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A multidisciplinary care plan and adherence to clinical practice guidelines are needed to improve breast cancer outcomes in Pakistan.

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Breast cancer is the most common cancer in females worldwide^[1,2]. 2.3 million women were diagnosed with breast cancer in 2022 and 670000 deaths occurred globally^[3]. Pakistan has the highest age-standardized incidence rate (ASIR) of breast cancer in Asian countries. Similarly, we can see a high mortality rate of breast cancer here^[4]. Survival figures vary widely between the high-income countries (HICs) and the low- and middle-income countries (LMICs). This gap in survival can be reduced by improving the breast cancer care standards in resource-limited settings^[1].

This is an era of technological development and the provision of precise and safe patient care. Our knowledge of disease pathogenesis and patient management approach has changed tremendously with recent scientific evidence so that we can now offer a more precise and predictable healthcare plan according to individual patient needs^[5]. In developed countries, we can see a multidisciplinary care plan offering individualized patient care as well as adherence to clinical practice guidelines (CPG) like NCCN, ASCO, and ESMO, that leads to better disease outcomes. Tremendous energies are directed to developing clinical practice guidelines as they have the potential to reduce unwarranted variation in practice and enhance the incorporation of research and evidence into clinical practice.

When it comes to cancer therapy, Pakistan lacks strategies and policies to combat it^[6]. Despite the availability of standard international guidelines, there continues a lack of adherence to standard guidelines and compliance in centers managing breast cancer in Pakistan^[7]. Non-adherence to CPG is associated with poor breast cancer outcomes as described in different Western studies as well as Singaporean and Malaysian studies^[1].

In Pakistan, different governmental and non-governmental organizations are working on facilitating the standardization of breast cancer care by establishing evidence-based treatment guidelines. In 2023 Society of Surgeons and Surgical Oncology Society of Pakistan established a cohesive committee of experts from surgical and medical oncology

, multiple disciplines from centers of excellence across Pakistan to develop clinical practice guidelines for breast cancer patients that meet the needs of our local population^[7].

Local and cultural variations exist between different countries and regions. Although it is a common perception that resource-stratified clinical guidelines developed by LMICs may detract from the standard of care in HICs, their objective is to provide patients with the same high level of care, within available resources that can be reasonably achieved. Therefore, adherence to a CPG that has been adapted and modified for LMICs may still be associated with better outcomes^[1]. However, there is a need for implementation and adherence to these guidelines as well as continuous updates of these guidelines consistent with current standards of international guidelines and local needs.

At one extreme we see patients at locally advanced and metastatic stages due to a lack of awareness and access to health care, clinical evaluation, diagnostic workup and staging, and provision of timely and optimum treatment; however, we can also see the increasing number of patients at stage 1 now. Year-wise data graphs show a slow upward trend for stage 1 breast cancer. The number of patients with stage 1 increased from 53 (0.64%) in 1994 to 847 (10.21%) in 2014^[4].

However, in most of the centers still, traditional mastectomy is offered, whether patients present at an early stage or late stage. Most of the surgeons are not trained in breast conservation or oncoplastic breast surgical techniques. Also, in most hospitals, there are non-existence of multidisciplinary team meetings to discuss the most suitable plan for the individual patient according to her stage and the body.

The high incidence and mortality of breast cancer and advanced presentation is an alarming situation in Pakistan. A National Cancer Control Programme (NCCP) is a mandatory requirement to confront this growing cancer crisis. A robust national investment to build up a well-planned infrastructure is the need of the time to deal with the rising and advanced

cancer situation. Rather than individual and fragmented efforts, breast cancer control strategies should be integrated into an overall nationwide comprehensive framework of an NCCP^[4]. There is a need to establish dedicated breast units in each big and small city where multidisciplinary case discussion and implementation of standard clinical practice guidelines are ensured. Also, small centers at the periphery should be brought in standard practices through workshops and seminars and standard CPGs should be circulated to the peripheral hospitals. Treating physicians and surgeons should be encouraged to participate in online academic discussions and physical training sessions to observe modern evidence-based practices.

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