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TOPIC: Breast cancer and it's acknowledgement in Bangladesh and Multidisciplinary Approach.

#### Background:

Cancer is one of the leading causes of death in Bangladesh. Ten percent of the total deaths caused by the cancer. In Bangladesh incidence rate of breast cancer is about 22.5 per 100000 females. Breast cancer has been reported as the highest prevalence rate among women between 15 to 44 years of age. Lack of understanding of the assessment of asymptomatic women is the key obstacle to Ca breast screening uptake in Bangladesh. Health education programs, especially Breast cancer awareness programs, have the potential to increase Ca breast awareness and down-staging of the disease.

According to GLOBOCAN, 13,028 new breast cancer cases were diagnosed in 2020, with an age-standardized incidence rate (ASR) of 17 per 100,000. Another issue is the socio-cultural factors that contribute to delay in seeking treatment because of breast cancer is a topic that is not freely discussed in public. Besides, scarcity of proper knowledge, low education and ignorance among women are also

the major causes behind late detection of breast cancer. The knowledge of risk factors and the early detection methods of breast cancer can successfully reduce the mortality rates and improve the patients' prognosis. In Bangladesh, Breast self-examination (BSE) could be performed as an effective way for early detection as BSE is simple, inexpensive and more importantly can be carried out by the women themselves in houses. According to the Breast Health Global Initiative (BHGI) reports, if females have adequate knowledge and awareness of breast cancer self-examination (BSE), the disease could be diagnosed at an early stage as well as could be easier to manage the disease.

#### CURRENT SITUATION:

Bangladesh has been battling the combined burden of communicable and nutritional health hazards for history. The national programs and policies have been focused on the infectious and parasitic diseases and maternal and child health. The governmental interventions and demographic transition will see an epidemiological transition that will shift the pattern of disease, where the non-communicable diseases will be the overriding burden. Within the low-income countries, the absolute burden of cancer is much lower in comparison with the high-income countries and while lung and breast cancers remain among the most common diagnoses and types of cancer-related deaths. According to Bangladesh Bureau of Statistics, cancer is the sixth leading cause of death in Bangladesh, hospital-based cancer registry has been started at National Institute of Cancer Research Hospital (NICRH) and Oncology Department of Bangabandhu Sheikh Mujib Medical University (BSMMU). International Agency for Research on Cancer (IARC) has estimated cancer-related death rate in Bangladesh to be 7.5% in 2005 and it will be increase to 13% in 2030. Lung cancer in males and cervical and breast cancers in females constitute 38% of all cancers in Bangladesh. A cross-

sectional study was designed to assess the knowledge, attitude, and practices of community-dwelling women in Bangladesh towards breast cancer at Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka, Bangladesh from July 2013 to June 2014. Among them 60% mentioned that, they don't know anything regarding the cause of breast cancer, 36% were aware that non lactation is a cause of breast cancer. About 4% of the study population mentioned others, like due to some ones bad did cancer occur as punishment. Knowledge about risk factor of breast cancer, 65% have no idea about the risk of breast cancer, 32% mentioned few risk factors which have relation with breast cancer and 3% did not mention anything. Regarding screening for prevention of breast cancer 60% mentioned that they don't know anything regarding screening. Thirty percent were informed that there is screening process but they are not aware specifically regarding the method and they also not aware that breast cancer is a preventable disease. 10% were fully aware about screening method like CBE & SBE.

The women still feels uncomfortable about discussing regarding the process of self-examination, actual process of the self-testing. The women did not completely aware of the risk factors and a group of people does not even know that the disease is preventable. They comes with the pain in the breast, lump, discharge from the breast, early symptoms of the breast cancer. A recent study from Bangladesh reported that, only 2% respondents mentioned that they were regularly practicing BSE. In addition, regarding the knowledge about risk factor of breast cancer, 65% respondents have no idea about the risk of breast cancer, where 32% mentioned few risk factors which have relation with breast cancer and the family history. Unmarried women with high education level and high annual family income tend to be more aware of breast cancer. The practice level for early detection of breast cancer was very low among women who belongs to lower class.



Fig: Breast cancer awareness forum

## Actions taken regarding cancer acknowledgement and prevention:

### PRIMARY PREVENTION ACTIVITIES:

Doctors, Nurses, Healthcare workers are in the lead of primary prevention activities.

Health Promotion: Primary Preventive Measures are being carried out for health promotion through following actions:

Community cancer support group formation at district level, local level and utilization community clinic.

Education on early warning signals, motivation for physical examination.

Propagation of warning signals, breast self-examination, mouth self-examination.

Involvement of scouts and girl guides in cancer prevention activities.

Introduction of lesson on cancer warning signal in secondary and higher secondary school curriculum.

Media personnel training on appropriate publicity for the National Cancer Control Program.

Poster, video, flip chart, radio spot preparation.

Development of cancer prevention training module for facilitators and health professionals.

Development of training module on cytology and palliative care.

## CANCER PROGRAMS

Several organizations are working to fight against cancer for the optimum well-being of the cancer patients. Some programs that have taken place are as follows:

Breast Cancer Identifying and Treating Project; Amader Gram an ICT4D (Information and Communication Technologies for Development) initiative of Bangladesh.

The Government of Bangladesh, with support from UNFPA (United Nations Fund for Population Activities), has taken initiatives to develop a cervical and breast cancer screening program in Bangladesh.

International Childhood Cancer Forum: exploration and setting priorities for an unmet need in Bangladesh.

The Bangladesh Women Chamber of Commerce and Industry has committed to Every Women Every Child to raise awareness of cervical cancer.

Cancer Support Society (CANSUP), an NGO in Chittagong, is working on breast self-examination and cervical cancer screening with technical assistance from the WHO.

Gonoshasthaya Kendra is heading toward establishing a cancer hospital for the poor. Government already has acquired a land and Gonoshasthaya Kendra has started to mobilize resources and is requesting the philanthropists and donors to come forward in establishing the cancer hospital for the poor adjacent to Savar campus.

ASHIC Foundation for childhood cancer improves the quality of life for children living with cancer in Bangladesh by providing hope, physical and emotional support, and raising public awareness for early detection, improved treatment and social acceptance.



**Fig: Breast cancer awareness program**

### **Cancer Surveillance and Monitoring**

- i. The cancer registry program is to be expanded and be made the monitoring component of the cancer control program.
- ii. Hospital-based cancer registry program will be expended all over Bangladesh with the support of WHO and HNPSP.
- iii. Population-based cancer registry is started at by Cancer Foundation at Gazipur with the support from WHO.



### Role as a public health doctor:

Community physicians and local health departments can ensure that the highest quality breast cancer control services are available to all women in their communities. More campaign, advertisement should be done to aware women regarding breast cancer. General practitioners should consult regarding the early symptoms and self-examination of breast whenever any patients come to visit for a purpose. All age groups of women should have the basic knowledge about breast cancer and its prevention.

### References:

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