

# **CANCER ALLIANCE: BREAST CANCER CONTROL POLICY**

(Meme M2-1)

## **SECTION 2 – AWARENESS AND PREVENTION**

**KNOW YOUR RIGHTS: YOU ARE NOW ENTITLED TO REGULAR CLINICAL BREAST EXAMINATION, INCLUDING AT PRIMARY HEALTHCARE FACILITIES. IF YOU ARE OLDER THAN 40, THIS EXAMINATION SHOULD BE CONDUCTED EVERY TWO YEARS.**

*We know that early detection is key to enabling effective treatment and a better chance of recovering from cancer. If you are experiencing symptoms which concern you, it is vital to have them investigated by a health professional as soon as possible. – Cancer Association of South Africa (CANSAs)<sup>1</sup>*

(Meme M2-2)

### **EARLY DETECTION IS KEY**

The case for early detection is very clear: In South Africa, the majority of women with breast cancer are diagnosed when their disease is already advanced, resulting in five-year survival rates from 40% to as low as just 10%.

If, however, they lived elsewhere, where early detection and basic treatment are both available and accessible, their five-year survival rate for early localised breast cancer would be a comparative more than 80%.<sup>2</sup>

It is exactly for this reason – to avoid unnecessary suffering and death – that improving early detection rates is top of the list of strategic objectives for the country's new Breast Cancer Control Policy.

With the focus on promoting community awareness and educating communities and healthcare workers on breast healthcare and breast cancer management, this section of the policy is anchored on the following four pillars:

- Prevention
- Early detection
- Screening



- Genetic Assessment

(Meme M2-3)

### HOW WILL THIS AFFECT YOU?

- If you are older than 40 and attending a primary health clinic, you are entitled to undergo a clinical breast examination every six months. In the case of any abnormality, no matter how small, you must immediately get a referral letter to the closest regional breast unit.
- All women visiting primary health clinics must receive breast care education. This must include information about breast cancer as well as the risk factors and the signs to watch out for. The aim is for women to learn about what's "normal" for their breasts, so they notice and can act on any changes.
- Healthcare workers will work actively to address the [myths and stigma](#) around breast cancer, communicating factual messages to raise awareness that seeking help early can save lives.
- If you are at high risk for developing breast cancer, you should be considered for an annual breast MRI in addition to mammography and a Clinical Breast Exam (CBE).<sup>3</sup>

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### HOW DOES EARLY DETECTION WORK?

The new policy defines three different methods of screening for breast cancer. They are:

- (1) Breast Self-Examination (BSE): This has an important role to play in early detection of breast cancer, especially in poor areas where resources are lacking. The new policy dictates that all women attending primary health clinics will be given opportunistic breast education, including [how to conduct their own self-examination of their breasts](#). They will also receive applicable printed educational material.

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- (2) Provider-Initiated Clinical Breast Examination (PI-CBE): Although this will apply to all women older than 40 attending primary health clinics, this is not yet routinely implemented. There is agreement that this will require the implementation of extensive healthcare provider training.

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- (3) Mammography: The policy says that screening via mammography cannot take place unless there are sufficient resources to offer the service to at least 70% of women older than 50 – the target group. The current lack of infrastructure and resources in South Africa's public healthcare system has prompted the proposal that mammography should be performed at specialist breast units, only on patients who are symptomatic or identifiable as high risk.<sup>4</sup>

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### WHAT HAPPENS NEXT IF YOU DISPLAY SYMPTOMS OF BREAST CANCER?

Anyone with symptoms attending any health facility will undergo a history and breast examination, then be referred immediately to the closest regional or specialist breast unit.

You must be seen immediately if you have symptoms suggestive of breast cancer, or within at least 21 days if your symptoms suggest the possibility of a breast cancer diagnosis.

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### WHAT IF YOU HAVE A FAMILY HISTORY OF BREAST CANCER?

You must be referred to Genetic Services for assessment and management if any of the following apply to you:

- There is a known mutation in the family of a cancer predisposition gene, such as BRCA1/2.
- You were younger than 40 when you were diagnosed with breast cancer; or younger than 60 when you were diagnosed with triple-negative breast cancer.
- You have more than one close relative younger than 50 with breast cancer, more than one with invasive ovarian cancer, more than two close relatives younger than 60 with breast or pancreatic cancer, or more than one family member with male breast cancer.

You will be entitled to an annual MRI screening if you are known to carry a gene mutation.<sup>5</sup>

## REFERENCES

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5. National Department of Health (2018). Clinical Guidelines for Breast Cancer Control and Management. NDOH Internal document - P.19