From the Desk of the Editor

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Published online: 15 August 2018

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Worldwide breast cancer is the most frequent cancer in women and also a leading cause of cancer-related deaths in women. India is not different from the rest of the world and incidence of breast cancer is increasing as reported by the IARC and various cancer registries, while developed countries have witnessed a decrease in mortality rate of

breast cancer owing to various factors including effective implementation of screening programs and adoption of newer adjuvant treatments. Approximately half to two third of the breast cancer patients seek medical care in either locally advanced or metastatic disease which is quite opposite to the scenario of the developed world. We need to emphasize on the screening for breast cancer especially in high-risk groups and early detection of the disease. To achieve this goal, we need to make efforts at the various levels which incorporate various government agencies, NGOs, all the healthcare levels, and general public.

Over the years, breast cancer has undergone rapid changes in its understanding and various concepts. Latest innovations

and advancements in breast cancer have led to personalized treatment in place of stage directed treatment. Now, we consider triple negative breast cancer quite different from the luminal A and Her2 enriched variants. However, in spite of the rapid modifications of neoadjuvant or adjuvant treatment options, surgery remains in the center stage in all variants of breast cancer. Over the decades, we have moved from the radical to less radical and conservative surgical procedures with equal rates of survival and recurrence. Owing to late presentation of breast cancer patients in our country still, we need to perform mastectomies in majority of patients. Better response rates to neoadjuvant chemotherapy also help us to perform more breast conservation surgeries.

In recent decades, we have witnessed advancements and a lot of RCTs to guide the treatment strategies. These include the sequencing of the various treatment modalities, different regimens of chemotherapy, various combinations with targeted therapies, and duration of hormonal treatment, etc. A number of genetic testing models have been developed to decide upon the adjuvant treatments in select group of patients. However, we need to be careful keeping in mind our patient population and their needs before modification of treatment based upon western data and their studies. To achieve this goal, we need to generate our own data based upon multi-institutional collaborations and their vast experience.

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