



LA SITUACION DEL CÁNCER CERVICOUTERINO y DE MAMA EN LATINOAMERICA y EL CARIBE

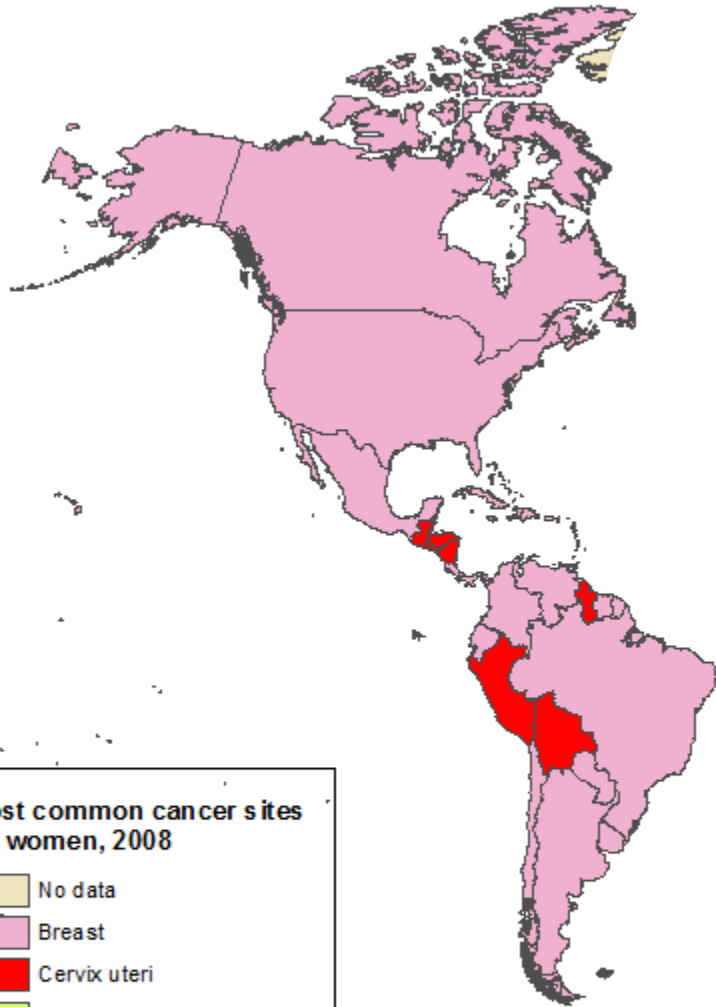
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**Area de enfermedades no transmisibles
Organizacion Panamericana de la Salud**

Washington D.C.



Cáncer de mama y cáncer cervicouterino son lo mas comunes tipos de cáncer en todos los paises en ALC

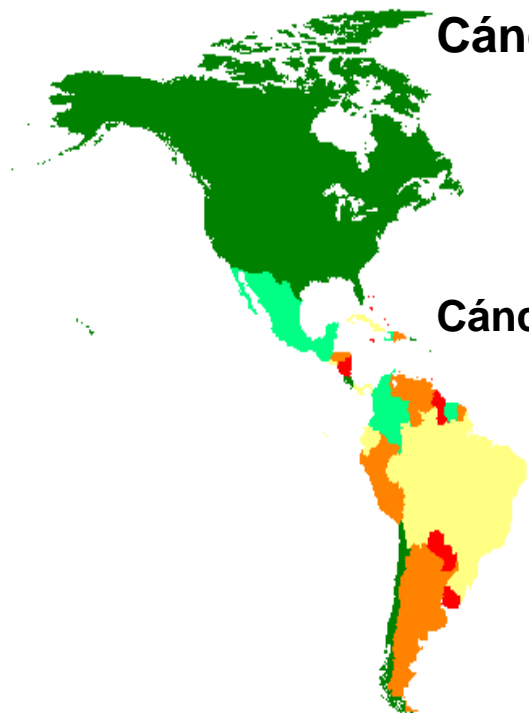


Most common cancer sites for women, 2008

- No data
- Breast
- Cervix uteri
- Liver
- Lung
- Thyroid

CÁNCER CERVICOUTERINO Y DE MAMA EN LAS AMERICAS

International Agency for Research on Cancer



Cáncer de mama

NAm

No. de casos
(ASIR)

205,500 (76.7)

No. muertes
(ASMR)

45,600 (14.8)

ALC

114,900 (39.7)

36,950 (12.4)

Cáncer cervicouterino

NAm

12,490 (5.7)

4,400 (1.7)

ALC

68,220 (23.5)

31,700 (10.8)

TOTAL

400,100

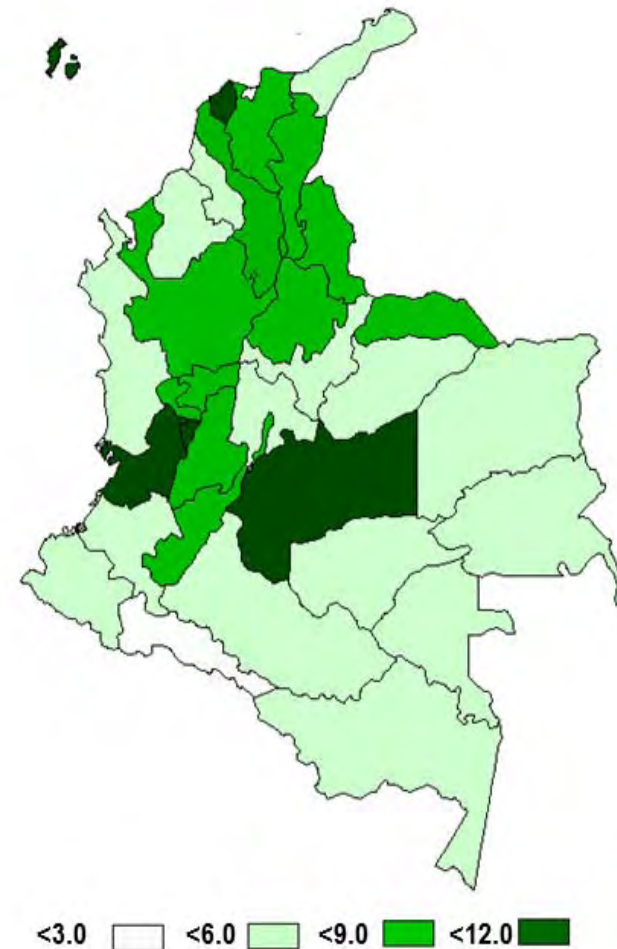
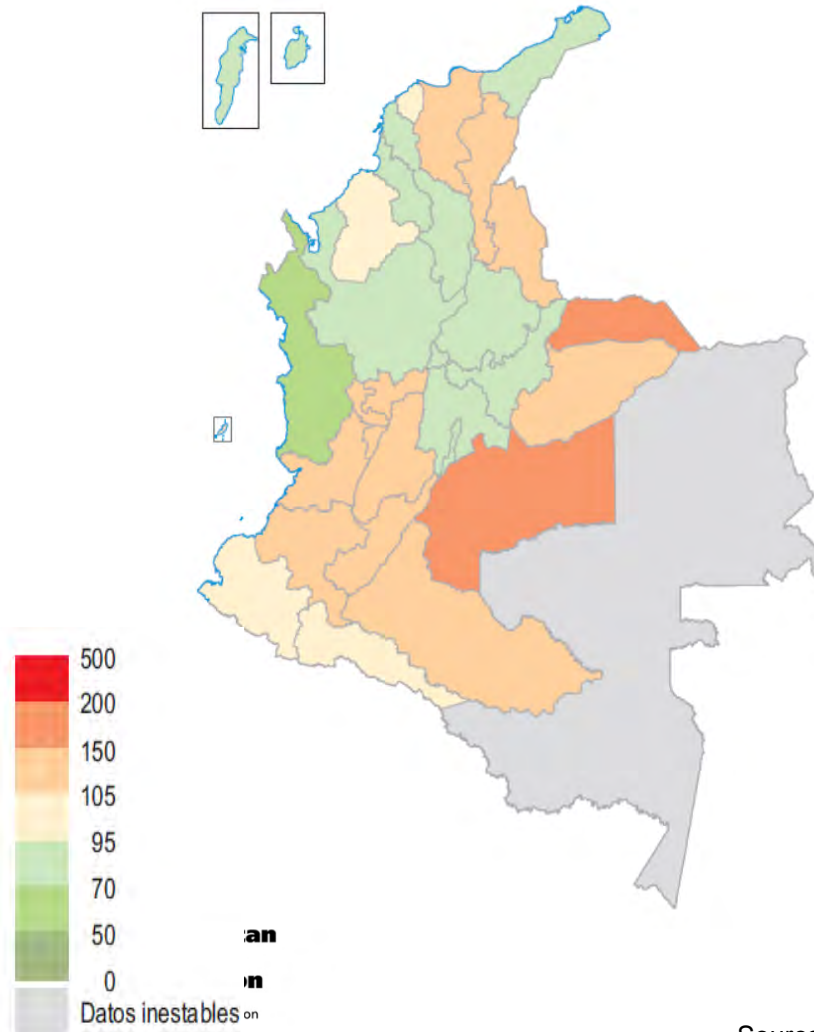
118,600

■ < 19.4 ■ < 22.5 ■ < 24.6 ■ < 28.0 ■ < 43.1

LAS DISPARIDADES EN CÁNCER: El ejemplo de Colombia

mortalidad de cáncer cervicouterino

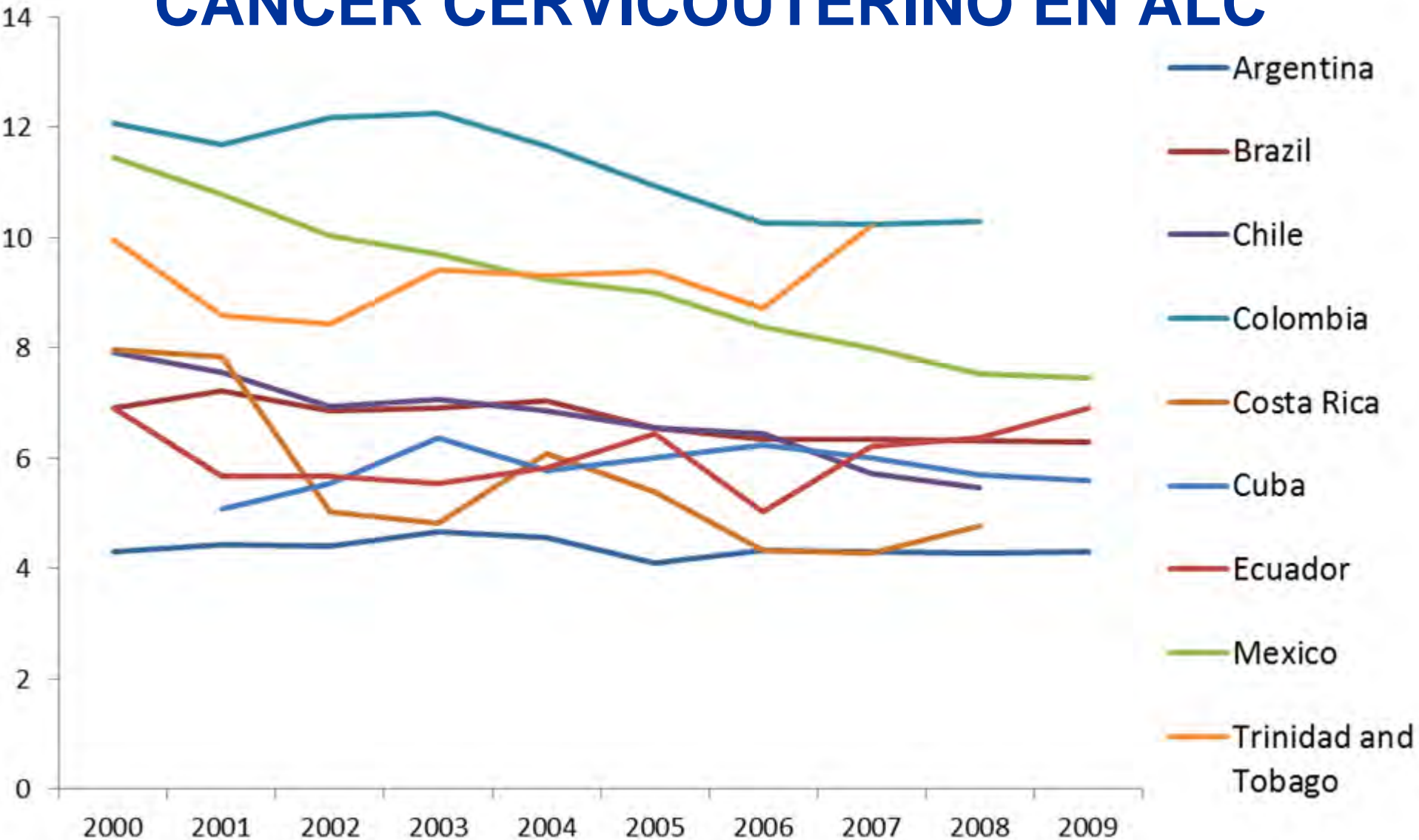
mortalidad de cancer de mama



Source: Pedraza AM et al. Breast Cancer Res Treat 2012 & National Cancer Institute of Colombia, 2012

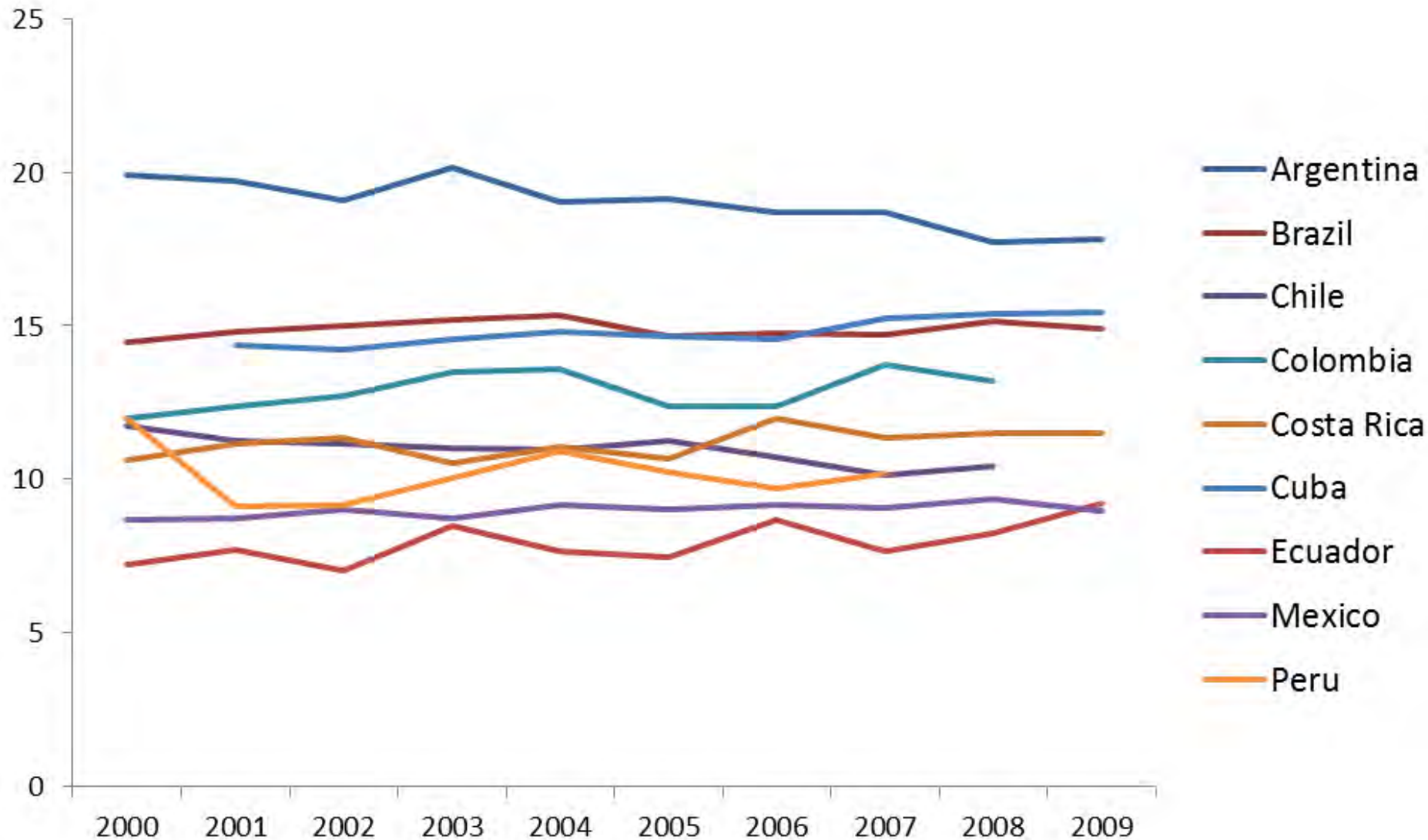


TENDENCIAS EN LA MORTALIDAD POR CÁNCER CERVICOUTERINO EN ALC

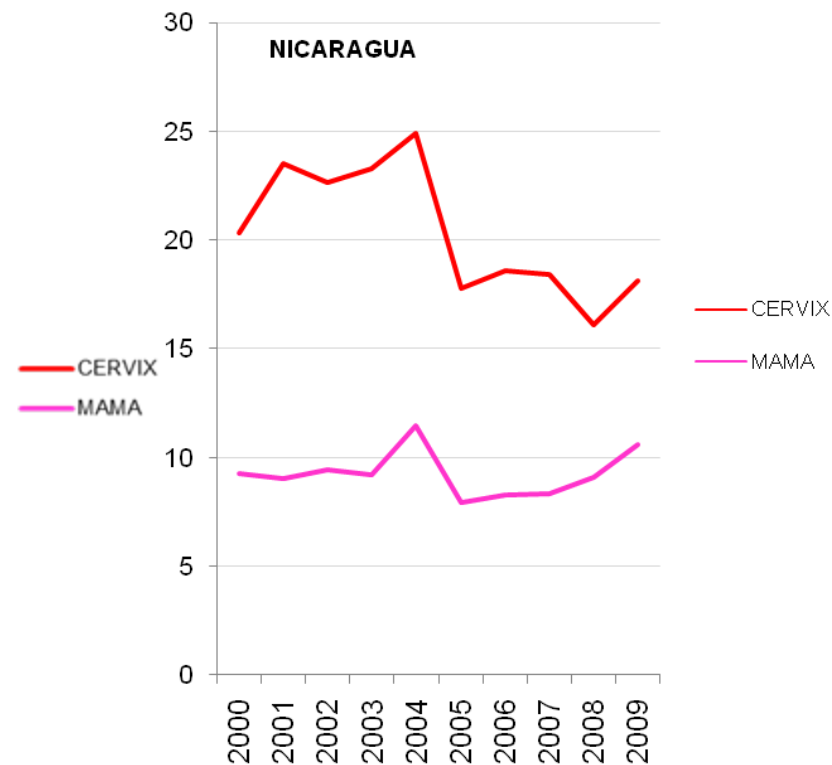
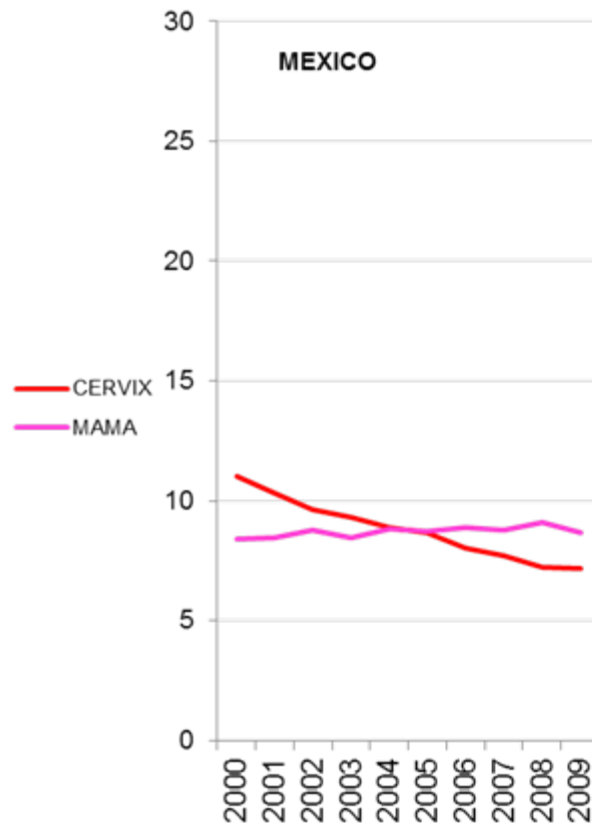
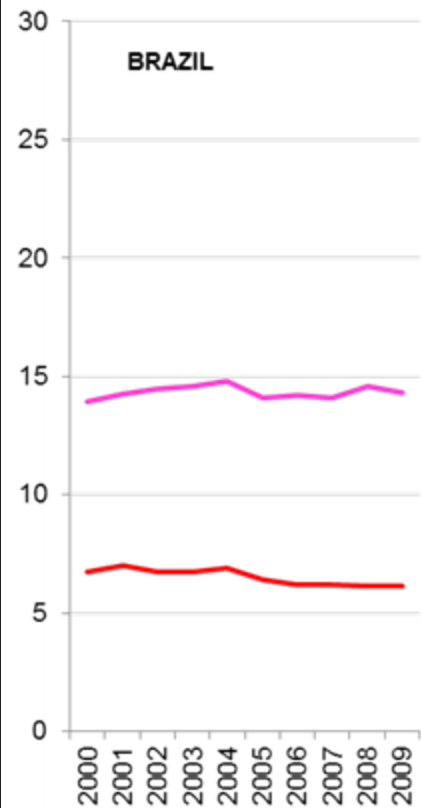


Source: PAHO, mortality database. 2012

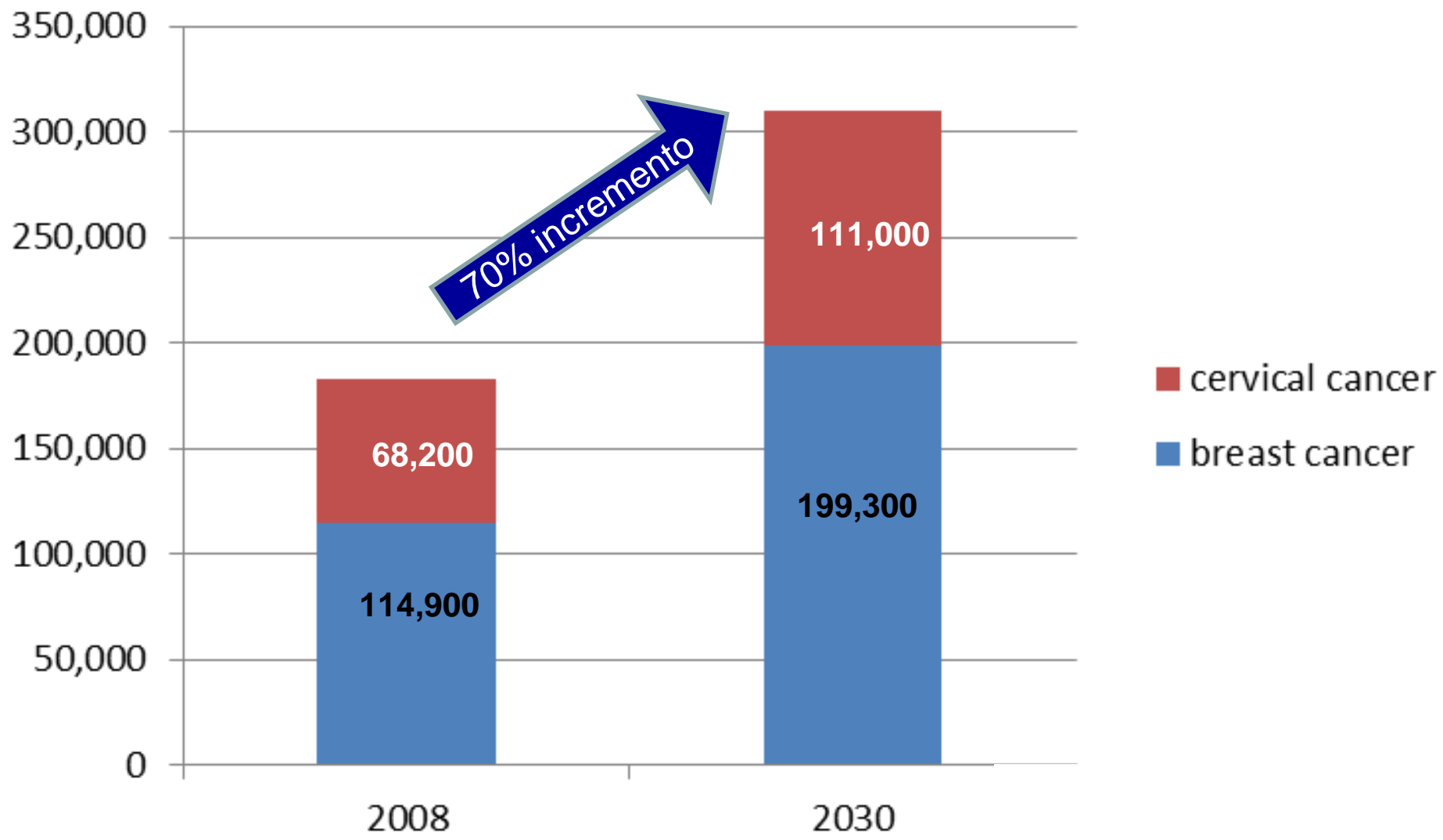
TENDENCIAS EN LA MORTALIDAD POR CÁNCER de MAMA EN ALC



Mortalidad por cáncer de mama y cervix: 3 escenarios



PROYECCIONES EN LA MORTALIDAD EN ALC



source: Globocan, 2008



PREVENCIÓN Y CONTROL INTEGRADO DEL CÁNCER



Prevención Primaria

- información
- educación
- comunicación
- vacuna contra el VPH

Tamizaje y detección precoz

- cancer cervicouterino: citología, prueba de VPH, IVAA
- cancer de mama: examen clinica, mamografia

Diagnostico, tratamiento y cuidados paliativos

- laboratorios de patología
- quimioterapia, cirugía, radioterapia
- cuidados paliativos

PROGRAMA ORGANIZADA

[cobertura, seguimiento, calidad]

Capacidad de Cáncer en ALC

		No. Countries (%)
Plan nacional de cáncer		19/31 (61%)
Presupuesto para el plan		12/19 (63%)
Monitoreo y evaluación		12/19 (63%)
tamizaje	citología	24/25 (96%)
	gratis	21/24 (87.5%)
	examen clinico de mama	24/32 (84%)
	gratis	21/24 (87.5%)
	mamografia	21/25 (59%)
	gratis	8/21 (38%)
quimioterapia		23/25 (92%)
radioterapia		17/25 (68%)
morfina oral		18/25 (72%)



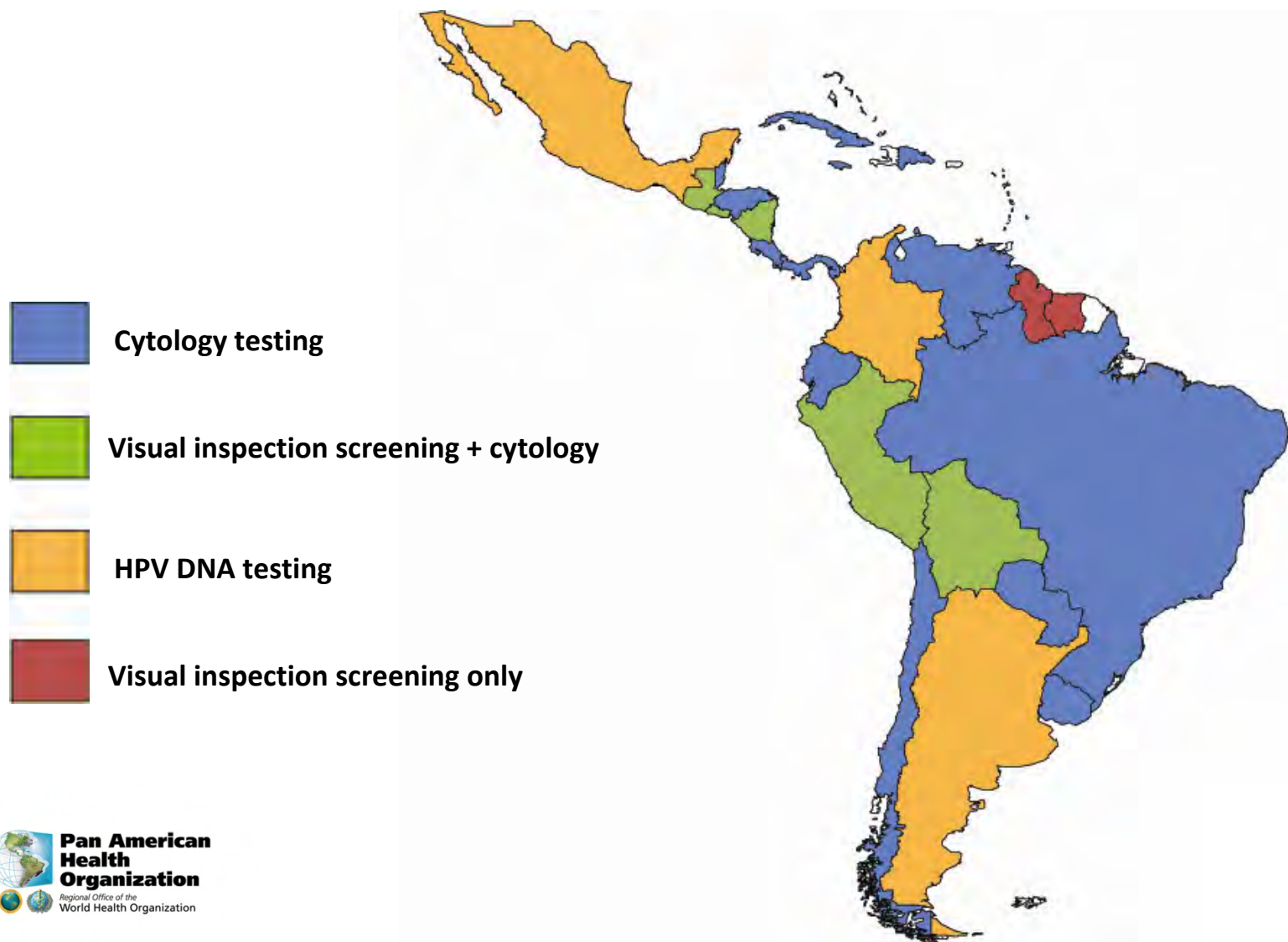
LA INTRODUCCIÓN DE LA VACUNA DE VPH EN ALC

[hasta diciembre del 2012]





TAMIZAJE DEL CÁNCER CERVICOUTERINO EN ALC



País

Cobertura de tamizaje en el programa nacional de CACU(%)

Tratamiento lesiones precancerosas (%)

Argentina

47%

ND

Bolivia

12%

<20%

Chile

68%

99%

Costa Rica

20%

ND

EL Salvador

18%

68%

Honduras

42%

94%

Nicaragua

10%

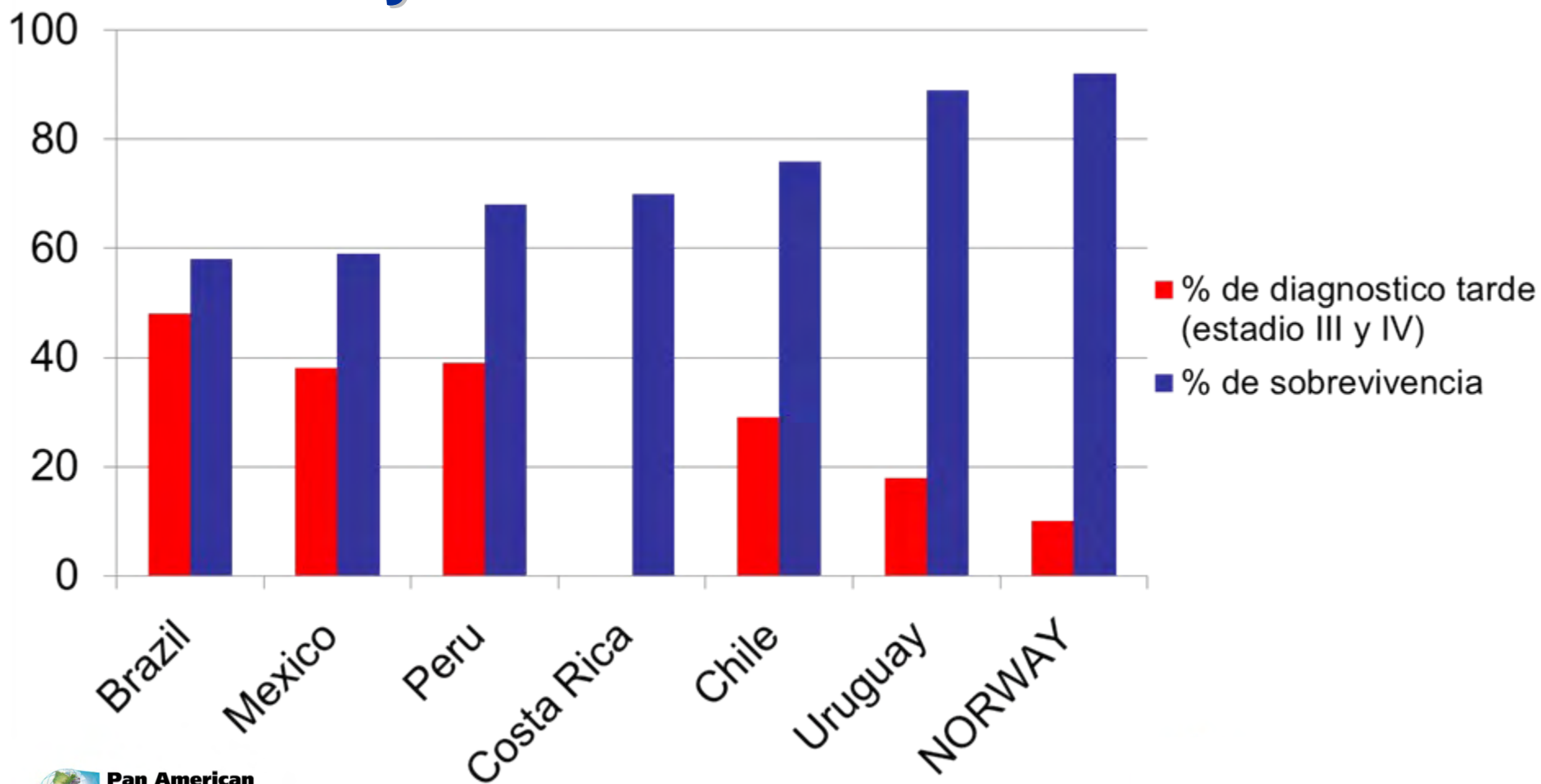
30%

Panama

13%

ND

Cáncer de mama: diagnóstico tarde y supervivencia en AL





LA RESPUESTA DE LA OPS

- Advocacy y movilización del compromiso político
- Asesoría técnica con los planes y programas de cáncer
- Acceso a los medicamentos, tecnología y radioterapia
- Mobilización de recursos



ESTRATEGIA REGIONAL Y PLAN DE ACCIÓN PARA LA PREVENCIÓN Y EL CONTROL DEL CÁNCER CERVICOUTERINO

Mejorar la capacidad para la prevención y control integrado de cáncer cervicouterino:



1. **Evaluar la situación**
2. **Intensificar la información, educación y orientación**
3. **Fortalecer los programas de detección y tratamiento de lesiones precancerosas**
4. **Establecer o fortalecer sistemas de información y registros de cáncer**
5. **Mejorar el acceso y la calidad del tratamiento del cáncer y los cuidados paliativos**
6. **Generar información para facilitar la toma de decisiones sobre la introducción de las vacunas contra el VPH**
7. **Promover el acceso equitativo y la prevención integral asequible del cáncer cervicouterino**



ESTRATEGIA REGIONAL Y PLAN DE ACCIÓN PARA LA PREVENCIÓN Y EL CONTROL DEL CÁNCER CERVICOUTERINO

- 1) Considerar la introducción de la prueba de VPH**
- 2) En entornos con recursos suficientes para sostener una alta calidad del Pap:**
 - a) aumentar la cobertura en mujeres mayores de 30 años**
 - b) garantizar tratamiento para todas las mujeres con alto grado**
- 3) En entornos con recursos insuficientes para mantener una alta calidad del Pap y donde el porcentaje de mujeres con un seguimiento inadecuado sea alto:**

considerar la estrategia de una sola consulta para el tamizaje y el tratamiento, mediante la IVAA y tratamiento inmediato de las lesiones precancerosas con crioterapia

GUIA DE CANCER DE MAMA

estratificado segun nivel de recursos disponibles

Servicios de atención de salud

Level of resources	Patient and Family Education	Human Resource Capacity Building	Patient Navigation	Cancer Care Facility	Breast Care Center
Basic	General education regarding primary prevention of cancer, early detection and self-examination Development of culturally adapted patient and family education services	Primary care provider education re breast cancer detection, diagnosis and treatment Nursing education re cancer patient management and emotional support Public health education re tissue banking and specimen preparation "Train community workers"	Fixed nurse, mobile or healthcare provider Triage patients to central facility for diagnosis and treatment	Health facility Cancer registry Substantive care facilities Pharmacy Home visits support Emotional consultation Pathology laboratory	Breast healthcare access Integrated key existing healthcare infrastructure
Limited	Group or one-on-one counseling involving family and peer support Education regarding nutrition and complementary therapies	Nursing education re breast cancer diagnosis, treatment and self-management Integrate bioscience education re imaging technique and quality control Insurance requirement easy to support care	On-site patient navigator (staff member or nurse) facilitates patient triage through diagnosis and treatment	Clinical information systems Health system network Imaging facility Genetic pathology laboratory Radiation therapy	"Breast Center" with clinician, staff and breast imaging services Breast protocols for multidisciplinary care
Enhanced	Educator regarding survivorship Lymphedema education Educator regarding stress care	Organization of patient volunteer network (provided nursing services) (bring home care nursing) Psycho-social & lymphedema therapy Diets (nutritionist)	Patient navigator team from each discipline supports patient "Transition" during key transitions from specialist to specialist to ensure continuation of therapy	Centralized health center (center) Multidisciplinary care model Patient-friendly care environment Patient navigation system	Multidisciplinary breast programs Oncology nurse specialists Physician assistants
Maximal		Organization of national medical breast health groups		Centralized, interconnected regional cancer centers	

Detección temprano

Level of resources	Public Education and Awareness	Detection Methods
Basic	Development of culturally sensitive, linguistically appropriate local education programs for target populations to teach value of early detection, breast cancer risk factors and breast health awareness education + self-examination	Clinical history and CBE
Limited	Culturally and linguistically appropriate targeted outreach/education encouraging CBE for age groups at higher risk administered at interpersonal level using healthcare providers in the field	Diagnostic breast US +/- diagnostic mammography in women with positive CBE Mammographic screening of target group*
Enhanced	Regional awareness programs targeting breast health linked to general health and women's health programs	Mammographic screening every 2 years in women ages 50-59 [†] Consider mammographic screening every 12-18 months in women ages 40-49 [†]
Maximal	National awareness campaigns regarding breast health using media	Consider annual mammographic screening in women ages 40 and older Other imaging technologies as appropriate for high-risk groups*

Diagnostico

Level of resources	Clinical	Imaging and Lab Tests	Pathology
Basic	History Physical examination Clinical breast examination (CBE) Tissue sampling for cancer diagnosis (cytology or histology) prior to initiation of treatment		Pathology reports received to assist breast health by any available sampling procedure Pathology report containing appropriate diagnosis and prognostic predictive information to assist tumor site, lymph node status, histology, type and tumor grade Process to establish formal report system pending resulting reports Assessment of response to therapy Documentation and reporting of TNM stage
Limited	US-guided FNAB of mammographically suspicious axillary nodes Sentinel lymph node (SLN) biopsy with blue dye	Diagnostic breast ultrasound (US) Plain chest and skeletal radiographs Low-dose Blood chemistry profile* Complex breast core†	Determination of ER status by IHC Determination of HER-2/neu status (IHC) Assess presence of LVI Assess extent of lymph node metastasis
Enhanced	Image guided breast biopsy Preoperative needle localization under mammogram or US guidance SLN biopsy using radiolabelled	Diagnostic mammography Stereotactic radiography Bone scan, CT scan Cardiac function monitoring	Measurement of HER-2/neu expression or gene amplification Determination of PI value by IHC
Maximal		HER-2/neu, MR scan, breast MRI, MR/DX2 testing Mammographic risk modeling	IHC testing of sentinel nodes for metastasis to select neoadjuvant and systemic management Pathology risk modeling Gene profiling tests

Tratamiento: estadio I

Level of resources	Local/Regional Treatment		Systemic Treatment (Adjuvant)		
	Surgery	Radiotherapy	Chemotherapy	Endocrine Therapy	Supportive Therapy
Basic	Modified radical mastectomy			Orphenadrone in premenopausal women Tamoxifen*	
Limited	Breast conserving surgery† Sentinel lymph node (SLN) biopsy with blue dye†		Classical CMF† AC, EC, or FAC†		
Enhanced	SLN biopsy using radiolabelled Breast reconstruction surgery	Breast conserving whole breast irradiation as part of breast conserving therapy†	Tamoxifen Aromatase inhibitors Luteal agonists	Aromatase inhibitors Luteal agonists	Trastuzumab for treating HER-2/neu positive disease†
Maximal		Breast factors Dose-dense chemotherapy			

estadio II

Level of resources	Local/Regional Treatment		Systemic Treatment (Adjuvant)		
	Surgery	Radiotherapy	Chemotherapy	Endocrine Therapy	Supportive Therapy
Basic	Modified radical mastectomy		Classical CMF† AC, EC, or FAC†	Orphenadrone in premenopausal women Tamoxifen*	
Limited	Breast conserving surgery† Sentinel lymph node (SLN) biopsy with blue dye†	Postoperative irradiation of chest wall and regional nodes for high-risk cases†			†
Enhanced	SLN biopsy using radiolabelled Breast reconstruction surgery	Breast conserving whole breast irradiation as part of breast conserving therapy†	Tamoxifen Luteal agonists	Aromatase inhibitors Luteal agonists	Trastuzumab for treating HER-2/neu positive disease†
Maximal		Breast factors Dose-dense chemotherapy			

avanzada

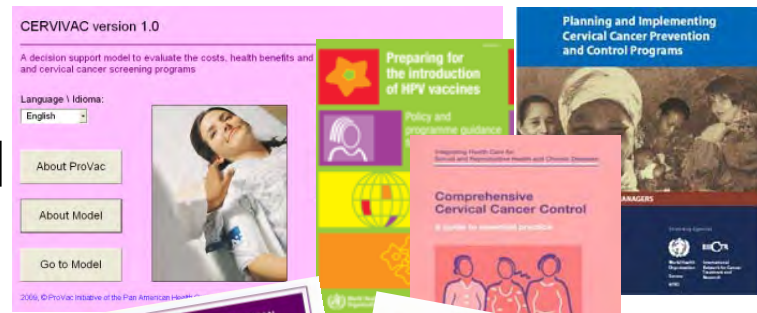
Level of resources	Local/Regional Treatment		Systemic Treatment (Adjuvant or Neoadjuvant)		
	Surgery	Radiotherapy	Chemotherapy	Endocrine Therapy	Supportive Therapy
Basic	Modified radical mastectomy		Preoperative chemotherapy with AC, EC, FAC or CMF†	Orphenadrone in premenopausal women Tamoxifen*	
Limited		Postoperative irradiation of chest wall and regional nodes†			†
Enhanced	Breast conserving surgery Breast reconstruction surgery	Breast conserving whole breast irradiation as part of breast conserving therapy†	Tamoxifen Luteal agonists	Aromatase inhibitors Luteal agonists	Trastuzumab for treating HER-2/neu positive disease†
Maximal		Breast factors Dose-dense chemotherapy			

metastatico

Level of resources	Local/Regional Treatment		Systemic Treatment (Palliative)		
	Surgery	Radiotherapy	Chemotherapy	Endocrine Therapy	Supportive Therapy
Basic	Total mastectomy for palliative breast tumor reductive after breast conserving surgery†			Orphenadrone in premenopausal women Tamoxifen*	Supportive and symptom management
Limited		Palliative radiotherapy	Classical CMF† Aromatase monotherapy or in combination†		
Enhanced			Sequential single agent or combination chemotherapy Testosterone Luteal agonists	Aromatase inhibitors	Biophosphonates
Maximal			Receptor tyrosine kinase inhibitors	Fulvestrant	Breast factors

COOPERACIÓN TÉCNICA DE LA OPS

- Políticas, normas y guías
- Evaluación de programas
- Proyectos demostrativos
- Capacitación
- Intercambio de experiencias
- Iniciativa PROVAC
- Apoyo con la vacuna contra el VPH



INICIATIVA DE LA OPS CÁNCER EN LA MUJER





<http://iccc5.com/>

5TH INTERNATIONAL
CANCER CONTROL CONGRESS

INTERNATIONAL COLLABORATION

NOVEMBER 3-6, 2013 | LIMA, PERU

WESTIN LIMA HOTEL & CONVENTION CENTER



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DEL VIRUS PAPILOMA HUMANO
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