

THE LEADING LIGHT

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Women of Sakatpur village, Gurgaon were screened for breast and cervical cancers using primary methods on December 7, 2015 at Primary Health Centre (PHC) of this village. Awareness on these cancers was also done with the aid of specially designed posters, leaflets and pamphlets in Hindi. The camp was conducted jointly by World Healthal Trust and DLF Foundation.

Editor: Dr. P. Cheena Chawla

FOUNDER'S MESSAGE



Women are more likely than men to suffer from reproductive health problems because of neglect, shyness, cultural inhibitions, poor nutrition and delay in receiving appropriate medical care among other factors. Many Indian women, particularly in rural areas, become mothers before age 18 and most of them have several children that invariably put such women at risk for poor health. Unsafe abortions also leave many women with lasting pain and infection. Unhygienic conditions during the monthly periods, however, commonly make women exposed to various infections. Persistent infection of the lower part or the mouth of womb/uterus, called cervix, with Human Papilloma Virus (HPV) is the cause of cellular abnormalities in this region leading to precancerous changes that progress to invasive cancer if left untreated.

Early detection of abnormalities in cervix is the cornerstone for treating such cases with complete recovery. This is only possible if women go for preventive screening, at least once after age 40, although it is medically recommended, for married women, to get a Pap smear test done once every year for three years consecutively and, subsequently, getting the test done once every three years. Prevention of cervical cancer amongst Indian women, though challenging in the present scenario, is possible to a great extent if random community screening is done with a simple, primary test called Visual Inspection with Acetic Acid (VIA). Result of this test is obtained on-the-spot and a suspect case with a positive VIA test can be then referred for Pap test or colposcopic examination/tissue biopsy for disease confirmation. This is exactly what we have been doing for the past eight years now, and efforts shall continue even though the road is rough and bumpy.

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 on
December 7, 2015***

A Part of Women's Cancer Prevention Programme
(Venue: Primary Health Centre (PHC), Sakatpur, Gurgaon)

India, China, Brazil, Bangladesh and Nigeria represent more than half of the global burden of cervical cancer deaths. Women who are at greater risk for this cancer include those who started

sexual activity at an early age, had multiple pregnancies, had multiple partners themselves, or their partners have multiple partners. Cervical cancer in India is a common cancer among women and is the second most frequent cancer among women between 15 and 44 years of age. Breast cancer has replaced cervical cancer as the leading cause of cancer deaths among women in India. These cancers have been on the rise especially in the developing countries like India due to cultural inhibitions and lack of awareness among women about timely screening and treatment, besides the absence of concerted large scale screening drives in such countries. The importance of community screening programmes could be judged from the fact that these cancers are preventable if pre-cancerous abnormalities are identified timely and proper treatment is provided, thus saving scores of lives.

World Health Trust's focal area since its inception has been the prevention of women's cancers in India. To prevent the high occurrence of these cancers among rural women, several community awareness programmes and screening health camps have been conducted. One such camp was conducted in the Primary Health Centre (PHC), Sakatpur, Gurgaon on December 7, 2015 with 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 aim was to educate people about the four women's cancers, particularly cervical and breast cancers, 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 Sakatpur village to promote maximum participation of women for the event.

A public awareness/advocacy programme for about 55 women was organized in the Primary Health Centre (PHC), where Dr. Chawla addressed the gathering and sensitized 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. Specially designed easy-to-understand leaflets (in Hindi) 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 along with the gynecologists, Dr. Neena Singh and Dr. Ridhima of Sharda Hospital, Greater Noida.

Women were registered for cervical and breast cancer screening. Cervical cancer screening 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).

Dr. Reena Sinha (Gynecologist & Medical Superintendent, PHC, DLF) and Seema (ANM, PHC) were present during the camp and they appreciated the concept of conducting such community camps as proper knowledge about the disease coupled with early detection can save many lives from cancer. Dr. Sinha shed light on the importance of this camp and encouraged the participating women to take advantage of the facility provided by World Health Trust and get themselves screened for breast and cervical cancers. Ms. Roopee Sahae (DLF Foundation, CSR) expressed her heartfelt appreciation for the efforts of the organizing team and congratulated World Health Trust for taking this bold initiative.

RESULTS OF SCREENING

A total of 32 women were screened during the camp for detecting any signs of cervical cancer and breast cancer. In this group of screened women, none of the women showed aceto-white lesions that were visually observed on the application of 5% of acetic acid on cervix. Ten were recommended to get the Pap smear test done due to some other abnormalities. Six women were referred for USG (ultrasound) test of abdomen and pelvic region. Out of the 32 women screened for breast cancer, two cases were observed to be positive for early signs of breast cancer and were recommended for Mammography. The follow-up results of suspect cases are given below.

RESULT OF PRIMARY SCREENING OF BREAST & CERVICAL CANCERS

S. NO.	Name of Patient	Breast Clinical Examination	Recommendation	VIA test for detecting abnormalities in cervix	Recommendation
1.	Masooma Ali	Normal	NAD	Cervicitis	Medication
2.	Anita	Normal	NAD	lower abdominal pain	Medication
3.	Jaitooni	Normal	NAD	lower abdominal pain	Medication
4.	Khatooni	Normal	NAD	hypertrophied Erosion	Pap Smear, USG W/A+ Pelvis
5.	KaluBai	Normal	NAD	Patient refused for VIA	-
6.	Jyoti	Normal	NAD	Hysterectomy	-
7.	Varisha	Normal	NAD	Slight Discharge, Uterus bulky	Pap Smear + Medication

8.	Ashmina	Normal	NAD	Pregnancy	-
9.	Tabassum	Normal	NAD	Pregnancy	-
10.	Sakunat	Normal	NAD	Cystocoell +, Cervix erosion white Dischargefor 2 years	Pap Smear + Medication
11.	Zaveena	Normal	NAD	Pain Abdomen, White Discharge, Cervix erosion	Pap Smear + Medication
12.	Kavita	P3L2 with fixed nodule present on the upper layer Quadrant of Left breast	Mammography	-	-
13.	Barkati	Normal	NAD	Cholecystectomy for calculi	Medication
14.	Raheesan	Normal	NAD	Abdomen pain	USG W/A + medication for gastric problem
15.	Meena	Normal	NAD	Pregnancy	-
16.	Suman	Normal	NAD	Pregnancy	-
17.	Pinki	Lactating	C2Cal, medication	-	-
18.	Sahiba	Normal	NAD	Patient refused for VIA	-
19.	Haseena	Normal	NAD	lower abdominal pain	Medication
20.	Aasma	Normal	NAD	Thick white curdy discharge, cervicitis	Pap Smear + USG lower abdomen + medication
21.	Khushmina	Normal	NAD	Thick white discharge and pain at stitch line	USG L/A, Medication
22.	Nisha	Not done	-	VIA not done	-
23.	Fareeda	Normal	NAD	Slight Discharge, Cervix erosion	Pap Smear + Medication
24.	Samayna	Normal	NAD	White Discharge	medication
25.	Saabra	Lump presence	Mammography	Not Done	-
26.	Ashiyaa	Not done	-	Not Done	-
27.	Pakeeja	Normal	NAD	Pain in vaginal area, small cyst on the urethral area	USG L/A + Pelvis

28.	Shabnam	Normal	NAD	P1L1A1 with Oligomenorrhea, Thick white discharge	Pap Smear + Medication
29.	Mausmeena	Normal	NAD	P1L1A1 with Oligomenorrhea, white discharge	Pap Smear + Medication
30.	Shehnaaz	Normal	NAD	Laprosopiccervical hysterectomy, Back Pain	Medication
31.	Afseena	Normal	NAD	Oligomenorrhea, cervix hypertrophy	Pap Smear + USG L/A pelvis + Medication
32.	Sharmila	Normal	NAD	cervix hypertrophy, slight discharge	Pap Smear + Medication

FOLLOW-UP OF SUSPECT WOMEN:

S.No.	NAME OF THE PATIENT (AGE)	TEST DIAGNOSED	FOLLOW-UP
1	Khatooni	Pap Smear, USG W/A+ Pelvis	Mild free fluid is seen in cul-de-sac. Normal study of whole abdomen. inflammatory smears
2	Varisha	Pap Smear	inflammatory smears
3	Sakunat	Pap Smear	inflammatory smears
4	Zaveena	Pap Smear	NOT ATTENDED
5	Kavita	Mammography	NOT ATTENDED
6	Raheesan	USG W/A	Mild fluid seen in cul-de-sac. Bulky uterus

7	Aasma	Pap Smear + USG lower abdomen	NOT ATTENDED
8	Khushmina	USG L/A	NOT ATTENDED
9	Saabra	Mammography	NOT ATTENDED
10	Pakeeja	USG L/A + Pelvis	NOT ATTENDED
11	Fareeda	Pap Smear	inflammatory smears
12	Mausmeena	Pap Smear	inflammatory smears
13	Afseena	Pap Smear + USG L/A pelvis	PCOD Changes in both ovaries, Hormonal Correlation. inflammatory smears
14	Shabnam	Pap Smear	inflammatory smears
15	Sharmila	Pap Smear	inflammatory smears

GLIMPSES OF THE EVENT



