

BREAST HEALTHCARE IN INDIA: TIME FOR A PARADIGM SHIFT

P Raghu Ram Director and Consultant Oncoplastic Breast Surgeon
KIMS-Ushalakshmi Centre for Breast Diseases,
Krishna Institute of Medical Sciences, Hyderabad, India



A decade ago I was all set to spend the rest of my professional life as an oncoplastic breast surgeon in the UK. Fate, however, had other intentions for me: my mother was diagnosed with early breast cancer in 2002.

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While making enquiries for my mother's treatment in India, I discovered some startling facts about breast healthcare. Although surgical oncologists are involved in the management of breast cancer, both benign and malignant breast disease in India are still largely managed by general surgeons and breast surgery is not a recognised subspecialty. The concept of breast centres is in its infancy and there are very few dedicated breast surgeons. Equally, there is very little effort directed at educating people about the importance of early detection of breast cancer and counselling patients is not considered to be an important component of breast cancer care.

While there are a few cancer centres offering care on a par with the best centres across the world, by and large cancer care in India is a lottery, with some getting excellent care and most not. There is a huge variation in the survival rates of patients with breast cancer across the country.

The unexpected diagnosis of breast cancer to someone so close to me, coupled with my sudden cognisance of the current state of breast cancer care in India, became a turning point in my life. I came to the conclusion that dedicating the rest of my professional career to improving the delivery of breast healthcare in my motherland would give me far greater satisfaction than being part of an established healthcare system in the UK. I returned to India with a vision and a mission.

My goals in India were:

1. to establish a dedicated centre for breast health; and
2. to establish a breast cancer foundation.

Establishing a dedicated centre for breast health

In January 2008 I established, in a 300-bed private hospital called the Krishna Institute of Medical Sciences (KIMS), the Indian subcontinent's first free-standing purpose-built and comprehensive centre for breast health. To honour my mother's struggle against breast cancer, the centre bears her name: the KIMS-Ushalakshmi Centre for Breast Diseases. Over the past three years the dedicated breast centre at KIMS has made a significant and meaningful difference to the lives of many people affected by breast cancer or breast health concerns, through the provision of high-quality, innovative and cutting-edge technology. Clinical assessment, breast imaging and needle biopsy are all performed in a setting that is dedicated to the management of all types of breast disease, both benign and malignant.

Establishing a breast cancer foundation

Lack of awareness is one of the main reasons for the high breast cancer mortality rate in India. With a mission to educate women about the importance of breast awareness and to underline the benefits of early detection of breast cancer, the Ushalakshmi Breast Cancer Foundation (UBF) was established. The mission statement of the foundation is 'empowering women, impacting life'.

Established in September 2007, the UBF has worked hard to empower people from all walks of life through the provision of responsive education outreach services across Andhra Pradesh. In collaboration with Breast Cancer Care (the largest breast healthcare provider in the UK), the UBF has printed and distributed 100,000 booklets that aim to counsel, guide and educate women about every aspect of breast disease in simple, easy-to-understand language. This material is available on the foundation's website (www.ubf.org.in).

Many famous breast cancer survivors from India and abroad have lent their support to a number of unique and inspiring breast cancer awareness events arranged by UBF. I have contributed numerous articles to newspapers in Andhra Pradesh and have frequently appeared on television programmes to educate people on issues relating to breast health.

Over the past three years both the UBF and the dedicated breast centre at KIMS have been working with a missionary zeal at conducting free breast cancer screening for women below the poverty line. Some 1,600 women underwent free screening mammograms under the auspices of the UBF.

Early detection of breast cancer: an Indian solution to Indian problems

Breast cancer has overtaken cervical cancer to become the most common form of cancer affecting women in urban India. According to statistics from the Indian Council of Medical Research, 100,000 new cases of breast cancer are diagnosed each year in India. This is only the tip of the iceberg as many incidences are not reported to the cancer registry. What is more alarming is the fact that breast cancer is increasingly being diagnosed in young people – up to a decade younger, compared with western countries.

There is no organised, population-based breast screening programme in the country and according to statistics from the World Health Organization, fewer than 5% of women between 50 and 69

underwent breast screening by mammography in India between 2000 and 2003. As a result, more than 50% of breast cancers present in an advanced stage and the death rate is very high.

Although introduction of an organised, population-based breast screening programme using mammography is the best proven way of detecting cancers in the impalpable stage, it is not a viable option for mass screening in India owing to the enormous costs involved and the huge variation in mammographic reporting.

Clinical breast examination (CBE), where trained healthcare workers examine the breasts of women aged between 40 and 65, is a relatively simple and inexpensive screening tool and there is circumstantial evidence to show that CBE may be a viable option as a screening tool for a country like India. There is an ongoing large randomised controlled trial being conducted in Mumbai to evaluate the efficacy of CBE as a mass screening tool. Although CBE will not be able to detect very small tumours that can be seen only on mammography, it still has the potential to downstage the cancer and thereby reduce mortality from this disease. More importantly, CBE presents an excellent opportunity for healthcare providers to educate women about the importance of early detection of breast cancer. The UBF has partnered with the

government of Andhra Pradesh in initiating CBE within the community and this joint initiative will commence in 2011.

A dedicated breast surgical society in India – the start of a new era

In many developed countries across the world the concept of organ-based specialists has been firmly established. Breast surgery is now a recognised subspecialty of general surgery abroad with structured training for designated breast surgeons. The American Society of Breast Surgeons (the largest society of breast surgeons in the world) and the Association of Breast Surgery in the UK are examples of dedicated breast surgical societies that have evolved worldwide over the past ten years.

My proposal to establish the Association of Breast Surgeons of India (ABSI) was seconded by surgeons practising breast surgery from across the country and the newly formed society has the approval of Association of Surgeons of India – the largest surgical association in the Indian subcontinent, representing 15,000 surgeons.

The ABSI (www.absi.in) has been operational since 27 March 2011 and represents general surgeons, surgical oncologists and plastic surgeons who treat patients with breast disease. It is committed to improving the art and



Addressing the first ABSI general body meeting. L-r: Dr P Raghu Ram, Founder and Honorary Secretary of the ABSI; Dr Karwarra, Vice-President of the ABSI; Dr Devender Patel, Founder and President of the ABSI; and Dr Chintamani, President Elect of the ABSI.

science of breast surgery by serving as an advocate for surgeons who seek excellence in the care of patients with breast disease. The association provides a forum for exchange of ideas by promoting education and research in collaboration with similar associations across the world. Over time, the ABSI will endeavour to develop breast surgery as a subspecialty in India.

Conclusion

Having set out to dedicate the rest of my professional life to improving the delivery of breast healthcare in India, the first three years of my homecoming have been rewarding and I will cherish the experiences I have had.

Although screening mammography is the best proven technique at reducing mortality from breast cancer, it may not be a viable method for mass screening in India. It is vitally important to explore ways of finding an Indian solution to Indian problems. The joint initiative of the UBF with the government of Andhra Pradesh will, I hope, help establish CBE as a breast cancer screening tool in the community.



3,000 people participate in the 2010 Pink Ribbon Walk, organised by the UBF to raise awareness about breast cancer

There is a need for a paradigm shift in the management of breast cancer and breast healthcare in India. The concept of breast specialists and the subspecialty of breast surgery are bound to improve the delivery of breast healthcare in India. The formation of the Association of Breast

Surgeons of India is a first step in this direction.

For more information on the KIMS-Ushalakshmi Centre for Breast Diseases visit www.breastcancerindia.org.

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http://www.rcseng.ac.uk/education/courses/emergency_skills.html

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<http://www.rcseng.ac.uk/education/courses/vascular-access-for-dialysis>

Fee: £850