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Title: Increasing incidents of cervical cancer in females in the country.

DR. RATNA DE : Madam, cancer of the cervix is the most common cancer amongst the women in India. ...(*Interruptions*) With an age adjusted and incidence rate ranging from 19.4 to 43.5 per one hundred thousand in the registration under the National Cancer Registration Programme, it has been estimated that 95,000 to 100,000 new cases of cancer cervix occur in India every year and 70 per cent or more are stage three or higher at diagnosis. ...(*Interruptions*)

MADAM SPEAKER: Shri Jagdambika Pal, please sit down. Your matter is over.

...(*Interruptions*)

DR. RATNA DE : Cancer Cervix occupies the topmost or second rank amongst cancers in women in developing countries.

Aetiology and possible risk factors of Cervical Cancer have been extensively studied. Socio-economic factor, education and income, sexual and reproductive life and virus, especially the Human Papilloma Virus, HPV 16 and 18, are being held responsible for Cervical Cancer. Most Cervical Cancers are preventable with a comprehensive programme of education, awareness, screening, treatment and vaccination. It was found that clinical stage at presentation was the single most important variable in predicting Cancer. The five-year survival rate for Stage-I is 63.3 per cent; for Stage-II, it is 44 per cent; for Stage-III, it is 33.3 per cent and for Stage-IV, it is 5.7 per cent....(*Interruptions*)

MADAM SPEAKER: Nothing will go on record except what Dr. Ratna De is saying.

(*Interruptions*) â€¦*

DR. RATNA DE : Effective interventions against Cervical Cancer exist, including screening for, and treatment of, pre-cancer and invasive cancer. ...(*Interruptions*) HPV vaccines that prevent HPV 16 and 18 infections are now available and have the potential to reduce the incidence of cervical and other anogenital cancers. ...(*Interruptions*) The development of vaccines for prevention of Cervical Cancer holds tremendous promise for the developing countries like India. The routine HPV vaccination should be included in the National Immunization Programme provided that prevention of Cervical Cancer or other HPV-related diseases, or both, constitutes a public health priority; vaccine introduction is programmatically feasible; sustainable financing can be secured; and the cost-effectiveness of vaccination strategies in the country or region is considered....(*Interruptions*)

MADAM SPEAKER: Hon. Members, please do not disturb the other Member while speaking. When you spoke, others listened to you. When others speak, you do not listen to them. Please sit down.

...(*Interruptions*)

MADAM SPEAKER: Nothing will go on record except what Dr. Ratna De says. Hon. Members, this is not proper.

(*Interruptions*) â€¦*

अध्यक्ष महोदया : आप बैठ जाइये।

â€¦(व्यवधान)

DR. RATNA DE : In India, Quadrivalent HPV Vaccine has been licensed for use in girls and women of the age of 9 to 45 years for the prevention of following diseases caused by Human Papilloma Virus types 16 and 18: Cervical pre-cancers and cancers, cervical adenocarcinoma, etc.

So, I would request the hon. Minister to initiate the HPV in the National Immunisation Programme to prevent the Uterine Cervical Cancer in women because 82.5 per cent of invasive cervical cancers in India are attributed to HPVs 16 and 18....(*Interruptions*)

It is very costly, So, I would request the hon. Minister to take effective measures so that it can be implemented at the district level.....(*Interruptions*)

अध्यक्ष महोदया : आप बैठ जाइये। आप लोग शांतिपूर्वक बैठ जाइये।

â€¦(व्यवधान)

अध्यक्ष महोदया : अजनाला जी, आप बैठ जाइये।

â€¦!(व्यवधान)

DR. RATNA DE : It is a very important issue. Hence, we all want a Half-an-Hour Discussion on this topic....(*Interruptions*)

अध्यक्ष महोदया : आप लोग बैठ जाइये। अजनाला जी, आप बैठ जाइये।

â€¦!(व्यवधान)

अध्यक्ष महोदया : आप बैठ जाइये। हरसिमरत जी, आप आयी थीं और आपने बहुत स्पेशल रिक्वेस्ट की थी कि लॉस्ट डे पर भी आप हमारा कालिंग अटेंशन कर दीजिये, वह हमने कर दिया है। आज के लिए हमारे पास 40 जीरो ऑवर मैटर्स हैं और हम चाहते हैं कि हम सभी को बुलावा लें। आप उनकी बात भी सुन लीजिये, अभी रत्ना डे जी बोल रही थीं, आप उनकी बात सुन लेते। हमें यहां सभी को अपनी बात रखने का मौका देना है। कृपया, आप शांतिपूर्वक अन्य माननीय सदस्यों की बात भी सुनिये।

â€¦!(व्यवधान)

डॉ. रतन सिंह अजनाला (खड्डर साहिब) : महोदय, हमारी रिक्वेस्ट है। हम यह विषय कब उठायेंगे?...(व्यवधान)

अध्यक्ष महोदया : डॉ रत्ना डे को अपनी बात पूरी करने दीजिये।

â€¦!(व्यवधान)

डॉ. रतन सिंह अजनाला : महोदय, हम जवाब चाहते हैं। ...(व्यवधान)

अध्यक्ष महोदया : आप बैठ जाइये।

â€¦!(व्यवधान)

अध्यक्ष महोदया : आप लोग बैठ जाइये।

â€¦!(व्यवधान)

DR. RATNA DE : I repeat that it is a very important issue. Hence, we all want a Half-an-Hour Discussion on this topic. Please allow it.

MADAM SPEAKER: Now, I call Dr. Jyoti Mirdha to speak.

...(*Interruptions*)

MADAM SPEAKER: Hon. Members, please sit down. Nothing will go on record except what Dr. Jyoti Mirdha is saying.

(*Interruptions*) â€¦!*

DR. JYOTI MIRDHA (NAGAUR): Madam, I want to bring to the notice of this House that my colleague has just now mentioned about HPV vaccine It is a total failure as of today. It has been introduced by a few developed countries but our country, probably, cannot afford it now....(*Interruptions*) The two strains that she mentioned work only for two strains of HPV virus but we have hundred other strains of HPV virus. The MNCs and other international companies are promoting GARDASIL as a basic preventive measure for Cervical Cancer. This is a total MNC thing that we are trying to project as the best vaccine against Cervical Cancer. It is not going to work for our country. ...(*Interruptions*) It should not be allowed under the Universal Immunisation Programme unless further trials are conducted in our country and they should be unbiased. So, we should not say "yes" to it unless we go ahead with more, I would say, unbiased trials. (*Interruptions*) I say this because the Committee that is on right now has three people and one of the ladies herself is conducting a trial in her hospital. Thank you....(*Interruptions*)