

Feature Health

How to Control Cancer in Bangladesh

by Dr Sayyid Fazlul Huq

CANCER control in developing countries deserves a serious thought and urgent attention since the total load of cancer is expected to double in these countries within the next 20-25 years. In fact, it has been estimated that two-thirds of all new cases of cancer will occur within that period in these parts of the world having only 5 per cent of the global resources. The problem of cancer in Bangladesh will be much more serious because of poverty, illiteracy and the need to cope with other diseases associated with poor nutrition and a lack of basic knowledge of the people in health matters.

Control Programme for Bangladesh

Cancer control programme comprises of a series of activities to diminish the total impact of cancer in any community or country by prevention, early detection and the provision of facilities for appropriate treatment at an early stage

problem of the country. Not only drinking of alcohol, Hepatitis B virus also is responsible for causing cancer of the liver against which successful vaccine has been developed and is in use.

Cancer cases and cancer deaths in Bangladesh 1991	
Population	110 m
Total cancer cases	8,00,000
New cancer cases/year	2,00,000
Cancer deaths/year	1,50,000

Based on WHO statistics. New cancer cases in Bangladesh have been estimated at 181.9 per 1,00,000 population.

Common cancers of Bangladesh	
Male	Female
1. lung	ovary
2. larynx	breast
3. oral cavity	oral cavity

Based on the figures of radiotherapy departments of medical college hospitals.

of the disease. Also included are follow-up of the treated cases, treatment of the recurrences and relief of pain for patients with incurable cancers. Evaluation of the plan is necessary from time to time as per data provided by the Cancer Registry.

Existing Facilities

Despite reasonably good infrastructure of health services in Bangladesh, propagation of health education and facilities for management of cancer are quite inadequate because of lack of initiative on the part of people and the government. There are only eight full-fledged medical college hospitals and a few more special hospitals in the country run by the government, where proper diagnosis and standard treatment of cancer are supposed

to be carried out. But only limited facilities for cytology, histopathology and modern imaging technology are available at a few private laboratories and at some of the medical college hospitals and other hospitals. Gynaecologists and surgeons of other disciplines of the country are carrying out cancer surgery along with that for other diseases. However, many of these surgeons do not have the training in specific cancer surgery. While one cobalt unit or a linear accelerator has been recommended by the WHO for each million of population, there exists only one cobalt unit, one caesium unit and eight deep x-ray units in all different medical college hospitals. Most of these machines are more than 25 years old. Hardly about 30 of qualified radiotherapists are doing the work of radiotherapy and most of cancer chemotherapy of the country. It is a matter of great regret that all the departments of radiotherapy are running without any physicist. There are only a total of 153 hospital beds in the different radiotherapy departments including 50 beds recently added to the Cancer Institute and Research Hospital.

Role of Government and Bangladesh Cancer Society

Bangladesh Cancer Society with the head of the state as its chief patron has been trying to help people and the government in their efforts towards the prevention and control of cancer in the country.

As a part of its programme the Society has prepared "A Plan for Cancer Control in Bangladesh" and formally handed over the plan to the

government for its implementation. The plan recommends for (1) primary prevention of cancers related to the use of tobacco i.e. those of the lung, oral cavity, larynx and oesophagus, (2) upgrading and expanding the facilities for early diagnosis of cervical, oral and breast cancers and the treatment of these cancers and other cancers in the existing institutions and in other centres in due course, (3) efforts for early diagnosis through increased awareness by imparting knowledge of early signs and symptoms of cancer and by promoting self examination of breast and mouth, and where possible downstaging with or without cytology, (4) measures for relief of pain for patients with advanced cancer, (5) training programmes for the concerned specialists and technicians, and (6) setting up of a national cancer registry in order to monitor the status of cancer in Bangladesh. The plan most importantly calls for a firm political commitment by the government for implementation of the programme and allocation of necessary funds over a period of years.

Adequate facilities for diagnosis and treatment of cancer including training of personnel and research on cancer are expected to be provided at the Cancer Institute and Research Hospital recently set up by the government. The Bangladesh Cancer Society is also making some efforts for creating awareness among the public and has taken up a project for establishing a "Cancer Home" in Dhaka.

There are reasons to believe that the programme for prevention of cancer can be profitably integrated with those for primary health care and family welfare.

We are hopeful that the present and future planning of the government and the Bangladesh Cancer Society with participation of other NGOs will bring about a real improvement in the management of cancer in this country.

(The author is president, Bangladesh Cancer Society)

Drinking Drains the Workplace

ON a damp, cold night in Tokyo, Hiroshi is slumped asleep with his head resting on his beer mug, but none of his red-faced companions at the crowded bar takes much notice.

It is not unusual to see a Japanese middle-ranking executive pass out from drinking too much — far from it. Night after night, in thousands of bars across the nation, the same scene repeats itself.

And in Tokyo's student districts, streets and subways are filled with couples, the girlfriend ministering to her drunken boyfriend who squats, groans and vomits into her handkerchief.

Every year, alcohol abuse costs Japan more than US\$50 billion in lost productivity and medical bills, says a recent study made by Takahito Takano, professor of public health and environmental science at the Tokyo Medical and Dental University.

That is enough to send more than just the drunks reeling. It is more than 20 times the comparable figure in Britain of US\$2.5 billion, and approaches the US total of US\$70.3 billion for more than double the population (1985 figures).

It is also equivalent to nine percent of Japan's domestic budget or 1.5 percent of its Gross National Product (GNP).

Drinking has long been accepted in Japan as essential in lubricating the wheels of commerce. Indeed, deals and corporate discussions are often made over beer after work rather than in formal meetings at the office.

A health and welfare ministry official also says alcohol has always been seen in Japan as a way to combat work-related stress — a view supported by the half-awake Hiroshi at the bar.

"I go out drinking with my co-workers two or three times a week," says Hiroshi, a 41-year-old employee of a major electronics company here. "It helps to deepen relationships in our section. Also, I have a very stressful job and a long journey home, so (drinking) helps me relax."

Most late-night commuters on Tokyo's trains often have to put up with the prominence of alcohol in Japanese society as they are hemmed in by green-gilled, semiconscious salary men who sway from the straps and emit raw alcohol fumes, if not worse.

But until Takano's report, which was released in December, there had been no serious attempt to quantify the downside of excessive alcohol consumption.

"Until now," says the health ministry official, "only the good side of it has been stressed. We didn't imagine there were so many cases of acute alcoholism."

Takano even says they estimated the loss "somewhat below the actual figure". In fact,

the true figure is likely to be considerably higher since the study was based on 1987 data. Takano points out that at 103.1 litres per year, Japanese per capita consumption of alcohol is still far lower than in other industrialised countries such as France and Italy. But while the trend in those countries is to drink less, consumption in Japan is on the rise.

Even the recession has had little effect on beer consumption, which takes 73 percent of total alcohol sales in Japan. "We have not yet obtained a clear explanation for this, but alcohol-related problems in Japan cannot be addressed without reference to urbanisation," Takano says.

Changes that have occurred in the social and physical environment, particularly

in cities, give people the opportunity to seek quick relief from their problems by using alcohol," he adds.

Alcohol has become increasingly cheap in relation to real incomes, and much more widely available. There are over 200,000 alcohol vending machines in Japan from which even a child tall enough to reach the coin slot can get a beer.

"No [other] country has so many alcohol vending machines and advertisements," says Takano. "I do not think alcohol should be totally banned, but we need some restrictions."

The health and welfare ministry estimates 2.4 million Japanese to be problem drinkers. The biggest annual single cost to the country because of drinking is the US\$33.8 billion in lost productivity through absenteeism caused by hang-overs.

According to Takano's study, one reason why this cost is so high despite Japan's relatively low alcohol consumption is that half its population is allergic to alcohol, and feels its effects more.

Medical costs for drink-related illness such as cirrhosis of the liver ranks second at US\$9.25 billion, followed by accidental deaths caused by drunkenness, which amounts to US\$6.9 billion.

About US\$770 million, meanwhile, was estimated by Takano to be the equivalent cost of traffic accidents, welfare care and research into alcohol-related problems.

Some observers have also been alarmed at the disturbing trend toward alcoholism that has been detected among pioneering Japanese career women.

Clinical psychologist Sayoko Nobuta of Tokyo's Clinical Institute on Addiction Problems says that if Japanese men drink because of stress at work, the women turn to the bottle because of the conflict between married life and a career.

She adds: "It's only natural that women can't suddenly free themselves from the traditional way of life expected of them." — IPS

Alcohol abuse costs Japan billions of dollars a year in lost productivity and medical bills. Jonathan Annells reports.



Truth in Advertising: Death Cigarettes

by Michael Urlocker from London

B J Cunningham says there are two truths to the cigarette trade: Cigarettes kill. And they are very profitable.

Cunningham, the 28-year-old managing director of Death Cigarettes (UK) Ltd, is hoping that riches will come his way just as certainly as death comes to his customers. "The cigarette business is enormously profitable because people who smoke are addicted," he says. Being a two-pack-a-day smoker himself and the recent owner of a collapsed lung, since repaired, Cunningham plans to get rich before he dies. His fledgling company should become profitable within six months.

Cunningham's Dutch-made

rates and the costs of related health care. He punctuates his delivery with grim ironies, any of which could serve as a slogan for his six-person company.

"We are not saying smoking will make you sexy, popular, daring or liberated," says Cunningham. "We are saying cigarette smoking will make you dead... It's your choice. It's your funeral... Smoking is not about a cowboy hanging around the Grand Canyon, it's about a coffin going into the ground."

Although such ideas would seem to put Cunningham in the company of anti-smoking groups, he dispels any notions of philanthropy. "This is a

brainchild of John Southwood, a rancher from Oregon. Southwood, a former smoker, got the idea while sitting in a restaurant in Paris, suffering from the fumes of a friend's cigarette. Annoyed, he drew a skull and crossbones on the packet, saying they should be labelled 'Death.'

Suddenly, Southwood knew he was on to something. "Every time I thought about it, I realized I thought of a marketing idea whose time had come," says Southwood; who formed Death Tobacco Inc in Los Angeles. Southwood sold the European rights to Cunningham's company in exchange for royalties. Cunningham, previously an

lot of people who think of themselves as modern-day pirates... the boring buccaners."

In fact, Pollock thinks that Death has simply extended the well-known marketing strategy of smoker-as-tough-guy, used to promote mainstream labels, such as Philip Morris's Marlboro brand, the world's best seller. "This is no more cynical than the tobacco industry as a whole," says Pollock. "What is quite unconscionable, is the idea that Death Cigarettes is somehow a goodie in this world of goodies and baddies because it tells the truth."

Critics aren't won over by Cunningham's unusual promise to donate 10 per cent of profits to cancer research.

Southwood declares himself ready to sell cigarettes anywhere in the world. Death is already available in Tokyo, one of the most lucrative markets. "Japan is our foothold in Asia," he says. Although Southwood has not yet tackled developing countries, he foresees one obstacle: health problems from smoking are often not well-publicised there. "A lot of people, frankly, just don't understand it."

In the US, Death's advertising campaign is well understood. Unfortunately sales have not spread as quickly as hoped. The brand is available in only 10 of 50 states. Southwood says distributors are reluctant to take on his brand for fear of jeopardising relations with the big tobacco companies. As a result, he's had to distribute the cigarettes himself.

However, Southwood says distribution is about to be expanded to key markets along the east coast. A deal is also in the works to sell Death in neighbouring Canada.

In Britain, Cunningham says he is able to work within the established distribution system, although he admits it's an uphill struggle. For example, Death had planned to advertise on 200 outdoor billboards across the country, but the campaign was blocked by poster companies who feared upsetting mainstream cigarette makers, says Cunningham.

Undeterred, Cunningham is biding his time until he's ready to expand. "We're proving the market in the UK, then we'll be moving to sell to the monopoly distributors in the rest of Europe," he says.

As for critics, Cunningham says it is a perverse situation that he is blamed for telling the truth about cigarettes. But then he adds, "The reality of the market and the entire tobacco industry is preposterous."

A Lump in the Breast Calls for Prompt Attention

by Prof Habibuz Zaman

SHIRIN has waited a long time before a match was finally arranged for her. At 26 she had obtained her MA degree, before she was married. Her father was a mid-level government servant, who had taken early retirement and had been engaged since as a business executive. In recent years, he had been doing quite well financially. As the eldest amongst her five brothers and sister, Shirin was decidedly the most pampered member in the family loved by both of her parents and the young ones.

The wedding took place with the usual pomp attached to such a ceremony for the eldest daughter of a well-to-do Bangladeshi Muslim family. All seemed to be going very well. On the 7th day after the wedding, Shirin's parents seemed to be quite upset. They maintained their usual reticence

A lump is removed

However, as is usual in a well-knit Muslim family in Dhaka, several relatives did come for consultation to a specialist in surgery. Within days it was apparent that she was undergoing surgery, for which she had been admitted to one of the larger private general hospitals in Dhaka. She stayed in hospital for only one night and returned home within 36 hours. Despite all of their efforts to keep it to themselves, many close relatives and friends did come to know that soon after her wedding, a lump had been felt in Shirin's breast.

Her educated and well-informed husband had taken the initiative in persuading her to be properly examined and to undergo a biopsy of the breast. On histologic examination the lump, fortunately for every one, turned out to be an innocent one. By the grace of Allah, Shirin had a fibro-adenoma, which is a benign tumour composed of granular and fibrous tissue elements. The lump had been removed earliest and Shirin had gotten over any misgiving about the nature of the tumour in her breast. Here is an example of a young couple, who had acted positively and had done what was necessary.

Frozen section diagnosis

Any lump in the female breast must be duly examined by a trained surgeon, biopsied and studied under the microscope by an experienced and qualified histo-pathologist. In Dhaka it is possible to have what is called a frozen section diagnosis. This means that the pathologist can study a frozen section of the tissue, removed in the operating theatre, and give the diagnosis of the condition within minutes, while the patient remains under general anaesthesia.

Treatment of breast cancer

If a positive diagnosis for cancer is made, the patient can immediately have the benefit of surgery on a larger scale, as required. This may mean removal of the lump itself together with little adjacent tissue (lumpectomy); a part of the breast (simple mas-

tectomy) or the whole breast (radical mastectomy). A simple resection of the breast is usually carried out with a tumour of a limited size and no evidence of enlargement of lymph nodes in the axilla. On the other hand, a radical mutilating procedure involving total resection of the breast along with underlying fat and muscle and also tissues in the axilla may have to be carried out, in the event that the malignant tumour has spread into one or more axillary lymph nodes.

Now-a-days, women are given the option to decide on the extent of the operation, they prefer to undergo if they have a cancer in the breast. If a simple procedure is carried out, this is usually followed by the use of radio-therapy or the administration of a number of chemotherapeutic drugs for destroying cancerous cells, which may have been left behind in the breast or carried to small numbers outside of this organ. The radical procedure may also be combined with the use of chemotherapy and, or radio-therapy.

Early diagnosis: self-palpation

How is it possible to diagnose breast cancer early? The main approach is for women to learn self-palpation of the breast. Carried out once a month soon after the menstrual period, it is possible to detect a lump in the breast shortly after it becomes palpable. Another technique used in relatively affluent societies is the use of mammography. This is a procedure by which an X-ray examination of the breast is carried out by a specialized radiography machine, which is capable of obtaining pictures of changes within soft tissues such as the breast. The finding of calcium in the X-ray picture of the breast tumour is also suggestive of a malignancy.

Precaution

Besides surgery and the use of radiation and chemotherapy, some cases of breast cancer respond to treatment with hormones. In these cases the removal of the ovaries (in pre-menopausal women) or the use of anti-estrogen drugs (tamoxifen) has been shown to reduce the recurrence of breast cancer in the first two years after surgery.

Intake of a minimal amount of fat in the food, having the first pregnancy before age 30, self-palpation of the breast once of month soon after the monthly menstrual period, resection and histologic examination of a breast nodule and prompt treatment, if found malignant, are measures to deal with the problem of breast cancer — the third commonest cancer of the female in Bangladesh, after those of the cervix of the uterus and the oro-pharynx. Early diagnosis and appropriate timely treatment can cure most cases of breast cancer. The cure rates for cancer of the breast may very well reflect the status of the practice of surgery, radiotherapy and chemotherapy in the treatment of cancer in general in Bangladesh as in other countries.

(Prof Habibuz Zaman is a former WHO adviser.)

Dying for a smoke



Death Cigarettes

Founded in US, Feb. 1991
Launched in Britain, Oct. 1992
Also available Japan and Canada (March 1993)

Slogan:
"If you don't smoke, don't start. If you smoke, quit."

Facts on smoking

- Health risks: lung cancer, oesophageal cancer, heart disease, respiratory disease
- Annual deaths from smoking worldwide: 3 million
- World's top-selling brand: Marlboro, produced by Philip Morris, US (1991 tobacco sales \$23 billion)
- 10% of British children aged 11-15 smoke, despite ban on sales

cigarettes come in a brutally ugly black packet featuring a skull and crossbones. In addition to a government-imposed health warning, the package carries the manufacturer's advice: "Cigarettes are addictive and debilitating. If you don't smoke, don't start. If you smoke, quit."

Most cigarette companies these days are expanding into international markets, including the developing world and the former Soviet Union, where established Western trademarks and glamorous campaigns are greeted with near-insatiable demand. Death Cigarettes, however, is taking an altogether different strategy, catering to a minority of smokers who, it believes, want to hear the truth.

In an interview, Cunningham switches swiftly from pleasantries to a rapid-fire monologue citing diseases tied to smoking, statistics on death

business whose primary objective is to sell cigarettes and make a profit. This is not anti-smoking," Cunningham describes anti-smoking groups, who have lobbied to restrict cigarette advertising in Britain, as "lifestyle fascists."

The health lobby is equally cool to Cunningham's claim to honest advertising. David Pollock, director of Action on Smoking and Health, a London charity, describes Death as a cynical ploy to lure young people to smoking. "There's a small but valuable market for cigarettes of this nature for people who want to feel they are challenging death," says Pollock.

A spokesman for a major international tobacco company dismisses Death as a "novelty brand with a rather strange marketing strategy."

Death cigarettes made their first appearance in the United States two years ago, the

ice cream marketer, first sold Death in London in a trial-run in late 1991. The brand was subsequently launched nationally last October and is selling 5,000 packets a day, with a 47 per cent growth rate each month, says Cunningham. His first year target is for sales of about \$9 million, less than one per cent of the national market.

Nick Chapman, a 19-year-old London drama student, says he first came across Death while vacationing in the US. "It's a bit silly with the skull and all, but it's alright if you want to pose," says Chapman, who quickly describes himself as a "Marlboro man."

Although most shopkeepers in London only "stare blankly when asked for a pack of Death, the cigarettes are becoming well-known among young people. Chapman explains the appeal: "There's a