



# Research Journal of Pharmaceutical, Biological and Chemical Sciences

## Breast Cancer in Chennai: Where Do We Stand and Where Do We Go? : A Mini Review article.

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### ABSTRACT

This is a review article looks into the actual scenario of the problem of breast cancer in Chennai. As the problem is on the rise, what is the level of the preparedness at our end to tackle the problem. The articles reviews the detection, diagnosis and treatment facilities , along with screening facilities and their ground reality. Awareness of the women from different walks of life regarding various issues of breast cancer and how to improve the present scenario.

**Keywords:** Breast cancer in Chennai, Awareness, Detection.

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## INTRODUCTION

Breast cancer scenario in Chennai city and suburb is reviewed in the last 20 years, in authors view. In terms of detection and awareness there is a very remarkable development and improvement. This does not corresponds with seeking medical help. Screening facilities and treatment facilities is not adequate for all walk of people uniformly.

### Detection

Imaging: USG available as a basic investigation in all health care providers both in private and Government sector.

Most of the primary, secondary care hospitals and diagnostic centers have only basic and little advanced equipments.

All the tertiary care institutions have high end well advanced machines.

Mammogram and Bone scans are available easily with in the city not so even in the periphery of the main city. CT and MRI are easily available.

Histo-Pathology: Even though plenty of centers available for FNAC, accurate interpretation is not improved. This is probably there is unproportionate growth of laboratories to the availability of experienced pathologist. Same applies to core needle and open biopsy.

### Screening

There is no organized screening program or protocol in Government or private sector with few exception. Most of the times patients themselves under-go tests in master health check-up available in private laboratories and imaging centers. This applies for both common populace as well as high risk group.

There is no proper and uniform protocol for high risk group, even many tertiary care hospitals.

### Awareness

Print media, Television, NGOs, Health care providers both Government and private create lot of awareness. This is not in Chennai alone, but all over the country. As for as awareness propagation, rate is high. All group of women irrespective of age, education, culture, religion and socio-economic status are well aware of the disease. Even though the awareness is created still when it comes for diagnosis and treatment, it is not uni-form in all the above sector of women.

### Treatment

Facilities for treatment is not in proportion to the population as well as detections. There is no uniform treatment protocol is followed in all sectors. No proper tumor register available. No professional association takes interest in forming a consensus protocol for diagnosis, surgery and follow up, even though it is available in all international forums. Need based, available expertise based protocols also not formed in individual hospitals.

### Certain Available Data

Few demographic statistics

Population

1990                      38.43 lakhs

2014                      4.7 million                      980 female per 1000 male



Literacy rate 80.4%  
Low socio-economic 8.2 lakhs

\*Trends in cancer incidence in India 1982 to 2010

Breast cancer accounts for **26.8%** of all cancers in women in Chennai.

1982 - 83, breast cancer accounted for about **20%** of all cancers in women in Chennai  
Presently, breast cancer accounts for **27%** of all cancers in women in Chennai.  
Death rate : 15.26%

\*Trends cancer incidence in India 1982 to 2010

\*Individual Registry Data: 1990-1996 Chennai

\*POPULATION BASED CANCER REGISTRY, CHENNAI Cancer Institute (WIA), Adyar, Chennai

### Diagnosis

Clinical	12.3%
Microscopic	0.1%
Imaging	84.4%
Others	3.2%

### **DISCUSSION [1-9]**

Awareness has been well propagated in the last two decades. Health education in all levels especially cancer breast has been well spread.

Government propagate through print and television media periodically. This is done in different methods (write-ups, Skit forms, small episodes, real life stories), both State and Center.

Private sector health care providers, small, medium, and corporate diagnostic centers to tertiary care hospitals widely publicize, the availability of screening facilities in their centers.

Literacy percentage has increased in the last two decades. Marked improvement in socio-economic status.

Incidence of breast cancer in much younger ages than in earlier period. Increases incidence in all age groups. Breast cancers in the young tend to be more aggressive than cancers in the older population, and survival in younger patients, especially in advanced stages, is lesser. This was present even in earlier decades, but still no concrete answer is found in any studies.

Rapid advance occurred in the investigatory modalities, from FNAC USG to PET-scan. Still patients present to doctors in advanced stages.

### **CONCLUSION**

Intensifying the breast cancer awareness among high-school and college level, so that it will get well imprinted in their mind. They will educate others whom they associate in their future.

Easy availability of diagnostic modalities to all women in all levels both private and Government according to their financial resources.

There must be a common management protocol according to the stage of the disease. This must be based on the available facilities in Chennai, diagnostic, therapeutic, follow-up. Should fall well with in the

international acceptance.

Medical economics should be worked up and it must be cost effective. Government must consider subsidizing the cost to socioeconomically poor patients.

Recent modalities of diagnostic and treatments must be made cost effective for all walks of patients.

More youngsters must be encouraged to engage in research in molecular biology, gene therapy and genetic engineering.

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