

Guest editorial

Breast cancer

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Breast cancer management has been described as 'a success story of our times' in the article on adjuvant therapy. There is plenty of evidence in this journal that that is the case. While international figures show a rise in the incidence of breast cancer, mortality continues to decline. There are many reasons for the decline. Those involved with screening will attribute it to the earlier presentation: over 60% of women in the USA present with disease confined to the breast. Those involved with treatment may attribute it to improved management. Most accept that the reasons are a mixture of both.

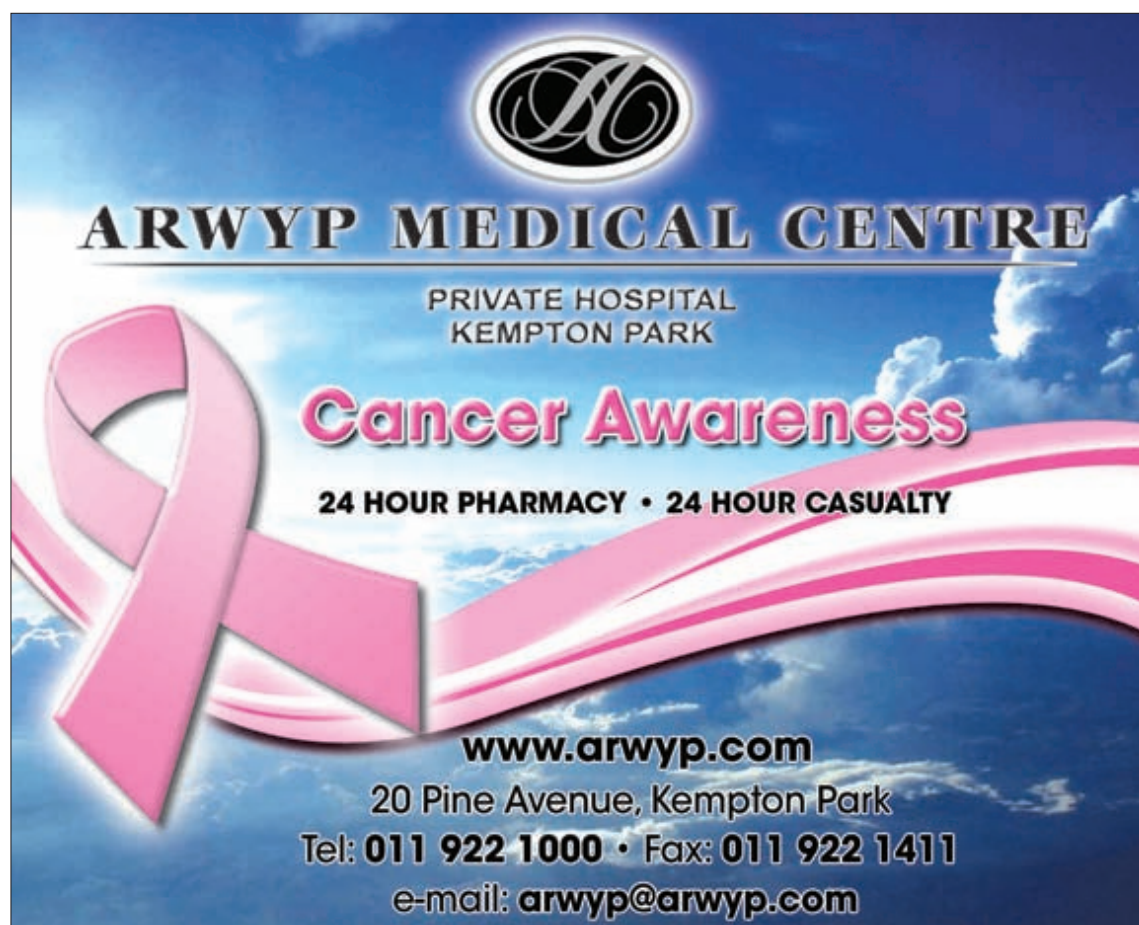
When we look at the situation in this country, the stage of disease at the time of presentation is much more advanced. We do not have accurate figures but data from the state hospitals suggest that 60% of women present with inoperable breast cancer. Why do women present so late?

The often heard arguments of fear, traditional healers and lack of education undoubtedly account for some of the late presentation,

but there is a paucity of data. Referral patterns are complex and change. Lack of transport and resources exacerbate the situation. Mammographic facilities are not available to many women in this country. HIV can alter patterns of presentation and co-morbidity, such as TB, and complicate diagnosis and management.

For women who have a choice and for those with early breast cancer, there are many treatment options. However, for those with no choice, the situation can be frustrating.

In this issue of *CME* we have tried to represent both sides of the health care available. The article on screening has been written from an African perspective, a section on HIV and breast cancer has been included and there are two articles looking at locally advanced and metastatic disease. On the other side, the articles on targeted therapy show where breast cancer management is heading.



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