

THE LEADING LIGHT

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On January 7, 2015 World Healthal Trust and DLF Foundation jointly conducted awareness cum screening camp on Women's Cancers in the Rural Information Centre (RIC), Hasanpur, Gurgaon.

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FOUNDER'S MESSAGE



It gives me a great sense of satisfaction for being able to translate scientific knowledge into a community service for preventing cancer, directly benefitting the women who attend our camps and indirectly impacting the lives of young and old dependent on them. But what disappoints me is the fact that this service is not, at present, reaching out to even a miniscule of the target population.

The challenges are numerous and the road ahead is bumpy, until the resource constraints are met fully and generous funds come in hand to work steadfastly on this goal to alleviate cancer. Notwithstanding the rough road, the spirit of my team is high where every member is self-disciplined to sharply focus on achieving the set target in a time-bound manner. I salute to each of them for carrying forward this task, touching lives of scores of women, in mainly underprivileged areas of Delhi-NCR, helping them prevent cancer.

One such camp was organized this month with support of DLF Foundation in a village of Gurgaon where more than 60 women participated and 30 of them were screened on-the-spot for detecting any abnormalities in the tissues of cervix and breast.

Dr. P. Cheena Chawla

Story of the Month

Women's Cancers (Cervical and Breast) Screening cum Awareness Health Camp Using Primary Screening Methods Conducted by World Health Trust, with Financial Support of DLF Foundation Held on January 7, 2016

A Part of Women's Cancer Prevention Programme

(Venue: Rural Information Centre (RIC), Hasanpur, Gurgaon)

With lifestyles in India changing, women are becoming increasingly vulnerable to cervical and breast cancers. Cancer is the second largest cause of death globally after cardiovascular diseases. Breast cancer is the most common cancer in India followed by oral cancer and cervical cancer. Needless to say, prevention and early detection are crucial as treatment of late stage cancer is very challenging in low resource countries like India.

The latest trends point towards younger women contracting breast cancers whereas the normal age of contracting the disease is normally between 45 and 55 years. Unfortunately, India carries 17 percent of the world's burden of breast cancer. According to experts from AIIMS, New Delhi, breast cancer falls under the category of lifestyle diseases, as late marriage and declining trend of breast feeding coupled with obesity are the key causative factors of this cancer. Although the survival rate in breast cancer ranges from 85 percent or more, low survival rates are mainly attributed to lack of early diagnosis and timely treatment.

Cervical cancer is a leading cause of cancer deaths among women in India accounting for nearly one-third of cervical cancer deaths across the world. It is well known today that sexual intercourse at an early age, multiple sexual partners, low immunity and smoking among other factors contribute to making women vulnerable to infection of cervix that if occurs persistently may lead to cancer. Unlike many other cancers, cervical cancer occurs early and strikes at the productive period of an Indian woman's life. The incidence rises in 30–34 years of age and peaks

at 55–65 years, with a median age of 38 years. Estimates suggest that more than 80% of the sexually active women acquire genital HPV (Human Papilloma Virus) infection by 50 years of age.

To prevent the high occurrence of these cancers among rural women, World Health Trust has conducted several community awareness programmes and screening health camps. One such camp was conducted in the Rural Information Centre (RIC), Hasanpur, Gurgaon on January 7, 2016 with the financial support of DLF Foundation. WHT team comprising the Founder-President & CEO, Scientists and Support Staff along with two Gynecologists and a Nurse were present at the camp. The camp was conducted with the main objective of spreading awareness about the four women's cancers, particularly cervical and breast cancer, and to encourage their prevention, detection, and early treatment. A few days prior to the camp, World Health Trust had already distributed 2000 pamphlets and several banners were put up in the near-by areas of Hasanpur village to promote maximum participation of women for the event.

A public awareness programme, attended by more than 60 women, was organized in the Rural Information Centre (RIC), where Dr. Chawla addressed the gathered women about the prevalence of the four women's cancers in our country, their risk factors and symptoms associated with each of the cancers and the importance of early screening and timely treatment. Leaflets on all the four women's cancers were also distributed among the audience. All queries of the general public related to the four women's cancers were also addressed by Dr. Chawla.

After the awareness programme, the women were requested to register themselves for getting screened for cervical and breast cancers. A total of 30 women registered themselves for screening. The screening of cervical cancer was done by Visual Inspection with Acetic Acid (VIA) method for the detection of pre-cancerous lesions in the cervix which turn aceto-white by the application of freshly prepared 3-5% acetic acid to the cervix area. For breast cancer detection, the screening method used was breast physical examination (BPE) by expert gynecologists, Dr. Namrata and Dr. Reeta Bhati from Sharda Hospital, Greater Noida.

Dr. Reena Sinha (Gynecologist & Medical Superintendent, DLF) and Ms. Seema (ANM) were present during the camp and they appreciated the concept of conducting such community camps. Ms. Roopee Sahaee (Deputy Manager, CSR, DLF Foundation) liked the set up at RIC

and thanked Dr. Chawla and her team for all their good efforts. Mr. Amit Chauhan, a member of DLF, was also present in the camp and he found this initiative to be very nice.

RESULTS OF SCREENING

A total of 30 women registered themselves during the camp for detecting any abnormalities in the cervix region and breast tissue and 29 women were screened. Few of the women showed aceto-white lesions that were visually observed on the application of 5% of acetic acid on cervix. Five women were recommended to get the Pap smear test done due to some abnormalities in their cervix area. Two women were referred for USG (ultrasound) test of abdomen and pelvic region. Out of the 29 women screened for breast cancer, four cases were observed to be positive for early signs of breast cancer and related abnormalities like pain in their breast or development of lump and were recommended for Mammography.

RESULT OF PRIMARY SCREENING FOR BREAST & CERVICAL CANCERS

S. No.	Name of Patient	Breast Clinical Examination	Recommendation	VIA test for detecting abnormalities in cervix	Recommendation
1	KALAWATI	Pain in right breast	Mammography	VIA Refused	NAD
2	SUNITA	Pain in left breast	Mammography	VIA Negative	NAD
3	CHANDI DEVI	Pain in left breast, occasionally nipple discharge	Mammography	VIA Refused	NAD
4	SANTRA	Right mastectomy	USG breast, referred to higher centre	VIA Negative	NAD
5	REKHA	Breast normal	NAD	VIA Refused, white discharge	Pap Smear
6	SUNITA	Breast normal	NAD	VIA Negative, curdy white discharge,	Pap Smear & Medication
7	MOHINI	h/o breast lumps, surgery done a year back	NAD	VIA Negative, white discharge	Pap Smear & medication
8	MAMBATI	Breast normal	NAD	VIA Negative,	Pap Smear & medication

				discharge off and on	
9	SNEHLATA	Breast normal	NAD	VIA not done, hypomenorrhea	USG lower abdomen, and medication
10	SEEMA	Breast Normal	NAD	VIA Done, discharge problem, acetowhite area at 7o'clock	Pap Smear
11	SEEMA	Breast Normal	NAD	VIA not done, polymenorrhea	Medication, referred to higher centre, USG Lower Abdomen And Pelvis
12	MAMTA	Breast Normal	NAD	VIA Refused	NAD
13	MESAR DEVI	Breast Normal	NAD	VIA Refused	NAD
14	MEENA	Breast Normal	NAD	VIA Done, No Aceto-white Area	NAD
15	MAHENDRI	Breast normal	NAD	Hysterectomy Done 5 Yrs Back, VIA Not Done	NAD
16	KIRPALI	Breast normal	NAD	VIA not done, Hysterectomy Done 2 Yrs Back, Chronic Smoker	Medication
17	MEENA	Breast normal	NAD	VIA Refused	
18	MAHENDRI	Breast normal	NAD	VIA Negative, White Discharge	Medication
19	BABLI	Breast normal	NAD	VIA Negative, White Discharge	Medication
20	KAMLESH	Breast normal	NAD	VIA Refused	
21	RAJNI	Breast normal	NAD	VIA not done, unable to conceive for last nine months	Refer to higher centre
22	SHANTI	Breast normal	NAD	VIA Negative, pain lower back	NAD
23	GUDIYA	Breast normal	NAD	VIA refused, complaint of dysmenorrhoea	NAD
24	MANI	Scar in left breast	NAD	VIA Not Done, Something Coming Out Of Vagina	Refer To Higher Centre For VH

25	SANGEETA	Breast normal	NAD	VIA Negative, discomfort in perineal region on and off	Medication
26	NICKY	Lactating Mother	NAD	VIA Refused	NAD
27	PINKY	Left breast pain, Lactating Mother	NAD	VIA refused	NAD
28	MUNESH	Breast normal	NAD	Discharge Prior To periods, VIA refused	NAD
29	SUNITA	Breast normal	NAD	-	Registered Herself But Not Visited Doctor
30	PRIYANKA	Breast normal	NAD	VIA Negative, itching In Perineal Region	NAD

FOLLOW-UP OF SUSPECT WOMEN

S. No.	NAME OF THE PATIENT (AGE)	CONTACT No.	TEST DIAGNOSED	FOLLOW UP
1	KALAWATI (40)	9873166403	USG BREAST	SMALL NODULE IN RIGHT BREAST
2	SUNITA (36)	8053232336	USG BREAST	NOT ATTENDED
3	CHANDI DEVI (52)	-	USG BREAST	NOT ATTENDED
4	SANTRA (52)	-	USG BREAST	NOT ATTENDED
5	REKHA (24)	9911157005	Pap SMEAR	NOT ATTENDED
6	SUNITA (22)	9810660872	Pap SMEAR	NOT ATTENDED
7	MOHINI (53)	9873979722	Pap SMEAR	NOT ATTENDED
8	MAMBATI (46)	-	Pap SMEAR	NOT ATTENDED
9	SNEHLATA (27)	8860300884	USG LOWER ABDOMEN AND PELVIS	NOT ATTENDED
10	SEEMA (30)	-	Pap SMEAR	Superficial and intermediate squamous epithelial cells. Background shows Inflammatory Infiltrate. Impression: Inflammatory Smear
11	SEEMA (20)	-	USG LOWER ABDOMEN AND PELVIS	NOT ATTENDED

GLIMPSES OF THE EVENT



