

Innovative approaches to breast health

Expanding care to women in low-resource settings in Peru

WHEN BREAST CANCER MEANS DEATH

Many low-income women in Peru believe a breast cancer diagnosis means death. They recognize that, in their communities, breast cancer mortality is closely tied to a lack of resources.¹

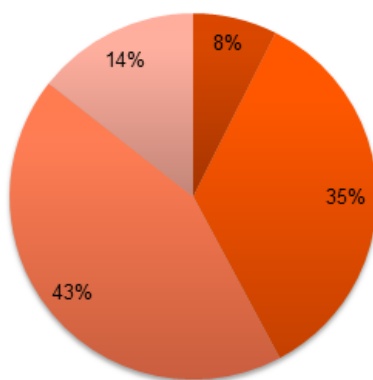
This Peruvian woman’s story is typical: A lump had been growing in her breast for years, she said, but she did not want to know what it was. “Well, they can tell you, ‘You have cancer, you are going to die.’ And this makes you afraid. Who is going to want to know that you have this illness? Imagine if they tell me I have cancer. I have nothing. Where am I going to go?”

BACKGROUND

As with many other diseases, the burden of breast cancer falls more heavily on poor, marginalized, and rural women due to their unequal access to screening and treatment. The importance of early

detection and treatment of breast cancer is well recognized because the cost and success of treatment is directly related to the stage of disease at the time of diagnosis.

■ Stage I ■ Stage II ■ Stage III ■ Stage IV



Clinical stage at diagnosis for breast cancers detected in Lima, Peru, 2010²

According to the International Agency for Research on Cancer (IARC) database

GLOBOCAN 2012,³ Peru had an estimated 3,952 new cases of breast cancer and 1,208 deaths in 2012, with an age-standardized annual incidence rate of 28 per 100,000 women. Most of these cases were detected at an advanced stage of disease.

OUR WORK IN BREAST HEALTH

PATH partners with Peru’s National Cancer Institute (INEN), the Northern Regional Cancer Institute (IREN-Norte), central and regional bodies of the Ministry of Health (MINSA), international advisors and experts, local volunteer groups and nonprofit organizations. Together, we have tested novel approaches for the early detection, diagnosis, and care of women with breast cancer in the northern region of La Libertad.

In 2011, we initiated a collaborative pilot demonstration of a model of care to improve access to and quality of breast cancer screening, diagnosis, and referral services. Notable results from this project include:



A woman waits for a breast exam in La Libertad, Peru

Photo: Tara Hayes Constant

- Nearly 15,000 women participated in more than 900 educational sessions.
- More than 13,500 women received clinical breast exams.
- Materials were developed and 48 health promoters, 36 midwives, 19 doctors, and 11 supervisors were trained.
- 321 breast abnormalities were found, 114 Fine Needle Aspiration (FNA) biopsies were performed, and 10 cancers were identified in women who then initiated treatment.
- Preliminary data show that adding breast ultrasound to the screening process has reduced the need for FNA by 65 percent.
- Patient navigation programs were created to strengthen the linkages from community to secondary and then to tertiary care levels—a program that INEN has taken up nationally and that is now being extended to cover palliative care.
- We began the process of changing the national health information system (HIS) to incorporate key breast care indicators.
- INEN established a center of breast cancer excellence that will disseminate the training program and other elements of the model throughout the country.

Beginning in 2013, PATH partnered with the volunteer group ALINEN Norte. Together with a Community Action Board we developed a successful model of “patient navigation” for breast cancer patients in the La Libertad region, with the goal of ensuring better access to and completion of diagnostic, treatment, and rehabilitation services. This model is now being implemented nationally.

IN PROGRESS

In July 2016 PATH received significant funding to scale-up this successful model for breast cancer screening in nine health networks in Trujillo, La Libertad. The new project aims to train 30 health promoters in breast health education and patient navigation, 300 midwives in clinical breast exam (CBE), and 12 hospital doctors in CBE, breast ultrasound, and FNA sampling.



The Community Action Board brings together expertise from all parts of the cancer care system in La Libertad, Peru.

FUNDERS

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REFERENCES

1. Hayes Constant T, Winkler JL, Bishop A, Taboada Palomino LG. Perilous uncertainty: situating women’s breast-health seeking in northern Peru. *Qualitative Health Research*. In press.
2. Department of Epidemiology and Cancer Statistics, Instituto Nacional de Enfermedades Neoplásicas (INEN); Lima, Peru, 2010.
3. Ferlay J, Soerjomataram I, Ervik M, et al. GLOBOCAN 2012 v1.0: *Estimated Cancer Incidence, Mortality, and Prevalence Worldwide: IARC CancerBase No. 11*. Lyon, France: International Agency for Research on Cancer; 2013. Available at: <http://globocan.iarc.fr>. Accessed July 8, 2014.



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STREET ADDRESS
2201 Westlake Avenue
Suite 200
Seattle, WA 98121 USA

MAILING ADDRESS
PO Box 900922
Seattle, WA 98109 USA