

Breast Cancer Screening in the 3rd World, Iran As an Example

As stressed earlier in last issues, mammography screening can prove to be not useful in breast cancer due to problems such as over-diagnosis or over-treatment, bearing in mind the socio-economic status of given country. Considering the previously discussed obstacles, early detection has to receive a greater deal of attention. In the western countries, due to better health infrastructures, social justice, economical status, public knowledge and education, the clinical feature of breast cancer is changed and, regarding these changes, mammography screening has become harmful. But in the third world and in Iran as an example. There are still plausible reason to take advantage of screening programs.

Now in my country, 40% of breast cancers are diagnosed as locally advanced as metastatic and probably intervention would be different with other western countries in our study design with cancer detection rate 1000% for the first round, 0.7/1000 for the second round and 0.5/1000 for the 3rd round of

screening mammography and recall state of 7%, 306%, 3.7% discount rate 3%, 5% and inflation rate 17% the cost effectiveness of mammography screening were analyzed. The eligible woman were 7.300,000 and screening could find 5110 new cases more than non-screening strategy.

The cost of mammography screening and elevation of abnormal finding in these women was 3,186,403,941 international \$(18trillion IRRS).

But the ICER (extra expenditure to achieve an extra quality) for the first round of mammography screening for 53% of the cancers was cost effective and for the second round it was not cost effective at all . For the 3rd round it was an inferior strategy. So we have worked on other strategies for early detection such as public education, public awareness, policy making and managers education, and health man power training for some kind of early detection not based on mammography. The goal would be to change the data of today status from locally advanced and metastatic to early stage.

Mohammad E. Akbari Professor of Surgical Onclogy Chairman & Editor in Chief