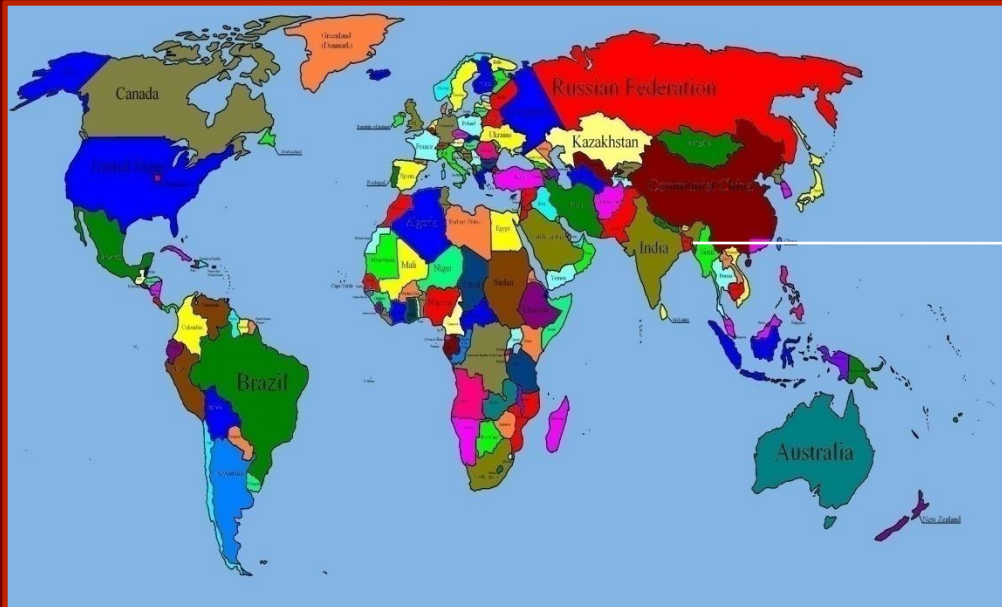


BREAST CANCER: PRESENTATION AND LIMITATION OF TREATMENT – BANGLADESH PERSPECTIVE

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Bangladesh

- Population-160million, 50% are female
- Illiteracy- 25% But 45% female population become illiterate
- Below Poverty level- 31%,
- Races- 99% Same
1% Tribal
- Doctors: Population= 5/10000
- Nurses: Population = 2/10000



Health Infrastructure-in Bangladesh



A.
Primary

B.
Secondary



- A. Only for primary healthcare
- B. Emergency / Routine surgery done but- Tissue diagnosis, Mammography, Radiotherapy, Chemotherapy facilities are not available



C. Almost all facilities are available for diagnosis as well as treatment purpose



BSM Medical university



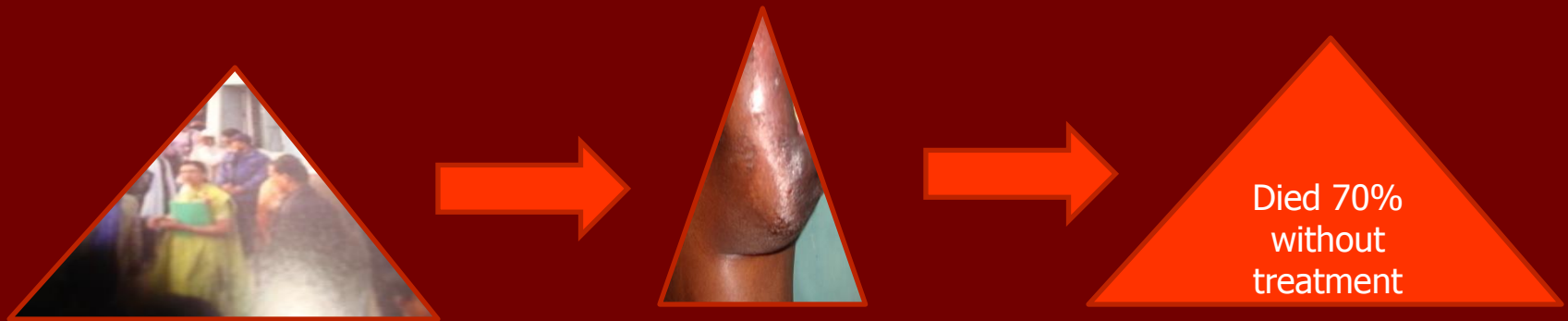
National Cancer institute

C. Tertiary Hospital

Data of breast cancer in Bangladesh

Approximately 22,000 women developed breast cancer every year, many of them never seek treatment. About 70% died without treatment

Second most common cancer among women in Bangladesh



Data-estimated by Govt.NGO,Social Survey 2003-2009

Data of Female Cancer-in Bangladesh

Whole country (Approximately)

Type of Malignancy	%
Lung Carcinoma	25
Breast Cancer	21
Cervical Cancer	20
Oro-Facial Carcinoma	7
Gastric Carcinoma	6
Other Malignancies	21

Statistic of cancer 2009

Tertiary Hospital (BSMMU)

Type of Malignancy	%
Breast Carcinoma	25
Cervical carcinoma	21
Gastric carcinoma	20
HB & Pancreatic Cancer	9
Anorectal & Colonic Cancer GIST	9
Other Malignancies	16

Statistics of 2014

Clinical Presentation

- Bangladeshi female socially and religiously conservative



- Literally and economically below average



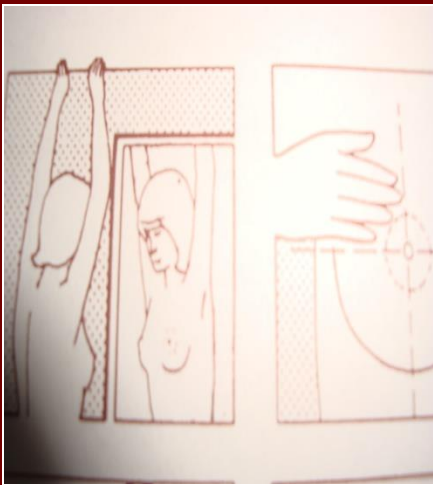
Clinical Presentation..

- Lump when 1st identified already attains a big size



Clinical Presentation.

- Patient do not even know- SBE-Thought social harassment
- No facility to do it in house or pond



Clinical Presentation.

- After identification of lump-applied –hot compression, lime, herbal medicine, “neem patha” (a leaf that causes abscess formation)



Clinical Presentation.

- Some times lump in breast, it is assume to be a normal phenomena which will subsequently disappear, as a result patient do not attend health worker or health centre



Clinical Presentation.

- Large group with nipple discharge along with lump ,to attend Quak (local so called doctor) – not for the tumour but for social and personel discomfort –applied neem patha –causes abscess formation, with the idea that discharge from abscess will reduce lump
- As a result disease become advanced



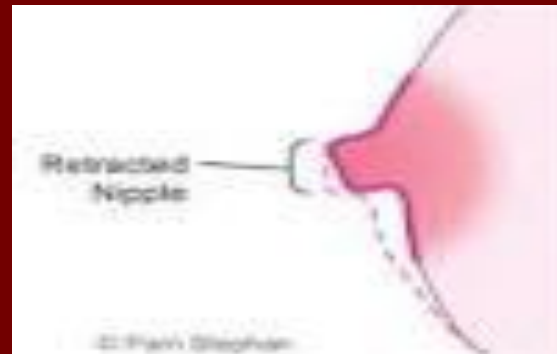
Clinical Presentation.

- Few patient present with axillary and supra clavicular lump, fungating mass with bleeding, disease already become advanced



Clinical Presentation.

- About nipple retraction they try to protrude it by application of “Jelly” for curative purpose but with time disease become progressed



Clinical Presentation.

- The patient with Paget's disease often get treated by local doctors as eczema, keeping the cancer ignored



Clinical Presentation.

- Some patient with lump attend to field workers and quak (so called village doctor)-treated with drugs (steroid or antibiotic)- no improvement. They are psychologically upset refusing any further treatment and ultimately found to have advanced cancer



Clinical Presentation.

- Nipple discharge with crust formation-as a result of application of some antiseptic, and subsequently sloughing out of nipple and areola, resulting in an ulcer with loss of nipple and areola



Clinical Presentation.

- Another group of patient – who presented with recurrent lesion after excision of lump with no histopathological examination report ,no prior FNAC or mammography. They are mostly treated in primary and secondary hospitals



Clinical Presentation.

- A very Small number of patient found to present with recurrence, after partial mastectomy done, they often have no axillary dissection and has ugly scar



Clinical Presentation.

- In tribal population, tradition of application of hot water on a breast lump resulting in skin sloughing and unhealthy ugly wound. when they finally reach health centre they diagnosed as breast cancer
- Some tribal population do not consider a lump to be significant unless they are big

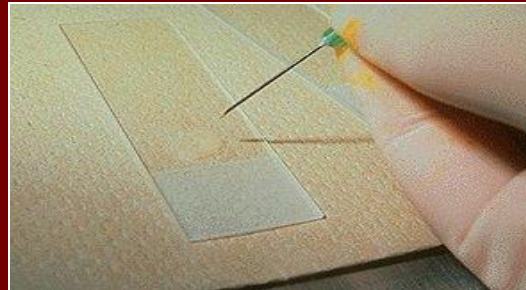
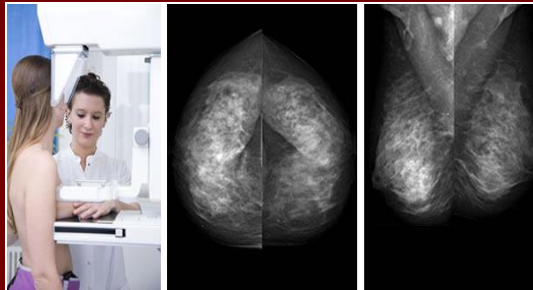


Clinical presentation Data- BSMMU, 2009 to 2014 n=4153

Homeopathe and Herbal	>62%
Lump-Big size	>82%
Nipple Discharge	<4%
Nipple Retraction	<5%
Fumigating, Regional lump	>3%
After lumpectomy Recurrences	>3%
After partial mastectomy	<1%

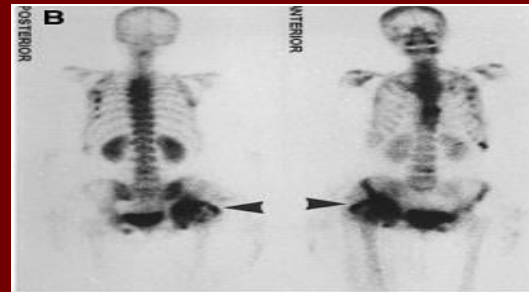
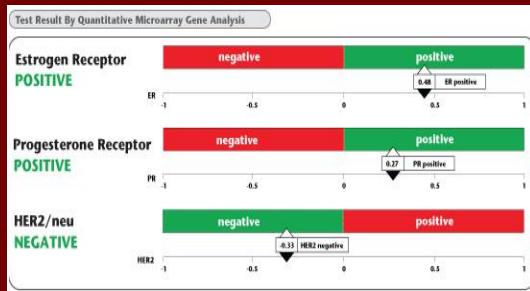
Lack of diagnostic facility

- We also lack of facilities to diagnose malignancy at primary and secondary level.
- We do not have histopathology, FNAC, Mammography at primary & Secondary levels and many patient can not go to tertiary level hospital



Lack of Investigation.....

- The investigations like receptor study, bone scan are expensive and not available below tertiary level hospital. So many patients cannot afford the cost and go for much less expensive treatment.



Limitation of treatment

- We are **treating huge number** of breast cancer patient in our country,our many limitations within our capacity
- We are treating properly to some extent , **only tertiary level** hospital, not primary and secondary level hospital
- Our patient do not come to us early, as there is **lack of awareness**



Limitation of treatment...

Skill surgeon and oncologist

- We also lack of skilled surgeons at any level & female surgeons are rarity
- Oncologists are also lacking , not sufficient even in tertiary level & specialized centers.



Limitation of treatment....

Cancer board

- Many patients who get wrong treatment
- We lack a Cancer Board which is essential to provide a consensus plan of treatment for each patient – only “Cancer board” running in tertiary hospital in capital city, Dhaka.



Limitation of treatment.

- Patient fail to understand the gravity and importance of the situation
- They do not consider it to be a problem, as there is no pain



Limitation of treatment.

- our culture and religion form a conservative society where the women and the family are uncomfortable to see a male doctor for breast problem. Most of our surgeons are male



Limitation of treatment.

- Many take homeopathic medicines and other indigenous medicines as they are cheap and widely available and also financial constrains of the poor people also inhibit to see a doctor



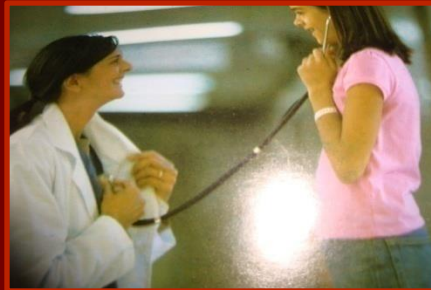
Limitations....

- We have patients who have lumpectomy done by non-certified surgeon, and no histological examination are performed and malignancy remain undiagnosed



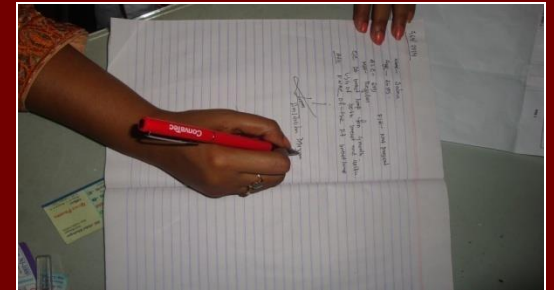
Limitations....

- Some patients are treated by certified surgeons with partial or incomplete mastectomy. A good axillary dissection is not achieved by most surgeons because of the lack of training.



Limitations....

- Breast conserving surgery rarely practice because of inadequate post-operative radiotherapy facilities and improper post-operative follow up.



Limitations....

- Sentinel node biopsy is only possible in 2/3 centers, only capital city Dhaka, and frozen section facilities only tertiary level hospital



Limitations...

- After Surgery, many women do not continue chemotherapy because of fear of side effects and most importantly because of its high cost.



Limitations...

- Facilities for radiotherapy are also very less. Only 2/3 centers at private level hospital have proper machines and not many can avail this. Drugs are not also available everywhere, found only medical college based city area and capital city Dhaka, Bangladesh



Limitations...

- Many patients failed to avail timely treatment or discontinue treatment as they are unable to reach to political turmoil, road blockage, strikes and natural calamities which are common problems in Bangladesh



Treatment Data BSMMU, Dhaka n=4153 (2009to2014)

- Simple Mastectomy with AD - >80%
- Breast Conservative Surgery - <1%
- Toilet Mastectomy - >12%
- Adjuvant Therapy - >5%
- Rehabilitation and palliative care - <2%

Confused to visit where to go



- Quak, Herbal
- Female practitioner
- Gynecologist
- Oncologist
- Surgeons

Limitations....

- ❑ Lack of awareness about where to seek help or whom to report.
- ❑ Social and religious binding.
- ❑ Lack of facility.



Unavoidable Advice

- They have advice from various person & shuttle between surgeon, oncologist, female doctors, are available nearer to their home



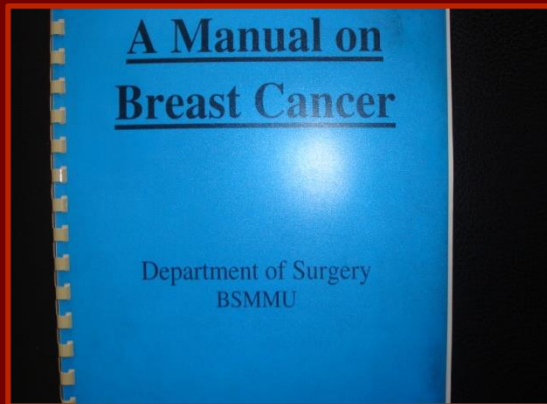
Limitations....

- ❑ Fear and rejection by their surroundings and families.
- ❑ Fear about-organ removal, side effects of CT/RT.



Protocol and Screening

- There is no national management protocol and screening programme in Bangladesh, to perform standard unique treatment and to detect early breast cancer.

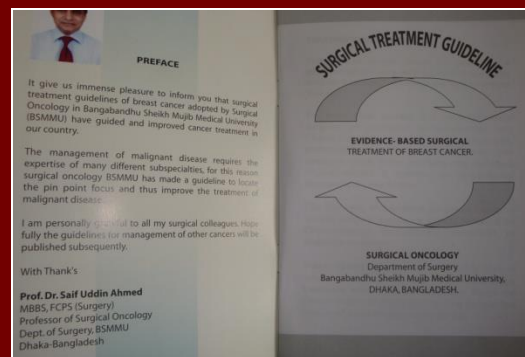
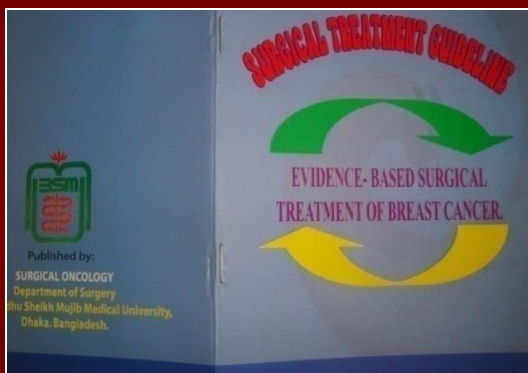


**For screening
cancer**



Protocol and Screening . . .

- BSMMU, the only medical University of the country, has adopted a surgical treatment protocol of breast cancer, which has followed most of the hospital and health center in our country



* Separate screening program –

- Institutional based- BSM Medical University
- Wide based national- Pilot project- along with cervical cancer program from 2009, combinedly.
- I worked as “Focal point” – Breast Cancer Screening Program



Bangladesh Govt.



UNFPA



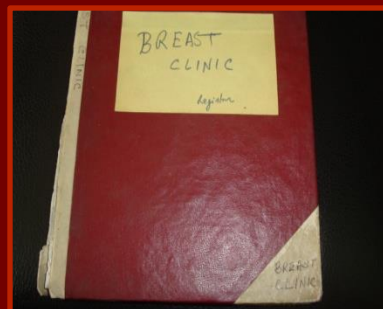
BSMMU

Objectives-

- To trained field worker, Nurses, Paramedics and doctor
- To Overcome religious and social bindings

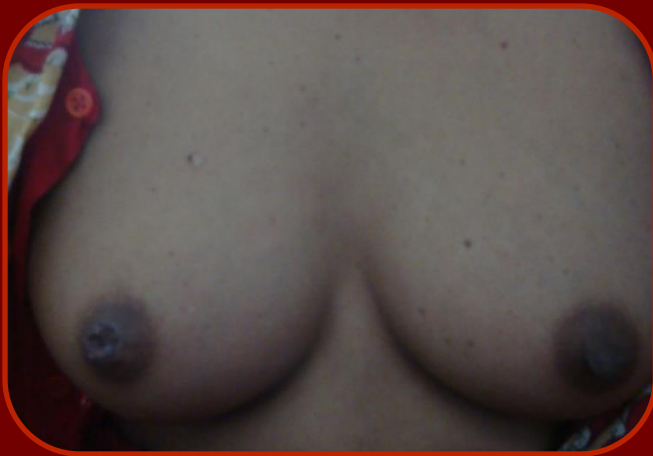
Protocol and Screening

- BSMMU started out door based awareness and screening program for breast cancer detection as BREAST CLINIC, as a result, the number of early cancer detection is easier.

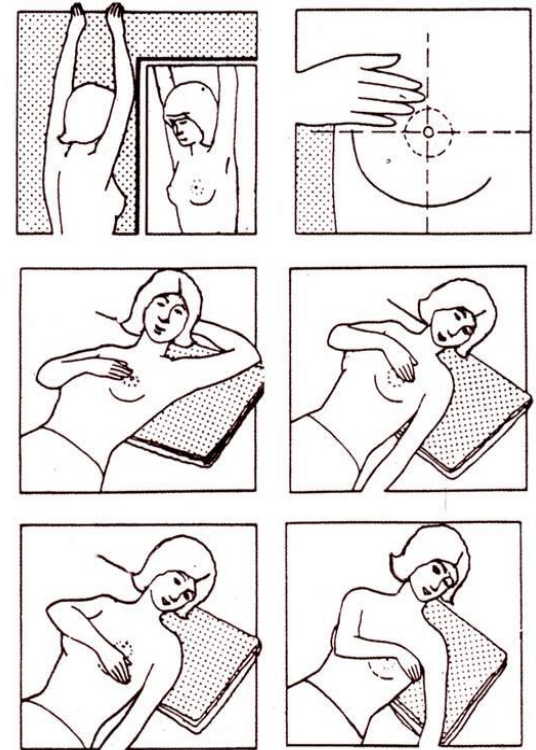


EARLY DETECTION- BY SCREENING

1. SBE- During bath - Show in Video
In front of mirror
On lying condition
2. CBE.



নিজ হাতে পরীক্ষা করুন
Self examination chart



3.Referal system –primary → secondary → tertiary hospital

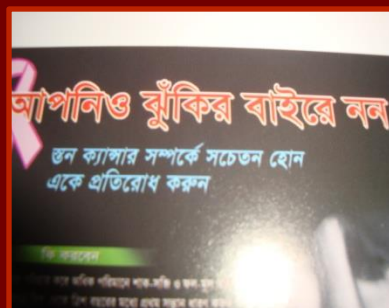
Bangladesh Go Ahead

- Increase Illiteracy
- Decrease Poverty
- Overcome religious binding
- Removal of ignorance

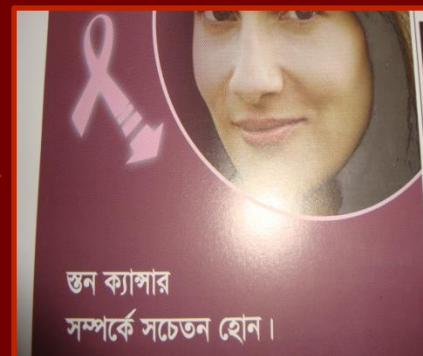
Go to proper place
Improve facility



Health Education



Knowledge



- ❑ More green leaf vegetable.
- ❑ Breast feeding.
- ❑ Give up –smoking, alcoholism
- ❑ 1st child before 30yrs
- ❑ Balance diet and exercise



- ❑ Acurate diagnostic facility or referral system
- ❑ .proper and adequare treatment
- ❑ Government involvement along with NGO ,socio cultural organization

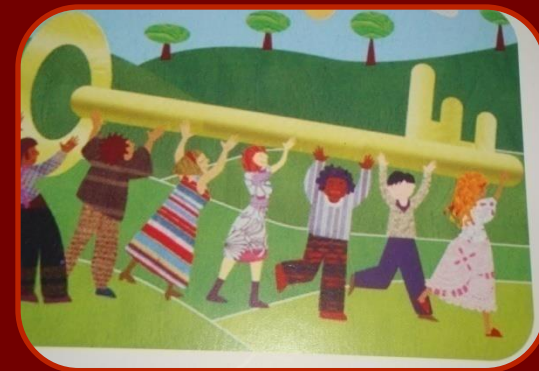
Counseling & psychological support



Trained manpower



Rehabilitation.



স্তন ক্যান্সার
সচেতনতা কার্যক্রম

**THANK
YOU**

