

LETTER to the EDITOR

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Breast Cancer Screening Strategies in Limited-Resource Countries

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Dear Editor

Breast cancer remains the most frequent malignancy in women worldwide, with nearly 3 million new cases annually. Early detection by effective screening programs significantly improves survival and reduces the cost of therapy. However, availability and utilization of such programs vary significantly, especially in low- and middle-income countries (LMICs), where the healthcare system is faced with an array of challenges [1].

Current screening procedures vary by age group. For women above 40 years, mammography is the population-based gold standard because it is highly sensitive to detect breast cancer. For women under 40, especially those who have dense breasts, ultrasound is a helpful screening tool, although the operator has the freedom. In older high-risk individuals, but also in all age groups, magnetic resonance imaging (MRI) is more sensitive, but its cost and availability most limit application. Breast self-examination (BSE) is also promoted as being less effective for awareness creation, yet it remains contentious whether it reduces mortality [2-4].

The financial burden of screening programs on the healthcare system is sufficient. Advanced imaging techniques such as mammography and MRI require significant investment in technology, maintenance for skilled personnel and resource-limit areas. As a result, LMICs are often unable to implement organized, massive screening initiative compared to high-income countries [5].

Breast cancer screening initiatives are hampered by constrained medical budgets, insufficient infrastructure, untrained staff, and sociocultural constraints in the developing countries. To overcome these, specific strategies are required. Utilization of cost-effective interventions such as BSE, clinical breast examination (CBE), and the targeted use of ultrasound in the high-risk group can optimize early detection under resource constraints. In addition, investment in the education of public health and the gradual infrastructure development remain crucial steps to increase screening coverage and reduce breast cancer mortality in these areas.

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