

THE LEADING LIGHT

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An awareness cum screening camp on Women's Cancers, jointly undertaken by World Healthal Trust and DLF Foundation, was held at the Primary Health Centre (PHC), Hayatpur, Gurgaon on September 9, 2015.

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FOUNDER'S MESSAGE



A Memorandum of Understanding (MoU) was signed between DLF Foundation and World Healthal Trust this financial year, for jointly undertaking a CSR Project entitled, *Women's Cancer Prevention Programme Through Awareness Cum Screening Camps* under which six camps on women's cancers would be conducted by World Healthal Trust with financial support of DLF Foundation.

The first such camp was conducted on September 9, 2015 at the Primary Health Centre (PHC), Hayatpur, Gurgaon. About 25% of screened women were recommended to undergo a Pap test or ultrasound of pelvic region due to some abnormalities detected with primary screening done by VIA (Visual inspection with Acetic acid) test. Similarly 30% of screened women were recommended to undergo the mammography test due to abnormalities in the breast tissue detected by clinical breast examination.

A lot needs to be done to bring an appreciable impact in the community on alleviating this burden. People both in the rural and urban settings need to be made aware about cancer prevention through early detection and timely treatment. That sure is the key!

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 Healthal Trust, with Financial Support of DLF Foundation
on September 9, 2015***

A Part of Women's Cancer Prevention Programme

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

India has a population of 432.20 million women aged 15 years and older who are at risk of developing cervical cancer. Current estimates indicate that every year approximately 1.4 lakh women are diagnosed with cervical cancer and about 80,000 die from the disease (Source: ICO HPV Information Centre). 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 Healthal 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), Hayatpur, Gurgaon on September 9, 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 Hayatpur village to promote maximum participation of women for the event.

A public awareness/advocacy programme for about 35 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, the 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 Namrita and Dr Umbreen of Sharda Hospital, Greater Noida.

After the advocacy round, the women were requested to register themselves for getting screened for cervical and breast cancers. 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. Reena Sinha (Gynecologist & Medical Superintendent, PHC, Hayatpur) and Ms. Seema (ANM, PHC, Hayatpur) 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 requested the participating women to take advantage of the facility provided by World Health Trust and get themselves screened for breast and cervical cancers. Dr Namrita 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 17 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. Two were

recommended to get the Pap smear test done due to some other abnormalities. Two women were referred for USG (ultrasound) test of abdomen and pelvic region. Out of the 17 women screened for breast cancer, five 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.	Mrs. Rani (44 Yrs)	Pain and heaviness	Referred for Mammography	Negative, Infection, Irregular Menses, lower abdominal pain	USG lower abdomen + Pelvis, Medicine prescribed and given
2.	Mrs. Meena (46 Yrs)	Normal	-	Patient refused for VIA	-
3.	Mrs. Santosh (42 Yrs)	Normal	-	Negative	-
4.	Mrs. Beena (27 Yrs)	Normal	-	Negative	-
5.	Mrs. Hemlata (25 Yrs)	Normal	-	VIA not done	-
6.	Mrs. Jai Bala (43 Yrs)	Pain in right Breast occasionally	Referred for Mammography	Negative	-
7.	Mrs. Kamla (55 Yrs)	Normal	-	Negative, hypertrophied Erosion	USG whole abdomen + Pelvis, Medicine prescribed and Given
8.	Mrs. Manju (28 Yrs)	Pain in left Breast off & on	Referred for Mammography	Negative	-
9.	Mrs. Bharti (26 Yrs)	Normal	-	Negative, Burning micturition	Medicine prescribed and given
10.	Mrs. Chanderkala (65 Yrs)	Normal	-	Negative, Pain in limbs	Medicine prescribed
11.	Mrs Dayawati (50 Yrs)	Normal	-	No Aceto-white area detected but dlscharge is frequent, early menopause	Pap Smear test
12.	Mrs. Snehlata (35 Yrs)	Normal	-	Negative, lower back pain	Medicine prescribed
13.	Mrs. Savita (41 Yrs)	Presence of Lump Left upper, Painless	Referred for Mammography	Negative	-
14.	Mrs. Renu (28 Yrs)	Size of both breasts differ, Pain in left breast off & on	Referred for Mammography	Nabothian cyst on 5 ^o Clock & 11 ^o Clock	Pap Smear test, Medicine prescribed and given
15.	Mrs. Anjali (21 Yrs)	Normal	-	Negative, Burning micturition	Medicine prescribed and given
16.	Mrs. Poonam (38Yrs)	Normal	-	Negative, Burning micturition, white Discharge	Medicine prescribed and given
17.	Mrs. Poonam Devi (34 Yrs)	Normal	-	Negative	Medicine prescribed and given





SUSPECT WOMEN REQUIRING A FOLLOW-UP TEST:

S. No.	Patient's Name	Pap Smear Test	Mammography	USG (Abdomen + Pelvic) test
1	Mrs. Rani	-	✓	✓
2	Mrs. Jai Bala	-	✓	-
3	Mrs. Manju	-	✓	-
4	Mrs Savita	-	✓	-
5	Mrs. Renu	✓	✓	-
6	Mrs. Dayawati	✓	-	-
7	Mrs Kamla	-	-	✓

SUSPECT WOMEN WHO CAME FOR FOLLOW-UP TESTS:

S. No.	Patient's Name	Came for Advanced Test
1	Mrs. Rani	✓
2	Mrs. Jai Bala	×
3	Mrs. Manju	×
4	Mrs Savita	✓
5	Mrs. Renu	✓
6	Mrs. Dayawati	×
7	Mrs Kamla	✓

RESULTS OF ADVANCED SCREENING OF SUSPECT WOMEN

S. No.	Patient Name	Test Result	
1	Rani 	Mammography: Normal Study	USG: A calculus of size 6.1mm noted in mid pole.
2	Renu 	Mammography: Normal Study	Pap Smear: Normal Study. Medication prescribed for Infection.
3	Savita 	Mammography: Anechoic mass lesion (Broad> Tall) is seen in relation to left sided pectoralis muscle in infra – axillary region--? Cyst/ ?lymphnode FNAC (Fine-needle aspiration cytology) recommended	
4	Kamla 	USG: A Simple cyst 66×62mm noted in mid pole cortex of left kidney	

FURTHER RECOMMENDATION

Case 3: Ms. Savita is recommended to get the FNAC (Fine-needle aspiration cytology) test done. She did not report on the day when called for this test in a near-by diagnostic centre. We are coordinating to fix the next date for advanced screening tests for women detected as suspect cases through primary screening in our community camps. Ms Savita would be informed about the date and time of her visit to the diagnostic centre where this test would be done and we are expecting her to come this time.

Glimpses of the Event



