

Global Surgery Foundation's Women's Health Programme on Breast Cancer



Catalyzing Meaningful Impact for Women and Communities

Background: Facts on Breast Cancer



- Breast cancer is the most common form of cancer globally, accounting for nearly 12% of all cancer cases worldwide, and is the leading cause of cancer deaths among women.^{1,2}
- Breast cancer is the most common cancer among women in 158 of 183 countries (86%) and the leading or second leading cause of female cancer-related deaths in 173 of 183 countries (95%).^{1,2}
- During 2020, 2.3 million women were diagnosed with breast cancer, with 685,000 deaths globally. Breast cancer deaths disproportionately affect women living in low- and middle-income countries (LMICs).^{1,2}
- Significant improvements in breast cancer outcomes have been achieved over the past several decades, including several countries achieving a 40% reduction in breast cancer mortality between 1990 and 2020.^{2,3} These improvements are related to strong health systems that combine greater awareness, early detection, timely diagnosis, and effective treatment strategies for breast cancer.²
- However, LMIC progress has been limited, with higher breast cancer death rates due to late-stage diagnosis and limited access to quality treatment.^{2,4}

“We are gathering momentum. The 2022 World Health Assembly passed a resolution committing to prioritizing cancer. Governments must now prioritize investments and implement policies to optimize health services; ministries must optimize health worker roles and provide access to health products; civil society must mobilize communities; development partners and donors must reflect the urgency and scale of the breast cancer burden in their strategic priorities; individuals must make healthy choices; and industry must promote access and innovation.”



Dr Tedros Adhanom Ghebreyesus
Director-General,
World Health Organization

Our Approach

GSF's Women's Health Programme promotes the **WHO Global Breast Cancer Initiative (GBCI) Implementation Framework**, which applies a **stepwise, resource-appropriate approach** using three key strategic pillars to reduce breast cancer mortality.²

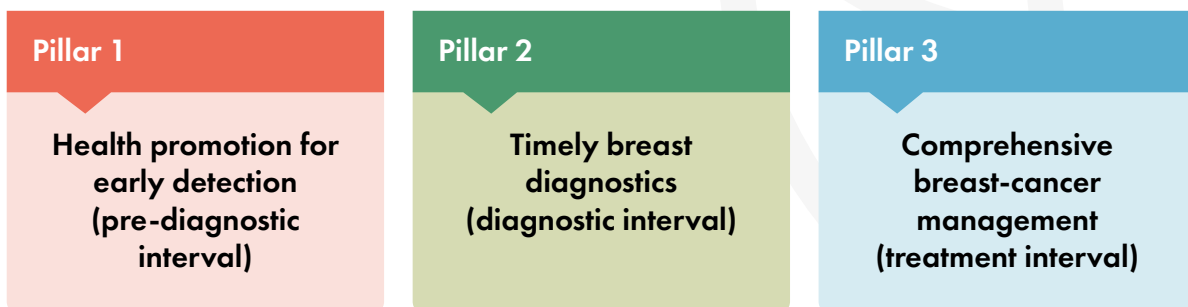


Figure 1: From WHO GBCI²

GSF prioritizes Pillars 2 and 3, and leverages other platforms supporting Pillar 1

Pillar 1: Early detection strategies should vary based on context and health system readiness to facilitate downstaging of breast cancer (to stage I or II). Countries with more limited resources and less health system readiness will initially focus on breast health awareness and on identifying women with signs and symptoms suggestive of a lump or cancer, linking them with clinical assessment (e.g., clinical breast examination) and cancer diagnostic services (**see Pillar 2**).

Pillar 2: Timely pathologic diagnosis of breast cancer (within 60 days), following clinical detection, facilitates early initiation (within 3 months of initial presentation/referral) of high-quality treatment (see Pillar 3) and improves breast cancer outcomes. Achieving timely diagnosis requires a coordinated multidisciplinary team-based approach (e.g., radiologist, surgical providers, nurses, and pathologists) along with a functional, people-centered referral system to ensure easy navigation of the system by the patient. The diagnostic work-up for suspected breast cancer includes clinical evaluation, imaging, tissue sampling, and pathology (see Fig 2). To promote greater access, decentralizing diagnostic services, e.g. to the district hospital level, is generally preferred over centralization, as long as high quality of care can be maintained.

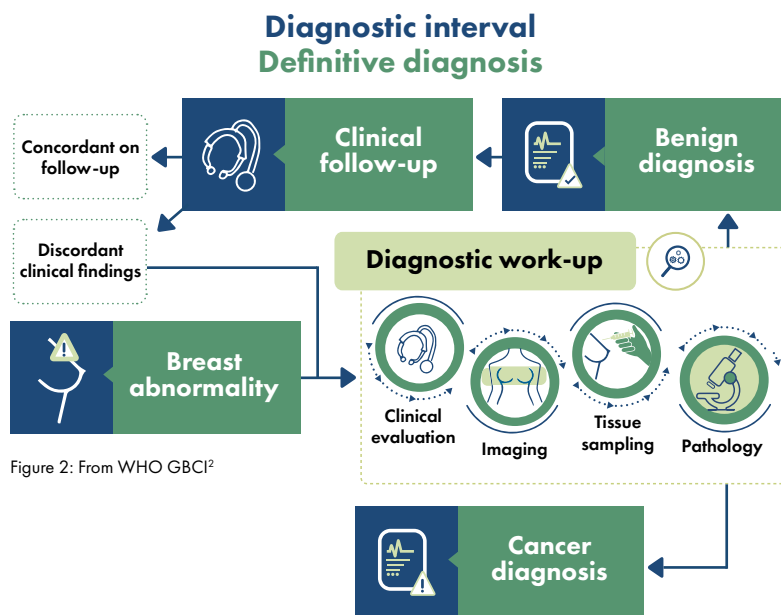


Figure 2: From WHO GBCI²

Pillar 3: Comprehensive breast cancer management that is accessible and affordable is essential to improve breast cancer outcomes. Prolonged delays to getting treatment or failure to complete the full treatment, due to various reasons, are significant barriers to optimizing treatment outcomes and improving quality of life. Comprehensive breast cancer management requires a multidisciplinary team-based approach that is evidence-based and adapted to the local context and the patient needs. This not only includes the breast cancer-directed treatments (e.g., surgery, radiotherapy, chemotherapy), but also those critical supportive services that are essential during treatment, between treatments, as well as during the recovery phase following treatment (e.g., pain management, mental health, physiotherapy).

A seamless connection between health system factors and human factors is essential to improve breast cancer outcomes, yet this interconnectedness is often overlooked. **The GSF Women’s Health Programme takes an inter-related systems and human factors approach to co-designing programs that works across the health system.**

We prioritize:

- ✔ **Partnerships:** We work in close partnership with ministries of health and other ministries (e.g., finance, transportation, etc.), professional associations, academia, implementers, and other key frontline stakeholders/partners to co-design programs to ensure local ownership that are context appropriate and sustainable.
- ✔ **Workforce capacity development:** We facilitate translation of global recommendations and frameworks into practice utilizing an multidisciplinary team-based, hands-on approach to capacity building of surgical teams - with a focus on both technical and non-technical skills (e.g., teamwork and communication, leadership skills, etc.) - and to build a culture of patient safety.
- ✔ **Ensuring facility readiness:** We promote adequate infrastructure and organization of services; reliable electrical power, water, oxygen, sterilization capacity, and blood availability; adequate equipment, supplies and medicines; radiology; pathology; radiotherapy and chemotherapy where feasible; and adequate biomedical technical support.
- ✔ **Strengthening networks of care and referral systems:** We strengthen and integrate breast cancer diagnostics and surgical care into primary health care and leverage breast health awareness and early detection platforms. We strengthen referral pathways and foster people-centered linkages throughout the continuum of care. We promote decentralization diagnostic services, surgical care, radiotherapy, and chemotherapy, where feasible and according to health system readiness.
- ✔ **Use of data for continuous learning and adapting, and for generating evidence:** We integrate practical innovations and digital health; ensure patients’ experience of care are captured, and evaluate efficiencies, costs, and effectiveness of surgical care models.

Obstacles around breast cancer detection, diagnosis, and management emerge from similar root causes: system factors such as facility location, design and readiness, lack of an enabling environment (e.g. leadership, policies, funds) and poorly functioning referral systems; as well as human factors such as community care-seeking behaviors, lack of provider/team knowledge and skills, lack of surgical leadership, entrenched professional hierarchies blocking effective teamwork and communication, lack of a culture of patient safety and respect.

Our **Theory of Change (Annex 1)** illustrates key pathways on how we aim to improve coverage, quality, safety, and equity and develop scalable and sustainable models to address for women's breast cancer needs. Working with countries and country stakeholders, we implement our approach through contextualized support, co-creating and co-investing in systems-oriented plans, ensuring technical rigor of programs, and expanding and strengthening partnerships and accountability.

Key Performance Indicators

Breast Cancer: Pillar 2 and Pillar 3

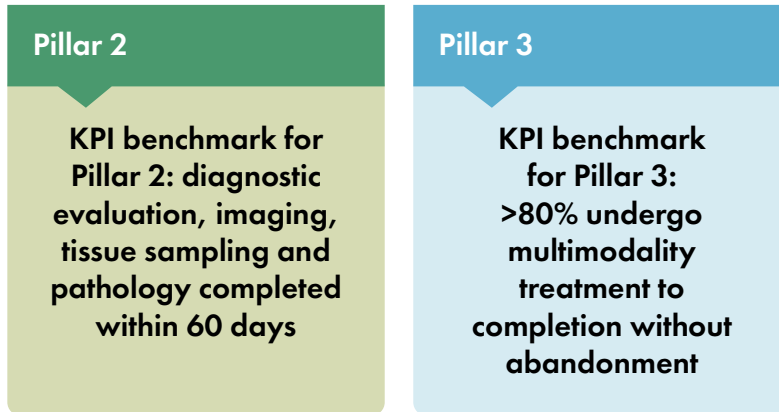


Figure 3: From WHO GBCI²

¹ Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M et al. Cancer today. Lyon: International Agency for Research on Cancer; 2020 (<https://gco.iarc.fr/today> accessed 7 July 2023)

² Global Breast Cancer Initiative Implementation Framework: assessing, strengthening and scaling-up of services for the early detection and management of breast cancer. Geneva: World Health Organization; 2023. License: CC BY-NC-SA 3.0 IGO

³ Siegel RL, Miller KD, Fuchs HE, Jemal A. Cancer statistics, 2022. *CA Cancer J Clin.* 2022;72:7-33. doi:0.3322/caac.21708

⁴ Sharp JW, Hippe DS, Nakigudde G, Anderson BO, Muyinda Z, Molina Y et al. Modifiable patient-related barriers and their association with breast cancer detection practices among Ugandan women without a diagnosis of breast cancer. *PLoS One.* 2019;14:e0217938. doi: 0.1371/journal.pone.0217938

WOMEN'S HEALTH - BREAST CANCER - THEORY OF CHANGE

