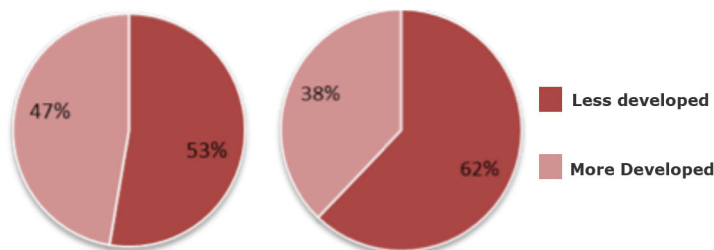


Breast Cancer

Key Points and Statistics:

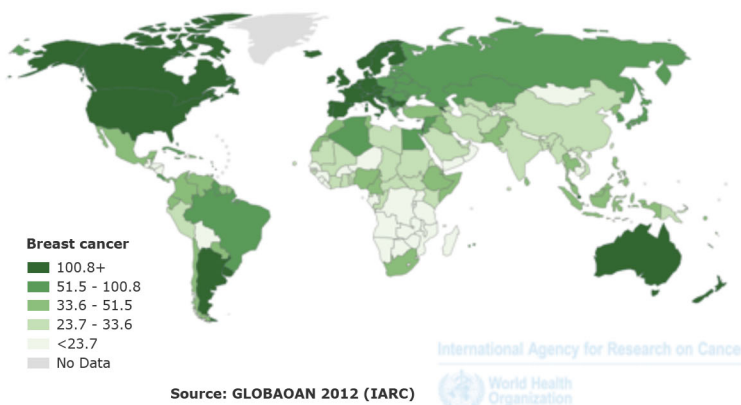
- Breast cancer is the most common cancer in women around the world, with an estimated 1.7 million cases occurring globally in 2012.ⁱ
- More than 520,000 women globally die every year from breast cancer.ⁱⁱ
- More than half of all breast cancer cases occurring worldwide are in LMICs.
- Women less than 55 years old represent 2/3 of all diagnosed cases in low-income countries vs 1/3 in wealthier countries.ⁱⁱⁱ This is likely due to the younger age structure profiles in LMICs.
- The majority of breast cancer deaths occur in LMICs, even though incidence is higher in richer countries.^{iv}
- By 2035, more than 2.5 million new cases of breast cancer are predicted annually.^v

Morbidity Burden Mortality Burden



Source: GLOBOCAN 2012 (IARC)

1 year prevalence proportions per 100,000 females



In Brief: Breast cancer in low- and middle-income countries

Breast cancer incidence continues to rise steadily in many low- and middle-income countries (LMICs) as women live longer and lifestyles change in ways that increase risk factors for the disease. Global incidence is significantly higher (43.3 per 100,000) than any other cancer, including those affecting men.^{vi} It is the most common cause of cancer death among women in most parts of the world, including Latin America and Africa. The majority of Asian and Latin American nations and some countries of Africa are now seeing breast cancer mortality figures exceed mortality from pregnancy-related complications.^{vii, viii} Further, mortality rates in LMICs are disproportionately high relative to incidence when compared to wealthier countries: while a woman who develops breast cancer in the US or UK has about an 85 percent chance of survival, the survival rate for women in poor countries is closer to 25 percent or less, largely because of late detection.^{ix} As with many other diseases, the burden of poor survival falls most heavily on poor, marginalized, and rural women due to their unequal access to screening and treatment. This “cancer transition” highlights a growing inequity in cancer burden between the wealthy and the poor.^x

New Programs/Innovations

The importance of early detection and treatment of breast cancer is well recognized, as the cost and success of treatment are directly related to the stage of disease at the time of diagnosis. Affordable early detection, diagnostic and treatment options, and resource-appropriate guidelines offer new opportunities to reach underserved populations with life-saving approaches that are effective and sustainable. Engaging communities

in supporting appropriately-aged women to seek breast cancer screening, encourage women of any age to seek evaluation of suspicious symptoms, follow through with prompt evaluation and treatment, provide psychosocial and navigational support for women both during treatment and afterwards, and when necessary, provide palliative care, has been shown to be critical to treatment success, survivorship, and quality of life.

What Needs to Happen Next

New approaches to diagnosing and managing breast cancer are emerging that hold promise for improved outcomes for women in LMICs. These include better early detection through risk stratification of women^{xi} and determining which aspects of the breast cancer continuum of care can be decentralized so that services are closer to where women live- for example, pathology, surgery, chemotherapy, psychosocial support, and palliation. Resource-stratified guidelines developed by the Breast Health Global Initiative^{xii} exist and can be introduced now, while new approaches and technologies continue to be developed. For example, since screening mammography, is unlikely to be available in many resource-constrained regions in the near future, evidence is needed to validate early detection models based on clinical breast exam, paired with imaging methods such as ultrasound in the hands of non-specialists. Other priorities include identifying and evaluating lower-cost, simpler-to-use point-of-care diagnostics, including hormone receptor assays to better guide targeted treatment, assess prognosis, and evaluate global patterns of disease. In sum, with proper investment, improved breast cancer early detection, diagnosis, care, and support are within reach and must be pursued as part of broader efforts to stem the growing global burden of non-communicable diseases. Identifying the most effective ways to leverage current and future investments to strengthen health systems and HIV, infectious disease, and cervical cancer programming also is critical to achieving better outcomes for women regardless of where they live.



A woman waits for a breast exam in La Libertad, Peru

References:

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ⁱⁱ Ibid.

ⁱⁱⁱ Knaul FM. 10 Facts about Breast Cancer. Global Task Force on Expanded Access to Cancer Care and Control in Developing Countries, August 2011. Harvard Global Equity Initiative. Boston, MA. <http://bit.ly/mYeQPJ>.

^{iv} Steward BW and Wild CP, eds. *World Cancer Report 2012*. International Agency for Research on Cancer/World Health Organization. Lyon, 2014.

^v I bid.

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^{vii} World Health Organization, United Nations Children's Fund, United Nations Population Fund, The World Bank. Trends in maternal mortality: 1990 to 2008. Geneva: WHO; 2010.

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^{ix} Bray F, Jemal A, Grey N, et al. Global cancer transitions according to the Human Development Index (2008-2030): a population-based study. *Lancet*. 2012;13(8):790-801.

^x Knaul FM, Bhadelia A, Arreola-Ornelas H, Dos Santos-Siva I, Rodin D, Atun R, Langer A, Frenk J. Women's Reproductive Health in Transition: The Overlapping Challenge of Breast and Cervical Cancer. *Cancer Control*. 20/06/2014; 14(11): 49-59.

^{xi} Lu KH, Wood ME, Daniels M, et al. American Society of Clinical Oncology Expert Statement: collection and use of a cancer family history for oncology providers. *J Clin Oncol* 2014; 32: 833-44.

^{xii} Anderson BJ, et al. Guideline implementation for breast health care in low- and middle-income countries: Overview of the Breast Health Global Initiative Summit, 2007, *CANCER Supplement*. October 15, 2008; 113(8): 2221-2243.

Contact Us:

Email: info@taskforcewomenandncds.org

Web: www.taskforcewomenandncds.org

The Task Force on Women and NCDs seeks to respond to the unique and growing burden of non-communicable diseases on women in low and middle income countries (LMICs) by mobilizing leadership, expanding technical expertise and disseminating evidence to inform policymaking, planning and services. The Task Force seeks to inform its partner organizations, local and national governments, and leaders within the health community about the important role of NCDs in women's health. Together, we can improve health outcomes for women.

