

# Rates of Breast Reconstruction Uptake and Attitudes towards Breast Cancer and Survivorship among South Asians: A Literature Review

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## Introduction

Breast cancer (BC) is one of the most common cancers in women worldwide and the most common cancer among women in India. Despite this, awareness of breast reconstruction (BR) options and rates of BR surgery remain low throughout South Asia. To better understand this phenomenon, we conducted a review to: 1) determine rates of BR surgery in South Asian (SA) women and 2) identify attitudes towards BC and BC survivorship.

## Methods

A literature review was conducted to identify the rates of BR among SA patients and identify attitudes towards BC, BC survivorship, and BR. PubMed MEDLINE, Embase, and Scopus databases were searched using keywords including "breast reconstruction" and "South Asian." The search yielded a total of 164 articles. After full text review, a total of 23 papers were selected.

Figure 1. Search and Article Selection Strategy

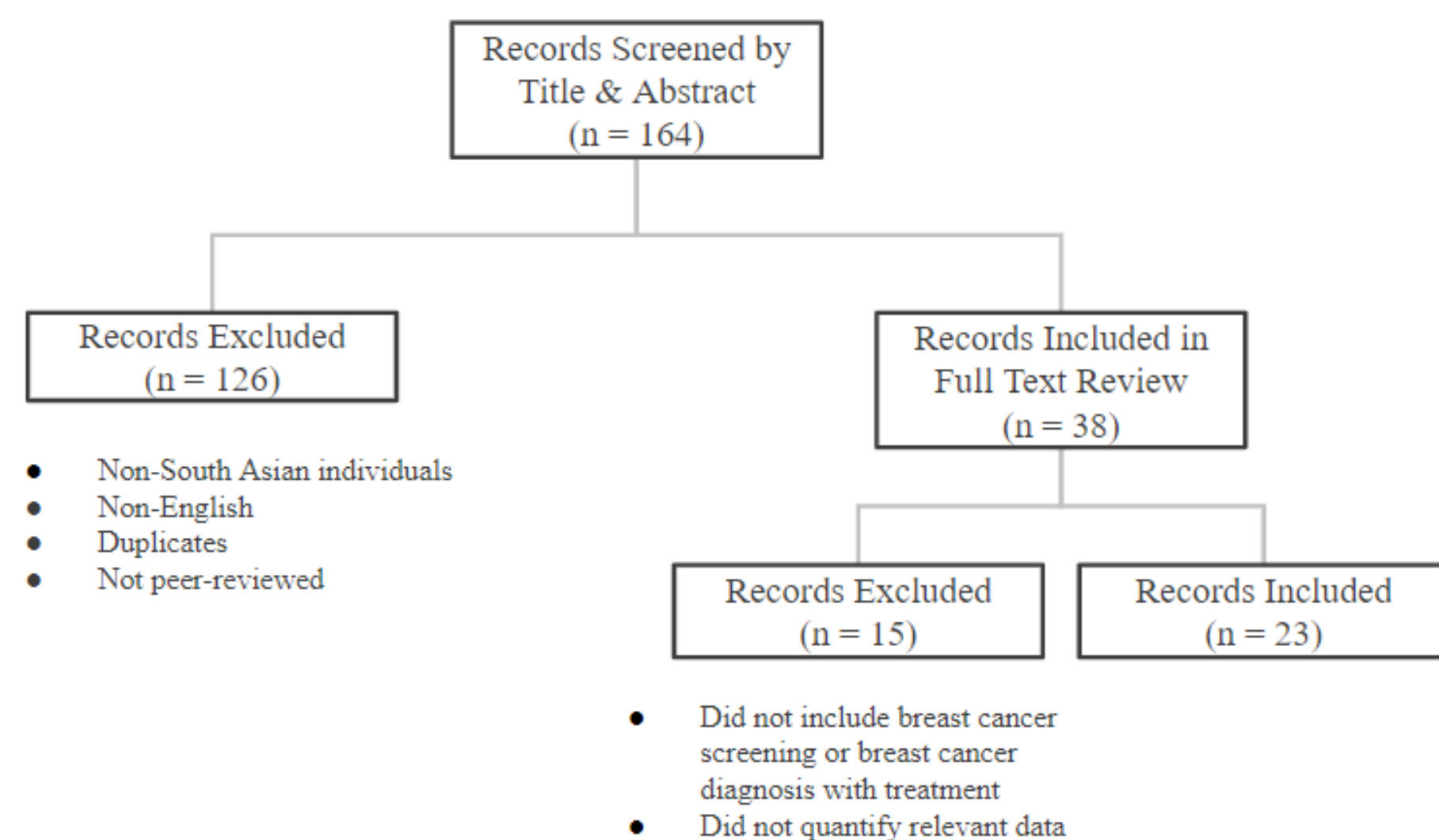


Figure 2. Mastectomy and Breast Reconstruction Rates by Country

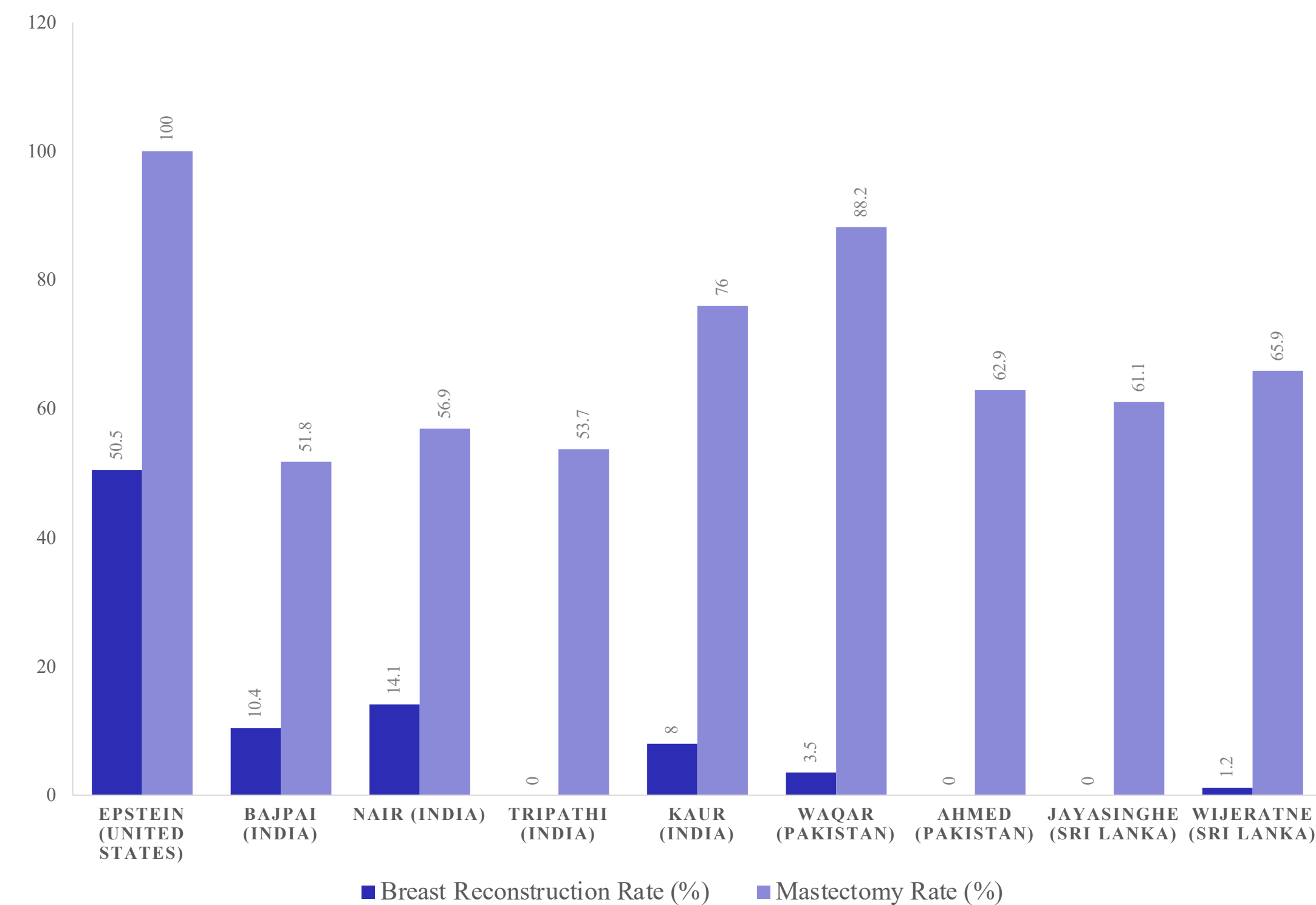


Table 1. Major Attitudes towards BC and survivorship

Major Theme	Contributing Factors
Negative Stigma around Cancer	<ul style="list-style-type: none"> <li>Ideas that cancer is contagious</li> <li>Belief that diagnosis is indicator of poor familial health</li> </ul>
Stigma around Breasts	<ul style="list-style-type: none"> <li>Breasts considered "private organs"</li> <li>Hesitation to discuss concerns about breast health</li> </ul>
Low Concern About Body Image	<ul style="list-style-type: none"> <li>53% of women reported distress about physical appearance was of low concern</li> <li>Only 26% of patients reported body image issues</li> </ul>

## Results

The majority of SA BC patients undergo some form of mastectomy with rates ranging from 52% to 77%. Reconstruction rates following mastectomy varied widely, from 0% to a high of 14%.

SA attitudes towards BC included negative stigma around cancer and breasts. Many believed that cancer was contagious and indicated poor familial health. This perception could ruin one's marital prospects, leading families to discourage women from seeking treatment. Breasts were considered 'private organs', with one patient commenting "[we] don't talk about it very openly...[and] are diagnosed at fourth stage when there is no option but surgery."

Similar themes recurred regarding survivorship, but with a new idea: the importance of family. Contrary to concerns about social isolation, social functioning was the least affected component of Quality of Life with most patients reporting that treatment had larger impacts on their physical than mental health. Familial social support was incredibly important to SA women, helping manage stressors and providing emotional/physical support. A gender divide was observed in this arena, where female family members took charge of physical care while males were involved in emotional and practical support.

## Conclusions

Attitudes towards BC and survivorship among SA women can be summarized by the statement 'log kya kahenge', which translates as 'what will people think'. A negative perception of cancer, fears of social isolation, and taboos around breasts can delay crucial discussions and lead SA women to present at advanced stages - requiring more aggressive intervention. With very few receiving BR, it is important to consider the role of cultural attitudes and stigmas in the decisions of SA women with BC.