



Annual Progress Report to IFPMA

Women's Cancer Initiative in the Americas

Contact:

Areana Quiñones
Director of Programs and
Grants
PAHO Foundation
aquinones@PAHOFoundation.org
1-202-974-3672
www.pahofoundation.org

November 2015

ANNUAL PROGRESS REPORT TO IFPMA Women's Cancer Initiative in the Americas November 2015

PAHO Foundation, with support from IFPMA and its members notably Bristol Myers Squibb and Pfizer, is collaborating with the Pan American Health Organization (PAHO) to address breast and cervical cancer as leading causes of preventable and premature deaths among women in Latin America and the Caribbean (LAC).

Background

Cancer is the second leading cause of death. An estimated 3 million people are newly diagnosed and 1.3 million people die each year in the Americas. Breast and cervical cancer are the most common cancers affecting women; approximately 107,000 women died from breast cancer (82,370) and cervical cancer (24,526) in 2007. These diseases are highly amenable to early detection and cure, but women continue to die prematurely from breast and cervical cancer because of limited access to cost-effective screening and treatment, among other barriers.

The inadequacy of screening and early detection programs is a substantial social and economic burden on individuals, families and whole societies. Breast and cervical cancers found during screening exams are more likely to be localized and the health outcomes and survival rates for women can be significantly improved through effective screening programs. A 2014 report from PAHO found that only 19 of 33 countries in Latin American and the Caribbean reported mammography services as available through the public health sector.

Cancer registration is necessary for cancer control, as knowledge of the country's particular cancer situation and patterns is needed to make informed decisions on the targeted interventions to reduce incidence and mortality. High-quality population based cancer registries (PBCR) at the national level are the ideal standard for cancer registration. In Latin America and the Caribbean these exist in two countries (Costa Rica and Uruguay), although there are regional cancer registries in many countries, and ongoing efforts to establish PBCR.

Goal of the project

The overall goal of the Women's Cancer Initiative is twofold:

1. To improve the quality and effectiveness of national breast and cervical cancer programs in at least 2 countries in Latin America and the Caribbean;
2. To improve the quality and completeness of cancer registries in at least 4 countries.

OBJECTIVES AND ACTIVITIES TO DATE

With the initial IFPMA investment through PAHO Foundation and complimentary resources from PAHO, the following progress was made against project objectives during 2015:

Objective 1:

To raise public awareness and support an informed, empowered community of women to seek breast and cervical cancer screening and early detection services.

Activities under this objective include creating a communications plan for breast and cervical prevention and screening targeted to women, communities and health providers; developing public education materials in Spanish and in English on breast cancer and on cervical cancer; disseminating media messages and press articles to support print, broadcast and web-based reporting on women's cancer issues throughout Latin America and the Caribbean; preparing Spanish and English language materials for health promoters to use with communities; create counseling materials for primary health care providers to use with women to explain procedures for breast and cervical cancer screening and treatment; and continuously disseminate all communication and public education materials throughout Latin America and the Caribbean.

Progress to date includes the following:

- Developed a plan of work to disseminate knowledge about breast and cervical cancer. This includes a brief mapping of cancer control stakeholders, along with identification of information products and target audiences.
- Written public education materials in English and in Spanish on HPV, HPV vaccination, cervical cancer screening and treatment of pre-cancer, and cancer treatment. The Spanish version is currently in layout design, and the English version will then be designed in a similar format. We anticipate dissemination through the web, through our contacts on cancer and NCDs, and through the PAHO/WHO country offices.
- Produced summaries on breast cancer prevention and early detection strategies and program design in English and Spanish. The Spanish version has been disseminated; distribution of the English version is pending editorial corrections.
- Produced a factsheet series in English and in Spanish on HPV, HPV vaccination, cervical cancer screening and treatment of pre-cancer, and cancer treatment. The Spanish version is currently in layout design; the English version will follow shortly.



- Developed an infographic on Women's Cancer with technical assistance from IFPMA.



- The demand for counselling materials is being assessed to determine whether they should be produced in 2016.

Objective 2:

To strengthen national cervical cancer screening programs, in selected countries.

Activities under this objective include hosting a consensus building workshops with key stakeholders to provide evidence on HPV testing and "screen and treat" strategies, and to stimulate policy changes in cervical cancer screening; developing and disseminating in Spanish, English and Portuguese, a "how to" program guide on planning and implementing an HPV test based screening program; and providing assistance to Ministries of Health to plan and implement a demonstration site for an organized screening program based on HPV testing.

Progress to date:

- PAHO found complementary resources in 2015 to organize a series of policy workshops in El Salvador, Guatemala and Costa Rica and in Peru. A regional meeting on HPV DNA testing was also held in 2014.
- A program manual for managers on how to develop and implement an HPV DNA based screening programs is being developed in Spanish, with the cooperation of a small working group of program managers in Latin America

who have implemented such programs. English translation is in process, as is layout of the Spanish version. Once the translation and layout are finalized, the manual will be disseminated widely in the Region.

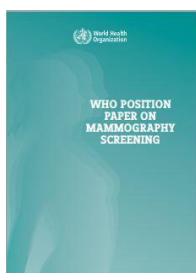
- A pilot project on cervical cancer screening using HPV DNA testing is underway in Chile, to evaluate its feasibility and performance and to inform decisions for future national roll out of HPV testing. A progress report on this demonstration project has been requested and the Chile Ministry of Health will submit the progress report by end of November.
- A training of approximately ten colposcopists from several Latin American countries involved in HPV DNA testing project was held in August 2015 to reinforce skills and competence in diagnosis of precancerous lesions, and based on HPV DNA testing results.

Objective 3:

To build capacity for cancer registration in Latin America and the Caribbean, in collaboration with IARC's Global Initiative on Cancer Registration and provide assistance in the preparation and dissemination of country cancer situation reports, using the country's cancer registration data.

- A cancer registry training with IARC, and the National Cancer Institute of Argentina, will be held at the end of November 2015 to improve data quality from cancer registries that do not yet meet the quality standards for publication in the book *Cancer Incidence of 5 Continents*. The countries that have at least 3 years' worth of cancer data and are on the cusp of having high quality data for publication, that have been invited to participate in the training are: Costa Rica, Cuba, Mexico, Panama, Bolivia, Brazil, Ecuador, Paraguay, Peru, Venezuela, and Argentina.

Additional activities



PAHO hosted a Mammography quality standards workshop in October 2015. The purpose of the workshop was to initiate the process of developing and documenting “minimum standards” that can be locally adapted within Latin America and the Caribbean. The standards are based on WHO guidelines. The three-day workshop included an assessment of current work and kicked-off the dialogue on developing standards. Work will continue and a draft document should be ready for review by spring 2016.

IFPMA Supplementary Support in 2015

PAHO Foundation Pink Ribbon Red Ribbon Collaboration

Pink Ribbon Red Ribbon® (PRRR) and PAHO Foundation initiated collaboration on a joint initiative to reduce deaths from cervical and breast cancer in the region and ensure a healthier secure future for women.

With the support of IFPMA and its members notably Bristol Myers Squibb and Pfizer, PAHO Foundation coordinated a joint scoping mission to Peru in July of 2015, hosted by the PAHO/WHO country office. The scoping team met with the Ministry of Health, the National Cancer Institute, and many other local partners engaged in cancer prevention, treatment, and control. A joint project proposal is under development to expand and sustain enhanced prevention, treatment and care for an estimated 11,000,000 women between the ages of 15 and 70 who lack access to services. The proposal will be shared with IFPMA and other potential sponsors when it is finalized, most likely early in 2016.



Jamaica is the second country identified for this partnership. At the request of the Ministry of Health the scoping mission has been postponed until early 2016 due to competing priorities; the Ministry of Health has already agreed to host the mission.

Forum for Strengthening Breast Cancer Screening and Detection

During 2015 PAHO Foundation secured an additional contribution of \$100,000 from IFPMA for a Breast Cancer Early Detection Forum to take place in spring 2016. The forum will bring together governments, civil society and health professionals to develop strategies for improving the quality and coverage of mammography screening programs in the LAC Region. February 2016 was the original date planned for this forum for World Cancer Day but the planning group needs more time to organize a quality event. The tentative new date is to be in May 2016 at the University of Miami. The outcomes of the Mammography Quality Standards Workshop will help inform the agenda for this forum.

ANNEXES

1. Breast Cancer: Knowledge summaries for health professionals
http://www.paho.org/hq/index.php?option=com_content&view=article&id=11242&Itemid=41581&lang=en
2. Breast Cancer Awareness Month Press Release
http://www.paho.org/hq/index.php?option=com_content&view=article&id=11339%3Abreast-cancer-awareness-screening-and-treatment-save-lives-paho-experts-say&Itemid=1926&lang=en
3. Mammography Quality Standards Workshop Agenda
4. PAHO Foundation Pink Ribbon Red Ribbon Scoping Trip Report



Organización
Panamericana
de la Salud



Organización
Mundial de la Salud
OFICINA REGIONAL PARA LAS Américas

NORMAS DE GARANTÍA DE CALIDAD DE LA MAMOGRAFÍA EN LATINOAMÉRICA Y EL CARIBE

Martes 27 de octubre– Jueves 29 de octubre de 2015
Sede de la OPS/OMS, Washington, DC
Sala C

BORRADOR DE AGENDA

CONTEXTO: La mamografía es la herramienta recomendada para el tamizaje y diagnóstico precoz del cáncer de mama. En regiones con recursos limitados, el mantenimiento de servicios de mamografía de alta calidad es crucial, aunque también complicado. Los servicios de mamografía requieren equipos de calidad y un número adecuado de profesionales capacitados. Además, se necesitan sistemas de control de calidad y de garantía de imagen que sean a la vez, precisos y seguros para las pacientes. Reconociendo que, en muchos países de América Latina y el Caribe, la calidad de la mamografía no siempre cumple con las normas requeridas, la OPS convoca esta consulta de expertos con representantes de gobiernos y asociaciones profesionales con el objeto de que ayuden a desarrollar procesos de aseguramiento de calidad y estándares adecuados para mamografía.

OBJECTIVOS:

1. Discutir acerca de la situación actual y de los retos que supone implementar servicios de mamografía en Latinoamérica y el Caribe.
2. Discutir y establecer normas de garantía de calidad y procesos que sean factibles y realistas para su implementación en Latinoamérica y el Caribe.

Martes 27 de octubre, 2015

- 09:00AM: PALABRAS DE APERTURA
 o Dr FRANCISCO BECERRA, Subdirector, OPS
- 09:10AM: CONTROL Y PREVENCIÓN DE CÁNCER DE MAMA EN LAS AMÉRICAS
 ▪ SILVANA LUCIANI Asesora Regional en Prevención y Control de Cáncer, OPS
- 09:30AM: SERVICIOS DE MAMOGRAFÍA EN LAC: SITUACIÓN Y RETOS
 ▪ PABLO JIMÉNEZ Asesor Regional de Radiología y Protección Radiológica, OPS

Miércoles 28 de octubre, 2015:

- 09:00AM: RECAPITULACIÓN DE LOS TEMAS DESTACADOS EN EL DÍA 1
- 09:15PM: PUNTOS DE VISTA DE LAS SOCIEDADES PROFESIONALES
- *AMERICAN COLLEGE OF RADIOLOGY*
 - **PRISCILLA F. BUTLER**, Médico Física, Directora Senior de Calidad y Seguridad
 - *INTERNATIONAL SOCIETY OF RADIOGRAPHERS AND RADIOLOGICAL TECHNOLOGISTS*
 - **JONATHAN MAZAL**, Director Regional de las Américas
 - *AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS*
 - **CRAIG ST. GEORGE**, Director de Educación Online
- 10:15PM: PREGUNTAS Y RESPUESTAS
- 10:45 AM: CAFÉ
- 11:00 AM: IDENTIFICACIÓN DE LOS ESTÁNDARES MÍNIMOS, RETOS Y NECESIDADES PARA MEJORAR LA CALIDAD DE MAMOGRAFÍA EN LAC
- Discusión moderada con el objetivo de identificar los retos y las necesidades de los países en el establecimiento y mantenimiento de programas de garantía de calidad de mamografía. La discusión abarcará los siguientes temas:
 - Objetivos de garantía de calidad
 - Equipos profesionales de garantía de calidad, funciones y responsabilidades
 - Recursos humanos para mamografía --formación y licencias
 - Acreditación de los centros de práctica de mamografía
 - Control de calidad de los equipos de mamografía —evaluación de equipos, encuestas a médicos físicos, exámenes de control de calidad a técnicos en radiología
 - Calidad de imagen y dosis de radiación—imagen clínica, identificación de imágenes de mamografía, artefactos y dosis de radiación
 - Procesos operacionales de control de calidad
- 01:00 PM: ALMUERZO
- 02:00 PM: ESTRATEGIAS PARA MEJORA DE LA CALIDAD DE LA MAMOGRAFÍA EN LAC
- Discusión moderada para identificar estrategias factibles y realistas que satisfagan las necesidades de los países en la mejora de la calidad de la mamografía.
- 03:30PM: CAFÉ
- 03:45PM: ESTRATEGIAS PARA MEJORA DE LA CALIDAD DE LA MAMOGRAFÍA EN LAC (continuación)
- 05:00PM: FIN DE LA JORNADA

Jueves 29 de octubre, 2015:

- 09:00 AM: RECAPITULACIÓN DE LOS TEMAS DESTACADOS EN EL DÍA 2
- 09:15 AM: ACUERDO SOBRE LOS ESTÁNDARES MÍNIMOS Y LAS ESTRATEGIAS DE IMPLEMENTACIÓN DE PROGRAMAS DE GARANTÍA DE CALIDAD EN LAC
- Debate sobre los estándares y procedimientos de garantía de calidad de la mamografía en LAC, incluyendo una discusión sobre qué se va a hacer, quién lo va a hacer y cuáles son los recursos necesarios para ello.
- 10:30 AM: CAFÉ
- 10:45 AM: POSIBLE APOYO DE COLABORADORES
- Discusión sobre el apoyo técnico externo que la OPS, las sociedades profesionales y otros centros colaboradores podrían ofrecer a los países para mejorar la calidad de la mamografía.
- 12:00 PM: PRÓXIMOS PASOS
- Definir cuáles son las necesidades futuras para desarrollar una aproximación regional enfocada a mejorar la garantía de calidad de la mamografía.
- 12:45 PM: CONCLUSIONES
- 01:00 PM: FIN DE LA REUNIÓN

TRIP REPORT

JOINT COUNTRY SCOPING MISSION TO THE REPUBLIC OF PERÚ

with the

Pan American Health Organization (PAHO) Foundation

Period Covered: 20-24 July 2015
City and Country Visited: Lima, Republic of Perú
Submitted To: Pink Ribbon Red Ribbon Steering Committee,
PAHO Foundation Board of Directors

Trip Objectives:

1. Assess the suitability of Perú as a Pink Ribbon Red Ribbon focus country for both breast cancer and cervical cancer; and
2. Explore the feasibility of a new partnership model, in conjunction with the PAHO Foundation.

Major Observations:

- Perú is already part of PAHO's "Women's Cancer Initiative: A Joint Commitment to Save Lives," which provides a coherent framework for collaboration in the country.
- While a large country, Perú is conducive to a regional approach, which the Government would support:
 - The Ministry of Health (MINSA) has mapped out the burden of both cervical and breast cancer in Perú, and identified priority Regions; and
 - MINSA admits that there are effectively different levels of care in different parts of the country, and recognizes the need for tailored approaches/differentiated models of cancer screening and care.
- The Peruvian Government has made significant investments in the prevention and treatment of cancer through a detailed national plan, *Plan Esperanza* (PE):
 - PE is a major demonstration of political will by the President, First Lady and Congress;
 - National policy documents are in place that provide a clear road map for both cancers;
 - The outstanding National Cancer Institute (INEN) is the flagship for cancer treatment and the implementation of the Plan:
 - INEN has excellent strategic, technical and training capacity, in addition to expertise in advanced cancer care.
 - Public insurance systems mean cancer treatment is accessible; and
 - The financial and institutional commitments of PE offer a good chance to achieve sustainability.
- MINSA, including INEN, has shown an openness to new approaches and new technology:

- Vaccination against the human papillomavirus (HPV);
- Visual inspection with acetic acid (VIA) and cryotherapy;
- HPV DNA testing;
- Clinical breast examination (CBE) and fine-needle aspiration (FNA);
- Patient navigators; and
- Mobile outreach and mass campaigns.
- MINSA is keen to reintroduce its national HPV vaccination program, and to achieve higher immunization coverage rates this time around.
- Strong advocacy networks exist in the country, some of which also are involved in the delivery of services:
 - *La Liga Contra el Cáncer en Perú* is a strong potential partner; and
 - Patient and survivor groups and patient navigators are active, although concentrated in the capital.
- Impressive implementing organizations in health and community development are working in various Regions of Perú, many of them known to and supported by Pink Ribbon Red Ribbon members.
- Several Peruvian universities have regional and international reputations for excellence, and have departments and experts who could make effective potential partners:
 - The *Universidad Peruana Cayetano Heredia* (UPCH) is already doing pilot work with HPV testing.

Challenges:

- MINSA has reintroduced HPV vaccination after a false start, and coverage could be higher:
 - To help MINSA do so successfully will require a better understanding of the proposed program, the system to deliver it, and the gaps across various aspects of the system/infrastructure.
- For cervical cancer, large gaps exist in the screening current system, which is based on Pap smears:
 - Many women are missed in peri-urban Lima, the Andean highlands and Amazonia.
 - Lack of human resources is a challenge, but more-efficient implementation could relieve some of these concerns.
 - Implementation of VIA and cryotherapy at the facility level is inconsistent and technically unsound, with poor quality:
 - Too many people trained are trained in VIA, and yet they are doing too few exams:
 - The current providers are only seeing an average of about 100 patients per year.
 - The current “see-and-refer” system does not work:
 - To be effective, VIA must be a “See-and-Treat” program.
 - Changes in policy and practice will be necessary for the program to move to scale and have any impact on mortality from cervical cancer::
 - Incentives in results-based budgeting system and compensation for providers;
 - Scope-of-work for nurses and midwives (*obstetras*); and
 - The custom of requiring colposcopy to perform cryotherapy.

- Education of patients and providers are needed to boost understanding of the advantages of VIA and confidence in its accuracy.
- While we emphasize new techniques and technology for cervical cancer, ironically, for breast cancer an emphasis on technology (mammography) could be undermining the success of screening for and treating the disease in Perú:
 - There are insufficient mammography units for screening and diagnosis, and there are delays in reading mammograms;
 - Despite a change in MINSA's guidelines, many of the woman screened for breast cancer at the facility level are under 50, which is a burden to the system.
- Community-awareness and education about cervical and breast cancer need improvement:
 - Stigma and myths about cancer are widespread;
 - Materials must be translated into indigenous languages and adapted for rural settings;
 - There are too few patient navigators, concentrated in Lima (mostly at INEN).
- The MINSA monitoring-and-evaluation (M&E) system needs to measure the right things, and measure them better.

Recommendations:

- Perú offers a chance to apply lessons learned from the first three years of implementation by Pink Ribbon Red Ribbon partners, to unburden the country's cancer system and recalibrate thinking around cervical and breast cancer regarding three main aspects of the continuum of care:
 - Coverage;
 - Follow-up; and
 - Quality.
- Both cervical and breast cancer should be within the scope of the partnership in Perú.
- As in Tanzania and Ethiopia, the partnership should consider a regional approach that would test innovative techniques to improve the current Peruvian system to detect and treat both cervical and breast cancer:
 - Priority Regions should come from the areas identified by MINSA as high-burden.
- Preparatory work before launching a program could include an analysis of the current laboratory infrastructure in the country and "market research" to gauge how Peruvians in the targeted Regions understand cancer.
- Working with MINSA to analyze its HPV vaccination program could yield concrete recommendations and plans for priority areas of focus to produce an improvement in coverage.
- Properly implemented, "See-and-Treat" for cervical cancer could be a good fit for very rural (mountain and jungle) areas with limited health infrastructure:
 - Especially when combined with existing mobile outreaches (floating clinics and *Brigadas de Salud* that visit villages, and *La Liga*'s community program); and
 - This "See-and-Treat" program should also include HPV testing, likely with a different methodology than in peri-urban areas.
 - The current Peruvian program is not scalable, and models Pink Ribbon Red Ribbon has supported to this point in Africa are not exact fits, either.

- The introduction of HPV DNA as a primary screening method in urban settings, including the periphery of Lima, appears feasible with existing staff and infrastructure:
 - National guidelines already include the use of HPV DNA testing for primary screening;
 - HPV DNA testing has been shown to improve the of diagnosis compared to cytology (eliminating subjectivity and significantly improving sensitivity);
 - HPV DNA has been shown to be a cost-effective solution in multiple settings; and
 - Scaling up coverage to reach the Government's stated goal of 70-percent coverage could be feasible with an HPV DNA approach.
- For breast cancer, resources could be better spent on targeting higher-risk patients for CBE and early diagnosis:
 - Only women within the recommended age range, with symptoms, or with genetic predisposition to breast cancer should be the focus of screening efforts.
- Training of patient navigators and health promoters in cervical and breast cancer could help encourage more women from the right target age groups to seek screening.
- The partnership should work with MINSA, *La Liga* and others to improve the monitoring and evaluation of cervical and breast cancer by recommending a process for collecting and reviewing data-driven metrics for the two diseases:
 - Supporting the improvement of cancer registries should be a part of this plan.
- The bottom line is that Perú is an opportunity for us to use our expertise to assist a middle-income country make its programs to screen for and treat cervical cancer and breast cancer more effective and inclusive