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World Cancer Day 2024
Close the care gap- Addressing cancer care in India
04th - February - 2024

Cancer is a increasing health challenge in India, impacting lives across diverse socio-economic and geographies of the country. The burden of cancer in the country is on the rise, with an increasing number of cases reported each year. Since 1981, the National Cancer Registry Programme (NCRP) under the Indian Council of Medical Research-National Centre for Disease Informatics and Research (ICMR-NCDIR), Bengaluru, has been systematically been collecting cancer data in India through 7757 sources of data across hospitals, laboratories and several agencies. It provides reliable data on new cancer occurrences, trends over time, changing patterns and their distribution, management practices, outcome of cancer and survival. These inputs inform action, monitor impacts and encourage relevant research.

Burden of Cancer in India

In 2022, the projected number of new cancer cases in India was 1,461,427, with a crude incidence rate of 100.4 per 100,000 individuals. Approximately one in nine people in India is expected to face a cancer diagnosis during their lifetime. Notably, lung cancer

ranked highest among males, while breast cancer held the top spot for females. Within childhood cancers (0-14 years), lymphoid leukemia emerged as the predominant site, accounting for 29.2% in boys and 24.2% in girls. Looking ahead, an estimated 12.8% increase in cancer incidence by 2025 is expected as compared to 2020.

The projected cancer burden in India is expected to rise from 26.7 million DALYs (adjusted mortality to incidence) in 2021 to 29.8 million in 2025, with the highest burden in the north and northeast regions. Among non-communicable diseases, cardiovascular disease contributes the most to the death rate (63.3%), followed by cancer (18.1%). The rise in disability-adjusted life years for cancer indicates a decline in premature mortality. Efforts should focus on sustaining and scaling up NCD screening, education, health promotion, and tobacco control using digital innovations at the population level. Various factors contribute to the rising magnitude of cancer in India; lifestyle changes, environmental factors on an underlying genetic predispositions. According to the National NCD Monitoring Survey (NNMS) conducted during 2017-2018, prevalence of tobacco and alcohol use was 32.8% respectively. More than one-third (41.3%) adults were physically inactive, nearly all (98.4%) consumed less than 5 servings of fruits and / or vegetables per day and mean salt intake was 8 g/day. The rising burden of cancer in India presents a formidable challenge to public health.

Cancer care in India

Cancer care in India is a complex and evolving landscape, encompassing prevention, diagnosis, treatment, and supportive care for individuals. One of the key concerns is the existing care gap, where access to quality cancer care and treatment is not uniformly distributed. This gap is particularly noticeable in rural areas where healthcare facilities are limited. Cancer survival rates and staging at the time of diagnosis serve as a dependable metrices to assess the effectiveness of cancer control initiatives in a region, offering a comprehensive evaluation of the overall efficiency of healthcare services for cancer. Broadly speaking, numerous factors impact the survival rates of cancer, encompassing variables such as the type of cancer, timing of diagnosis, gender, disease stage, and the nature of the treatment received. In India, pooled data from eleven PBCRs' under the NCRP has indicated a five-year survival

rate of 51.7% for cervical cancer and 66.4% for breast cancer. Cervical cancer survival ranged from 31.6% in Tripura PBCR to 61.5% in Ahmedabad PBCR, while that of breast cancer ranged from 41.9% in Pasighat PBCR to 74.9% in Mizoram PBCR. The research also identified variations in cervical cancer survival rates throughout the country, revealing that urban registries demonstrated superior survival rates compared to predominantly rural and northeastern registries. Eight-year data (2012-2019) from 96 Hospital Based Cancer Registries report that a considerable proportion of patients with lung cancer (49.2% males and 55.5% females), followed by gall bladder cancer (40.9% males and 45.7% females) and prostate cancer (42.9%) had distant metastasis at the time of presenting to a health facility.

The rise of childhood cancers is becoming a significant issue in India, highlighting the absence of a dedicated programme or policy to tackle and control childhood cancer. Four per cent of all cancers in India are among children aged 0-14 years. A situational analysis of childhood cancer care services in India observed that less than half of public (41.6%) and private (48.6%) had a dedicated pediatric oncology department. Childhood cancer care services were provided at over one-third (40%) of the secondary level charitable hospitals. Over two-thirds of the government tertiary hospitals had referral linkages with non childhood cancer-treating facilities. Most tertiary-level hospitals had supportive care facilities. Over 90% of the tertiary hospitals had facilities for histopathology and over 80% of the tertiary hospitals had radiodiagnostic facilities. Availability of specialised manpower was low in public tertiary hospitals. Less than 50% of the public tertiary hospitals had stocks of all four classes of cancer treating drugs.

Closing the care gap

The need of the hour is to deliver cancer care to those who need it the most, by breaking the barriers of access overcoming disparities in cancer care availability. Bridging this gap requires a multifaceted strategy involving multiple stakeholders comprising of responsible communities, health care providers, key decision and policy makers. The need to enhance the healthcare infrastructure is crucial, ensuring that effective cancer diagnostics and treatment services are accessible to all. This involves not only the establishment of advanced cancer centers but also a concerted effort to extend the reach of these facilities to underserved areas. While the efforts of

public insurance programs including Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to overcome the financial barriers have been laudable, collaborative efforts between public and private sectors can play a pivotal role in making essential treatments more accessible and affordable to those who may not be eligible for public insurance schemes. The journey through cancer is not just about medical interventions; it is about providing a holistic support system that addresses the emotional and mental well-being of the patients and their families throughout the continuum of care. Therefore, closing the care gap is not just a goal; it is a commitment to a more equitable healthcare in India.