

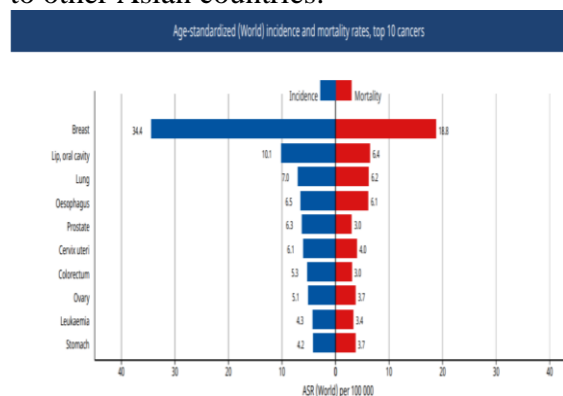
Editorial

BREAST CANCER IN YOUNG WOMEN OF PAKISTAN: AN EMERGING THREAT

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Breast cancer is spreading like fire in a jungle in the world with approximately 2.3 million new cases annually, making it 11.7% of all cancer cases. According to recent cancer statistics in 2020, it has vanquished lung malignancies and now has become the leading cause of global cancer incidence in females. Breast cancer is the fifth leading cause of cancer mortality worldwide, with 685,000 deaths annually. The most alarming situation is that breast malignancies account for 1 out of 4 cancer cases and 1 out of 6 cancer deaths among women. This makes it as an entity with the highest incidence in the majority of countries around the globe (159 of 185 countries) with cancer mortality in 110 countries, according to GLOBOCON statistics 2020.¹

In Pakistan, the incidence of breast carcinoma is 14.5% with 25,928 cases in 2020 and mortality is 11.7% with 13,725 deaths.² The risk of breast malignancies is currently on the rise, as one in every 9 Pakistani women has a lifetime risk of being diagnosed with this fatal cancer.³ Moreover, the age-standardized incidence rate for breast cancer is highest in Pakistan when compared to other Asian countries.²



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Figure-1: Age-standardized incidence and mortality rates²

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The past and future time trends in age-specific breast cancer incidence among Pakistani women have predicted that the total number of this cancer will jump from 23.1% to 60.7% in 2025. Similarly, in relatively young Pakistan females, the number of diagnosed breast cancer is estimated to rise to 70.7% and 130.6% in the years 2020 and 2025, respectively.⁴

A Lahore-based study at the Institute of Nuclear Medicine & Oncology (INMOL) concluded that 64% of total breast malignancies were already in the late/advanced stage with an average age of 46.5 ± 13 years.⁵ Another study conducted at a tertiary care hospital of Karachi shows that 28% and 7 % of breast cancer patients at the time of diagnosis are under the age of 40 and 30 years, respectively.⁶

The patients diagnosed in stage 2 were half in number (47%), stage 3 (36%), and stage 4 (1%). However, other local studies have reported stage 4 disease in 17% and 25%.^{7,8} The diagnosis of breast cancer at an early stage would improve the treatment outcomes and hence survival rates.

When compared with developed countries, only few breast cancer cases (less than 1%) were diagnosed at stage 1 in developing countries such as Pakistan and India.⁹ The delay in presentation to medical facilities is because of lack of awareness and health education, mistaken beliefs, and fears of side effects of the chemotherapy along with a strong belief in spiritual healing and traditional medicines. In addition to all of this, insufficient resources for diagnosis of breast cancer and free therapeutic services especially in rural areas as well as in small towns.¹⁰ Detection of early-stage breast carcinoma would reduce morbidity as well as mortality and hence improved survival rates. It will also help to ease the burden on the health care system and economy of the

country. So, health education for self-examination and regular screening in the form of ultrasonography and mammography is highly recommended. There is an increased risk for the development of systemic recurrence and eventually high mortality rates in breast carcinoma so it is the need of time that we should focus our energies on educating and sensitizing them. Government should work with private organizations, local influential and religious leaders to create awareness in this matter. This is upsetting the health resources of Pakistan and also creating psychological and financial disturbances in the family lives of affected young patients. Early diagnosis and treatment of breast cancer can improve the survival rate.¹¹ This can only be possible if we have an effective central registry system for exact incidence, the prevalence of cases, and the mortality rate of breast carcinoma. In Pakistan, a comprehensive database for breast cancer cases is still lacking and the only available data is mainly hospital-based.

The members from International Atomic Energy Agency (IAEA), WHO Cancer Coordinator, and the International Agency for Research on Cancer (IARC) visited several hospitals and organizations to develop the National Cancer Control Program. Member of Permanent Mission of Pakistan to the IAEA has also emphasized the importance of accurate data from Pakistan for plans to tackle this alarming situation.¹² This information, in turn, will aid evidence-based decisions and comprehensive policy-making regarding cancer control interventions and treatment facilities. This will be possible with strong commitment from the medical community, the administration, civil society, and international health agencies. In Pakistan, only a small percentage of the annual budget is specified for health care.

Unlike the GDP of Afghanistan (11.78%), Pakistan spends a meager percentage of GDP (2.90%) on health care provision. In 2019, Pakistan is placed among 93rd rank out of 117 countries with a poor score of 28/100 on the Open Budget Index on health.¹³ There is a need at the government level to re-prioritize

health spending by having a health-sensitive budget and special emphasis should be made on allocation of health budget on cancer awareness and treatment programs. In Pakistan, the alarming rise in breast cancer incidence, calls for an integrated approach, and the focus should be on research in the demographic, therapeutics, and genetics of breast cancer in Pakistan. The precise evaluation of age-specific breast cancer incidence will augment proper planning and execution of screening and awareness programs in the community and provision of therapeutic services at district levels.

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