

**Elective Report: Oncology at Shaukat Khanum Memorial Cancer Hospital and Research Centre**

Objectives:

1. Discuss the incidence and prevalence of various cancers in Pakistan. How do they differ from the UK?
2. How are the oncology services organised and delivered? How does it differ from the UK?
3. What public health programmes, such as screening, are available to the general population?
4. Reflection of my elective experience.

1. Discuss the incidence and prevalence of various cancers in Pakistan. How do they differ from the UK?

Due to the absence of a Cancer Registry in Pakistan there are no official statistics to support the incidence and prevalence of various cancers. However, lip and oral cancer is believed to be the commonest cancer overall in Pakistan followed by breast cancer, whereas in the UK breast cancer is the commonest cancer. The high incidence of lip and oral cancers in Pakistan is attributed to smoking and chewing of tobacco, paan and ghutka.

In females breast cancer is the commonest cancer both in Pakistan and in the UK.<sup>1</sup> Pakistan has the highest rate of breast cancer amongst all Asian countries with 40,000 deaths occurring due to breast cancer each year.<sup>2</sup> Breast cancer accounts for 44.7% of female cancers seen at SKMCH. At SKMCH ovarian cancer is the second commonest cancer seen in females followed by lip and oral cavity cancers.<sup>3</sup>

In the UK lung cancer is the second commonest cancer overall, in males and females. It is difficult to say how common lung cancer is in Pakistan due to the lack of national data and because many cases present at an advanced stage and are therefore not admitted at SKMCH for treatment. However, the doctors I spoke to at SKMCH believed the incidence to be high due to the increasing popularity of cigarettes and sheesha smoking.

Colorectal cancer, the third commonest cancer in the UK, is the fourth commonest cancer seen at SKMCH. Other cancers commonly seen at SKMCH include prostate cancer, lymphoma and leukaemia.

2. How are the oncology services organised and delivered? How does it differ from the UK?

In the UK the NHS provides all patients free cancer care at specialist centres. In Pakistan, at present, SKMCH is the only specialist cancer hospital in the country. It is located in Lahore and patients travel from all over the country to have treatment. It is a charitable trust funded predominantly from the donations of friends and well wishers in Pakistan and across the world. It provides comprehensive cancer care, free of cost, to thousands of indigent cancer patients. 75% of patients at SKMCH are treated free of cost and 25% pay for their treatment.

Since it provides free treatment to the majority of its patients, SKMCH has strict criteria for acceptance of patients for cancer treatment. Only those patients whose quality of life can be improved by specialist cancer treatment are accepted. As a result SKMCH does not accept cases of acute leukaemia, cholangiocarcinoma and advanced lung cancers. Patients who wish to receive cancer treatment at SKMCH attend a walk in clinic where they are assessed by a doctor to determine if their condition meets the hospital criteria for acceptance for treatment. Once a patient is accepted they are given an outpatient appointment with a consultant oncologist. The hospital then carries out a detailed assessment of the patient's financial situation, in order to determine whether they are eligible for free treatment. For those who have to pay, treatment costs are very expensive.

Outside of SKMCH palliative care is available. The existing government and private hospitals lack resources to provide adequate diagnostic and treatment facilities and are insufficient to cater for the growing number of cancer patients.

3. What public health programmes, such as screening, are available to the general population?

There are no public health screening programmes in Pakistan. The health care professionals that I spoke to at SKMCH believe it is not cost effective in Pakistan to have a breast or cervical cancer screening programme. This is believed to be due to the effects that socio economic factors and culture have on health seeking behaviours. Patients' participation in screening programmes would be affected by finances, the distance to the hospital, the availability of transport, fears of what they may find out and the stigma attached to the disease.

There are public awareness campaigns in Pakistan that educate women on breast self examination and encourage them to have regular mammograms. However, patients have to arrange and pay for mammograms themselves, and for the majority of patients this is not affordable. As part of their Breast Cancer Awareness Campaign, SKMCH holds Breast Cancer Awareness Days at the hospital and at universities and colleges across the country to create awareness. Doctors hope that the promotion of public

awareness campaigns will reduce breast cancer mortality in the country by creating widespread awareness on early detection. However, in a country with a female literacy rate of 36%, making people realise the prevalent dangers of breast cancer is difficult. Lack of education has rendered women oblivious to the occurrence of breast cancer and its effects. Breast cancer awareness campaigns in Pakistan face major challenges of illiteracy, misconceptions and social stigmas, poor access to health care and lack of medical and infrastructure facilities. One of the greatest challenges lies in directing a message that is easy to understand for the urban and rural women, without offending the social and cultural beliefs of women and their families.

4. Reflection of my elective experience:

My elective experience at SKMCH has enabled me to appreciate the challenges faced by doctors working in developing countries where resources are limited. There are no social care services in hospitals in Pakistan. Terminally ill cancer patients have to be discharged without any social care support. I saw how upsetting and stressful this can be for the relatives of poor patients who do not have the proper resources to care for the patient at home. Moreover I witnessed the lack of facilities in providing blood to patients. I was surprised to see that patients requiring a blood transfusion have to make arrangements themselves. I saw the difficulties in obtaining blood faced by patients who do not have family living nearby.

During my time at SKMCH I met some truly inspirational doctors, nurses and patients. I witnessed sheer dedication and commitment shown by medical staff. I appreciate how difficult it is for doctors and nurses to work with terminally ill patients. I am grateful to the patients for sharing with me some of their private moments of hope and despair. I am proud to be able to take back to the UK experiences of my elective at SKMCH.

References:

1. Cancer Research UK, <http://www.cancerresearchuk.org/cancer-info/cancerstats>, (26/07/12), (30/05/13)
2. Pink Ribbon Pakistan, <http://www.pinkribbon.org.pk>, (no date), (30/05/13)
3. Shaukat Khanum Memorial Cancer Hospital Cancer Registry and Clinical Data Management, <http://www.shaukatkhanum.org.pk/research/cancer-registry-and-clinical-data-management.html>, December 2011, (30/05/13)