

Breast and Cervical Cancers in Barbados A Situational Analysis

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Background

Population 287,400 (May 9, 2016)



Barbados Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2015-2019

- ▶ Identifies priority action aligned with the Caribbean Cooperation In Health (CCH3)
- ▶ Provides the framework for planning and programme implementation
- ▶ Integrative disease management and patient education
 - ▶ Patient education enhanced
 - ▶ Screening and early detection enhanced (80% of at risk population screened by 2017)
 - ▶ Priority cancers addressed
- ▶ Palliative care enhanced

Behavioural Risk Factors in Women 25 years and Older

Risk Factor	Females (%)
Prevalence of:	
Current Tobacco smoking (%)	3.7
Alcohol consumers (last 12 months)	29.9
Fruit and vegetable intake in adults (% of persons who eat less than 5 servings of fruits and vegetables a day)	88.5 %
Low Physical activity	67.2
Obesity in adults (>30kg/m ²)	43.4

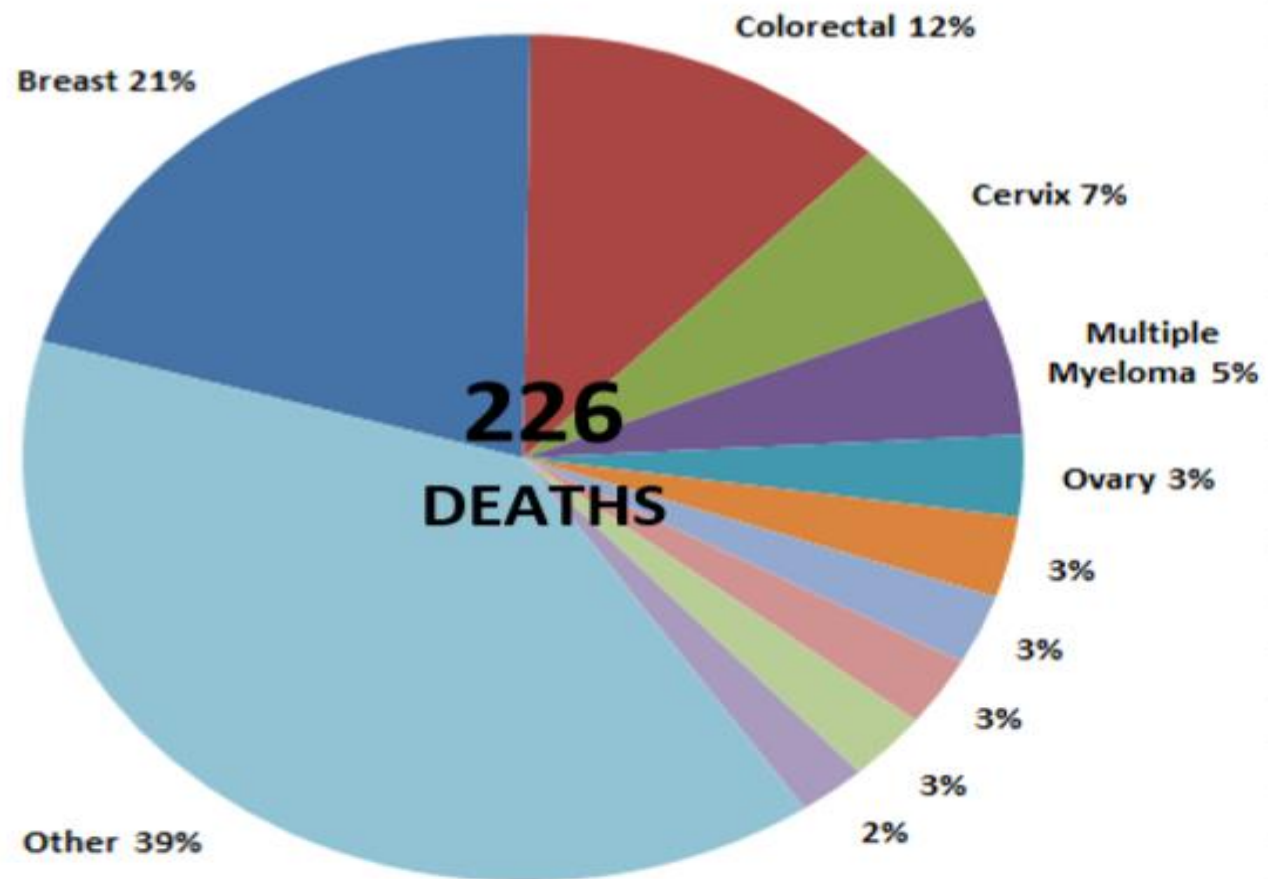
Source: The Barbados Health of the Nation Study (HotN) core findings 2015-National cross-sectional population based survey

Cancer in the Barbadian Female

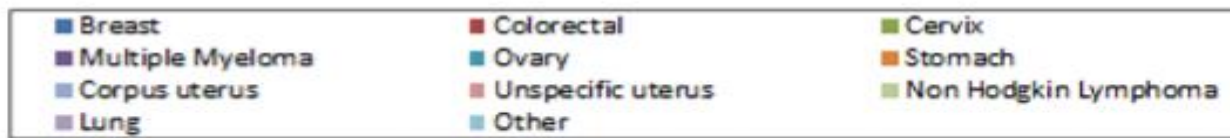


CANCER MORTALITY PROFILE (2008)

WOMEN



Source: Barbados Cancer Profile –PAHO, 2013



Treatment for first cancers

**Proportion of patients with colon, breast, cervix or prostate cancers
having treatment for their first tumour; Barbados, 2008**

First treatment	Colon		Breast		Cervix		Prostate		All 4 sites	
	No.	%	No.	%	No.	%	No.	%	No.	%
Surgery	74	96.1	99	83.9	30	90.9	4	3.1	207	58.1
Hormone therapy	0	0.0	3	2.5	0	0.0	114	89.1	117	32.9
Chemotherapy	1	1.3	16	13.6	2	6.7	2	1.6	21	5.9
Radiotherapy	0	0.0	0	0.0	0	0.0	7	5.5	7	2.0
Other	2	2.6	0	0.0	1	3.0	1	0.8	4	1.1
Total	77		118		33		128		356	

Source: Cancer in Barbados 2008:
Annual report of the BNR-Cancer

Mean time to first treatment and proportion treated within 4 weeks

**Mean time to first treatment and proportion treated within 4 weeks
for patients with colon, breast, cervix or prostate tumours; Barbados, 2008**

Tumour site	Time to first treatment (days)		Treated within 4 weeks		
	Mean	Median	No.	%	95% CI
Colon	38	17	77	61.0	49.2–72.0
Breast	44	30	118	39.8	30.9–49.3
Cervix	72	57	33	18.2	7.0–35.5
Prostate	107	81	128	13.3	7.9–20.4

Source: Cancer in Barbados 2008:
Annual report of the BNR-Cancer

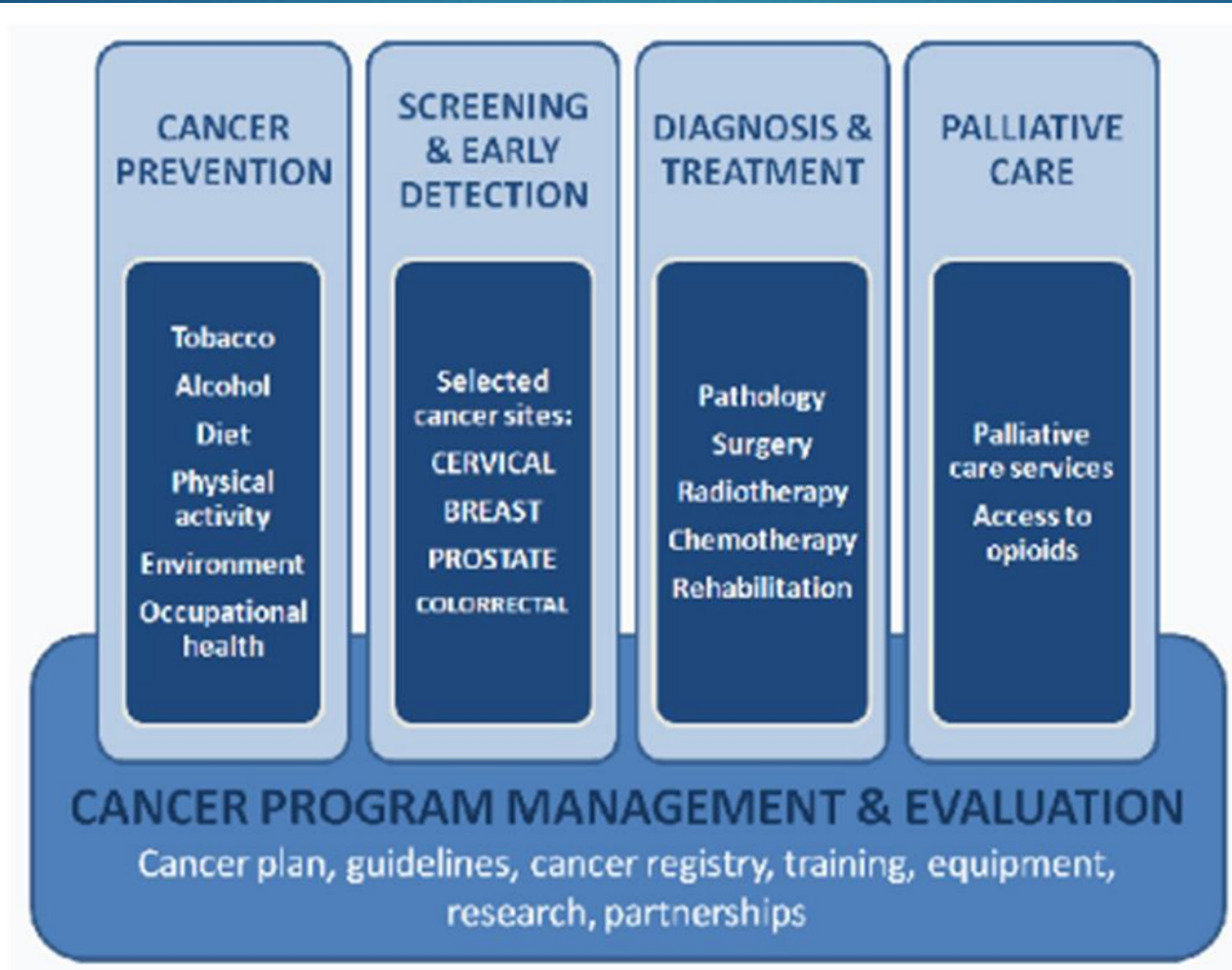
Five-year survival from cancer for patients diagnosed in 2008, for main sites (diagnosed in 85% of patients), Barbados (N=946)

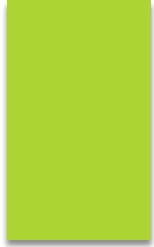
Site	Total number of patients	Total number of deaths	5-year survival rate (%)
All sites combined	1117	498	47.8
NMSC*	228	24	85.7
Cervix and uterus	93	35	51.0
Prostate	208	77	49.5
Breast	142	45	47.4
Colorectal	146	87	32.9
Blood and bone marrow	42	33	15.8
Stomach	32	27	13.4
Respiratory and intra-thoracic	40	35	11.8
Pancreas	15	15	0.0

*NMSC: Non-melanoma skin cancer.

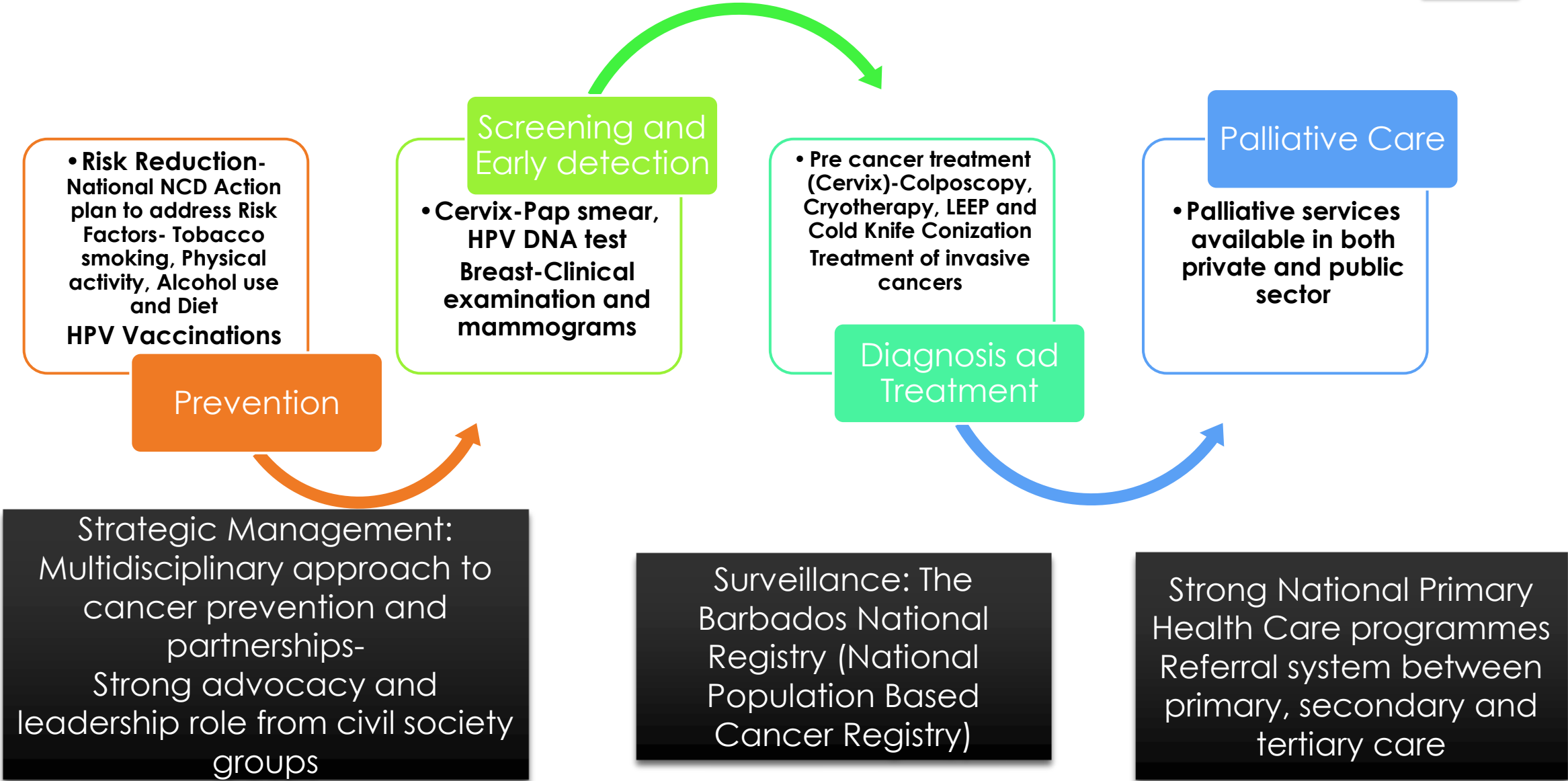
Source: Cancer in Barbados 2008: Annual report of the BNR-Cancer

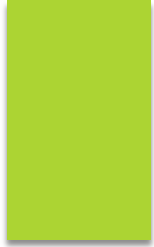
Cancer Control Program





Cancer Prevention Program- Barbados





Capacity for Cancer Control In Barbados

National Cancer Plan			In development
Budget for the Cancer Program			No
Monitoring and Evaluation			No
Screening Services	Cervical cytology	Available in both the private and public sector.	
	Clinical breast Examination		
	mammography		
Chemotherapy			Available
Radiotherapy			Available
Oral Morphine			Available

Guidelines- standards to allow auditing of the quality of care

Training- required at all levels

Equipment- lack of access in the public sector

Research-limited information technology and Health information support

Gynaecological Cancer and Diagnostic Unit at the Queen Elizabeth Hospital (QEH).



President of the Barbados Cancer Society
Dr Dorothy Cooke-Johnson and Minister of
Health John Boyce cutting the ribbon to
open the Gynaecological Cancer and
Diagnostic Unit. -

- ▶ The unit serves as a referral, diagnostic and therapeutic centre for women diagnosed with gynaecological cancers, such as cervical, ovarian, uterine and endometrial, vaginal and vulvar.
- ▶ The centre offers PAP smears and colposcopy clinics for early detection and treatment of non-invasive cancers
- ▶ Allows for seamless referral for those individuals who require further interventions like surgery, chemotherapy and radiotherapy,

Challenges

- ▶ Loss of technical and financial support from international donors
- ▶ Reduced financial commitment from local government due to economic downturn
- ▶ Less than adequate technical and administrative support to enhance prevention and control activities
- ▶ Lack of integrated clinical management programme and systematic reporting
- ▶ Risk Reduction Factor:
 - ▶ Continued perception by policy makers and the public that the priority in health revolves around tertiary care preventions
- ▶ Lifestyle component
- ▶ Treatment:
 - ▶ Human resources-Access and staffing ratio at QEH
 - ▶ funding of second line drugs
 - ▶ Training of junior staff needed to improve patient outcomes

Identifying Breast Cancer Screening Barriers among Barbadian women

- ▶ Fear of a breast cancer diagnosis
- ▶ Fear of the mammogram machine
- ▶ Fear of losing a romantic relationship as the result of a breast cancer diagnosis (women aged 40-49)
- ▶ Fear of being stigmatized



A Report by Misha Granado and Angela Rose

Opportunities For Change-Way Forward

- ▶ All of Government response- all sectors working together to address the risk factors
- ▶ Increasing commitment of all stakeholders to communicate and advocate for issues pertaining to women cancers in the Caribbean
- ▶ Support from agencies such as Caribbean Public Health Agency (CARPHA) in the area of surveillance
- ▶ Strong alliance with Media to continue to bring awareness to the issues
- ▶ Willingness of the public to engage in issues pertaining to the adoption of healthy lifestyles
- ▶ Development and implementation of a national cancer plan



The End
Thank You

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