## **GUEST EDITORIAL**

## **Breast cancer**



The management of breast cancer requires a multidisciplinary approach in its broadest sense. In keeping with this ethos, the May edition of CME contains articles written by surgeons, oncologists, epidemiologists, nurses, physiotherapists, occupational therapists and patient advocates.

Ranked according to GDP (R7 500 per capita),<sup>[1,2]</sup> South Africa is classed as a middle-income country. Rated internally, however, its healthcare system is best envisaged as a mixture of elements of a highincome (HIC) and a low-income country (LIC).

A collaborative article gives an overview of breast cancer in LICs, while a study from Baragwanath Hospital, Soweto, Johannesburg, shows that >60% of women seen have stage 3 or 4 breast cancer at the time of diagnosis. These two articles illustrate the need for an edition of CME primarily devoted to the management of breast cancer in developing countries.

There are two articles that describe practical approaches to patients with locally advanced breast cancer. One is by Dr P Govender, an oncologist from Durban, and the other by Sister K Hill, a nurse from Christiaan Barnard Memorial Hospital, Cape Town. Initially, the plan was to combine the articles but they are fully complementary in their approach to the problem; therefore they are published as two separate articles. An article by Dr A Gudgeon discusses the management of the side-effects of systemic treatment.

Lymphoedema is a common complication of locally advanced breast cancer, which has received scant attention from the medical profession over the years. A collaborative article written by

lymphoedema therapists has also been included. Dr M Mutebi, a surgeon from Kenya, describes some of the stigmas that are still attached to the diagnosis of breast cancer.

Breast cancer features in the political discourse in many countries. Advocacy groups have lobbied to place it high on their governments' agendas. In South Africa, even though breast cancer is one of the most common causes of cancer mortality in women, it does not receive the recognition or the allocation of resources that it needs. A coalition of interested organisations was launched this year in an effort to redress the situation. Their founding statement in its early form is included.



Breast cancer mortality figures in South Africa must be improved, and this will only follow from a truly multidisciplinary approach by all healthcare and other practitioners. This month's edition of CME aims to highlight some of the important aspects concerning this disease.

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- 1. Statistics South Africa. South Africa GDP Growth Rate. http://www.tradingeconomics.com/southafrica/gdp-growth (accessed 23 March 2014).
- United Nations Industrial Development Organization 2014. The High-Level Conference of Middle-Income Countries, San José, Costa Rica, 12 14 June 2013. http://micconference.org/mic/list-of-mics (accessed 23 March 2014).

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