

BREAST HEALTH GLOBAL INITIATIVE

“The Breast Journal Award” Winners & Poster Abstracts

The purpose of the poster session at The Breast Health Global Initiative (BHGI) Global Summit is to promote discussion among participants and investigators and to encourage research and implementation science relative to “optimizing healthcare delivery” in low-resource and middle-resource countries (LMCs) and problem-solving in healthcare delivery in breast cancer in LMCs.

All accepted abstracts were considered for “The Breast Journal Award”. The recipients of this award will present their poster abstracts at the Summit.

“The Breast Journal Award” Winners

1st Place:

Sherif Omar, MD, FACS



Medical Doctorate Degree in Surgery (MD) Faculty of Medicine, Cairo University
F.A.C.S. (Fellow of the American College of Surgeons)
Prof. of Surgical Oncology, National Cancer Institute, Cairo University &
Parliament Member

Abstract Title: “Down staging of the Breast Cancer in a low resources setting, rural (Fakous Cancer Centre) and urban (Port Said) – Egypt”

2nd Place:

Leanid Putyrski, MD, PhD



Professor
N.N. Alexandrov National Cancer Centre of Belarus

Abstract Title: “A comprehensive nationwide breast cancer early detection program (breast self-examination and clinical breast examination with reliable referrals) to downstage advanced breast cancer in the Republic of Belarus”

3rd Place:

Klaus Puschel, MD, MPH



Associate Professor
Chair
Department of Family Medicine
School of Medicine
Pontificia Universidad Católica de Chile

Abstract Title: “Strategies for increasing mammography screening in primary care in Chile: Results of a randomized clinical trial.”

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Sherif Omar, MD, FACS

Professor of Surgical Oncology
National Cancer Institute (NCI)
Cairo University, Egypt



Dr. Sherif Omar, MD, FACS, is professor of surgical oncology at National Cancer Institute (NCI), Cairo University, Egypt. He was trained in: Gustave Roussy Cancer Institute, Paris 1970–1972; Sloan Kettering Cancer Center, New York 1972–1973 and Tokyo Cancer Center 1975. He was appointed professor in 1980. In 1999, he became Dean of the NCI till 2001. He received the National Prize in Surgery in 1980. He supervised 31 thesis for postgraduate doctorate degree of which his main interest was in breast cancer as it is the most common cancer affecting females in Egypt and North Africa. He produced 86 articles published in international and national medical journals. His continuous cooperation with the Breast Cancer Group of Gustave Roussy Cancer Center yielded the book “Breast Cancer” edited by him and Dr. G. Contesso, head of pathology department. The book appeared in four editions, the latest was in 2001 and the fifth appeared few weeks ago. This book is widely distributed in Middle East and different parts of the world.

Professor Sherif Omar independently founded a non profitable rural cancer center in a small city of the Nile Delta in Egypt “Fakous Cancer Center” that acts as primary and secondary health care centre. He had the opportunity to work as health strategic leader when elected Parliament Member for 10 years during which he was Head of the Parliament Health & Welfare Committee for 5 years. Nowadays he was re-elected once more as a Parliament Member for 5 years as Head of Education and Scientific Research Committee. In 1980, Dr Omar received First Class Decoration of Science and Art from the President of Egypt and the Golden Medal of World Health Organization in 1988. He has special interest in cancer control programs in regions of limited resources. He is the founder and director of the screening and early detection unit at NCI. In 2002, he was elected Member of the UICC council.

Professor Sherif Omar is one of the early activists against Tobacco worldwide which he practiced through his position in the UICC program for Smoking & Cancer and in WHO Advisory Panel for Smoking & Health.

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First Author Name	Sherif Omar, MD, FACS
Title & Institution	Professor of Surgical Oncology, National Cancer Institute, Cairo University
Project Country	Egypt
Project Title	Down staging of the Breast Cancer in a low resources setting, rural (Fakous Cancer Centre) and urban (Port Said) - Egypt

OBJECTIVES: The purpose of the study is to measure in which extends a program that incorporate both public awareness raising, public training and primary health care education achieve downstaging of breast cancer in a rural district in Egypt, i.e. the Fakous district in the Nile delta region and urban eg ,Port said.

METHODS: We start the downstaging program from 2004 by; 1-Educating primary heath staff in villages for early detection techniques (CBE ,BSE,,early symptoms of BC ,radiological investigation).2- Door to door visit to women aged 35-65 will be performed by pioneers, i.e. volunteers recruited selected for their self motivation high education level and non-employee received relocation allowance . Pioneers and their village-supervisor chosen to originate from the village they are easily infiltrate houses received training in FCC for early detection information. Pioneers visit 16166 women in two years, Pioneers provide information and pamphlet in order to raise breast awareness 3- Women meeting(camp) hold inside the villages and FCC for raise awareness about breast cancer. This study is not awareness only but include medical interventions as uspected case will proceed to mammogram, ultrasonography, fine needle biopsy .

RESULTS: descriptive results of (1425) mastectomies done at (FCC) 1992 -2008 has showed that the T1(8%) &T2 (34.7%) & T3(26.1%) and T4(20.8%),Stage I(6.6%), stage II(31.9%) stage,III(41.1)and stage IV(7.%) ,there is significant difference between the two periods as regards tumor size 4.2 and 3.6 at 1992- 2003 & 2004-2008 respectively .Questionnaire to BC patients in FCC was done to understand the sociological, psychological and economical barriers to diagnosis (*181 females*) showed that illiterate (68.5%),barriers to rapid diagnosis and treatment is negligence of the complaint & considering it not important (47.5%) ,also high cost, no time & fear from diagnosis (56.9%) , crowding index of ≥ 5 members/room (44.2%). Analysis of risk factors of BC in the visited women (16166) females, mean age 38.7, 5.2% had early menarche (<12 years),Null parity 4% , ,More than 54% of them are overweight and obese, 3.5% had positive family history of BC , 86.5% have delayed menopause (≥ 50 years). We divide the 21 villages into 9 regions. The frequency of the outpatient clinic (1200 case) we discovered 28 case diagnosed with BC by door to door visit in the period (2007-2008) , (1.6 per 1000 women)and positive BC among total women in this regions in the same period (2.4 per 10000 women), The tumor sizes was T1(11.1%) &T2 (55.5%) & T3(22.2%) and T4(11.1%). In urban area eg Port Said 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.

CONCLUSIONS: downstage program start 2004 show the following benefit, decrease the tumor size at presentation ,create atmosphere of understanding and awareness that increase compliance of people , build a relation between service provider and marginalized areas, show need of the presence of services prior awareness program . We report that the availability of cancer management facilities could lead to earlier presentation. Results suggest the need for phase II study to cover the whole area.

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Leanid Putyrski, MD, PhD

Professor, Medical Oncologist

N.N. Alexandrov National Cancer Centre of Belarus

Minsk, Belarus



Professor Leanid Putyrski is a medical oncologist at the N.N. Alexandrov National Cancer Centre of Belarus in Minsk, Belarus. His training as a M.D., PhD and a medical oncologist was completed in Belarus. However he was awarded several scholarships that allowed him to learn and practice medical oncology in France. From 1992 - till now - Head Department of the breast cancer in N.N. Alexandrov National Cancer Centre of Belarus, chief Breast Surgeon of Belarus, Corresponding member of the Academy of Medical Sciences, Academician of the Byelorussian engineering Academy.

His interest in improving the outcome of patients with breast cancer led to his recruitment as a core team member at the N.N. Alexandrov National Cancer Centre of Belarus in Minsk. He participated in the process of developing national guidelines for the management of cancer patients. Prof. Putyrski's background of training and working in various environments enabled him to better capture the differences that exist when practicing oncology in countries with high versus moderate/low level of resources. He is published more than 300 scientific works, has more than 32 patents.

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“The Breast Journal Award” Winners & Poster Abstracts

First Author Name	Leanid Putyrski, MD, PhD
Title & Institution	Professor, N.N. Alexandrov National Cancer Centre of Belarus
Project Country	Belarus
Project Title	A comprehensive nationwide breast cancer early detection program (breast self-examination and clinical breast examination with reliable referrals) to downstage advanced breast cancer in the Republic of Belarus

AUTHORS: Putyrski Leanid, Putyrski Yury. Category: early detection in Middle Income country

BACKGROUND: To reduce the number of patients with advanced breast cancer in the Republic of Belarus early detection program used the comprehensive method of screening nationwide: self-examination and clinical breast examination with reliable referral system and achieved significant disease downstage in 11 years. Clinical Breast Examination is included in Continuous Medical Education to all medical professionals (physicians, surgeons, gynecologists, oncologists and nurses). Breast Cancer awareness and self breast examination is ongoing educational courses for women’s organizations and communities in Belarus.

METHODS: epidemiological data on advanced breast cancers, one-year mortality rate, five-year survival rate and disability rate of patients with breast cancer was analyzed from year 1994 to year 2004 in the Republic of Belarus.

Economic expenses that are needed for arranging mammography screening in the Republic of Belarus were analyzed. The economic effect of lowering treatment cost from reduced numbers of patients with advanced disease was calculated. The results on questionnaires from 4415 women and 633 physicians specialized in different fields were analyzed.

RESULTS: The research evidence was presented to confirm effectiveness of clinical breast examination and self breast examination in nationwide early detection program to downstage breast cancer disease in Belarus. The complex early detection program allowed to decrease advanced breast cancer on 18.4 % in 11 years (from 39.2% in 1994 to 20.8% in 2004, $p < 0,001$). Five years survivorship increased on 3.6 % in 11 years (from 54. 0% in 1994 to 57.6% in 2004) Disability rate from advanced breast cancer disease decreased on 2.6 per 10,000 populations (from 3.3 in 1994 to 2.9 per 10,000 populations in 2004).

Questionnaires analysis revealed that 86.7% women have quality CBE annually and 76% women are reported practicing SBE annually. Economic analysis revealed that over 50 million dollars are needed to start opportunistic mammography screening in Belarus and move from the limited level of resources to the enhanced level with mammography screening. The project results were presented to policy makers to start national cancer control program and improve early detection further.

CONCLUSION: The nationwide quality improvement of breast cancer early detection services such as Clinical Breast Examination, Breast Self Examination along with reliable referral system can improve five years survivorship and assist in breast cancer disease downstaging during transitional period from limited level of resources to enhanced level. (BHGI resource stratified matrix guidelines).

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Klaus Püschel, MD, MPH

Associate Professor, Chair Department of Family and Community Medicine
School of Medicine
Pontificia Universidad Católica de Chile
Santiago, Chile



Dr. Püschel completed his medical training and Family Medicine residency program in the School of Medicine at the Pontificia Universidad Católica de Chile. He graduated from the Master’s in Public Health program at the University of Washington and also did a fellowship in cancer prevention at the Fred Hutchinson Cancer Research Center in Seattle, Washington, USA. Currently, he is the chair of the Department of Family and Community Medicine at the Catholic University in Santiago.

He has been working in the field of cancer prevention at the primary care level for more than ten years in collaboration with a group of scientists leaded by Dr. Beti Thompson at the Fred Hutchinson Cancer Research Center. The main focus of his research has been in the implementation and evaluation of evidence-based practices for cancer prevention in underserved communities in Chile. A national Chilean guideline on gall bladder cancer prevention has been implemented based on the work of Dr. Puschel and his colleagues in Seattle. He has also conducted a number of clinical trials on smoking cessation and gastric, cervical and breast cancer screening. He is currently working on the effective implementation of mammogram screening at the primary care level. Dr. Puschel’s work aims to contribute in improving the health condition of disadvantage populations in Chile by implementing the best available practices on cancer prevention.

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First Author Name	Klaus Puschel, MD, MPH
Title & Institution	Associate Professor. Department of Family Medicine. School of Medicine Pontificia Universidad Católica de Chile
Project Country	Chile
Project Title	STRATEGIES FOR INCREASING MAMMOGRAPHY SCREENING IN PRIMARY CARE IN CHILE: RESULTS OF A RANDOMIZED CLINICAL TRIAL.

AUTHORS: Puschel, K.^{1*} MD, MPH, Coronado, G.² PhD, Soto, G.¹, Gonzalez, K.¹, Martinez, J.¹ MD, Holte, S.² PhD, Thompson, B.² PhD

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BACKGROUND: Breast cancer is the major cause of cancer among women in Chile and in many other Latin American countries. Breast cancer screening is an effective strategy to reduce mortality but it has very low compliance among Chilean women.

METHODS: We compare the effects on mammography screening rates of standard care, of a low intensity intervention based on mail contact, and of a high intensity intervention based on mail plus telephone or personal contact. A random sample of 500 women 50 to 70 years registered at a community clinic in Santiago who had not had a mammogram in the past two years were randomly assigned to one of the three intervention groups. Six months after randomization, participants were re-evaluated for their compliance with mammography screening. The outcome was measured by self report and by electronic clinical records. A baseline and follow-up survey were conducted to participants to assess their health behaviors, beliefs and attitudes towards mammogram screening. An intention to treat model was used to analyze the results.

RESULTS: Response rates among the three groups ranged between 92% and 93%. Mammography screening rates increased significantly from 6% in the control group to 51.8% in the low intensity group, and 70.1% in the high intensity group. About 12% of participants from each group received the standard intervention, 100% of participants in the low and high intensity groups received the mail contact, and 50% in the high intensity group received a telephone or personal contact by a lay health educator. Women in the low and high intensity group significantly improved their level of information about access to mammography screening compared to women in the control group.

CONCLUSION: Mammography screening directed to women of underserved populations in Santiago can be significantly improved after receiving a standardized mail or personal contact intervention compared to an opportunistic clinical intervention alone. The strategies tested in this study could have equivalent results in similar primary care settings in Chile.