



World Cancer Congress  
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## Development and implementation of a Latin American Breast Centers Network. Is it Feasible?

Development of flexible strategies to accelerate breast diagnosis with defined timelines in limited-resource settings

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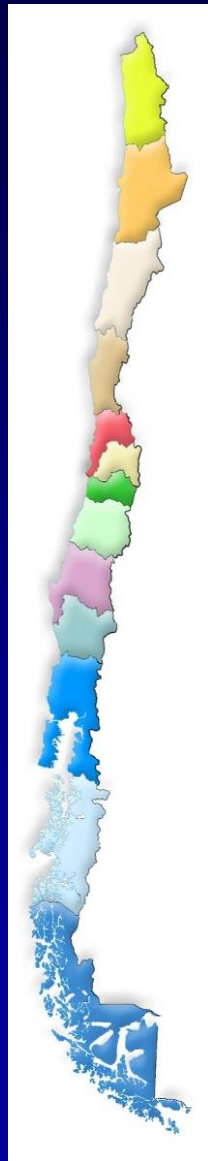
Past president Chilean Society of Cancerology



# Health System in Chile: general data

- Chile has an estimated population of 19,212,362 inhabitants (2022)
- Public system serves 77% of the population and the remaining 18% is private (ISAPRES) and 5% others
- 7% of the salary is allocated to the health fund
- Gross domestic product (GDP) per capita is 14,000 Euros per year
- The health budget was 5.83% of GDP in 2021

# National Breast Cancer Network



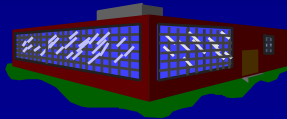
29  
Health  
services



196 Hospitals



43 Breast  
Pathology  
Units (UPM)



593 Primary care clinics

1124 Rural Health Care  
Centre

In each **Health Service**, there is a Doctor and a Midwife in charge of the management of the Program

**Tertiary Health Level:** in each hospital operates a trained health team. There is a Referral Network for Chemotherapy and Radiotherapy

**Secondary Health Level** In each hospital operates a Breast Pathology Unit with a trained team

**Primary Health Level** Primary care clinics In each of these offices, there is a midwife in charge of the Breast Cancer Program

The pain relief and palliative care program works in all 3 levels of care

# National Breast cancer program since 1995

- **1st Phase:** Organization of the Program at the national level, focused on women between 35 and 64 years old, who attended the PAP
- Breast Physical Examination performed by a qualified professional (midwife/physician) every 3 years and annually in women with risk factors
- Suspected cases are referred to the Breast Pathology Unit (secondary level)
- Timely diagnosis and treatment of detected cases
- Promotion in women at risk
- **2nd Phase:** Progressive implementation of screening with mammography



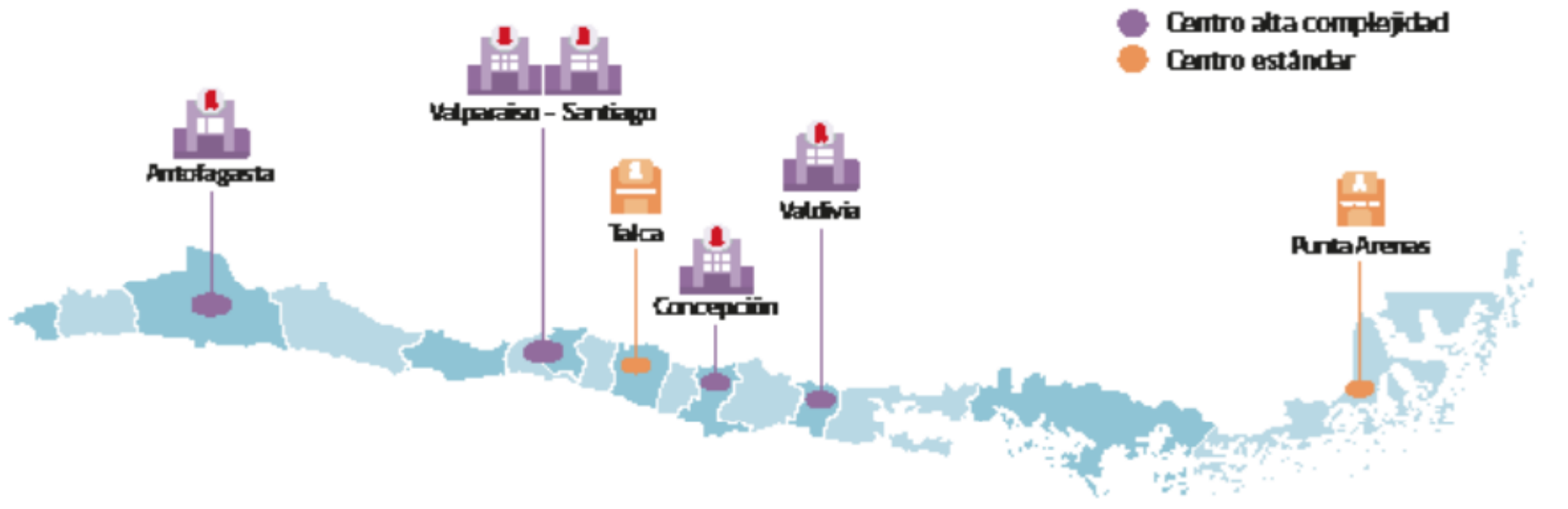
# Availability of mammography in the public health network of Chile

- Screening mammography every 3 years in women 50-69 years
- Women who use this coverage: 38%
- Hospital Digital has 19 radiologists who perform 22% of the reports of the public system, with 42 mammography equipment (10 mobile), from all regions of Chile



# Current situation of the Chilean Oncology network

## SITUACIÓN ACTUAL DE LA RED ONCOLÓGICA



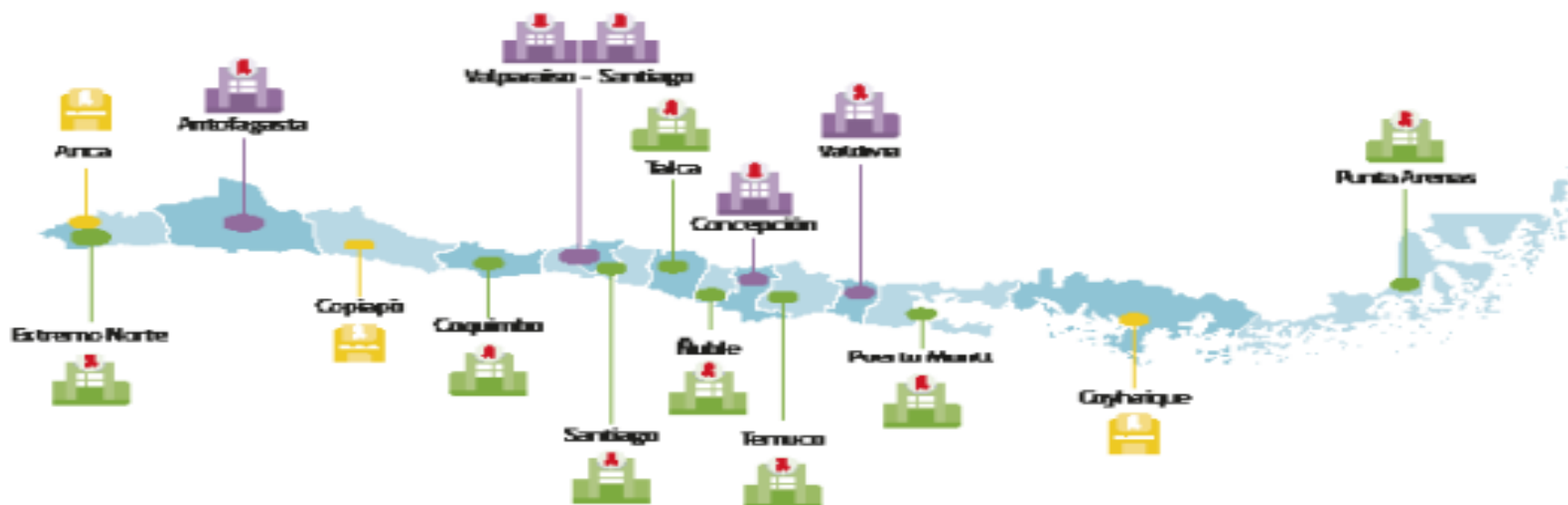
# Strengthening the Oncology network by 2028

## FORTALECIMIENTO DE LA RED ONCOLÓGICA (al 2028)



Nuevos centros Integrales de tratamiento cáncer

● Centro alta complejidad    
 ● Centro complejo    
 ● Centro estándar



Equipos / Infraestructura	Centro complejo	Centro estándar
Braquiterapia	1	1
Acelerador	2	1
Sillones QMT	10	6
TAC	1	1
Superficie	1.500 m <sup>2</sup>	1.000 m <sup>2</sup>

# Universal Access Explicit Guarantees (AUGE) or Explicit Guarantees in Health (GES)

Created in 2005 to ensure timely care for certain pathologies (currently 85)

Includes the following diseases:



**Conozca las 85  
patologías que cubren las**

**Garantías Explícitas**

**en Salud**



- Chronic Diseases: Diabetes, Hypertension, asthma, HIV, Parkinson's, etc.
- Health of the Adult over 65 years of age
- Serious Accidents
- Heart and Brain diseases
- Eye Diseases
- Selected Surgical Interventions
- **Treatment of Cancers**
- Childbirth and Diseases of the Newborn
- Mental Health
- Oral Health
- Health in People Under 15 Years
- Preventive Treatment



# Universal Access Explicit Guarantees (AUGE) or Explicit Guarantees in Health (GES)

Created in 2005 to ensure timely care for certain pathologies (currently 85)

Includes the following cancers:

- Childhood cancer (up to 15 years)
- Leukemias
- Lymphomas
- Multiple myeloma
- Breast
- Cervical-uterine cancer
- Ovary
- Renal
- Bladder
- Prostate
- Testicular
- Thyroid
- Gastric
- Colorectal
- Osteosarcoma
- Lung
- Pain and Palliative Care for Advanced Cancer

# Universal Access Explicit Guarantees (AUGE) or Explicit Guarantees in Health (GES)

Created in 2005 to ensure timely care for certain pathologies (currently 85)

## The guaranteed rights are:

1. Access: Right by Law of the provision of Health
2. Opportunity: Maximum waiting times for the granting of benefits
3. Financial protection: The beneficiary will cancel a percentage of the affiliation
4. Quality: Granting of benefits by an accredited or certified provider

# Explicit Guarantees in Health (GES): Breast cancer

## CÁNCER DE MAMA EN PERSONAS DE 15 AÑOS Y MÁS

8



### ¿QUIÉNES PUEDEN ACCEDER?

Personas de 15 años y más con sospecha, diagnóstico o reaparición de cáncer de mama.

**¿Cómo?** Desde la sospecha realizada por un profesional médico.

Lo anterior deberá ser complementado con lo dispuesto en la [Norma Técnico Médico Administrativa \(NTMA\)](#).

**Who can access?** People 15 years and older with suspected, diagnosed, or recurred breast cancer

**How?** From the suspicion made by a medical professional

# Explicit Guarantees in Health (GES): Breast cancer

## Where is the attention carried out?

¿DÓNDE SE REALIZA LA ATENCIÓN GES?\*

FONASA



Suspicion

Diagnosis

Treatment

Follow-up

# Explicit Guarantees in Health (GES): Breast cancer

## What benefits does it include?

### ¿QUÉ BENEFICIOS INCLUYE\*?



Medicamentos



Insumos



Implementos o Ayudas técnicas



Cirugía



Exámenes



Diagnostic  
Tests:  
Blood  
Imaging  
Biopsy



Treatment:  
Surgery  
Radiation  
Systemic



Medical  
supplies



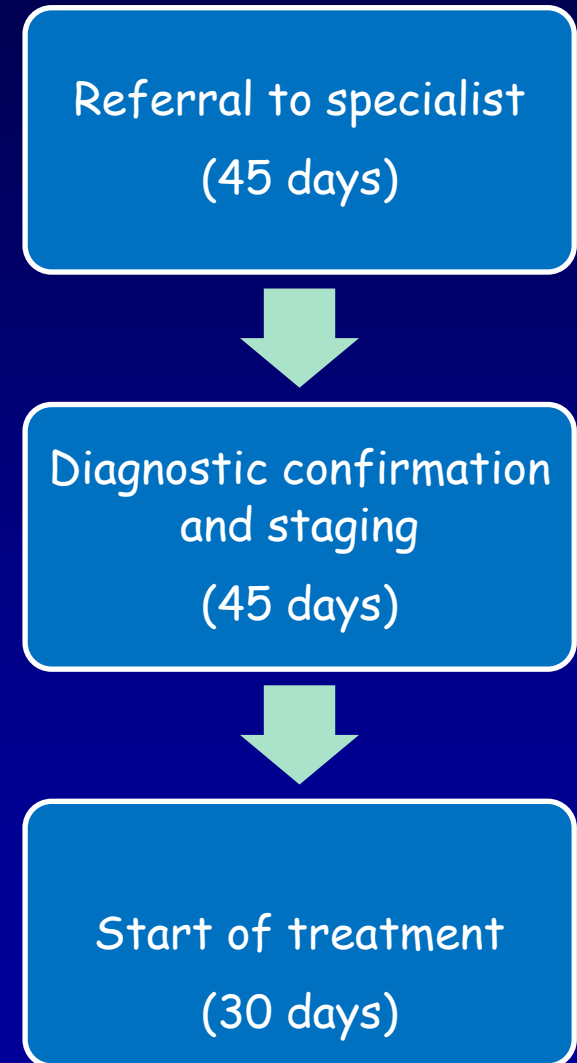
Implements,  
technical  
aids,  
prostheses



Oncologic  
drugs

# Explicit Guarantees in Health (GES): Breast cancer

## How much is the maximum waiting time?



# Universal Access Explicit Guarantees (AUGE) or Explicit Guarantees in Health (GES)

Created in 2005 to ensure timely care for certain  
pathologies (currently 85)

*Demand your AUGE/GES guarantees*

  
SUPERINTENDENCIA  
DE SALUD

## Exige tus Garantías AUGE-GES



Fono consulta: 600 - 836 - 9000

[www.supersalud.gob.cl](http://www.supersalud.gob.cl)

**Oficina Central:** Alameda 1449, Torre II, Local 12 , Santiago, a pasos del Metro La Moneda.

**Infórmate de nuestros horarios de atención en:**

[www.supersalud.gob.cl](http://www.supersalud.gob.cl) ■ Call Center 600 836 9000 ■ Redes Sociales

## Caracterización de la incidencia del cáncer de mama en un servicio público de salud chileno en el período 2006-2015

### *Characterization of incidence rates of breast cancer in public health service, period 2006-2015*

*Gina F. Merino<sup>1,2</sup>, Tania Alfaro<sup>3</sup>, Militza Petric<sup>4</sup>, César Sánchez<sup>5</sup>, Tomás P. Labbé<sup>6</sup> y Juvenal A. Ríos<sup>2,7,8\*</sup>*

Rev Chil Obstet Ginecol. 2022;87(3):188-193

- Incidence rates have only been estimated based on population records (Chile's Population Cancer Registry) (2003-2007), with standardized incidence rates of 43.2/100,000 women
- The South East Metropolitan Health Service (SSMSO) provided care to 1,119,831 people, which is equivalent to 22.9% of the total beneficiaries in the metropolitan region and 6.3% of the total Chilean population in 2017. Therefore, the SSMSO could itself constitute a population quite representative of the overall situation of the country



Rev Chil Obstet Ginecol. 2022;87(3):188-193

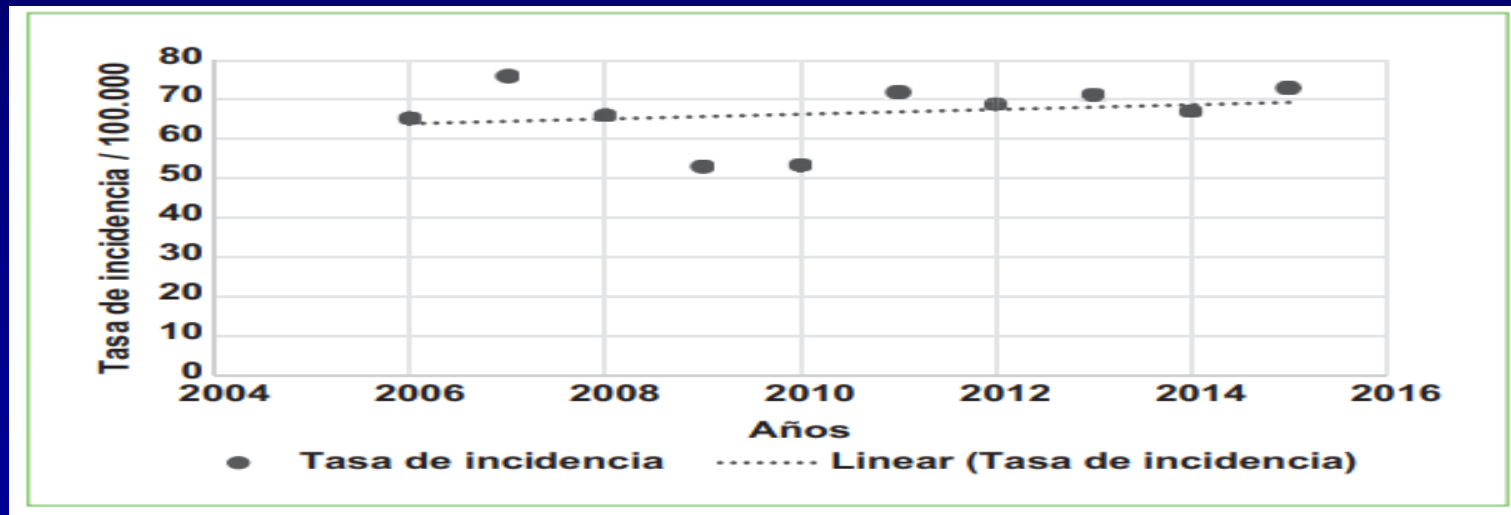
ARTÍCULO ORIGINAL

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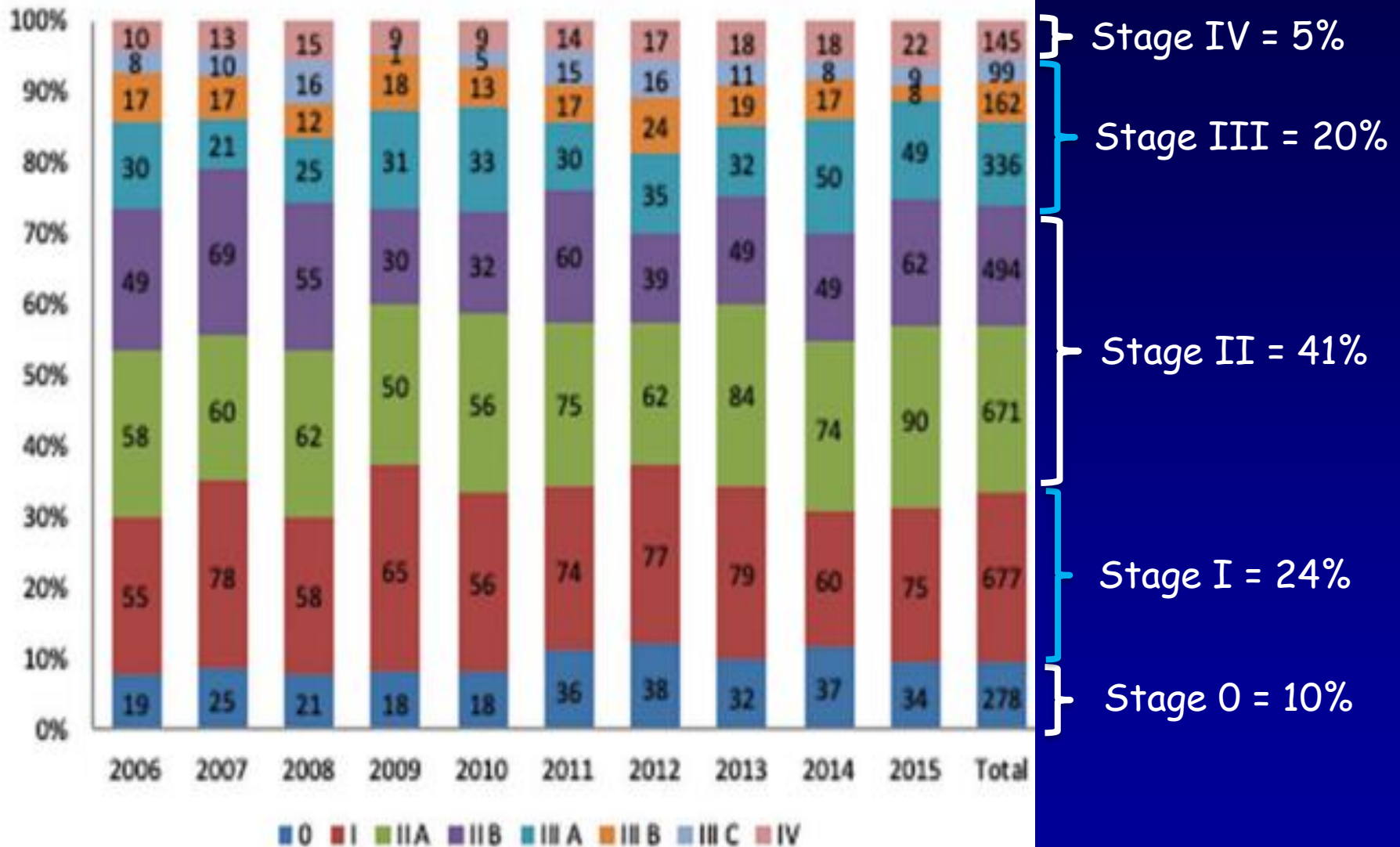
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Of a total of 2862 cases, the average incidence rate was 66.6 out of 100,000 women, during the period 2006-2015



Trend of the average incidence of breast cancer cases in the South East Metropolitan Health Service, period 2006-2015

# Percentage distribution of breast cancer cases according to age ranges



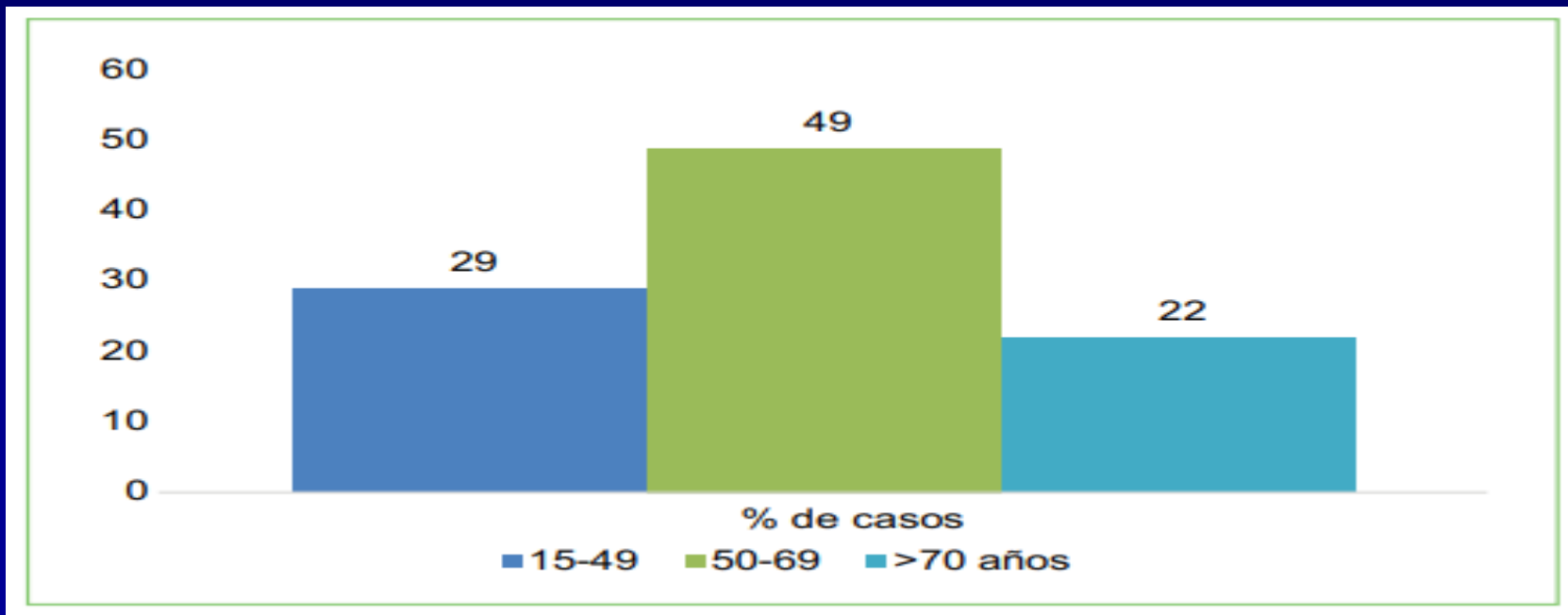
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Percentage distribution of breast cancer cases according to age ranges

# Breast cancer mortality in Chile

- Breast cancer is the leading cause of cancer death in Chilean women. It is estimated that in 2020 the age-standardized mortality rate was 13.6/100,000
- International Agency for Research on Cancer (IARC) 2020:
  - 5331 new cases
  - 1674 deaths

# "Development of flexible strategies to accelerate breast diagnosis with defined timelines in limited-resource settings"

## Conclusions

- The National Breast Cancer Program integrated into a National Cancer Program has allowed results comparable to developed countries
- The program has a continuous training of the human resources involved in the care of breast cancer
- The registration system have allowed the permanent monitoring and evaluation of the different indicators by levels of care, that are key elements to allow a good development of a National Program and achieve the detection, diagnosis and timely treatment of people, in environments with limited resources

# "Development of flexible strategies to accelerate breast diagnosis with defined timelines in limited-resource settings"

## Conclusions

- The GES system guarantees: access, opportunity, financial protection, quality and vital urgency, which has allowed to reduce in part, the equity gaps between public and private health in Chile
- Improving the coverage of screening mammography is a challenge still pending



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