

**The Rainbow Nation:
A spectrum of cancer presentation,
and a kaleidoscope of care**



Our largest game reserve is the size of
England



Incidence of Breast Cancer in South Africa

- The National Cancer registry in South Africa last released statistics in 2004,
- Currently a committee has been set up to try and ensure accurate recording of the statistics.
- The registry is pathology based and not population based

Health Care Role Model

Currently 2 health care models are available in South Africa.

A private model based on medical insurance funding, which allows access to private health care facilities.

Public services: for uninsured patients, usually those of lower socio-economic background, who access state run facilities



Awareness

- Ignorance as to disease presentation and fear results in 70% of women presenting with locally advanced breast cancer
- There is no screening program in South Africa,
- Some of the medical insurances fund mammography, should the woman decide to request a mammogram?

Education is inexpensive awareness



breast
health
foundation

Education



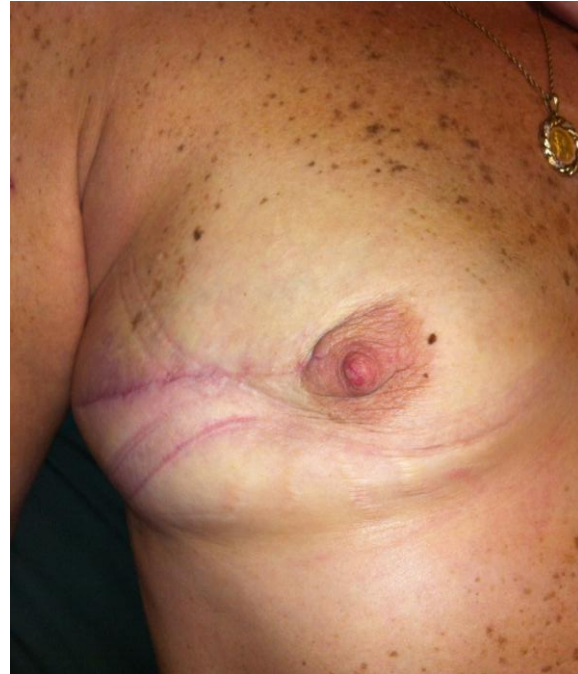
Access



- Access to services is a further frustration, no clear medical pathways as to where to go, and when services are available , is made known to patients.
- Most times outlying government based clinics and hospitals see patients with breast related problems but do not have facilities to diagnose nor treat the patients

Money may not buy better care

- Conversely the private hospitals provide access to any women who have medical insurance, with most surgeons in the private hospitals all too eager to diagnose and treat patients in non multi-disciplinary units



Helen Joseph Breast Unit

- The clinic manages 500-700 patients each month in two weekly specialist clinics.
- The Centre has kept separate hospital records since 2008
- Seen and followed-up more than 12,000 patients in that time.
- Based on the most recent statistics, approximately 3000 new patients are seen per year. 60% of these patients will have a consultation for free, or for less than \$4.

Cosmopolitan Unit

- 65% black patients; 18% white, small bias Asian 9% (7%)
- This breakdown reflects Johannesburg
- 61% stage 3 and 4
- 28% under age 45
- 8% under 35
- 12% over 75

HJH Clinic





Breast Care Centre of Excellence



You'll feel better with us

Contact 0860 233 233

HJH and NBC

- The 2 units see on average 25-30 new breast cancer patients per week
- 10 and 15 being diagnosed in the government based unit situated at the Helen Joseph Hospital - The majority of the patients present as locally-advanced disease and are referred immediately for primary chemotherapy.
- A further 2-3 patients will undergo Sentinel Lymph Node Biopsy each week, of which two-thirds are positive
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The Chris Hani Baragwanath Breast Unit

- We service Southern Johannesburg, Soweto and surrounding areas with an estimated population of 3 Million.
- Socially disadvantaged population with difficult access to the health care system
- Weekly outpatient clinic 170 patients are seen on average, consisting of first presentations and follow up cases.
- 255 new cases of breast cancer were diagnosed in 2012.



A few central multi-disciplinary units (10), however offers international based care, and some are involved with countrywide media and community awareness,



Diagnosing the disease in the private sector

Referrals to radiology units are

- self-referrals for screening,
- patients presenting with symptoms,
- medical assessment by clinicians (most commonly general practitioners or gynecologists)

There are still pockets of surgeons who insist on the patients being referred into their care for surgical biopsies for diagnosis.

- Most radiology units provide digital based mammography and radiological core needle biopsy services for diagnosing breast cancer.

Pathology Expertise in Private

- Private pathology by and large provides a good service to the insured patients with good pathology reporting,
- documentation of receptor status and Her 2 status being performed on the core needle specimens

Government Services

- Conversely in the government services, sporadic mammographic services are available (based only at the tertiary and academic (university teaching) hospitals).
- lack of mammogram services often results in patients presenting to the central units with the diagnosis made by surgical biopsy.
- Pathology back ups in the government services results in an average delay of 2 to 3 weeks to receive reports on both core biopsy and final pathology specimens

Disease presentation

**Small radiological lesions
to large extensive
tumours**



Locally advanced breast cancers



Primary chemotherapy



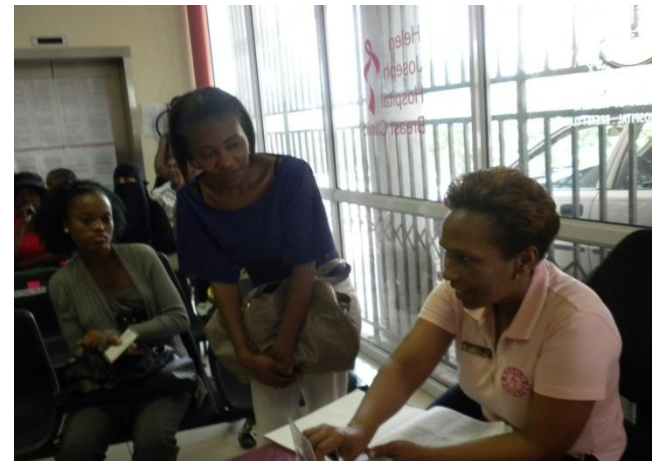
- Buy in.....but then convince around surgery

Patient care in South Africa

- Multi-disciplinary units that fit all the recommended criteria are not the norm
- Access to health care let alone specialized breast units differs in urban and rural communities
- A few like minded physicians who are prepared to work together,
- A small dynamic group of patients must create media and patient advocacy around the value of multi-disciplinary units

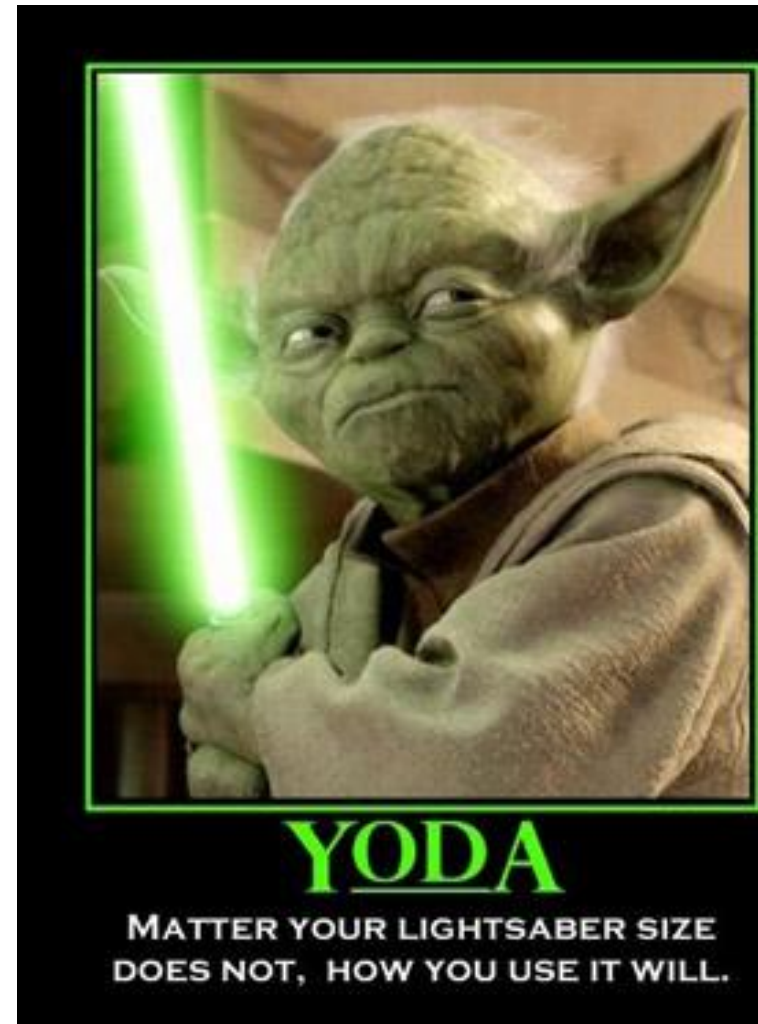
Breast Centres 'Without Walls'

- ▣ The many clinicians involved in breast care including medical, surgical, and radiation oncologists, maintain separate practices in different locations.
- ▣ Although women do not receive their care in a single location or facility, a nurse coordinator typically schedules the visits

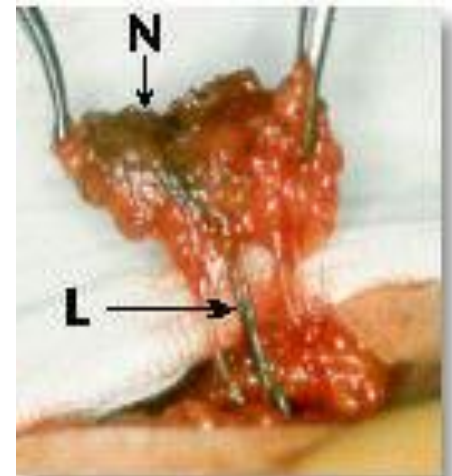
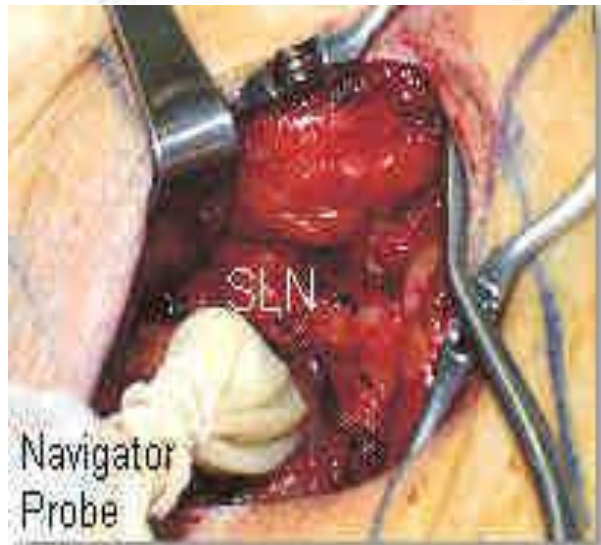
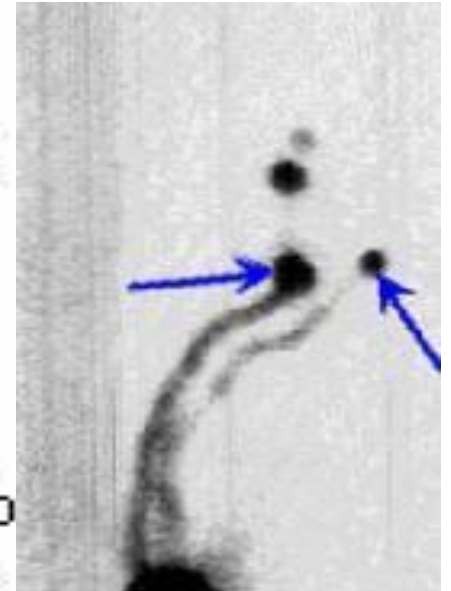
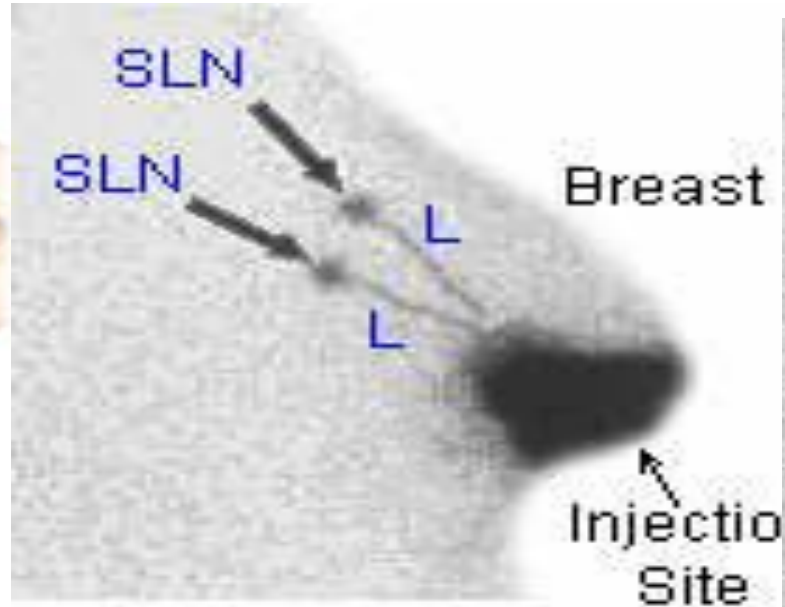


Surgical expertise

- Most patients in outlying areas are offered mastectomies, with a subset of women being offered breast-conserving surgery without onco-reconstructive techniques being used.
- Central units however, offer comprehensive breast cancer surgical managements with a comprehensive use of reconstructive options , good documented research, presentations and follow-up.
- The vast majority of women in the central units opt for immediate reconstruction



From state of the Art



SSM and immediate prosthetic Recons



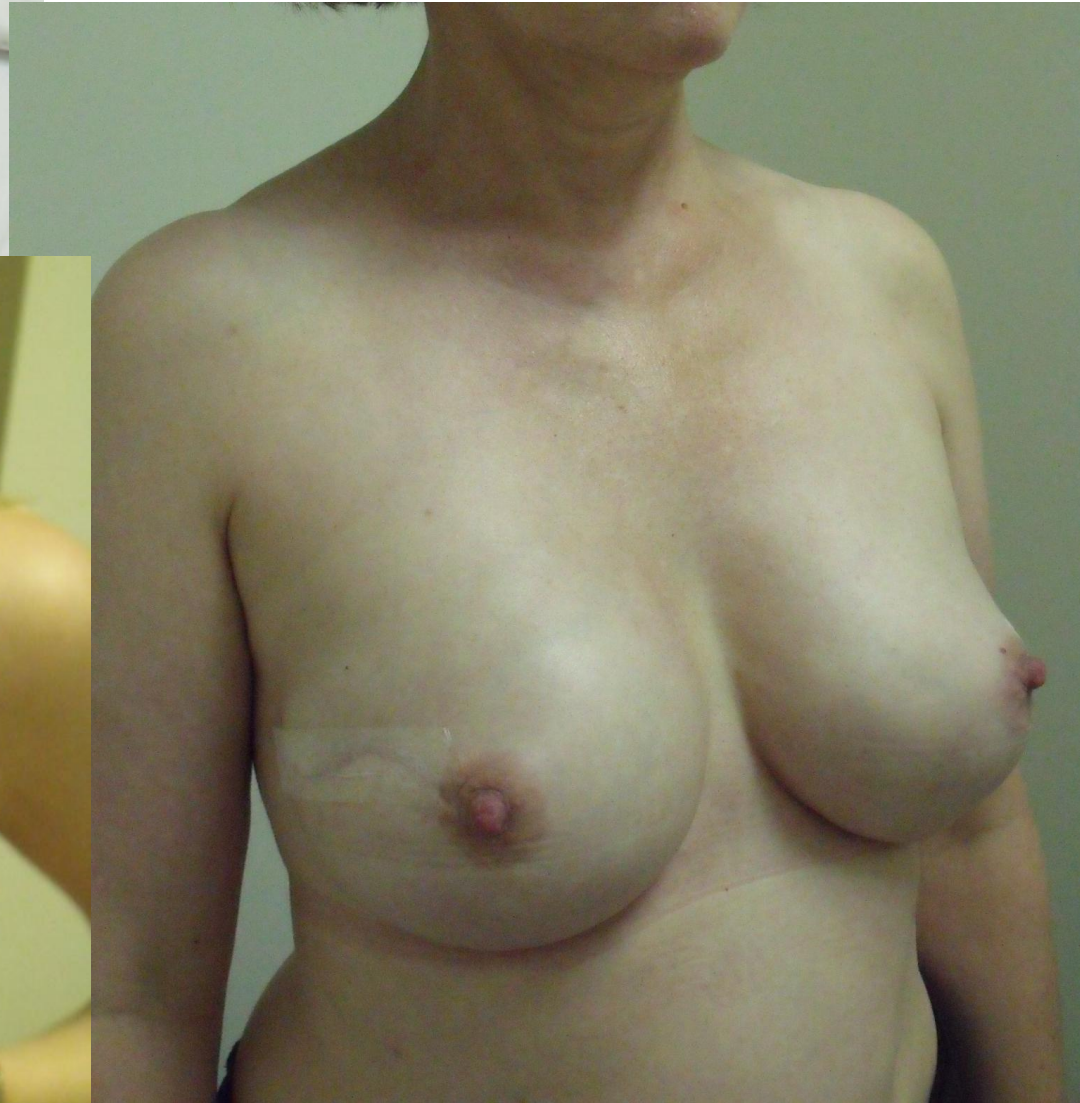
- Breast conservation and reconstruction, gold standard....as long as access to radiation is possible



- Locally advanced central tumours, which have had a good response to primary chemotherapy, are not contraindications for central breast excisions and reconstruction



nipple sparing mastectomies



The effect of Advanced breast cancer on quality of life

- The physical issues of pain, odour and loss of function must be carefully considered when deciding on treating or withholding treatment in these women



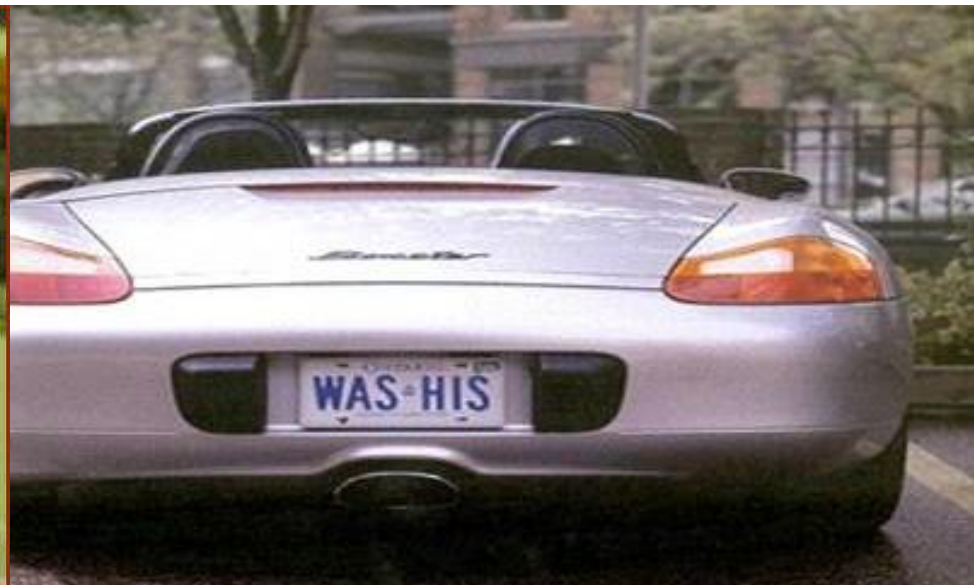
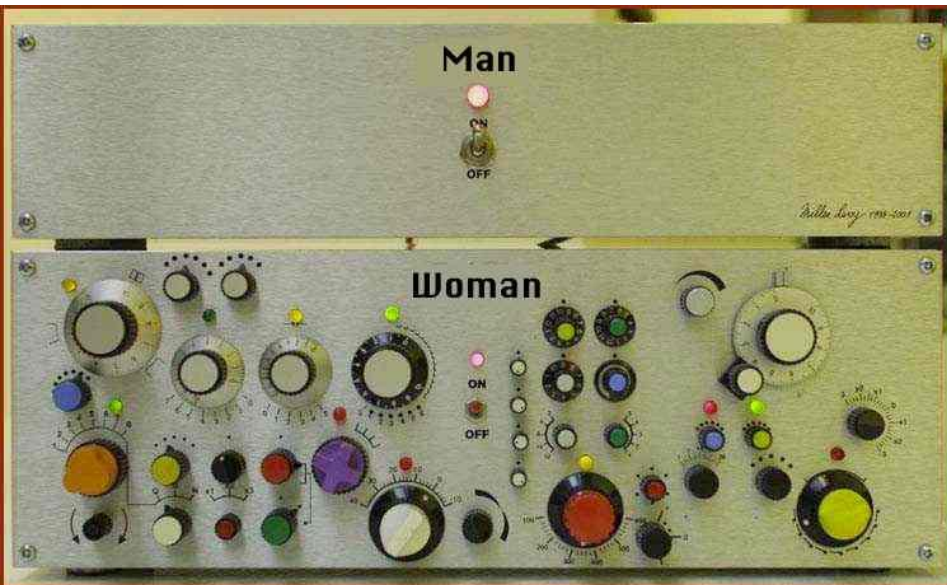
There is most definitely a place for surgery in patients with advanced breast cancer, the question is when



Why
?



The Difference Between Women & Men



Oncological offerings

- The funded patients in South Africa have access to a variety of oncology drugs including Herceptin.
- Certain medical insurances offer limited access to these drugs with hefty copayments



Oncological frustrations

- The government units with patients from the lower income groups, who do not have access to funding, have no access to target therapies for breast cancer,
- Strict protocol drive requirements for use of oncology drugs, which are often based on government tender

Radiation Access and availability

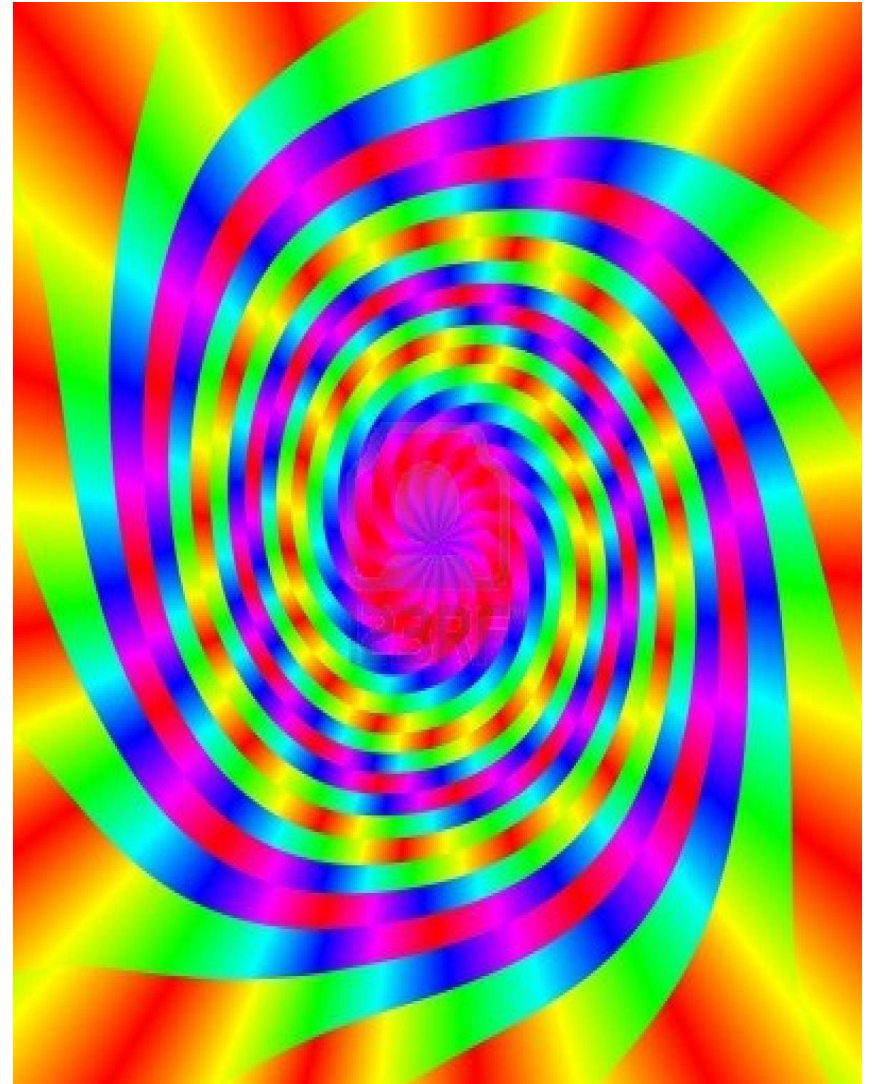
- A large number of state patients (most of whom require radiation due to initial advanced presentation of the disease), do not have easy access to either transport or funding.
- Shortage of radiation units in the government sectors often requires patients to take the duration of radiation time as leave from work.
- Compliance is variable.
- Elective breast conserving surgery decisions are often “not” chosen based on radiation access

Outcome Predictors

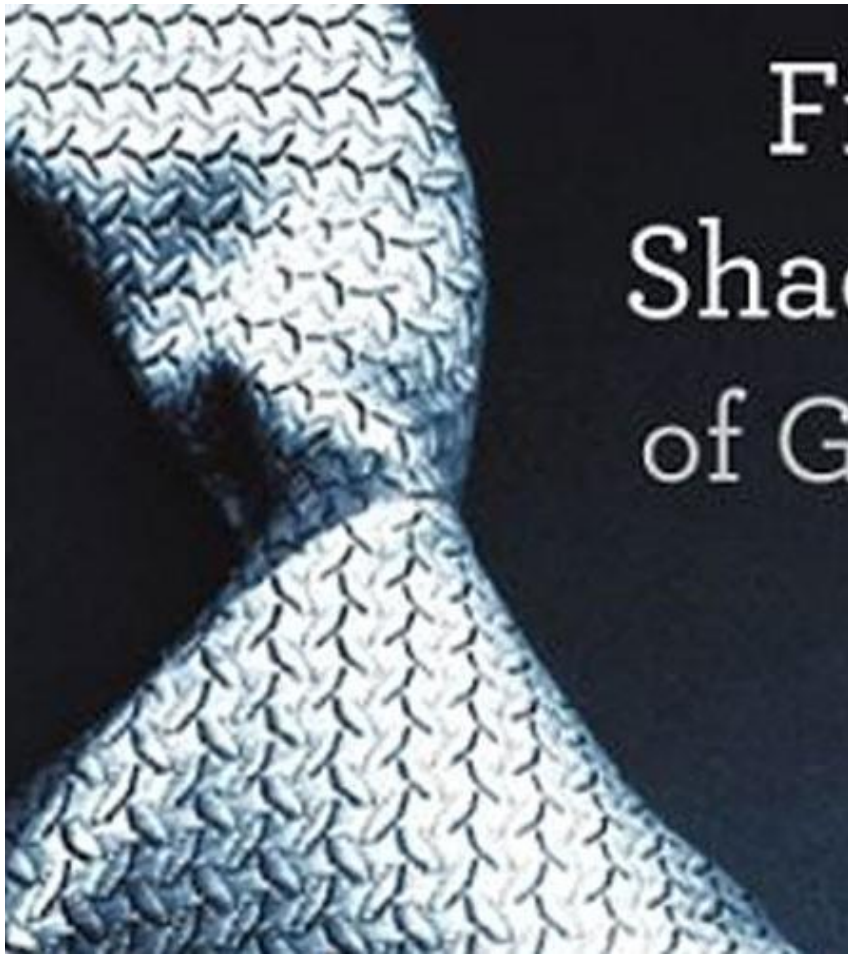
- Cultural Sensitivities
- Disease profile: (young age of presentation, HIV, and high incidence of triple negative breast cancers)
- Administrative Nightmares (suture material, linen shortage etc)
- Socio-economic (time off work, family dynamics)



- South Africa truly epitomizes the concept of a rainbow nation of care. The kaleidoscope of colours can be depicted in the true excellence of some of the central units, and the darker shades are seen in the inequalities of both access and management in other communities.



Shades of grey, in terms of poverty, education, and late disease presentation are further darkened by inadequate medical care.



like a rainbow...

A few driven clinicians across the country, who although are as unique as each colour



PERSEVERANCE

"DO OR DO NOT. THERE IS NO TRY"

- strive daily towards the pot of gold of true excellent patient care
- ensuring an integrated, education orientated, multidisciplinary approach; with cost effective service delivery and high quality patient care

.No “I” in team... But of course there
is a “me”





Thanks
and
questions

