



Early but Quality Diagnosis: On Breast Cancer and Its Risk Factors [Letter]

Syeda Sakina Zehra , Zoha Turabee, Mohadisa Asif Rawalia 

Karachi Medical and Dental College, Karachi, Pakistan

Correspondence: Syeda Sakina Zehra, Tel +92 3322609216, Email szehra362@gmail.com

Dear editor

We are writing to share our thoughts on the original research recently published by Berhane et al¹ It is an interesting article with a much-needed focus on reducing morbidity and mortality due to breast cancer by identifying important diagnostic targets.

While the authors addressed factors such as age at diagnosis, place of residence, and family history, they failed to investigate other major risk factors indicated in the introduction, such as blood group, reproductive characteristics, lifestyle, weight, alcohol consumption, and smoking. We emphasize the importance of conducting a thorough evaluation of all relevant risk factors to conduct a scientifically rigorous analysis and improve our understanding of breast cancer occurrence in the Ethiopian community.

The authors did not sufficiently explain the importance of the c.5946delT variation in the BRCA2 gene. They noted its link with breast cancer and its potential as an early diagnostic sign, but they did not go into detail about its functional impact on disease development. Understanding the molecular implications and mechanism of this variation is critical for determining its clinical significance, such as severe complications in breast cancer patients. Moreover, the causation of breast cancer due to this variant was also not established.

As stated in the article, one of the primary causes for Ethiopia's lack of early diagnosis is women's lack of understanding and practice of breast cancer self-examination and other screening practices. This is consistent with the alarming statistics in Pakistan, where 34.2% of women have been reported to have low knowledge about breast cancer screening and early detection. Furthermore, a staggering 77.3% of women expressed discomfort in discussing the topic, indicating the societal barriers that impede open dialogue and awareness campaigns.² Furthermore, resources are scarce in Pakistan, including screening facilities in some places.² Given this context, the research offers a chance to close the gap in breast cancer awareness and early diagnosis in Pakistan.

The study's use of a purposeful, non-randomized sampling technique is a limitation. This strategy may generate selection bias and restrict the findings' generalizability.

The reasoning behind choosing the sample size of 100 blood samples should be justified.

Because the number of breast cancer patients in the study locations is unclear in UoGCSH and FHRH, respectively, the sample's representativeness can be questioned.

The authors did not include the relevant 95% confidence interval with the findings in the results section. By including the 95% confidence intervals, readers will be able to assess the possible influence of sampling variability and the robustness of the study's conclusions.

Disclosure

The authors report no conflicts of interest in this communication.

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