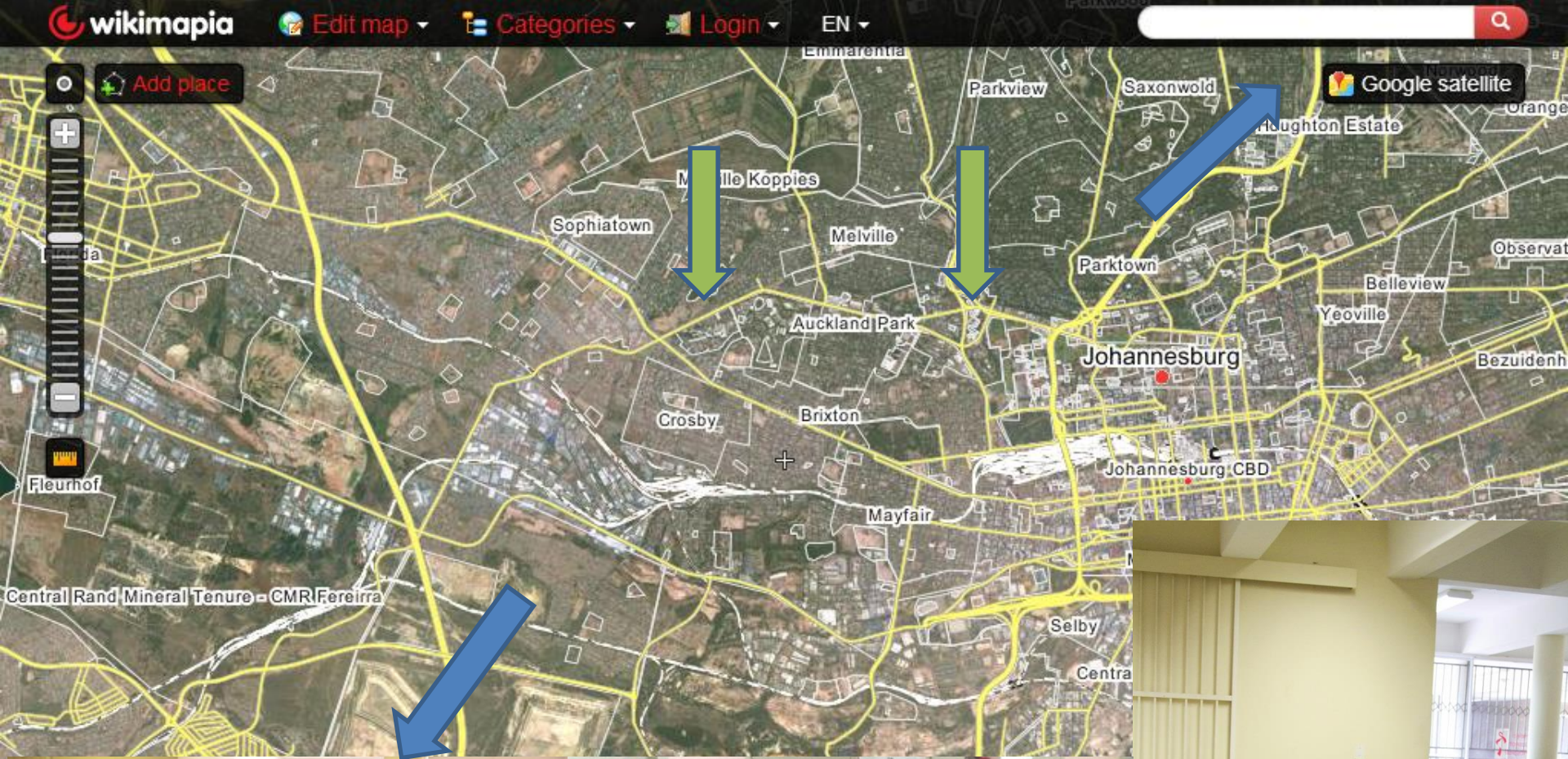


Limitations of Evidence Based Guidelines in Developing Countries



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Who is doing the work

MISSION STATEMENT

GLOB
AGAIN

Monday, it is.

NIGHT
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The *Brea*
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l) strives to
ce-based,
appropriate
and cancer
untries to

improve breast health outcomes.

Overview of Initiatives to improve outcome of breast cancer patients in LMICs, & worldwide

- Local Initiatives: Essential
- Regional Initiatives
- International Initiatives
- NCBC
 - ASCO
 - ESMO
 - Italian / Scandinavian / American Institutions /
European Union & European Parliament/
 - Breast Health Global Initiative BHGI:
a Guideline and Project-Development group
- International dedicated organizations: WHO, UICC, IAEA
- International Collaborative Research

- Activities of “International Breast Disease Centers”: ...

Do we know the numbers



Breast Cancer in LMCs: Significant Health Issue

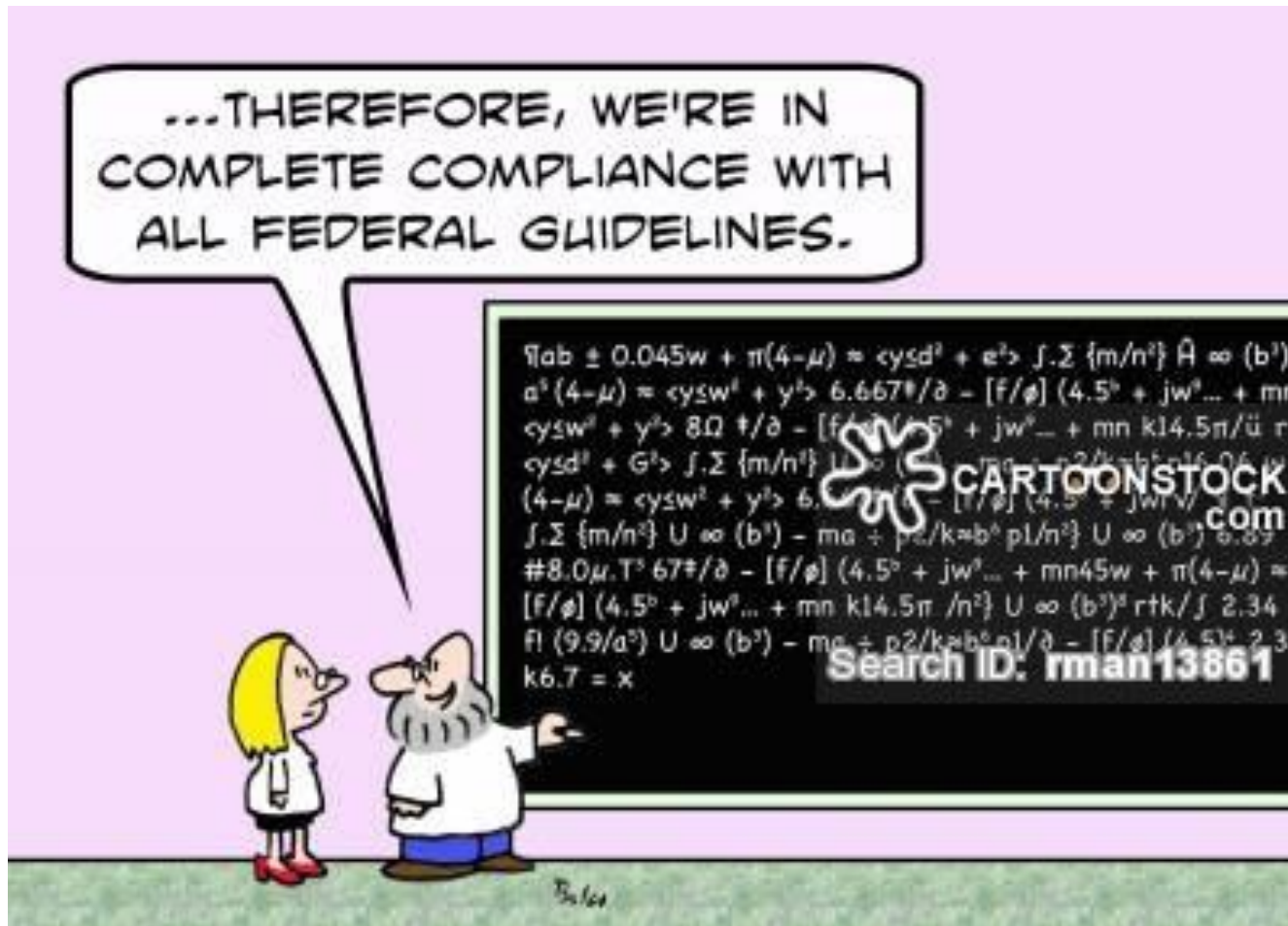
- Global number of new breast cancer cases in 2008: ~ 1.38 Million
- LMCs account for 45% of new breast cancer cases worldwide; expected to make 70% of cases by 2020
- 54% of annual breast cancer deaths occur in LMC
- Nearly 50% increase in breast cancer global incidence and mortality is expected 2002-2020

Ferlay et al. GLOBOCAN , IARC

Lingwood RJ, Boyle P, Milburn A, et al. *Nat Rev Cancer* 2008; **8**: 398–403.

Anderson BO, Cazap E, El Saghir NS, et al. *Lancet Oncol.* 2011 Apr;12(4):387-98

Do we know the guidelines



Guideline applicability

Guidelines are issued and graded based on:

- evidence,
- quality of evidence,
- balance between benefits and harm
- strength of given recommendations

Do guidelines consider costs

- cost-effectiveness

“Resource-unlimited” guidelines

are not applicable : Even in countries where they are issued!

- Breast Health Global Initiative attempted to make a difference & issued “Resource-sensitive” 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:

Global Summit 2005:

Global Summit 2007:

Global Summit 2010:

Global Summit 2012:

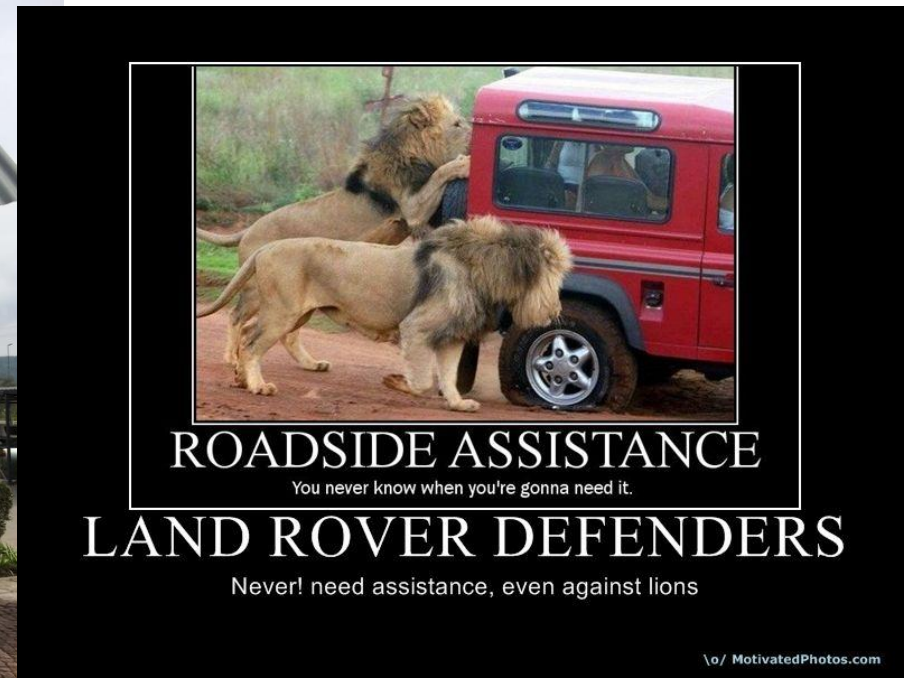
GLOBAL SUMMIT 2005 – Bethesda

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.

Limitations

- Knowledge Based
- **Clinician Based**
- Resource Based



A.S.S.U.M.E

- Disease burden
- Reason for late presentation
 1. Assumed to be related to cultural and education awareness,
 2. May in fact be related to simple logistic abilities to access health care
- Assume most developing countries to be similar

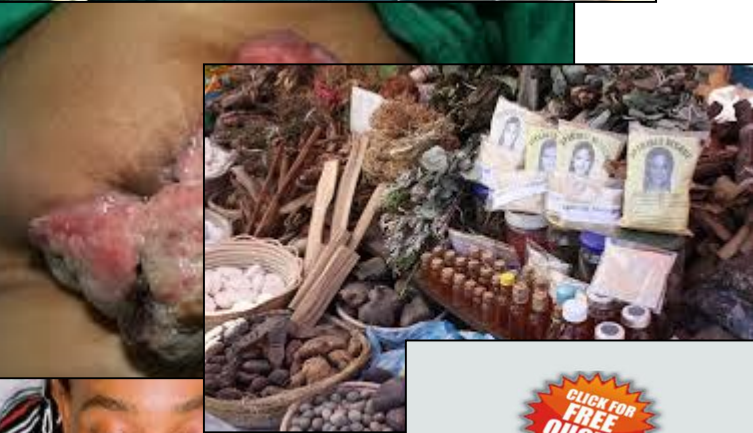
BEWARE THE CANCER QUACK



U.S. PUBLIC HEALTH SERVICE
IN COOPERATION WITH THE AMERICAN SOCIETY FOR THE CONTROL OF CANCER



PHARMACY-MAIN	1795.35
EMERGENCY-HOSPITAL	2779.00
PRE HOSPITAL EMS	253.00
C.T. SCANNING	2714.00
MAGNETIC RESONANCE IMAGING	6963.00
TOTAL CHARGES:	36027.35



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QuackwatchSM

Your Guide to Quackery, Health Fraud, and Intelligent Decisions
Operated by [Stephen Barrett, M.D.](#)



You can intelligently evaluate the opinions expressed on
this website.

Knowledge

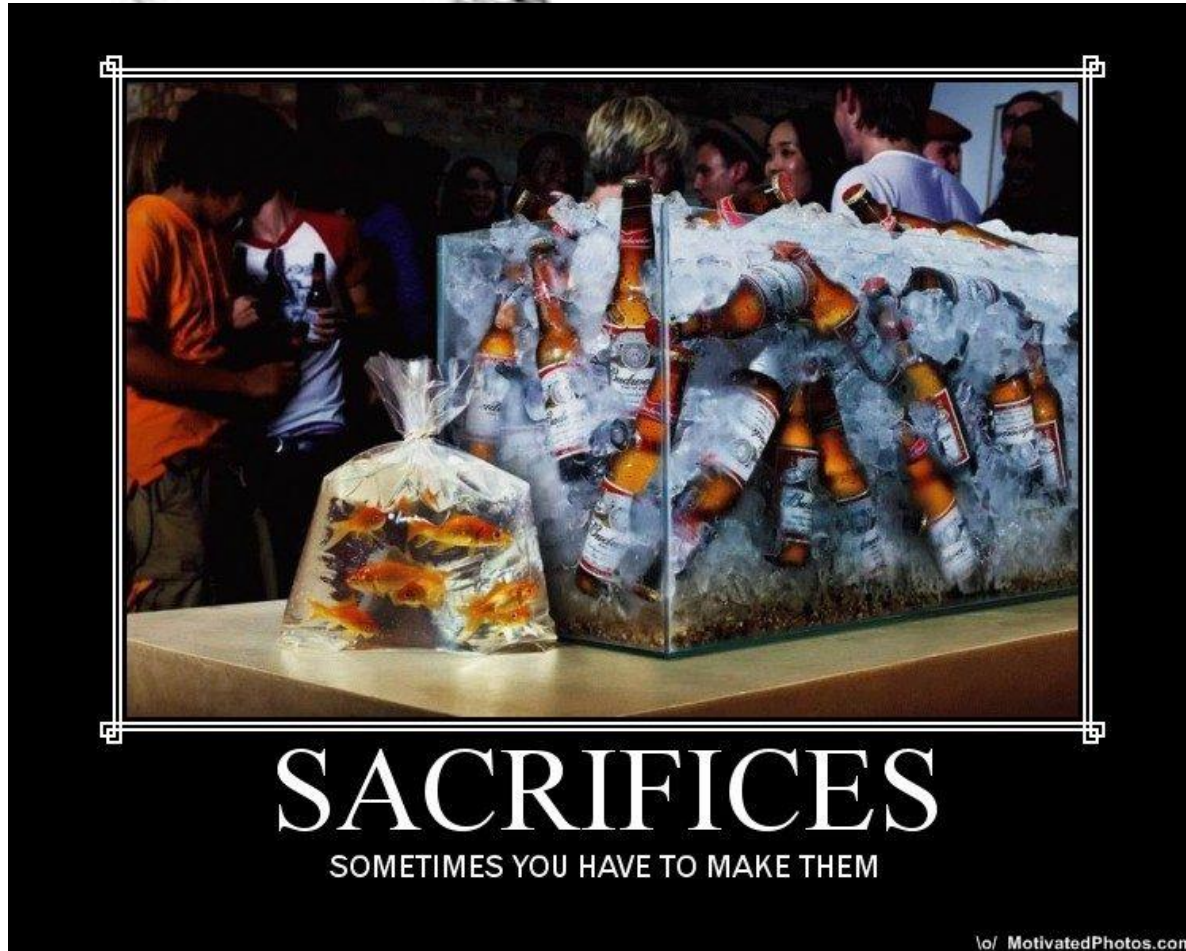
- Education disparities vary significantly and may not necessarily parallel the countries listing status as middle or lower income
- Health awareness and education
- Health care costs

**EDUCATION
IS THE MOST
POWERFUL
WEAPON
WHICH YOU
CAN USE
TO CHANGE
THE WORLD.
- NELSON MANDELA**

Knowledge as to the quality of services

- Within individual middle and low income countries large discrepancies in quality of care
- Insured care may also be suboptimal due to lack of multidisciplinary care and not lack of resources
- Non insured medical care varies from excellent to poor.

Prioritisation of health problems



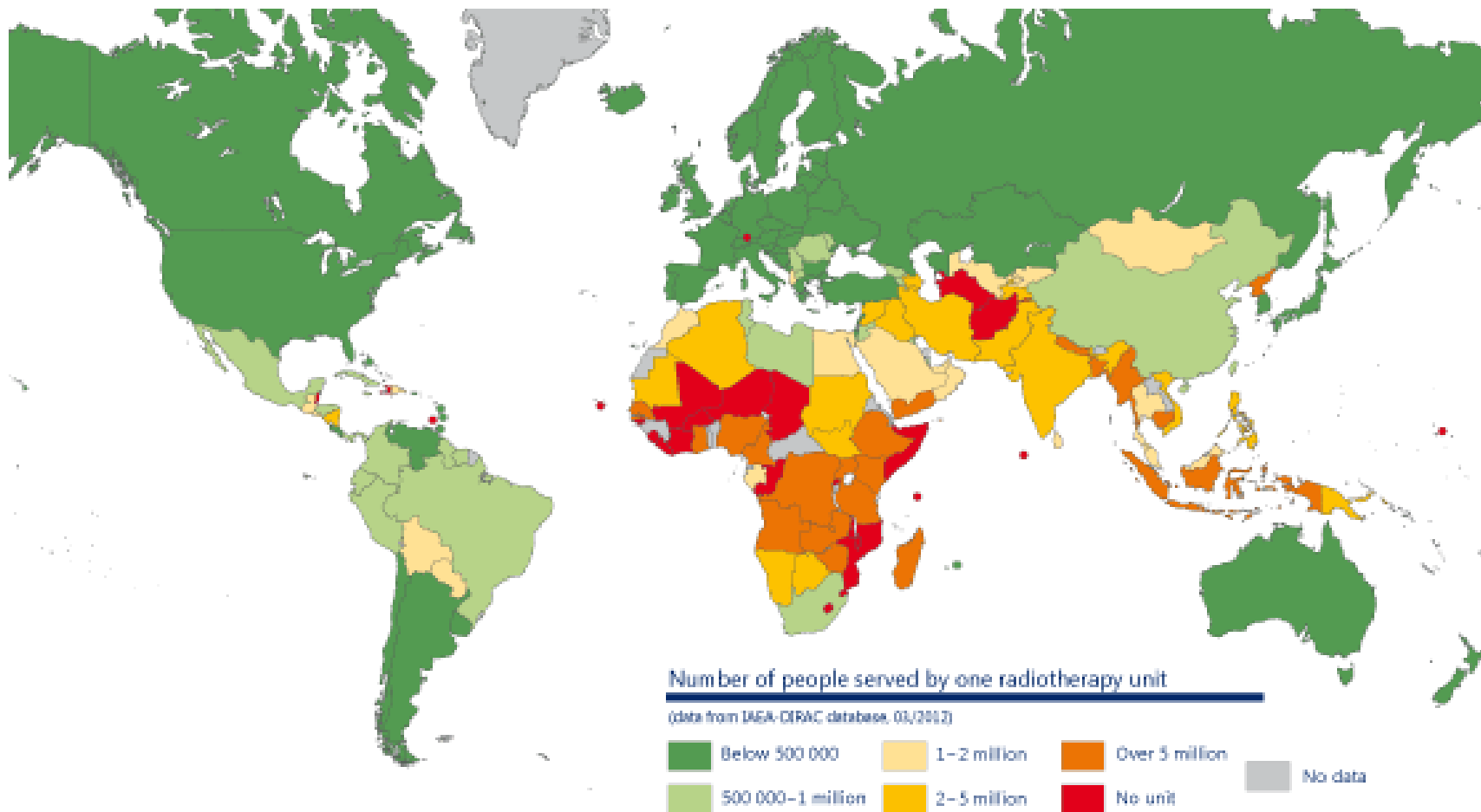
Clinician Based Limitations

- Structure and resources available to implement the clinical guidelines
- The desire or ability to legislate those guidelines so as to ensure application of the guidelines
- Lack of clinician knowledge or training in the field
- Overworked/Underpaid/Brain drain

Resource Based Limitations

- Appropriate education around health awareness
- Diagnosis of breast cancer
- Pathology diagnostics
- Treatment limitations

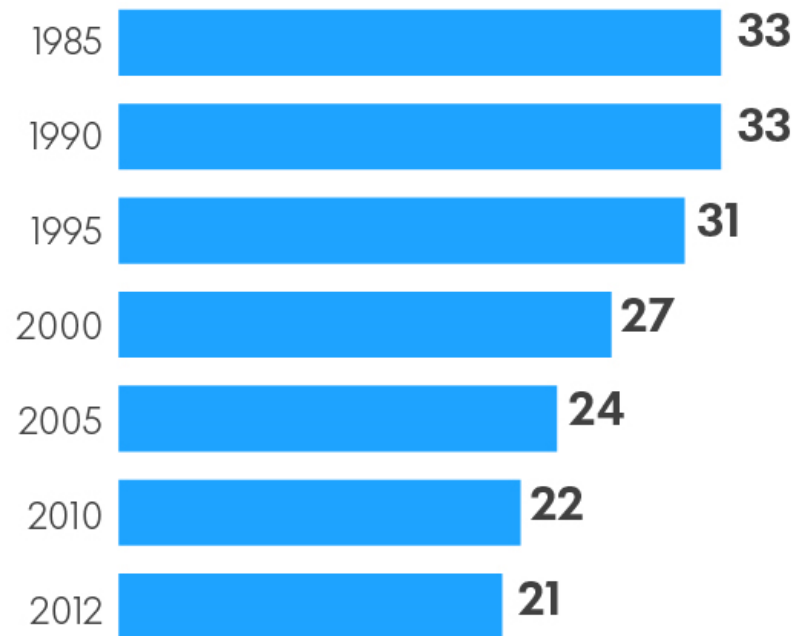
Radiation Therapy Available



Where is the evidence

DEATH RATE DECLINES

Year/Breast cancer deaths
per 100,000 women



SOURCE: National Cancer Institute
Veronica Bravo, USA TODAY



What direction is the country developing in

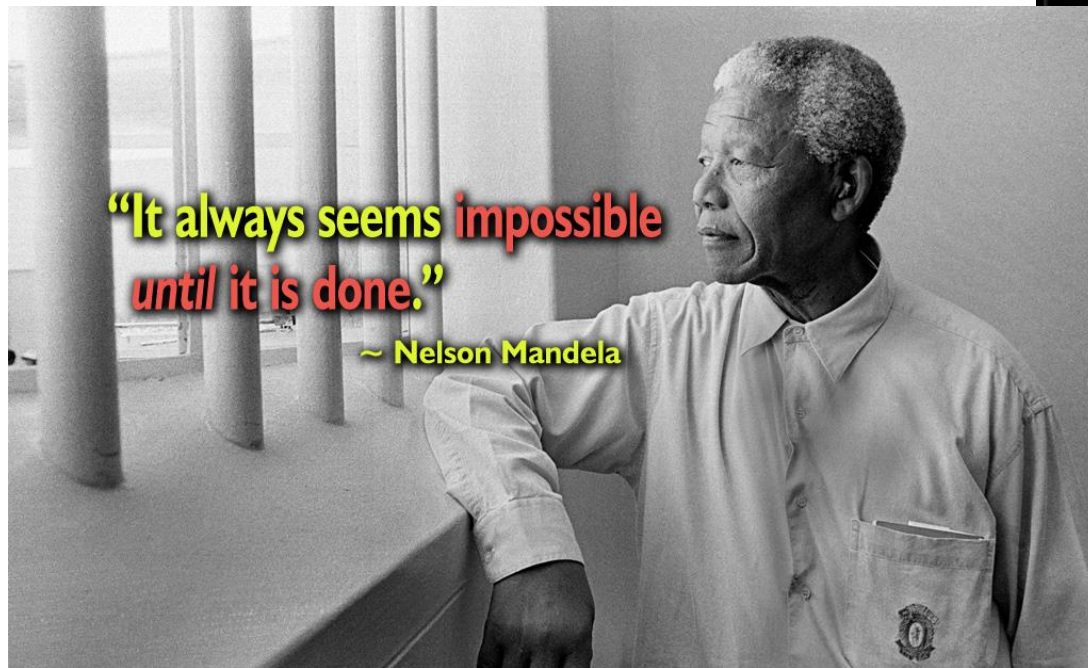
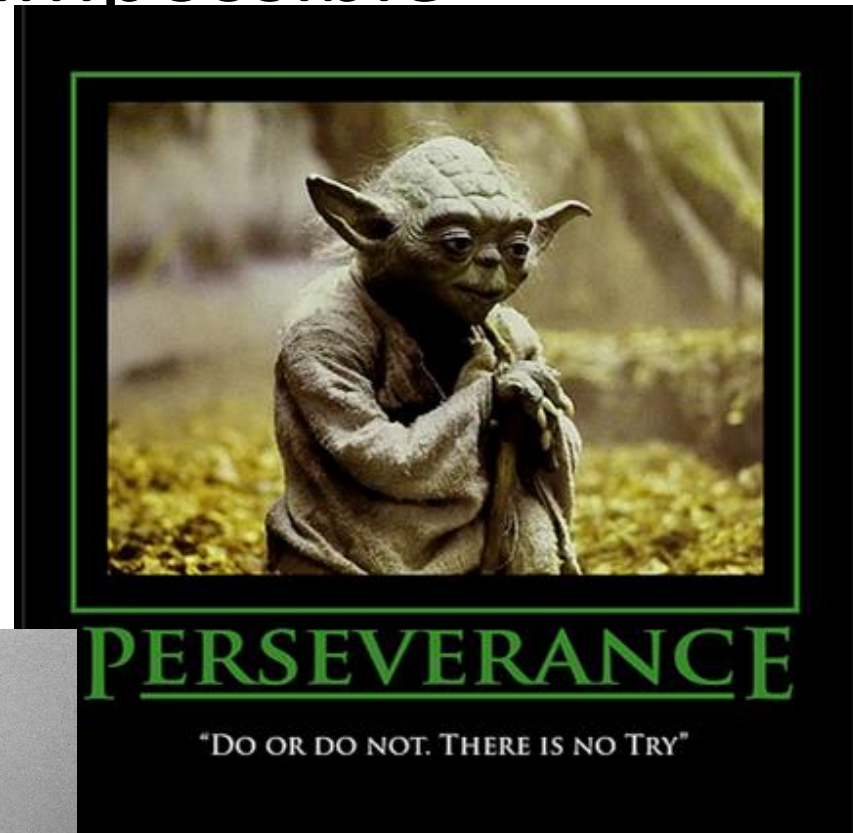


Stating the obvious



Achieving the impossible

- To achieve the impossible we must start by doing what is necessary, then what is possible, and suddenly you are doing the impossible (Fransis of Assisi)



Follow the money



Repeatedly ask

- What are the most useful evidenced based guidelines for breast in LMI?
- Why do you need evidence based guidelines
- who are guidelines communicated to
- Who is supposed to use them
- Why should they actually use them
- Are they for doctors or patients ?
- What is the developing world
- Is the evidence applicable in the developing world
- what elements or advantages of evidenced based guidelines help the developing world – breast patients
- what is the cost
- who pays
- why do they benefit from the “evidence”
- what else would they rather benefit from
-

Conclusions

- Evidence based guidelines should not be broad based, but specifically tailored to the clinics they are being applied to, taking into account both the capabilities and resources of regions.

Questions

