

# INCIDENTAL RISE

Cancer cases have risen proportionately to population growth. Of which breast and cervical cancer are the commonest among women in India, write Surekha Kadapa-Bose and Hiren Kumar Bose

India is the only country where percentage of incidences of all cancer put together has remained quite static for the last 25 to 30 years—for every one lakh population per year it's 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. Ever since the first Cancer Registry was started in India in the mid-'70s, it has remained the same. Yet when you look at the absolute numbers have risen directly proportional to the growth of the population.

Cancer types vary according to geographical regions. Several factors like diet, habits (smoking/chewing/alcohol), lifestyle, environmental factors, genetic diversity etc have an impact.

Breast and cervical cancer are the commonest cancers in women in India. Both cancers can be detected early and easily. If detected at stages I or II, patients can be cured with more than 70%-80% chances of reaching the full life expectancy of 75-years and above. Breast cancer is on the rise in cities and midsize towns where late first childbirth, shortened duration of breastfeeding and obesity are important causative factors and effect on an average 30 woman in a lakh whereas in rural India with early marriages and early motherhood on an average about eight women get afflicted.

It's exactly opposite in uterine and cervical cancer. In cities where personal hygiene is maintained, there is a dramatic reduction in these two types whereas in villages where personal hygiene doesn't play a major role in lifestyle, the incidence of uterine and cervical cancer is high.

Women, in general, have a much better cure rate after treatment of many cancers e.g. colon, head and neck, thyroid, and breast. Research at Mumbai's Tata Memorial Hospital is on to find out which factors lead to better cure rates in women.



Surgical oncologist and Padma Shri awardee **DR. RAJENDRA BADWE**, who till recently was the Director of Tata Memorial Centre (Mumbai) on the cancer scenario in India

#### ON INCIDENCES OF ORAL, CERVIX, STOMACH CANCER

We, at TMC attend to nearly 67,000 new cancer patients every year. Thirty per cent of the patients of these have cancers which are tobacco-related. Eighty per cent of the patients with oral cancer approach us when the disease is in an advanced stage. Around 70 per cent of cancers are preventable. Except for Stage IV, all cancers if detected early are curable. I would like to mention that our online portal ([www.navyanetwork.com](http://www.navyanetwork.com)) synthesizes information from a universe of evidence based medical literature, factors in the consensus opinion of a global network of medical experts, and then arrives at a treatment recommendation tailored to patient's preferences and risk/benefit tradeoffs. It has the ability to reach cancer patients world over and empower them with information and clarity when faced with the challenge of making complex medical decisions.

#### ON STEPS TO ABREAST THE RISE OF INCIDENCES OF ORAL CANCER

Education and behavioural change can reduce the use of tobacco as well. Oral cancer is easily detectable, even a health care worker can do it.

#### ON MALE CIRCUMCISION AND REDUCTION IN INCIDENCES OF CERVICAL CANCER

The religious practice of circumcision in males early in life in some Middle Eastern countries as well as in Israel has resulted in an extremely low incidence of cervical cancer in these areas. The incidence of cervical cancer in some religious communities in India that adopt the same practice is half compared to other communities. In my opinion, the adoption of male circumcision and personal hygiene can be one of the means to prevent cervical cancers.

#### ON SCREENING AND EARLY DETECTION

Uterine and cervical cancer screening with a visual inspection or PAP smear is life-saving and should be sought by woman over the age of 35. Screening for breast cancer is required after 40 years of age in all women with clinical history of mammography performed by a trained breast cancer screening specialist/nurse/health worker.



In breast cancer, it's research has shown a 30 per cent relative reduction in recurrence using natural progesterone as a single injection prior to surgery. In a small percentage of cancer patients (e.g. breast and ovarian cancer, colon cancer) the disease is due to a hereditary mutation or germline mutation in certain genes. People who carry this mutation are at high risk of developing cancer.

Visual inspection of the cervix with acetic acid (VIA) is an effective, inexpensive screening test which costs a mere Rs 10 while PAP smear test is available at Rs 400. VIA test can be combined with simple treatment procedures for early cervical lesions, provided by trained health workers. Vaccination has shown a reduction in precancerous lesions in cervix but the evidence to reduce true invasive cancers and saving of lives is not yet available.

The incidence of breast cancer amongst men in India is rare viz less than 1% of the total number of breast cancer patients. Though the most common symptom is a lump in the breast other symptoms include bleeding from the nipple, nipple retraction and ulceration of the skin overlying the lump. Most common surgical procedure offered is radical mastectomy which includes removal of the breast and the underlying muscle along with axillary lymph glands. Hence the treatment offered to men with breast cancer is mostly based on extrapolation from the studies and research done on women.



Tumour Immunologist **DR SHUBHADA CHIPLUNKAR**, who till recently was the Director of ACTREC (Advanced Centre for Treatment, Research and Education in Cancer, Kharghar), on cancer research and immunotherapy

#### ON ACTREC'S ROLE IN RESEARCH

Our focus is to identify novel biomarkers and therapeutic targets that would help in better patient management. The research projects range from understanding the basic biology of cancer cell and cancer stem cells, signalling pathways that regulate cell death and cell cycle progression. The mutational landscape of oral, lung, cervix and breast tumours are being investigated here using Next Generation Sequencing technology. We are also investigating the reasons for the observed immune-dysfunction in patients.

#### ON IMMUNOTHERAPY'S INHERENT ADVANTAGE

There is a lot of damage caused to the normal tissue with surgery, radiotherapy and chemotherapy. Immunotherapy makes use of the body's immune cells that have the inherent ability to distinguish normal from cancerous tissue and selectively kill cancer cells. Moreover, the immune system has the capacity to remember and destroy tumour cells. Presently, immunotherapy is receiving a lot of attention because of durable clinical responses observed in patients that were never seen before but it's costlier as the antibodies to immune checkpoints are licensed pharma drugs. Immune cell therapies are not yet established in India. ACTREC and few other institutes have already started working on it and attempts are to make it affordable to our patients.

Obesity is a preventable modern affliction that leads to increased risk of breast, uterine, colon and stomach cancers. Lack of exercise, too much food and no outdoor activity is leading to obesity. Our sedentary lifestyle is greatly responsible for this.



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