

World Congress on Breast Cancer

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The Association of Breast Surgeons of India, India

Indian breast cancer -The shifting paradigms and finding Indian solutions!!

Is Indian breast cancer different from its counterpart in the western world? This is a very often asked question in most Indian and International breast meetings. Cancer knows no boundaries and we are treating the same cancer but perhaps in a different environment and under different conditions. The issue is mostly about the western guidelines that usually these don't translate in to the same degree of success and yield the same kind of results as they do in the west.

Treating lumps rather than images!!

While the western world is now treating images, we are still dealing with large lumps and most Indian cancers are locally advanced at presentation. This may be attributed to various factors, the chief being lack of awareness. We often blame it on lack of screening programmes in our country, while screening has not been found to be the most cost effective method even in the west.

Indian breast cancer is younger than its western counter part??

The author and his team observed in a well conducted study in North Indian patients that there are two peaks of Indian breast cancer (one in the 40s and the other one in 60s) unlike in the west where the incidence keeps rising as the age advances reaching its peak in 60s. The younger patients are found to have a more aggressive cancer that usually presents with larger lumps and an advanced clinical stage. Most of these cancers are triple negative [i.e. ER, PR, HER-2Neu negative] and this subgroup is known to have an aggressive biological behavior with a poorer outcome. These patients also have a higher incidence of CYP-17, BRCA-I, II mutation risks.

Surgery –Are we doing too many mastectomies??

We are indeed performing more mastectomies than we need to with better understanding of the management of this multifaceted disease. There is no denying the fact that a well performed mastectomy offers 5 year survival rates of nearly 25 % on the operating table itself in a resectable cancer. There are however situations where it may be avoided and the breast may be conserved if we get an early cancer and there are facilities to offer radiations and chemotherapy. We are a nation of paradoxes, while at one end of the spectrum we have centers of excellence that may offer health care that is at par with the best in the world and we are actually struggling to provide primary health care to nearly 70% of our populations. Majority Indians still live in villages and small towns and a well- performed mastectomy still saves many lives. It is however, possible to adopt a middle path and select a suitable patient at a suitable center by a suitable team to offer breast conservation in a suitable scenario.

Biography

Chintamani is a Professor and Consultant at VM Medical College, Safdarjang Hospital New Delhi and he is President –Association of Breast Surgeons of India and Association of Surgeons of India -Delhi Chapter. He is the Editor-in-Chief Indian Journal of Surgery and Editor (Jt) Indian journal of Surgical oncology, besides being the Governing council member- Association of Surgeons of India. He has published more than 150 Scientific Papers in the International Journals and has authored more ten books in the field of oncology and surgery and has been a peer reviewer/Editorial Board member of more than a dozen scientific journals.