

EDITORIAL

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Pink October: mammography breast cancer screening

Outubro rosa: mamografia como rastreamento para câncer de mama

Breast cancer is the most common malignant disease in women in developed and developing countries, and it is the second leading cause of death in this gender, surpassed only by lung cancer¹. Worldwide, it is estimated that deaths from breast cancer exceeded 500,000 in 2011, with about 1.7 million women diagnosed each year². In Brazil, the incidence was around 57 thousand new cases in 2014³. Breast cancer is responsible for the highest cancer mortality rate in Brazilian women, with around 10 (10 to 12) deaths for every 100,000 women. Its significant mortality occurs due to its high incidence and also because 60% of cases are discovered late⁴.

It is admitted that about 30% of cancer cases worldwide could be cured if patients had been diagnosed early. This thought is based on the evidence that advanced-stage breast cancers are more resistant to treatment, increasing the possibility of death, even with the most current treatments. On the other hand, most women with breast cancer could be cured if the diagnosis were made early⁵⁻¹².

Abnormal breast growth or lumps can be detected by routine self-examination, by visiting a breast specialist, and specifically by screening mammograms. Digital mammography is the most effective and cost-effective imaging test for the early detection of breast cancer. In most developed countries, mammography screening has become mandatory for women after a certain age as a routine check-up exam¹³⁻¹⁵.

Brazil does not have an organized tracking program, as it lacks an information system that stores the records of the entire target population, and a routine for monitoring these women using regional indicators. Although the mammography coverage in the country is low compared with the World Health Organization (WHO) recommendation, a difference occurs between this coverage and the number of diagnostic confirmation exams performed by the Unified Health System (SUS), despite the increased number of mammographies, influenced by the greater distribution of services offered, including supplementary ones, for its performance¹⁶.

The need for screening mammograms is es-

timated to cover 70% of the Brazilian population, considering the following parameters: 1% of the female population > 35 years old, 16% of women aged from 40 to 49 years, and 56% of women aged from 50 to 69 years. In Northeast Brazil, the incidence of breast cancer increased in all states, with emphasis on the annual percent change (APC) in the states of Piauí (APC = 9.7%, 95%CI 8.1 to 11.4; $p \leq 0.01$) and Paraíba (APC = 9.1%, 95%CI 7.0 to 11.3; $p \leq 0.01$)¹⁷.

Information on cancer screening is available in Brazil, particularly in the states of Minas Gerais, Espírito Santo, São Paulo, Santa Catarina, and Paraná, with low levels in the North, Northeast, and Midwest. The state of Rio de Janeiro stands out negatively, while an excess of mammograms was observed in some states, such as Rio Grande do Sul¹⁸⁻²².

Screening for early detection of breast cancer is essential to ensure timely treatment for women with this type of cancer, which is increasingly affecting this population in Brazil. The Pink October movement represents an opportunity for health managers and politicians to take responsibility and reduce the mortality from this disease.

The availability of human resources to operate the equipment and access to the recommended mammogram funded by the SUS are among the causes of insufficient breast cancer screening in several areas of Brazil. On the other hand, the use of film mammography available in public services has lower diagnostic accuracy than digital mammography; however, the characteristics of the tumors are similar between the two screening tools^{2,3} and may contribute with important information to mitigate this serious public health problem that afflicts the Brazilian people using timely treatments.

From an official point of view, the recommendations from the Ministry of Health for breast cancer screening in Brazil should be reported.

RECOMMENDATIONS FROM THE MINISTRY OF HEALTH FOR BREAST CANCER SCREENING²⁴

1. Against mammography screening in women un-

- der 50 years of age. (Strong recommendation: possible harms clearly outweigh possible benefits);
2. Recommends mammography screening in women aged between 50 and 59 years. (Weak recommendation: possible benefits and harms are likely similar);
 3. Recommends mammography screening in women aged between 60 and 69 years. (Weak recommendation: possible benefits probably outweigh possible harms);
 4. Against mammography screening in women aged from 70 to 74 years. (Weak recommendation: the balance between possible harms and benefits is uncertain);
 5. Against mammography screening in women aged 75 and over. (Strong recommendation: possible harms probably outweigh possible benefits);
 6. Recommends that screening in the recommended age groups be biennial. (Strong recommendation: the possible benefits probably outweigh the possible harms compared with periods shorter than biennial);
 7. Against teaching self-examination as a breast cancer screening method. (Weak recommendation: possible harms probably outweigh possible benefits);
 8. Clinical breast examination - Lack of recommendation: the balance between possible harms and benefits is uncertain;
 9. Magnetic nuclear resonance - Against breast cancer screening with magnetic resonance imaging in women, either alone or associated with mammography. (Strong recommendation: possible harms probably outweigh possible benefits);
 10. Against breast cancer screening with breast ultrasound, either alone or associated with mammography. (Strong recommendation: possible harms probably outweigh possible benefits);
 11. Against breast cancer screening with thermography, either alone or associated with mammography. (Strong recommendation: possible harms probably outweigh possible benefits);
 12. Against breast cancer screening with tomosynthesis, either alone or associated with conventional mammography. (Strong recommendation: the possible harms probably outweigh the possible benefits).

The purpose of the Pink October movement is to become a decisive action to better track this calamity that remains with low diagnostic detection and high lethality in Brazil, based on the implementation of Ordinance No. 59, of October 1, 2015, which makes public the decision to approve the national guidelines for early detection of breast cancer in the SUS24.

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