

NATIONAL CANCER CONTROL PROGRAMME

Introduction

In India it is estimated that there are 2 to 2.5 million cancer patients at any given point of time with about 0.7 million new cases coming every year and nearly half die every year. Two-third of the new cancers are presented in advance and incurable stage at the time of diagnosis. More than 60% of these affected patients are in the prime of their life between the ages of 35 and 65 years. With increasing life expectancy and changing life styles concomitant with development, the number of cancer cases will be almost three times the current number. It has long been realized that cancers of the head and neck in both sexes and of the uterine cervix in women are the most common malignancies seen in the country. The age adjusted incidence rate per 100,000 for all types in India in urban areas range from 106-130 for men and 100-140 for women but still lower than USA, UK and Japan rates. 50% of all male cancers are tobacco related and 25% in female (total 34% of all cancers are tobacco related). There are predictions of incidence of 7 fold increase in tobacco related cancer morbidity in between 1995-2025. To control this problem the Govt. of India has launched a National Cancer Control Programme in 1975 and revised its strategies in 1984-85 stressing on primary prevention and early detection of cancer.

Goals

1. The primary prevention of tobacco related cancers.
2. Secondary prevention of cancer of the uterine cervix, mouth, breast etc.; and
3. Tertiary prevention includes extension and strengthening of therapeutic services including pain relief on a national scale through regional cancer centers and medical colleges (including dental colleges).

IX Plan focuses on

1. Identification of IEC activities so that people seek care at the onset of symptoms.
2. Provision of diagnostic facilities in primary and secondary care level so that cancers are detected at early stages when curative therapy can be administered.
3. Filling up of the existing gaps in radiotherapy units in a phased manner so that all diagnosed cases do receive therapy without any delay as near to their residence as feasible.
4. IEC to reduce tobacco consumption and avoid life style which lead to increasing risk of cancers.

Organizational Structure

It would be at two levels-Central Government and State Government- with linkage through the Central Council of Health. It is suggested that respective executive committee should be assisted by a newly constituted National Cancer Control Board at the central and stage levels by the corresponding Cancer Control Boards. The full time officer-in-charge of cancer control is an oncologist who head the Cancer Control Cell at the Directorate General of Health Services.

Regional Cancer Research and Treatment Centres

There are 17 regional cancer research centers in India at present. Their main functions are: Cancer Detection and Diagnosis, Provision of Therapy, After care and rehabilitation, Education and Training, Cancer Registration and Research. Coordination with the medical colleges and the general health infrastructure is the essential feature. The core requirements of a Regional Cancer Center are divisions of surgical oncology, radiation oncology, and medical oncology with support from department of anesthesiology, pathology, cytopathology, hematology, biochemistry and radiodiagnosis with appropriate

equipment and staf.

Oncology wings in Medical Colleges

The target of the National Cancer Control Programme is to develop such Oncology wings in all medical colleges in the country. Medical Colleges would form an important link between the regional centers on one hand, and the more peripheral health infrastructure (District Hospitals, Tehsil Hospitals, PHCs) on the other hand. Financial assistance has been released for medical colleges / hospitals for installation of cobalt therapy facilities. For that Rs. 2 crore per institution has been provided under this scheme.

District Cancer Control Programme

This programme was launched in 1990-91 and under this programme each state and union territory has advised to prepare their projects on health education, early detection, and pain relief measures. For this they can get up to Rs. 15 lakh one time assistance and Rs. 10 lakh for four years recurring assistance. The district programme has five elements: 1. Health education. 2. Early detection. 3. Training of medical & paramedical personnels. 4. Palliative treatment and pain relief. 5. Coordination and monitoring. The District programmes are linked with Regional Cancer Centres/ Government Hospitals/ Medical Colleges. For effective functioning each district where programme is started have one District Cancer Society that is chaired by local Collector/Chief Medical Officer. Other members are Dean of medical college, Zila parishad representative, NGO representative etc.

Comprehensive Anti-tobacco Programme

Consumption

It is estimated that 80-85% of tobacco is consumed for smoking either as bidies/cigarette. Almost 13% chew tobacco either with pan or lime. Almost 15% are addicted to both habit of chewing and smoking. Only 1%-3% use tobacco either in the form of stuff or den paste. Smoke contain more than 40 substance which cause cancer, heart disease, respiratory illness, visual impairment, etc. 29% of males age 15 and above smoke and 28% chew masala or tobacco. While 3% only the women smoke and more than 10% chew pan masala or tobacco (NHFS-II). Most common form is bididi which is 34% of the total tobacco consumption.

Impact

In India, more than 2000 person die everyday and about 8 lakh people die every year due to tobacco-related diseases. Tobacco use can cause spontaneous abortion, premature delivery, and intrauterine growth retardation. Even passive smoking can cause lung cancer, respiratory illness, heart diseases, nasal sinus cancer, premature aging and intrauterine effects.

National Cancer Registry Programme

National Cancer Registry Programme was launched in 1982 by Indian Council of Medical Research (ICMR) to provide true information on cancer prevalence and incidence.

Objectives

1. To generate authentic data on the magnitude of cancer problem in India;
2. To undertake epidemiological investigations and advice control measures; and
3. Promote human resource development in cancer epidemiology.

Tobacco free Initiatives

WHO established the Tobacco Free Initiatives (TFI) in 1998. Long term mission of TFI of WHO is to reduce smoking prevalence and tobacco consumption in all countries and among all groups, and thereby reduce the burden of disease caused by tobacco.

The Goals of the TFI are:

1. Galvanize global support for evidence based tobacco control policies and actions;
2. Build new partnerships for action and strengthen existing ones;
3. Heighten awareness of the need to address tobacco issues at all levels of society;
4. Accelerate the implementation of national, regional and global strategies;
5. Commission policy research to support rapid, sustained and innovative actions; and
6. Mobilize resources to support required action.

WHO has developed partnership with UNICEF, World Bank, CDC, Environment Protection Agency, US National Institute of Health, International NGOs, Private Sector, and Academic Centres for tobacco prevention work. In 53rd and 54th World Health Assembly all member states reaffirmed for the actions required to control tobacco.