

The lack of breast cancer screening programmes (Mammograms) in Pakistan

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Madam, Breast cancer is one of the leading causes of cancer-related deaths amongst women in Pakistan and is also the most commonly diagnosed cancer among women in the country as well. With an age-standardised incidence rate of 34.6 per 100,000 women annually, Pakistan ranks among countries with the highest breast cancer burden in Asia.¹ While cancer screening programmes are pivotal in early detection yet public awareness and access to diagnostic services particularly in rural areas of Pakistan is often inadequate.

Pakistan's health system offers limited government-sponsored mammography-based annual screening programmes, a tool that is critical for early cancer discovery, better prognosis and significantly reduced mortality. Studies have shown that organized screening programmes reduce breast cancer mortality by 20–30% among women aged 50–69 years.² The deficiency of such programmes results in late-stage diagnoses and poor prognosis.

To bridge this void, Pakistan can launch a nationwide breast cancer screening programme that is implemented in phases. The primary phase i.e. phase Alpha should focus on major metropolitan areas with tertiary healthcare provision services. Phase 2 i.e. the beta phase may incorporate gradual expansion to rural regions using mobile mammography units followed by installation of permanent screening centres. Mobile units have proven successful in other low-resource countries for reaching underserved populations.³

A national cancer database would be extremely valuable if established to record and report the number of cases and policy decisions. Training programmes for radiologists and technicians will ensure proper interpretation of mammograms and improve diagnostic accuracy.⁴

It is crucial to legitimize the seriousness of breast cancer by creating public awareness. It can be achieved through by promoting mass media campaigns and utilizing community health workers to run programmes that guide

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and motivate women to partake in regular screenings. These efforts can be magnified by educational workshops. Furthermore, integrating breast cancer screening into existing primary healthcare services can make the programme more cost-effective and accessible.⁵

In order to bridge the resource gap that may be inevitable, a joint collaborative effort between private health purveyors and non-governmental organisations (NGO's) can be made which can help facilitate and guide the programme to its full potential. This Alliance and coordination can also assist in overcoming resource scarcity during the primary stages of the program. In order to lower breast cancer related fatalities which remains alarmingly prevalent in Pakistan, the development of Pakistan's national breast cancer screening programmes is of essence. It is essential that they are rational and in alliance with research driven and international guidelines. By leveraging existing resources, fostering public-private partnerships, and prioritising early detection, Pakistan can make significant strides toward improving women's health outcomes. The time to take affirmative steps is now.

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