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**CANCER MEETING 2020: Awareness about cancer-Salam Azad, Soheli Mirza  
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**ABSTRACT**

What is the cause of cancer? Genetic, food habit, smoking etc? Nobody knows actual cause of Cancer. If know, medicine for cure of Cancer invented and thousand of man-women-children can able to survive. Suspected some of cause, like smoking. If the cause of lunch cancer of smoking. Why not stop from all over the world cultivation of tobacco? Awareness better than treatment. If a person is well aware about cancer, her / his malignancy diseased can detect early or earliest. Early detection means extending her / his life. Before operation or starting the treatment protocol it is mandatory to find the stage of malignancy. If stage crosses two please don't go to operation or don't give the patients any kind of treatment protocol. Because sometimes Chemotherapy more harmful, than cancer. Chemotherapy kills immunity of human body, Chemotherapy kill or reduce WBC etc. We know post operation Cancer cell are increasing multiply method. I repeated before operation it is mandatory that diagnosis the stage of malignancy. If Cancer patients cross the stage two please don't go to operation or apply on his/her this kind of costly treatment. You simply ask what she / he like and love. If patients love to religion practices, please allow. If patients feel singing song or lessening song, please allow. If Cancer patients interested to read or write, please allow. If Cancer patients interested to love birds, trees, blue sky, moon, rain or any others natural

beauty, please allow. That is the treatment of his / her, which one he / she love or like. Cancer patients able to pass peaceful few time, few month or few year. Without torture of operation, torture of treatment protocol, like Chemo therapy, Radio therapy, Immunotherapy etc. I heartily recommend about recherché. Recherché can find out proper way, only recherché can invent that medicine; which one cures Cancer. I submit humble request to leading country and prominent organization all over the World, please give more and more allocation and donation for invent Medicine for the cancer cure.

**Introduction**

As per World Cancer Report, there is a high occurrence pace of malignant growth all through the world and it might reach around 20 million by 2030 (WHO, 2008). In India, around 0.95 million new disease cases are distinguished each year with 0.63 million passings. Bosom malignancy is the most well-known disease in ladies and the subsequent driving reason for death among ladies (Chong et al., 2002; Harris et al., 2003; Okobia et al., 2006; Taleghani et al., 2006). In spite of the fact that the frequency of bosom malignant growth in creating nations is moderately low (Ko et al., 2003), about half of all instances of bosom disease are analyzed in created nations (Sadler et al., 2001; Haji-Mahmoodi et al.,

2008, Ahmed et al., 2006). In view of an investigation during 1975-1990, Asia and Africa have encountered a progressively fast ascent in the yearly rate pace of bosom disease than that of North America and Europe (Shirazi et al., 2006; Koca et al., 2013).

Bosom disease is the most widely recognized kind of malignant growth among ladies with the most elevated casualty rates (Kratzke et al., 2013; Oztunc et al., 2013). Taking into account that bosom malignant growth is the most widely recognized kind of disease among ladies with an expanding occurrence, there is a need to create network based, efficient screening programs for bosom disease rather than fortuitous screening of ladies (Aikgoz et al., 2011) in light of the fact that early determination is the best method to decrease horribleness and mortality of bosom disease (Kanaga, 2011). India with its multilingual and multiethnic culture has revealed bosom malignant growth as the commonest disease in urban Indian females, and the second commonest in the provincial Indian ladies. According to the ICMRPBCR information, bosom disease is the commonest malignant growth among ladies in urban vaults of Delhi, Mumbai, Ahmadabad, Kolkata, and Trivandrum where it establishes >30% of all tumors in female (National Cancer Registry Program 2001, Shankar et al., 2017).

As suggested by "World Cancer Research Fund/American Institute for Cancer Research" (Wiseman et al., 2008), standard utilization of vegetables, every day physical movement, constrained admission of red meat and mixed drinks, decline the danger of disease improvement. In this manner, the malignant growth avoidance is conceivable by conduct change. This legitimizes the usage of preventive activities (Inoue et al., 2006; Breslow et al., 1997; Pohls et al., 2004; McMenamin et al., 2005; Sakurai 2003; Sanderson et al., 2009). Be that as it may, to guarantee the viability of such activities; the initial step comprises in understanding the

worries and convictions of the objective populace. Without a doubt, mindfulness battles are urgent in malignancy anticipation programs. In addition, information on disease hazard factors is a determinant component during the time spent conduct change (Wiseman et al., 2008; Doll and Peto, 1981).

Mammography is the main bosom screening system for which observational proof exists to have fundamentally decreased bosom carcinoma mortality by about 63% (Tabar et al., 2001). Anyway there are still difficulties concerning its utilization, for example, costs, bogus inspiration, and agony during the method and danger of radiation presentation. Proof supporting the helpfulness of mammographic screening is most grounded for ladies somewhere in the range of 50 and 69 years old and it has been suggested that screening ought to be routinely suggested for ladies in this age gathering (Fletcher and Elmore, 2003). With quick industrialization and powerful control of transferable maladies, better indicative and treatment offices, disease is rising as a significant medical issue and the vast majority of the cases are introducing late to the emergency clinic (Rebentisch et al., 1995). Chakraborty et al., in 2015, shows that early menarche assumes a significant job to create bosom malignant growth in India ladies. An investigation shows the connection between's that smoking and bosom disease (Malik et al., 2015). Information on bosom self assessment and hazard factors for bosom disease is fundamental to diminish the hazard. In India, late introduction is credited to numerous variables and significant being the absence of information and mindfulness, lazy mentality towards safe practices. Choice to partake in such malignant growth screening programs relies on the information, convictions and mentalities about the infection and the screening tests. Lamentably, in a creating nation like India there is an absence of mindfulness among individuals about the different hazard variables and preventive parts of these regular diseases, as early location

through screening and treatment of precancerous sores.

In any case, a few examinations have indicated that the information on bosom malignant growth and works on with respect to for early discovery are at a low level among ladies. Since early discovery is the best way to decrease horribleness and mortality from bosom disease, there is restricted information on bosom malignant growth information, safe practices and perspectives of instructors in India. The reason for this investigation is to know the degree of familiarity with bosom disease hazard elements and safe practices among school educators of various conditions of India and effect on mindfulness program on changing in appropriation of safe practices in avoidance and early identification.

#### **Techniques:**

This evaluation was a piece of a pink chain battle on malignancy mindfulness. During occasions from 2011 to 2015 at different ladies universities in various parts in India, a pre-trial of information identified with bosom malignant growth was trailed by a mindfulness program. Post-tests utilizing a similar survey were directed toward the finish of the intelligent meetings, at a half year and after 1 year.

#### **Results:**

A total of 872 out of 985 teachers participated in the study (overall response rate of 88.5 %). Mean age of the study population was 41.6 years (range 28-59 yrs). There was a significant increase in level of knowledge regarding breast cancer at 6 months and this was sustained at 1 year. Adoption of breast self-examination (BSE) was significantly more frequent in comparison to CBE and mammography. Magazines and newspapers were sources for knowledge regarding screening tests for breast cancer for more than 60% of teachers. Regarding post-awareness at 6 months and 1 year, there was a significant change in alcohol and smoking habits. Major reasons came out to be ignorance (83%) at the start of the campaign which was changed to lack of time (37.7%), lethargic attitude (32.2 %) and lack of time (31.5 %) at 6 months and same at 1 year also.

#### **Conclusions:**

With our awareness program there was a significant increase in level of knowledge regarding breast cancer at 6 months and this was sustained at 1 year. Adoption of BSE was significantly greater in comparison to CBE, mammography. To inculcate safe lifestyle practices in people, awareness programmes such as pink chain campaigns should be conducted more widely and frequently.

**Note: This Work is presenting at 3rd Global summit on Oncology and Cancer (Cancer Meeting 2020- Webinar) on June 29-30, 2020**

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