

# THE LEADING LIGHT

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An awareness cum screening camp on Women's Cancers was conducted by World Healthal Trust on November 7, 2015 at Primary Health Centre (PHC), Shikopur, Gurgaon with financial support of DLF Foundation.

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## FOUNDER'S MESSAGE



Notwithstanding the ease of carrying out the primary screening of breast and cervical cancers, the beneficiaries who are women attending our screening camps, particularly in rural areas, are much oblivious of the importance of this work and how it could impact their lives. That is why, prior to screening, a popular talk on the subject creates the needed momentum to gear up women for registering themselves for screening. Sometimes, that does not seem enough as women despite encouraging them, with all sincerity of purpose, refuse to take these tests provided to them free of cost, right at their doorsteps.

This is an Achilles heel of conducting primary cancer screening for women in India, as many of them do not get even the VIA (Visual Inspection with Acetic Acid) test done for detecting abnormalities in cervix, due to the veil of ignorance and lack of complete understanding about what we repeatedly tell them about these cancers. Not just that. Sometimes, women who have undergone the primary screening at our camps and have been detected with some abnormality in cervix, take it very casually and do not report for advanced screening test, the Pap test, even though it is offered free of cost.

Similarly, many women detected with lumps or some abnormality in breast, who are offered by us to get a free mammography done, do not come for the test and miss this opportunity. Such women are still followed up by our team and informed about the next date of these tests but only few turn up even then. The low uptake for screening and further, lower uptake for advanced screening is a major challenge to our work underlying which is the lack of awareness that we conscientiously work upon to lift the health status of women not so privileged like us.

*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***

**A Part of Women's Cancer Prevention Programme**

(Venue: Primary Health Centre (PHC), Shikopur, Gurgaon)

Cancer is a life-threatening disease and causes significant impairment of patient's life right from the time of diagnosis, and such impairment persists even after the illness is cured. Cervical and breast cancers are the two most common women's cancers in India, which are preventable as there are proven screening methods to detect them at an early stage when it is completely curable. Socio-economically backward regions of the world having more than 80% of Earth's population correspond to 72% of the global cases of cancer. In India cervical cancer 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.

Early detection and awareness programme was developed from recognition of the need for a patient-friendly, non-invasive screening mechanism that would be effective enough to detect cancer early, yet be non-intimidating so that people would be willing to come in and be tested. Typically, screening camps follow our awareness lectures. Primary screening for cervical cancer comprises the visual inspection of cervix region after applying 5% acetic acid to it (VIA test), whereas clinical examination of breasts is done for detecting abnormalities in breast tissue. Success of these screening initiatives depends on the participation of target women, which in turn is determined by the women's perceptions, health orientation and other socio-cultural issues. Women in India are reluctant to discuss problems openly with their family due to the fear of cultural and social stigma attached to cancer.

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), Shikopur, Gurgaon on November 6, 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 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 Shikopur village to promote maximum participation of women for the event.

S. No.	Name of Patient	Breast Clinical Examination	VIA test for detecting abnormalities in cervix	Recommendation
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A public awareness/advocacy programme for about 48 participants 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 Neha Khan and Dr Sana Saeed of Sharda Hospital, Greater Noida. A total of 34 women were screened for cervical and breast abnormalities using primary screening methods.

Dr. Reena Sinha (Gynecologist & Medical Superintendent, PHC) and Seema (ANM, PHC) were present on the occasion. Dr. Sinha shed light on the importance of this camp and urged the participating women to get themselves screened for breast and cervical cancers. Dr Khan and Dr Saeed expressed their heartfelt appreciation for the efforts of the organizing team and congratulated World Health Trust for taking this initiative.

Ms Roopee Sahaee (Deputy Manager- CSR, DLF Foundation) was also present during the camp and said that, on the whole, we are achieving our goal successfully. Her emphasis was on creating health awareness coupled with early diagnosis through on-site screening, at regular intervals, preferably twice a month.

## **RESULTS OF SCREENING**

A total of 34 women were screened during the camp for detecting any signs of cervical cancer and breast cancer. In this group of screened women, eleven were recommended to get the Pap smear test done due to some abnormalities.

1.	KAMLESH ( 32yrs)	Normal	VIA positive, medication	Pap smear
2.	KAMLESH (45 yrs)	Normal	VIA not done, Cervical Polyp, Uterine Fibroid	refer to higher centre
3.	KRISHNA	Normal	VIA refused	Pap smear
4.	MITHLESH (49 yrs)	Normal	VIA refused, medication	-
5.	SAROJ (37 yrs)	Normal	VIA Negative	-
6.	MAMTA (25 yrs)	Normal	VIA Not done, ANC Patient	Mammography after pregnancy
7.	SUNITA (31 yrs)	Normal	VIA not done, menstruating patient	USG Lower Abdomen
8.	OMWATI (40 yrs)	Pain in breast during menstruation	VIA Negative, Medication	Pap smear Mammography
9.	SUDESH (50 yrs)	Normal	VIA not done, post hysterectomy patient, medication	-
10.	RAMRATI (66yrs)	Normal	VIA Negative	
11.	MAYA (48yrs)	Normal	Cervix Polyp	USG Lower Abdomen PAP Smear
12.	MOORTI (66 yrs)	Lump in left breast upper outer quadrant	VIA Refused	Mammography
13.	MEENA ( 37yrs)	Normal	VIA negative	-
14.	BIMLA DEVI (65 yrs)	Normal	VIA Refused	-
15.	URMILA (47yrs)	Milk Discharge	VIA not done, menstruating patient	Mammography
16.	RAJNI (22 yrs)	Normal	VIA not done, according to patient – UPT positive	-
17.	RENU (30 yrs)	-	VIA not done, menstruating patient, C/O Foul Smell While Discharge, Medication	-

18.	PUSHPA (42 yrs)	Normal	VIA Negative, unhealthy cervix, medication	Pap smear
19.	SAROJ (37 yrs)	Normal	VIA negative, amenorrhea	USG Lower abdomen & pelvis
20.	KEDA (55 yrs)	Normal	VIA Refused	USG Lower abdomen PAP Smear
21.	REKHA (28 yrs)	Normal	VIA Negative, Medication	-
22.	PAVITRA (40 yrs)	Normal	VIA Negative	-
23.	RENU (30 yrs)	Lump in left breast	VIA Refused	Mammography
24.	MANJU (33 yrs)	Normal	VIA Positive, aceto-white area, medication	Pap smear
25.	USHA (23 yrs)	Normal	VIA not done, menstruating patient, c/o white discharge, pain in lower abdomen, medication	USG Lower abdomen
26.	KAMLA DEVI (60 yrs)	Normal	VIA Negative	Pap smear
27.	SAROJ KUMARI (30 yrs)	-	Pregnant	-
28.	NIRMALA (41 yrs)	Normal	VIA Refused	-
29.	KANTA (35 yrs)	Normal	VIA positive, medication	Pap smear
30.	GEETA (45yrs)	Normal	VIA Refused	-
31.	REKHA (25 yrs)	Well defined mass in breast	VIA Negative	Mammography
32.	SANGEETA KUMARI (24 yrs)	Normal	VIA Refused	-
33.	VEERMATI (32 yrs)	Normal	Aceto-white area at 6 o'clock	Pap smear
34.	SUSHILA (50 yrs)	Normal	VIA Positive, Cervical ectopy	Pap smear

**Suspect Women For Follow-Up Tests:**

S. No.	NAME OF THE PATIENT (AGE)	TEST DIAGNOSED	FOLLOW UP
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1	SAROJ (37)	USG LOWER ABDOMEN & PELVIS	NOT ATTENDED
2	RENU (30)	USG BREAST	NORMAL
3	MANJU (33)	PAP SMEAR	NOT ATTENDED
4	USHA (23)	USG LOWER ABDOMEN	NORMAL
5	KAMLA DEVI (60)	PAP SMEAR	NOT ATTENDED
6	KANTA (35)	PAP SMEAR	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.
7	REKHA (25)	USG BREAST  FNAC Recommended and Done	SMALL OVAL LESION AT 12 O'CLOCK POSITION IN LEFT BREAST  SMEAR EXAMINED SHOWS ONLY RBCS. NO EVIDENCE OF MALIGNANCY PRESENT
8	VEERMATI (32)	PAP SMEAR	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.
9	SUSHILA (50)	PAP SMEAR	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.
10	KAMLESH (32)	PAP SMEAR	NOT ATTENDED
11	OMWATI (40)	PAP SMEAR USG BREAST	NOT ATTENDED
12	SUNITA (31)	USG ABDOMEN	NORMAL
13	KRISHNA	PAP SMEAR	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.
14	URMILA (47)	USG BREAST	NORMAL
15	MOORTI (66)	USG BREAST	NOT ATTENDED
16	MAYA (48)	PAP SMEAR	NOT ATTENDED
17	PUSHPA (42)	PAP SMEAR	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.
18	KAMLESH (45)	USG LOWER ABDOMEN	UTERINE FIBROID NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY. Surgery Recommended
19	KEDA (55)	USG LOWER ABDOMEN  PAP SMEAR Recommended	UTERINE FIBROID WITH BULKY CERVIX  NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.

In fact, most women had denied the VIA test, for detection of abnormalities in cervix, due to various reasons mentioned in the Table. Five women were referred for USG (ultrasound) test of abdomen and pelvic region.

Out of the 34 women screened for breast cancer, four were recommended for Mammography. World Healthal Trust with support of DLF Foundation provides follow-up services with free investigations including the sono-mammography, Pap smear test and ultrasounds of abdomen in order to take a suspect patient to the stage of disease diagnosis. The follow-up of the suspect cases was done on November 7, 2015.

### **OBSERVATION:**

Only 13 women out of 19 suspect cases came for advanced screening tests and others did not report on the day when called for these tests in a near-by diagnostic centre. We also coordinated with the remaining women of previous two camps for conducting the advanced screening tests, and they all were informed about the date and time of their visit to the diagnostic centre where these tests would be done. But no women from Hayatpur and Nawada Fatehpur villages came for advanced screening.

### GLIMPSES OF THE EVENT





