MEDICAL DEPARTMENT ISSUE I : MARCH 2012

MED PULSE

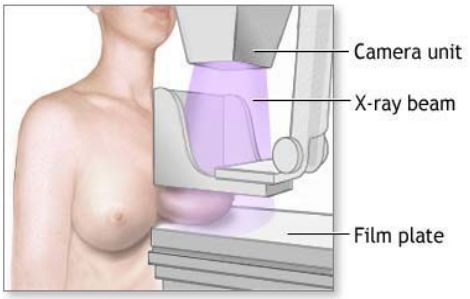
SCREENING : AN EFFECTIVE WAY OF BREAST CANCER CONTROL IN INDIA

Worldwide, 16 % of all female cancers are breast cancers. Breast cancer is set to overtake cervical cancer as the most common cancer in women in India by 2020. This could be attributed to rapid urbanization , change in lifestyle of women like starting sex life late, having fewer children, and less breastfeeding increasing their exposure to oestrogen. CA breast incidence is about 130 per 100 000 women in the US, it is about 19 per 100 000 in India. A recent study in India revealed that 1 in 28 women develop CA breast during lifetime. In urban areas rate is 1 in 22 in a lifetime and in rural areas, it is 1 in 60 . In India the average age of the high risk group is 43-46 years , in the west it is 53-57 years. CA Breast survival rates vary greatly from 80% in West to around 60% in middle-income countries and < 40% in low-income countries (Coleman et al., 2008). Although incidence of CA breast is lower in poor countries, mortality rates are higher. This is mainly because of lack of early detection, as well as lack of adequate diagnosis and treatment facilities. Therefore, In India, early detection and treatment of breast cancer play an utmost importance for better survival rate.

Early Detection of CA breast :

Although some risk reduction might be achieved with prevention, these strategies cannot eliminate the majority of breast cancers that develop in low- and middle-income countries. Therefore, early detection in order to improve breast cancer outcome and survival remains the cornerstone of breast cancer control (Anderson et al., 2008). Early diagnosis remains an important early detection strategy, particularly in India where the diseases is diagnosed in late stages. and resources are limited. There is some evidence that this strategy can produce "down staging" (increasing in proportion of breast cancers detected at an early stage) of the disease to stages that are more amenable to curative treatment (Yip et al., 2008).

Mammography screening: Mammography screening is the only screening method that has proven to be effective. It can reduce CA breast mortality by 20 to 30% in women over 50 yrs when the screening coverage is over 70% (IARC, 2008).



In mammography, each breast is compressed horizontally, then obliquely and an x-ray is taken of each position

Season's Greetings !

In the present issue of Med Pulse, article on 'Screening for Breast Cancer' is included. Breast cancer is becoming the most prevalent cancer among women in world . In India, severity of it is multifolded because of late diagnosis of disease in progressive stage and expensive treatment. With routine clinical breast examination of all clients in our clinics, it will be possible to detect the disease in an early stage which subsequently will result in better survival rate.

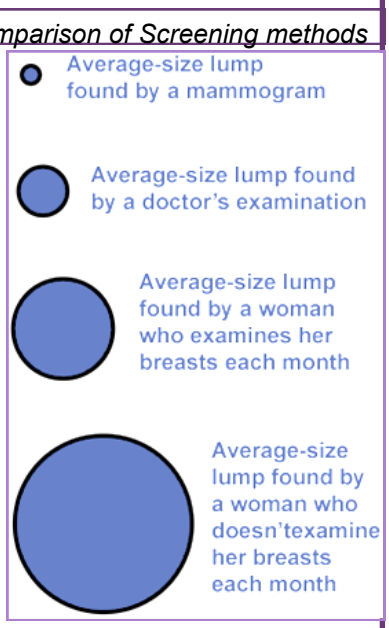
A list of Integrated Package of Essential Services (IPES) is also included for reference .

Abortion Related Trends in FPAI clinics is presented to give an ' at glance' view of overall FPAI performance in Abortion.

Your feedbacks and suggestions are always welcome at medical@fpaindia.org

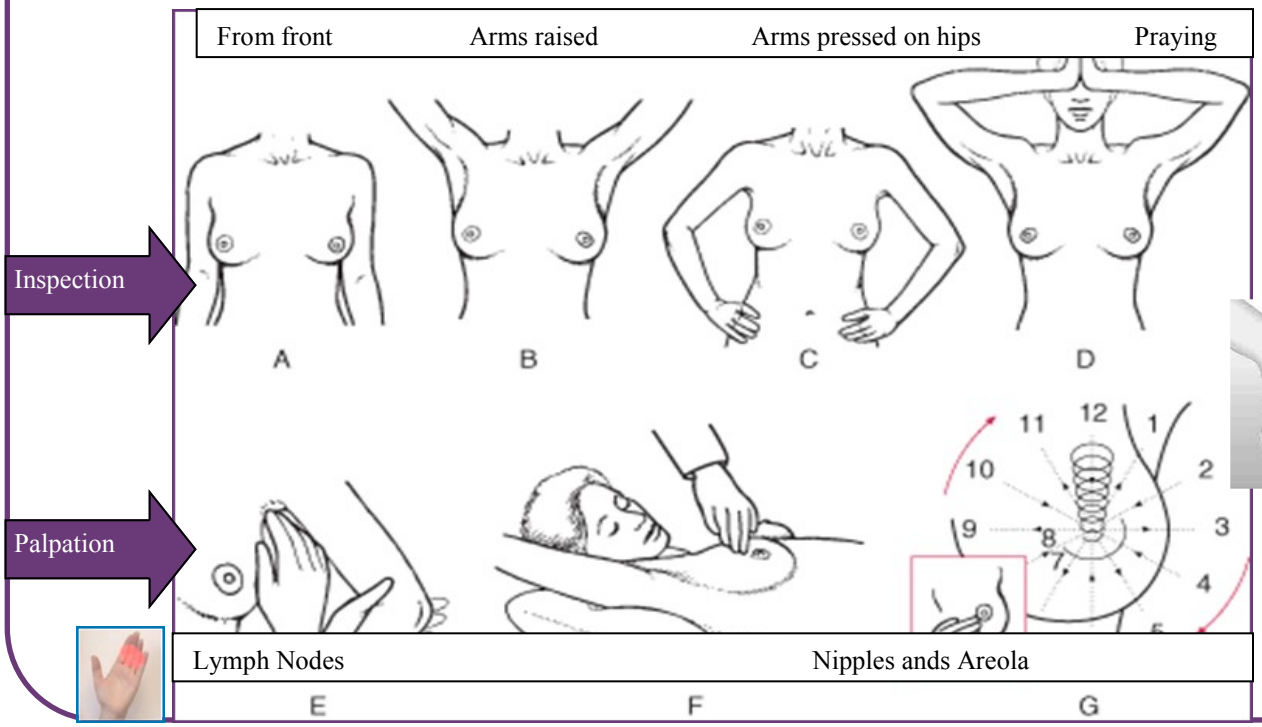
Happy Reading!

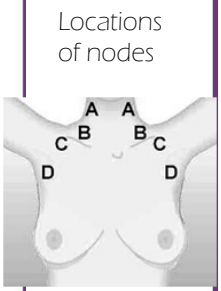
Mammography is more accurate in older women, partly because with aging, fibroglandular tissue in breasts tends to be replaced with fatty tissue, which can be more easily distinguished from abnormal tissue.
However, there is considerable disagreement about screening for women 40 to 50 yr. Recommendations include annual mammography mammography every 1 to 2 yr and no periodic mammography. Concerns screening about too soon or too often include increased radiation exposure and overdiagnosis of tumors (eg, DCIS) that may not develop into invasive cancer during the patient's lifetime. Young age at the time of radiation exposure increases the risk of cancer. Moreover ,only about 10% of abnormalities detected on screening mammography result from cancer, and false-negative results may exceed 15%. of women presenting with late-stage disease, as well as by the lack of adequate diagnosis and treatment facilities. Accuracy depends partly on the techniques used and experience of the mammographer. Some centers use computer analysis of digitized mammography images (full-field digital mammography) to help in diagnosis. Such systems may be slightly more sensitive for invasive cancers in women < 50 when results are interpreted by radiologists, but probably not when interpreted primarily via computer detection. Mammography screening could potentially identify a non palpable mass of approximately 1mm to 1 cm during its pre clinical phase 3 years before it becomes palpable. Mammography screening is very complex and resource intensive and no research of its effectiveness has been conducted in low resource settings.

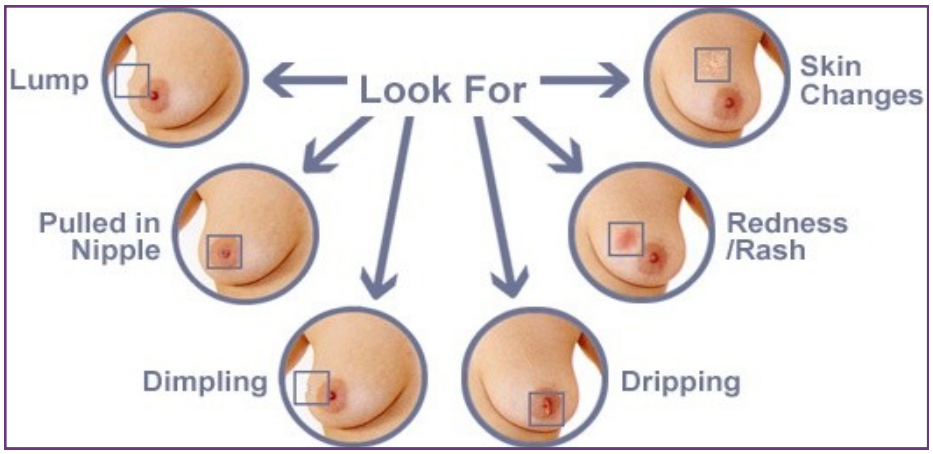


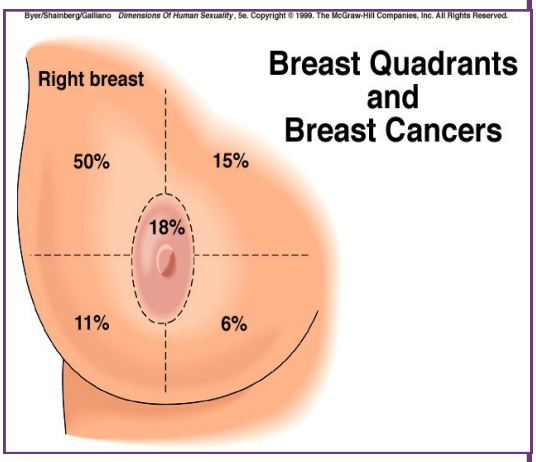
Clinical breast exam. A clinical breast exam is an examination by a doctor or nurse, who uses his or her hands to feel for lumps or other changes. This needs to be done once each year for all women above forty years. It can detect 7 to 10% of cancers that cannot be seen on a mammogram. In our set up, this is the most effective screening method.
Breast self-exam. A breast self-exam is done by woman herself for lumps, changes in size or shape of the breast, or any other changes in the breasts or underarm (armpit). There is no evidence on the effect of screening through breast self-examination (BSE). However, the practice of BSE has been seen to empower women, taking responsibility for their own health. Therefore, BSE is recommend for raising awareness among women at risk rather than as a screening method.

CLINICAL BREAST EXAMINATION









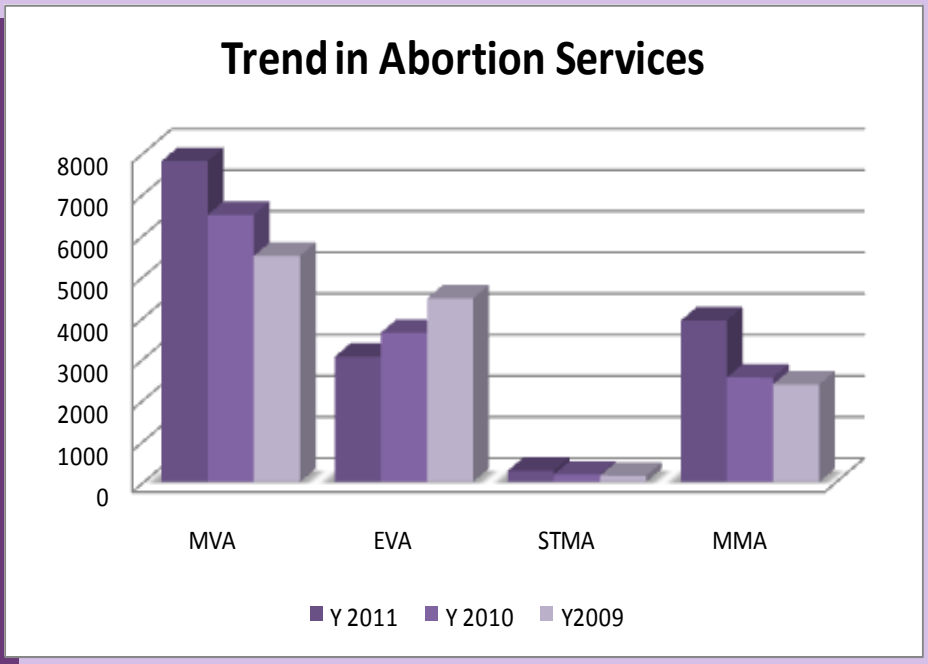
Key Messages

- Breast cancer is the top cancer in women worldwide and is increasing particularly in developing countries
- Majority of cases are diagnosed in late stages
- Early Diagnosis is the only effective way of breast cancer control
- It is recommended that clinical breast examination is offered once in a year to all women above 40 years.

References:

- *http://tmc.gov.in/cancerinfo/breast/Breast.html#Pathophysiology*
- *LANCET , India faces growing breast cancer epidemic The Lancet, Vol. 379 No. 9820 pp 992-993*
- *http://www.womenshealthsection.com*
- *http://www.who.int/cancer/detection/breastcancer/en/*

- Abortion Service users in last three years in FPAI clinics show an upward trend in total number of cases as well as uptake of MVA and MA methods with a corresponding decrease in EVA methods.
- Encouraging increase is also seen in second trimester abortion services.
- New Satellite clinics, second trimester service initiation and rigorous efforts to increase awareness among community through awareness programs and outreach SRH service sessions are approaches that have worked well.



FPAI INTEGRATED PACKAGE OF ESSENTIAL SERVICES (IPES)

About IPES :

- Implementation of the IPES is a part of IPPF's Access Global Strategy. It focuses on interventions and services, aims to strengthen health service delivery systems.
- FPAI has adopted this strategy for service delivery framework.
- Through implementation of IPES, FPAI strives to achieve standardized service delivery in all the branches.
- Most of our branches are providing all these services. For branches who are not providing any of the following services, service delivery will be initiated in step by step manner.
- There are 8 services delivery components and 22 services under these components.

Following is the list of all services under IPES

SRH service Area (Services)	Essential Services
1.Counselling (2)	1.Sexuality, AND
	2.Relationship
2. Contraceptives (6)	1.Counselling, AND
	2.Oral contraceptive pills, AND
	3.Condoms [also provided for RTIs/STIs &HIV],AND
	4.Injectables, AND
	5.At least one long-acting and reversible contraceptive (LARC): intra-uterine device/system (IUD/IUS) OR implants, AND
	6.At least one emergency contraceptive (EC) method: tablet-based OR IUD
3. Safe abortion care (2)	At least one of:
	1.Induced surgical, OR
	2.Induced medical, OR
	3.Incomplete abortion treatment
	AND
	1.Pre- and post-abortion counselling.
4. RTIs/STIs (2)	1.At least one RTI/STI treatment method, OR
	2.At least one RTI/STI lab test, AND
	3.Condoms [also provided under contraceptives & HIV]
5. HIV (3)	1.Pre- and post-test counselling, AND
	2.HIV serostatus lab test OR HIV staging and monitoring lab test, AND
	3.Condoms [also provided under contraceptives & RTIs/STIs]
6. Gynecology (3)	1.Manual pelvic examination for symptomatic clients, AND
	2.Manual breast exam, AND
	3.Pap smear OR other cervical cancer screening method
7. Prenatal and postnatal care (3)	1.Confirmation of pregnancy, AND
	2.Essential prenatal care, AND
	3.Essential postnatal care
8. Sexual and Gender-based violence (SGBV) (2)	1.Screening for SGBV, AND
	2.Referral mechanisms for clinical*, psycho-social, and protection services
[*note: EC provided under contraceptives. Other life-saving clinical services include STI presumptive treatment and HIV post-exposure prophylaxis (PEP)]	