Susan G. Komen

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Disseminating BHGI guidelines in a Knowledge Summary format among policy stakeholders in Peru, a Middle-Income Country

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Public Abstract:

While high income countries (HIC) have well-developed health services, many low and middle-income countries (LMIC) have limited resources allocated to healthcare. This impacts women's health in very concrete ways. Eighty percent of women diagnosed with breast cancer in the U.S., live at least 5 years after their cancer diagnosis, and many live much longer. In comparison, women living in LMICs have much lower survival rates – only 20-60% (depending on the country) of women are alive 5 years after diagnosis of breast cancer. Why does this difference exist? Many HICs have early detection programs for breast cancer, such as mammography, which aim to detect cancers at an early stage in their development when they are more easily treated. Unfortunately, many LMICs lack financial resources to allocate to similar programs. Women who aren't screened regularly have breast cancers diagnosed at later stages when the cancer has spread, making it harder to treat, and reducing women's chances of survival. How can we change outcomes for women in LMICs? One option is to implement breast cancer early detection methods that are less expensive, but equally effective. For example, mammography requires specialized equipment and training and women often have to travel long distances to mammography centers. An alternative example of an early detection method might be clinical breast examination (CBE), where a trained health-care professional examines women's breasts using a standardized protocol. Results have shown that CBE can successfully down-stage breast cancer– i.e. more women are diagnosed at an earlier stage. Over the past 12 years, the Breast Health Global Initiative (BHGI) has been developing guidelines for early detection, diagnosis and treatment of breast cancer in LMICs. These guidelines are stratified by available resources: for example, a HIC might use mammography and ultrasound; LMICs might promote breast awareness and CBE for screening, which would be a better use of limited resources in the target country. In 2014 using Komen funds, the BHGI, NCI, Pan American Health, and UICC collaborated to develop Knowledge Summaries (KS). The KSs are designed to educate health policy makers and patient advocates, among others, on what type of early detection methods are available, and what might be appropriate to different countries.

We propose to test these KSs as a tool for communicating concepts of resource stratification for early detection of breast cancer in a target audience of policy stakeholders including health policymakers, health administrators and breast cancer advocates in Peru, a LMIC which lacks an early detection program and where the incidence of breast cancer is increasing and 40% of women present with late-stage disease.

We hypothesize that the KSs will (1) increase policy stakeholders' knowledge of breast cancer early detection methods; (2) allow them to identify those methods that are more appropriate to LMICs; and (3) become aware of BHGI as a tool for developing resource-stratified early detection methods appropriate for Peru. We will also assess participants' perception of KSs' utility, ease of use and ability to inform target audiences. If these KSs are an effective tool for communicating these concepts to LMIC policymakers, they can be used to guide selection and implementation of effective early detection methods that their economies can afford. This will have a direct impact on the number of women accessing early detection methods, thus improving outcomes for women.