

# **Grand Anse Health and Development Association**

## **First trimester report of patient care**

### **St. Antoine Hospital (MSPP) and Grand Anse Women's Special Health Program**

#### **October -December 2017**

The Mission of the Grand Anse Health and Development Association (GAHDA) is to leverage contacts in Haiti and abroad to improve health care services and development activities in the Department of the Grand Anse in Haiti. This Association is a registered Haitian NGO. Its members include volunteer professionals and community members in Haiti and in the USA: physicians, social scientists, community organizers, financial advisors, philanthropists and others.

The Association created the Grand Anse Women's Special Health Program. It focuses on understanding the cultural context of breast cancer, early screening, sonography and biopsy, treatment, surgery, support and palliative care and referral. It is an ambitious program but one which is sorely needed in this rural region of approximately 450,000 people.

A new partnership between GAHDA and Project Medishare demonstrates improvement in the health care of individuals and their families in the Jeremie area. Below are examples of three women who received care that they would probably not have received. They all agreed to share their stories.

Erlande is a 40-year old married woman with four children ages 19, 13, 5 and 4 years. She lives with her husband, Marcus, on the outskirts of Jeremie Town. Her husband is a mason-laborer, and she sells small items from a stand in front of her home. She noticed a lump in her left breast some time ago. She reported that no one in her family had breast or other cancers. She learned of the screening program and came to participate in May 2017. She received a clinical breast examination by volunteer Haitian nurses under the direction of Dr. Jean Robert Dougè. She then was referred to the visiting Avera Health System diagnostic team for sonography and biopsy services. As there are very few pathologists in Haiti (and none in this region), the biopsy sample was taken for examination to the USA. She was counseled by Dr. Dougè about her positive results within a few weeks. She was diagnosed with Grade II invasive ductal carcinoma. Additional testing of the tissue showed that she had estrogen receptive (ER) breast cancer and could take a medicine orally to reduce the size of the tumor. Dr. Gebrian supplies this medicine, tamoxifen, through donations from the USA. Plans were made for her to have surgery in November 2017 when the breast surgeons and anesthesiologist arrived to work with the local surgeon, Dr. Erick Pierre, at Saint Antoine Hospital.

Erita came to the hospital but did not agree to have her breast removed. She asked if there was a way to take out the mass and leave the rest. Unfortunately, that was not possible. She was consulted by visiting breast surgeon Shawn McKinney and through a translator decided she needed to talk with her husband first. She brought him to the hospital the next day. The discussion included the procedure, the outcome if she decided not to have surgery, and the return to normal activities after a short recovery as well as continued treatment with tamoxifen. They both agreed to the surgery and, because she had not had side effects of the medicine, she would continue taking it.

She underwent a mastectomy by Dr. McKinney and Dr. Pierre (as well as the rest of the US-Haitian surgical team) to excise the breast cancer tumor.



She spent two nights on the surgical floor. She was shown how to do arm exercises by the surgeon. The student and staff nurses, who were not accustomed to breast cancer surgery in Jeremie, were taught how to perform the arm lifts twice a day.

Thanks to the generous donation of Marie Ketley Seide of Florida (Marie Louis Cancer Foundation of Boyton Beach), postoperative camisoles were on site and she was fitted with hers. Each “cami” has a breast form that slips into the fabric. She said she liked it.

She left the hospital with her husband and was to return in 2 days for dressing change at the wound care station at St. Antoine Hospital.



Yanick is another woman who benefitted from Project Medishare support. She is a 50-year old woman who lives on the road leading out of Jeremie Town toward the airport. She felt and they saw, a bump above her left breast some time ago. She also participated in the education, screening and diagnostic clinic in May.

Her biopsy result showed invasive ductal carcinoma grade III. Additional testing was completed, and the tumor was found to be estrogen receptor (ER) positive. She was counseled by Dr. Dougè about surgical opportunities in November and placed on oral tamoxifen. Because of side effects, however, she stopped the medication.



She came to the hospital with one of her daughters. She asked if there was a pomade she could rub on the area to dissolve the mass. She was very hesitant to undergo surgery. We did not see her again. A few days later, her nephew, a local physician, came to the hospital to talk with the surgical team. He was given a copy of the pathology and ER reports. He said he needed to talk to her other adult children. They encouraged her to have surgery. On the last day that the surgical team (and anesthesiologist) was working, she arrived at the door of the surgery department and agreed to have the operation. She had been told to abstain from eating or drinking after midnight by her nephew.



The surgeons were able to excise the mass and spare her left breast. Her family will work together to find another source of chemotherapy for her in Port-au-Prince.

I. Benjamin is a 47-year old woman who lives outside of town in a rural village near the sugar cane mill. For the past 2 months she said she had felt a lump in her left breast. She heard about the screening clinic in Jeremie town by the text message that was sent free of charge by the Digicel Foundation advertising the special clinic in Jeremie at the end of May 2017. She took a motorcycle taxi to town for the day and was seen by the Avera Health System team and other volunteer nurses at St. Antoine Hospital. Her brother was with her. She had eight pregnancies and breast fed her children. She has no family history of breast cancer and does not have hypertension.

She found a lump in her left breast and some swollen lymph (*glan*) under her arm. She was evaluated by Dr. Dougè and referred to the biopsy team.



Her report showed a Grade III invasive ductal carcinoma. She was counseled by the doctor and placed on oral tamoxifen at that time in hopes of reducing the size of the tumor.

She arrived at the Surgery Department by herself and she was counseled about the need for a mastectomy. She was not sure she wanted to continue with the plan of care. She said she needed to have her brother come with her the next day. She was concerned about not being able to return to activities such as cooking, washing clothes by hand at the river and sweeping her packed earth yard.

Dr. Sayre, the breast surgeon from Connecticut talked with her about her options. Her brother urged her to accept the surgical procedure.

She agreed.



The surgery was successful. The photo above shows Drs. Scoppetta, Sayre and McKinney with anesthesiology resident Dr. Benoit observing.

In the photo below, she is receiving her camisole to wear when she returns home and the pressure dressing removed. Volunteer nurse Marie Joe Fermont is teaching a student nurse about it.



The members of the GAHDA are grateful for this partnership. Surgeries completed during this trimester included hernia repair, thyroidectomy, hydrocele and mastectomy. Breast biopsies were also performed on women who had not been tested previously. Many more surgeries are needed. Some women who had positive biopsy results did not want to undergo surgery.