

Breast health global initiative offers unprecedented tools for developing nations

April 1 2011

A landmark breast health care publication reveals a multitude of barriers that keep women of developing nations from being screened and treated for breast cancer – but offers tools to help countries improve their breast care programs.

"Global Breast Health Care: Optimizing Delivery in Low- and Middle-Resource Countries," published as a supplement to the April 1 edition of *The Breast*, compiles three consensus statements and 11 research papers that were based on projects and proposals presented last June at the Breast Health Global Initiative Global Summit on International Breast Health in Chicago. The summit brought together more than 150 experts from 43 countries. An executive summary of the consensus statements was published simultaneously in the April 1 edition of *The Lancet Oncology*.

Benjamin O. Anderson, M.D., BHGI chair and director, said the publication of breast cancer studies from low- and middle-resource countries that are easily accessible has been a longtime goal of the organization.

"These papers collectively provide insight into the societal norms, economic challenges and public policy issues of the low- and middle-resource countries," Anderson said. "They also provide models for how to improve and optimize breast health care and cancer treatment programs," he said. Anderson is a member of the Public Health Sciences Division at Fred Hutchinson Cancer Research Center and a professor of

surgery at the University of Washington School of Medicine.

The supplement includes studies conducted in regions rarely researched in this context – Kashmir and Gaza Strip – and new studies from Nigeria, Malaysia and Mexico.

In the study involving war-torn Gaza, researchers found significant differences between expatriates and Gaza residents regarding breast cancer beliefs and health care- seeking behaviors, despite religious, cultural and personal similarities between the two groups.

Misconceptions about – and access to – mammography services turned out to be major factors in determining who sought care.

In Kasmir, researchers worked to collect public health information and provide breast cancer awareness information and breast cancer screening to 520 women from five villages. This study provided a much needed model for combining public health outreach with breast cancer awareness and cancer screening.

In Nigeria, a study of 275 women found about 30 percent refused a diagnostic biopsy, and more than half said no to a recommended breast surgery. Researchers found that patients were thwarted by multiple barriers, including having to deliver their own biopsies to labs for processing, procure their own cancer drugs and pay in advance for procedures, including surgery.

Infrastructure barriers to treatment can exist alongside free health care. A report from Mexico found that women who suspected they had breast cancer when they visited a public clinic had to return an average of nearly seven times and wait more than six months before receiving a definitive diagnosis and treatment.

The supplement contains the first global consensus report on breast

cancer in low- resource countries, which was written by 17 breast cancer experts from 12 countries. The report identifies problems common to low-resource countries by addressing key questions about breast cancer awareness, diagnosis and treatment in this economically constrained global community. While low-income countries have diverse geographical, political and socio-cultural profiles, they have similar economic and development constraints.

Key problems identified in low-resource countries include lack of public awareness and misconceptions about breast cancer, lack of pathology services to establish hormone status of tumors; treatment options limited by available equipment and drugs, a need for health professional training; and a need for supportive care services (such as side-effect treatment, palliative care and end-of-life care).

Researchers identified common strategies that can be used for improving breast cancer care in these settings. *The Breast* supplement provides detailed models of new programs that have improved [breast cancer](#) care in low-resource countries and middle income countries, including mammography patient interventions in Chile and an integrated information system in Brazil that ties reimbursement of providers for mammography services to data collection.

Provided by Fred Hutchinson Cancer Research Center

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