

Towards a World Platform for Breast Centers Accreditation: A Global Vision

**Union for International
Cancer Control**



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EC :Disclosures

- Leadership Position (no honoraria) SLACOM, ASCO, UICC
- Consultant or Advisory Role : Bayer; Schering Pharma
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- **I have not relevant disclosures to make related with this presentation**

TIME Investigation:
Tipping the
Scales of Justice
In Alabama

Stay-at-Home
Dads: Why
Real Men
Change Diapers

Overdoing a Good
Thing: How Yoga
Might Be Bad for
Your Health



Why Breast Cancer Is Spreading Around The World

Plus: A guide to
the latest treatments

Outline

- **Breast cancer in the world**
- **International harmonization ; challenges and possibilities. The BHGI example**
- **Role of leading organizations**
- **Future possible actions**

Breast cancer in the world

Background

- **The world is facing a critical health care problem: in the next few decades cancer will become a leading global public health problem disproportionately increasing in low and middle income countries (LMCs). Breast cancer is a critical component of the global cancer problem.**

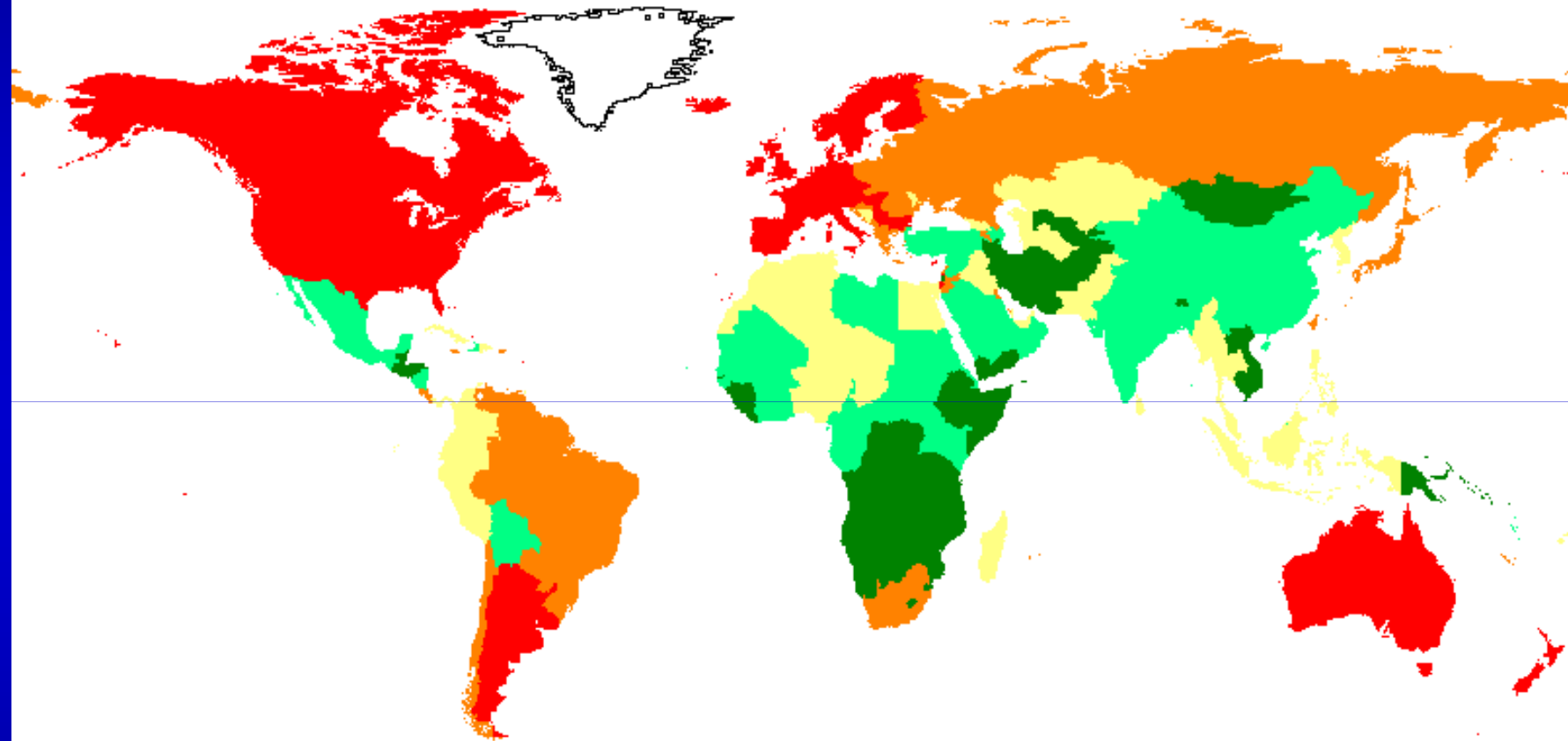
Ref. E. Cazap et al. / The Breast 20 (2011) S1–S2

Introduction

Level of analysis

1. Physician- patient relationship
2. Scientific societies
recommendations, guidelines,
consensus
3. Health care country norms and
guidelines
4. *Global health issues*

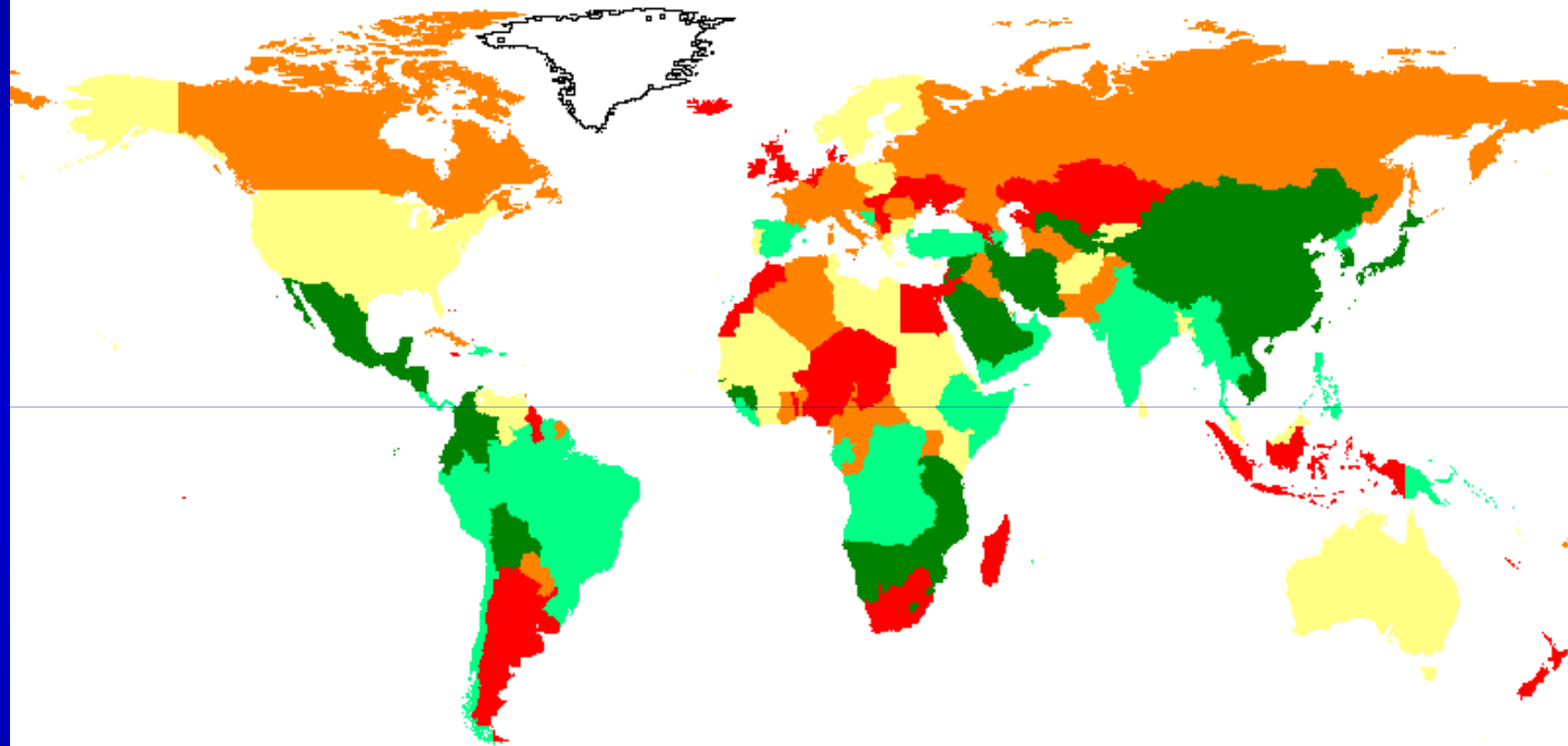
Estimated age-standardised incidence rate per 100,000 Breast, all ages



■ < 21.3 ■ < 28.3 ■ < 38.9 ■ < 56.8 ■ < 109.4

GLOBOCAN 2008 (IARC) - 19.10.2010

Estimated age-standardised mortality rate per 100,000 Breast, all ages

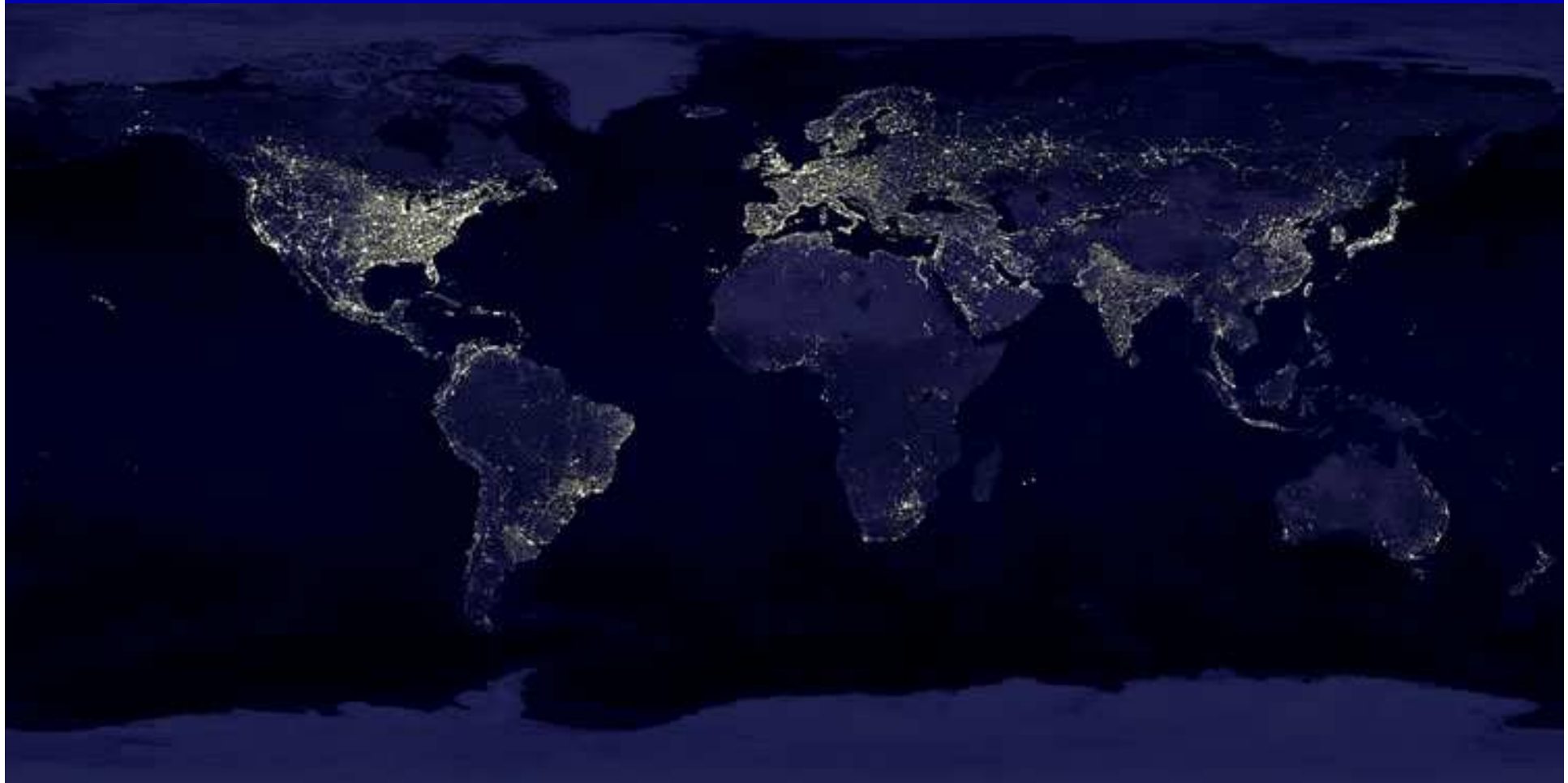


■ < 10.5 ■ < 12.9 ■ < 15.1 ■ < 18.1 ■ < 29.2

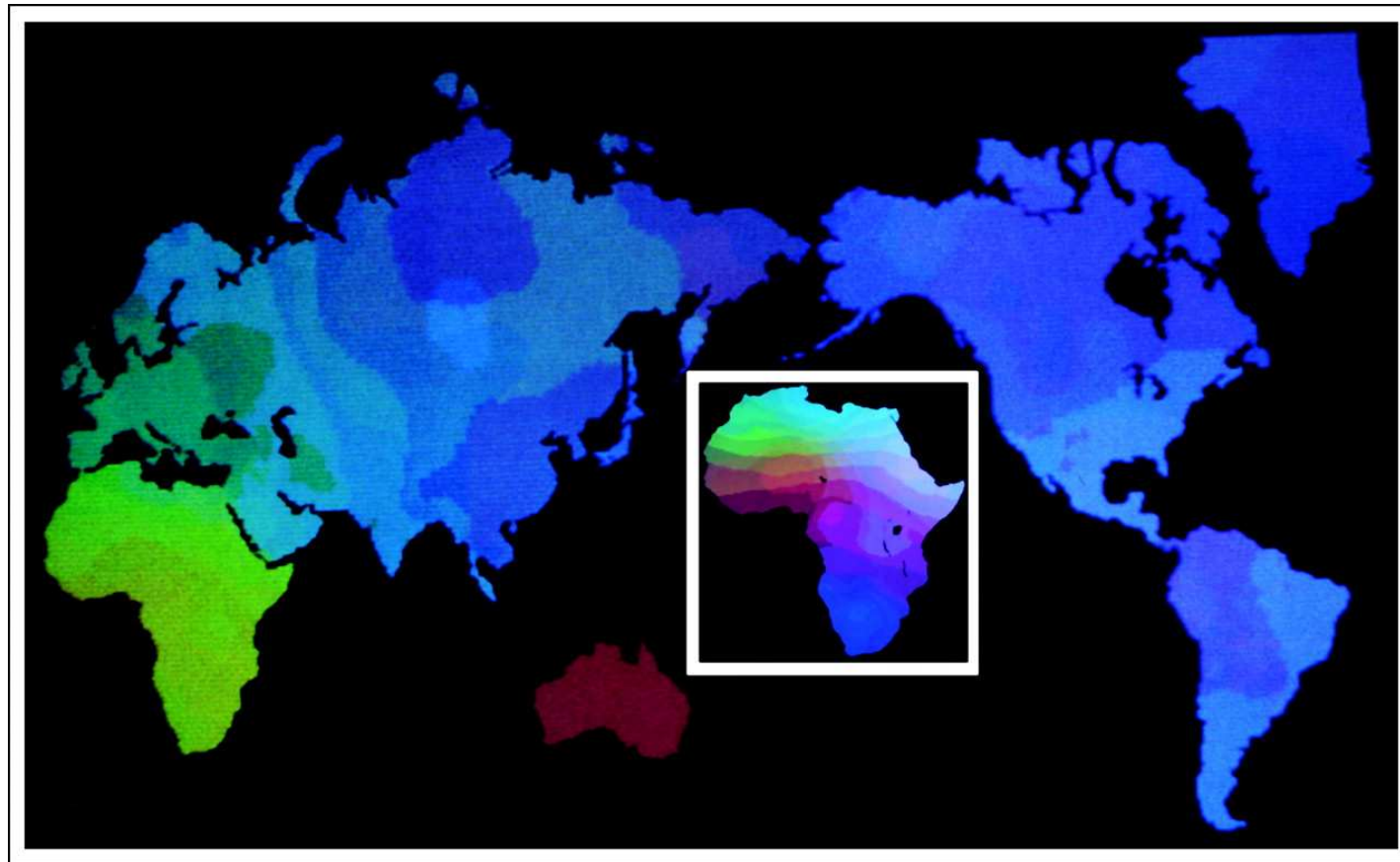
GLOBOCAN 2008 (IARC) - 19.10.2010

Brilliant Earth From Space

from: www.geology.com



Human genetic diversity is distributed in gradients among and within continents

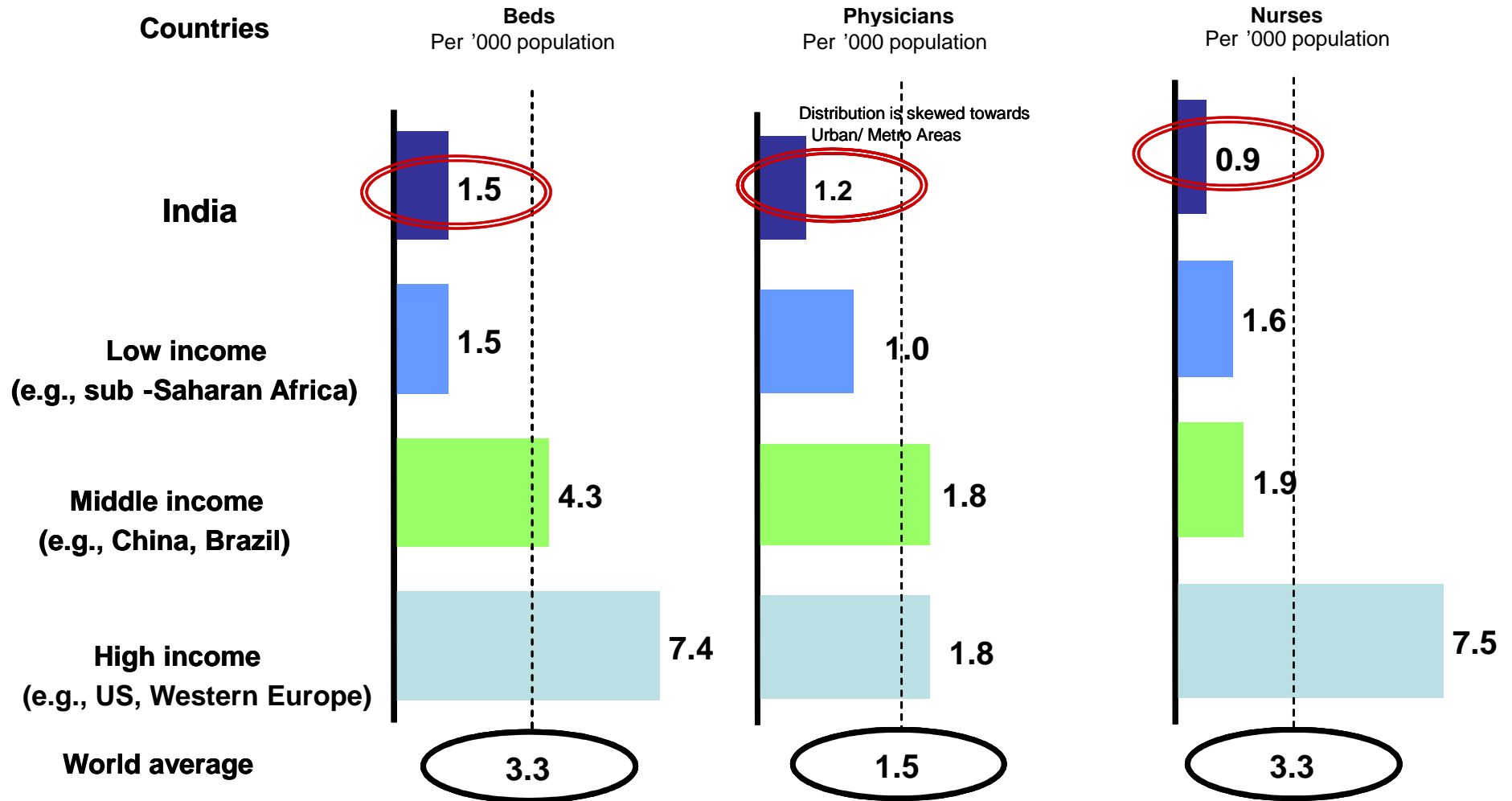


Maitland, M. L. et al. *J Clin Oncol*; 24:2151-2157 2006

US Institute of Medicine

- The US Institute of Medicine report entitled *Cancer control opportunities in low- and middle-income countries* calls “for governments, health professionals, nongovernmental organizations, and others in low- and middle-income countries, with the help of the global health community, to achieve a better understanding of the current and future burden of cancer in low- and middle-income countries and take appropriate and feasible next steps in cancer control”. This report makes 18 specific recommendations for worldwide cancer control .Ref. Sloan FA, Gelband H, eds. Cancer control opportunities in low- and middle-income countries. Washington, DC: The National Academies Press, 2007.

Global Health Care Infrastructure



International harmonization ; challenges and possibilities. The BHGI example

The Breast Health Global Initiative (BHGI): GLOBAL COLLABORATION

MISSION: The *Breast Health Global Initiative*, a global health alliance of organizations, 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-resource countries to improve breast health outcomes.

Founding Organizations



Reference

www.bhgi.info



BREAST HEALTH GLOBAL INITIATIVE

- BHGI resource-stratified guidelines

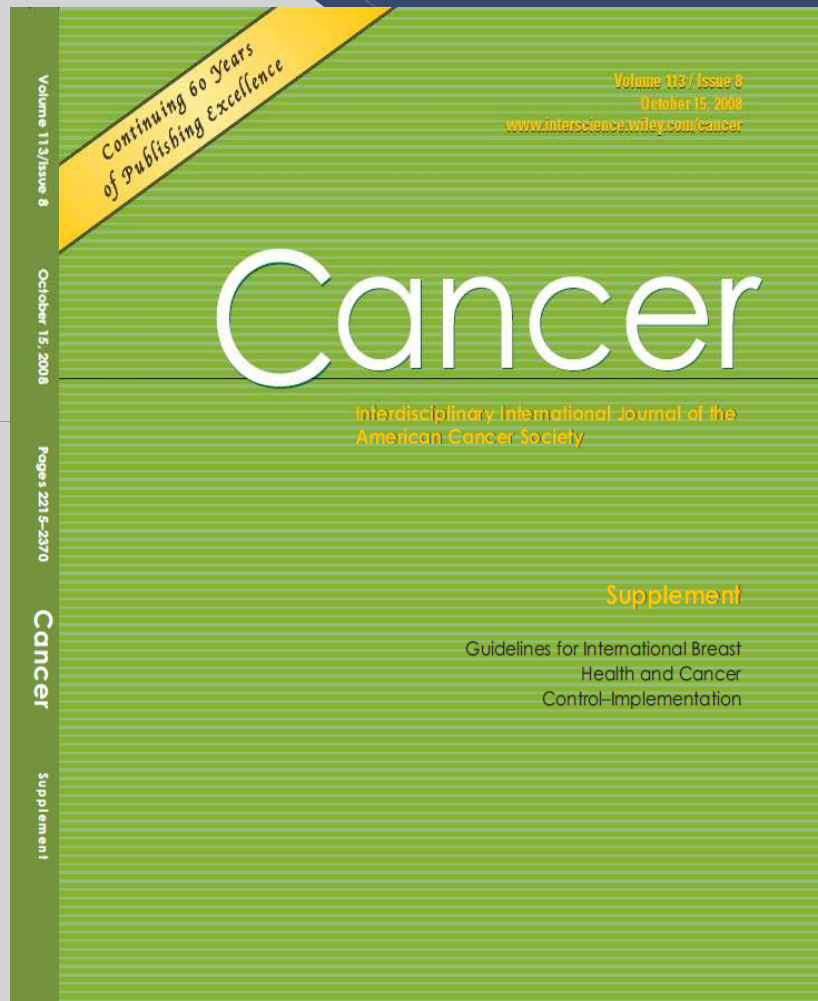
- Low-income: Ghana, West Africa

- Middle-income: Latin America

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BHGI GLOBAL SUMMIT 2007: Budapest: Guideline Implementation



CONSENSUS STATEMENTS

Early Detection

Diagnosis

Treatment

Health Care Systems

8 Stratified Tables

10 Individual

Manuscripts

Reference

www.bhgi.info

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 Operating 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 50-60* 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 diagnosis 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 serologically 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 mammographic 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, MIBI 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

BREAST HEALTH GLOBAL INITIATIVE: 5-Year Implementation Plan

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

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Conclusion

- **The BHGI example could be a model to analyze in future discussions for a common World Platform for Breast Centers and Units Accreditation**

Role of leading organizations

Role of leading organizations

SIS (Senologic International Society) , EUSOMA (European Society of Breast Cancer Specialists) and NAPBC (National Accreditation Program for Breast Centers) can provide technical support and experience in the process of accreditation of breast centers and units.

Future possible actions

Possible strategy

- **Development of a model**
- **Support and technical advice from leading organizations**
- **International support for the implementation of accreditation in different regions of the world**
-

Development of a model

1. A stepwise process
2. Stimulate breast groups and centers to apply for the accreditation
3. If the applicant institution do not fulfill all the requirements, a mentor organization will support and advise during the application process
4. National and international organizations together with local institutions will collaborate with the applicant institution

International Organizations

- It would be possible to request advice and endorsement from international organizations.
- WHO , PAHO, IAEA, IARC and others have this type of projects in the agendas
- UICC would facilitate contacts and suggest initiatives and partnerships
- Network of NCI's in Europe and LatinAmerica (RINC)

UICC World Cancer Declaration



- The World Cancer Declaration is a tool to help bring the growing cancer crisis to the attention of government leaders and health policymakers in order to significantly reduce the global cancer burden by 2020.



UICC World Cancer Declaration



- The Declaration calls on the world to take immediate steps to reduce the global cancer burden by committing to the 11 Declaration targets and providing resources and political backing for the priority actions need to achieve them.

World Cancer Declaration- Targets

- 1. Sustainable delivery systems will be in place to ensure that effective cancer control programmes are available in all countries**
- 2. The measurement of the global cancer burden and the impact of cancer control interventions will have improved significantly**
- 3. Global tobacco consumption, obesity and alcohol intake levels will have fallen significantly**
- 4. Populations in the areas affected by HPV and HBV will be covered by universal vaccination programmes**

World Cancer Declaration Targets 2

- 5- **Public attitudes towards cancer** will improve and damaging myths and misconceptions about the disease will be dispelled,
- 6- **Many more** cancers will be diagnosed when still localized through the provision of screening and early detection programmes and high levels of public and professional awareness about important cancer warning signs,
- 7- **Access to accurate cancer diagnosis**, appropriate cancer treatments, supportive care, rehabilitation services and palliative care will have improved for all patients worldwide,

World Cancer Declaration Targets 3

- 8- **Effective pain control measures** will be available universally to all cancer patients in pain,
- 9- **The number of training opportunities** available for health professionals in different aspects of cancer control will have improved significantly
- 10- **Emigration of health workers** with specialist training in cancer control will have reduced dramatically
- 11- **There will be major improvements** in cancer survival rates in all countries.

UICC role



- **The initiative of a common World Platform for Breast Centers/Units Accreditation is an important initiative**
- **It follows closely several of the targets of the WCD**
- **UICC would endorse and facilitate the development and implementation of this proposal**

**Thank you very
much for your
attention.**