

Breast cancer in developing countries

Globally, breast cancer is the most common cause of cancer-related death in women, with some 327 000 deaths each year. There are 1.35 million new cases every year, and about 4.4 million women are believed to be living with breast cancer. An estimated 1.7 million women will be diagnosed with breast cancer in 2020—a 26% increase from current levels—mostly in the developing world. Breast cancer is already the leading cause of cancer in southeast Asian women, and is second only to gastric cancer in east Asian women, and to cervical cancer in women in south-central Asia. In India, almost 100 000 women are diagnosed with breast cancer every year, and a rise to 131 000 cases is predicted by 2020. To meet this important and growing health challenge, a team of researchers has established a Global Task Force and hosted an international conference, entitled *Breast Cancer in Developing Countries; Meeting the Unforeseen Challenge to Women, Health and Equity* at Harvard School of Public Health (Nov 3–5).

The aims of this new initiative are to emulate what has been accomplished for patients with HIV/AIDS, tuberculosis, poliomyelitis, trachoma, and malaria, for which support from developed countries, the pharmaceutical industry, the World Bank, the Clinton and Bill & Melinda Gates Foundations, and others has expanded access to early detection and treatment of these diseases, provided a sustainable supply of affordable drugs, and led to improved health and survival.

Currently, only 5% of global spending on cancer is aimed at developing countries. New cases of cancer diagnosed in 2009 alone will cost an alarming US\$286 billion, factoring in the costs of treatment, patients' income lost to illness, and investment in research. Breast cancer accounts for nearly \$28 billion, \$16 billion of which is in the USA. For breast cancer about \$26 billion would be needed in the developing world to bring spending in countries with low breast-cancer survival up to that of high-survival countries. Major obstacles include the lack of adequate health-care infrastructure, getting women to attend for screening, and overcoming the social stigma associated with breast cancer. There is also a crippling lack of appropriate resources and expertise that are needed for diagnosis and treatment of breast cancer in developing countries, such as diagnostic mammography, the ability to carry

out surgery safely and effectively, and chemotherapy drugs and radiation therapy.

Another organisation, the US-based Breast Health Global Initiative (BHGI), co-sponsored by the Fred Hutchinson Cancer Research Centre in Seattle, WA, and the Susan G Komen for the Cure foundation in Dallas, TX, strives to develop evidence-based, economically feasible, and culturally appropriate guidelines that can be used in countries with limited health-care resources to improve breast cancer outcomes. BHGI guidelines are expected to assist ministers of health, policy makers, administrators, and institutions in prioritising resource allocation as treatment programmes for breast cancer are developed and implemented in resource-constrained countries. The 2010 BHGI Global Summit (Jun 9–11) will take place in Chicago, USA and will provide a forum to address the quality of care delivery in countries with limited resources. The new Harvard initiative and the well-established BHGI share similar goals and, in addition to avoiding duplication of effort by the two organisations, there are likely to be opportunities to work together on projects addressing the research and implementation of improved breast cancer health care in developing countries.

The overall burden of breast cancer cases is shifting substantially to vulnerable populations in ill-prepared developing countries. When the standard developed by WHO's Commission on Macroeconomics and Health is applied, most current strategies for breast cancer treatment in developed countries are not cost effective in developing countries. This Commission aimed to extend the coverage of health services and crucial interventions to the world's poor to save lives, reduce poverty, spur economic development, and promote global security.

It is necessary to determine whether the basic frameworks and treatments used in developed countries apply in these very different environments, and what changes are needed to make them both valid and feasible. It is precisely because resources are constrained in developing countries that it is imperative to adopt effective practices as quickly as possible, and to design effective implementation approaches with limited resources in mind. Most importantly, key indicators of breast cancer treatment and survival in developing countries will need to be monitored carefully over time. ■ *The Lancet*



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For the Harvard initiative's conference agenda and information see <http://www.hsph.harvard.edu/breastandhealth/>

See *Lancet Oncol* 2009; 10: 1077–85

For the Breast Health Global Initiative's guidelines on breast health care in low-income and middle-income countries see <http://www3.interscience.wiley.com/cgi-bin/fulltext/121417905/PDFSTART>

For more on WHO's Commission on Macroeconomics and Health see <http://whqlibdoc.who.int/publications/2001/924154550x.pdf>