

Breast and Cervical Cancer in the Caribbean and PAHO/WHO Recommendations

Silvana Luciani

Advisor, Noncommunicable Diseases Unit
Pan American Health Organization

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Overview

- Breast and cervical cancer burden and response capacity in the Caribbean
- PAHO/WHO strategy and guidance
- Challenges and opportunities to improve effectiveness of programs



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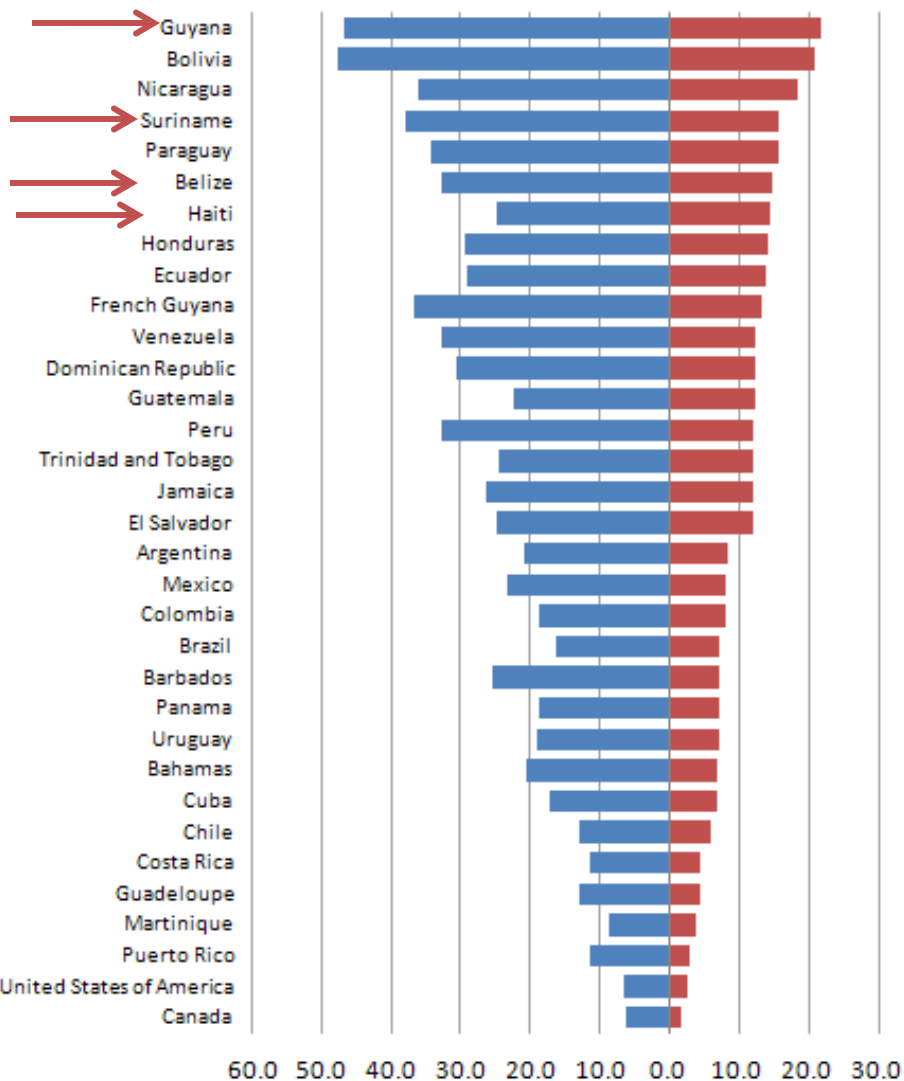
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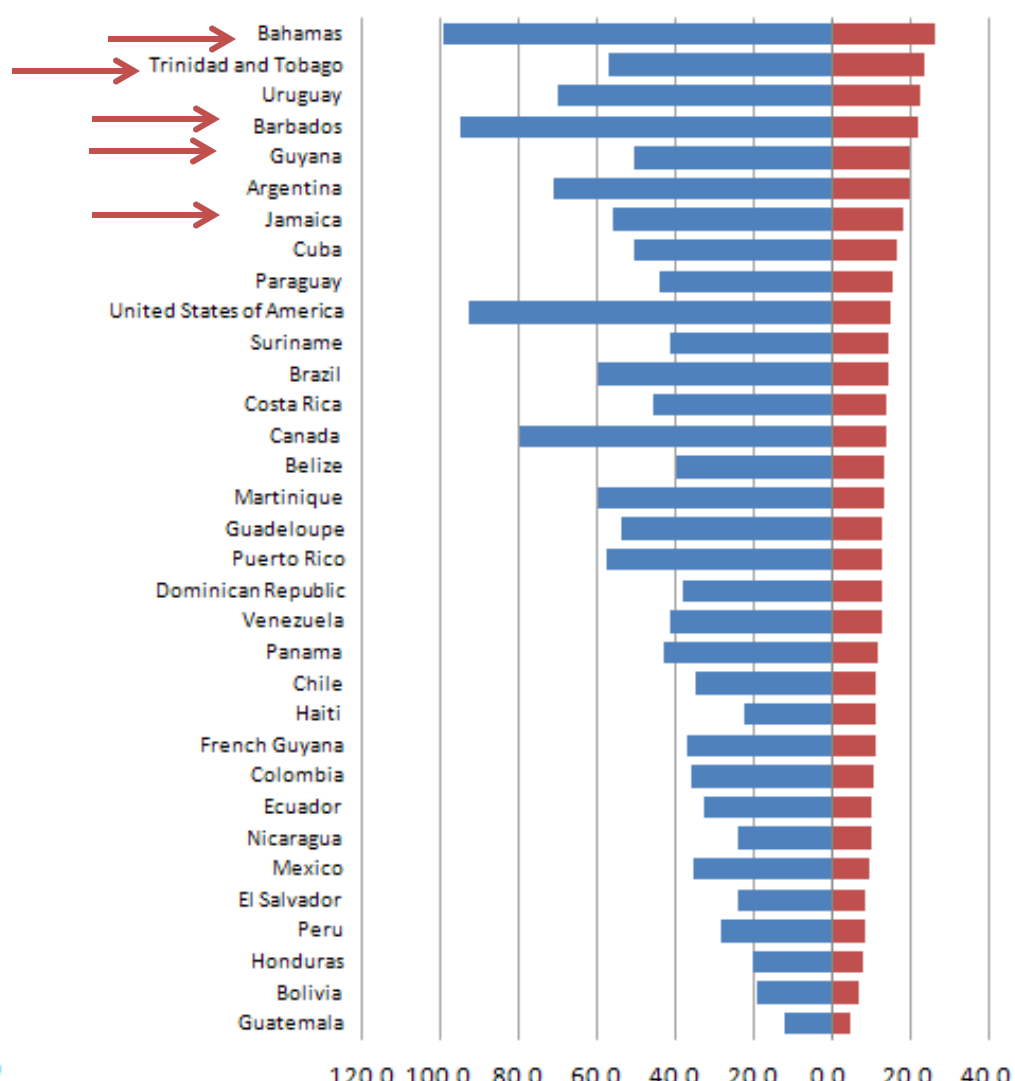
Cervical and Breast Cancer in the Americas

In the Caribbean, 16,300 women are diagnosed and 6,180 women die each year from these cancer types

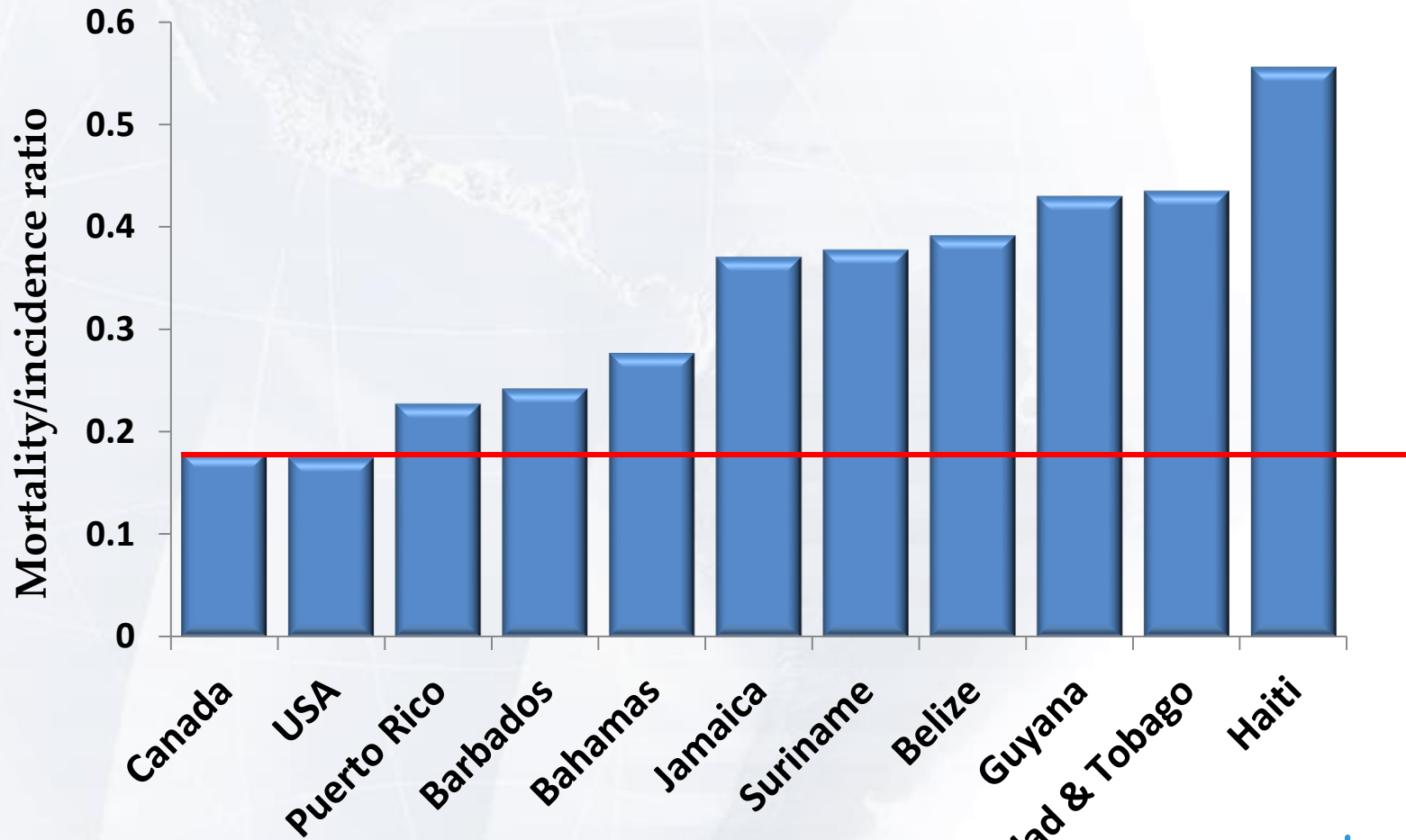
Cervical Cancer



Breast Cancer



Mortality to Incidence Ratio Breast and Cervical Cancer



Source: GLOBOCAN 2012 (IARC)



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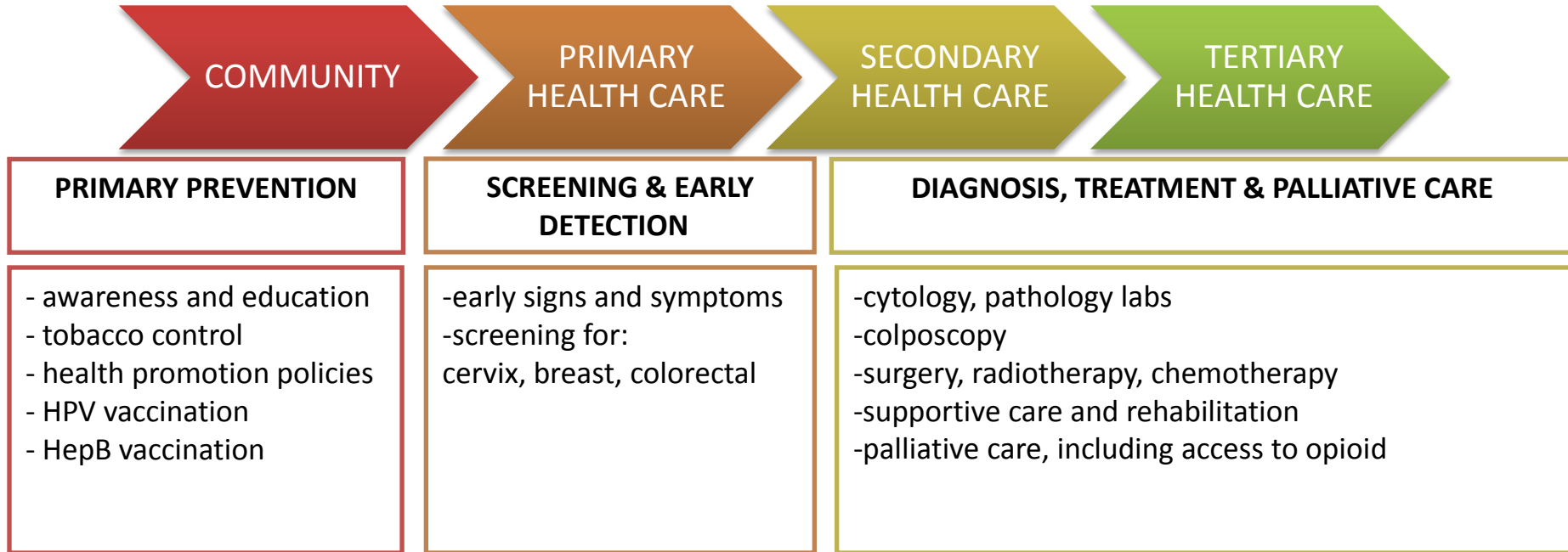
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Political Commitments for NCDs and Cancer

2005	WHA	Resolution on cancer prevention and control
2007	CARICOM	Heads of State Declaration on NCDs
2011	UN	High Level Meeting and Declaration on NCD
2013	WHA	Global Monitoring Framework on NCD
	PAHO	Regional Plan of Action on NCDs
2014	PAHO	Universal health access and coverage
	WHA	Palliative care resolution



COMPREHENSIVE CANCER PLAN



ORGANIZED PROGRAM

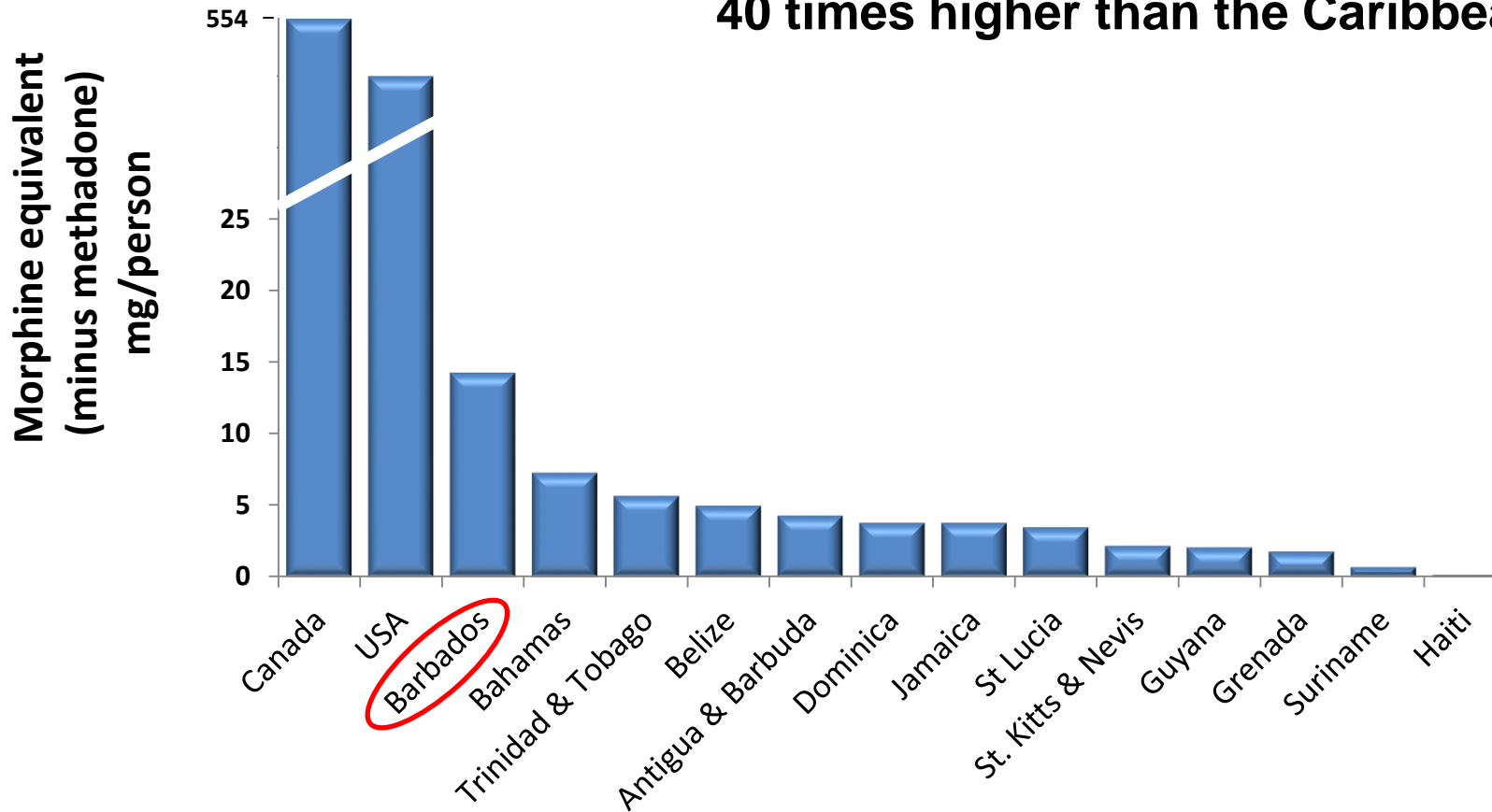
[budget, training, cancer registry, quality assurance]

OVERVIEW OF CANCER PROGRAMS

	Antigua & Barbuda	BAH	BARB	BLZ	CUR	DOM	GRDA	GUY	JAM	PR	St Kitts & Nevis	St Lucia	SUR	TT
Cancer policy/plan														
HPV vaccine														
Organized cxca screening														
Organized breast ca screening														
Radiotherapy														
Palliative care services														
Cancer registry														

Opioid Consumption

Consumption in Canada and the USA is 40 times higher than the Caribbean



PAHO's REVOLVING FUND & STRATEGIC FUND

REVOLVING FUND – vaccines

HPV Vaccines - \$8.50

STRATEGIC FUND – essential medicines

asparaginase	docetaxel
bleomycin	doxorubicin
calcium folinate	etoposide
carboplatin	ifosfamide
chlorambucil	mercaptopurine
cisplatin	mesna
cyclophosphamide	morphine
cytarabine	methotrexate
dacarbazine	tamoxifen
dactinomycin	procarbazine
daunorubicin	vinblastine
	vincristine



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Cost Savings Through the PAHO Strategic Fund

Medicine	SF Price (US\$)*	Country 1 **		Country 2 **	
		Price (US\$)	% Diff	Price (US\$)	% Diff
Cytarabine (100 mg, Pwdr for Inj)	\$3.40	\$12.74	275%	\$3.51	3%
Docetaxel (20 mg/ml, Inj)	\$5.95	---	---	\$89.00	1395%
Doxorubicin (50 mg, Pwdr for Inj)	\$8.35	\$8.80	5%	\$13.75	65%
Etoposide (20 mg/ml, Inj)	\$2.38	\$3.60	52%	\$3.56	50%
Ifosfamide (1 g, Pwdr for Inj)	\$17.76	---	---	\$28.00	58%
Vinblastine (10 mg, Pwdr for Inj)	\$2.94	\$9.94	238%	\$5.20	77%

* PAHO SF price is an estimate of the cost based on Long Term Agreements (LTAs) with manufacturers including freight, shipping and insurance up to port of delivery. Also includes 3% contribution to the PAHO Capitalization Account and 1.25% PAHO administrative fee. In all cases product are subject to a quality assurance process.



WHO Recommendations

Cervical Cancer Prevention and Control

Comprehensive approach

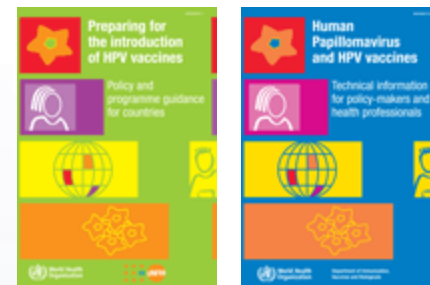
HPV vaccine in national immunization programs, if:

cervical cancer prevention is a priority

it is feasible and has sustainable financing

priority: girls aged 9-13 years

2 or 3 dose schedule

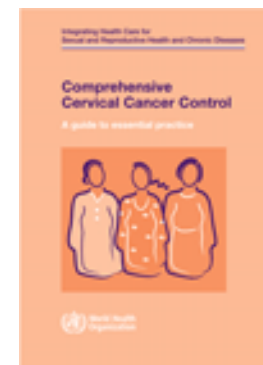


Screening:

HPV DNA test, cytology, or VIA

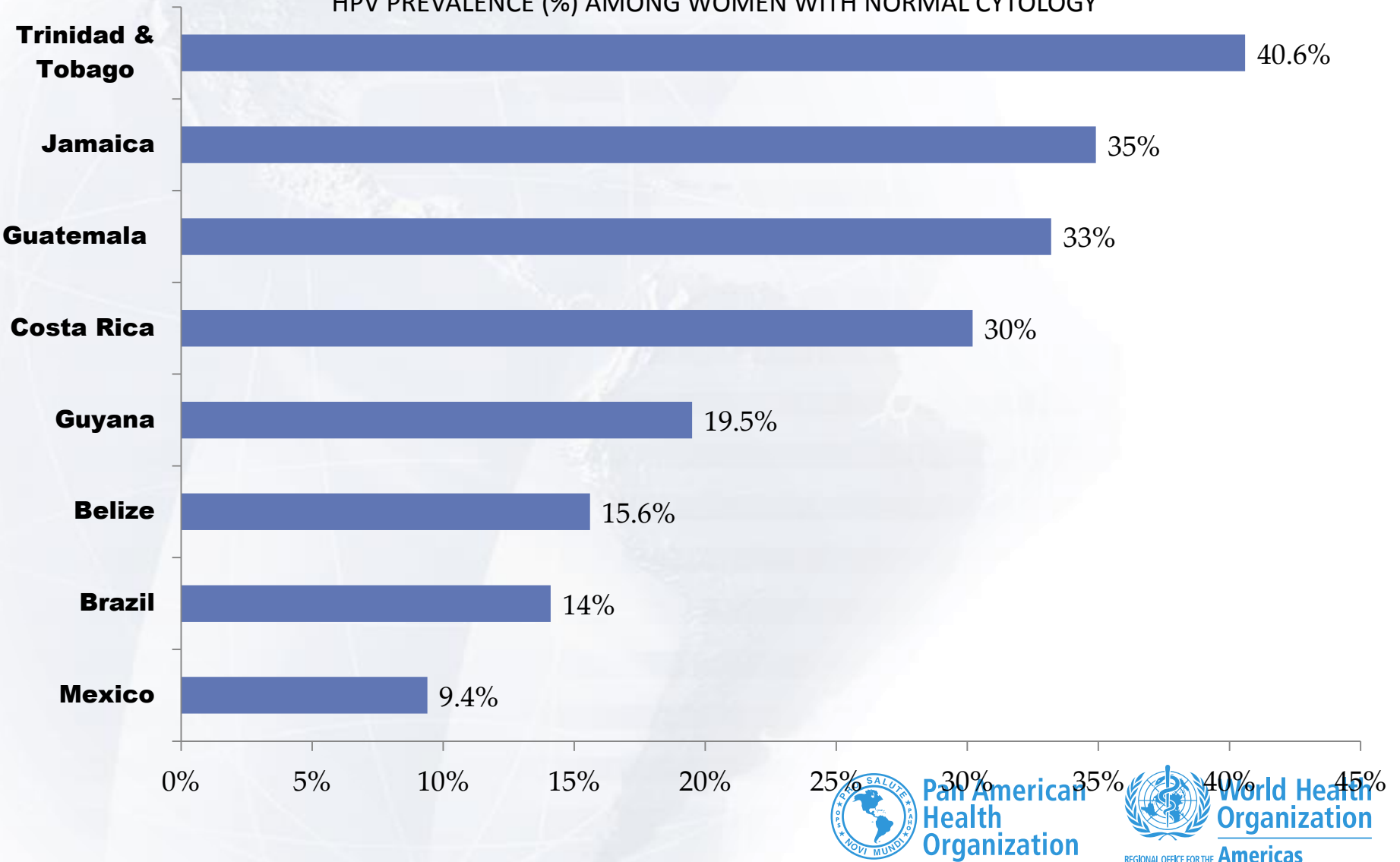
women aged 30-49 years, every 3-5 years

cryotherapy treatment for pre-cancer



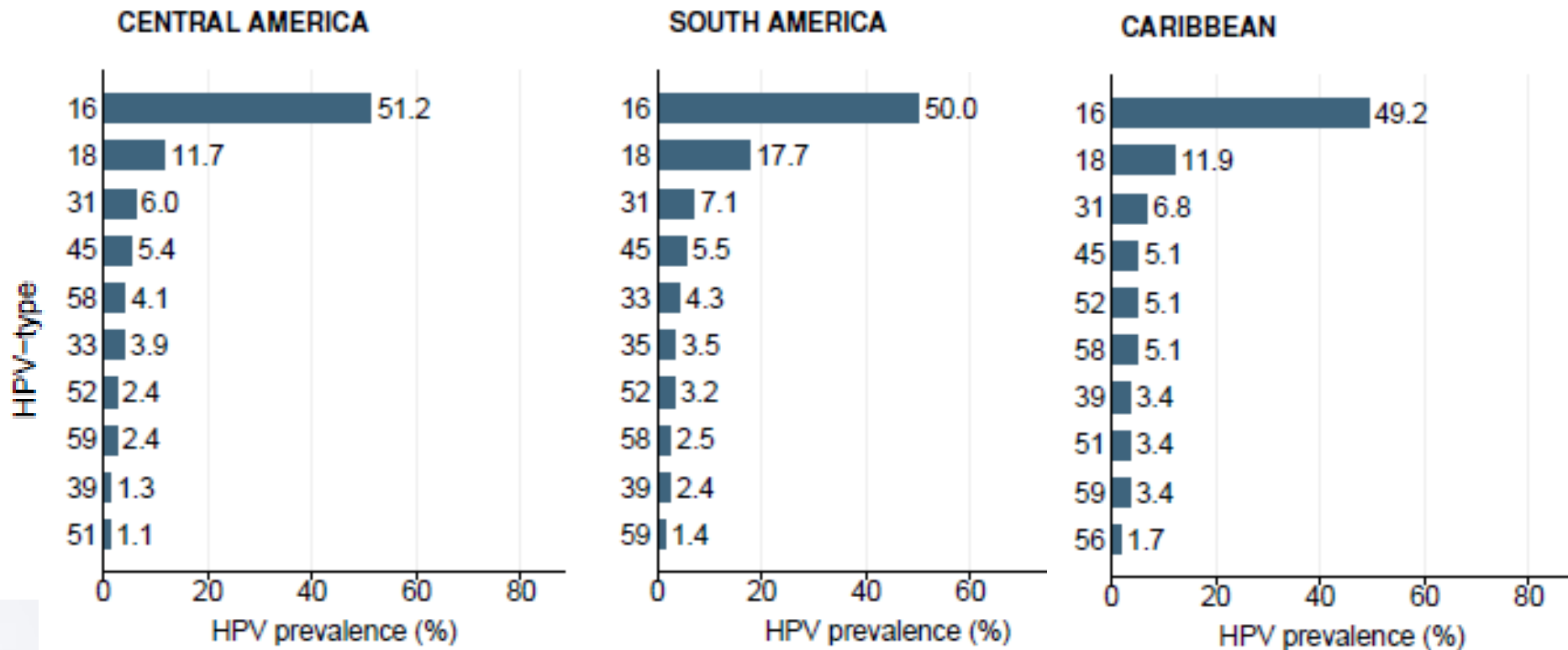
HPV Prevalence in Latin America and the Caribbean

HPV PREVALENCE (%) AMONG WOMEN WITH NORMAL CYTOLOGY

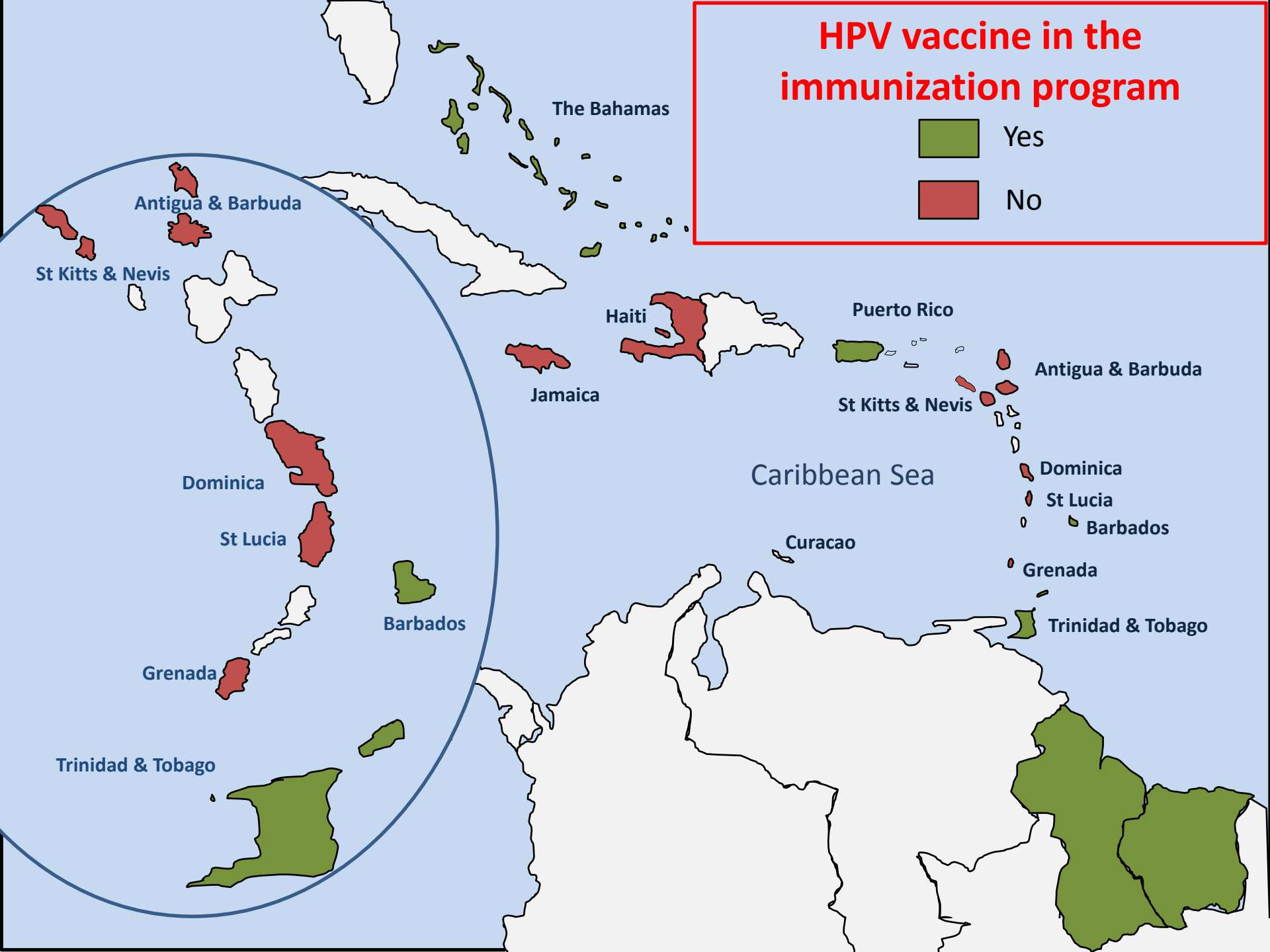
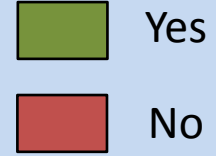


Source: ICO. Human papillomavirus and related disease report. 2015

HPV Type Prevalence in Latin America and the Caribbean among women with cervical cancer



HPV vaccine in the immunization program



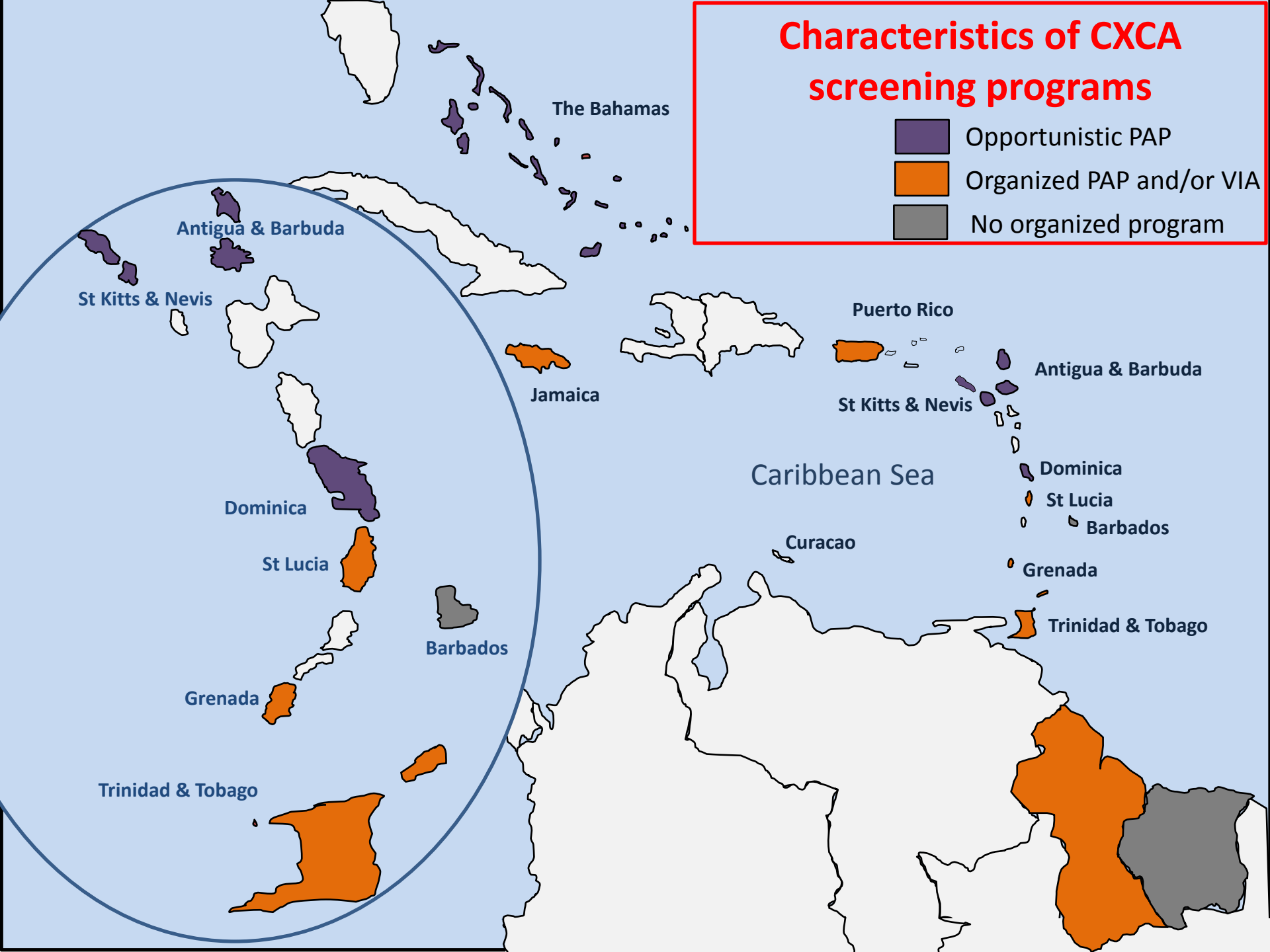
WHO Cxca Screening Recommendations

- HPV testing over other screening strategies
- Where high quality cytology screening followed by colposcopy exists, HPV test w/ cytology triage followed by colposcopy is an option
- VIA screen and treat, in resource constrained settings where screening with HPV test is not feasible



Characteristics of CXCA screening programs

- Opportunistic PAP
- Organized PAP and/or VIA
- No organized program



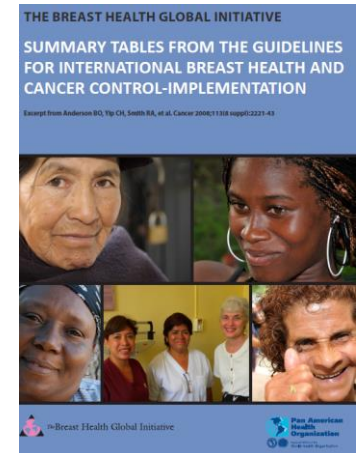
PAHO/WHO RECOMMENDATIONS

Comprehensive breast cancer program

- strategies according to health system resource level
- sustainable financing
- priority: early detection linked to timely treatment

Population based screening

- Mammography: 50-69 years of age, every 2 years
- clinical breast examination in demonstration areas
- physical examination of breasts and refer for diagnosis



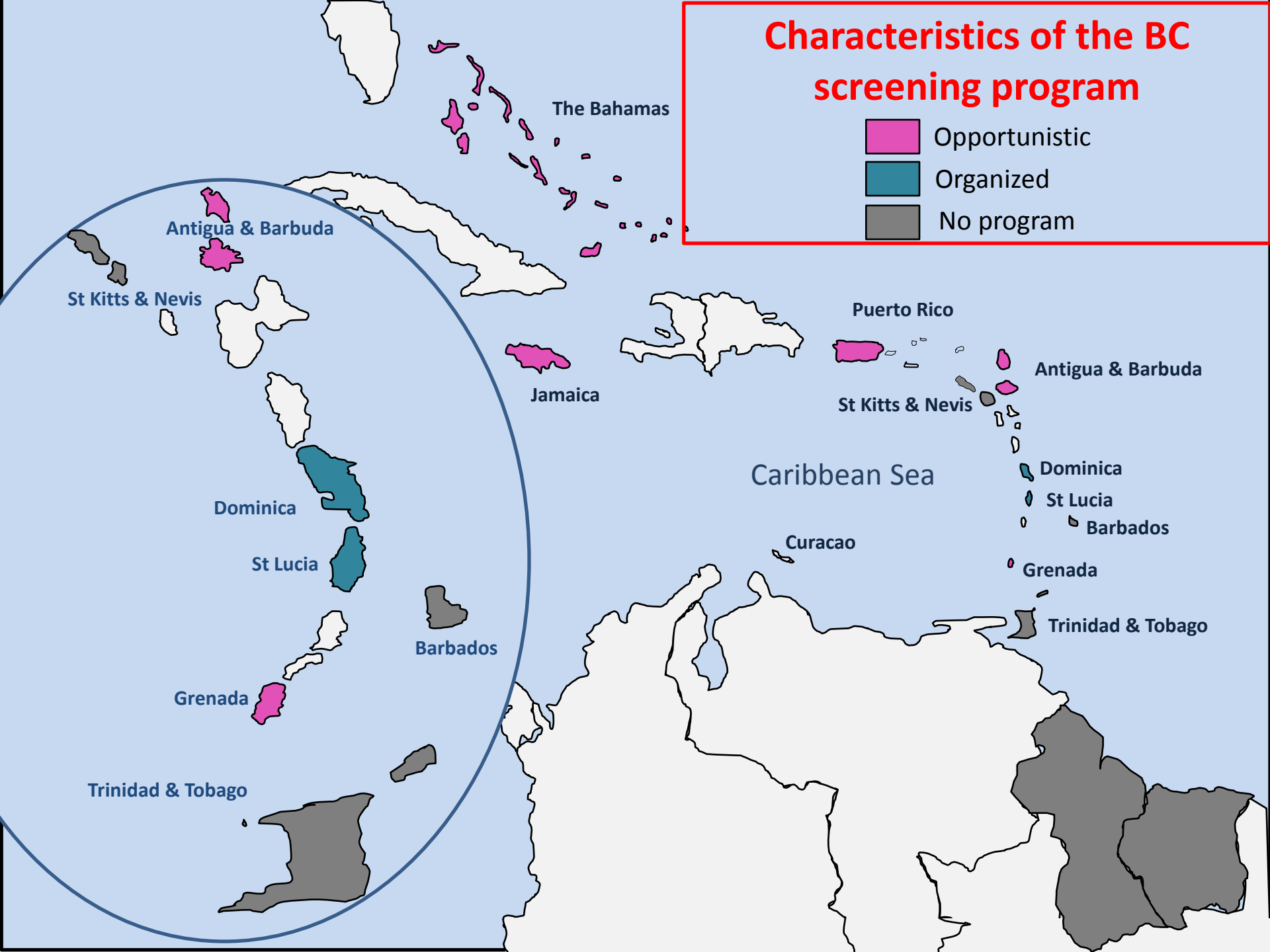
Diagnosis - clinical, imaging and pathology (ER status by IHC)

Treatment - surgery, radiotherapy, chemotherapy, endocrine/biological therapy

Palliative Care- pain and symptom relief, psychosocial spiritual support

Characteristics of the BC screening program

- Opportunistic
- Organized
- No program



Challenges to Improve Breast and Cervical Cancer Programs



competing public health priorities



limited awareness and demand



adoption of new strategies

financial implications



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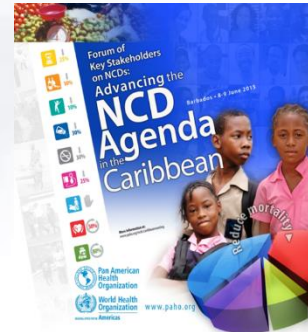


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OPPORTUNITIES

1. Political commitments for NCDs
2. Community mobilization opportunities
3. International cooperation



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