Sir,
The leading causes of cancer in women in India are cervix and breast. Over 70% of cases present in advanced stages. Hence, in spite of diagnostic and treatment services in place, poor survival and high mortality rates are encountered.\(^{(1)}\)

Screening for cervical cancer by performing Pap smears and mammography with proper follow up are well-established and effective method of detecting precancerous lesions.\(^{(2,3)}\) It is a resource-intensive method and best suited to a hospital-based screening program. Clinical breast examination (CBE) is another accepted screening tool for breast cancer. At present, there is no organized national screening program for any of the common cancers in our country. Increasing awareness and screening women for breast and cervical cancer can therefore be done through local educational and “early detection” programs. Because of the difficulties encountered in launching large scale population-based programs; camp approach, hospital-based screening, and high risk screening are the practical methods used to target a smaller group of population.

This communication describes our experience of 14 such hospital-based camps.

A total of 1,200 female employees, i.e., nurses, female administrative office, workers, and class IV employees participated in a hospital-based awareness and screening program for breast and cervical cancer from December 2008 to December 2012. While the awareness program was open to and was attended by female employees of all ages; (a total of 1200); screening by Pap smear and CBE was offered to those above 40 years, where is 570 Pap smears collected and 635 CBE were performed.

Of the 570 pap smears taken, two preinvasive lesions were detected, which on further investigation were proven to be cervicitis. No case of frank malignancy was detected.

Of the 635 women in whom CBE was done, 15 (2.5%) were found to have a lump in the breast and 25 (3.9%) women with “lumpish feel” of the breasts. All were subjected to sonomammography and targeted fine-needle aspiration cytology (FNAC). Four were diagnosed of invasive of ductal carcinoma, 11 fibroadenomas, and 25 with “lumpish feel” showed fibroadenosis.

Our study showed two (0.35%) precancerous lesions among 570 Pap smears and no frank carcinoma. In a cross-sectional study by Bhatla et al., examining 3,000 women; the pickup rate for precancerous lesions was 1.9%.\(^{(4)}\)

In India, cytology-based screening programs is difficult to organize due to a dearth of trained manpower, infrastructure, logistics quality assurance, frequency of screening, and costs involved. Thus, screening by Pap smear tends to be practiced more in the urban setting. For the rural or remote setting, visual inspection of cervix after application of 4-5% acetic acid (VIA) is a simple inexpensive test that can be provided by trained health workers. For breast cancer screening we performed CBE, taught breast self-examination (BSE) and in indicated cases performed sonomammography and targeted FNAC. In a study by Denewer et al.,\(^{(5)}\) it was found that CBE-based assessment with selective mammography is an effective modality for the diagnosis and improves the results of breast cancer management.

**Conclusion**

In the absence of a national screening program, innovative low-cost methods are needed to promote breast and cervical cancer awareness in India. Hospital-based, in-house screening camps conducted for employees are feasible and well-received. The basic aim of awareness and screening program is to sensitize and empower hospital employees. Along with planning programs for the public, it is desirable for a medical institution to offer an education screening early detection management cycle in an organized manner to its own employees, who would not only benefit themselves, but also carry the message forward and encourage women in the community to undergo screening and help in early detection and increased 10-year survival rates.

**Pandya S. Jayashri, Yi Ching Ling, Dalal Asha, Vutha S. Ravikiran**
References


Access this article online

Quick Response Code:  
Website:  
www.ijcm.org.in

DOI:  
10.4103/0970-0218.158876