Courage Against Breast Cancer

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Breast cancer is a main public health concern that affects both developed and developing countries. Worldwide, there is about 2.1 million newly diagnosed female breast cancer cases in 2018, accounting for almost 1 in 4 cancer cases among women. The disease is the most frequently diagnosed cancer in the vast majority of the countries and is also the leading cause of cancer death in over 100 countries[1].

Although hereditary and genetic factors, including a personal or family history of breast or ovarian cancer and inherited mutations (in BRCA1, BRCA2, and other breast cancer susceptibility genes), account for 5% to 10% of breast cancer cases, studies of migrants have shown that nonhereditary factors are the major drivers of the observed international and interethnic differences in incidence. Comparisons of low-risk populations migrating to high-risk populations have revealed that breast cancer incidence rates rise in successive generations. Elevated incidence rates in higher HDI countries are attributed to a higher prevalence of known risk factors, and the elevated incidence rates in transitioned countries are the consequence of a higher prevalence of known risk factors related to menstruation (early age at menarche, later age at menopause), reproduction (nulliparity, late age at first birth, and fewer children), exogenous hormone intake (oral contraceptive use and hormone replacement therapy), nutrition (alcohol intake), and anthropometry (greater weight, weight gain during adulthood, and body fat distribution); whereas breastfeeding and physical activity are known protective factors[2-3].

Knowledge is still limited about how geographic or temporal variations in rates relate to specific etiologic factors. Incidence rates of breast cancer have been rising for most countries in transition over the last decades, with some of the most rapid increases occurring where rates have been historically relatively low. These trends likely reflect a combination of demographic factors allied to social and economic development, including the postponement of childbearing and having fewer children, greater levels of obesity and physical inactivity, and increases in breast cancer screening and awareness. In several developed countries, including the United States, Canada, the United Kingdom, France, and Australia, the fall in incidence in the early 2000s was partly attributable to declines in the use of postmenopausal hormonal treatment after publication of the Women's Health Initiative trial linking postmenopausal hormone use to increased breast cancer risk, as first reported in the United States. The primary risk factors for breast cancer are not easily modifiable because they stem from prolonged, endogenous hormonal exposures, although prevention through the promotion of breastfeeding, particularly with longer duration, may be beneficial.

Breast Cancer among Lebanese women is in continuous rise across all age groups especially in younger age compared to Western countries. Alarmingly, Lebanon has one of the highest rates of breast cancer in younger age groups, with 1.5 cases per 100,000 occurring in the age group 20-24, in 2010 (Lebanese Ministry of Public Health, 2010). Lebanon has the highest reported worldwide age-specific rates for ages 35-49, second only to Israeli Jews in the age group 35-39. Almost half of the incident breast cancer cases occur in patients younger than 50 years[5]. In 2002, the Lebanese Ministry of Public Health (MoPH) initiated breast cancer awareness campaigns leading to a slight improvement in mammography usage. However, rates remained low and deferred by region with higher rates observed in Greater Beirut area. This could be due to fear, lack of knowledge, and logistic difficulty[6]. In a recent study by Doumit et al.6,(2018) regarding knowledge, Practice and attitudes of women towards breast cancer in Lebanon results revealed that 63.7% did BSE and among those few (17.4%) know how to do breast self-exam properly.

In September of 2015, LAU alumna Hiba Yazbeck Wehbe was diagnosed with Stage Two breast cancer at age 38. When she began telling friends and family about her diagnosis, nearly everyone she spoke to in Lebanon had a story: a sister, a mother, a friend who had also been diagnosed with breast cancer.

Hiba started doing research, and found that the carcinogenic chemicals that were found in her blood at diagnosis are most commonly found in people living in a war zone, or near a landfill. With a history of conflict in the region as well as the ongoing garbage crisis, Hiba realized that the rising rates of cancer among Lebanese women could only be fought with information. "I decided I wanted to do something positive out of what I was going through." She teamed up with Dr. Myrna Doumit, Associate Professor and Assistant Dean of Nursing at LAU, to create Courage to Fight Breast Cancer, an initiative specifically developed to share information and awareness to women in rural areas of Lebanon.

The program started by strategically partnering with the ministry of Public Health (MOPH) Primary Health Care department that has primary health care centers all over Lebanon. Also some activities were coordinated with municipalities and NGOs. The program's mission is to raise awareness among women living in rural areas mainly. The program took advantage that the MOPH is offering free mammography for a period of four months per year to all Lebanese women to encourage women who are 40 years and above to do mammography on yearly basis.

The program plans sessions all over Lebanon and in rural areas specifically. From Halba in the North to Markaba in the South, the C2 workshops have so far reached over 700 women across 17 communities to date including a "train the trainer" workshop for midwives. The encounter is usually around 60 min with a 45 min minutes of presentation using lay terminology and contextual examples to make the information culturally acceptable and easy to understand. Each session is followed by hands on practice for breast self-examination. In all conducted meetings almost majority of attendees reported that they do not practice BSE and a minimal number reported doing CBE. Many women expressed extreme fear from touching their breast. The majority of encountered women said that no one explained to them about breast self-examination (BSE). During every session we try to make every woman feel responsible for her own health through the use to of the Health Belief Model (HBM). Courage against breast cancer program is helping women break through dear and denial to get the information that they need.

In conclusion, we know that cultural taboos can make it difficult to talk about breast cancer in Lebanon. Courage against breast cancer is helping women break through fear and denial to get the information that they need.

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