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## **Aid agencies are failing patients with breast cancer in war zones meaning more will develop advanced disease**

**Lisbon, Portugal:** Patients with breast cancer in conflict zones around the world are being “massively under-served” by governments, UN aid agencies and other non-governmental organisations (NGOs), Professor Richard Sullivan told the Advanced Breast Cancer Seventh International Consensus Conference (ABC 7). [1]

Among people fleeing conflict zones, either displaced within their own country or across borders to other countries, patients with breast cancer are the “single largest group of cancer patients that present to UN agencies and international NGOs,” said Prof. Sullivan, who is director of the Institute of Cancer Policy and co-director of the Centre for Conflict and Health research at King’s College London (UK). Yet international agencies and organisations have no standard procedures or guidelines for providing appropriate treatment at the right time, and no plans or funding for rebuilding capacity once conflicts have finished but pathways and funding for accessing treatment have been destroyed.

“The result is that we lose what is often the one opportunity to provide primary treatment to these patients before the cancer has spread. In refugee camps, 85%-90% of women don’t look for help until their breast cancer is advanced. Women are often trapped long-term in refugee camps so new breast cancer cases continue to present. There is often minimal palliative care and many women die with huge suffering,” said Prof. Sullivan, who has worked in over 18 refugee camps over the last thirty years.

“Often refugees move across borders to access cancer care, often to countries that cannot cope with providing medical care for large influxes of patients and where there are language barriers and difficulties in long-term treatment and follow-up. For instance, 27% of cancer patients fleeing from Ukraine to Moldova in 2022 had breast cancer but they often experienced lengthy delays to both diagnosis and treatment. Thirty-five percent of Ukrainian patients presenting at the Krakow medical centre in Poland can only be treated with palliative care and, of these, 43% are patients with advanced breast cancer.

“For all these breast cancer patients, there are difficulties not only in accessing surgery, but also radiotherapy and systemic therapies, including basic chemotherapy and endocrine therapy.”

Prof. Sullivan is calling for organisations involved in providing medical care in conflict affected regions, ranging from Ukraine, Syria, Sudan and Somalia to Uganda, Gaza, Afghanistan and Venezuela, to develop context-specific models of care for breast cancer.

“People are not being treated according to their needs, or according to the region they are in. One size does not fit all in conflict zones,” said Prof. Sullivan. “There needs to be conflict-specific planning. This is simply not being done at the moment. UN agencies and NGOs have yet to adequately address this specifically vulnerable population. They don’t understand that providing appropriate healthcare in war zones is very complex and that needs vary from country to country and conflict to conflict.”

He is calling for:

1. Standard operating procedures for addressing breast cancer and advanced breast cancer. These should build in capability for treating patients onsite in refugee camps, for example breast cancer surgery;
2. Guidelines, stratified by region and conflict, that identify funding or sources of funding to provide the appropriate care;
3. Long-term planning and funds for rebuilding pathways for cancer diagnosis and treatment after a conflict has finished.

Men as well as women can develop breast cancer, but Prof. Sullivan said that war has a disproportionate impact on women and children.

“Among displaced populations, about two-thirds are women and children. Some 265 million women are living today in armed conflict regions. This is a significant global population and a large proportion will need cancer care at some point.”

In 2022, the UNHCR reported that the war in Ukraine had created the fastest and one of the largest displacements of people since the Second World War, significantly increasing the numbers of displaced people worldwide to an estimated 103 million. By mid-2022, 5.4 million refugees had fled Ukraine and a further 6.3 million were displaced within the country. [2]

Chair of the ABC 7 conference, Dr Fatima Cardoso, Director of the Breast Unit of the Champalimaud Clinical Centre, Lisbon, Portugal, and President of the ABC Global Alliance, said: “Women in conflict zones have already suffered enough as a result of the upheaval and dangers they face. Developing breast cancer is yet another burden, but it should not be a death sentence. If it’s diagnosed and treated early, it is curable. But too many women, and sometimes men, are presenting with advanced breast cancer as a result of the conditions they face in refugee camps or the countries to which they have fled.

“We call upon UN aid agencies and NGOs to put in place plans and procedures to ensure that these patients are diagnosed and treated quickly and effectively. Despite the difficulties of implementing such plans, it should not be beyond the capabilities of these organisations to do this, so as to ensure that patients with breast cancer are not failed twice: once by conflict, and once by aid agencies who, currently, are not providing the necessary medical care.”

(ends)

[1] This release relates to the following presentation made on Friday 10 November in the session “The perfect storm: war, recession, regulatory/payers hurdles”, 15.50-17.05 hrs GMT: “Caring for cancer patients amidst war”, by Richard Sullivan.

[2] “Mid-year trends 2022”, UNHCR: <https://www.unhcr.org/mid-year-trends>