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Breast Cancer Care In Pakistan: Burden Of The Disease And What We Need To Do?

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IMPORTANCE Breast cancer is the most common malignancy observed in women worldwide including in Pakistan. The five-year prevalence of breast cancer was 35%, the incidence of breast cancer was 23%, and the mortality of breast cancer in Pakistan was 16% during 2017. Delayed presentation of the patients is seen to be associated with advanced-stage diagnosis, aggressive treatment, poor outcomes, poor quality of life, and higher mortality rate. Delay in effective oncological treatment could be due to patient presentation delay which results in a cumulative increase in breast cancer-associated mortality. We clearly need to identify and address the factors which mediate delay in breast cancer diagnosis and management.

KEY WORDS Breast Cancer, Delaying Factors, Pakistan, Screening, Awareness

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Breast cancer is the most common malignancy observed in women worldwide including Pakistan[1-3]. It is growing rapidly as 1.4 million new cases of breast cancer are diagnosed annually in Pakistan out of which almost half a million women die every year[4]. Pakistan is deficient in a national, population-based cancer registry, however few projections can be made based on the available statistics[5]. Five year prevalence of breast cancer was 35%, incidence of breast cancer was 23%, and mortality of breast cancer in Pakistan was 16% during 2017[6]. To put simply, one in every nine women in Pakistan has a lifespan threat of being detected with breast cancer, and this is corroborated in local studies as well. [7-8]

Delayed presentation of the patients is seen to be associated with advanced stage diagnosis, aggressive treatment, poor outcomes, poor quality of life and higher mortality rate[9,10]. Delay in effective oncological treatment could be due to patient presentation delay which results in cumulative increase in breast cancer associated mortality[11-12]. We clearly need to identify and address the factors which mediate delay in breast cancer diagnosis and management.

Literature suggests that certain initiatives were taken by the Federal Government for screening and early detection of breast cancer cases which included the establishment of cost-free community based Breast Care Centers in Islamabad and Lahore, and mobile mammography services for women residing in rural areas[13]. However, these efforts have not been fully integrated with the overall healthcare system, resulting in the alarming increase in breast cancer incidence in the country.

In this issue related to breast cancer management, Ashraf et al have identified various factors which could influence the delayed presentation and treatment of breast cancer in a holistic fashion[14]. The review also highlights the need for more robust quantitative and qualitative assessment of these factors specific to our cultural scenario.

Patients who present after three months of initial symptom appearance have 12% higher 5-year mortality rate than those who present earlier[9]. The 5-year survival for stage 0 and stage I cases is 100%, stage II is 93% and stage III is 72%[15]. The key lies in early detection of the cancer and managing it. Based on experience and literature review, we find three major challenges in combating breast cancer. Improving awareness about cancer, screening and provision of breast specific clinical facilities in the form of "One Stop Breast Cancer Clinics."

Ashraf et al' have laid the following recommendations:

1. Awareness about breast lumps and risk of genetic inheritance in breast cancer should be adopted as a bench mark in national healthcare program.
2. Breast self-examination (BSE) can significantly reduce delayed presentation thus improving the breast cancer care outcomes.
3. Stigmatization that breast cancer is incurable can be reduced by creating awareness about available treatment options and their effectiveness.

4. Breast-specific facilities and easy access to affordable health care facilities should be provided especially in primary healthcare setting.

5. Screening programs for early detection of breast cancer are need of the hour.

6. Multidisciplinary approach can reduce delay in chemotherapy or surgical intervention due to fear of treatment.

7. Training of clinicians about significance of triple examination, common signs and symptoms and quick referral to oncologist can reduce provider related delay.

8. Concomitant breast reconstructive surgery can reduce the delay in treatment due to fear of mastectomy.

9. Availability of health insurance can reduce the disparity seen in racial minorities of developed countries.

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