

Actions needed: Assuring genuine choice and quality

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CONFLICTS OF INTEREST AND DISCLOSURES

I HAVE NOTHING TO DISCLOSE. IN THE
LAST SEVERAL YEARS I HAVE NOT
RECEIVED ANY “CONSULTING FEES”,
HONORARIA, OR OTHER FINANCIAL
SUPPORT FROM ANY
PHARMACEUTICAL COMPANIES.

Richard R. Love, November 4, 2009

IT'S ABOUT *FRAMING THE CHALLENGES*

- In low and middle income countries breast cancer is a comparatively *rare* disease.
- Culturally/psychosocially, the challenges are those of addressing “structural violence” (Farmer) : human rights issues.
- Medically, the challenges are developing country-specific evidence-supported, practical, cost-effective interventions.
- Broadly, these challenges are only rationally addressable with country-specific “search and research” approaches.

Breast cancer descriptive epidemiology 2010

Projected Annual Cases

World	1,550,000
World-poor	1,000,000
Asia	800,000

Breast cancer descriptive epidemiology -2010-

Annual Cases In Premenopausal Women

World Poor Total	740,000
World Poor HR+	500,000

USA Total	44,000
USA HR+	31,000

Breast cancer is an orphan disease for the majority of women affected worldwide

Orphan-adjective: “ Not authorized, supported, or funded; not a part of a system; isolated, abandoned; lacking a commercial sponsor”.

BECAUSE

1:IT IS RARE-INFREQUENT

Bangladesh: Quality of life

GDP PER CAPITA ~\$US 510

LIVING ON < \$1 PER DAY >30%

ILLITERACY, ADULT WOMEN 64%

UNDERNOURISHED PEOPLE 30%

Barriers ---in ALL countries

Context is everything

Structural violence (Farmer): “The diffuse and indirect oppressive societal forces whose routine application limits individual choices in the extreme”.

Political terrorism

Racism → genocide

Cultural extremism

Class discrimination

Gender discrimination → gendercide

Market terrorism

Religious terrorism

Poverty

Operationally and practically speaking “barriers” mean **NO CHOICE**

- Interviewed women **KNOW** from early on when they have a serious breast problem.
- But they say “I had **NO CHOICE**”:
 - “No money”
 - “Priorities: feeding, clothing and school supplies for children.”
 - “No permission from husband, family”.
 - “It is not my place to seek help”.
 - “Getting care is complicated”.
 - “No good solutions anyway”.

In sum: the issues are HUMAN RIGHTS issues, which need attention if women are to have real choices.

QUALITY CARE FOR COMPARATIVELY RARE DISEASES

Limited capacity in facilities, expertise, and health providers.

No or limited population-specific intervention data.

Basic premise

Improving outcomes for women with breast cancer in most low and middle income countries is a search and research problem because:

- *The cancers themselves are different in gene profiles.
- *The women react differently to treatments and medicines-
'pharmacogenomic' differences.
- *Cultural traditions and circumstances are different from those in other countries.
- *Health systems are weak and dysfunctional.

“SOLUTION” PARTNERS

International academic partnerships are a critical mechanism for bringing population-health improving efforts to their highest and most rigorous levels.

Institute of Medicine Report , 2009

SOLUTIONS PRINCIPLES

- *Disease-specific interventions should STRENGTHEN primary health systems.**
- *Need for focus on RESULTS and VALUE.**
- *Need for local leaders, capacity building, sustainability=business plan and exit strategy, and scalability.**
- *Independence from pharmaceutical industry.**

IN SUM: THE CENTRAL *CHALLENGES*

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- Medically, the challenges are developing country-specific evidence-supported, practical, cost-effective interventions.
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