Dear Sir,

Thank you for the valuable feedback on the need for recognizing the pitfalls in breast cancer follow-up. However, the focus of this paper was on the advanced presentation at diagnosis. Indeed, this is just the tip of the iceberg as the whole continuum of care or journey of the breast cancer patients and poor survival outcomes remain a major challenge for the health care practitioner in the middle and low resource settings [1]. Although we do not have figures on the adherence rate of treatment for breast cancer recurrences, we have found in our hospital that non-adherence to chemotherapy for any indication was as high as 34 % [2].

Current national and international guidelines rely heavily on clinical grounds on the identification of breast cancer recurrences. Scheduled imaging or tumor markers for recurrences are not currently recommended as evidence shows a lack in improved survival of treatment of asymptomatic recurrences. With the availability of effective systemic therapies, little is known on the efficacy of treating asymptomatic recurrences.

The BCDE model in this publication [3] emerged as a model in the diagnosis setting in this publication. However, it may serve to guide interventions in ensuring timely treatments of breast recurrences. The model provides a framework i.e., ensuring adequate literacy in breast recurrences and its’ treatments, resources in terms of emotional coping, finances, and support and lastly identifying the roles patients play in making these treatment decisions.

Knowledge and information on recurrences may remain poor especially if educational programs have not been put into place especially in a linguistically and culturally hostile health system. Information of symptoms of recurrences as well as understanding the context of a new contralateral breast cancer and recurrence has to be educated to patients, as many return with large tumors of the contralateral breast [4].

Fear of recurrences was found to be the main unmet supportive care needs of women with breast cancer in my hospital [5]. Hence, emotional coping is important in ensuring the adherence to treatment of recurrences. This is especially challenging in low and middle-income countries due to the lack of specialist level care [6]. Financial coping is another major area where although effective treatments are available in the recurrence setting, the cost of multiple lines of chemotherapy and other therapies remain unreachable to a large segment of society.

Hitherto, besides exploratory research, there is an urgent need to design and evaluate interventions to mitigate this problem. We have developed a linguistically appropriate navigation and information video in our hospital to improve breast health literacy on their treatments after diagnosis of breast cancer as well as identifying recurrences in the survivorship period with the assistance of breast care nurses [7]. Furthermore, studies on impact of scheduled imaging and it’s uptake for early identification and treatment of asymptomatic recurrences in this era of effective systemic therapies are needed.

References


