

## **Breast cancer management in middle-resource countries (MRCs): Consensus statement from the Breast Health Global Initiative**

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### **ABSTRACT**

In middle resource countries (MRCs), cancer control programs are becoming a priority as the pattern of disease shifts from infectious diseases to non-communicable diseases such as breast cancer, the most common cancer among women in MRCs. The Middle Resource Scenarios Working Group of the BHGI 2010 Global Summit met to identify common issues and obstacles to breast cancer detection, diagnosis and treatment in MRCs. They concluded that breast cancer early detection programs continue to be important, should include clinical breast examination (CBE) with or without mammography, and should be coupled with active awareness programs. Mammographic screening is usually opportunistic and early detection programs are often hampered by logistical and financial problems, as well as socio-cultural barriers, despite improved public educational efforts. Although multidisciplinary services for treatment are available, geographical and economic limitations to these services can lead to an inequity in health care access. Without adequate health insurance coverage, limited personal finances can be a significant barrier to care for many patients. Despite the improved availability of services (surgery, pathology, radiology and radiotherapy), quality assurance programs remain a challenge. Better access to anticancer drugs is needed to improve outcomes, as are rehabilitation programs for survivors. Focused and sustained government health care financing in MRCs is needed to improve early detection and treatment of breast cancer.

## The "Win-Win" initiative: a global, scientifically based approach to resource sparing treatment for systemic breast cancer therapy

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### ABSTRACT

**BACKGROUND:** Worldwide, breast cancer is the most frequent malignancy among females. Its incidence shows a trend towards an increase in the next decade, particularly in developing countries where less than of 5% of resources for cancer management are available. In most breast cancer cases systemic cancer treatment remains a primary management strategy. With the increasing costs of novel drugs, amidst the growing breast cancer rate, it can be safely assumed that in the next decade, newly developed cancer drugs will become less affordable and therefore will be available to fewer patients in low and middle income countries. In light of this potentially tragic situation, a pressing need emerges for science-based innovative solutions. **METHODS:** In this article, we cite examples of recently published researches and case management approaches that have been shown to lower overall treatment costs without compromising patient outcomes. The cited approaches are not presented as wholly inclusive or definitive solutions but are offered as effective examples that we hope will inspire the development of additional evidence-based management approaches that provide both efficient and effective breast cancer treatment. **RESULTS:** We propose a "win-win" initiative, borne in the year of 2008 of strategic information sharing through preparatory communications, publications and our conference presentations. In the year 2009, ideas developed through these mechanisms can be refined through focused small pilot meetings with interested stakeholders, including the clinical, patient advocate, and pharmaceutical communities, and as appropriate (as proposed plans emerge), governmental representatives. The objective is to draw a realistic road map for feasible and innovative scientific strategies and collaborative actions that could lead to resource sparing; i.e. cost effective and tailored breast cancer systemic treatment for low and middle income countries. **CONCLUSION:** The intended result would assure sustained affordability and accessibility in breast cancer systemic therapy for patients in low and middle income countries. As an added benefit, the example of breast cancer could be expanded to include other cancers in diverse settings around the world.

## Breast radiation therapy guideline implementation in low- and middle-income countries

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### ABSTRACT

Radiation therapy plays a critical role in the management of breast cancer and often is unavailable to patients in low- and middle-income countries (LMCs). There is a need to provide appropriate equipment and to improve the techniques of administration, quality assurance, and use of resources for radiation therapy in LMCs. Although the linear accelerator is the preferred equipment, telecobalt machines may be considered as an acceptable alternative in LMCs. Applying safe and effective treatment also requires well trained staff, support systems, geographic accessibility, and the initiation and completion of treatment without undue delay. In early-stage breast cancer, standard treatment includes the irradiation of the entire breast with an additional boost to the tumor site and should be delivered after treatment planning with at least 2-dimensional imaging. Although postmastectomy radiation therapy (PMRT) has demonstrated local control and overall survival advantages in all patients with axillary lymph node metastases, preference in limited resource settings could be reserved for patients who have 4 positive lymph nodes. The long-term risks of cardiac morbidity and mortality require special attention to the volume of heart and lungs exposed. Alternative treatment schedules like hypofractionated radiation and partial breast irradiation currently are investigational. Radiation therapy is an integral component for patients with locally advanced breast cancer after initial systemic treatment and surgery. For patients with distant metastases, radiation is an effective tool for palliation, especially for bone, brain, and soft tissue metastases. The implementation of quality-assurance programs applied to equipment, the planning process, and radiation treatment delivery must be instituted in all radiation therapy centers. Cancer 2008;113(8 suppl):2305-14.

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## **Delay in Seeking Medical Advice and Late Presentation of Female Breast Cancer Patients in Most of the World. Could We Make Changes? The Experience of 23 Years in Port Said, Egypt**

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### **ABSTRACT**

**SummaryBackground:** In the low and middle income countries delays in seeking consultation, late presentation, and the availability of breast cancer management for all patients, represent major challenges. **Materials and Methods:** The delay in seeking medical advice and the pathological tumor size of females breast cancer patients in the years 2004–2006 in Port Said, Egypt were studied and compared with previous studies by Elzawawy published since 1987. We report the progress of availability of breast cancer management from 1984 until the end of June 2007. **Results:** There was a decline in advanced cases. Mean time from a symptom to seeking advice was 18, 8, 3, and 1 month respectively in 1987, 1989, 1999, and 2007. Since 1984, facilities for all lines of comprehensive management have been established, interconnected, and been made accessible for all citizens, free of charge. **Conclusion:** Breast cancer problems are characterized by a certain multi-complexity. There is no one single cause for late cases. However, we report that the availability of cancer management facilities could lead to earlier presentation. Early detection programs would be frustrating for both patients and health authorities if patients were unable to afford accessible treatment.

## **Breast Cancer Systemic Therapy: The Need for More Economically Sustainable Scientific Strategies in the World**

Ahmed Elzawawy

### **ABSTRACT**

SummaryThe world-wide incidence of cancer is expected to increase to 20 million by 2020. 70% of new cases occur in countries with 5% of the global cancer control resources. Breast cancer is the most common malignancy among women in high income, as well as low and middle income countries (LMCs). For the leading pharmaceutical companies, the current market for breast cancer systemic therapy (BCST) in LMCs is likely to decline in the future due to increasing costs of novel drugs. Breast cancer provides a strong example for multiple drug management of solid tumors. Development of economically sustainable scientific strategies for BCST in LMCs could improve affordability of therapy for other cancers throughout the world. Examples of recent and ongoing studies using protocols that could decrease costs of treatment without compromising outcomes are reviewed. The Win-Win initiative proposed by ICEDOC's (International Campaign for Establishment and Development of Oncology Centers) Experts in Cancer without Borders starts with small pilot meetings for oncologists with key stakeholders, including leading pharmaceutical companies. The participants would develop a roadmap for actionable strategies for crafting affordable BCST tailored to regional conditions and the diverse populations of women with breast cancer.