

Part I

BATTLING THE Big C

UNLIKE COMMUNICABLE DISEASES, IN CANCER, IT'S A ROGUE GENE OR GENES WHICH ATTACK THE BODY FROM WITHIN. ONCOLOGISTS BELIEVE THAT CANCER IS CURABLE IF DIAGNOSED EARLY. SUREKHA KADAPA-BOSE AND HIREN KUMAR BOSE ON CANCER SCENARIO IN INDIA

That is just one of the questions millions diagnosed with cancer want answers in. Some common questions are: why me, will I survive, is it very painful, how costly is it, where will I get the best treatment, who will take care of my family... the questions are endless.

In fact, there is no logical answer to the question 'why me?' The counter questions would be 'why not me?'

Cancer isn't an outsider which attacks us. It isn't selective of its victim. It's our own body cells, to put in simple terms, that one day decides to become hyperactive, start dividing and lose control over the ability to stop dividing. In scientific terms, it's called mutation and these cells are known as malignant. This mutation can take place in any organ of one's body and we have 80 of them and according to the latest scientific reports around 200 types of cancer.

Every organ including our skin is made up of millions of body cells with its own limited lifespan. They divide, grow and die and repeat the cycle keeping the body healthy. Of the many cells, if one decides to play traitor, can a physician answer the inevitable: 'Why me?'

Cancer has been around for centuries. Earlier people weren't aware of the term 'cancer'. In lay person's language, it was termed as 'Koi ganth ho gaya tha' (some tumour was formed). Over the time there have been many studies, many theories and a lot of research to understand cancer and treat it effectively. Today in every part of the world research on cancer detection, cure and

treatment is fervently being undertaken. If you can't believe that the cancer sounds death knell the moment one is diagnosed as its victim, you can't be more wrong. Oncologists health care specialists, researchers, support groups think that's far from the truth.

In fact, Mumbai-based Padma Shri awardee and Director, Tata Memorial Center (TMC), surgical oncologist Dr Rajendra Hadwe, says emphatically, "Only stage four cancers are not curable. If detected in the first and second stage, a patient can be cured and s/he has more than 70%-80% chance of reaching the full life expectancy."

Cancer is diagnosed in five stages to identify the location, the growth and spread of disease in the body to charter the treatment. The stages are: the pre-cancerous stage or zero stage (highly curable), Stage One being an isolated cancer cell or a tumour. The last Stage IV where the cancer cells have metastasized (spread to other organs).

The prevalence of cancer in India is estimated to be 3.0 million people with the reported incidence of 1.1 million in 2015. India's age-standardized cancer incidence estimated at 150-200 per 1,00,000 population is higher than Africa and on par with China. For every lakh population per year the incidence of cancer in India is between 90 to 100 in big cities, 60 to 70 in mid-size towns, and in the villages, it's 40 to 50 cancer patients. Contrast this with the US, i.e. over 300 per 1,00,000 per year.

According to a medical oncologist and haemato oncologist, Dr P.K. Das of Delhi-based Apollo Hospital, "There are certain cancer belts in India though this concept is not always significantly backed by National Cancer Registry Programmes (NCRIP) of the region. For example, Punjab regions of Malwa, Bhaithinda, Muktsar, Mansa, and Ferozpur have higher cancer incidence --99/1, 00,000 population versus 80/1, 00,000 national average."



However, the profile of cancer in India is undergoing a shift, and mirrors trends witnessed in more urbanized nations. In the year 2000, the most prevalent cancers in India were head and neck cancers in men (associated with all forms of tobacco use) and cervical cancer in women (associated with human papillomavirus infection, personal hygiene, and habits).

Females are more prone to cancer of the breast, cervical and uterine compared to ovarian cancer. Ovarian and cervical cancers are the most common gynaecological cancers affecting women worldwide and in India too. Informs Dr Kanika Gupta, principal consultant, department of Gynaec Oncology of Delhi's Max Hospital: "Cervical cancer is on a declining trend but remains the second most common cancer in women after breast cancer. Every year in India, 1, 22,844 women are diagnosed with cervical cancer and 67,677 dies from this disease."

Cancer doesn't affect only adults. Even children, including toddlers, are victims of this disease. In kids non-solid tumours, which include leukaemias, lymphomas, and myeloma are common. Dr. Das says, "When bone marrow starts producing excess and defective blood cells, it gives rise to haematological disorders and cancers. As per PBCR 2014 data, approximately 45,000 cases of childhood cancer are diagnosed annually; of which leukaemias constitute 26% to 52% and lymphomas 4% to 23%. The highest incidence is seen in North India, especially reported in Delhi Registry and lowest from North-East India."

There are many reasons attributed to a cell becoming malignant. In case of haematological cancer the incidences may happen due to the ageing process, exposure to radiation, exposure to chemicals like benzene, vinyl chloride, agrochemicals, and pesticides.

In case of gynaec-related cancers, lifestyle, late marriage, obesity, late menopause, early menarche, less breastfeeding and lack

of awareness can be the main causes. Cervical cancer generally occurs in lower social economic strata due to lack of maintenance of personal hygiene.

Of course, the oral, head and neck cancers are mainly due to consumption of tobacco. According to the NCRP data, nearly 45% of all cancers among males and 17% among females in India and more than 80% of oral cancers are directly attributable to the use of tobacco.

As far as the cure for the disease is considered, every physician emphasises that early detection is the best route to cure. Surgery, the oldest type of cancer therapy remains an effective treatment for many types of cancer. "Laparoscopy is usually preferred for stage I & II for intra-abdominal organs like gastrointestinal including oesophagus stomach colon, rectal and gynaecologic surgeries," says Dr Itala Sundaram, surgical oncologist of Chennai's Gleneagles Global Hospital and director of Sundaram Cancer Centre.

After the surgery radiation treatment is an important modality of treatment for cancers, whereby X-rays (most commonly used rays) are used to 'kill' cancer cells, or inhibit their growth or decrease the size of the tumours.

Experts believe that despite the awareness there is lack of total understanding of the disease. According to Dr Chitplankar, "Unfortunately, there is lack of awareness about it. Our education system both at university and medical schools need to inculcate in their curriculum project-based research activities."

Cancer diagnostics and treatments are expensive. The tests, detection, treatment and cure at any time may cost from Rs 2 lakh to Rs 25 lakh for a six-month-long treatment depending on the type, the stage of detection and the patient's residential location.

In recent years insurance companies have understood the dire need for health coverage and have begun offering cancer insurances. All cancer treatments are covered under insurance including surgery, chemotherapy, and radiotherapy. There are many insurance companies providing exclusive cancer coverage totaling up to 90 percent of the treatment cost. Before buying any insurance the need is to study and see which insurance plan offers the best benefits.

It is a known fact that cancer and its treatment often cause side effects and providing relief from the pain associated with it is an important part of cancer care. This approach is palliative care. Palliative care enhances the wellbeing at the physical, emotional, social and spiritual dimension for patients with advanced life-limiting illnesses and their caregivers.



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