

Breast Cancer Control Can Vary Depending on the Stage of the Cancer

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Introduction

Breast cancer is one of the most common forms of cancer in women and represents a significant public health concern. In this article, we will discuss the costs, effects, and cost-effectiveness of breast cancer control. The costs of breast cancer control can be divided into direct and indirect costs. Direct costs include the costs of screening, diagnosis, treatment, and follow-up care. Indirect costs include the costs associated with lost productivity and disability. The costs of breast cancer control can vary depending on the stage of the cancer and the type of treatment required. The costs of breast cancer treatment can range from a few thousand dollars for early-stage breast cancer to over \$100,000 for advanced-stage breast cancer. The costs of breast cancer control are significant and can place a significant financial burden on patients and their families. The high costs of breast cancer treatment can also strain healthcare systems and limit access to care [1].

Description

Breast cancer control can have significant effects on patients, including physical, emotional, and social effects. The physical effects of breast cancer control can include pain, fatigue, and other side effects of treatment. The emotional effects of breast cancer control can include anxiety, depression, and stress. Breast cancer control can also have social effects, such as changes in social roles, relationships, and employment. Patients may experience social isolation and financial strain due to the costs of treatment and lost productivity. Breast cancer control can also have positive effects, including increased survival rates and improved quality of life for patients who receive timely and appropriate treatment. Cost-effectiveness analysis is a method used to compare the costs and effects of different interventions. In breast cancer control, cost-effectiveness analysis can be used to evaluate the cost-effectiveness of different screening, diagnosis, and treatment strategies [2].

Cost-effectiveness analysis can help policymakers and healthcare providers make informed decisions about breast cancer control by identifying interventions that provide the greatest benefit at the lowest cost. Several studies have evaluated the cost-effectiveness of breast cancer control interventions. For example, a study published in the Journal of the National Cancer Institute found that mammography screening every two years was cost-effective compared to no screening or annual screening. Another study published in the journal Cancer found that the use of adjuvant chemotherapy for early-stage breast cancer was cost-effective compared to no chemotherapy or chemotherapy for all patients. Cost-effectiveness analysis can also be used to evaluate the cost-effectiveness of different types of breast cancer treatment. For example, a study published in the Journal of Clinical Oncology found that the use of trastuzumab for HER2-positive breast cancer was cost-effective compared to no trastuzumab or trastuzumab for all patients [3].

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Breast cancer control is a significant public health concern that can have significant costs, effects, and cost-effectiveness implications. The costs of breast cancer control can be significant and place a financial burden on patients and healthcare systems. Breast cancer control can have significant physical, emotional, and social effects on patients, and cost-effectiveness analysis can be used to evaluate the most effective and cost-effective interventions. Policymakers and healthcare providers should consider the costs, effects, and cost-effectiveness of breast cancer control interventions when making decisions about screening, diagnosis, and treatment. By doing so, they can ensure that breast cancer control strategies provide the greatest benefit to patients at the lowest cost. Breast cancer is a major public health issue, affecting millions of women worldwide. It is estimated that in 2020, over 2 million women were diagnosed with breast cancer globally. The costs of treating breast cancer can be significant, both for the individual patient and for the healthcare system as a whole. In this article, we will discuss the costs, effects, and cost-effectiveness of breast cancer control [4].

The costs of breast cancer can be divided into two categories: direct and indirect costs. Direct costs include the costs of medical treatment, including surgery, chemotherapy, and radiation therapy. These costs can vary depending on the stage of the cancer and the treatment options chosen. Indirect costs include the costs of lost productivity, both for the patient and for their caregivers. Breast cancer treatment can be very expensive, and the costs can vary widely depending on the type and stage of the cancer, the treatment options chosen, and the healthcare system in which the patient is treated. In the United States, the average cost of breast cancer treatment can range from \$20,000 to over \$100,000, depending on the stage of the cancer and the treatment options chosen. The costs of breast cancer treatment are also significant in other countries, although they may be lower due to differences in healthcare systems and insurance coverage.

The effects of breast cancer can be significant and long-lasting. Breast cancer treatment can cause a range of physical and emotional side effects, including pain, fatigue, and depression. Treatment can also have a significant impact on a patient's quality of life, including their ability to work and participate in daily activities. Breast cancer can also have a significant impact on a patient's family and caregivers. The emotional and financial burden of caring for a loved one with breast cancer can be significant, and can affect the well-being and quality of life of the caregiver. In addition to the personal and social effects of breast cancer, there are also economic effects. The costs of breast cancer treatment can place a significant burden on healthcare systems and insurance companies, and can affect the availability and affordability of healthcare services for other patients.

The cost-effectiveness of breast cancer control refers to the value of the resources invested in breast cancer control programs, relative to the benefits that are achieved. Cost-effectiveness analysis is a method used to evaluate the costs and benefits of healthcare interventions, and to compare the cost-effectiveness of different treatment options [5]. Several studies have evaluated the cost-effectiveness of breast cancer control interventions, including mammography screening, breast cancer treatment, and breast cancer prevention. These studies have shown that breast cancer control interventions can be cost-effective, but the cost-effectiveness varies depending on the specific intervention and the population being treated. Mammography screening is a common breast cancer control intervention, and several studies have evaluated its cost-effectiveness. These studies have shown that mammography screening can be cost-effective, particularly for women aged 50-69, although the cost-effectiveness may be lower for younger or older women.

Conclusion

Breast cancer treatment can also be cost-effective, particularly for early-stage breast cancer. Studies have shown that early detection and treatment of breast cancer can reduce the costs of treatment and improve survival rates, making it a cost-effective intervention. Breast cancer prevention interventions, such as chemoprevention and prophylactic surgery, have also been evaluated for cost-effectiveness. These interventions can be cost-effective for women at high risk of developing breast cancer, although the cost-effectiveness may vary depending on the specific intervention and the population being treated. Breast cancer is a significant public health issue, with significant costs and effects. Breast cancer control interventions, including mammography screening, breast cancer treatment, and breast cancer prevention, can be cost-effective, but the cost-effectiveness varies depending on the specific intervention.

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Conflict of Interest

None.

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