

Dharamshila Narayana Superspeciality Hospital

A Unit of Dharamshila Cancer Foundation and Reserach Centre



ROLE OF PUBLIC IN CANCER PREVENTION AND EARLY DETECTION

ACCORDING to WHO, 30-50 % cancers are preventable and 50-70% cancers can be detected in precancerous or early stages, when they are curable. Cancer is a global problem and cannot be solved only by doctors and research scholars. The entire community has to be involved actively to prevent and detect cancer at an early stage.

When 30-50% cancers are preventable, the question asked is why the incidence of cancer is going up at an alarming rate and why so many people are dying of cancer. The main reason is lack of awareness amongst the population. To prevent cancer, we must know its causes.

CAUSES OF CANCER

- **Use of Tobacco and Tobacco products**
- **Smoking (Active and passive):** Cigarettes, beeries, hukka, cigar, churak, pipe etc.
- **Inhaling:** Nasvar
- **Chewing:** Pan Masala of any brand, betel nut chewing, chronic chewing of tobacco pans.
- **Alcohol:** Tobacco initiates cancer and alcohol promotes it. The incidence of cancer goes up 10 times if you are an alcohol user. It goes up 100 times if you are a smoker as well as alcohol user.
- **Food:** Consumption of high fat, high calories, highly salted/spiced and preserved foods, smoked food, repeated heating of foods, hot food in plastic containers, excessive consumption of pasta, noodles, pizzas, bakery items, aerated



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drinks, fried snacks etc.

- **Infections:** Hepatitis, B and C, Human papilloma virus, Hylobacter Pylori, HIV (all these are preventable / treatable with vaccines and drugs).
- **Environment pollution**
This is the greatest killer. Pollution of air, soil and water has contributed to a large extent in increasing the incidence of cancer. Extensive use of pesticides in agriculture, exposure to radiation, asbestos and ultraviolet rays.
- **Genetic**
- **Unknown**

CANCER PREVENTION

DHARAMSHILA CANCER FOUNDATION AND RESEARCH CENTRE OFFERS FREE CANCER SCREENING WITH APPOINTMENT 6 DAYS A WEEK. DETAILS OF SCREENING ARE GIVEN BELOW:-

FOR WOMEN (Free consultation with Gynaecologist, oncologist)		
INVESTIGATIONS	AGE GROUP	FREQUENCY
Pap Smear (To Detect Cancer of Cervix)	26 years and above	2-3 years depending on the report
Mammography/ultrasonography (to detect cancer of breast)	Average Risk Group (40 years and above) High Risk Group with a family history of breast cancer in 1st degree relative 30 years and above	Annual
Fine needle aspiration cytology	If required	SOS

HPV VACCINATION SCHEDULE FOR PRIMARY PREVENTION		
AGE	DOSES	SCHEDULE
9-14 Years	2 Doses	1st Shot- Today 2nd Shot- 6-12 months after the first shot
15- 45 years	3 Doses	1st Shot- Today 2nd Shot- 2 months after first shot 3rd Shot- months after the first shot

FOR MEN ABOVE THE AGE OF 50 YEARS (Free consultation with surgical oncologist)	
■ Complete oral examination	■ X-ray chest for high risk group
■ Digital Rectal Examination	■ Ultrasound (if required)
■ Prostate Specific Antigen (PSA)	

There are two types of prevention

- **Primary prevention** means preventing our susceptibility of getting cancer by adopting healthy lifestyles, getting infections treated, getting immunized against Hepatitis B and Human Papilloma Virus. Be instrumental in preventing pollution in air, soil and water. Cut down use of pesticides and fungicides in agriculture, so that we do not get Cancer.
- **Secondary prevention** means prevention of suffering and death due to cancer by early detection.

ROLE OF PUBLIC IN PRIMARY PREVENTION All of us have to ensure the following:

- Adopt healthy life style (no tobacco, no alcohol, no junk food specially smoked food) and regular exercise.
- Take whole grains, fresh vegetables, nuts, low salt and sugar, low spices, low fat diet.
- Get timely treatment of HIV, Hepatitis B and C.
- Get immunized against Hepatitis B and HPV
- Undertake adequate precautions to save yourself from passive smoking and pollution.

Role of public in secondary prevention

- Monthly self-examination of the whole body.
- Annual cancer screening
- Annual health check up

SELF-EXAMINATION

- Choose a date and time for monthly self-examination (women should do it one week after menstruation)
- Take off your clothes and stand in front of a full mirror
- Look for any visible abnormality, bulge, change in shape, size and colour of a mole, any bleeding spot in your body etc.
- Open your mouth and see any brown, black, white patch, ulcer, bleeding gums etc.
- Use palm of your hand to palpate (feel) any glands in your neck, axilla and groins.
- Feel your abdomen for any enlarged organ/tumor
- Feel the testicles and penis for any change, swelling or any other abnormality.

Record these findings. If you feel any abnormality, report to the doctor

We, at Dharamshila Cancer Foundation And Research Centre conduct Public Awareness lectures (around the year) for making public aware about their chances of getting cancer, how to prevent and advantages of cancer screening.

PREVENTABLE CANCERS

- Breast ■ Cervical ■ Colorectal
- Liver ■ Lung ■ Oral ■ Prostate ■ Skin ■ Testicular

CANCER WHICH CAN BE DETECTED IN A PRE-CANCEROUS / EARLY STAGE

- Cancer of cervix ■ Cancer of Breast ■ Oral cancer ■ Colorectal Cancer

Keep cancer worries at bay

THE word "Cancer" has always created a sense of worry and fear among common population and is still considered a stigma in Indian scenario. The annual burden for new cancer cases worldwide is 18 million of which almost 50 percent are from Asia. Women should be the core race which should be focussed as they are the least aware population and the most ignored member of the family. Cervix and breast cancer are the major killers in females. Irony is that both these cancers can be diagnosed in very initial stages and cervical cancer can even be prevented. Lack of awareness and non-availability of medical facilities is the major limiting factor. Meticulous efforts by policy makers in implementing awareness policies and programmes, hand in hand with common population can help in reducing this disease burden.

Cervical cancer, the only preventable cancer, can be diagnosed by simple screening techniques like pap smear and HPV diagnostic tests. Persistence of human papilloma virus (HPV) in



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the lower genital tract is prime cause of pre-cervical cancer status development which proceeds to cancer stage if not foreseen and managed. There are 15 high risk HPV types which are the culprit behind cervical cancer of which HPV 16, 18 lead to 71 % of the crime. Any female who is sexually active, even with a single partner relationship, is at a risk of being infected with HPV at some point of life. Most of these infections are self-limiting and do not need treatment. In females with decrease immunity or who have other risk factors like multiple partners, smoking, multiple

children etc, this infection can progress to pre-cancer state and then to cancer over 15 to 20 years. This is the time when we can detect this infection and stop it from progression, by performing simple tests. HPV test definitely has better sensitivity than pap smear, but its high cost is the limiting factor especially in low resource settings. If a woman is diagnosed with any precancerous lesion at this stage, she can easily be treated by some minor procedures like cauterize, freeze or excise. Removal of uterus is not required, and female can have her normal sexual life and even pregnancy after these procedures.

Women should be aware that even if she has missed the chance of being screened when she was just harbouring the virus and has unluckily developed cancer, she can still be treated. Cancer cervix advances in stages from stage 1 to stage 4. Stage 1 is the early stage which is confined to the cervix and the increasing stage signifies the spread of disease beyond the cervix with stage 4 being the last stage where cancer has spread dis-

tantly to far of organs. In early stages it is usually treated surgically by removing the uterus, however advanced stages need treatment by radiation therapy. If the disease has spread to another organs chemotherapy is needed. With the advancement of technologies, treatment can be achieved by methods with lesser side effects and better results.

The good thing about this cancer is that it is the only gynaecological cancer for which vaccine is also available. Preventive strategy should target girls of age 10-14 years as sexual activity has not commenced at this age and possibility of harbouring HPV is least. The vaccine can be given up to 26 years of age. There are three such vaccines available worldwide which take care of this virus. Compliance to the vaccination schedule should not be a problem as there only two dose schedules for age less than 15 years, given 6 months apart while for age above 15 years there is three dose schedules (0,1,6 months). These vaccines are safe to use with clearance from WHO organization.

CHANGING LANDSCAPE IN CANCER TREATMENT

CANCER is the name given to a collection of related diseases that are caused when a group of abnormal cells begins to grow uncontrollably.

There are 7 warning symptoms (with the acronym "CAUTION" which can be remembered easily) which may be associated with cancer:

- Change in bowel/bladder habit.
- A sore that does not heal.
- Unusual bleeding or discharge.
- Thickening/ lump in the breast or any other part of the body.
- Indigestion/ difficulty in swallowing.
- Change in a wart or mole.
- Naging cough or hoarseness.

In the background of these knowledge if cancer is detected in its early stages, it can be treated.

Apart from local treatment options of surgery or radiother-



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apy in any cancer any stage, systemic therapy which is given by us as a Medical Oncologist has definite edge for better outcome. Obviously Chemotherapy is the backbone as a part of treatment given by us, however of late so much research at molecular level of cancer cells has happened in positive direction that newer drugs, so called Targeted therapy are being increasingly used in current sce-

nario in various Cancers. This way we have come into an era of personalized cancer treatment means if we know any particular target at molecular level, we can hit that target specifically to get accurate results with minimal to literally No side effects. Advantage of newer targeted therapy lies in the fact that they do not have usual side effects of chemotherapy like hair fall, oral ulceration, diarrhea & frequent blood transfusions.

There are certain myths which come into mind of family members of cancer patients once cancer is diagnosed. First & foremost Myth despite repeated counselling is that cancer spreads by putting the needle into cancer site to make definitive diagnosis (either FNAC or BIOPSY) which is not so actually. Another myth is that cancer is always hereditary in nature. If

we talk about Breast and ovary Cancer in particular only 5 to 8 % cases can be attributed to hereditary in origin, means mostly are sporadic in nature i.e. some other environmental factors are reason behind getting these Cancers. The third and fourth myths are the notions that being diagnosed with cancer equates to a death sentence and that cancer is an individual's fate and not preventable.

We have the privilege of working in a tertiary care, Complete Cancer Centros, that we have easy access to all the investigations, procedure and variety of medicine providing the optimum cancer treatment to the patients. So, anyone with a suspicion of cancer should visit an oncologist, so that cancer can be diagnosed at an early stage and right treatment to be provided at right time.

Dharamshila Narayana

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Over 25 Years of Experience in

Comprehensive Cancer Care

Bone Marrow Transplant

- Treatment of blood disorders (Malignant and Non-Malignant)
- Autologous BMT | Allogeneic BMT | Haploidentical BMT
- BMT Research Lab and Transfusion Services

Radiation Oncology

- 3D CRT
- IMRT
- IGRT
- VMAT
- Stereotactic Radio Surgery (SRS/SRT)
- Stereotactic Body Radio Therapy (SBRT)
- Brachytherapy Facility

Radio-Imaging Department

- PET CT Scan
- MRI
- CT Scan
- Gamma Camera for Nuclear Scans
- Dexa Scan
- Mammography etc

Medical Oncology

- All Types of Chemotherapies
- Hormonal / Biological Therapies
- Immunotherapy & Nutritional Care

Surgical Oncology

- Complex, Routine & Minimally Invasive Cancer Surgeries
- Organ Preservation
- Reconstructive Surgeries.

State-of-the-art Laboratory Services

- Cytology
- Histopathology
- Frozen Sections
- Haematology
- Biochemistry
- Immunohistochemistry
- Cytochemistry
- Tumour Markers
- Clinical Pathology

Organ Specific Cancer Care

Evidence Based Treatment

Tumour Board for Each & Every Cancer Patient

Highly Experienced Team of Medical, Surgical, Radiation Oncologists and Bone Marrow Transplant Specialists.

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www.narayanahealth.org

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