances in screening and early detection
The Significant Barriers For Early Detection of Breast Cancer In The Middle East

• The Gaza Experience

Dr. Rola Shaheen-MD FRCPC
Gaza strip

• One of the most densely populated cities in the world
• Population of 1.8 million living in total area of 360 sq km
Background: Breast cancer in Gaza

- Most common cancer in Gaza - 18.1% of all cancers & 31.4% of all women cancer in Gaza
- Leading cause of cancer death for women living in Gaza
- Women present in late stages
Reasons for referrals outside of Gaza

• The most frequent needed specialties were for oncology (33%) & orthopedics (16%)

• medical equipment (37%)
• needed pharmaceuticals (23%)
• diagnostic services (14%)
• advanced specialized treatment centre (7%)
• specialized human resources (6%)
• rehabilitation services (3%)
• availability (long waiting list) (3%)
• other reasons (6%), (including family pressure 0.9%)
Research Projects

• In 2011 a study was published addressing Gaza women & breast ca
• In 2012 a multicentral comparative baseline needs assessment for breast cancer awareness and management in MENA

Barriers and opportunities for early detection of breast cancer in Gaza women

R. Shaheen a, *, P.J. Slanetz b, S. Raza b, M.P. Rosen a

a Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA 02215, USA
b Brigham and Women Hospital, Harvard Medical School, Boston, MA 02215, USA

A B S T R A C T

A survey of 100 women living inside Gaza (WIG) and 55 Gaza women residing outside Gaza (WOG) was conducted to investigate barriers and opportunities for breast cancer screening, and to better understand possible differences based on residency. The survey found that over 90% of both groups were willing to undergo a diagnostic mammogram for a breast complaint and 86% of WIG and 85% of WOG believed survival was increased with early detection. However, only 27% of WIG and 51% WOG were willing to undergo screening mammography. Religion and culture were not barriers to mammography for over 94%
Objectives

• Assess barriers & opportunities for early detection of breast cancer in Gaza

• Identify Gaza women’s awareness, access, & attitudes toward breast cancer

• Identify Gaza health care providers’ knowledge, attitude & practice in breast cancer
Kick off meeting - Sharm El Sheikh - Jan 2012
Methods

- In May & June 2014:
  - 100 Gaza women > 30 years had structured interviews
  - 100 healthcare providers completed the surveys (available in English and Arabic)
- Convenience and representative sampling across all districts and socio-economic backgrounds
- Data collection & analysis using coded matrix on excel

Sample was proportional to the % of population of each governorates: Gaza-35; North-20; Middle-14; Khan Yunis-19; Rafah-12
The interviews were conducted in Arabic by 2 field researchers
Women’s Survey Assessment

1. Women’s demographics & risk factors
2. General knowledge about breast cancer
3. Attitude toward general breast health care
4. Attitude toward breast screening
5. Attitude toward mammography
6. Attitude toward diagnostic work & biopsy
7. Perception of women on resources
8. Perception of women on barriers
9. Identification of opportunities
Health Care Providers Survey

1-Demographics
2-Nature of medical practice
3-Knowledge & awareness of breast cancer
4-Cultural considerations/ barriers
5-Breast cancer screening practice
6-Breast cancer management: diagnostic, biopsy, surgery, oncology & radiation
7-Resources & geographical considerations
8-Quality, cancer registry & accreditation
9- Continuous education & research
Results

Women’s survey:

• 25% practice self breast examination
• 87% never had mammogram or had been offered breast exams
• 80% agreed to seek breast work up when needed

Health care providers’ survey:

• 60% offered breast exams
• 68% offered screening mammography
• 13% believe mammography causes cancer
• 59% believe breast ca is fatal disease
• 50% don’t get opportunity to attend medical conferences
Results

• Gaps are identified in breast cancer awareness and management for both women and health care providers in Gaza with several opportunities for improvement

• Although cultural, geographic, socioeconomic barriers for early detection of breast cancer among Gaza women exist, these women are interested in obtaining appropriate care if, or when, a specific breast problem is identified

• While barriers are not unique to Gaza, targeted intervention should include national & international collaboration to overcome geographic & economic barriers
Conclusion

• Barriers & opportunities exist for early detection of breast cancer in Gaza among women and health care providers.

• The framework of recommendations for improving breast health care would be most effective if driven within the boundaries of actionable items and within realistic expectations of cultural norms.

• Priority actions should aim to improve average breast healthcare status for women and reduce health inequalities.

• It is crucial to facilitate access to social support networks during care, quality of basic amenities and choice of provider.

• Engaging Health care providers in improving breast health status is an integral and essential component of strategic planning to advance health performance in Gaza.

• Track 2: Advances in screening and early detection.
Thank you!