



Our Commitment to Equitable Breast Care

It's the world's most prevalent cancer.

At the end of 2020, 7.8 million living women had been diagnosed with breast cancer within the last five years.ⁱ

Many survive, but often only in countries with programs that can detect breast cancer at an early stage and that can treat the disease effectively. And even in countries where technology is available, discrepancies abound.

For instance, in the U.S., more than 40,000 women die of breast cancer every year, making it the second leading cause of cancer-related death in women.ⁱⁱ More of those

women are African American than whiteⁱⁱⁱ, having a higher mortality rate of 42%^{iv}. Yet, the incidence of breast cancer in the U.S. is about the same for both African American and white women.^v Furthermore, women living in rural areas are 19% more likely to be diagnosed with late-stage breast cancer compared to urban breast cancer patients. GE Healthcare believes these disparities—between underdeveloped and developed countries, between women who live in rural and urban areas and black and white women even in more affluent nations—must be eliminated. As we work toward better outcomes for all, here's how we're improving lives in the moments that matter.



Early detection and treatment are making a difference

In 2020, 2.3 million women were diagnosed with breast cancer, and 685,000 deaths were recorded globally. But with an increased emphasis on early detection and more effective treatments in developed nations, breast cancer mortality has gone down in recent years. Five-year survival rates in high-income nations have improved dramatically—to more than 90% in some nations^{vi}.

Yet, even in those countries, women of color are 40% more likely to die from breast cancer than are white women. Too often black and brown women

are diagnosed with breast cancer at more advanced stages, when treatment options are limited and costly and the prognosis is poor.

And then there are women under 50. Deaths among young women of color are double those of young white women in the U.S.^{vii}

Finally, in lower income nations, the five-year survival rates are even lower: 66% in India and 40% in South Africa, for instance.^{viii}

Why the disparities?



Access. Some women—in both high- and low-income countries—simply don't have convenient access to cancer screening tools. The screening center may be quite far away, or not in a convenient location. A lack of transportation, the inability to take time off from work, and limited childcare—all can be factors that keep women from scheduling a screening.

Once they are screened, timely diagnosis and initiation of treatment improve the chances of survival. Here, there is another inequity in the U.S.: African American women often face delays, both between diagnosis and surgery and in initially receiving chemotherapy and radiation therapy.^{ix}

Health literacy. Women must be taught just how critical these life-saving tests can be.

Cost. Socioeconomic status appears to be a leading disparity in breast care. Some women put off testing because of lack of insurance or other cost concerns. GE Healthcare offers a multitude of lower cost products that address the needs of a variety of communities.

Lack of trust. Some women simply distrust the medical profession in general—particularly when the provider doesn't “look like them.” At times, there is distrust in screening tools, such as radiation.



Caregivers as influencers of change

Recognizing the disparities that exist in care is paramount. And understanding the reasons behind them can help doctors, radiologists, and clinicians target patient outreach to better serve this population.

As the gateway to diagnosis, these caregivers can be key influencers of change, challenging traditional bias in data and inequality in care and meeting the

patients where they are at for care. Understanding the health risks or commonalities associated with specific patient communities, cultures, or geographic areas and how they may affect prevalence of disease, detection, and treatment is key, as is building trust with patients in communities where disparities are greatest.

Committing to Better Health for All

For GE Healthcare, pursuing health equity in breast care means striving for the highest possible standard of health for all people while giving special attention to the needs of those at greater risk. It's a commitment, and we've made it.



Innovative technology

We are constantly researching to develop the tools that will make breast cancer deaths a thing of the past. Although mammography continues to be the primary method of breast cancer detection, magnetic resonance imaging (MRI) and ultrasound are being elevated to a similar standard of care, particularly for women at high risk. Other diagnostic screening tools, such as automated breast ultrasound and contrast-enhanced spectral mammography (CESM), also are being used as additional diagnostic test options after inconclusive mammography and may help increase clinical confidence. Utilizing a multimodal approach and combining the advantages of each technique to screening and diagnosis could be beneficial.

Artificial intelligence (AI) being developed for auto-detection can help lower the barrier to care, increasing advanced care options and reach of expertise in low resource areas. Hub and spoke triaging can be used to prioritize cases to determine where intervention can help the most, allowing caregivers to make timely decisions for patients in lower healthcare access areas.

Tracking and sharing the real-world impacts of these technologies and the treatments they enable for patient populations is one way to help health systems prioritize their investments in care areas. Because high costs or access to new technology can be a barrier for some providers or in some geographic areas, industry partners are working to set benchmarks on the availability of equipment across different countries.

Increased access

Newer technology, like GE Healthcare's patient-friendly mammography system, was designed to encourage anxiety-prone women to come in for mammograms—and return, year after year. Still, these services must be convenient to the patient, with optimal available hours, locations, and lower cost. In cooperation with medical imaging

manufacturers and other industry partners, patient advocacy organizations are working tirelessly to try to improve access for women who are unable to access tests—organizing mobile screening units with mammography and Automated Breast Ultrasound into underserved communities or helping to fund diagnostic and screening exams for women who otherwise cannot afford them.



Rapid Diagnostic clinics for breast cancer diagnosis are becoming more and more prevalent in countries like France, United Kingdom, Colombia and now have made it over to the United States. This innovative offering of One-Stop Clinics from GE Healthcare provides consultation, diagnostic exams, biopsies, pathology, and treatment planning all in a single visit. Not only do these clinics potentially lessen patient fears, but they also can reduce the amount of logistics, time and costs from screening to diagnosis for faster and cheaper initial treatment.

Communication and education

Advocates and healthcare navigators are connecting with patients to improve access to breast cancer screening and education, with additional focus on reaching the many patients who missed or delayed screenings during the COVID-19 pandemic. Navigators often are clinicians who help the women find the right treatments and address their clinical needs. In some cases, however, these navigators are non-clinicians who help identify and assist those women who might be experiencing challenges with childcare, time off from work, or transportation. Community organizations, such as religious groups, sometimes can fulfill this need.

Similarly, facilities and the multidisciplinary breast care team can build trust by providing simpler, more readable educational materials in local languages. If the material is above normal reading levels, it can lead to misinformation and confusion. Bringing in interpreters or specialized staff to eliminate language barriers and understand cultural influences can help build trust with patients, too. Outreach for appointments and interventions along the care pathway that supports patients arriving at their appointments is beneficial.



Improved data collection with next-generation AI and risk technology

AI provides improvements that can pave the way for fewer disparities, assuming the technology is built with bias prevention in mind. With the next wave of AI technology for breast care, GE Healthcare is continuing to innovate to overcome limited access to care and health equity, in partnerships and through our Edison platform.

AI has other benefits in the breast care equity space. For instance, co-morbidities often are accounted for in complex big data clinical studies. Deep learning helps researchers discover patterns to support clinical decisions, enabling providers to better focus on direct engagement with patients, with the most relevant information and guidelines

available at point of intake, diagnosis, treatment, and post-care monitoring. With AI learnings, precision care—or a more personal approach—can be maximized.

GE Healthcare's digital platforms democratize care through data collection and analytics. We also work with partners on risk stratification technologies that help determine patient risk status based on health indicators such as lifestyle, medical history, and genomic data. All of these solutions are emerging and are now becoming available to practitioners to help democratize care.

For more information or to collaborate on Breast Health Equity programs, please contact GE Healthcare at equity.programs@ge.com.

Equitable Breast Care

At GE Healthcare, we are committed to improving equitable breast care for expanded access to healthcare and improved outcomes. To help achieve this, we work with partners and advocates around the world, including Susan G. Komen, Are you Dense, Brem Foundation, Union for International Cancer Control, American Cancer Society, Breast Cancer Research Foundation, Know Your Lemons, and DenseBreast-info.org.



“It’s our job as physicians to identify barriers to patient comprehension and to use all resources available, whether that includes medical interpreters, ancillary staff, or online educational materials to ensure patients fully understand their conditions and treatment options. This is a big step in helping to address existing disparities in care.”

- **Randy C. Miles, MD, MPH, Chief of Breast Imaging**

About GE Healthcare:

GE Healthcare is the \$17.7 billion healthcare business of GE (NYSE: GE). As a leading global medical technology, pharmaceutical diagnostics and digital solutions innovator, GE Healthcare enables clinicians to make faster, more informed decisions through intelligent devices, data analytics, applications and services, supported by its Edison intelligence platform. With over 100 years of healthcare industry experience and around 48,000 employees globally, the company operates at the center of an ecosystem working toward precision health, digitizing healthcare, helping drive productivity and improve outcomes for patients, providers, health systems and researchers around the world.

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Sources:

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ⁱⁱ Centers for Disease Control and Prevention. US Cancer Statistics: Data Visualizations. Available at: <https://gis.cdc.gov/Cancer/USCS/DataViz.html>. Accessed March 12, 2019.

ⁱⁱⁱ <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/breast-cancer-facts-and-figures-2019-2020.pdf>

^{iv} Breast Cancer Research Foundation, January 14, 2021; American Cancer Society, Cancer Facts & Figures for African Americans 2019-2021, Feb. 10, 2021

^v <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/breast-cancer-facts-and-figures-2019-2020.pdf>

^{vi} Breast cancer survival and survival gap apportionment in sub-Saharan Africa (ABC-DO): a prospective cohort study - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7450275/>

^{vii} <https://acsjournals.onlinelibrary.wiley.com/doi/10.1002/cncr.33121>

^{viii} International Agency for Research on Cancer, Sankaranarayanan R, Swaminathan R. Cancer Survival in Africa, Asia, the Caribbean and Central America. IARC Sci Publ. 2011;1-5. [PubMed] [Google Scholar]

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