

Breast Health Global Initiative

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Breast Health Global Initiative

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The Breast Health Global Initiative (BHGI): Early Detection Guideline Implementation for Middle Income Countries

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Research Center

Professor of Surgery
University of Washington
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BREAST HEALTH GLOBAL INITIATIVE

BHGI Global Alliance

FOUNDATION GRANTS

- Susan G. Komen for the Cure
- American Society of Clinical Oncology (ASCO)
- American Cancer Society
- Lance Armstrong Foundation

UNRESTRICTED EDUCATIONAL GRANTS

AstraZeneca, Bristol-Myers Squibb Company,
Ethicon Endo Surgery, Inc., Pfizer Inc., GE Healthcare,
Novartis Oncology, F. Hoffmann-La Roche AG

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U.S. GOVERNMENTAL AGENCIES

- Center for Disease Control and Prevention (CDC)
- NCI, Office of International Affairs
- NCI, Office on Women's Health
- NIH, Office of Research on Women's Health

INTERNATIONAL HEALTH AGENCIES

- Middle East Cancer Consortium
- Pan American Health Organization (PAHO)
- International Atomic Energy Agency (IAEA)
- World Health Organization (WHO)

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MEDICAL ORGANIZATIONS

- American Society of Clinical Oncology (ASCO)
- American Society of Breast Disease (ASBD)
- Breast Surgery International
- International Network for Cancer Treatment and Research (INCTR)
- International Society of Nurses in Cancer Care
- International Society of Breast Pathology
- Oncology Nursing Society (ONS)
- World Society for Breast Health (WSBH)

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CORPORATE PARTNERS

- Pfizer, Inc.
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BREAST HEALTH GLOBAL INITIATIVE

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- Breast cancer: a global epidemic
- BHGI guideline development
- Dissemination & implementation
- Clinical research model for LMCs



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MYTH

“Breast cancer REALLY only affects countries of wealth.”

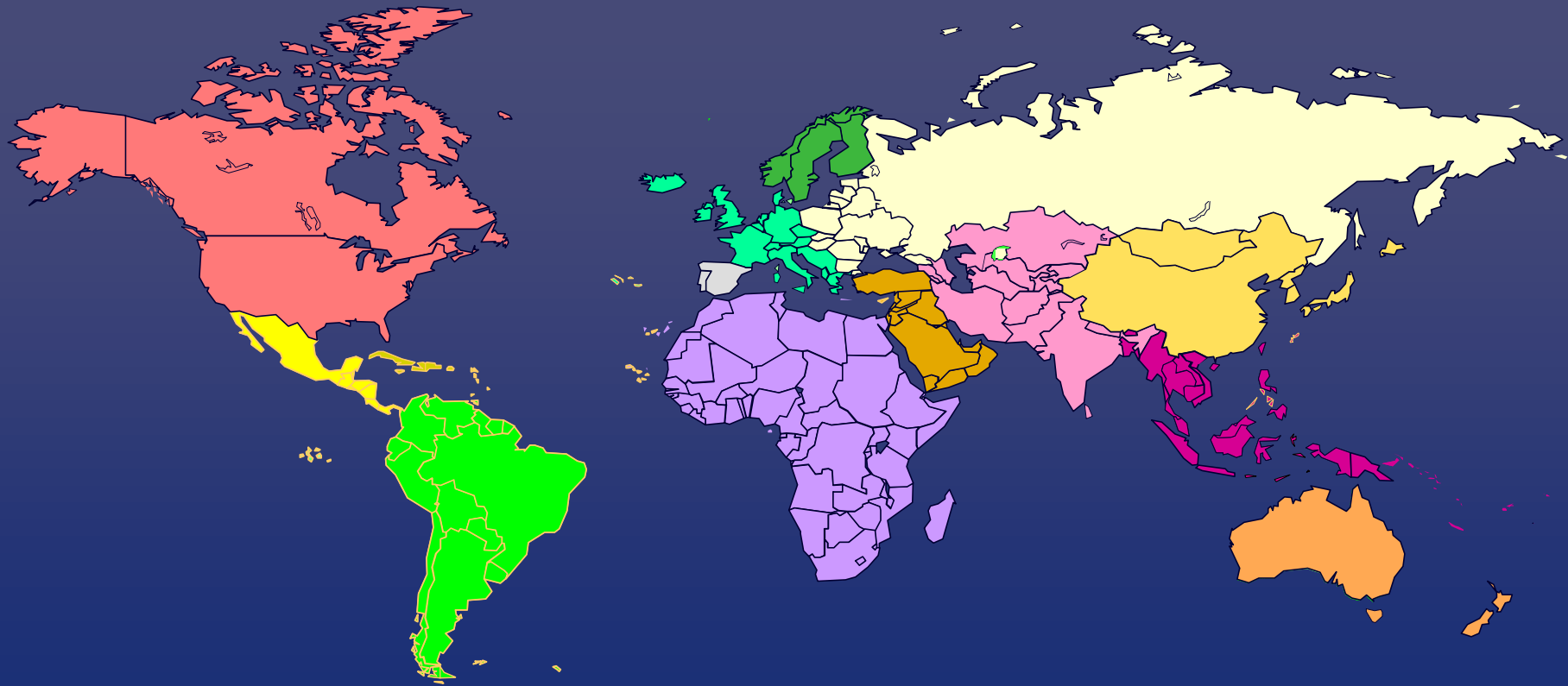
FACT: Breast cancer is the most common cancer among women around the globe, and the most likely reason that a woman will die of cancer.

BREAST CANCER EPIDEMIOLOGY: Global distribution of disease



2002: 1,152,000 cases, 411,000 deaths

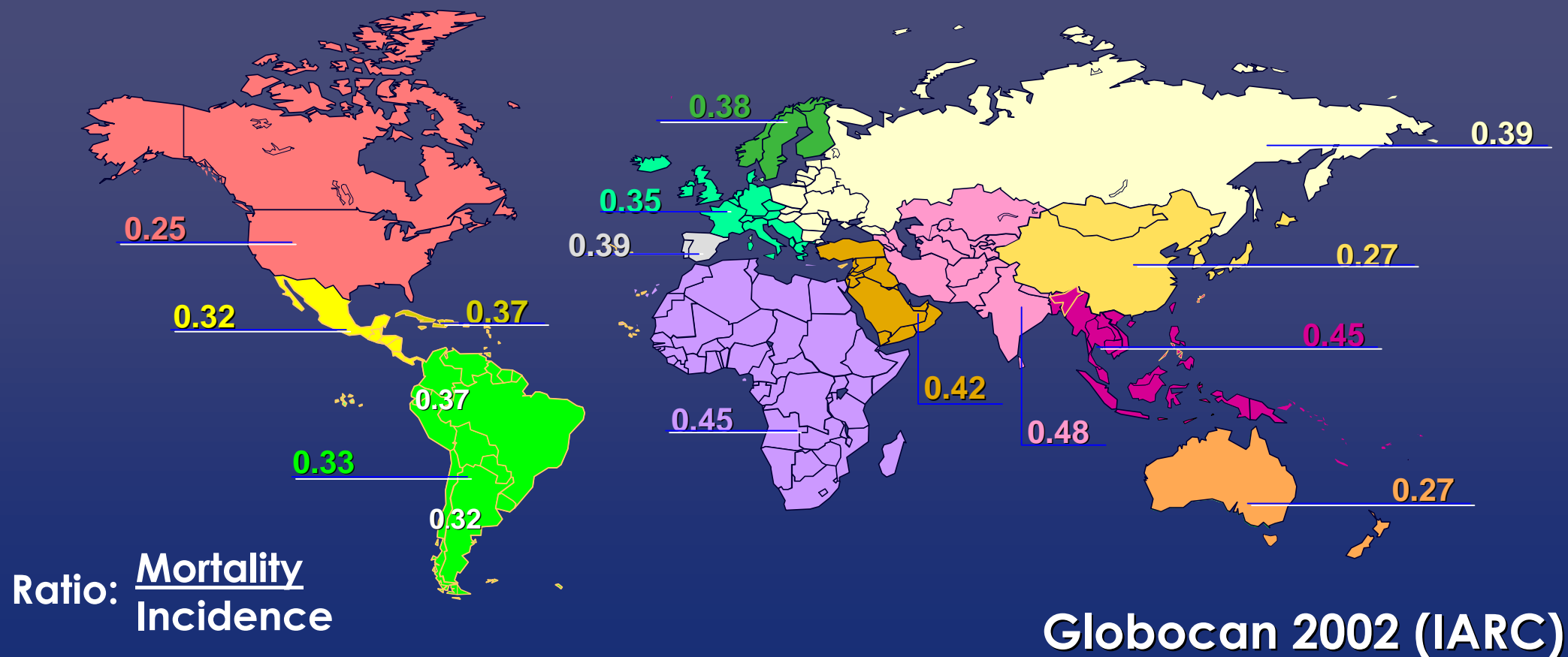
BREAST CANCER EPIDEMIOLOGY: Global distribution of disease



Globocan 2002 (IARC)

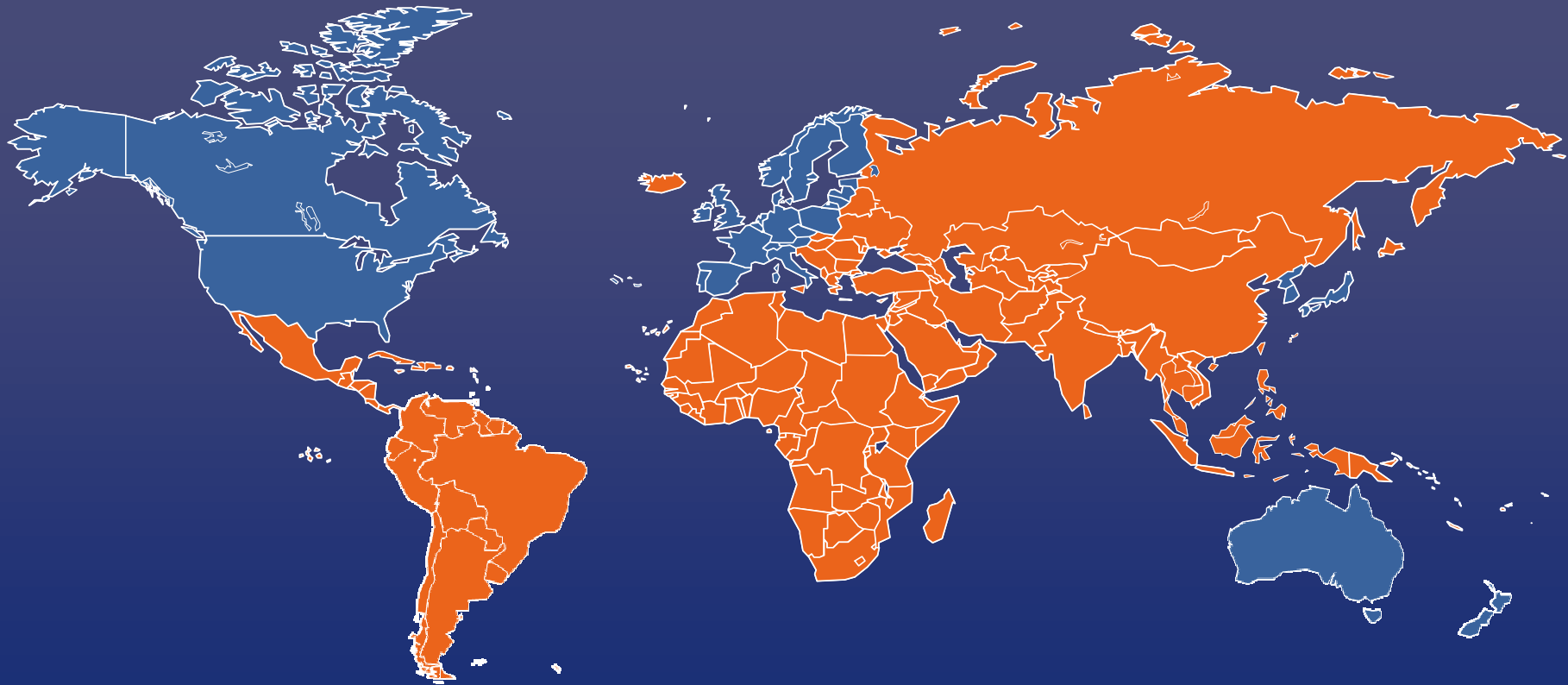
2002: 1,152,000 cases, 411,000 deaths

BREAST CANCER EPIDEMIOLOGY: Global distribution of disease



Breast cancer in developing countries:
514,000 (45%) cases; 221,000 (55%) deaths

BREAST CANCER EPIDEMIOLOGY: Global distribution of disease



Globocan 2002 (IARC)

Breast cancer in developing countries:
514,000 (45%) cases; 221,000 (55%) deaths

BREAST CANCER EPIDEMIOLOGY: Lower-Middle Income Country

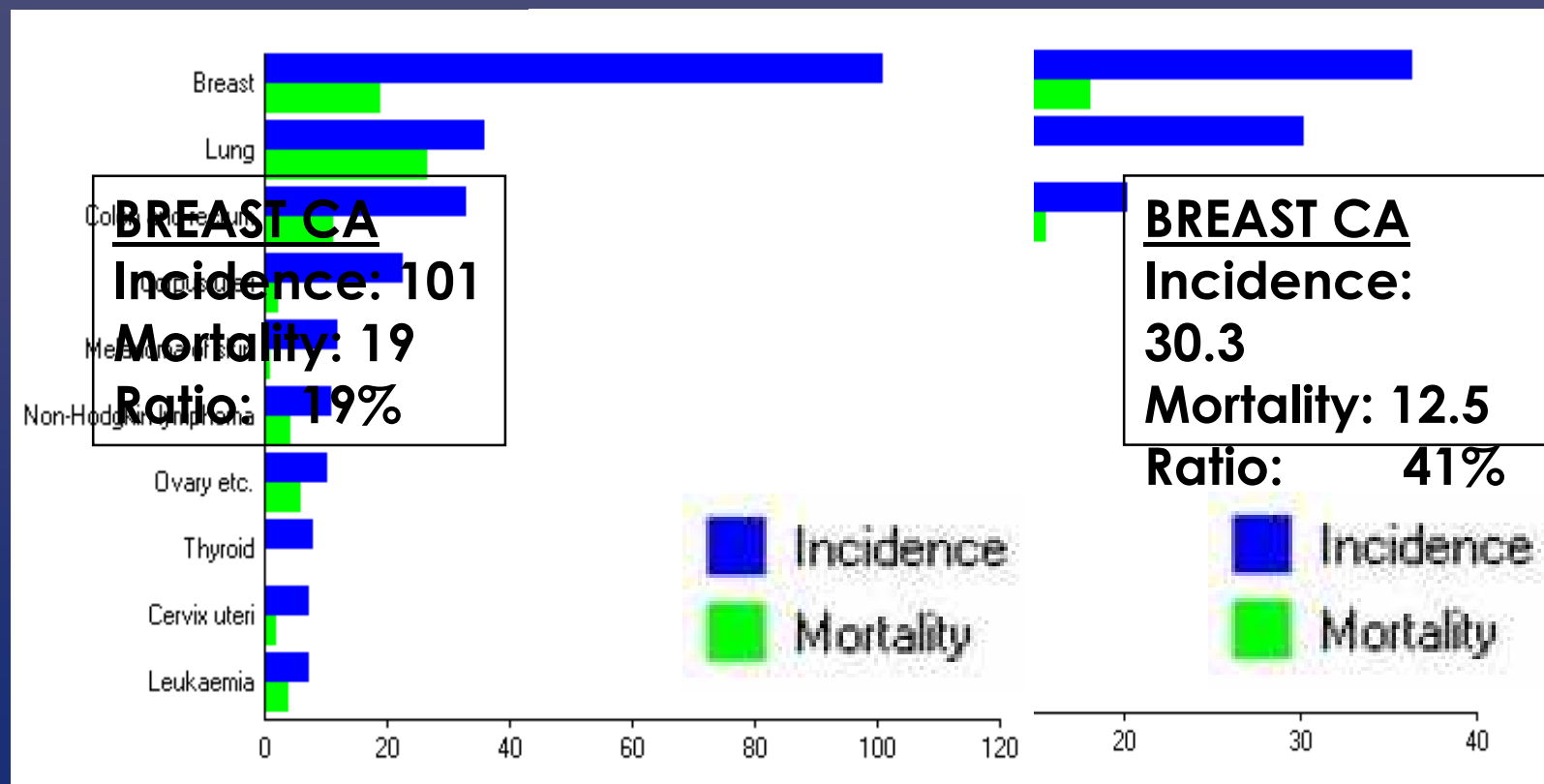


Colombia

BREAST CANCER EPIDEMIOLOGY: Age-Standardized Rates / 100,000 Females

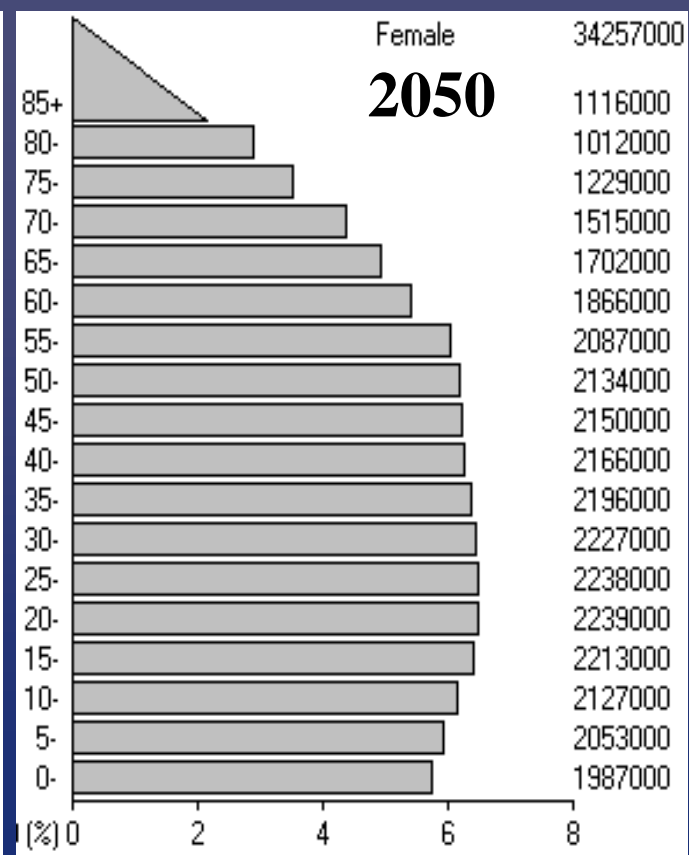
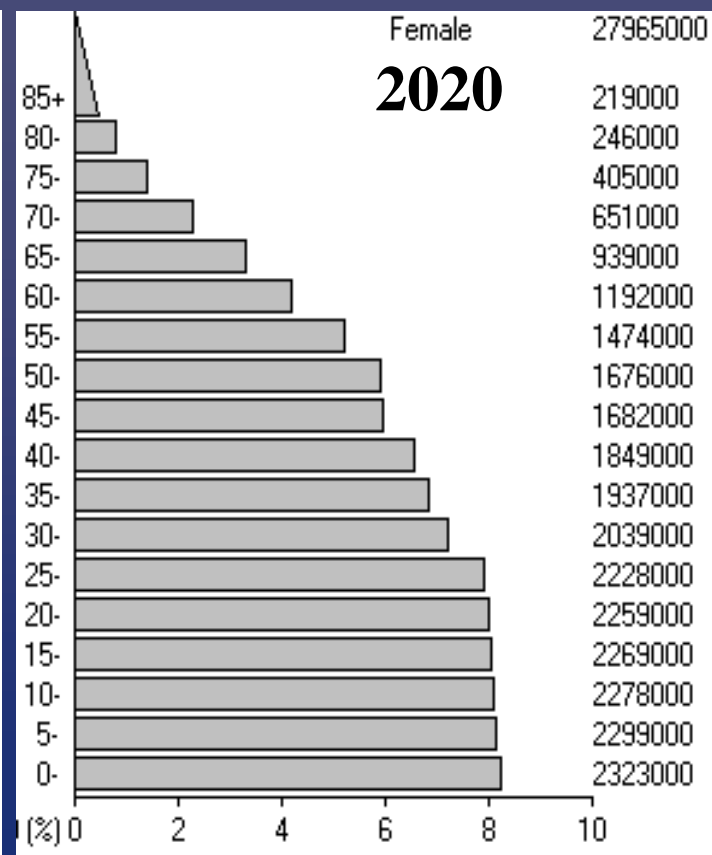
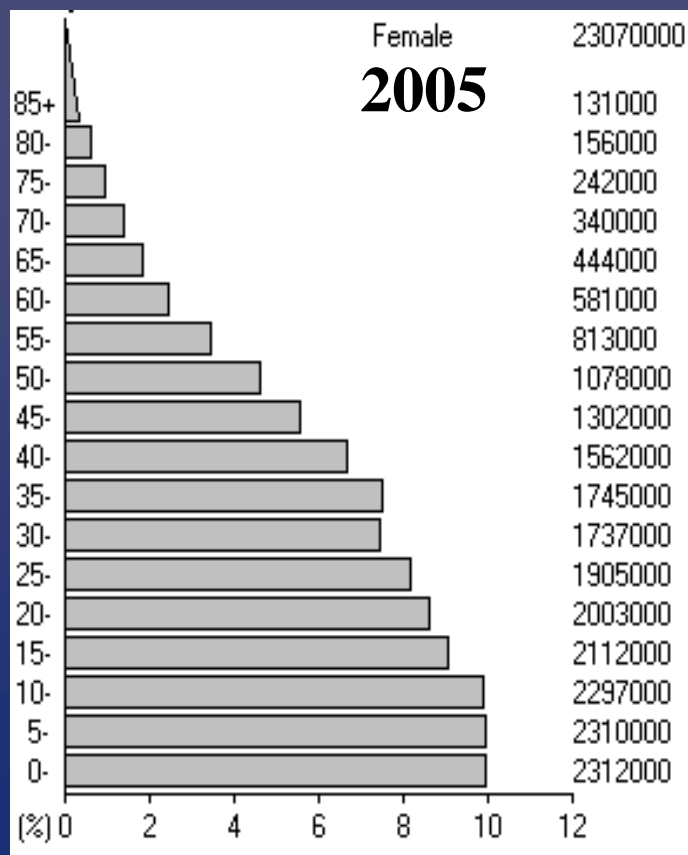
USA

Colombia



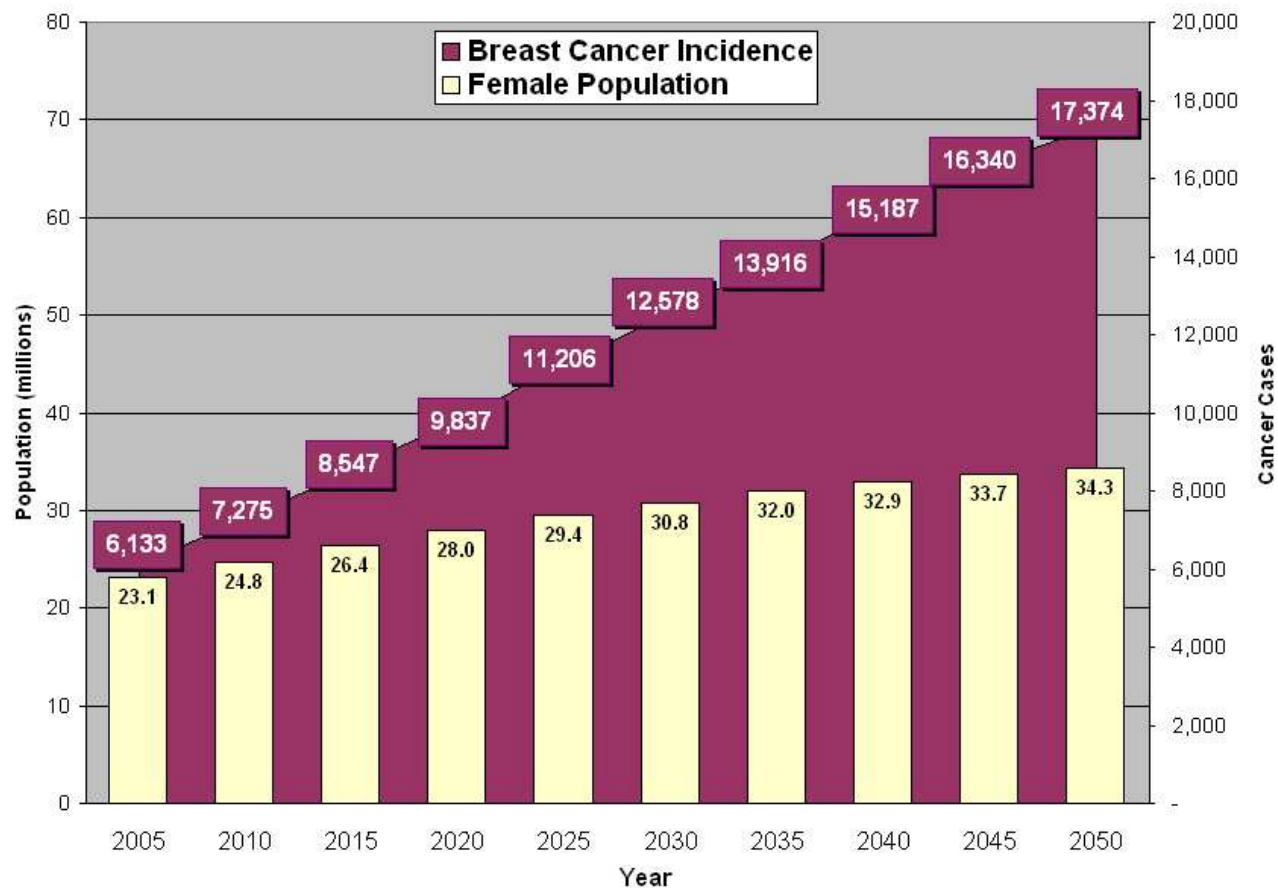
BREAST CANCER EPIDEMIOLOGY:

Population pyramid (female)



BREAST CANCER EPIDEMIOLOGY:

Breast cancer demographics 2005 - 2050



Globocan 2002 (IARC) - Colombia

BREAST CANCER EPIDEMIOLOGY:

Low income country



India

BREAST CANCER EPIDEMIOLOGY:

Stage at diagnosis: United States vs. India

| STAGE | EXTENT | 5 year SURVIVAL | DISTRIBUTION | |
|-------|---------------------|-----------------|--------------|-------|
| | | | USA | INDIA |
| 0 | Noninvasive | 100% | 16% | ---- |
| I | Early stage disease | 100% | 40% | 1% |
| II | Early stage disease | 86% | 34% | 23% |
| III | Locally advanced | 57% | 6% | 52% |
| IV | Metastatic disease | 20% | 4% | 24% |

USA:
90% DCIS or early staged invasive disease at diagnosis

INDIA:
76% locally advanced or metastatic at diagnosis

Sources: SEER Survival Monograph (NCI), 2007; Chopra, Cancer Institute Chennai, India, 2001

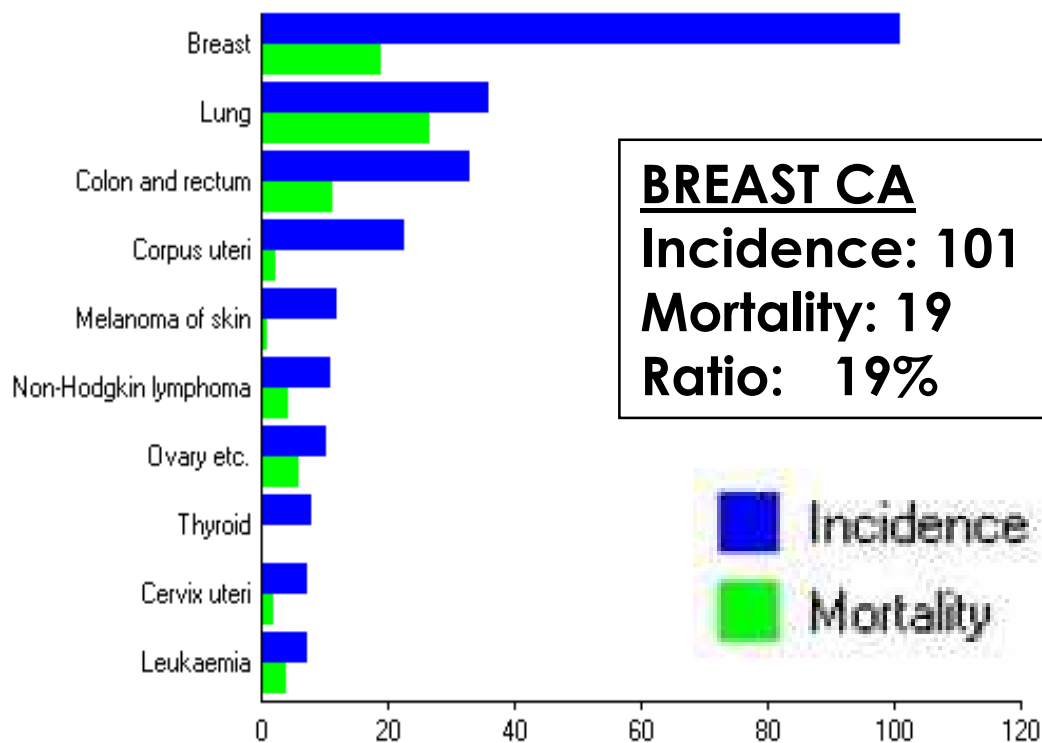
BREAST CANCER EPIDEMIOLOGY: Upper-Middle Income Country



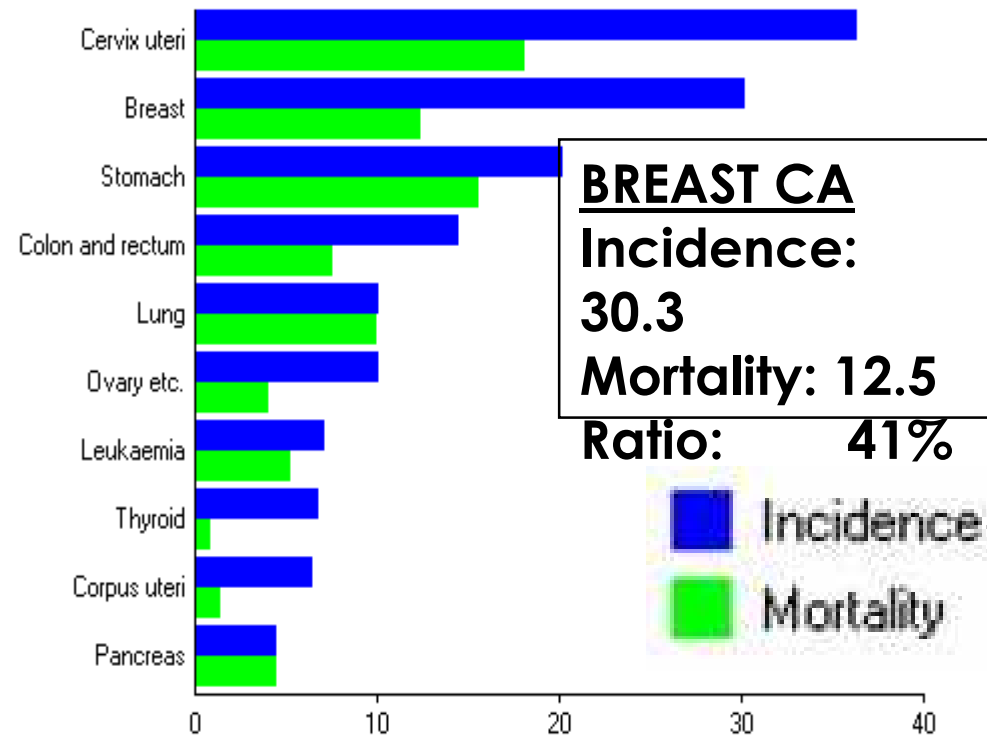
Brazil

BREAST CANCER EPIDEMIOLOGY: Age-Standardized Rates / 100,000 Females

USA

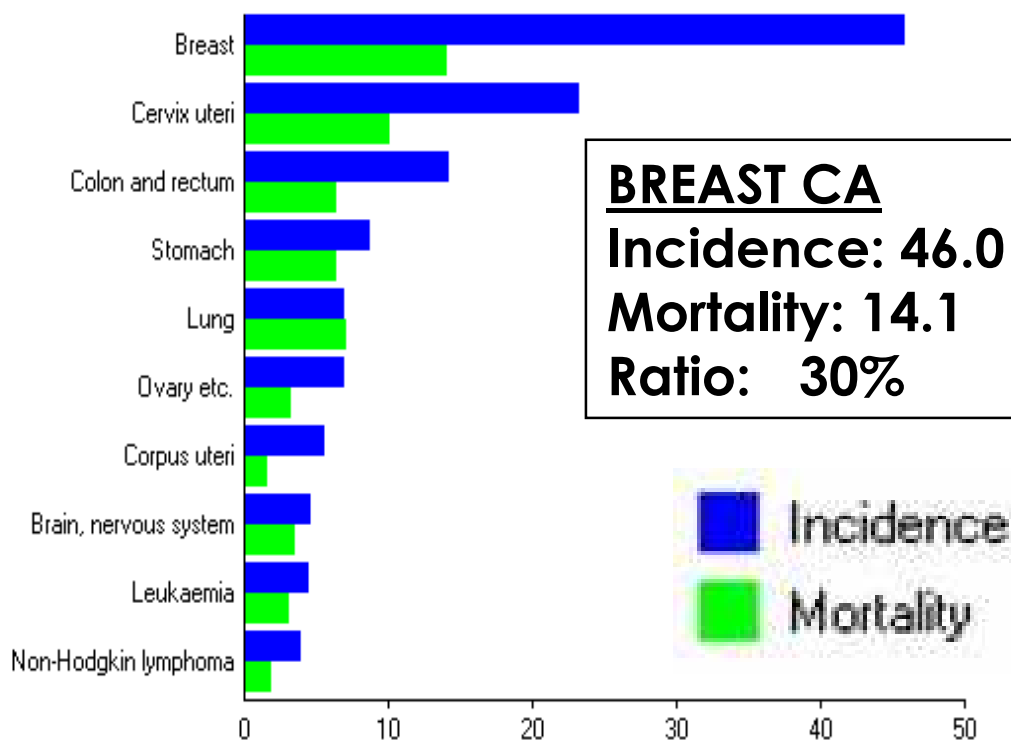


Colombia

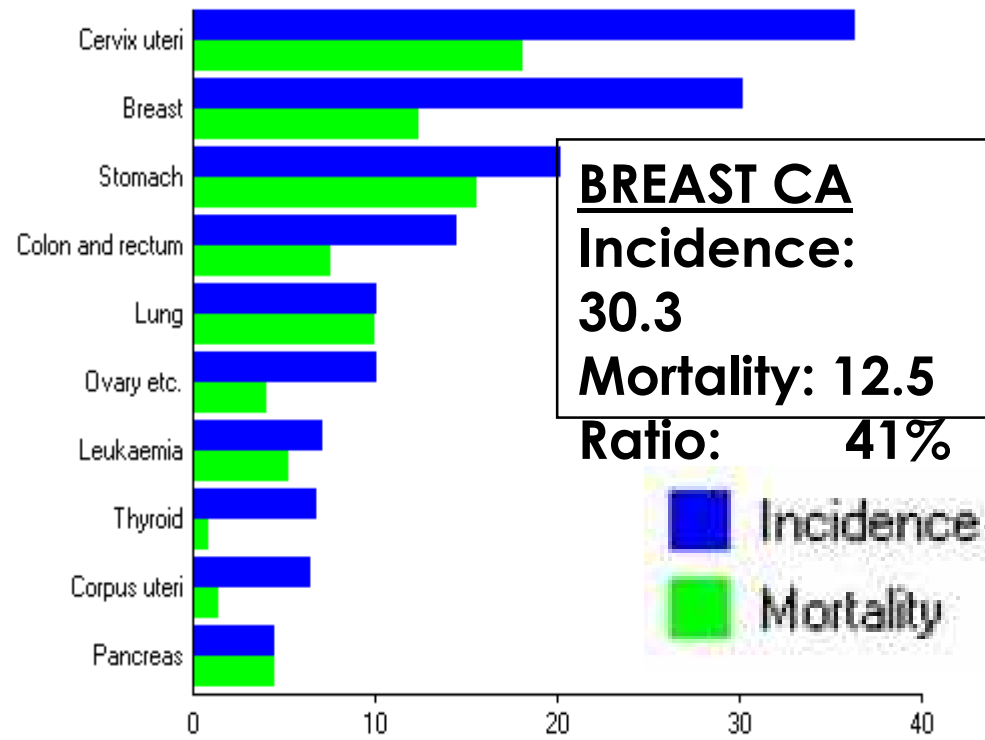


BREAST CANCER EPIDEMIOLOGY: Age-Standardized Rates / 100,000 Females

Brazil



Colombia



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BREAST HEALTH GLOBAL INITIATIVE: Mission Statement

The *Breast Health Global Initiative (BHGI)* strives to develop, implement and study evidence-based, economically feasible, and culturally appropriate guidelines for international breast health and cancer control for low and middle income countries to improve breast health outcomes.

CANCER CONTROL GUIDELINES: BHGI Guideline Development

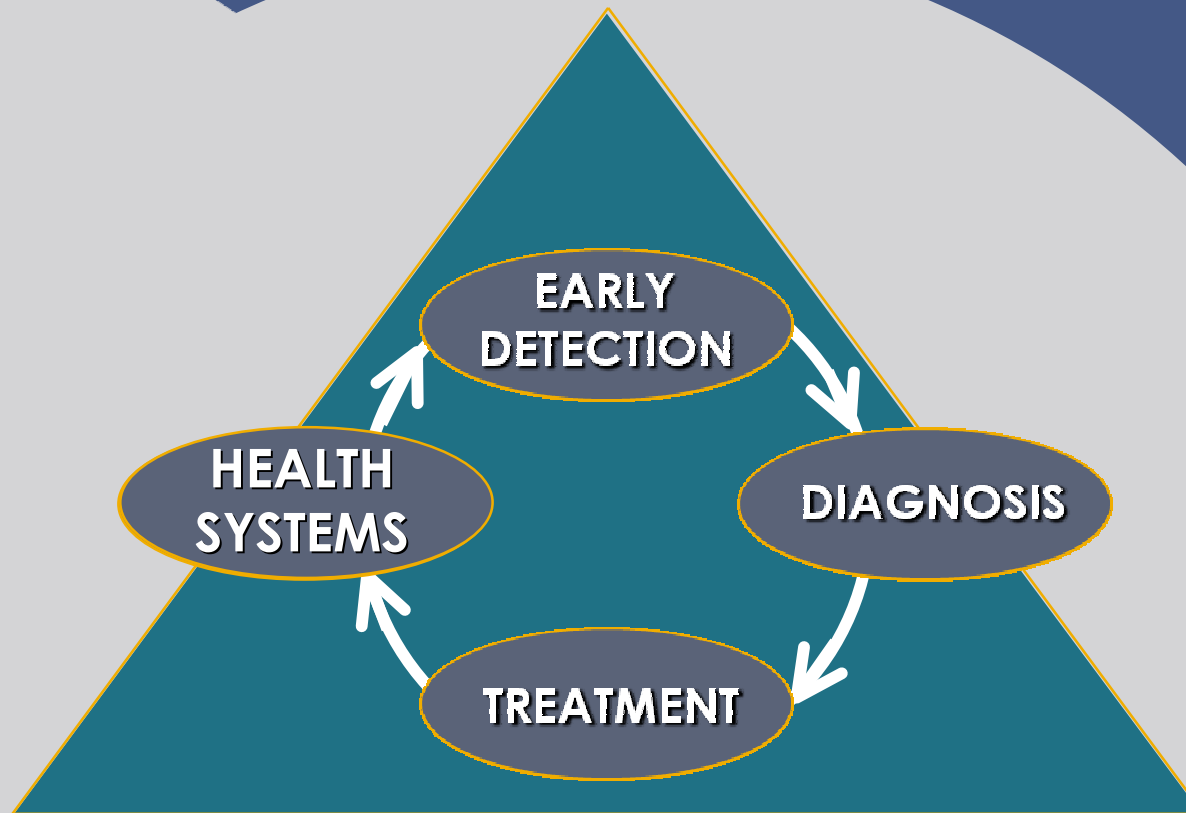
- Comprehensive guidelines by selected expert panels
- Consensus opinions based on evidence review
- Publication of a) consensus and b) individual manuscripts

Global Summit 2002: Health Care Disparities

Global Summit 2005: Resource Stratification

Global Summit 2007: Guideline Implementation

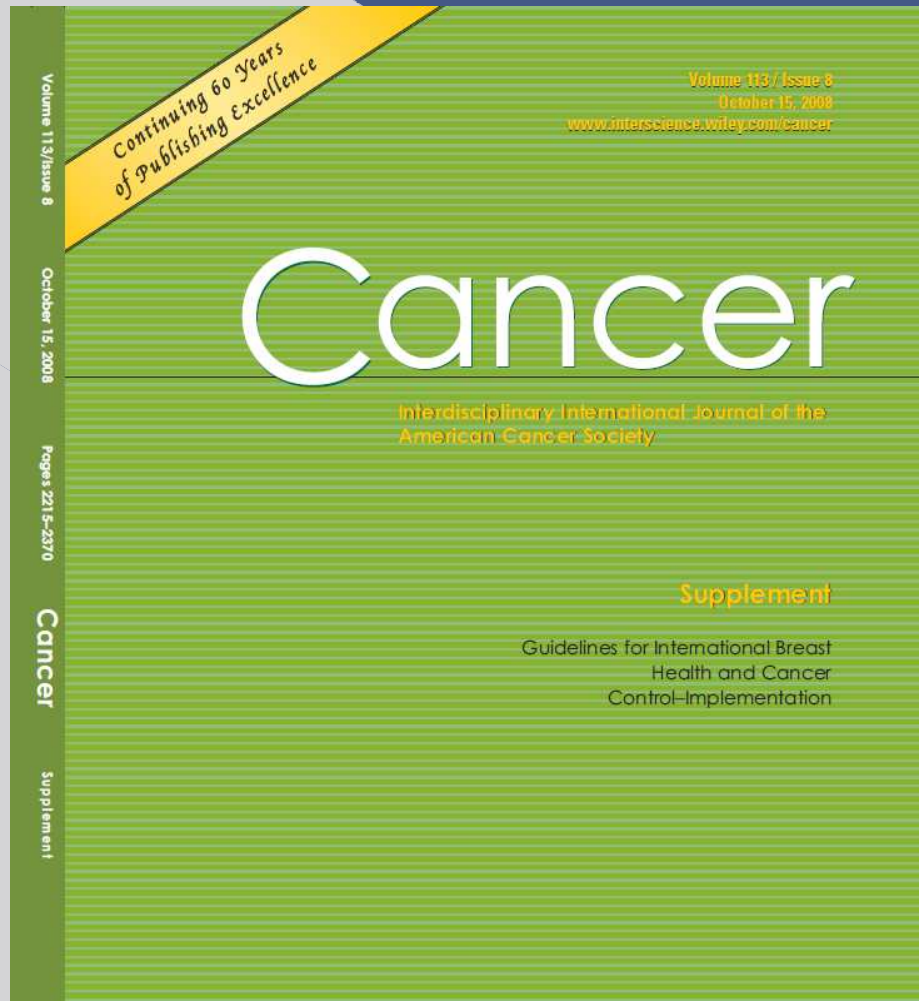
BHGI GLOBAL SUMMIT 2005: Bethesda: Resource Stratification



BHGI GLOBAL SUMMIT 2005: Bethesda: Resource Stratification

- ◎ **Basic level** — Core resources or fundamental services necessary for any breast health care system to function.
- ◎ **Limited level** — Second-tier resources or services that produce major improvements in outcome such as survival.
- ◎ **Enhanced level** — Third-tier resources or services that are optional but important, because they increase the number and quality of therapeutic options and patient choice.
- ◎ **Maximal level** — Highest-level resources or services used in some high resource countries that have lower priority on the basis of extreme cost and/or impracticality.

BHGI GLOBAL SUMMIT 2007: Budapest: Guideline Implementation



CONSENSUS STATEMENTS

Early Detection

Diagnosis

Treatment

Health Care Systems

8 Stratified Tables

10 Individual Manuscripts

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Cancer: 113 (8 suppl), 2008

BHGI GLOBAL SUMMIT 2007: Budapest: Guideline Implementation

HEALTH CARE SYSTEMS

| Level of resources | Patient and Family Education | Human Resource Capacity Building | Patient Navigation | Cancer Care Facility | Breast Care Center |
|--------------------|---|---|--|--|---|
| Basic | General education regarding primary prevention of cancer, early detection and self-examination Development of culturally adapted patient and family education services | Primary care provider education re breast cancer detection, diagnosis and treatment Nursing education re cancer patient management and emotional support Pathology technician education re tissue handling and specimen preparation Trained community worker | Field nurse, midwife or healthcare provider triages patients to central facility for diagnosis and treatment | Health facility Outpatient care facility Pharmacy Home hospice support External consultation Pathology laboratory | Breast healthcare access integrated into existing healthcare infrastructure |
| Limited | Group or one-on-one counseling involving family and peer support Education regarding nutrition and complementary therapies | Nursing education re breast cancer diagnosis, treatment and pt management Imaging technician education re imaging technique and quality control Volunteer recruitment corp to support care | On site patient navigator (staff member or nurse) facilitates patient triage through diagnosis and treatment | Clinical information systems Health system network Imaging facility Internal pathology laboratory Radiation therapy | "Breast Center" with clinician, staff and breast imaging access Breast prostheses for mastectomy pts |
| Enhanced | Education regarding survivorship Lymphedema education Education regarding home care | Organization of national volunteer network Specialized nursing oncology training Home care nursing Physiotherapist & lymphedema therapist On-site cytopathologist | Patient navigation team from each discipline supports patient "handoff" during key transitions from specialist to specialist to ensure completion of therapy | Centralized referral cancer center(s) Radiation therapy: low energy linear accelerator, electrons, brachytherapy, treatment planning system | Multidisciplinary breast programs Oncology nurse specialists Physician assistants |
| Maximal | | Organization of national medical breast health groups | | Satellite (non-centralized or regional) cancer centers | |

EARLY DETECTION

| Level of resources | Public Education and Awareness | Detection Methods |
|--------------------|--|--|
| Basic | 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) | Clinical history and CBE |
| Limited | 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 | Diagnostic breast US +/- diagnostic mammography in women with positive CBE Mammographic screening of target group* |
| Enhanced | Regional awareness programs regarding breast health linked to general health and women's health programs | Mammographic screening every 2 years in women ages 50-59* Consider mammographic screening every 12-18 months in women ages 40-49* |
| Maximal | National awareness campaigns regarding breast health using media | Consider annual mammographic screening in women ages 40 and older Other imaging technologies as appropriate for high-risk groups† |

DIAGNOSIS

| Level of resources | Clinical | Imaging and Lab Tests | Pathology |
|--------------------|---|--|--|
| Basic | History Physical examination Clinical breast examination (CBE) Tissue sampling for cancer diagnosis (cytologic or histologic) prior to initiation of treatment | | Pathology diagnosis obtained for every breast lesion by any available sampling procedure Pathology report containing appropriate diagnostic and prognostic predictive information to include tumor size, lymph node status, histologic type and tumor grade Process to establish hormone receptor status possibly including empiric assessment of response to therapy† Determination and reporting of TNM stage |
| Limited | US-guided FNAB of sonographically suspicious axillary nodes Sentinel lymph node (SLN) biopsy with blue dye‡ | Diagnostic breast ultrasound (US) Plain chest and skeletal radiography Liver US Blood chemistry profile* Complete blood count (CBC)* | Determination of ER status by IHC† Determination of margin status, DCIS content, presence of LVI Frozen section or touch prep SLN analysis § |
| Enhanced | Image guided breast sampling Preoperative needle localization under mammic and/or US guidance SLN biopsy using radiotracer‡ | Diagnostic mammography Specimen radiography Bone scan, CT scan Cardiac function monitoring | Measurement of HER-2/neu overexpression or gene amplification§ Determination of PR status by IHC |
| Maximal | | PET scan, MIB scan, breast MRI, BRCA1/2 testing Mammographic double reading | IHC staining of sentinel nodes for cytokeratin to detect micrometastases Pathology double reading Gene profiling tests |

STAGE I

| Level of resources | Local-Regional Treatment | | Systemic Treatment (Adjuvant) | | | |
|--------------------|---|--|---|---|---|--|
| | Surgery | Radiation Therapy | Chemotherapy | Endocrine Therapy | Biological Therapy | |
| Basic | Modified radical mastectomy | | | Oophorectomy in premenopausal women Tamoxifen* | | |
| Limited | Breast conserving surgery† Sentinel lymph node (SLN) biopsy with blue dye‡ | | Classical CMF§ AC, EC, or FAC§ | | | |
| Enhanced | SLN biopsy using radiotracer‡ Breast reconstruction surgery | Breast-conserving whole-breast irradiation as part of breast-conserving therapy† | Taxanes | Aromatase inhibitors LH-RH agonists | Trastuzumab for treating HER-2/ neu positive disease¶ | |
| Maximal | | | Growth factors Dose-dense chemotherapy | | | |

STAGE II

| Level of resources | Local-Regional Treatment | | Systemic Treatment (Adjuvant) | | | |
|--------------------|---|--|---|---|---|--|
| | Surgery | Radiation Therapy | Chemotherapy | Endocrine Therapy | Biological Therapy | |
| Basic | Modified radical mastectomy | | Classical CMF† AC, EC, or FAC† | Oophorectomy in premenopausal women Tamoxifen‡ | | |
| Limited | Breast conserving surgery§ Sentinel lymph node (SLN) biopsy with blue dye¶ | Postmastectomy irradiation of chest wall and regional nodes for high-risk cases* | | | | |
| Enhanced | SLN biopsy using radiotracer‡ Breast reconstruction surgery | Breast-conserving whole-breast irradiation as part of breast-conserving therapy§ | Taxanes | Aromatase inhibitors LH-RH agonists | Trastuzumab for treating HER-2/ neu positive disease¶ | |
| Maximal | | | Growth factors Dose-dense chemotherapy | | | |

LOCALLY ADVANCED

| Level of resources | Local-Regional Treatment | | Systemic Treatment (Adjuvant or Neoadjuvant) | | | |
|--------------------|---|--|--|---|---|--|
| | Surgery | Radiation Therapy | Chemotherapy | Endocrine Therapy | Biological Therapy | |
| Basic | Modified radical mastectomy | | Preoperative chemotherapy with AC, EC, FAC or CMF† | Oophorectomy in premenopausal women Tamoxifen‡ | | |
| Limited | | Postmastectomy irradiation of chest wall and regional nodes* | | | | |
| Enhanced | Breast-conserving surgery§ Breast reconstruction surgery | Breast-conserving whole-breast irradiation as part of breast-conserving therapy§ | Taxanes | Aromatase inhibitors LH-RH agonists | Trastuzumab for treating HER-2/ neu positive disease¶ | |
| Maximal | | | Growth factors Dose-dense chemotherapy | | | |

METASTATIC

| Level of resources | Local-Regional Treatment | | | Systemic Treatment (Palliative) | | |
|--------------------|---|------------------------------|---|---|--|--|
| | Surgery | Radiation Therapy | Chemotherapy | Endocrine Therapy | Supportive Therapy | |
| Basic | Total mastectomy for ipsilateral breast tumor recurrence after breast conserving surgery* | | | Oophorectomy in premenopausal women Tamoxifen† | Nonopioid and opioid analgesics and symptom management | |
| Limited | | Palliative radiation therapy | Classical CMF‡ Anthracycline monotherapy or in combination‡ | | | |
| Enhanced | | | Sequential single agent or combination chemotherapy Trastuzumab Lapatinib | Aromatase inhibitors | Bisphosphonates | |
| Maximal | | | Bevacizumab | Fulvestrant | Growth factors | |

BHGI EARLY DETECTION RESOURCE ALLOCATION

| Level of resources | Public Education and Awareness | Detection Methods | Evaluation Goal |
|--------------------|--|--|---|
| Basic | 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) | Clinical history and CBE | Breast health awareness regarding value of early detection in improving breast cancer outcome |
| Limited | 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 | Diagnostic breast US +/- diagnostic mammography in women with positive CBE Mammographic screening of target group* | Downsizing of symptomatic disease |
| Enhanced | Regional awareness programs regarding breast health linked to general health and women's health programs | Mammographic screening every 2 years in women ages 50-69* Consider mammographic screening every 12-18 months in women ages 40-49* | Downsizing and/or downstaging of asymptomatic disease in women in highest yield target groups |
| Maximal | National awareness campaigns regarding breast health using media | Consider annual mammographic screening in women ages 40 and older Other imaging technologies as appropriate for high-risk groups† | Downsizing and/or downstaging of asymptomatic disease in women in all risk groups |

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CORE ISSUE

“Health care guidelines do not improve outcome unless they are implemented.”

QUESTION: How can information be disseminated such that they are implemented and sustained within a target country?

BREAST HEALTH GLOBAL INITIATIVE: 5-Year Implementation Plan

- Dissemination & implementation (D&I) research
- Education and training programs
- Technology application and development

IMPLEMENTATION STRATEGY: Create BHGI Learning Laboratories in different parts of the world to develop and test educational modules based on BHGI guidelines and to model program expansion to other LMCs.

BREAST HEALTH GLOBAL INITIATIVE: Dissemination & Implementation Research

| RESEARCH SEQUENCE | Early Detection | Diagnosis | Treatment |
|-----------------------|---|---|---|
| Guideline Development | <input checked="" type="checkbox"/> In print Oct 08 | <input checked="" type="checkbox"/> In print Oct 08 | <input checked="" type="checkbox"/> In print Oct 08 |
| Readiness Assessment | Turkey BHGI Pilot 5/08 | Ghana Path Lab 4/06 | Colombia PSPGH Pilot 7/08 |
| Guideline Adoption | Colombia BHGI Pilot 7/07 | Indonesia BHGI Pilot 7/07 | Ghana (GBCA) Open 11/09 |
| System-wide Scale-up | Latin America Summit 6/10 | Latin America Summit 6/10 | Latin America Summit 6/10 |

The BHGI GLOBAL ALLIANCE: Learning Laboratory - Middle Income

Target: Middle-Income Countries

- BHGI Breast Early Detection Module (BSM):
 - Patient education
 - Screening (CBE + mammography)
 - Diagnosis (imaging / tissue sampling / pathology)
 - Triage to linked diagnosis and treatment programs
- Model early detection program for other middle-income regions of Latin America, Eastern Europe and Asia Pacific.

The BHGI GLOBAL ALLIANCE: Lower-Middle Income Country



Colombia

National Early Detection Program

The BHGI GLOBAL ALLIANCE: Colombian Early Detection Program

Ministry of Social Protection
National Cancer Institute
Recommendations For Early Detection and Screening of Breast Cancer in Colombia
Bogotá, Colombia 2006

REPUBLIC OF COLOMBIA

NATIONAL CANCER INSTITUTE

RECOMMENDATIONS FOR EARLY DETECTION AND SCREENING OF
BREAST CANCER IN COLOMBIA.

Bogotá, D.C.
Publication date: August, 2006.
Recommendation expiry date: August, 2008.
Update date: January, 2009.
Suggested citation:

National Cancer Institute. Recommendations For Early Detection and Screening Of Breast Cancer In Colombia. Bogotá: INC; 2006.

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I. INTRODUCTION

BASIS AND PROBLEMS

Cancer usually is a pathologic condition characterized by various etiologic processes, in which DNA is altered and not repaired, resulting in uncontrolled cellular growth within an organ or tissue, with local invasion and possible distance spread or dissemination¹. Although a great volume of scientific knowledge related to the natural history and clinical course exists, there are still many aspects to be addressed.

Generally speaking, any cell conforming the mammary gland, can give origin to a malignancy; however, the most frequent cases related to histologic origin and location are those originated in glandular structures. Among the latter, the most prevalent malignancies in all latitudes are ductal (accounting for nearly 85% of cases)² and lobular. Both types, according to microscopic extension are classified as *non-invasive* or *in situ*, and *invasive* or *infiltrant*. *Lobular in situ* cancer is not considered a real cancer but constitutes a risk factor for developing invasive cancer³ (Torres⁴ 1999).

About 66% of women with breast cancer do not have known risk factors⁵; however, some of them have been identified, such as: early age at menarche, nulliparity or late age at first birth (≥ 30), not breast-feeding, late age at menopause, hormone replacement therapy, excessive alcohol intake, postmenopausal obesity, exposure of anterior chest wall to ionizing radiation, history of atypical hyperplasia, personal history of breast cancer, breast cancer in first degree relative and genetic factors such as expression of genes BRCA1 and BRCA2⁶.

The International Agency for Research on Cancer (IARC) estimates that breast cancer accounted for 22.8% of all cancer cases in women worldwide in year 2002, estimating more than one million new cases per year⁷. In Colombia, on year 2000, breast cancer was second (5,526 new cases each year) and third as a cause of cancer-related mortality, only to cervix and stomach cancer with 1,542 registered deaths, mean age at death 57

- The Ministry of Social Protection
- Resolution 1439 issued November 1, 2002
- Clinical Practice Guidelines by INSTITUTO NACIONAL DE CANCEROLOGÍA published August 2006
- Presented October 2006

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BOGOTA, COLOMBIA
EARLY DETECTION PROGRAM 2006



Colombian National Early Detection Program
National Cancer Institute, Bogota (1934)

BOGOTA, COLOMBIA
EARLY DETECTION PROGRAM 2006



Colombian National Early Detection Program
National Cancer Institute, Bogota (1934)



**SURVEY OF THE CLINICAL PRACTICE OF
BREAST CANCER CARE
(Pilot Test)**

Country: Colombia Survey No.: C _____

3 41 – 50 yrs old

1.6. How many years have you been providing breast care services?

- 1 less than 5 years 4 16-20 years
 2 5-10 years 5 more than 20 years
 3 11-15 years

SECTION 2: BREAST CANCER DIAGNOSIS

Patients who have palpable lumps or a mass in their breast or have abnormal screening image warrant for further diagnosis evaluation. Breast cancer diagnosis is made on the basis of clinical history, clinical breast examination, and tissue sampling using pathology analyses.

2.1. Please estimate the fraction of women diagnosed with or confirmed to have breast cancer in your hospital/center who underwent tissue diagnosis of breast cancer in another institution prior to coming to your hospital/center.

| <i>In your hospital/center</i> | |
|--|--|
| 1 <input type="checkbox"/> Less than 25% | |
| 2 <input type="checkbox"/> 25 – 50% | |
| 3 <input type="checkbox"/> 51 – 75% | |
| 4 <input type="checkbox"/> more than 75% | |
| 5 <input type="checkbox"/> don't know | |

2.2. Breast cancer may be identified in the following methods. Of patients who were diagnosed with breast cancer in your hospital, please estimate fractions of them whose breast abnormalities were initially identified in each of the following methods. (all fractions should add to 100%).

| <i>In your hospital/center</i> | Percentage |
|---|------------|
| <input type="checkbox"/> found by patient | ____% |
| <input type="checkbox"/> found by clinical breast examination | ____% |
| <input type="checkbox"/> found by screening mammogram | ____% |
| <input type="checkbox"/> others, please specify _____ | ____% |



**MEDICAL RECORDS ABSTRACT FORM
(Pilot Test)**

DRAFT

Country: Colombia Study Number: C _____

| | |
|---------------------------------|--|
| Hospital Name: _____ Code: ____ | Today's Date: ____/____/____ (mm/dd/yyyy) |
|---------------------------------|--|

SECTION 1: GENERAL QUESTIONS

| | |
|--|----------------|
| 1.1. Date of Birth : ____/____/____ (mm/dd/yyyy) | 1.2. Age: ____ |
|--|----------------|

SECTION 2: BREAST CANCER DIAGNOSIS

| | |
|--|---|
| 2.1. Do you find any medical record information? | YES <input type="checkbox"/> 1 (continue with 2.2) NO <input type="checkbox"/> 0 (Stop and turn in the form) |
| 2.2. Does the medical record information indicate that the woman has been diagnosed with breast cancer? | YES <input type="checkbox"/> 1 (continue with 2.3) NO <input type="checkbox"/> 0 (Stop and turn in the form) |
| 2.3. How did the woman initially find the breast abnormality? | By herself or her husband <input type="checkbox"/> 1 By clinical breast examination <input type="checkbox"/> 2 By screening mammogram <input type="checkbox"/> 3 By others, specify _____ <input type="checkbox"/> 9 Not found on medical record <input type="checkbox"/> 0 |
| 2.4. Did the women receive any of the following procedures for her diagnosis? (select all answers apply) | Fine needle aspiration biopsy (cytology) <input type="checkbox"/> 1 Core needle tissue biopsy (histology) <input type="checkbox"/> 2 Surgical biopsy <input type="checkbox"/> 3 Mastectomy <input type="checkbox"/> 4 |
| 2.5. What is the clinical description of the tumor? | |
| 2.5.1. Where is the tumor located? | Left breast <input type="checkbox"/> 1 Right breast <input type="checkbox"/> 2 Not found on medical record <input type="checkbox"/> 0 |
| 2.5.2. Is there a tumor size or largest tumor size if more than one tumor? | YES <input type="checkbox"/> 1, please record the size ____ cm NO <input type="checkbox"/> 0 |
| 2.5.3. Did the ancillary lymph nodes appear at clinical exam? | YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 0 |

BOGOTA, COLOMBIA
BHGI SITE VISIT, APRIL 2009



Readiness Assessment Tool Development Project
NCI Director Meeting

BOGOTA, COLOMBIA
BHGI SITE VISIT, APRIL 2009



Readiness Assessment Tool Development Project
BHGI / NCI Research Team Meeting

BOGOTA, COLOMBIA
BHGI SITE VISIT, APRIL 2009



Readiness Assessment Tool Development Project
BHGI / NCI Public Hospital Site Visit

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Proyecto piloto para la implementación de estrategias de detección temprana de cáncer de mama en Colombia

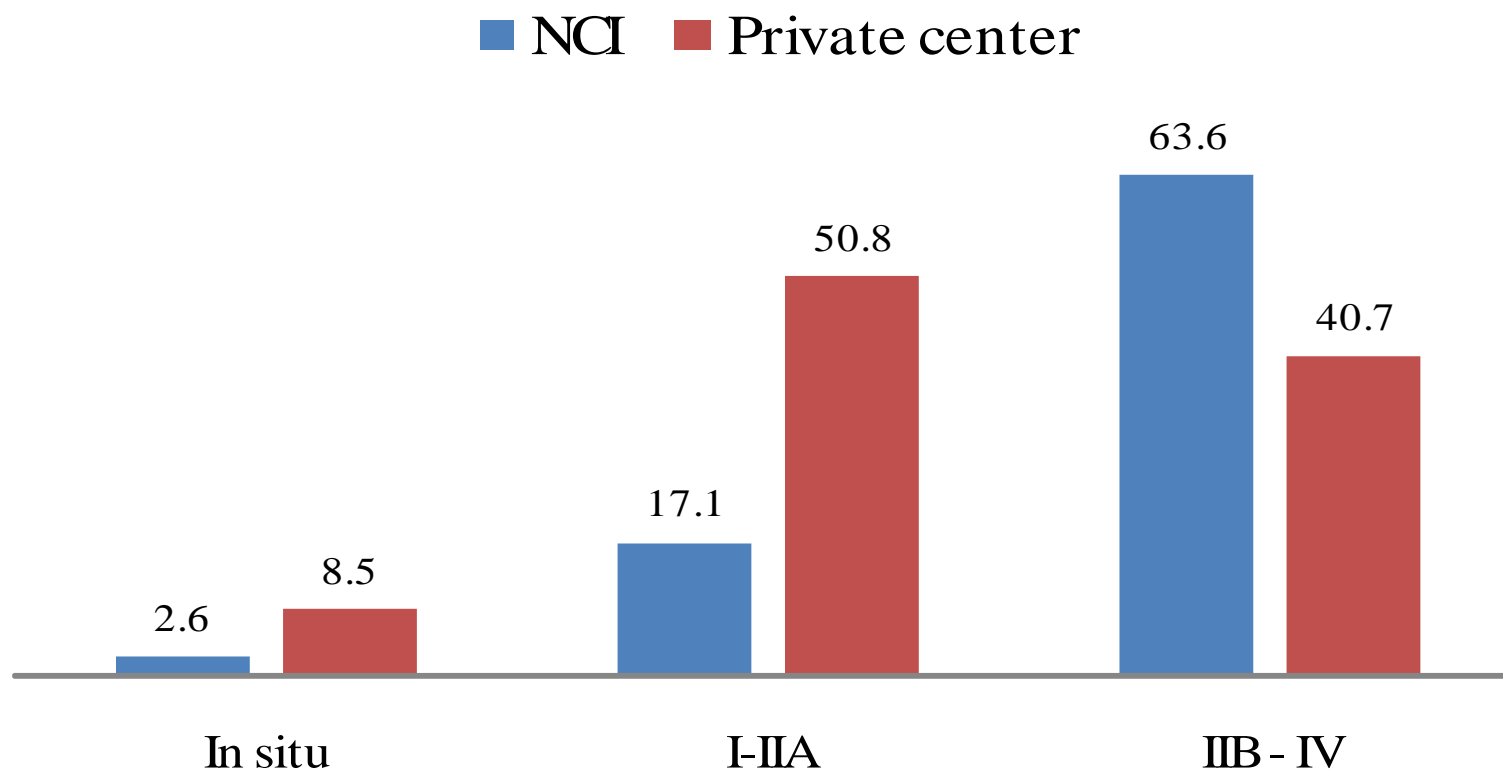


ALCALDÍA MAYOR
DE BOGOTÁ D.C.
SALUD

Secretaría de Salud

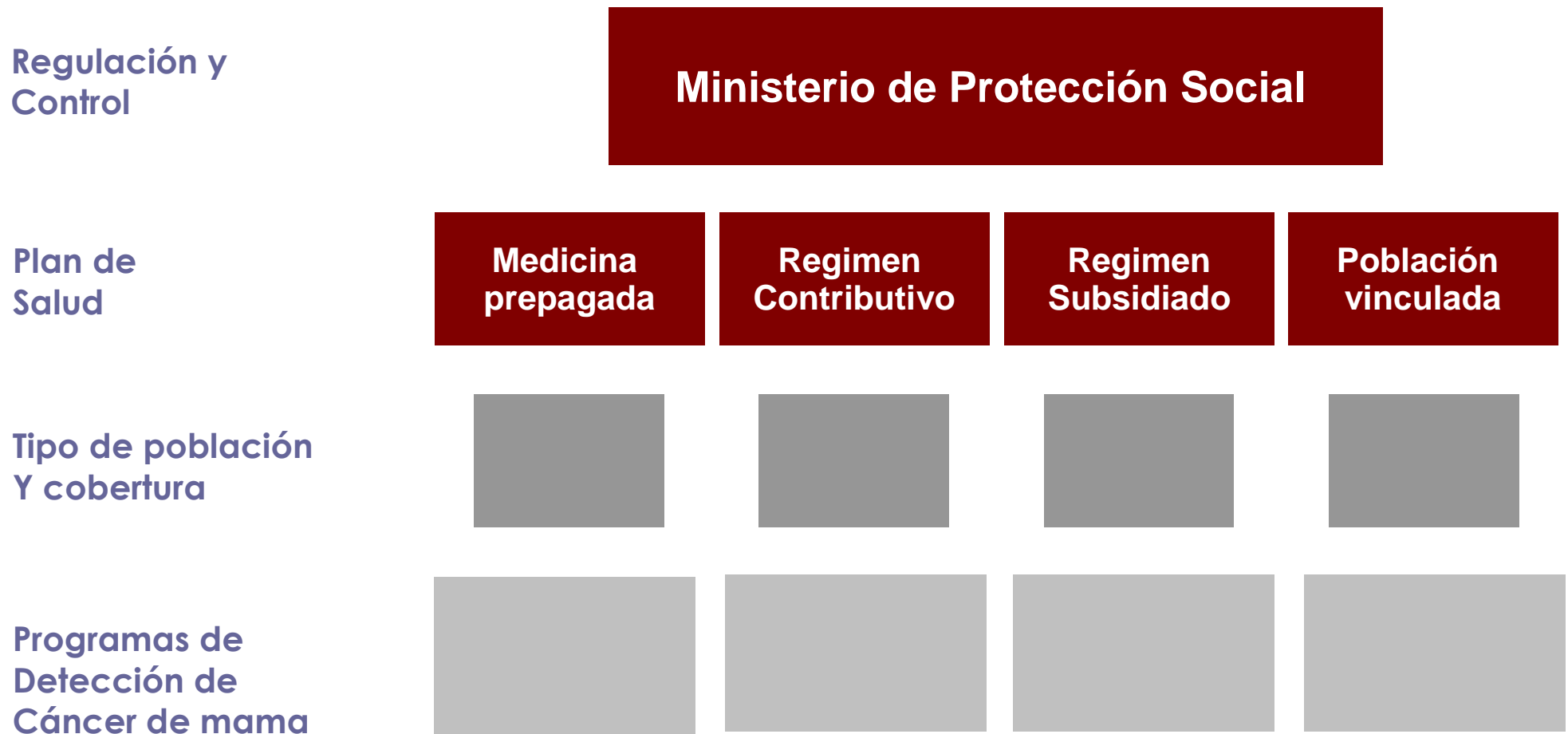
Instituto Nacional de Cancerología
Bogotá - Colombia

Estado clínico al diagnóstico de cáncer de mama en Colombia (%)



National Cancer Institute: Statistics year book 2004. Missing 16.8%
Private center: Robledo JF et al. Rev Col Cirugía 2005

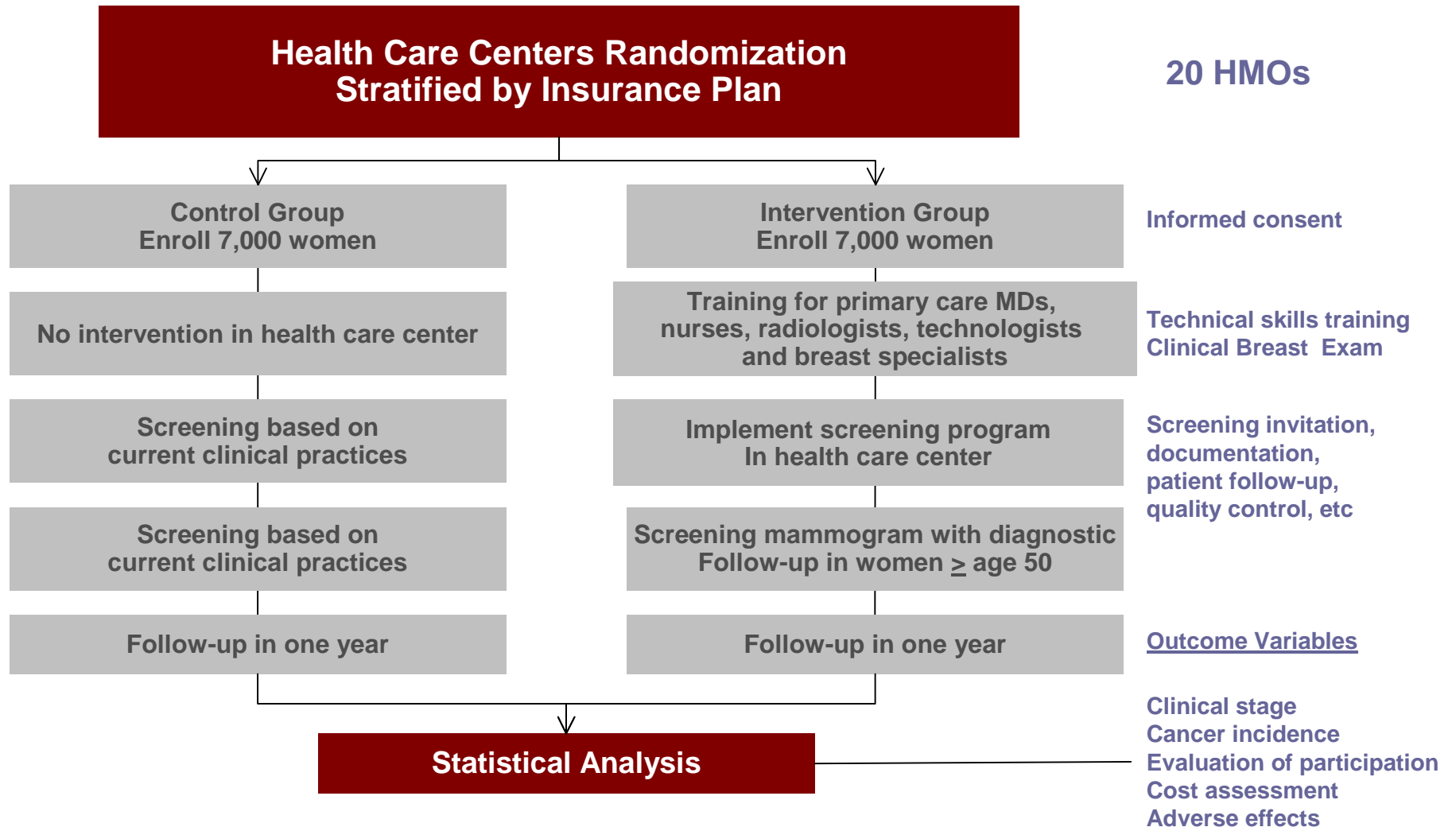
Sistema de salud y control del cáncer



Diseño del estudio



Study Design



The BHGI GLOBAL ALLIANCE:

2007 BHGI - Colombian Early Detection Trial

- 2 year pilot randomized trial for women 50 -69:
 - *Intervention: Training + screening mammography*
 - *Control: Current standard of care*
 - *Outcome: Tumor size / stage at diagnosis*
- Cluster randomized by primary health care center
- 7,000 women to be recruited for each arm
 - *224 physicians trained in 16 health centers*
 - *24 techs trained from 8 radiology centers*
 - *> 2,500 women recruited to each arm*

BOGOTA, COLOMBIA
BHGI SITE VISIT, APRIL 2009



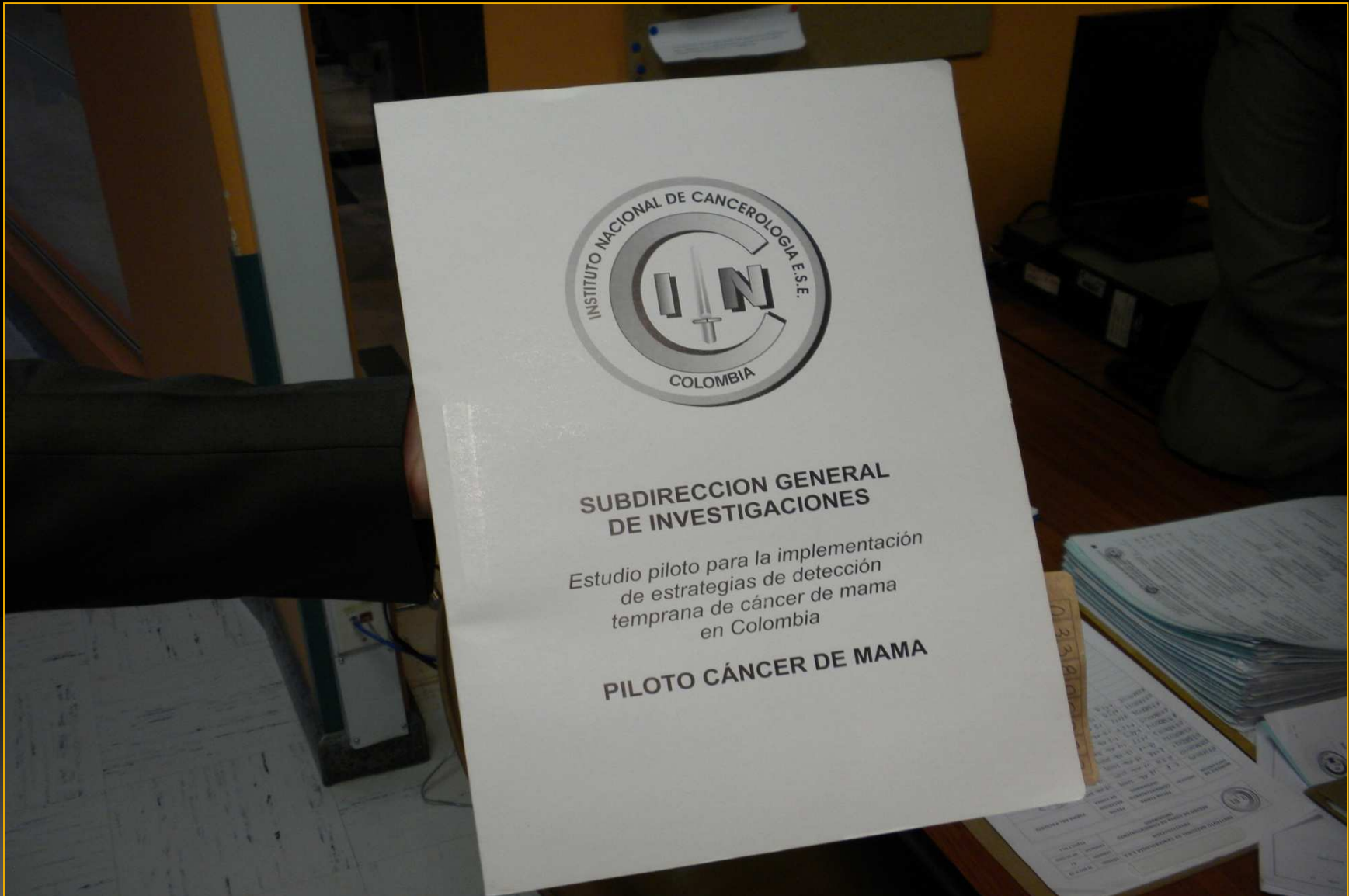
Breast Cancer Screening Trial
Public (Regimen Contributivo) Health Care Center Visit

BOGOTA, COLOMBIA
BHGI SITE VISIT, APRIL 2009



Breast Cancer Screening Trial
Public (Regimen Contributivo) Health Care Center Visit

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EPS recruitment performance up to March 2009. Rendimiento

| EPS | IPS | Type of IPS | Number of recruited patients. | Total patients | % Recluta |
|--------------------------|---------------|--------------|-------------------------------|----------------|------------|
| Susalud | Chapinero | Intervención | 243 | 602 | 9,1 |
| | Olaya | Control | 359 | | |
| Famisanar Colsubsidio | Lago | Intervención | 264 | 3147 | 47,6 |
| | Fontibon | | 411 | | |
| | Tierragrata | | 641 | | |
| | 1ro de mayo | | 376 | | |
| | Santa librada | Control | 439 | | |
| | Chicala | | 198 | | |
| | Calle 26 | | 372 | | |
| | Usaquen | | 446 | | |
| Famisanar Cafam | Kenedy | Intervención | 678 | 2008 | 30,4 |
| | Calle 48 | | 609 | | |
| | Quirigua | Control | 505 | | |
| | Floresta | | 216 | | |
| Compensar | Calle 42 | Intervención | 302 | 853 | 12,9 |
| | Fontibon | Control | 339 | | |
| | Calle 26 | Intervención | 103 | | |
| | Kenedy | Control | 109 | | |
| Total patients | | | | 6610 | 100 |

Mamografías en el estudio

| Pruebas | Intervención | | Control | |
|-------------------------|--------------|--------|---------|-------|
| Mamografías Solicitadas | 3627 | 100.0% | 690 | 23.1% |
| Mamografías Realizadas | 2681 | 73.9% | 386 | 55.9% |

The BHGI GLOBAL ALLIANCE: Upper-Middle Income Country



Mexico

Instituto Nacional de Salud Publica (Public)
Fundacion Mexicana para la Salud (NGO)

The BHGI GLOBAL ALLIANCE: Upper-Middle Income Country

Breast health global initiative (BHGI) outline for program development in Latin America

Benjamin O. Anderson, MD,⁽¹⁾ Eduardo Cazap, MD, PhD.⁽²⁾

Anderson BO, Cazap E.
Breast health global initiative (BHGI) outline
for program development in Latin America.
Salud Publica Mex 2009;51:00-00.

Abstract

The Breast Health Global Initiative (BHGI) applied an evidence-based consensus review process to develop guidelines for breast early detection, diagnosis, and treatment in low- and middle-income countries (LMCs) including those in Latin America. Breast cancer outcomes correlate with the degree to which 1) cancers are detected early, 2) cancers can be diagnosed correctly, and 3) proper multimodality

Anderson BO, Cazap E.
Breast health global initiative (BHGI) planeamiento
para el desarrollo de programas en América Latina.
Salud Publica Mex 2009;51:00-00.

Resumen

La Iniciativa Global para la Salud de la Mama (BGHI) ha aplicado un proceso de revisión de consenso, basado en la evidencia, a fin de desarrollar guías para la detección precoz del cáncer de mama, diagnóstico y tratamiento, en países de bajos y medianos ingresos (PBMI) incluyendo aquellos en América Latina. La evolución del cáncer de mama se correlaciona con el grado al cual 1) los cánceres son detectados

Instituto Nacional de Salud Pública (Public)
Fundacion Mexicana para la Salud (NGO)

The BHGI GLOBAL ALLIANCE: Upper-Middle Income Country



Israel

Breast Cancer Screening

The BHGI GLOBAL ALLIANCE: Screening Compliance in Israel

- Biannual mammography recommended and available to all Israeli women ages 50 – 75 years
- Compliance rates varied in mid 1990's:
 - 60% in Israeli-born Jewish women
 - 40% in Russian immigrant women
 - 20% in Ethiopian immigrants and Israeli Arab women

www.bhgi.info

Remennick, Breast J 12(1):S103, 2006

The BHGI GLOBAL ALLIANCE: Screening Compliance in Israel

- Biannual mammography recommended and available to all Israeli women ages 50 – 75 years
- Media campaign / mobile mammography units:
 - Targeted Israeli Arab women
 - Screening of Israeli Arab women < 60 years old increased from 25% to 60% by 2003-2004

www.bhgi.info

BREAST HEALTH GLOBAL INITIATIVE: SUMMARY

- Breast cancer is an international problem affecting countries at all economic levels
- BHGI guidelines provide a framework for systematic, comprehensive improvement
- Dissemination and implementation through BHGI Learning Laboratories can steer guideline application in LMCs
- BHGI guideline implementation can serve underserved populations in all countries

The Breast Health Global Initiative: Key Personnel

- BHGI Executive Committee:
 - Gabriel N. Hortobágyi, Chair (MD Anderson)
 - Annetta Hewko (Komen for the Cure)
 - Joe Harford (NCI Office of International Affairs)
- BHGI Research Team:
 - Wenjin Li, Research Manager
 - David Thomas, Senior Research Advisor
 - Gabrielle Kane, Curriculum Specialist
- BHGI Program Staff:
 - Leslie Sullivan, Senior Program Manager
 - Marisa Hartman, Program Coordinator
 - Sandra Distelhorst, Publication Editor

The Breast Health Global Initiative: Key Personnel

○ Early Detection Panel 2007

- Cheng-Har Yip, MD (Malaysia)
- Robert Smith, PhD (USA)

● Treatment Panel 2007

- Alexandru Eniu, MD (Romania)
- Robert Carlson, MD (USA)

○ Diagnosis Panel 2007

- Roman Shyyan, MD (Ukraine)
- Stephen Sener, MD (USA)

○ Health Care Systems 2007

- Ed Azavedo, MD, PhD (Sweden)
- Joe Harford, PhD (USA)

www.bhgi.info

The Breast Health Global Initiative: Key International Collaborators

○ Italy

- Riccardo Masetti
- Alberto Costa

○ Egypt

- Sharif Omar
- Ahmed Elzawawy
- Mohamed Shalan

○ South Africa

- Justus Apffelstaedt

● Turkey

- Vahit Osmen
- Nuran Bese

○ Colombia

- Carlos Rada
- Raul Murillo
- Sandra Diaz

○ Austria

- Raimund Jakesz

● Argentina

- Eduardo Cazap

● Lebanon

- Nagi El Saghir

● Pakistan

- Zeba Aziz

● India

- Raj Badwe
- Ketayun Dinshaw

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Breast Health Global Initiative

BHGI

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