



Mini Review
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Can Intra Operative Radiotherapy Treatment for Breast Cancer Challenge the Medical Cost?



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Concerns over the global increase of breast cancer burden coupled with the long term high cost incurred by the treatment of advanced disease and palliative care renders many women with suboptimal management especially in developing countries and countries of limited resources.

Emerging alarming reports indicate that 57% of cancer cases occur in low and middle income countries. 50%-90% of these underprivileged patients requiring radiotherapy are deprived from access to radiation facilities limiting the surgical options to liberal adoption of mastectomies. This is one of the mean reasons that deters women from seeking early medical advise [1]. The late presentation of the young women in their reproductive age is both disturbing and disruptive. Partial treatment contributes to advanced disease for potentially treatable cases [2].

The scarcity of breast cancer awareness programs coupled with the young age and delayed presentation further compounds the problem. These programs consist of poorly attended didactic lectures focused on early detection with no details on management [3,4].

The costs for cancer treatment are prohibitive, in the economically challenged developing countries many are deprived from cancer care. In the United States as the estimated costs of breast cancer treatment range from \$US20 000 to \$US100 000. Similar costs have been reported from the United Kingdom and other developed countries [5].

Early diagnosis of breast cancer management impacts positively on the overall costs as compared to advanced disease and palliative care [6].

Radiotherapy remains an integral adjuvant component in the treatment of segmental breast resections, yet, the number of Radiation Oncology centers and their geographical distribution is alarming. The underprivileged developing world takes the brunt of its inability to provide adequate centers to overcome the disease burden. Worldwide is scarce and mainly clustered in developed countries [7,8].

The introduction of this modern modality as an exclusive treatment or boost therapy for breast cancer is a breakthrough. It expected to provide a practical solution since it has proven to be a convenient and an efficient method of therapy suitable for conventional operating rooms.

It may aid to encourage early presentation in a subset of women who would resist disclosure and refuse treatment because of the limited surgical options. It may also encourage oncologists to utilize the option of Neo- adjuvant chemotherapy in order to propagate breast conserving surgery.

Conclusion

While developing countries and countries with limited resources remain disadvantaged by the scarcity of radiotherapy centers, IORT may offer an alternative solution for a selected subset of women with breast cancer. In addition, its introduction may have a positive impact on the early detection.

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