

EDITORIAL

Empowering Adolescents against Breast Cancer

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One in nine Pakistani women may develop breast cancer at some point in their lives, making it the Asian country with the highest breast cancer incidence rate¹. There were 34,066 newly diagnosed instances of breast cancer in Pakistani women in 2018, per data from the Cancer Research Group International². The high mortality rate for breast cancer patients in the country is the result of a number of factors, including tardy referral to proper facilities and late diagnosis³. Different studies have concluded that early diagnosis is the key to curing cancer; if diagnosed early, patients have a greater likelihood of recovery and survival, and diagnosis at a later stage reduces the likelihood of survival. Therefore, it is crucial to stress the significance of early breast cancer detection and treatment^{4,6}.

Breast cancer rates have been shown to increase with age and the frequency of mammography screenings. Modern lifestyles, especially excessive alcohol consumption, have emerged as a major contributor to breast cancer, alongside age, family history, reproductive factors, and oestrogen^{7,8}. Assessment of factors associated with risk for cancer of the breast in Pakistani women is still under progress due to a shortage of facilities for advanced research, qualified oncologists, and absence of adequate reporting of case incidence⁹. One of the most comprehensive studies of its kind on cancer of the breast in Pakistani women found that BRCA1/BRCA2 genes contribute to the disease's precocious onset¹⁰. Several variables enhance the breast cancer risk in Pakistani women, including age, body weight, marital status, parity, birth control pills, mother-feeding, tobacco use, physical activity, and postmenopausal status¹¹.

In most middle-income nations like Pakistan, variables on both the patient and system levels contribute to delays in the early identification of breast cancer diagnosis¹². All of these variables lengthen the time it takes for a woman to seek care after she notices something out of the ordinary about her breasts and overall period it takes for her to receive a diagnosis and begin treatment¹³. Pakistani women face an increasing problem: late diagnosis of breast cancer due to a lack of health knowledge. The many myths and misunderstandings regarding breast cancer in our society are not being effectively countered by a lack of comprehensive breast cancer education for girls at the school and college level¹⁴.

Women are less inclined to visit male doctors because they view their breasts as a private part of their body¹⁵. Half of Pakistani women spent time on ineffective alternative treatments, few percent ignored painless lumps and delayed seeking help because they viewed the breast as a private part of their body, so due to the stigma associated with discussing such a personal body part, women are less likely to seek medical attention from male doctors¹⁶.

To encourage women to get regular breast exams for any changes, educational materials should be adapted to account for cultural, religious, and social beliefs about the topic¹⁷. Downstaging tumours and reducing mortality can be achieved with the help of a clinical breast exam. Predicting future patterns for initial presentation and self-examination in women requires the adoption of multiple-integrated metrics¹⁸.

Establishing a national cancer-registry database is urgently required to give precise prevalence of identified cases, rates of survival, and other associated metrics for improved management and successful planned policies. Access to breast cancer-specific

hospitals, female oncologists, nurses, genetic counseling centers, and textbook chapters on the disease must be prioritized, and government officials must make investments in cost-effective screening strategies to encourage down staging. While mammography and routine clinical examinations are typically recommended, self-examination is not typically required in American cancer prevention programs. Therefore, studies have shown that routine administration to women is beneficial. The practice of breast self-examination is justified as part of the health education program because it is clear that it can aid in increasing women's knowledge of the breast cancer issue.

The breast cancer awareness and self-examination rates among secondary school girls have increased thanks to the school health awareness program. Therefore, it is suggested that this program be made mandatory in all secondary and tertiary institutions catering to women nationwide.

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