

**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

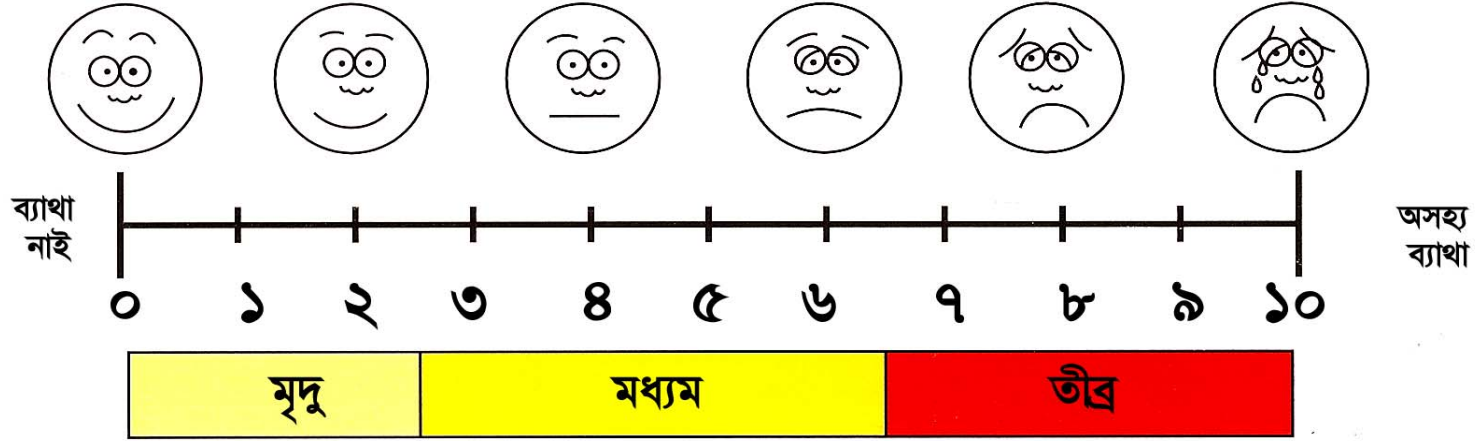
Period: June 2006 to June 2008

Patient Population: 882 Patients/family reporting pain.

Setting: Pain and palliative clinic

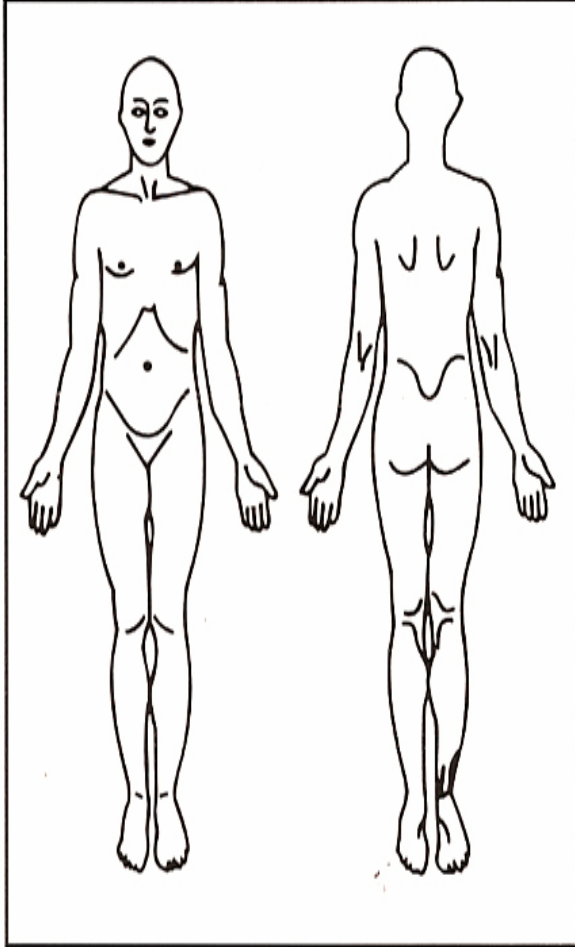
Assessment tool: Visual analogue scale pain score

## ব্যথার মাত্রা নির্ধারণ করুন



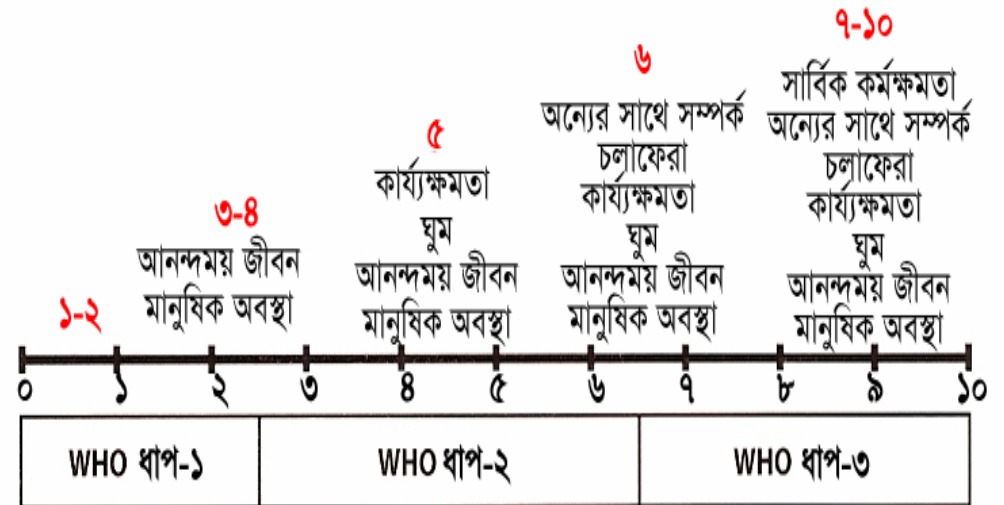
1. Wong DL, Hockenberry-Eaton M, Wilson D, Windelstein ML, Schwartz PWong's Essentials of Pediatric Nursing, 6th Edition, St. Louis: 2001; page 1301. Copyright by Mosby, Inc.
2. Acute Pain Management: Operative or Medical Procedures and Trauma, Clinical Practice Guideline No. 1. AHCPR Publication No. 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

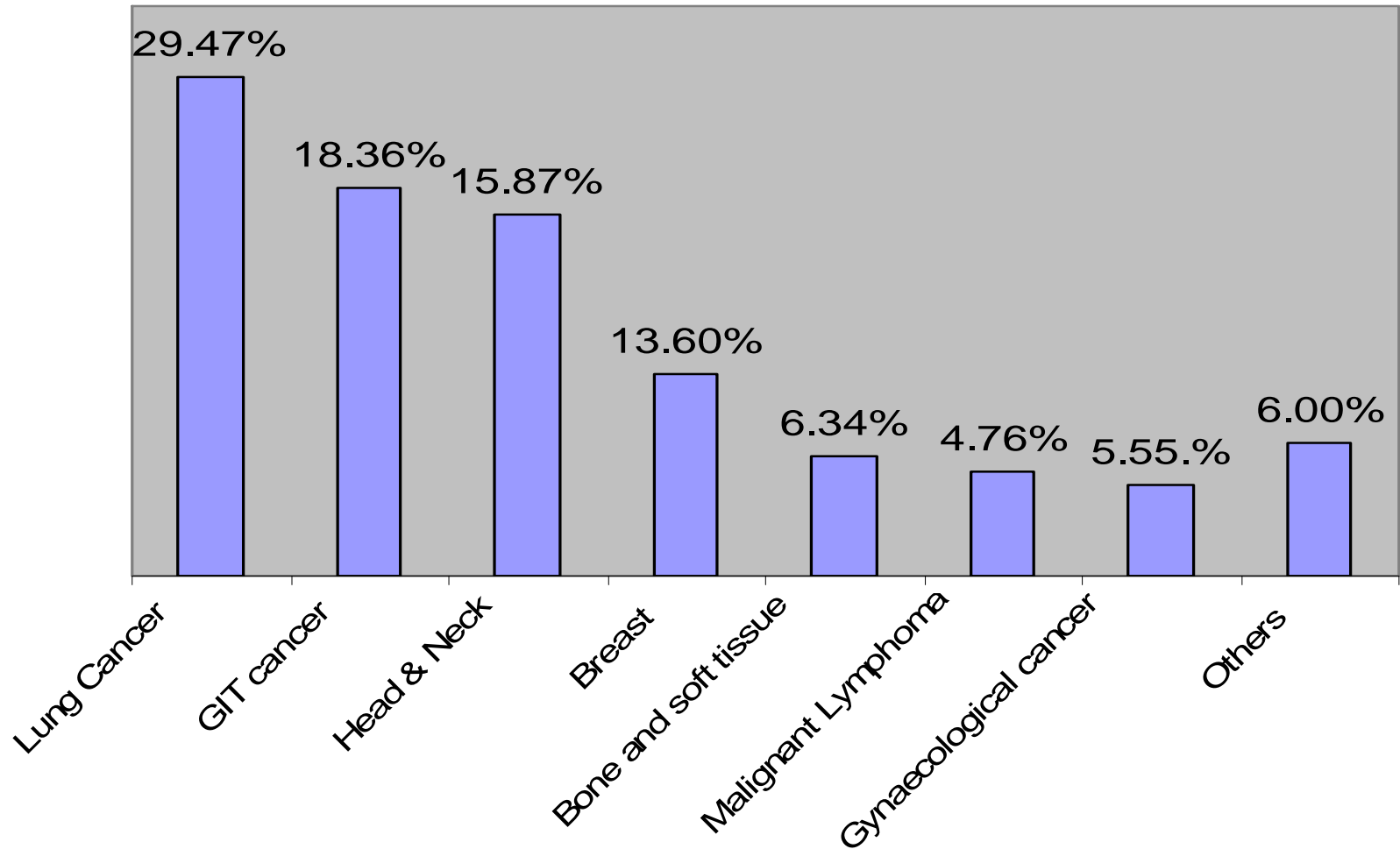


# Common cancers of adult patients presenting with pain (n=882)

✚	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

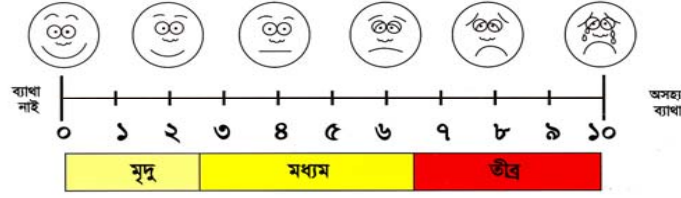
Pain score	No. patients	%
8-10	780	88.43
5-7	121	13.60
2-4	71	8.049
<2	10	1.13378

# Systemic pain interventions

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



ব্যথার মাত্রা নির্ধারণ করুন



1. Wang DL, Hockaday G, Gaba M, Wilson G, Washburn M, Schwetz P. Wong's Essentials of Pediatric Nursing, 6th Edition, St. Louis, 2005; page 1367. Copyright by Mosby Inc.  
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DEPARTMENT OF MEDICAL ONCOLOGY

**PAIN & PALLIATIVE  
FOLLOW UP CARD**

Reg. No.:..... Pain Reg. No.:.....

Name:....., Age:....., Sex:.....

Address:..... Tel No:.....

Diagnosis:....., Histo-Path:.....Stage.....

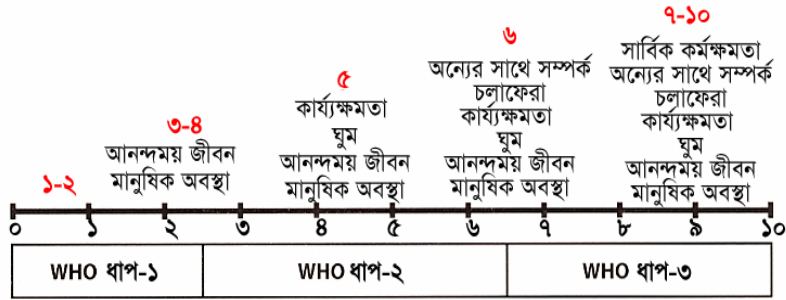
Prognosis:....., ECOG:.....


Name of Oncologist:.....

Name of Palliative Physician:.....

## 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 

## FOLLOW UP SHEET

NICRH Reg. No:

Patient Name: .....

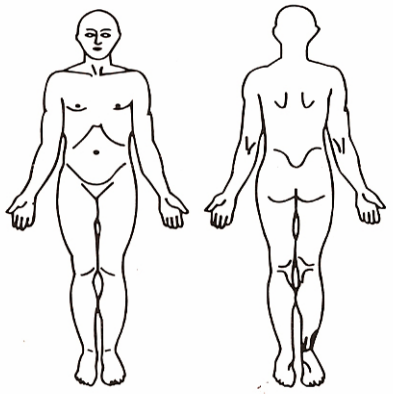
Pain & Palliative Re

Diagnosis.....

SI · N o.	Date	C/C	ECOG	Pain Score	Rx	Plan

Doctor Signature

## ব্যথার অবস্থান



### FUNTIONAL STATUS

### ECOG PERFORMANCE STATUS

.....

- 0 = Fully Active
- 1 = Ambulatory, light work
- 2 = In bed<50%, self care, unable to do work
- 3 = In bed> 50% limited self care
- 4 = Bedridden

ADL---

•Feeding:

•Dressing:

•Ambulation:

•Toileting:

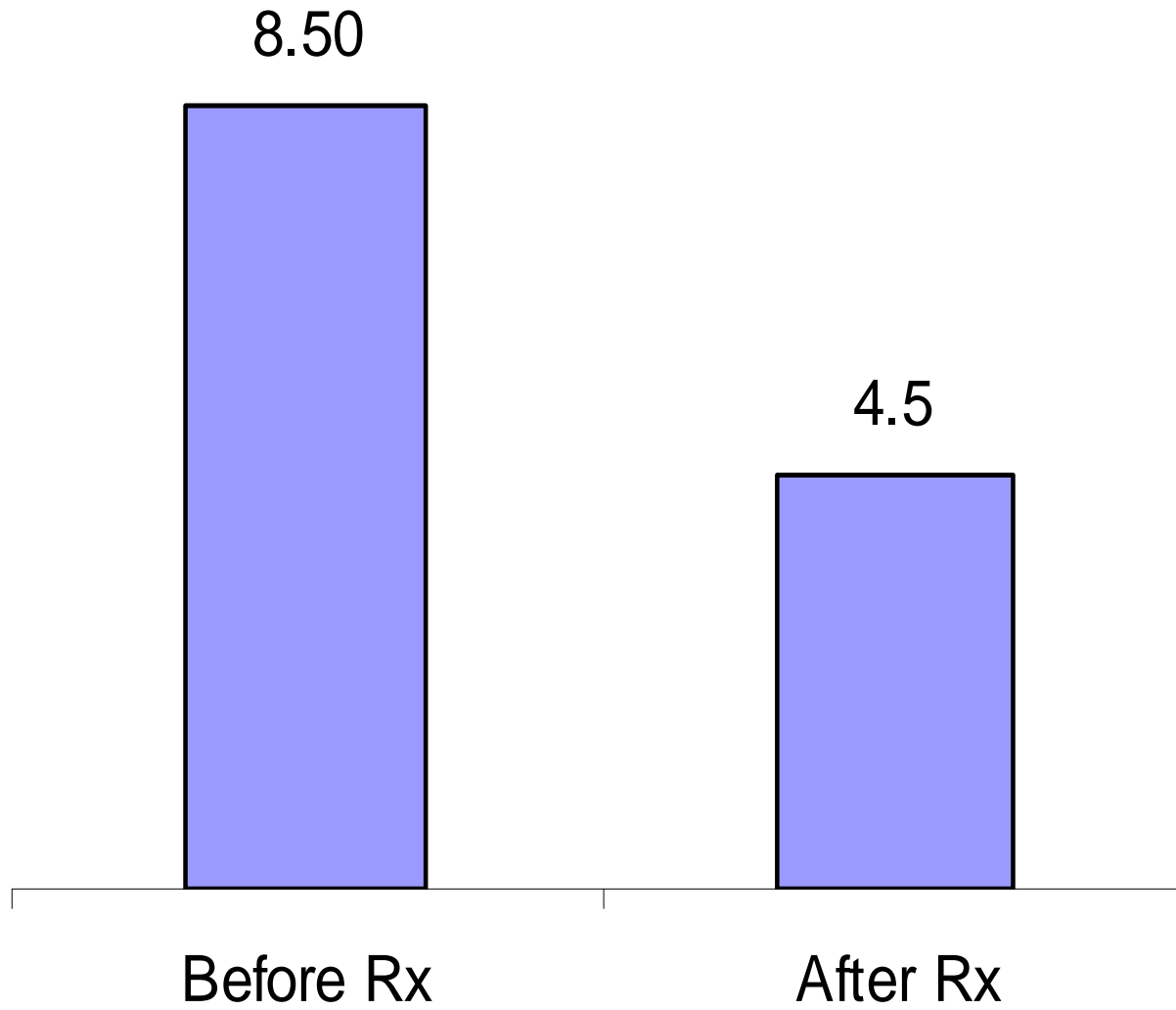
•Bathing:

Date:

# 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](http://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.