



Editorial

Controlling breast cancer in India - Balancing the pros and cons

Bagyam Raghavan¹

¹Department of Radiology and Imaging, Senior Consultant, Apollo Cancer Center, Teynampet, Chennai, India.



***Corresponding author:**
Bagyam Raghavan,
Department of Radiology and
Imaging, Senior Consultant,
Apollo Cancer Center,
Teynampet, Chennai, India.
drbagyam@gmail.com

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Breast cancer is the most common cancer among Indian females, with an incidence rate of 25.8% and a mortality rate of 12.7 per 100,000 women. In Indian women, the presentation is at a younger age, the cancer is more aggressive^[1] and diagnosis and management vary depending on affordability, the availability of local skills and equipment, and hence differs a lot from the Western data. One shoe might not fit all when we want to reduce the mortality and morbidity of breast cancer in a diverse economy like India, and various factors have to be taken into consideration.

HEALTH CARE INEQUALITIES

India, with respect to GDP, is a low- and middle-income country (LMIC). The public healthcare system cannot cater equally to the entire population. This can be addressed through structured public and private partnerships and the sharing of resources supported by NGOs and non-profit organizations. Screening of breast cancer in LMICs is typically opportunistic, and until at least 50% of late-stage diseases are downstaged to stage II, the focus should be on the timely diagnosis of symptomatic breast cancer rather than screening for asymptomatic disease.^[2]

PERSONALIZED MEDICINE—PATIENT’S PERSPECTIVE

Urban areas have a lot of resources, technological and professional know-how. It is not right to deny any woman who comes in at an early stage the benefits of breast conservation. However, a woman living in rural interiors, even with the early disease, may opt for mastectomy for logistical and financial reasons. Women must be apprised of their risk factors^[3] and they should have the option to get screening done either at a local private hospital or seek NGO support, depending on the affordability. The role of clinical breast examination^[4] and breast awareness through self-examination cannot be discounted or underestimated in LMICs.

TECHNOLOGY

We must use technology to our advantage. Sometimes a developing economy leapfrogs a technology, and in India, most of us are transitioning from film screen/analog systems to tomosynthesis. Portable handheld devices with a higher frequency for breast are getting very popular.^[5,6] Our road networks have improved, and mobile health vans can help in healthcare delivery. We should also harness the full potential of artificial intelligence (AI).^[7]

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ADOPTING GOOD PRACTICES

Academic bodies like Breast Imaging Society, India (BISI) and Association of Breast Surgeons of India (ABSI) have a huge responsibility in teaching and training medical professionals and sensitizing the public.^[4] Sound clinical practice will only come from good evidence-based trials and data from our population, and in the guise of cost-effectiveness, we should not adopt low-cost techniques that are not evidence-based.

Quality guidelines and bodies like National Accreditation Board for Hospitals and Healthcare Providers (NABH) can ensure that the quality of imaging and reporting is maintained. We must encourage public and private partnerships and shared resources^[8] to overcome the cost of maintaining quality.

With this in mind, Breast Imaging Society of India has started the Indian Journal of Breast Imaging. However, the larger goal of the journal is to get a 360 degree perspective of the disease, and we invite contributions from other related specialities, not just those that constitute the multi-disciplinary team (breast surgeons, medical oncologists, radiation oncologists, and breast pathologists) but also from epidemiologists, psychologists, gynecologists, technologists, counselors, nurses, health economists, and AI specialists, engineers, and geneticists, who also play an important part in the spectrum of breast health.

So let us unleash the power of knowledge to fight this disease!

REFERENCES

1. Malvia S, Bagadi SA, Dubey US, Saxena S. Epidemiology of breast cancer in Indian women. *Asia Pac J Clin Oncol* 2017;13: 289–295.
2. Yip CH. Downstaging is more important than screening for asymptomatic breast cancer. *The Lancet Global Health* 2019;7:e690–e691.
3. Salzburg Global Seminar. Salzburg statement on shared decision making. *BMJ* 2011;342:d1745.
4. Mishra GA, Pimple SA, Mittra I, Badwe RA. Screening for breast cancer: Cost-effective solutions for low- & middle-income countries. *Indian J Med Res* 2021;154:229–236.
5. Dan, Q, Zheng T, Liu L, Sun D, Chen Y. Ultrasound for breast cancer screening in resource-limited settings: current practice and future directions. *Cancers (Basel)* 2023;15:2112.
6. Sood R, Rositch AF, Shakoor D, Ambinder E, Pool KL, Pollack E, *et al.* Ultrasound for breast cancer detection globally: a systematic review and meta-analysis. *J Glob Oncol* 2019;5:1-17.
7. Zheng D, He X, Jing J. Overview of Artificial Intelligence in Breast Cancer Medical Imaging *J Clin Med* 2023;42:181–190.
8. Selvan CS, Sureka CS. Quality assurance and average glandular dose measurement in mammography units. *J Med Phys* 2017;42:181–190 (Overview of Artificial Intelligence in Breast Cancer Medical Imaging).

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