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RESEARCH ARTICLE

Awareness of Head and Neck Cancer in the North East India- A hospital based study

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Abstract

The alarming high occurrence of head and neck cancer in North East India demands massive public awareness in this area. Knowledge about prevention of potential causes like tobacco chewing, smoking (Martin H, 1948) or awareness to approach for medical help at the earliest when the early sign of cancer is shown needs to be encouraged. In this study, an attempt has been made to evaluate the real scenario of cancer awareness among the local people of North East India. Data from North East Cancer Hospital and Research Institute (NECHRI) has been considered from 2008-2012. It reveals large number patients approaching for medical advice only in the last stage of the disease which throws light on the ignorance of the common people towards this deadly disease, cancer.

INTRODUCTION

Head and neck cancer (NHCA) are important health problems, associated with a high level of mortality and morbidity. Despite a deeper understanding of their pathogenesis, such cancer remain a great concern, mainly because these tumors are difficult to treat (Tobias, 1994) and they are becoming increasingly prevalent (Amir *et al*., 1999).In India, head and neck cancers account for 30-40% of cancers at all sites and 33% of the tobacco related head and neck cancer occurs in North East India (Bhattacharjee *et al*., 2006). The high figure of death due to head and neck cancer necessitates a strong public awareness among the people of this region for cancer control. According to WHO, implementation of four basic components of cancer control- prevention, early detection, diagnosis and treatment and palliative care, helps in avoiding and treating many cancers as well as palliating the sufferings. Early screening detects or diagnoses the disease at an initial stage, when it is in a fully curable state.

WHO has laid two strategies for early detection of the disease. First is the early diagnosis involving the patients' awareness of early signs and symptoms, leading to consultation with a health provider who then promptly refers the patient for confirmation of diagnosis and treatment. Second, involves regular screening of asymptomatic and apparently healthy individuals to detect pre-cancerous lesions or an early stage of cancer. This screening can be initiated by individual consciousness or government initiative especially for the ignorant sections of the society.

The following study was undertaken to highlight the level of awareness among the people specially the knowledge of early signs and symptoms of cancer. This is an important issue as early detection of any cancer is curable which needs education of the people.

Methods and materials

A retrospective study on the number of patients registered for treatment, from 2008-2012 was carried out in North East Cancer Hospital and Research Institute, 11th Mile, Amerigog, Guwahati. NECHRI is reported to have large number of cases being registered from different parts of N. E. India. The TMN staging of the patients are done based on biopsy and histopathological studies.

Results and Discussions

A total of 1047 cases has been recorded in head and neck cancer during this period from 2008-2012. A number of cases in different localizations of Head and neck cancer are shown in Table 1.

Among these cases the number of patients diagnosed in stage 1 is 50 which is only 4% of the total cases (Table 2). 253 cases were recorded in stage 2 which is 24% of the total cases (Table 2). Patients recorded in stage 3 and stage 4 was 659 which is 62% of the total cases. Thus, the detection of the disease at the early stages of its development is very low which is a matter of serious concern (Fig 1).

The results show a very low number of patients approaching medical consultant at early stage of the disease which highlights poor cancer awareness among people in general. The success rate of various treatment procedures like chemotherapy or radiotherapy or even surgery is low in patients at late stage of the disease in comparison to patients at the early stage.The potential causes for it may be lack of knowledge about the initial symptoms or reluctance of the patients to get treated due to fear or economic issues. Some patients believe in traditional therapies for cancer cure, which in reality is not possible, resulting in progression of the disease to advance stages. The early sign of oral cancer involves change in voice, difficulty while talking or swallowing, unmanageable throat pain, fish bone sensation in the throat (Vokes *et al.,* 1993) which can be easily detected if proper attention is paid to it. However, negligence of the symptoms end up in advance stages of the disease at which point complete cure of the disease is nearer to negligible. It is noteworthy that though some awareness programs on early cancer detection is being carried out, yet the proportion of patients presenting with advanced disease had not changed in 40 years(McGurk *et al*,. 2005). A combination of public education about symptoms and empowerment to seek medical advice, as well as support at primary care level, could enhance early presentation and improve cancer outcomes.

The overall cancer control plan, ensuring a good quality of life can be linked to an early detection programme. NGOs working for the wellness of cancer patients play an important role in this matter where they can play a crucial role in educating the general people, make them conscious of the health issues or encourage them to take medical advice as earliest as possible when any of the possible symptoms arise. Information leaflets can be stored and read several times at the patient's own convenience and speed and, therefore, might contribute to increasing the long-term oral cancer knowledge and awareness (Petti and Scully,2007).The fear psychosis needs to be addressed and people should be made aware that cancer detected at an early stage, has a greater chance of cure as treatment is more effective. Furthermore, programmes should include awareness raising component, to educate patients, family and community members about the cancer risk factors and the need for taking preventive measures to avoid developing cancer. A combination of public education about symptoms and empowerment to seek medical advice, as well as support at primary care level, could enhance early presentation and improve cancer outcomes.

Tables and figures

Localization	Number of cases
Lip	3
Oral Cavity	270
Oropharynx	292
Hypopharynx	299
Nasopharynx	74
Larynx	109
Total	1047

Table 1: Number of cancer cases recorded in each localized region of head and neck

Localization	T1 Stage	T2stage	T3 stage	T4 Stage	Unknown
Lip	0	0	2	1	0
Oral Cavity	27	80	37	67	59
Oropharynx	8	60	113	99	12
Hypopharynx	3	72	140	79	5
Nasopharynx	8	14	22	25	5
Larynx	4	27	37	37	4
Total	**50**	**253**	**351**	**308**	**85**

Table 2: Number of cancer cases recorded stage wise in each localized region of head and neck region.

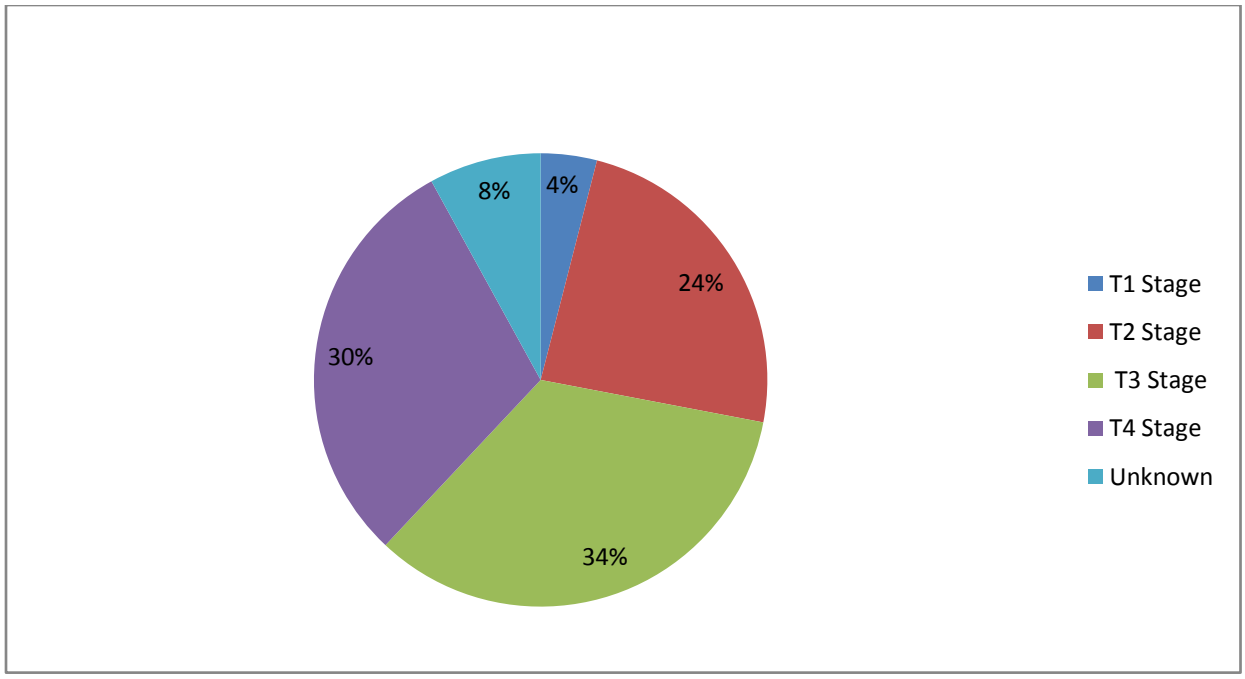

Fig 1 : Percentage of patients diagnosed at various stages of the disease.

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