

Barriers And Challenges In The Prevention, Treatment, And Rehabilitation Of Breast Cancer Patients

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Abstract

Breast cancer is the most common female cancer worldwide. This disease represents one of the main points of public health concern today, aggravating the situation due to the numerous barriers to preventing, treating, and rehabilitation patients affected by this health condition. In this way, this letter to the editor aims to discuss the barriers and challenges in preventing, treating, and rehabilitating breast cancer patients.

Keywords: Breast Neoplasm, breast malignant tumors, therapeutics, prophylaxis, quality of life.

Letter to Editor

Breast cancer is the most common female neoplasm worldwide, drastically reducing the patient's quality of life. In two decades, the number of individuals diagnosed with this pathology has practically doubled, from 10 million in 2000 to 19.3 million in 2020. Deaths also increased substantially, from 6.2 million in 2000 to 10 million in 2020 (WHO, 2021). Numerous barriers to patient's prevention, treatment, and habilitation (Jayasekera & Mandelblatt, 2020; WHO, 2021) put this pathology as one of the main points of public health concern nowadays. Considering the importance of stating and understanding the multifactorial complexity in the breast cancer patient's quality of life, this letter to the editor aims to discuss the barriers and challenges in the prevention, treatment, and rehabilitation of breast cancer patients.

Prevention involves reducing the disease's risks and acting on modifiable factors (Kashyap et al., 2022). Thus, the main prophylactic strategies are linked to changes in the habits of individuals, focusing on a healthier life, such as a less industrialized and more organic diet, the performance of physical activities, and the reduction or even the non-consumption of alcohol and cigarettes (Fagundo-Rivera et al., 2021).

However, most of the world's population does not adopt healthy attitudes due to the complexity of cultural, social, and economic factors. Most individuals cannot access organic and truly nutritious foods, mainly because of their high market value, demonstrating that the socioeconomic component affects prevention due to the marked inequalities of modern life (Di Meglio et al., 2021).

In addition, in the harsh daily routine, most people cannot set aside time to perform physical activities, having a habit of sedentary life, leading to the development of overweight. It is necessary to highlight

that many individuals with such attitudes may not consider the serious risks associated with these practices, which are deleterious to their health and may increase the chance of developing breast tumors (Grabinski & Brawley, 2022).

Cultural components strengthen these barriers since, in some societies, alcohol and cigarette consumption is typical, and these two factors are highly associated with developing malignant tumors (Di Meglio et al., 2021). In cultures where women - the most affected person by this type of cancer - have their freedom deprived and cannot access health services, not performing preventive examinations, they tend to have a higher risk of developing breast malignant tumors (Grabinski & Brawley, 2022).

Many people cannot even access dignified treatment, especially in countries where the health system is not public, depending on hospitals and philanthropic foundations, which are mostly overwhelmed (Kashyap et al., 2022; WHO, 2021). Another point is the populations that live in remote and less populated areas, sometimes forgotten by the State, not having health care. These issues affect not only hospital treatment but also the rehabilitation of patients (Vidt et al., 2022). Many cannot even follow the necessary protocol, which involves multiple factors such as diet, physiotherapy, use of medicines, and recurrent consultations with medical specialists until they are considered free of the disease (Di Meglio et al., 2021; WHO, 2021).

Thus, it is noticeable that even with the advances of medicine and other sciences in the treatment of this pathology in recent decades, there are still numerous factors that collaborate so that many barriers remain in the prevention, treatment, and also in rehabilitation of these individuals (Invernizzi et al., 2021). A much broader look is required at what is often considered only a public health problem but which hides issues that go much further and that are linked to the way society acts, its choices, its ills, and its countless differences (Vidt et al., 2022; WHO, 2021).

Another aspect is the barriers many people face in accessing cancer therapeutics; socioeconomic factors can further aggravate this problem. Most individuals in social and economic vulnerability situations cannot obtain quality treatment. Even though many countries offer a public health service, not all people can have access, and in addition, the treatment may not be efficient, either because of the lack of health supplies or because of the lack of a specific look at each patient, because the condition that affects one is not the same as that which affects another (WHO, 2021).

In this sense, health policies must stimulate from higher to lower state instances until the appropriate quality standards are reached world places, thus, increasing not only the initiative of scientific evidence production but also investing increasing resources and applications in using this evidence in real-time, thus, providing democratic possibilities to have a time-efficient diagnosis, treatment, and rehabilitation..

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