

From Stigma to Early Detection: A Call for a National Breast Cancer Screening Program in Pakistan

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EDITORIAL

Breast cancer represents a serious and growing public health crisis for women in Pakistan, which carries the highest incidence and mortality rates in Asia. Despite being the most prevalent cancer among women in the country, Pakistan has yet to implement an organised national breast cancer screening programme, a critical gap, since such a programme would facilitate detection at earlier and more manageable stages of the disease. This challenge is compounded by persistent social stigma around breast health, which discourages women from discussing symptoms openly and delays their entry into the clinical pathway (1). To reduce morbidity and mortality, there is an immediate need for policymakers to formulate and implement a comprehensive national screening policy.

Breast cancer has emerged as the most prevalent form of cancer in Pakistani women in recent years, contributing substantially to cancer-related mortality. The breast cancer burden in Pakistan is among the highest in Asia: the age-standardised incidence rate is estimated at 34.6 per 100,000 females annually, with approximately 90,000 new cases recorded each year (1). It is estimated that around 40,000 women die of breast cancer annually in Pakistan, a figure that underscores both the scale of the disease and the devastating consequences of late presentation and diagnosis (2).

Despite this alarming burden, Pakistan lacks a systematic, government-sponsored breast cancer screening framework, in sharp contrast to most high- and middle-income countries, which have established mandatory screening programmes (3). Pakistan currently relies on opportunistic screening or private-sector services, which are inaccessible to large segments of the population, particularly those in rural and underserved areas. The consequences of this gap are grave: the majority of patients are diagnosed at Stage II or beyond, at which point treatment is less effective, survival rates are lower, and costs are considerably higher (4). Countries that have introduced routine breast cancer screening programmes have demonstrated substantial reductions in age-standardised mortality compared to those without such systems (5).

Given the high incidence of breast cancer in Pakistan, the persistent failure to detect it in its earliest stages, and the cultural stigma that continues to delay care-seeking, the case for a national screening policy is both urgent and compelling. Such a policy would bring Pakistan in line with international best practices, increase early detection rates, reduce mortality, and lessen the physical and economic burden of breast cancer on families and the health system alike. Evidence consistently shows that preventive screening programmes substantially improve the likelihood of diagnosis at a treatable stage, leading to

better survival outcomes, reduced treatment intensity over time, and lower overall healthcare expenditure (6). What is required now is a concerted effort grounded in evidence, cultural sensitivity, and political commitment, to ensure that no woman in Pakistan is lost to the preventable consequences of late-stage breast cancer.

A national screening programme must be accompanied by the establishment of a national cancer registry as a complementary policy priority. Reliable and detailed data on incidence, stage at diagnosis, treatment outcomes, and mortality are essential for monitoring programme effectiveness, guiding resource allocation, and identifying high-burden communities. Cancer statistics in Pakistan are currently fragmented, with significant underreporting from rural and remote regions. A centralised registry would enable evidence-based policymaking, improve targeting of interventions, and provide the longitudinal data necessary to evaluate whether screening initiatives are translating into measurable improvements in survival.

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