

The Breast Health Global Initiative *Bulletin*

Komen Foundation Supports Global Guidelines

Breast Health Global Initiative receives funds from Susan G. Komen Foundation for breast-cancer needs in developing nations



From left to right: Dr. Lee Hartwell, President and Director, Hutchinson Center, Dr. Ben Anderson, BHGI Chair and Director, Andy Halpern, General Counsel and Vice President, Komen Foundation, and BHGI Program Manager Leslie Sullivan. Photo provided by the Fred Hutchinson Cancer Research Center.

By Christi Ball Loso

The Susan G. Komen Breast Cancer Foundation has awarded \$500,000 to support the Breast Health Global Initiative (BHGI), which is dedicated to medically underserved women around the world. The funds will enable BHGI to further its international initiatives in breast-cancer early detection, treatment and public-health-care policy.

Founded and led by the Fred Hutchinson Cancer Research Center and the Komen Foundation, the BHGI global public-health alliance is comprised of world and regional health organizations, governmental agencies

and health ministries, non-governmental organizations, nonprofit and for-profit organizations, physicians, scientists, health-care providers and advocates.

"Historically there has been little attention paid—and few funds available—toward the cause of women with chronic disease living in countries with limited health-care resources," said Dr. Benjamin Anderson, chairman and director of BHGI. "We are tremendously grateful to the Komen Foundation for its vision in providing

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The Susan
G. Komen
Breast Cancer
Foundation

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Eastern European Location Selected for 2007 “Global Summit On International Breast Health”

Summit to be held in Budapest, Hungary

When the biennial Global Summit on International Breast Health Care (Global Summit) convenes in Budapest, Hungary, next year, it will mark the first time the event has taken place outside the U.S.

“Hungary is an exquisite and historic international destination, and an example of a quickly evolving country committed to providing its citizens with the best health care possible with the limited resources available,” said Benjamin O. Anderson, MD, chair and director of the Breast Health Global Initiative (BHGI), sponsor of the summit.

An international advocacy meeting organized by the Susan G. Komen Breast Cancer Foundation will precede the Global Summit on Monday, September 24, 2007. The summit will follow September 25-28. The Sofitel Atrium Budapest will be the conference hotel.

The 2007 Global Summit will showcase examples of successful breast care projects and develop how-to guidance for implementing breast health guidelines in underdeveloped nations. The BHGI will use the data to refine its 2005 “Guidelines on International Breast Health and Cancer Control” within the comprehensive areas of: early detection, diagnosis, treatment and health care systems. The BHGI will publish outcomes of the Global Summit in a peer-reviewed medical journal.

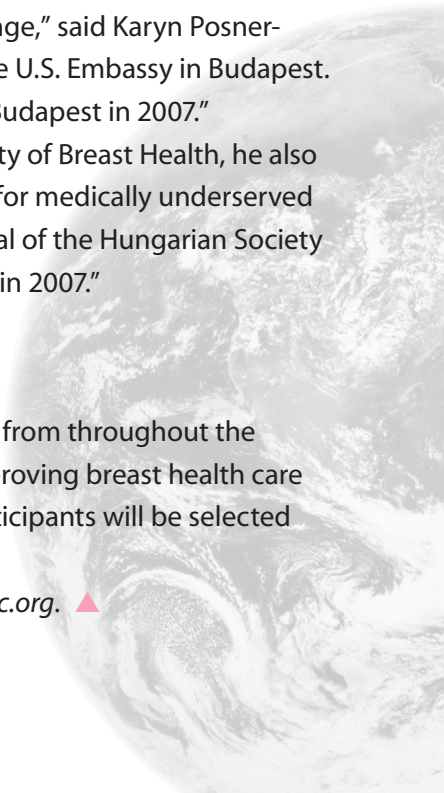
“The Breast Health Global Initiative is a strategic global alliance and partnership for change,” said Karyn Posner-Mullen, director of the Regional Environment, Science, Technology and Health Office at the U.S. Embassy in Budapest. “The embassy is very pleased that this key international public health alliance will meet in Budapest in 2007.”

Also pleased is Laszlo Vass, MD, PhD, FIAC. Not only is Vass president of the World Society of Breast Health, he also is a leading member of the Hungarian medical community. “Improving breast health care for medically underserved women is an important health politics issue in the world today,” said Vass, secretary general of the Hungarian Society of Senology. “It is a great honor and pleasure to welcome the Global Summit to Budapest in 2007.”

Participants from around the world

Specialists in the areas of early detection, diagnosis, treatment and health care systems from throughout the developed and developing world with experience upgrading health care systems and improving breast health care programs in limited resource regions will be considered to participate. Global Summit participants will be selected through a review process conducted by the BHGI Scientific Advisory Committee.

Interested specialists should e-mail a brief letter of introduction and CV to lsullivan@fhcrc.org. ▲



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About the Breast Health Global Initiative

The Breast Health Global Initiative (BHGI) strives to develop evidence-based, economically feasible, and culturally appropriate guidelines for underdeveloped nations to improve breast health outcomes. The BHGI was founded by the Fred Hutchinson Cancer Research Center (FHCRC) and Susan G. Komen Breast Cancer Foundation. The Hutchinson Center is world renowned in cancer research and a global leader in the field with the mission of the elimination of cancer as a cause of human suffering and death. The Komen Foundation is a global leader in the fight against breast cancer through its support of innovative research, community-based outreach programs, and advocacy.

For more information go to www.fhcrc.org/science/phs/bhgi/ or email lsulliva@fhcrc.org.

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essential funding that will support international pilot research and demonstration projects."

BHGI, which strives to define breast-health guidelines that are evidence-based, culturally appropriate and economically stratified, recently published "Guidelines for International Breast Health and Cancer Control." The guidelines, which appear as a 122-page supplement in the January-February 2006 issue of *The Breast Journal*, set the stage to reduce the burdens of breast cancer in developing nations. The material is available free of charge at www.fhcrc.org/science/phs/bhgi/news/2006/updatedguidelines.html.

The guidelines expand and refine those first published in 2003 to help developing nations find ways to make economically feasible and culturally appropriate care available to medically underserved women. The new publication proposes an economically stratified approach to providing breast care based on available health-care resources, and a checklist format.

Recommendations are outlined for breast health and cancer control in limited- resource countries in four areas: early detection and access to care, diagnosis and pathology, treatment and allocation of resources, and health-care systems and public policy. Based on each country's resources, the guidelines recommend a level of service or care and evaluation goals. Four panels of BHGI experts developed the guideline recommendations using an evidence-based consensus approach.

According to Anderson, breast-cancer incidence rates have been increasing by up to 5 percent a year in some medium- and low-resource regions. Women in those regions tend to be diagnosed with breast cancer that is already locally advanced or metastatic. The Komen grant will enable the BHGI to conduct pilot-research projects, which typically involve new research directions.

Projects may involve testing diagnostic technologies and assessment of breast-cancer systems and situations in medium- and low-level resource countries to provide essential information and recommendations to shape national strategies for early detection and cancer treatment. These projects will result in much-needed data to set strategies for those countries to improve health-care services.

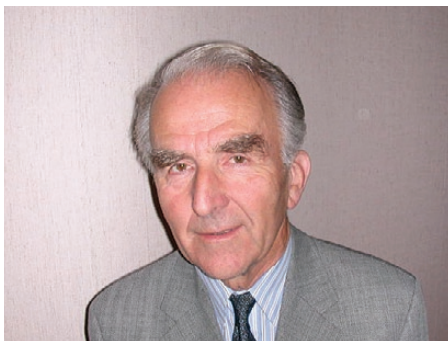
"The scarcity of breast-cancer research and data in countries of limited health-care resources is a significant obstacle to improving care," said Andrew Halpern, vice president and general counsel of the Susan G. Komen Breast Cancer Foundation. "The work of BHGI will generate much-needed data to address critical disparities in international breast-cancer control." ▲

Norway and Ghana Pathology Partnership

Dr. Helge Stalsberg took lead to help Kumasi Hospital

By Helge Stalsberg MD, Emeritus professor of pathology, University of Tromsø, Norway. Dr. Stalsberg was on the 2005 Pathology and Diagnosis Panel at last years BHGI Global Summit on International Breast Health.

He was sitting next to me at the conference dinner, Dr. Bafour Awuah from Komfo Anokye Teaching Hospital (KATH) in Kumasi, Ghana. We were both attending the January 2005 Global Summit of the Breast Health Global Initiative, where I had given a presentation on the practice of breast pathology based on the activity at the University Hospital of North Norway (UNN) in Tromsø. The Pathology Department at Dr. Awuah's hospital had been unable to do surgical pathology for the last year because of a breakdown of its only microtome as well as a shortage of competent personnel. As head of the Oncology Department, Dr. Awuah was deeply troubled by having to work without the support of a timely diagnostic pathology service.



Dr. Helge Stalsberg

Dr. Awuah asked if our department could possibly help with his hospital's pathology problem. Could they send specimens to us? Could

they send technicians for training? And doctors? His questions and the pathology situation in Ghana were presented to the UNN hospital administration and the pathology department staff, who all expressed a positive attitude. After a few months of e-mail correspondence trying to clarify the needs and possibilities of both sides, Dr. Awuah expressed a wish that I visit his hospital for a couple of days, an invitation I gladly accepted—with my hospital paying for my travel.

We developed a plan that would include sending two biotechnicians from Ghana to Tromsø for a few months of training and two doctors for longer training in the specialty of pathology. When the technicians returned to Kumasi, gross examinations and cutting and slide production would be done at KATH and the slides would be sent to Tromsø for diagnosis. This would continue until the Ghanaian doctors had obtained the necessary competence to take over the reporting in Kumasi, after which UNN would be available for consultative support and special studies when necessary.

My short visit to Kumasi provided me with a good impression of the situation and fruitful discussions with the administrative and medical leadership of the hospital as well as



Pathology lab in Ghana

an opportunity to meet the small staff of the Pathology Department. The KATH Pathology Department had previously been doing surgical pathology for many years, reaching its peak in 2001 when about 2,600 cases were reported. Since then, activity had gradually declined, coming to a full stop early in 2004, apparently from a combination of breakdown of equipment, lack of qualified personnel and low priority in hospital budgeting.

During a follow-up visit several months later, I could see that the Pathology Department had changed substantially following the return from Tromsø of the two KATH biotechnicians. The two small histopathology labs were crowded with new equipment, new specimens were coming in, and doctors, technicians and students were actively engaged in gross examination, tissue processing, embedding, sectioning and staining.

As these lines are written, two Ghanaian residents from KATH have just started on a four-year program in Tromsø. Their stay in Tromsø is funded in part by the Ghanaian Ministry of Health through KATH and in part by UNN by keeping one of our resident positions vacant. Our hope is that our efforts will contribute to a sustainable development of pathology in Kumasi, building a nucleus of competence from which new pathologists and biotechnicians can be trained, and gradually making the region self-supporting in the provision of surgical pathology services and in the training of pathologists.

If it can be funded, the establishment of a telepathology link between the two hospitals is a promising possibility, particularly for cases in which a fast diagnosis is needed, and for consultation when the newly educated pathologists have returned to KATH and have taken over the responsibility for the diagnostic work. It would also make it possible to establish a frozen section service, which is highly wanted by the surgeons, before the doctors are back at KATH. ▲

The Ghana Perspective: Pathology Support System from Norwegian Contact

By Baffour Awuah, BSc, MBChB, FCRadONC(SA), Specialist Radiation Oncologist and Head, Oncology Directorate, Komfo Anokye Teaching Hospital, Kumasi, Ministry of Health Ghana, Komfo Anokye Teaching Hospital, Kumasi, Ghana. Dr. Awuah was a recipient of an NCI Office of International Affairs Traveling Scholar Award to attend the 2005 Global Summit on International Breast Health held in Bethesda.

In January 2004, we began offering radiotherapy services at Komfo Anokye Teaching Hospital (KATH). However, we had to rely solely on private pathological services because the hospital's under-equipped and understaffed Pathology Department was so backlogged that it had stopped accepting samples from patients.

Working with private laboratories created many problems, though. It took anywhere from six weeks to one year to receive pathology reports and it was difficult to get clarification when questions arose on any of the reports.

A year later, I was still puzzled with the how and where of soliciting assistance for our pathology department when I attended the BHGI 2005 Global Summit. There, I listened to a presentation on basic pathology services by Helge Stalsberg, MD, emeritus professor of pathology at the University of Tromsø in Norway. Then I had the opportunity to sit with Professor Stalsberg at dinner, where I painted a vivid picture of the pathological situation at KATH. Though Professor Stalsberg did not promise salvation immediately, he committed to doing his best to assist in solving the situation.

Suffice it to say that the training, equipment and support that followed has changed and enhanced the pathological services at KATH. I am profoundly grateful to Professor Stalsberg for his efforts and to all the agencies that provided funding to make this story a success. Potential abounds for further collaborations such as introducing cytology, immunohistochemistry and a telepathology link.

We look forward to more successful relationships as we invite more collaborations from other partners to improve the health status of people living in the northern sector of Ghana and beyond. ▲



Ukrainian Doctor Counts on BHGI in Climb to Better Care

Roman Shyyan, MD, MSc was the 2005 BHGI Global Summit Panel Co-Chair for Pathology and Diagnosis. He is a Surgeon-Oncologist at Lviv Cancer Center, and Official translator for the Medical Section of the Ukrainian edition of the *Scientific American (Svit Nauky)*, and the Scientific Editor & Medical Writer, Oncology Section *Medicine of the World Journal*, in Lviv, Ukraine.

The climb toward better breast health in Ukraine is long and steep and can't be completed alone. But Ukraine is not alone. The Breast Health Global Initiative (BHGI) and the just published "Guidelines for International Breast Health and Cancer Control" is helping Ukrainian physicians such as Roman Shyyan, MD, as they strive to improve the quality breast health care for women and introduce more modern education, diagnosis and treatment.

Shyyan is a surgeon-oncologist at the Lviv Regional Cancer Center in Ukraine. His involvement in the BHGI reflects his belief that international collaboration can improve breast health outcomes in developing countries. By tailoring a set of Guidelines for International Breast Health Care and Cancer Control to fit available resources, the BHGI provides such countries with a realistic path to follow.

"Most available western recommendations are often not applicable to countries like Ukraine because the existing medical infrastructure is not suited to them or the resources are too scarce for the recommendations to be implemented," said Shyyan, "Developing clear and concise recommendations that are tied to resource levels and based on best available evidence is very important."

Shyyan was introduced to the BHGI in 2002, when he spent six months as a visiting clinician in the department of surgery at the Mayo Clinic in Rochester, N.Y. He later represented the Ukraine at the 2003 and 2005 Global

Summit on International Breast Health. In 2005, he co-chaired a panel on diagnosis and pathology.

At first glance, breast cancer statistics from Ukraine paint a favorable picture as the official incidence rate is actually lower than in western counties. However, the statistics may be misleading.

"The difference may be attributable to the difficulty in getting accurate statistics and to underreporting of cases," said Shyyan.

What's most troubling about breast health in Ukraine is the number of barriers to early detection, including the absence of an organized breast cancer screening program. "The strongly negative social-cultural perception of the disease, made worse by the geographical isolation of many rural areas, results in delayed diagnosis and advanced stage presentation," said Shyyan. As a result, the approximate five-year survival rate for breast cancer patients in the Ukraine is only

49.9 percent.

Still, Shyyan remains optimistic, especially after the Ukraine's president vowed to make oncology a high-priority and the country began strengthening ties with international medical organizations. As those and other efforts unfold, the BHGI "Guidelines for International Breast Health and Cancer Control," will provide valuable direction, said Shyyan, helping Ukraine focus its resources where they will be most effective and assisting health care officials as they make their case for financial assistance from donor organizations. ▲



Events and Global Meetings

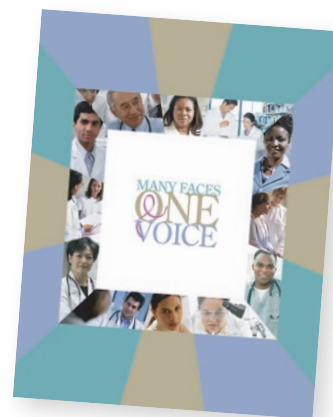
2006 Komen Foundation Mission Conference: Many Faces, One Voice June 11-13, 2006 • Washington, DC

The Komen Foundation co-founded the BHGI global public health alliance for medically underserved women.

Many Faces, One Voice features the dynamic breast cancer research, education, screening and treatment projects proudly funded by the Komen Foundation's Award and Research Grant Program and the Komen Affiliate Network.

The conference focus is on the scientific and social strides being made in the fight against breast cancer. At the end of this conference, attendees should be able to identify ways to broaden the reach of breast cancer science and programs by addressing all groups in local and global communities and their breast health needs across the life span.

www.komen.org



The Pacific Health Summit Asia-Pacific Region to Build a Global Health Model June 20-22, 2006 • Seattle

At this year's summit Dr. Benjamin Anderson, Chair and Director of the Breast Health Global Initiative will present an update on the telepathology concept that he proposed at last year's summit.

In June, the *Pacific Health Summit*, an annual, invitation-only meeting, will bring together 300 of the best minds in science, policy, medicine, public health, and industry from around the Asia-Pacific region to build a global health model that will prevent, detect, and treat disease early enough to keep people healthy and dramatically reduce the human and financial cost of disease.

Following the tremendous success of the inaugural *Pacific Health Summit*, which was held in June 2005, the second Summit will be held on June 20-22, 2006 in Seattle. The overarching theme for Summit 2006 is "Connecting Science, Innovation, and Policy for a Healthier World."

The Summit is co-presented by The National Bureau of Asian Research (NBR) and Fred Hutchinson Cancer Research Center, with core funding provided by The Russell Family Foundation and Bill & Melinda Gates Foundation. Summit sponsors include GE Healthcare, Microsoft, Intel, Coca-Cola, Pfizer, Amgen, Fujitsu, National Cancer Institute, GSK, Roche, Affymetrix, Miraca, and Canary Foundation.

www.pacifichealthsummit.org



UICC World Cancer Congress 2006 Bridging the Gap: Transforming Knowledge into Action July 8-12, 2006 • Washington, DC

The UICC is a collaborating organization in the BHGI global public health alliance for medically underserved women.

The *UICC World Cancer Congress* brings together the world's leaders in the fight to control cancer. The focus is on transforming the latest knowledge into strategies that countries, communities, institutions and individuals can employ to reduce the cancer burden.

Five program tracks cover cancer research, detection and treatment; public health, prevention and education; supportive care for patients with cancer; building capacity in cancer organizations; and tobacco and cancer.

www.uicc.org



The BHGI Global Public Health Alliance

The Breast Health Global Initiative (BHGI) works to advance the global fight against breast cancer and to disseminate a message about breast health and breast cancer in the crowded public consciousness of the global health world. Through the dedication, commitment, and support of 19 national and international organizations; and individual physicians, scientists, economists, policy makers, advocates and others, the BHGI public health alliance and its “Guidelines for International Breast Health and Cancer Control” are the catalyst for public health research and efforts to improve breast health care.



We are grateful to the BHGI member alliance organizations and individuals throughout the world who share this vision.

Founding Organizations

Fred Hutchinson Cancer Research Center · Susan G. Komen Breast Cancer Foundation

Collaborating Organizations

- International Union Against Cancer (UICC)
- Pan American Health Organization (PAHO/WHO)
- National Cancer Institute (NCI), Office of International Affairs (OIA)
- International Network for Cancer Treatment and Research (INCTR)
- International Atomic Energy Agency (IAEA) of the United Nations (UN)
- Centers for Disease Control and Prevention (CDC)
- International Society for Nurses in Cancer Care (ISNCC)
- Breast Surgery International (BSI)
- American Society for Breast Disease (ASBD)
- International Society of Breast Pathology (ISBP)
- World Society for Breast Health (WSBH)
- Middle East Cancer Consortium (MECC)

World Health Organization (WHO) Affiliations

- Cancer Control Programme
- Health System Policies and Operations
- Alliance for Health Policy and Systems Research, an initiative of the Global Forum for Health Research in collaboration with the WHO

Corporate Partners



The Breast Health Global Initiative (BHGI)

Benjamin O. Anderson, MD, Chairman & Director · Leslie Sullivan, Program Manager

The **BHGI Bulletin** is produced twice a year. To download the Guidelines or for information on how your organization can participate in this global public health alliance, visit: www.fhcr.org/science/phs/bhgi/ or e-mail lsulliva@fhcr.org