

Feature

Health

Diagnosis, Management and Care of Cancer

by Dr Anis Waiz

CANCER is a widely prevalent disease and second only to cardiovascular disease as a cause of death.

Diagnostic Workup

How does the clinician proceed to evaluate a patient for the presence of malignant disease?

Warning Signals

- Change in bowel and bladder habits. A sore that does not heal. Unusual bleeding or discharge.

The approach to a patient who presents to the physician with a history of symptoms or

Is it a realistic aim to "cure" the patient or should treatment be focused on palliation of symptoms?

Methods of Treatment

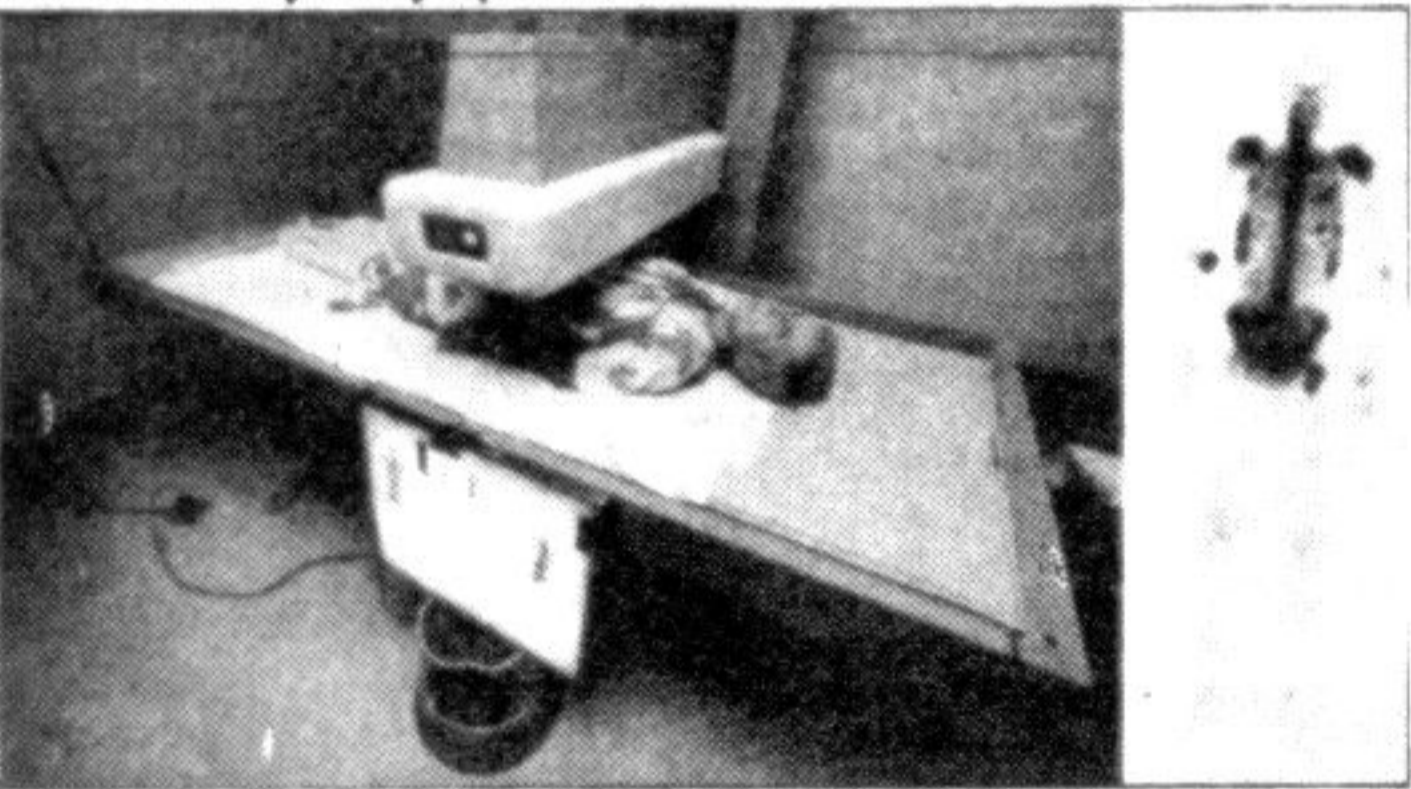
- Surgery. Radiotherapy. Chemotherapy. Hormonal therapy. Biological therapy.

Difficulties in Cancer Diagnosis and Treatment in Bangladesh

In our country facilities like MRI cytogenetics and tumour markers studies are not possible.

In Bangladesh we do not have all facilities of radiotherapy. Only Teletherapy e.g. cobalt therapy, DXT [deep X-Ray therapy] are available.

\* Tumours that have not metastasised are amenable to local forms of treatment e.g. surgery or radiotherapy whilst tumours that have already disseminated require systemic treatment with chemotherapy or hormonal therapy.



Treatment of cancer still remains a costly one

with physical findings which could be attributed to cancer involves selection of appropriate diagnostic procedures from a wide variety of available radiologic tests and laboratory studies.

Methods for Diagnosis

- History. Physical examination. Radiologic studies: a. Roentgenogram b. Ultrasound c. CAT Scan d. Angiography and Lymphangiography e. MRI. Laboratory studies: a. Hematologic evaluation b. Tumour markers. Pathologic examination of tissue. Cytogenetics and molecular genetics.

Pathology

The fundamental principle of oncology is to establish, usually by biopsy, the pathological nature of any lesion suspected of being neoplastic before making decisions about management.

When direct visualisation is not possible because of the internal location of a suspected lesion, it is often possible to obtain tissue fragments or clumps of cells by fine needle biopsy aspiration guided by computed tomography or fluoroscopy.

Management

Patients should be informed that they have a malignant disease prior to starting treatment but not necessarily of the exact prognosis.

Cure or Palliation

In order to plan the optimal management for an individual patient it is necessary to consider two questions. Is the tumour still localised to its site of origin?

particularly if aiming for complete eradication of the tumour. Surgery, radiotherapy and chemotherapy all cause some degree of host toxicity which may be enhanced by combining the treatments.

Pain Relief

Pain relief is a matter of skill. Local lesions in bone may respond dramatically to radiotherapy while generalised bone pain may be relieved by steroids.

Analgesic (pain killer) must be given regularly in sufficient dosage. Addiction is not a problem in the terminally ill and medical and nursing staff should not be inhibited in giving diamorphine or morphine in adequate amounts to control pain.

Drugs ascending in potency can be used: paracetamol and dihydrocodeine may be used initially, when these become ineffective, dippanone with cyclizine may be substituted moving on to morphine or heroin for severe pain.

Anorexia, nausea and vomiting are often troublesome symptoms in the terminally ill. Obstructive vomiting should be relieved by a nasogastric tube. Metoclopramide, cyclizine or chlorpromazine may be helpful in preventing nausea.

Factors in the Management of Dying Patients.

- The relief of distressing physical symptoms. The forming of a supportive and trusting relationship between the patient and the medical and nursing staff. The provision of counselling to family members. The protection of the ties between the patient and his/her family. The symptomatic relief of extreme psychological symptoms by the judicious use of tranquillisers or sedatives and the use of antidepressants when the usual indications are present.

(The writer is Principal, Bangladesh Medical College, Dhaka.)



Cancer Special



Combined Efforts to Combat Cancer

by Iftikhar A Chowdhury

The government cannot expect to fight against this killer disease single-handedly. It has to be a coordinated effort, where various social organisations, wealthy sections of the society and specially, the Non-Government Organisations (NGOs) have to come forward with a definite desire to help.



Prof M A Hai

DS: How would you describe the cancer scenario, viewing it from the overall perspectives of its incidence, number of victims and its cure and prevention? MAH: The disease, it seems, had always been here. Victims of the disease too, are always on the increase.

Greater Awareness Needed to Avert a Catastrophe

ON November 12, 1993, Bangladesh Cancer Society is going to organise a public awareness and mass education programme on cancer in Dhaka.



Dr Sayyid Fazlul Huq

"For spreading public education and awareness, so far, we have addressed the people or made ourselves heard through the help of electronic and the print media.

In various advantageous points of the city roads, through placing bill boards, banners and festoons etc the society wants to make an impact about the seriousness of the killer disease — cancer.

Bangladesh Cancer Society is a non-government voluntary organisation formed in 1974. The society has not gone into elaborate fund raising programmes as yet. It has a small fund amounting to Taka 12 lakhs or so, collected through membership subscriptions and from selling cancer seals.

"When we talk about cancer prevention, we definitely have to know the causes that create this fatal disease. So, if we can avoid these causes, then, I believe, 50 per cent of the cancer cases in this country can be averted.

"If the government had only spent ten per cent of its excise earnings from tobacco alone, on cancer treatment and research, then the picture would have been a lot different from what we see now," said Dr Sayyid Fazlul Huq (President, Bangladesh Cancer Society) while talking to The Daily Star correspondent Iftikhar A Chowdhury over an interview.

the cancer patients. So, here also, early detection is necessary. Except for lung cancer, in all other types of cancers, the developed countries have lowered the rate of cancer related deaths.

The necessary facilities that ought to be here, for cancer prevention, said Dr. Huq, "are very limited in our country. And those that we have, are not up to the standard. Where, there should be two cobalt units for every 10 lakhs of people, we have only one

cobalt unit for 10 crores. And that too, approximately 30 years old. We have seven or eight deep X-ray machines in various hospitals of the country, which have long been discarded by the developed countries."

It is very encouraging news, said Huq, that the government has recently decided to purchase four cobalt machines, a linear accelerator and some other instruments for cancer treatment. And what is more, where there are only 153 cancer beds in different hospitals of the country, of which 50 are in the Cancer Institute, the government has decided to increase the number of beds to 300 there.

As Dr Huq observes, the total number of cancer patients are nearly eight lakhs now and this number is increasing by two lakhs annually and of the two lakhs 1.5 lakhs die from this killer disease. If we do not become alert now, he cautions, this number will be doubled during the turn of the century. In our country, since we do not have the economic ability

to treat such a large number of patients, we should opt for prevention. One thing that needs to be remembered is that preventing cancer is much cheaper than treating it.

DS: How does Bangladesh Cancer Institute see its future? Does it have any definite plans to be implemented in the near future? MAH: We want to increase our manpower, capacity of service provided to the patients and also extend our research activities.

DS: How does Bangladesh Cancer Institute see its future? Does it have any definite plans to be implemented in the near future? MAH: We want to increase our manpower, capacity of service provided to the patients and also extend our research activities.

DS: As a cancer specialist and Director of Cancer Institute, do you have any suggestions for those who want to avert the catastrophic effect of this dreaded disease? MAH: Any person runs the risk of being stuck down by cancer. And, as all are aware that its treatment is one of heavy cost, the thing we should opt for is cancer prevention.

DS: Do you think that the support and attention provided by the government is enough? MAH: No. What we have, can by no standards be enough. Actually, we need a lot more expert personnels than we have at present. Our radio therapy department needs a lot of attention. We are lacking in spe-

Need for Cancer Control

by Professor Habibuz Zaman

CANCER control involves all activities which may be undertaken to reduce the total impact of the problem of cancer in any community or country.

These include actions to prevent cancer, to diagnose cancer at an early stage of the disease, to provide appropriate facilities for the treatment and rehabilitation of cases of cancer, to follow up these cases, provide further care for recurrences, and monitor the total picture regarding the cancer situation in a specific community, area or country.

As applied to Bangladesh, this translates into a total of approximately 200,000 new cases per year and a load of over 800,000 cases of cancer at any given time. The commonest forms are those of the mouth and pharynx in the two sexes added together. Cancers of the lungs, larynx and oesophagus are the other more frequent ones in the male and those of the cervix uteri and the breast in females.

It is known that cancers of the mouth, lungs and larynx are related to tobacco use and are therefore preventable, when such use can be restrained or stopped altogether. If detected at an early stage of the disease, cancers of the mouth, cervix uteri and breast can be cured.

The thrust of cancer control in Bangladesh must, therefore, lie on the prevention of the preventable cancers i.e. those of the mouth, pharynx, lungs and larynx through an active tobacco control programme in the first instance. Next in importance are the efforts directed towards the detection of the common cancers at an early stage of the disease, especially those of the mouth, breast and the cervix of the uterus.

An effective tobacco control programme by inducing smokers and tobacco chewers to quit the habit, and preventing adolescents and young individuals from acquiring these habits, will help reduce the numbers of new cases of cancers of the mouth, throat and the lungs — three of the commonest forms in Bangladesh.

In fact, as a bonus, coronary heart disease and heart attacks also can be influenced favourably within days of quitting the habit of smoking. The risks of smoking on lung cancer are fully nullified within a period of 8-10 years of its cessation. Thus health education and information in regard to smoking cessation, when carried out effectively, can prevent these cancers.

Health education is best planned by professionals who give due importance to the local customs, traditions, culture and sensitivities. The messages should be appealing and create the desired impact. We have a few excellent examples of health messages over Bangladesh Television for the prevention of blindness in children, the use of oral saline for diarrhoeas and for the EPI. Appropriate messages need to be devised and spread to wean away smokers and 'paan' and tobacco chewers from these habits. Similarly the danger signals for cancer in general have to be put across to the people at large with a view to making possible early diagnosis of cancer.

Cancer of the mouth takes several years to develop and are easy to see and detect. Early surgical removal can result in complete cures of these oral lesions. The commonest cancer of the female in Bangladesh — that of the cervix of the uterus — also takes several years to develop. Within this period abnormal cells are shed from the epithelium or lining of the cervix. These cells can be identified on cytologic examination. Uterine cervical cancer when detected early can be completely cured by surgery.

Similarly the other common cancer of the female of Bangladesh — that of the breast — can be diagnosed early by the doctor on palpation. Also women can be taught self-palpation of the breasts by properly trained professionals and other female health workers. When a cancer of the breast is detected at an early stage of the disease, many patients can have a complete cure by surgery or a combination of surgery, radiation and the use of anti-cancer drugs, also known as cancer chemotherapy. Thus the lives of many patients can be saved by early detection and appropriate treatment.

It can be very frustrating when lack of facilities prevents the prompt treatment of cases of cancer detected at an early stage. Expertise in cancer surgery, radiation therapy and cancer chemotherapy are required. Today the state of radiotherapy departments in Bangladesh is rather pathetic. These departments have all been neglected during the past 20 years. Can you believe that no new radiotherapy machine has been installed in Bangladesh during the past 20 years? It is indeed true that all of the radiotherapy machines in use are at least 20 years old. These have all outlived their guaranteed life-span. They need to be replaced entirely. Many more radiotherapy machines are required at least 10 times of what we have had in varying states of disuse over the past 20 years or so!

Because of this great handicap, patients of cancer confirmed by histopathology in Bangladesh, are going abroad for treatment in significant numbers. A sizeable amount of foreign exchange is being spent every year for such treatment by Bangladeshis nationally, officially or unofficially. Foreign exchange so spent by every 20 to 30 patients is adequate for buying one piece of radiotherapy equipment, perhaps even a cobalt 60 unit. It may be a good guess to suggest that 12 such units could be bought every

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A patient is being put through a CAT Scanner

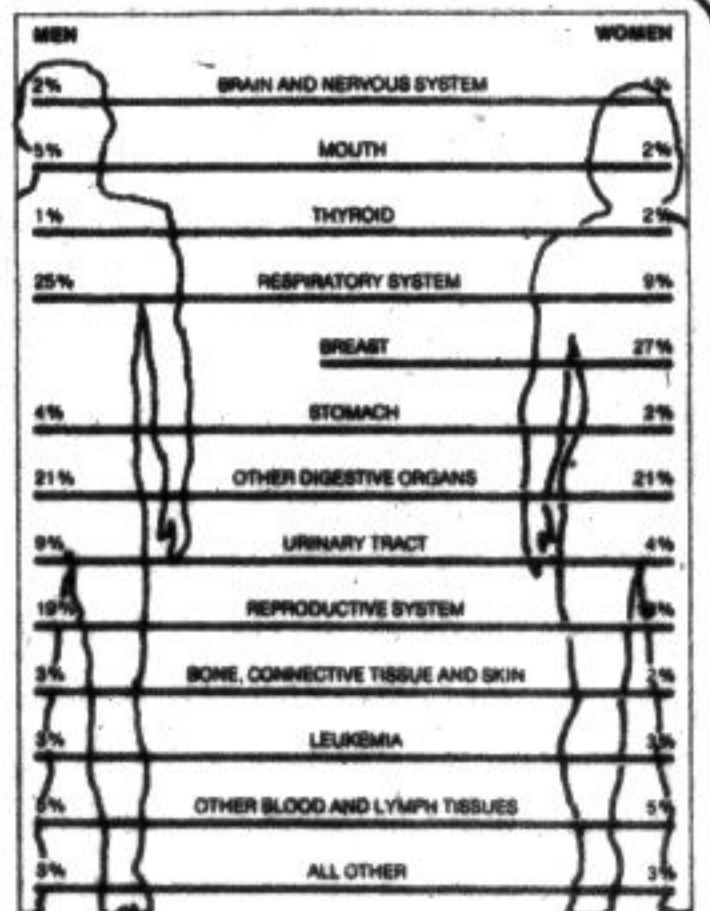
programme by inducing smokers and tobacco chewers to quit the habit, and preventing adolescents and young individuals from acquiring these habits, will help reduce the numbers of new cases of cancers of the mouth, throat and the lungs — three of the commonest forms in Bangladesh. In fact, as a bonus, coronary heart disease and heart attacks also can be influenced favourably within days of quitting the habit of smoking.

I am sure there are many amongst us who are old enough to recall the name of late R P Saha, who had caused a radiotherapy department to be set up at the Kumudini Hospital in a remote place called Mirzapur, a few years before the premier Medical College at Dhaka had such an unit.

Lack of required resources inclines one to take the easiest and cheapest route. There is a real danger of medicines against cancer being used indiscriminately and to the great detriment of our citizens, by people not adequately trained to do so. The public must know that anti-cancer agents are highly toxic. These drugs not only kill the cancer cells, but they also damage the normal healthy ones. Chemotherapeutic agents are not effective as the primary form of treatment of many cancers. In several malignant conditions, they are used as an adjunct with surgery and/or radiotherapy. In a country well known for the extensive practice of quackery, thought needs to be given to restrict the use of anti-cancer drugs to physicians specially trained to do so.

A good plan for cancer control must provide for monitoring the efficacy of its preventive as well as its curative programmes. The setting up of a Cancer Registry will help in determining, on a continuing basis, the status of cancer in the country. It would also indicate, in course of time, changes in the rates of incidence of prevalence and mortality from the various forms of cancer following programmes of prevention, early detection and treatment.

Today, the cancer scene in Bangladesh is rather unhappy one. Bangladesh has the basic resources of physicians, many specialists and an infrastructure of health care facilities. It is the function of a good cancer control plan for Bangladesh to provide the opportunities for these human resources to be appropriately developed, for the health facilities to be adequately equipped and for the implementation of the various facets of the programme with the overall objectives of preventing cancer, diagnosing cancer at an early stage, providing for the maximum number of cures, making available drugs for the relief of pain in patients with terminal cancer, and lastly, maintaining an over-view of the cancer situation through a functioning Cancer Registry.



When the danger of smoking is so apparent!