

Head and Neck Cancer - Bangladesh Perspective

Human body contains about 100 trillion cells. There are 200 types of cells and 100 types of cancer are detected there. Cancer is a group of diseases involving abnormal cell growth with the potential to invade or spread to other parts of the body. It attacks like a crab with multiple claws and try to kill the victims. Cancer is number 2 killer and 1 death is among 6 death according to IARC (International agency for research on cancer).

There were 14.1 million new cancer and 8.2 million cancer death in 2012 all over the world. With current rate the global cancer burden is expected to increase to 21.7 million cases and 13 million death by 2030. In 2018 18.1 million new cases and 9.6 million cancer death were detected¹

According to WHO Approximately 75% death occur in low and middle economic countries. 60% of the patients come at the late stage. 57.5% of global head neck cancer is dealt by India². The total annual cost of cancer in 2010 was estimated approximately US \$ 1.16 trillion.

Bangladesh has no population based cancer registry. It is roughly estimated that 1300 to 1500 thousand cancer patients are present and 200 thousand patients are added each year³. As per GLOBOCAN 2012 data published by IARC for Bangladesh showed that estimated population were 15,2408 thousand, 122.7 thousand new cases and 91.3 thousand death from cancer. According to GLOBOCAN 2018 estimated population were 16,6368 thousand, 150.7 thousand new cases and 108.1 thousand death from cancer.

Head neck cancer is about 30% of all cancer in male and 11-16% in female in India and 200 thousand patients of head neck cancer are detected per year⁴. In our country total number of head neck cancer patient is about 350 thousand.

Thyroid cancer is also dealt by head and neck surgeons. According to Surveillance, Epidemiology, and End Results (SEER) stat fact sheets, the number of estimated new cases of thyroid cancer in 2014 was 62,980 and it

accounted for 3.8% of all the new cancer cases in USA. In India, the National Cancer Registry Programme has reported thyroid as a leading site of cancer accounting for 1.5% of all cancers in men and 3.3% in women⁵. In our country approximately 53.2 thousand thyroid cancer patients are present and 3.45 thousand new cases are detected per year.

Head and neck cancer include the cancer of nose, paranasal sinuses, oral cavity, pharynx, upper part of esophagus and salivary glands. The aetiological factors are – betel leaf, betel nut, dried tobacco in different forms, smoking, alcohol, radiation, virus, genetic and lack of fruits and vegetables in diet. Long time effect of these carcinogenic agent cause mutation in gene and abnormal cell proliferation occur.

Among them smoking is dangerous. Cigarette smoke contains over 4,000 chemicals, 70 known cancer-causing (carcinogenic) compounds, 400 other toxins. These cigarette ingredients include nicotine, tar, and carbon monoxide, as well as formaldehyde, ammonia, hydrogen cyanide, arsenic, and DDT^{6,7}.

Symptoms are expressed according to the site of cancer.

As per Lancet Oncology commission report published in Lancet Oncology in 2015, Bangladesh had 13 Linear accelerator, 12 Cobalt 60 machines and 6 high dose rate brachytherapy machines in 15 centres.

As per publication by Dutta et al in International Journal of Radiation oncology Biology Physics in 2014 showed that only 11.2% of the population get entry to Radiation facilities.

There is no exact number of head and neck cancer surgeon in our country. But the number is very few.

The main treatment option of head neck cancer is surgery when it is operable. The adjuvant treatment like radio therapy and chemotherapy

are needed in some advanced cases after operation.

Our patients come to the doctors in late stage due to lack of awareness and financial inability. First they go to the homoeopath, aiurbeth and traditional medicine. They are afraid of surgery, chemotherapy and radiotherapy. It also makes the delay.

The management of head neck cancer is difficult , of long duration and costly. During surgical management, aesthetic and functional aspects are the main issues .

With our all logistic support we can provide cancer treatment to only 10-15% patients. Rest of them are maltreated, wrong treated , partially treated or die of untreated.

We should find out the exact number of head neck cancer patients. National protocol for head neck cancer treatment should be developed. Awareness should be grown among the patients about smoking, dry tobacco and other harmful agents, to attend the doctors at the early stage of the disease, not to fear the treatment but the disease - through different electronic and print media.

We should build up adequate number of one stop cancer centres both in Government and Private sectors where people will get better treatment with affordable cost or with out cost . These centers will provide comprehensive services like surgery , radiotherapy, chemotherapy and rehabilitation. Now, this is the right time to address these issues seriously otherwise it will make a disaster in the country.

References

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