

BREAST CARE CENTRE PROJECT AT VRA HOSPITAL, AKOSOMBO

A COLLABORATION WITH MOTEC LIFE, UK

(A YEAR'S REVIEW - 2015)

By Dr Charles Arhinful



A. The Genesis

The Surgical Team, headed by Dr. Ebenezer Narteh decided at the beginning of the year 2015 to consider offering holistic care to patients with Breast Cancer. Prior to this period, patients with suspected breast cancer were referred to Korle-Bu Teaching Hospital. Some do not go at all. Those who make it, cost is significantly high as frequent visit are required to complete management. During my District Rotation as part of my Specialist Training in Korle-Bu Teaching Hospital, I realized that, it only requires very dedicated staff to offer a comprehensive care to such patients as, skill and knowledge necessary for care is not beyond us.

Whilst in readiness to take key steps, the Surgical Team, were introduced to MOTEC-Life UK, an International Medical Non-Governmental Organization led by Mr. Paul Ofori Atta, an Orthopedic Surgeon, by the Health Services Department Directorate in February 2015. They were interested in collaborating with the Hospital to set up a "Breast Care Project". They have since been a key partner and have been very instrumental in all our achievements.

A Comprehensive Breast Cancer Management requires systems for diagnosis and treatment. Diagnosis requires the Triple Assessment

- Clinical assessment
- Imaging

- Biopsy

1. Clinical assessment (involves history and physical examination)
2. Imaging (mainly Mammography, ± Ultrasonography ± X- Ray)
3. Biopsy (Pathologist required)

A lot of effort has been put in establishing various structures and systems over the period. The Breast Care Team has been able to manage several clients successfully with very limited resources. This eventually culminated in the launching of the Volta River Authority Breast Care Centre which was graced by the presence of the Honorable Minister of Health in the Republic of Ghana, in the person of Mr. Alex Segbefia on the 30th of October, 2015.

B. Established Systems/Structures

- i. A Team of dedicated staff, carefully selected has been trained over the period to offer basic clinical assessment for patients with Breast cancer; they can educate, examine and counsel clients at various levels of management.
- ii. An arrangement has been established to transfer Surgical specimens to Ghana Standards Authority Pathology Unit for histological reporting of our biopsies. Reports are submitted to us on-line usually in about a week, facilitating prompt care to clients.
- iii. One nursing staff was sent to Korle-Bu Teaching Hospital Chemotherapeutic Unit to train in how to administer chemotherapy. She has since trained one other nurse as well. A Pharmacist, also, has had a day's visit to the same unit in Korle-Bu Teaching Hospital to acquaint himself with preparation of the "Chemo drugs". We now have an established dedicated staff handling chemotherapeutics for the care of clients.
- iv. A Palliative Care Team has also been established with a leading staff that has had a short course (two days) on palliative care. Certain Priest/Pastor has already been contacted to be members of the team. This is aimed at offering holistic care to terminally ill patients.

C. Activities Performed

The Team, since April when we came together, has embarked on several Outreach activities including Breast Cancer Awareness Talks, Breast Cancer Screening Programs and Symptomatic Breast Clinics.

For the year under review, the Team have successfully toured all VRA work stations in the country including Akosombo, Akuse, Tema, Accra, Takoradi and Tamale. Breast Cancer Awareness Talks and Breast Cancer Screening (clinical examination) were conducted for all staff and their dependants. We also, as part of VRA social responsibility, took advantage of our presence in those work stations to organize Public Breast Cancer Awareness Talks in the nearby communities of the work stations. Apart from the work stations, we have also explored other communities and Churches either by invitation or our own arrangements conducted similar activities there. In all we visited about 15 communities/churches in the one year under review (whilst still performing our job functions without any reliefs).

Below is a summary:

- i. Number of VRA Staff and Dependants Screened for Breast Cancer 800
- ii. Number of Non-VRA Screened as well 700
- iii. Number of people reached directly with awareness talks is about 4000

In Takoradi, the western regional capital of Ghana, over 500 people gathered at the Star of the Sea Cathedral Catholic Church to listen. We also witnessed over 800 students of Archbishop Porter Girls School in Sekondi at one sitting, also in the western region.

D. Breast Surgeries/Chemotherapy Performed

The total number of Breast Surgeries and other procedures on the breast for the period under review far exceeds Breast Surgeries done in this Hospital since its inception. In all we have done about 45 major/minor surgeries, notable among them are total Mastectomies with level II Axillary Clearance, Subcutaneous Mastectomy (in a 17 old boy), Diagnostic Major Ductal Excision Biopsy, Ultrasound guided core biopsy among others.

Five people have successfully completed Chemotherapy, with three others currently at various stages of Chemotherapy.

E. Prospects/Potential

- 1.** The Breast Care Team is made up of dedicated, passionate individuals who have identified a big need in the society and are willing to go all length to offer necessary help to minimize morbidity and mortality of breast pathologies.
- 2.** There are only few places in the Country where people have specialized and offer quality comprehensive care for patients with breast diseases. Very limited, if not negligible, Plastic/Reconstructive surgeries available to patients.
- 3.** So called 'Breast Centres' we came across during our travels offer very questionable care to patients hence the need for a good alternative.

F. Major Challenges Requiring Urgent Response

- i.** ***Chemotherapeutic "suite"/room:*** A dedicated room with a few items such as 3 – 4 sofa relaxing chairs, a nursing table and say a TV may enhance our work as our clients will continue to promote our work. We currently struggle on a regular basis looking for a place to give chemotherapy to our patients. A consulting room earmarked as Breast Care Unit recently doubles as "Chemo Room".
- ii.** ***Mammographic machine:*** Though facility have ultrasound machine, it has no Mammographic machine, very essential for the triple assessment of patients with Breast cancer and even more importantly for Breast cancer screening. This is more effective in detecting early breast cancer.
- iii.** ***Training:*** Training opportunities for all categories of the team; Chemotherapeutic team, Palliative team, Imaging team, Nurses, Surgeons is paramount not only to help offer quality care but also will serve as an

incentive to motivate staff to continue their dedicated sacrificial service to the society.

- iv. **High Defaultee Clients:*** For the first 3months of the year we diagnosed about 6 cases of histologically proven early breast cancer but they all defaulted. They amy show

Dr. Charles Arhinful
(Team Leader)