Clinical Pathways for Early Diagnosis

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Global Cancer Statistics 2018: GLOBCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries

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Breast lump

Health provider

I level hospital

Mammogram

Results

II level hospital

Biopsy

Ill level hospital

Referal to a specialized Hospital

Treatment
• La Libertad: women at risk (50-69 yo.): 96,008
• Mammograms machines: 4
• Operative Mammograms machines: 2
Level 1 Components of early detection model in Trujillo - Peru

- Health life promotion
- Breast Cancer risk
- Clinical Breast Exam
- Former health workers
- Evaluation
- Follow up
Triage with Ultrasound for Patients with Positive CBE

Focal finding (CBE+) at Level I clinic: Refer to Level II hospital for evaluation

Level II clinical evaluation:

No focal finding (CBE-): Follow up

Recommend follow-up at Level II Hospital at 3 months

No focal finding (CBE-) Focal finding (CBE+)

Annual CBE (regular screening)
At her local Level I health facility

Focal finding (CBE+): Screen for cancer

Evaluate with Ultrasound

Susicious for cancer Complex cyst Fluid and solid components Simple cyst Fluid component only Benign mass

FNA with Referral:
Refer pt directly to Level III hospital
FNA
Refer pt directly to Level III hospital
No FNA
Cyst drainage
To finalize care for pt. Do not send drainage for cytological evaluation
FNA
Send sample to Level III hospital for cytological evaluation
• Training Manual

Documentar la ubicación de lesiones es fundamental para la comunicación con proveedores

Ejemplos:
- Mama derecha 3:00 7 cm fn
- Mama izquierda 9:00 6 cm fn
- Sub-areolar Mama derecha
- Axila izquierda

A. Hallazgos
- Masa
  - Redondo/oval
  - Irregular
- Hallazgo normal
- Caso especial
  - Quiste
  - Necrosis graso
  - Infección
- Ganglio linfático
- Galactocele

B. Ubicación
- Derecha
- Izquierda
- Axila
- Tamaño: _____ cm

C. BIRADS Y RECOMENDACIONES
- 0: Requiere imágenes adicionales
- 1: Negativo - Seguimiento clínico
- 2: Benigno - Seguimiento clínico
- 3: Probablemente benigno - Seguimiento corto plazo
- 4: Sospechoso - BAF
- 5: Altamente sospechoso-BAF
- **Decision Making Tool for Ultrasound**

<table>
<thead>
<tr>
<th>ASSESSMENT</th>
<th>Clinical breast exam finding:</th>
<th>Breast ultrasound finding:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>□ Normal (no mass)</td>
<td>□ Normal tissue</td>
</tr>
<tr>
<td></td>
<td>□ Suspicious for cancer</td>
<td>□ Mass</td>
</tr>
<tr>
<td></td>
<td>□ Apparently benign</td>
<td>□ Cyst</td>
</tr>
<tr>
<td></td>
<td>□ Highly suspicious for cancer</td>
<td>□ Infection</td>
</tr>
<tr>
<td>Interpretation:</td>
<td>□ No focal findings on CBE</td>
<td>□ Lymph node</td>
</tr>
<tr>
<td></td>
<td>□ Focal findings on CBE</td>
<td>□ Fat necrosis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Galactocoe</td>
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<table>
<thead>
<tr>
<th>PLAN</th>
<th>Clinical plan prior to any ultrasound:</th>
<th>Clinical plan after ultrasound:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>□ Follow-up at 3 months</td>
<td>□ FNA drainage</td>
</tr>
<tr>
<td></td>
<td>□ Local ultrasound recommended</td>
<td>• Bloody drainage: □ YES □ NO</td>
</tr>
<tr>
<td></td>
<td>□ Refer directly to cancer hospital, with counter-referral sought at 1 month</td>
<td>□ FNA sampling of mass</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Refer directly to cancer hospital</td>
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• Results

• Midwives trained on Breast Health: 224

• Medicine Doctors: 15

• FNA Medicine Doctors: 2

• Medicine Doctors working on Breast Health: 7
• Impact

• Women at risk: 96,008
• Screening program: 16,290 (16%)
• US intervention: 284
• FNA: 36
• Breast Cancer: 13
• BC referred: 13
• Diffusion
• Replica
• Waterfall effect
• Thanks to:

• Regional Cancer Institute (IREN – Norte)
• Breast Health Global Initiative (BHGI)