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# EDITORIAL

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## Editorial Note

**B**reast cancer is a serious illness affecting not only the physical, but also the emotional well-being of many women around the world. The physical, psychosexual, and financial consequences of breast cancer also affect the families, friends, and associates of women with breast cancer. It appears that everyone is somehow affected by the disease.

There have been significant improvements in breast health care over the past few decades. This is primarily due to advances in health research by diverse teams of scientists, physicians, pharmacists, industries, nurses, social workers, and patient advocates. This research has involved inquiries into the fundamental biologic alterations in breast cancer, differences in diagnostic modalities and treatment options, and outcomes of the disease.

These efforts have resulted in earlier detection and prolonged disease-free intervals. However, mortality from breast cancer has not changed significantly across the globe. This is mainly attributable to the wide range of differences in diagnosing and managing breast cancer in different regions of the world. In addition, breast cancer is not a single disease, but is instead a significantly heterogeneous entity, which is reflected by its wide spectrum of behaviors: these cancers range from those curable by surgery alone to those refractory to treatment and marked by rapid metastatic progression.

A cure for breast cancer is the ultimate goal. This is, however, a difficult task, that will require better recognition of what causes the disease and the ability to prevent, detect, and treat the disease. In order to achieve these goals,

breast cancer should be recognized as a major public health problem around the world and efforts should be made to understand region-specific barriers to breast health care. Measures should be taken to learn more about the story of women with breast cancer in every corner of the world. The story of each woman, if clearly heard, is the story of a disease with different presentations and different outcomes. These stories have enriched our understanding of the spectrum of changes that occur in an individual both physically and psychologically. In reality, patients are the teachers of the scientific community, allowing us to learn about the natural course of a disease.

In recognition of the significance of existing diversity and in searching for practical solutions to the issues surrounding breast cancer around the world, particularly in those countries with limited resources, the Global Summit Consensus Conference was held in early October 2002. Its mission was to better define the barriers to and provide suggestions for improving breast health care in medically underserved women.

*The Breast Journal* is proud to partner with the University of Washington, the Fred Hutchinson Cancer Research Center, the Susan G. Komen Breast Cancer Foundation, the World Society for Breast Health, and the International Society of Breast Pathology in presenting to you the contribution of the Global Summit Consensus Conference as a supplement to *The Breast Journal*.

Shahla Masood, MD  
Editor-in-Chief

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# INTRODUCTION

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## Global Summit Consensus Conference on International Breast Health Care: Guidelines for Countries with Limited Resources

### THE INTERNATIONAL PROBLEM

Among women around the world, breast cancer is the most common cause of cancer-related deaths (1). Breast cancer mortality is highest in economically disadvantaged countries (2). Although countries with developed and well-established health care systems have comparatively higher rates of breast cancer diagnosis, they also have higher rates of breast cancer survival (3). The reason for the better survival observed in financially advantaged countries is multifactorial. Screening for and earlier diagnosis and comprehensive treatment of breast cancer appear to play synergistic roles in creating better outcomes.

A key step in improving overall health care for women is to establish general guidelines for breast health care. Many guidelines have been developed for breast cancer screening, diagnosis, and treatment (4–6). Such guidelines define evidence-based approaches to breast health care. However, guidelines from countries with abundant resources have limited applicability in countries with limited resources. Health care resources vary tremendously in different parts of the world because of differing socio-economic factors, health care systems, and political and geographic factors. Furthermore, it is possible that the biologic behavior of breast cancer varies in different regions of the world due to genetic and environmental factors.

Address correspondence and reprint requests to: Benjamin O. Anderson, MD, Department of Surgery, Box 356410, University of Washington, Seattle, WA 98195, USA, or email: [banderso@u.washington.edu](mailto:banderso@u.washington.edu).

As a result, optimal approaches to breast health care may vary in different parts of the world.

General guidelines for early detection, diagnosis, and treatment of breast cancer need to be established. Such guidelines can be used as a benchmark for growth of and improvement in health care, particularly in countries with limited resources. However, many regions of the world have no organized programs for breast health care. Since health care systems cannot be transformed all at once, a primary question becomes where initial efforts should be directed to best alleviate the devastating effects of this disease.

### CURRENT INTERNATIONAL EFFORTS

To address international breast health care, several steps need to be taken. The World Health Organization (WHO) has recognized that cancer program implementation must be stratified according to the financial means of the country and its allotted health care resources (7). WHO has created a set of policies and managerial guidelines for the development of national cancer control programs. The WHO executive summary points out, “It is essential that at a first stage the program considers re-allocation of existing resources according to the new strategies, and foresees the development and incorporation of new technologies that are cost-effective, sustainable and of benefit to the majority of the targeted population.”

WHO stratifies countries into those with low, medium, and high levels of resources, defining three scenarios based on national economic status and health care organization (7). Current breast health care guidelines, almost without exception, are written by and for countries with high-level

resources. Existing guidelines assume that all resources are available and then define practice patterns that are most likely to detect, accurately diagnose, and cure cancer. The obvious limitation of these guidelines is that they do not apply to the vast majority of the world, where resources are limited. A key next step then is to define breast health care guidelines for countries with low- or medium-level resources, which for the purposes of this publication we refer to collectively as “countries with limited resources.”

### THE GLOBAL SUMMIT PROCESS

On October 2–4, 2002, the first biennial Global Summit Consensus Conference on International Breast Health Care was held in Seattle, Washington. Internationally recognized medical specialists, industry representatives, and patient advocates representing 17 countries and 9 world regions were brought together to begin a process outlined by WHO to address international breast cancer care. The group first reviewed evidence on and guidelines for breast health care, as well as the current status of breast health care in countries with limited resources. The group then discussed and debated approaches for breast health care in early detection (including screening), diagnosis, and treatment, specifically considering how this care may best be provided under the constraints of significantly limited resources.

The intention of this process was to initiate a dialogue that will be useful to health care ministries interested in improving breast health care in their countries. The long-

term goal is to revisit and revise the Global Summit Consensus Conference guidelines at 2-year intervals to expand on evidence-based approaches to breast health care. We hope that this next step will help lead the way in reducing the threat of breast cancer for women around the globe.

Benjamin O. Anderson, MD

Global Summit Conference Director and Clinical Medical Director, University of Washington Breast Care and Cancer Research Program, University of Washington School of Medicine, Seattle, Washington

### REFERENCES

1. Parkin DM, Pisani P, Ferlay J. Global cancer statistics. *CA Cancer J Clin* 1999;49:33–64.
2. Greenlee RT, Murray T, Bolden S, Wingo PA. Cancer statistics, 2000. *CA Cancer J Clin* 2000;50:7–33.
3. Jemal A, Thomas A, Murray T, Thun M. Cancer statistics, 2002. *CA Cancer J Clin* 2002;52:23–47.
4. Carlson RW, Anderson BO, Bensinger W, *et al.* NCCN practice guidelines for breast cancer. *Oncology (Huntingt)* 2000;14:33–49.
5. Morrow M, Strom EA, Bassett LW, *et al.* Standard for breast conservation therapy in the management of invasive breast carcinoma. *CA Cancer J Clin* 2002;52:277–300.
6. Smith RA, Mettlin CJ, Davis KJ, Eyre H. American Cancer Society guidelines for the early detection of cancer. *CA Cancer J Clin* 2000;50:34–49.
7. World Health Organization. Executive summary. In: *National Cancer Control Programmes: Policies and Managerial Guidelines*. Geneva, Switzerland: WHO, 2002:i–xxiv.