

Breast Cancer and New Challenges in Iran: an Opinion Letter

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Submission: 📅 October 08, 2017; **Published:** 📅 November 06, 2017

Opinion

Iran as an upper middle income country is in an epidemiological transition period. This transition includes nutritional, life style, age pyramid and consequently disease pattern. Due to these gross transitions, we have a great deal with chronic diseases, including cancers. Breast cancer is one of five common cancers in Iran and accounts for 14.2% of all women's cancer. Around 10,000 new cases are registered each year. This disease is the primary cause of mortality among women aged 45–55 years.

It seems breast cancer occurs 10-12 years earlier than other countries. Median age of cancer is 49 years and (more than 30% of the patients are younger than 30 years). Tumors are often diagnosed in grade III and IV. On the other hand, when breast cancer is detected, it has reached advanced stages, which means more complicated treatment, higher costs and less success in treatment. Fortunately, over the past few years, increased consciousness has led to tumors being discovered in smaller sizes.

Although the incidence of breast cancer in Iran is lower than other countries such as Turkey and even the western countries, but as in other countries, the incidence of various types of cancer is on the rise and is expected to increase by 70 to 80 percent in the next two decades.

The mortality trends have fallen in the last decade, from 15 / 100000 to 10/ 100000. Five years survival rate is 70% and about 25% of it leads to death. This disease does not seem to have just one cause. Researchers have found that multiple factors together increase the risk of breast cancer. How different risk factors affect breast cancer cannot be fully understood. Some women are more at risk due to their genetic background, lifestyle habits and exposure to various factors during their lifetime.

Nowadays, in addition to the mentioned risk factors, other factors such as social issues (poverty, culture, access to services, housing) and environmental issues such as pollutants, ionizing radiation, are considered as possible factors.

Over the last few decades, there have been many changes and fluctuations in the social, economic and environmental situation,

including war, economic sanctions and psychological stress caused by these changes in our country.

The development of communication and the phenomenon of the "global village" have given people, access to information about Western lifestyles. Changes in nutrition, physical activity, the use of industrial foods instead of traditional foods can be due to these communications.

All of these factors, coupled with an increase in life expectancy, can justify the cancer's Tsunami. The main activities of the Ministry of Health are preventing, organizing national and regional campaigns and initiatives to raise public awareness about the risk factors and warning signs of cancer, so that people see the doctor with warning signs.

As a national guideline, it is recommended that breast self-exam (BSE) start at age 20 on a monthly basis. Additionally, the doctors will see people from the age of 20 until the age of 39 every 3 years. From the age of 40, the examination will be performed by the physician annually.

From the age of 40, women should be monitored and referred to mammography. At the age of 40, the first mammography will be performed and repeat every two years if it is normal, but repeat each year if there is a risk factor.

From equity point of view, the distribution of diagnostic resources is not fairly as 75 % of mammograms are located in 5 big cities and access to diagnostic services in small towns is limited.

In addition to the mentioned limitations, there is no a single protocol for treating and follow upping patients after diagnosis.

Since the disease has a high physical, psychological, social, and family disadvantage, and the quality of life of patients after the diagnosis and aggressive therapies is greatly reduced, it is essential to provide comprehensive supportive care after the end of the treatment course.

Comprehensive supportive care possibly will include psychological, emotional, physical rehabilitation and coping



support. It seems that, the structure of health system does not allow the provision of these services and for this very high burden disease; other approaches need to be considered.

Transdisciplinary approach makes it possible. In this model, individual effects and interaction of social, environmental,

behavioral, psychological and biological factors with each other will be considered for disease control. It is obvious that, it requires inter-sect oral cooperation between institutions and organization. It means for control of disease, all responsible component of community should be involved.