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Breast cancer in contemporary world

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Globally, breast cancer is the most common cancer among women, and the most likely cause of female cancer deaths. High-Income Countries (HICs) have made the most progress in improving breast cancer outcomes. Between 1990 and 2014, breast cancer death rates dropped by 34% in the US attributable to the combination of improved earlier detection and effective adjuvant therapies. By contrast, breast cancer is an increasingly urgent problem in Low- and Middle-Income Countries (LMICs), where historically low incidence rates have been rising by up to 5% per year. The strides seen in HICs have not been mirrored in LMICs where optimal management strategies from wealthy countries cannot be fully implemented due to significant resource constraints related to limited personal resources, underdeveloped health care infrastructure, lack of pharmaceuticals and cultural barriers. The Breast Health Global Initiative (BHGI) created and validated Resource-Stratified Guidelines (RSGs) as a comprehensive tool set whereby health care systems can be evaluated for their capacity to deliver breast cancer care with existing resources. These RSGs define a prioritization scheme for resource allocation that illustrates a framework for gap analysis to identify when critical resources are missing in a given system. RSGs can provide a platform for policy makers to prepare for breast cancer's rising tide. Paired with assessments to identify key barriers that prevent patients from receiving necessary services, resource-stratified guidelines provide a framework for analyzing healthcare delivery systems as a basis for improving patient outcomes. Once a comprehensive plan is devised, phased implementation is needed to build systems that are functional and sustainable. BHGI is now collaborating with other organizations to support the global campaign Breast Cancer Initiative 2.5 (BCI2.5), a collaborative framework to engage policy makers, governments, non-governmental organizations, clinicians and patient advocates to build breast healthcare capacity in LMICs. In Peru from 2011 to 2016, the Community-based Program for Breast Health (CPBH) was conducted as a collaboration between PATH, the Ministry of Health of Peru, the National Cancer Institute of Peru and the Regional Cancer Institute to successfully increase awareness of breast cancer among women, improve capacity for early detection among health workers and create stronger linkages to higher level care. CPBH provides an example of how BCI2.5 strategies can promote resource-appropriate interventions in breast healthcare in LMICs. In alignment with this successful model, BCI2.5 presents a 4-phase resource-stratified implementation approach to improving breast healthcare: (Phase-1) systematic triage and diagnosis of palpable breast disease; (Phase-2) resource-adapted stage-appropriate treatment planning; (Phase-3) systematic interventions to downstage clinically detectable disease; and (Phase-4) upgrade diagnostic systems for management of non-palpable disease as a prerequisite to image-based (mammographic) screening. This BCI2.5 model of resource-stratified phased implementation can be extended to develop functional sustainable programs in cancer diagnosis, treatment and palliation for breast cancer.

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