

# ANNUAL REPORT



*fundashon* **prevenshon**

**PREVENTION** IS OUR MISSION

Comenced its operations in 2010  
Incorporated by the Minister of  
Health under Unicode 1087  
Commercial Register of the Curaçao  
Chamber of Commerce & Industry  
number 117354.



# 2017



*fundashon prevenshon*

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*fundashon*

## FOREWORD

It's my privilege to present the 2017 Annual report. I am humbled and honored to work alongside a group of dedicated staff members, Board and advisors, who keep believing in the importance of screening in our community. We have strengthened our relationship with all stakeholders, including the Government of Curacao and with our target audience. Our recurring annual conference held to inform the general audience was a great success, having the spin off we hoped for, that was to increase the participation rate of both our programs.

Sustainability of our screening programs and services still remained a focus during 2017. The need and importance of expanding the screening programs are a point of attention and preparations are gradually being made in the hope that in 2018 the proposals will be more pronounced.

In 2017, our member of the Board, Mrs. M. Russel-Capriles, resigned. A special thank you goes to her for all the years she supported FP. I wish to thank the complete team of Fundashon Prevenshon, the Board and advisors, the Government, external donators and all other stakeholders who are all actively engaged in this work, and know we could not do this with your support.

*Ms. R. Pardo*  
BOARD DIRECTOR



# Prevenshon

The population screening for cervical cancer has been going on for more than a year with high priority on giving awareness and education. Fundashon Prevenshon will assure that giving information constantly is paying off and that awareness is rising among the population in general. This is how 2017 will be characterized.

We are committed to reach all women in the target group with optimal information so they can make a conscious decision to participate in the population screening programs. These information meetings are held at the request of interest groups and community centers and are well attended. The additional information when undergoing a smear is structurally indicated by the administrative staff when making an appointment. Women who visit the prevention center for a mammography can also have a smear taken immediately. The nurses who are responsible for taking the smears provide information about the population screening for cervical cancer to General Practitioners. The nurses also keep in contact with the women who need a follow-up smear.

The population screening is successful if the participation of the target group increases. For this success, collaboration between the locally responsible IT staff and RADventure Netherlands to adjust and implement the

CIS is of crucial importance. The CIS program will ultimately support the implementation, follow up and analysis of the cervical cancer screening program. Working in a small team has advantages and cooperation improves quality and pleasure in working.

The Fundashon will gradually add professional practitioners to the team in connection with the preparation and implementation of population screening for colorectal cancer and glaucoma. The emphasis of information and awareness will also be of great importance in these population screenings.

The prevention center is a year away from its 10th anniversary women and many people have contributed to this milestone. In 2018 we will welcome women who participate in the breast cancer screening program for the 5th time. The goal of detecting cancer at an early stage is unchanged when performing screening programs at Fundashon Prevenshon. The founders, the late Mr. Lionel Capriles and Professor Pinedo, in consultation with the Government, laid the first building blocks for this institute. The Fundashon is very grateful for the recurring support from the Government.

*Ms. L. Elstak*  
GENERAL DIRECTOR

# ABOUT FUNDASHON PREVENSHON

## OUR HISTORY

*Fundashon Prevenshon was founded as a private foundation on December 23rd, 2008 on the initiative of the late Mr. L. Capriles and Professor Dr. H.M. (Bob) Pinedo.*

*Mr. Capriles passed away at the age of 83 years on January 6th 2017.*

*Mr. Capriles became known as the Director of Maduro and Curiel's. He was also well known in the community for his social involvement and accomplishments.*

*Mr. Capriles, also known as Paps, will always be remembered as a caring and thoughtful person by all in our community.*

*The main office is located in Otrobanda at Klipstraat11. The property has been renovated in 2010. At the main office both breast cancer screening and cervical cancer screening are performed. There are also external locations where only Cervical Cancer Screening is performed: Sambil, Sorsaka Medical Center, Aesculapius Medical Center and Barber Medical Center. Our offices are strategically located on the West, Center and East of the Island to accommodate all our clients who reside in these areas.*

## MISSION and VISION



Our Mission is to establish and maintain a center for prevention through screening, early diagnosis and early detection of disease.

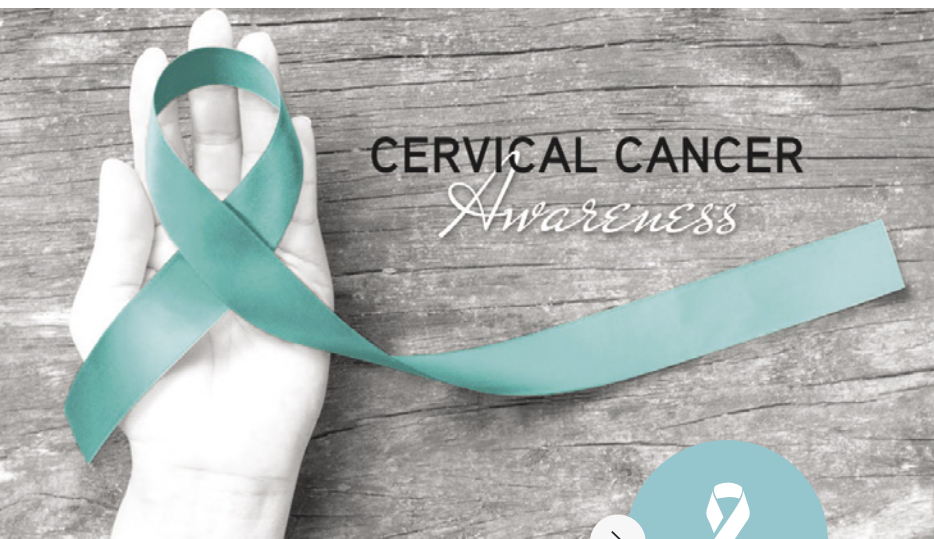
Our Vision is that the Curaçao community will benefit of the Fundashon screening activities and live as long as possible in good health.

The Goal of Fundashon Prevenshon is to introduce innovative cost-effective screening programs and to optimize information for the public, in order to contribute to the subjective opinion and to make sure that all will benefit of the screening activities.

Fundashon Prevenshon aims to promote public health in Curaçao by reducing mortality and decreasing presentation of advanced disease, through implementation and continuation of sustainable organized periodic population screening.

We strive to reach our goals by partnering with key organizations and stakeholders, conducting scientific research in collaboration with local and international healthcare professionals and Universities.

We aspire to align with current Government policies, in which prevention takes a prominent role in healthcare.



CERVICAL CANCER  
*Awareness*



## SCREENING ACTIVITIES



The Fundashon started initially with Breast Cancer screening in 2010. The Breast Cancer Screening system implemented in the Netherlands was adapted to the local situation in Curaçao.

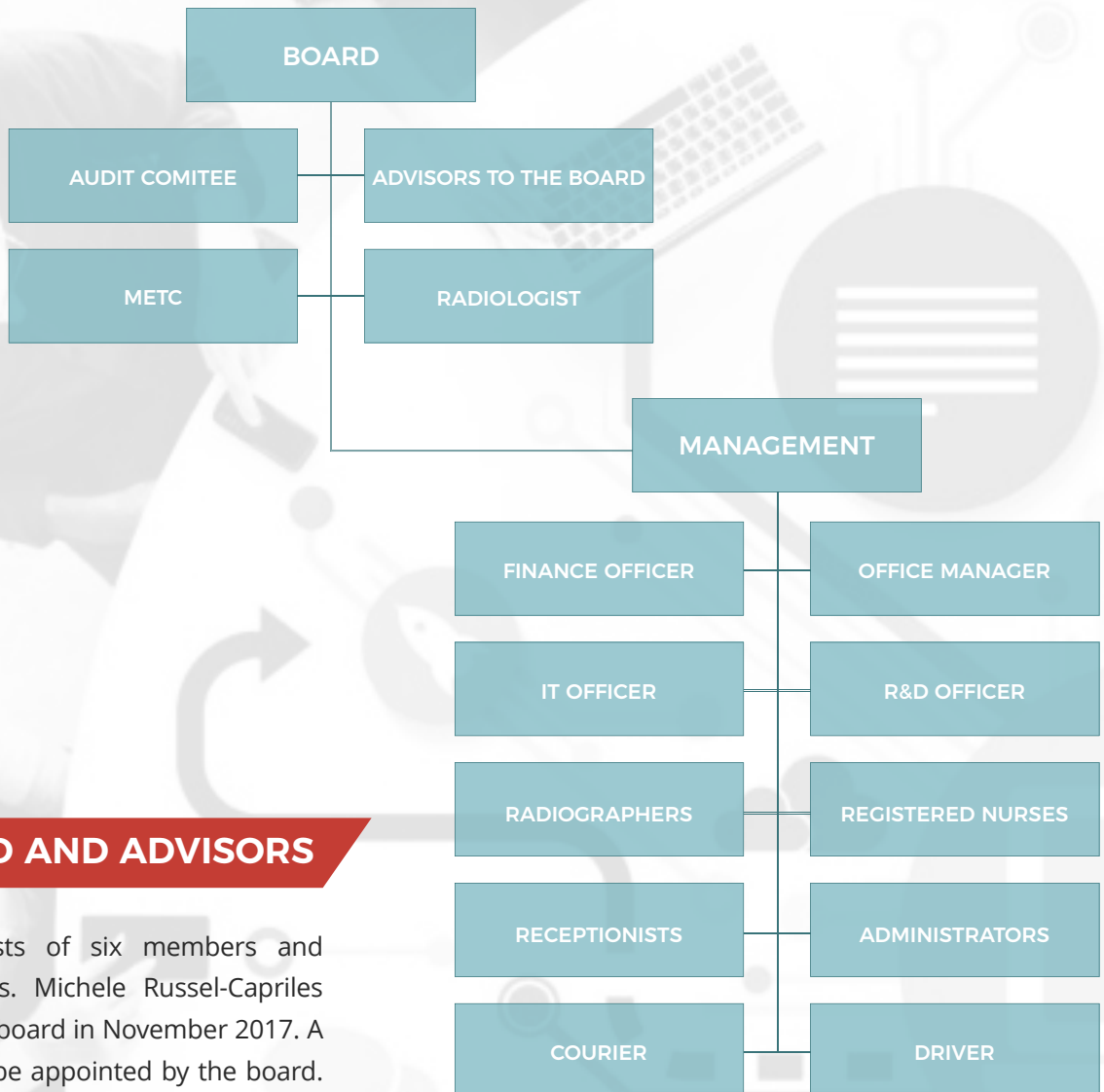
Prior to the cervical cancer screening, scientific research was performed at Fundashon Prevension to delineate the specific genotypes of the Human Papillomaviruses (HPV) present among our population. This research has been conducted by Dr. D. Hooi of Curaçao in collaboration with VU Medical Center in Amsterdam in The Netherlands. The study is the largest of its kind in the Caribbean region. The aim of the study was to determine the most prevalent of HPV genotypes prior to the introduction of the prophylactic HPV vaccine. The result of this scientific research will be taken into account when determining the most efficient HPV vaccine for our population. The defense of her thesis is scheduled for the end of 2018

In June 2016 Fundashon started the Cervical Cancer screening program aiming to screen women from 25 to 65 years applying the most advanced screening method.

The Fundashon is ready to extend the prevention programs to other diseases including colorectal cancer and glaucoma. Discussions are already underway with local experts to obtain consensus and to draw up the relevant protocols.

The Fundashon aspires to lead the way in investigating new prevention programs, providing new protocols that can be used to keep the population of Curaçao healthy.

# OUR ORGANIZATION



## THE BOARD AND ADVISORS

The board consists of six members and four advisors. Mrs. Michele Russel-Capriles resigned from the board in November 2017. A new member will be appointed by the board. The board held a total of 7 meetings in 2017. A number of important topics were discussed during these meetings such as the continuity and the stability of the Government funding and the collaboration with local laboratories. The board is also concerned about the participation and is convinced that we are able to increase our screening activities. Furthermore the board initiated in consultation with ophthalmologists in preparation for the Glaucoma screening program. The Fundashon was approached by the Leiden University in the Netherlands to conduct an investigation on breast arterial calcification on mammograms.

<b>Raiza Pardo, MD MBA</b>	President
<b>Douglas Pinedo, MD</b>	Vice President
<b>Randolph van Eps, LLM</b>	Secretary
<b>Karina Lombardi MSc RA</b>	Treasurer
<b>Professor Dr. Herbert. M. Pinedo</b>	Member
<b>Lisa Capriles</b>	Member
<b>Igor Gomez Bravio, MD</b>	Advisor
<b>Ludwig Hermina, MD</b>	Advisor
<b>Francois Simon, MSc</b>	Advisor
<b>Yvonne Verbrugge-Neuman</b>	Advisor

## MEDICAL ETHICS AND REVIEW COMMITTEE (METC)

The members of the Medical Ethics and Review Committee meet to discuss draft protocols and to provide advice on medical forms, such as an informed consent forms. Freeke Rijna-Kunst, former chairman of the METC, passed suddenly in February 2017 at the age of 45. She was a well-known, knowledgeable and respected lawyer on Curaçao, Bonaire and the other Dutch Caribbean islands. She was specialized in aviation (airport) and maritime law.

Ms. Karina Keizer was appointed as the new Chairman of the METC.

<b>Karina Keizer</b>	Chairman
<b>Stefan Coolen PhD</b>	Member
<b>Alex Roose, MD</b>	Member

## SCREENING RADIOLOGISTS

The Screening Radiologists receive a specialized training and at the Dutch Expert Center for Screening (LRCB) in the Netherlands. LRCB also offers courses for the screening radiologists and radiographers.

The radiologists work according to a schedule. Two radiologists assess the x-rays separately and search for suspicious abnormalities. If the results are contradictory then a third radiologist will evaluate the x-rays in order to give a final result. The radiologists and the radiographers have x-ray assessment meetings 4 times per year. The main goal is to discuss the positioning technique, the quality of the x-rays, and the follow-up of the referrals.

Ludwig Hemina, MD. is the coordinating radiologist.

**Ludwig Hermina, MD**  
**Nienke Antonides, MD**  
**Izyo Hooker, MD**  
**Redina Ljumanovic, MD PhD**  
**Jo-Ann Tai, MD**

## FUNDASHON PREVENSHON OUR TEAM

The team of Fundashon Prevenshon consists of the staff, Radiographers, Nurse Practitioners, other personnel, including receptionists, administrators, driver and courier.



The Radiographers receive a three-week training when entering employment, aimed at making a high quality mammography independently. The training and examination is provided by the Dutch Expert Center for Screening (LRCB) in the Netherlands.

The nurse practitioners receive an e-learning training at the start of their employment. The nurse practitioners will also receive recurring theoretical and practical trainings from our advisor Dr. Gomes Bravio who is specialized in gynecology, obstetrics and oncology.

The team was expanded by one additional driver as of October 1st 2017, our main driver is on a long-term medical leave.



### STAFF

Louise Elstak, **General Director**  
 Corrie Batelaan, **Assistant manager**  
 Priscella de Lannoy-Martines MSc, **Research and Development**  
 Darsy Martinus, **IT Officer**  
 Anthon Poulino, **Finance Officer**

### NURSE PRACTITIONERS

Ethel Bijnoe, RN  
 Marla Borgschot, RN  
 Mercedes Richardson, RN  
 Norinda Scharbaai, RN

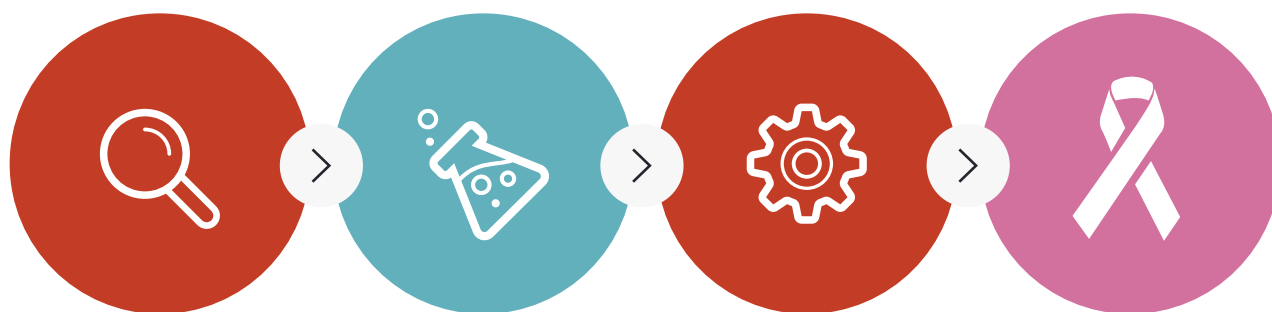
### RADIOGRAPHERS

(‘MBB’ Medical Imaging and Radiation Experts)

Mercedes Campagnard-de Windt  
 Esther Chin-A-Lien  
 Marjorie Hawker  
 Jeanette de Lannoy-Schloss  
 Anneke Rhodes-Bennema

### RECEPTIONIST, ADMINISTRATION, DRIVER AND COURIER

Cristele Sirvania  
 Lorraine Mercera  
 Meredith Lourencia  
 Zaida Nicolaas-Davelaar  
 Ingrid Cristina-Klooster  
 Mirugia de Mey  
 Eldon Martina  
 Sherwin Pablo



## POPULATION SCREENING

*Population screening is the investigation of a healthy population to detect asymptomatic cases of a disease or disorder, assuming that this condition may be better treated at an early stage. Participation in the screening programs is completely voluntary. Women with breast cancer or cervical cancer symptoms, women who are being treated for breast cancer or cervical cancer and women who do not comply with a specific set of criteria cannot participate in the screening programs.*

*Fundashon Prevenshon has an official cooperation agreement with the civil registry of Curaçao. Fundashon Prevenshon receives annually an updated database including the name, address, and date of birth and identification number of the women in our target group. Based on this information we will send invitation letters to the women in our target group to participate in the screening programs.*

### BREAST CANCER SCREENING PROGRAM

Breast cancer is the most common cancer among women in Curaçao. The aim of breast cancer screening is to detect breast cancer as early as possible before there are any signs and symptoms. Early breast cancer detection leads to more successful treatment and improves the chances of survival. This not only has a positive impact on the family but also on the community as a whole.

Breast cancer screening is performed using mammograms, two x-rays are taken of each breast. Women, aged 45-75 years, receive an invitation letter every two years to participate in the breast cancer screening. The results of the breast cancer screening are send directly to the General Practitioner within 10 working days. This includes the assessment of the Screening Radiologists.

## DATA ANALYSIS

Here we present the results of the breast cancer screening program in 2017 in comparison with previous years. The target population for breast cancer screening increases each year. In 2017 the target population consisted of **39,919** women, an increase of 3.8% compared to 2016.

In total, **20,984** women received an invitation letter to participate in the breast cancer screening.

We strive to increase and maintain the participation rate and re-attendance rate of the breast cancer screening. **8,630** women participated in the breast cancer screening. The participation rate decreased slightly in 2017 (41.1%) in comparison to 2016 (41.6%). These results are shown in table 1.

Two radiologists assess each x-ray independently. If there are two different outcomes from the assessments, there is a discrepancy. In case of a discrepancy, the client will be placed on a work list of a third radiologist for an independent third reading.

The percentage of discrepancies has decreased in 2017 (4.3%) in comparison to 2016 (6.0%). The percentage of discrepancies at the first x-ray round has also decreased in 2017 in comparison to the previous years.

Table 1: Breast Cancer Screening Indicators from 2014 to 2017

	2014	2015	2016	2017
Target population	35,533	36,961	38,440	39,919
No. of women invited	19,492	22,070	20,929	20,984
No. of women screened	7,492	8,703	8,699	8,630
Screening Days	247	259	260	249
Avg. No. of screenings/day	30.3	33.6	33.2	34.6
Participation rate (%)	38.4	39.4	41.6	41.1
Non Participants	2,376	2,455	1,894	2,107
Non Response	9,996	18,797	10,287	10,060
Third Reader	434	405	525	384
Third Reader RR1	249	224	202	152
No. of women referred	425	322	393	362
Referral rate (%)	5.7	3.7	4.5	4.2
Referral with BIRADS 0	372	245	289	278
Referral with BIRADS 4	50	63	96	70
Referral with BIRADS 5	3	14	8	13
BIRADS score per breast				
BIRADS 0	420	262	329	326
BIRADS 1	10,296	11,813	11,108	12,307
BIRADS 2	4,170	5,226	5,393	4,511
BIRADS 4	51	64	100	75
BIRADS 5	3	14	8	13

## BREAST CANCER SCREENING RE-ATTENDANCE

Re-attendance to the breast cancer screening is essential to the efficiency of the screening program. The radiologists will compare the new images with the images taken previously, allowing them to notice any differences and this might help to detect abnormalities at an early stage.

We strive to increase and maintain the attendance rate and re-attendance rate to the breast cancer screening. 18.5% of women who attended the breast cancer screening in 2017 had never previously participated in the screening. In 2017 there is a group of women who were invited to participate in the screening for the 4th time. A better understanding of factors influencing attendance and re-attendance is necessary to increase the participation rate and re-attendance.

In 2017 1,436 45 year old women were invited to participate in the breast cancer screening for the first time. 32.5% of these women participated in the screening. There has been no increase in comparison to the previous years.

Table 2: Attendance by X-ray Round

X-RAY ROUND	2014	2015	2016	2017
1	2,817	2,997	1,867	1,603
2	4,296	3,711	2,768	2,433
3	362	1,993	3,653	2,902
4	0	1	342	1,691

Table 3: Attendance of 45 year old women

YEAR	2014	2015	2016	2017
NO. OF WOMEN INVITED	204	1,410	1,497	1,436
ATTENDANCE	84	464	441	466
ATTENDANCE RATE (%)	41.2	32.9	29.5	32.5



## REFERRALS

The results of the mammogram assessments are expressed in BIRADS scores. BIRADS stands for Breast Imaging Reporting and Data System and was established by the American College of Radiology. BIRADS is a scheme for putting the findings from mammogram screening into a small number of well-defined categories. Women with a BIRADS score of 0, 4 or 5 are referred for further examination.

In 2017, 4.1 % of our clients were referred for further examination. The referral rate has not changed drastically in comparison to 2016 (4.7%) and 2015 (3.7%), see table 1.

Figure 1. illustrates the percentage referred clients with BIRADS 0, 4 or 5. In 2017, 76.8% of women were assigned BIRADS score 0, 19.3% of women were assigned BIRADS score 4 and 3.6% of women were assigned BIRADS score 5. The percentage of clients referred with a BIRADS 0 remained roughly the same during the last three years and accounts for the majority of referrals.

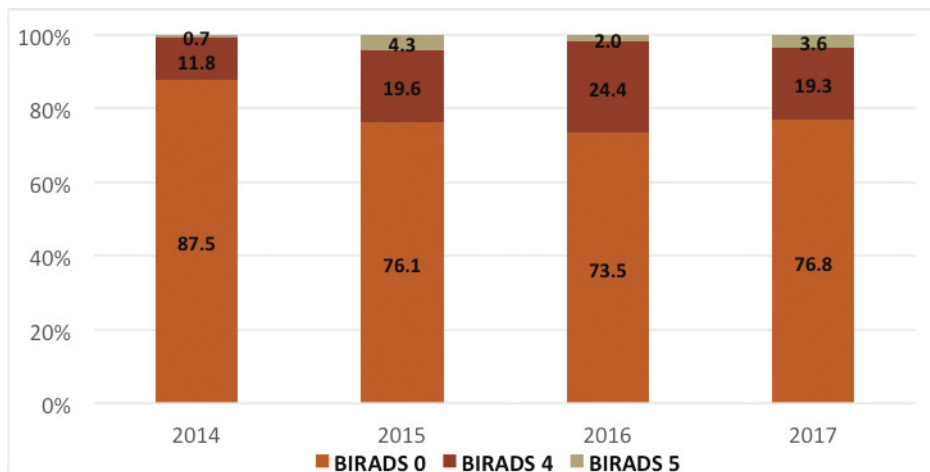


Figure 1: Percentage of referred clients with BIRADS 0, 4 and 5

## FOLLOW-UP PROCESS AND BREAST CANCER DETECTION

Fundashon Prevenshon initiates the follow-up process 6 weeks after the GP receives the letter informing that the patient requires further examination. We will contact the General Practitioner or the client when we have not received a follow-up. We still have to receive the results of the follow up examination from the St Elisabeth Hospital (SEHOS), for the patients that have been referred in 2017. 85% of women that required further examination have been referred to the mammopoli (breast clinic) in SEHOS. The detection rate can be determined based on the number of referred women and the number of confirmed breast cancer cases from the follow-up examination. In certain cases we will not receive the results of the follow up as some women refuse to seek further treatment and examination, seek examination and further treatment abroad, or receive neoadjuvant chemotherapy prior to being operated. We aim to start a close collaboration with the mammopoli to guarantee a more efficient and timely follow-up.

In total **220** women have been detected and confirmed with breast cancer through the Breast Cancer Screening since 2010 up to 2017. Early detection of breast cancer increases the chances of survival, breast preservation and the treatment may be more successful. The survival not only influences and benefits the patient but also the family and the social circle.

## QUALITY CONTROL

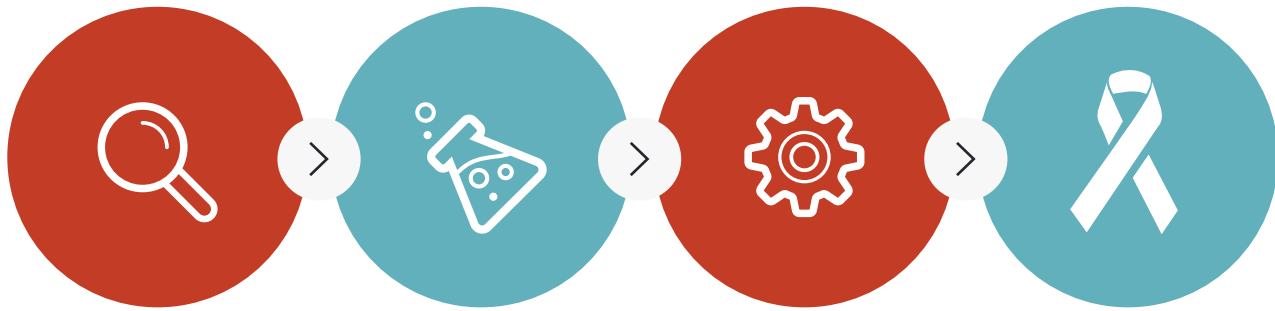
RADventure Netherlands provides the IBOB central administrative information management system, supporting the entire workflow from receiving data from the national population database, sending invitations, reading, processing and sending results, to follow-up.

Medimax, in Puerto Rico, offers maintenance of the mammography device on a bi-annual basis as well as online support regarding malfunctions of the mammography. Medimax visited Fundashon Prevenshon on July 3rd and 4th for their bi-annual service.

The breast cancer screening program is standardized according to the Dutch Expert Center for Screening (LRCB) in the Netherlands. LRCB offers a biennial audit to ensure continuous improvement of the quality of early diagnosis. Using documents and mammographic images, an external independent audit team gets a picture of the quality of the professionals and the equipment, and provides feedback and improvement recommendations. The next audit is planned in January 2018.

There has been malfunctioning of the Mammography, software or hardware 24 times in 2017. Most issues were easily resolved internally, however Medimax assisted in 2017 on 7 occasions. As a result of these issues we had to change the appointment of our clients. Due to power outage we had to cancel all the appointments on March 20th.





## CERVICAL CANCER SCREENING

Cervical cancer is the 4th most common cancer among women in Curaçao. Cervical Cancer is caused by chronic Human Papillomavirus (HPV) infection. There are more than 100 HPV types, there are about 13 high risk HPV (hrHPV) types that may cause cervical cancer. The HPV may infect immature cells in the cervical epithelium causing dysplasia of these cells.

The Cervical Cancer Screening Program entails the screening of women aged 25-65 years. Women in our target group receive an invitation letter. Women older than 65 years who have not had a Pap test in the last 10 years can also participate in the screening.

Women in the target group who have not yet received an invitation letter are also encouraged to participate in the screening. Fundashon Prevenshon organizes recurrent information sessions to increase the knowledge and participation.

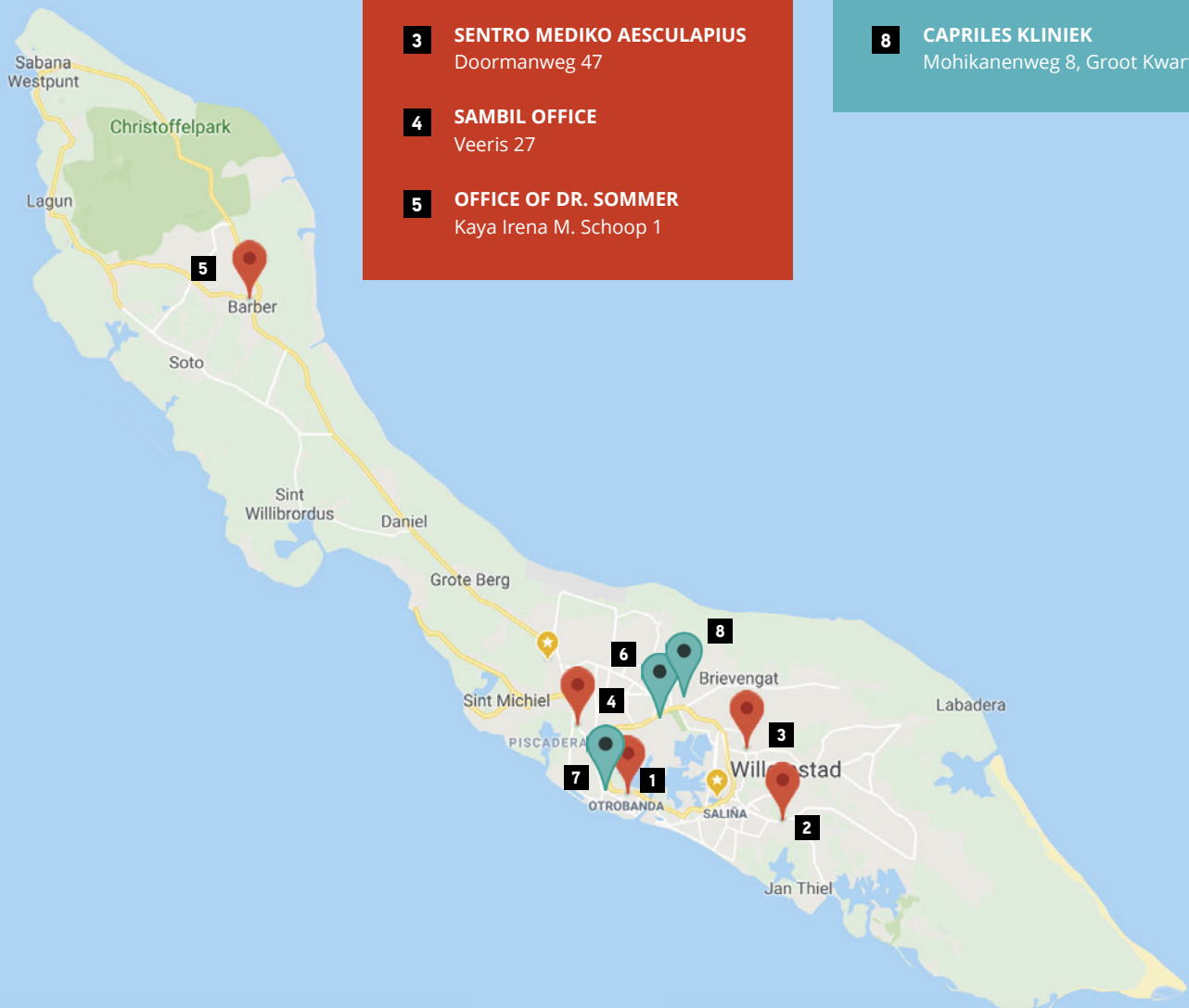
hrHPV assay and Pap smear are the two methods used to detect (pre) cancerous lesions of the cervix. The hrHPV assay is a laboratory test that detects the hrHPV in the sample. The Pap smear determines whether the cells of the cervix have been affected by the virus. Women aged 25-29 years will only receive a Pap test, while women aged 30-65 years will initially receive an hrHPV test. If the hrHPV is detected, a Pap test is performed from the same sample.



## OTHER LOCATIONS

As mentioned previously Fundashon Prevenshon has different external locations where our clients can receive the cervical cancer screening. These include: Sambil, Sorsaka Medical Center, Aesculapius Medical Center and Barber Medical Center.

Aside from these fixed locations, Fundashon initiated a new project to take cervical samples at external locations. However, external locations have to comply with a certain set of criteria before we can perform the screenings. The nurses of Fundashon took samples from women at the following locations: SGR Groep, St. Elisabeth Hospital and Capriles Kliniek. The main purpose was to facilitate participation of their employees, patients and clients. In the future Fundashon aims to provide this service at other locations. There is also a group of General Practitioners (GPs) and Gynecologists who take samples from their patients at their own practices. These women will also be included in our data analyses (Non-FP).





## NEIGHBORHOOD PILOT PROGRAM

Fundashon started with a neighborhood pilot program at Seru Papaya, at the request of the neighborhood center, in December 2017. The aim of the neighborhood pilot was to screen the residents of Seru Papaya at the neighborhood center. Our nurse, Ms. Bijnoe, gave a presentation regarding the screening at the neighborhood center prior to the screening.

Ms. Bijnoe, accompanied by neighborhood center representatives, handed out our brochures in the neighborhood to encourage women to participate in the screening. The goal is to evaluate this pilot program and to this approach other different neighborhoods where the participation is low.

## DATA ANALYSIS

The target population consists of **54,102** women. **20,629** women received an invitation letter to participate in the Cervical Cancer Screening in 2017. In total **7,506** women have taken a smear in 2017. The number of women who participated in 2017 doubled in comparison to the number of women who participated in 2016. This is expected as screening started in June 2016. A total of 1720 women have taken their smear at their GP or Gynecologist. However, a group of 210 women did not follow the process according to the cervical cancer screening protocol. Most of these women were screened externally, by their GP or Gynecologist, where only a Pap test was requested (table 5). The HPV status of these women is unknown.

As mentioned previously, Fundashon Prevenshon screened patients and employees of Capriles Clinic and SGR-Groep, employees of St. Elisabeth Hospital. Additionally as part of a neighborhood pilot program we screened residents of Seru Papaya at the neighborhood center. These are clients are included in table 4 under the subgroup "Other", in total **622** clients have been screened at these external locations. Follow-up smear are for women who have to repeat the smear after six weeks, after six or twelve months.

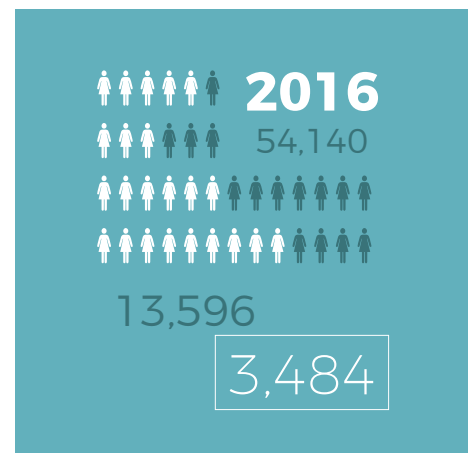




Table4: Cervical Cancer Screening attendance in 2016 and 2017 by location

Location	2016	2017
FUNDASHON PREVENSHON	1,735	2,909
AESCULAPIUS	394	480
SORSAKA	808	1,038
SAMBIL	291	647
BARBER	18	94
OTHER	0	622
NON-FP	238	1,716
<b>TOTAL</b>	<b>3,484</b>	<b>7,506</b>

**Table 5** shows the amount of women who were screened and the High Risk Human Papillomavirus by age group. The highest participation was among the women between 45 and 59 years. The HPV status of 210 women is unknown (3%). In total hrHPV was detected in 1499 women (21.7%) who were screened in 2017. Women in the age group 30 to 34 years have the highest hrHPV detection rate (30.4%).

Table 5: High risk Human Papillomavirus (HRHPV) detection by age group

AGE GROUP	TOT	HRHPV+	HRHPV-	UNKNOWN
30-34	855	260 (30.4%)	562	33
35-39	877	200 (22.8%)	651	26
40-44	974	216 (22.2%)	727	31
45-49	1,212	238 (19.6%)	946	28
50-54	1,073	217 (20.22%)	829	27
55-59	1,002	194 (19.36%)	791	17
60-64	681	130 (19.1%)	533	18
65+	229	44 (19.2)	155	30
<b>TOTAL</b>	<b>6,903</b>	<b>1,499 (21.7%)</b>	<b>5,194</b>	<b>210</b>



**Table 6** shows the results of the Pap tests and the Referral to a Gynecologist.

There have been no women with a PAP 5 result in 2017. Unfortunately one client had a PAP 4 result, she was 29 years old at the time of the screening. This accounts for 1.3% of the total group that has been screened. The highest referral rate was among women in the age group of 30 to 34 years (6.1%). In total 3.3% of all the women screened were referred to a gynecologist.



The results indicate that women in the age group 30 to 34 years have a higher hrHPV detection rate and a higher referral rate compared to women in other age groups. We need to increase our efforts to increase the participation of women in this particular age group.

Additionally, the aim is to detect more women in the earlier stages of pre-cancer and less women with PAP 4 and PAP 5 test result.

The results indicate that women in the age group 30 to 34 years have a higher hrHPV detection rate compared to women in other age groups.

The criteria for direct referral to a Gynecologist, for women between 25 and 29 years, is a PAP 2 or 3A1 with glandular cell atypia (AGUS) or a PAP 3A2 or worse (HSIL). 2.9% of women in this age group were referred to a gynecologist.

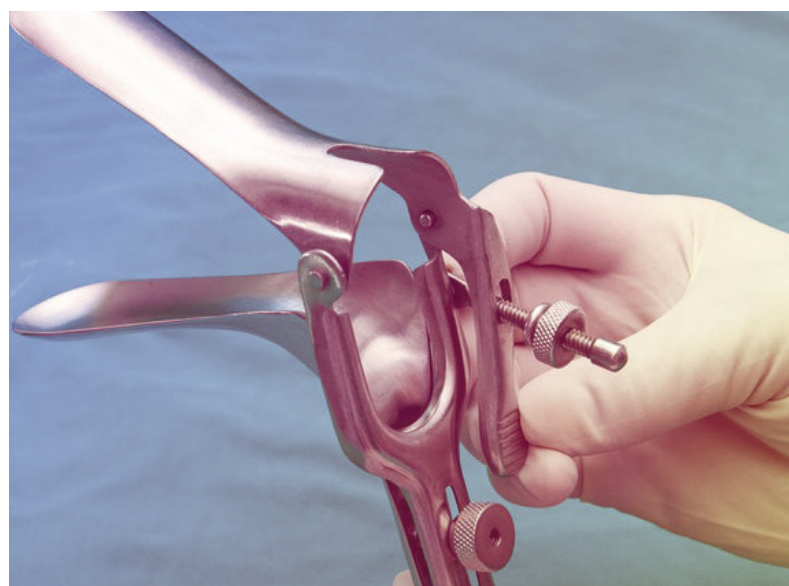
Table 6: Pap results and Referral to a gynecologist per age group

AGE	TOT	PAP 0	PAP 1	PAP 2	PAP 3A	PAP 3B	PAP 4	PAP 5	UNKNOWN	GYN. REFERRAL
25-29	542	6	478	25	27	3	1	0	2	8 (1.5%)
30-34	260	4	202	22	21	10	0	0	1	53 (6.1%)
35-39	200	0	158	19	18	3	0	0	2	45 (5.1%)
40-44	216	3	176	16	12	7	0	0	2	33 (3.3%)
45-49	238	6	197	13	14	8	0	0	0	37 (3.05%)
50-54	217	3	181	19	12	2	0	0	0	33 (3.1%)
55-59	194	3	170	11	7	3	0	0	0	20 (2.0%)
60-64	130	1	114	8	2	5	0	0	0	14 (2.05%)
65+	44	1	39	1	2	1	0	0	0	4 (1.7%)
<b>TOT</b>	<b>2,041</b>	<b>27</b>	<b>1,715</b>	<b>134</b>	<b>115</b>	<b>42</b>	<b>1</b>	<b>0</b>	<b>7</b>	<b>247(3.3%)</b>

The criteria for direct referral to a Gynecologist for women 30 years of age or older is a positive hrHPV assay and PAP2 or worse. 3.0% of women in this age group were directly referred to a gynecologist.

3.0% of all screened women were directly referred to a Gynecologist. 21.2% of women with a positive hrHPV result were directly referred to a gynecologist.

Women in the age group of 30-39 had the highest referral rate, while women in the age group of 50-54 had the lowest referral rate.



We need to increase our efforts to increase the participation of women in this particular age group. Additionally, the aim is to detect more women in the earlier stages of pre-cancer and fewer women with PAP 4 and PAP 5 test result.

## CONTINUOUS IMPROVEMENTS

***We strive to continue to improve our services to benefit our clients and our internal operations.***

Our clients contact Fundashon Prevenshon mainly by phone. This may be a barrier to clients with limited financial resources. As of October 2017, our clients can contact Fundashon Prevenshon at a toll free number to make a new appointment, change or cancel an appointment at no cost.

Our main office is centrally located in Otrobanda, where clients using public transportation can easily access our location. The area of Otrobanda and near our office has limited parking facilities, in addition there is only paid parking in the area. To facilitate our clients, we also offer free parking for one hour at the Brionplein parking lot since October 2017. We have informed our clients of this new service in our invitation letters, through social media and in the newspapers.

Protecting the privacy and confidentiality of our clients is a priority. The Fundashon has official regulations for the protection of personal data regarding the registration for Breast Cancer and Cervical Cancer screening. At the start of employment all employees sign a contract which includes a confidentiality agreement. The employee agrees to not disclose any client information to third parties both during and after termination of employment. This duty of confidentiality also extends to all confidential information regarding organizations or businesses affiliated with Fundashon Prevenshon.

HPV vaccination is a great priority for our country. However the costs associated with vaccination has not been included in the government budget. A Curaçao HPV vaccination workgroup was instituted in August, 2017. Ms. Pardo, Ms. Elstak, and Dr. Gomes Bravio represent Fundashon Prevenshon in the HPV vaccination workgroup. Other members include a pathologist, an epidemiologist and members of the school vaccination team. Dr. Arias is the Chairman of the workgroup. The representatives of the Fundashon will contribute by advising on the most efficient HPV vaccine based on the results of the scientific research that was conducted at Fundashon Prevenshon by Desiree Hooi MD.

The employee handbook, which provides information on key policies, such as benefits and compensations, employee behavior, and work schedules, has been revised and updated.



When we strive to become  
better than we are, everything  
around us becomes better, too.



**CURAÇAOSCHE  
HUISARTSEN  
VERENIGING**



### Organisation of General Physicians of Curacao

## COLLABORATION WITH GENERAL PRACTITIONERS

There are ongoing conversations with the Curaçao Association of General Physicians (CHV) on the essential role of the General Practitioner (GP) and their assistants in cancer screening.

General Practitioners play an important role in motivating their patients to participate in the screening programs but also to re-attend. Reassurance may reduce women's anxiety and embarrassment.

The GP receives the result of breast cancer research within 10 days after screening from Fundashon Prevenshon.

The Fundashon has provided the GPs with all the necessary documentation for the cervical cancer screening, including the official protocol, the flowchart for screening of asymptomatic patients and informed consent forms. The GPs can take the cervical cancer screening samples at their own office, the samples are picked up by the laboratory. The laboratory form needs to be filled out correctly stating that the test is part of the population screening.

The Chairman of the Board of Fundashon Prevenshon, Ms. Pardo, together with Ms. Elstak have had frequent meetings with the board of CHV to discuss the collaboration with CHV, protocols and a presentation with Dr. Gomes Bravio for the GPs who were not present at the previous presentation.

## CHALLENGES TO OVERCOME

***Every challenge is an opportunity to learn, improve and move forward.***

The distribution of the invitation letters remains a challenge. We are aware that the residents of Curaçao are not always accustomed to officially change the address at the civil registry. There are women who do not reside at their postal address; there are street names that have changed, the government departments involved in urban planning has been unable to offer a solution to this problem. The postal office distributes a general flyer informing women to contact Fundashon Prevenshon if the invitation letter has not been delivered. This is a temporary solution, we are still seeking a long term solution for this issue.

We have encountered technical difficulties with the mammography several times. As a result, we had to cancel and move the appointments on multiple occasions. The mammography has been operational since 2010, mammograms usually have an expected life expectancy of 7 years. The device will be replaced in short-term. The costs for the purchase of a new mammography have been included as provision with the government subsidy application.

We have encountered some delay in the development of the Cervical Information System (CIS) software as well as the data communication between the laboratory and the CIS software. The expected launch date, second half of 2017, was unfeasible.

There is currently no legislation and regulation for population screening in Curaçao. People who choose to participate in a screening are not required to get screened at the Fundashon, they can also get "screened" at other health care institutions. It is important to have all screening activities in one screening organization, as this facilitates data collection and analysis, and follow up. The Fundashon will work together with the Government to compose new legislation and regulation regarding population screening.



**Don't limit your challenges;  
challenge your limits. Each day  
we must strive for constant and  
never ending improvement.**

Tony Robbins



## CREATING AWARENESS

***Education and raising awareness in the community on prevention and healthy living is one of the major responsibilities of the Fundashon. A well informed community will make better decision concerning their health.***

Cancer screening is a complete new concept for the population of Curaçao. For this reason we need to focus on education and raising awareness on the benefits of screening. We need to emphasize the importance of both cervical cancer screening and breast cancer screening. As a country we are fortunate to have a screening program in place.

In 2017 Fundashon Prevenshon organized a total of 38 information sessions in collaboration with various organizations and companies, as well as radio and television interviews. The community is in need of more information; however, it remains a challenge to engage our target group in actually participating in the screening programs as fear and taboo remain the main reason for not participating in the screening programs. Information sessions and interviews are not enough, we have to engage in more creative initiatives to reach women of all socioeconomic status.

We organized an information session Association of General Practitioners Assistants. During this session we discussed the protocols of the cervical cancer screening in detail and the important role of the GPs and their assistants.



### ANNUAL WORLD TRADE CENTER CONFERENCE

Professor Pinedo received the cross of merit on July 2nd 2018 for the extraordinary work that he has done for the community of Curaçao and for the rest of the world. Fundashon Prevension organized a conference, themed “Your health is in your own hand”, to celebrate this occasion. The aim of this conference was to empower the participants to make their health their own responsibility. Approximately 800 people attended the conference. It was noticeable that more men attended this event compared to the conference in 2016. Speakers included Ms. Pardo, who elaborated on the goals and vision of Fundashon Prevension, Ms. Richardson, nurse at Fundashon Prevension who elaborated on the cervical cancer screening program. Two clients elaborated on their experience with the breast cancer screening and cervical cancer screening. The Minister of Health, Mrs. Camelia-Romer, opened the conference and was present until the end of the conference. The participants had the opportunity to ask questions, and they were eager to make use of this opportunity. Professor Pinedo announced that Fundashon Prevension will start with two new screening programs.



## EDUCATIONAL MATERIALS

It is essential to develop new and update our current educational materials to keep our clients up to date on new developments.

Ms. Marlies Bosch from Stichting Bekkenbodem 4 All donated their animated film on referral of patients after cervical screening. Ms. Bosch came personally to our office and helped record a new voice over in Papiamentu. We are now able to use this animated film on social media, during awareness campaigns and information sessions.

A new awareness film was produced and directed by Dolph van Stapele. This film features four girlfriends who are having a casual conversation and explaining their experience with the cervical and breast cancer screening. They encourage each other to participate and to talk about these sensitive issues. The awareness film will be used during awareness campaigns, on television, on social media and at information sessions.

The Cervical Cancer screening brochure was developed in both Dutch and Papiamentu. These brochures serve as information material for our clients on the cervical cancer screening. It gives information among other on the screening program, the differences compared to the Pap test, why it is so important to participate, the Human Papillomavirus, what to take into consideration when participating in the screening program. The brochure will also be translated in Spanish and English. These brochures have been placed at doctor's offices, pharmacies and other public places.

The Fundashon has collaborated with the Caribbean Medical University (CMU), School of Medicine. CMU organizes every month a CMU mobile health Event, where blood pressure, blood glucose levels and Body Mass Index are measured by the medical students. Fundashon Prevencion is also present at these events to give information on our screening programs, women can also register to participate in one or both screening programs.



## WE ARE THANKFUL

***We gratefully acknowledge all our donors, sponsors, collaborators and volunteers for their time, talents and resources.***

Fundashon Prevenshon was established in 2008 and became operational in 2010. The goal was to operate the first 5 years solely on private funding. The government would start providing funding to the Fundashon after the fifth year. Fundashon Prevenshon applied for a government grant for the first time for 2016 and subsequently for 2017. The Fundashon will continue to apply for government grants yearly. The government grant is important to guarantee the continuity of our screening programs. Fundashon is financially dependent of Government Funding. Prevention is considered a great priority for the current government, while prevention activities have been included in the government program. For this reason, we are convinced that the Government will continue financial support to guarantee continuity of our screening activities to benefit the community of Curaçao. The government has already committed to provide the grant for the third year in 2018 for both screening programs. There has been further consultation with the minister regarding the glaucoma and colorectal population screening.

### SPONSORS AND DONATORS

Professor Pinedo applied for additional support at friends of the Fundashon as financial resources were declining in 2016. After the government grant was received, the friends of Fundashon were to refund the remaining grants. The friends of Fundashon Prevenshon agreed the remaining funds to be put aside temporary. These include: Gieskes-Strijbis Fonds, Samenwerkende Fondsen, Mr. J. van der Plas (Staetszaken B.V.), Mr. J. Meulendijk, Mr. P. & R. Moreno and Ms. L. Moreno. We are extremely grateful for your generosity.

Family Kramer-Lems has financially supported the HPV research project since 2013. They have strong affiliation with the island, they return to the island frequently and have the people of Curaçao at heart. They are often on the island to see how the project progresses. They are considered friends of Fundashon. We are extremely grateful for their support and dedication. This research is expected to result in a PhD thesis at the VUmc in 2018.

We are extremely thankful to Ms. Cohen (Sambil) for providing us with a centrally located office space at Veeris. We would like to thank Mr. Halabi for his support during our annual awareness event at the World Trade Center. The Gieskes-Strijbis Fonds has supported Fundashon Prevenshon since the beginning of the screening activities. We are grateful for the Gieskes-Strijbis Fonds and their annual donation intended for new projects and research projects.

THERE IS  
*always  
 always  
 always*  
 SOMETHING TO BE  
 THANKFUL FOR



Prinses Wilhelmina Fonds and Ride for the Roses for the annual donation intended for research projects. Baker Tilly Curaçao supports Fundashon Prevenshon annually with the financial auditing free of charge. We thank Ms. J. Grynstein (Perlei B.V.) for her annual donation during Breast Cancer Awareness month.

Rotary Club Curaçao has started the Rotary Global grants initiative to raise funds for the purchase of a 3D mammography equipment for Fundashon Prevenshon. The Rotary Global Grant supports large international activities with sustainable, measurable outcomes in Rotary's areas of focus. This also includes large and small donations from Curaçao. This initiative will be completed in 2018.

#### **COLLABORATORS AND VOLUNTEERS**

Vanessa Gomes, certified coach and trainer, for voluntarily providing her services for her support during our events and projects.

We would like to express our gratitude towards Dolph van Stapele for producing and directing the new awareness film and all the actors and other collaborators who made this film possible.

We are extremely grateful to Ms. Marlies Bosch from bekkenbodem4All for donating her time and resources for Fundashon Prevenshon.



## THE FUTURE IS BRIGHT

***Fundashon Prevenshon stands for sustainability and innovation is the key in achieving our goals.***

Ultimately our goal is to become a screening center for Curaçao, which will also function as a reference center for other screening centers in the Caribbean region and Latin America.

The Fundashon plans to introduce a client platform that offers support to clients who have been diagnosed with breast cancer or cervical cancer; additionally clients can also give feedback on our services.

Introduction of new screening programs: Glaucoma screening and Colorectal Cancer Screening. The preliminary conversations with local ophthalmologists are ongoing and the setup of the protocol for the population screening for Glaucoma have already started. Glaucoma is the third most frequent disease in Curaçao. It is the second leading cause of blindness in the world. Additionally, people of African descent have a higher prevalence of glaucoma than Caucasian people. The prevention of this disease in Curaçao is of great importance as the affected persons do not feel any symptoms until the disease is at an advanced stage.

Purchase of a new digital mammography machine that will be delivered and in use in 2018.

Purchase of a 3D mammography, this mammography has multiple benefits but will only be used on a select group of women.

Conducting scientific research and collaboration with local and international universities.

Form new partnerships with key organizations to bring us closer to our goals. Innovation and digitalization of our processes and services (for example sending invitations by email, digital registration, digital test results).

As we expand our services and introduce new screening programs, there is a growing need for more office space as the current office in Otrobanda has limited amount of space. We are exploring alternative locations that are still easily accessible by our clients.

Development and implementation of a strategic Human Resource plan (including training and development strategies, collaboration and outsourcing strategies) aiming to professionalize the Prevention Center to a customer-oriented Organization.

As mentioned previously, creating awareness and increasing the knowledge of the community to make informed decisions about their own health is of great importance. For this reason, we have decided to adopt a more structured approach for the year 2018. The Fundashon, in collaboration with external advisors, will develop and implement a marketing communication plan. Aiming at creating a sustainable and long term plan and structured approach towards what, how and when we communicate with the community; create a new image, and to be considered as the new Prevention Center of Curaçao.

As previously mentioned, collaboration with key institutions and Universities is one of our main goals. The Fundashon was approached by the Leiden University in the Netherlands to conduct an investigation on breast arterial calcification on mammograms. The objective of this research project is to study the correlation between digital mammography derived breast arterial calcification (BAC) score to cardiovascular risk factors and events in Curaçao women (The BAC-study). To predict the presence of symptomatic and/or asymptomatic cardiovascular disease. This will be a retrospective observational study to assess the relation between the presence of the BAC on previously performed digital mammograms with the presence of traditional cardiovascular risk factors and the occurrence of cardiovascular events in the following years.

Fundashon Prevenshon celebrates 10 years of existence on 23rd of December 2018. A committee will be appointed to organize various activities related to the 10th anniversary.



# FINANCIAL STATEMENTS



**Net Sales**

Net Sales	1,070,000	1	800,000	48
			1,920,000	1

**Cost of Sales**

	Current Month		Year to Date	
	Amount	% of Sales	Amount	% of Sales
Beginning inventory	540,000	1	45,000	0
Plus goods purchased/manufactured	123,000	0	250,000	0
Total goods available	200,000	0	295,000	0
Less ending inventory	38,000	0	200,000	0
Total cost of goods sold	20,000	0	95,000	0
Gross profit (loss)	1,050,000	1	1,825,000	1

**Operating Expenses**

	Current Month		Year to Date	
	Amount	% of Sales	Amount	% of Sales
<b>Selling</b>				
Salaries and wages	122,000			
Commissions	112,000	0	32,000	0
Advertising	335,000	0	22,000	0
Depreciation	10,000	0	37,000	
Total selling expenses	680,000	1	15,000	
<b>General/Administrative</b>				
Salaries and wages	10,000	0		
Employee benefits	33,000			
Payroll taxes	70,000			
Insurance				
Rent				
Utilities				
Depreciation				

**Profit and Loss Statement**

Line Item	January	February	March	April	May	June	July	August	September	Q3	October	November	December	Q4	Annual
Net Sales	65,000	75,000	85,000	75,000	80,000	90,000	95,000	100,000	105,000	300,000	110,000	130,000	145,000	385,000	1,165,000
Cost of Sales	60,000	70,000	88,000	85,000	88,000	95,000	95,000	100,000	105,000	300,000	120,000	135,000	145,000	380,000	1,161,000
Gross Profit	5,000	5,000	7,000	10,000	12,000	15,000	5,000	5,000	5,000	15,000	20,000	15,000	15,000	5,000	85,000
Operating Expenses	50,000	55,000	65,000	55,000	60,000	70,000	75,000	80,000	85,000	255,000	90,000	100,000	105,000	295,000	895,000
Net Income	15,000	10,000	2,000	25,000	20,000	20,000	20,000	20,000	20,000	15,000	30,000	10,000	10,000	10,000	88,500

**Expenses Breakdown**

Category	Actual	Actual Cost Breakdown
Salaries and wages	\$300,000	
Employee benefits	\$300,000	
Payroll taxes	\$500,000	

## BALANCE SHEET AS AT 31 DECEMBER 2017

### FIXED ASSETS

#### Tangible fixed assets

Building and land	116.182	164.469
Medical Devices	216.441	207.674
Other tangible fixed assets	39.583	41.175
Fixed assets in progress	387.261	-
	<u>759.467</u>	<u>413.318</u>

### CURRENT ASSETS

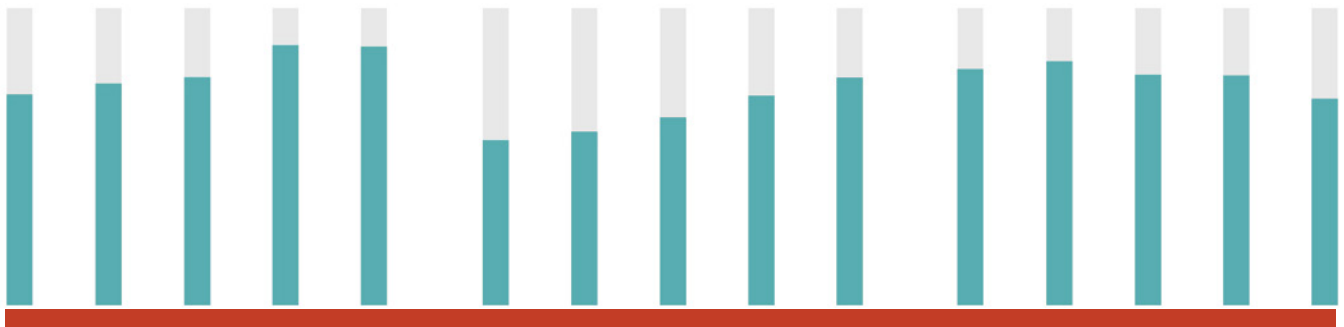
#### Receivables

Account receivables	100.478	140.651
Other receivables and current assets	14.178	779.989
	<u>114.656</u>	<u>920.640</u>

#### Cash and cash equivalents

	<u>4.829.616</u>	<u>3.804.147</u>
	<u>5.703.739</u>	<u>5.138.105</u>





	<u>2017</u> ANG	<u>2016</u> ANG
<b>EQUITY AND LIABILITIES</b>		
<b>FOUNDATION'S CAPITAL</b>	<u>1.200.940</u>	<u>1.006.148</u>
<b>RESERVES FOR SPECIAL PURPOSES</b>	<u>387.261</u>	<u>1.031.815</u>
<b>LONG-TERM LIABILITIES</b>		
Loan Stichting Monumentenfonds Curaçao	<u>29.636</u>	<u>48.436</u>
<b>SHORT-TERM LIABILITIES</b>		
Short-term portion Loans Stichting Monumentenfonds Curaçao	19.455	17.787
Accounts payable	210.805	234.161
Taxes and social security premiums	18.803	22.379
Other payables	3.836.839	100.926
Deferred subsidies	-	2.676.453
	<u>4.085.902</u>	<u>3.051.706</u>



## STATEMENT OF BENEFITS AND EXPENDITURE FOR THE YEAR 2017

	2017	2016
	ANG	ANG
<b>Revenues and benefits</b>	2.983.186	2.923.233
Salaries and wages	962.968	926.041
Depreciation	104.081	32.458
Housing expenses	163.839	136.780
Marketing expenses	187.941	122.024
Operational expenses	891.620	683.980
General expenses	105.522	102.220
<b>Total operating expenses</b>	2.415.971	2.003.503
<b>Operating result</b>	567.215	919.730
Financial income and expense	14.838	14.806
<b>Net result after taxation</b>	582.053	934.536





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# ANNUAL REPORT 2017

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