

Pink October Like No Other: When PINK Turns into Black

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In 1985, the American Cancer Society declared October as National Breast Cancer Awareness Month. In the same year, the incidence of breast cancer in females was estimated at 719,000 ranking it the first among all cause cancer in women [1]. Since then, it has increased to 2,261,419 cases in 2020 [2]. This raise in incidence is attributed to improved awareness which lead to increased screening. In addition, the 5-year survival rate improved from an estimated 74 percent in 1985 to 90 percent in 2017, a consequence of early detection and advances in treatment modalities [3,4].

Lebanon is no stranger to this worldwide trend. In previous years, during the months of October, November, and December a nationwide breast cancer screening campaign was led by the Ministry of Public Health and Non-Governmental Organizations (NGO) leading by example in the MENA area. The most recent breast cancer statistics in Lebanon date back to 2018 and showed that Lebanon had the sixth highest age-standardized incidence rate for breast cancer in the world, and the seventh highest breast cancer mortality rate. These numbers demonstrate the gravity of the disease burden and the need to promote awareness campaigns. Since 2002, the health ministry led yearly awareness programs that included national free mammograms through mobile clinics and public education with the help of regional municipalities. NGOs were a vital addition to the work of ministry of health especially in facilitating screening access in remote areas [5].

However, since 2019 Lebanon was subject to a series of overwhelming events from political turmoil to economic downfall, needless to mention the historical non-nuclear Beirut blast all of which had a devastating toll on the Lebanese health care system. Both the private and public health care sectors were equally affected by the ongoing economic crisis with some closing their doors temporarily, others shutting down wards, while others allocating their budgets to urgent and emergent medical needs. Thus, breast cancer screening which was previously a subsidized priority has become an expensive luxury. By the same token, the goal of the Lebanese population has drifted to maintaining basic daily life needs turning its back on screening, an unpremeditated intent.

Lebanon today is in the midst of witnessing its third mass exodus wave of emigration owing to the status quo with healthcare workers being a part of this wave; this includes laboratory technicians, physicians, and nurses. The situation is further aggravated by several laboratories and radiology centers permanently ending their services. To make things more complicated, Lebanon's health-care system depends on importing all diagnostic kits and laboratory material. With the devaluation of Lebanese Lira and absence of funds, such import and trade became nearly impossible. The road to breast cancer diagnosis has become difficult beginning with its starting point-the screening. The number of radiology centers has decreased across the country making mammograms and breast ul-

trasounds less accessible to women. Furthermore, the diagnostic procedures and investigations from breast biopsy to pathology has become challenging owing to the shortage of laboratory technicians, pathologists, and interventional radiologists. In addition, laboratories are lacking the necessary kits and stains; the immunohistochemistry studies for human epidermal growth factor receptor 2 (HER-2), estrogen receptor (ER), and progesterone receptor (PR) which are needed for guiding therapy are rarely available. Last but not least, breast cancer treatment became a challenge to the physicians and the patients themselves. Chemotherapy drugs, endocrine therapy, immunotherapy, antiemetics, analgesics, and granulocyte colony-stimulating factor (G-CSF) are also lacking from the market and if found are very expensive thus delaying treatment with a direct implication on the patients' well-being [6].

Benjamin Franklin once said, "An ounce of prevention is worth a pound of cure", however this is not the case with cancer screening tests as they are not aimed to prevent diseases. They aim for an early disease detection, allowing medical intervention before cancer progression thus improving survival and quality of life. In Lebanon, especially with the current situation at hand and financial cut-offs for screening campaigns, early breast cancer detection will falloff allowing for a surge in advanced and metastatic breast cancer cases. This in turn will add on the burden of the health care sector which is already struggling to provide treatment for the current patients.

This year hits differently in Lebanon. October that was once a month of hope and unity against breast cancer has withered away in light of the country's current circumstances. The hope of October's early detection is substituted with fear, uncertainty, and reluctance for screening. Lebanese women are no longer offered screening or treatment modalities, instead they are left alone with nothing but scarcities to build on.

Author's Contribution

Rebecca Badawi and Lina El Murr contributed equally to this manuscript.

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