

Cancer: myths and realities

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The 4th of February is the World Cancer Day. The theme of this year is — *I am and I will*. One of the last things you want to hear your doctor say is, "You have cancer." Unfortunately there is an ever increasing number of cancer diagnosis over the years. Here are some of the top myths about the dreaded 'C word' — and the latest truths on what you really need to know about the disease.

Myth: If there is no family history, you do not have to worry about getting cancer.

Truth: Genetics only accounts for 5-10% of all cancers. In fact, your risk of developing any type of cancer, regardless of family history is one in three. If you do have a family history of cancer, be sure to tell your doctor because it can help inform what kind of tests your doctor may choose to run, which could lead to an earlier diagnosis and more effective treatment should you develop cancer.

Myth: There is nothing you can do to prevent cancer.

Truth: While many cases of cancer have no obvious cause, about 42% of cancer diagnoses and 45% of cancer deaths are linked to modifiable risk factors, according to a study. It is suspected that more than half of all cancer cases could be avoided if people took simple steps, like eating a plant-based diet, limiting



alcohol and doing 150 minutes of moderate activity (such as swift walking), or 75 minutes of brisk activity, a week.

Myth: Diet has nothing to do with preventing cancer.

Truth: While it is true that there are no specific 'super-foods' that can single-handedly keep you healthy, research has shown that plant-based diet could reduce overall cancer risk by as much as 10 to 12%.

Myth: Sleep does not play a part in cancer prevention.

Truth: On the contrary — men under the age of 65 who only get three to five hours of sleep per night have a 55% greater risk of dying of prostate cancer than men who clock seven hours, according to one study.

Myth: There is no connection between oral health and cancer.

Truth: People with severe gum disease have a 24% higher overall risk of developing cancer compared to those with mild or no gum disease, according to Journal of the National Cancer Institute.

Myth: You can be too old for cancer treatment.

Truth: There is no age limit for cancer treatment. Decisions about cancer treatment for older adults should be taken into consideration due to the same factors as for younger adults, and should not focus on the person's age alone. Many older patients benefit as much as younger patients from the treatment. However, some older adults may have other illnesses that might limit the use of specific treatments.

Myth: Everyone with cancer must start treatment immediately.

Truth: If a cancer is found at an early stage, is growing slowly, and your doctor feels treating the cancer would cause more discomfort than the disease, your doctor may recommend watchful waiting. During which the cancer is monitored closely. Treatment generally begins if the cancer shows signs of growing or begins causing symptoms.

Myth: Cancer thrives on sugar.

Truth: There is no conclusive evidence that proves eating sugar will make cancer grow and spread more quickly. All cells in the body, both healthy cells and cancer cells, depend on glucose, a type of sugar, to function. And the body breaks down all of the food you eat into glucose molecules. So, eating sugar would not speed up the growth of cancer, just as cutting sugar out completely would not slow down its growth.

Myth: Electronic devices, like cell phones, can cause cancer in the people who use them.

Truth: A few studies suggested a link with certain rare types of brain tumours, but the consensus among well-designed population studies is that there is no consistent association between cell phone use and brain cancer.

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DID YOU KNOW?



Parents unaware of kids' suicidal thoughts

Parents are frequently unaware of their adolescents' suicidal thoughts, and adolescents often deny the suicidal thoughts their parents report, according to a Paediatrics study.

A community-based sample of 5,100 adolescents aged 11 to 17 were asked whether they had ever thought about killing themselves (suicidal ideation) or whether they had ever had recurrent thoughts of death; parents answered the same questions about their adolescents.

Some 8% of adolescents reported that they had ever thought about suicide, but parents were aware just half the time. Additionally, 15% reported recurrent thoughts of death, but parents were aware 25% of the time. Parents were particularly unaware of suicidal ideation in younger adolescents. Of note, teens denied parent-reported suicidal thoughts half the time.

The researchers write, "It is possible that a large number of adolescents with suicide risk may not be detected by brief screens at routine check-ups. This highlights the urgent need for continued training of paediatric primary care physicians in the evaluation and management of suicidal ideation and the importance of collecting information from multiple informants and rectifying discrepant reports."

HEALTH bulletin

The health of refugees and migrants

STAR HEALTH DESK

Around 68.5 million people worldwide are currently displaced, with 25.4 million of these crossing international boundaries in search of protection. Migrants and refugees are likely to have good general health, but they can be at risk of falling sick in transition or whilst staying in receiving countries due to poor living conditions or adjustments in their lifestyle.

The health of refugees and migrants is important

Because the right to health is a basic human right; because refugees and migrants contribute actively to the development of both their host society and their native countries; and because providing timely access to quality health services to refugees and migrants is the best way to save lives and cut care costs, as well as protect the health of the resident citizens.

Migrants and refugees are likely to be healthy in general

But they can be at risk of falling sick in transition or whilst staying in new countries, due to poor living conditions such as camps with poor shelter and sanitation or changes in their lifestyle such as inadequate food and water, and increased stress.

Refugees and migrants can face challenges in accessing health care

For reasons including their legal status, language barriers and dis-

crimination. Some national health strategies may not make any reference to the health of refugees and migrants or the accessibility of health care for them. World Health Organisation (WHO) calls all countries to implement policies that provide health care services to all migrants and refugees, irrespective of their legal status.

Refugees and migrants have a lower risk for all forms of cancer, except cervical cancer

Cancer is more likely to be diagnosed at an advanced stage, which can lead to considerably worse health outcomes compared with the host population. Refugees and migrants also have a higher incidence, prevalence and mortality rate for diabetes than the host population.

Breakdown in health systems in the country of origin

Living with poor sanitation and contaminated water before or during the migratory journey increase the risk for a variety of infections (bacterial, viral and parasitic) including for vaccine-preventable diseases. Because of this, it is necessary for them to receive protection against infectious diseases and for health care workers at the frontline to understand the health risks for this population.

Post-traumatic stress disorder seems to be more prevalent among refugees and asylum seekers than the host population

Depression and anxiety are also

commonly reported, linked to lengthy asylum-seeking processes and poor socioeconomic conditions, such as unemployment or isolation.

Children without parents or a guardian are especially vulnerable and at risk for both health and social problems

Risks for abduction and trafficking for sale and exploitation can be exacerbated if border controls are weak, violations of children's rights already exist and there is easy access to the child. Children are also vulnerable to sexual exploitation and experience higher rates of depression and symptoms of post-traumatic stress disorder.

Making health systems refugee- and migrant-friendly

Means providing quality and affordable health coverage as well as social protection for all refugees and migrants regardless of their legal status; making health systems culturally and linguistically sensitive to address the communication barrier; ensuring health care workers are well equipped and experienced to diagnose and manage common infections and diseases; working better across different sectors that deal with migrant health; and improving collection of data on refugee and migrant health.

Source: World Health Organisation



25% of antibiotic prescriptions could be inappropriate

At least a quarter of outpatient antibiotic prescriptions filled in 2016 may have been unnecessary, researchers conclude in The BMJ.

Using a national U.S. claims database, the researchers identified over 15 million outpatient antibiotic prescriptions filled in 2016 by privately insured children and adults under age 65. The most common antibiotics used were azithromycin, amoxicillin, and amoxicillin-clavulanate, accounting for roughly half of prescriptions.

On the basis of ICD-10-CM diagnosis codes:

- 23% of prescriptions were classified as inappropriate, usually for acute bronchitis, acute upper respiratory tract infection, or respiratory symptoms.
- 36% were potentially appropriate, most frequently for acute sinusitis, acute suppurative otitis media, or acute pharyngitis.
- 13% were considered appropriate, most often for urinary tract infections, streptococcal pharyngitis or tonsillitis, and bacterial pneumonia.
- Some 29% of antibiotic prescriptions did not have an associated diagnosis code.



PHOTO: COURTESY

Empagliflozin reduces the risk of diabetic patients cardiovascular death by 38%

STAR HEALTH REPORT

A scientific seminar on 'Novel glucose lowering medication — Empagliflozin, a groundbreaking innovation for Type 2 Diabetes' was held in Dhaka recently, says a press release.

Endocrinologist Assistant Professor Dr Tanjina Hossain presented that the use of novel Empagliflozin (Empa) for type-2 diabetes also reduces the risk of cardiovascular death by 38%.

The American Diabetes Association (ADA) 2019 guidelines recommended the benefits of Empagliflozin for type 2 diabetes patients who have cardiovascular disease, heart failure, kidney disease and obesity.

Japan Bangladesh joint venture pharmaceutical company NIPRO JMI Pharma Ltd. arranged a scientific seminar.

CEO of NIPRO JMI Pharma Ltd. Md. Mizanur Rahman, Eminent Endocrinologists Prof. Dr. Zafar Ahamed Latif, Prof. Dr. Md. Faruque Pathan, Prof. Dr. S. M. Ashrafuzzaman, Prof. Emeritus Dr. Hajera Mahtab, Dr. Tanjina Hossain were present in the Scientific Seminar among others.

  /StarHealthBD

World Cancer Day 2019 February 4

An estimated **9.5 million** people worldwide were expected to die from cancer in 2018 – **about 26,000** cancer deaths a day - and that number is predicted to grow.

This year, the Union for International Cancer Control, which organizes World Cancer Day, is launching a new 3-year campaign with the theme: **"I Am and I Will."** It calls for a personal commitment to help reduce the global burden of cancer.

How people can help themselves:

- Make healthy lifestyle choices that include avoid using tobacco products, getting plenty of physical activity, eating a healthy diet, limiting alcohol, and staying safe in the sun.
- Know about signs and symptoms of cancer and early detection guidelines because finding cancer early often makes it easier to treat.
- Share stories about their own cancer experiences, communicate with decision-makers and join support groups to help make positive change for all people affected by cancer.
- When possible, use work and other daily activities during and after cancer treatment as opportunities to maintain normality, routine, stability, social contact and income.


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