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Are we picking up breast cancers early?

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Breast cancer remains the leading cause of cancer related morbidity and mortality in women in Pakistan. Breast cancer is still not a freely discussed issue in the country, largely on account of social taboos. Mortality rates of breast cancer in Pakistan are reported to be the highest in the Asia. As per global cancer observatory, the number of new cases of breast cancer diagnosed in women in Pakistan were 25,928, whereas deaths due to this cancer were 13,725.¹ In contrast to West, breast cancer is more prevalent in young Pakistani females where it arises after the age of 60 years, on the average. The age-related incidence rate of breast cancer affecting Pakistani women is approximately 50.1/100,000 annually. The probability is that one out of every eight Pakistani women will suffer from breast cancer during her lifetime. Moreover, when compared with India and Iran, the incidence rate were found to be >2.5 times higher in Pakistan.² This might be just the tip of the iceberg when one reflects that majority of the women are hesitant to talk about any of their breast abnormalities or to pursue medical assistance. It is heartbreaking that a massive number of women succumb to an immensely treatable - especially if diagnosed early - disease just because they feel embarrassed to talk about it with doctors. However, the awareness about the disease in Pakistan has observed an improvement in urban areas due to better education and improved health facilities but still not much has transformed for the rural poor population who can only reach the understaffed and ill-equipped dispensaries or Basic Health Units for medical assistance. Different factors like delayed presentation by patient, absence of mammography facilities and breast cancer screening programs in a country, low education level, insufficient awareness and knowledge about the disease and its symptoms, and the increased prevalence of risk factors

like precancerous lesions, reproductive factors (e.g., age at menarche and childbirth, lack of breastfeeding, and late menopause), family history, obesity, improper dietary habits, hormonal replacement therapy, sedentary lifestyle, use of oral contraceptives, alcohol consumption, genetic predisposition, exposure to ionizing radiation and immunosuppression are the key factors behind these alarming figures.³

Females face multiple barriers in the early detection and timely management of breast cancer comprising individual, socio-cultural, and structural factors. Individual barriers include lack of awareness, spiritual healing, and reluctance in accepting social support. While feminine sensitivity, stigmatization, and aversion to male doctors contribute to be the socio-cultural factors that inhibit women from screening and treatment of breast cancer. Moreover, the literature has found non-availability of financial resources and apathetic medical system to be the structural barriers for women.⁴ These barriers overlap with each other and further complicate the situation of these patients.

Different studies in Pakistan show most of the women to be unaware of screening for breast cancer. Naz et al.⁵ explored poor knowledge of cancer among the women of Peshawar where three out of seven women had no idea about breast cancer before the diagnosis. Siddiqui et al.⁶ found in their study that majority of the women lack basic knowledge about early symptoms of breast cancer, screening, breast self-examination (BSE) and its risk factors whereas about 84% women had no idea about detection techniques and mammography. In Pakistan, more than 50% of patients present at an advanced stage of disease, i.e., stage III or IV. The extent of delay in pursuing medical help after the occurrence of breast cancer symptoms can be minimized by recognizing possible factors causing the delay, which

could improve timely diagnosis of the disease, at an early stage thus, resulting in a better prognosis and eventually improved survival rates. BSE, clinical breast examination, and mammography are the frequently suggested screening methods for breast cancer. BSE is an easy, cost-effective, and simple check-up that does not need professional expertise and can be performed by women themselves by just looking and feeling each of their breasts for any abnormal changes. Development of a mass in the breast that feels different from the rest of the breast tissue is the first apparent symptom of breast cancer. Other signs may comprise thickening of breast tissue, the difference in breast size, rashes around the nipple, nipple discharge, continuous pain or swelling in the breast or armpit. BSE on routine basis can enhance the chances of prompt detection which finally results in an improved survival rate. The diagnosis mechanism of breast cancer includes a clinical examination, mammogram, breast ultrasound, magnetic resonance imaging, biopsy, and ductogram. Breast cancer is usually treated with surgery, hormone therapy/chemotherapy/radiation therapy, or a combination of these.

One of the foremost targets in battling the breast cancer is to promote early detection by launching increased screening and earlier detection programs. With timely screening, the disease can be diagnosed at an initial stage which results in a greater chance of successful treatment. Hence, it is imperative to reduce delays in detection, diagnosis, and treatment because the more advanced the stage of breast cancer, the more the complications will be. Awareness should include print and electronic media and casual workshops by taking help of an expert nurse and medical practitioners to deliver families with precise information on breast health issues. Moreover, easy accessibility of routine examinations and mammography should be emphasized. Health care workers particularly female staff must be more educated and trained about the incidence and treatment of breast which could be very useful in eliminating cultural barriers in early detection and timely management of breast cancer in Pakistan.

List of Abbreviation

BSE Breast self-examination

Conflict of interest

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