

Breast cancer scenario in Indian Women

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1. Editorial

Breast cancer (BR CA) is the most frequently encountered cancer in females world wide accounting for nearly a quarter (25%) of all cancers with an estimated 1.67 million new cases diagnosed in 2012. Women from less developed countries have more number of cases (883 000 cases) when compared to more developed (794 000) regions[1]. In India, the age adjusted incidence rate of BR CA is lower (25.8 per 100 000) than developed countries like United Kingdom (95 per 100 000) however, the mortality rate is at par (12.7 vs 17.1 per 100 000) with United Kingdom[2]. The high mortality may be on account of diagnosis at an advanced stage of disease coupled with non availability of medical facilities.

The delay in getting health care by patients of BR CA increases the morbidity and mortality. In the recently conducted study in central part of India it has been shown that the most common cause why women had not sought health care earlier was that, they had not felt any pain in the breast lump. Incorrect initial diagnosis and/or late referral to clinical examination was the most common cause for diagnostic delay, while delay in treatment was mostly due to not affording the costs of the treatment [3,4]. It is our observation that the female population from rural areas do not know about significance of self inspection of breast and are unaware of breast cancer.

The survey carried out by Indian Council of Medical Research (ICMR) in the metropolitan cities during 1982 to 2005 has revealed that incidence of breast cancer has almost doubled [5]. It has been observed that Indian breast cancer patients are a decade younger in when compared to western women indicating that breast cancer occurs at a younger age.

age in India. This observation needs to be substantiated with multicentric epidemiological and demographic data obtained from various countries, including developed as well as not so developed and under developed nations.

Several studies have documented association of various risk factors with BRCA in Indian women. Household activities play an important role. The BR CA risk reduces with more time spent in household activities. Longer duration of Breast feeding as observed in Indian women is also one of the protective factor. The role of genetic factors in promoting breast cancer with inherited mutations in *BRCA1*, *BRCA2* genes are well studied in Indian as well as Western population. Occurrence of BRCA at younger age group needs further studies.

When we consider treatment of Breast cancer patients there is considerable difference in Metro cities like Mumbai, Delhi, Chennai and others, as opposed to facilities available in semi urban and rural area. You have oncology set up second to none in the world in some of the centres in metro cities. However, facilities like Immuno Histo Chemical (IHC) markers, which impact the post surgical management are hardly available in vast majority treatment centres in rural India. Similarly radio oncology units, services of onco surgeons and medical oncologists are not available.

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Poverty and Illiteracy is responsible for delay in seeking medical services. Health education programs need to be introduced with specific strategies so as to reduce patient delay for proper early diagnosis and treatment. Educating the populations with better health awareness specially emphasizing self examination of Breast and availability mammography screening within reachable distance are two important steps in the right direction.. There is a real and urgent need for implementation of nation-wide awareness programmes, involving multiple stakeholders of society and the health care system, to help improve breast cancer scenario in India.

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