
Preface

The rising incidence and disproportionately higher mortality resulting from breast and gynecological cancers in developing countries call for urgent healthcare intervention strategies aimed at dealing with and rectifying the existing disparity. Remarkably, there has been minimum allocation of funds in the national healthcare budgets of developing countries for programs for cancer control as well as such allocation in the aid from affluent nations to developing countries. Recently, however, there has been much needed recognition of the need to increase funding for noncommunicable diseases such as cancer, diabetes, and heart disease to reflect the changing patterns of disease incidence.

Cancer control programs in developing countries must be matched to resources available and the existing disease burden. Organized screening of the eligible population using mammography, for instance, as is practiced in developing countries for breast cancer screening is neither a feasible nor a desired option. There is no one-size-fits-all solution. It also must be noted that even within a low- or mid-resource country, the urban-based population may have access to higher quality cancer care than the majority of the population that is rural-based, so that even within a country, strategies adopted may vary depending upon the particular needs. This is particularly true in large densely populated countries such as India, China, and Brazil. In low resource settings, the challenges of competing healthcare priorities have to be overcome in order to focus on reducing cancer mortality in women. Methodologies that are proven to have passed the risk benefit analysis test must be adopted.

The vision of this text book is to promote integration of screening and early detection of breast and gynecological cancers utilizing cost-effective modalities that are more appropriate for implementation in developing countries. A single-visit approach for breast and cervical cancer screening and diagnosis is presented to improve compliance and as a cost-effective intervention to reduce mortality. The concept and project design of such an integrated strategy, delivered through a well-woman clinic setting, are discussed in detail. The effectiveness of such an approach must be validated by conducting large-scale observational studies so that national policies can be influenced to adopt such a program. It is important to have a robust system of treating screen positive cases that are diagnosed in such cancer screening programs, without which there will not be any impact on outcomes and mortality rates. Resources must be allocated for screening/early diagnosis programs as well as for effective treatment strategies and palliative care.

An international group of experts in the field of breast and gynecological cancer screening and early detection has contributed to a comprehensive review of the pathology, of tested and proven methods for screening and early diagnosis, and of training of healthcare professionals involved in screening and early diagnosis of these cancers. The cancer prevention group of the International Agency for Research on Cancer has contributed two excellent chapters on the disease burden and challenges faced in cancer control intervention programs in developing countries. Funding is a key challenge for implementation of programs aimed at cancer control; the roles of NGOs and philanthropy in this area are addressed, and an excellent review of cost effectiveness of screening strategies is presented. Cancer prevention is an important aspect in this strategy, and its role is discussed by the cancer prevention group of NCI. Also included is a chapter outlining future strategies for screening of breast cancer and prevention of cervical cancer.

I would like to thank the contributors for sharing their expertise, knowledge, and vast experience in the field of breast and gynecological cancer control and providing readers with a much needed resource with an array of topics that deals with cancers affecting women worldwide.

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