

Rebuilding trust on cancer care in Bangladesh

In conversation with Faridur Rahman Khan, Managing Director, United Hospital Ltd.

What is the current situation of cancer in Bangladesh?

There is no official record available to verify the overall current situation of cancer in Bangladesh; however the data collected by GLOBOCAN shows the current situation of cancer in this region, especially India, Bangladesh and Nepal is quite terrifying. The statistics show, globally 1 in 10 men and 1 in 8 women will be afflicted with cancer by the time they turn 70. However, statistics in Bangladesh show 1 in 6 men and 1 in 8 women get afflicted with cancer in the same time period.

In Bangladesh, with an average life expectancy of 72 years, we need to make provisions and be prepared to tackle this disease taking this data into account. Unfortunately, there is no adequate timely data available in Bangladesh which can help us plan and move forward. If we could systemise cancer data properly in a national registry, we could have had the true picture of this ailment to set treatment protocols accordingly.

I also believe we need to create awareness among the common people of the country that quality cancer drugs are manufactured in Bangladesh and are also being exported abroad; so now for many cancers there is no need to go abroad for medicines. For the cancer drugs which are not manufactured here and need to be imported, the government can help by making the import of these medications little easier with flexible registration and shipping formalities. This will only serve the interest of the patients and not for profit of businessmen or hospitals. Authorities concerned should also consider providing fast track release of spare parts of life-saving equipment, as these can aid in rapid diagnosis and treatment.

The weakest spot of cancer management in Bangladesh now is lack of an advanced molecular diagnostic laboratory with immunohistochemistry of cancer histopathology. Government needs to initiate this with strong research wing to back it up. Without a prompt and correct diagnosis, confused cancer patients keep on visiting centers home and abroad and eventually their diagnosis and treatment get delayed.

Most of them come to us at a late stage when we cannot give them the curative treatment; we end up giving them palliative treatment at their terminal stage. We can get proper diagnosis and unique results, distinctive to our local context, if a proper molecular histopathology laboratory is launched in the country.

I believe, it's the responsibility of the medical community to create a sense of confidence and faith amongst our country people about the available convenient quality treatment that we have to treat cancer patients in their own homeland where they can have the comfort of presence of their family members.

What are the unique facilities that United Hospital offers for cancer treatment?

After United Hospital was launched in 2007, we prioritised on specialised treatments mostly in heart, kidney and cancer care. Cancer treatment around the world is now based on Nuclear Medicine specialty. The best and most detailed method of diagnosing cancer presence and spread is by nuclear PET CT scan, thereby enabling doctors to act quickly to set a technical course of

centers i.e. NINMAS, INMP at Savar and Dhaka Medical College Hospital, Medinova, CMH, Apollo. We feel immensely proud when in international forums it is publicly acknowledged that Cyclotron is available in Bangladesh as United Hospital represents Bangladesh, having the lone



Faridur Rahman Khan

Cyclotron of the country.

We are at par in radiation treatment with renowned hospitals worldwide. United Hospital is the only hospital of the country having the latest True Beam radiation technology that offers integrated imaging, beam delivery and motion management resulting in improved precision and speed of treatment reducing radiation time and increasing radiation safety. We can provide radiation with Respiratory Gating which is significant for lung and breast cancer treatment, since these tumors are always on the move due to breathing movements. Respiratory Gating synchronises this momentum by using measurements of the patient's breathing cycle to accurately identify the region in which the tumors will move, thereby giving precise radiation there killing the cancer cells while keeping the good tissues intact. We further offer precise & accurate IMRT, IGRT & Rapid Arc (VMAT) therapy. We do SRS (stereotactic

radiosurgery) for inoperable deep brain tumours without the need to open up the skull or damaging brain matter and also SBRT (stereotactic body radiation therapy) for liver cancers. All these unique modern facilities enable us to provide more accurate, safe and convenient radiation therapy for cancer patients.

United Hospital also has a unique PET based treatment planning system (TPS), from where cancer patients' radiation treatment plan is devised by correct identification of the exact location and accurate measurement of tumor or cancer. Since the country is lacking qualified radiation technologists and physicists, with United Hospital's TPS, we have the facility to provide on-line guidance to other radiation centers to provide accurate radiation for their patients.

How do you think, our people can be made more aware of cancer and its prevention?

The government, along with private stakeholders, need to strengthen the movement to raise awareness about preventive measures, like vaccines for cervical cancer, lifestyle modifications, smoking restrictions, which can keep cancer at bay. We also need to raise awareness about environmental pollution. Regular basic screenings can help prevent or at least diagnose the presence of cancer at an early stage. Coordinated efforts need to be taken by people from all walks of life, be it the community and religious leaders, teachers, doctors and other members of the society, to remove the myths concerning cancer. People still believe that cancer is contagious, whereas it can only prove to be contagious when the cancer afflicted organ is transplanted in another healthy patient. Then there is a misconception that only smokers will have lung cancer. Whereas, though active smokers are much more at risk of getting lung cancer, a non-smoker can also have it.

Please tell us how we can strengthen palliative care ensuring family & friend support, mental & social support for cancer patients.

Cancer patients at terminal stage are at

risk of suffering unbearable pain. Palliative care gives them relief of symptoms like reducing pain, easing breathing discomforts, assisting sleep etc thereby giving them as much comfort as possible. Physical medication is still very much a part of palliative care, contrary to the misconception that palliative care is only about controlling patients or offering mental support.

The biggest strength for palliative care comes from patients' family and friends. While hospitals in Bangladesh are commonly providing palliative care of different degree, I believe nursing homes, specifically dedicated for palliative care, should be established, so that terminal cancer patients get the best possible care and focused attention. Apart from family support, trained dedicated nursing and counseling is imperative. We should also encourage a culture of voluntary social worker care-providers from the community for patients on palliative therapy.

How can the private sector hospitals play a role in providing affordable facilities for the marginalised population?

Cancer treatment unfortunately is very expensive, considering the investments made for this. However, in order to provide affordable cancer care, a regimented team effort is essential which would need to be accountable. We at United Hospital are ready to extend our full cooperation for public-private partnership if the government establishes such a platform.

United Hospital currently is offering PET CT scan at only BDT 50,000 along with discounted radiation package upholding highest quality standards for financially disadvantaged cancer patients under a special scheme offering up to 50% discounted rates. This package starts from BDT 70,000 which patients can start availing with only a deposit of BDT 10,000. These rates are the lowest among all the private cancer care centers of the country. We want to ensure that no cancer sufferer leaves our premises without treatment and that they can continue and complete their treatment.

In order to provide affordable cancer care, a regimented team effort is essential. We at United Hospital are ready to extend our full cooperation for public-private partnership if the government establishes such a platform.

action. For PET CT scan one needs a tracer called FDG (fluorodeoxyglucose) which is produced in Medical Cyclotron. United Hospital invested around BDT 100 crore to install the first and only Medical Cyclotron in 2011 and has been serving the country for the last seven years producing FDG, not only for itself but also for other six

Traditional stoves causing lung cancer

FROM PAGE J1

"Cooking with firewood is an age-old tradition in the country. However, women were never detected with lung cancer before as they wouldn't visit doctors even after suffering symptoms."

According to the World Health Organization, around 1.17 lakh people die in Bangladesh every year due to exposure to smoke and harmful chemicals from clay stoves.

Talking to The Daily Star, Ayena said smoke emitting from the stove irritated her eyes and throat.

In low-income households, both in urban and rural settings, women are exposed to indoor pollution because of these traditional stoves.

48-year-old Jamila Khatun, who regularly used a traditional clay stove, from Kishoregonj is suffering from lung cancer. Jamila has recently been admitted to NICRH. She has been suffering with lung cancer for two years and has taken eight chemotherapies.

If cancer is diagnosed at the first stage, it is treatable, said Rafiqul.

Targeted therapy that uses drugs to block the growth and spread of cancer cells all over the body is an alternative to chemotherapy and gives better results.

But women come to NICRH when cancer reaches the third stage. Before that they try out so-called herbal treatment or "kibiraj".

The head of the Pulmonology department of Dhaka Medical College Hospital



Smoke from cooking fires kills hundreds of women per year.

PHOTO: ANISUR RAHMAN

(DMCH), Biswas Akhtar Hossen, informed that chronic obstructive pulmonary diseases are associated with biomass gas, which can also lead to serious lung problems.

Biomass gas is emitted from burning firewood, and women get exposed to that while cooking on clay stoves, he said. Pulmonology is a medical specialty that deals with diseases affecting respiratory tract.

The government developed an action plan in 2013 with a goal to reach three

crore households with clean cooking solutions. The goal is set for 2030.

More than 1.65 million improved cooking stoves were distributed among the rural households till January 2019 by the state-owned financial institution, Infrastructure Development Company Ltd (Idcol). The German International Cooperation Agency, GIZ along with partners installed 2.6 million environment friendly stoves, known as Bandhua Chula throughout Bangladesh since 2006.

cal colleges have facilities to provide cancer treatment and education. However, only five medical colleges, apart from NICRH and BSMMU, actually run the postgraduate cancer studies programme. Most medical colleges only offer courses on radiation oncology, say officials at NICRH.

Training on histopathology and cytopathology are very important for cancer screening, but there is limited focus on them, say Dr Habibullah Ruskin. Some short-term courses on histopathology and cytopathology were conducted under a programme of the World Health Organization in 2004 but then even that stopped, he added.

"We need to train health personnel, including those posted at medical colleges, and district and upazila hospitals across the country, on cancer screening," says Dr Ruskin.

The government will need to establish a strong network of cancer centers and related NGOs that will work in unison for cancer awareness and prevention, he added.

"There needs to be a holistic approach in cancer control. Anything ad hoc will not work," concludes Prof Rashid-E-Mahbub.

Cigarette top killer

MD FOISAL AHMED

Tobacco is the single most important risk factor for cancer. Bangladesh is one of the largest tobacco consuming countries in the world; each year tobacco-related diseases kill over 100,000 people in Bangladesh, and among this about 38 percent deaths occur from tobacco related cancer mortality, a recent research has shown.

According to the Global Adult Tobacco Survey (GATS) in 2017, more than 37.8 million adults, both men and women, are consuming smoke or smokeless tobacco products. About 19.2 adults smoked tobacco, in which about 15.0 million adults smoked cigarettes and about 5.3 million adults smoked bidis.

"The link between smoking and cancer is very clear. Tobacco smoke contains approximately 4000 chemicals, a significant number of them are toxic and can damage cells and many of them are carcinogenic, which is a big reason of cancer", said Dr Md Abdullah Al Noman of Radiation Oncology department, National Institute of Cancer Research and Hospital (NICRH).

Dr Md Habibullah Talukder, Associate Professor of NICRH, when discussing the dangerous impacts of smoking stated that it can cause many types of cancers, such as, lung cancer, oral cancer, liver cancer, stomach cancer, colorectal cancer, bladder cancer, pharynx (upper throat) cancer, nose and sinuses cancer, larynx (voice box) cancer, esophagus (food pipe) cancer, pancreatic cancer, kidney cancer, bowel cancer, colon cancer, rectum cancer and some types of leukemia.

For women, smoking can also cause cervical cancer, breast cancer and cancer on ovary, he added.

Dr Noman also said that smoking makes radiation therapy and chemotherapy less effective and can make treatment-related side effects worse.

If a smoker needs any surgery, the wounds from surgery cannot heal quickly and increases the risk of complications, because smoking decreases the amount of oxygen that tissues receive, he added.

As per Cancer Research UK, DNA is changed for every 15 cigarettes smoked, which could cause a cancerous cell in the body.

Smokeless tobacco use is common among both women and men. Overall, 22.0 million adults used smokeless tobacco; among them 20 million used betel quid with tobacco and 3.9 million used gul (oral tobacco powder), GATS research has also shown.

Tobacco that is not burned includes chewing tobacco, oral tobacco, spitting tobacco, dip, chew, dissolvable tobacco and snuff.

According to National Cancer Institute (NCI) of United States, smokeless tobacco also can cause different types of cancer, including oral (mouth, tongue, cheek and gum), esophageal and pancreatic cancers.

GATS has further reported that more people were exposed to second-hand smoke (SHS) at home and outside. It showed that about 40.8 million people at home, 8.1 million people at workplace and 25 million at public transport were exposed to SHS.

When someone smokes a cigarette, large amounts of its smoke goes into the air. When people nearby breathe this in, they are exposed to second-hand smoke (SHS).

As per American Cancer Society (ACS), SHS is more toxic and has higher concentration of cancer-causing agents.

Youth tobacco consumption is a concern in Bangladesh, as nearly 7 percent of the 13-15 age group consume



Each year, tobacco-related diseases kill over 100,000 people in Bangladesh

tobacco products, a study revealed.

Dr Golam Mohiuddin Faruq, Joint Secretary of Bangladesh Cancer Society (BCS) said that it is a matter of great regret that the cultivation of tobacco is still rampant.

Progga, a nonprofit organization, revealed that the Smoking and Tobacco Products Usage (Control) Act, 2005 was a good law for controlling tobacco production and use, but it should be better implemented.

Eating fibreless food, especially red meat, obesity, physical inactivity and taking alcohol are also major risk factors of cancer, said Dr Talukder.

Ridiculously inadequate

FROM PAGE J1

There should be a system that makes it mandatory for everyone after a certain age to be screened for cancer. "This is extremely important because the chance of recovery is higher if cancer is detected early," he adds.

In Bangladesh, most of cancer cases are detected at an advanced stage when the chance of recovery is thin, says Mahbub, former Pro-Vice Chancellor at the Bangabandhu Sheikh Mujib Medical University (BSMMU).

The Ministry of Health and Family Welfare has planned on establishing a 100-bed cancer hospital in each of the eight divisions, an important step forward, says Mahbub, but he also asks if initiatives have been taken to train adequate cancer specialists.

"Well-equipped hospitals and expensive machinery will be of no use without adequate cancer specialists and related staff," he adds.

Prof Dr Sabera Khatun, Chairman at the Department of Gynecological Oncology at BSMMU, agrees. She says that public hospitals, mainly NICRH and BSMMU, remain seriously overcrowded by cancer patients due to shortage of cancer centers and specialists.

"If a patient requires radiotherapy or surgery, he or she has to wait for months to get an appointment. Thus, the patient's situation gets worse," she says.

INCONSISTENCIES IN CANCER EDUCATION

According to public health experts, there are three major treatment methods of cancer - surgery, radiotherapy and chemotherapy. All of these require specialisation. Radiation oncology is treated as the main study of cancer in Bangladesh, while there are courses for surgical oncology course, but almost nothing on medical oncology (chemotherapy).

In Bangladesh, radiologists are considered skilled enough to offer both radiotherapy and chemotherapy services, a notion that is outright harmful because chemotherapy (medication for cancer) requires specialisation, state health experts.

"Our authorities are not thinking about these issues clearly," Rashid-E-Mahbub told The Daily Star.

According to NICRH officials, in Bangladesh, only around 10 to 12 doctors specialised in cancer studies every year.

NICRH, BSMMU and 19 other public medi-