

Breast Cancer Study Tour Emphasizes Early Detection

By Barbara Ruben

One woman has 1/2-inch hair feathering from her scalp. Another wears a wig. A third speaks of her tumor with the precision of a physician, even though she has no formal medical training. These women and several others meet in a Boca Raton, Florida clinic once a month to discuss their battles with breast cancer, their treatment options and their hopes for the future.

For 11 surgeons, radiologists, nurses and technicians from Ukraine observing the meeting, the support group was a far cry from their experiences with breast cancer patients at home, where doctors often never even fully disclose a patient's diagnosis of cancer.

"For women with breast cancer in Ukraine, there are no such services. The attitude is, this is your problem, your personal business," said Liubov Korchagina, MD, a radiologist at Odessa Oblast Hospital. "Many women believe having breast cancer is a death sentence, that there is no hope."

The Ukrainian health care practitioners visited three Florida cities last winter to learn more about screening, diagnosis and treatment of women with breast cancer. The week-and-a-half long study tour is one of the first activities of a new AIHA breast care initiative that will include model breast cancer screening, education and early detection programs at the Center for Maternal and Child Health Care on the Left Bank in Kiev, Railway Clinical Hospital in L'viv, and Odessa Oblast Hospital. The 18-month project will address technical assistance and clinical training needs, as well as investment in key technologies such as mammography, and the development and production of patient education materials.

Breast cancer is the leading cancer in both Ukrainian and US women. In Ukraine, the disease represents approximately 18 percent of all cancer among women in the country, according to Ukrainian Ministry of Health reports. The Ministry estimates that there has been a 70 percent increase in the incidence of breast cancer between 1977 and 1996. In the United States, there were 184,300 new cases of breast cancer in 1996 and 44,500 deaths, according to the American Cancer Society. The rate in the United States increased by about 2 percent per year from the early 1970s until about 1987, when it leveled off. And reported breast cancer rates are similar: 50 women per 100,000 in Ukraine and 52 per 100,000 in the US.

But there are also many differences in breast cancer in the two countries: In the United States, the increased use of screening and diagnostic mammography has helped to find more tumors at a stage before they can be felt by a woman or her doctor. Nearly 68 percent of women over age 40 reported having had at least one screening mammogram, up from 22 percent in 1979. In Ukraine, regular screening is not conducted; most women get mammograms only if they or their doctors find tumors. Because of this, breast cancer is more often found at more advanced stages in Ukraine, and women have less chance of surviving.

"Women and doctors alike are very fearful that the radiation from mammography will be harmful. We're seeing a lot of women with Stage 3 cancer, where it's spread quite a bit, and that's just too late for treatment to be as effective," said Andriy Kens, MD, a surgeon at Railway Clinical Hospital.

Kens said that patients and physicians were right to be concerned about high levels of radiation from out-moded mammography equipment, but that newer equipment, which will be provided through AIHA's breast care initiative, would be an integral part of detecting cancer and increasing survival rates. "Our number one goal is earlier diagnosis," he said.

Part of the fear stems from the 1986 Chernobyl accident. Women worry about being exposed to any additional radiation. But there are not currently any statistics showing an increased

breast cancer rate linked to Chernobyl. However, Korchagina said she is seeing younger women with the disease. She attributes this change to both deteriorating living and environmental conditions.

During the study tour, participants observed state-of-the-art mammography and biopsy equipment and learned about advances in the field such as genetic testing and reconstructive surgery.

The participants visited the Comprehensive Breast Center of the Palm Beaches in West Palm Beach, the MD Anderson Cancer Center in Orlando and the Center for Breast Care in Boca Raton. The three centers demonstrated differing approaches to breast cancer, early detection and screening. They spent a majority of their time at the Boca Raton center, which bills itself as the most comprehensive center for breast care in the country, providing education, mammography, biopsies, support groups and surgical consults all under one roof.

"I don't think a woman feels alone here, and that's very important," said Sandy Marits, RN, patient care coordinator and a breast cancer survivor. "My primary role is to act as a woman's advocate from the time she has the mammogram to the diagnosis to treatment. I feel my role is very different at this center than any other in the US."

This comprehensive role, in which the nurse serves as an educator and support source, is one that nurses on the tour said they would like to adapt at home. Three-thousand pregnant women come to Kiev's Center for Maternal and Child Health Care each year, said Tamara Bernadskaya, RN, a nurse educator at the center. Although she makes an effort to teach as many new mothers as possible about breast self-examination techniques, she said that the study tour convinced her to try to do further outreach. "If we can educate those 3,000 women, then they will tell their sisters and mothers. So we've already multiplied this number by three," she said.

Participants observed women undergoing mammography, ultrasound, biopsies and surgery. Although techniques were similar in both countries, the quality and availability of equipment and supplies at the Breast Care Center were a vast improvement over those used at home, participants said. X-ray film, surgical instruments and even surgical scrubs are in short supply, hampering patient care, they said.

Outdated mammography equipment in Ukraine does not compress the breast sufficiently to get a clear picture of the tumors, said Galina Zhadan, a radiology technician at the Center for Maternal and Child Health Care. In the United States, 60 to 70 percent of women with breast cancer undergo lumpectomies to remove tumors rather than complete mastectomies. In Ukraine, a majority of the surgeries are mastectomies, Kens said.

And stereotactic biopsy, a relatively new, less invasive technique, is unavailable in Ukraine. Using a series of sophisticated, computer-guided mammograms to pinpoint the exact location of the tumor in three dimensions, a hollow needle is used to remove tissue samples from several parts of the lesion. Unlike surgical biopsy, the procedure is virtually painless, takes only one hour and leaves just a small incision.

"One of our goals is to more precisely diagnose, and thus treat, breast cancer and this equipment would be very helpful," said Roman Stanishevsky, MD a radiologist at Railway Clinical Hospital. "But our first task must be to educate women about the importance of using this equipment for early detection."

To give women wider access to mammography and other diagnostic techniques, AIHA's breast care initiative plans to outfit a railway car at Railway Clinical Hospital with equipment, which will travel to outlying areas of L'viv to provide screening and education. In a similar effort

sponsored by the Boca Raton center, a van equipped with a mammography machine travels a 120-mile radius to provide services.

"We go to places where women congregate, in churches, workplaces, schools. We also have Spanish-speaking staff because we have a large Hispanic population and we want to be accessible to them," said Louise Morrell, MD, medical director of the center. "The earlier we find a tumor, the higher a chance a woman has of surviving."

In the United States, 93 percent of women diagnosed with localized breast cancer survive at least five years, according to the National Cancer Institute. For those in whom the cancer has spread regionally, such as to the lymph nodes, the rate drops to 71 percent. And when the cancer is not caught until it has metastasized in other parts of the body, the five-year survival rate is only 18 percent.

But rather than cite dry statistics, some of the participants, eight of whom were women, put the study tour in more personal terms.

"We're not just talking about patients, some abstract 'woman.' Sometimes it's loved ones," said Valentina Puchkova, a radiology technician at Odessa Oblast Hospital. "This may someday be affecting me and my family. You never know what will happen. What we're learning here is not only for us, but for our children."