

BRIEF REPORT

Cross-Border Collaboration in Oncology: A Model for United States—Mexico Border Health



Siavash Jabbari, MD,* Toni Fitzmaurice, BS,[†] Fatima Munoz, MD, MPH,[‡] Connie Lafuente, BA,[‡] Philip Zentner, MD,* and Jose Guadalupe Bustamante, MD[§]

*Sharp Healthcare, Radiation Oncology, San Diego, California, United States; [†]Las Damas De San Diego, Chula Vista, California; [‡]United States—Mexico Border Health Commission, El Paso, Texas; and [§]Emeritus, Secretary of Health (former), Baja California, Mexico

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With the increasing burden of cancer in both developed and developing countries, much attention has recently been paid to global outreach and collaboration in oncology (1-3). This work has particularly focused on nations in Europe, Asia, Africa, and occasionally Latin America (4-8). Surprisingly little attention, however, has been focused on our neighbor to the South, Mexico. Much like other sectors, health care services and patients quite frequently cross the US—Mexico border, particularly in relation to oncologic care, impacting cancer care on both sides of the region.

More than 14 million people currently live in the US—Mexico border region, approximately half on each side. The total population of this region is expected to reach 20 million by 2020, more than twice the rate of the overall growth in each country (9, 10). Although the California—Baja California (Mexico) border regions share significant characteristics, each side operates under different legal, political, and health care systems. Furthermore, such border regions are affected by high rates of unemployment and poverty, leading to inadequate access to care and poorer health outcomes (9) that disproportionately affect the Spanish-speaking population (10, 11). The above barriers represent formidable challenges for the efficient and effective care of cancer patients on both side of the

border with dual or transient residencies. In the southern region of San Diego County (California), up to 70% of oncology patients are Spanish speaking, with the majority having important social, economic, or health care ties across the border. Various socioeconomic obstacles, as well as the relative paucity of radiation therapy and other oncologic services in the Baja California (Mexico) region, also contribute to the increased need for binational collaborations in oncology across the US—Mexico border.

Over the last 2 years, a collaborative team of physicians, community advocates, and nonprofit organizations (Las Damas De San Diego and Las Damas-Por Ellas- Binational), governmental agencies (Baja California Secretary of Health, United States—Mexico Border Health Commission), hospital systems (Sharp Healthcare, Tijuana General Hospital), and policy makers from both sides of the San Diego—Tijuana border have begun intensive efforts to advance cross-border access to cancer care, continuing medical education, and best practices in oncology. These efforts have included the signing of a “collaboration and academic exchange” agreement with the Baja California secretary of health and other officials/physicians in this border region, cross-border community outreach and cancer screening efforts, and the pilot of a

Reprint requests to: Siavash Jabbari, MD, Sharp Healthcare, 3075 Health Center Dr, San Diego, CA 92123. Tel: 858-939-5010; E-mail: siavashjabbari@gmail.com

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Fig. 1. Upper left: Sharp Healthcare and Las Damas De San Diego representatives at Tijuana General Hospitals. Upper right: Speakers at the 2nd Annual Binational Congress on Cervical and Breast Cancers: Dr Jose G. Bustamante, Former Secretary of Health in Baja California, Mexico; Dr Mario Gómez Zepeda, Director General, Dirección del Programa Nacional de Cáncer de la Mujer and Secretaria de Salud, México; C. Norman Coleman, MD, Senior Scientific Advisor, International Cancer Expert Corps, Chevy Chase, MD; Dr David Isla Ortiz, Jefe del Departamento de Ginecología Instituto Nacional de Cancerología—INCan, México; and Dr Gerardo Sela Bayardo, Medico Radiólogo y Profesor de la materia de Imagenología en la Universidad Autonoma De Baja California (UABC) Tijuana, Baja California, México. Lower left: Second Annual Binational Congress on Breast and Cervical Cancers, San Diego, CA. Lower right: Speakers at the 2nd Annual Binational Congress on Cervical and Breast Cancers: Andrew Ericson, General Consul of the United States in Tijuana, Mexico; Toni Fitzmaurice, founder and president of Las Damas De San Diego; and Remedios Gomez Arnau, General Consul of Mexico in San Diego, CA.

virtual binational tumor conference for multidisciplinary review of difficult cancer cases. The driving effort in these binational collaborations has been a series of annual oncology continuing medical education events. In 2013 the first Binational Congress on cervical and breast cancers was held in Tijuana by the initiative of Las Damas de San Diego and was attended by approximately 500 providers, policy makers, and patient advocates. In 2014 the 2nd Annual Binational Cancer Congress was held in San Diego, again with tremendous collaboration of oncology and primary care providers, health system chief executives, and notable policy makers from both sides of the border, including the US and Mexican General Consuls, officials of the United States–México Border Health Commission, and leaders from each country's National Cancer Institute (Fig. 1).

In addition to the propagation of medical knowledge and best practices in oncology, these efforts have yielded further dividends for the San Diego–Tijuana border community. These include the engagement of hundreds of providers and community leaders, increased community outreach and awareness of nonprofit and governmental cancer screening and early detection programs, and the referral of dozens of patients for timely cancer care including radiation therapy services. In this context, we

have found the partnership of effective community organizations with local physicians/health systems a crucial first step for binational oncology collaboration. Continued success on a larger scale has also required partnerships with regional and national government organizations with vested interests in border region health.

The presented model of community, physician/health system, and political engagement may serve as a useful paradigm for similar efforts elsewhere along the US–Mexico border region, and for other disciplines such as cardiac, infectious, and neonatal care. It is also our hope that similar binational collaborations will encourage improved access, quality, and efficiency in cancer care on both sides of the border, and lead to formalized cross-border oncology research and training policies.

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