

DOWN TO EARTH

City-Based Movement Against Cancer

No reliable figures for cancer patients are available for Bangladesh. On the basis of figures available from neighbouring countries, it is estimated that 100 cases of cancer for 100,000 population would be reasonable extrapolation. For a population of 110 million, this would give a cancer incidence of 110,000 new cases per year. Out of a total estimated 8 lakh cancer cases in the country at present, 1 lakh 50 thousand die every year. This gives an idea of the magnitude of the cancer problem of the country.

The common forms of cancer 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. Most victims do not even know they have cancer until it reaches its last stage. Lack of proper facilities and ignorance lead to incorrect diagnosis, late detection and thousands of avoidable deaths.

In the backdrop of these depressing facts, the Bangladesh Cancer Society has been making extensive efforts to improve the situation. Formed in 1974 and registered in 1988, the society headed by Dr Sayyid Fazul Huq, a cancer specialist as its president, consists of cancer specialists, including radio therapists, surgeons and physicians. As explained by Dr Huq, one of the main objectives of the society is to create awareness among the public about cancer. This means making available statistical information regarding the incidence, mortality and curability of cancer and the conditions under which cancer occurs in the country. This is the first step. The second is to control the disease itself. This means facilitating activities towards prevention, early detection and proper treatment. A part of its plan is to establish a cancer home in Dhaka, which would be a non-profit voluntary organisation. Lately, the society has been promised allotment of 1.57 acres of government land on Darus Salam Road, Mirpur, for the establishment of the cancer home. The allotment is at present understood to be under process in the concerned ministry. The proposed cancer home will provide accommodation, investigation and possible treatment for cancer patients to start

with. In the near future, it is to be developed into a full-fledged cancer treatment centre. The objectives of the society will not be to confine its activities to Dhaka only. It plans to establish its branches in all the districts according to its constitution and make the people conscious about the problem and to create a strong country-wide movement.

The most common type of cancer in Bangladesh is that of the lung, throat and mouth. Eighty-five per cent of lung cancer is said to be due to smoking. Cancer specialists believe that just by not smoking and chewing tobacco, 40 per cent of cancer in Bangladesh can be prevented. Thus health education and information in regard to smoking cessation, when carried out effectively, can prevent these cancers. Similarly, the common cancers of the female — those of cervix uterus and the breast — when detected early can be controlled.

It can be very frustrating when lack of facilities prevents early detection and prompt treatment at an early stage. In this respect, the picture of current facilities available is pathetic. At present, availability of expertise in cancer surgery, radiation and cancer chemotherapy is limited. As an example, for a population of 110 million, there is one cobalt unit (a radiation machine) at the Dhaka Medical College and that too about 30 years old. Other machines such as deep X-ray machines used for cancer treatment are either outdated or obsolete. Even the pathological departments of the different medical colleges are so poorly equipped that they are practically of no use for cancer diagnosis.

There are prospects of some improvement in the existing situation. It was learnt that out of a relief grant of 20 crore, 7 cobalt units are due to be procured by government shortly. From another available fund, 2 more cobalt units are expected. If procurement of these cobalt units materialises, there may be a definite improvement in the facilities for cancer treatment. Each of the existing medical colleges can then be equipped with at least one cobalt unit. Mere availability of cobalt units will not, however, solve our problems. First, there is the question of building appropriate thick

walls at the site for accommodating a cobalt unit as per specification for ensuring full protection to the operators of the unit in the treatment room. Next, to operate the units, we will be needing trained doctors/physicians/technicians of which there is at present a chronic dearth in our country. In this perspective, planners in this line suggest that a crash programme should be undertaken well ahead in time to train adequate manpower to man the expected cobalt units. In this respect, the Bangladesh Cancer Society can play a helpful role.

At present the main cancer detection unit is that at the Cancer Institute and Research Hospital at Mohakhali. Here facilities for the clinical examination of cancer patients, cytologic examination, minor surgery for biopsies are available. However, the unit suffers from the serious handicap of having no facilities yet for radiotherapy. Since radiotherapy is not available, this hospital cannot yet provide the total care of cancer patients. This institution has been providing chemotherapy on a day-care basis.

Cytologic examinations are presently carried out by pathologists to a limited extent. Such services for the early diagnosis are available at a limited number of private laboratories in Dhaka. These services are lacking in most medical colleges.

In course of their practice, histopathologists come across many cases of cancer. Most pathologists who handle many surgical specimens, are exposed to a variety of cases of cancer. In fact, the burden of proof of cancer rests with the histopathologists.

In the opinion of cancer experts, we have the basic resources of physicians, specialists and an infrastructure of health care facilities. What is now urgently needed is a comprehensive cancer control plan for expeditious implementation to provide opportunities for these human resources to be appropriately developed, for the health facilities to be adequately equipped and for the effective operation of an effective and curative programme. In an interview with The Daily Star, she alleged that an "identified reactionary force" was out to foil the on-going development projects initiated by the NGOs.

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