

## BREAST CANCER IN LATIN AMERICA. DIFFERENCES IN MEDICAL CARE.

DR. CARLOS GARBINO

Societe International de Senologie Executive Director.

SLACOM Secretary General.

The objectives of this Leaders of Opinion Survey in Latin America and the Caribbean (LA) was to obtain an exploratory analysis of the actual Breast Cancer (BC) Treatment (T) and to create a Data Base for correlative studies.

The study was driven by an SLACOM expert committee. 5 Medical Oncologists prepared 65 questions accepted by the expert and countries participants. 12 countries and 92 experts took part Topics: Epidemiology, Screening, Diagnosis, Treatment, Research, Palliative Care and Medical Education. Experts had to evaluate BC T in its Centre and in its Country. Simple descriptive statistics were applied

### RESULTS

- + Cancer Registries: National Cancer Registries based in Histopathology diagnosis existed only in 5 countries. Partial/Local registration occurred in 6 other countries.
- + Screening: 90% answered that no laws or rules for Mammographic (MX) Screening existed. Access to MX was 66% at the Country and 47% at the Centre levels.
- + Initial BC suspicion: 79 % done by the patient
- + First consulted specialist: Gynaecologist and BC surgeon: 82 %.
- + Delay between suspicion to MX or Clinical Examination at > than 3 months was 62% at the Country level but more patients -91%-were diagnosed at the Centre level.
- + HR availability: 52% at the Country and 100% at the Centre levels.
- + Molecular Markers: 5% at the Country and 83% at the Centre levels.
- + Delay < 1 month to 1<sup>st</sup>. T (S or N-Adj CT) 81% at the Centre and 15% at the Country levels. At 3 months > 90% had begun T. Interval between S and CT at < 1 month: 76% at the Centre and 20% at the Country levels.
- + First T of Stage I and II was S: 100% at both levels. First T for Stage IIIA with N-Adj CT: > 90 % at both levels. Mastectomy was performed in > 50% at both levels.
- + Sentinel Lymph Node Technique: 71% at the Centre level.
- + Adjuvant CT applied by an Oncologist ranged between 54% and 85%.
- + Costs Coverage: Country level: 67% by the Government. At the Centre level: 28%.
- + CT with Anthracyclins was accepted in > 95% at both levels.
- + Tamoxifen: Used in 95% at the Country level. At the Centre level it was used in 35% of them probably due to the frequent use of AI and LHRH-A instead of Tamoxifen.
- + Medical Autonomy for T decisions was 53% at the Country and 74% at the Centre levels.
- + Follow-up at the Country level: 73% by Oncologist; at the Centre: 24% by Oncologist and 61% jointly with the Breast Surgeon.
- + Opioids and Narcotics were available in 82% and 93% at the Country and Centre level.
- + Research: 94% considered it insufficient in Clinic – Epidemiologic at the Country level, due to insufficient support and lack of time. Similar considerations (83%) for Basic Research. Performance of Research was 46% in the Public sector, 22% to 17% in the Private sector and 1% at the University and Cooperative Groups.