

**Pursuing a specific agenda for
palliative care for breast cancer in
Bangladesh**

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Prevalence of reported pain and treatment outcomes according to WHO guidelines in a cancer specialty hospital, Dhaka, Bangladesh

Descriptive Cross Sectional Study

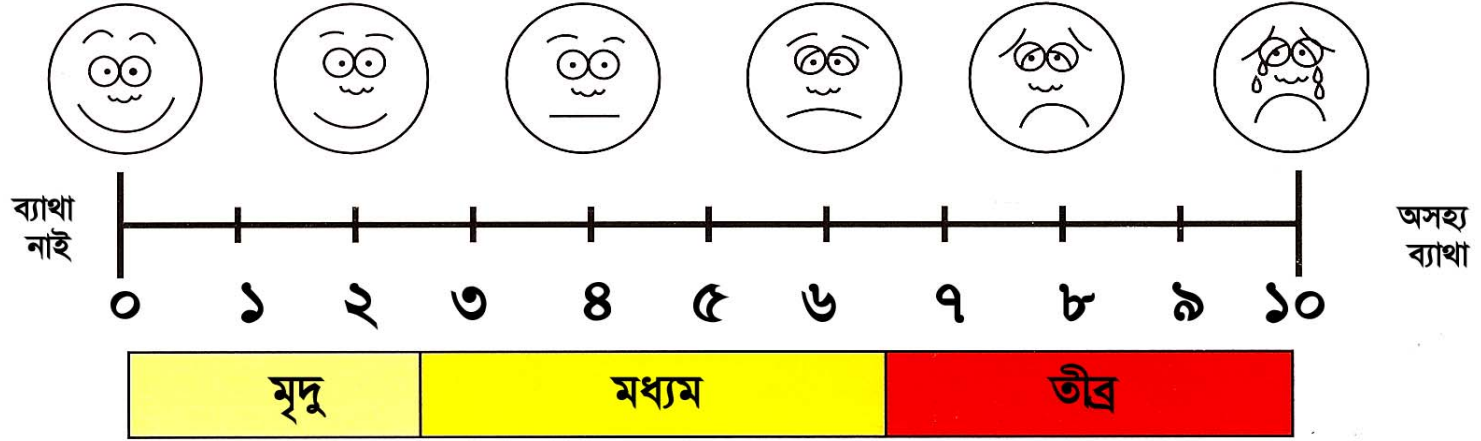
Period: June 2006 to June 2008

Patient Population: 882 Patients/family reporting pain.

Setting: Pain and palliative clinic

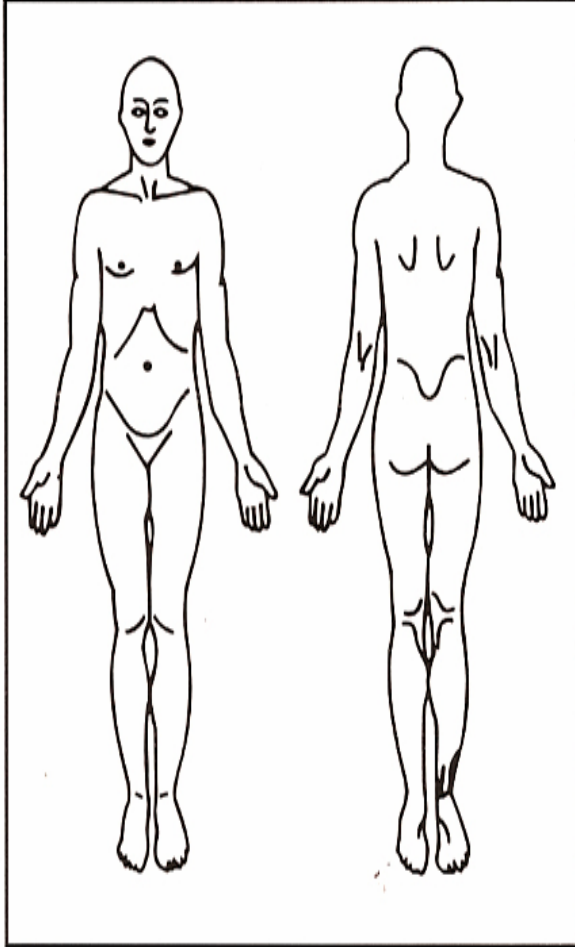
Assessment tool: Visual analogue scale pain score

ব্যথার মাত্রা নির্ধারণ করুন



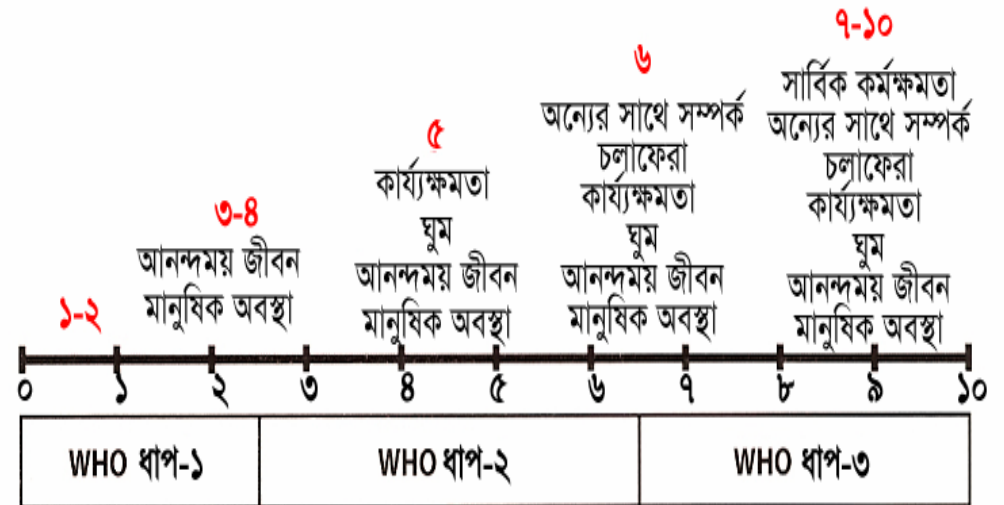
1. Wong DL, Hockenberry-Eaton M, Wilson D, Winkelstein ML, Schwartz PWong's Essentials of Pediatric Nursing, 6th Edition, St. Louis: 2001; page 1301. Copyright by Mosby, Inc.
2. Acute Pain Management: Operative or Medical Procedures and Trauma, Clinical Practice Guideline No. 1. AHCPR Publication No. 92-0032; February 1992. Agency for Healthcare Research & Quality, Rockville, MD; pages 116-117.

ব্যথার অবস্থান



ব্যথার কারণে দৈনিক কার্যক্ষমতার অবনতি

The chart below has been adapted from Breitbart: Pain Intensity and Functional Interface in AIDS (Numeric Pain Rating 0-10).



সৌজন্যে- এ সি আই লিঃ

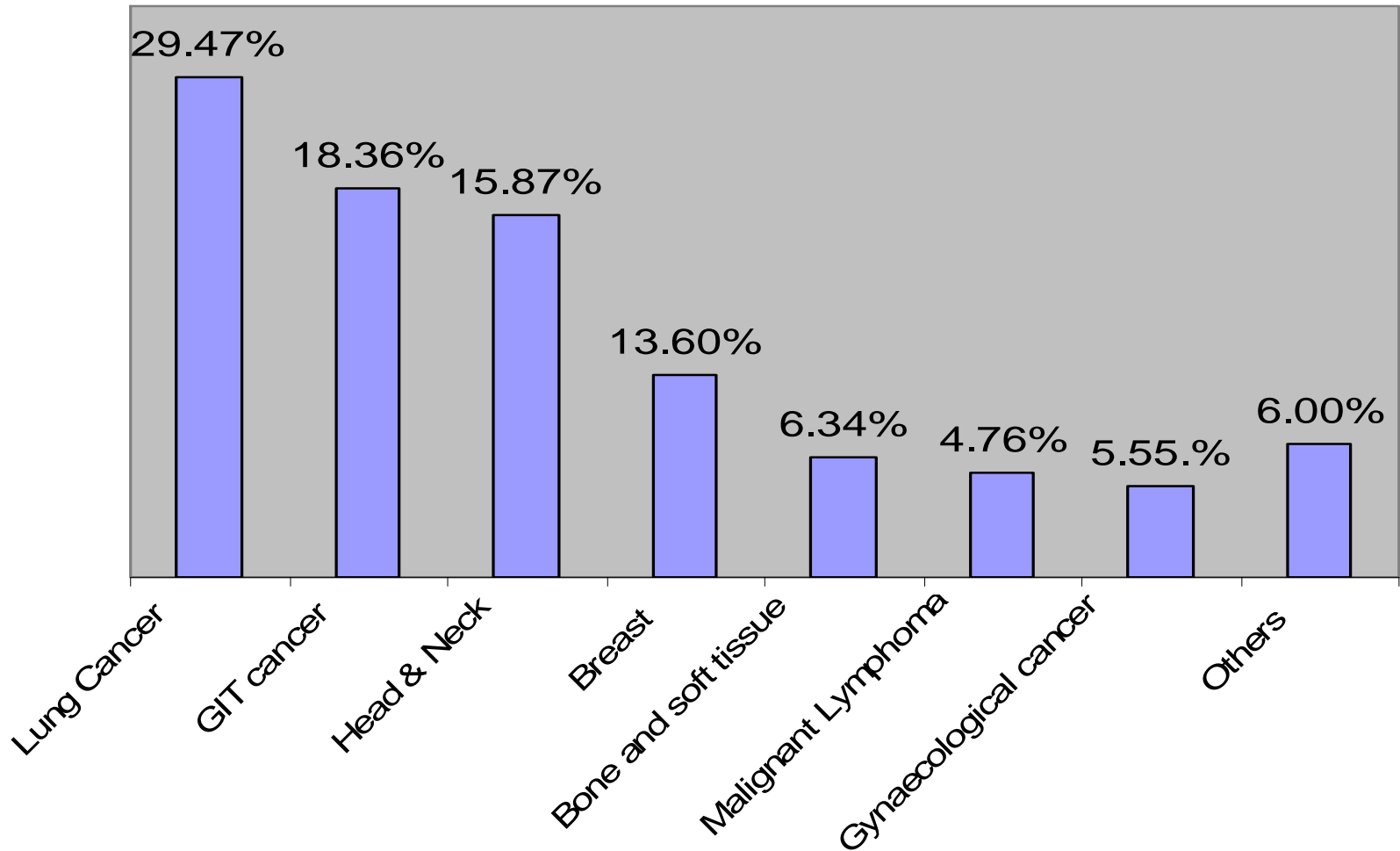


Common cancers of adult patients presenting with pain (n=882)

✚	Lung-	260	(29.47%)
✚	GI	162	(18.36%)
✚	Head neck	140	(15.87%)
✚	Breast	120	(13.60%)
✚	Bone & soft tissue	56	(06.34%)
✚	Gynecological	49	(05.55%)
✚	Lymphoma	42	(04.76%)
✚	Metastatic, 1 Unknown	26	(02.94%)
✚	Male Genital tract	18	(02.04%)
✚	Multiple primaries	9	(01.02%)

Percentage of Patients with specific malignancy

n=882



Pain scores on first evaluations in 882 patients

Pain score	No. patients	%
8-10	780	88.43
5-7	121	13.60
2-4	71	8.049
<2	10	1.13378

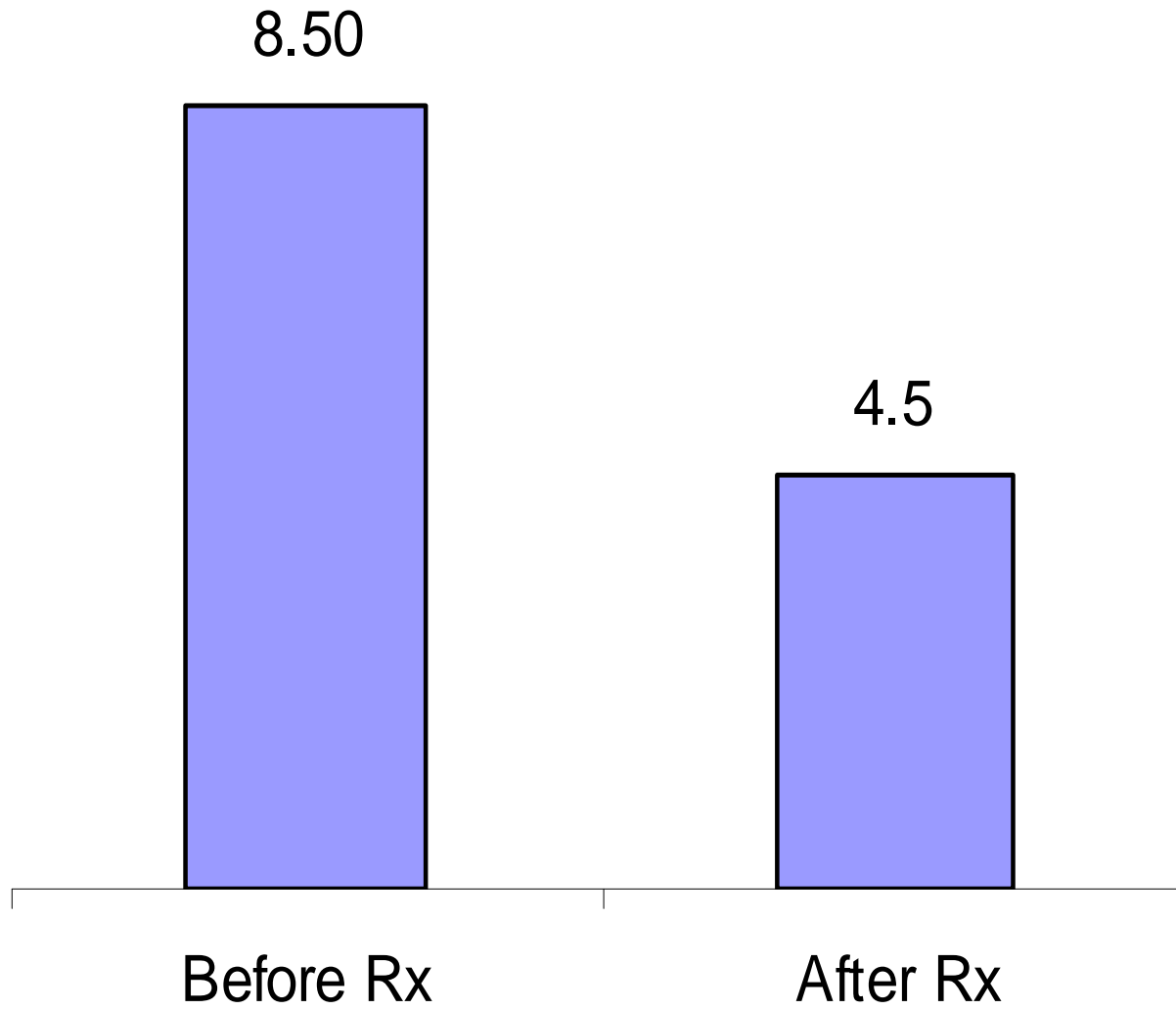
Systemic pain interventions

- By WHO Guidelines Stepladder method
- Rx Morphine +NSAID provided for 2 wks
- Follow up after two weeks or as needed

Breast Cancer

- N= 120 (2 Male)
 - Mean Age= 42 years
 - Age Range= 11 -- 90 years
 - Married= 87 %
 - Average annual family income= \$216-648
 - Education= 38% illiterate; 31% Primary Education
 - Site= left breast 70%
-
- **Average Pain Score : 8.5**

Pain Score Before and after Rx



Other problems reported by patients with breast cancer

- Fatigue 86%
- Anxiety 86%
- Wound(Fungating) 33% / 19%
- Functional Status decline ECOG 2-3 (78%)
- Hair Loss 55%
- Hot flushes 38%
- Financial concerns 5%
- Fear 66%

Pilot survey and intervention experience conclusions

- Pain scores obtainable and very high
- Limitations on interventions—
morphine.... But improvements in
short term achievable.
- Since palliative care is often the only
care appropriate and practical for our
patients, developing mechanisms to
provide this routinely, effectively and
cost effectively are needed.

AMADER GRAM BREAST CARE

CLINICAL PRACTICE GUIDELINES

Version 5/2009; 27 pages

[www. agbreastcare.org](http://www.agbreastcare.org)

[www. ibcrf.org](http://www.ibcrf.org)

AMADER GRAM PALLIATION Guidelines

- Assessment and management: visual analogue scale and assessment and WHO ladder table.
- Detailed consideration of WHO Step ladder treatment approach in context of Bangladeshi available therapies

www.agbreastcare.org (click on clinical practice guidelines)

BREAST CANCER IN RURAL BANGLADESH

238 CONSECUTIVE NEW CASES 2007-2008 at
Khulna Medical College and Hospital

Stage I/II (Local) 9 (4%) Curable

Stage III+ (Regionally advanced)
208 (87%) Cure unlikely

Stage IV (Distant metastatic)
21 (9%) Incurable

Data from Amader Gram Breast Care, 2009

Stage III+ to Stage ‘H’ Breast cancer at diagnosis



STAGE III+ BREAST CANCER: The usual, not the exception



ADDRESSING COMMON REALITY

- A majority of Bangladeshi women with breast cancer have local-regional disease for which specific anti-tumor therapies are either unavailable or will have slow, if any, objective benefits.
- In these patients, specific symptoms and their magnitudes, possible implementable interventions, and cost effective patient- friendly strategies, are undefined.

THE AMADER GRAM BREAST CARE PALLIATION STUDY

In 100 newly presenting women with stage III+ breast cancer to:

1. Describe major symptoms and their magnitudes.
2. Develop and pilot test appropriate potentially widely implementable interventions directed towards the 4 most common symptoms.
3. Develop a software platform and sensor systems for patients' (family) cell phones to monitor symptoms, and evaluate interventions over one month.

Palliation Study: Symptom assessment (reliability and validity)

- Pain: Score by Visual Analogue Scale
Brief Pain Inventory (BPI)
- Functional Status: Karnofsky Performance Scale
- MDASI (Symptom inventory)
- MDBFI (Fatigue Inventory)
- Wound assessment by type
- Depression & Anxiety by DSM IV
- QOL assessment with new instrument

Palliation Study Interventions

- PAIN: By WHO Guidelines: ALL specific indicated medications provided
- WOUND: For open wounds/tumor:
Metronidazole+sucralphate+lignocaine
honey- soaked gauze /curd and tamarind.

For other two most common symptoms, as defined

Palliation Study Monitoring for Response

- Oral reply data platform on patient or caregivers' cell-phones
- Sensors to detect and capture indicators such as pulse, temperature, periods of immobility, "sickness", wound appearance with data capture transmitted to cell-phone
- Tele-health-reported daily assessments to principal palliative care investigator, prompting intervention modifications for one month.