
Breast health education and early detection in Phillipines: Empowerment and Implementation

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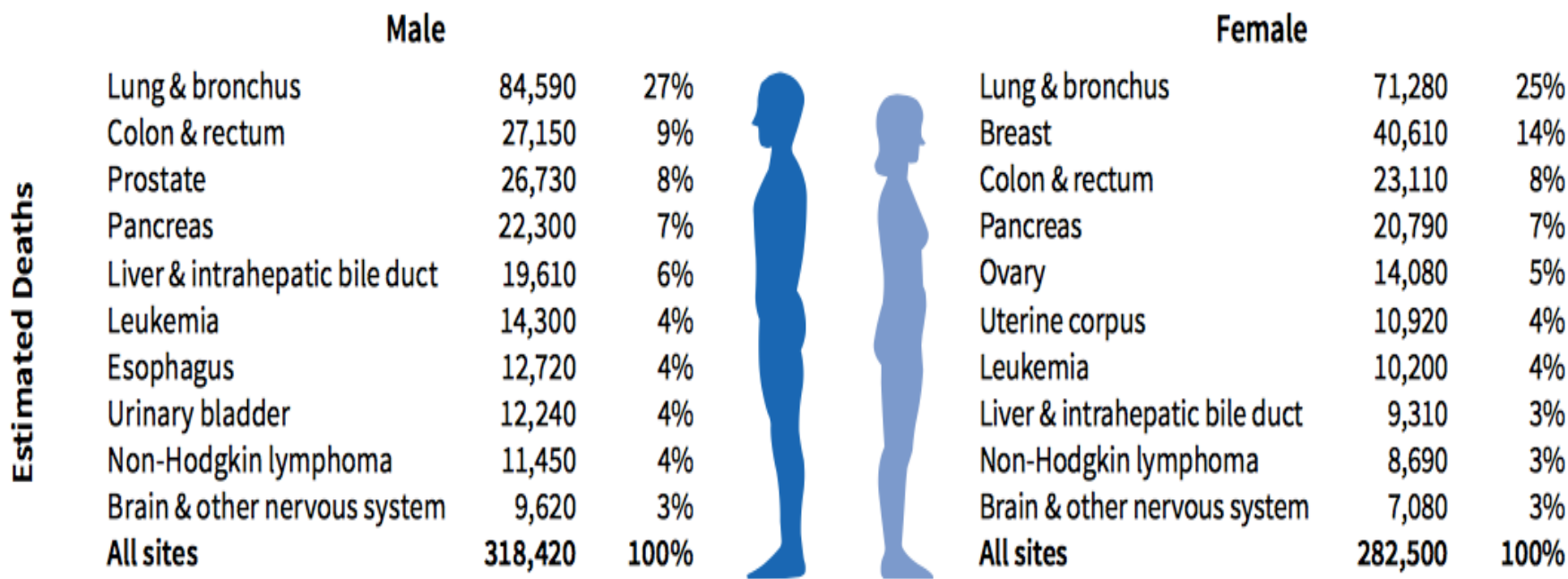
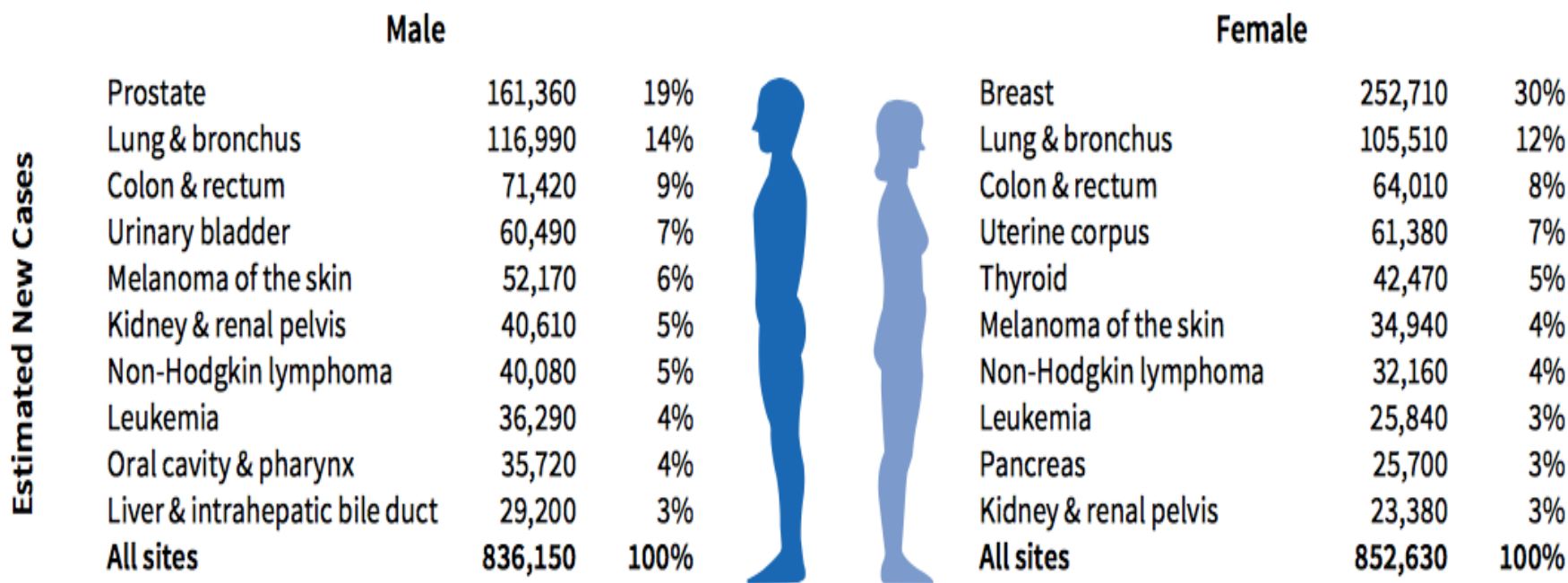
Hope Clinic

Training and Working session

The session has three over-arching objectives:

- Understand relevant statistics on breast cancer in Philippines
 - Identify important breast health messages to be delivered to women in Philippines
 - Identify effective strategies for implementation
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Part I:
Vital Statistics in Breast Cancer



Estimates are rounded to the nearest 10, and cases exclude basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder.

Breast Cancer Prevalence and Incidence in Philippines

- Breast cancer is the most common cancer in the country, 16% of the 80,000 new cancer cases in 2010*
- The Philippines has the **highest incidence** rate of breast cancer in Asia and registered the highest increase of 589% among 187 countries over a 30-year period from 1980 to 2010. (Philippines Breast Cancer Network)
- The 12th largest population and the 11th highest incidence rate of breast cancer in the world.

Breast Cancer Prevalence and Incidence Rate in Philippines (Cont.)

- 70% percent of those who die from the disease do not receive any kind of treatment
- According to *Philippine Society of Medical Oncology*, most Filipino cancer patients consult a doctor only **when their cancer is already in its advanced stage** → survival rates are low

‡ Source: Philippines Breast Cancer Network

*Source: Fighting breast cancer (Manila Bulletin) –Sara Grace C. Fojas

Five-year Relative Survival (%)* during Three Time Periods By Cancer Site

Site	1975-1977	1987-1989	2002-2008
■ All sites	49	56	68
■ Breast (female)	75	84	90
■ Colon	51	61	65
■ Leukemia	34	43	58
■ Lung and bronchus	12	13	17
■ Melanoma	82	88	93 †
■ Non-Hodgkin lymphoma	47	51	71
■ Ovary	36	38	43
■ Pancreas	2	4	6
■ Prostate	68	83	100
■ Rectum	48	58	68
■ Urinary bladder	73	79	80

*5-year relative survival rates based on patients diagnosed from 2002 to 2008, all followed through 2009.

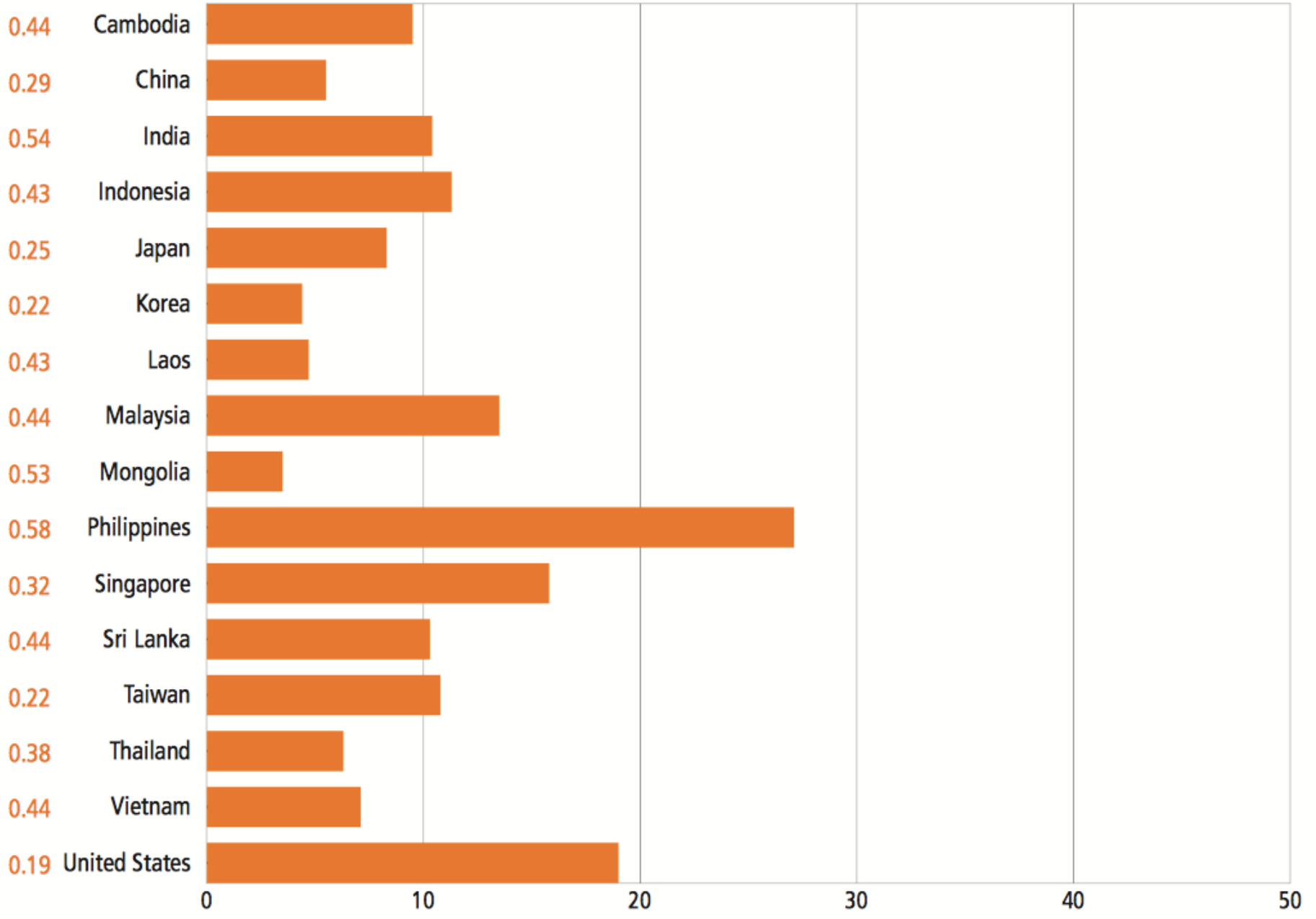
†SEER Cancer Statistics Review 1975-2009 (SEER 9 registries), National Cancer Institute, 2012.

Five Year Survival Rate (in Philippines)

- *The trend of 5-year survival for breast cancer decreased from 46% in 1987 to 37% in 1996-1997

Mortality rates and mortality-to-incidence ratios for breast cancer in females by country

MR: IR



PhilHealth

- In 1995, PhilHealth was formed to achieve universal healthcare coverage known as NHIP. This act aims to improve current PhilHealth benefits and expand the capacities of rural medical clinics and government hospitals nationwide.
- The National Integrated Cancer Control Act, 1) establishes Philippine Cancer Center and Regional Cancer Centers, 2) aims to improve cancer care across the country, and 3) mandates the creation of a cancer assistance fund to help pay for treatment, expand PhilHealth benefit packages in cancer, train more oncology professionals, and support bigger cancer awareness campaigns.



Part II:
Important breast health messages for
women in Philippines

Key Messages for Breast Health

The Philippines is at the center of the fight against breast cancer in Asia; has the highest incidence of breast cancer in the continent

- Breast cancer is the most common cancer in the country (i.e., 16 % of the 80,000 new cancer cases in 2010)
- 3 out of 100 Filipino women will contract the disease before age 75
- 1 out of 100 will die before age 75



Key Messages for Breast Health (Cont.)

Risk of getting breast cancer in your life time

- **One out of 13 Filipino women will develop breast cancer in her lifetime.**

*The province of Pampanga has the highest incidence rate in the entire country.

- **The Philippines has the highest incidence rate of breast cancer in Asia and registered the highest increase of 589% among 187 countries over a 30 year period from 1980 to 2010.**

Key Messages for Breast Health (Cont.)

- All women are at risk. **Approximately 70% of breast cancers occur in women with none of the known risk factors.**
 - **Only about 5% of breast cancers are inherited.** About 80% of women diagnosed with breast cancer will be the first to be victims in their families.
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True or False

1. The incidence rate of breast cancer for women in the in the Philippines is increasing in past decade
2. Most breast lumps are cancer.
3. Breast cancer is not curable.
4. Mammograms are painful.



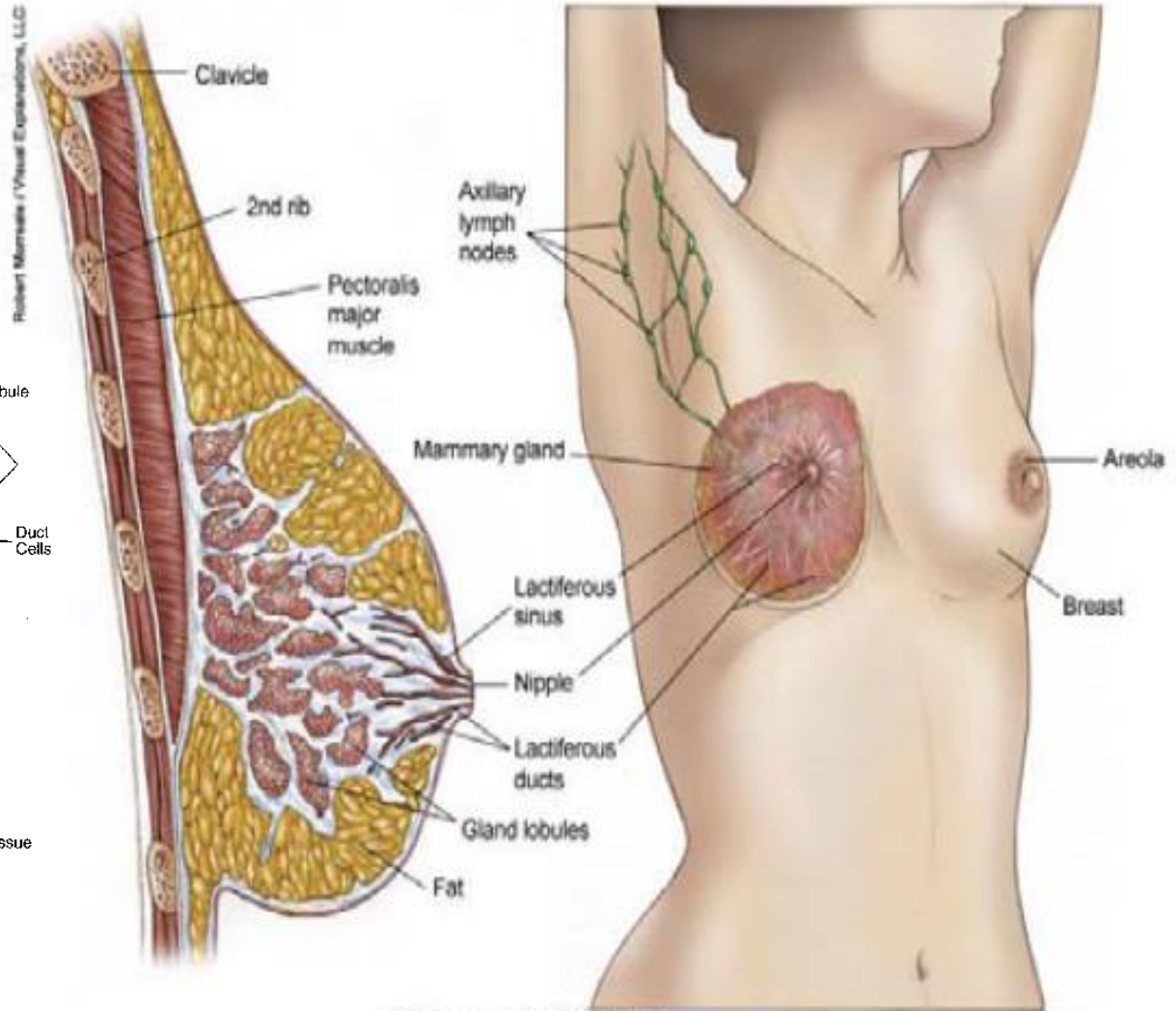
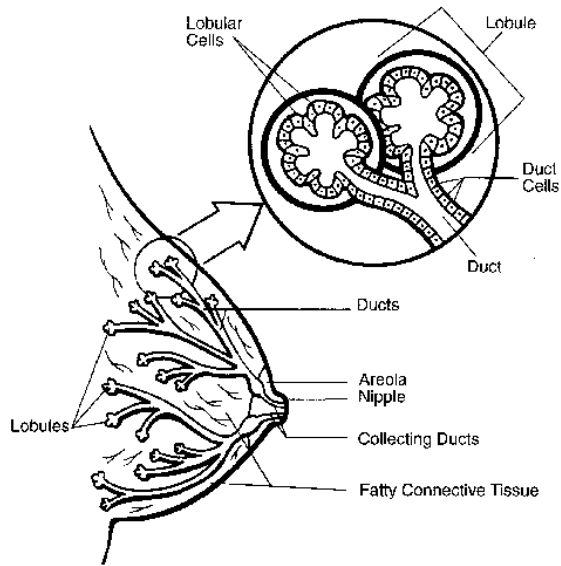
This is scary, what can I do?

1. Become knowledgeable about your breasts and personal risk for breast cancer
2. Learn about breast cancer screening.
3. Take action to reduce your risk of breast cancer
4. Remember if found early most breast cancers are curable!!



Becoming knowledgeable about your breasts.

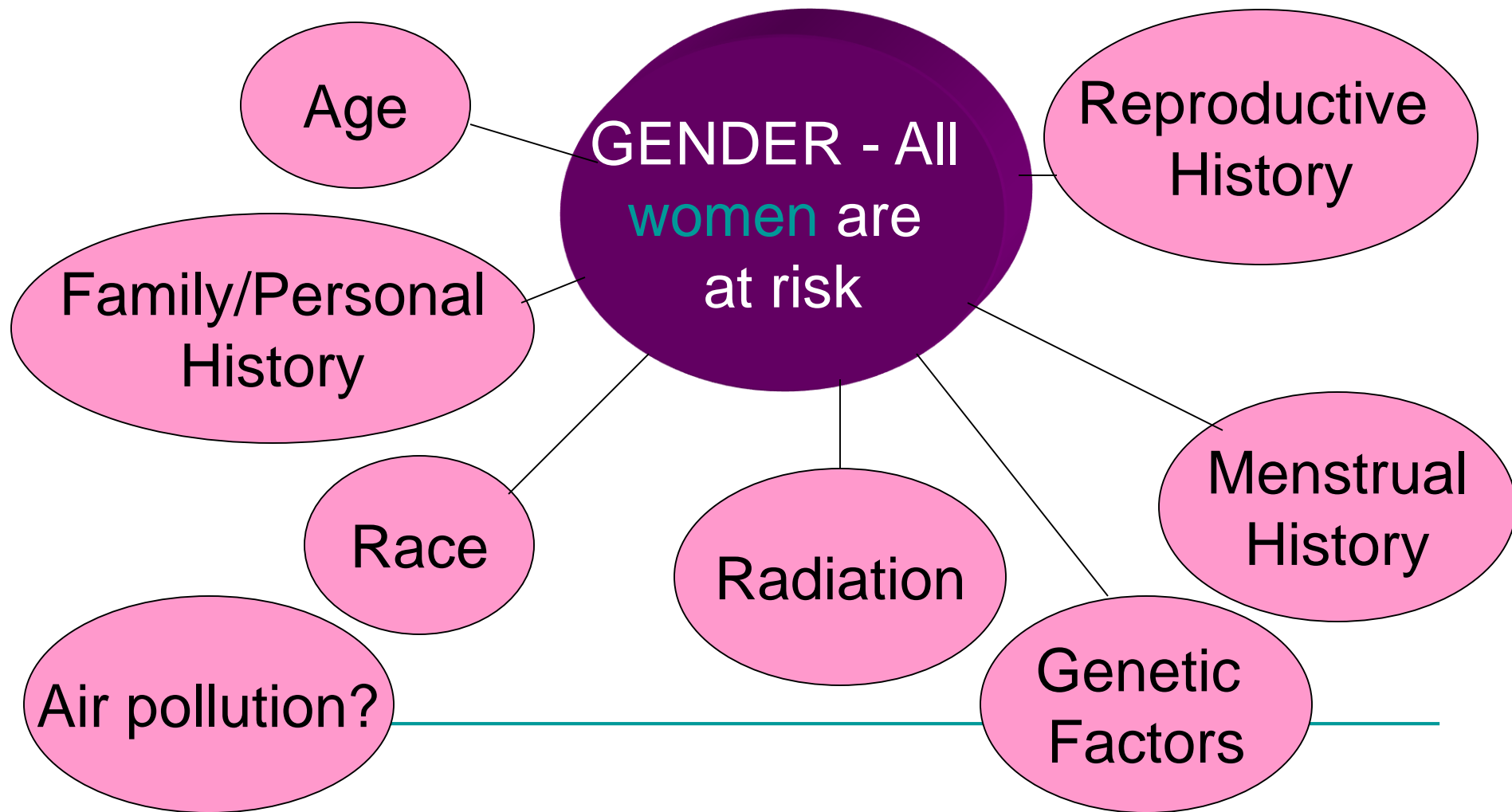
Breast Structure



What are considered personal risks for breast cancer?

- There are many factors that may increase or decrease a woman's risk for breast cancer.
 - They are usually referred to as
 - risks that cannot be changed and
 - risks that can be changed.
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Risk factors for breast cancer that cannot be changed include:

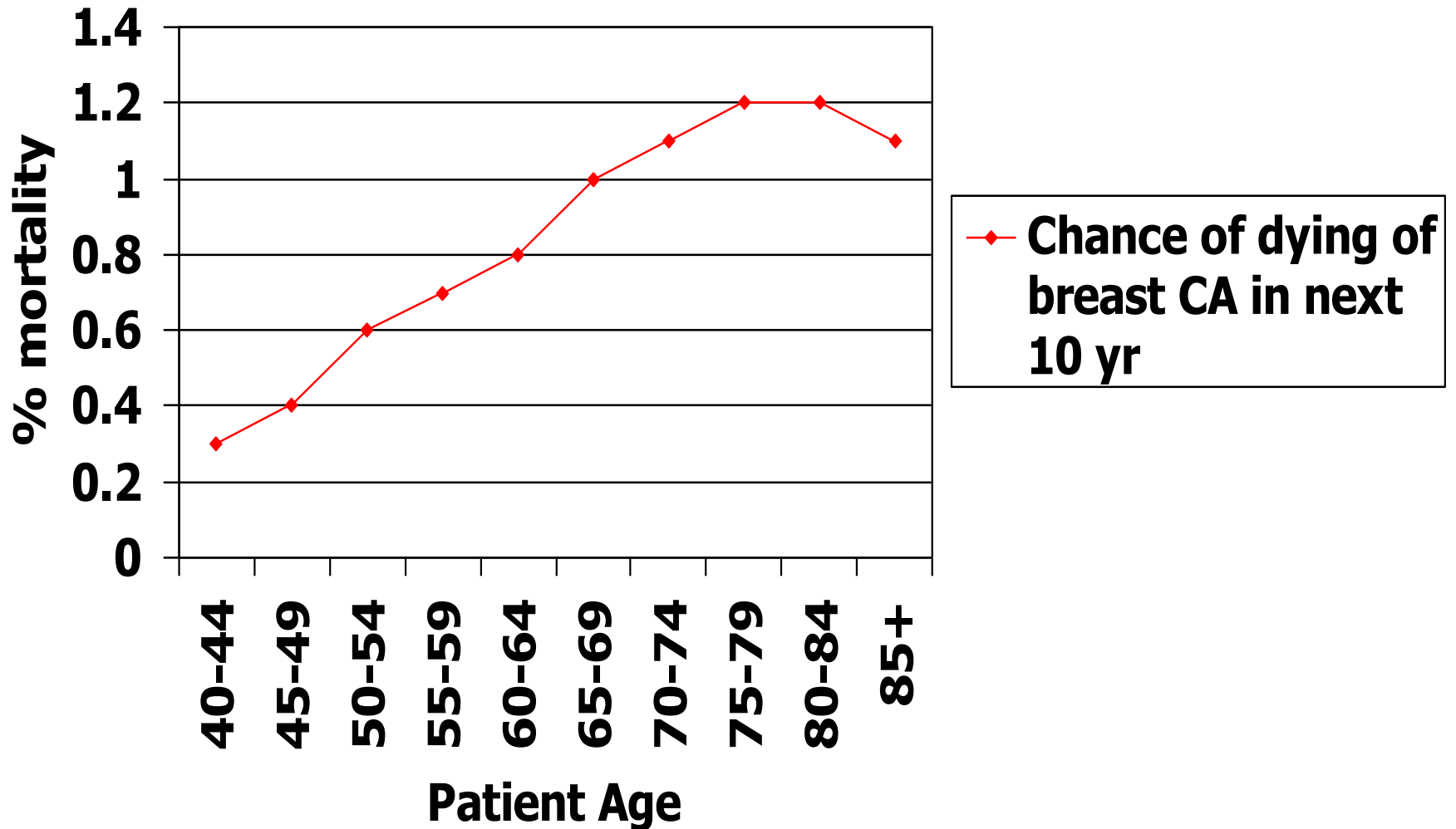


Age

Incidence of Breast CA Increases with Age

- ❑ From birth to age 39, your risk is 1 in 229.
- ❑ From age 40 to 59, your risk is 1 in 24.
- ❑ From age 60 to 79, your risk is 1 in 13.

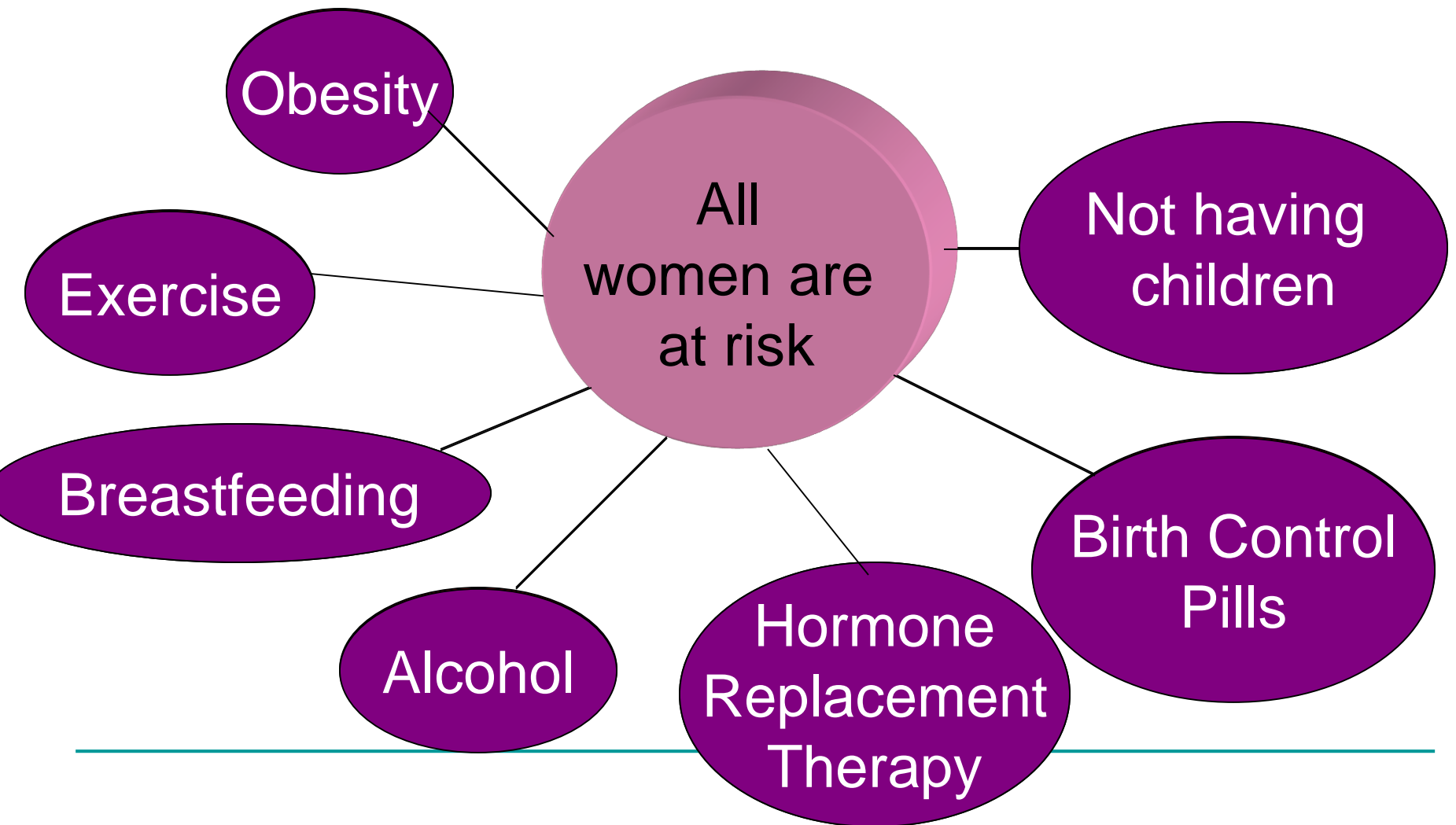
Mortality also Increases with Age



Test your knowledge about breast cancer

- Radiation from mammogram is dangerous so I better not to do it regularly.
 - True___ False___
- If I have small breasts, my risk of getting breast cancer is lower.
 - True___ False___

Breast Cancer Risk Factors that can be controlled



Test your knowledge about breast cancer

- My friend told me that something that I did such as hitting or bumping the breasts would increase women's chances.
 - True ___ False ___
- I lived in a place with bad air pollution, does it increase my risk?
 - Yes ___ No ___



Now each of us knows our personal risk factors lets review some very positive steps to stay breast healthy.



A Good Breast Health Plan



- Mammography
- Clinical Breast Exam (CBE)
- Breast self-awareness and self exam

Why do we need it???



American Cancer Society Recommendations

- **Women ages 40 to 44** should have the choice to start annual breast cancer screening with mammograms if they wish to do so. The risks of screening as well as the potential benefits should be considered.
- **Women age 45 to 54** should get mammograms every year.
- **Women age 55 and older** should switch to mammograms every 2 years, or have the choice to continue yearly
- **All women** should be familiar with the known benefits, limitations, and potential harms linked to breast cancer screening. They also should know how their breasts normally look and feel and report any breast changes to a health care provider right away.

Breast Cancer Screening Recommendations: Philippine Cancer Society (PCS)

- In the Philippines, due to low resources, no nationwide organized cancer screening is implemented either by government or other agencies.
 - Medical services for cancer screening are available but not proactive and organized; hence people are screened **on-their- own** basis.
 - Early detection of cancer among individuals is being done in the Philippines, and **not large scale organized cancer screening**.
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Breast Cancer Screening Recommendations: Philippine Cancer Society (PCS)

For low resource Regions - screening

- Encourage early diagnosis of breast cancer, especially for women aged 40-69 years who are attending primary health care centers or hospitals for other reasons, by offering clinical breast examinations to those concerned about their breasts and promoting awareness in the community.
 - If mammography is available, the top priority is to use it **for diagnosis**, especially for women who have detected an abnormality by self- examination.
 - Mammography should not be introduced for screening unless the resources are available to ensure effective and reliable screening of at least 70% of the target age group, that is, women over the age of 50 years.
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Breast Cancer Screening Recommendations: Philippine Cancer Society (PCS)

For adequately resourced Regions - screening

- Do screening mammography, with clinical breast examination (CBE), every 1-2 years for women aged 40 and older. Monthly breast self-examination (BSE) should also be encouraged.
 - If facilities are available, screening by mammography alone, with or without physical examination of the breasts, plus follow-up of individuals with positive or suspicious findings, will reduce mortality from breast cancer by up to 1/3 among women aged 50–69 years.
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Breast Cancer Screening Recommendations: Philippine Cancer Society (PCS)

For individuals – early cancer detection

- Starting age 25 years:

- 1) Begin monthly breast self-examination (BSE) and know how your breasts feel on palpation.

For pre-menopausal women, do BSE monthly 5-7 days after menstrual periods. For post-menopausal women, do BSE every first day of the month. For any suspicious findings, go to your doctor for a second opinion.

- 2) Obtain clinical breast examination (CBE)

- Starting at age 50, get screening mammography (MMG) every year for 3 years

Need to start at age 40 for those at high risk of breast cancer development (e.g., family history; had previous radiation therapy on breasts).

I know that most breast lumps are not cancer but what should I do if I find a lump?

- Call your health care provider they will direct you on what you should do next.
 - Remember most breast lumps are not cancer
 - Remember successful treatment of breast cancer depends on **early detection**.
 - Remember found **early** breast cancer **can be cured**.
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What will happen if they see something suspicious?

Usually one of these things will happen:

- Repeat mammogram
- Ultrasound
- Breast Biopsy
 - Lumpectomy
 - Needle Biopsy



Most breast masses including those found on mammogram are due to benign breast conditions

■ Fibrocystic Breast Changes

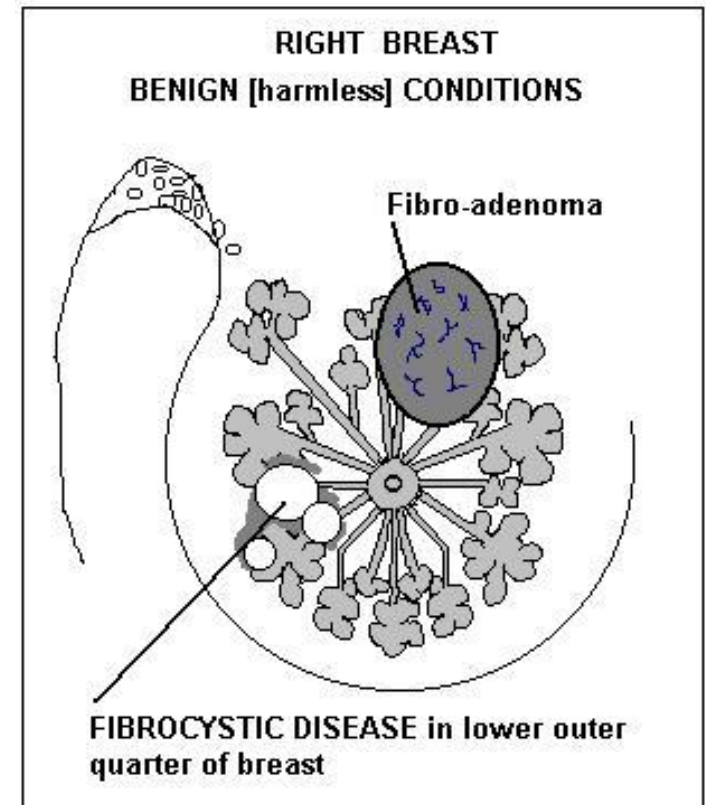
- Bilateral enlargement of ducts and lobular cells.
- Most common in women 30-55 years old
- Usually tenderness associated with the menstrual cycle.

■ Cysts

- Occur when the tiny alveoli sacs fill with fluid and don't drain
- Usually painful
- Associated with the menstrual cycle but do not resolve after the cycle.

■ Fibroadenoma

- Unilateral, solid tumors more often found in young women.
- They are smooth, firm and mobile



Stories from Asian American Cancer Survivors

Words from Indian Survivors to all of you

"Young, no family history, and Asian rarely gets Breast Cancer is a **MYTH**. Anyone can have it. So start early (the detection thru mammogram, BSE). The earlier the better."

"Don't be scared of mammogram; do BSE once a week. Why is it important? You can **find it early**. Don't just trust any age... Also, if you are suspicious (on something what your doctor said), find another doctor. You can also find out things in internet and books. Educate yourself and be assertive."

Part III:
Developing Effective Implementation
Strategies

CDC Cancer Prevention & Control: Community Guide

Interventions	Breast Cancer
<u>Client Reminders</u> : written (letter, postcard, email) or telephone messages (including automated messages) advising people that they are due for screening	Recommended
<u>Client Incentives</u> : small, non-coercive rewards	Insufficient Evidence
<u>Small Media</u> : videos and printed materials such as letters, brochures, and newsletters.	Recommended
<u>Mass Media</u> : including television, radio, newspapers, magazines, and billboards—are used to communicate educational and motivational information about cancer screening	Insufficient Evidence
<u>Group Education</u> : conveys information on indications for, benefits of, and ways to overcome barriers to screening with the goal of informing, encouraging, and motivating participants to seek recommended screening.; conducted by health professionals or lay health advisors, LHA)	Recommended
<u>One-on-One Education</u> : deliver information by healthcare workers , LHA, or volunteers, and are conducted by telephone or in person with tailored or untailored information	Recommended
<u>Reducing Structural Barriers</u> : non-economic burdens or obstacles that make it difficult for people to access cancer screening, e.g., mobile mammography vans.	Recommended
<u>Reducing Client Out-of-Pocket Costs</u> : reduce client out-of-pocket costs attempt to minimize or remove economic barriers that make it difficult for clients to access cancer screening services	Recommended

■ EVENTS for FILIPINO AMERICAN WOMEN



Group Work

Please convene with your mission group members to discuss the following and report back:

- Name of your organization
- When is your trip?
- Where is the region for your work and which setting will the work be situated?
- What are program activities and how will they delivered?
- How many potential participants?
- Challenges/resources your group may need?

Philippines Breast Cancer Network (PBCN) Outreach

- **Climb Against the Odds:** PBCN breast cancer warriors climb mountains instead of walking/running in polluted streets or rowing in contaminated waters of Manila Bay
 - **Project BRCA:** Innovative training course for breast cancer warriors, usually held at Taiong Breast Haven
 - **Breast Cancer Home Management Program:** PBCN travels from patient's house to patient's house to administer direct intervention as well as train family members on how to assist/support their loved one in coping with breast cancer.
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Reward yourself!!!

