Jeddah Breast Cancer Pilot Screening Program, KSA

7th Global Summit on Cancer Therapy, Oct 5-7, 2015
Dubai, Crown Plaza Hotel

Muna Baslaim, MD
Consultant Surgeon
Head of the Breast Unit,
King Fahd General Hospital
Jeddah, Saudi Arabia
Why patients were passing through difficulties

- Different centers with different approaches.
- Personal experience.
- No standard practice.
- Guide-lines are not followed.
- No specialized centers.
- Unnecessary work-up, unnecessary interventions.
Educational Plan

Treating physician
(Surgeon, Oncologist, Radiologist, Pathologist)

Primary health care physician

Society

Patient, Family, Friends
Physician Education

Multidisciplinary symposia 2003

- Proper follow-up of cases
- Pre-operative oncology counseling and treatment
- Proper pathologic assessment and sample interpretation
- Avoid unnecessary & extensive disfiguring procedure, avoid incisional biopsies
- Digital mammography, MRI, Image guided biopsy & stereotactic techniques

Regular meeting between different centers with case discussions
Role of primary health care centers

- Widely Distributed Accessible
- Ladies visit PHC for different reasons
- Have records for families
- A strong patient physician relation

- Transportation
- Document Data
- Education BSE Screening
- Reassurance
PHC Education

Repeated courses on Breast Diseases Symptoms and Signs by multidisciplinary team

Smooth referral pathway from the PHC to the hospital

Workshops on how to perform Clinical Breast Examination

Category of Referral: Routine VS Urgent

PHC physicians visit the Breast Clinic and Examine Patients

PHC refer patients for imaging

PHC physician initiate treatment in some cases
Breast Cancer Awareness Campaign 2007

The first multi-institution campaign

Structured educational activities for the physicians and the public

Outcome:
- More women asking for screening
- Improved society knowledge
- Improved communication between centers
- In the periphery, probably same situation

807 ladies screened in main hospitals, 8 cases detected (1.1%)
Poor knowledge about the disease and its mode of presentation

Misconception: Breast feeding is an absolute protection

Cancer is a killing disease regardless of the treatment provided

Lack of the social support

Breast cancer is almost always painless

Lack/inaccessible good medical service
Screening and Educational Activities in the Kingdom

Qasim

Riyadh
30,000 over 5 yrs
168 Ca
60% early

Dammam
8061 over 5 yrs
47 Ca
70% early

Makkah
Breast Cancer Awareness Campaign 2010

Jeddah (2\textsuperscript{nd} largest city)
Saudis: 1,729,007,
Females: 830,992

27\% is the Target age group (≥ 40-69 year) (224,368).

Screen only 1\% of the population (2,244).

Total period of screening 52 working days.
Breast Cancer Awareness Campaign 2010

Eligibility Criteria

- 40 – 69 years
- Asymptomatic
- Not pregnant nor lactating
- Not a breast cancer survivor
- No significant morbidity
Breast Cancer Awareness Campaign 2010

Demographic Data
Risk Factors

National ID Number
From 2,244

1167 screened (uptake rate 52%)

154 (BIRAD III-IV) ultrasound (recall rate 13%)

Higher than the reported 2-8%.

Breast Cancer Awareness Campaign 2010

Radiologist low-volume readers

67.5% pre or peri-menopausal (dense breasts)
After ultrasound, 32 cases required biopsy (Biopsy Rate 2.7%)

7 confirmed malignant (0.6%)

4 IDC, II
2 DCIS
1 ILC
Low risk population
Multi-parity
Early pregnancy and delivery
Breast feeding
Breast Cancer Risk Factors in the History of the Screened Population

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benign Breast Disease</td>
<td>51/ 1167 (4.4)</td>
</tr>
<tr>
<td>Breast Biopsy</td>
<td>15/ 1167 (1.3)</td>
</tr>
<tr>
<td>Cyst Aspiration</td>
<td>15/ 1167 (1.3)</td>
</tr>
<tr>
<td>Breast Operations</td>
<td>69/ 1167 (5.9)</td>
</tr>
<tr>
<td>Oopherectomy*</td>
<td>30/ 1167 (2.6)</td>
</tr>
<tr>
<td>Hysterectomy†</td>
<td>48/ 1167 (4.1)</td>
</tr>
<tr>
<td><strong>Family History of Breast Cancer</strong></td>
<td>29/ 1167 (18.8)</td>
</tr>
<tr>
<td><strong>Family History of other Malignancies</strong></td>
<td>361/ 1167 (31)</td>
</tr>
</tbody>
</table>

*None was due to malignancies.
† Only 3 had uterine malignancy.
‡ 40.2 % was in 1st degree relatives and 21.5% had ≥ 2 family members with breast cancer.
§ The commonest were uterine, hepatic and lung cancers.
Alarming Risk Factors

↑ Obesity rate (BMI 37.45)

↑ Obesity rate (BMI 37.45)

↓ Early childbearing and breast feeding

Changes in the lifestyle

Increase smoking habits

Dietary habits (unhealthy food)
Educational Programs un-wanted effects

- Panic state created
- OPD overloaded with less time for every patient
- PHC physicians fear of responsibility
- Long waiting list for OPD
- Hospitals overloaded with worried ladies of all ages
# % Breast Ca Stages

@ King Fahd Hospital

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>10</td>
<td>15</td>
<td>14</td>
<td>8</td>
<td>3</td>
<td>17</td>
<td>5</td>
<td>19</td>
<td>5</td>
</tr>
<tr>
<td>II</td>
<td>50</td>
<td>10</td>
<td>70</td>
<td>26</td>
<td>60</td>
<td>48</td>
<td>46</td>
<td>55</td>
<td>34</td>
<td>33</td>
<td>24</td>
<td>44</td>
</tr>
<tr>
<td>III</td>
<td>27</td>
<td>70</td>
<td>30</td>
<td>61</td>
<td>15</td>
<td>35</td>
<td>29</td>
<td>42</td>
<td>44</td>
<td>57</td>
<td>48</td>
<td>50</td>
</tr>
<tr>
<td>IV</td>
<td>23</td>
<td>13</td>
<td>0</td>
<td>3</td>
<td>10</td>
<td>3</td>
<td>17</td>
<td>?</td>
<td>5</td>
<td>5</td>
<td>9</td>
<td>1</td>
</tr>
</tbody>
</table>
Screen detected lesions

- Fibrocystic Changes: 29
- Epithelial Hyperplasia: 15
- IDC: 10
- Complex F-adenoma: 8
- DCIS: 6
- *Blunt Duct Adenosis: 2
- *Fat Necrosis: 6
- *Inflamm: 6
- *Sclerosing Adenosis: 6
- PASH
- IDP
- ADH
- ALH
These entities are difficult to diagnose even in tissue sections taken from surgically excised lesions, pathologist are now expected to diagnose them in small and often fragmented tissue/cellular samples obtained from image-guided biopsies. Differentiation between atypical ductal hyperplasia and low-grade ductal carcinoma in situ, lobular neoplasia versus solid low-grade ductal carcinoma in situ, the correct interpretation of papillary lesions with atypia, and classifying the spectrum of columnar cell changes.
Summary

- In every country, mammography screening guidelines should be tailored according to the local parameters like breast cancer incidence, age groups affected and healthcare resources (40s).
- Different studies in Asian countries concluded that biennial mammography screening for women aged 40 years is cost-effective.
- Saudi women accepted mammographic screening willingly.
- Health practitioners of all specialties need to be ready for the increasing work load and the need for higher skills.
Planning policies Society

Centers

policies

Staff Document-

ation

Equipment

Link

Follow-up

Staff Link Document-

ation

Equipment

Follow-up

Centers

Society

Planning