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# PERMANYER

## Preface

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<sup>1</sup>"Joven & Fuerte: Programa para la Atención e Investigación de Mujéres Jóvenes con Cáncer de Mama en México"; <sup>2</sup>Centro de Cáncer de Mama, Hospital Zambrano Hellion, Tecnológico de Monterrey, Monterrey, N.L.; <sup>3</sup>Departamento de Investigación y de Tumores Mamarios; <sup>4</sup>Cátedras CONACYT. Instituto Nacional de Cancerología, SSA, Mexico City, Mexico

Young women with breast cancer (BC) are a special population with distinctive genetic, clinical, and psychosocial features and requirements based on at least three considerations: (1) Cancer presentation at young age is often diagnosed at advanced stages, hence its prognosis is worse compared to their older counterparts<sup>1,2</sup>; (2) young BC patients often receive aggressive and prolonged systemic treatments that can be associated with significant long-term morbidity<sup>3</sup>; and (3) young women with BC experience substantial psychosocial vulnerability resulting from high levels of distress and depression associated with oncological interventions<sup>4</sup>. These factors pose complex issues for young patients with BC, particularly in regard to their family dynamics, social and professional lives, and self-development, thereby substantially undermining their quality of life.

To receive better clinical care and to address their particular needs, comprehensive programs for young BC patients have been actively conducted, predominantly in developed countries, such as the USA and Canada<sup>5-7</sup>. However, in limited-resource settings, cancer-control efforts have been predominantly aimed to improve medical care, while survivorship issues are not highly prioritized and supportive care for young BC patients is often neglected. This hampers survivors rebuild their physical, emotional, social, professional, and personal well-being.

The above described still unmet challenges, as well as the particular genetic and environmental factors that influence the development of BC are comprehensively reviewed in this second thematic issue on BC in Young Women. The particular genetic and molecular markers of BC in young women, which explains, in part, its aggressive behavior, are extensively reviewed by Gómez-Flores and colleagues. In the article by Romieu and her group, the authors analyze the role of several environmental factors, including diet, physical activity, body fatness, and breastfeeding, which might potentially be involved in the development of or protection to BC in young women. In another article of this collection, Galvez-Hernández and colleagues review the existing literature concerning the particular needs that emerge throughout disease development and survivorship in young women with BC living in countries with limited resource settings. This latter systematic analysis revealed that the existing literature on this subject is rather scarce, concluding that efforts should be made to increase our knowledge on this issue to improve the quality of life and health outcomes of this particular population of women. The psychological aspects related to the consequences of BC treatment on sexuality, body image, and fertility are nicely reviewed by Platas and colleagues, who also propose a number of recommendations to ameliorate the impact of treatment on these aspects and to promote new body image acceptance.

Recently, dedicated efforts have emerged in developing countries such as in Latin America. "Joven & Fuerte: Program for Young Women with BC in Mexico" is the first dedicated program for the care of young BC patients in the region. Joven & Fuerte were created to optimize the complex clinical and psychosocial care, enhance education addressed

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\*Cynthia Villarreal-Garza Centro de Cáncer de Mama Hospital Zambrano Hellion Tecnológico de Monterrey Monterrey, N.L., México E-mail: cynthia.villarreal@tecsalud.mx to special needs, promote targeted research, and replicate this program model in other health centers that take care of these particular patients across Mexico and Latin America. A complete description of this program by Villarreal and co-workers closes this collection of articles.

Needless to say that implementation of practice guidelines and well-designed algorithms may facilitate the generation of standard clinical and supportive care for all young BC patients, even in oncologic centers where no specific programs exist. In addition, local, inter-institutional, and international collaborations should be encouraged to enable adequately powered research, prevent repetitive efforts and mistakes, and promote sharing of knowledge and experience.

The Guest Editors wish to express their deeply gratitude to the authors of this second thematic issue for their praiseworthy efforts in providing this outstanding collection of articles in a timely manner.

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