

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

STARRED QUESTION NO:505

ANSWERED ON:11.05.2012

REPORT ON CANCER

Bhagora Shri Tarachand;Thamaraiselvan Shri R.

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Government has taken note of an age, gender and region-specific report on cancer mortality, particularly tobacco-attributable cancer in India, published in an international medical journal recently;
- (b) if so, the details of the findings along with the reaction of the Government thereto;
- (c) whether the Government has documented age-specific mortality rates and total deaths from specific cancers for various regions and subpopulation across the country;
- (d) if so, the details along with the outcome thereof and if not, the reasons therefor; and
- (e) the corrective measures taken/proposed by the Government to control cancer, particularly tobacco-attributable cancer in the light of the above report?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

(a) to (e): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 505 FOR 11 MAY, 2012

(a) & (b): Yes, Madam. An article published in Lancet on 28th March, 2012, reports the findings of the One Million Death Study undertaken by the Centre for Global Health Research, Canada in collaboration with the Registrar General of India during 2001-03. Using the Verbal Autopsy Technique, it was reported that 7137 out of 122429 deaths were due to cancer in this period. Extrapolating for 2010 in India, it was reported that 556400 cancer deaths would have occurred in India in 2010. The cancer deaths varied according to the educational level, age and gender of the individuals studied. In males, age-standardized cancer death rates in age group 30-69 years was 97.6 per 100000 and in females it was 91.2 per 100000. Age-standardized death rates was 96.6 in rural and 91.2 in urban per 100000 in the age group 30-69 years, the three most common fatal cancers were oral (including lip and pharynx, 45,800 [22.9%]), - stomach (25,200 [12.6%]), and lung (including trachea and larynx, 22,900 [11.4%]) in men, and cervical (33,400 [17.1%]), stomach (27,500 [14.1%]), and breast (19,900 [10.2%]) in women. In both women and men, age-standardized death rates was highest in illiterates and lowest in persons with senior secondary and above qualification. Tobacco-related cancers represented 42.0% (84,000) of male and 18.3% (35,700) of female cancer deaths and there were twice as many deaths from oral cancers as lung cancers.

(c) & (d) Exact data regarding incidence of cancer and deaths therefrom is not centrally maintained. However, as per information collected by Population Based Cancer Registry functioning under the National Cancer Registry Programme of Indian Council of Medical Research, there is gradual increase in the number of cancer patients every year. Further, the estimated number of cancer incidence cases and deaths, State/UT-wise, for the last three years, is annexed as Annexure-I & Annexure-II.

(e) Health is a State Subject and the Central Government is supplementing the efforts of the State Governments by focusing on early detection of Cancer, health education, creating awareness through print and electronic media.

The Government of India had launched a comprehensive National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS) in 2010 and the programme envisaged implementation in 100 districts across 21 States during 2010-2012. Under Cancer component of NPCDCS, the district hospitals are strengthened for early diagnosis of Cancer, chemotherapy facilities and palliative care to cancer patients. Financial assistance upto Rs. 1.00 lakh per patient is available for chemotherapy drugs to treat 100 Cancer patients per district. The programme also envisages strengthening Government Medical College Hospitals and erstwhile Regional Cancer Centres (RCC) across the country as Tertiary Cancer Centre (TCC) for providing comprehensive Cancer care services. These institutions are eligible for financial assistance upto Rs. 6.00 crore (Rs. 4.80 crore from Central Government and Rs. 1.20 crore from State Government).

The Government of India enacted the Anti Tobacco law titled 'Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, (COTPA) 2003' in order to protect the youth and masses from the adverse harm effects of tobacco usage, second hand smoke and discourage the consumption of tobacco uses.

Besides this, the National Tobacco Control Programme (NCTP) has been launched in 42 Districts of 21 States in order to implement various provisions under Tobacco Control Act (COTPA), 2003 and to create awareness about the harmful effects of tobacco consumption.