The Global Breast Cancer Initiative (GBCI)
Empowering women, building capacity, providing care for all
WHO’s approach to integrated national cancer control programmes

What is GBCI? What is the target?
GBCI: a strategic collaboration to empower women and strengthen breast cancer control through country impact and global advocacy.

- Reduce breast cancer mortality by 2.5% per year, to save 2.5 million lives by 2040.

Why breast cancer? Why now?

(1) Burden: Breast cancer - most common cancer and #1 cause of cancer deaths for women.
(2) Empowerment: Women-centred care throughout the lifecourse is needed, everywhere.
(3) Reduce inequities: Breast cancer burden greatest in low- and middle-income countries (LMIC) and outcomes are significantly worse. Solutions such as promotion of Universal Health Coverage (UHC) to include cancer-related services exist and should be delivered equitably.

What explains global inequities?

<table>
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<tr>
<th>Late diagnosis</th>
<th>Inadequate services</th>
<th>Low coverage</th>
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<tbody>
<tr>
<td>Detected at advanced stage in LMIC</td>
<td>Insufficient diagnostic and treatment facilities</td>
<td>Failure to include breast cancer in UHC</td>
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What works?

Two priorities to improve breast cancer outcomes, established in recent The Lancet Oncology publication¹:

1. **Early clinical diagnosis**: Programmes to detect at least 60% of breast cancers at stage I or stage II.
2. **Health systems strengthening**: Increased capacity to provide care and improved access to public cancer centres through UHC.

How to get involved?

- **Advocate**: ...join global and national advocacy efforts
- **Contribute**: ...join platforms for information-sharing
- **Act**: ...support countries & other stakeholders

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What are the pillars of action?
Operational approach: 3 pillars corresponding to journey of women who develop breast cancer.

**PILLAR 1:**
Health promotion & early diagnosis
Goal: Achieve diagnosis of at least 60% of invasive breast cancers at stage I or II

**PILLAR 2:**
Timely breast diagnostics
Goal: Evaluation, imaging, tissue sampling and pathology completed within 60 days

**PILLAR 3:**
Comprehensive breast cancer management
Goal: 80% undergo multimodality treatment without abandonment with successful return to community

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**GBCI integrated approach**

1. **Convening stakeholders and developing a platform for action:** multisectoral working groups to address the 3 pillars

2. **Operational guidance:** provide evidence-based technical package for implementation

3. **In-country engagement and support:** harness political will, integrate cancer initiatives and create partnerships

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**GBCI Pillar Monitoring Overview**

1.0 Governance and Policies
2.0 Health Financing (UHC)
3.1 TNM Stage Distribution
3.2 Time to Diagnosis
3.3 Mortality & Survival
4.0 Patient Navigation
5.0 Health Information Systems
6.1 Patient Entry
6.2 Tumor Diagnosis
6.3 Cancer Treatment
7.0-9.0 Primary Centre (District Level)
7.0-9.0 Secondary Centre
7.0-9.0 Tertiary Centre (Centre of Excellence)

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**DIAGNOSTIC WORK-UP**

**Screening:** Target group without breast symptoms

**Breast Symptom(s):** lump/mass, thickening, bloody nipple discharge, peau d’orange

**Breast Abnormality:** Positive, Discontinued on Follow-Up, Concordant on Follow-Up

**Clinical Evaluation:** Imaging, Pathology

**Pathology:**
- Distant Metastasis (Stage IV)
- No Distant Disease

**Multidisciplinary Evaluation:**
- Pain Management
- End-Of-Life Care
- Systemic Therapy
- Support Services

**Curative Therapy:**
- Surgery
- Radiotherapy

**Palliative Care:**
- Metastatic Treatment
- Supportive Care

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**No Evidence of Disease (NED)**

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**Patient Interval**

**Diagnostics Interval**

**Treatment Interval**

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**Operational Approach:**
- GBCI integrative approach
- Evidence-based technical package