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The Breast Health Global Initiative

5th Global Summit Edition

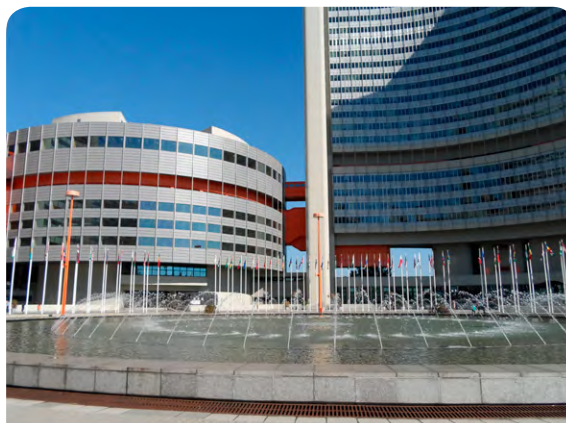
FRED HUTCHINSON
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SUPPORTIVE CARE, QUALITY OF LIFE FOR WOMEN IN UNDERSERVED COUNTRIES FOCUS OF 2012 INTERNATIONAL BREAST HEALTH SUMMIT

Global Summit of the Breast Health Global Initiative convened in Vienna in cooperation with the U.N. International Atomic Energy Agency

In developed countries, supportive care and quality-of-life issues for women with breast cancer are considered essential elements of a multidisciplinary approach to breast cancer management from the time of diagnosis. However, in low- and middle-resource countries (LMCs) and other medically underserved areas around the world, these considerations often are overlooked. It is to address these frequently-neglected areas of patient care that the **Breast Health Global Initiative (BHGI)** convened the “Global Summit on International Breast Health: Guidelines for International Breast Health and Cancer Control – Supportive Care and Quality of Life” (“Global Summit”), October 3-5, 2012, in Vienna, Austria, in cooperation with the International Atomic Energy Agency Programme of Action for Cancer Therapy of the United Nations. BHGI is a strategic alliance of international organizations and



UN Headquarters, Vienna International Centre, Vienna, Austria

individuals dedicated to medically underserved women, co-founded and co-sponsored by the **Fred Hutchinson Cancer Research Center** and **Susan G. Komen for the Cure®**.

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GLOBAL BREAST HEALTH SUMMIT MARKS BHGI'S 10TH ANNIVERSARY

International healthcare leaders honor Breast Health Global Initiative's Ben Anderson and Leslie Sullivan for their decade of “leadership, vision and dedication”

The Breast Health Global Initiative received honors during the Global Summit on International Breast Health held this fall at the United Nations International Centre in Vienna, Austria. Convened for the first time under the auspices of the United Nations and endorsed by the American Society of Clinical Oncology, and U.S. National Cancer Institute's Center for Global Health, the 5th biennial Global Summit on International Breast Health: Guidelines for International Breast Health and Cancer Control also marked the BHGI's 10th anniversary. **Dr. Benjamin Anderson**, Chair and Director and **Leslie Sullivan**, Managing Director, who established the BHGI in 2002, accepted honors in recognition



Pictured from left: Robert Carlson; Benjamin Anderson, chair and director, Breast Health Global Initiative, Leslie Sullivan, BHGI's managing director; Alexandru Eniu and Eduardo Cazap.

of “extraordinary leadership, vision and dedication” during an anniversary celebration.

Dr. Eduardo Cazap, immediate past-president of the Union for International Cancer Control, on behalf of the BHGI alliance of organizations presented the recognition. *“Global cancer control is a world priority and, in this context, adequate and feasible breast cancer strategies are mandatory,”* said Dr. Cazap. *“Ben Anderson and Leslie Sullivan established the BHGI program, innovating a model for the development of breast cancer guidelines that can be applied and implemented anywhere in the world,”* he added.

BHGI’s tangible outcomes

During the course of its first decade, the BHGI produced model approaches for comprehensive, resource-stratified, evidence-based consensus guidelines to provide a framework for detection, diagnosis and treatment in low- and middle-resource countries and other medically underserved areas around the world and to serve as a model for bringing together key constituencies to problem-solve. These guidelines have emerged as tangible outcomes of previous Global Summits on International Breast Health held in 2002, 2005, 2007 and 2010.

“Certainly, the need exists for cultural and health care systems in limited-resource environments to respond to breast cancer,” said Anderson, who also is director of the Breast Health Clinic at Seattle Cancer Care Alliance, and professor of surgery and global health medicine at the University of Washington.

“The BHGI resource-stratified framework is evidence-based but adaptable to existing resources and is sensitive to social and cultural issues that may influence patient participation and access. The guidelines address breast cancer management comprehensively across the continuum of care to optimize healthcare delivery. It was an honor to be recognized for this collaborative achievement at the summit, which commemorated our 10-year mark,” he added.

“From the beginning, I have been inspired by our mission and the international embrace of this collaborative endeavor to improve breast health outcomes through systems-based solutions,” Sullivan said. *“Ben was prescient in his vision of guidelines development for limited-resource environments. The opportunity to help realize that vision has been profoundly gratifying.”*

Each breast health summit brings together leading clinical and social science experts, researchers, policymakers, rehabilitation specialists, educators and representatives of international agencies, civil societies and the private sector. At the 2012 summit, the group addressed issues specific to survivorship and follow-up care, treatment-related supportive care and end of life/palliative care including pain management for women in low- and middle-income countries, applying a mix of quantitative and qualitative research to help determine what helps people live better with cancer and its treatments.

The BHGI is co-sponsored by the Fred Hutchinson Cancer Research Center and Susan G. Komen for the Cure®. ■

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The 2012 Global Summit attracted participation from **129** experts from around the world representing **41** countries, including leading clinical and social science experts, researchers, policymakers, rehabilitation specialists, educators and representatives of international agencies, civil societies and the private sector. The Summit was led by scientific program co-chairs, **Julie Gralow, MD**, Director of Breast Medical Oncology at the Seattle Cancer Care Alliance, Clinical Research Division, Associate Member of the Fred Hutchinson Cancer Research Center and Professor of the Medical Oncology Division at the University of Washington School of Medicine in Seattle, Washington; and **Rolando Camacho-Rodriguez, MD**, Acting Head of the Programme of Action for Cancer Therapy (PACT) of the International Atomic Energy Agency (IAEA) in Vienna, Austria. At the summit, presenters and panelists analyzed issues specific to **Survivorship and Follow-up Care**, **Treatment-related Quality of Life and Supportive Care** and **End-of-Life and Palliative Care** including pain management in breast cancer care delivery for women in low- and middle-income countries, applying a mix of quantitative and qualitative research to help determine what enables people to live better with cancer and its treatments.

Using the evidence-based, consensus guideline development approach developed by BHGI and in alignment with the Institute of Medicine's guideline development methodology, global breast cancer and palliative care experts met at the Vienna BHGI Global Summit to perform an organized consensus analysis addressing key issues regarding supportive care and quality of life (QOL) for breast cancer management and palliation throughout the life course. Three consensus statements to be published in Fall 2013 will provide a resource allocation framework for application in LMCs:

- Supportive Care during Treatment for Breast Cancer
- Survivorship and Follow-up Care after Curative Treatment for Breast Cancer, and
- Supportive Care and Palliative Treatment for Metastatic Breast Cancer



From left: Dr. Rolando Camacho-Rodriguez and Dr. Julie Gralow, Global Summit scientific program co-chairs, and Dr. Benjamin Anderson (at podium) BHGI Chair and Director, and Global Summit Guideline Chair and Guidelines Editor, at Global Summit session, UN Board Room, Vienna, Austria

These consensus statements will serve as the foundation for future implementation science research to identify optimal approaches for improving optimal supportive care, survivorship, and palliation in the setting of limited resources.

Held for the first time under the auspices of the United Nations and endorsed by the **American Society of Clinical Oncology** and **National Cancer Institute's Center for Global Health**, the 5th biennial Global Summit also marked the BHGI's 10th anniversary (see article on previous page). Led by **Benjamin O. Anderson, MD**, BHGI Chair and Director, a breast surgeon who holds academic and clinical appointments at the Fred Hutchinson Cancer Research Center, Seattle Cancer Care Alliance and University of Washington in Seattle, the BHGI is globally recognized for leading the international breast cancer clinical improvement and "best practices" movement. BHGI over the past decade has produced model approaches for comprehensive resource-stratified, evidence-based consensus guidelines to effectively detect, diagnose and treat breast cancer in low- and middle-resource countries. These guidelines were the outcomes of previous Global Summits on International Breast Health held in 2002, 2005, 2007 and 2010 through the international collaboration of the BHGI alliance. BHGI's 2008 guidelines, [Implementation for Breast Healthcare in LMCs: Breast Healthcare Program Resources](#), recommended that survivorship programs be included in breast cancer programs. The 2013 publications will meet this goal. Anderson, the 2012 Global Summit Guideline Chair, is also the Guidelines Editor.

A worldwide scientific collaboration

Scientific presentations at the Global Summit were followed by three daily Consensus Working Groups focused on key issues in effectively organizing existing healthcare resources to improve palliative outcomes and integrate new supportive care and quality of life services within existing medical infrastructures. The BHGI Global Summits continue to recognize breast cancer survivors and advocates as an integral part of the guideline development process, beginning each day with a presentation by a breast cancer survivor/advocate.

Survivor/advocates, many of whom are also breast cancer clinical professionals (breast surgeons, oncologists, nurses and policymakers) are included in each panel to acknowledge the important role of survivors in the global effort to improve breast health for all women.



Global Summit Advocate presenters, from left: Gertrude Nakigudde, Uganda Women's Cancer Support Organisation, Uganda; Abish G. Romero-Juárez, Cáncer de Mama: Tómatelo a Pecho, Mexico; Nagima Plokhikh, MD, Healthy Asia, Kazakhstan

Day One | Survivorship Care after Curative Treatment for Breast Cancer Patients in LMCs

The first day of the BHGI Global Summit highlighted Survivorship Care after Curative Treatment for Breast Cancer Patients in LMCs with a panel co-chaired by **Dr. Cheng-Har Yip**, recently retired Consultant Breast Surgeon, Breast Centre, Sime Darby Medical Centre, Petaling Jaya, Malaysia, President of the College of Surgeons, Academy of Medicine in Kuala Lumpur, Malaysia, and Summit Conference co-chair **Dr. Julie Gralow** (USA).

Presentations covered key topics for the BHGI 2013 Survivorship and Supportive Care Consensus Statements: lifestyle modifications, long-term treatment sequelae, long-term psychosocial symptoms and delivery methods and care models for survivorship. **Dr. Eliezer Robinson**



From left: Dr. Julie Gralow (USA) and Dr. Cheng-Har Yip (Malaysia), co-chairs of the Survivorship Care after Curative Treatment panel

(Israel) set the tone for the panel with a presentation on delivery of survivorship care focused on the *who* and *what* of cancer survivorship supportive care: *who* should take care of cancer survivors and *what* are the standards of survivorship care. The need for survivorship guidelines was supported by a 2012 World Cancer Congress report that found no uniform standards for survivorship care. The report called for the medical community to recognize the needs of survivors and develop models of comprehensive and coordinated care to meet those needs.

As early detection and advanced treatments improve overall survival for cancer, the number of cancer survivors is increasing. Robinson reported, for example, that 1.5 percent of the total population in the United States were cancer survivors in 1971, increasing to 3.5 percent in 2001. The increase in the survival rate, along with the realization that cancer and its aftermath continue for years, have given rise to a new medical specialty: survivorship. Robinson concluded with the encouraging observation that survivorship programs around the world now are focusing on life after cancer in many major hospitals. However, in this emerging field, guidelines for survivorship have not yet been established.

The afternoon panel discussion continued in addressing the *who* and *what* of survivorship. Panelists identified the need to increase awareness of survivorship in the community and health care system around the world, especially in LMCs. The panel also concluded that breast cancer survivors should be included in programs and policy decisions.

It was emphasized in the panel discussion that awareness of breast cancer survivorship must also include awareness of long-term complications of treatment.

"I have been involved in the Breast Health Global Initiative since 2005, and as a breast surgeon in a developing country, because of priority of getting women access to optimal care, quality of life and survivorship issues tend to be ignored," said Dr. Yip. *"Hence the Global Summit in Vienna on quality of life and supportive care is timely and essential for women with breast cancer in low-resource settings,"* she concluded.

Day Two | Treatment-related Quality of Life and Supportive Care

Treatment-related Quality of Life and Supportive Care were the focus of the second day's panel, co-chaired by **Dr. Fatima Cardoso**, European School of Oncology, Breast Cancer Program Coordinator, Director, Breast Cancer Unit at the Champalimaud Cancer Center in Lisbon, Portugal, and **Dr. Nuran Bese**, Professor in Radiation Oncology, Breast Health Unit at the Acibadem Maslak Hospital, Maslak, Istanbul-Turkey, Istanbul University Cerrahpasa Medical School, Department of Radiation Oncology, Cerrahpasa, Istanbul-Turkey. **Ranjit Kaur**, Breast Cancer Welfare Association Malaysia (Malaysia), breast cancer survivor, advocate and community leader, began the day by providing a perspective on acute treatment-related complications of breast cancer care, including the burden of disease within the family. She described how treatment sessions and side effects often require significant changes at work and home, encompassing basic everyday activities such as alterations needed in diet and exercise, as

well as changes that occur in intimate relationships with partners and the breast cancer survivor's self-image.

Ann Steyn, Reach to Recovery International from South Africa, continued the discussion on psychosocial aspects of breast cancer treatment. These include emotional aspects such as depression, anxiety and loss of self-esteem and complications related to early menopause such as loss of fertility, low libido, changes in body image and loss of sexual intimacy. Long-term physical aspects include insomnia, fatigue and lymphedema. Cultural aspects that can complicate survivorship can include patriarchal societies, low literacy and unscientific beliefs within a community regarding breast cancer. Financial aspects such as health insurance, cost of treatment, burden on the family and discrimination in the workplace also can impact the quality of life of breast cancer survivors. Steyn emphasizes the need both to identify psychosocial issues and address them as part of breast cancer survivorship programs. Efforts should include patient education using volunteers and community health workers, collaborating with public health programs and ensuring that patient educational materials are culturally sensitive and literacy appropriate. Survivorship programs should include training community health

volunteers and workers and coordinating communication between patient and medical professionals.



Ann Steyn, Reach to Recovery International, South Africa

"Breast cancer programs can no longer focus on just curing cancer, but need to treat the whole patient and not just the disease, recognizing that quality of life is important."

- Ann Steyn



Dr. Nuran Bese (Turkey) and Fatima Cardoso (Portugal), co-chairs of the Treatment-related Quality of Life and Supportive Care panel

Dr. Cardoso and Dr. Bese opened the afternoon session by surveying the expert participants to learn *what* breast cancer treatment and symptom management drugs are available in LMCs. While most participants confirmed they could acquire breast cancer treatment drugs in their country and that their national health policies support

The 2008 BHGI Guideline Implementation for Breast Healthcare in Low- and Middle-Income Countries: Treatment Resource Allocation consensus statement concluded that the choice of breast cancer treatment should include consideration of the resources available to manage the side effects of treatment.

advanced cancer treatment, including pain management for all patients, the practicality of obtaining drugs was the limiting factor for the majority of breast cancer patients. Barriers include lack of insurance or private resources to pay for drugs, geographical obstacles, the cost of advanced cancer treatment and logistical barriers patients face to access care at centralized specialty centers. For example, in Ghana, patients must pick up their own drugs from an offsite pharmacy, pay for them and then deliver them to the clinician to administer.

The panel discussion identified treatment complications by type of toxicity: musculoskeletal, gastrointestinal, skin and

“We are highlighting crucial basic level resources in breast cancer treatment, which include hydration and electrolyte replacement, antibiotics, antiemetics, antidiarrhetics and adequate pain management. The education of health professionals, patients and caregivers will be an essential next step for symptom control and supportive care.”

- Dr. Cardoso, panel co-chair

nail, nervous system and hematologic and the resource-stratified interventions needed to manage these complications. Acute psychosocial complications of treatments and resource-stratified interventions needed to identify and manage them also were discussed. A list of health system resources needed to manage these complications was identified, starting at a basic level of resources. Although specialists, specialty equipment or expensive medicines may not be available, other basic level resources were identified as effective in managing long-term complications of breast cancer in survivors. Management of pain and lymphedema were discussed in detail as key treatment-related complications for breast cancer patients.

Steven M. Grunberg, MD, Medical Oncologist at the Vermont Cancer Center in Vermont and President of the Multinational Association of Supportive Care in Cancer, and panelist on the Treatment-related Quality of Life and Supportive Care panel, noted that *“Excellent supportive care makes excellent cancer care possible. However numerous social, political, and economic factors can impact the availability of care. By bringing together representatives from health systems all over the world, the BHGI provides a perspective that will allow the design of effective and appropriate care to augment treatment of patients in such varying circumstances.”*

Day Three | End-of-Life and Palliative Care

The Day Three dialogue on End-of-Life and Palliative Care was well-framed by **Dr. M.R. Rajagopal**, Director of the Trivandrum Institute of Palliative Sciences and Director of the WHO Collaborating Centre for Training and Policy on Access to Pain Relief in India, in his presentation on the *what, when, where* and *how* of palliative care. The understanding of *what* is palliative care has changed over the past 20 years from the 1984 WHO definition that palliative care begins when a disease is no longer responsive to treatment, from a term often associated with dying,

palliative care has evolved to a current concept encompassing ways to enhance quality of life.



Dr. M.R. Rajagopal, Director of the Trivandrum Institute of Palliative Sciences and Director of the WHO Collaborating Centre for Training and Policy on Access to Pain Relief, India

This change in understanding of *what* is palliative care also changed the *when* of palliative care, with health professionals recognizing the importance of introducing palliative care early in the disease process. The *where* of palliative care depends on the best place for an individual patient based on the patient's disease stage. This setting can be the home, hospital, intensive care unit, or hospice. The *how* of palliative care will be the focus of the Palliative Care Consensus Statement developed in the forthcoming iteration of BHGI Guidelines. Dr. Rajagopal addressed the many *hows* of palliative care. *How* health professionals need to communicate respectfully with patients. *How* to prepare patients and family for future decisions on symptom and pain control instead of waiting until a patient is in distress to make these decisions. *How* effectively to translate best practices and studies from high-income countries to low- or middle income settings. *How* we need to take into account the poor who cannot pay for treatment. *How* we need to reflect the social nature of humans and recognize that a patient may prefer to remain



Dr. Sudhir Gupta, Additional Deputy Director General & Director, Central Health Education Bureau, Directorate General of Health Services, Ministry of Health & Family Welfare, New Delhi, India

at home rather than transfer to a health care environment. And *how* we empower family to participate in health care.

Dr. Sudhir Gupta, Additional Deputy Director General and Director, Central Health Education Bureau, Directorate General of Health Services, Ministry of Health and Family Welfare, New Delhi, India, presented on "Delivery Models for Palliative Care" at the Global Summit. "There is no perfect delivery model of palliative care," said Dr. Gupta. "Palliative care should be an integral part of comprehensive healthcare," he added.



Dr. Henry Ddungu (Uganda) and Dr. James Cleary (USA), co-chairs of the End-of-Life and Palliative Care panel

Dr. James Cleary (USA) and **Dr. Henry Ddungu** (Uganda) co-chaired the End-of-Life and Palliative Care afternoon session. Dr. Cleary is Associate Professor of Medicine at the University of Wisconsin School of Medicine and Public Health, Physician, Palliative Care Program, UW Health and Director of the Pain and Policy Studies Group, WHO Collaborating Center for Pain Policy and Palliative Care in Madison, Wisconsin. Dr. Ddungu is a Senior Fellow, Uganda Cancer Institute (UCI) and Hutchinson Center Cancer Alliance, Consultant (Hematology-Oncology) and

The 2011 Breast Cancer Management in Low Resource Countries (LRCs): Consensus Statement from the Breast Health Global Initiative identified palliative care as an “emerging field in LRCs that requires investment in training and infrastructure development.”

Ph.D. Candidate, from Kampala, Uganda. The co-chairs began by asking the BHGI Supportive Care panel to discuss how palliative care and end-of-life care is incorporated into the health care system in different countries. Taking advantage of the UN conference room tradition, Dr. Cleary called on representatives from different countries to briefly describe palliative care services in their respective countries. Answers varied from no structured palliative care services to palliative care programs endorsed by the national health care system, such as in Uganda. In India, home-based palliative care was reported to be common. The co-chairs asked the panel to discuss when palliative care begins and when end-of-life care begins and how we distinguish these two concepts in the health care system and the community.

The panel discussion turned to a review of palliative interventions for site-specific late-stage metastatic breast cancer and how to apply a resource-stratified scheme to the recommended interventions for breast cancer program development in LMCs. The final discussion focused on

end-of-life care including an analysis of care models that can be implemented in LMCs and appropriate management of common end-of life symptoms based on available resources. The importance of community involvement in end-of-life care was emphasized, with the acknowledged need to consider the emotional, spiritual and psychosocial aspects of end-of-life care, including the need for family bereavement support. The importance of culturally sensitive and clinically relevant communication between health care professionals and patients and families also was emphasized.

“The BHGI guidelines are timely and relevant, especially in Africa, where many of the patients present with advanced breast cancer and are in need of supportive care to improve their quality of life,” concluded Dr. Ddungu.

At the close of the three-day summit, Dr. Gralow, program co-chair, noted *“The BHGI has offered unique contributions to breast cancer treatment around the world through its development of resource-stratified guidelines that have become a blueprint for policymakers in LMCs. Cancer control is an attainable goal for these countries. The 2012 Summit will help make this goal a reality with new recommendations for acute treatment-related symptom control and supportive care, long-term survivorship care, and end-of-life/palliative care, including pain management.”*

Silvana Luciani, MHS, Advisor, Cancer Prevention and Control, Chronic Disease Prevention and Control, Pan American Health Organization (PAHO) added that, *“The resource stratified guidelines for supportive care and quality of life, emerging from the BHGI Summit, will round out the series of breast health guidelines, and provide much needed guidance on how to meet women’s needs throughout their cancer journey.”* ■



At the Summit Gala, from left: Drs. Mauricio Magalhaes Costa, Eduardo Cazap, Manuel Oscar Gomez Cuadra, Gonzalo Granados, Rolando Camacho-Rodriguez

PACT MODEL DEMONSTRATION SITES

Representatives attend BHGI Global Summit

Submitted by Dr. Rolando Camacho-Rodriguez and Susan Morgan

To support low and middle income countries (LMCs) in coordinating and attracting new resources for cancer control, the **International Atomic Energy Agency (IAEA) Programme of Action for Cancer Therapy (PACT)**, launched an initiative in 2006 designed to demonstrate the advantages of systematic, cross-sector collaboration for capacity building. This initiative, an activity under the World Health Organization and IAEA Joint Programme on Cancer Control, identifies LMC Member States as PACT Model Demonstration Sites (PMDS), which serve as focal points for promoting innovative, suitable and sustainable approaches to national cancer control. Currently, there are eight (8) countries designated as PMDS: **Albania, Ghana, Mongolia, Nicaragua, Sri Lanka, Tanzania, Vietnam** and **Yemen**.

The IAEA's mandate is to increase the contribution of atomic energy to peace, health and prosperity throughout the world. With its strong technical expertise, the IAEA has unrivalled experience in the delivery of radiotherapy, diagnostic imaging and nuclear medicine procedures to developing countries over the past 30 years.

Providing assistance in all relevant aspects, including planning, training, econometric analysis, implementation, radiation protection, safety and security, the IAEA supports the safe, effective and sustained implementation of radiotherapy and nuclear medicine services.

To support the development of human resources in the PMDS, **17** attendees from across the eight countries were co-sponsored by Breast Health Global Initiative (BHGI) and IAEA PACT to attend the "Global Summit on International

Breast Health: Guidelines for International Breast Health and Cancer Control – Supportive Care and Quality of Life" held in October at the IAEA headquarters in Vienna, Austria.



PMDS attendees included breast surgeons, radiation oncologists, palliative care physicians, public health policy makers and epidemiologists, noted national leaders in their respective cancer community, dedicated to improving services for breast cancer patients in their country.

The Global Summit provided an opportunity for the PMDS representatives to explain the challenges and opportunities in LMC countries for breast cancer patients, and contribute to the development of the resource appropriate BHGI guidelines on 'Supportive Care and Quality of Life,' that will be the published outcomes, in 2013, of the BHGI Global Summit in Vienna.

"Breast cancer is the top cancer in women in the developing world where unfortunately most women present with locally advanced or metastatic disease. Radiotherapy is a highly effective treatment tool for both local control and/or palliative care. The BHGI Summit provided practitioners and policy makers from 35 participating countries, including the eight (8) IAEA PACT Model Demonstration Sites, the opportunity to highlight and discuss local challenges and options in the management of breast cancer patients with the view to improving outcomes for women globally," said **Dr. Rolando Camacho-Rodriguez**, Acting Head of the PACT Programme, IAEA in Vienna, Austria.

For further details on the PACT Programme, please visit <http://cancer.iaea.org> ■

BHGI WINS FUNDS FROM SIEMENS 'TURN YOUR CITY PINK' CAMPAIGN

Breast Health Global Initiative received \$22,185 as beneficiary of global healthcare technology company's yearlong breast cancer awareness campaign

The Breast Health Global Initiative (BHGI) is the recipient of \$22,185 from the "Turn Your City Pink!" yearlong breast cancer awareness campaign by European global healthcare technology company, Siemens AG. In addition to BHGI, the campaign raised funds for Susan G. Komen for the Cure®, Germany, the International Breast Cancer Research Foundation and the American Cancer Society.

The campaign invited people from around the world to upload photos and videos of breast cancer action initiatives in their own communities to the Siemens website. The company then donated \$5 for each entry to one of the four beneficiaries as designated by the submitter. Each month, the company also awarded a pink iPad to the person submitting the most popular entry. People from all over the world could show support for the cause by uploading a pink picture to a virtual world map and thereby turning his or her city pink.

The campaign culminated this fall in London with an advocacy event and award ceremony honoring the BHGI and the other three other beneficiaries.



Photo courtesy of Siemens AG | From left: Dagmar Spangenberg, Susan G. Komen for the Cure®, Germany; Mitch Dowsett, International Breast Cancer Research Foundation, USA; Leslie Marie Sullivan, Breast Health Global Initiative, Fred Hutchinson Cancer Research Center; Michael Sigmund, Siemens, AG, Germany, host of the award ceremony; and Maria Parsons Perez, American Cancer Society, USA

"The 'Turn Your City Pink' campaign was a wonderful, creative way to connect advocates from around the world, fuel global breast cancer awareness and generate funds for lifesaving programs around the world," said Leslie Sullivan, BHGI Managing Director, who attended the ceremony. "It was a high honor for the BHGI to be selected by Siemens AG as a beneficiary of their campaign."

During its 10-year history, the Seattle-based BHGI has produced comprehensive, resource-stratified, evidence-based consensus guidelines that provide a framework for detection, diagnosis, treatment in low- and middle-resource countries and other medically underserved areas around the world and serve as a model for bringing key constituencies together to problem solve. ■



RECOGNIZING A PARTNERSHIP

Leslie Sullivan to leave the BHGI

by Benjamin O. Anderson, BHGI Chair and Director

In 2002, I began what would become the Breast Health Global Initiative (BHGI) quite simply, as a modified continuing medical education course to develop evidence-based, economically feasible and culturally appropriate consensus Guidelines for International Breast Health and Cancer Control (Guidelines) for best practices with limited resources. To begin the undertaking, I engaged Leslie Sullivan, then at the University of Washington Medical Center, with the mandate to organize the first Global Summit Consensus Conference on International Breast Health, engage funding support and coordinate the published outcomes, the first International Breast Health Care: Guidelines for Countries with Limited Health Care Resources.

Over the ensuing decade, the BHGI evolved to become internationally recognized as the defining source of resource-stratified guidelines for international breast health and cancer control for low and middle income countries (LMCs) to improve breast health outcomes. In this process, Leslie was the key staff member that made these achievements possible. Her contributions to BHGI's achievements were unparalleled and irreplaceable.

The BHGI program established an international collaboration among breast cancer experts, scientists and policy makers from countries at all economic levels. This work required the development of a global network of organizations sharing the goal of improving LMC cancer outcomes. Leslie had the insight on how to create such a network, and personally guided its establishment through tireless work to contact and communicate with national and international groups and key opinion leaders. By 2010 with BHGI's fourth Global Summit, this network had grown to include five U.S. governmental agencies, three international health agencies and 10 medical organizations spanning five continents. Every organization that was brought into the BHGI network came in because Leslie identified them, worked with key constituents within the organization's hierarchy, and created formal relationships



Benjamin O. Anderson, BHGI Chair and Director, Member in the Epidemiology Program of the Public Health Sciences Division at the Hutchinson Center, Professor of Surgery and Joint Professor, Department of Global Health at the University of Washington, and Director of the Breast Health Clinic at the Seattle Cancer Care Alliance in Seattle; and Leslie Sullivan, BHGI Managing Director

through which BHGI could operate. Her devotion to the BHGI endeavor had no boundaries on time or effort.

Four Summits were held: 2002 (Seattle), 2005 (Bethesda), 2007 (Budapest) and 2010 (Chicago), with Leslie as the driving force that brought together scientists, clinicians and policy makers and other experts from around the globe to meet to collaborate.

Her skilled management brought support and international engagement for our growing program, creating a global network that made BHGI's activities feasible through a unique "partnership model" for collaboration that she developed to successfully engage organizations. As a result, the BHGI program was established innovating a model for the development of breast cancer guidelines that can be applied and implemented anywhere in the world.

In 2012, the BHGI summit series culminated in Vienna, with the 5th BHGI Global Summit held for the first time under the auspices of the United Nations, and endorsed by the American Society of Clinical Oncology, to address supportive care and quality-of-life issues, and complete the guidelines development, and marking the 10-year anniversary of the founding of the BHGI.

Over the past decade, many would have thought such a mission impossible, but the existence of the four peer-reviewed BHGI guideline supplements, with the fifth in development, proves that it was not only possible, but was achieved. The BHGI would not have happened without Leslie Sullivan. She will be greatly missed. ■

ANNOUNCEMENTS

REORGANIZED BHGI EXECUTIVE COMMITTEE

In the fall, the BHGI Executive Committee reorganized to include the following representatives from our founding and scientific partners.



Eduardo Cazap (Committee Chair) Founder of Latin American & Caribbean Society of Medical Oncology (SLACOM), Immediate past-president, International Union Against Cancer (UICC)



Benjamin O. Anderson, BHGI Chair and Director, Fred Hutchinson Cancer Research Center



Lisa Stevens, Deputy Director, Planning and Operations, Center for Global Health, NCI



British Robinson, Vice President Global Strategy and Programs, Susan G. Komen for the Cure®



Silvana Luciani, Advisor, Cancer Prevention and Control, PAHO of the WHO

ANDERSON ELECTED TO UICC BOARD of DIRECTORS

'Connecting for Global Impact' of the Union for International Cancer Control (UICC), held in August in Montréal, Canada, during the General Assembly, 93 Full Member organizations elected the new Board of Directors (BOD), that will guide UICC membership for the 2012-2014 period. Between assemblies, the board of 17 directors, elected by the General Assembly, act as the executive body of the UICC. **Dr. Anderson**, BHGI Chair and Director, was elected to the UICC BOD. **Dr. Samia Al-Amoudi**, BHGI Scientific Partner, from Jeddah, Saudi Arabia, was also elected to the BOD for the forthcoming period.

BHGI WELCOMES NEW KOMEN REPRESENTATIVE TO EXECUTIVE COMMITTEE

In April, BHGI confirmed that Chandini Portteus will be joining the BHGI Executive Committee. Chandini is Chief Mission Officer, responsible with her teams for leading the Susan G. Komen mission areas of Research, Community Health, Public Policy and Global Programs. We thank British Robinson for her support and wish her the best as she pursues other endeavors.



Chandini Portteus, Chief Mission Officer, Susan G. Komen for the Cure®

THE BHGI TEAM

CHAIR and DIRECTOR

Benjamin O. Anderson, MD, Chair and Director, Breast Health Global Initiative, Member in the Epidemiology Program of the Public Health Sciences Division, Fred Hutchinson Cancer Research Center; Professor of Surgery and Joint Professor, Department of Global Health, University of Washington, and Director, Breast Health Clinic, Seattle Cancer Care Alliance

SCIENTIFIC STAFF

David B. Thomas, MD, DrPH, Member, Program in Epidemiology and Senior International Research Advisor, Breast Health Global Initiative (BHGI), Fred Hutchinson Cancer Research Center

Beti Thompson, PhD, Member and Associate Program Head, Cancer Prevention Research Program and Senior International Research Advisor, Breast Health Global Initiative (BHGI), Public Health Sciences, Fred Hutchinson Cancer Research Center

Wenjin Li, PhD, Statistical Research Associate in the Epidemiology Research Unit, Public Health Sciences, Fred Hutchinson Cancer Research Center

PUBLICATIONS EDITOR

Sandra Ripley Distelhorst, Scientific Publications Editor and Writer, Breast Health Global Initiative

PROGRAM STAFF

Leslie Sullivan, Managing Director, Breast Health Global Initiative, Public Health Sciences, Fred Hutchinson Cancer Research Center

Marisa Hartman, Administrator, Breast Health Global Initiative, Public Health Sciences, Fred Hutchinson Cancer Research Center

Julia Chase, Program Assistant, Breast Health Global Initiative, Public Health Sciences, Fred Hutchinson Cancer Research Center

CONTRIBUTING WRITER/EDITOR

Susan Hill, MA, APR, Susan Hill Public Relations - Marketing



The Breast Health Global Initiative

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Public Health Sciences Division
Fred Hutchinson Cancer Research Center
1100 Fairview Ave N
PO Box 19024
Seattle, WA 98109
USA

www.bhgi.info

The Breast Health Global Initiative

BENEFACTOR ORGANIZATIONS

Founding Organizations



Global Summit on International Breast Health

Guidelines for International Breast Health and Cancer Control — Supportive Care and Quality of Life

Convened by the BHGI Alliance in cooperation with the International Atomic Energy Agency (IAEA)

Programme of Action for Cancer Therapy (PACT) of the United Nations

October 3-5, 2012 – Vienna, Austria



Sustaining Scientific Partners

THE LANCET Oncology



Scientific Partners



Corporate Partners



Collaborating Organizations



Participating Organizations

Union for International Cancer Control • Global Task Force on Expanded Access to Cancer Care and Control in Developing Countries • International Association for Hospice and Palliative Care • International Society of Nurses in Cancer Care • Multinational Association of Supportive Care in Cancer • World Health Organization • SLACOM-Latinamerican & Caribbean Society of Medical Oncology