ejpmr, 2020,7(7), 694-697

SJIF Impact Factor 6.222

EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.ejpmr.com

Research Article

ISSN 2394-3211

EJPMR

A PROCESS EVALUATION STUDY, REGARDING MANAGEMENT OF BREAST LUMP IN HEALTH FACILITIES OF JHARKHAND

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Article Received on 11/05/2020 **Article Revised on 31/05/2020** **Article Accepted on 21/06/2020**

ABSTRACT

Introduction: Breast cancer is a global health concern and a leading cause of morbidity and mortality among all the cancers that affect women. **Aims and objectives:** The aim of the study was to understand the process in the management of breast cancer in the study health facilities and to know the difficulties faced by patients in the management of breast cancer. **Methods:** A qualitative research was conducted using In Depth interviews technique to fulfill the aims and objectives of the study in two health facilities of Ranchi district on all females diagnosed as breast cancer from 11.6.18 to 17.6.18. A semi structured questionnaire was administered to collect the data based on our objectives which was further analyzed. Template was generated on MS Excel and was analyzed using SPSS version 20. **Results:** Out of the two facilities, one was a tertiary care teaching hospital in government set up and other was a corporate hospital catering only to cancer patients. Patients suffering from breast cancer had little knowledge about SBE(Self Breast Examination) and also there was hesitation regarding seeking care regarding the current problem. Once they reach out for seeking medical care, there was no significant delay in beginning of treatment. So, the time lag in seeking care was much more than the time between diagnosis and management of the breast lump. **Conclusion:** Through massive campaign, SBE/CBE(Clinical Breast Examination) must be advocated and timely referral from peripheral centres to higher centre should be stressed upon.

KEYWORDS: Cancer, Breast, Self Breast Examination, Ranchi.

INTRODUCTION

World is seeing a shift in disease burden from communicable diseases to non-communicable diseases especially in low-income countries. This 'slow motion disaster' as described by WHO is due to various demographic and epidemiological factors. Cancer being one such growing morbidity, is therefore a need of the hour.

With an estimated 2.1 million new cases, the most common cancer among women is Breast Cancer as reported in 2018 (upto Sept). It is also the most frequent cancer both in developed and developing nations. The varied incidence of breast cancer is from 911,014 in Asia followed by European countries (522,513), to 24,561 in Oceania countries but the range of mortality is almost similar, approx. 310,577 deaths in Asian countries and 137,707 in European countries. The five year prevalence in Asia and Europe is 38.2% and 29.9% respectively.[1]

In developed countries, Cancer Breast still ranks fifth in terms of mortality, inspite of being the most common cancer. The reason being the favorable survival rate compared to developing countries, where it is still found to be the most frequent cause of death. In the year 2016, about 6.1 deaths per 100,000 population due to breast cancer was estimated in India. Survival rate decreases by 2.7 times for breast cancer, in case of detection at stage IV as against stage I. In 2016, about 80,700 women died in India due to breast cancer.[2]

Evidence shows poor awareness of breast cancer symptoms, prevention mechanisms, riskfactors and treatment options have usually been associated with patient delay in seeking help, making treatment less effective and minimal survival rate.[3-5] Primary prevention of breast cancer offers little prospects as the current knowledge about the aetiology is not at par. Early detection of breast cancer can be a turning point in the treatment and reduction of mortality which is possible only by secondary prevention i.e screening and follow up. For early detection of recurrence, which means detection of cancer in the opposite breast at an early stage; along with generation of research data which might be useful for future studies.[6]

Also, tumor removed early is more likely to be curative as compared to late removal.[7]

Inspite of the National Cancer Registry Program of ICMR, in India, which intends to provide data on incidence, mortality and distribution of cancer from 25 population based registries and 5 hospital based registries, there is no such data available in our state Jharkhand. This study was done to lay the foundation for a much awaited, specialized and comprehensive program designed to set a step forward for the early diagnosis and treatment of cancer breast patients. It aims to understand the process in the management of breast cancer in the study health facilities, to know about the awareness of self-breast examination and its practice among diagnosed cases of breast cancer patients and the difficulties faced by them in the management of breast cancer.

METHODOLOGY

A Qualitative research was done using Indepth interviews technique, after taking consent, in two health facilities of Ranchi district, one was a Tertiary government health care centre and second a semi government, specialized cancer care centre, on all females diagnosed as breast cancer from 11th June to 17th June 2018. A semi structured questionnaire was administered to collect the data based on our objectives which was further analyzed. Ethical approval from the Institutional Ethics Committee was obtained while written informed consent was obtained from all participants for participation. Template was generated on MS Excel and was analyzed using SPSS version 20.

RESULTS

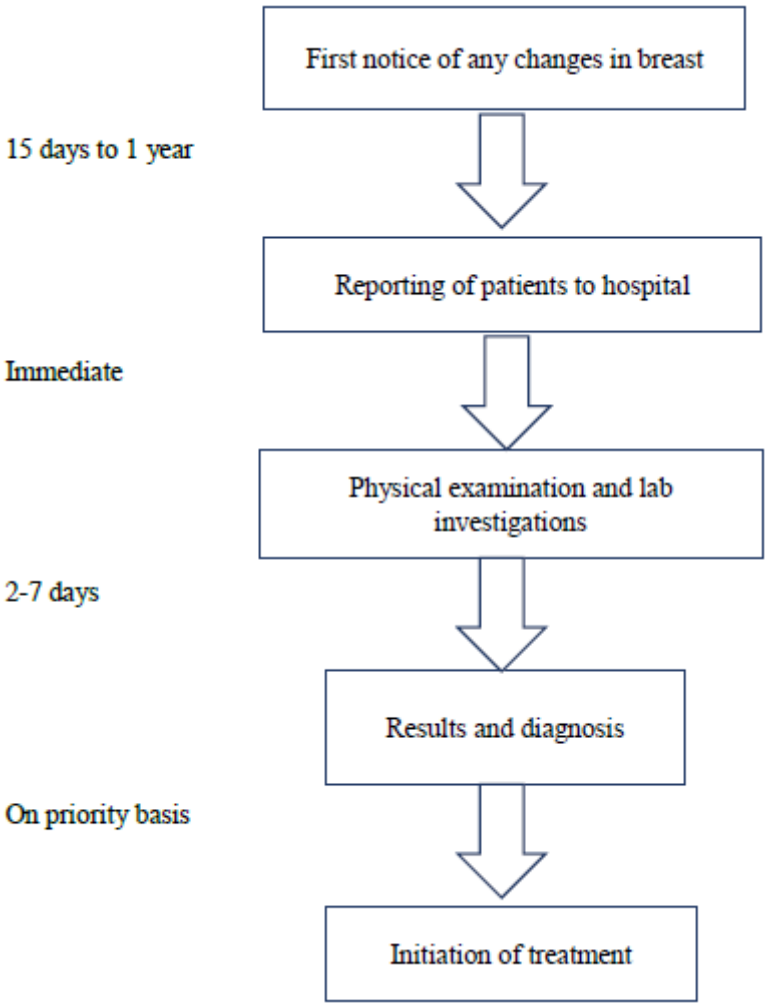

Fig. 1: Flowchart of breast cancer patients coming for treatment.

Fig 1 shows, that the reporting of patients to the hospitals was very late, about 15 days to 1 year, which was the prime cause of delay in initiation of their treatment. As soon as they reported to the hospitals, immediate physical examination and lab investigations were done. Diagnosis was made after the commencement of results and then initiation of treatment was done on priority basis.

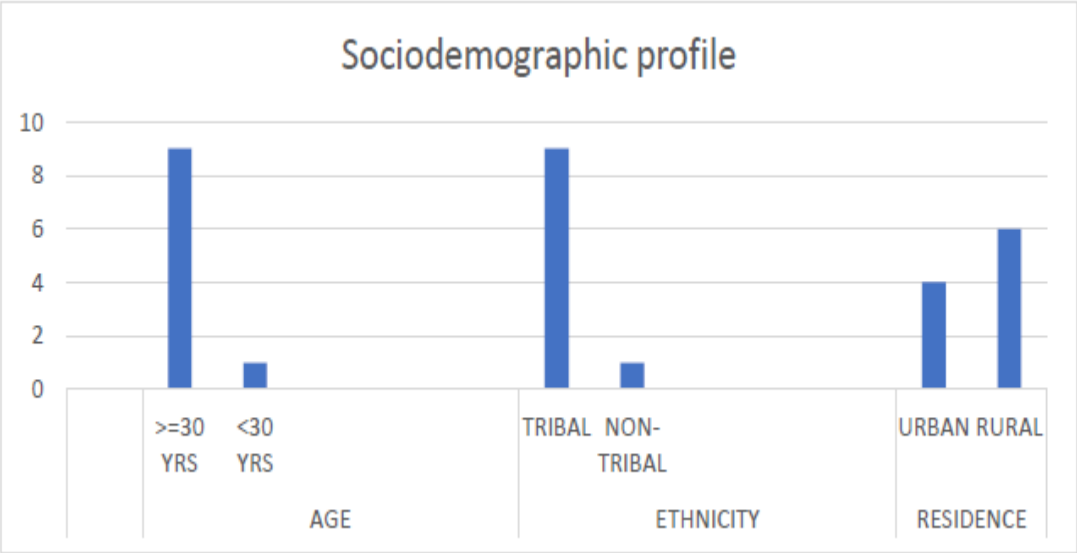

Fig 2

Fig 2 describes the sociodemographic profile of the patients which shows that 9 out of 10 females were of >= 30 years age and 1 was of < 30 years of age. Similarly 9 out of 10 females were tribal and 1 was non-tribal. 4 out of 10 were of urban residence and 6 out of 10 were residing in rural areas.

Knowledge about SBE

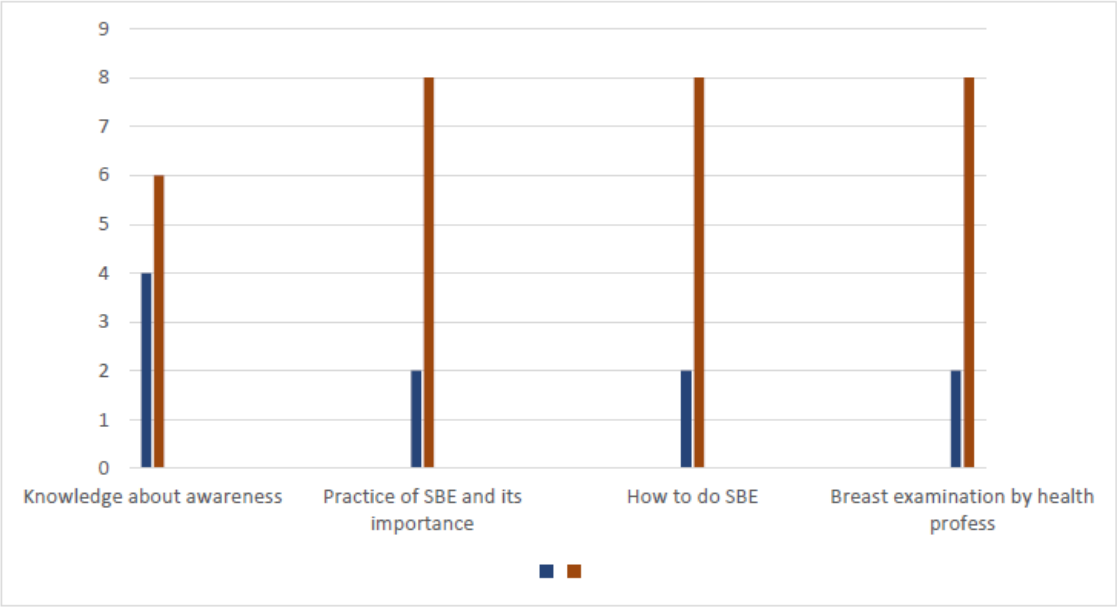

Fig 3

Fig 3 shows, only 4 out of 10 were having knowledge about awareness of changes in breast. Only 2, out of 10 were aware of the practice of SBE and its importance and the correct process to do SBE. Only 2 out of 10 had any breast examination done by a health professional before this current health issue.

DISCUSSION

Our study revealed that most of the patients were above 30 years of age which was quite similar to various other studies[8] that depicted the same results. A significant proportion of 11%(TMH Mumbai)[9] to 26%(SGPGIMS Lucknow)[10] of patients belonged to the age group below 35 years. Only 2 out of 10 patients i.e 20% were aware of the practice of SBE and it's importance which was comparable to the study done by Somdatta and Baridalyne.[11] Knowledge about awareness of changes in breast was found only in 40% females which corresponds with the diagnosis of cancer breast at a very late stage. Patients of younger age have various other associations with larger tumor size, more number of metastatic lymph nodes, severe tumor grade, lower rate of hormone receptor positive status, frequent and early recurrences and thus poorer survival.[12-13]

CONCLUSION

As the most important fact for late diagnosis was delay in reporting by the patients to the health care facilities in our study (which was both due to shyness and ignorance), so, there is a need of spread of awareness in the community in a mass scale. Most of the patients haven't even heard about BSE and it's importance despite of several NCD programs going on.

There is lack of knowledge in the patients about the appropriate whereabouts of treatment. Most of the patients coming were from hard to reach areas and so, they reported to local practitioners before coming to tertiary care centers.

LIMITATIONS

As this study was done on a very small scale so the results could not be generalised.

RECOMMENDATIONS

Through massive campaign, SBE/CBE must be advocated and timely referral from peripheral centers to higher center should be stressed upon for early diagnosis and treatment of cancer. A proper planning for a systematic and dedicated system based on multidisciplinary approach should be streamlined for the ease and benefit of the females coming from rural areas. Awareness about govt schemes on cancer is very low. No IEC or Awareness materials like pamphlet or leaflet were available anywhere so it should be made readily available at all govt hospitals. Screening facilities should be made easily approachable and free of cost in the government set up.

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