Global Breast Cancer Initiative: an Integrative Approach to Thinking Globally, Acting Locally

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On International Women's Day this year (8 March 2021), Global Breast Cancer Initiative (GBCI) was launched by WHO and intersectoral partners as a renewed commitment to tackle disparities in breast cancer survival around the world. The specific objective of this initiative is to reduce global breast cancer mortality by 2.5% each year until 2040, through increasing access to early detection, timely diagnosis and comprehensive management.[1] To avert an estimated 2.5 million annual deaths, the GBCI will focus on promoting sustainable capacity building, and supporting innovation and monitoring systems that use data for evidence-based decision making.[2]

This initiative is a high priority collaborative effort, as the global cancer landscape is changing: breast cancer has now surpassed lung cancer as the world's most commonly diagnosed cancer, according to the latest estimates released by the International Agency for Research on Cancer (IARC).[3] This increase is partly explained by the longstanding higher prevalence of reproductive, hormonal and lifestyle risk factors, as well as organized mammographic screening in high-income countries. Increasing rates in countries undergoing dramatic socio-cultural and economic shifts–such as obesity epidemic, physical inactivity, postponement of childbearing and having fewer children- should be added to the picture. Examples of this category include countries in South America, Japan, the Republic of Korea[3], and Iran.[4,5] The most rapid

increase is happening in sub-Saharan Africa, with the highest mortality rate throughout the world. This high death rate is mainly attributed to the younger age profile and diagnosis at late stages[6], as only 17% of the countries in Africa (AFRO) have breast cancer screening programs.[7]

Between 1989 and 2017, deaths from breast cancer mortality dropped by 40% in high-income countries, but little progress has been made in low and middle-income countries. Although the incidence rates are still higher in high income countries, women living in low and middle income countries have higher mortality.[3] Comparing case-fatality rate (CFR) between very developed and less developed countries will shed more light on this huge inequity: there is more than a four-fold difference in CFR between low Human Development Index (HDI) countries versus very high HDI (47.0% vs. 10.8%) and nearly a three-fold difference (56.2% vs 20.8%,) for pre- and post-menopausal breast cancer, respectively.[8]

The first pillar of the GBCI is health promotion and early detection. In a study conducted in Iran, about 31.7% of breast cancer patients had delayed more than one month after the first symptom to visit a health care provider. Women of lower socio-economic status and those residing in rural areas or small cities with limited access to health resources had more commonly delayed seeking medical advice for their symptoms. Nearly 70 percent of patients who delayed visiting a doctor had assumed the symptoms to be minor and not important[9], a finding which highlights the importance of promoting awareness about breast cancer symptoms among women.[10] Other barriers for timely diagnosis were fear of being diagnosed with cancer[11], embarrassment for having the breasts examined[12] and other cultural and social beliefs[13], further emphasizing the urgent need for orchestrated public education interventions to address the stigma and

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other psycho-social barriers.

The second pillar of the GBCI is timely breast cancer diagnosis.[2] One contributing factor in "diagnosis delay" has been lack of access to mammography or ultrasonography in the area of residence. Another important issue in transition countries has been non-adherence to the physician's advice, especially when structured referral protocols were not in place. Sadly enough, some women delayed following the recommended diagnostic procedures, as they perceived some "reassurance" from their health care providers.[9] In other words, while the doctor attempted to disclose the cancer diagnosis without overwhelming the patient, the main message regarding the importance of immediate and tight adherence to follow-up procedures had not been communicated explicitly to the patient.[14]

The third pillar of the GBCI is comprehensive breast cancer management.[2] Treatment delay is also common is low and middle income countries and occurs due to unclear referral protocols, long waiting lists for admission and surgery, lack of access to equipped care facilities and financial barriers.[9]

While breast cancer accounts for 1 in 4 cancer cases and for 1 in 6 cancer deaths among women[3], GBCI brings about new aspirations for support and engagement of countries in evidence-based planning and care and provides a roadmap to decrease death and tackle disparities in survival.

Conflict of Interest
None.

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