



BREAST CANCER SCREENING IN INDIA –WHERE WE STAND?

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The incidence of carcinoma in developing nations is increasing. The cancer once thought of because the downside of affluent nations has currently unmovable firmly in developing nations like India. The figure ranges from 20-30% all cancer cases among ladies in India. The most recent statistics concludes that Breast cancer has surpassed cervical cancer, which was the most common Gynecological cancer in India. This problem is because of the lack of awareness and lack of robust screening in India. Our ladies reside within the world with the most important variety of health issues and with the smallest number of solutions. During this prospect, many queries arise:

This article highlights the status of Breast cancer screening programme and the controversies associated with it things with the informative notion in accord to Indian situation.

Indian ladies are less seemingly to develop carcinoma as compared to their western counter half. Early carcinoma constitutes 30% of the carcinoma cases reported from different part of India in comparison to 60-70% of cases in developed world [1]. More than 70% of the ladies present in late stage [1] that is the major reason behind the high rate of mortality among these patients [2]. Late presentation is because of factors like- apprehension, accessibility to proper health facilities, lack of awareness, lack of trained health care professionals and social-cultural attitudes.

A robust screening program needs important elements like, quality screening, high coverage, high rate of participation, and efficient and sound referral system for early diagnosis and treatment. This is more complex devastating than the cervical cancer-screening program.

There are various method of breast cancer screening i.e. Breast Self-Examination, Clinical Breast Examination, Mammography, Digital Breast Tomosynthesis and MRI. Breast Self-Examination and Clinical Breast Examination is no more a preferred modality as none of this modality have been shown to decreases the chances of death from Breast Cancer. There are many Breast cancer-screening guidelines and there is variation regarding age to start and frequency of mammography. Mammography is standard of choice for Breast cancer screening and advised in women more than 45 years of age. As per WHO report, usefulness of Mammography is more in women more than 55 years of age. Screening Mammography is not recommended after 75 years of age. In spite of the fact that BSE and CBE has no survival benefit, this is practiced and advocated in India in view of affordability and accessibility of imaging services.

Breast cancer screening program still need to answer many questions like mass screening vs opportunistic screening, cost

effectiveness and management of screen diagnosed Breast cancer patients. MRI appears to be more sensitive than mammography in detecting tumors in women with an inherited susceptibility to breast cancer.

Banking on success of screening programme in the western world, Government of India has embarked upon a national programme for Cancer screening. Though in infancy, but in future we can expect the rate of early breast cancer detection to go up. There is no well-structured cervical cancer screening program in India however there is some level of opportunistic screening. Once ladies approach medical facilities relating to their gynaecological problems, their gynaecologist usually goes for a PAP smear. However, there aren't any such national level structured or opportunistic screening programs for carcinoma of breast in India [2].

More often the disease is totally asymptomatic in early stage with a simple lump. Ladies belong to low socioeconomic strata, having low-income, and less education might not get care upon feeling a breast lump. This might be attributed to their unknowingness that what the lump represent, stigma of being rejected by the partner and the community, potential concern of loss of the breast, and also the major obstacle being the prevailing taboo of not discussing carcinoma of breast topic overtly, and disbelief of existence of any effective treatment for the disease [3].

Organized screening programme have showed a decrease in mortality in the Western world. Most commonly used tools globally for carcinoma of breast examination are radiological technique (Mammography), clinical breast examination (CBE), and breast self examination (BSE) [4]. Only Mammography has been shown to decrease the mortality related to Breast Cancer [5]. However the cost involved, availability of Radiologists, awkward method of performing the tests disqualify its use in countries like India [4]. Self Breast examination is associated with low sensitivity and specificity has been found to be the most affordable and possible approach in early detection and reduction of carcinoma of breast mortality in India and in other developing nations [6]. Studies from India recommended that Self Breast examination coupled with clinical Breast examination (CBE) may be used as a tool for screening. Mammography should be restricted to diagnostic imaging.

Healthcare professionals like general practitioners, ASHA workers and other paramedical staffs should be responsible the primary screening followed by proper and timely treatment at designated cancer centers. If their suspicion for the breast cancer arises, they will contact the specialist. Since ASHA are ladies from the same or close community, they will easily establish a rapport with the women. The policy of involving ASHA in carcinoma of breast screening program

may overcome variety of obstacles mainly confronted by ladies from the remote areas of the country. They may overcome the problem of shyness due to examination by a male doctor, ASHA may also overcome the purdah system, cultural beliefs, and custom barriers debarring these ladies from accessing the screening facility.

Studies have shown that involvement of trained community healthcare employees has increased compliance toward cervical cancer and carcinoma of breast screening among asymptomatic ladies in low-socioeconomic rural communities [7,8,9]. In future we can utilize the role of opportunistic screening in creating the awareness for organized screening at the primary healthcare level and training ladies for BSE. World Health Organization also stresses on promoting community awareness and boost the early diagnosis for ladies attending primary health facility for any other reasons [1]. This strategy may seem a straightforward approach, but this may save so many precious life that we are losing because of this menace. We all know that this strategy will not cure the cancer fully, however this might well be a promising way to decrease the burden of the cancer to a significant extent.

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