



Let's make them smile

MOSABBIR CANCER CARE CENTRE

মোসাব্বির ক্যান্সার কেয়ার সেন্টার

A PROJECT OF MOSABBIR MEMORIAL FOUNDATION

Regtn # DHA-07391, Dept. of Social Welfare & NGO Bureau. Regtn # 1982 Con # 0458895, Tennessee and Federal ID # 95217 for tax exempt status in USA

Newsletter

- 13 th Edition
- December 2016



from the
Editor

We express our deepest gratitude to Allah Subhanahu-watala for His infinite blessings that He has bestowed upon us in completing 13 years of our services to the suffering humanity and stepping into the 14th year .Although our achievements over the last 12 years have not been too small but lot remain to be achieved at a much faster pace .

For the knowledge of our donors, patrons and well wishers, some of the major services presently being provided by the Centre are listed below:

1. Free accommodation to all in -house patients.
2. Administration of chemotherapy and blood transfusion free of cost to the poorest patients and at subsidized rate for others with better financial background.
3. Diagnostic investigation at MCCC's own lab for in-house patients at negligible participating cost.
4. Transportation to other hospitals for advanced treatment free of cost with the Centre's own Ambulance service.
5. Providing Palliative Care to terminally ill patients at their house with MCCC's own medical teams.

6. Organizing Free Friday Clinic for the floating population and slum dwellers both in the Centre's own premises and also in nondeveloped areas with 10-12 medical specialists and distribution of free medicines including eye-glasses.

7. Holding regular medical camps in slums and various institutions as a part of cancer awareness programs.

8. Holding seminars, workshops, T.V discussions and distribution of posters, leaflets, handbills in all populated areas and public places.

Our journey to the present stage has not been however very smooth. While we convey our heartfelt gratitude to all our supporters for their continuous help , we are constrained to state that the vast majority of the affluent sections in the society have kept themselves away from extending their helping hands to the helpless poor cancer patients . We fervently appeal to them to come forward with a tiny portion of their wealth and fortunes which can turn a dying patient into a healthy living human being with the blessings of the Almighty Allah .

Our pressing need of the hour is a piece of land or an accommodation where we can set up a full fledged cancer hospital with all the facilities made available to the poor cancer patients. Let our call not fall on deaf ears. We are confident that some individuals or organizations would respond to our call in the not too distant future.

Lt. Col. Mudassir Hossain Khan (Retd.) B.P



Measures for Lump in Breast or Potential Malignancy

Professor (Dr.) Mohammad Saiful Islam, Surgeon & Surgical Oncologist
Bangabandhu Sheikh Mujib Medical University

Breast Health Initiative

Women's & Children's Hospital, Satmosjid Road, Dhanmondi, Dhaka

Formation of a lump or pain sensation inside breast is not necessarily an indication of any major, complex or serious disease. But it is always advisable to immediately visit a physician for diagnosing the symptoms, since malignancy is potential for cancer and that early detection largely leads to successful treatment of breast cancer.

One should seek consultation of a competent physician as early as possible if any sort of lump or a cellular growth is physically felt (in normal cases a general surgeon or a surgical oncologist having training on breast cancer can carry on earlier tests, screenings and can arrive at an opinion of its existence.

You should openly and in details narrate your first feeling about such a growth or lump or any or all the discomfort or symptoms you felt at the very early stage. You should also tell the doctor about any or all of your ongoing treatment, medicines being used and whether you carry some other diseases (like diabetes, heart disease, high blood pressure, asthma, allergy etc.)

You should help your attending physician in carrying out physical examination properly with the cautions of flawless diagnosis. It should be remembered that for physical observation in breast cancer, no aspect should be overlooked including color of breast skin, shape and size, any distortion or decomposition in shape or size of both breasts, armpit, neck, abdomen and chest. Patient should fully cooperate with the doctor without any hesitation or removing patient's dress for physical observation etc.

Any test that the doctor feels following physical observation should be done forthwith. In some cases similar tests might be repeated to ascertain the growth at certain intervals in order to follow the development of the disease. The doctor work out the protocol of treatment only when the screening adequately suggests the disease as malignant. A combined protocol, consisting of surgery, chemotherapy, radio-therapy and hormone treatment, is to be applied on case-specific requirement, like in the treatment of other cancers.

The Disease, its extent and varying stages

It should always be borne in mind that breast cancer is broadly of two components - one is localized cancer that causes breast, its surrounding tissue and armpit; and the other being its malignancy - that can spread faraway which affects organs as far away as lung, liver, brain and bone - in medical term it is called 'metastasis'. It appears no great difficulty in diagnosing its presence provided that its shape is confusingly small in spec. A lump that could be felt by hand, an ultrasonography or biopsy of cells collected by very thin needle or FNAC are almost adequate in determining the growth being positive. Even if FNAC couldn't determine clearly the CNB (Core Needle Biopsy) could be applied to be more specific. For those patients whose growth pattern or suggestion of malignancy is clouded by confusion, or whose lumps suggest high risk factors, could well be applied for FNAC or CNB (Core Needle Biopsy).

It also does amply suggest that the treatment of those types of malignancy in properties and characteristics, might require a compound protocol and often these outcomes might appear confusing. For these types of complex malignancies biopsy of armpit lymph node blood serum, alkaline phosphatase, chest X-Ray, abdominal ultrasonography, bone isotope scanning, blood (serum) cancer marker, C.T Scan of both abdomen and chest and PET scan are required.

In some cases the extent of malignancy is in so smaller proportion that are difficult or could not be detected by the conventional screenings, leading to clinical limitation for following the existence, growth and pathway of the disease. This is what demonstrates and stage-wise recurrence of the tests and screenings of breast cancer.

The size or shape of the lump largely determine the stage of the disease. If the lump is smaller it generally indicates early stage and the reverse if the size seems larger. In some cases cancer becomes highly malignant even if be the shape and size of the lump seem shorter in size. It should be remembered that it can spread dangerously locally and sometimes equally dangerous even the location is far away - including rash of skin, wound or other deformations like these.

Basic protocol of treatment :

The treatment of breast cancer depends largely on the stage of the disease. In general cases treatments include surgery, chemo-therapy and radio-therapy etc. In treating breast cancer the main protocol is, however surgery and in further complicated stage a combination of chemo-therapy, radio-therapy and hormone treatment, varying on the conditions of the patients.

Any disease is observed generally from two dimensions-local and malignant. In case of malignancy the final recovery depends on control and treatment.

Even if surgery is not possible at an advancing stage of local existence, in that case a combined protocol of hormone treatment followed by radio-therapy may create situation congenial to surgery.

In case of locally advancing cancer, surgery and as an alternative radio-therapy could be applied. In case of massive 'metastasis' or malignancy, a combination of chemo-therapy and hormone treatment is a common protocol of recovery. In case of 'metastasis', surgery followed by radio-therapy could be a safer way if the wound is limited in a particular place and a special medicine is administered in case malignancy spreads through bones.

In treating the diseases which are not possible for surgery or transitional and sporadic disease like 'metastasis' radio-therapy could be a safer way with less breathing problem. These are usually supplemented by pain-killers, topical care for wound, anti-vomiting drug etc.

In such cases, the effectiveness and use of chemo-therapy is limited. Only hormone-therapy could be followed (if the cancer is susceptible to hormone).

It should be remembered that better result could be ensured in treating cancer if diagnosed before it spreads out. However, it can be resisted and pain could be largely reduced to let the patient live a normal life even if the disease gets malignant.

the armpit membrane and surrounding tissues. Now it is believed that no treatment other than surgery may be required. As many as 50% patients are now completely recovered through successful operation. In other cases chemo-therapy, hormone-therapy and radio-therapy followed by surgery prove highly effective.

Some portion of a breast could be saved if minimal invasive surgery is carried to patient with smaller lump in the breast. In that cases supplementary radio-therapy is required, though surgery can not be carried to smaller size of breast or if the breast is deformed due to typical size and shape of the lump or the skin condition is not appropriate for surgery.

The main purpose of chemo-therapy is to resist to malignancy, which can be administered before or after the surgery depending on the situation. Hormone-therapy, in other words, could be effective if the cancer is hormone sensitive. The main purpose of radio-therapy is to stop recurrence of breast cancer after the surgery is carried successfully surgery. Radio-therapy is the primary or supplementary or complimentary to surgery when the lump is more than 5 cm, or more than 4 branch of lymph node affected in the armpit, or if it extend beyond that or if surgery is not permissible.

Conclusion :

Although cancer must become a scourge in the country and that world class treatment could be available in the country now, the patient with slightest primary indications of disease should consult a doctor. The treatment may require various stages of tests and screenings or may be lengthy, painstaking, complex and expensive. The procedure of treatment is undoubtedly painful and calls for patience, perseverance and, punctuality. One should always be either living close to a doctor or living at a distance not far away from the doctor.

Since all cancers are not same, similarly treatment and result of all cancers are not the same. Some cancers are highly dangerous, so much, so that it happens to relapse or reappear even after proper treatment, so drawing a comparison is very limited, except some notable difference in clinical experience in terms of application of appropriate skill, expertise and varying signs and symptoms.

Cancer Awareness-1

Dr. Qazi Mushtaq Hussain, MBBS (DMP), MPhil

Associate Professor, Department of Radiotherapy, Dhaka Medical College & Hospital



The month of October is called 'Pink Month', meaning breast cancer awareness month. During last few years this day was observed throughout the world, including our country. This time there were a number of programs conducted by a number of organizations and institutions and the program of awareness included rally, awareness posters, discussion meetings, TV talk shows etc. It's fact that our medicare capacity is much less in comparison with demand. A meager number of 150 oncologists are fighting this growing scourge of a population of 160 million and there are only 20 hospitals dedicated for the treatment of cancer, whereas, according to a WHO estimate, Bangladesh should at least have 160 full-fledged cancer care centers. The number of cancer physicians should likewise be enhanced, which we are much lagging behind. Besides, there are acute shortage of surgical experts, female disease experts, supportive physicians and skilled technical personnel to operate radio-therapy machines. Well, we can't solve them overnight. What is much needed is an effective strategy and future plan of action in concert with public and private combined stakeholding. Otherwise, such a shortage or scarcity of key personnel in the treatment and research of oncology is difficult to solve.

What we can at best carry forth and carry forward is conducting some awareness campaigns either in private or in some institutional capacities. But the need and necessity or the gravity of the situation is far more alarming often in fatal prosperity.

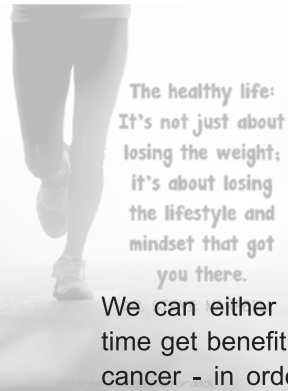
Breast cancer or in other words any cancer is created within our body. Each day million of new cells are being produced in our body as millions of them get died. We wouldn't grow had there been no such equation of cellular phase-out and phase-in. And in any mistake in this process any unnatural cell is grown and that cell might be cancer. It further suggests that if any cell in our system functions irregularly it might suggest to be malignant.

But does it imply that anybody or everybody would be caught by cancer?

The answer is 'yes' that can be. But in reality that doesn't cause to anybody and everybody. It is not happening simply because of the fact that the remedies to rectify this type of cellular irregularity already exists within our body system and the function on their own in several stages.

In genetic origin there are rectifying genes and in case that fails to perform there are 'tumor suppressor' genes. Besides, there is another built-in device which is called 'Programmed Cell Death' which in clinical term is better known as 'Apoptosis'. Another device is built in, which is 'Telomerase Engyme' that comes from 'Telomere.' Cancer is born or rather finds a colony inside our body in case all these above resistances are broken or fought out to be defeated.

There are some attributing agents that begins the process of cancer - such as - radiation, some bacteria, some viruses. But if anybody will be likely to be caught by cancer even it they kept safe from or at a distance from the above attributes? The answer may even be 'Positive.' Even after so many cautions and safety preparedness one might be caught by cancer, because the above mentioned reasons or attributes might angur or ignite the formative process of cancer and all these happen within our body due to some irregularities within the normal systemic function of our body. Though I said, well there are remedial measures built-in, still the failure of any bastion of defence within our system might lead to the growth of cancer cell to flourish. In that case what we can do? Or else, what will be left on our part to do? Don't we have anything to do? 'yes', we have. We can get away from the agents that helps aggravate the growth of cancer. In that way we can avoid cancer to a larger extent. And even after so many cautions or precautions, once cancer is born within our body, we must forthwith begin its treatment.



The healthy life:
It's not just about
losing the weight;
it's about losing
the lifestyle and
mindset that got
you there.

Cancer Awareness-2



We can either avoid some habits and at the same time get benefit of modern advancements in treating cancer - in order to get rid of this scourge. Habits include smoking, beetle-nut with chewing tobacco, powdered tobacco etc. Get rid of these habits can relieve us from lung, oral & prostate cancer. Likewise, our body will be risk-free from malignant diseases if we forgo drugs and narcotics. We will both get well and our immune system will be fortified. Avoiding some food habits can leave us free from suffering cancer right from abdomen to rectum.

Healthy life and keeping body weight under control is a key attribute to avoid cancer. Some basic tests can tell us whether cancer inhibits within any part of our body system. This is called screening. In developed countries these screens are done at many stages in various age groups. Only our country lacks this culture. Rather the reverse culture is unfortunately popular here. We have a tendency of criticising doctors for they recommend us a number of such screenings. But we never think of our relatives who live abroad or have gone abroad for treatment, as how many tests and screenings they are given as a routine. We should understand that pressing your abdomen will at least not diagnose a severe scourge like cancer.

Here lies the question of awareness. We want to tell you more and more about consciousness against cancer. The month of October is observed as a month of breast cancer awareness. That is why we keep busy so much in propagating awareness campaigns for breast cancer during this time. All we campaign for are focused on awareness - so that awareness can save lives of our women in great magnitude.

I will end up this article with the message of hope. At present our country has plenty of treatment scopes for breast cancer with the aide of a combined protocol of surgery, chemo-therapy, radio-therapy, hormone and immune therapies, targeted therapy and the like. Many cancers are completely cured if detected at its earlier stage. In advanced countries screens bring out even the very banal or very early symptoms, so that they can cure cancer to a great extent.

But in our country diseases are in general detected in its third or fourth stage.

That is why we are getting optimum benefit of the advancement of cancer treatment. In this world of rapid scientific and technological advancement there are a number of great research initiatives in cancer treatment. Now scientists are after discovering medicine of those genes which have caused diseases like cancer, and in some cases there remarkable success as well.

We had had an opportunity of participating in such a clinical trial. Possibly that was the first trial ever attempted to a cancer patient. Last September we took a female patient of this trial to the United States. Her treatment began at the famous Sloan Memorial Hospital. It was a kind of breast cancer the girl was suffering from that existed by September 2016 only 20 patients around the world. We got her in 2011 and she was operated six times followed by chemo-therapy. But instead of recovery her cancer spread across her body at a faster pace. At this stage a sort of trial and research came in cooperation with Bangladesh Cancer Society, Bangladesh Society of Radiation Oncologists, Prof. Obayedullah Ferdousi Cancer Foundation and Research Institute, who collectively organised for an international tumor board consisting of senior oncologists and cancer specialists from around the world. A number of countries came forward offering their facility to conduct such a research. Lastly the famous Global Cancer Institute of Boston, USA organised this international online tumor board and I had been to the US as one of the participants. Her condition became remarkably improved with the recovery of wound across her body and it was hoped that within a short time she would be totally cured. She is now in the US along with her mother where the treatment is still going on and we are keeping in touch with the participating physicians.

Such new and innovative treatment for cancer is coming very shortly, heralding the age of Defeating Cancer. We in Bangladesh are proud to be a part of the battle for the conquest of Cancer. Success seems knocking on our door.



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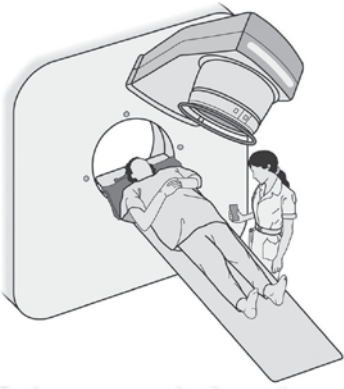
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Treatment of Breast Cancer

Dr. Rakib Uddin Ahmed

MBBS, BCS (HEALTH), MD (RADIOTHERAPY)

CANCER SPECIALIST

Professor(Radiotherapy), Dhaka Medical College Hospital



I remember the day was sometime in October, 2015 a group of people, seeming all of a family, meaning father, mother, brother and sisters - all looking tense and anxious, entered into my chamber. They all had come from Bogra and their brother came from Dhaka University where he studies in 1st year. The girl, aged between 15 or 16, looked pale and daunted in fear and phobia. I just asked them to keep calm and have their seat. Naturally, I first asked them what brought them all at my place in such a panic-stricken condition.

The girl's father took the floor. It was October - the month of 'Breast Care Awareness.' The girl had brought to her mother the fact that she was feeling a ball or something like a lump inside her breast. This is what ignited that panic in the entire family. Her father was a government employee who heard from a colleague about me having treated his son recently who suffered from lymphoma in his throat (thorax) and that the patient had been well.

Anyway, let me turn back to my point. I saw the girl and after checking, determined that she was suffering from a simple tumor and that there was no reason to be so worried. It was a benign tumor and as such would be cured by a simple surgery. There remained a size of relief and they seemed turn cool from boiling. The girl only asked me as would there be a problem if the surgery is done after her SSC examination? I tried to cool her down and advised her to carry on her study and not to be nervous. I saw the girls father full of tear in relief.

"Yes" until now I was trying to enter in the deadly scourge of cancer. We may assure you of flawless protocol of treatment leading to complete cure, provided that the detection is made earlier and proper treatment ensues at an appropriate time.

It is not to be always worried finding a spec ball or a lump inside the breast, for all lumps are not malignant. But it should be borne in mind that whenever you feel such a growth of unusual proportion, just rush to a doctor for consultation. It's even much better if advise is taken from a surgeon or an oncologist. If 'breast cancer' is detected after thorough screenings and diagnosis, even them it is possible to live well cured through proper treatment followed by expert consultation. We must emphasize on the "Early Detection" of the disease.

Women themselves can test the existence of a lump inside her breast by checking their breasts. It can be tested physically by two hands after 4 to 5 days from the beginning of period. If some abnormality is detected or any unnatural growth is felt (such as the breast nipple getting pushed in, bleeding from nipple or any lump in the armpit) it is very important to see a doctor. It should be remembered that remaining well largely depends on early start of treatment. It is unfortunate, but true, that women of our country settle down to a doctor lately after delay in shy down or treating by clandestine healers'. Or it may sometime happen that the symptoms might suggest that malignancy had by that time spread from breast to far-away organs (like lung, liver or even bone). In those cases possibilities of cure is left very bleak.





Now something should be discussed about treatment of breast cancer. At first we all should know that all aspects of treatment of breast cancer do exist or are well available in our country. We should carry out the treatment inside the country by the competent and experienced oncologist without going abroad draining out foreign exchange and our valuable time. In general there are four routes of treating breast cancer.

1) Surgery :

Surgery is the main route for treating breast cancer. Of course you must get the surgery done by a competent surgeon. Surgeon will determine removing a part or the whole mass of breast upon consultation with the patient.

2) Chemo-therapy

One of important route for treating breast cancer is chemo-therapy. Application of chemo-therapy reduced the chance of spreading the disease to various organ. Many get panicked and furious about it without due to lack of proper knowledge. Chemo-therapy is all about pushing some injection through veins along with saline. Some side-effect may occur following chemo-therapy. But these could be addressed through proper treatment. One common side effect is patient's hairless, which is why women in general discourage this treatment. It should be remembered that chemo-therapies are generally applied 6 to 8 rounds at stretch after at least 3 weeks' interval. After chemo-therapy hair grows again

and some patient even have more hair than ever. But chemo-therapy must be conducted under supervision of an expert specialized physician. In some cases chemo-therapy could be administered orally.

3) Radiotherapy :

Radiotherapy is required so that the disease doesn't recur in the place operation was carried out. Every patients doesn't require radiotherapy following surgery. Advice from cancer specialist is important at this point. Radiotherapy is all about carrying out a X-ray through a machine. It is a painless and unseen procedure. Beside government medical college radiotherapy machine are available at National Cancer Hospital in Dhaka there are a few radiotherapy centers in private sector.

4) Hormone Treatment :

The impact of hormone is a notable reason for breast cancer. We can determine from biopsy whether the patient might need a hormone treatment, which is felt, however, in most of the cases upto 5 years an oral medicine for it is generally advised one tablet each day.



Mosabbir Cancer Care Centre

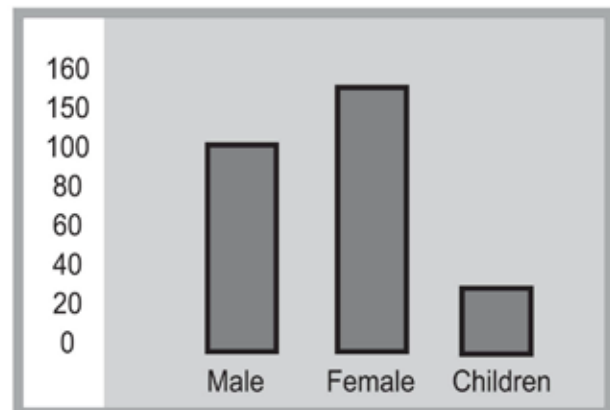
SUMMARY OF ACTIVITIES AND REPORT OF 2016

Dr. Syed Anisur Rahman

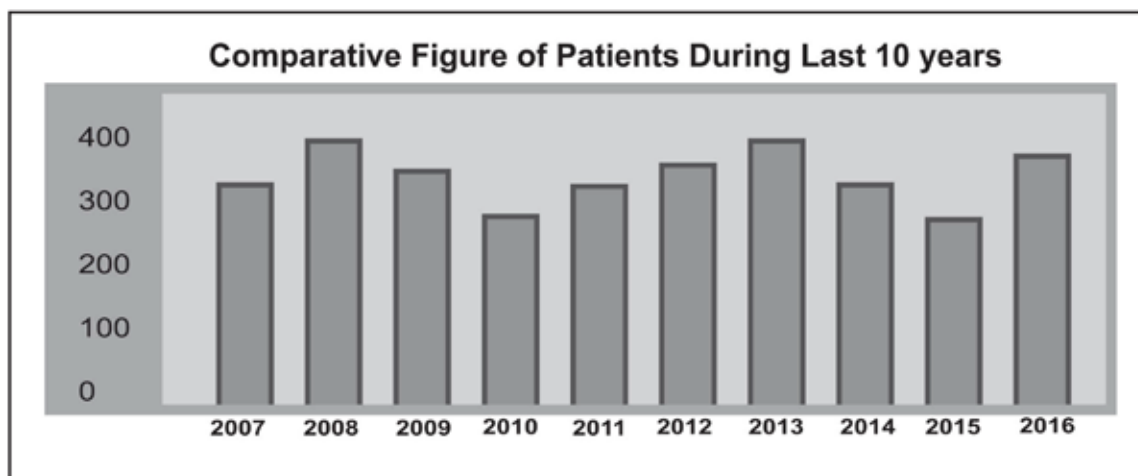
It is so sad to recall the untimely passage of our ever-smiling colleague Prof. Shabnom of Gynecology Department last year. She left us in weeping to miss some other great colleagues of us, our senior, Mr. Moazzem, Chief of Pediatric Nephrology. All were due to the deadly scourge-cancer. It is as if this demon is chasing us everyday with its deadlier aggression. No one is safe today from this aggression. Particular for the poor and undernourished, the disease appears to be more deadlier. Neither they have the capacity to meet the huge expenses of treatment, nor they have a place to lodge for themselves and their attendants. Surgery may be done at any convenient hospital nearby. There is no scope of staying at any hospital or clinic during the time of radio or chemo-therapies. The question is- where else would these poor patients and their relatives who have to accompany them as attendants stay? It is the initiative of "Mosabbir Cancer Care Centre" who first extended their helping hand in this field (i.e. to arrange accommodation for patients as well as their attendants). Since 2004 MCCC is helping out the less-advantaged and poor cancer patients in this regard. Ever since its nobler and humble journey for mitigating the suffering of the ailing mankind, it has steadily completed 13 years of its existence. This October (2016) it has observed its 13th founding anniversary. Patients with cancer along with their relatives/attendants find a safe sanctuary here in "Mosabbir Cancer Care Center."

Table 1

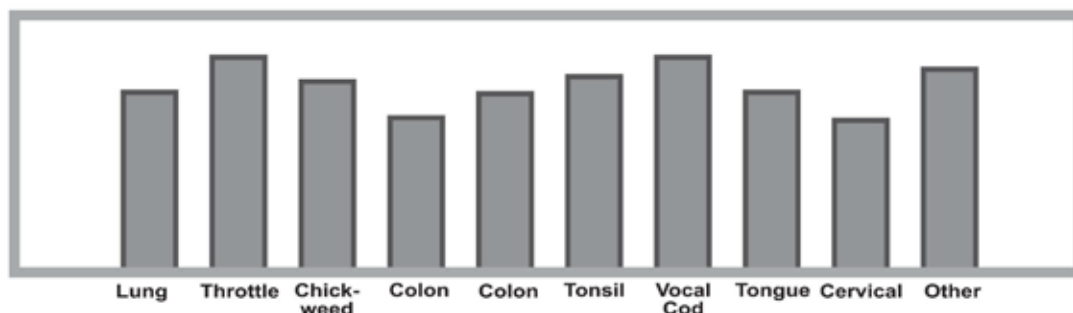
Statistics of Male, Female & Children Patients in 2016



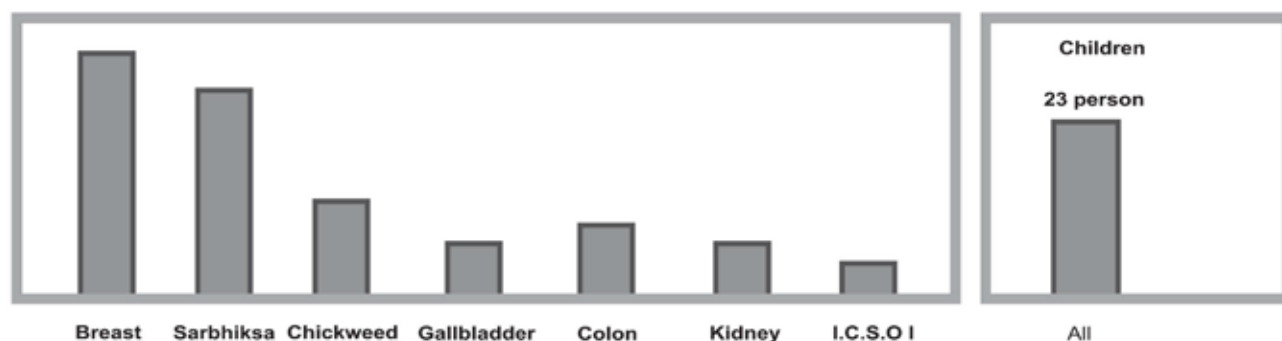
Mosabbir Cancer Care Center has extended care to as many as 290 cancer patients in 2016, out of which males were 121, females 146 and 23 were children.



In gender-wise statistics, out of 121 male cancer patients the highest number was lung cancer (30), followed by thoracic cancer (20), cheek cancer (15), colon cancer (10) rectum (12), tonsil (10), vocal cord (3) I.C.S.O.L (2), survival (2) and rest types (22)



Out of 146 female cancer patients, the highest number was of breast cancer (55), survival (45), gall bloder (4) colon (5), kidney (4) and J.C.S.O.I (2).



Via Test & Breast Examination

A Total of 10 out patients had gone through via test and CBE was conducted by MCCC & found no positive sign. And a total of 20 students of Jatiya torun sangha paramedic Institute received training of via test and breast examination(CBE) by the MCCC experts.

Chemo-Therapy and Financial Assistance)

Complete funding was provided for free lodging, cleaning and chemo-therapy to 13 patients worth Tk. 1,31,795 including 18 chemo-therapies.

Ambulance Service

Mosabbir Cancer Care Center (MCCC) takes only a very nominal charge to carry in and out its patients by two ambulances. We call it "Participatory Fee." These two ambulances have traveled as much as 4570 kilometer carrying some 1160 patients to various radio-therapy clinics, including Dhaka medical College Hospital. An amount of Tk. 1,22,920/- was spent for their maintenance and Tk. 50,576/- for purchasing fuel.

Health Education

MCCC conducts health education courses to its inmates each Thursday of the weak. Besides, each new patient is counselled on extensive health education related to the patient and the disease during the time of admission. Health education related leaflets are also distributed regularly. On the last Thursday of the month a former Chief Nurse Ms Jebun Nesa and accupressure Specialist Mr. Abed Hossain conducted briefing session for the patients regarding food habit, excercise, yoga and accupressure.

In Public Awareness



- A number of meetings, seminars, medical camps and symposiums were conducted, among other efforts, for public awareness about cancer.
- Massive leaflets were distributed about cancer awareness in public places like launch terminals, bus stand and other mass gatherings, along with hoisting some posters on similar cancer awareness cautionaries.

OTHER ACTIVITIES

Medical Camps :

Free health screenings and distribution of medicines have been a routine campaign of Mosabbir Cancer Care Center with assistance of AB Bank Limited on the first Friday of each month since 2014. Medical care and free treatments are given to general public, especially the poor patients during these campaigns by various specialized physician (medicine, surgery, gynae, pediatrics, ophthalmic, ENT, dermatology and dentist etc.). Genderwise statistics are stated below from 2014 till October 2016.

Table

Gender wise statistics are as follows for each first Friday of the month from 2014 till October 2016.

Male	Female	Children	Total Patients Treated	Distributor of spectacles
380	527	160	1067	115

Besides, Mosabbir Cancer Care Centre in cooperation with AB Bank has conducted 3 Medical Camps in the crowded slums in the suburbs of Dhaka.

These were :

- 13.02.2016 - Alhaj Khalil Sardar Community Centre, Hajaribagh
- 23.04.2016 - Alhaj Khalil Sardar Community Centre, Hajaribagh
- 20.08.2016 - Muhammadabad Islamia Alim Madrasah, Middle Paikpara, Mirpur, Dhaka



SL.	Date	Venue	Male	Female	Child	Total	Distri. Spectacles.
01.	13.02.16	Hazeribag community centre	247	303	82	637	34
02.	23.04.16	Hazeribag community centre	121	240	53	420	22
03.	20.08.16	Muhammadabad Islamia Alim Madrasah, Middle Paikpara, Mirpur, Dhaka	184	215	140	539	15
Total			552	769	275	1596	71

In these three Medical Camps a total number of 1596 patients were given free treatment, medicine while spectacles were given away to 71 patients.

Along with our sponsor AB Bank Limited, following organizations extended their gracious support with free medicine. 1) Aristopharma Ltd. 2) Opsonin Group 3) ACI 4) UniHealth and Unimed 5) Renata Pharma Ltd. 6) Square Pharma,7) Beximco Ltd.



We hope many more pharmaceutical companies will come forward to participate in such humanitarian initiatives in future.

Diagnostic Lab Activities :

Apart from diagnosing various screenings of MCCC's inpatients at 50% discount from 2012, we are also extending facilities to outpatients, as well. A total of 85 patients were provided discounted diagnostic facilities from January to September 2016.

Male	Female	Child	Total
29	49	7	85



Seminar :

A conference of the Donors and charity providers of MCCC was held at 10 am on "Your Advise & Our Agenda". This thought - providing deliberation was presided over by our respected Maj. Gen. A.R. Khan (rtd.). Speakers at the conference shared their valuable opinion and suggestion for further improvement of the facilities in the centre in the coming days.

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03. Moqbool Ilahir and Saira Trust	5000.00	49. Mrs. Maleka Begum	10000.00
04. Atandra-O-Nishchit Services Ltd	5000.00	50. Mrs.Mahfuza Khan (Suraiya)	10000.00
05. Major Dr. Md. Rezaul Haque(Retd)	10000.00	51. Mrs. Parveen Khanam	6000.00
06. Mr. Khaled Salahuddin Ahmed	10000.00	52. Mrs. Ferdousi Rahman	6000.00
07. Saifuddin and Bilquis Trust	5000.00	53. Mrs.Amena Quahhar	5160.00
08. Mrs. S. Simeen Hayat	2000.00	54. Dr. Syed Anisur Rahman	5000.00
09. Brig Gen A.A.K Mahbub Hasan (Retd)ndu.PSC	1000.00	55. Mr.Mashiur Rahman	5000.00
10. Faisal Investment Foundation	1000.00	56. Mrs.Mahfuza Huq (Chameley)	5000.00
11. Standard Chartered Bank	2083659.72	57. Mr.Sadiquul Islam	5000.00
12. A.B Bank Ltd.	700000.00	58. Mr. Moazzem Hossain Khan	5000.00
13. Maj Mehboob Hafiz	200000.00	59. Mr. Rashad Chowdhary	5000.00
14. Red Blood	100000.00	60. Mr. Auntu	5000.00
15. Md. Nafees Muntasir Khan	100000.00	61. Md.Mohammad Nasir uddin Khan	4000.00
16. Mr. Iftekher Ahmed	54000.00	62. Lt. Gen. Abu Tayeb Muhammad Zahirul Alam(Retd)	3000.00
17. Eng. A.S.M Quasam	50000.00	63. Mrs. Simeen Zulfia	2000.00
18. Mr.Mohammed Mahabubur Rahman Patwari	100,000.00	64. Mr. Hemayet Ali	2000.00
19. Late ASN Hyder and late Imtiaz Ahmed Nasir	50000.00	65. Syeda Nargis Akter Banu	2000.00
20. Mustari Ahmed	50000.00	66. Mrs.Mitu	2000.00
21. Begum Jahanara Huq	50000.00	Medicine	
22. Lt.Col Mahbub-E-Sobhani Sikder (Retd)	50000.00	01. Ranata Ltd.	
23. Md.Badrul Karim Khan	50000.00	02. Oponin Group	
24. Cap. Anwar Karim Khan	40000.00	03. ACI Ltd.	
25. Lt.Col Mudassir Hossain Khan(Retd)B.P	30000.00	04. Unimed and Unihealth Manufactures Ltd.	
26. Dr. A.N Alam	25000.00	05. Beximco Pharmaceuticals Ltd.	
27. Mr. Mahbubur Rahman	25000.00	06. Square Pharmaceuticals Ltd.	
28. Mr.Mohammad Ishtiaq	25000.00	07. Aristo Pharma Ltd	
29. Eng. Salekuzzaman	25000.00		
30. Architect Dr. Nizamuddin Ahmed	25000.00		
31. Mr.Ashrafur Rahman	20000.00		
32. Mrs. Swarnali Ahmed	20000.00		
33. Amina Sabilha Ahmed	20000.00		
34. LT.Col Quazi Salimuddin (Retd)	20000.00		
35. Mr. Wahida Rahmatullah	20000.000		
36. AKD Sher Mohammad Khan	15000.00		
37. F.H.M Masoom and Sultana Anwara Begum	10000.00		
38. Khaleda AKhtar(Mary)	10000.00		
39. Mrs.Mahbuba Khandker	10000.00		
40. Mrs. Shabrina	10000.00		
41. Nasren Mahmud	10000.00		
42. Md.Kamaruzzaman	10000.00		
43. Syeda Nurjahan Banu	10000.00		
44. Mr. Ismail Ahmed	10000.00		
45. Mahanoor Hassan Khan	10000.00		
46. Maj. Gen. Harun Ahmed Chowdhury and Mrs. Nighar Momtz Chowdhury	10000.00		

FOREIGN

01. Adil I Mohyuddin or Sabina Z Mohyuddin - USA	\$ 500.00
02. Mainuddin Ahmed Md Tasneem Z Ahmed - USA	\$ 200.00
03. AKM K Fakhruddin Ziaum N Fakhruddin - USA	\$ 400.00
04. Shuaib Mohyuddin Hasina Mohyuddin - USA	\$ 100.00
05. Obaidul Haque or Arefa Haque - USA	\$ 250.00
06. Hasna Banu - USA	\$ 25.00
07. Usman M Siddiqi Shameem F Siddiqi - USA	\$ 500.00
08. Prof. (Dr.) Golam Saklayen, MD - USA	\$ 500.00

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Chief Consultant. BIRDEM

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Maj. Gen(Retd) Dr. A.S.M. Matiur Rahman
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Prof. (Dr.) M.A. Mamun
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Ex. Chairman, Dhaka Stock Exchange

Tapan Chowdhury
Managing Director, Square Pharmaceuticals Ltd.

Nasser Shahrear Zahedee
Managing Director, Radiant Pharmaceutical Company

Md. Harun-El-Rashid
Managing Director, Padma Diagnostic Lab

Md. Moazzam Hossain Khan
Former Addl. I.G of Police (Retd)

Sharfuddin Ahmed

Md. Humayan Kabir Khan
Director, Social Investment Bank Ltd.

Kamrun Nahar Ahmed
Ex. Principal, Shaikh Borhanuddin Post Graduate College

M. Sadiqul Islam
Ex. Director, BCISR, Dhaka

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C.M. Salekin M.D. MPH
Director, SD & SR Centre, TN, USA

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Neurologist, USA

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Hillshoro High School, Nashville, TN, USA

Cathy Wilkinson M.A. ED
Home Bound Teacher, Nashville, TN, USA

Tish Bassel
Madison Student Special Aid School, TN, USA

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BSMMU, Dhaka

Prof. (Dr.) Mohammad Saiful Islam
BSMMU, Dhaka

Prof. (Dr.) A. B. M. Yunus
BSMMU, Dhaka

Prof. (Dr.) Afequl Islam
BSMMU, Dhaka

Brig. Gen.(Retd) Dr. Zahid Mahmood

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In addition to the luminaries listed as advisors and consultants, our deepest appreciation and heartfelt gratitude must go to following young individuals and many others whose selfless dedication and untiring efforts have gone a long way in giving the centre its present shape.

Lt. Col. Mudassir Hossain Khan(Retd) B.P, Chairman
M.A. Jalil, Executive Director

An Appeal for Assistance

Sadek Sardar lived a modest life with his small farmland and some seasonal plantation in Raipur village of Baliakandi P.S. under Rajbari District. He was in his small farm stakeholding, largely



helped and contributed by his wife **Momena**, who raise cattle and poultry. Generally speaking, they were living a decent life.

All of a sudden Momena complained that her urination, stool discharge stopped. The local herbal physician advised that she should be operated since, he thought, she was suffering from piles. She was taken to hospital and underwent piles operation in the hospital. But the surgery for piles brought no solution. Rather her situation kept aggravating. Then she was taken to Dhaka and consulted doctor at **Japan-Bangladesh Friendship Hospital**. The Doctor referred her to Metropolitan Hospital, where another surgery was conducted to reveal that she had cancer developed in her stool passage (rectum) and that she needs to get at least five rounds of chemo-therapies. The doctor himself conducted two rounds of chemo-therapies. After that her condition seemed to have improved a little. But meeting all these cost of treatment, she virtually became destitute as she had no other alternative excepting selling out her land property. The rest three rounds of chemo-therapies remained unadministered.

The disease reappeared two years afterwards. This time she needed eight rounds of chemo-therapies. Uptill now she could afford to have five chemo-therapies and after that she has been advised to get 25 more chemo and by completion those 25 she would be in need of more 3 chemo-therapies for recovery.

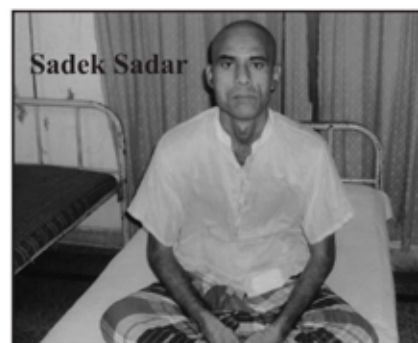
Momena's husband Sadek Sadar got nervous at the huge expenses being required only to maintain chemo-therapies leaving aside all other expenses. If chemo. is to be continued she and attendants must be at Dhaka. Then the question arose as where to find a temporary shelter to stay and continue treatment. No such relative or acquaintance live in Dhaka, where they could appeal for a brief stay. Staying at any stranger's house for an indefinite period was next to impossible. One **Dr. Ripon**, a doctor at Dhaka Medical College & Hospital advised them about **Mosabbir Cancer Care Centre** at Dhanmondi, Dhaka. They rushed immediately to MCCC. They got their patient admitted. It was as if the moon from sky fell at their hands. Now she is conducting Radio-therapy staying at MCCC.

What remains untold to Momena's husband is that he would need another **two lac Taka** to complete the course, since a reminder on this amount might have tensed him and a break-down may occur to his equally weak and disaster torn health. Are there any kind persons or philanthropist who can lend her a supporting hand?

Another Appeal for humanitarian Assistance

Dharmapasha is Sunamganj's extremely lower riparian area and very inaccessible. Local people live mostly on agriculture and fishing. **Wasim**, son of **Sadeque Sardar**, couldn't continue his education due to poverty. He took over the responsibilities of the entire family earning for all for the family's living. He took lease of land to cultivate on terms of crop sharing. But what he couldn't do was somehow to be seen among his children. So he sent off his two daughters and the only son to school.

It was at this point that he suddenly complained of constipation and dysentery. He took primary treatment from the local hospital with no improvement. Then he went to see a doctor at the **Emergency Deptt. of Mymensing Medical College Hospital**. After thorough screening doctor told him that he had a tumor at some 3 inches above the rectum. Then he was referred to have better treatment at Dhaka. At **Popular Hospital, Dhanmondi, Dhaka**, he had many tests including C.T scan and advised for operation. In May 2014 he had the operation at **BSSMU** and a biopsy suggested to refer him the Department of Oncology.



The doctor in the Deptt. of Oncology advised him 8 rounds of chemo-therapies. He could afford as many as 7 chemo-therapies. After the 7th chemo. he was admitted to **Dhaka Medical College Hospital** to open his Colostomy Bag attached to his body. Then yet another operation became necessary and upon that he was referred to Radiotherapy Deptt. of Dhaka Medical College Hospital. Doctor advised him to undergo 25 rounds of radio-therapies. After getting 3 rounds he came to Mosabbir Cancer Care Centre as he learned that there he could be staying free of cost.

The rest 22 rounds that he got at DMCH staying in **Mosabbir Cancer Care Centre**. After concluding all chemos he was almost well for the next two years. The sudden he complained of severe pain sensation and again got admitted to Dhaka Medical College Hospital. Again he had to be operated and the surgery was advised to be followed by another round of 8 chemo-therapies.

He learned that Mosabbir Cancer Care Centre provides free cancer treatment to poor patients. This time he was literally penniless and requested for a free treatment at MCCC what bought two very expensive doses of chemo-therapy and injected them on him at MCCC. The 3rd Dose was donated by a generous industrialist group of Dhaka and all were administered at MCCC.

He needs five more such chemo-therapies in a row, worth Tk. 2 to 3 lac. An appeal is being made on behalf of this poor patient coming from sunamganj's downstream, poverty stricken area. He needs each chemo. in the first week of the month. We appeal to any kind hearted person to come forward to his assistance.

Methods of Donation / Assistance

- CASH
- CHEQUE

OR ANY OTHER KINDS OF SUPPORT TO BE FORWARDED IN THE NAME OF MOSABBIR CANCER CARE CENTRE EITHER IN BANGLADESH OR IN OVERSEAS ADDRESSES GIVEN BELOW :

Bangladesh

House 37/1, Road 3, Dhanmondi R/A, Dhaka 1205

United States of America

7439 Highway 70 S, Apt # 139, Nashville

Tennessee-37221, Tel.: 571-294-4765, 615-530-4520

United Kingdom

44 Red Mead Road, Hayes, Middle Sex UB 34 AX, UK

Tel: 0044-208-561-9152

Objective and Specialization

- Providing free accommodation during treatment.
- Providing assistance and advice in treatment for cancer effected patients.
- Providing special facilities for necessary diagnostic tests at normal cost.
- Providing special assistance to patients in obtaining medicines at reduced prices.
- Providing assistance in blood collection and transfusion
- Obtaining the advice of specialists in providing modern treatment
- Providing appropriate information and advice related to improved treatment at home and aboard.
- Creating public awareness in the country on cancer prevention through electronic and print media.
- Organizing scientific conferences for exchange of knowledge and experience among local and foreign specialist in the treatment of cancer with latest know how.
- Providing assistance for social rehabilitation of cancer patients and their families.
- Conduct training programmes to improve the skills and update health workers on the nursing and handing of cancer patients.
- Facilities inter exchange of experience and opinion among cancer patients.
- To build a bridge among cancer patients at home and aboard.

Services presently provided by MCCC

- Consultation
- Advisory services
- Information and referral
- Providing free accommodation and treatment facilities to cancer patients.
- Day Care Chemotherapy under constant supervision of in-house doctors.
- Providing special discounts for investigations/tests at MCCC's own lab and also other established diagnostic laboratories.
- Providing medicines for cancer treatment to patients at subsidized price where needed.
- Arrangement of blood transfusion under constant supervision of in-house doctors to patients where needed at subsidized price.
- Providing palliative care to terminally ill cancer patients at their own residence.
- Early detection of cervical & breast cancer through VIA test & screening.
- Holding seminar/workshop on cancer.
- Screening film in TV and advertising in newspaper on prevention and protection against cancer.
- Transportation of patients to other Hospitals in the city for advanced treatment particularly connected with surgery and Radiotherapy by Centre's own Ambulance.

OUR IMMEDIATE NEEDS

- Direct financial assistance for day to day maintenance of the centre, one time or on regular monthly basis.
- Medical equipment (both clinical and diagnostic.)
- Medicines (cancer drugs, chemicals and reagents for diagnostic investigation).
- Books, periodicals, leaflets on cancer treatment, research and palliative care.
- Training of doctors, nurses, social workers and health care personnel associated with consulting diagnosis, treatment and palliative care.
- Land/Building for hospital (Establishment of a full fledged cancer hospital on MCCC's own land)
- Individual patient support

SPECIAL NOTE

We take this opportunity to request you to pay a visit to our centre and judge for yourself the worthiness of the support that you would kindly be willing to extend to our noble cause. You are also requested to log on to our website <http://www.mcccibd.org> for more information related to our centre. We shall be happy to meet any queries related to our Centre that you may have at any time.

Parul is my mother, we lives in Dohakula village of Kushtia District. At first my mother complained about irregular periods. We took her to the local doctor but couldn't make any progress. Then we took her to senior doctor at Kushtia District town. After carrying out a number of tests, the doctor told us she was suffering from cancer. Her uterus was then removed. Then we were advised to take her to **Dhaka Medical College Hospital** for radio-therapy. While we had been to **Dhaka Medical College**, man at the reception asked me as to where did we plan to stay? Then he voluntarily advised us to go to **Mosabbir Cancer Care Centre** and only on his advise we came here. Ever since we started lodging here (at Mosabbir Cancer Care Centre) my mother took as many as 25 radio-therapy session at DMCH. We also continue to lodge in here for the sake of regular check-up. We are extremely glad at finding a homely place to carry on such length and complex treatment. People here are unique indeed. The quality of living, cooking and dining is really sound. Some recreation facilities also exist. Most importantly, they have a huge refrigerator for patients and their attendants. We live here happily together. Patients can stay at a safe, clean and almost sterile condition. **We pray to Allah for MCCC** and wish it flourish as more to continue serving and caring for those suffering from and attending with cancer patients. My personal greatfulness for its founder who established it for the sake of ailing people. May the Almighty accept and reward them for their good job.

I, Saiful Islam came to MCCC from far away district of **Satkhira** along with my maternal grand father. He was suffering from chest pain and cough. At first we didn't take it seriously, excepting buying medicine from local shop and asked him to take those medicines, mainly cough expectorants. But as there was no sign of visible improvement, We took him to **Khulna Sadar Hospital** (Public Hospital). Upon conducting several screenings there, it was revealed that he was suffering from cancer in his left lung. We didn't believe it at first. Confused and indecisive, we made our way to Dhaka and displayed our case at Dhaka's 'Life Care Centre.' Here, too, some initial screening did suggest his malignancy in lung. Thereafter, ensued his treatment, beginning with 2 rounds of chemo-therapies and then the doctor referred us to **Delta Medical College & Hospital** at Mirpur, Dhaka. But carrying out each radio-therapy at **Tk. 14,000.00** and at the same time bearing other expenses of food and lodging outside became too inexorbitent for us. In such a situation a kind person suggested us to find a lodging at **Mosabbir Cancer Care Centre** at Dhanmondi. We came here and from here we can get radio-therapy treatment from **Dhaka - Medical College & Hospital** at a much less charge. Not only that. Besides keeping our patient and us as his attendents, they manage to provide us ambulance to take the patient to **Dhaka Medical College Hospital** for radio-therapy. We can't just express in words how enormously **Mosabbir Cancer Care Centre** has come to our assiatance.

Mosabbir Cancer Care Centre (MCCC)

House # 37/1, Road # 03, Dhanmondi R/A,

Dhaka-1205, Bangladesh

Receipts & Payments Account

For the Period from 1st July 2015 to 30th June 2016

RECEIPTS	<u>Amount(Tk)</u>	PAYMENTS	<u>Amount (Tk)</u>
<u>Opening Balance:</u>		<u>Expenses Related to Patients support:</u>	
Cash in hand-	2,255.00	Free accommodation during treatment (H.R+all utilities)-	804,567.00
Cash at Bank-	16,562,139.79	Medical Support-	784,800.00
	16,564,394.79	(Pay and allowances of doctors, nurses, cleaner, etc)	
Donation Received:	6,708,508.00	Medicine Support-	128,570.00
		(Some Medicine Purchased from the Market in addition to free Medicines donated by Pharmaceutical companies)	
<u>Others Earning:</u>		Free Ambulance Service-	544,975.00
Registration of patients-	6,700.00	(Salary & Bonus of drivers cost of fuel, maintenance and garage rent)	
Patients attendants cleaning	175,650.00	Anti Cancer drive-	247,808.00
Service charge-		(Printing, postage, telephone, publication, Audit fee, registration renewal etc.)	
Participatory fee from patients @Tk=10.00 per head-	57,520.00	Pathology Service-	283,320.00
MCCC Lab-	25,840.00	Medical Campaign-	801,023.00
Advertisement for newsletter-	100,000.00	(Out-door, Free-Friday Clinic etc.)	
Sale of old and worn out items-	550.00	Administrative Expenditure-	700,846.00
Health Card-	10,468.00	(Salary & Bonus of officer And other staff including S/guard)	
Transfer from MMF-	20,000.00	Fund raising-	246,319.00
	396,728.00	Office Furniture, Equipment & Machinery-	215,815.00
		Repair & Office Maintenance-	102,326.00
		(Excludes vehicles maintain)	
		Miscellaneous-	42,572.00
		Exp. not incorporated within June '15-	11,850.00
		Bank Charge-	1,730.00
			4,916,521.00
		<u>Closing Balance :</u>	
		Cash in Hand-	109,234.00
		Cash at Bank : SCB	8,643,875.79
		SEB	10,000,000.00
			18,753,109.79
	<u>23,669,630.79</u>		<u>23,669,630.79</u>

