Quitting tobacco use 'can reduce mortality by 90 per cent'

Jamila Achakzai
Islamabad

Avoidance and cessation of tobacco use can potentially reduce the lung cancer incidence and mortality by around 90 per cent, said Shifa International Hospital's Medical Oncologist Dr Kamran Rasheed at a World Cancer Day function here Thursday.

Dr Rasheed said a brief assessment and counselling in primary care is effective in increasing the tobacco use quit rates. He said screening for lung cancer has so far not been effective, although research with newer CT technology is ongoing. He said reducing the risk of lung cancer should focus on tobacco users and those at a greater risk of beginning tobacco use.

The oncologist said clinicians should target women aged 50 years old and older. He said breast cancer screening should also be discussed with women in their 40s, although, a fewer women in this age group are likely to benefit. "Women should be screened until their predicted life expectancy is less than 10 years," he said.

Dr Rasheed said clinicians should ask about a woman's history of breast or ovarian cancer, adding that women with a strong family history should receive counselling for options, which might include genetic testing and more intensive screening for breast cancer. He said breast cancer screening with mammography reduces mortality from breast cancer to a small but clinically important degree. "The absolute benefit from screening increases with age, while the rate of false positive tests decreases with age," he said.

"We suggest regular clinical breast examinations (CBE), although this is supported by weaker evidence. Some breast cancers are not detected by mammography; a positive CBE requires further investigation, even if the mammogram is negative. Taking time for a careful CBE increases sensitivity," he said.

As for cervical cancer, the oncologist said physicians should target sexually active women with an intact cervix, starting three years from the age of onset of sexual activity or at age 21. He said screening for cervical cancer is routinely done by cytological examination. Human papillomaviruses (HPV) testing is not recommended for initial screening, but is useful to determine how to triage women with atypical squamous cells of undetermined significance (ASCUS) findings on cytology, he said.

"The best frequency of screening for cervical cancer is not clear, but among women with repeatedly negative findings, screening more often than every three years rarely detects new high grade lesions. Screening every three years for women with previous negative findings for intraepithelial neoplasia is a reasonable approach," he said.

Dr Rasheed said women without a cervix, who had not had prior gynaecological cancer, CIN 3, or history of DES exposure, should not be screened. He said cervical cancer develops very slowly, so women older than age 65 years, who had repeated negative Pap smears and are not at an increased risk, need no screening. He warned that mortality from cervical cancer is the greatest among women, who have not had prior adequate screening.

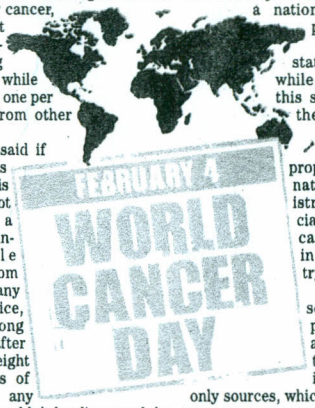
For colorectal cancer, he said, clinicians should target patients aged between 50 and 75 years, adding that patients should be asked about first and second-degree relatives, who had had colorectal cancer. According to the medical oncologist, screening for colorectal cancer clearly reduces mortality from this disease and it is important that people at risk receive some regular screening test or procedure. Several screening strategies are available for patients at average risk, and patients should participate in the decision of which test to undergo, he said.

He said screening for prostate cancer is controversial. "The benefits of screening, i.e. reducing prostate cancer mortality, are small, in that they accrue to only a small number of men (no more than one in 1,400) and only after nine years. Benefits may be outweighed by the significant harms of screening that affect many more men (need for biopsy, and impotence or incontinence occurring in at least 50 per cent of men, who undergo treatment for a disease that may be indolent)," he said.

Dr Rasheed said there is a great public interest in screening for prostate cancer, and individual and informed patient preferences for identified health outcomes should guide decisions about screening. He said it is reasonable, at least once, to initiate a discussion about screening with average risk men between 50 and 74 years of age. "I suggest not initiating screening discussions earlier for men at higher risk, given that age is the primary determinant of cancer risk and screening earlier increases the risk of harm; earlier discussion with men at higher risk has been advised by some," he said.

He said when a decision to screen is made, screening should be performed with prostate specific antigen (PSA) tests. He suggested against performing digital rectal examination as part of screening. "When a decision is made to screen, the optimal interval for PSA testing is uncertain. We suggest intervals of four years. Others, including authors for up to date, have suggested intervals of every two to four years. We suggest that screening be performed until co-morbidities or age (75 years) limit life expectancy to less than 10 years or the patient decides against further screening. Stopping screening at age 65 may be appropriate if the PSA level is less than 1.0ng/ml," he said.

On the occasion, Radiation Oncologist Dr Muhammad Ali Afridi said there are 10 million new patients of cancer every year all over the world, and the number is increasing day by day. He said 70 per cent patients are affected by carcinoma cancer involving skin and internal parts of the body, four per cent by sarcoma cancer involving bones and soft tissue, 10 per cent by lymphoma cancer involving glands, 10 per cent by leukaemia cancer involving blood and bone marrow cancer, five per cent by glioma cancer involving brain cancer, while the remaining one per cent suffer from other cancers.



Dr Afridi said if someone finds a wound on his or her body, not curing for a long time, unreasonable bleeding from any organ, any change in voice, cough for long time even after treatment, weight loss and loss of appetite or any fever, which couldn't be diagnosed, he or she should consult a doctor without delay.

He urged people to quit smoking and alcohol drinking, care about infections, ensure proper diet, and protect themselves from environmental pollution, so as to prevent cancer.

The discussion was followed by a question answer session. The panel, which responded to the participants' questions, consisted of Dr MA Afridi, Dr Kamran Rashid, Dr Azra Batool and Dr Rashid Nazir.

Cancer fight baseless without data

Experts call for integrating treatment centres for formulating national policy

Our correspondent
Islamabad

Health experts have stressed on the need for integrating all cancer treatment centres and oncology, pathology and radiotherapy departments of hospitals to share cancer related data with one another, which could be helpful in formulating a national cancer policy.

They stated this while talking to this scribe over the issue of non-availability of a proper, reliable national registry and official figures of cancer cases in the country.

In the absence of a proper, reliable national registry the only sources, which enlighten us on cancer cases in the country, are the 20 countrywide cancer hospitals, which maintain the record of old and new entries. The fact, however, remains that figures reported this way exhibit only a glimpse of the whole picture of the cancer situation in the country. In this light, numbers furnished by oncologists may understandably vary.

Dr Muhammad Ali Afridi of Shifa International Hospital, Islamabad puts the annual tally of new cancer cases between 100,000 and 200,000, while Dr Javed Khursheed of Pakistan Atomic Energy Commission (PAEC) insists that around 320,000 new cancer cases surface in the country every year, a good number of which goes unreported for one reason or the other.

Likewise, Shaukat Khanum Memorial Hospital reports a different number, i.e. 150,000.

As said by Dr Khursheed, the country has around 20 cancer hospitals treating over 350,000 to 400,000 million patients, adding that the PAEC's 13 countrywide cancer hospitals treat over 300,000 patients every year.

Looking at the available cancer incidence, what turns out to be of major concern to the health experts is that nearly half of the cancer cases surfacing in the country are linked with the use of tobacco and one in every eight women in the country is a breast cancer patient.

According to National Coordinator Pink Ribbon Omar Aftab, Pakistan tops the Asian countries in terms of the prevalence of breast cancer, which makes 38.5 per cent of all local female cancer cases. He revealed to 'The News' that women in their 20s are the most vulnerable to the disease. He wants people to abandon the use of tobacco products for it being a major cause of cancer.

Terming head, neck and throat cancer among Pakistani men, and leukaemia and lymphoma among children as the commonest, Dr Javed Khursheed quoted the findings of credible studies as revealing that two-thirds of cancers are caused by environmental problems and the remaining by nutritional and reproductive disorders.

Oncologists are unanimous in their concern about the unavailability of cancer related statistics.

Dr Khurhseed says the non-existence of a national registry has a negative bearing on the country's fight against cancer. "The first step, which should be taken by the government, is the establishment of a cancer registry. Once it is in place, only then comes the prevention and control of the disease."

Feeling the threat of the unavailability of exact cancer figures on public life on a large scale, Dr Afridi said the establishment of a cancer registry would go a long way in containing the deadly disease in Pakistan.

Lok Virsa to hold 'Yakjehti Mela' today

Our correspondent

tribution of Kashmiri immi-