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Newsletter

Fifth Edition

December 2008

### FROM THE EDITOR

We express our infinite gratitude to Allah Subhanahu-watala for giving us the strength, fortitude and determination in successfully competing five years of our service to the poor cancer patients in Bangladesh. As you would all appreciate, it has not been as easy task. But for the support extended by all our patrons and well wishers both within and outside the country, it would not have been possible for us to achieve the success that we did so far.

We must not however lose sight of the fact that there are presently more than 2 million cancer patients in the country. What is more alarming is the fact that an additional 2,00,00 new patients are being added to this incredible number every year.



With this dreadful disease engulfing the whole length and breadth of the country, patients who can be provided with some facilities for treatment and care would number only a few hundreds.

Our individual organizational successes, however praiseworthy they may be, are no reasons for us to rejoice at. What we are doing today can only be termed as drops in the ocean. While as a nation we may boast of many successes, our achievements in health sector are

only a few. Fight against cancer doesn't stand prominently even in these few achievements. It would not be inappropriate to state that it is perhaps the most neglected sector of national health service .

In the backup of such an alarming situation, the whole nation needs to awaken itself to stop the onslaught of cancer and provide adequate facility for the treatment of cancer patients particularly to the poor section of the people. We at Mosabbir Cancer Care Center are determined not only to continue our present services but also to expand it further with a view to bringing into our fold more patients suffering from this disease. Our primary objective would remain to be to restrain the spread of cancer by educating the people on the causes of cancer and the need for early detection. We can not do this without your help particularly those belonging to the affluent section of the society.

We are therefore making an ardent appeal once again to all the businessmen, industrialists, doctors, journalists, teachers, social workers and above all, the public at large to join hands with us in our fight against cancer. Our individual small steps when combined together can turn into giant strides. Why not we start it to day?

**Lt Col Mudassir Hossain Khan (Retd), Bir Pratik**

### MY BROTHER MOSABBIR - ONE IN A MILLION



#### Modhurima Hitoishi

Since I was young, I have always been taught by many elders about life, death, making the right choices, etc. But honestly, for some reasons no matter how much they said, I never quite had the interest in listening to their advices. Throughout my life before I became a teenager and entered the life of responsibility, I have had numerous people coming to me everyday and sharing their sad life experiences that they hoped I will never go through. Whether it was unknowingly or purposely, I always made mistakes even after they warned me. I was always the kind of person who wanted to experience things by herself and learn from her own mistakes. But yes, I sure will never regret the fact that among these people there was one person who significantly changed my life in a better way. He was not quite an adult but was surely older than me. It was my elder brother Mosabbir.

Mosabbir and I grew up together in a wonderful family being loved by so many people who would almost give up their lives just to make us happy. He was about three and half years older than me. We studied at the same school, came back home, played, messed with each other everyday. There were times when we would get mad at each other over television channels. And of course, there were times when we would take hours listening to each other, and make each other happy. He was the one who taught me how to love people and treat them equally. He not only made me love people, but all kinds of living beings. Even it's something that is not alive, he still gave birth to new feelings in me for things that were gone, or sometimes never had a life.

I remember once one of the teachers got mad at him and insulted him in front of me. That night I followed him all the way to my room where he was standing in the washroom trying to hide those tears. I remember standing by him and crying along with him. Then times came when I was the victim and he stood by me crying along with me. We never said everything we felt. We just knew we loved each other and need each other together. But times changed, and that's when I realised I have to take care of everything myself now and that he will not be there to guide me.

Eight years back, my brother got sick and we came all the way from Bangladesh to USA for his treatment. I still remember the night of the flight when I saw my brother's eyes filled with tears since he was having difficulties standing still and had to sit in a wheelchair. He had a lot of self-respect. When we arrived at USA, he went for a check up and that is when we all found out he had a tumor in his brain. Even after knowing what had happened, I never truly understood the whole situation. For some reason I was confident about the fact that nothing will happen to him. And he being the victim of such a disease, he never let anyone around him be aware of his sickness. Even I never treated him different when he was ill. We played the same way, we messed the same way everyday. I never quite understood that one day, pretty soon, he will leave me and all of us.

Day after day things got worst. From being a person who ran with me to places chasing me, he went all the way to bed. He could hardly eat anything. All he wanted was water that's all. But all he got was not even an ounce a day. That is what he had been through the last three months of his life. He was only 16 when he got sick. Even in bed, he used to joke around with me and everyone. Then slowly, his speech got blurred. Night after night, I saw my brother getting worse. I still remember the time when he was rushed to the hospital and the doctor put a pipe-like thing through his nose all the way to his stomach. I, my dad, and my mom were present at that time by his side. He said it will make Mosabbir feel better. Holding my breath tight, I saw my brother looking at me and trying to utter some words when he had another pipe down his throat all the way to his stomach. He looked as if I was the only hope who can take him out of this doomed period. I looked at him straight in his eyes which was filled with red tears and his face which had blood coming out of his nose. All I believed was he will be fine after this. I believed all this pain will finally give him all the happiness that he had before he got sick. But no, he was destined for something else that was unknown to me.

He did not survive. It has been almost six years since I haven't seen my brother. Yes in dreams I did. I have never cried after the day my brother died. It feels like I let all my tears out on that night. Once a week, I go to my brother's graveyard. I pray in front of his grave, but I never cry. On both my sides stand my mom and dad, crying over their son's grave. I wish I could cry and let my tears out. But I haven't got any. All I had was gone on the day he left. Today, I am a girl of 20 myself, and all I can ever think is my brother Mosabbir who have taught me how to love people, my family, my parents, my friends, my education and my passion for music. All the compliments I get everyday are all because of him and goes back to him. He is the one who made me love myself and my life. I realize now how worthy a life is, not just mine but everyone else's as well. I might not see my brother but I know he is there, watching me, you, and everyone else. It is him, for whom I am, what I am today.

# " RADIATION THERAPY " and its different aspects

*Dr.A.M.M. Shariful Alam*

Director & Professor of Radiation Oncology  
National Institute of Cancer Research & Hospital  
Mohakhali, Dhaka-1212, Bangladesh

## INTRODUCTION

Radiotherapy is the treatment of disease by ionizing radiation. The purpose of radiation therapy is to deliver an optimal dose of either particulate or electromagnetic radiation to a particular area of the body with minimal damage to normal tissues. The source of radiation may be outside the body of the patient (external radiation therapy) or it may be an isotope that has been implanted or instilled into abnormal tissue or a body cavity. Called also radiation therapy.

Modern radiation therapy primarily uses high-energy x-rays or gamma rays with peak photon energies above 1 MeV. This is called 'supervoltage' or 'megavoltage' therapy. These high voltages are produced by linear accelerators or by cobalt-60 teletherapy units. Megavoltage radiation is more penetrating than lower energy radiation. It produces less damage to the skin at the entry port, is absorbed less in bone, and is scattered less, thus reducing the exposure to tissues outside the x-ray beam. Low-energy x-rays that do not penetrate are used for treatment of superficial skin lesions.

Internal radiation therapy can involve the implantation of sealed radiation sources in or near cancerous tissue. Isotopes, such as radium-226, cesium-137, iridium-192 and iodine-125, are introduced either temporarily or permanently into body tissues (interstitial application) or body cavities (intercavitary application). Permanent sources have a short half-life so that the dose received by the patient is limited. Another form of internal radiation therapy is the administration of radioactive materials into the bloodstream or a body cavity.

Different modalities of cancer treatment are:

- a) Surgery
- b) Radiotherapy
- c) Chemotherapy
- d) Hormone therapy

In majority of the cases, depending on the extension of the disease, combination of above modalities of treatment are usually employed. Among them, most commonly, surgery is followed by Radiotherapy.

Regarding Radiotherapy, the general population of our country has some misconceptions, superstitions and ignorancy, which makes the patients fear, anxiety, tension, reluctancy, non-compliance with, specialist's advice. To eliminate this sorts of misconceptions, superstitions and ignorancy, this article has been written covering different aspects of Radiation therapy.

## WHAT IS RADIATION THERAPY?

Radiation therapy, as the name suggests is the use of radiation in the treatment of a cancer, Radiation therapy does not hurt. There is nothing to feel or see. It's very much like having an ordinary X-ray picture taken.

## HOW IS RADIATION THERAPY GIVEN?

The patient is positioned carefully on a couch and the machine which produces the invisible X-ray, Electrons or Gamma rays is directed precisely into the treatment area. The patient will be left alone in the room in the treatment position. The treatment is completely painless and the entire session usually lasts for just one or two minutes. Babies and young children are given sedation or even a short lasting anaesthesia when necessary to ensure no movement.

## HOW DOES RADIATION THERAPY HELP?

The invisible rays penetrate the body tissues and 'hit' both the cancer cells and as well as normal ones. The cancer cells being highly vulnerable are easily damaged and slowly decrease in number. The normal cells have a unique capacity to sustain radiation and over a period of time recover to their healthy form, Therefore repeated, daily treatments are prescribed.

## HOW SAFE IS RADIATION THERAPY?

Today's treatment by radiation therapy is quicker and safer than ever before. Modern equipment allows the radiation therapist to control intensity, duration and direction of radiation with a high degree of accuracy. The machines are fully shielded to prevent excess radiation to both staff and patients. There is no danger of the patient becoming radioactive in the way.

## ADVANTAGES OF THE RADIATION THERAPY

- Radiation can easily destroy a tumour in its early stages of development. This makes surgery unnecessary in some cases. Some tumors are not easily accessible for surgery, so radiation therapy is the best alternative.

- Radiation therapy can be combined with surgery when a tumour is too large to be operated upon. By shrinking the tumour, radiation therapy makes the surgical operation easier.
- It can also be combined with chemotherapy or drug treatment.
- It relieves pain and pressure symptoms; REMEMBER Radiation therapy is recommended when it is the best form of treatment, considering the particular case.

### **RADIATION THERAPY INTERVAL**

In general 5 sessions per week lasting for about 3-6 weeks. Occasionally, the treatments will be spaced out (one, twice or thrice a week only).

The patient is allowed to go home and resume his normal activities. There is no harm in mixing with other people including children.

### **TECHNIQUES OF RADIATION**

*EXTERNAL RADIATION* is the most commonly used method. A typical treatment will use one of these machines. Cobalt-60 Machines direct gamma rays from a radioactive Cobalt source. Sometimes a similar Caesium Unit is used. Linear Accelerators produce both X-rays and Electron beams of different penetrating depths.

### **INTERNAL RADIATION OR BRACHYTHERAPY**

For cancers of the uterus and cervix, radiation therapy is given internally. Hollow applicators are inserted in the vagina and uterus under anaesthesia. These are then safely after loaded with radioactive Caesium-137/ Cobalt-60/ Iridium-192/ Iodine-125 sources. For cancers of the Head and Neck, Breast or Extremities, plastic tubes are inserted under anaesthesia and then loaded with radioactive Iridium-192 wires.

The placement of the radioactive sources in the effected area is done manually or by a machine. The patient will be isolated for 1-4 days, depending on the individual treatment decided. A close circuit TV constantly monitors the patient. The doctors and nurses will visit the patient at regular intervals, the patient will be normal in all ways except for restricted mobility.

During the treatment relatives can make brief visits, but young children and pregnant women should avoid visits in their own interest. The patient is allowed to go home after the insertions are removed.

### **WHAT HAPPENS DURING RADIATION THERAPY?**

There are 3 steps during treatment Planning and scheduling. The Doctor will evaluate whether radiation will be useful and benefit the patient. The decision will be made and the patient will be given an appointment date.

### **BEFORE THE TREATMENT BEGINS...**

The exact area to be treated is determined. This is done to protect as much of normal healthy tissues as possible while destroying the unhealthy ones, The process may sometimes take more than one visit. The time taken is well spent since it ensures the treatment will be exactly right for each patient. After the exact area to be treated is determined on the Simulator, the skin is marked with a coloured dye or special tattoo ink. This enables the treatment to be exactly reproduced at each session.

The treatment plan is made on the computer. This will enable the therapist to decide from what directions the radiation should be delivered and in what position the patient should be placed. Special moulds and casts are used to hold the patient still during the treatment session. This is specially made for each patient individually by our Mould Room Technicians. During treatment the patient will be regularly reviewed by the Doctor. Any side effects and doubts can be discussed.

### **THE RADIATION THERAPY TEAM WILL LOOK AFTER ALL ASPECTS OF YOUR TREATMENT**

- **The Radiation Oncologist :**  
An experienced medical doctor who is an expert in the use of radiation in the treatment of cancer.
- **The Medical Physicist :**  
An expert who plans the desired dosage and delivery of radiation.

- **The Radiation Therapy Technician** : Someone who is specially trained and qualified to give the radiation treatment on the Machine.
- The Nurses who will be caring for the patient in the hospital.
- **The Social Worker** : Someone in whom the patient can confide in without any inhibitions. The social worker mediates between the doctor and the patients, assists the patient in obtaining convenient accommodation or also arranges for travel to the hospital.

#### RADIATION THERAPY IS IMPORTANT

- Can save lives by curing.
- Can prolong lives by stopping growth of tumour.
- Can ease suffering by reducing pressure, bleeding and by relieving pain.
- It bring NEW HOPE.
- It makes a difference in our lives.

#### Source:

1. Lady Ratan Tata Medical and Research Centre, Indian Cancer Society, Mumbai, India.
2. THE FREE DICTIONARY- BY FARLEX.

## BREAST CANCER

### Minimize The Risk - Keep Well

#### Prof. Dr. Mohammad Saiful Islam, MBBS, FCPS

Fellowship in Cancer Surgery (US)  
Fellowship in Breast Surgery (SWEDEN)  
Surgeon & Surgical Oncologist

#### Professor

Department of Paediatric Surgery  
BSM Medical University. Dhaka

Breast cancer is a deadly disease. It is one of the dreadful and killer diseases in the developed countries. Modern like style and increasing age are the two important risk factors of breast cancer. The adoption of modern lifestyle and rising trend of average life expectancy are among the chief concerns of increasing this deadly scourge even in developed countries of the world including Bangladesh like its neighbouring countries. Women in our country carry the extensive risk of breast cancer by the increasing trend of accustomization of modern living and average rise in life expectancy.

According to clinical experience women in our country tend to show a remarkable rise in suffering from breast cancer, though specific figure can hardly be substantiated due to absence of proper statistics in order to determine the exact number of patients or proportion affected with this killer disease out of the entire population.

The fatalities of breast cancer are, however, largely reduced throughout the world due to effective research, successful innovations and applicable expertise. Extensive researches

came out with the possible causes and risks, origin, behavior and its spread in such a deadly proportion. Proper diagnosis, dissemination of the causes, dependable treatment modalities, different applicable methods and strategies have been introduced to effectively reduce the havoc of breast cancer.

The growing awareness of different stages of breast cancer, diagnoses at various intervals, effective diagnoses and treatment strategies according to those diagnostic outcome have greatly contributed to the reduction of its deadly consequences along with the innovation and introduction of treatment modalities and equipment.

The knowledge of determining the stages has basically changed the main strategy of facing this growing scourge. The success in identification of this disease prior to the symptomatic diagnosis have been greatly attributed to the successful treatment of breast cancer and its fatal consequences. Along with this the elementary assumptions and early detection have contributed significantly in the success of treating breast cancer through implementation of the diagnostic precision into clinical applications. Effective medication or steps like chemotherapy or hormone therapy have greatly helped arresting its spread into other and remote organs far away from the epicenter of the disease. The medications worked at ease without major side effects including the unique *Neo-adjuvant* (application of chemotherapy before surgery or radiation) method. Controlling of breast cancer even at an advanced stage has also been a great success now with the high precision of early detection of the disease, Monitoring its condition at varying stages and surgeries in accordance of the specific stages, application of chemotherapy, hormone therapy and radiotherapy and a combination of all those advanced methods. Above of all, management of acute pain and turning negative frustration into positive expectation of recovery have been made possible by the advanced scope of effective treatment through early detection of the disease.

Even though major success has been achieved in treating breast cancer in terms of scientific and medical considerations, the large population of poorer countries are yet to have a comfortable access to those expensive treatment which are due mostly to the availability of those facilities. These are quite likely to be major obstacles in the treatment of the deadly menace like breast cancer. Success of treatment of the disease, therefore, largely depend on reaching out those facilities to the sufferers through making them less expensive and available along with the success of research, innovation, planning and co-ordination between the successes achieved in the treatment of breast cancer.

It is a matter of great relief that the scopes and facilities have already reached our country, even though the scopes are so limited and resources scarce. The standard and quality of treatment available in the developed countries are already available in our country as well, with a satisfactory outcome in recovery in comparison with those in the developed countries. Access to those advancements in the treatment of breast cancer is still a far cry for most of the patients due to acute poverty, even though expenses for those treatments have been brought down to a substantial degree.

The awareness and active participation of the government, medical professionals, people of all walks of life, especially women are the major demands of the time to arrest the growth and successfully address the fatalities of breast cancer. Now is the time to get well through minimizing the risks, otherwise all the progresses attained in this field will go in vain.

# Yearly Activities In Brief & Report 2008

## Understanding of Cancer for general people

Cancer is a group of many related diseases. All cancers begin in cells, the body's basic unit of life.

Normally, cells grow & divide to form new cells as the body needs them. When cells grow old & die, new cells take their place.

Sometimes this orderly process goes wrong. New cells form when the body does not need them, and old cells do not die when they should. These extra cells can form a mass of tissue called a growth or tumor.

### Tumor's can be benign or malignant.

Benign tumors are not cancers. Usually, doctors can remove them. Cells from benign tumors do not spread to other parts of the body. In most cases, benign tumors do not come back after they are removed. Most important, benign tumors are rarely a threat to life.

Malignant tumors are cancer. They are generally most serious because the uncontrolled increase in cells. Cancer cells are created following the damage of DNA of the cells.

As the DNA is damaged the cells are completely destroyed or reconstructed on their own. However cells affected by cancer can't be constructed. Cancer cells can invade & damage nearly all tissues and organs. Also, cancer cells can break away from a malignant tumor and end blood stream or lymphatic system.



A medical camp was organised in collaboration with Hazaribagh urban Primary Health Care Project

### Cancer Scenario in Bangladesh

The cancer situation in Bangladesh is extremely alarming, which is evident from some basic facts & figures. Due to lack of cancer registry system definite figures about the incidence of cancer is not available in Bangladesh. It is estimated that there are around 2000,000 cancer patient in the country of the about 150 millions people and about 200,000 new cases are being added every year. And around 1,50,000 cancer patients die annually.

### Common cancers in Bangladesh

Based on the data available from the Radiotherapy Department of the Dhaka Medical Collage & Hospital, common cancers in males and females can be figured out (Table-2) as shown in table.

### Problem Statement

#### World

Cancer afflicts all communities worldwide, approximately 10 million people are diagnosed with cancer and more than 6 million die of the disease every year. About 22.4 million persons were living with cancer in the year 2000.

2. This represents an increase of around 19% in incidence and 18% in mortality since 1990. The incidence and mortality world wide are shown in table.

**Table-1. Global burden of cancer incidence & mortality, 2000 (in thousands)**

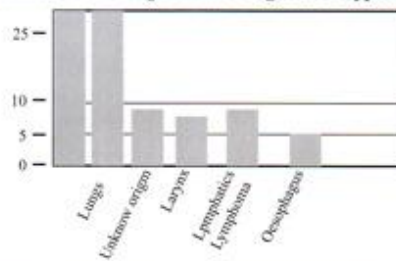
Site	Incidence		Mortality	
	Male	Female	Male	Female
Lungs	901	337	810	292
Breast	-	1050	-	372
Colorectum	498	445	254	237
Stomac	558	317	405	241
Liver	398	165	383	164
Protaste	542	-	204	-
Cervix uters	-	470	-	233
Oesophagus	278	133	226	110
Blader	259	76	99	33
Non-Hi	166	120	93	67
Leukaemia	144	112	109	85
Pancreas	115	100	111	101

**Table-2. Relative percentage of common cancers in Bangladesh**

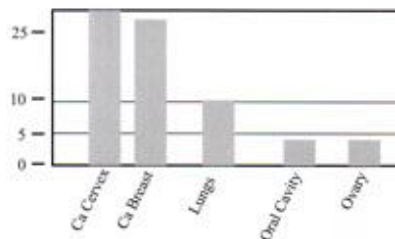
Site	Male (%)	Site	Female (%)
Lungs	21%	Cervix	24%
Larynx	13%	Breast	17%
Oral Cavity	12%	Oral Cavity	13%
Leukaemia	8%	Ovary	6%
Pharynx	6%	Leukomia dymphoma	5%
Oesophagus	5%	Oesophagus	4%
Other	35%	Other	3%

According to the draft annual report 2005 of the National Institute of Cancer Research & Hospital, Dhaka top five cancers in males & females are shown below.

**Table III A - Bar diagram showing cancer types in Males**



**Table III B - Bar diagram showing cancer types in Females**



### Childhood cancer

Many children's are dying of cancer in Bangladesh every year. Statistics say some 5000-6000 children are affected with cancer in Bangladesh each year. Main cause of spreading child cancer in Bangladesh is lack of awareness. Parents usually fail to understand the early symptoms of cancer.

Childhood cancer is easily to detect in about 60-70% of cases through blood tests or ultrasonogram.

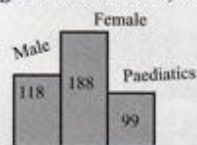
### Past years activities in brief of MCCC

We have completed the 5th year after establishment of Mosabbir Cancer Care Centre. Six years is neither a long time to achieve all the desired goals & objective nor a short time to take reasonable & minimum steps for running such a centre.

### Trends of admission of patients in MCCC

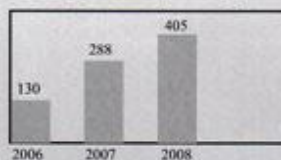
In 2008 a total of 405 patients got their admission in Mosabbir Cancer Care Centre & received indoor services. Of this 118 patients were male & 188 patients were female & 99 pediatric. Most of the patients registered were between 40 to 60 years.

**Fig-IV. Bar diagram showing number of male, female and pediatric patients in 2008.**

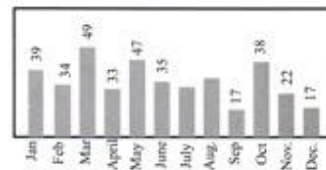


The comparisons of number of patients admitted in the last three years are shown below

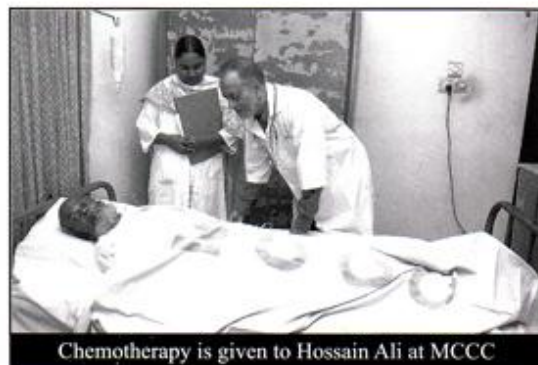
**Table-V. Bar diagram showing comparisons of No. of patients of the last three years**



**Table-VI. Bar diagram showing average number of patients in different months of 2008.**



In the years 2008 total 405 patients got themselves admitted into this care centre. Of these 75 patients received chemotherapy for the malignances in MCCC and 61 patients took radiotherapy outside MCCC. All of these patients including their care taken received homely accommodation facilities, advice from Sr. Doctor, nursing care, palliative support and treatment facilities from MCCC.



It is to be mentioned here that one patient received 2 to 3 times or more either chemo or radiotherapy to complete these course of treatment.

### Transportation Support

MCCC is providing ambulance service 24 hours a day and 7 days a week for cancer patients. Our ambulance ran a total 27,802 km, carrying in house patient to different hospitals, diagnostic centres for a participating fee only taka 5 for each patient against the usual fare of tk 200 - 250/-

### Conclusion

Treatment of cancer as well known to all, is still costly intervention in Bangladesh. Numerous poor people with cancer die helplessly every year. MCCC admitted a large number of additional patients in 2008 with the aim of providing all kinds of support to them. It's spectrum ranged from diagnosing a suspicious case to total care. No doubt such an approach has been costing us a lot. It's hard to manage it for a non-profitable philanthropic organization in a developing country like Bangladesh. But we do not intend to give up.

We have been campaigning throughout the year for creating awareness among people about cancer. We are now preparing to reach every home of this country with the help of mass media in phases. The aim is to make people learn more about cancer, adopt measures to prevent it and also let patients know that we are with them.

## Methods of Donation/Assistance

- CASH                      ■ CHEQUE

Or

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

### 1. Bangladesh

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

### 2. United States of America

6308 Sweetgum Lane  
Nashville, TN-37221

### 3. United Kingdom

44, Red Mead Road, Hayes, Middle Sex-UB3 4 AX, UK

## Objective and Specialization

- ┆ Providing free accomodation during treatment
- ┆ Providing assistance and advice in treatment for cancer effected patients.
- ┆ Providing special facilities for necessary diagnostic tests at subsidized 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 relating to improved treatment at home and aboard.
- ┆ Creating public awarness 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 programs to improve the skills and update health workers on the nursing and handing of cancer patients.

- ┆ Facilitate 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 services to cancer patients.
- ┆ Day Care Chemotherapy under constant supervision of in-house doctors.
- ┆ Providing special discounts for investigation/tests at 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.
- ┆ 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 Rediotherapy by Centre own Ambulance.

## Our immediate needs

1. Direct financial assistance for day to day maintenance of the centre - one time or on regular monthly basis.
2. Medical equipment ( both clinical and diagnostic.)
3. Medicines ( cancer drugs, chemicals and reagents for diagnostic investigation.)
4. Books, periodicals, leaflets on cancer treatment, research and palliative care.
5. Training of doctors, nurses, social workers and health care personnel associated with consulting diagnosis, treatment and palliative care.
6. Transport
7. Land / Building for hospital
8. 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.mccbd.com/org>) for more details on our centre. We shall be happy to meet any queries related to our Centre that you may have at any time.



## An SOS from Nirob..

Uttam works as a barber in a hair cutting saloon at Ghanashyampur under the district of Faridpur. Recently he was seen not in a proper mood for his work that requires precision and accuracy. This absent-minded was just contrary to his usual smiling behaviour to all around. His only son-rather a baby 3 yrs. suffering from dysentery for last seven months. The attending doctors cheered him up all along for what they believed as being not so difficult to recover. He provided for so many tests, so much antibiotics and waited so long in vain hope. Last he had to beg money from his father-in-law. Their condition is also not that affluent. Uttam's only consolation being that he consulting with the topmost physician of Faridpur. He can fairly hope for a definite recovery. But days pass and visits prolong. His baby's condition keeps growing bad to worse. After seven months his son's knee joints became swelled up and unable to walk. Uttam again rushed to the doctor. This time the doctor himself got a bit perplexed as he advised for a blood test once again. The doctor felt shocked at the test report. He asked Uttam to rush the PG Hospital.

Wasted no time Uttam rush to Dhaka's IPGMR hospital. After several tests the patient was diagnosed as having been suffering from Leukomea. Upon hearing it Uttam bursted into a ceaseless outcry. The doctors on duty consoled him telling that it was recoverable and that if everything goes well the child would be shortly recovered.

This is how the struggle began. First of all it was an expensive treatment, secondly treatment demanded the patient's father to remain present in Dhaka. The next day Nirob (the son) had to undergo chemotherapy. Nirob's father fell on the feet of the doctors for an admission. But no help seemed coming on time. The patient's father became puzzled as he frantically looked out for an immediate action. He thought of hiring a small accommodation to begin his son's treatment. Right at this moment a patient on the next sit at the out door gave a clue that came more than a relief to this father in great distress. He then rushed to Mosabbir cancer care centre situated beside the Dhanmondi lake at Road No. 3. Treatment at such a unique place and completely free of charge made the patient's poor father indeed a discovery of oasis deep in the desert of disparity and discontent. The patient's father had to dispose off all belongings left to this poor family. Still they carried on chemotherapy for 3 years and a protected administration of "Purnithol" tablet that costs Tk.1000 - Tk. 1200 for 25 tablets.

Mosabbir Cancer Care Center extended its cooperation to the best of what was literally possible for them. They fetched those expensive drugs for several occasions. Nirob needs two more years of medication. He will need "Purnithol" tablet for another few years non-stop, along with "Vincristin" injection positively once each month. How will Nirob get back to his normal childhood? Will anybody come out in cooperation to save Nirob's life?

## Momotaz's gratitude to Mosabbir Cancer Care Center

Azhar Khan's life as a vegetable wholeseller in Madaripur was going on quite smoothly. He just can not remember when or in which year did he marry. He took in a doll-like minor bride, full of childish exuberance. Now she is by any means an old lady, who bore him a son and three daughters. Their son and two elder daughters have been married. Azhar's wife Momotaz Begum started menopause and that too happened some eight years from now. After long eight years of menopause Momotaz Begum started having menstruation all on a sudden. Azhar Khan became anxious at such an unthinkable resumption of her period. He took his wife to the local hospital, who thought it prudent to refer to Dhaka Medical Collage Hospital. At DMCH, Momotaz Begum had an operation in her uterus. Later on the biopsy revealed that she was carrying cancer in cervix. Doctor advised her to undergo radiotherapy. Following the operation she was released from the hospital. Azhar began to look for a rented accommodation, but no one could help him find out a room within so short time.



Next morning as Azhar was waiting for discharge papers at the Oncology Outdoor block, he met a gentleman who inquired into the reason Azhar's anxiety. Azhar confided him all that he was going through. That gentleman then advised him to contact Mosabbir Cancer Care Center at Dhanmondi. He expressed a great sigh of relief. Then he rang to the center and was asked to rush the patient to them. Here she got the accommodation and took radiotherapy for two weeks. Such a great help brought their smile back to their faces. Many patients from different districts like Momotaz are getting such accomodational assistance from Mosabbir Cancer Care Center. A few benovotent persons are running this center. But individual philanthropy stands far less in meeting the center's need. It needs huge fund and a lot of cooperation to widen its scopes to treat cancer.

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C.M.H. Chattagong.

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Rahat Uzzaman  
Roche Bangladesh Ltd.  
Rahat.zaman@roche.com

Dr. Towhidul Islam Waheed  
Australia  
waheedti@hotmail.com

Dr. Wasek Faisal  
Ph. D (Student) Oncology  
wasek2000@hotmail.com

Mostafizur Rahman  
Litomitna@yahoo.com  
mccc@dhaka.net

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