

THE TRINIDAD AND TOBAGO EXPERIENCE

Towards Improved Breast and Cervical Programs

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The Caribbean

Mantie Ocean

Cayman Islands

Jamaic

Turks & Caicos Islands

Dominican Hait. Republic

US Virgin Islands

British Virgin Islands Puerio Anguilla

St Martin/St Maarten St Barts

Saba St Eustatius St Kitts & Nevis

Dominica

St Vincent & the Grenadines

Antiqua & Barbuda

Guadeloupe

Martinique

Barbados

Montserrat

Caribbean Sea

Aruba

Curação

St Lucia

Grenada 4

Trinidad & Tobago

Demographics

- Population: 1,222,363 (July 2015)
- Sex ratio: 1.03 males/1.00 females
- Life expectancy:

male: 68.81 years

female: 74.6 years

• Population growth rate: -0.13%

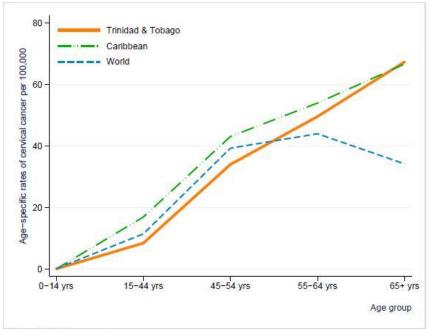
Demographics

- · Health Expenditure: 5.6% of GDP
- Annual government expenditure on chemotherapy drugs 15,000,000.00 USD in 2014-2015
- Chronic non communicable diseases account for 60% of all deaths with cancers being ranked #2



Age-specific Incidence Rates

Age-specific incidence rates of cervical cancer in Trinidad & Tobago compared to estimates in Caribbean and the World



Rates per 100,000 women per year.

Data source

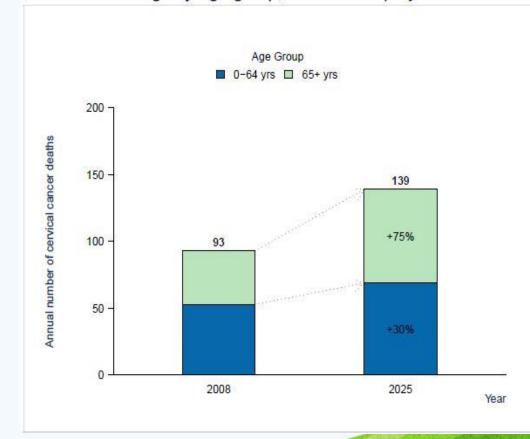
IARC, Globocan 2008. Age-specific data from GLOBOCAN 2008 were obtained from IARC, personal communication. For specific estimation methodology refer to http://globocan.iarc.fr/DataSource_and_methods.asp.

- Trinidad and Tobago has a population of 533,000 women ages 15 years and older who are at risk of developing cervical cancer.
- Cervical cancer ranks the 2nd most frequent cancer among women between the ages of 15 and 44 years of age

Mortality

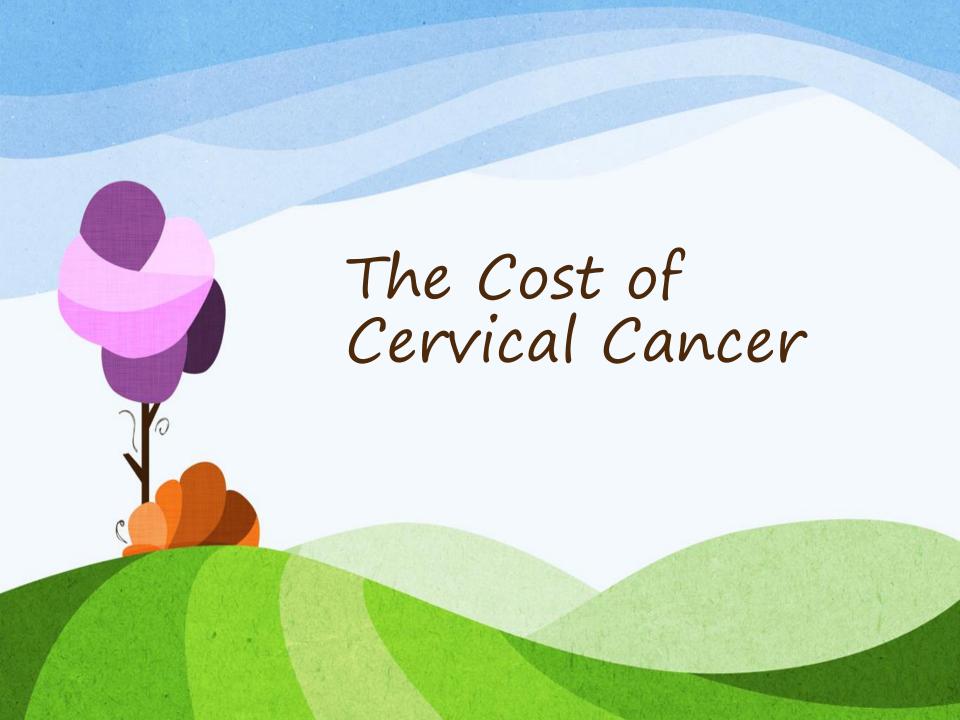
 Current estimates indicate that every year 125 women are diagnosed with cervical cancer and 93 die from the disease.

Estimated number of deaths of cervical cancer in Trinidad & Tobago by age group, in 2008 and projected in 2025



TRINIDAD AND TOBAGO GYNAEONCOLOGY SERVICES

- 2 Gynaeoncology clinics in Trinidad and Tobago
- · Weekly Tumor Board Meetings
- Colposcopy services offered at all the major public hospitals



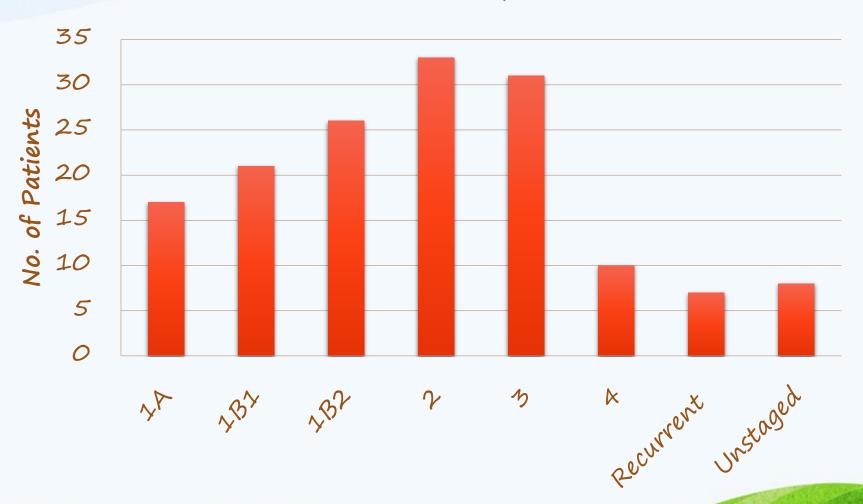
SWRHA

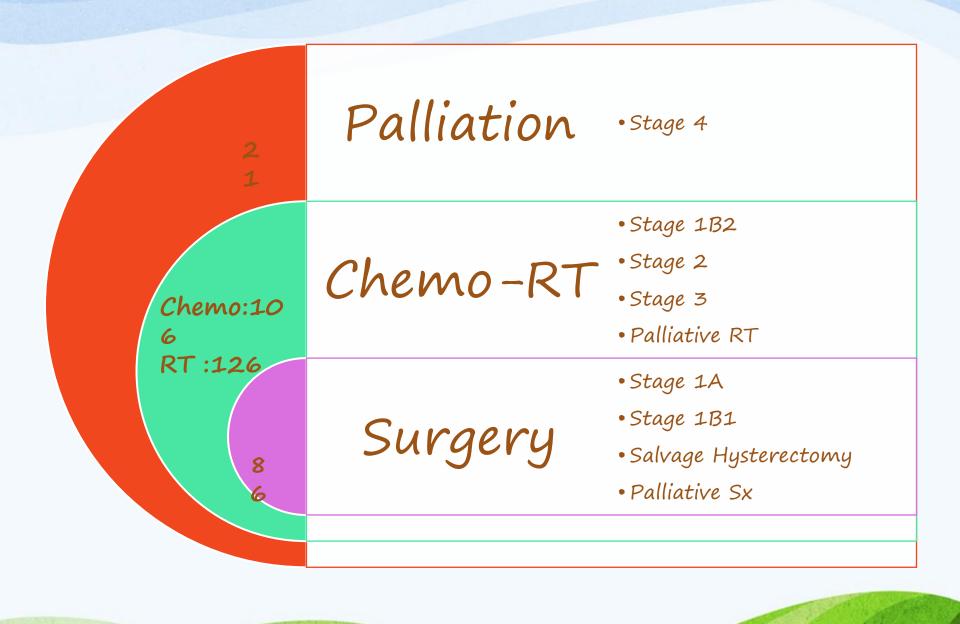


Study Design

- Retrospective, Cervical Cancer cases presenting between June 2009 - June 2012
- Oncology practice, at San Fernando General Hospital (South West Regional Health Authority), Trinidad and Tobago
- Women between the ages of 20-60, who are sexually active (The target population for cervical cancer screening)

Distribution of patients by Stage of cancer at presentation





Cost of treatment over period 2009-2012 (Surgical)

Neoadjuvant/Curative RHPLND/Post chemo Sx

• 86 X \$40,000 .00 =\$3,440,000.00

Bed Space

• 86 x 4 x \$2000.00 =\$688,000.00 Total Surgical Cost

• \$4,128,000.00

Cost of treatment over period 2009-2012 (Chemo-RT)

Chemotherapy

• 106 x \$8000.00 = \$848,000.00





\$7,023,000.00

Radiation Therapy

- Radical R7
- 121 X \$50,000.00
- · Palliative RT
- 5 X \$25,000.00 =\$125.000.00

Cost of treating study population

Surgical

• \$4,128,000.00

Chemotherapy

• \$848,000.00

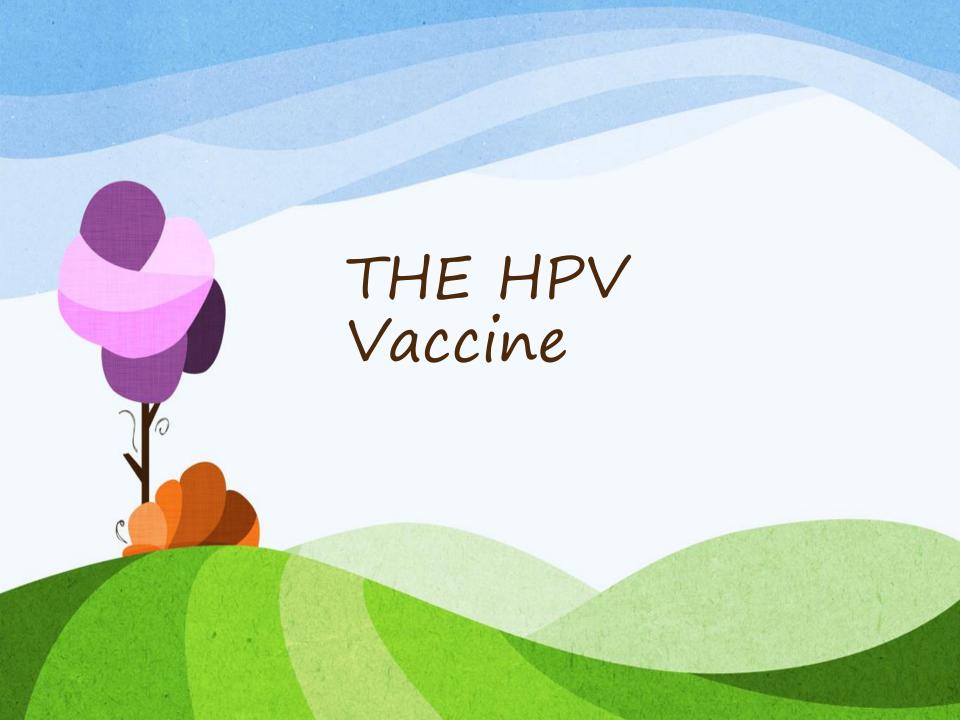
Screening +
Treating
Abnormal Smears

• \$2,136,000.00

Total Cost

\$13,287,000. 00 Radiation therapy

• \$6,175,000.00



HPV vaccine administration

- Target population includes school leavers at primary school as well as first formers
- School health unit in counties given the responsibilities to vaccinate
- Parents are sent a note to accompany their child to the health center
- Consent is obtained prior to the adminstration of the vaccine
- Eligible adults who request the vaccine are facilitated

KAPB study on human papilloma virus and cervical cancer among Trinidadian women

- cross-sectional survey among 426 women in the reproductive age group
- 58.4% of participants had attained secondary level education
- 76.5% of women knew of cervical cancer
- · 25.4% were aware of HPV
- 15.9% knew of the association between HPV and cervical cancer

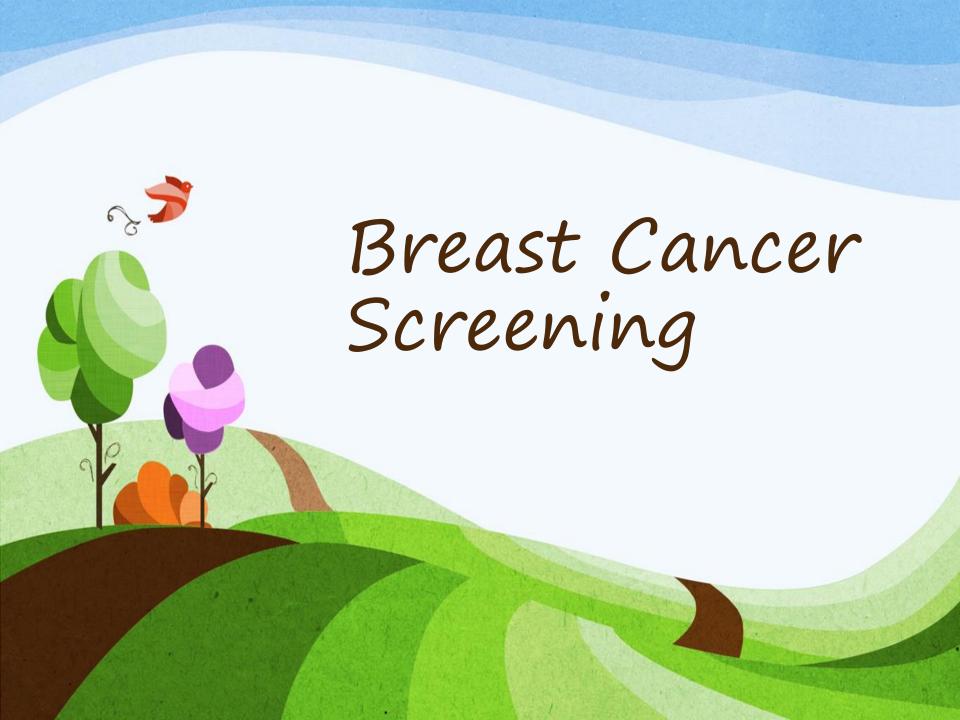


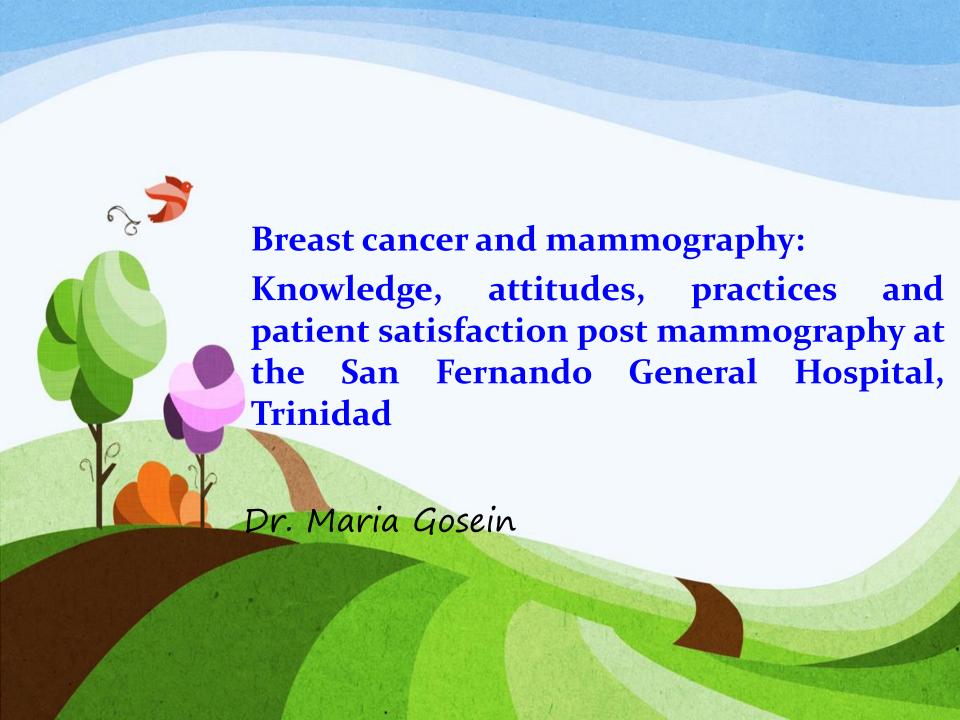
BREAST CANCER - Trinidad and Tobago

- Most common cancer amongst women in Trinidad and Tobago (23% of cancer deaths among women)
- Mean age at diagnosis is 56 years
- 38% of women present with locally advanced beast cancer
- women of African ancestry have the highest age-standardized BC mortality rates 30.82 per 100,000 in the population
- 12% BRCA (1 and 2) positivity in the native women breast cancer population

BREAST CANCER -Management

- All major public hospitals have mammography units
- There are 2 specialized public breast cancer surgical units offering breast oncoplastic surgery
- All major public hospitals have surgical tumor board meetings weekly that discuss breast cancer cases
- Reconstructive surgery is offered free of charge in the public service
- All women in the public service requiring post operative radiation to the breast/chest wall will receive 3 DCRT/IMRT treatment





Population characteristics

Characteristic	Number	Percentage*		
Age				
< 50	108	34.4		
> 50, <60	119	37.9		
60+	87	27.7		
Ethnicity				
East Indian	184	58.6		
African	90	28.7		
Mixed	40	12.7		
Religion				
Christian	188	59.9		
Hindu	104	33.1		
Muslim	19	6.1		
Other	3	1.0		
Education				
None/Primary	148	47.2		
Secondary	116	36.9		
Technical/vocational	27	8.6		
Tertiary	23	7.3		

E 1				
Employment				
Housewife	142	45.2		
Employed	92	29.3		
Unemployed	45	14.3		
Retired	35	11.2		
Marital Status				
Married	168	53.5		
Single	54	17.2		
Widowed	36	11.5		
Common law	31	9.9		
Divorced/Separated	25	8.0		
Residence				
Urban	277	88.2		
Rural	37	11.8		
Family History				
None	235	74.8		
1st degree relative	34	10.8		
2 nd degree relative	35	11.2		
>2 nd degree relative	10	3.2		

^{*}Rounded off to 1 decimal place

Knowledge of mammography

	Education			Total	
	Primary/None	Secondary	Tech/Voc	Tertiary	
Response	(N=148)	(N=116)	(N=27)	(N=23)	N=314
If a	If an abnormality is seen on a mammogram, most times it is cancer				
Agree	40 (27.0)	14 (12.1)	2 (7.4)	3 (13.0)	59 (18.8)
Disagree	59 (39.9)	68 (58.6)	15 (55.6)	13 (56.5)	155 (49.4)
Don't know/neutral	49 (33.1)	34 (29.3)	10 (37.0)	7 (30.4)	100 (31.8)
p-value = 0.013					
If the mammogra	If the mammogram result indicates that you must have another test done, it most likely means			ely means	
		that you have	cancer		
Agree	47 (31.8)	23 (19.8)	1 (3.7)	1 (4.3)	72 (22.9)
Disagree	56 (37.8)	59 (50.9)	17 (63.0)	17 (73.9)	149 (47.5)
Don't know/neutral	45 (30.4)	34 (29.3)	9 (33.3)	5 (21.7)	93 (29.6)
<i>p-value</i> = 0.001					

No associations:

- 64.7% agreed that non palpable lump can be detected by mammograms
- 43.6% knew that mammograms may not always detect cancer

Presentation

Approximately how long did you have these symptoms before going to a doctor?

	Frequency	Percent
1 week	20	17.2
1 month	25	21.6
a few months (<6)	29	25.0
6 months to 1 year	19	16.4
more than a year	23	19.8

	Education			Total	
	Primary/None	Secondary	Tech/Voc	Tertiary	
Response	(N=148)	(N=116)	(N=27)	(N=23)	N=314
Whose idea was it for you to get a mammogram?					
Friend/family	4(2.7)	2 (1.7)	4 (14.8)	0	10 (3.2)
Yourself	19 (12.8)	47 (40.5)	8 (29.6)	8 (34.8)	82 (26.1)
Doctor	124 (83.8)	65 (56.6)	15 (55.6)	15 (65.2)	219 (69.7)
Other	1 (0.7)	2(1.7)	0	0	3 (0.3)
p-value <0.001					

Attitudes, practices & beliefs

- 51.9% worried about having pain or discomfort during the mammogram
- 39.5% were concerned about radiation
- 62.4% were afraid of finding cancer
- 67.8% performed SBE (35.4% performed SBE once per month)
 - No association with education level
- Similar number (65.6%) also had CBE

	Education			Total	
	Primary/None	Secondary	Tech/Voc	Tertiary	
Response	(N=148)	(N=116)	(N=27)	(N=23)	N=314
I am worried that the compression (squeeze) from the mammogram can cause breast cancer			st cancer		
Strongly Agree	11 (7.4)	8 (6.9)	2 (7.4)	0	21 (6.7)
Agree	17 (11.5)	10 (8.6)	6 (22.2)	1 (4.3)	34 (10.8)
Don't know	61 (41.2)	37 (31.9)	2 (7.4)	7 (30.4)	107 (34.1)
Disagree	47 (31.8)	47 (40.5)	12 (44.4)	10 (43.5)	116 (36.9)
Strongly disagree	12 (8.1)	14 (12.1)	5 (18.5)	5 (21.7)	36 (11.5)
p-value = 0.044					

Implications: Doctor driven screening behaviour

- Access to physician who recommended mammography was strongest predictor of breast cancer screening
 - awareness campaigns, low income, unemployment, low education level were less important predictors
- Locally, women being screened may depend on the doctor they choose to visit
 - Physicians must be encouraged to recommend screening to increase mammography participation rates
 - Clinicians can become more sensitive to common misconceptions and beliefs



CAURA PALLIATIVE CARE UNIT



Palliative Care - Trinidad and Tobago

- · Post graduate program at the UWI
- 3 hospices
- · Shortage of morphine biggest issue
- All of the health authorities have a palliative care service in various levels of development

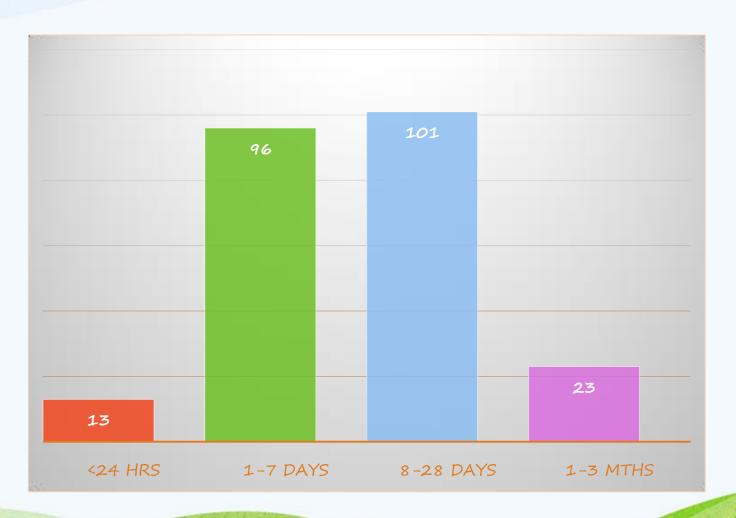
Admission Statistics 2015

Total number of admissions	175
Number of admissions per month	10 - 20
Total number of deaths	129
Total number of re- admissions	7

Diagnoses

Diagnosis	Number of Patients
Breast	31
Bronchogenic	28
Colon	12
CVA	9
Pancreas	8
Prostate	7
Ovary	7
Gastric	7
Rectum	7
Dementia	7
Other	38

Length of in-patient stay







Trinidad and Tobago Cancer Society

- Pap smears
- · Mammograms and breast ultrasounds
- Prostate exams

via mobile units and at center

* The NGO providing the biggest impact on screening in Trinidad and Tobago

Trinidad and Tobago Cancer Society

- Educational Services for the general public
- Advocates for Women's Health Cancer related issues at the government (policy) level
- Facilitating workshops and seminars to bring stakeholders together

Trinidad and Tobago Cancer Society

- Hospice Vitas House:
- 2015 78 patients
- o 50 of whom were female
- o 22 days was the average stay

