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Title: Closing the Cancer Divide: Performance of Breast Cancer Care services in a middle income developing country Malaysia

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Abstract:

Introduction

Cancer is the leading cause of death and disability in the world, and a widening disparity in cancer burden has emerged between high income and low-middle income countries. Closing this cancer divide between rich and poor countries is an ethical imperative but there is a dearth of data on cancer services from developing countries

Methods

This was a multi-center, observational cohort study which enrolled women with breast cancer attending 8 participating centers from both public and private sector in Malaysia in 2011. All patients were followed up for 12 months from diagnosis to determine their access to cancer therapies. We assess care performance using measures developed by QOPI and ASCO-NCCN as well as local guideline.

Results

A total of 920 patients from 8 centers in 2011 were included, which represent about 20% of all incident cases. Table below summarizes the main performance results:

Treatment	Surgery	Chemo-therapy	Radio-therapy	Hormonal therapy	Targeted therapy
No. (%) of patients	819(89)	623(68)	528(57)	452(49)	52(6)
Median time to treatment, days	5	56	202	179	106
Performance measure	Patients age<70 Stage I to III BC who received Surgery within 2 months	Patients age<70 Stage I to III ER/PR negative BC on Chemotherapy within 4 months	Patients age<70 Stage I to III BC on Radiation Rx after breast conserving surgery within 1 year	Patients age<70 Stage I to III ER+ or PR+ BC on Tamoxifen or AI within 1 year	Patients age<70 Stage I to III HER2+ BC on Trastuzumab within 1 year
No. (%) of eligible patients	749(100)	195(100)	195(100)	478(100)	184(100)
No. (%) of patients whose care adhere with measure	629(84)	124(64)	130(67)	314(66)	34(18)

Discussion

While breast cancer surgery was accessible, the other 3 modalities (radiation, chemo and hormonal therapies) were more problematic. High cost trastuzumab was inaccessible.