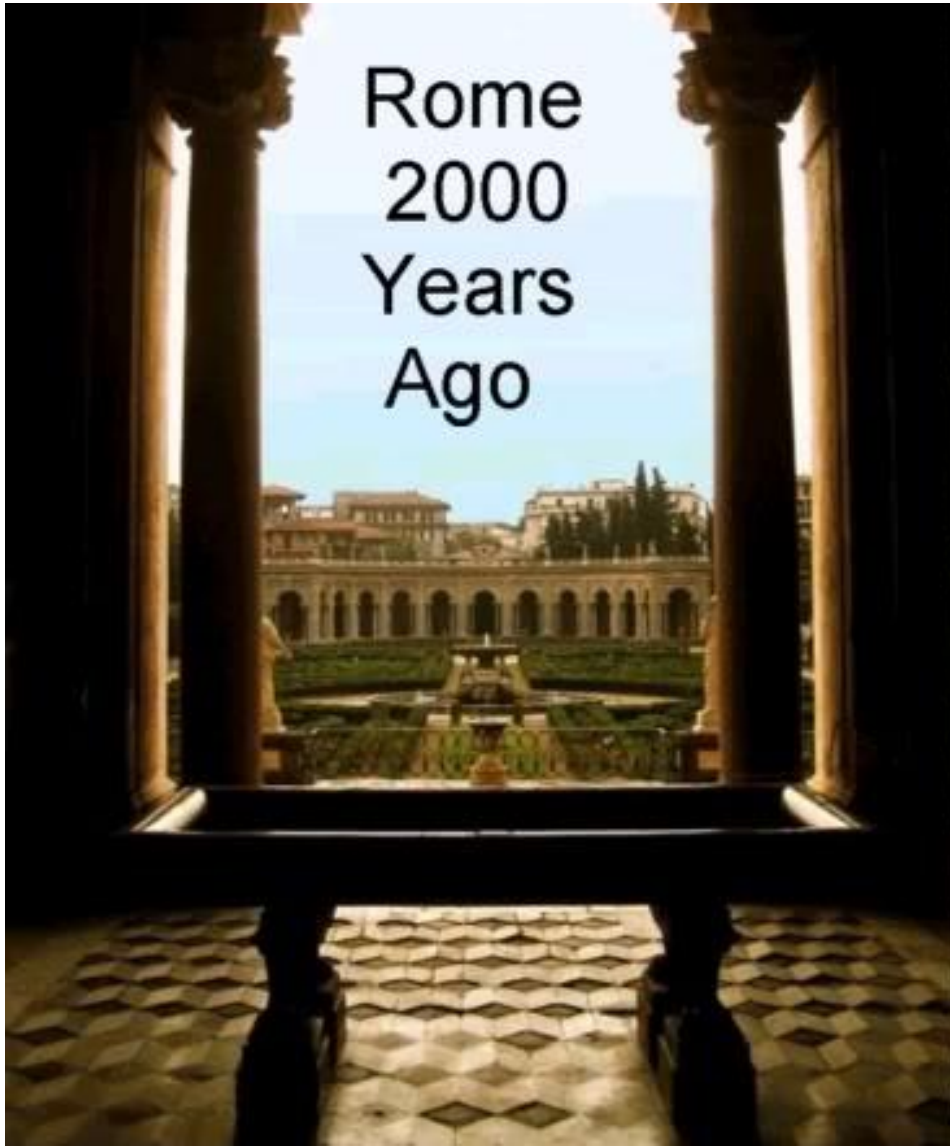
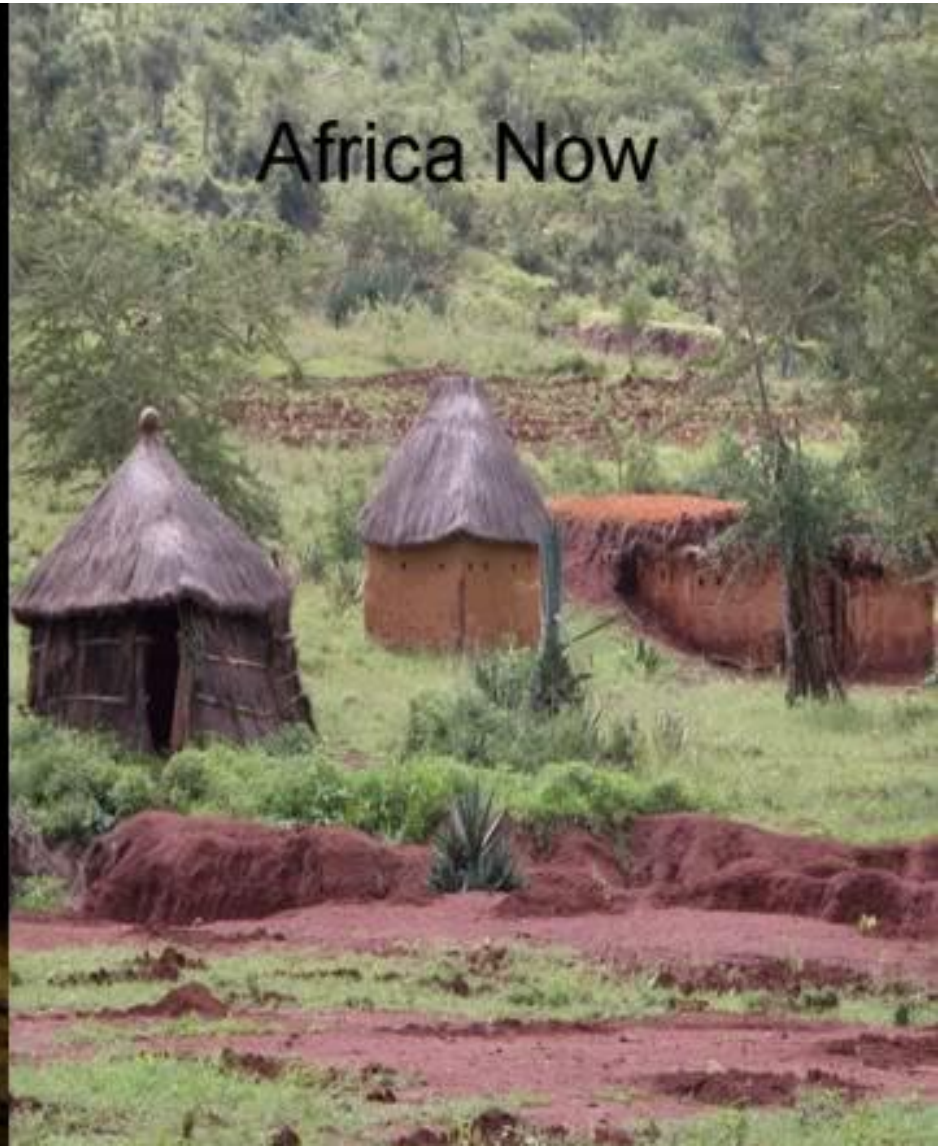


The African Experience

Rome
2000
Years
Ago



Africa Now



Our largest game reserve is the size of
England



Introduction

High maternal death rates, abuse of women and children, late presentation of breast and cervical cancer,



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



Education and Awareness

I am Lion, hear me Roar



Education

- The first hurdle in breast health care in Africa is lack of focused awareness programs in communities of low socio-economic standing, as well as in rural communities
- Ignorance as to disease presentation and fear around treatment options results in 70% of women presenting with locally advanced breast cancer.

Education

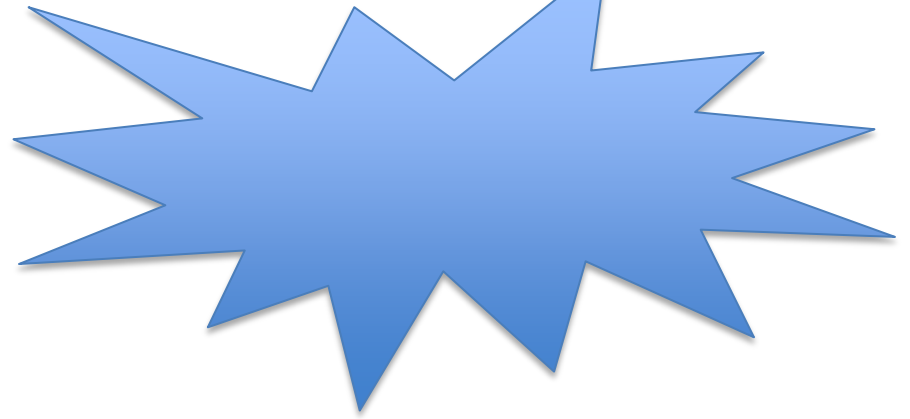


- Cost effective education programs should merely be based on teaching breast self-examination, at school and tertiary education facilities.
- In fact advocacy should be about general health care, condoms, HIV, pregnancy, TB,
-

Screening

- Africa is not ready for mammographic screening, once health awareness has been established, then the financial implications of a screening program can be assessed
- Mobile units in our urban areas are not cost effective
- Teach ultrasound guided core biopsy

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

Where to start



AFRICAN AMBULANCE**E**

DIAGNOSIS

I am leopard, know me by my spots



Diagnosing the disease

Radiology units

- provide digital based mammography and radiological core needle biopsy services for diagnosing breast cancer

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

No radiology units...?treat on clinical grounds

Pathology Services

- 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
- Quality of specimens
- Telemedicine for pathology reading

Carrot or Stick

- Policing the manor in which the diagnosis of breast cancer is made is a critical advocacy issue that should be managed by government; women's rights groups and medical breast interest groups (BIGOSA)

Diamonds in the Rough



Ep#3

TREATMENT

I am Buffalo, I have a mean and hungry look



Surgical expertise

- Most patients in outlying areas are offered mastectomies,
- Central units, offering comprehensive breast cancer surgical managements with a comprehensive use of reconstructive options , good documented research, presentations and follow-up.



YODA

MATTER YOUR LIGHTSABER SIZE
DOES NOT, HOW YOU USE IT WILL.

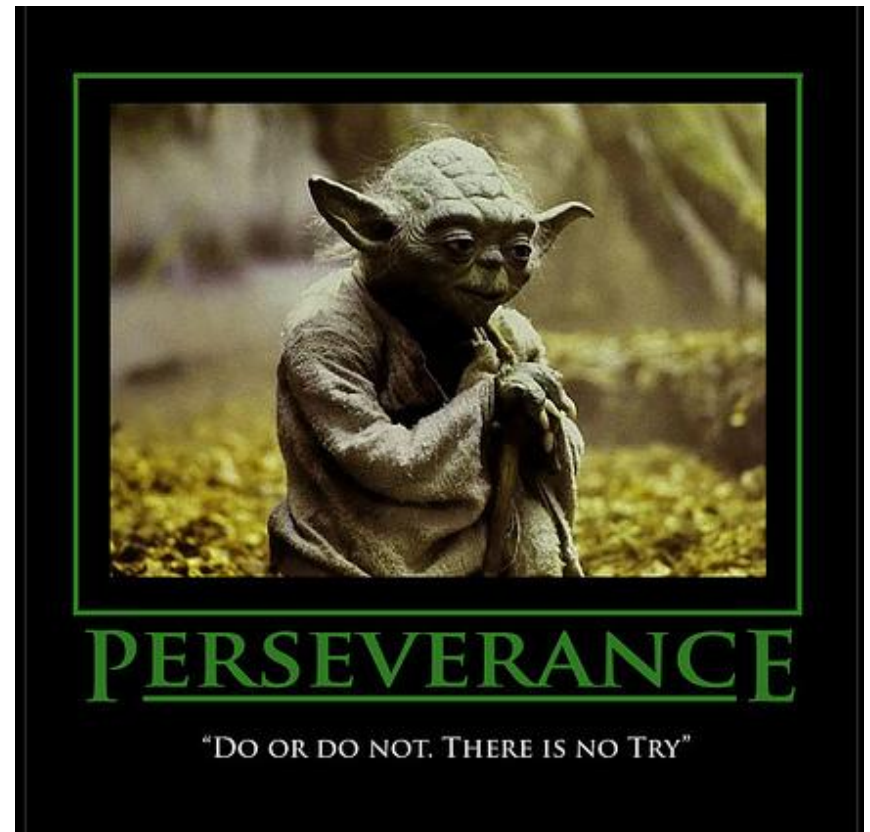
Primary chemotherapy



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

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

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
-

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



SUPPPORTIVE CARE

I am Elephant, I never forget

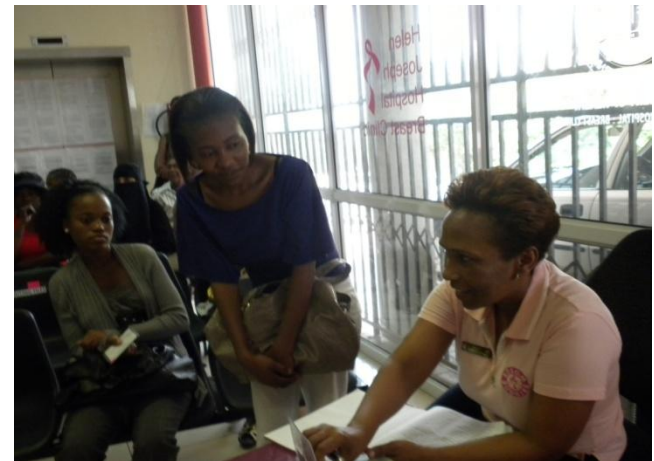


supportive care

- Supportive care during times of medical treatment, and afterwards are fundamental to ensuring psychologically healthy patients and families.
- Organizations must realize their values and needs to work together, not to compete, and to ensure patients from all walks of life, from different geographic areas, different racial and ethnic backgrounds are offered support within their respective communities

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



SERVICE

I am Rhino, please save me



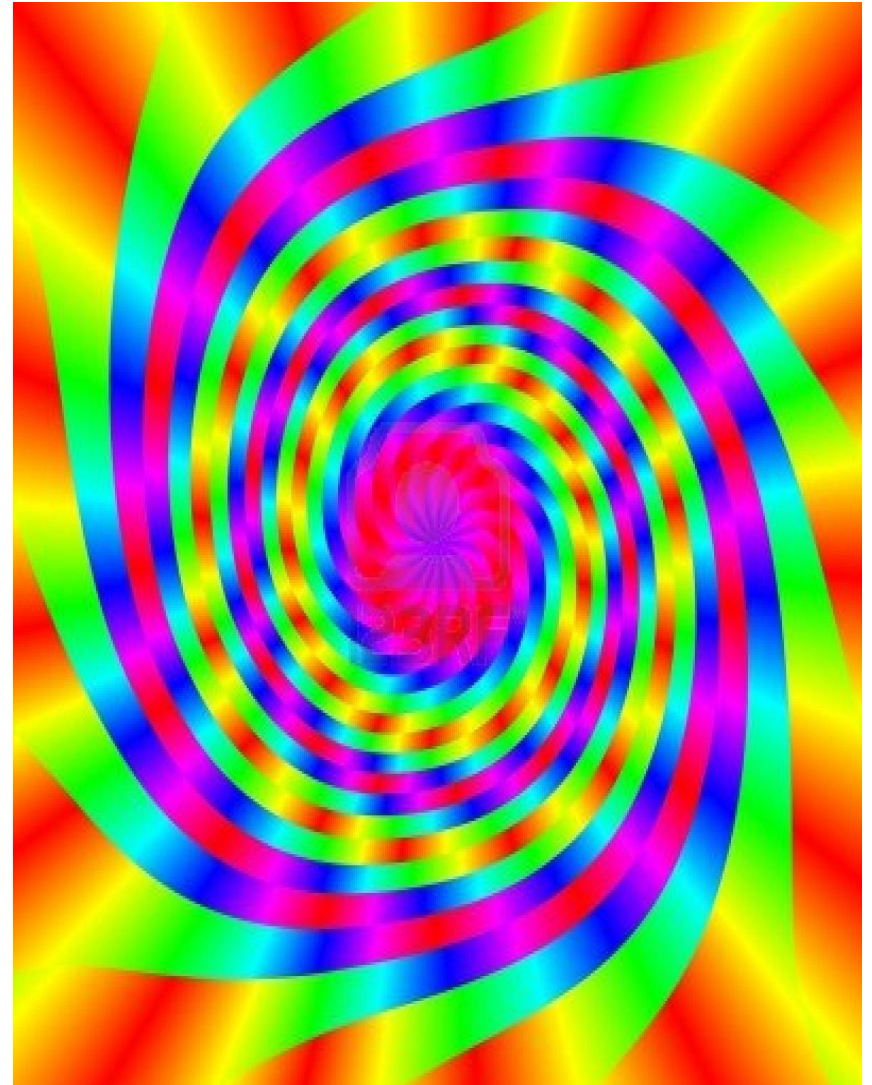
- Higher unmet needs at the start of the cancer journey, results in higher demands along the road
- Advocacy about health care service provisions particularly in the government sector, requires honest management, dedicated clinicians and stringent assessment of spending , resource allocation, number of patients seen through each unit, and again careful accreditation of units

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)
- Politics



- 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.



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



Achieved

Awareness and Access

- Ghana
- Botswana
- Zimbabwe
- Namibia
- Mauritius
- Angola

Diagnosis and treatment

- Ghana
- Botswana
- Zimbabwe
- Namibia
- Mauritius
- Kenya
- Malawi
- Zambia

Questions

