

# 2400 New Breast Cancer Cases Each Year in Lebanon



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## Worldwide and Lebanon Statistics

Recent report from the World Health Organization WHO presented at “the Union International Contre le Cancer” (UICC) meeting in Kuala Lumpur, Malaysia, and published as GLOBOCAN 2018, estimated that the number of new cancer cases worldwide is 18.1 million in 2018. Estimates for various continents and countries were also published. For Lebanon, WHO estimated that in 2018 there will be 17,294 new cancer cases; which means that the Age Standardized Rate is 142 cases/100,000 people/year. Those numbers are certainly worrisome but they are not very accurate.

The Ministry of Public Health in Lebanon published data in 2007 and 2008 that there are 9000 new cancer cases in Lebanon. The increased numbers published by WHO are only estimates because we do not have a very accurate and updated Cancer Registry in Lebanon, and that the number includes all the cancer cases diagnosed in Lebanon including cases from Iraq and Syria, and also Lebanese patients who live outside Lebanon and come back to Lebanon for treatment when they get cancer.

**We estimate that the total number of cancer cases in Lebanon is about 12,000 cases per year.**

The WHO and the Ministry of Health reports that 35-40% of cases of women cancers are breast cancer. This is also our data from the American University of Beirut Medical Center.

We estimate for Lebanon that there is a total of 12,000 new cancer cases per year; 6000 in men and 6000 in women. The total number of breast cancer cases was 1700 cases in 2008, but nowadays we estimate that we have **2400 new breast cancer cases each year in Lebanon.**

## Causes of the increase in cancer cases in Lebanon

This increase is caused by several factors. Early detection increases the number of cases. We do have more and more women who have early detection of breast cancer because of the extensive awareness campaigns. We have been doing campaigns with the Ministry of Health, non-governmental organizations (NGO), Oncology Physicians, Lebanese Society of Medical Oncology, Hospitals and Universities and the Lebanese Breast Cancer Foundation. The increase in breast cancer cases is also due to the increase in the number of population and also the increase in the median age of people. Unhealthy diet that is rich in animal fats and meat, poor in vegetables and fruits is also responsible; lack of exercise and obesity, increased alcohol consumption, industrial and environmental pollution, radiation exposure and other unknown reasons, are responsible for the increase in cancer incidence worldwide, particularly in Lebanon. **Hereditary causes are responsible for 5-10% of all breast cancer cases.**

## Awareness Campaigns & Positive Effects

That was for bad news. However, we do have good news. The extensive awareness campaigns that we have been doing over the last 16 years have produced very good results. Locally, advanced breast cancer and metastatic breast cancer have decreased, and are now diagnosed only in one third of cases at presentation. Two thirds of the newly diagnosed cases in Lebanon are now early stages of breast cancer. We have statistics from the American University of Beirut, and also from Hotel Dieu Hospital, that 65% of the new cases in Lebanon are now stage I and stage II breast cancer.

## Advances in Breast Cancer Management in Lebanon

### Patients with Early Breast Cancer:

We have published statistics from the American University of Beirut that show that Stages 1 and 2 have very good treatment results, with more than 80-90% of them alive and well without recurrence after 5 and 10 years.

We also have published studies that show that we are doing more breast conserving surgery. We do more lumpectomy and partial mastectomy than total mastectomy. Nowadays in Lebanon we have advanced surgery and we do more sentinel lymph node biopsies.

We do not to remove all of the breast and we do not remove all the lymph nodes of the axilla when we have early breast cancer. This produces better quality of life and also less swelling of the arm, years after surgery. Also we have new genomics technology studies in early breast cancer that allow us to avoid chemotherapy in 50% of the patients. If the patient has no genomic score on the tumor, then we give her only adjuvant hormonal therapy and no chemotherapy.

After breast conserving surgery, the patients get radiation therapy and also they get hormonal therapy. Hormonal therapy is given for 5 years and more recently we give it for 10 years to prevent the cancer from returning. If the tumor is large at presentation, we may give the patient chemotherapy and targeted therapy to shrink the tumor and allow us to remove only part of the breast and not all of it.

**Patients with Advanced Disease:** For woman who have advanced disease there are lots of new treatments especially anti-HER2 targeted therapy and hormonal therapy with CDK4/6 inhibitors that produce significant improvement for patients with advanced breast cancer. Those drugs are very expensive and should be given according to international guidelines.

**Multidisciplinary management Tumor Boards:** At the American University of Beirut Medical Center, and



in several other hospitals in Lebanon, we hold weekly meetings where all the doctors who treat breast cancer, including surgeons, medical oncologists, radiation therapists, radiologists, pathologists, nurses, other specialists meet and discuss the new cases in order to make collective decisions for better treatment of patients.

## Screening and Early Detection Recommendations

The above important advances and positive results in Lebanon call for more early detection and better screening. We recommend that woman undergo breast self-examination every month, 7 days after the beginning of their menstrual period, or at the beginning of each month after the menopause.

Women should have Breast Clinical Examination at a doctor's office once every 3 years between 20 and 40 years of age and once a year after 40. Also, after 40, women should have a mammography every year. We recommend mammography every year as long as the woman is in good health and has more than 10 years expected lifespan.

In Europe and in the United States there have been some new changes, after the age of 55 the woman may be switched to mammography every 2 years if she has low risk factors.