

BREAST CANCER IN OCCUPIED PALESTINE



MAP
MEDICAL AID FOR PALESTINIANS



PHYSICIANS FOR
HUMAN RIGHTS
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MAP'S SUPPORT TO WOMEN WITH BREAST CANCER

Medical Aid for Palestinians (MAP) supports the Dunya Women's Cancer Centre in Ramallah, the only community based clinic in the West Bank to specialise in gynaecological and breast cancer. The centre serves around 1,900 women per year, offering specialised cancer diagnostic services like ultrasound, mammography, breast markers and wire localisation, plus more holistic services like physiotherapy and psychological counselling.

MAP is also investing 155,000USD in Bethlehem University to offer a Higher Diploma course for nurses in oncology. More than 20 nurses will receive this training over the next three years, ensuring the Palestinian health system can call on a greater number of cancer specialists.

In Gaza, MAP provides external breast prostheses to women who have undergone mastectomies, through our support to a women's health clinic in Bureij.

INTERNATIONAL HUMANITARIAN LAW

International humanitarian law stipulates that, as the Occupying Power, Israel is responsible for the health and welfare of the Palestinian population under its control. This includes:

- ensuring the population's access to **adequate medical treatment**;
- ensuring the **medical supplies** of the population if the resources of the occupied territory are inadequate; and
- ensuring and **maintaining medical and hospital establishments** and services in the occupied territory.

Breast cancer is one of the best understood, and most treatable, forms of cancer. In the UK, far more women now survive the disease than die from it, with 81 percent of women living beyond five years after being diagnosed. In Israel, the five-year survival rate is higher still, at over 86 percent.

For Palestinian women living under military occupation for nearly 50 years, the situation is far bleaker. Breast cancer is the most common cancer among Palestinian womenⁱⁱ, but for those diagnosed with the disease, estimates of five-year survival rates can be as low as 40 percentⁱⁱⁱ. **This makes breast cancer the highest cause of cancer deaths among Palestinian women.**

Challenges posed by restrictions on the right to movement for both patients and doctors, shortages of essential medicines, and the shortcomings of the health system in the occupied Palestinian territory (oPt), all constitute obstacles to continuous and effective treatment and care for Palestinian women with breast cancer.

This factsheet outlines the many limitations on breast cancer care which leave Palestinian patients isolated and vulnerable on their journey to recovery.

**THE UK GOVERNMENT MUST DO MORE TO SUPPORT PALESTINIAN WOMEN
WITH BREAST CANCER. TAKE ACTION: [MAP.ORG.UK/BREASTCANCER](https://www.map.org.uk/breastcancer)**

DIAGNOSIS

Early diagnosis is one of the most important factors for breast cancer recovery. In Israel, screening for the disease is common, with 70 percent of women aged 50-69 receiving mammogram screenings.^{iv} Rates of breast cancer screening are very low in the occupied Palestinian territory, however. Studies of Palestinian women from the West Bank found that over 60 percent of women over the age of 50 have never attended a mammography session.^v

In the West Bank, mammography services are available in all big cities at Ministry of Health, private and NGO-run clinics and hospitals. Nevertheless, some women struggle to attend them due to the remoteness of their communities and the need to travel through Israeli checkpoints to reach the centres. This is especially true for Bedouin communities in 'Area C', the 60 percent of the West Bank where Israel maintains civil and military control. Social, cultural and environmental factors and a lack of health information may also prevent many Palestinian women from attending screening or diagnostic services.^{vi}

The availability of screening and diagnostic mammography is lower in Gaza, according to the Head of the Gaza Ministry of Health Women's Health Department, Dr Sawsan Hamad:

"Currently there are seven mammography machines available in Gaza. Only two are available for screening and the other five for diagnostic services. Unfortunately the machine available for screening at the Women's Health Department has been out of order for 18 months, meaning we have to refer women to the [NGO-run] Al Ahli Arab Hospital to be screened there."

A private appointment costs 50-60NIS (10-12GBP) in Gaza, which is prohibitively expensive for many women in an economy where 39 percent of people live in poverty.^{vii}

As a result, breast cancer tends to be diagnosed late in Palestinian women. According to a 'Physicians for Human Rights – Israel' report from 2005, 60 percent of Palestinian women in Gaza were diagnosed after the disease spread to other parts of their bodies. In Israel, at the time, cancer was found to have metastasised in only 5 to 7 percent of diagnosed cases.^{viii}



SOCIAL AND CULTURAL BARRIERS TO DIAGNOSIS

A lack of public health information about breast cancer in Palestine contributes to the low attendance at screening programmes and frequent late diagnosis of the disease. Many women report fears about the impact that receiving a diagnosis of breast cancer will have on their family lives and their marriages. The belief that a diagnosis of breast cancer means inevitable death has also been associated with low screening attendance in Palestinian women. This perceived fatalism may be re-enforced by the barriers to care and low recovery rates illustrated here.

ILHAM'S STORY

Ilham*, 55, is from Rafah, in South Gaza. After being diagnosed with breast cancer, she received a permit to leave Gaza and underwent surgery at the Augusta Victoria hospital in Jerusalem.

Ilham was prescribed a series of 11 chemotherapy treatments at An Najah Hospital in Nablus. She received permits from the Israeli authorities to travel for the first seven but, when applying to attend her eighth appointment, was refused exit.

By the time her exit permit was finally approved, she had missed her appointment, and she has not been able to secure a new one.

*Name changed to protect identity

TREATMENT

CHEMOTHERAPY

Hospitals in Gaza suffer chronic shortages of many essential medicines, due in part to the ongoing separation between the West Bank and Gaza and the financial crisis faced by the Ministry of Health, itself partly a result of Israel's decade-long closure policy. In the first half of 2016, an average of 30 percent of essential medicines were at 'zero stock' in Gaza, meaning that less than one month's supply was left on shelves.

Chemotherapy medications are no exception. In August 2016 alone, 17 percent of cancer drugs were at zero stock in Gaza. When these vital medications run out in hospitals, patients face the stark choice of interrupting their treatment or paying themselves through the private sector. A course of medication for breast cancer treatment costs around 21,600USD^{ix}, and paying such expenses is not an option for the vast majority of women in Gaza. Interrupting a course of treatment can severely reduce effectiveness and increase the risk of drug resistance in patients, and switching to a new medication mid-treatment is like 'going back to square one'.^x

Hospitals elsewhere in Palestine are not immune from drug shortages. The NGO-run Augusta Victoria Hospital in East Jerusalem receives 70 percent of all oncology case referrals from Gaza and 40 percent of those from the West Bank for chemotherapy and radiotherapy. In 2012, the Palestinian Authority's inability to pay for patient care, as a result of a protracted financial crisis, was affecting the hospital's provision of treatment.



SURGERY

For women requiring surgery to remove a cancer from their breast, there are two main types of intervention:

- **Breast-conserving surgery** – where just the cancer and surrounding tissue is removed, e.g. lumpectomy
- **Mastectomy** – where the whole breast is removed



The proportion of women receiving full mastectomies (as opposed to lumpectomies) in Gaza is believed to be high. This may be due in part to the high proportion of late-stage diagnoses, as well as the increased need for radiotherapy for those receiving lumpectomies. Access to radiotherapy is limited (see below), so many surgeons choose not to add additional risk to the life of the patient, who may face a long wait for radiotherapy while waiting for permits.

There are also limitations on surgery options for patients in Gaza due to the lack of specialised breast cancer surgeons in the territory. The blockade imposes severe restrictions on the ability of medical professionals, including surgeons, to travel out to the West Bank and abroad to further develop their surgical skills:

“No specialist surgeons are available for several types of cancer such as cancer of the oesophagus, pancreas and lungs. Israeli restrictions on the movement of people out of Gaza curtail opportunities for medical staff to receive training in specialized fields of oncology – as well as in other medical fields.” (WHO, 2010) ^{xii}

This also means that few women are able to receive reconstructive surgeries to recreate a breast shape after having cancer removed, potentially affecting confidence and self-esteem for these women. The increasing professional isolation of health professionals in Palestine also limits postgraduate educational opportunities for other practitioners providing care for breast cancer patients at other stages in the treatment pathway, from radiographers to oncology nurses, to psychological counsellors.

Israel's 'dual-use' policy, which bans the entry into the West Bank and Gaza of materials that the Government of Israel considers may constitute a security risk, can also affect treatment. Radioactive substances used to biopsy axillary lymph nodes (the lymph nodes in the armpit) and therefore assess the spread of breast cancer in a patient are banned from entering the occupied Palestinian territory aside from East Jerusalem.

As the WHO reported in 2014:

“Gaza lacks radioisotope diagnosis and radiotherapy services due to the highly restrictive Israeli policies controlling movement of people and goods into Gaza, as well as due to the poor financial situation of the Palestinian Ministry of Health ... These restrictive conditions have led to the current situation of a lack of trained physicians and technicians to support the services, as well as a lack of radioisotope equipment and materials, some of which Israel considers to be “dual use” and therefore subject to lengthy coordination procedures.” ^{xiii}

Without this method of biopsy available to surgeons, a high proportion of Palestinian women currently receive a full clearance of the axillary lymph nodes as a precaution. This can lead to complications such as uncomfortable and painful fluid retention and swelling (lymphedema), for which provision of aftercare is limited.



The surgical team at Augusta Victoria Hospital perform a mastectomy alongside UK MP and breast cancer surgeon Dr Philippa Whitford.

“The drug shortages due to lack of funds mostly affect breast cancer patients, who represent 60 per cent of oncology cases at the hospital. If one drug is lacking from the chemotherapy treatment regimen, their response rate will drop precipitously and negatively impact the outcome of treatment.” (World Health Organization (WHO), 2010) ^{xi}



RADIOTHERAPY

Currently, there is only one place in the whole of Palestine where women can receive radiotherapy treatment for breast cancer: the Augusta Victoria hospital, in East Jerusalem, which is the only centre with a functioning linear accelerator.



East Jerusalem is cut off from the West Bank by Israel's separation barrier. Palestinian patients living in the West Bank have to pass through one of the Israeli checkpoints to get to Augusta Victoria. They must apply for a permit from the Israeli authorities to do this which is a time-consuming process fraught with delays. Family members seeking permits to accompany patients to their appointments are also frequently denied.

It is even more difficult for patients from Gaza to get radiotherapy treatment. Gaza's Shifa Hospital has a linear accelerator but it has never worked because of restrictions on the entry to Gaza of technicians and because of financial constraints. Women must therefore be referred for treatment outside Gaza. However, the Rafah crossing into Egypt remains shut for all but a few days a year. So the only option is to apply to the Israeli authorities for a permit to leave through the Erez crossing into Israel.

Four out of five oncology patients depend on these permits^{xiv}, but in the first half of 2016, 30 percent of medical patients had their applications denied or delayed. For breast cancer patients, this can mean being unable to attend the full cycle of appointments for radiotherapy and aftercare, thus undermining the effectiveness of the treatment.^{xv}

These restrictions also apply to patients' companions. Israel only allows one first-degree relative to accompany a patient out of Gaza, and requires additional security clearance for anyone aged 55 or under. In July 2016, 42 percent of applications for companions were delayed or denied^{xvi}, leaving women at risk of having to attend daunting appointments alone.



Abandoned wheelchairs at the Erez crossing out of Gaza



The non-functioning linear accelerator in Al Shifa Hospital, Gaza

For references, visit: map.org.uk/bcref

HOW THE UK GOVERNMENT CAN GIVE HOPE TO WOMEN WITH BREAST CANCER IN PALESTINE

The journey to recovery is difficult enough for women affected by breast cancer in the UK. The obstructions to effective treatment in Palestine, however, make the journey unbearable for Palestinian women and contribute to an avoidably high number of Palestinian women dying of breast cancer. Living under occupation with the additional fears and barriers it presents also exacts a heavy psychological toll on patients at a particularly vulnerable and frightening time in their lives.

The only effective way to remove the obstacles to better care is to end the occupation. As the 50th anniversary of the occupation approaches in 2017, governments like the UK must redouble their effort to bring it to an end. This is not only a moral responsibility for the international community; it is a vital and direct way to save lives and improve the quality of life for all Palestinians, none more so than those suffering ill-health and disease.

ADDITIONAL WAYS THE UK CAN HELP

- Exerting pressure on the Government of Israel to **remove the obstacles to the right to movement which undermine access to treatment** for patients and their companions;
- **Increasing financial and technical support to the Palestinian Ministry of Health and other Palestinian service providers** in order to enhance the provision of breast cancer diagnosis, treatment and aftercare.



READ MORE AND TAKE ACTION: MAP.ORG.UK/BREASTCANCER



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