



Susan G. Komen
Research Grants – Fiscal Year 2013

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African Breast Cancer Research Network - Disparities in Outcomes (ABC-DO)

Investigator(s): Valerie McCormack, Ph.D.; Isabel dos Santos Silva, M.D., Ph.D.

Lead Organization: International Agency for Research on Cancer **Awarded:** \$967,445.00

Grant Mechanism: Investigator-Initiated Research Grant **Grant ID:** IIR13264158

Public Abstract:

Women diagnosed with breast cancer in sub-Saharan Africa have low survival rates from this highly treatable disease. At present there are three times fewer women diagnosed with breast cancer each year in sub-Saharan Africa as there are in the US, but there are as many deaths from this disease in the two places. There is an urgent need to address poor survival in Africa because the number of women being diagnosed each year is rising. The personal and societal consequences of poor survival of sub-Saharan African women with breast cancer are worsened by the young average age at death. The ultimate goal of this study is to identify determinants of survival that are modifiable, to save future women of avoidable deaths from this cancer. The handful of studies that have examined breast cancer survival in sub-Saharan Africa have shown poor survival, but they all suffered from large proportions of women for whom vital status was not known, thus survival estimates are rather uncertain. Additionally, they investigated survival in relation to a few clinical factors, but were not able to investigate other socioeconomic, cultural and health attitudes that affect access to diagnosis and treatment, compliance and ultimately survival. They were set in single hospitals and methodological differences across studies make between-study comparisons difficult. We propose to conduct the first multi-country sub-Saharan African study of breast cancer survival. In public hospitals in Nigeria (West Africa), Uganda (East Africa), South Africa and Namibia (Southern Africa), we will invite women who are newly diagnosed with breast cancer to participate in the study. We have chosen these four settings as they cover a range of socioeconomic and health system profiles and provide contrasting settings where differences in survival can be observed. We anticipate recruiting 1890 women across the 4 countries in a 2-year period. Each woman will be interviewed during her initial diagnosis of breast cancer by a dedicated study nurse. She will be asked questions about her lifestyle, social and economic circumstances, health beliefs and health behaviors. The nurse will also extract clinical information from medical records such as stage at diagnosis and tumor type, and record all treatment information, including compliance to treatment and reasons for not completing recommended treatments. Africa has the fastest growing mobile phone use, thus follow-up will be conducted by this technology. A mobile system will be set-up to automatically produce a list of women who need to be contacted for their 3-monthly calls. The nurse will contact the woman on her phone, conduct a telephone interview and enter the responses in her handset. The questions will relate to general health, side effects, health service utilization, reasons for non-attendance for treatment and crucially this call confirms that she is alive. If no contact is made, her next-of-kin will be contacted.