



BREAST & CERVICAL CANCER ADVOCACY THE JAMAICAN EXPERIENCE

Presented by Yulit Gordon
Executive Director, Jamaica Cancer Society

Outline

1. National Situation
2. Challenges
3. Advocacy Action
4. National Strategic Action Plan
5. Opportunities for Collaboration

Who Are We?

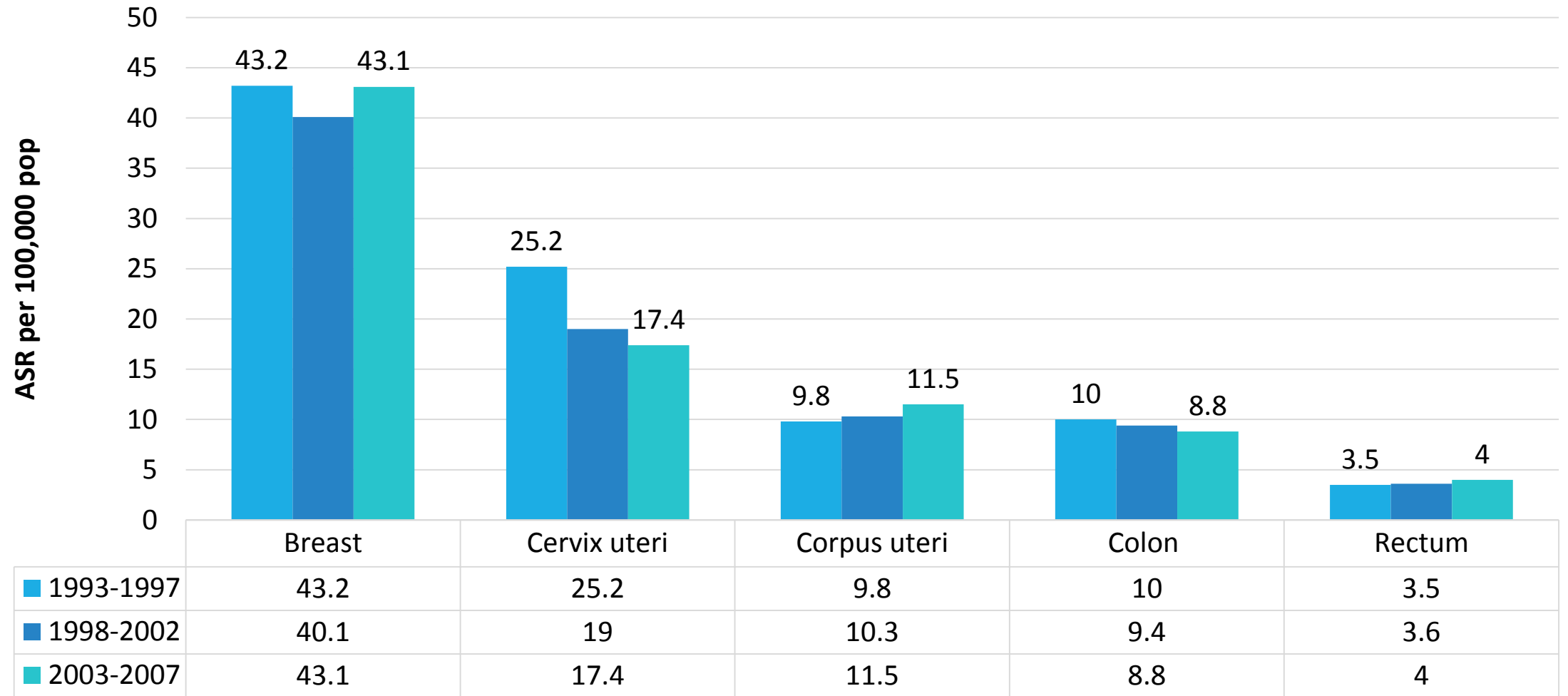


National Situation



- Breast cancer is the leading cancer among Jamaican women followed by cervical cancer.
- The age standardized incidence rate is 43.1 per 100,000 women and the age standardized mortality rate is 18.3 per 100,000. Approximately 300 women die annually from breast cancer.
- The age standardized incidence rate for cervical cancer is 17.4 per 100,000 women and the mortality rate is 15.8 per 100,000. Approximately 200 women die annually from cervical cancer.
- As a country, we are currently screening below 10 percent of the eligible population.

Trend in the average age standardized incidence per 100,000 for the commonest cancers in females Kingston and St. Andrew , Jamaica



Source: Gibson et al, Age-specific incidence of cancer in Kingston and St Andrew, Jamaica

Challenges

- ✓Lack of national screening programmes
- ✓Low population coverage
- ✓Cultural norms/social stigma
- ✓Migration of trained human resource
- ✓Competing priorities/allocation of scarce resources
- ✓Women from lower socioeconomic status do not have access to screening
- ✓ Long waiting periods within the public hospitals for women to access treatment
- ✓Cost to access treatment privately prohibitive
- ✓No mammography machine in the public health sector

Prevalence of Behavioural Risk Factors Jamaican, Adults 15-74 years old

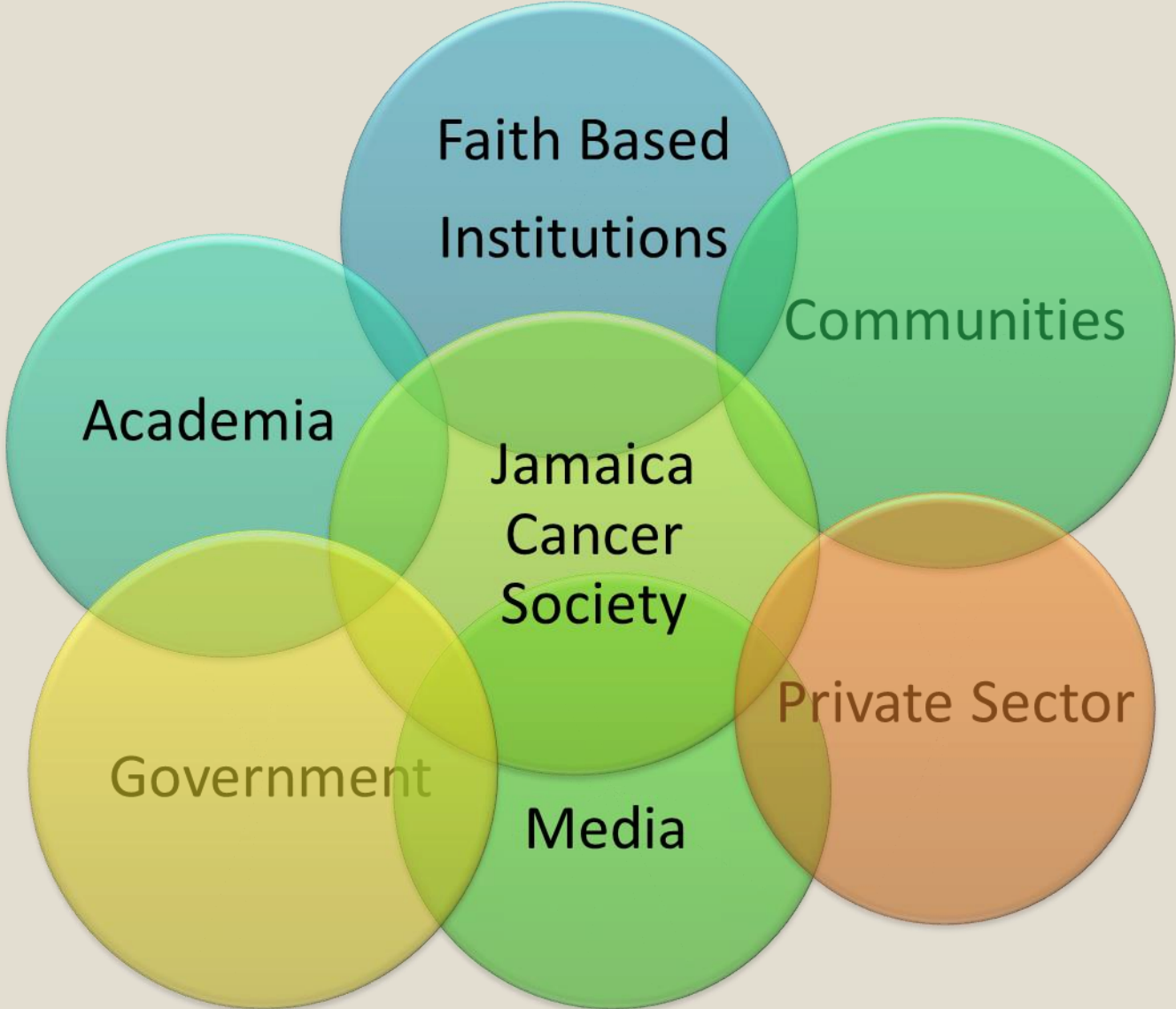
RISK FACTOR	JHLSII-2007 (%)
Physical Inactivity	43.0
Tobacco Use (current)	7.2
Overweight	27.0
Obesity	37.7
Alcohol use (current)	49.2

Source: Wilks et al, Jamaica Health and Lifestyle Survey II

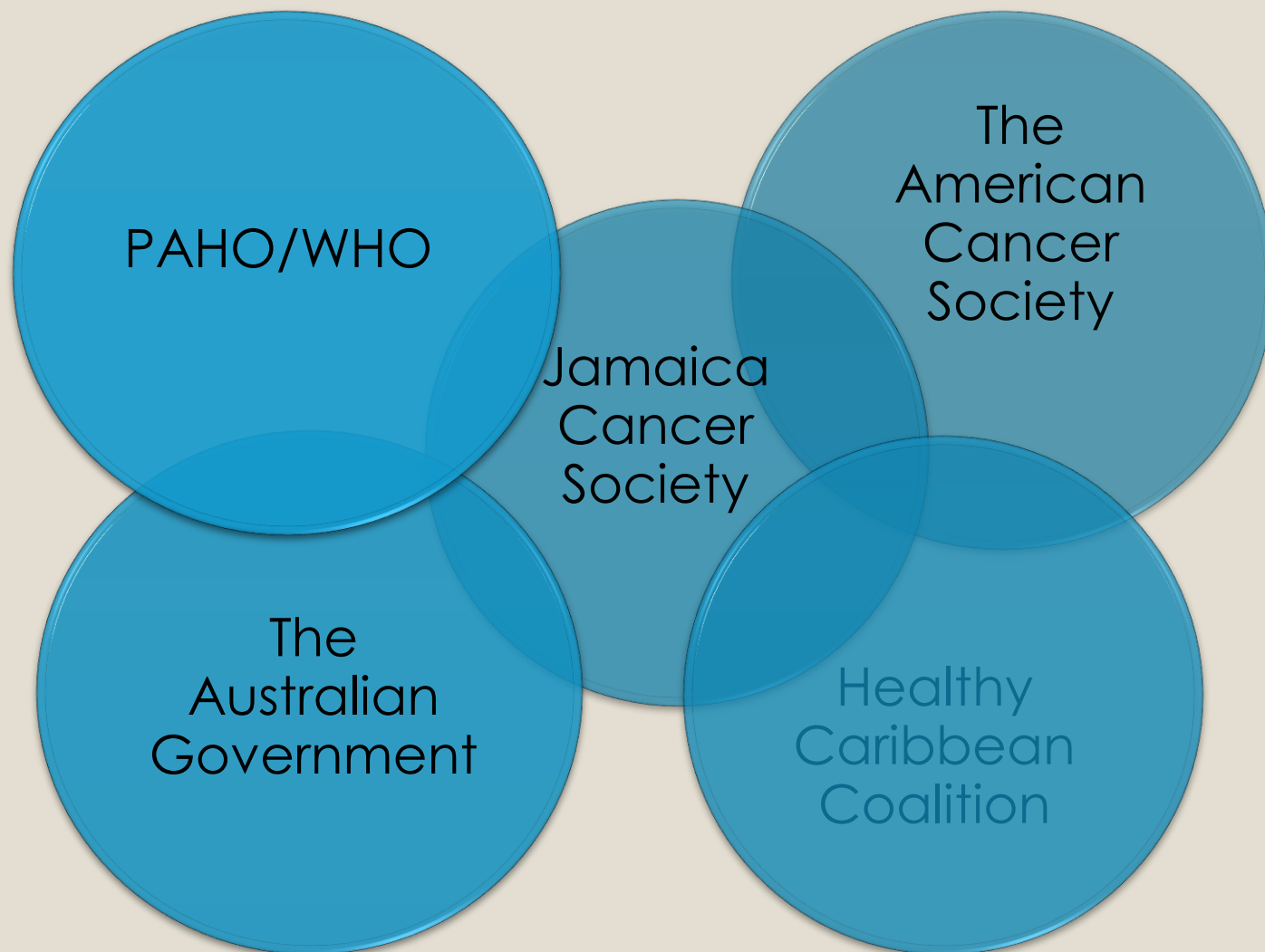
National Screening Guidelines

- ✓ Self-breast examinations are encouraged monthly.
- ✓ Clinical examinations are encouraged annually.
- ✓ Mammography screening starts at age 40 and continues as long as the woman is in good health.
- ✓ Cervical cancer screening begins at age 21 and continues until age 75.
- ✓ Screening may be discontinued at age 75 if the woman being screened has had two consecutive normal pap test results and has had no abnormal smears within the previous 5 years.

Collaboration & Partnerships



REGIONAL AND INTERNATIONAL COLLABORATION



Advocacy Action

The Jamaica Cancer Society has had a long partnership with the Jamaican Government and the Private Sector Organisation of Jamaica over the years.

- ✓ The Society built the Hope Institute and presented it to the Government in 1973
- ✓ Launched the first national cervical cancer screening and brought access to over 2000 underserved women across the island in 1972
- ✓ The work of the Cancer Society was endorsed by former Prime Minister , the Honourable Portia Simpson Miller – Jamaica's only female PM
- ✓ Launch and implementation of the first ever Regional Cervical Cancer E-Petition in 2013
- ✓ Lobby Government to enact tobacco legislation for smoke free public spaces in 2013
- ✓ Lobby Government to subsidized expensive cancer drugs
- ✓ Draft of alcohol policy in 2014
- ✓ Acquisition of mammography machine for the Society
- ✓ Community engagement for screening and public education
- ✓ Public education campaign encouraging healthy lifestyle practices and screening
- ✓ Sponsorships and donations to support fundraising efforts of the Society

National Strategic Plan for the Prevention and Control of Cancer for the period, 2013-2018



- The goal of the strategic and action plan is to reduce the preventable morbidity and disability and avoidable premature mortality due to cancer by 25% by 2025.

Strategic Objective

1. Reduce the incidence of preventable cancers through primary prevention and health promotion
2. Identify cancer at its earliest stages through effective screening and early detection
3. Improve the accessibility, availability and quality of cancer diagnostic and treatment services and programmes
- 4.** Improve the quality of life of persons living with and affected by cancer through the provision of rehabilitative, supportive and palliative care in an integrated, equitable and sustainable way
5. To reorient health care sector to support the delivery of services throughout the cancer care continuum.
6. Improve the effectiveness of cancer control through cancer research and surveillance

Opportunities for Collaboration

- ✓ Affordable HPV testing
- ✓ Introduction of HPV testing as part of screening protocol
- ✓ Technical support for training and development of professional human resource
- ✓ Technical support to analyze data from screening clinics to evaluate impact of programmes
- ✓ Technical support to launch national campaigns on healthy lifestyle practices

Cervical Cancer Campaigns




Jamaica Cancer Society
To eliminate cancer as a major health problem in Jamaica
19 Lady Margaret Road, Kingston 8
Tel: (876) 927-4254 | Fax: (876) 878-1913
Web site: www.jamaicacancersociety.org

St. Michael's Branch
110, St. Michael's Centre Court
St. Michael's
Tel: (876) 927-4254

St. Ann's, Mary Branch
King's Highway 108, Shopping Centre
Cedar Park, St. Ann
Tel: (876) 927-4254

*Do It Today
Prevent
Cervical Cancer*

Sponsored by


*Women
When last did you do it?
Have no fear, do your PAPSMEAR*




**TAKE
CON+ROL**

**DON'T WAIT
ACT NOW**

All women are at risk
**Do a Cervical Cancer
Screening Test**

Screening tests for **CERVICAL CANCER** can find abnormal cells so they can be treated before they turn to cancer.

Make an appointment today with your doctor or at the nearest health centre. It could save your life.

 www.moh.gov.jm
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FOR MORE INFORMATION CALL the Ministry of Health at the Toll free Line: 1-800-LOVE (1-800-663-5653)


Ministry Of Health

Cancer Ambassadors



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Stakeholders want more persons screened for cancer

The Gleaner Editors' FORUM

Daraine Luton
Senior Staff Reporter

AMID A high prevalence of breast, cervical and prostate cancers in Jamaica, major medical stakeholders have suggested the State should put policies in place which would result in more persons being screened.

Dr Matthew Taylor, an obstetrician and gynaecologist, said during a Gleaner Editors' Forum yesterday, that while the State cannot make it mandatory for persons to be screened, there are steps that can be taken to have a greater number of persons made aware of their cancer status.

"Unfortunately, in Jamaica, a lot of our screening programmes are opportunistic screening, meaning that you educate a population but you are leaving it up to the population to come in and be screened," Taylor said.

"Screening works better when you actually call people. That is the difference in developed countries. In developed countries, for cervical cancer, you actually send out to the patient (and say) 'you are due to have your pap smear'," he added.

MORE ACTIVE ROLE

Dr Mike Mills, a gastroenterologist, said that in developed countries, governments take a more active role in the early detection of cancer.

"You don't wait for the patient to say 'I am having a problem' or that 'I have heard about this and I think we should do it.' You actually call the patient and ... they get a notification which says you are due to have this done," Mills said.

"That has been shown to be more effective when you actually call people and say you are due to have your screening, come and do it," he added.

Mills, however, said the system of doctors calling in people to be



FILE
A woman is being screened for breast cancer, using the Mammogram process.

screened does not fit within the Jamaican reality.

"The primary problem is that individuals are not assigned a general practitioner automatically. For example, in the UK system where you have a GP assigned to you depending on where you live, so automatically everybody has a GP whom they go to. The GP is responsible for sending out notifications automatically and they get compensated for it. Each of them have targets and they have to screen a certain percentage of the locality and when they meet those targets they are paid accordingly," Mills said.

He noted that GPs in the UK, for example, screening for colon cancer, would send a packet to an individual who would then enclose a sample of their stool. That stool is then sent to the lab to examine whether there is blood which could indicate the presence of colon cancer.

Taylor said that in the fight against cancer, "what you want to

have is a universal screening for the entire population and it has to be driven by the State."

The obstetrician and gynaecologist noted that the majority of cervical cancer patients in Jamaica are among poorer people and "they are the ones that don't access screening very well."

MORE ACCESSIBLE SCREENING

He said the policy should be tailored in such a way that screening is more accessible at the primary health-care level.

"If we can't call them, we have to make sure that if they turn up for screening, it can be done on that day," Taylor said. "People can always access private care, but if the health centre can call them — everybody has a cell phone — and say 'come in, have your test done', that would be a way to go."

Statistics provided by the Jamaica Cancer Society indicate that the number of people being

screened for breast, cervical and prostate cancers is on the increase but nowhere near the desired level.

Urologist Dr Belinda Morrison noted that countries such as the United States have been able to reduce the number of prostate cancer-related deaths through early detection.

US MODEL

"If you use the US as a model, they do wide-scale screening. Almost all their men are screened for prostate cancer. Therefore, of men diagnosed with prostate cancer, 90 per cent of them are diagnosed at a localised level," Morrison said.

Localised prostate cancer is prostate cancer that is only in the prostate gland and has not spread to another part of the body. It is generally low risk and unlikely to grow or spread for many years.

Morrison said when the US introduced the Prostate-Specific Antigen (PSA) testing for prostate cancer in the early 1990s, they found that the number of men presenting with prostate cancer increased but over time their death rate was decreasing.

"Those guys are seeing greater number of localised diseases so men are living longer. In our situation, we are still not seeing the number of localised diseases that we want just yet. If we look at our database from the university, I would say that about two-thirds of our men are diagnosed with more locally advanced or distanced prostate cancer," she said.

Morrison, however, conceded that "it is a hard sell to invite someone who is feeling well to screen for a disease, and to tell them they have cancer."

"The fear of a diagnosis is a major issue and that is why the health-seeking behaviour between men and women are different. Women are more likely to access the health-care system," she said.

Yulit Gordon, executive director of the cancer society, said her organisation works through faith-based institutions, schools and community groups in order to get persons screened.

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Knocking heads to fight cancer

The most important thing to be done in the short term as part of the fight against cancer in Jamaica is ...



Dr Matthew Taylor
OBSTETRICIAN AND GYNAECOLOGIST
"Provide better funding for cancer screening"



Dr Belinda Morrison
UROLOGIST
"Increase patient education"



Yulit Gordon
EXECUTIVE DIRECTOR, JAMAICA CANCER SOCIETY (JCS)
"The focus needs to be on education and screening. Very important. The more people we screen on a consistent basis, the greater the chance of detecting cancer in the early stage. Resources have to be allocated for education and screening."



Dr Mike Mills
GASTROENTEROLOGIST
"Increase the awareness of cancers in the general population. Definitely"



More people being tested but not enough, says society

Gary Spaulding
Senior Gleaner Writer

IN ITS never-ending battle against deadly onslaughts, the Jamaica Cancer Society has its eyes set on saving no less than 10 per cent of the lives under attack from raging cancerous diseases.

"Ideally, we would want to be in a position to screen 10 per cent of the target population," asserted Dr Yulit Gordon, executive director of the Jamaica Cancer Society.

Gordon disclosed during a Gleaner Editors' Forum yesterday that the target population is approximately 350,000 men and women, the bulk of whom are still not being screened.

"Women can say look at me with no breast, I am still here and healthy; I am being productive. And then who have come through

Added Gordon: "I think it is safe to say collectively that the Jamaica Cancer Society, the Ministry of Health's screening programmes and that of the private medical facilities are still not screening 10 per cent of the overall population."

SIGNIFICANT INCREASE

Gordon pointed to what she characterised as an uptick in the numbers of Jamaicans pouring into centres for screening of the range of likely afflicting cancers.

"We have seen a significant increase in the number of persons coming forward to be screened," she said. "We are very pleased with the leaps and bounds that we have managed to accomplish where prostate cancer screening in particular is concerned."

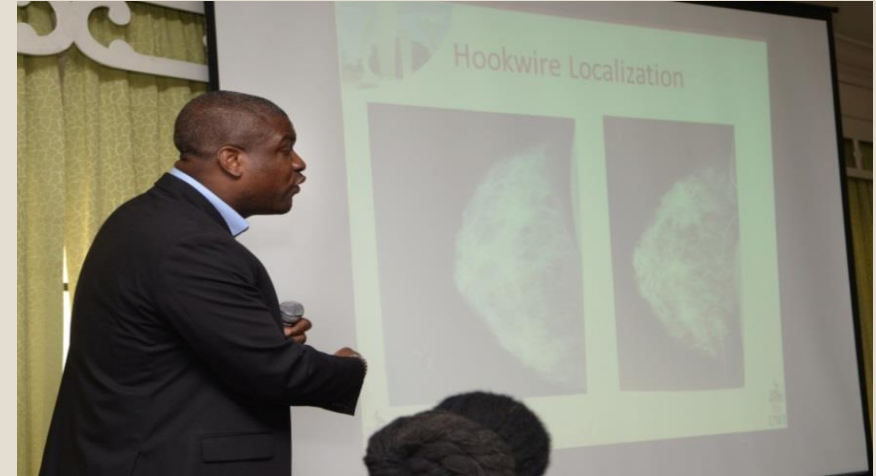
screening, only 704 males were screened and before that, we screened 685 males," said Gordon. "When you look at that comparison to a figure of 1,207, that's significant progress."

Gordon disclosed that for 2013, the number of mammography screening was 8,475 compared to 7,429 the previous year with last year being 8,927.

"Against that bit of information, we are seeing an uptake in the number of men and women who are coming forward to be screened," said Gordon.

She reiterated that the message of the Jamaica Cancer Society is that "early detection is the key", and noted that females are still more likely to get screened. "... we did not have a campaign last year for breast cancer and cervical cancer but we still attained those

Medical Symposium



Community Outreach



Private Sector Support



Youth Engagement



Community Engagement



THANK YOU.....

