LETTER TO THE EDITOR

Male Breast Cancers in Pakistan

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To the Editors,

Male breast cancers are uncommon to rare malignancies. In our article published in 2003 (Kayani et al., 2003), the 10 year (July 1991 to June 2001) data of the Aga Khan University Pathology Department, was reviewed to determine the frequency of male breast cancers. A total of 2,13,377 surgical specimens were registered during this period of which 53,012 specimens were breast cancers and only 51 (0.096%) of these were male breast cancers. Most of our patients at the time of diagnosis were in the sixth and seventh decade of life. The ages ranged from 33 to 82 years with a mean age of 56.2 years. The symptomology was breast lump (43.13%), skin ulceration (9.80%), gynecomastia (3.92%) and nipple discharge (1.96%). Intraductal carcinoma (IDC) was the predominant morphology (86.27%). Other morphological types included papillary carcinoma (5.88%), lobular carcinoma (1.96%), and undifferentiated malignancy (5.88%). The incidence of male breast cancer in Karachi South has increased marginally from 0.7 per 100,000 to 0.8 per 100000 in the last decade. Nowhere in Pakistan has the incidence to date gone beyond 0.1 per 100,000 population annually. No significant increase has been registered in the incidence (where available) or frequency of male breast cancer in any region of the country (Bhurgri et al., 2006).

The data of the Aga Khan University Cancer Surveillance has also not picked out any high risk region in any part of Pakistan, even the Northern part of the country through its immense pathology-based network which covers a large civilian population in Pakistan.

I am thus concerned that the high frequency of male breast cancers in an Army population of Pakistan as reported from the Armed Forces Institute of Pathology may have an occupational or environmental pathogenesis (Jamal et al., 2006). This institute predominantly gives medical cover to the armed forces and their families. Occupational risks of breast cancer include high temperature environments, exhaust fumes, electromagnetic fields, and ionizing radiation (Fentiman et al., 2006, Martynowicz et al., 2005, Ron et al., 2005) Given the statistically significant association between ionizing radiation and male breast cancer incidence, I would humbly suggest that the authors should recheck their data for validity. If the recheck confirms the results, then the high risk group and their workplaces should be screened for exposures to nuclear radiation and/or other likely occupational risks. It would be too simplistic to brush aside this male breast cancer epidemic, developing after 1994 (Jamal et al 1994) as a complication of viral hepatitis and chronic liver diseases. These diseases would be more prevalent in the unprotected civilian population rather then the Armed Forces, who we hope are well immunized.

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Yasmin Bhurgri

Karachi Cancer Registry