

DISCUSSION

ДИСКУСИЯ

BREAST CANCER IN BULGARIA – A GROWING CONCERN?

V. Modesto dos Santos

Internal Medicine Department of Armed Forces Hospital and Catholic University, Brasilia-DF, Brazil

РАКЪТ НА ГЪРДАТА В БЪЛГАРИЯ – ВСЕ ПО-ГОЛЯМ ПРОБЛЕМ

Breast cancer represents a social and economic burden in lower-middle-income economies. The mortality rate of the commonest (26.4%) cancer in women has been unchanged, but the annual incidence of this malignancy has increased both in Bulgaria (1.8%) and in Brazil [1-3]. This malignancy is uncommon before the age of 40 in these countries [1,2]. The global incidence increases with age up to 234.3 per 100,000 in the group of 65-69 years; and Bulgarian patients have five-year survival (72.8%) lower than the industrialized countries [2]. I read the recent article by Cherveniyakov et al. about the current problems related to the occurrence of local relapse in surgical treatment of breast cancer in 24 Bulgarian women [1]. The patients, with mean age of 53 years, underwent modified radical mastectomies (54%) or sector resections and quadrantectomy (46%); and 71% of tumors were in the right breast [1]. Worthy of note, 86% of patients of the study were diagnosed with invasive ductal cancer [1]. The authors observed that local relapses were more frequent in the first five years after surgical treatment of primary tumor against performed preoperative neoadjuvant therapy and postoperative adjuvant radiotherapy and hormonal therapy. Local relapses developed in 48% of patients submitted to organ-sparing surgeries, and there was significant lower frequency (3.2%) after modified radical surgery and in absence of axillary lymph node metastases [1]. They also emphasized the prevalence of local relapses related to: inadequate interpretation of routine imaging studies and lack of more sophisticated imaging resources; inobservance of ablative and antiablative procedures during surgery; late diagnoses associated with conspicuous size of the tumor mass; invasive ductal carcinoma pattern; hormone receptors and HER2 status, patient immunobiological condition, additionally to distant metastases [1]. The study confirmed the surgical treatment of breast cancer, including

distant metastases, as the first step of management, followed by radiotherapy, chemotherapy and hormonal therapy. Based on the summary of product characteristics and clinical trials, Vekov et al. focused the efficacy and cost effectiveness of oncological drug therapy for breast cancer in Bulgaria [2]. Their study emphasized the current situation of high costs of cancer therapies, and the economic burden of the increasing number of Bulgarian women with breast carcinoma [2]. The authors suggested adjustments to the medical standards for systemic drug treatment issued by the Bulgarian Oncological Society through the national consensus decision on 2015 [2]. Similarly to Bulgarian data, ductal carcinomas are 80% of Brazilian invasive tumors [3]. In this setting, I would like to add comments about the role of inadequate attitudes of some Brazilian patients, and the occurrence of far advanced breast cancer at diagnosis, accounting for poor outcome – psychological and socioeconomic status, ethnicity, cultural beliefs, lack of healthcare, limited knowledge and misconceptions, fatalism attitudes, fear of mastectomy [3]. Self-examination of breast among college going girls, and early detection and prompt treatment must be emphasized; the psychosocial, economic, ethnic, religious, emotional and cultural barriers to pre-vention of this cancer must be minimized in low-income countries [3].

REFERENCES

1. Cherveniyakov P, Vassilev G, Cherveniyakov A, Mladenov A, Gemedzhiev D. Organ-sparing surgical treatment in relapse of carcinoma mammae. *Bulg Med J.* 2015;9 (3): 52-9.
2. Vekov T, Lebanova H, Grigorov E. Pharmacotherapeutic recommendations for application of target oncological drug therapies for treatment of breast cancer in Bulgaria – therapeutic efficacy and cost effectiveness. *JBUON.* 2015; 20 (6): 1420-5.
3. Santos VM, Miranda REC, Souza DWS, Camilo AGO, Pinto MPAP. Advanced breast cancer at diagnosis: role of patients' inadequate attitudes. *Bras Med.* 2012; 49 (2): 135-7.

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Address for correspondence: Prof. Vitorino M. Santos. Estrada do Contorno do Bosque s/n, Cruzeiro Novo, Zip Code: 70630-900, Brasilia-DF, Brazil. Telephone: #55-61 39662103, fax: #55-61 32331599. e-mail: vitorinomodesto@gmail.com