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Review

Supportive care after curative treatment for breast cancer (survivorship care): Resource allocations in low- and middle-income countries. A Breast Health Global Initiative 2013 consensus statement

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ABSTRACT

Breast cancer survivors may experience long-term treatment complications, must live with the risk of cancer recurrence, and often experience psychosocial complications that require supportive care services. In low- and middle-income settings, supportive care services are frequently limited, and program development for survivorship care and long-term follow-up has not been well addressed.

As part of the 5th Breast Health Global Initiative (BHGI) Global Summit, an expert panel identified nine key resources recommended for appropriate survivorship care, and developed resource-stratified recommendations to illustrate how health systems can provide supportive care services for breast cancer survivors after curative treatment, using available resources.

Key recommendations include health professional education that focuses on the management of physical and psychosocial long-term treatment complications. Patient education can help survivors transition from a provider-intense cancer treatment program to a post-treatment provider partnership and self-management program, and should include: education on recognizing disease recurrence or metastases; management of treatment-related sequelae, and psychosocial complications; and the importance of maintaining a healthy lifestyle. Increasing community awareness of survivorship issues was also identified as an important part of supportive care programs. Other recommendations include screening and management of psychosocial distress; management of long-term treatment-related complications including lymphedema, fatigue, insomnia, pain, and women's health issues; and monitoring survivors for recurrences or development of second primary malignancies. Where possible, breast cancer survivors should implement healthy lifestyle modifications, including physical activity, and maintain a healthy weight. Health professionals should provide well-documented patient care records that can follow a patient as they transition from active treatment to follow-up care.

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Breast cancer survivors in low- and middle-income countries

Globally, breast cancer 5-year relative survival rates range from 80 to 90% in high-income countries (HICs), to 60% in middle-income countries, to below 40% in low-income countries [1]; in parts of Africa, it may be as low as 12% [2]. These differences have been attributed to disparities in early detection, type of breast cancer, access to treatment, type of treatment, and social and cultural barriers. The concept of cancer survivorship itself as a distinct phase of cancer treatment is relatively new, and awareness of long-term issues affecting cancer survivors is low, especially in low- and middle-income countries (LMICs). Breast cancer patients in LMICs are often younger, and have more advanced and aggressive disease [3]. Radiotherapy for breast conservation and sentinel lymph node biopsy for minimally invasive axillary staging are often unavailable in LMICs [4], leading to more extensive surgical approaches such as mastectomy and axillary lymph node dissection. These are associated with higher rates of long-term complications (body image changes, and loss of arm mobility and lymphedema, respectively). Breast cancer survivors in LMICs may experience greater effects from chemotherapy-induced early menopause, infertility, and impairments in sexual function and body image, and may have an increased risk of recurrence as well as a sense of isolation due to social and cultural conditions. Unfortunately, supportive care services are frequently limited in LMICs; program development for survivorship care and long-term follow-up appropriate for LMICs has not been well addressed.

Supportive care after curative treatment (survivorship care)

Supportive care for breast cancer, including survivorship care, is a distinct aspect of cancer treatment that should be integrated into breast cancer care programs in low- and middle-income countries (LMICs). The Institute of Medicine (IOM) describes survivorship care as encompassing five main areas: 1) surveillance for cancer recurrence or new cancers; 2) management of symptoms that persist after treatment ends; 3) evaluation of risk for, and when possible, prevention of, late-effects of treatment; 4) assessment of psychosocial needs and provision of appropriate support; and 5) counseling of patients on lifestyle modifications for prevention of cancer–related morbidity and mortality, as well as to improve quality of life [5]. As the incidence of breast cancer increases in LMICs, so too will the number of breast cancer survivors, as a result of increased efforts to improve early detection of breast cancer, an increase in breast cancer care programs, and greater availability of effective treatments.

Defining "breast cancer survivors"

For the purposes of this consensus statement, "breast cancer survivors" are defined as patients who have entered the post-treatment phase after initial surgery, with or without chemotherapy and/or radiation (ie, 6 months of curative treatment). Companion Breast Health Global Initiative (BHGI) supportive care consensus statements cover supportive care during treatment, and supportive and palliative care for metastatic disease.

BHGI global summit and expert panel consensus process

All three BHGI supportive care consensus statements provide recommendations for breast cancer supportive care program implementation in low- and middle-income settings. Methods developed by the Breast Health Global Initiative (BHGI) for the structured creation of evidence-based, 4-tier resource-stratified guidelines and consensus statements (see Table 1) have been previously described [6,7]. A systematic literature review was performed in preparation for the 5th BHGI Global Summit, which was held in association with the International Atomic Energy Association (IAEA) in Vienna, Austria, on October 2, 2012. Supportive care was chosen as a theme for the global summit, as it emphasizes often-overlooked aspects of medical care, which are not always considered directly related to curative intent. The Supportive Care after Curative Treatment (Survivorship Care) Consensus Panel presented on key topics and then performed a consensus analysis through facilitated expert panel discussion in order to draft the core resource-stratified table matrices, which are the primary outcome of the panel examination and deliberation. Companion consensus statements for *Supportive Care during Treatment* [8] and *Supportive and Palliative Care for Metastatic Breast Cancer* [9] were developed in parallel during this 2012 Global Summit. Cancer supportive care is an under-researched area of medicine, especially in LMICs. Systematic reviews and meta-analyses are often not available for select topics, or include only studies from HICs. When studies from LMICs are available on a topic, they are provided as additional references.

Key resources needed for survivorship supportive care programs

This section of the consensus statement describes the nine key resources identified for basic breast cancer supportive care after curative treatment (survivorship). A resource-stratified recommendation follows the description of each key resource category, and is also presented in one of the two tables. The resource-stratified tables illustrate how, even at a basic level of resources, a

Table 1
Resource allocation levels: basic, limited, enhanced, and maximal.

Resource Allocation Level*	Description
Basic	Core resources or fundamental services absolutely necessary for any breast health care system to function; basic-level services are typically applied in a single clinical interaction.
Limited	Second-tier resources or services that are intended to produce major improvements in outcome, and are attainable with limited financial means and modest infrastructure; limited-level services may involve single or multiple clinical interactions.
Enhanced	Third-tier resources or services that are optional but important; enhanced-level resources should produce further improvements in outcome and increase the number and quality of therapeutic options and patient choice.
Maximal	High-level resources or services that may be used in some high-income countries, and/or may be recommended by breast care guidelines that do not adapt to resource constraints. They should be considered lower priority than those resources or services listed in the basic, limited, or enhanced categories on the basis of extreme cost and/or impracticality for broad use in resource-limited environments; to be useful, maximal-level resources typically depend on the existence and functionality of all lower-level resources.

* The table stratification scheme implies incrementally increasing resource allocation at the basic, limited, and enhanced levels. Maximal-level resources should not be targeted for implementation in LMICs, even though they may be used in some higher-resource settings.