



## Editorial

# Why do we need a dedicated subspecialty journal?

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### Quick Response Code



The field of radiology has come a long way and has witnessed far more advancements in the last two decades than any other stream of medicine. The evolution of various technologies was the need of the hour, and their appropriate clinical translation has led to a change in the management strategies of many diseases. Breast imaging and intervention is one of the most sought-after subspecialties in today's era. This is because of the rise in the incidence of breast carcinoma, the increase in community awareness, and scientific evidence supporting the fact that early introduction of screening imaging modalities reduces mortality and morbidity. It has been established that each ethnicity has different genetic predispositions and risk factors for breast cancer and therefore, the main aim for any female breast evaluation is to rule out underlying malignancy as the cause of symptom. India faces major challenges due to delayed presentation in the form of advanced stages of cancer, lack of dedicated screening programs, limited availability of imaging modalities at peripheral levels, and affordability concerns at the patient level.<sup>[1]</sup> It is evident that the standard textbook outline of breast cancer in India differs significantly from what is observed in the Western population.<sup>[2]</sup> For instance, Indian women who have breast cancer are typically younger, premenopausal, and present at more advanced stages of the disease compared to their Western counterparts. This observation has been a crucial factor in compiling evidence and explore the gaps in the understanding of breast cancer in the Indian population. The absence of tailored guidelines and consensus for the Indian population and the lack of infrastructure further complicate breast screening imaging services. This leads to diverse societal impacts, with disparities in awareness, education, affordability, and accessibility.

Although we follow the guidelines introduced by the West as most of the large RCTs and research studies emerge from the screening population, the practitioners in India have come to realize that we need to find a path which can resolve our needs that are different from the rest of the world. For example, we have limited resources for preoperative lesion localization, and our study population predominantly includes females with large tumors undergoing neoadjuvant chemotherapy leading to complete clinical and radiological resolution. This is in contrast to nonpalpable screen-detected lesions in most literature. Similarly, we still have institutes and hospitals which utilize film-screen or analog cassette-based breast radiography. On the one hand, we have strata 1 or metropolitan cities which have all the advancements including full-field digital mammography (FFDM), contrast enhanced mammography (CEM), ultrafast or abbreviated MRI; on the other hand, we have peripheral centers which are still struggling to achieve 100% self-breast or clinical breast examination and thrive on community-based ultrasound (USG) clinics. In such scenarios, are we completely justified in advocating utility of CEM or abbreviated MRI in patient evaluation on a regular basis? Despite having so many opportunities in the form of breast radiology

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fellowships and observerships, most of the radiologists are still more comfortable with USG than MG and MRI. This makes one wonder if we should conduct more skill-based training programs in all modalities. It would be prudent to have literature review and research done in our communities comparing various modalities in the diagnostic population. This would not only change our perspective but also would encourage young minds to delve into skill enhancement.

The development of artificial intelligence (AI) and deep learning (DL) technologies offers promising tools to enhance diagnostic accuracy and efficiency in breast cancer care. However, the integration of these advancements into India's healthcare system may be impeded by the obstacles mentioned above. Indian radiologists confront significant hurdles in breast cancer care, including the need for standardized guidelines, addressing socioeconomic disparities, and incorporating advanced technologies into clinical practice.

The aim of this journal and editorial board is exactly this – to address and compile the multifaceted and multidisciplinary approach in breast diseases which could be translated clinically in our practice. Despite having so many journals

with breast imaging/diseases as a dedicated issue or section, the need of an Indian journal in this field has been breeding into the minds of all those who have been working in this field since the pre-FFDM era. Finally, the journal has been made available to all the residents and practitioners to present and showcase their work. We believe that sharing experiences and results would invoke new ideas focused on one problem and may lead to modifications or the creation of guidelines best suited to our citizenry.

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