

# INDIA'S CANCER CARE FACILITIES HIGHLY INADEQUATE, SAYS PARLIAMENTARY PANEL

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

**Increasing burden:** India's cancer burden is likely to increase from 13 lakh cases in 2018 to 17 lakh in 2035.

India's cancer care infrastructure is "highly inadequate" and forces a majority of patients to travel "thousands of kilometres" for treatment.

The "systematic failure" to address the needs of patients contributes to a 20% higher mortality among Indian cancer patients than in countries with a "high" Human Development Index, says a report by the Parliamentary Standing Committee on Science, Technology and Environment.

The committee was constituted to examine an expanded role for the Department of Atomic Energy, through the Tata Memorial Centre (TMC), to address India's rising cancer burden. The committee, led by former Union Environment Minister, Jairam Ramesh, submitted its report to Rajya Sabha Chairman Venkaiah Naidu on Monday.

The incidence, or the number of newly diagnosed cases of cancer annually, is about 16 lakh. The disease kills 8 lakh people annually. Among these are 140,000 fresh cases of breast cancer, 100,000 cervical cancer cases, and 45,000 cases of oral cancer among women. Among men, the top three cancers with the highest incidence are those in the oral cavity (1,38,000 cases), cancer of the pharynx (90,000) and those of the gastro-intestinal tract (2,00,000).

"The Committee would like to lay emphasis on the fact that mortality to incidence ratio of 0.68 in India is higher than that in very high human development index (HDI) countries (0.38) and high HDI countries (0.57)," it notes in the report viewed by *The Hindu*.

The International Agency for Research on Cancer expects India's cancer burden to increase from an estimated incidence of 13 lakh cases in 2018 to about 17 lakh in 2035, and cancer deaths expected to rise from 8.8 lakh in 2018 to 13 lakh in 2035.

"The Committee is especially worried to note that the incidence of cancer is very high in all North Eastern States, as it is higher than the national average for several types of cancer, showing a consistently rising trend over the past few decades," the report emphasised.

While the TMC is a major referral centre for cancer treatment, India's National Cancer Grid is the bulwark of cancer treatment in the country, and with its network of 183 cancer centres, research institutes, patient advocacy groups, charitable organisations and professional societies, treats over 7,00,000 new cancer cases.

Two-thirds of India's cancer patients were treated in the private sector and this forced 6 crore Indians below the poverty line because of "catastrophic healthcare related expenditure on cancer". The Committee submitted its report in 45 days and it is the first such report this year. It recommended a 'Hub and Spoke Model' proposed by the TMC to better reach out to cancer patients nationally. This approach — already in practice in Punjab — has a network of centres, or hubs, capable of treating complex forms of cancer. They would be connected to other centres (spokes) capable of treating less complex variants of cancers. The idea is to ease access and minimise travel times for patients.

“One hub would ideally cover about 4 crore patients and a spoke from 50 lakh-1 crore patients annually. Therefore, about 30 hubs and 130 spokes would be needed to be created to bridge the gaps in access to cancer treatment,” representatives from the TMC told the Committee.

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The last confirmed case of WPV3 was recorded in northern Nigeria in 2012.

Researchers have found that immune cells called microglia, which play an important role in reorganising the connections between nerve cells, fighting

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