

## The Evolution of Breast Cancer Treatment in India: Lessons Learnt Over Three Decades

Breast cancer treatment in India has transformed over the last few decades with the paradigm changing from “Maximum Tolerable Treatment” to “Minimum Effective Treatment”. Better understanding of tumor biology, availability of more effective drugs, improved surgical techniques and precise radiation delivery have enabled us to personalize the treatment for individual patients and achieve “MORE” (better results) by doing “LESS” (de-escalating treatment).

In recent years, oncoplastic breast surgery (OPBS) along with increased use of neoadjuvant systemic therapy (NAST), especially in HER2 positive and triple negative tumors, has not only widened the scope of breast conservation surgery (BCS) but has also led to much improved cosmetic outcomes without compromising oncologic safety. Ever-increasing use of OPBS and NAST had mandated inter-disciplinary coordination & communication more than ever in the past in order to deliver precise treatment and optimize outcomes.

In a vast and diverse country like ours, we are unlikely to have public funded nationwide mammographic screening. Breast self-examination and opportunistic screening are two very important tools for earlier detection and knowledge on breast awareness needs wide dissemination.

Appropriate diagnostic workup, timely and accurate communication with colleagues, avoiding clinic-radio-

pathologic discordance, patient-centric shared decision-making, meticulous surgical planning and careful execution including judicious use of OPBS are the cornerstones of best practices in breast cancer surgery.

The traditional practice of the surgical decisions being made by the family members of the patient is slowly giving way to the women having their voice and say in decision-making process, a fact also being increasingly acknowledged and practiced by the medical fraternity. This, along with better availability of radiation facilities across geographies and shorter radiation protocols, have led to more breasts being saved. Nonetheless, a significant proportion of our patients still undergo mastectomy and by surgeons who are not skilled enough for doing a good modified radical mastectomy (MRM). This underscores the need for better training to equip surgeons at least with proper technique of MRM and preferably basics of BCS.

End of treatment does not signal the end of patient’s tryst with cancer as many ladies grapple with survivorship issues that have significant impact on their personal as well as professional lives. There is an urgent need to address them in an empathetic and compassionate manner. While cancer support groups across the country have been instrumental in bridging this gap to an extent, a lot more remains desired.

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