

Press Release

Report to the nation on the status of cancer in India (as of December 2014)

Based on the Consolidated Cancer Registry Reports by
Indian Council of Medical Research through its
National Cancer Registry Programme

The National Cancer Registry Programme has generated reliable data on magnitude and patterns of cancer from different regions of the country. The systematic collection of cancer data as per international norms is being done since 1982. Today we are releasing the consolidated data of 2012-14 from various Population Based (PBCR) and Hospital Based Cancer Registries (HBCR).

The periodic publication of these reports has achieved the objective of dissemination of evidence based information on cancer in India. Most of the scientific data in the area of cancer in India has emerged using National Cancer Registry Programme data. Besides being a source of authentic information for the national programme, the reports have been cited by researchers /clinicians/Public Health Bodies/administrators on several occasions. As of May 2016 the citations of these NCRP reports and related publications have exceeded 14,000 citations.

Patterns of Cancer

The highest age adjusted incidence rate (AAR) (271/100,000) of cancer of all anatomical sites among males is seen in Aizawl district in Mizoram State and among females in Papumpare district (AAR=249.0) of Arunachal Pradesh state.

Among males, cancer of the mouth is the leading site in registry areas of western states of the country (Barshi Rural/expanded, Ahmadabad Urban, Nagpur, Pune and Wardha). Cancer of mouth is also the leading site in the registry of Bhopal, and the second leading site in Mumbai and Aurangabad. Lung cancer is the leading site of cancer in 10 of 27 PBCRs and the second or third leading site in another 9 PBCRs.

Among females, cancer of the breast is the leading site in 19 of 27 PBCRs and the second or third leading site in the remaining 8 PBCRs. Cancer of the cervix is the leading site of cancer in the rural areas in Barshi district of Maharashtra state, and in the states of Mizoram, Tripura and Nagaland. It is the second leading site in 16 PBCRs. Among females East Khasi Hills in Meghalaya state had the highest AAR (9.1) for cancer of the mouth.

Projection of Burden of cancer

Cancer projections are important and useful to plan and prioritize health care services (both diagnostic and treatment) in India.

The estimated total burden (for the country as a whole) of cancer for the year 2016 is around 14.5 lakh new cases during 2016 and 17.3 lakh new cases in 2020. Cancer of the breast with estimated 1.5 lakh (over 10% of all cancers; 1.45 in females and 0.05 in males) new cases during 2016, is the number one cancer overall. Cancer of the lung is next with estimated 1.14 lakh

(83,000 in males and 31,000 in females) new cases during 2016 and 1.4 lakhs in 2020. Cancer of the cervix is the third most common cancer with estimated 1.0 lakh new cases in 2016 and about 1.04 lakhs during 2020. Cancers associated with use of tobacco account for about 30% of all cancer in males and females.

Trends in incidence rates of cancer

For all sites of cancer, there was a significant increase (Annual Percentage Change (APC)) in males in the PBCRs at Bangalore, Chennai and Delhi and in females at Bangalore, Barshi and Bhopal registries.

Among males, there was a significant increase in the incidence rates of cancers of the colon, rectum and prostate in the PBCRs at Bengaluru, Chennai and Delhi.

Among females, there was a significant increase in the incidence rates of cancers of the breast, uterus, ovary and lung. All the PBCRs at Bengaluru, Barshi, Bhopal, Chennai, Delhi and Mumbai showed a significant decrease in the incidence rate of cervical cancer.

Tobacco Related Cancers

Among males, more than 50% of the cancers were in organs associated with the use of tobacco in the cancer centres at Regional Cancer Centre, Nagpur (60%), Cachar Cancer Hospital, Cachar (57.3%), B.B. Borooah Cancer Hospital, Guwahati (56.0%), Malabar Cancer Centre, Kannur (53.3%) and Assam Medical College, Dibrugarh (53.2%). In the PBCRs the proportion ranged from 65.2% in Meghalaya to 24.4% in Nahrilagan. Among females, 7 of 17 cancer centres with HBCRs had over 20% of cancers associated with use of tobacco. In the PBCRs this ranged from 42.3% in Meghalaya state to 6.9% in the districts of Arunachal Pradesh covered by Pasighat PBCR.

Clinical Extent of Disease

Most of the patients generally present themselves to the hospital for diagnosis and treatment when the disease has spread regionally or in an advanced stage. The overall proportion of patients visiting early - localized stage is only 12.5%.