



Childhood cancer is curable

PROF DR M A MANNAN

Medical personalities specially oncologists, social organisations and inspired people observed the World Cancer Day on February 4 gorgeously. The perspective of the day was "Our Children, our future".

Children departs every moment from this deadly disease not only due to complication of disease process but also improper treatment. Few people can bear the expenses of the disease. But if we all stand united against this fatal disease then we may overcome. Still there is hope – the bright horizon of livelihood. Statistics show every child out of nine hundreds die of cancer and half of them die due to the lack of care and treatment.

Childhood cancer is an emerging concern now-a-days and day by day it is taking more toll of childhood mortality. This is because, death from diseases like malnutrition, pneumonia, diarrhoea and other communicable diseases have been reduced significantly over the years due to better and available medical facilities and improved socioeconomic condition.

Available facilities

Obviously childhood cancer was never a priority to any government. The govt. decided to establish the first center of Paediatric Haematology and Oncology of the country at the Bangabandhu Sheikh Mujib Medical University (BSMMU) in 1998. It has now 32 indoor beds and runs outdoor clinics six days a

week and have 13 faculty members.

Besides this center, there are 21 medical colleges, six children hospitals and one national cancer hospital in the country that admit children with cancer. Hospital beds, food, doctor's consultation and routine investigations are usually done free in all public hospitals and BSMMU but the patients have to buy most of medicine and they have to pay for some special investigations.

Recently a flowcytometer has been set-up at BSMMU. Radiotherapy is available at Dhaka Medical College and National Cancer Institute Hospital at free of cost.

The changing referral pattern

19 years earlier it was difficult to convince the physician community that childhood cancer was curable and needed to be treated at special center from the very beginning. Doctors were reluctant to refer the patients due to this reason. It is our pleasure that over years the situation has totally been changed.

Treatment acceptance and cost of treatment

In the initial stage, drop out was very high. It was 75 percent between 1985 to 1990 but came down to 44 percent between 2000-2002. Cost of treatment had been always a major factor, but initially another major factor was the believe that cancer was incurable.

The attitude has been changed lot at present, primarily by seeing long term survivors who attend outdoor clinics for follow up. Another reason is that few parent's organisations have come forward



with the programme of giving "shelter" to these patients while they receive chemotherapy. That reduced the cost of the treatment significantly to many of the families who had to come from different corners of the country for treatment.

Some patients resort to other from of treatment like homeopath, traditional medicine or traditional healers.

Very few opt to go abroad for better treatment. In last two year's analysis it was found the 20 percent patients opted not to be treated at all, 22 percent failed to report after initial chemotherapy and 2 percent left for abroad for medical help.

Average cost of treatment for a

15 kg child is US\$ 3000 in ALL, US\$ 700 in Nephroblastoma and US\$ 500 in Hodgkin's disease. The cost includes cost of medicine, travel expenses, lodging and investigations while not in hospital.

At the first sight it seems to be comparatively lower than that of the developed countries. But we do not have a medical insurance system and statistics shows that 42 percent parents cannot even afford that. The actual figure of untreated patients is certainly much higher. We should not forget that statistics has been done on patients who either resides in Dhaka or could afford to come to Dhaka from distant places for treatment. Many people do not have that means too.

The success and failure

22 years earlier when I sailed for Edinburgh to be trained in Paediatric Haematology and Oncology I did not see any child with ALL to survive for more than 3 months. After 22 years I find five-year disease free survival at my center at 59 percent. Already more than a dozen young Paediatricians braved to take Paediatric Haematology and Oncology as their specialty. It is certainly a silver line in this field.

Our success is commendable but failure is not excusable. We cannot forget that even today 42 percent of the children who is brought to us by their parents with great hope are allowed to die even without giving them a chance. Many more die even without having a proper diagnosis.

More or less trained manpower is no longer a major problem at present, but financial constraints of the parents, health priorities and political commitment of the government and overall economic development of the country are the main contributing factors which cannot be solved by us alone and even by the government within a short period of time.

However if political commitment is there, at least trained manpower can be made available at each medical college hospital. In that case the drop out will be significantly lower as travel cost and cost of lodging are the major factors, which influence the long-term treatment-and surveillance of these patients.

Recommendation

We traveled a long way on this route. To take a further leap we need the following things.

1. Increased trained manpower
2. Availabilities of treatment facilities at doorstep. At least Paediatric Haematology and Oncology center should be established in all medical college hospitals

3. Pursuing government to allot more money in this field and having a political commitment for this

4. Availabilities of authentic drugs

5. Development of cheaper protocols for the poor

6. Regional co-operation

7. Involvement of Unicef, WHO in this field

8. Including Paediatric Haematology and Oncology in the syllabus of graduation level of medical studies

9. Increasing awareness about the disease among physicians and public in general by holding seminars, symposium, writing in newspapers, holding rallies etc.

10. Pursuing the people to be more generous to donate in the field and to come forward to help this children.

Let us believe and work for the slogan that "childhood cancer is curable".

The writer is the Chairman of Paediatrics Department as well as Pro-Vice Chancellor of Bangabandhu Sheikh Mujib Medical University (BSMMU).

Respiratory viruses are important causes of childhood pneumonia in Bangladesh.

Source: ICDDR,B

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No need to diet and exercise to lose weight

However, regular exercise can improve aerobic fitness and lower the risk of heart disease, diabetes, and certain types of cancer

A new study debunks the widely held belief that diet plus exercise is the most effective way to lose weight. Researchers report that dieting alone is just as effective as dieting plus exercise.

"For weight loss to occur, an individual needs to maintain a difference between the number of calories they consume everyday and the number of calories they burn through metabolism and physical activity," Dr. Leanne Redman of the Pennington Biomedical Research Center in Baton Rouge, Louisiana, explained.

"What we found was that it did not matter whether a reduction in calories was achieved through diet or burned everyday through exercise."

Thirty-five overweight but otherwise healthy adults – 16 men and 19 women – completed the 6-month study. Twelve were assigned to a diet-only group; they reduced their calorie intake by 25 percent. Twelve were assigned to diet plus exercise; they reduced their calorie intake by 12.5 percent and increased their exercise by 12.5 percent. The remaining 11 subjects made no significant diet or exercise changes.

Redman and colleagues found that the diet-only group and the diet plus exercise

group lost roughly the same amount of weight, albeit by different means. They lost about 10 percent of their body weight, 24 percent of their fat mass and 27 percent of their abdominal "visceral" fat – the deep internal fat linked to heart disease risk.

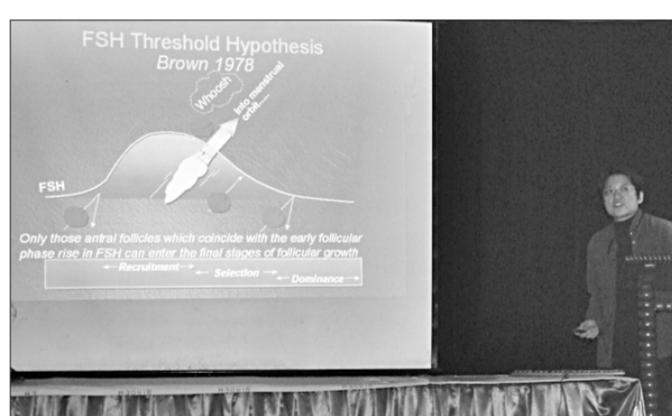
Therefore, if the goal is purely shedding pounds, diet or exercise will work, according to this study. However, as the researchers point out, regular exercise can improve aerobic fitness and lower the risk of heart disease, diabetes, and certain types of cancer.

The study also found that exercise did little to tone specific areas of the body. Fat was reduced consistently across the whole body and not more in any one trouble spot.

"Our study then would indicate that weight loss cannot override the way in which any individual stores fat. Perhaps an apple will always be an apple, and a pear, a pear," Redman concludes.

This suggests that people are genetically programmed for fat storage in a particular pattern and that this programming cannot be easily overcome by weight loss," the authors note in the Journal of Clinical Endocrinology and Metabolism.

HPV vaccine can help prevent cervical cancer



Dr Christine Yap, consultant obstetrician, gynaecologist and IVF clinician of Mount Elizabeth Hospital, Singapore is presenting a scientific paper in the 3rd National Diagnostic Ultrasound Conference.

TAREQ SALAHUDDIN

Ultrasonological investigations play vital role for accurate diagnosis and proper treatment of many diseases.

On embarking upon future exchange of ultrasound and infertility knowledge, recently Bangladesh Institute of Medical science (BIMS) and Bangladesh Association of Sonologist (BAS) jointly organised a three day long National Diagnostic Ultrasound Conference (3rd NDUC) at BIRDEM auditorium in the capital.

This was a step towards meeting of the minds in future promoting the theme — "Development of Ultrasound and its Research Activities".

Eminent ultrasonologists of the country attended and presented scientific papers in the conference. They presented different aspects, applications and recent updates in relevant field.

Dr Christine Yap, consultant obstetrician, gynaecologist and IVF clinician of Mount Elizabeth Hospital, Singapore attended the conference to present scientific paper and exchange views regarding the latest updates in this field.

Besides attending the conference, she also shared views with Star Health. She told about different burning issues and latest updates on gynaecology and assisted reproduction.

Dr Yap informed that there are some new drugs like recombinant FSH (follicle stimulating

hormone) which is pure and chemically synthesised by recombinant technology to help stimulating ovulation (release of an ovum from the mature ovarian follicle into the Fallopian tube) that helps women to conceive. This drug comes in liquid form that is more convenient for the patients to use. The result of stimulation by this drug is much better; in fact getting pregnant is easier than ever before.

Alternatively some others drugs like adrenergic antagonists are used to stimulate the ovum. All these come to make it more comfortable to the patients. The benefit of using these modern drugs are --- pain-free procedure, better stimulation and better outcome. Moreover these drugs are safer, because there is no biological risk. These drugs also make the cycle shorter that helps women avoiding the pain of injecting the drugs more frequently.

With the virtue of ultrasound and other investigations, detection of different congenital anomalies including chromosomal abnormalities are much easier to detect now. So people can now exclude these hassles before giving birth of a miserable child.

The use of 3D and 4D ultrasound machines have widespread applications to detect these abnormalities including screening. The field of ultrasound is extended now incorporating other techniques. MRI guided ultrasound ablation of fibroid is such an example, which

is a medical breakthrough.

Another important use is embolisation (using emboli inserted down a catheter into a blood vessel to treat internal bleeding) in fibroid to crack up its vessels.

Dr Yap also noticed that infertility is increasing day by day and are being considered as an emerging problem in women all over the world. It is most likely due to being pregnant at late age. So she advised women not to make unnecessary delay in getting pregnant whereas it increases complications putting them in high risk group.

Cervical cancer is another most common and notable ailment in gynaecology. The rate of cervical cancer is also increasing. HPV (human papilloma virus) vaccine is a pretty good preventive measure. It prevents some subtypes of cervical cancer. But women are not aware of getting vaccinated with HPV vaccine. Since it is available, women should get vaccinated immediately.

Cancer of ovary and breast are also common now-a-days. Changing the lifestyle to a healthy lifestyle, exercise, avoiding risk factors, regular screening are key to prevent the cancers.

Dr Yap emphasised on regular check up, at least once a year gynaecological routine check up, since early detection can play a good role in treatment. She also stressed on HPV vaccination to avoid cervical cancer.

ENDEAVOUR

Active community participation can ensure health services

PINAKI ROY

reproductive health and others constructive health issues.

Everything has become possible due to a project of Plan Bangladesh. Local partner Dustha Shasthya Kendra (DSK) has been implanting the health projects with the support of Plan and CIDA two international NGO. Plan Bangladesh is monitoring the projects.

During a recent visit in the project area, the villagers said that they have 100 percent sanitation coverage in those 55 villages. It was not even only one and half years ago.

It has been known that in the project area, Plan has engaged the juvenile and children in the activities. The young populations identify problems of different families in the village. Later the NGO workers talk with the seniors and local representative including



Students of Domni Mollika Khatun Adorsho Uchcho Vidyalaya in Prohlapur union discussing about HIV/AIDS and its prevention.

upazila, Gazipur were lagging behind to get health services. But in last two years there is not a single maternal death case in those villages due to sharp monitoring and proper services.

This wonderful success at a remote pocket of Bangladesh has become possible due to community health management approaches. The ordinary people of those villages themselves are identifying their health problems and taking care of that. With a little help of some NGOs, they themselves set up community healthcare clinics both static and satellite.

While visiting a health post at the remote Naniya village of Sripur upazila one week ago, it has been seen that all the healthy and capable couple of the villages are registered there. A community health promoter goes from house to house to advise them regarding birth control and reproductive health.

Send health related queries (either in English or Bangla) to Your Doctor, Star Health, The Daily Star, 19, Karwan Bazar, Dhaka 1215 or e-mail your problem to starhealth@thedailystar.net

reproduction and take necessary measures," said Taslima Begum, a community health promoter of Naniya health post.

Syed Ali a villager donated land three years ago to set up the health post. The villagers themselves collect subscription to run the health post, though the amount is very little.

Ordinary women, though they do not have educational background are the members of the executive committee of the health post. During their leisure time they visit and supervise the activities. "We also come to take health services," said Taslima Begum, a member of executive committee.

The villagers are operating six community clinics, four satellite clinics and three health posts in those villages with the help of Plan Bangladesh and DSK. To ensure the health services, 24 community health promoters, nine sub assistant community medical officers, one medical officer and two community organisers have been supervising the health management of those villages.

Besides, young populations in those villages are the member of children club to find out solutions of those problems.

"Last year we stopped a child marriage in our village. Parents of Sonia, 13, were trying to settle her marriage. We all from the children club went there and stopped that," said Tamanna a member of the children club. They are also making people aware about dowry and domestic violence.

The Plan Bangladesh also trained the local school teachers about reproductive health to teach the students. Two trained teachers in every high school in the project areas teach the students regarding reproductive health and HIV/AIDS in the classroom.

Soma (not her real name), a student of VIII of Domni Mollika Khatun Adorsho Uchcho Vidyalaya in Prohlapur union knows causes of HIV/AIDS and its prevention. "We learn from here and teach our friends and sisters regarding the reproductive health and HIV," said Soma.

athlete's foot or sensitivities to fabrics or leather dyes. But when this symptom occurs over a longer period, it can indicate a more serious disorder and should be evaluated by a physician.

One such cause of chronic burning feet is sensory peripheral neuropathy. This results from damage of the nerves that transmit sensation from the arms, hands, legs and feet to the brain. Causes of sensory peripheral neuropathy include:

- Diabetes
- Alcohol abuse
- Nutritional deficiencies, such as vitamin B12 deficiency anemia (pernicious anemia).

But you did not mention in your question about above problems. If you are also suffering from these problems, take it as serious.

Treatment of burning feet is directed at the underlying condition, if known. Consult with a physician to get appropriate treatment guideline. You can take the following tips to get relief from discomfort:

- Wear socks made of cotton — which allows your feet to "breathe" — rather than synthetic fabrics
- Avoid standing for long periods.
- Bathe your feet in cool water.



Prof Dr Abdus Sadir
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Dear Doctor
I am 35 years old and work in a private bank.

For a couple of months I have been suffering from burning sensation in my both feet. Often I have to put my shoes off due to this problem.

This is very embarrassing for me. What may cause it and should I concern for it. Please suggest me.

Regards
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