

# Brief Comment on the Importance of Evaluating With Easy Indicators to Interpret the National Breast Cancer Prevention and Control Programs; With Priority in Developing Countries

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Volume 1 Issue 2

**Received Date:** October 10, 2017

**Published Date:** December 11, 2017

**DOI:** 10.23880/phoa-16000115

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Breast cancer is the most common cancer in women in both developed and developing countries. The incidence of breast cancer is increasing in the developing world due to longer life expectancy, increased urbanization and the adoption of Western lifestyles.

Although they reduce risk to a certain extent, prevention strategies cannot eliminate most cases of breast cancer in low-income countries, where the diagnosis of the disease is made at an advanced clinical stage.

Thus, very early detection is the cornerstone of breast cancer control, because its treatment is relatively simple, without high morbidity generated by the usually aggressive treatment of disseminated cancer with chemotherapy and radiotherapy.

Early detection strategies in low-income countries are the knowledge of the first signs and symptoms of women and health personnel to apply mass screening with clinical breast examination, because massive screening with mammography is highly expensive, in a long-term program. On the other hand, there is a double burden of cervical cancer and breast cancer, so the preventive care of women is with cost-effective and affordable interventions to deal with these highly preventable diseases.

This is why WHO promotes the control of breast cancer in the framework of national programs to fight against

cancer in women, but also integrating it in the prevention and control of non-communicable diseases. Impact of breast cancer as a public health problem. Breast cancer survival rates vary widely around the world, from 80% or more in North America, Sweden and Japan, to approximately 60% in middle-income countries, to less than 40% in low-income countries.

The low survival rates observed in underdeveloped countries are explained by the lack of early detection programs, with a high percentage of women who visit the doctor with the disease already very advanced, but also by the lack of adequate diagnostic and treatment services. In Mexico, we do not know how to survive because there is no epidemiological surveillance system that includes as a most important element the verbal autopsy of deaths to know the time elapsed between the diagnosis of cancer and death. On the other hand, the National Institute of Public Health, in an investigation of the national situation of breast cancer in Mexico, points out it as pressing because of the low coverage of early detection, and the identification of new cases indicates that only 10% of the patients identify in stage I [1-7].

The Mexican Institute of Social Security (IMSS) has a program for the early identification of breast cancer since 1969, which was organized to perform the clinical breast examination (NDE) performed by public health nurses with the indicator of performance of reaching 100% coverage in women from 25 to 69 years, is the last decades, coverage reached annually is 50%. As of 2004, it

began with the screening mammography; currently 30% of women are reached between the ages of 40 and 69 (white detection group).

The first indicator that should be evaluated in a national program for the early detection of breast cancer is the coverage of the group at high risk, the Mexico has defined the high risk group for women aged 40 and older. Due to the behavior of the result of the mammography study in thousands of women participating in the screening, it was identified that 5% obtained a result of BIRADS 0, 3, 4, 5, which are derived to the breast clinics of the second level of care. For its study with a protocol that is applied for the diagnosis of the abnormality identified by the screening mammography. Since these are apparently healthy patients, most of them, if they have a malignant lesion, are usually at an early stage.

The second indicator of the performance of the program is called the index of suspicion of screening with a mammogram that is constructed with the relation of patients with an abnormal result (BIRADS 0.3, 4, 5), of the total number of studies applied, which has been identified with a value of 5% as already stated based on the behavior after applying the mammogram to one million women. The following is patients with mammary pathology diagnosis of the total of women with a result abnormal mammography. Its behavior in general has been that only 1% has a positive result to cancer in the initial stage.

We consider these fundamental indicators to evaluate by unit of family medicine, by state IMSS delegation and at national level the behavior of them, in order to make supported decisions with the identification of the causes that motivate a low or abnormal behavior of the indicators, with the purpose of advancing the overall quality of the institutional program that aims to achieve coverage of more than 90% of women aged 40 and older with NDE, since there are nurses who perform 6 daily studies in 220 working days, with a system of institutional information that allows to evaluate each month the coverage of women, and to send to women a personalized invitation to their address, so that they can attend. And with the purpose of making a more efficient use of

detection mammography, apply it with high coverage to women in the at-risk group with added factors such as smoking, alcohol consumption, obesity, type 2 diabetes mellitus, and metabolic syndrome.

The work we will do throughout 2018 is to be able to evaluate each IMSS state delegation with these indicators so that all women who have already started a cancer precursor lesion or a micro invasive lesion, are treated with a higher probability of cure and better survival prognosis to 10 and 20 years.

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