

MAROOF

Newsletter November 2016



MAROOF
International Hospital

media@maroof.com.pk | www.maroof.com.pk

BREAST CANCER AWARENESS SYMPOSIUM OCTOBER 2016



In medical fraternity, the month of October is known as International Month for Breast Cancer Awareness. This is a yearly campaign to increase awareness of the disease. Breast Cancer Awareness Month (BCAM), is an annual international health campaign organized by major breast cancer treatment hospitals to increase awareness of the disease for its cause, prevention, diagnosis, treatment and cure.

Every year Pakistan, like the rest of the world, also observes October as the Breast Cancer Awareness month.

A public awareness symposium for Breast Cancer Awareness was organized on 18th October 2016 at Maroof International Hospital. Dr. Kulsoom Junejo, Sr. Consultant Oncoplastic Breast Surgeon, graced the event as the guest speaker. Dr. Kulsoom thoroughly explained the attendees about breast cancer, its causes and treatment.

Discussing the statistics, she said that in Pakistan, one in eight women will develop breast cancer at some stage of their life. The number of deaths caused by this deadly disease is on the rise in Pakistan, with 83,000 such cases reported and around 40,000 women dying of it every year. They said breast cancer was the most commonly diagnosed cancer and the second leading cancerous cause of death.

At the symposium, Dr. Saira Mahmood, Sr. Consultant and Breast Surgeon discussed some real life examples of Breast Cancer cases where early detection helped the patients to proper treatment on time. She highlighted the fact as per health rules, every woman of 40 plus age should get herself screened and examined for any signs of breast cancer.

Dr. Shazia Yousaf, Senior Radiologist Maroof International Hospital, also joined the symposium as speaker and discussed in detail the importance of screening mammography for





females. She also discussed the triple assessment for breast screening offered at Maroof International Hospital, where patients are offered ultrasonography, mammogram and consultation under one roof.

Dr. Ayesha Akbar, speaker at symposium said the disease manifested itself with a change in appearance — unexplained changes in the size or shape of the breast with dimpling. Besides, other symptoms included “unexplained swelling of the breast (especially if only on one side); unexplained shrinkage of the breast (especially if only on one side); nipple that is turned slightly inward or inverted and skin of the breast, areola, or nipple that becomes scaly, red, or swollen.”

Dr. Kulsoom highlighted that the increase in the cases of breast cancer was also because most patients delayed

getting help. They consider it against society’s norms to inform others about the disease, or delay seeking help due to psychological barriers. Most of such cases, experts believe, can prove fatal.

The purpose of organizing this symposium was to create awareness about this deadly disease and the significance of early screening.

Being the foundation of the whole family, every woman is worthy to be saved. In Pakistan, one out of nine women is at risk of developing Breast Cancer. As per the statistics, we cannot afford to lose them to this deadly disease. This was the message of the symposium. We all have to fight together against Breast Cancer and provide platforms to the experts to spread the maximum awareness about its early screening and treatment.



Breast Conservation Surgery for Breast Cancer

Dr. Muhammad Kashif Khan

Consultant Cancer Surgeon

FCPS (Surgery)

Fellowship Surgical Oncology (SKMCH&RC)

Fellowship Minimally Invasive Surgery (SKMCH&RC)

Breast cancer is the most common cancer amongst females and is the leading cause of cancer related deaths amongst females worldwide. Pakistan has the highest number of breast cancer patients in Asia. West has tackled this problem and many patients with breast cancer are now detected early by educating general population and screening programs. Early detection of disease results in improved survival and better breast conservation rates. At local level we also need to act early.

Surgery is the mainstay of treatment. Other options including chemotherapy, radiations and hormonal therapy improve the survival, so these options are often added to surgery. Surgery continues to remain the only curative treatment option. Surgery for breast cancer was standardized for the very first time by Sir William Halstead more than 100 years ago. This surgery revolutionized the breast cancer treatment at time as it appeared as a potentially curative treatment option to a disease which was previously thought to be incurable.

Surgery standardized by Sir William involved removal of the whole breast, chest muscles and axilla. It was too aggressive and resulted in bad scar, deformities and disfigurement. Later in 1950s Dr. Patey a UK based surgeon modified it and in this surgery only the breast and nodes in axilla are removed. In 1970s the Cancer surgeons across the globe started questioning this surgery as well.

“Do all patients with breast cancer need removal of breast? “

“Is there any alternate to this disfiguring surgery?”

After heated discussions and debates, a trial was started in USA comparing results after breast conservation and removal in patients with early cancer. Since then there had been a number of randomized trials all concluding that removal of breast is no better than breast conservation surgery followed by radiotherapy in patients with early breast cancer. We are lagging behind as far as breast cancer surgery is concerned and even today many centers in Pakistan have only one answer to breast cancer... “Removal of Breast”

At Maroof International Hospital we are now offering breast conservation surgery to patients with early breast cancer. During the last 06 months we were able to perform breast conservation surgery in seven of our patients. All these patients had an uneventful recovery. All those patients in which the tumor is less than 5 cm in size are potential candidates of breast conservation. In breast conservation surgery instead of removing the whole breast we only remove the tumor along with a rim of 1 cm of normal tissue and nodes from axilla through a separate small incision. This procedure is technically more challenging in contrast to the removal of whole breast.

The key to success is early detection as early cancers have better survival and better chances of breast conservation. Breast cancer can be picked early if all females do breast self-examination at least monthly and all those above 55 must have a screening mammography. All breast lumps are then evaluated by a Cancer surgeon.



MAMMOGRAPHY: Early Screening, Early Detection



Dr. Ayesha Amin
Consultant Radiologist

According to American Cancer Society Institute women with family history of breast cancer should begin screening with mammography at age 30 and continue for as long they are in good health.

THE RATIONALE BEHIND SCREENING

The rationale behind screening breast cancer is the universities accepted dictum that early diagnosis results in to increased survival rape. The smaller the cancer at the time of diagnosis, the better the survival chances of breast cancer.

REFERENCES:

World Health Organization (WHO)
National Cancer Institute NIH
Health and Human Sciences (HSS)
American College of Radiology (ACR)
American Cancer Society Institute (NCI)

Breast Cancer is one of the leading causes of death worldwide. According to WHO estimates it represents 10% of all cancers diagnosed worldwide and constitutes 22% of all new cancers in women making it the most common cancer in females.

1 in 8 women will be diagnosed with breast cancer during her lifetime. There is a good chance of recovery if it is detected in its early stages. Breast screening aims to find breast cancer early.

The radiology modality for screening breast cancer is;

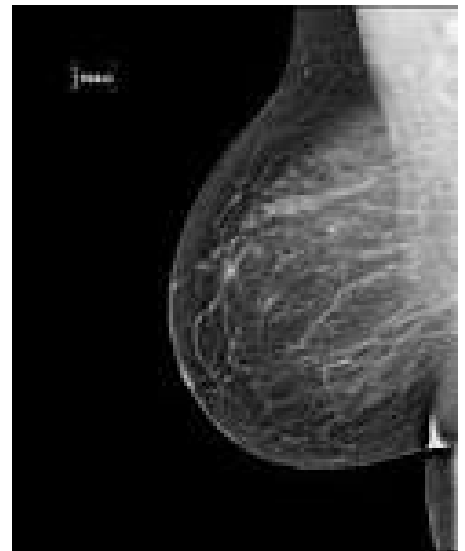
- Mammography, supplemented by
- Ultrasound
- MRI

Mammography is the most common screening test for breast cancer. A mammogram is an x-ray of the breast. Mammograms can be used to check for breast cancer in women who have no signs or symptoms of the disease. This type of mammogram is called the screening mammogram. It usually involves two x-ray images, of each breast. The X-ray image makes it possible to detect tumors that cannot be felt. Screening mammograms can also find microcalcifications (tiny deposits of calcium) that sometimes indicate the presence of breast cancer.

Mammogram can also be used to check breast cancer after a lump or other signs or symptoms of the disease have been found. This type of mammogram is called a diagnostic mammogram. Besides a lump, sign of breast cancer can include breast pain, thickening of the skin of the breast, nipple discharge, or a change in breast size or shape; however these signs may also be signs of benign conditions.

SCREENING RECOMMENDATIONS

Screening mammography is recommended every year for women beginning at age 40 by the Ultrasound department of Health and Human Sciences (HSS) and the American College of Radiology (ACR).



Breast Cancer is a Reality



Dr. Saira Mahmood
Consultant Breast
Surgeon

It is estimated that the world burden of breast cancer is 1 million women being diagnosed each year. It is the most common cause of death in middle aged women in western countries. In developing countries it accounts for 1-3% death. 1 in 8 women will develop breast cancer in their life time. It is curable if detected early and treated properly. Hence breast cancer awareness and your risks of getting it are of utmost importance.

RISK FACTORS:

The risk factors for breast cancer are multifactorial and may differ between individual women and racial groups but it has a genetic base upon which internal hormones, diet, and external environmental factors act.

1) AGE- increases with age; median age is 60 (rare before age of 20 years)

2) HORMONAL INFLUENCES:

- Early menarche (age at onset of menstrual cycle)
- Late menopause- menopause at age of 55 years doubles the risk compared to the age of 45
- Number of pregnancies- higher no. is protective
- Age at first pregnancy- having the first child at age 30 doubles the risk compared to having one at 20 years of age
- Breast feeding is protective
- Oral contraceptive use- high estrogen pill increases the risk. Risk is elevated during and for 10 years after use,
- Hormone replacement therapy
- Removal of ovaries (oophorectomy)in premenopausal women reduces the risk.

3) FAMILY HISTORY of breast, ovarian, colon, prostate or other cancer increases the risk.

- BRACA I gene is associated with increased incidence of breast and ovarian cancer.
- BRACA II gene-familial male breast cancer

4) LIFE STYLE AND DIET- eating saturated fat, red meat, drinking alcohol, obesity in post menopausal women and smoking all increase the risk of breast cancer

EARLY DETECTION AND PREVENTION OF BREAST CANCER:

1) BREAST SELF EXAMINATION:

After the end of each menstrual cycle a woman should examine her breasts to become aware of its feel and shape, so that she is familiar with what is normal for her and to report any abnormal changes to a doctor

2) Screening mammogram

In women over age of 40, mammograms will detect impalpable lesions and thus offer curative treatment.

- According to the American Cancer Society : Women age 45 to 54 should get mammograms every year. Women 55 and older should switch to mammograms every 2 years, or can continue yearly screening.
- In the UK, women in the 50-70 years age range are invited every 3 years for screening through the National health program

3) Regular exercise, avoiding a sedentary life style decreases the risk of cancer.

4) Avoiding Alcohol and smoking

CLINICAL PRESENTATION:

Most of the patients with breast cancer may present with any of the following:

- 1) Lump in breast
- 2) Pain- only 5% of cases present with pain
- 3) Nipple discharge
- 4) Asymmetry in breast size
- 5) Nipple retraction/deviation
- 6) Puckering of skin
- 7) Lump in under arms(axilla)
- 8) Symptoms due to spread of disease such as backache, headache, loss of appetite, jaundice, weight loss etc





INVESTIGATIONS:

In order to confirm diagnosis, triple assessment is adopted that comprises of clinical examination by the surgeons, Radiological and pathological investigations.

- Ultrasound for younger women
- Mammogram for women above 40.
- Fine needle aspiration cytology(FNAC) or tru cut biopsy to see for cancer cells under the microscope
- For staging of the disease:
 - 1) Bone scan
 - 2) CT scan abdomen and chest



TREATMENT

Treatment is multidisciplinary with surgeons, pathologists and oncologists as members of the team. Once a patient is diagnosed with breast cancer, they are offered treatment depending upon the size and spread of the tumor.

1) SURGICAL TREATMENT:

- WIDE LOCAL EXCISION(Removal of tumor with normal tissue around it)
- MASTECTOMY- removal of the whole breast

Both are combined with surgery in axilla

2) CHEMOTHERAPY:

First generation regimen such as 6 monthly cycle of cyclophosphamide, methotrexate and 5 FU – achieves 25% reduction in risk of relapse over a 10-15 year period

3) RADIOTHERAPY:

It's given locally to reduce the local recurrence. It comprises of External beam irradiation for 3-5 weeks and is given after Breast Conservation Therapy and after mastectomy of a poorly differentiated tumor/Lympho-vascular invasion/≥ 4 lymph nodes involved

4) HORMONAL THERAPY:

Women with ER and PR positive tumors are given hormonal therapy for prevention of relapse of cancer. The agents used:

- Tamoxifen
- LHRH
- Oophorectomy
- Aromatase inhibitors (Postmenopausal women)



World Heart Day Symposium & Walk for Heart, SEPTEMBER 29, 2016



World Heart Day is a part of an international campaign to spread awareness about heart disease and stroke prevention. This is the perfect day to quit smoking, get exercising and start eating healthy – all in the name of keeping your ticker in good working order, and improving the health and wellbeing of people the world over.

To spread the awareness about the importance of this day, Maroof International Hospital organized a symposium and health walk on 29th September 2016. The purpose of this event was to spread the awareness about this deadly disease, its causes, preventive measures and control.

Mr. Akram Khan Durrani, Federal Minister for Housing and Works graced the event as the Chief Guest. He highly appreciated the role played by the cardiologists in spreading the awareness among the Pakistani masses about the need for the change in lifestyle. General Asif Ali Khan, Cardiac Surgeon, Prof. Dr. Shahbaz Kureshi, Consultant Cardiologist and Head of Cardiology MIH, Dr. Syed Ali Rana Kazmi Senior Cardiologist, Dr. Raja Mehdi Consultant Cardiologist



Benazir Bhutto Hospital Rawalpindi and Mr. Sana Ullah Ghumman, General Secretary Panah were the guest speakers.

The speakers on this occasion explained the attendees about the chief causes of heart diseases and strokes and how this can be prevented. They also emphasized on the need of change in lifestyle and criticized the increasing trend of smoking in youth. Speakers also highlighted the role of parents in the provision of proper health related guidance since an early age. The emphasis was on the control of high blood pressure, reduction in weight, blood sugar, blood cholesterol and incorporating heart healthy environment in places where people live, work and play. It is important to foster a public-private partnership to develop strategies to prevent heart diseases and strokes in Pakistan where the heart stroke incidences are rising enormously.

At the end, the Chief Guest, the speakers and the participants of the symposium took a walk in order to create awareness for a healthy lifestyle.



AWRP Annual Dinner Health Facility

The Association for the Welfare of Retired Persons organized a family get-together dinner in collaboration with the Nazriya Pakistan Council on 30th September 2016 at the Aiwan-e-Quid Hall Fatima Jinnah Park Islamabad. On this occasion, to provide the basic health checkup and health vitals, a team of health facilitators joined the event. They provided free blood sugar checkup, free blood pressure checkup and free physiotherapy advice to the AWRP members.



BREAST CONSERVATION SURGERY: A Breast Conservation Surgery Success Case at Maroof International Hospital



Mrs. Savannah with Dr. Kashif Khan

Mrs. Savannah from Peshawar was leading a healthy and peaceful life when she was suddenly diagnosed to have this deadly disease, Breast Cancer. The news was not easy to digest. Like all the suffering patients, she too had this view that it is incurable and the only solution available is Breast Removal Surgery. But to her surprise, when she met Dr. Kashif Khan, Oncologist MIH, she came to know that it could be treated with minimum damage and she can once again lead a healthy happy life. Maroof International Hospital is proud to say that it not only gave her hope but provided her with what it promised. Team MIH had a detailed interview from Mrs. Savannah about her journey from hopelessness to a new healthy life.

MIH: What were the symptoms that you observed and when did you realize that you should consult a doctor?

Mrs. Savannah: It started a year and half ago that I felt a lump, but I ignored it and thought that it may have been some ordinary issue. Later on, I started to have mild pain as well, but not very often. It was after one and half year, that I discussed it with children and then we decided to consult a doctor.

MIH: Where did you visit (mentioning the name of the hospital is optional) for initial examination and what were the results?

Mrs. Savannah: Initially, we went to a very capable lady surgeon doctor for initial consultation. She opined it looks like breast cancer (BC), however she needs to conduct few more diagnostic tests to further assess it. In this regard, she performed a True Cut Biopsy and several other tests, mammary gland ultrasound, bilateral mammogram, bone scan, chest x-ray, CT scan etc. This process took around 15-20 days and performed at different hospitals and labs in Peshawar.

After the results came in, our doctor told us that this is a case of BC and we need to consult a Cancer Specialist.

MIH: Which treatment was initially recommended by the doctors?

Mrs. Savannah: We first went to SKMT hospital in Peshawar for treatment, however, doctor in the walk-in-clinic told us that they cannot start my treatment and we need to go somewhere else for treatment.

MIH: Did you start the treatment prescribed at that time or did you go for the second opinion?

Mrs. Savannah: After consultation with SKMTH, and our own doctor, all family was in shock and my son started asking from different people. In this regard, he also sent the different test reports to one of his friends who is a cancer specialist in the USA too. Similarly, through a relative we came to know about cancer specialists in Islamabad too and in this regard, a doctor recommended us, Dr. Muhammad Kashif Khan at Maroof Hospital (MIH) Islamabad. In the meanwhile, the doctor at USA also told my son that I need to under go lumpectomy or mastectomy. At the same time my son took me to MIH and we met Dr. Kashif. His recommendations were the same as the US doctor. So after

consultation in the family we decided to go for lumpectomy at MIH in the last week of Ramzan.

MIH: Did you go for the second opinion, where did you visit and what were the findings?

Mrs. Savannah: We went to MIH and met Dr. Kashif for the second opinion, as well as, we got advice from the doctor in USA.

MIH: What treatment was recommended by doctors when you were diagnosed with breast cancer?

Mrs. Savannah: Dr. Kashif recommended lumpectomy.

MIH: How did you come to know about Maroof International Hospital?

Mrs. Savannah: My sister was under-treatment from Dr. Haroon at MH. In fact, Dr. Haroon recommended us Dr. Kashif.

MIH: How was your first experience when you visited Maroof International Hospital?

Mrs. Savannah: In one word, excellent!

We got a very high quality service, right from our first visit. Everyone was so welcoming and cooperative.

MIH: Which consultant treated you here and what treatment did they recommend?

Mrs. Savannah: Dr. M Kashif Khan, and his team, including Dr. Faisal, it was a lumpectomy surgery.

MIH: Did you have any idea about Breast Conservation Surgery (BCS)? Did you know that Breast Cancer can successfully be treated without deforming a female's body? How did the whole treatment go and what were the end results?

Mrs. Savannah: Initially we had no idea about BCS, however, my son's friend (the doctor in US) told him about this treatment. Then we went to MIH, Dr. Muhammad Kashif Khan briefed us about this procedure and assured that it is a better treatment. The surgery went very well and I am very satisfied with the entire process.

MIH: How do you feel about your treatment at Maroof international Hospital?

Mrs. Savannah: The treatment at MIH is very good. The only problem was the lack of air-conditioning facility at that time. However, all the doctors, nurses and all staff were very helpful, supportive and cooperative. I am totally satisfied with the level of services they provided to me.

MIH: Did, by any chance, the tumor grow again? Are you following up on it regularly?

Mrs. Savannah: After surgery, after a month, I went through radiation therapy as well (as part of the treatment, recommended by Dr. Kashif). That was done at Shifa International Hospital. Dr. Kashif recommended that after radiation therapy, the process of treatment will be completed, however, I have to take hormonal tablets for next five years. It's been just few months now and I am going through regular follow up check-ups after 2 monthly intervals. So far so good.

MIH: Did you notice any discomfort or side effects of breast conservation treatment?

Mrs. Savannah: Nothing significant

MIH: Are you leading now a healthy life?

Mrs. Savannah: Yes, Thank God

MIH: Your message for the readers?

Mrs. Savannah: This disease is treatable. Just make sure to go for a regular scan as soon as you feel any unusual growth and try to consult doctor, as soon as possible. Don't get scared, fight it.

Breast Cancer Awareness Symposium at International Islamic University, Islamabad

A woman is the foundation of her family and no family can afford to lose her to the deadly disease like Breast Cancer. Statistics show that one in eight women develop breast cancer at some stage of their life. According to experts, main cause of this increasing rate is the lack of awareness in general masses.

Maroof International Hospital always endeavors to create maximum public awareness about all health issues.

As part of this effort, Maroof International Hospital launched its Breast Cancer Awareness Campaign in the month of October. For this, it organized a symposium at Islamic International University Islamabad in collaboration with University management.

For this symposium a team of expert consultants from Maroof International Hospital visited International Islamic University and had a detailed informative session for students about Breast Cancer, its symptoms, causes and treatment.

Dr. Kulsoom Junejo, the key speaker, gave a thorough lecture to the female students about their health and symptoms of Breast Cancer that need to be observed regularly and taken seriously.

Dr. Ayesha Amin, Consultant Radiologist MIH, gave a brief introduction of Mammogram and its significance. She also highlighted the need of early screening and how the early detection of breast cancer can ensure better treatment.

Dr. Saira Mahmood, Consultant Breast Surgeon MIH, discussed the real life success cases with the students.



Special Winter Soup

Ingredients

- Chicken stock 6 cups
- Chicken breast (chopped) 1
- Salt $\frac{1}{2}$ tsp + $\frac{1}{2}$ tsp
- White pepper $\frac{1}{4}$ tsp
- Black pepper $\frac{1}{2}$ tsp
- Vinegar 1 tbsp
- Soy sauce 1 tbsp
- Chicken powder 1 tbsp (heaped)
- Cabbage (finely chopped) $\frac{1}{2}$ cup
- Carrot (chopped) 2 tbsp
- Mushroom (sliced) 2 tbsp
- Spring onion leaves $\frac{1}{4}$ cup
- Coriander leaves (chopped) 2 tbsp
- Corn flour 3 tbsp

Cooking Directions

1. Heat stock, add chicken and cook until chicken tenders.
2. Now add cabbage, carrot, mushroom, salt, white pepper, black pepper, soy sauce, vinegar and chicken powder; cook for 10 minutes.
3. Mix corn flour in $\frac{1}{4}$ cup of water and gradually pour in soup to thicken it.
4. Lastly add coriander and spring onion leaf. Serve hot.



TESTIMONIAL



- My brother whose name is Waleed Qureshi was admitted in Maroof International Hospital. All your staff is working very excellent and they gave us a good service at all time. I am very thankful for all of the staff from upper level to lower level as well.
- I, as a father of Qandeel Khan (Patient), really appreciate the medical facility, the staff and their rapid and in time response on any emergency. They deal with the patient in a very loving and caring way and are very cooperative. The doctors are very professional and treat the patients and attendants in very friendly environment and also update the attendant time to time. I am very thankful to all the hospital staff.



Be Your Own BREAST FRIEND.

Mammography is the process of using low-energy x-rays to examine the human breast and is used as a diagnostic and a screening tool.

Specialists recommend yearly mammograms on patient's age 40 and over. The benefit of digital breast imaging is that it improves a physician's ability to detect small tumors. With early detection, the patient has more treatment options and

“Your protection starts with early screening”

MAMMOGRAPHY, the screening test for BREAST CANCER offered at MAROOF INTERNATIONAL HOSPITAL

Editorial Board:

Patron:
Ch. Naseer Ahmed

Chief Editor:
Ch. Haroon Naseer

Editor:
Malik Zeeshan Ali

Sub Editor
Mashal Rasool



MAROOF International Hospital

UAN: +92-51-111-644-911,
Fax: +92-51-2222939,

Tel: +92-51-2222920-50
Email: media@maroof.com.pk