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# Editorial

## Cancer, Cancer Control and Bangladesh

Among the non communicable diseases - cancer is one of the leading causes of morbidity and mortality in Bangladesh. Every year around 2,00,000 people develop different types of cancer and about 1,50,000 die of it. It is estimated that cancer is the sixth most common cause of mortality in Bangladesh and more than half of the cancer patients die within five years of diagnosis. The number of people developing cancer is expected to increase in huge number mainly because of ageing population as the life expectancy is improving and our lifestyle & environmental factors. Cancer load is roughly estimated more than 12,00,000 in Bangladesh[1,2]. At present we have the capability to prevent at least one-third of the cancer cases. Depending on the availability of resources, early detection and effective management a further third of cancers are also possible to treat. And when cancer cannot be cured, or held in remission, prevention and relief of suffering can greatly improve the quality of life of people with cancer and their families by the means of palliative care. The whole process of cancer management is complex and achieving what is possible poses significant challenges. Cancer includes over a hundred types with different causes. It can arise in any organ and at any age group. Also, there is a wide range of organizations and health professionals, both government and non-government, involved in the many aspects of cancer prevention, detection, diagnosis, treatment and care[2,3]. Now we have a 650 bed government level National Institute of Cancer Research and Hospital (NICRH), a 500 bed private Ahsania Mission Cancer Hospital, some other small cancer care centers and attached cancer care departments in some of the medical colleges and institutes across the country[2].

Government of Bangladesh with technical support from WHO has formulated 'National Non Communicable Diseases Strategy and Plan of Action' in 2007. Government has expressed its commitment to formulate 'National Cancer Control Strategy and Plan of Action', public policy document such as Strategic Investment Plan and Revised Program Implementation Plan of HNPSP (2003-11) include reduction of incidence and impact of cancer as one of the health goal chosen for implementation. Along with other South-East Asian countries, we have accepted the conclusion of WHO that development and implementation of a national cancer control strategy is the most effective way of reducing the incidence and impact of cancer. The strategy includes purposes, principles and goals to guide existing and future actions to control cancer. It also includes objectives and broad areas for action[1,4,5].

**Bangladesh Scenario for Cancer Registry**

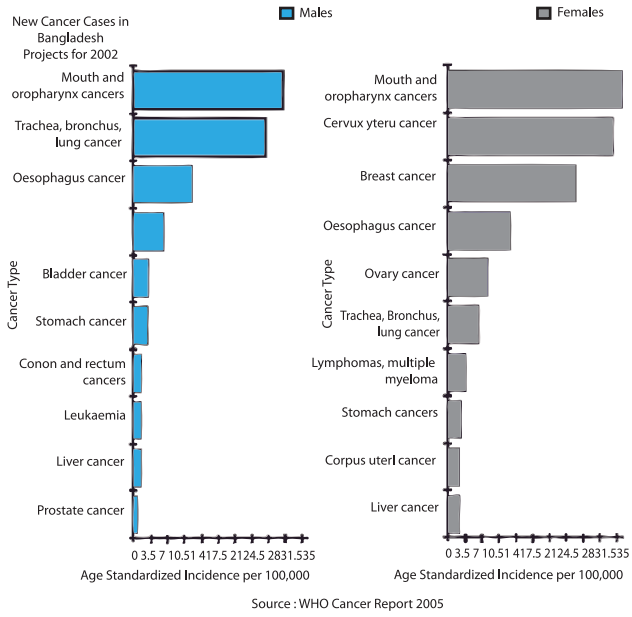
Bangladesh is still lacking a national cancer registry. According to Bangladesh Bureau of Statistics cancer is the sixth leading cause of death in Bangladesh. A few decades ago, a hospital based registry was initiated in 1967 at Radiotherapy Department of Dhaka Medical College Hospital and continued till 1971. A few years back, hospital based cancer registry was initiated at National Institute of Cancer Research Hospital and Oncology Department of Bangabandhu Sheikh Muijb Medical University. International Agency for Research on Cancer (IARC) has been estimated death from cancer in Bangladesh is 7.5 % in 2005 and projected that it would be increased up to 13 % in 2030. IARC (in 2002) has been projected death from 10 leading cancers in women are mouth and oro-phyrangeal cancer, cervical, breast, esophageal cancer, ovarian cancer, lung cancer, lymphoma, stomach, liver, colo-rectal cancer and in men are mouth and oro-phyrangeal, lung cancer, esophageal cancer, lymphoma, stomach, bladder, liver cancer, leukaemia, colo-rectal cancer and prostate. A recent WHO study has been estimated that there are 49,000 oral cancer, 71,000 pharynx & laryngeal cancer and 196,000 lung cancer cases in Bangladesh among those aged 30 years or above. The same study observed that 3.6% of the admissions in medical college hospitals for the same age group are due to cancers of oral cavity, larynx and lungs (WHO 2007). Other cancer loads are skin cancer, lip cancer, marjolin's ulcer & scar related cancers, arsenic related cancers and soft tissue sarcomas[1,2,5,6,7].

Bangladesh is not able to provide the latest treatment facilities for cancer management and government's support is inadequate. Every year Bangladesh is losing huge amount of foreign currency for this purpose. If government would invest one quarter of this amount for next four years overall cancer management could reach at the level of South East Asian Regional standard.

**Cancer Epidemiology in Bangladesh**

Like many other countries in the world cancer in Bangladesh is one of the major killer diseases. The National Institute of Cancer Research and Hospital (NICRH), Dhaka, started a cancer registry in 2005 for the first time in Bangladesh with technical assistance from the World Health Organization (WHO). This report covers three years from 2005 to 2007. Data were collected from 24,847 cancer patients who attended the NICRH for the first time. Essential information (confirmed diagnosis) could be made available for 18,829 cases, and they are included in this analysis. Among them 10,847 (57.6%) were male. Lung cancer was the leading cancer (17.3%), followed by cancers of breast (12.3%), lymph nodes and lymphatics (8.4%) and cervix (8.4%) for sexes combined in all ages. In male lung (25.5%) and in female breast (25.6%) and cervical (21.5%) cancers were predominant. In

children aged 14 years or younger (n=657) lymphoma, retinoblastoma, osteosarcoma, leukaemia and kidney cancers were most prevalent. Lung cancer in males and cervical & breast cancer in females constitute 38% of all cancers in Bangladesh[2]. According to the latest WHO data published in April 2011 - oral cancer deaths in Bangladesh reached 11,562 or 1.21% of total deaths. The age adjusted Death Rate is 12.52 per 100,000 of population ranks Bangladesh #4 in the world. At present, there are one million (12 lakh) cancer patients in Bangladesh while approximately 2,50,000 new patients, mostly women, are added every year creating a social burden on the country. The country's women are now in danger of being affected by cervical cancer, one of the sexually transmitted diseases that claim the life of 18 women every day in the country for lack of awareness[1,2].



Source : WHO Cancer Report 2005

## Surgery including Plastic Surgery

Surgery plays an important role in the diagnosis, staging and treatment of localized cancers. Where other modalities form the mainstay of treatment, surgery can contribute through removal of tumour masses, palliation and treatment of some complications. Surgery requires the support of other specialties including anaesthesiology, plastic surgery, blood transfusion services, pathology (specially oncopathology) and critical care nursing. In early stage solid tumours, surgery that encompasses a sufficient margin of normal tissue is curative. These include early stage cancers of the breast, oral cavity & lip, uterine cervix, colon, scar related cancer, soft tissue sarcoma, prostate and the skin. Surgeries including plastic surgery are also used after post chemotherapy or radiotherapy to provide local cancer control and better chances for adjuvant therapy. In certain solid tumours, surgery is critical for reducing bulk (cyto-reduction). Surgery is valuable in oncology emergencies, to relieve bowel obstruction, promote cessation of bleeding, close perforations, relieve compression, and drain ascites or pleural effusions. Apart from treatment, surgery for reconstruction and rehabilitation can improve function and cosmetic appearance and enhance quality of life for patients. Even, oncoplastic surgery is now been employed to improve the quality of life[1,2,8,9,10].

## Conclusion

In comparison for example: Bangladesh, where medical treatment is at a premium but cancer load is huge due to population number. The government provided facilities lack medical specialism, medication, specialist, nurse and facilities. In contrast, Bangladesh boasts of a cancer institute with approximately 100 cancer specialists across all specialties including plastic surgery serving a population of 160 million. Total cancer care is out of the question as there are no fully functioning Cancer Hospitals in all major cities and a Cancer Registry. The government of Bangladesh needs to rethink its present health care provisions and work with NGOs. The cost is a major factor for many developing nations; research has shown an effective awareness program may reduce the incidence of developing some cancers by as much as 30%.

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