

Transforming Breast Cancer Care: Overcoming Rural Challenges in Pakistan

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Dear Editor,

Oncology covers a vast array of modern scientific knowledge, including Breast Cancer (BC) as an everlasting topic of interest. Pakistan has one of the highest rates of BC in Asia, accompanied by a correspondingly high mortality rate, with 90,000 new cases emerging and resulting in 40,000 deaths annually.¹ While it occurs in women all over Pakistan, those in rural areas face more challenges in receiving quality healthcare. Financial limitations, geographical remoteness, and deep-rooted socio-cultural norms combine to create a complex web of challenges.

Rural Pakistan (80% of Pakistan's population)¹ predominantly characterized by a low socio-economic status and literacy rates, is often deprived of quality education. This results in a pervasive lack of awareness among the rural population regarding breast cancer, with 84.2% women having no prior knowledge.^{1,2} Due to financial and geographical challenges, people often choose not to allocate their limited resources towards breast cancer treatment, even when diagnosed early.¹ The lack of adequate healthcare professionals, and screening and diagnostic services has been a significant contributor to mortality rates.³ Basic Health Units (BHU) in these areas often lack essential health infrastructure, such as mammography, compelling women to seek services in urban centers, which are frequently inaccessible and unaffordable. Consequently, 89% cases are diagnosed late, complicating treatment and reducing survival chances.⁴ Misconceptions about breast cancer as communicable and incurable, combined with cultural taboos around discussing breast health with male consultants, also

impede timely diagnosis and treatment access for women in these communities.⁴

To address these challenges, collaborative efforts of government and non-government bodies are crucial. The Ministry of National Health Services should launch awareness campaigns involving community leaders, religious authorities, and local influencers to educate about the importance of early detection and dispel myths surrounding BC. An increase in the budget for BC diagnosis and treatment would further boost these efforts. Initiatives by NGOs like Pink Ribbon¹ and Rehmat Medical Aid, such as free mobile mammography and diagnostic services, have successfully decreased costs, and corporate entities like Meezan Bank have programs to provide financial relief,⁵ yet rural awareness remains low. Training lady health workers in Clinical Breast Examinations and appointing female oncology specialists in BHU can improve healthcare quality in rural areas.

In conclusion, obstacles faced in rural Pakistan regarding awareness and treatment of breast cancer require combined efforts of both government and non-government personnel. Improving healthcare infrastructure, boosting awareness campaigns, and integrating cultural sensitivity can greatly enhance breast cancer patient outcomes nationwide.

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