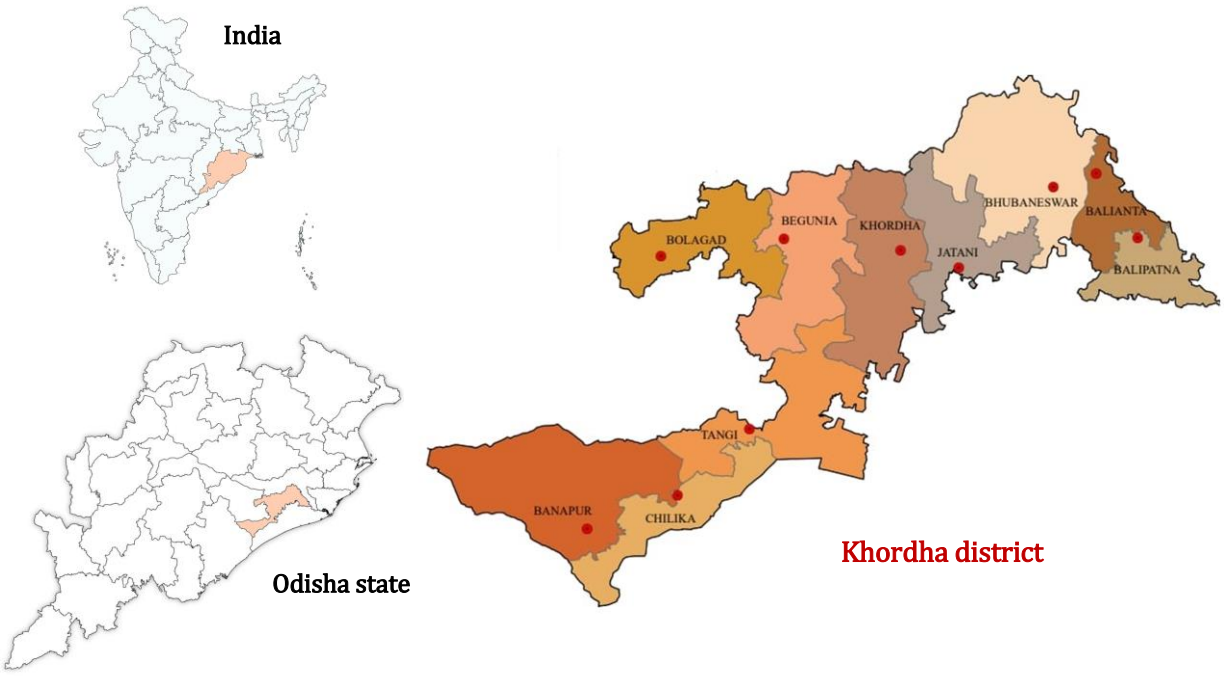
Cancer Incidence and Mortality in Khordha District, Odisha State, India: 2022

First-year report of Population-Based Cancer Registry (PBCR)



Department of Health and Family Welfare, Government of Odisha, India

National Institute of Science Education and Research (NISER), Jatni, Odisha, India

Tata Memorial Centre (TMC), Mumbai, India

(A Grant-in-Aid Institution under Department of Atomic Energy, Government of India)

Centre for Cancer Epidemiology (CCE), Mumbai, India

Advance Centre for Treatment, Research and Education in Cancer, Mumbai, India

Homi Bhabha National Institute (HBNI), Mumbai, India

Message from the Honourable President of India

Honourable President
Smt. Droupadi Murmu

राष्ट्रपति
भारत गणतंत्र
PRESIDENT
REPUBLIC OF INDIA

MESSAGE

I am happy to know that the Construction of a branch of Tata Memorial Hospital will start soon in Jatni, Khordha to bring relief to the patients of Odisha and Eastern India. I am also pleased to note that the Tata Memorial Centre is launching the cancer awareness and early detection programme at Mayurbhanj on 20 August 2023 with special focus on tribal population.

Tata Memorial Centre, a Grant in Aid Institution under the Department of Atomic Energy has been engaged in Cancer Care and Control in India for the last 80 Years. I would urge people to come forward for the early detection programme so that cancer can be detected at a curable stage.

I congratulate Tata Memorial Centre, Department of Atomic Energy for their noble efforts in supporting the Government of India in its mission to conquer cancer. I send my best wishes for the success of the launch programme.

(Droupadi Murmu)

New Delhi
August 18, 2023

Tata Memorial Centre, Mumbai, India is privileged to receive a congratulatory message from the Hon'ble President of India, Smt. Droupadi Murmu for providing cancer care services, starting a cancer hospital at Jatni and early detection programme at Mayurbhanj focusing on tribal population and acknowledging our efforts in supporting the Government of India to conquer cancer.

Former Director of Tata Memorial Centre, Mumbai, Dr Rajendra Badwe and Special Secretary (Public Health), Government of Odisha, Dr Ajit Kumar Mohanty signing the memorandum of understanding (MoU) for the establishment of Homi Bhabha Cancer Hospital within the NISER campus, Jatni (Bhubaneswar) in presence of Hon'ble Former Chief Minister of Odisha, Mr Naveen Patnaik.

The foundation stone for the establishment of Homi Bhabha Cancer Hospital was laid and virtually addressed by the Hon'ble Prime Minister Narendra Modi on 11th May 2023. The in-person ceremony was led by Dr. Ajit Kumar Mohanty (Chairman, AEC and Secretary Department of Atomic Energy, India), Prof. A Srinivas (Officiating Director), Dr. Pankaj Chaturvedi (Then-Dy. Director, CCE-TMC), Prof. Bedangadas Mohanty (Then-Dean of faculty Affairs, NISER), Dr. Lingaraj Nayak (Professor), Dr. Bandita Dash (Scientific Officer-E, NISER), and Mr. Abhaya Kumar Mohanty (Administrative Officer-I, NISER).

Population-Based Cancer Registry, Khordha District, Odisha, India

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Smt. Shalini Pandit, IAS	Ex-Commissioner-cum-Secretary
Dr. Nilakantha Mishra	Director Public Health, Odisha
Dr. Susanta Kumar Swain	Additional Director NCD cum State Nodal Officer NCD

National Institute of Science Education and Research (NISER), Jatni, Odisha

Name	Designation
Prof. Hirendra Nath Ghosh	Director
Prof. Sudhakar Panda	Ex-Director
Prof. A Srinivasan	Dean of Faculty Affairs
Prof. Bedangadas Mohanty	Senior Professor
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Mr. Abhaya Kumar Mohanty	Administrative Officer-I (Faculty Affairs Section)

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Dr. Pankaj Chaturvedi	Director – ACTREC, TMC
Dr. Rajesh Dikshit	Director – CCE, TMC
Dr. Atul Budukh	Professor (Epidemiology)
Dr. Lingaraj Nayak	Professor (Medical Oncology)
Dr. Sharmila Pimple	Professor & HOD (Preventive Oncology)
Dr. Subita Patil	Professor & Physician (Preventive Oncology)

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Population-based cancer registry Khordha district, Odisha

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Ms. Indurekha Nayak	Health Worker

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Contents

I. Highlights

- As per the MoU with the state government of Odisha, TMC has started a population-based cancer registry (PBCR) in the Khordha district from 20th October 2022, in collaboration with the Department of Health and Family Welfare, Odisha and the NISER, Jatni, Odisha. This is the first population-based cancer registry in Odisha state.
- The primary objective of the PBCR is to provide cancer burden and patterns of cancer in the Khordha district. The collected data will be utilized for planning cancer care services as well as cancer control programmes.
- The cancer registry covers all blocks of the Khordha district – Balianta, Balipatna, Banapur, Begunia, Bhubaneswar, Bolagarh, Chilika, Jatni, Khordha, and Tangi; covering an estimated population of 24,66,660 for 2022. 51.8% of the district population is rural.
- The staff for PBCR was selected locally; forming a registry team with one Senior Research Coordinator and eight Research Assistants to cover the entire Khordha district.
- A training workshop on "Setting up cancer registry and its objectives and functions" was organized from 10th to 15th October 2022 to train the newly recruited staff from Khordha PBCR, and Medical Officers from the Department of Health and Family Welfare of Khordha district.
- The registry staff collected the cancer cases data from all the cancer centres/ private and government hospitals/ laboratories in Khordha district and from nearby areas. The staff has interacted with 4,687 community leaders to gather cancer case information.
- The registry staff periodically interacts with village Sarpanch, Block Programme Manager, Auxiliary Nurse Midwife, Accredited Social Health Activist workers, and rural as well as urban primary health centre staff to know the diagnosed cancer cases in the area as well as cancer deaths that have occurred in the village and municipal wards of Khordha district.
- In the year 2022, the cancer registry recorded 1,625 incidence cancer cases including 805 males (49.5%) and 820 females (50.5%).
- **The age-adjusted incidence rate for males was 67.0 per 100,000 population and for females, it was 73.6 per 100,000 population. The risk of developing cancer was 1 in 12 among both male and female.**
- **In males, the top five leading cancer sites were mouth, stomach, lung, tongue, and prostate.**
- **In females, the leading cancer sites were breast, ovary, cervix uteri, stomach, and gallbladder cancer.**

- As per the Khordha district cancer registry data, the tobacco-related cancer burden is 42.1% in males, 1 out of almost 3 cases of cancer in men were linked to tobacco, compared to 1 out of 9 cases in women.
- In the year 2022, out of 1,625 registered cancer cases, 1,313 (80.8%) cases were microscopically verified.
- Of the total 1,625 cancer cases, 23 (1.4%) were paediatric cancer cases.
- In the year 2022, the cancer registry recorded 642 cancer deaths including 358 deaths among males (55.8%) and 284 deaths among females (44.2%).
- The age-adjusted mortality rate for males was 30.2 per 100,000 population and for females, it was 25.9 per 100,000 population. 1 in 27 males and 1 in 33 females were at risk of death due to cancer.
- This is the first year of the cancer registry; we have observed the 10-15% under reporting. In the coming year there will be improvement in the cancer registration.
- Considering the high burden of oral, breast, and cervix uteri cancer in Khordha district, TMC has started the early detection programme for these cancers.
- So far 4,830; 3,148; and 335 individuals has been screened for oral, breast, and cervical cancer respectively. Through this screening, 10 cases of oral cancer, 12 cases of breast cancer, and one case of cervical cancer were identified by this screening; they were referred to the higher cancer centre for treatment and are currently undergoing routine follow-up.
- Tata Memorial Centre, Mumbai has established the population-based cancer registry in Mayurbhanj district in October 2023. The PBCR covers the 2.5 million population of the district, where around 92% of the population is rural.
- Based on initial findings of PBCR Mayurbhanj the mouth, tongue, and stomach are the leading cancer site in males; whereas, breast, cervix uteri, and mouth are leading sites in females.
- The early detection of common cancers project also started at Mayurbhanj district. So far 5,499; 1,774; and 307 individuals has been screened for oral, breast, and cervical cancer respectively. Till date, 39 oral and 15 breast cancer cases were diagnosed, referred to the higher cancer centre for treatment and they are under regular follow-up.

Recommendation

Based on the first-year report of the population-based cancer registry of the Khordha district, we have the following recommendations.

- Female breast cancer is the predominant cancer in the district followed by ovary and cervix uteri cancer. The state government of Odisha should strengthen the health education and prevention program on breast, ovarian and cervix uteri cancer. The health officials such as medical officers and nursing staff should be trained in clinical breast examination as well as in Visual Inspection with 5% Acetic Acid (VIA) examination. All female patients attending the urban and rural primary health centre, and district hospital should be taught about self-breast examination and genital hygiene.

- The majority of cancers in the district are tobacco-related cancers. The leading sites under tobacco-related cancer are mouth, lung, and tongue in males as well as females. Health officials such as medical officers and nursing staff should be trained in oral visual examination and tobacco cessation counselling. All the tobacco users attending the urban and rural primary health centre, and district hospital should undergo an oral visual examination. The government of Odisha needs to raise awareness of the Tobacco Quit Line Number 1800-11-2356.

- Stomach, gall bladder and other gastrointestinal (GI) cancer are among the top ten cancers in this population. The state government of Odisha should promote health awareness activities, such as prevention of tobacco/alcohol use, healthy diet, and physical activities. The government should strengthen the GI unit services in public hospitals for effective diagnosis and treatment of GI cancer.

- The government of Odisha should strengthen the infrastructure of the district hospital for diagnosis of oral, breast, cervix uteri, stomach, and gall bladder cancer.

- There is a need to strengthen the referral of screen positives/pre-cancerous lesions/likely cancer cases for further investigation at the state government hospital and other cancer centres in the area.

- The government of Odisha with the help of Tata Memorial Centre, Mumbai and other cancer centres of Odisha should organize a Continuing Medical Education (CME) program for medical and paramedical staff for the prevention of leading cancer in the district.

- There is underreporting/ under-diagnoses of paediatric cancer. It is recommended to start a state-level paediatric cancer registry which will be helpful to monitor the surveillance of paediatric cancer.

- The government of Odisha should organize periodic meetings with all stakeholders to monitor the cancer care services in the district.

II. Executive summary

Background

Tata Memorial Centre (TMC), Mumbai, a grant-in-aid institution under the Department of Atomic Energy, Government of India, has signed an MoU with the Department of Health and Family Welfare, Government of Odisha, on 7th September 2022, to establish a cancer hospital at the National Institute of Science Education and Research (NISER) campus, Jatni. The foundation stone for the establishment of Homi Bhabha Cancer Hospital was laid and virtually addressed by the Hon'ble Prime Minister Narendra Modi on 11th May 2023 in the presence of Dr. Ajit Kumar Mohanty (Chairman, AEC and Secretary, DAE).

As per the MoU, TMC has started a population-based cancer registry (PBCR) in the Khordha district from 20th October 2022 in collaboration with the Department of Health and Family Welfare, Odisha and NISER, Jatni, Odisha. This is the first population-based cancer registry (PBCR) in the Odisha state. The primary objective is to provide the cancer burden and its patterns in the Khordha district. The collected data will be utilized for planning cancer care services as well as cancer control programmes.

Population covered

The cancer registry covers all ten blocks of the Khordha district – Balianta, Balipatna, Banapur, Begunia, Bhubaneswar, Bolagarh, Chilika, Jatni, Khordha and Tangi; covering a total population of 24,66,660. Of the total population, 11,88,930 (48.2%) is urban whereas 12,77,729 (51.8%) population is rural as estimated for the year 2022. The registry covers urban areas (124 wards) in Bhubaneswar Municipal Corporation and 1,716 villages in rural areas.

Registration method

Trained field/ Research assistant of the registry regularly visits different hospitals, pathology laboratories, medical colleges, NCD cells, birth and death registrar office as well as villages/wards to collect cancer incidence and death cases. The cancer cases data received from various hospitals/labs is further confirmed through the village visit. The registry staff interacts with the village Sarpanch, Block Programme Manager (BPM), Community Health Officer (CHO), Auxiliary Nurse Midwife (ANM), Accredited Social Health Activist (ASHA) workers, and Primary Health Centre (PHC) staff periodically to get to know the cancer cases diagnosed in the area as well as cancer deaths that have occurred in the village. With the help of CHO, ANM and ASHA workers, the registry staff interacts with the patient's relative and note down the information available with the patient. After confirming the patient's residence (resident of the district for at least one year) and duplicate checking by senior staff,

the case is registered in the prescribed format. The data entry is carried out in *CanReg5* software.

Patients from this area travel to Bhubaneswar, Cuttack, Mumbai (Maharashtra), Vishakhapatnam (Andhra Pradesh), etc. for cancer treatment.

Results

This report presents the population-based cancer registry data for the year 2022. In the year 2022, the cancer registry recorded 1,625 incidence cancer cases including 805 males (49.5%) and 820 females (50.5%). The age-adjusted incidence rate for males is 67.0 per 100,000 population and for females, it is 73.6 per 100,000 population. The cumulative risk for the age group 0-74 in males is 8.16% and in females, it is 8.26% (1 in 12 among both males and females is at risk of developing cancer).

In the year 2022, the cancer registry recorded 642 cancer deaths including 358 deaths among males (55.8%) and 284 deaths among females (44.2%). The age-adjusted mortality rate for males is 30.2 per 100,000 population and for females, it is 25.9 per 100,000 population. The cumulative risk of death due to cancer in the age group 0-74 in males is 3.75% and for females, it is 3.04% (1 in 27 males and 1 in 33 females is at risk of death due to cancer).

Leading cancer sites

Among males, mouth, stomach, lung, tongue, and prostate are the leading cancer sites. Among females, breast, ovary, cervix uteri, stomach, and gallbladder are the leading cancer sites. The leading cancer sites are mentioned in Tables I and II.

Table I: Leading cancer sites in males for the period 2022

ICD-10	Sites	Number	%	CR	AAR	TR	Risk 1 in
C03-C06	Mouth	144	17.9	11.3	11.1	29.4	88
C16	Stomach	85	10.6	6.7	7.5	14.1	95
C33-C34	Trachea, bronchus and lung	69	8.6	5.4	5.9	10.5	124
C01-C02	Tongue	63	7.8	4.9	4.9	11.1	184
C61	Prostate	38	4.7	3.0	3.5	2.6	179

CR: Crude Incidence Rate per 100,000, AAR: Age-Adjusted Rate per 100,000, TR: Truncated Incidence Rate per 100,000 Population

Table II: Leading cancer sites in females for the period 2022

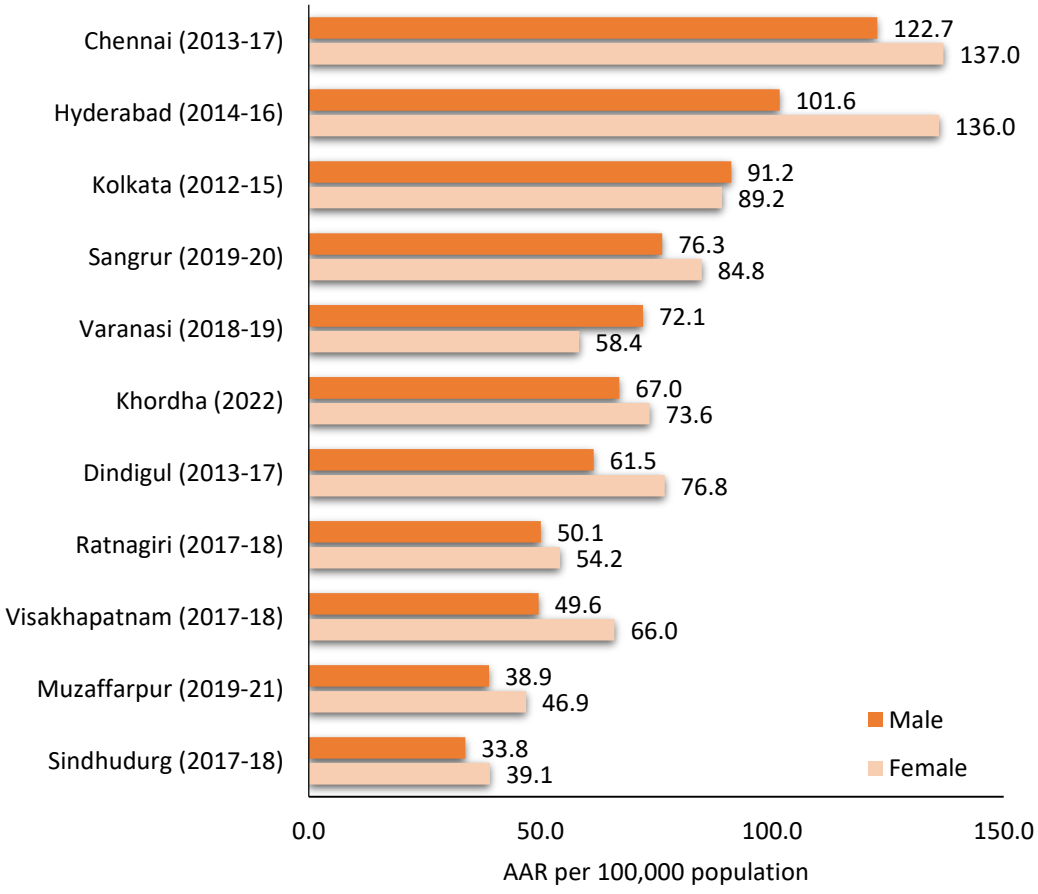
ICD-10	Sites	Number	%	CR	AAR	TR	Risk 1 in
C50	Breast	273	33.3	22.9	23.4	62.6	42
C56	Ovary	79	9.6	6.6	7.1	16.5	129
C53	Cervix uteri	68	8.3	5.7	6.3	15.6	138
C16	Stomach	46	5.6	3.9	4.2	10.4	200
C23-C24	Gallbladder etc.	42	5.1	3.5	4.1	9.9	193

CR: Crude Incidence Rate per 100,000, AAR: Age-Adjusted Rate per 100,000, TR: Truncated Incidence Rate per 100,000 Population

Comparison of Khordha PBCR rate with other cancer registries in India

The cancer incidence rates reported in Khordha district are in comparison with those observed in Sangrur and Varanasi PBCR and higher than Barshi PBCR. The comparison of Khordha district rates along with other Indian PBCR in mentioned Figure I. [1-9]

Figure I: All site cancer incidence rate



Paediatric cancer burden

The Khordha PBCR is monitoring the paediatric cancer burden. The registry has maintained the data of the paediatric cancer cases as per the International Classification of Childhood Cancer (ICCC)-3 standard. Of the total 1,625 cancer cases, 23 (1.4%) cases are paediatric cancer cases. The paediatric cancer incidence in boys is 47.3 per million and for girls, it is 27.9 per million. The paediatric cancer rates are low compared to other registries in India. The registry may have missed the childhood cases and there may be under-diagnosis.

Cancer control in the registry area

Tata Memorial Centre, Mumbai will establish a state-of-art cancer hospital with the help of the state government of Odisha. This will be a 200-bed hospital with diagnostic and treatment facilities at Jatni, Bhubaneswar. TMC will also offer technical support to improve the cancer case services in the Mayurbhanj and Berhampur districts in Odisha.

Tata Memorial Centre, Mumbai started an early detection programme for oral, breast, and cervical cancer in Khordha district of Odisha. In addition to this cancer prevention activity should be organized to spread awareness about common cancers and leading cancer sites such as stomach, lung, prostate, and gallbladder in Khordha district.

The Population-based Cancer Registry acknowledges the support provided by the state government of Odisha and the cooperation received from various government and private hospitals for sharing cancer patient’s data with the cancer registry.

1. Odisha state profile

Odisha, with a rich heritage that is more than two thousand years old, has a glorious history of its own. Odisha became a separate province in 1936 A.D. with Cuttack as its capital. The new capital was built in Bhubaneswar after independence. However, the state took its present shape only in 1949 with the merger of the princely states including Mayurbhanj.

Odisha is bounded by the Bay of Bengal on the East; Chhattisgarh on the West and Andhra Pradesh on the South and West Bengal and Jharkhand on the North. It has a coast line of about 450 km. This region is the combination of several deltas of varied sizes and shapes formed by the major rivers of Odisha. The middle mountainous and highlands region covers about three-fourths of the entire state. The Nandankanan Zoo and sanctuary, and Similipal National Park are major sanctuaries.

Odisha, a state on the Eastern coast of India, is divided into administrative geographical units called districts. Each district is separated into sub-divisions, and sub-divisions are further divided into tahasils. Odisha has 3 divisions, 30 districts, 58 sub-divisions, 317 tahasils, and 314 blocks.[10]

As per the Census 2011, the total population of Odisha is 41,974,218 in which males were 21,212,136 (50.5%) while females were 20,762,082 (49.5%). The Census of India 2011 indicates that 83% of Odisha's population lives in rural areas. The population density of Odisha is 270 per sq. km which is lower than the national average 382 sq. km. The state is spread across 155,707 sq. km. The literacy rate is 72.9%. [11] The key characteristics are represented in Table 1.

Table 1: Odisha state population, literacy, and area

Sr. No.	Characteristic	Unit	Value
1.	**Area**	Km^2	**155,707**
	Population		**41,974,218**
2.	a) Urban	Number	7,003,656 (16.75)
	b) Rural		34,970,562 (83.3%)
3.	District	Number	30
4.	Density	Km^2	270
5.	Female per 1000 male	Number	979
6.	Literacy Rate	%	72.87

2. Khordha district profile

The district Khordha came into existence on 1st April 1993, by dividing it off its earlier Puri district. Puri was divided into three districts Puri, Khordha, and Nayagarh. It is situated in the East & South-eastern coastal plain and the agro-climatic zone blessed with sandy-loam, loam, clay-loam and clayey soil in varied agro-ecosystems. Khordha district is also an important centre of handloom industry.

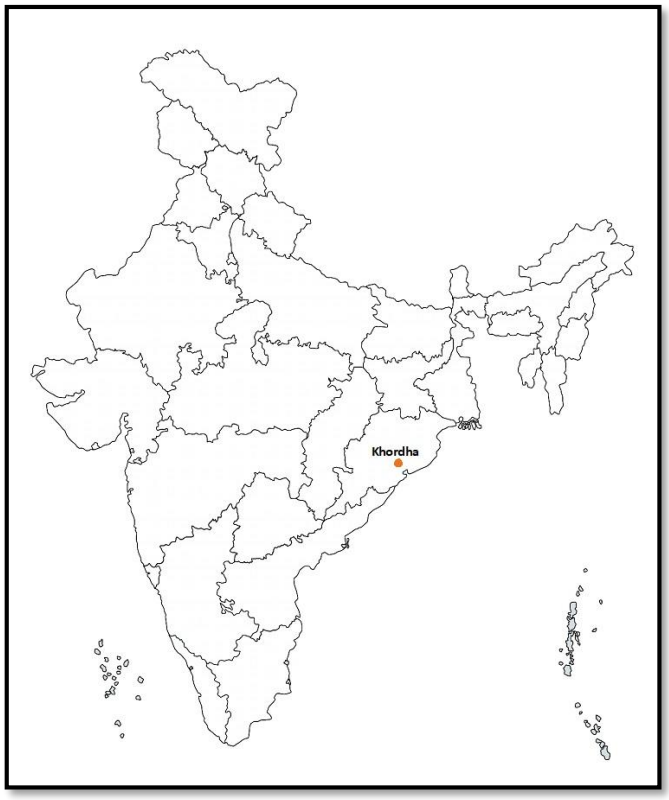
Khordha District is the most urbanized of all the districts of Odisha. Khordha district is divided into two sub-divisions one is Bhubaneswar which comprises four blocks Bhubaneswar, Balianta, Balipatna, and Jatni. Whereas the Khordha sub-division consists of Khordha, Begunia, Bolagarh, Banapur, Tangi, and Chilika blocks. (12)

As per the census 2011, the total population of the district is 2,251,673 (Male: 1,167,137 [51.8%], Female: 1,084,536 [48.2%]). Out of the total population, 51.8% of the population of Khordha district lives in rural areas. (13) The Khordha district blocks and the number of villages are mentioned in Table 2 and the location of the Khordha district is in Figure 1.

Table 2: Blocks under Khordha district

Sr. No.	Blocks	Panchayat	Number of Villages
1	Balianta	16	166
2	Balipatna	17	119
3	Banapur	17	266
4	Begunia	21	171
5	Bhubaneswar	20	117
6	Bolagarh	19	231
7	Chilika	17	159
8	Jatni	15	111
9	Khordha	22	129
10	Tangi	26	247
Total		**190**	**1,716**

Figure 1: Location of Khordha district, Odisha



Health Infrastructure of Khordha district

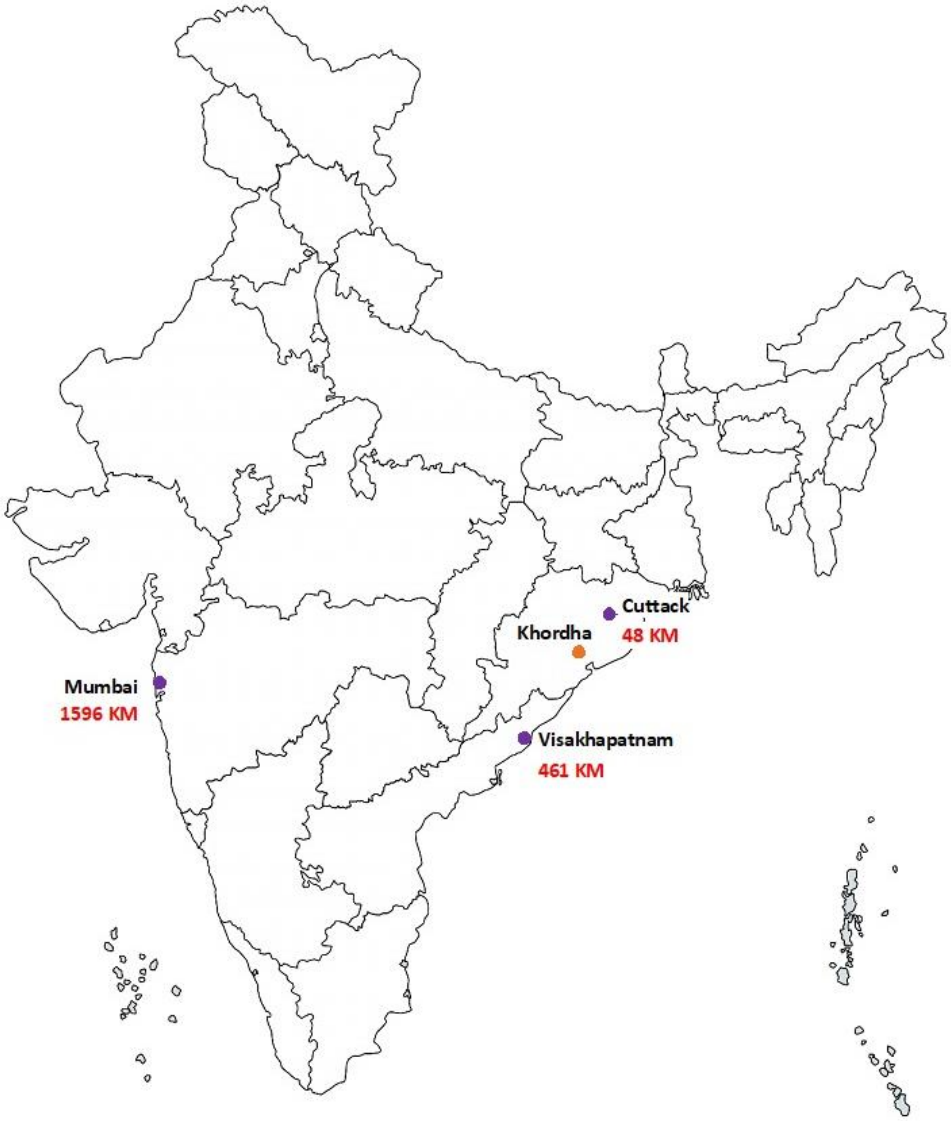
Khordha district has one medical college and hospital alongwith two district headquarters hospitals with medical diagnostic and surgical facilities. The district has 47 PHC, two up-graded PHC and 198 sub-centres. Primary health care is offered in these hospitals. Detailed information about the hospitals and PHC is presented in Table 3.

Table 3: Major government health facilities in Khordha district

Sr. No.	Institute	Number
1.	District Headquarter Hospital (DHH)	2
2.	Medical College & hospital (MCH)	1
3.	Community Health Centre (CHC)	12
4.	Urban Community Health Centre (UCHC)	4
5.	Upgraded Primary Health Centre (UGPHC)	2
6.	Primary Health Centre (PHC)	47
7.	Urban Primary Health Centre (UPHC)	24
8.	Sub-Centre (SC)	198
9.	Health and Wellness Centre (HWC)	10
Total		**300**

Patients from this area travel to many other places such as Bhubaneswar city, Cuttack, Visakhapatnam, and Mumbai for treatment. The closest cancer treatment centre for cancer patients in Khordha is in Bhubaneswar (20 Km) and the farthest is Mumbai (1,596 Km). The distance from Khordha to different cancer treatment centres is shown in Figure 2.

Figure 2: The distance from Khordha to different cancer treatment centres



3. Technical committee meeting with the state government of Odisha

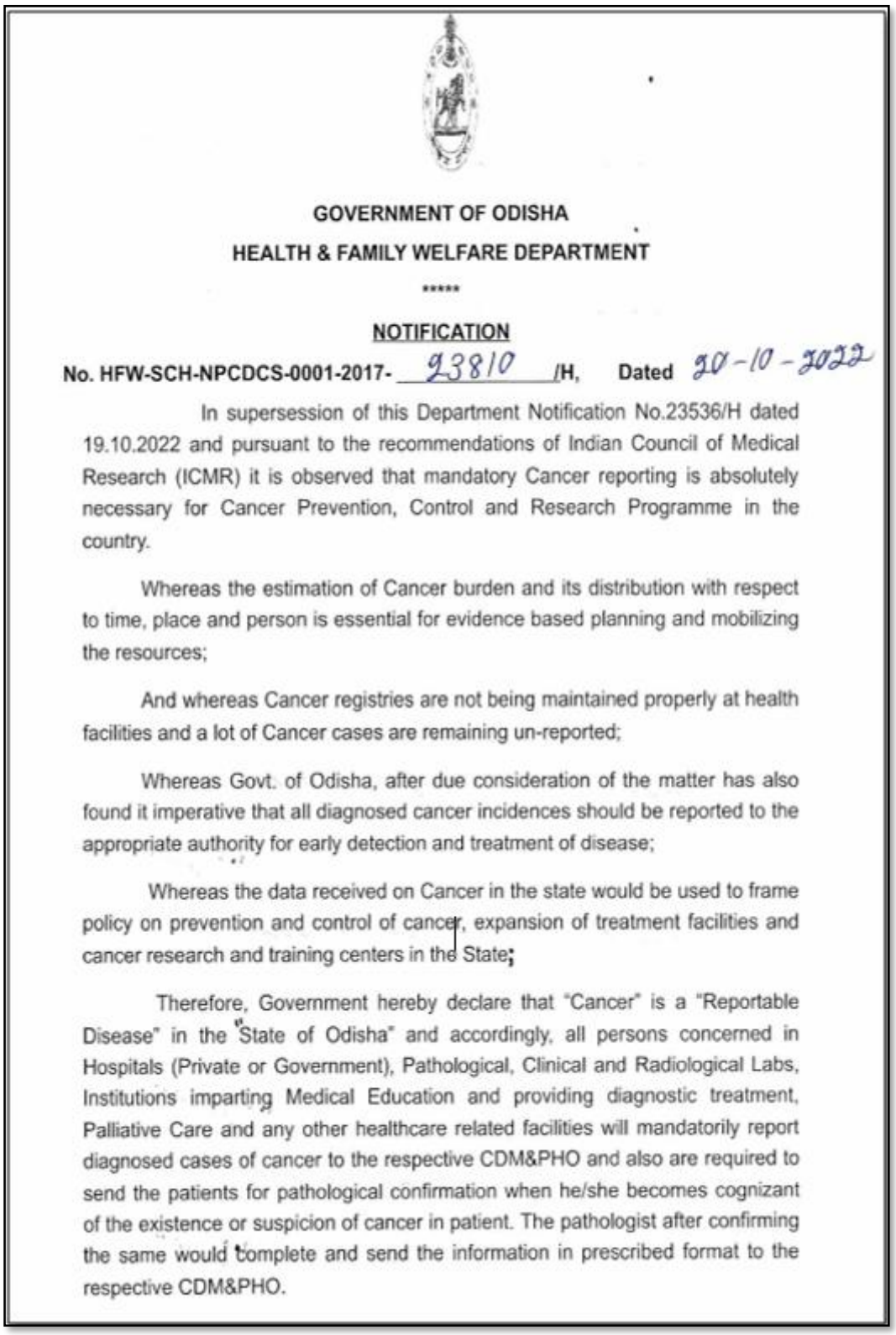
A technical committee meeting was conducted by the state government of Odisha on 21st September 2022. The agenda of the meeting was to discuss the importance of notifying cancer as a reportable disease and the necessity of a population-based cancer registry program for the state of Odisha.

The meeting was attended by the team of Tata Memorial Centre, National Institute of Science Education and Research, state government officials, and directors of government and private hospitals along with the medical superintendents.

Technical committee meeting with the government and private hospital officials of the Odisha state

4. Administrative orders

Based on the recommendation from TMC, an order was issued by the government of Odisha for declaring "**Cancer as a Reportable Disease"** on 20th October 2022.



GOVERNMENT OF ODISHA

HEALTH & FAMILY WELFARE DEPARTMENT

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NOTIFICATION

No. HFW-SCH-NPCDCS-0001-2017- 23810 /H, Dated 20-10-2022

In supersession of this Department Notification No.23536/H dated 19.10.2022 and pursuant to the recommendations of Indian Council of Medical Research (ICMR) it is observed that mandatory Cancer reporting is absolutely necessary for Cancer Prevention, Control and Research Programme in the country.

Whereas the estimation of Cancer burden and its distribution with respect to time, place and person is essential for evidence based planning and mobilizing the resources;

And whereas Cancer registries are not being maintained properly at health facilities and a lot of Cancer cases are remaining un-reported;

Whereas Govt. of Odisha, after due consideration of the matter has also found it imperative that all diagnosed cancer incidences should be reported to the appropriate authority for early detection and treatment of disease;

Whereas the data received on Cancer in the state would be used to frame policy on prevention and control of cancer, expansion of treatment facilities and cancer research and training centers in the State;

Therefore, Government hereby declare that "Cancer" is a "Reportable Disease" in the State of Odisha" and accordingly, all persons concerned in Hospitals (Private or Government), Pathological, Clinical and Radiological Labs, Institutions imparting Medical Education and providing diagnostic treatment, Palliative Care and any other healthcare related facilities will mandatorily report diagnosed cases of cancer to the respective CDM&PHO and also are required to send the patients for pathological confirmation when he/she becomes cognizant of the existence or suspicion of cancer in patient. The pathologist after confirming the same would complete and send the information in prescribed format to the respective CDM&PHO.

Whosoever is reporting or notifying cancer shall maintain a prescribed register and retain a copy of the complete format that has been submitted to the concerned CDM&PHO for all new cases diagnosed or being treated in the State of Odisha with effect from the date of this notification. This should be done within the period not exceeding two weeks from the date of diagnosis.

The notification would apply to:

- All Medical College& Hospitals (Government and Private);
- All State / Central Government /Private hospitals /dispensaries, autonomous Medical institutions;
- All hospitals covered by ESI, Industries, Railways, Civil / Army and other Central and State Government agencies;
- Any other hospitals / medical institutions not covered above; this includes Ayurveda / Unani / any other facilities.

The diagnosing or treating doctor who becomes cognizant of the cancer disease should ensure that the pathologist should be updated of the clinical details of such patients for the purpose of notifying the disease effectively.

It will be the responsibility of every doctor / pathologist / medical establishment to notify the cancer cases preferably on a real time basis, but not more than two week from date of diagnosis.

The Director, Health Services /Director Public Health / Director, Medical Education, Odisha shall take further action in the matter accordingly.

By order of the Governor

20/10/22

Commissioner-cum-Secretary to Government

Memo No. 23811 /H, **Dated** 20-10-2022

Copy forwarded to the MD,NHM, Odisha /MD, OSMCL, Bhubaneswar for information and necessary action.

20.10.2022

Joint Secretary to Government.

Memo No. 23812 /H, **Dated** 20-10-2022

Copy forwarded to the DHS(O)/ DPH(O)/DMET(O)/Director, Nursing(O)/ Director, SIHFW(O) / Director, HIVS(O) /Director, Blood Safety(O) / Director, Food Safety(O) / Director, AYUSH(O) /PD, OSACS, Bhubaneswar/ Director, Capital Hospital, Bhubaneswar/ Director, RGH Rourkela/ Drugs Controller(O), Bhubaneswar for information and necessary action.

20.10.2022

Joint Secretary to Government.

Memo No. 23813 /H, **Dated** 20-10-2022

Copy forwarded to the Director, AIIMS, Bhubaneswar/ Director, RMRC, Bhubaneswar for information and necessary action.

20.10.2022

Joint Secretary to Government.

Memo No. 23814 /H, **Dated** 20-10-2022

Copy forwarded to all CDM&PHOs/ Dean & Principal of all Govt., MCHs/ Superintendent of all Govt., MCHs/ Dean & Principal of all Private Medical Colleges/all Private Health Institutions of the State for information and necessary action.

20.10.2022

Joint Secretary to Government

Memo No. 23815 /H, **Dated** 20-10-2022

Copy forwarded to Branch Officers of all Sections of H&FW Department for information and necessary action.

20.10.2022

Joint Secretary to Government

Memo No. 23816 /H, **Dated** 20-10-2022

Copy forwarded to the IT Cell of H&FW Department for uploading the same in the Department Website .

20.10.2022

Joint Secretary to Government

The Directorate of Health Intelligence and Vital Statistics, Odisha issued an order to the CDM and Public Health Officer, Khordha to share the cancer death data to PBCR Khordha.

DIRECTORATE OF HEALTH INTELLIGENCE & VITAL STATISTICS, ODISHA

No. 846 **HI & VS-MCCD-04-2023** **Date** 21-6-2023

To

The CDM & Public Health Officer, Khordha

Sub: **Sharing of information on Deaths due to Cancer in Odisha, reported under HI & VS reporting sysem – regarding.**

Ref: **Letter No. 2961 dated 15.05.2023 of Director of Public Health, Odisha.**

Sir,

With reference to the letter on the subject mentioned above, I am to intimate you that a meeting had been conducted on 17.01.2023 under the Chairmanship of the Director Public Health, Odisha with the participation of officials from the Govt. of Odisha and other participants, for improving Population Based Cancer Registry.

(The copy of the minutues of the meeting is enclosed herewith).

In pursuance to the mintues of the meeting, Dr. Swetalana Panda, Sr. Research Co-ordinator, Population Based Cancer Registry (PBCR), Unit of Tata Memorial Centre in NISER Campus, Khordha has requested to this Directorate to share information on deaths due to Cancer in Khordha District for the period from 01.01.2022 to 31.05.2023. (copy of the letter is enclosed herwith).

In this regard, Health & F.W. Department, Govt. of Odisha has pleased to accord necessary permission vide OSWAS File No. HIVS-SBHI-MISC-0010-2023 to this Directorate for sharing of information on Deaths due to Cancer in Odisha with PBCR unit of Tata Memorial Centre in NISER Campus.

Hence, you are requested to co-operate with officials of PBCR unit of Tata Memorial Centre in NISER Campus, Khordha to share the detail information of Deaths due to Cancer in Odisha of Khordha district for the period from 01.01.2022 to 31.05.2023 as desired.

Yours faithfully,

21-6-23.

Director of Health Intelligence & Vital Statistics, Odisha

//2//

Memo No. 847 dt. 21-6-2023

Copy forwarded to **Dr. Swetalana Panda, Sr. Research Co-ordinator, Population Based Cancer Registry (PBCR), Unit of Tata Memorial Centre in NISER Campus, Khordha for information & necessary action.**

She is intimated to contact with the O/o the CDM & PHO, Khordha in this matter.

21-6-23.

Director of Health Intelligence & Vital Statistics, Odisha

Memo No. 848 dt. 21-6-2023

Copy forwarded to **the Director of Public Health, Odisha for information with reference to his letter No. 1365 dated 01.03.2023.**

21-6-23.

Director of Health Intelligence & Vital Statistics, Odisha

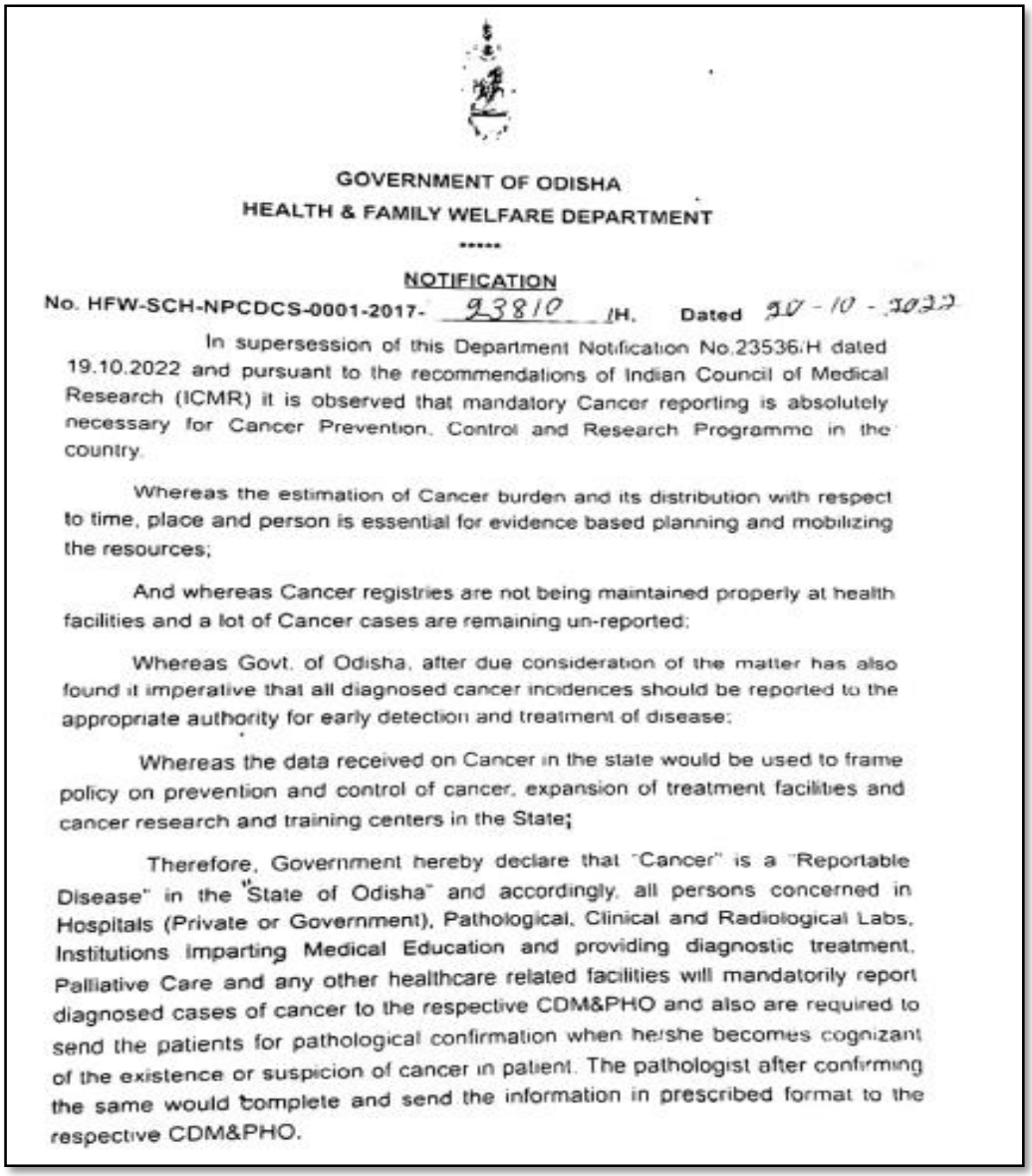
Memo No. 849 dt. 21-6-2023

Copy forwarded to **the Sr. P.S. to Commissioner-cum-Secretary, Health & F.W.Department, Govt. of Odisha for favour of kind information of the Commissioner-cum-Secretary.**

21-6-23.

Director of Health Intelligence & Vital Statistics, Odisha

Administrative Order by the Government of Odisha for the Cancer Registration Process



GOVERNMENT OF ODISHA
HEALTH & FAMILY WELFARE DEPARTMENT
.....

NOTIFICATION

No. HFW-SCH-NPCDCS-0001-2017- 23810 /H. Dated 20-10-2022

In supersession of this Department Notification No.23536/H dated 19.10.2022 and pursuant to the recommendations of Indian Council of Medical Research (ICMR) it is observed that mandatory Cancer reporting is absolutely necessary for Cancer Prevention, Control and Research Programme in the country.

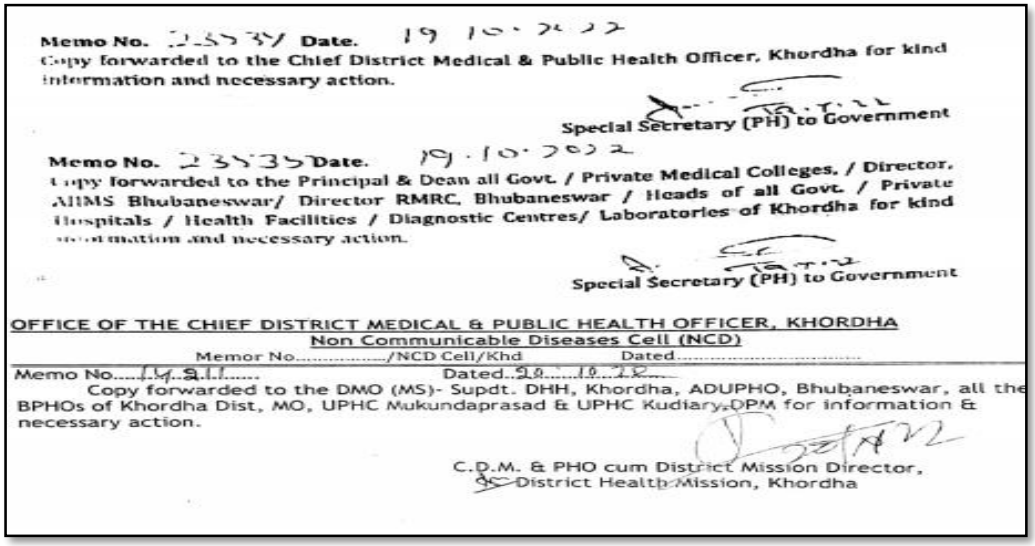
Whereas the estimation of Cancer burden and its distribution with respect to time, place and person is essential for evidence based planning and mobilizing the resources;

And whereas Cancer registries are not being maintained properly at health facilities and a lot of Cancer cases are remaining un-reported;

Whereas Govt. of Odisha, after due consideration of the matter has also found it imperative that all diagnosed cancer incidences should be reported to the appropriate authority for early detection and treatment of disease;

Whereas the data received on Cancer in the state would be used to frame policy on prevention and control of cancer, expansion of treatment facilities and cancer research and training centers in the State;

Therefore, Government hereby declare that "Cancer" is a "Reportable Disease" in the "State of Odisha" and accordingly, all persons concerned in Hospitals (Private or Government), Pathological, Clinical and Radiological Labs, Institutions imparting Medical Education and providing diagnostic treatment, Palliative Care and any other healthcare related facilities will mandatorily report diagnosed cases of cancer to the respective CDM&PHO and also are required to send the patients for pathological confirmation when he/she becomes cognizant of the existence or suspicion of cancer in patient. The pathologist after confirming the same would complete and send the information in prescribed format to the respective CDM&PHO.



Memo No. 23537 Date. 19.10.2022
Copy forwarded to the Chief District Medical & Public Health Officer, Khordha for kind information and necessary action.

Special Secretary (PH) to Government

Memo No. 23535 Date. 19.10.2022
Copy forwarded to the Principal & Dean all Govt. / Private Medical Colleges. / Director, AIIMS Bhubaneswar/ Director RMRC, Bhubaneswar / Heads of all Govt. / Private Hospitals / Health Facilities / Diagnostic Centres/ Laboratories of Khordha for kind information and necessary action.

Special Secretary (PH) to Government

OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, KHORDHA
Non Communicable Diseases Cell (NCD)
Memor No...../NCD Cell/Khd Dated.....
Memo No. 14911 Dated. 20.10.22
Copy forwarded to the DMO (MS)- Supdt. DHH, Khordha, ADUPHO, Bhubaneswar, all the BPHOs of Khordha Dist, MO, UPHC Mukundaprasad & UPHC Kudiary, DPM for information & necessary action.

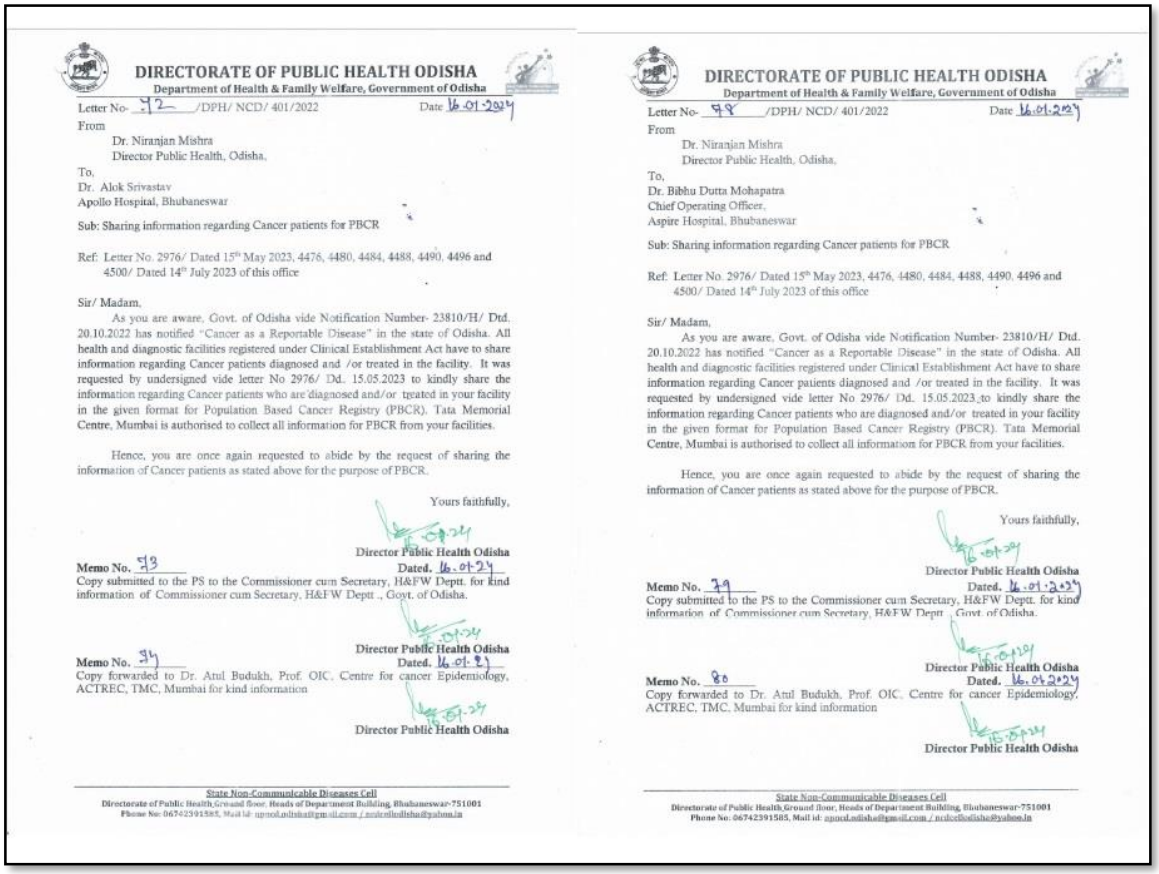
C.D.M. & PHO cum District Mission Director,
District Health Mission, Khordha

Virtual meeting with the Directorate of Public Health, Odisha and cancer treating hospitals

Initially, the registry staff faced several challenges in collecting cancer patients' data from various hospitals. The State NCD Cell, Directorate of Public Health, Government of Odisha took the initiative and conducted a virtual meeting with the leading government and private cancer hospitals from Odisha state on 17th January 2023. The purpose of the meeting was to extend support and cooperation by government and private hospitals for sharing cancer patients' data to a population-based cancer registry (PBCR). The meeting was fruitful. The Directorate of Public Health Department circulated the minutes of the meeting to all hospitals and as a result, the PBCR received good cooperation from the hospitals.

Virtual meeting with Directorate of Public Health, Government of Odisha, Tata Memorial Centre, and government as well as private cancer hospitals

List of request letters for data sharing for cancer hospitals/ diagnostic centres issued by Director of Public Health, Odisha



DIRECTORATE OF PUBLIC HEALTH ODISHA
Department of Health & Family Welfare, Government of Odisha

Letter No- 72 /DPH/ NCD/ 401/2022 Date 16.01.2024

From
Dr. Niranjan Mishra
Director Public Health, Odisha,

To,
Dr. Alok Srivastav
Apollo Hospital, Bhubaneswar

Sub: Sharing information regarding Cancer patients for PBCR

Ref: Letter No. 2976/ Dated 15th May 2023, 4476, 4480, 4484, 4488, 4490, 4496 and 4500/ Dated 14th July 2023 of this office

Sir/ Madam,

As you are aware, Govt. of Odisha vide Notification Number- 23810/H/ Dtd. 20.10.2022 has notified "Cancer as a Reportable Disease" in the state of Odisha. All health and diagnostic facilities registered under Clinical Establishment Act have to share information regarding Cancer patients diagnosed and /or treated in the facility. It was requested by undersigned vide letter No 2976/ Dd. 15.05.2023 to kindly share the information regarding Cancer patients who are diagnosed and/or treated in your facility in the given format for Population Based Cancer Registry (PBCR). Tata Memorial Centre, Mumbai is authorised to collect all information for PBCR from your facilities.

Hence, you are once again requested to abide by the request of sharing the information of Cancer patients as stated above for the purpose of PBCR.

Yours faithfully,

Director Public Health Odisha

Memo No. 73 Dated. 16.01.24
Copy submitted to the PS to the Commissioner cum Secretary, H&FW Deptt. for kind information of Commissioner cum Secretary, H&FW Deptt ., Govt. of Odisha.

Director Public Health Odisha

Memo No. 74 Dated. 16.01.24
Copy forwarded to Dr. Atul Budukh, Prof. OIC, Centre for cancer Epidemiology, ACTREC, TMC, Mumbai for kind information

Director Public Health Odisha

State Non-Communicable Diseases Cell
Directorate of Public Health,Ground floor, Heads of Department Building, Bhubaneswar-751001
Phone No: 06742391585, Mail id: ncdcell.odisha@gmail.com / ncdcellodisha@yahoo.in

DIRECTORATE OF PUBLIC HEALTH ODISHA
Department of Health & Family Welfare, Government of Odisha

Letter No- 78 /DPH/ NCD/ 401/2022 Date 16.01.2024

From
Dr. Niranjan Mishra
Director Public Health, Odisha,

To,
Dr. Bibhu Dutta Mohapatra
Chief Operating Officer,
Aspire Hospital, Bhubaneswar

Sub: Sharing information regarding Cancer patients for PBCR

Ref: Letter No. 2976/ Dated 15th May 2023, 4476, 4480, 4484, 4488, 4490, 4496 and 4500/ Dated 14th July 2023 of this office

Sir/ Madam,

As you are aware, Govt. of Odisha vide Notification Number- 23810/H/ Dtd. 20.10.2022 has notified "Cancer as a Reportable Disease" in the state of Odisha. All health and diagnostic facilities registered under Clinical Establishment Act have to share information regarding Cancer patients diagnosed and /or treated in the facility. It was requested by undersigned vide letter No 2976/ Dd. 15.05.2023 to kindly share the information regarding Cancer patients who are diagnosed and/or treated in your facility in the given format for Population Based Cancer Registry (PBCR). Tata Memorial Centre, Mumbai is authorised to collect all information for PBCR from your facilities.

Hence, you are once again requested to abide by the request of sharing the information of Cancer patients as stated above for the purpose of PBCR.

Yours faithfully,

Director Public Health Odisha

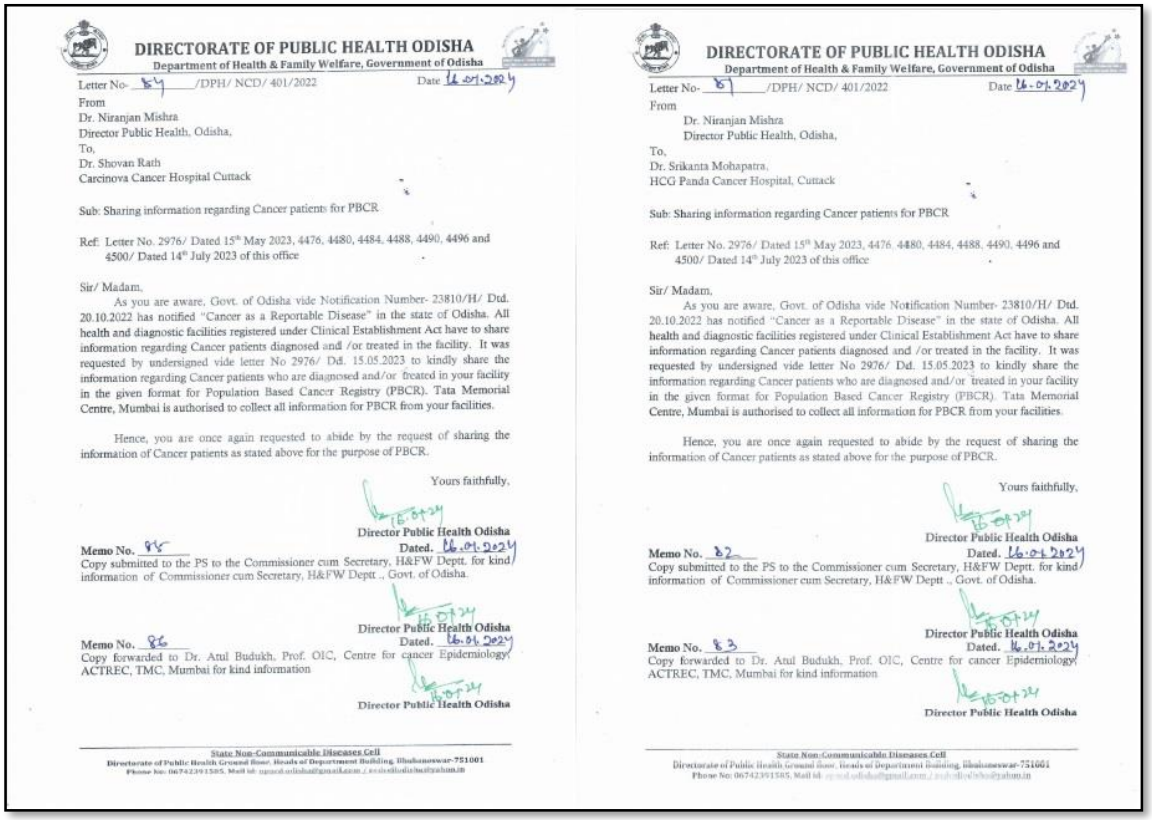
Memo No. 79 Dated. 16.01.2024
Copy submitted to the PS to the Commissioner cum Secretary, H&FW Deptt. for kind information of Commissioner cum Secretary, H&FW Deptt ., Govt. of Odisha.

Director Public Health Odisha

Memo No. 80 Dated. 16.01.2024
Copy forwarded to Dr. Atul Budukh, Prof. OIC, Centre for cancer Epidemiology, ACTREC, TMC, Mumbai for kind information

Director Public Health Odisha

State Non-Communicable Diseases Cell
Directorate of Public Health,Ground floor, Heads of Department Building, Bhubaneswar-751001
Phone No: 06742391585, Mail id: ncdcell.odisha@gmail.com / ncdcellodisha@yahoo.in



DIRECTORATE OF PUBLIC HEALTH ODISHA
Department of Health & Family Welfare, Government of Odisha

Letter No- 84 /DPH/ NCD/ 401/2022 Date 16.01.2024

From
Dr. Niranjan Mishra
Director Public Health, Odisha,

To,
Dr. Shovan Rath
Carcinova Cancer Hospital Cuttack

Sub: Sharing information regarding Cancer patients for PBCR

Ref: Letter No. 2976/ Dated 15th May 2023, 4476, 4480, 4484, 4488, 4490, 4496 and 4500/ Dated 14th July 2023 of this office

Sir/ Madam,

As you are aware, Govt. of Odisha vide Notification Number- 23810/H/ Dtd. 20.10.2022 has notified "Cancer as a Reportable Disease" in the state of Odisha. All health and diagnostic facilities registered under Clinical Establishment Act have to share information regarding Cancer patients diagnosed and /or treated in the facility. It was requested by undersigned vide letter No 2976/ Dd. 15.05.2023 to kindly share the information regarding Cancer patients who are diagnosed and/or treated in your facility in the given format for Population Based Cancer Registry (PBCR). Tata Memorial Centre, Mumbai is authorised to collect all information for PBCR from your facilities.

Hence, you are once again requested to abide by the request of sharing the information of Cancer patients as stated above for the purpose of PBCR.

Yours faithfully,

Director Public Health Odisha

Memo No. 85 Dated. 16.01.2024
Copy submitted to the PS to the Commissioner cum Secretary, H&FW Deptt. for kind information of Commissioner cum Secretary, H&FW Deptt ., Govt. of Odisha.

Director Public Health Odisha

Memo No. 86 Dated. 16.01.2024
Copy forwarded to Dr. Atul Budukh, Prof. OIC, Centre for cancer Epidemiology, ACTREC, TMC, Mumbai for kind information

Director Public Health Odisha

State Non-Communicable Diseases Cell
Directorate of Public Health Ground floor, Heads of Department Building, Bhubaneswar-751001
Phone No: 06742391585, Mail id:

DIRECTORATE OF PUBLIC HEALTH ODISHA
Department of Health & Family Welfare, Government of Odisha

Letter No- 87 /DPH/ NCD/ 401/2022 Date 16.01.2024

From
Dr. Niranjan Mishra
Director Public Health, Odisha,

To,
Dr. Srikanta Mohapatra,
HCG Panda Cancer Hospital, Cuttack

Sub: Sharing information regarding Cancer patients for PBCR

Ref: Letter No. 2976/ Dated 15th May 2023, 4476, 4480, 4484, 4488, 4490, 4496 and 4500/ Dated 14th July 2023 of this office

Sir/ Madam,

As you are aware, Govt. of Odisha vide Notification Number- 23810/H/ Dtd. 20.10.2022 has notified "Cancer as a Reportable Disease" in the state of Odisha. All health and diagnostic facilities registered under Clinical Establishment Act have to share information regarding Cancer patients diagnosed and /or treated in the facility. It was requested by undersigned vide letter No 2976/ Dd. 15.05.2023 to kindly share the information regarding Cancer patients who are diagnosed and/or treated in your facility in the given format for Population Based Cancer Registry (PBCR). Tata Memorial Centre, Mumbai is authorised to collect all information for PBCR from your facilities.

Hence, you are once again requested to abide by the request of sharing the information of Cancer patients as stated above for the purpose of PBCR.

Yours faithfully,

Director Public Health Odisha

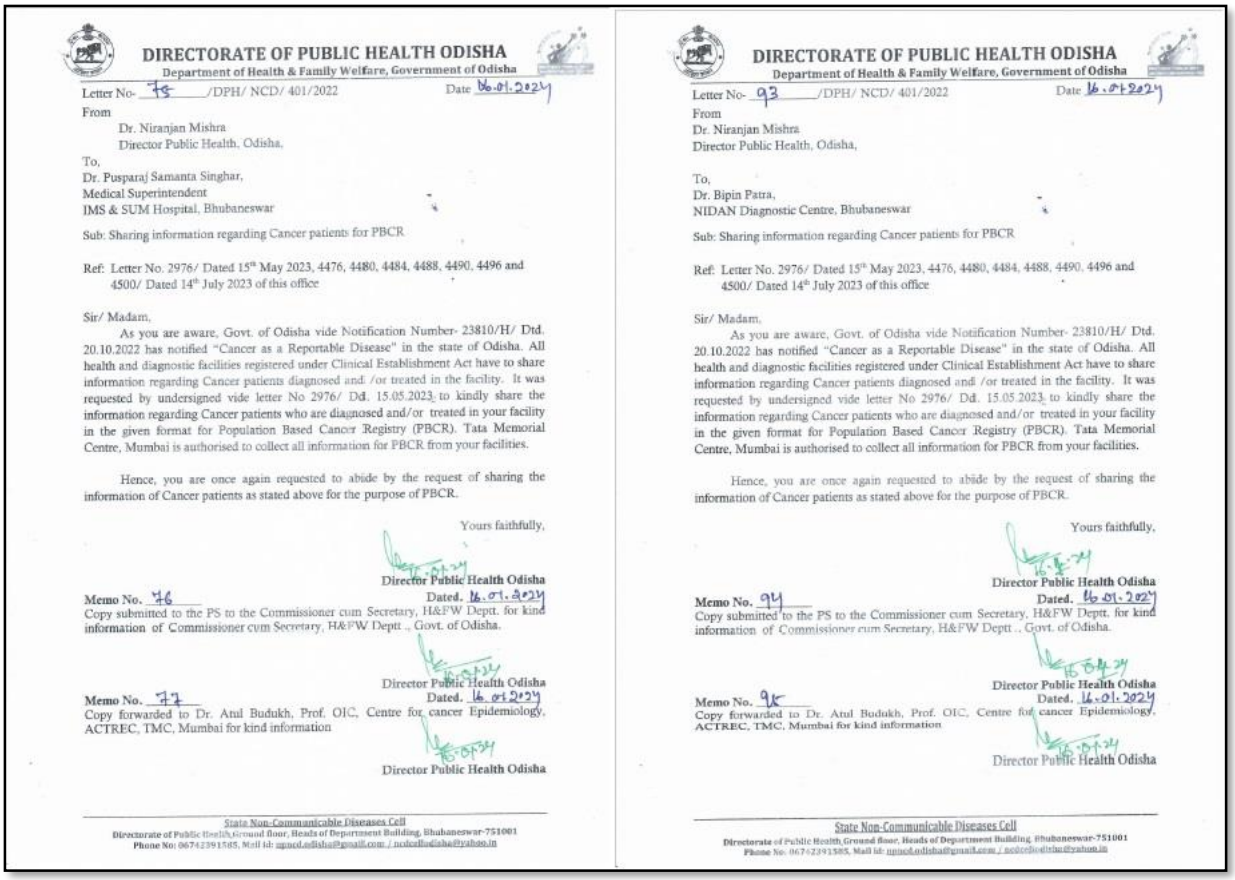
Memo No. 82 Dated. 16.01.2024
Copy submitted to the PS to the Commissioner cum Secretary, H&FW Deptt. for kind information of Commissioner cum Secretary, H&FW Deptt ., Govt. of Odisha.

Director Public Health Odisha

Memo No. 83 Dated. 16.01.2024
Copy forwarded to Dr. Atul Budukh, Prof. OIC, Centre for cancer Epidemiology, ACTREC, TMC, Mumbai for kind information

Director Public Health Odisha

State Non-Communicable Diseases Cell
Directorate of Public Health Ground floor, Heads of Department Building, Bhubaneswar-751001
Phone No: 06742391585, Mail id:



DIRECTORATE OF PUBLIC HEALTH ODISHA
Department of Health & Family Welfare, Government of Odisha

Letter No- 75 /DPH/ NCD/ 401/2022 Date 16.01.2024

From
Dr. Niranjan Mishra
Director Public Health, Odisha,

To,
Dr. Pusparaj Samanta Singhar,
Medical Superintendent
IMS & SUM Hospital, Bhubaneswar

Sub: Sharing information regarding Cancer patients for PBCR

Ref: Letter No. 2976/ Dated 15th May 2023, 4476, 4480, 4484, 4488, 4490, 4496 and 4500/ Dated 14th July 2023 of this office

Sir/ Madam,

As you are aware, Govt. of Odisha vide Notification Number- 23810/H/ Dtd. 20.10.2022 has notified "Cancer as a Reportable Disease" in the state of Odisha. All health and diagnostic facilities registered under Clinical Establishment Act have to share information regarding Cancer patients diagnosed and /or treated in the facility. It was requested by undersigned vide letter No 2976/ Dtd. 15.05.2023 to kindly share the information regarding Cancer patients who are diagnosed and/or treated in your facility in the given format for Population Based Cancer Registry (PBCR). Tata Memorial Centre, Mumbai is authorised to collect all information for PBCR from your facilities.

Hence, you are once again requested to abide by the request of sharing the information of Cancer patients as stated above for the purpose of PBCR.

Yours faithfully,

Director Public Health Odisha
Dated. 16.01.2024

Memo No. 76
Copy submitted to the PS to the Commissioner cum Secretary, H&FW Deptt. for kind information of Commissioner cum Secretary, H&FW Deptt ., Govt. of Odisha.

Director Public Health Odisha
Dated. 16.01.2024

Memo No. 77
Copy forwarded to Dr. Atul Budukh, Prof. OIC, Centre for cancer Epidemiology, ACTREC, TMC, Mumbai for kind information

Director Public Health Odisha

State Non-Communicable Diseases Cell
Directorate of Public Health, Ground floor, Heads of Department Building, Bhubaneswar-751001
Phone No: 06742391585, Mail id: [illegible]

DIRECTORATE OF PUBLIC HEALTH ODISHA
Department of Health & Family Welfare, Government of Odisha

Letter No- 93 /DPH/ NCD/ 401/2022 Date 16.01.2024

From
Dr. Niranjan Mishra
Director Public Health, Odisha,

To,
Dr. Bipin Patra,
NIDAN Diagnostic Centre, Bhubaneswar

Sub: Sharing information regarding Cancer patients for PBCR

Ref: Letter No. 2976/ Dated 15th May 2023, 4476, 4480, 4484, 4488, 4490, 4496 and 4500/ Dated 14th July 2023 of this office

Sir/ Madam,

As you are aware, Govt. of Odisha vide Notification Number- 23810/H/ Dtd. 20.10.2022 has notified "Cancer as a Reportable Disease" in the state of Odisha. All health and diagnostic facilities registered under Clinical Establishment Act have to share information regarding Cancer patients diagnosed and /or treated in the facility. It was requested by undersigned vide letter No 2976/ Dtd. 15.05.2023 to kindly share the information regarding Cancer patients who are diagnosed and/or treated in your facility in the given format for Population Based Cancer Registry (PBCR). Tata Memorial Centre, Mumbai is authorised to collect all information for PBCR from your facilities.

Hence, you are once again requested to abide by the request of sharing the information of Cancer patients as stated above for the purpose of PBCR.

Yours faithfully,

Director Public Health Odisha
Dated. 16.01.2024

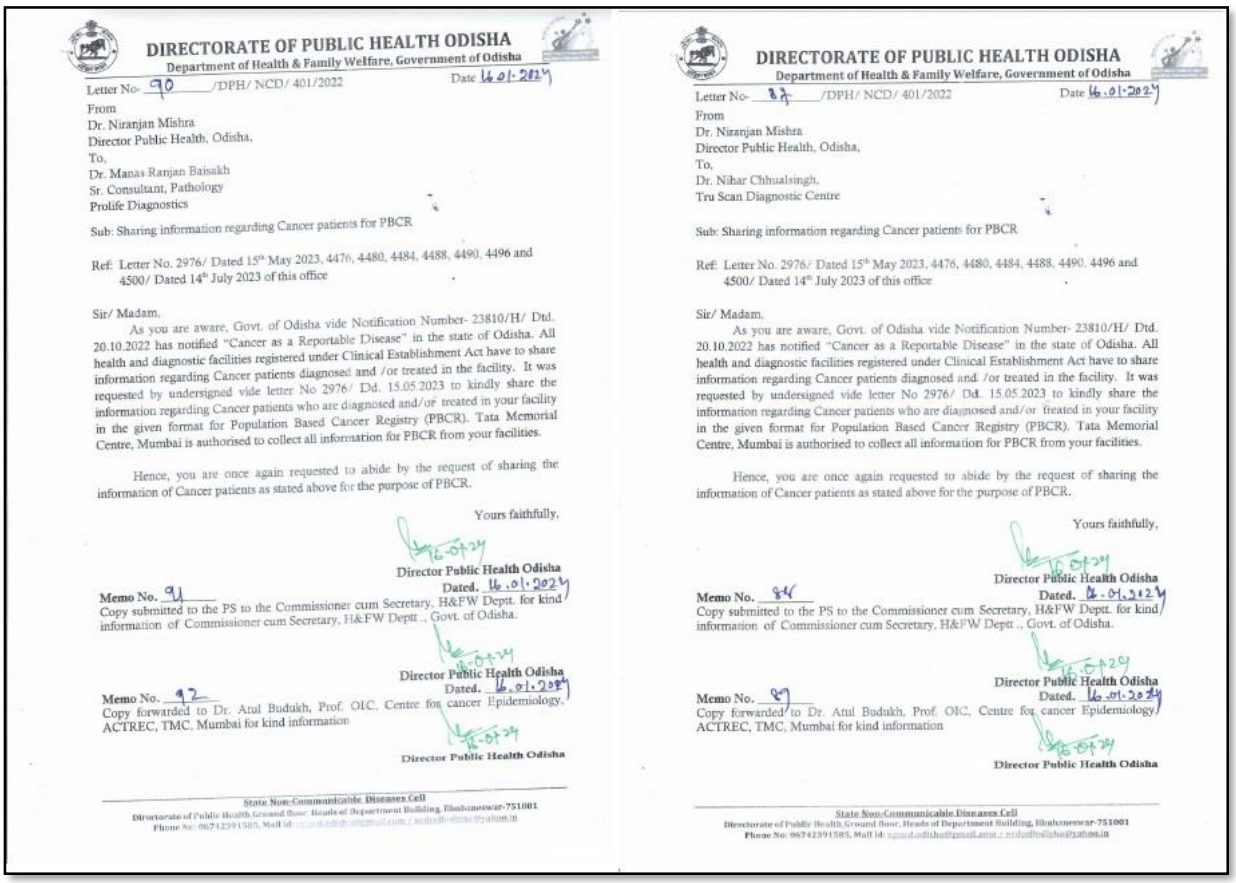
Memo No. 94
Copy submitted to the PS to the Commissioner cum Secretary, H&FW Deptt. for kind information of Commissioner cum Secretary, H&FW Deptt ., Govt. of Odisha.

Director Public Health Odisha
Dated. 16.01.2024

Memo No. 95
Copy forwarded to Dr. Atul Budukh, Prof. OIC, Centre for cancer Epidemiology, ACTREC, TMC, Mumbai for kind information

Director Public Health Odisha

State Non-Communicable Diseases Cell
Directorate of Public Health, Ground floor, Heads of Department Building, Bhubaneswar-751001
Phone No: 06742391585, Mail id: [illegible]



DIRECTORATE OF PUBLIC HEALTH ODISHA
Department of Health & Family Welfare, Government of Odisha

Letter No- 90 /DPH/ NCD/ 401/2022 Date 16.01.2024

From
Dr. Niranjan Mishra
Director Public Health, Odisha,

To,
Dr. Manas Ranjan Baisakh
Sr. Consultant, Pathology
Prolife Diagnostics

Sub: Sharing information regarding Cancer patients for PBCR

Ref: Letter No. 2976/ Dated 15th May 2023, 4476, 4480, 4484, 4488, 4490, 4496 and 4500/ Dated 14th July 2023 of this office

Sir/ Madam,

As you are aware, Govt. of Odisha vide Notification Number- 23810/H/ Dtd. 20.10.2022 has notified "Cancer as a Reportable Disease" in the state of Odisha. All health and diagnostic facilities registered under Clinical Establishment Act have to share information regarding Cancer patients diagnosed and /or treated in the facility. It was requested by undersigned vide letter No 2976/ Dtd. 15.05.2023 to kindly share the information regarding Cancer patients who are diagnosed and/or treated in your facility in the given format for Population Based Cancer Registry (PBCR). Tata Memorial Centre, Mumbai is authorised to collect all information for PBCR from your facilities.

Hence, you are once again requested to abide by the request of sharing the information of Cancer patients as stated above for the purpose of PBCR.

Yours faithfully,

Director Public Health Odisha
Dated. 16.01.2024

Memo No. 91
Copy submitted to the PS to the Commissioner cum Secretary, H&FW Deptt. for kind information of Commissioner cum Secretary, H&FW Deptt ., Govt. of Odisha.

Director Public Health Odisha
Dated. 16.01.2024

Memo No. 92
Copy forwarded to Dr. Atul Budukh, Prof. OIC, Centre for cancer Epidemiology, ACTREC, TMC, Mumbai for kind information

Director Public Health Odisha

State Non-Communicable Diseases Cell
Directorate of Public Health, Ground floor, Heads of Department Building, Bhubaneswar-751001
Phone No: 06742391585, Mail id: [illegible]

DIRECTORATE OF PUBLIC HEALTH ODISHA
Department of Health & Family Welfare, Government of Odisha

Letter No- 87 /DPH/ NCD/ 401/2022 Date 16.01.2024

From
Dr. Niranjan Mishra
Director Public Health, Odisha,

To,
Dr. Nihar Chhualsingh,
Tru Scan Diagnostic Centre

Sub: Sharing information regarding Cancer patients for PBCR

Ref: Letter No. 2976/ Dated 15th May 2023, 4476, 4480, 4484, 4488, 4490, 4496 and 4500/ Dated 14th July 2023 of this office

Sir/ Madam,

As you are aware, Govt. of Odisha vide Notification Number- 23810/H/ Dtd. 20.10.2022 has notified "Cancer as a Reportable Disease" in the state of Odisha. All health and diagnostic facilities registered under Clinical Establishment Act have to share information regarding Cancer patients diagnosed and /or treated in the facility. It was requested by undersigned vide letter No 2976/ Dtd. 15.05.2023 to kindly share the information regarding Cancer patients who are diagnosed and/or treated in your facility in the given format for Population Based Cancer Registry (PBCR). Tata Memorial Centre, Mumbai is authorised to collect all information for PBCR from your facilities.

Hence, you are once again requested to abide by the request of sharing the information of Cancer patients as stated above for the purpose of PBCR.

Yours faithfully,

Director Public Health Odisha
Dated. 16.01.2024

Memo No. 84
Copy submitted to the PS to the Commissioner cum Secretary, H&FW Deptt. for kind information of Commissioner cum Secretary, H&FW Deptt ., Govt. of Odisha.

Director Public Health Odisha
Dated. 16.01.2024

Memo No. 85
Copy forwarded to Dr. Atul Budukh, Prof. OIC, Centre for cancer Epidemiology, ACTREC, TMC, Mumbai for kind information

Director Public Health Odisha

State Non-Communicable Diseases Cell
Directorate of Public Health, Ground floor, Heads of Department Building, Bhubaneswar-751001
Phone No: 06742391585, Mail id: [illegible]

5. Area and population covered by Khordha cancer registry

Khordha district is divided into ten blocks: Balianta, Balipatna, Banapur, Begunia, Bhubaneswar, Bolagarh, Chilika, Jatni, Khordha, and Tangi. As per the census 2011, the total population of the district is 2,251,673 (Male: 1,167,137 [51.8%], Female: 1,084,536 [48.2%]). Of the total population, 11,67,357 (51.8%) are rural and 10,84,316 (48.15%) are urban. The population as per the 2011 census is mentioned in Table 4.

Table 4: Khordha district population as per census 2011

Area	No. of Households	Male	Female	Total
Rural	2,47,304	5,95,809	5,71,548	**11,67,357**
Urban	2,46,908	5,71,328	5,12,988	**10,84,316**
Total	**4,94,212**	**11,67,137**	**10,84,536**	**22,51,673**

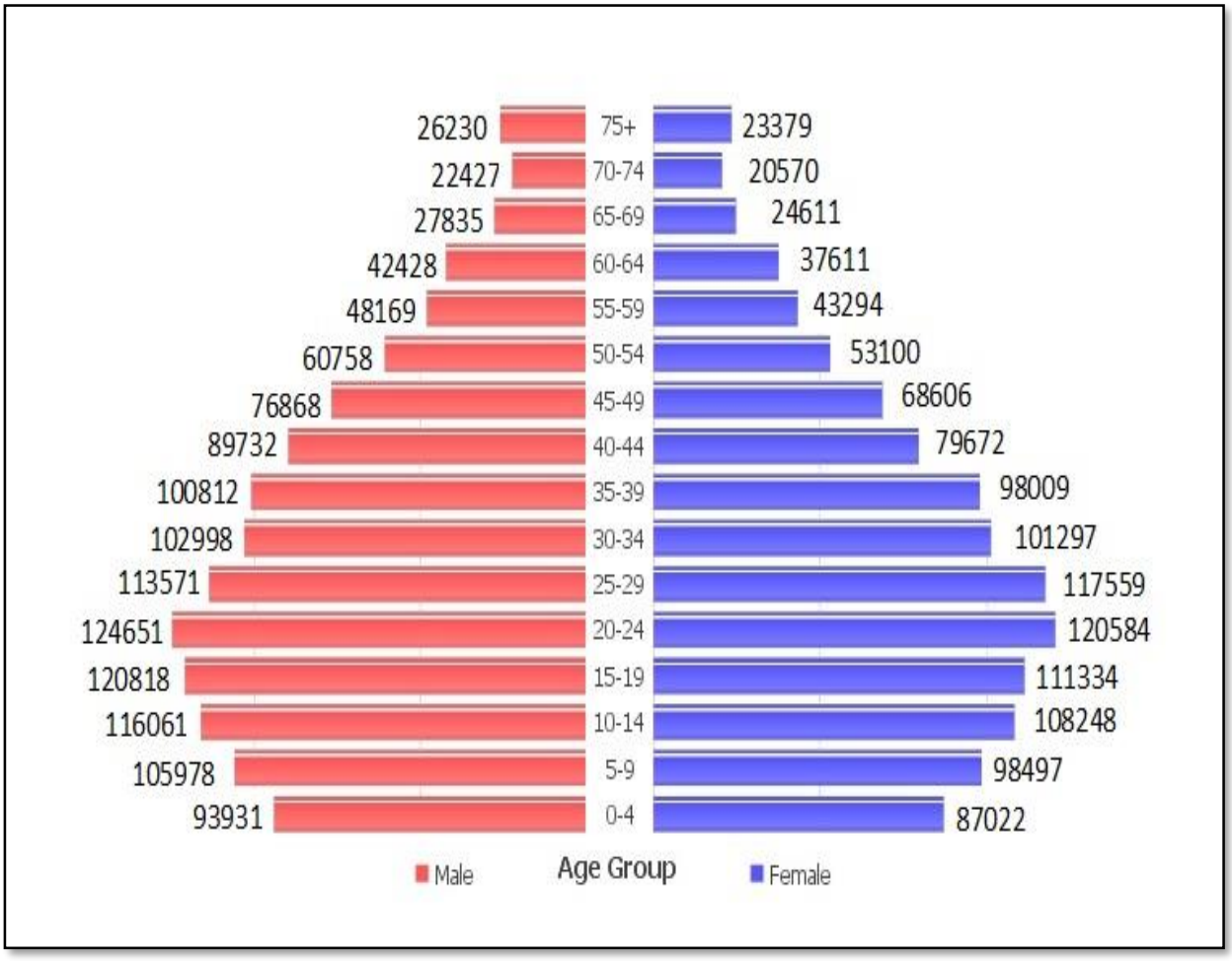
Estimated population of Khordha population-based cancer registry for the year 2022

The registry population for 2022 was estimated by the ratio method using the 2001 to 2011 census population. As a result, the total population for the year 2022 is 24,66,660 with 12,73,267 males (51.6%) and 11,93,393 females (48.4%). The estimated population of 2022 is presented in Table 5. The population pyramid of Khordha district is shown in Figure 3.

Table 5: Estimated population of Khordha District: 2022

Age group	Male		Female		Total	
	Number	%	Number	%	Number	%
0-4	93931	7.4	87022	7.3	180954	7.3
5-9	105978	8.3	98497	8.3	204475	8.3
10-14	116061	9.1	108248	9.1	224309	9.1
15-19	120818	9.5	111334	9.3	232152	9.4
20-24	124651	9.8	120584	10.1	245235	9.9
25-29	113571	8.9	117559	9.9	231130	9.4
30-34	102998	8.1	101297	8.5	204295	8.3
35-39	100812	7.9	98009	8.2	198821	8.1
40-44	89732	7.0	79672	6.7	169403	6.9
45-49	76868	6.0	68606	5.7	145475	5.9
50-54	60758	4.8	53100	4.4	113857	4.6
55-59	48169	3.8	43294	3.6	91463	3.7
60-64	42428	3.3	37611	3.2	80039	3.2
65-69	27835	2.2	24611	2.1	52445	2.1
70-74	22427	1.8	20570	1.7	42998	1.7
75+	26230	2.1	23379	2.0	49609	2.0
Total	**12,73,267**	**100**	**11,93,393**	**100**	**24,66,660**	**100**

Figure 3: Population pyramid of Khordha district: 2022



6. Cancer registration method

Staff selection and training

The infrastructure required for the functioning of the PBCR was provided by NISER, Jatni, Odisha. The office space for the cancer registry in the Health Centre Campus is equipped with furniture, seven desktop computers and a printer. The recruitment of cancer registry staff was carried out on 22nd September 2022 with the help of the NISER team.

A training workshop on "Setting up Cancer Registry and its objectives and functions" was organized from 10th to 15th October 2022 to train the newly recruited staff for the Khordha cancer registry and Medical Officers from the Department of Health and Family Welfare. The library conference room of NISER was allocated to conduct the cancer registry training programme, and the practical training in *CanReg5* software was conducted at the computer centre laboratory.

The staff were provided training on the cancer registry and its role in cancer control, cancer registration, case abstraction, ICD-O3 coding, data entry in CanReg5 software, and data analysis. Periodically cancer registration training programs were conducted by the CCE-TMC either in person or virtually. Details of training programs are mentioned in *Annexure*.

Participants from the Khordha cancer registry and the health care professionals along with the faculty from various units of TMC

In addition to the workshop, the recruited staff of the Khordha registry received field training on how to identify reportable cancer cases from patients' diagnostic reports, how to abstract the cancer case from the diagnostic reports, and how to fill in the proforma. Training was also

provided on how to fill out the verbal autopsy forms. During the field training, staff was trained to interact with village sarpanch, ASHA workers, villagers etc.

Field training for cancer data collection

Cancer incidence cases

Trained field staff of the registry visit the allotted villages periodically (in a period of 6 to 8 months) to gather information regarding the cancer cases diagnosed in the area and the cancer deaths documented in the village administrative office. The field staff interacts with the village sarpanch, Auxiliary Nurse Midwives (ANMs), Anganwadi workers, Accredited Social Health Activist (ASHA) workers, and the medical officer of the PHC. This helps them collect information regarding diagnosed cancer cases in the village as well as any cancer deaths that have occurred in the village. To cover urban areas, registry staff visits the municipal wards, urban PHCs, various hospitals, and other diagnostic centres to gather cancer case information on urban population of Khordha district. This helps them collect information regarding cancer cases diagnosed or cancer deaths that have occurred in the village and urban areas of Khordha district. The field staff takes detailed information about the cancer case and visits the patient's house, along with the ASHA workers. The field staff interacts with the patient/patient's relative and asks the following questions:

- When was the patient diagnosed with cancer?
- Does the patient have a case file number with the treating hospital?
- Does the patient have any discharge report, biopsy report, or CT scan report?

The field staff notes down the available information. As per the information provided by the patient/patient's relative, the field staff communicates with the treating cancer centre, collects the clinical details of the patient, and registers the cancer case in the prescribed

proforma. In case of inaccessibility to the medical records of the patient, staff registers the case based on the information provided by the patient/patient's relatives. The quality control of the data collected has been done by the senior staff of CCE-TMC, Mumbai.

During the second visit, the field staff updates the status of the cancer cases. The field worker also identifies any new cancer cases/deaths in the village and repeats the same procedure mentioned above. This is a continuous process of village visits.

Cancer death cases

During the village visit, the field staff inquires about cancer deaths that have occurred in the village. The staff also collects the death case information from the birth and death records in the Registrar's office. The field staff interacts with the patient/patient's relative and collects information regarding cancer death. Based on the information provided by the relatives and by matching the information with the medical records available in the cancer registry, the cancer deaths are registered.

Cancer prevalence cases

During the field visit, sometimes field staff may come across cases diagnosed before 2022. In this situation, the field staff collect detailed information on the cancer case from the patient's relative and maintain the data in the registry office. During the second visit, field staff updates the status of the cancer cases. If there is any death of the prevalent case in that year, then the cancer death is registered after matching the information with the registry record. For the year 2022, Khordha PBCR has a record of 1,197 [Male: 531 (44.4%), Female 666 (55.6%)] prevalent cancer cases.

Data collection from village visit

Data collection through hospital visit

Data checking and quality control

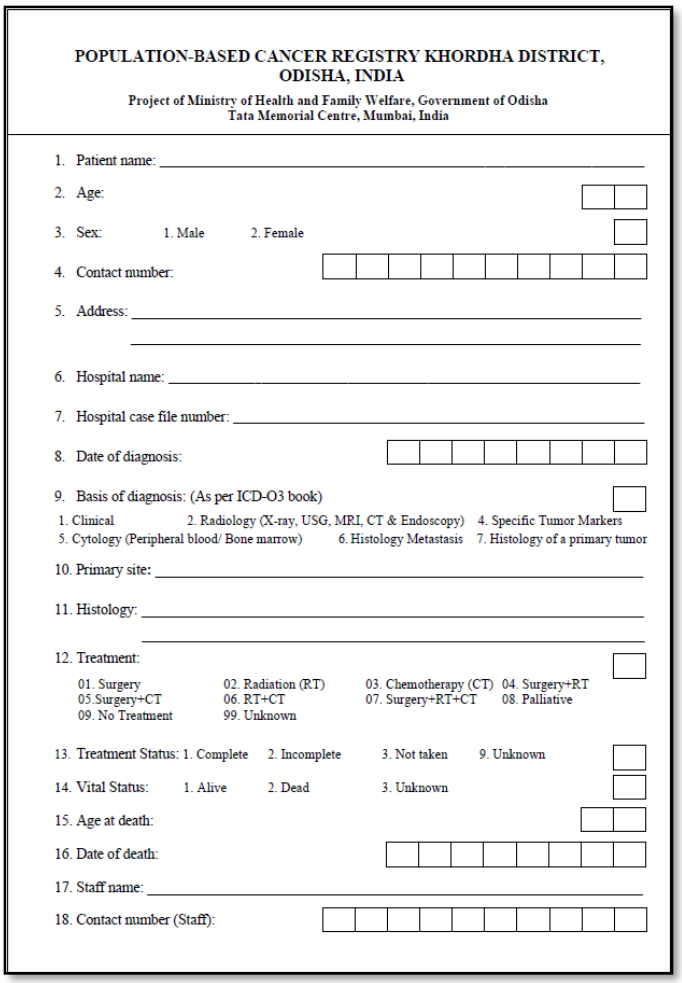
All the cases collected by field staff from the villages as well as from the hospitals are scrutinized by the senior staff members. After residence confirmation, the cancer case information is documented in a prescribed format. The detailed cancer registry proforma is mentioned in the Annexure. The primary site and histology are coded based on the International Classification of Diseases for Oncology – Third Edition, Geneva, 2000 (ICD-O3). [14] The TMC-CCE team regularly performs data quality control.

Data entry

The data entry is carried out in CanReg5 software developed by the International Agency for Research on Cancer (IARC), Lyon, France. [15]

After duplicate checking and other quality measures, cancer incidence and death cases are registered. The cancer registration process of the registry is presented in Figure 4.

Data collection Single page proforma and Data Management Application (DMA) Application

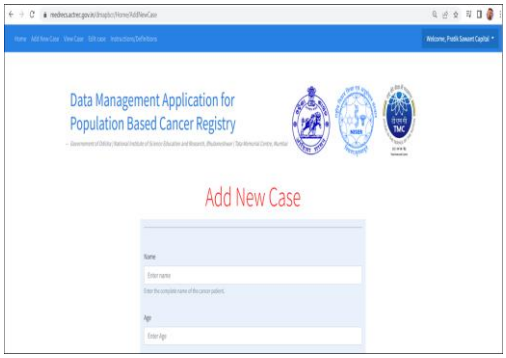


POPULATION-BASED CANCER REGISTRY KHORDHA DISTRICT, ODISHA, INDIA

Project of Ministry of Health and Family Welfare, Government of Odisha
Tata Memorial Centre, Mumbai, India

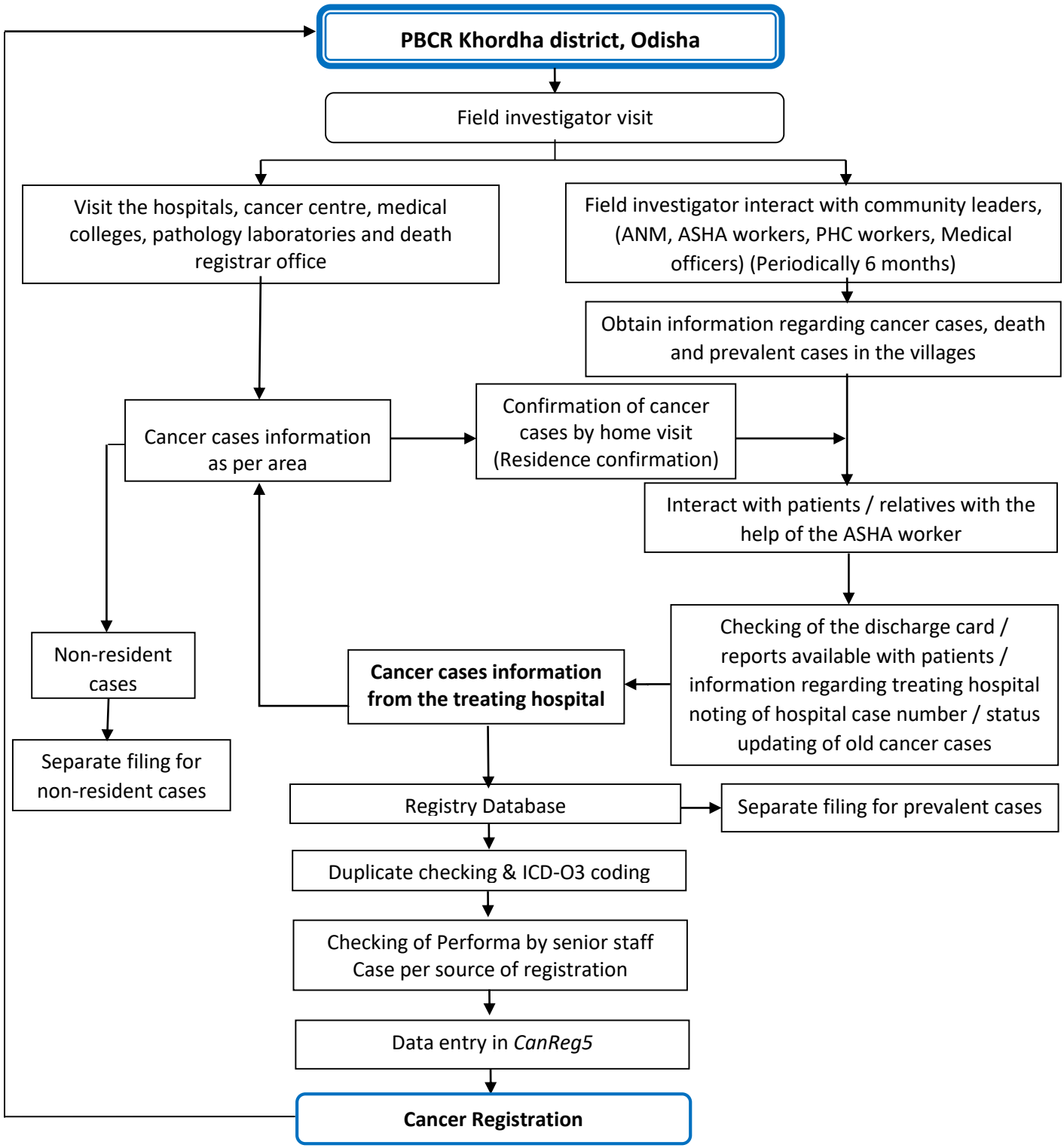
1. Patient name: _____
2. Age: ☐☐
3. Sex: 1. Male 2. Female ☐
4. Contact number: ☐☐☐☐☐☐☐☐☐☐
5. Address: _____
   _____
6. Hospital name: _____
7. Hospital case file number: _____
8. Date of diagnosis: ☐☐☐☐☐☐☐☐
9. Basis of diagnosis: (As per ICD-O3 book) ☐
   1. Clinical 2. Radiology (X-ray, USG, MRI, CT & Endoscopy) 4. Specific Tumor Markers
   5. Cytology (Peripheral blood/ Bone marrow) 6. Histology Metastasis 7. Histology of a primary tumor
10. Primary site: _____
11. Histology: _____
    _____
12. Treatment: ☐
    01. Surgery 02. Radiation (RT) 03. Chemotherapy (CT) 04. Surgery+RT
    05.Surgery+CT 06. RT+CT 07. Surgery+RT+CT 08. Palliative
    09. No Treatment 99. Unknown
13. Treatment Status: 1. Complete 2. Incomplete 3. Not taken 9. Unknown ☐
14. Vital Status: 1. Alive 2. Dead 3. Unknown ☐
15. Age at death: ☐☐
16. Date of death: ☐☐☐☐☐☐☐☐
17. Staff name: _____
18. Contact number (Staff): ☐☐☐☐☐☐☐☐☐☐

Single page Performa for PHC/ CHC Staff



Online DMA Application

Figure 4: Cancer registration method



Cancer cases data collection from different hospitals/ other sources

The registry staff regularly visits the following centres to collect information on cancer cases and death cases in the Khordha district. The different sources of data collection are mentioned in Table 6.

Table 6: Different sources of data collection

Sr. No.	Institution Name	Place
1	Acharya Harihar Post Graduate Institute of Cancer	Cuttack
2	Apollo Hospital	Bhubaneswar
3	All India Institutes Of Medical Sciences	Bhubaneswar
4	Sparsh Hospital & Critical Care	Bhubaneswar
5	Sum Ultimate Hospital	Bhubaneswar
6	Sum Hospital	Bhubaneswar
7	Manipal Hospital	Bhubaneswar
8	Health Village Hospital	Bhubaneswar
9	Capital Hospital	Bhubaneswar
10	Hitech Hospital	Bhubaneswar
11	Gen X Hospital	Bhubaneswar
12	ESIC Hospital	Bhubaneswar
13	Neelachal Hospital	Bhubaneswar
14	Vivekananda Health Care & Medical Hospital	Bhubaneswar
15	Kalinga Institute of Medical Science Hospital	Bhubaneswar
16	CGHS Hospital	Bhubaneswar
17	Care Hospital	Bhubaneswar
18	Sun Shine Hospital	Bhubaneswar
19	Laxmi Poly Clinic	Bhubaneswar
20	Super Religare Laboratories (SRL) Diagnostics	Bhubaneswar
21	198 – Sub-centres	Khordha district
22	71 – Primary Health Centres (Urban & Rural)	Khordha district
23	16 – Community Health Centres (Urban & Rural)	Khordha district
24	HCG Panda Cancer Centre	Cuttack
25	Tata Memorial Hospital	Mumbai
26	Homi Bhabha Cancer Hospital & Research Centre	Vishakhapatnam

7. Community involvement in the cancer registration process

The cancer patients from this area travel 20 km to 1600 km for cancer treatment. The Odisha Government has initiated the NCD programme which sensitizes the community leaders on the importance of the disease and the cancer registration process. The primary health centre staff, UPHC staff, municipal ward officials, ASHA workers, and Anganwadi workers cooperate by providing information on newly diagnosed cancer/cancer deaths that have occurred in the Khordha district. The trained research staff from the registry continuously interacts with these community members to obtain information regarding cancer cases in the Khordha district.

Due to community interaction, we are 100% sure about the residence confirmation of the cancer cases. Interaction with the patient/ patient's relatives provides demographic information such as education, income, and religion, etc. Regular village/urban ward visits and communications with the community have enabled us to update the status of cancer patients, which will be utilized for cancer survival analysis. Initially, few cancer centres refused to provide the cancer case data. In this situation, due to field visits and interactions with community leaders, we can get information on the cancer cases from the village after contacting patients/ their relatives through these community leaders. At present, registry staff has interacted with 4,687 community leaders of 124 wards and 1,716 villages of ten blocks of Khordha district.

Registry staff interacted with community leaders and primary health centre staff to collect information about diagnosed cancer cases. The details of the blocks are presented in Table 7.

Table 7: Community Leaders/PHC Staff Involved in the Cancer Registration Process

Block Name	Total villages/ wards	Sarpanch/ MC	SMO	MO	BPM	CHO	ANM	Asha Worker	Anganwadi Worker	MPHW	Other	Total
Balianta	166	16	1	12	1	20	20	115	181	10	5	**381**
Balipatna	119	15	1	14	1	20	17	115	185	7	5	**380**
Banapur	266	17	1	5	1	8	15	138	289	12	4	**490**
Begunia	171	21	1	13	1	17	21	135	255	10	7	**481**
Bhubaneswar	117	20	1	4	1	20	20	107	182	12	9	**376**
Bolagarh	231	19	1	16	1	11	19	132	137	17	6	**359**
Chilika	159	14	1	5	1	18	16	142	188	13	4	**402**
Jatni	111	23	1	7	1	12	12	85	15	3	4	**163**
Khordha	129	22	1	6	1	20	21	136	134	8	7	**356**
Tangi	247	26	1	7	1	16	17	157	288	9	5	**527**
Bhubaneswar (U)	113	67	1	26	75	0	0	226	158	0	9	**562**
Jatni (Urban)	6	24	1	1	6	0	0	13	67	0	3	**115**
Khordha (Urban)	5	22	1	2	5	0	0	11	50	0	4	**95**
Urban Total	**1,840**	**306**	**13**	**118**	**96**	**162**	**178**	**1,512**	**2,129**	**101**	**72**	**4,687**

MC: Municipal Corporator, MOIC: Medical Officer Incharge, MO: Medical Officer, BPM: Block Programme Manager, CHO: Community Health Officer, ANM: Auxiliary Nurse Midwife, ASHA: Accredited Social Health Activist, MPHW: Multipurpose Health Worker

8. Cancer cases registered by source of registration: First source of registration

Village/ house visit is the primary source of information; further, these cases are again verified from different diagnostic centres as well as treatment centres. The village/ house visit is the major source to register cancer incidence and mortality. About 30.8% of cancer incidence and 40.8% mortality cases were collected by village/ house visits. The vital status of the incidence cases is updated through telephone contact or house visits. Along with field visits, the Acharya Harihar Post Graduate Institute of Cancer, Apollo Hospital, HCG Panda Cancer Hospital, AIIMS, and SUM Hospital are major sources of cancer cases data collection. The cancer incidence and mortality cases registered by the source of registration are mentioned in Tables 8 and 9.

Table 8: Cancer incidence cases information by the first source of registration

Sr. No.	Source of registration	Male		Female		Total	
		Number	%	Number	%	Number	%
1	Village/ house visit	261	32.4	239	29.1	500	30.8
2	Acharya Harihar Post Graduate Institute of Cancer, Cuttack	94	11.7	85	10.4	179	11.0
3	Apollo Hospital, Bhubaneshwar	91	11.3	86	10.5	177	10.9
4	HCG Panda Cancer Hospital, Cuttack	72	8.9	68	8.3	140	8.6
5	All India Institutes Of Medical Sciences (AIIMS), Bhubaneswar	55	6.8	64	7.8	119	7.3
6	SUM Hospital, Bhubaneswar	38	4.7	58	7.1	96	5.9
7	Capital Hospital, Bhubaneswar	28	3.5	33	4.0	61	3.8
8	Tata Memorial Centre, Mumbai	34	4.2	26	3.2	60	3.7
9	Kalinga Institute of Medical Science Hospital, Bhubaneswar	22	2.7	25	3.0	47	2.9
10	SUM ultimate Hospital, Bhubaneswar	18	2.2	23	2.8	41	2.5
11	Sparsh Hospital & Critical Care, Bhubaneswar	15	1.9	22	2.7	37	2.3
12	Utkal Hospital, Bhubaneswar	13	1.6	13	1.6	26	1.6
13	AMRI Hospital, Bhubaneswar	10	1.2	12	1.5	22	1.4
14	Gen X Hospital, Bhubaneswar	2	0.2	15	1.8	17	1.0
15	ESIC Hospital, Bhubaneswar	10	1.2	5	0.6	15	0.9
16	Others	42	5.2	46	5.6	88	5.4
Total		**805**	**100.0**	**820**	**100.0**	**1,625**	**100.0**

Table 9: Cancer mortality cases information by the first source of registration

Sr. No.	Source of registration	Male		Female		Total	
		Number	%	Number	%	Number	%
1	Village/ house visit	151	42.2	111	39.1	262	40.8
2	Acharya Harihar Post Graduate Institute of Cancer, Cuttack	59	16.5	43	15.1	102	15.9
3	All India Institutes Of Medical Sciences, Bhubaneswar	32	8.9	22	7.7	54	8.4
4	HCG Panda Cancer Hospital, Cuttack	21	5.9	15	5.3	36	5.6
5	Apollo Hospital, Bhubaneswar	15	4.2	11	3.9	26	4.0
6	SUM Hospital, Bhubaneswar	11	3.1	13	4.6	24	3.7
7	SUM ultimate Hospital, Bhubaneswar	8	2.2	8	2.8	16	2.5
8	Manipal Hospital, Bhubaneswar	6	1.7	5	1.8	11	1.7
9	Sparsh Hospital & Critical Care, Bhubaneswar	6	1.7	5	1.8	11	1.7
10	Kalinga Institute of Medical Science Hospital, Bhubaneswar	7	2.0	3	1.1	10	1.6
11	Capital Hospital, Bhubaneswar	5	1.4	4	1.4	9	1.4
12	Tangi CHC	3	0.8	5	1.8	8	1.2
13	Tata Memorial Centre, Mumbai	2	0.6	6	2.1	8	1.2
14	Balipatna CHC	4	1.1	3	1.1	7	1.1
15	ESIC Hospital, Bhubaneswar	3	0.8	2	0.7	5	0.8
16	Others	25	7.0	28	9.9	53	8.3
Total		**358**	**100.0**	**284**	**100.0**	**642**	**100.0**

9. Quality control

Mortality to incidence ratio

The mortality-incidence or MI ratio is an indicator of the completeness and accuracy of cancer registry data. In the year 2022; 1,625 cancer incident cases [Male: 805 (49.5%); Female: 820 (50.5%)] have been registered by PBCR Khordha district. For the same period, 642 cancer deaths have been registered [Male: 358 (55.8%); Female: 284 (44.2%)]. The overall mortality to incidence ratio is 0.39 [Male: 0.44; Female: 0.35]. The MI ratio is lower as compared to Barshi rural PBCR in India. [16] As compared to other cancer registries, we have noted 10-15% under reporting. There is under reporting of cancer incidence and death cases, as this is the first year of the cancer registry, in the coming year there will be improvement in the cancer registration system.

Data checking

Quality control of data was carried out by the CCE-TMC team. During the quality control exercise, it was observed that the registry staff needed to be re-trained in the abstraction of cases of unknown primary sites, metastatic cases, and hematopoietic malignancies. The retraining was organized through virtual sessions by the CCE-TMC, Mumbai. The data was updated and re-entered.

The senior officials from CCE-TMC, Mumbai regularly visit Khordha PBCR for data checking and quality control. The list of visits by senior officials of CCE-TMC, Mumbai for data checking and quality control is mentioned below.

Sr. No.	Date	Faculty	No. of days
1.	16 to 21 Jan 2023	Ms. Sushama Saoba and Mrs. Amruta Mhatre	6
2.	13 to 23 Aug 2023	Mr. Prithviraj Kadam	11
3.	18 to 21 Aug 2023	Dr. Atul Budukh	4
4.	16 to 21 Oct 2023	Mr. Prithviraj Kadam	6
5.	29 Jan to 6 Feb 2024	Ms. Sushama Saoba and Mr. Prithviraj Kadam	9
6.	29 Apr to 26 May 2024	Ms. Samyukta Shivshankar	28
7.	18 to 27 Jun 2024	Mr. Prithviraj Kadam and Mr. Pratik Sawant	10
8.	13 to 19 Oct 2024	Dr. Atul Budukh, Mrs. Sonali Bagal, and Mr. Prithviraj Kadam	7

Incidence rates of childhood cancers

In the year 2022, PBCR registered 15 cancer cases in boys and 8 in girls. The age-specific rates reported for paediatric cancer are mentioned in Table 10.

Table 10: Incidence rate of paediatric cancer cases in Khordha district PBCR: 2022

Age group	Boys		Girls	
	Number of Cases	Age-Specific Rate	Number of Cases	Age-Specific Rate
0 – 4	3	31.9	3	34.5
5 – 9	9	84.9	2	20.3
10 – 14	3	25.8	3	27.7
Age Adjusted Rate per 1,000,000 (AAR per million)	**47.3**		**27.9**	

Of the total 1,625 cancer cases, 23 (1.4%) cases are paediatric cancer cases. The age-adjusted incidence rate for the paediatric age group (0-14) was 47.3 per million for boys and 27.9 per million for girls. As per the International Incidence of Childhood Cancer volume III, the incidence rate for boys and girls is less than 60 per million.[17] There is an under-reporting/ under-diagnosis of the paediatric cancer cases.

Microscopic verification of the cases

In the year 2022, out of 805 male cases, 658 cases (81.7%) were diagnosed with microscopic verification. 1.5% of cases were diagnosed based on radiological findings and 13.3% of cases were diagnosed clinically. In females, out of 820 cases, we have 655 cases (79.9%) diagnosed with microscopic verification. 1.0% of cases were diagnosed on radiological findings and 16.5% of cases were diagnosed clinically.

Most of the other and unspecified cases were based on verbal autopsy.

Death Certificate Only (DCO) Cases

We have registered 28 (3.5%) cases in males and 22 (2.7%) cases in females under the DCO/Other categories. The death cases have been registered based on the narration/relative's remarks/discharge summary available with the patient's relative. In principle, they are not registered based on the death certificate only because the death certificate does not mention the cause of death. In the initial period of the registry, DCO cases are always high.[18]

Per source case registration

The number of sources per incidence case registered was noted. The cases were counted as per source notification. In Khordha district, the average number of sources per the case registered is 1.6, details are mentioned in the Table 11. Due to field interactions, the coverage is satisfactory.

Table 11: Per source case registration

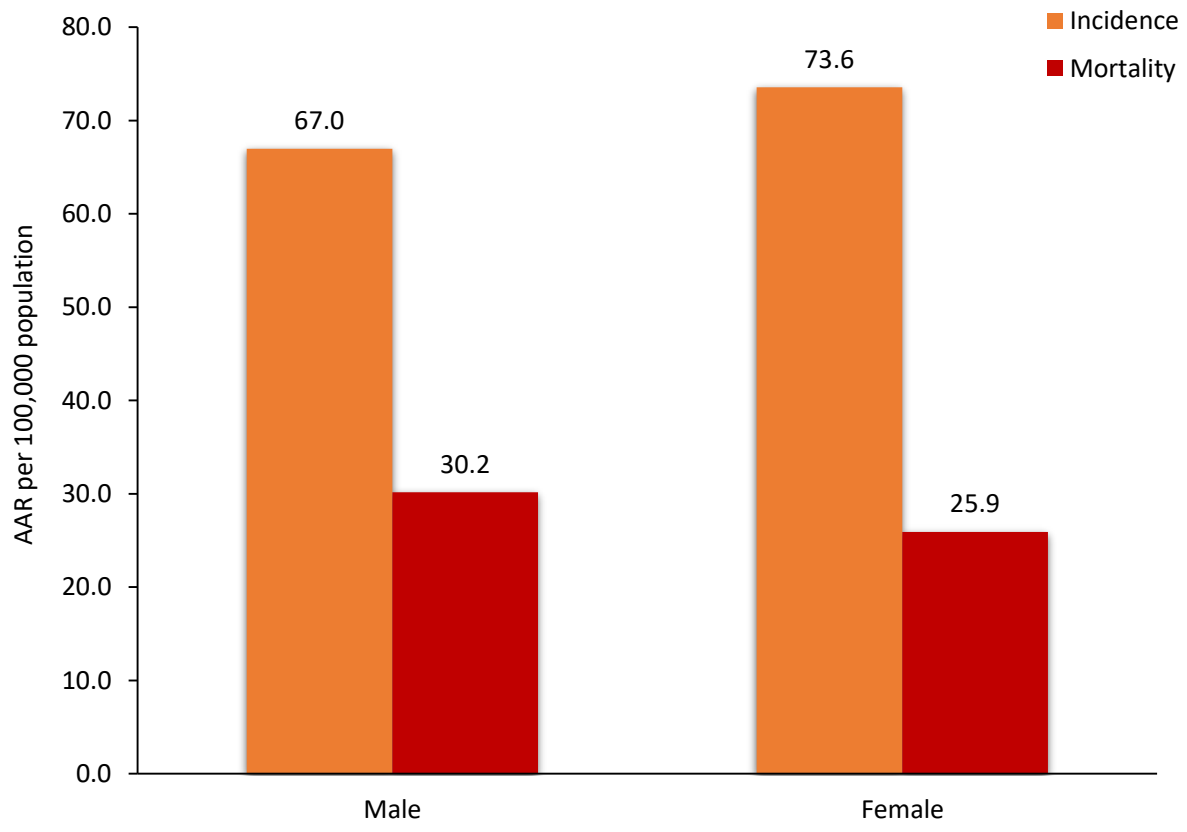
Source	Number of cases confirm
Source 1	1,323
Source 2	1,021
Source 3	247
Source 4	32
Source 5	2
Source 6	2
Total sources	**2,627**
Per source of registration	**1.6 (2,627/1,625)**

10. Cancer incidence and mortality: All sites

In the year 2022, the cancer registry registered 1,625 cancer cases. There were 805 males (49.5%) cases and 820 females (50.5%) cases. The age-adjusted incidence rate for males was 67.0 per 100,000 population and for females, it was 73.6 per 100,000 population.

In the year 2022, the cancer registry registered 642 cancer deaths of which 358 were male (55.8%) deaths and 284 were female (44.2%) deaths. The age-adjusted mortality rate for males was 30.2 per 100,000 population and for females, it was 25.9 per 100,000 population. The cancer incidence and mortality rates for all sites for males and females are presented in Figure 5.

Figure 5: All sites cancer incidence and mortality rate by gender: 2022



11. Gender-wise Leading cancer sites

Among males, mouth, stomach, lung, tongue, prostate, non-Hodgkin lymphoma, gallbladder, liver, colon, and rectum were the leading cancer sites. The top ten leading cancer sites for males are presented in Figure 6. Among females, breast, ovary, cervix uteri, stomach, gallbladder, mouth, lung, corpus uteri, colon, and rectum were the leading cancer sites. The top ten leading cancer sites for females are presented in Figure 7.

Figure 6: Leading cancer sites in males: 2022

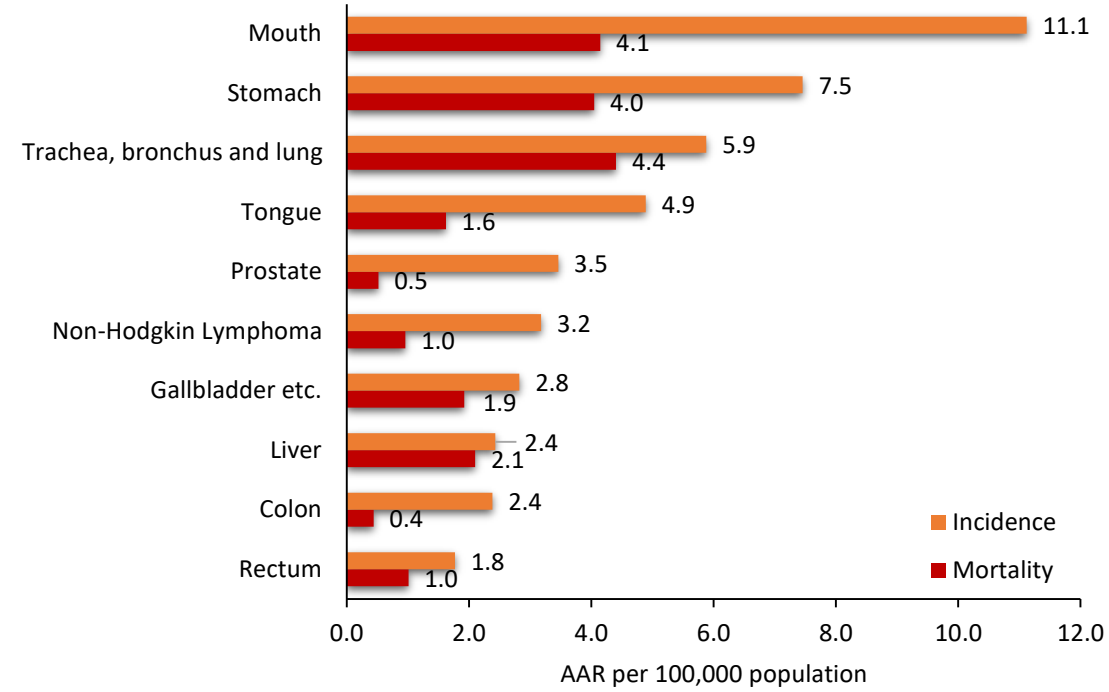
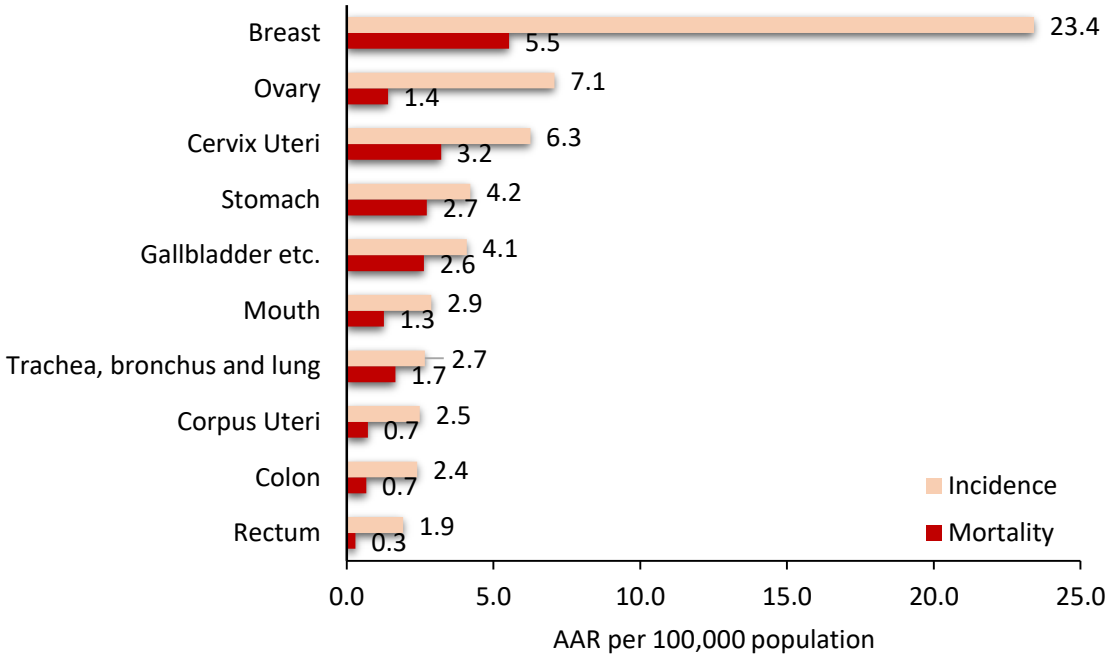


Figure 7: Leading cancer sites in females: 2022



Comparison of leading cancer sites with other Indian registries

The site-wise cancer cases details are shown in respective tables below with crude rate, age-adjusted incidence rate, and truncated rate. The age-specific incidence rate for males and females for each site, as well as comparisons with other Indian registries, are also depicted in the respective figures below.

Cancer of mouth (C03-C06)

	Male	Female
Number of cases	144	31
% of total cases	17.9	3.8
Crude Incidence Rate per 100,000	11.3	2.6
Age-Adjusted Incidence Rate per 100,000	**11.1**	**2.9**
Truncated Rate per 100,000	29.4	6.4

Figure 8: Age-specific incidence rate of cancer of mouth: 2022

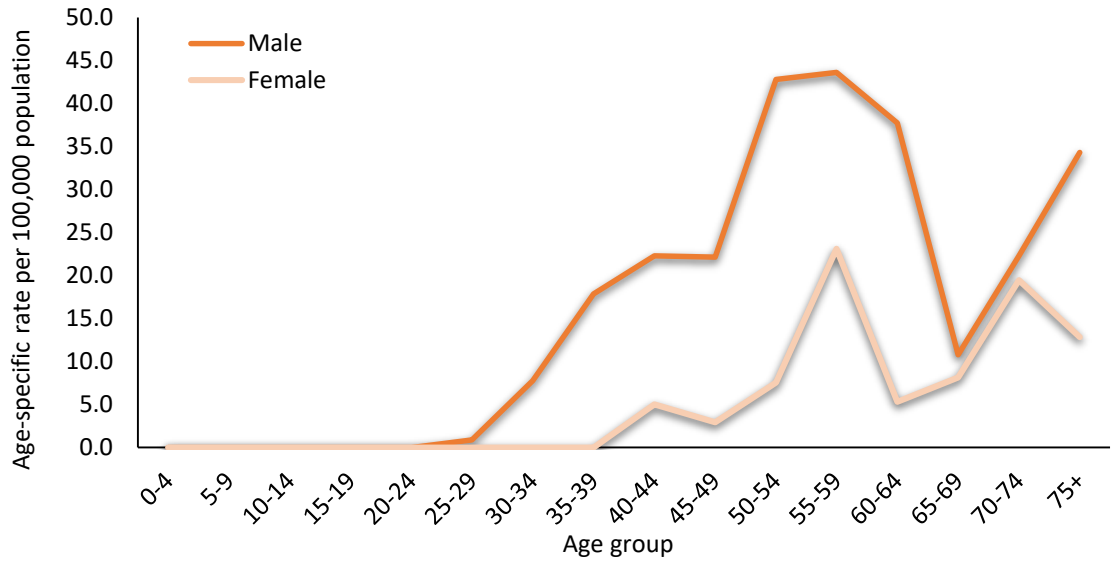
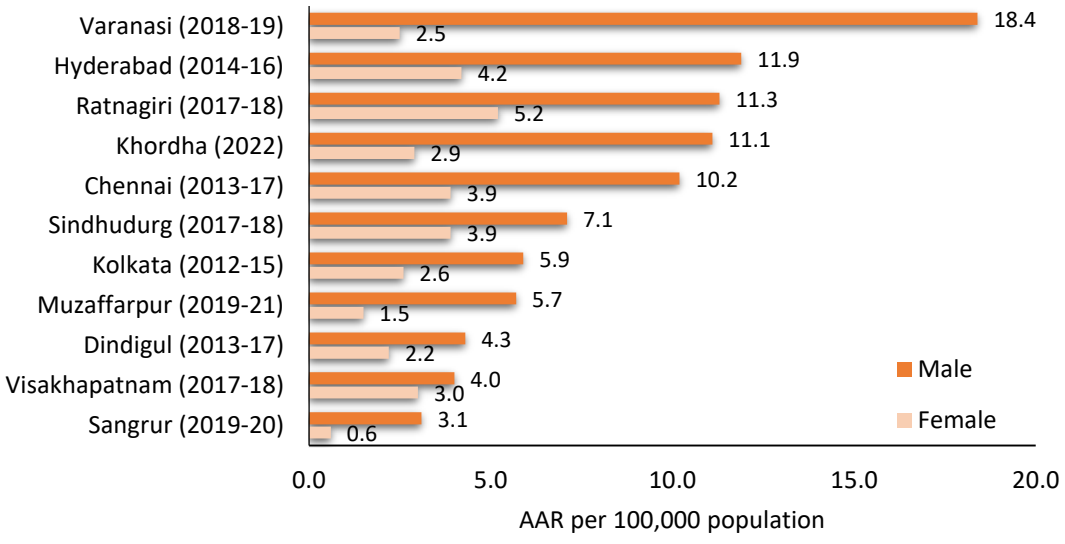


Figure 9: Comparison of mouth cancer incidence rate with other Indian registries



Cancer of stomach (C16)

	Male	Female
Number of cases	85	46
% to total cases	10.6	5.6
Crude Incidence Rate per 100,000	6.7	3.9
Age-Adjusted Incidence Rate per 100,000	**7.5**	**4.2**
Truncated Rate per 100,000	14.1	10.4

Figure 10: Age-specific incidence rate of cancer of stomach: 2022

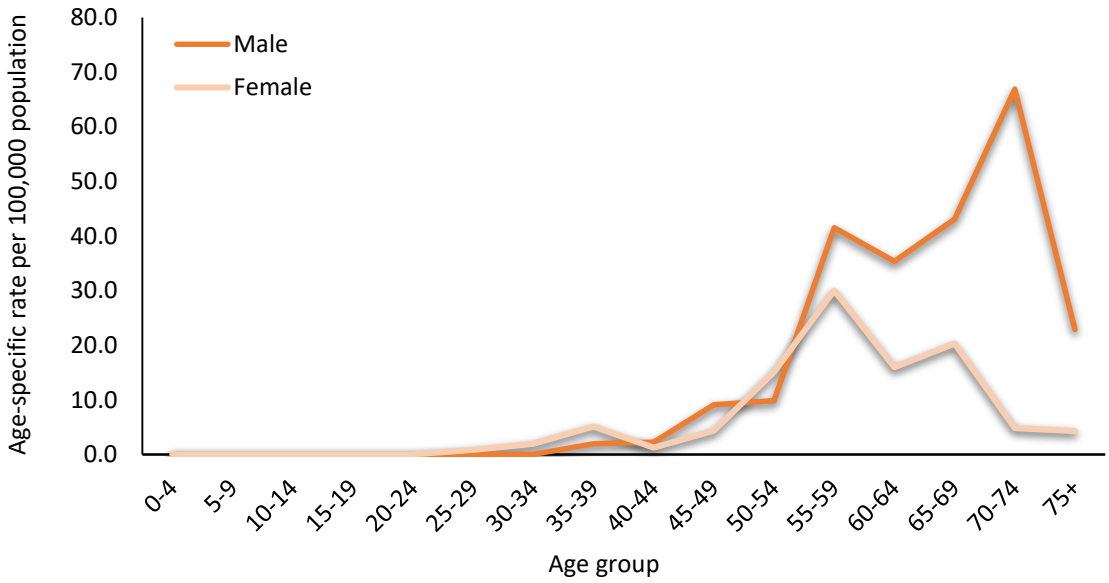
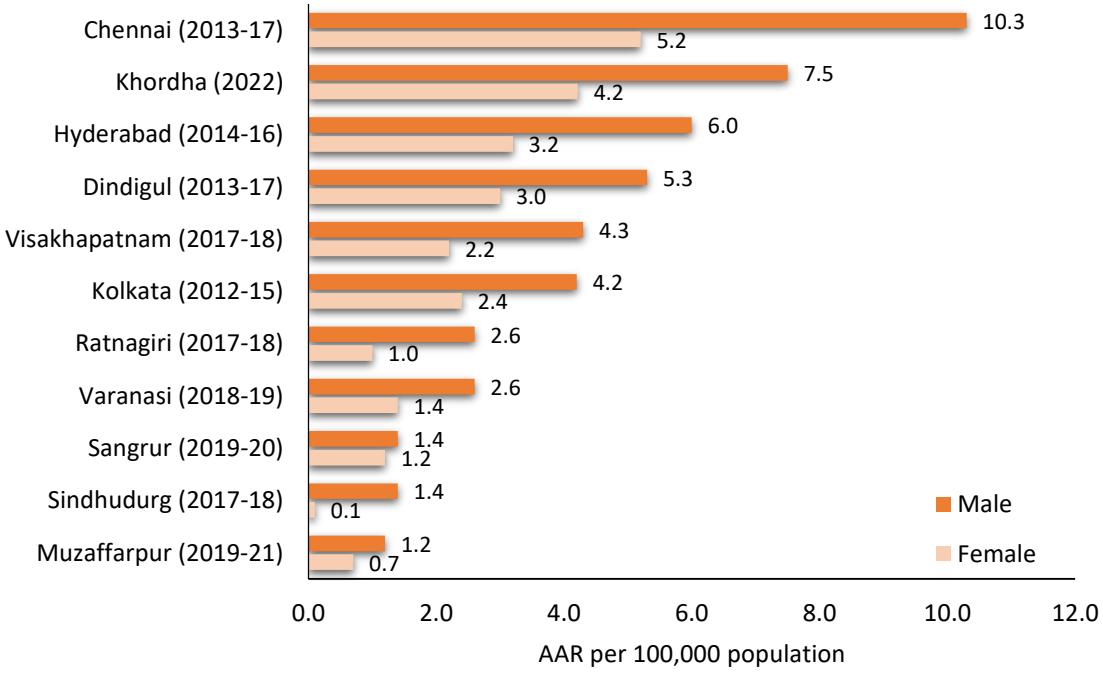


Figure 11: Comparison of stomach cancer incidence rate with other Indian registries



Cancer of the trachea, bronchus and lung (C33-C34)

	Male	Female
Number of cases	69	29
% of total cases	8.6	3.5
Crude Incidence Rate per 100,000	5.4	2.4
Age-Adjusted Incidence Rate per 100,000	**5.9**	**2.7**
Truncated Rate per 100,000	10.5	5.7

Figure 12: Age-specific incidence rate of cancer of trachea, bronchus and lung: 2022

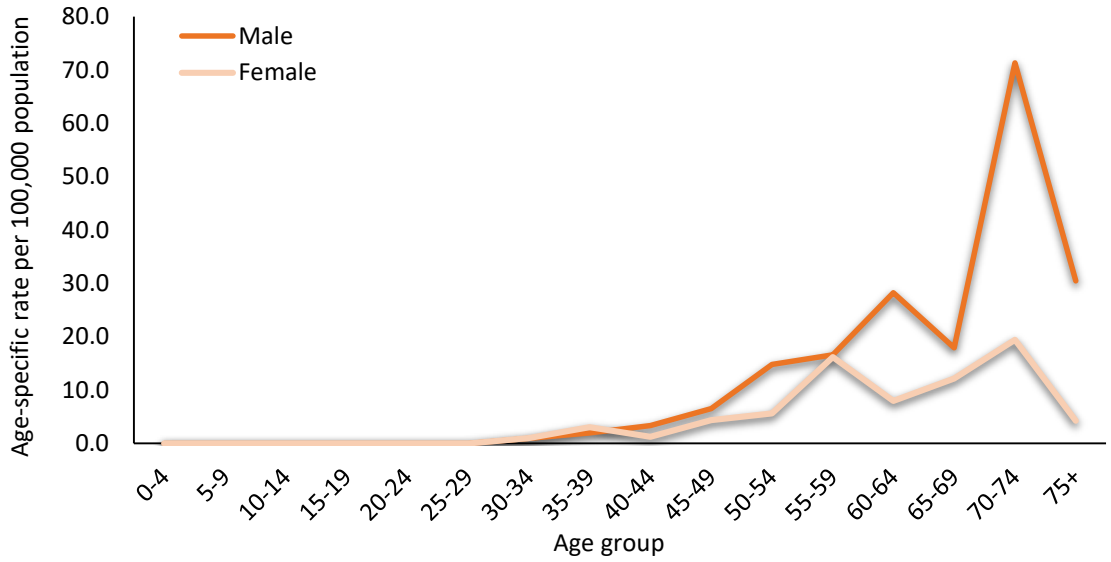
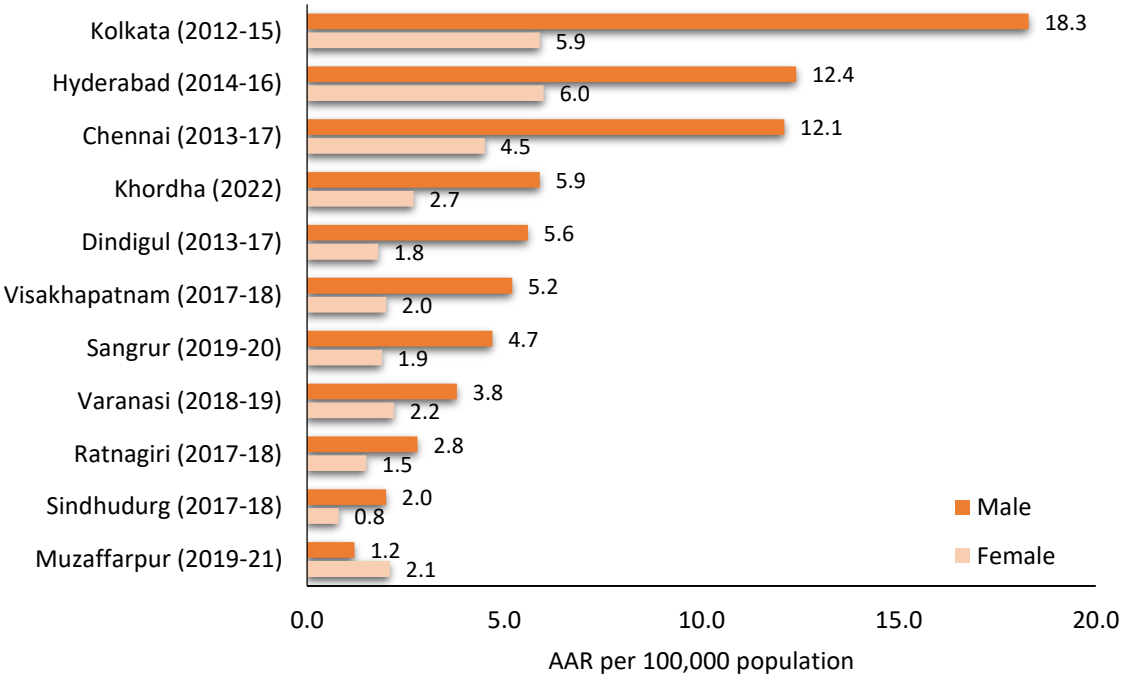


Figure 13: Comparison of trachea, bronchus and lung cancer incidence rate with other Indian registries



Cancer of tongue (C01-C02)

	Male	Female
Number of cases	63	12
% of total cases	7.8	1.5
Crude Incidence Rate per 100,000	4.9	1.0
Age-Adjusted Incidence Rate per 100,000	**4.9**	**1.1**
Truncated Rate per 100,000	11.1	3.3

Figure 14: Age-specific incidence rate of cancer of the tongue: 2022

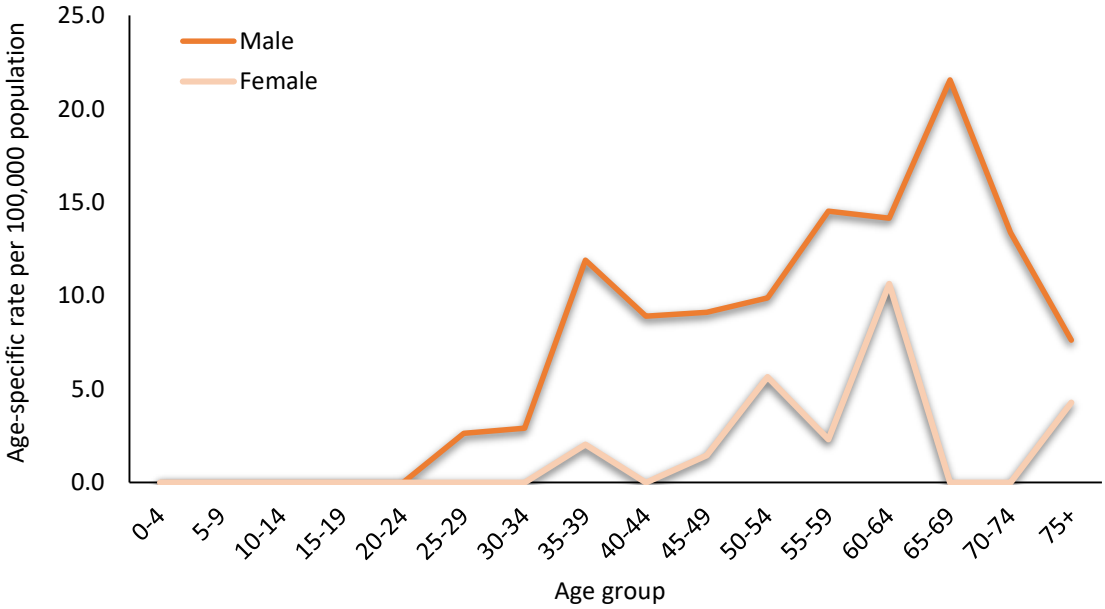
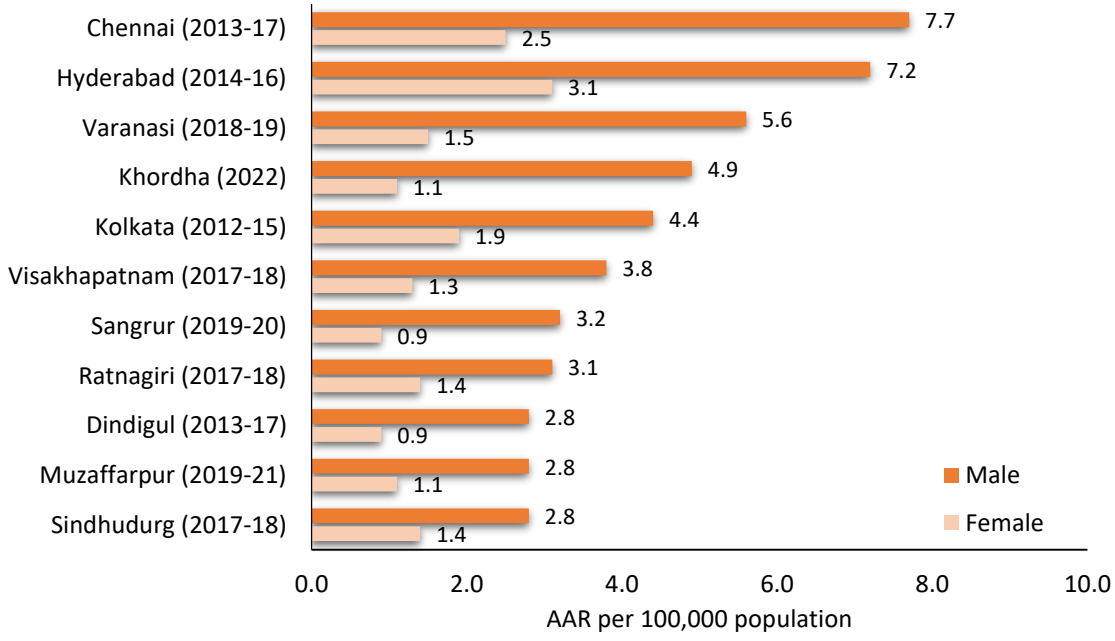


Figure 15: Comparison of tongue cancer incidence rate with other Indian registries



Cancer of prostate (C61)

Number of cases	38
% of total cases	4.7
Crude Incidence Rate per 100,000	3.0
Age-Adjusted Incidence Rate per 100,000	**3.5**
Truncated Rate per 100,000	2.6

Figure 16: Age-specific incidence rate of cancer of prostate: 2022

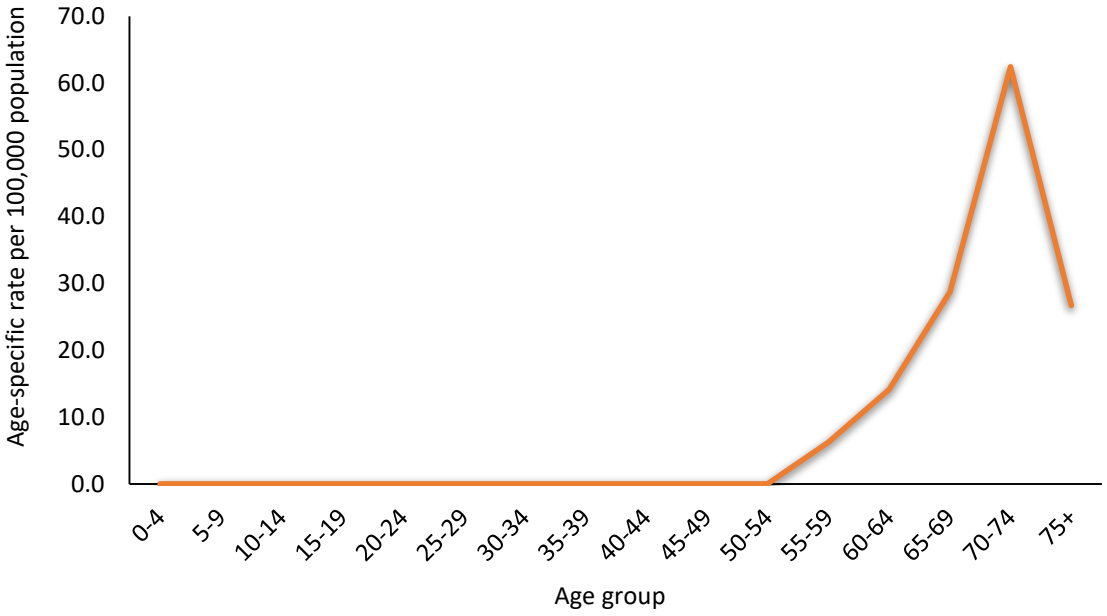
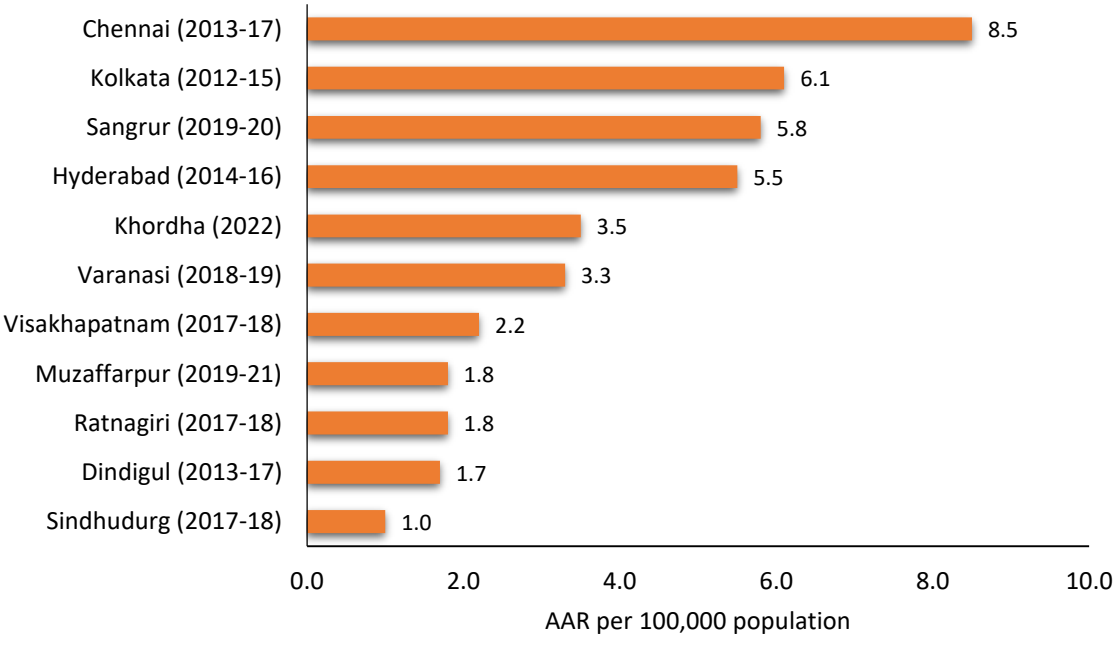


Figure 17: Comparison of prostate cancer incidence rate with other Indian registries



Cancer of breast (C50)

	Female
Number of cases	273
% of total cases	33.3
Crude Incidence Rate per 100,000	22.9
Age-Adjusted Incidence Rate per 100,000	**23.4**
Truncated Rate per 100,000	62.6

Figure 18: Age-specific incidence rate of cancer of breast: 2022

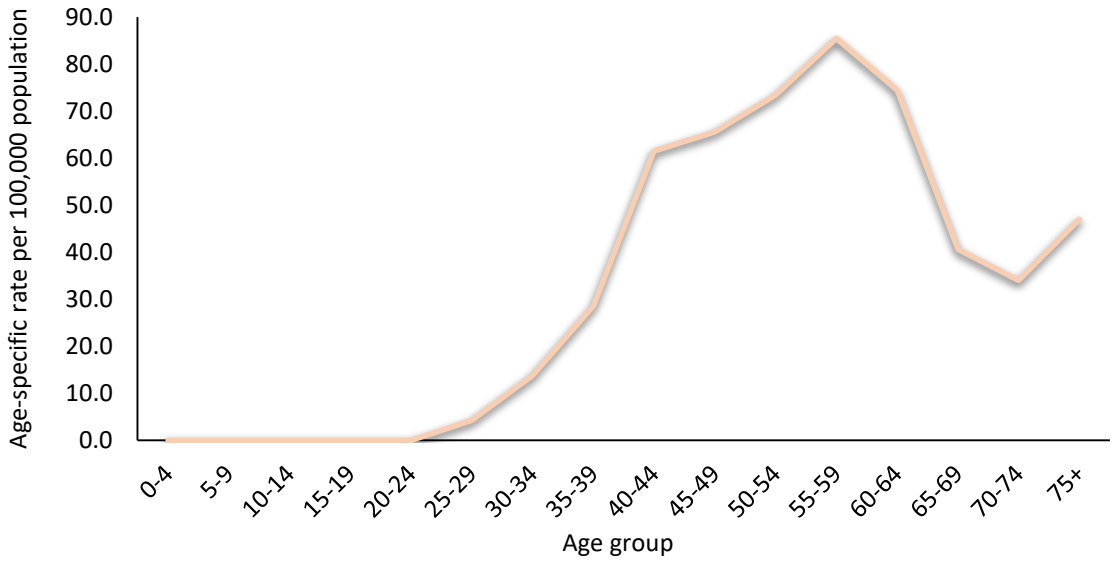
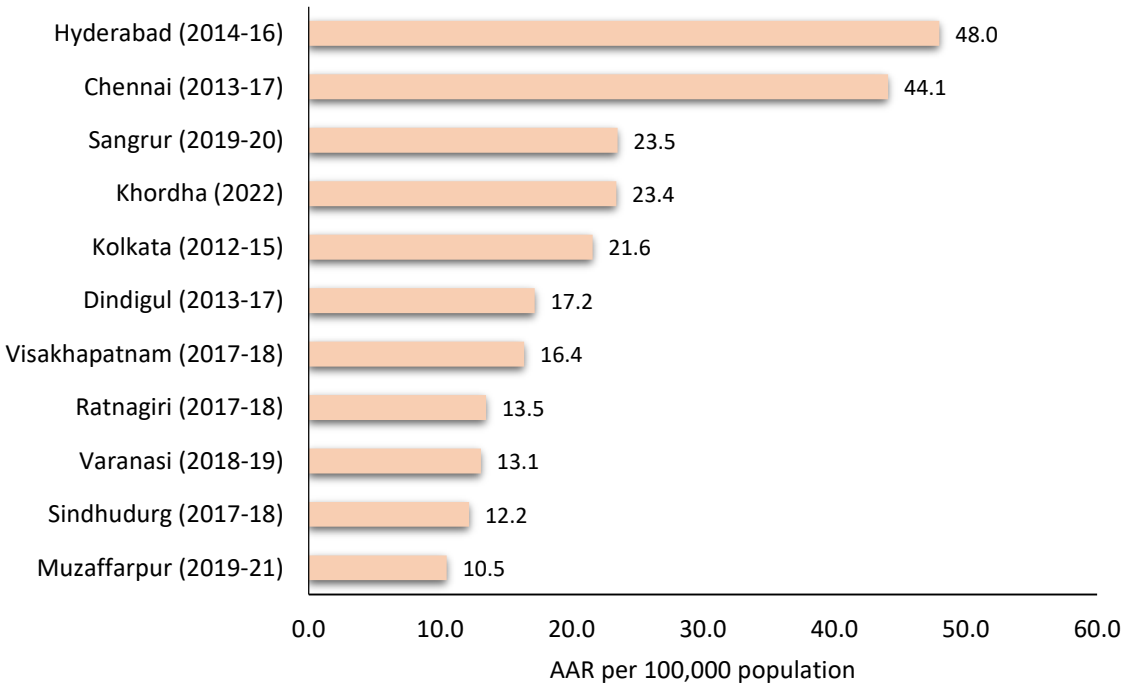


Figure 19: Comparison of breast cancer incidence rate with other Indian registries



Cancer of ovary (C56)

Number of cases	79
% of total cases	9.6
Crude Incidence Rate per 100,000	6.6
Age-Adjusted Incidence Rate per 100,000	**7.1**
Truncated Rate per 100,000	16.5

Figure 20: Age-specific incidence rate of cancer of ovary: 2022

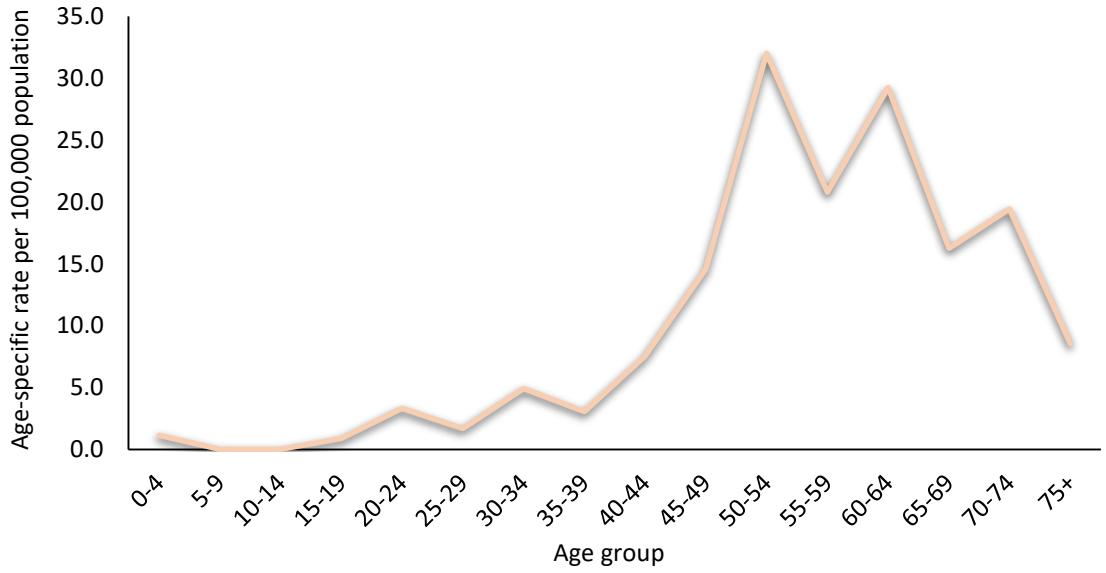
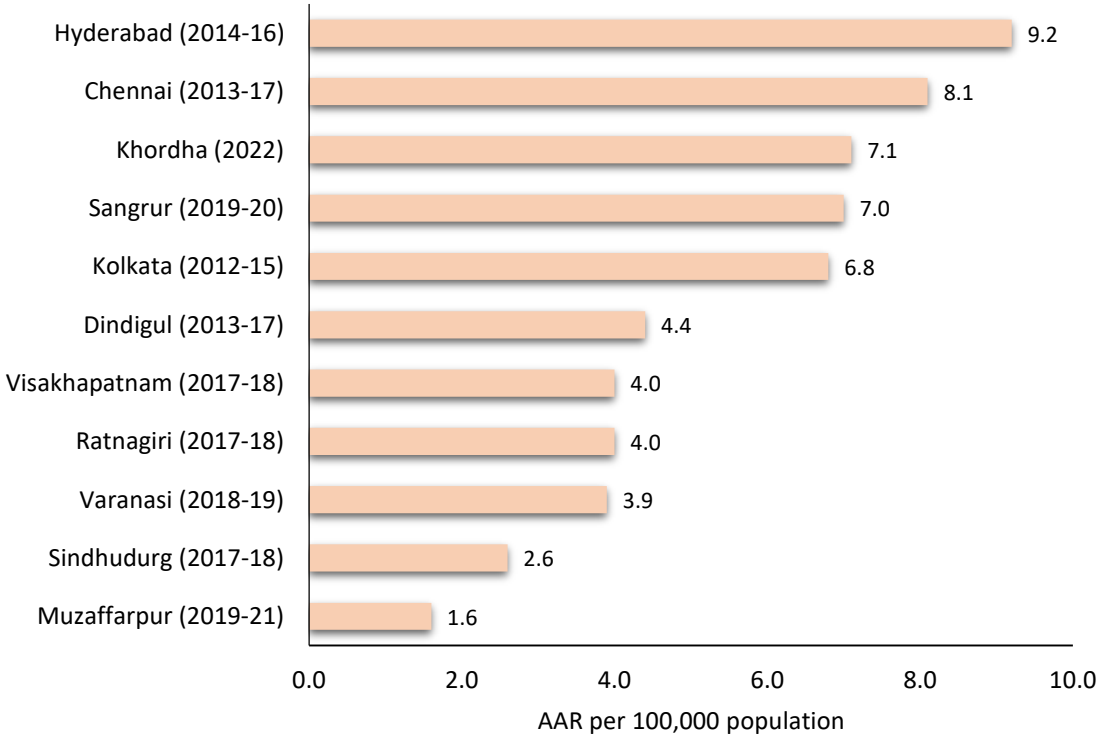


Figure 21: Comparison of ovary cancer incidence rate with other Indian registries



Cancer of cervix uteri (C53)

Number of cases	68
% of total cases	8.3
Crude Incidence Rate per 100,000	5.7
Age-Adjusted Incidence Rate per 100,000	**6.3**
Truncated Rate per 100,000	15.6

Figure 22: Age-specific incidence rate of cancer of cervix uteri: 2022

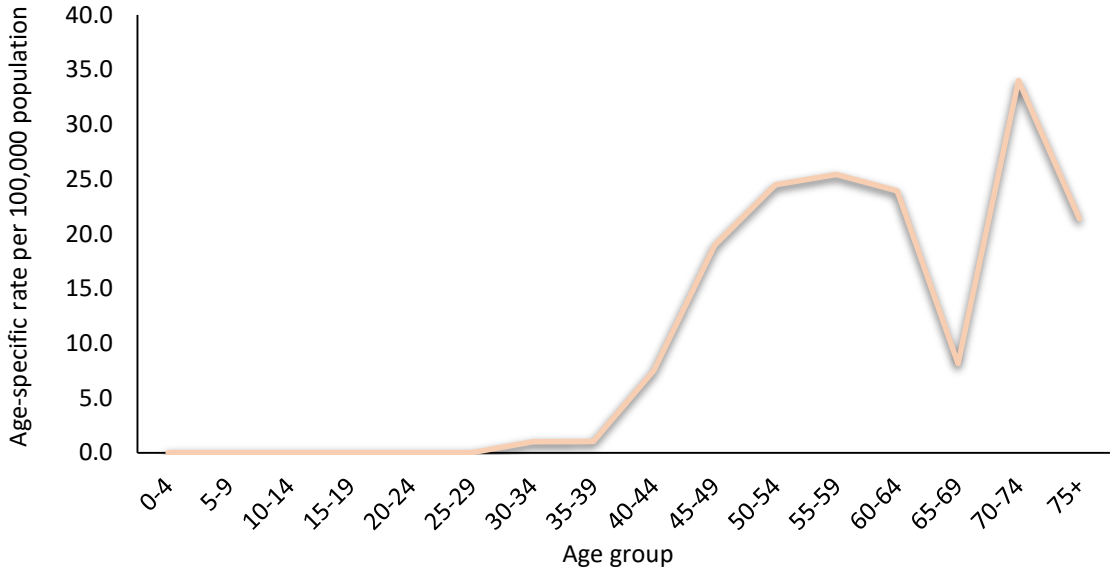
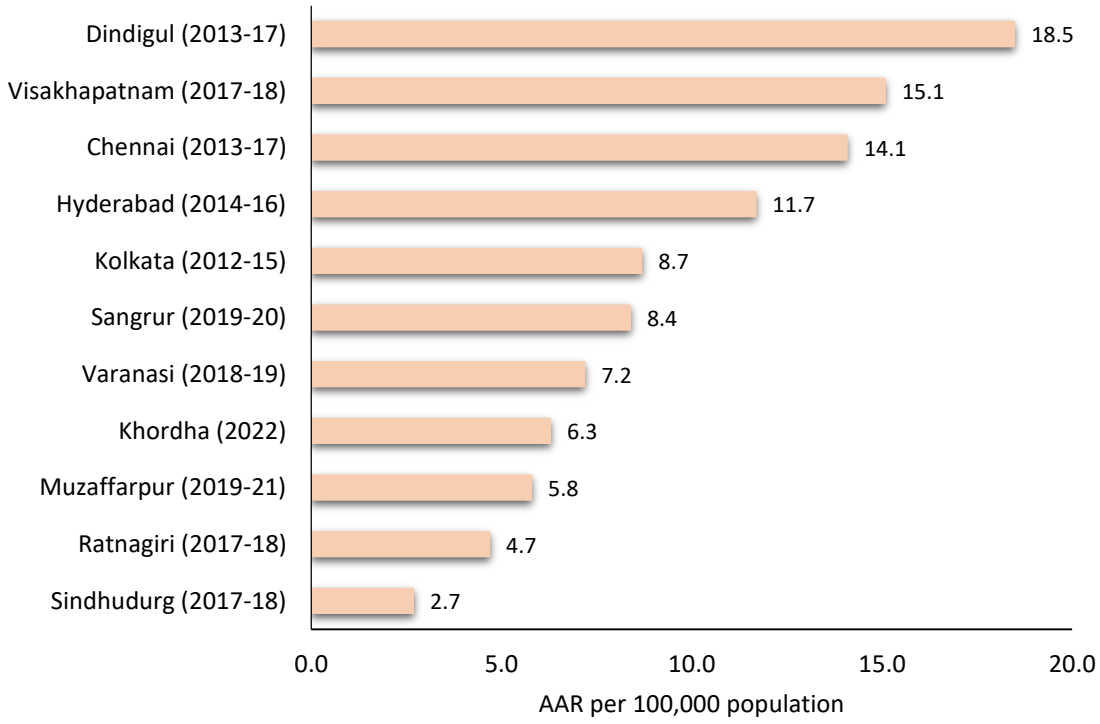


Figure 23: Comparison of cervix uteri cancer incidence rate with other Indian registries



Cancer of gall bladder (C23-C24)

	Male	Female
Number of cases	34	42
% of total cases	4.2	5.1
Crude Incidence Rate per 100,000	2.7	3.5
Age-Adjusted Incidence Rate per 100,000	**2.8**	**4.1**
Truncated Rate per 100,000	5.1	9.9

Figure 24: Age-specific incidence rate of cancer of gall bladder: 2022

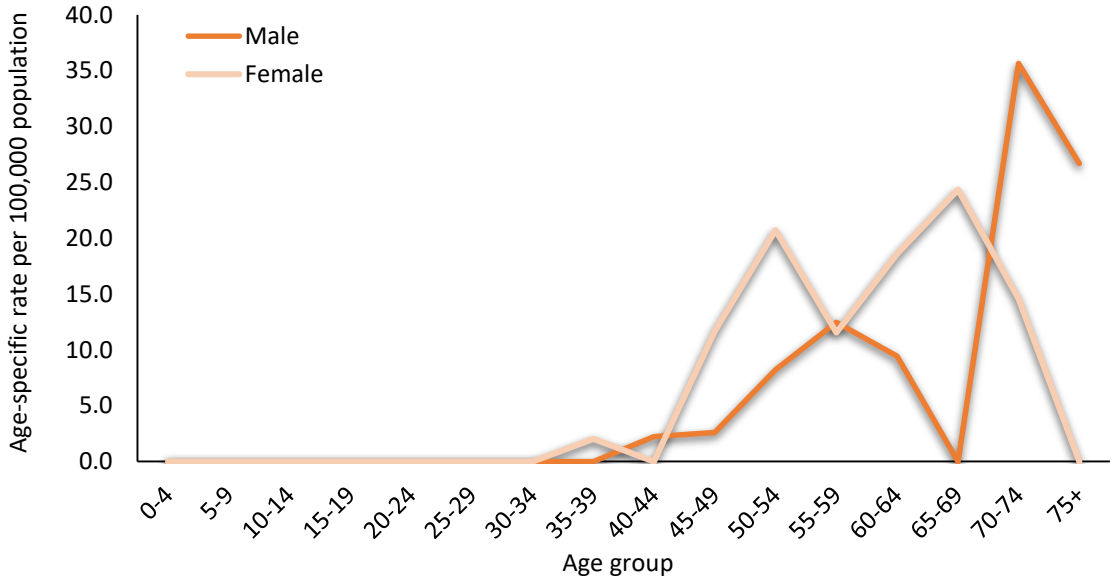
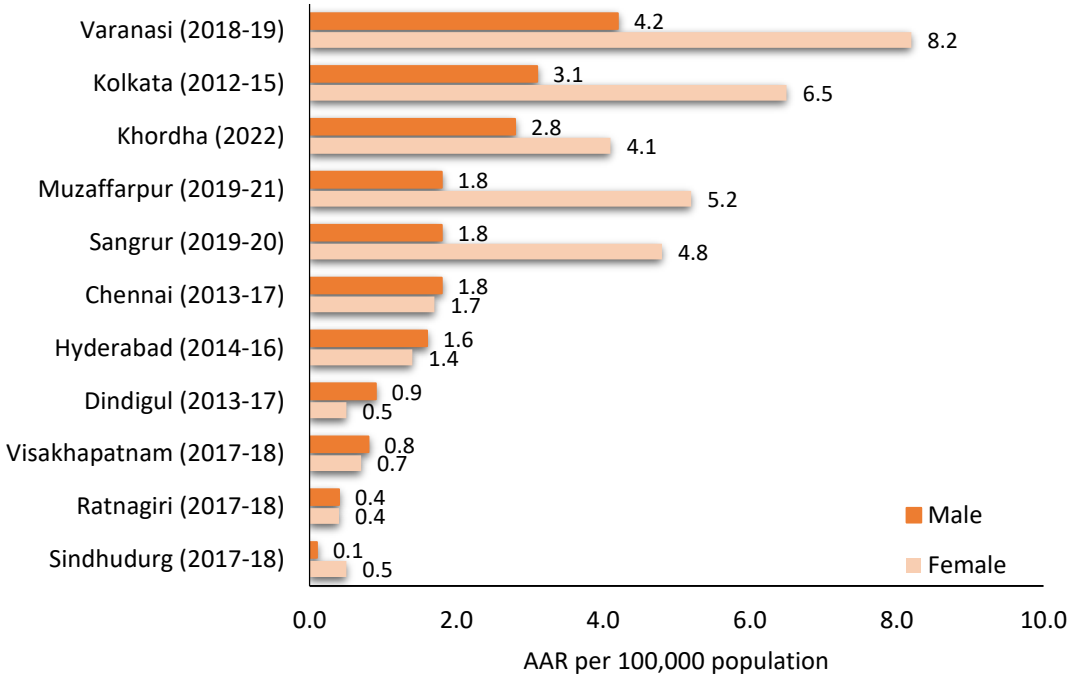


Figure 25: Comparison of gall bladder cancer incidence rate with other Indian registries



Age-specific incidence and mortality rate for all site

The overall, Urban, and rural all-site age-specific incidence and mortality rates for males and females are presented from Figure 26 and Figure 27.

Figure 26: Age-specific incidence and mortality rate: male all sites (Khordha district 2022)

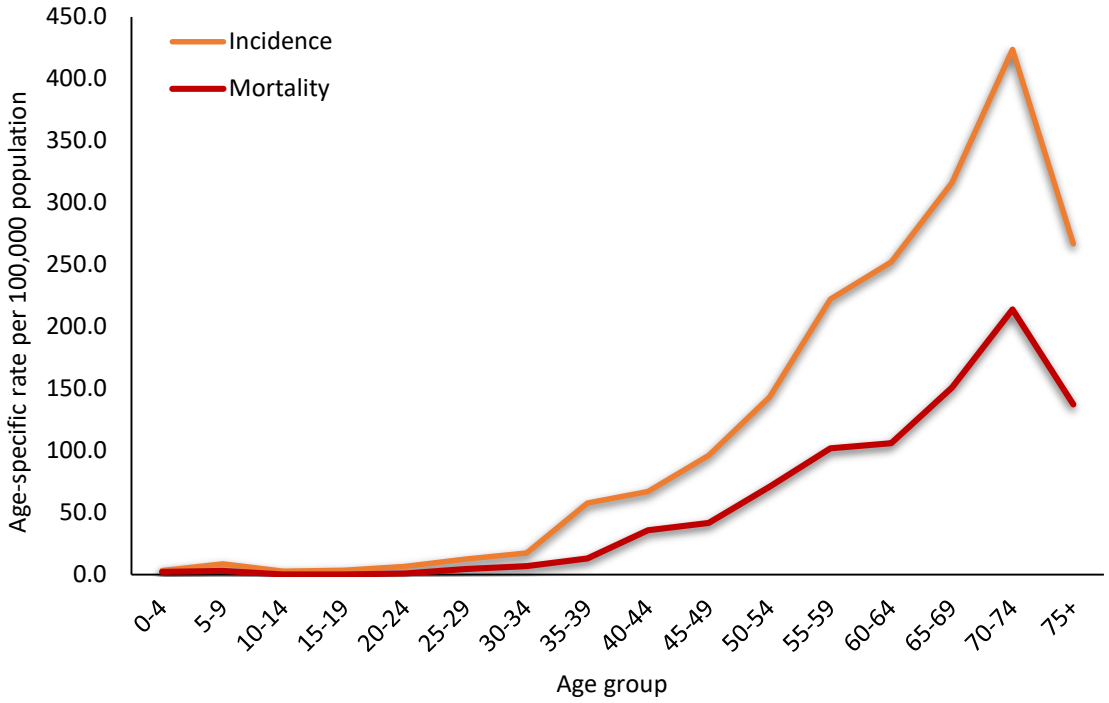
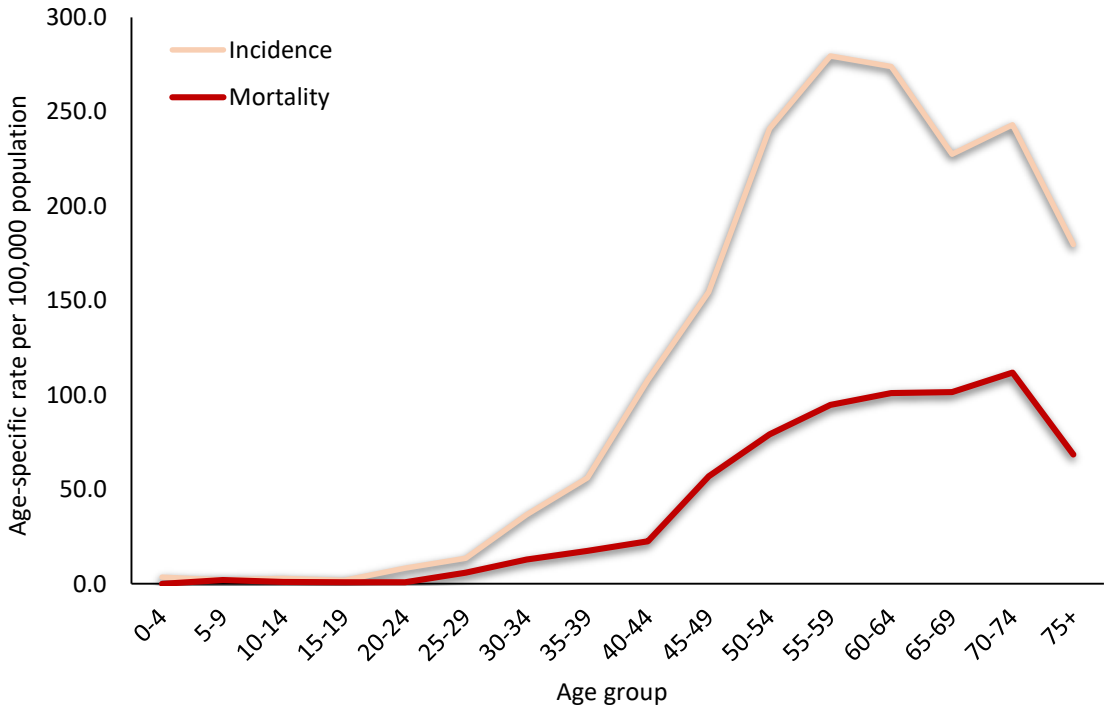


Figure 27: Age-specific incidence and mortality rate: female all sites (Khordha district 2022)



Other and unspecified sites

The other and unspecified cancer sites refer to the following cancer types:

C26	Other and Ill-Defined Digestive Organ	C77	Secondary and Unspecified Malignant Neoplasm of Lymph Node
C39	Other and Ill-Defined Sites Within Respiratory Systems and Intra thoracic Organ	C78	Secondary Malignant Neoplasm of Respiratory and Digestive Organs,
C48	Retro Peritoneum and Peritoneum,	C79	Secondary Malignant Neoplasm of Other and Unspecified Sites
C76	Other and Ill-Defined, Secondary and Unspecified sites	C80	Malignant Neoplasm Without Specification of Site
C97	Malignant Neoplasm of Independent (Primary) Multiple sites		

In males, out of 805 cases, 18 (2.2%) cases were of other and unspecified sites. The predominant cases were of C80 – primary unknown (2.1%). In females, out of 820 cases, 7 (0.9%) cases were of other and unspecified sites. The predominant cases were of C80 – primary unknown (0.5%), followed by C48 – Retro Peritoneum and Peritoneum (0.4%). The details are presented in Table 12.

In the coming years, it is anticipated that the percentage of the primary site unknown will decrease due to improvements in the diagnostic and treatment facility.

Table 12: Other and unspecified cases by gender

ICD-10	Male		Female	
	Number	%	Number	%
C26	1	0.1	-	-
C48	-	-	3	0.4
C76	-	-	1	0.1
C77	-	-	-	-
C78	-	-	-	-
C79	-	-	-	-
C80	17	2.1	4	0.5
Total	**18/805**	**2.2/100.0**	**8/820**	**1.0/100.0**

Cancer of other and unspecified (C26, C39, C48, C76, C77, C78, C79, C80, C97)

	Male	Female
Number of cases	18	8
% to total cases	2.2	1.0
Crude Incidence Rate per 100,000	1.4	0.7
Age-Adjusted Incidence Rate per 100,000	**1.5**	**0.8**
Truncated Rate per 100,000	2.8	1.8

Figure 28: Age-specific incidence rate of cancer of other and unspecified: 2022

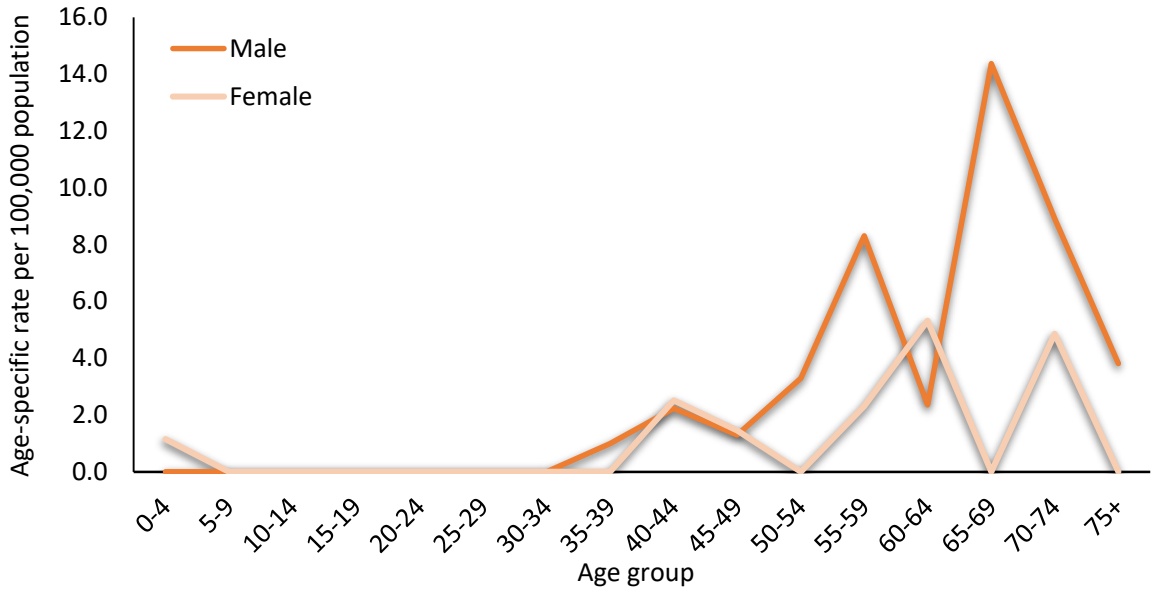
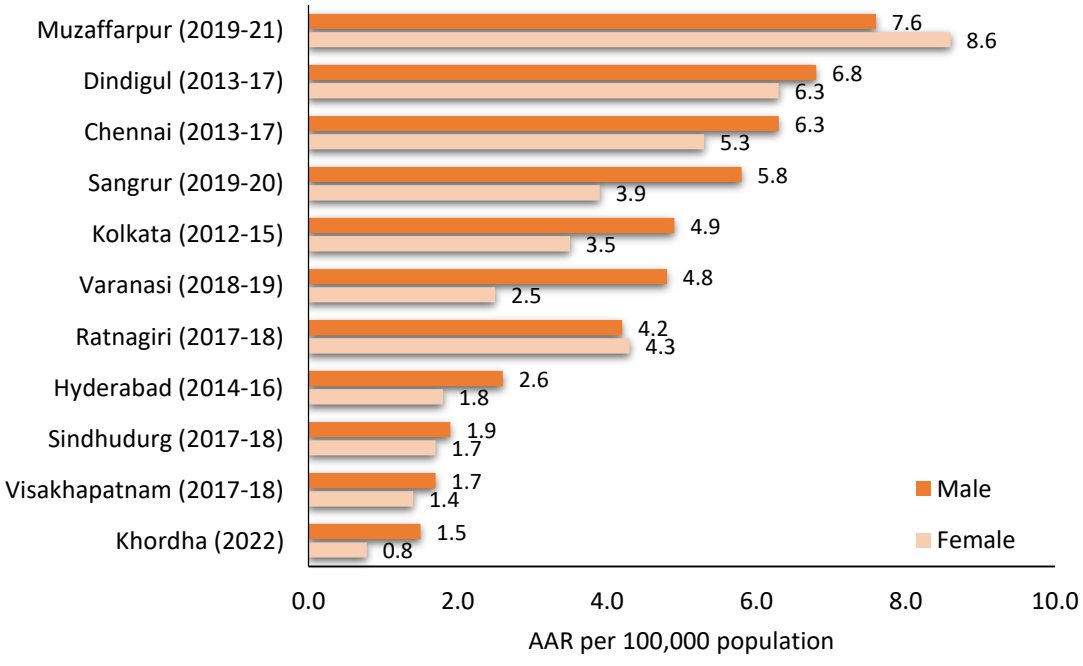


Figure 29: Comparison of other and unspecified cancer incidence rate with other Indian registries



12. Cancer pattern in paediatric age-group (0-14 years)

In the year 2022, out of 1,625 registered cancer cases, 23 (1.4%) paediatric cases (0-14 age group) were registered. The age-adjusted incidence for boys is 47.3 per million and 27.9 per million for girls. The leading cancer sites among boys are lymphoid leukaemia, non-Hodgkin lymphoma, Hodgkin disease, myeloid leukaemia, and the brain, and nervous system. Among girls, lymphoid leukaemia, ovary, leukaemia unspecified, myeloid leukaemia, and hodgkins disease are the leading cancer sites. The leading cancer sites are mentioned in Figures 30 and 31. Of the total 23 registered paediatric cancer cases, 22 (95.7%) cases have microscopic confirmation.

The paediatric cancer rates are very low compared to other Indian registries. There is under reporting of Neuroblastoma, Retinoblastoma, Renal and Hepatic Tumors. This is the first report of the cancer registry and in the initial period, cooperation from the treating cancer centre, diagnostic centre and even from the community was the most challenging obstacle faced by the registry during data collection. This may be the reason for the under-reporting of paediatric cases.

Figure 30: Leading cancer sites in boys: 2022

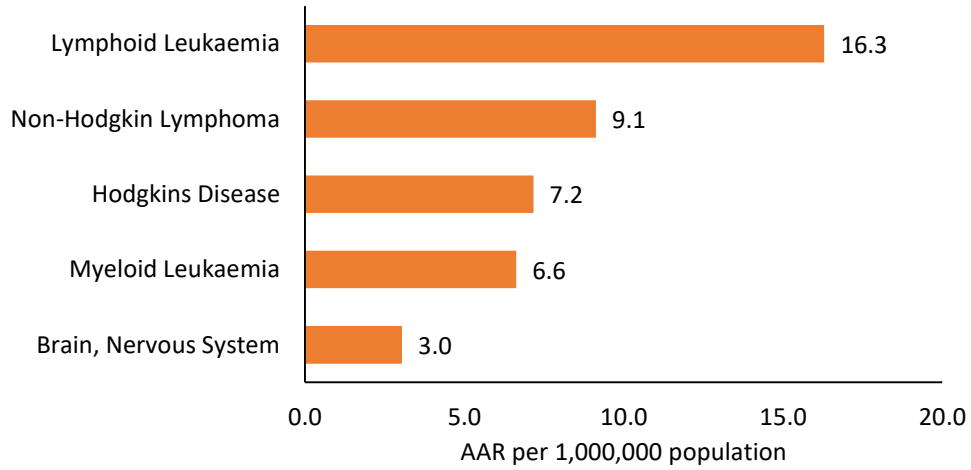
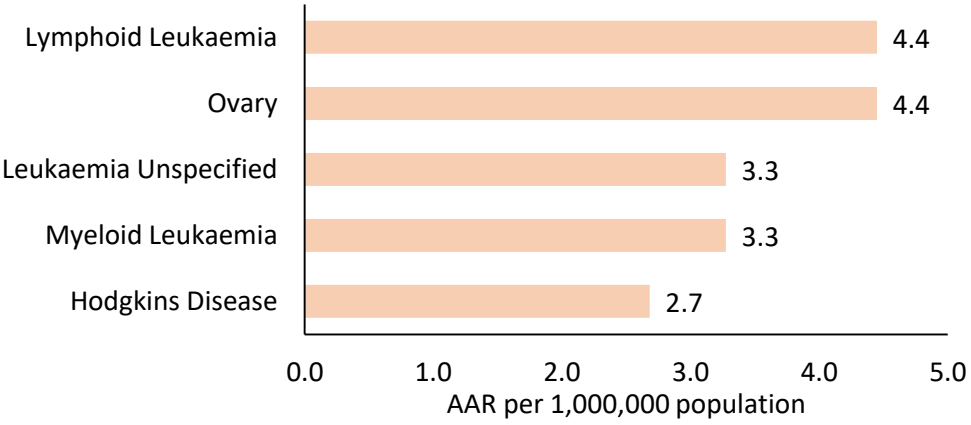


Figure 31: Leading cancer sites in girls: 2022



International Classification of Childhood Cancer, 3rd edition (ICCC-3) has mentioned the separate coding to know the cancer burden in children according to appropriate diagnostic groups. ICCC-3 has twelve main groups and further these are divided into subgroups and division of selected subgroups. The age-adjusted incidence rate as per subgroups in boys and girls per million population is mentioned in Table 13. **The paediatric cancer burden as per the ICCC-3 standard is mentioned separately in Tables 38 and 39.** [19]

Proportion of paediatric cancer cases as per 12 main diagnostic groups as per ICCC-3 standard is presented in Figure 32.

Figure 32: Proportion of paediatric cancer cases by age-group: Both sex (Khordha district)

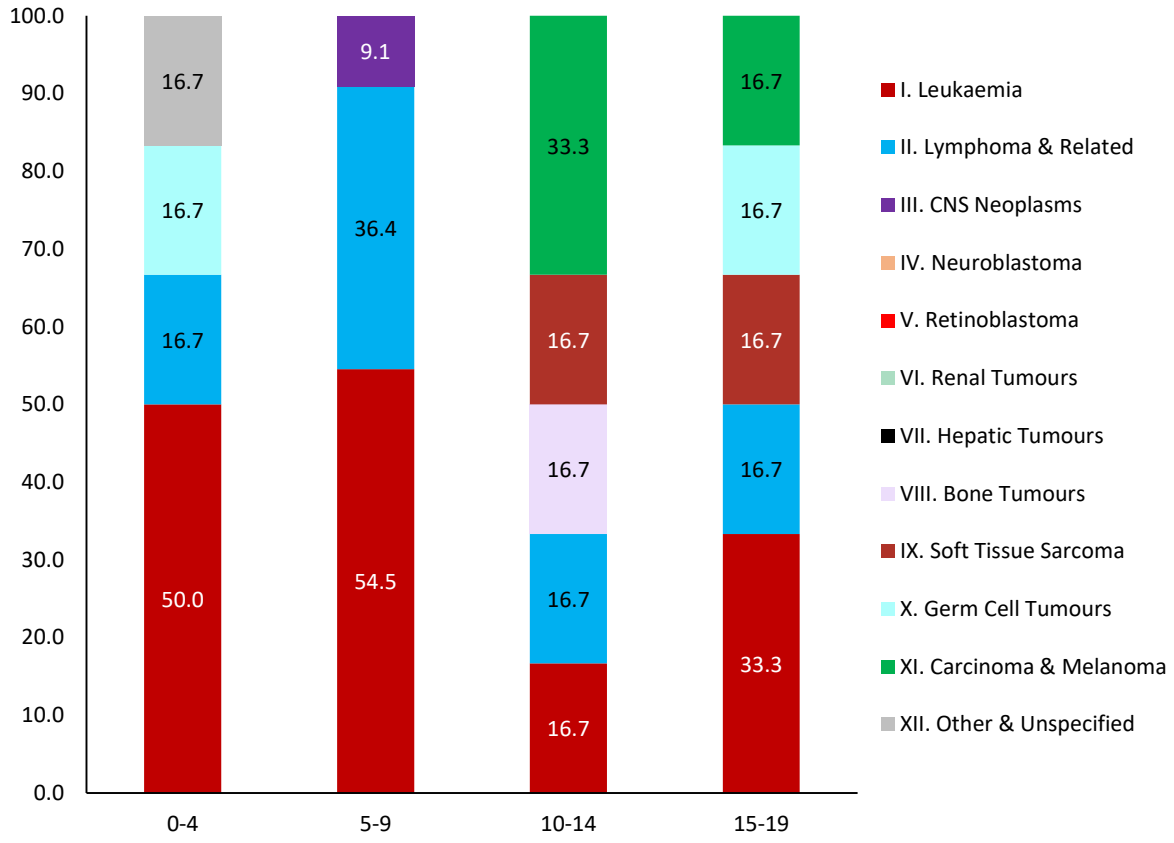


Table 13: Cancer cases distribution as per the International Classification of Childhood Cancer (ICCC) code: 2022

ICCC Code	Site	Boys			Girls		
		Number	%	AAR*	Number	%	AAR*
1a	Lymphoid leukaemia	5	33.3	16.3	1	12.5	4.4
1b	Acute myeloid leukaemia	1	6.7	4.1	1	12.5	3.3
1c	CMD leukaemia	1	6.7	2.5	-	-	-
1e	Unspecified leukaemia	-	-	-	1	12.5	3.3
2a	Hodgkin lymphoma	2	13.3	7.2	1	12.5	2.7
2b	Non-Hodgkin lymphoma except BL	1	6.7	3.0	-	-	-
2c	Burkitt lymphoma (BL)	1	6.7	3.0	-	-	-
2d	Lymphoreticular lymphoma	1	6.7	3.0	-	-	-
3d	Other gliomas CNS neoplasms	1	6.7	3.0	-	-	-
8c	Ewing & related bone tumours	-	-	-	1	12.5	2.7
9d	Other specified soft tissue sarcoma	1	6.7	2.5	-	-	-
10c	Gonadal germ cell germ cell tumours	-	-	-	1	12.5	4.4
11b	Thyroid carcinoma & melanoma	1	6.7	2.5	-	-	-
11e	Skin carcinoma carcinoma & melanoma	-	-	-	1	12.5	2.7
12b	Other unspecified	-	-	-	1	12.5	4.4
ALL	**All sites**	**15**	**100**	**47.3**	**8**	**100**	**27.9**

*** AAR per 1,000,000 population**

13. Tobacco-related cancer

The use of tobacco has severe ill-effects on health. Tobacco is one of the major causes of non-communicable diseases. The anatomical sites included to calculate the tobacco-related cancer burden are based on the guidelines of the IARC, World Health Organisation (WHO), Lyon, France.[20] Lip (C00), tongue (C01-C02), mouth (C03-C06), pharynx (C10, C12-C14), oesophagus (C15), larynx (C32), lung (C33-C34) and urinary bladder (C67) are associated with the use of tobacco.

As per the Khordha cancer registry data, the tobacco-related cancer burden is 42.1% in males (1 out of almost 3 cancer cases is tobacco-related) while it is 11.3% in females (1 out of 9 cancer cases is tobacco-related). The leading sites under tobacco-related cancer are mouth, lung, and tongue in males as well as females.

Among 339 male tobacco-related cancer cases, 77 (22.7%) were farmers, 57 (16.8%) were private employees, and (31%) were unemployed. Whereas, out of the total 93 female tobacco-related cancer cases, 85 (91.4%) were housewives. With regards to the educational level of this population, more than 50% of males and 55% of females attended primary and secondary. Moreover, the income of more than 35% population was less than Rs. 15,000/- per month (male: 38.1% and female: 37.6%).

Table 14: Tobacco-related cancer in male: 2022

ICD-10	Site	Total	%	CR	AAR	TR
C00	Lip	4	0.5	0.3	0.3	0.7
C01-C02	Tongue	63	7.8	4.9	4.9	11.1
C03-C06	Mouth	144	17.9	11.3	11.1	29.4
C10	Other oropharynx	5	0.6	0.4	0.4	0.8
C12-C13	Hypopharynx	6	0.7	0.5	0.5	1.4
C14	Pharynx unspecified	0	0.0	0.0	0.0	0.0
C15	Oesophagus	14	1.7	1.1	1.3	1.9
C32	Larynx	18	2.2	1.4	1.6	2.3
C33-C34	Trachea, bronchus and lung	69	8.6	5.4	5.9	10.5
C67	Urinary Bladder	16	2.0	1.3	1.3	2.0
C00-C06, C10, C12-C15, C32-C34 & C67	**Tobacco-related cancer**	**339**	**42.1**	**26.6**	**27.4**	**60.2**

Table 15: Tobacco-related cancer in female: 2022

ICD-10	Site	Total	%	CR	AAR	TR
C00	Lip	2	0.2	0.2	0.2	0.3
C01-C02	Tongue	12	1.5	1.0	1.1	3.3
C03-C06	Mouth	31	3.8	2.6	2.9	6.4
C10	Other oropharynx	4	0.5	0.3	0.4	0.5
C12-C13	Hypopharynx	3	0.4	0.3	0.3	0.6
C14	Pharynx unspecified	2	0.2	0.2	0.2	0.3
C15	Oesophagus	6	0.7	0.5	0.5	0.6
C32	Larynx	2	0.2	0.2	0.2	0.6
C33-C34	Trachea, bronchus and lung	29	3.5	2.4	2.7	5.7
C67	Urinary Bladder	2	0.2	0.2	0.2	0.2
C00-C06, C10, C12-C15, C32-C34 & C67	**Tobacco-related cancer**	**93**	**11.3**	**7.8**	**8.5**	**18.6**

Table 16: Tobacco-related cancer cases by gender and occupation

Occupation	Male		Female		Total	
	Number	%	Number	%	Number	%
Professional	17	5.0	-	-	17	3.9
Semi-Professional	7	2.1	-	-	7	1.6
Clerical/Shop owner	28	8.3	-	-	28	6.5
Farmer	77	22.7	2	2.2	79	18.3
Skilled Worker	16	4.7	-	-	16	3.7
Semi-Skilled Worker	22	6.5	-	-	22	5.1
Unskilled Worker	13	3.8	-	-	13	3.0
Unemployed	31	9.1	1	1.1	32	7.4
Housewife	-	-	85	91.4	85	19.7
Government Employee	28	8.3	2	2.2	30	6.9
Private Employee	57	16.8	3	3.2	60	13.9
Other	43	12.7	-	-	43	10.0
Total	**339**	**100.0**	**93**	**100.0**	**432**	**100.0**

Table 17: Tobacco-related cancer cases by gender and religion

Religion	Male		Female		Total	
	Number	%	Number	%	Number	%
Hindu	327	96.5	93	100.0	420	97.2
Muslim	10	2.9	-	-	10	2.3
Christian	1	0.3	-	-	1	0.2
Sikh	1	0.3	-	-	1	0.2
Total	**339**	**100.0**	**93**	**100.0**	**432**	**100.0**

Table 18: Tobacco-related cancer cases by gender and education

Education	Male		Female		Total	
	Number	%	Number	%	Number	%
Illiterate	20	5.9	16	17.2	36	8.3
Literate	32	9.4	8	8.6	40	9.3
Primary (1-7 std)	82	24.2	35	37.6	117	27.1
Secondary (8-10 std)	94	27.7	19	20.4	113	26.2
Technical after 10th	11	3.2	-	-	11	2.5
College	78	23.0	11	11.8	89	20.6
Postgraduate	21	6.2	2	2.2	23	5.3
Other	1	0.3	-	-	1	0.2
Unknown/ No information	-	-	2	2.2	2	0.5
Total	**339**	**100.0**	**93**	**100.0**	**432**	**100.0**

Table 19: Tobacco-related cancer cases by gender and income

Income	Male		Female		Total	
	Number	%	Number	%	Number	%
>=30375	107	31.6	37	39.8	144	33.3
15188-30374	103	30.4	21	22.6	124	28.7
11362-15187	47	13.9	11	11.8	58	13.4
7594-11361	29	8.6	5	5.4	34	7.9
4556-7593	12	3.5	2	2.2	14	3.2
1521-4555	6	1.8	5	5.4	11	2.5
<=1520	3	0.9	1	1.1	4	0.9
Unknown No information	32	9.4	11	11.8	43	10.0
Total	**339**	**100.0**	**93**	**100.0**	**432**	**100.0**

14. Cancer burden as per anatomical system

For males, the reported majority of cancer cases involved the sites from head and neck region (33.8%) followed by the digestive organ (28.9%), lip, oral cavity (26.2%) with the highest AAR 21.5, 20.2, and 16.6 per 100,000 population respectively, and further, respiratory and intrathoracic organ (11.3%), lymphoid and haematopoietic tissue (10.3%), male genital organ (6.2%) and urinary organ (4.3%) followed. In the head and neck region as well as the lip, and oral cavity, the leading sites were of mouth cancers (C03-06) with AAR 11.1 per 100,000 population, in digestive tract organs, the stomach was the leading cancer site (C16) with 7.5 AAR per 100,000 population and while among respiratory and intrathoracic organ cancer cases, the leading site was lung (C33-34) with AAR 5.9 per 100,000 population (Table 20).

For females, the reported majority of cancer cases involved the sites from the breast (33.3%) One out of three cancers were of the breast. followed by the female genital organs (22.1%) and digestive organ (20.1%) with the highest AAR 23.4, 16.7, and 15.6 per 100,000 population respectively and further, head and neck regions (10.4%), lymphoid and haematopoietic tissue (6.0%) and lip, oral cavity (5.5%) followed. Among the female genitalia organs, the leading site is the ovary (C56) with AAR 7.1 per 100,000 population and for digestive organ cancer, the leading site was the stomach (C16) and gall bladder (C23-24) with AAR 4.2 and 4.1 per 100,000 population respectively (Table 21).

The anatomical system-wise cancer burden is presented in Figure 33, Tables 20 and 21.

Figure 33: Cancer rates by different anatomical sites in Khordha district: 2022

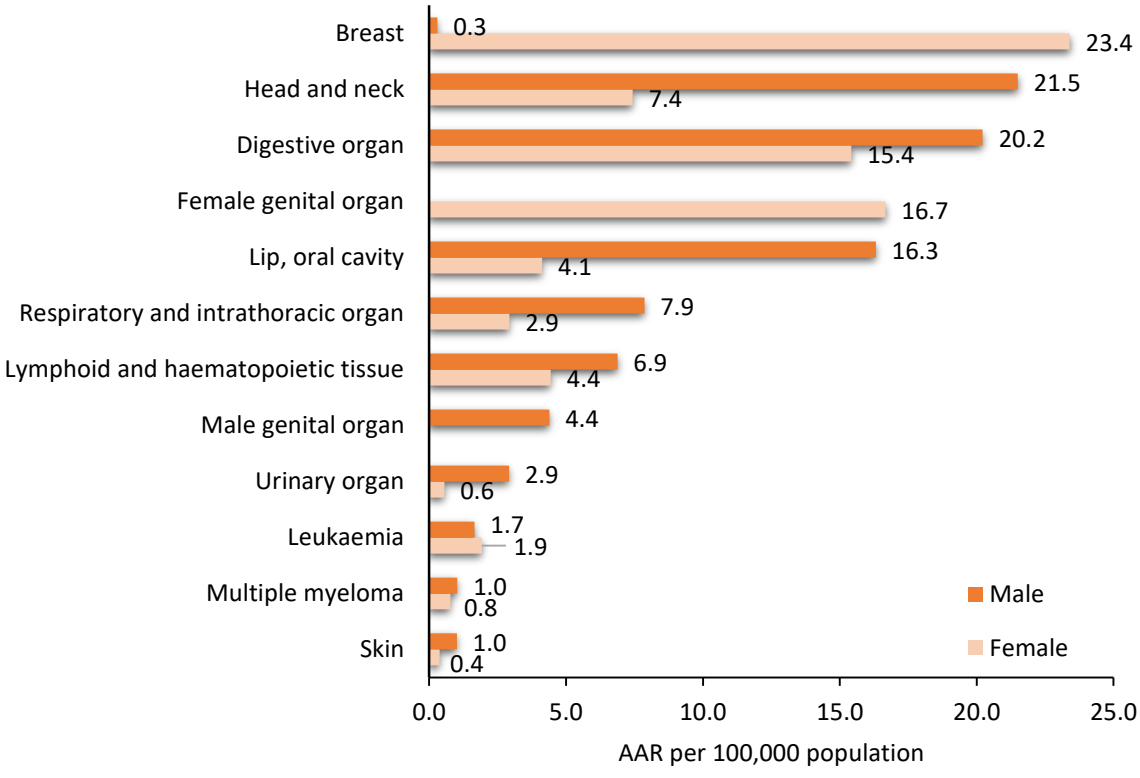


Table 20: Cancer burden as per the various anatomical system in male: 2022

ICD-10	Site	Number	%	CR	AAR	TR	Risk 1 in
C00-C14, C30-C32 & C73	Head and neck	272	33.8	21.4	21.5	50.7	42
C15-C25	Digestive organ	233	28.9	18.3	20.2	36.6	37
C00-C06	Lip, oral cavity	211	26.2	16.6	16.3	41.2	58
C30-C38	Respiratory and intrathoracic organ	91	11.3	7.1	7.9	13.1	92
C81-C96	Lymphoid and haematopoietic tissue	83	10.3	6.5	6.9	10.0	140
C60-C63	Male genital organ	50	6.2	3.9	4.4	3.9	160
C64-C68	Urinary organ	35	4.3	2.7	2.9	6.8	312
C91-C95	Leukaemia	19	2.4	1.5	1.7	1.6	794
C88 + C90	Multiple myeloma	12	1.5	0.9	1.0	2.2	697
C43-C44	Skin	12	1.5	0.9	1.0	0.9	786
C50	Breast	3	0.4	0.2	0.3	0.3	1819

Table 21: Cancer burden as per the various anatomical system in female: 2022

ICD-10	Site	Number	%	CR	AAR	TR	Risk 1 in
C50	Breast	273	33.3	22.9	23.4	62.6	42
C51-C58	Female genital organ	181	22.1	15.2	16.7	38.9	53
C15-C25	Digestive organ	164	20.0	13.7	15.4	33.0	52
C00-C14, C30-C32 & C73	Head and neck	85	10.4	7.1	7.4	16.8	125
C81-C96	Lymphoid and haematopoietic tissue	49	6.0	4.1	4.4	8.5	213
C00-C06	Lip, oral cavity	45	5.5	3.8	4.1	10.0	207
C30-C38	Respiratory and intrathoracic organ	32	3.9	2.7	2.9	6.6	261
C91-C95	Leukaemia	22	2.7	1.8	1.9	3.2	568
C88 + C90	Multiple myeloma	8	1.0	0.7	0.8	1.8	915
C64-C68	Urinary organ	6	0.7	0.5	0.6	0.5	1198
C43-C44	Skin	4	0.5	0.3	0.4	0.6	1860

15. Socio-demographic information

The Khordha cancer registry staff interacted with cancer patients or their relatives and gathered socio-demographic information. Based on the information collected, most of the cancer cases were in the Hindu community (96.7%) in the Khordha district. Moreover, the educational level of more than 50% population (49% males and 57% females) was between primary and secondary standards. Furthermore, in terms of occupation, cancer cases were more commonly found among farmers (24%) in males and housewives (90.4%) in females. The income of more than 50% population was less than Rs. 15,000/- per month (male: 55.3% and female: 48.3%). The socio-demographic information of cancer cases is presented in Table 22 to Table 25.

Table 22: Cancer cases by education and gender

Education	Male		Female		Total	
	Number	%	Number	%	Number	%
Illiterate	43	5.3	104	12.7	147	9.0
Literate	87	10.8	84	10.2	171	10.5
Primary (1-7 std)	214	26.6	277	33.8	491	30.2
Secondary (8-10 std)	182	22.6	192	23.4	374	23.0
Technical after 10th	22	2.7	4	0.5	26	1.6
College	185	23.0	117	14.3	302	18.6
Postgraduate	63	7.8	29	3.5	92	5.7
Other	1	0.1	2	0.2	3	0.2
Not applicable for children	5	0.6	5	0.6	10	0.6
Unknown / No Information	3	0.4	6	0.7	9	0.6
Total	**805**	**100**	**820**	**100**	**1625**	**100**

Table 23: Cancer cases by religion and gender

Religion	Male		Female		Total	
	Number	%	Number	%	Number	%
Hindu	775	96.3	797	97.2	1572	96.7
Muslim	28	3.5	21	2.6	49	3.0
Christian	1	0.1	1	0.1	2	0.1
Sikh	1	0.1	0	0.0	1	0.1
Other	0	0.0	1	0.1	1	0.1
Total	**805**	**100**	**820**	**100**	**1625**	**100**

Table 24: Cancer cases by income and gender

Income	Male		Female		Total	
	Number	%	Number	%	Number	%
>=30375	281	34.9	293	35.7	574	35.3
15188-30374	223	27.7	202	24.6	425	26.2
11362-15187	113	14.0	93	11.3	206	12.7
7594-11361	68	8.4	53	6.5	121	7.4
4556-7593	26	3.2	19	2.3	45	2.8
1521-4555	10	1.2	21	2.6	31	1.9
<=1520	5	0.6	8	1.0	13	0.8
Unknown/No Information	79	9.8	131	16.0	210	12.9
Total	**805**	**100**	**820**	**100**	**1625**	**100**

Table 25: Cancer cases by occupation and gender

Occupation	Male		Female		Total	
	Number	%	Number	%	Number	%
Professional	40	5.0	8	1.0	48	3.0
Semi-Professional	17	2.1	1	0.1	18	1.1
Clerical/Shop owner	47	5.8	3	0.4	50	3.1
Farmer	193	24.0	7	0.9	200	12.3
Skilled Worker	35	4.3	4	0.5	39	2.4
Semi-Skilled Worker	49	6.1	3	0.4	52	3.2
Unskilled Worker	32	4.0	0	0.0	32	2.0
Unemployed	73	9.1	10	1.2	83	5.1
Student	18	2.2	7	0.9	25	1.5
Housewife	0	0.0	741	90.4	741	45.6
Government Employee	92	11.4	17	2.1	109	6.7
Pvt Employee	109	13.5	11	1.3	120	7.4
Other	16	2.0	2	0.2	18	1.1
Not applicable to children	5	0.6	5	0.6	10	0.6
Business	79	9.8	1	0.1	80	4.9
Total	**805**	**100**	**820**	**100**	**1625**	**100**

16. Challenges faced by the registry team

Population-based cancer registry (PBCR), Khordha district was initiated in the year 2022 to cover cancer-related information in the population. Like other projects, the cancer registry also faced many hurdles in establishing a cancer registry in the Khordha district. The challenges we faced are mentioned below:

1. **Staff turnover**

The recruited staff members were provided multiple training sessions by the senior staff of CCE-TMC as well as the PBCR staff from Varanasi and Vishakhapatnam. However, in the initial period, few trained staff quit their job after the training. Cancer registry activities were hampered due to re- recruitment and re-training of new staff.

2. **Poor co-operation from the diagnostic and treating hospital**

Meeting the hospital authorities regarding cancer cases data collection was time-consuming as some hospitals demanded for personalized request letter addressed to the source institution during every visit to share the cancer patients' data. The cancer registry however managed to provide the fresh letter during every visit to those hospitals and support was received from the state government of Odisha. A few sources were reluctant to share the data due to the administrative issues.

3. **Poor medical record**

Few sources had poor maintenance of medical records with minimum information and were reluctant to share the records with the cancer registry staff. The complete address and contact number of the patient are not recorded in data received from various hospitals and diagnostic centres, which affect while tracing those patient in the field.

4. **Lack of awareness among community**

Patients are reluctant to share their diagnostic and treatment details with the cancer registry staff due to existing taboos associated with the diseases.

5. **Lack of support from community leaders**

The registry staff interact with community leaders regularly. Due to their consistent efforts, information on the cancer cases was obtained. Many times ANM, ASHA Workers, and PHC staff were busy in their activities; therefore, we had to wait until they finished their regular duties.

Regardless of the hurdles mentioned above, the constant support from Department of Health & Family Welfare, Government of Odisha as well as continued interactions with the PHC, UPHC, ASHA, ANM and community leaders by registry staff, we were able to get information on the cancer cases.

17. Early detection project (EDP), Khordha district, Odisha

The early detection for oral, breast, and cervical cancer project at Khordha district was initiated by Tata Memorial Centre, Mumbai in September 2023. The preventive oncology clinic services were established at NISER Health Centre, Jatni.

The primary objective of this project is

- To establish services for early detection of oral, breast and cervical cancer in Khordha district.
- To raise awareness in the community regarding the risk factors of cancer and the benefits of early detection of oral, breast and cervical cancer.
- To study the effect of health education, easy access to diagnosis and treatment on stage at presentation of disease, completion of treatment, and survival of oral, breast, and cervical cancer before and after the intervention.
- To check the completeness of cancer registration of Khordha PBCR.

Recruited project staff (medical officers, nurses, and health workers) were trained in the Department of Preventive Oncology, TMH, Mumbai for a month. Training emphasizes planning, organizing, and implementing hospital-based and community-based screening, early detection, and prevention of oral, cervical, and breast cancer.

Till date, in total; 127 awareness campaign sessions at the community level were conducted under the project and 5,447 individuals attended it. These campaigns aimed to raise awareness of the harmful effects of tobacco and early diagnosis and prevention of common cancers among the rural and urban community leaders along with the general population.

School-going children and college students were sensitized regarding the harmful effects of tobacco consumption and warning signs of cancer, importance of early detection of common cancers. A total of 24 awareness sessions were conducted and 2,313 students/teachers participated in a common cancer awareness campaign at educational institutions. Details of cancer awareness campaign conducted at schools are mentioned in below:

List of school health education sessions in Khordha district

Sr. No.	Date	List of educational institutions	Total Participants
1	30.09.2024	Badatota Belapada High School, Badatota	80
2	02.01.2024	Labanagiri High School, Jamukoli	53
3	03.01.2024	Badatota Upper Primary School, Badatota	10
4	08.01.2024	Bhagawata Basudeva Bidyapitha, Kantia	54
5	10.01.2024	Prananath Boys High School, Jatni	56
6	13.01.2024	Kudiary High School, Kudiary	98
7	19.01.2024	Sushila Devi Pragati High School, Bachhara	49
8	19.01.2024	Aragul High School, Aragul	69
9	17.02.2024	Jatni Girls High School, Jatni	58
10	24.02.2024	Odisha Adarsha Vidyalaya, Sandhapur	130
11	27.02.2024	Iti College For Specially Abled, Jatni	155
12	04.04.2024	Jagmohan High School, Bramhakundala	40
13	13.04.2024	Saraswati Sishu Vidya Mandir, Khordha	102
14	20.01.2025	East Coast Railway Mixed Higher Secondary School, Jatni	161
15	22.01.2025	Prananath Boys High School, Jatni	47
16	30.07.2024	S.S. Dev Vidyapeeth, Anda	128
17	06.08.2024	Sharadhapur Govt. High School	134
18	27.08.2024	Sri Lokanathadeva Govt. High School, Kumbharabasta	162
19	06.09.2024	Pubusahi Govt. High School	90
20	10.09.2024	Brajamohanpur Govt. High School	66
21	05.11.2024	Lingaraj Govt. High School, Dangarpada	128
22	08.11.2024	Chhatrapada Govt. High School, Botalama	92
23	28.11.2024	Gadamanatri Govt. High School	134
24	03.12.2024	Dadhibamandev Govt. High School	85
25	10.12.2024	Sagadabhanga Govt. High School	62
26	17.12.2024	Siko Govt. Girls High School	70
		Total participants	**2,313**

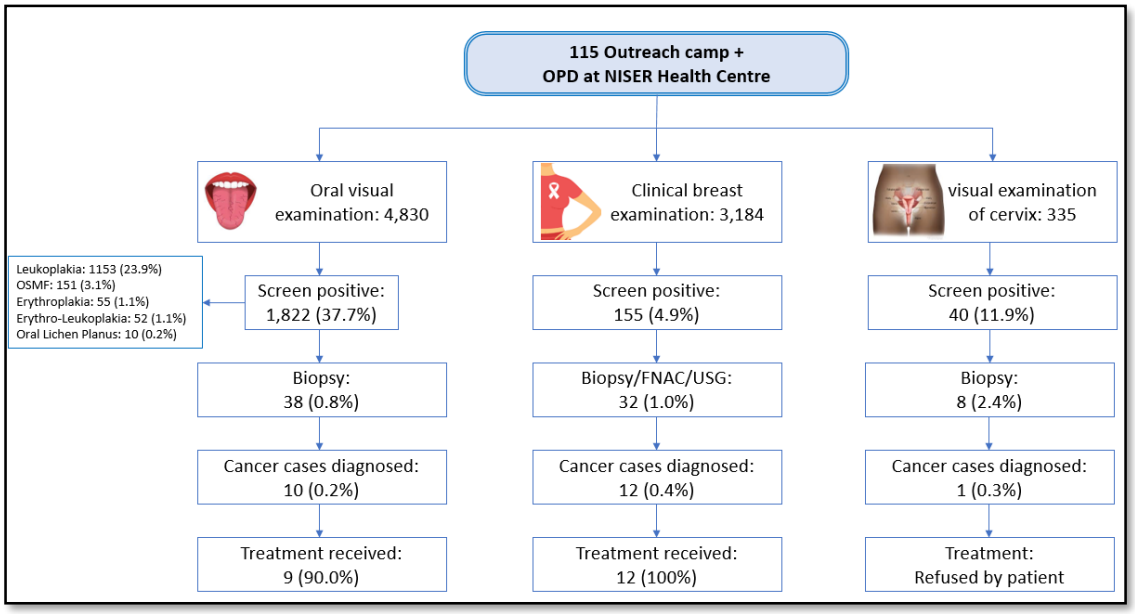
School Health Education Programme organized by EDP Khordha team

Initially, group tobacco cessation counselling was provided to a total of 938 [Males: 597 (63.6%); Females: 341 (36.4%)] people. On follow-up, 142 (15.1%) individuals had completely quit the tobacco habit.

So far 4,830; 3,148; and 335 individuals has been screened for oral, breast, and cervical cancer respectively. The oral premalignant disorder detected was leukoplakia (23.9%), oral sub-mucous fibrosis (3.1%) followed by erythro-leukoplakia and erythroplakia (1.1%). 10 (0.2%) oral cancer, 12 (0.4%) breast cancer, and 1 (0.3%) cervical cancer cases were diagnosed. The quality control and supervision of the project is regularly carried out by Dr. Subita Patil (Professor & Physician, Preventive Oncology, TMC, Mumbai).

Cancer patients were provided treatment at various cancer centres in Bhubaneswar as well as Tata Memorial Centre Mumbai under the health scheme provided by the government. Regular follow-up of screen-positive cases is going on.

Results:



Several health promotion activities were conducted including Breast Cancer Awareness Month (October 2023), Cervical Cancer Awareness Month (January 2024), and World Cancer Day 2024 (4th February 2024). On the occasion of World Cancer Day 2024 a drawing competition to spread cancer awareness among school children in Khordha. On the occasion of World No Tobacco Day, a slogan competition was organized.

Research Publication

Based on the data obtained from the EDP Khordha, a research manuscript titled, "Oral premalignant disorders prevalence in selected staff from educational institute, Odisha, India" is submitted and currently under review in the *Ecancermedicalscience*.

Community mobilisation and health awareness

Oral cavity examination

Tobacco cessation counselling

Clinical breast examination

Patient home visit for follow up

18. Population-based cancer registry & EDP Mayurbhanj district, Odisha

Tata Memorial Centre (TMC), Mumbai in collaboration with the Department of Health and Family Welfare, Government of Odisha and Pandit Raghunath Murmu Medical College and Hospital, Baripada has started the population-based cancer registry in Mayurbhanj in the tribal district of Odisha state. The registry was started in October 2023.

The Eight Field investigators were selected locally from the Mayurbhanj district. Selected staff received training in cancer registration by the faculties of Centre for Cancer Epidemiology – Tata Memorial Centre, Mumbai at NISER, Bhubaneswar from 9th to 14th October 2023.

Mayurbhanj project staff along with the CCE-TMC faculties

The registry is covering 3 Million people. The majority of the population is tribal. The staff has visited 814 villages covering around 4.3 lakhs population. The staff collected 1,221 cancer cases including prevalence, incidence, and mortality during village visits.

For the year 2023, till now PBCR has registered 504 incidence cases (Male: 215 and Female: 289) and 224 mortality cases (Male: 97 and Female: 127).

In males, the mouth is the leading cancer site followed by the tongue, stomach, lung, and rectum. In females, the breast is the leading cancer site followed by the cervix, mouth, ovary, and gallbladder.

Figure 34: Mayurbhanj district, Odisha

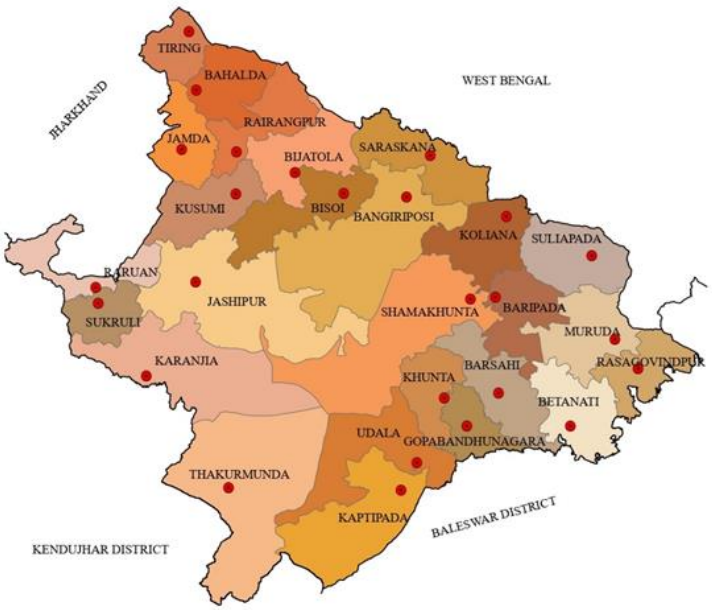


Figure 35: Leading cancer sites in male: Mayurbhanj district (2023) (Provisional)

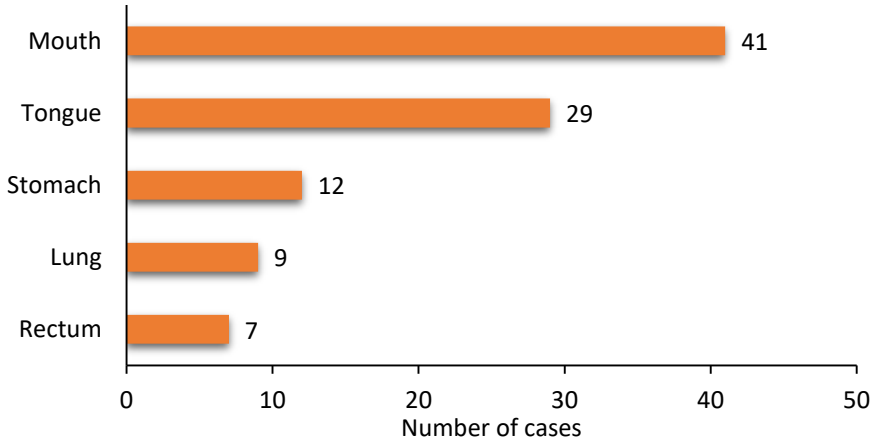
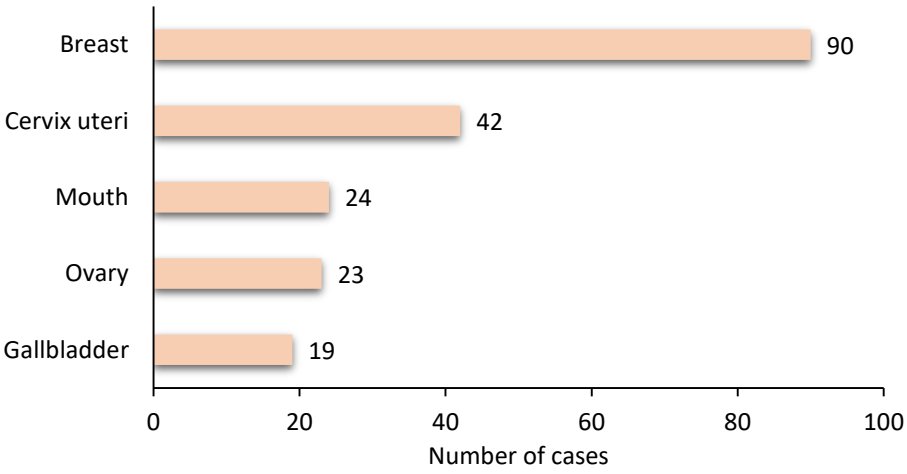


Figure 36: Leading cancer sites in female: Mayurbhanj district (2023) (Provisional)



The oral, breast, and cervical cancer are the common leading sites in this population. Tata Memorial Centre, Mumbai has started the early detection programme for these cancers with the help of Government of Odisha and Pandit Raghunath Murmu (PRM) Medical College & Hospital, Baripada. Through this project, the project staff organizing health education programme to raise the awareness about disease as well as to educate regarding signs, symptoms and preventive measure among school and community.

Inauguration of Early Detection Project by the DAE Chairman at Mayurbhanj, Odisha

Visit to PHC Kuamara by Dr. Ajit Kumar Mohanty (Chairman, DAE) along with other dignitaries

Dr. Ajit Kumar Mohanty (Chairman, AEC and Secretary Department of Atomic Energy (DAE), India) inaugurated the project 'Early Detection of Oral, Breast and Cervical Cancers in Mayurbhanj district, Odisha' in the presence of Mr. Vineet Bharadwaj (District Collector, Mayurbhanj), Dr. Pankaj Chaturvedi (Then-Dy Director, CCE) and dignitaries from Health & Family Welfare Government of Odisha, PRM Medial College & Hospital, Baripada and Tata Memorial Centre, Mumbai.

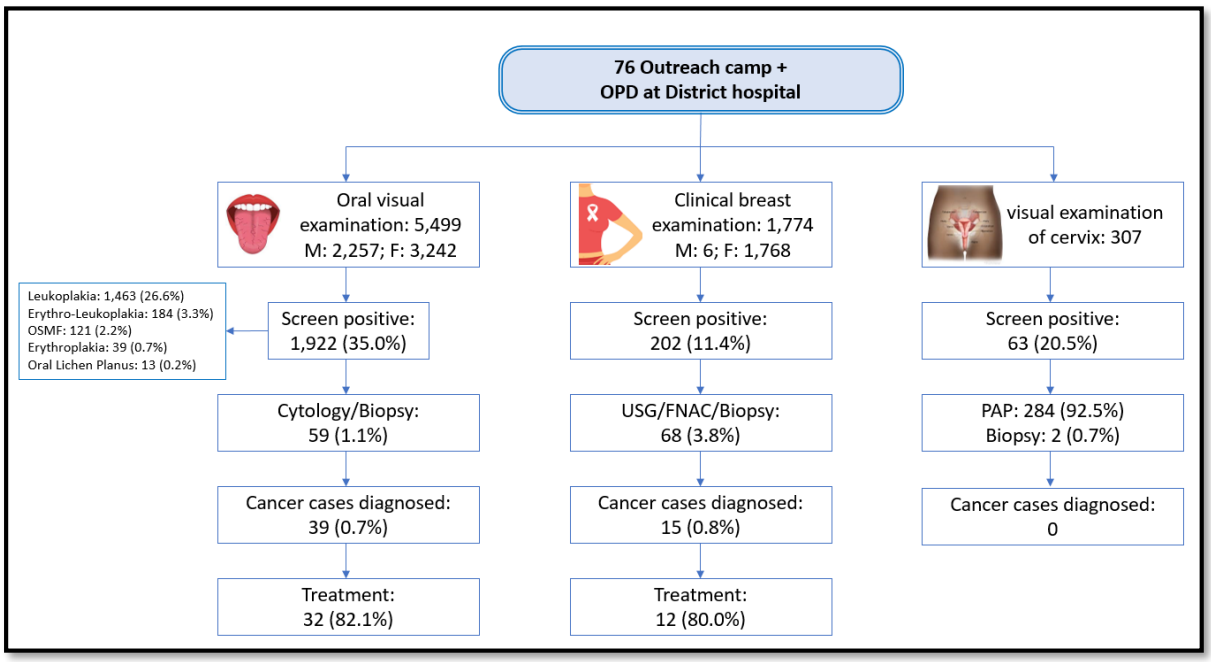
Health Education Meetings in Schools

School health education was conducted to spread awareness regarding cancer, its risk factors and tobacco hazards among school children. So far, awareness sessions were conducted in 9 educational institutions. About 1,245 teachers with students participated in a common cancer awareness campaign at educational institutions.

Awareness session at an educational institute in Mayurbhanj

Results:

So far 5,499; 1,774; and 307 individuals has been screened for oral, breast, and cervical cancer respectively. The oral premalignant disorder detected was leukoplakia (26.6%), erythro-leukoplakia and erythroplakia (3.3%) followed by oral sub-mucous fibrosis (2.2%). 39 (0.7%) oral cancer and 15 (0.8%) breast cancer cases were diagnosed. Cancer patients were provided treatment at various cancer centres in Bhubaneswar as well as Tata Memorial Centre Mumbai under the health scheme provided by the government. The treatment compliance is more than 80%. Regular follow-up of screen-positive cases is ongoing. The quality control and supervision of the project is regularly carried out by Dr. Subita Patil (Professor & Physician, Preventive Oncology, TMC, Mumbai).



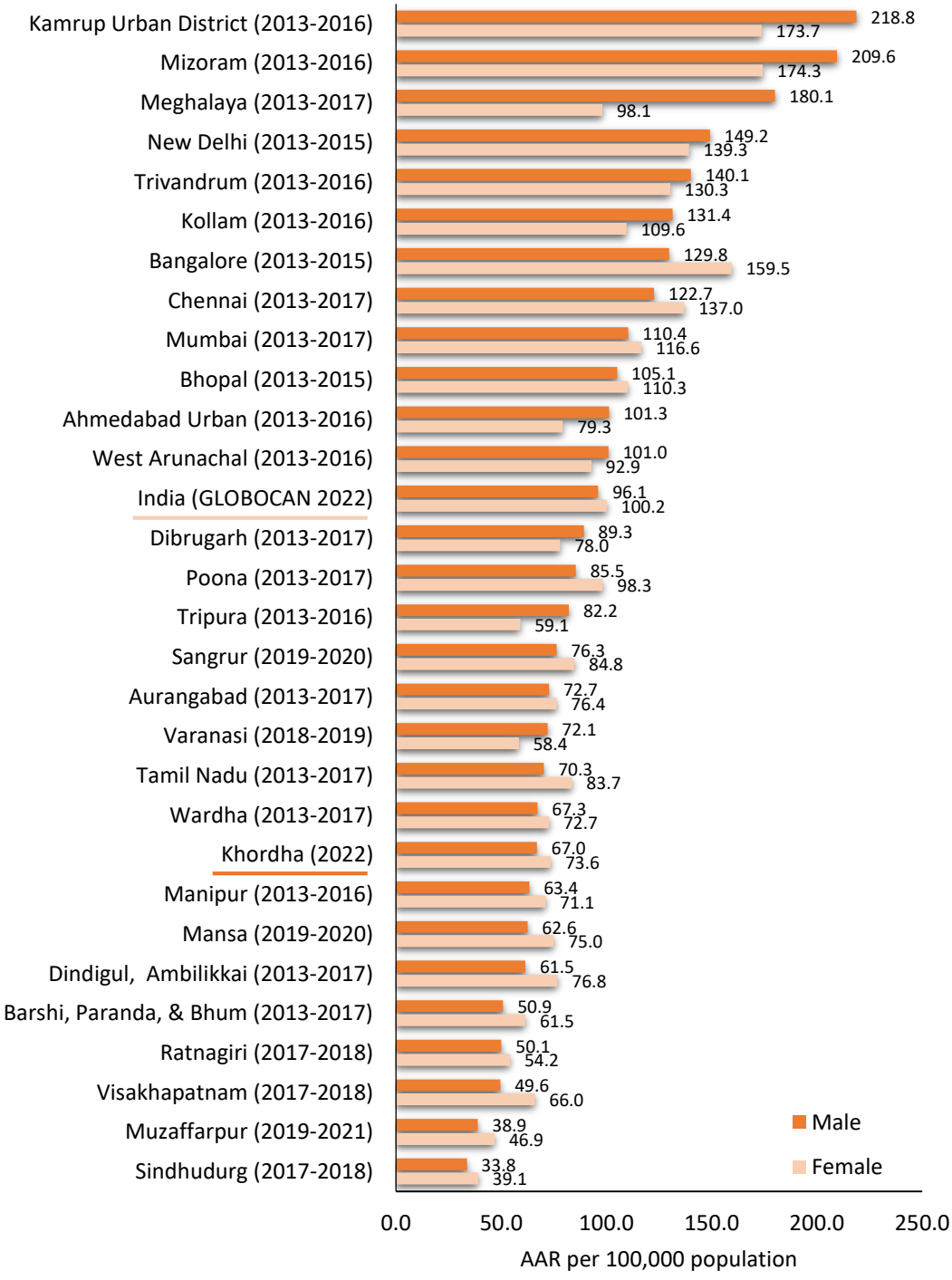
Research Publication

Based on the data obtained from the EDP Mayurbhanj, a research manuscript titled, "Management of Tobacco Pouch Keratosis in the tribal area of Mayurbhanj, India" is accepted for publication in the *Canadian Journal of Dental Hygiene (CJDH)*.

19. Comparison of cancer incidence rate with other Indian registries

The cancer incidence rate of Khordha district is compared with other Indian registries. Male and female all site age-adjusted incidence rate is lower than the national average as well as other Indian registries. A comparison of all site cancer rates is shown in Figure 37.

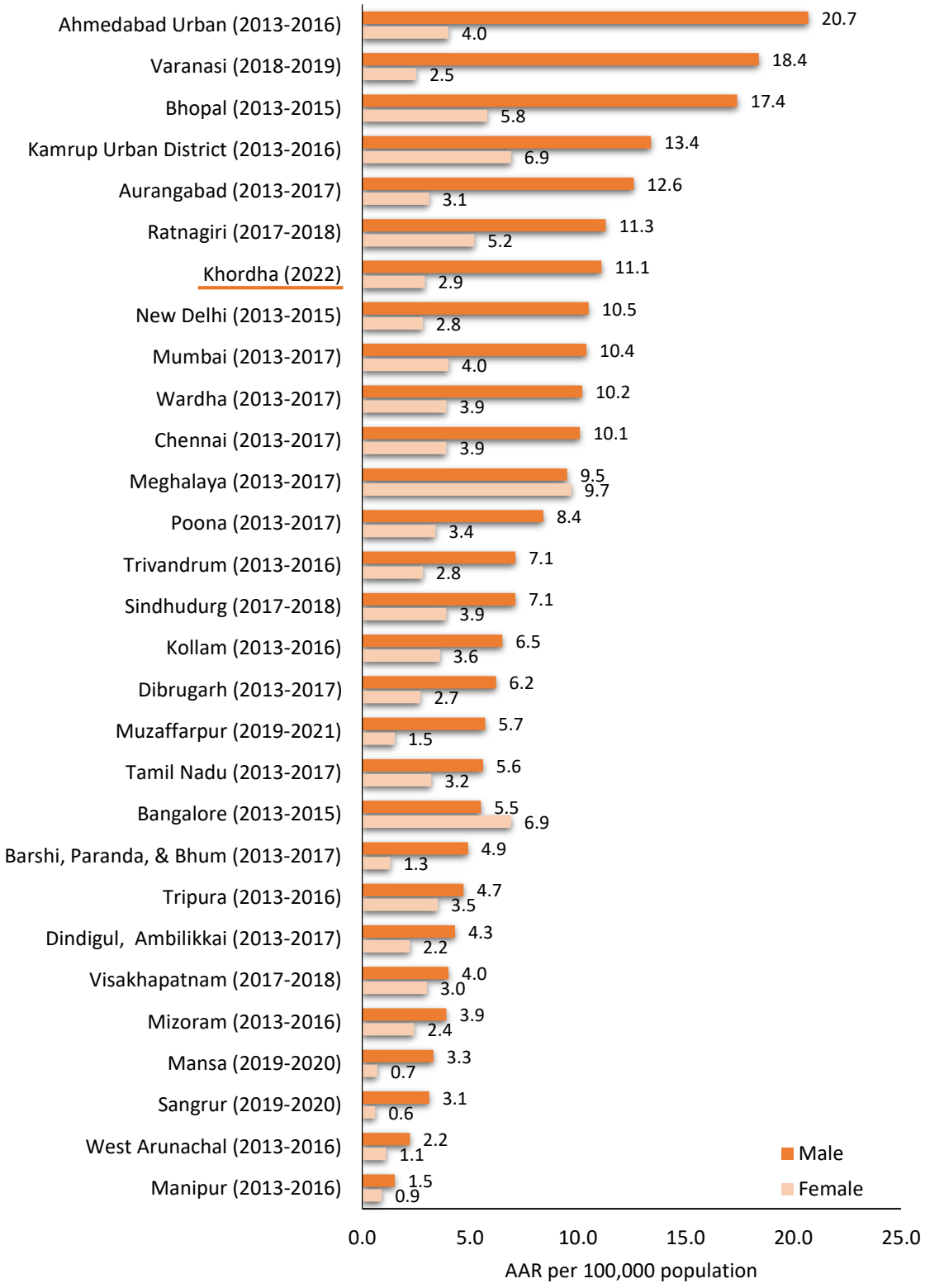
Figure 37: Age-adjusted incidence rate of all cancer sites in male and female



(References: 1-8, 21)

Among males, out of every 6 cancer cases, 1 case is of mouth cancer registered at Khordha district PBCR. Compared to other population-based cancer registries, the Khordha incidence rate for mouth cancer is high whereas it is low compared to Ahmedabad, Varanasi, Bhopal, Ratnagiri PBCR etc. A comparison of incidence rates is shown in Figure 38.

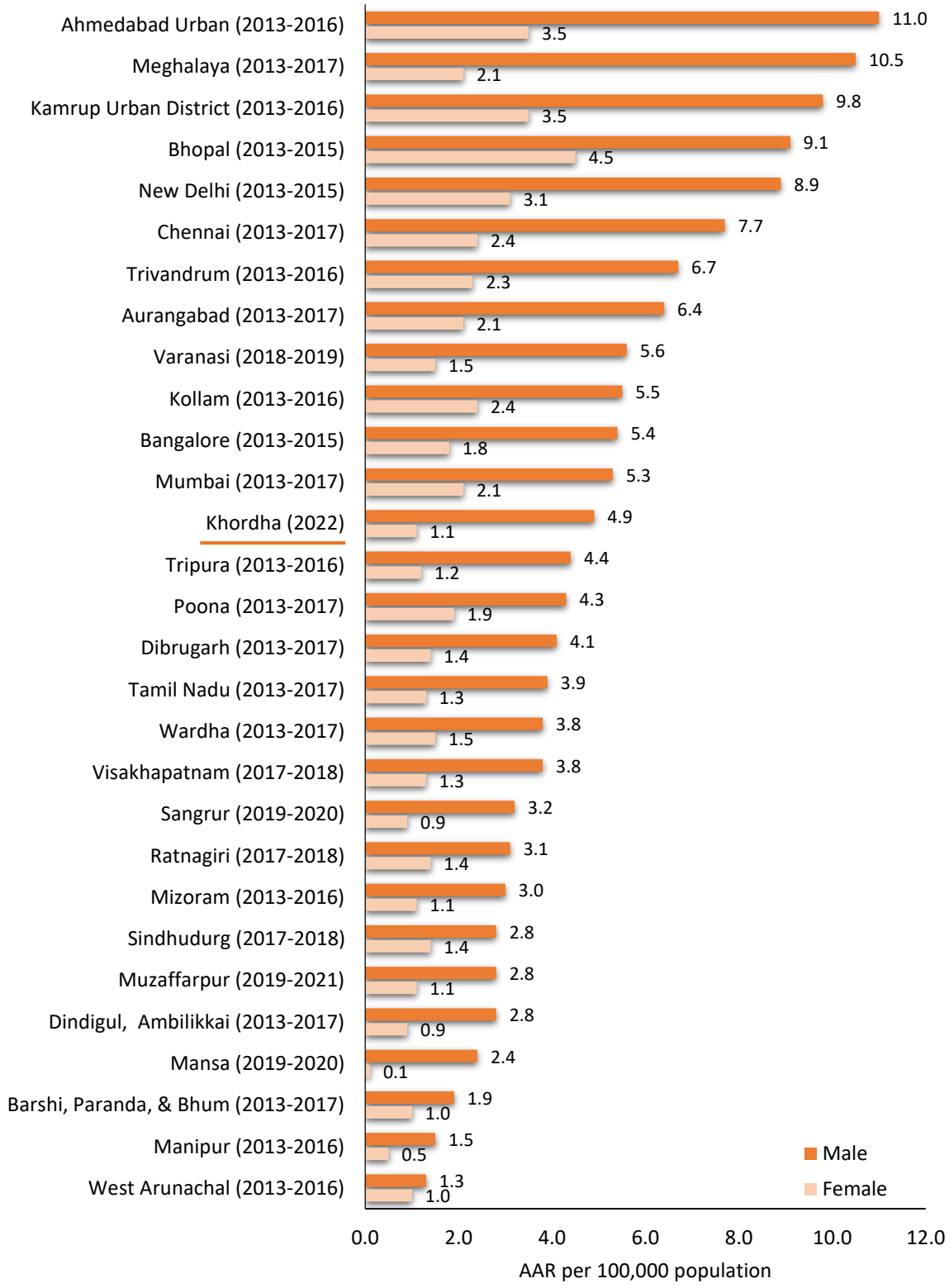
Figure 38: Age-adjusted incidence rate of mouth cancer in males and female (C03-06)



(References: 1-8)

Among males, out of every 13 cancer cases, 1 case is of tongue cancer registered at Khordha district PBCR. Compared to other Indian rural population-based cancer registries the Khordha incidence rate for tongue cancer is slightly high whereas it is low compared to Ahmedabad, Bhopal, Delhi, Varanasi, Mumbai etc. A comparison of incidence rates is shown in Figure 39.

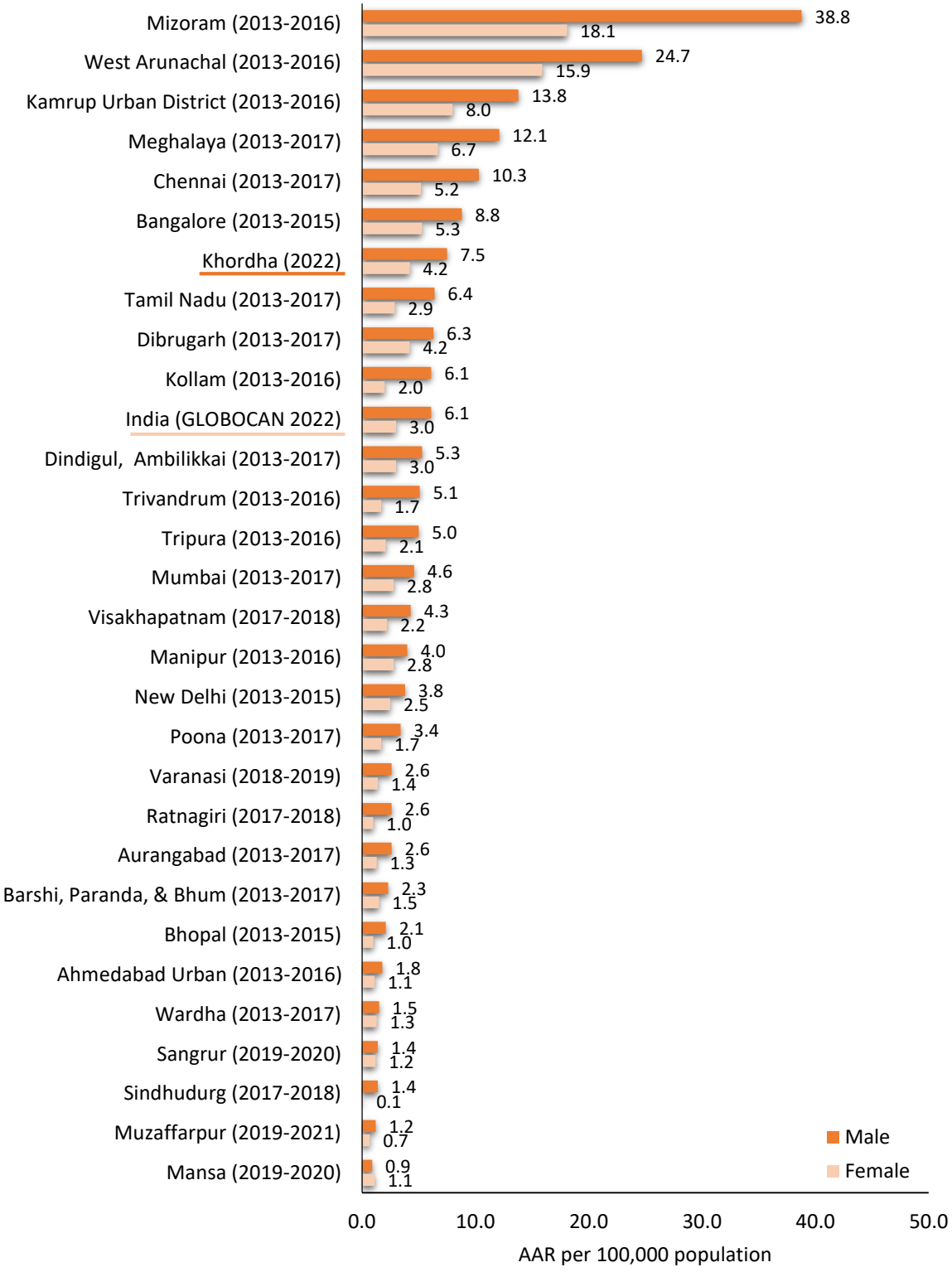
Figure 39: Age-adjusted incidence rate of tongue cancer in males and female (C01-02)



(References: 1-8)

Compared to the national average and other population-based cancer registries the Khordha incidence rate for stomach cancer is slightly high whereas it is low compared to Mizoram, West Arunachal, Kamrup, Meghalaya, Chennai and Bangalore PBCR. A comparison of incidence rates is shown in Figure 40.

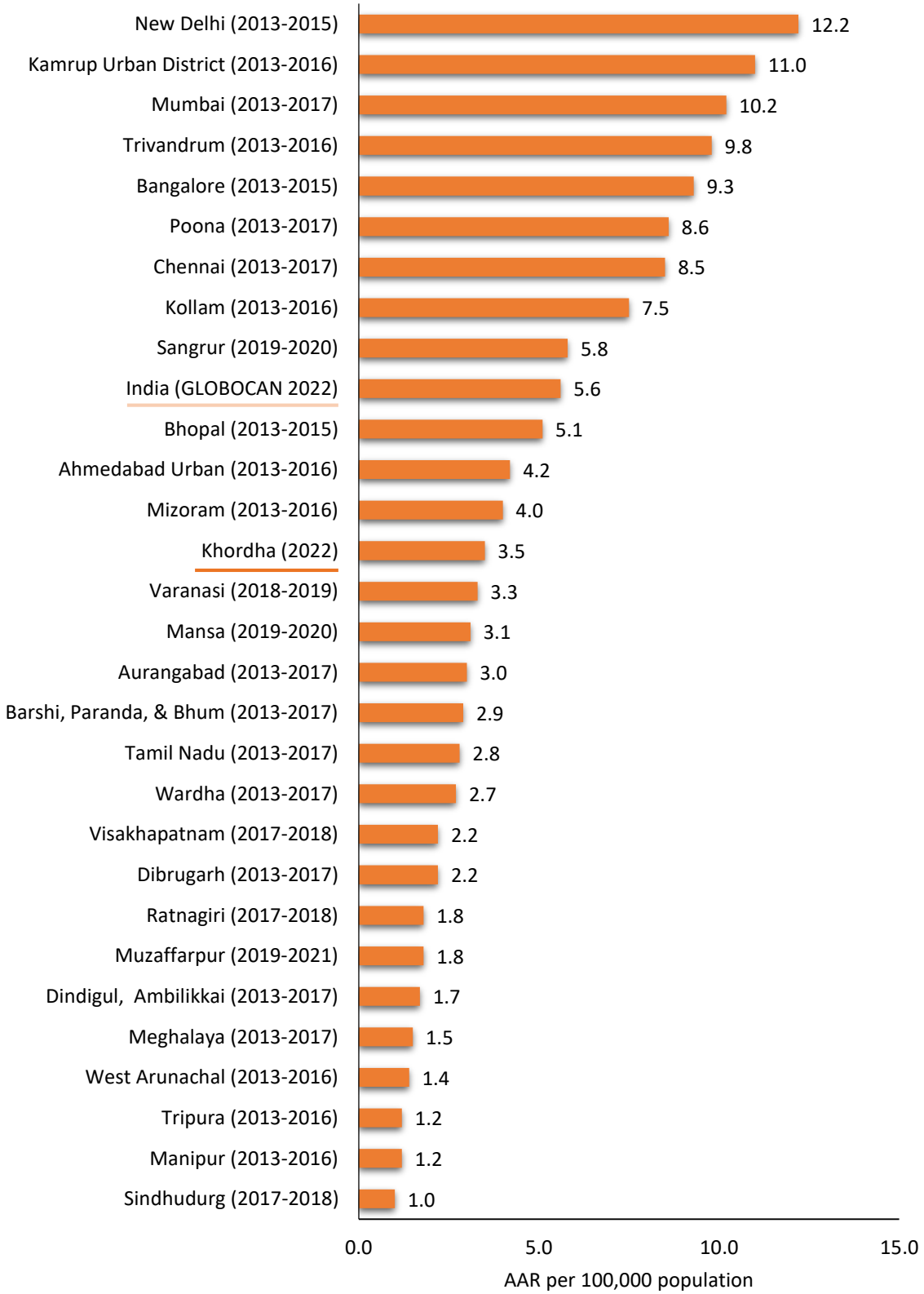
Figure 40: Age-adjusted incidence rate of stomach cancer in males and female (C16)



(References: 1-8, 21)

The prostate cancer incidence rate of Khordha district is in comparison with other Indian PBCR and low as compared to the national average. A comparison of incidence rates is shown in Figure 41.

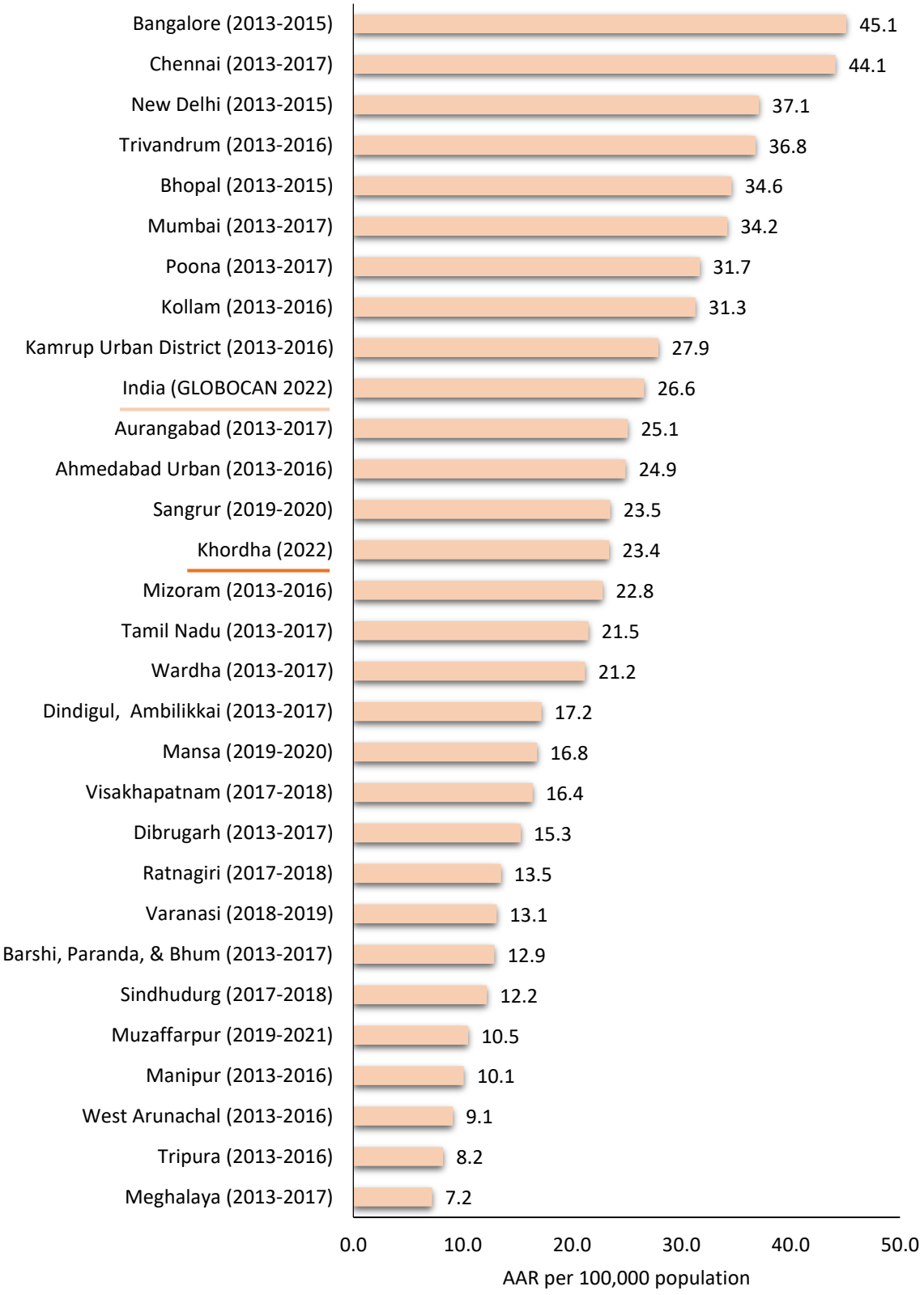
Figure 41: Age-adjusted incidence rate of prostate cancer (C61)



(References: 1-8, 21)

The female breast cancer incidence rate of Khordha district is in comparison with other Indian PBCR and low as compared to the national average. A comparison of incidence rates is shown in Figure 42.

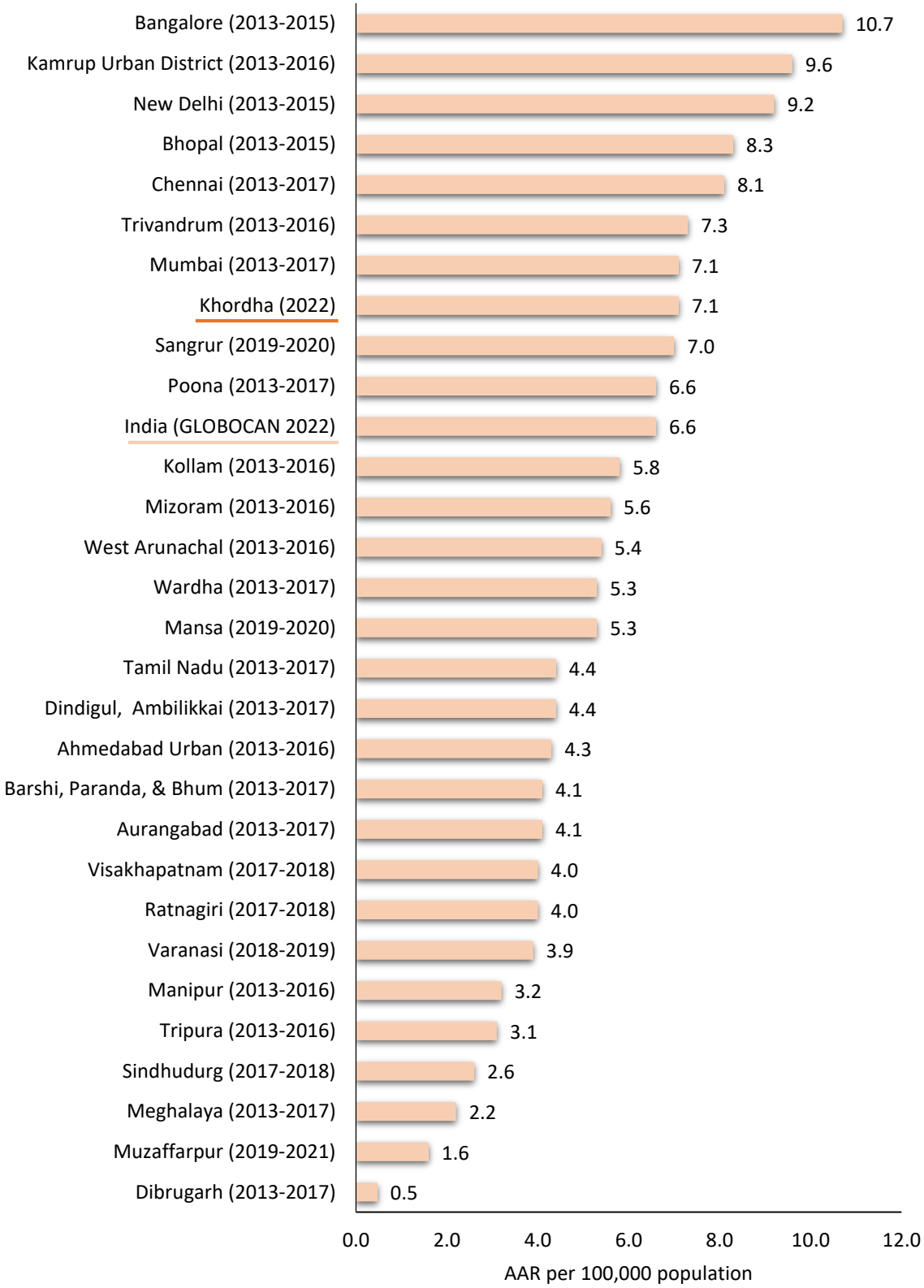
Figure 42: Age-adjusted incidence rate of breast cancer in female (C50)



(References: 1-8, 21)

Compared to the national average and other population-based cancer registry the Khordha incidence rate for ovary cancer is slightly high whereas it is low compared to the national average and other Indian PBCRs. A comparison of incidence rates is shown in Figure 43.

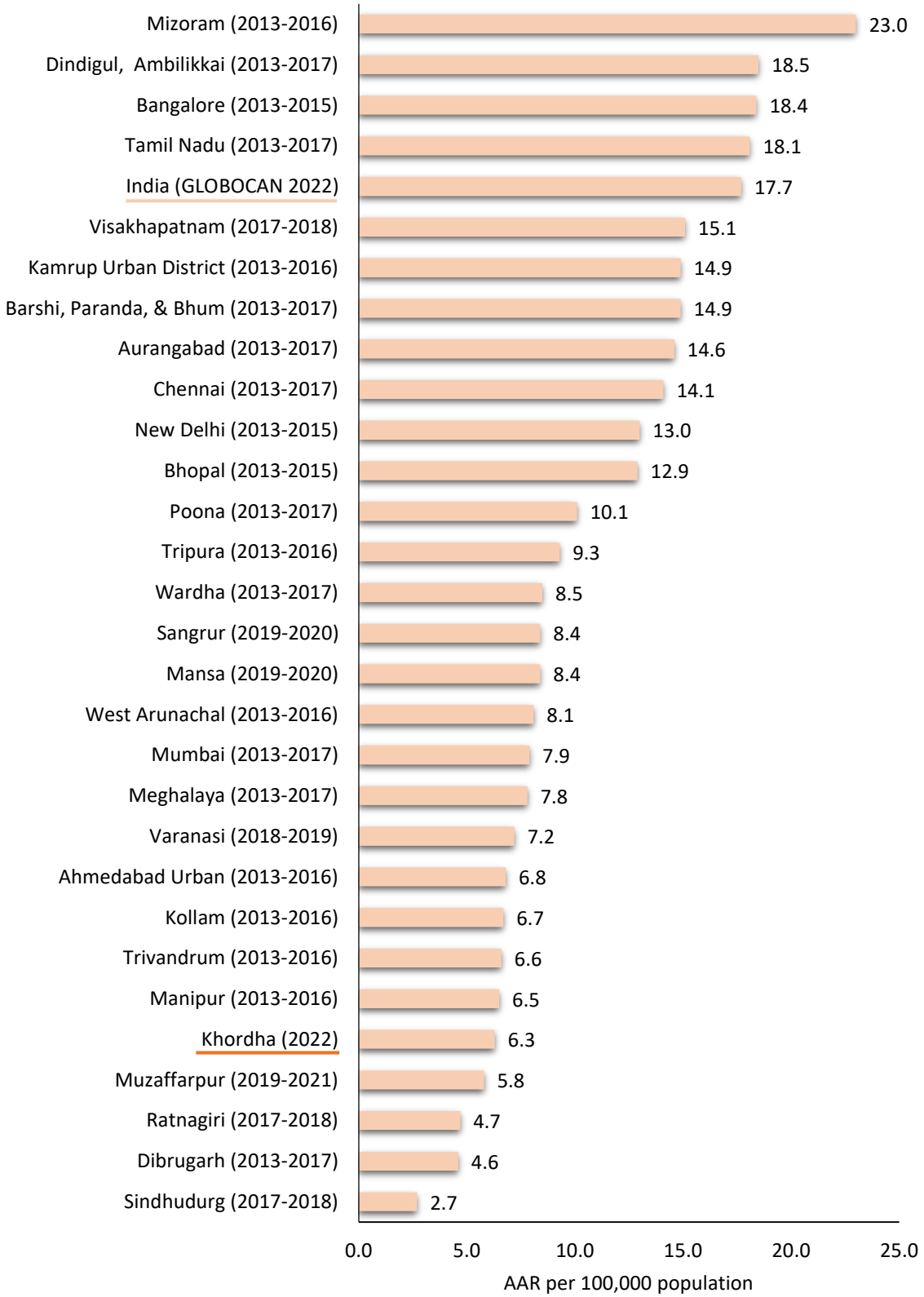
Figure 43: Age-adjusted incidence rate of ovarian cancer (C56)



(References: 1-8, 21)

Compared to the national average and other population-based cancer registry the Khordha incidence rate for cervical cancer is low whereas it is slightly high compared to Muzaffarpur, Ratnagiri, Dibrugarh, and Sindhudurg. A comparison of incidence rates is shown in Figure 44.

Figure 44: Age-adjusted incidence rate of cervix uteri cancer (C53)



(References: 1-8, 21)

20. Description of statistical terms

Incidence: Cancer incidence denotes new cancer cases diagnosed in a defined population in a specified period. For this report, all cancer cases diagnosed from 1st January 2022 to 31st December 2022 in the Khordha district have been included.

Mortality: Cancer mortality is defined as the number of cancer deaths occurring in a defined population, in a defined geographic area, during a particular year(s) per 100,000 population. All cancer deaths from 1st January 2022 to 31st December 2022 in the Khordha district have been included.

Rates: Rates for cancer are always expressed per 100,000 population.

Crude Incidence Rate (CIR): The crude incidence is the rate at which new cases occur in a population during a specific period.

$$\text{CIR} = \frac{\text{Number of new cancer cases observed in the period 2022} * 100{,}000}{\text{Estimated population of the same year}}$$

This rate is also called the crude rate because it relates to each population as a whole and is influenced by the age structure of each population.

Age-Specific Rate (ASR): This refers to the rate obtained by the division of the total number of cancer cases by the corresponding estimated population in that age group and gender/site/geographic area/time and multiplying by 100,000.

Age-Adjusted or Age-Standardized Rate (AAR): Age adjustment is a statistical method that corrects for the changing age distribution of the population across different geographical regions and allows comparisons to be made in among adjusted rates between different population sub-groups over time.

Truncated Rates (TR): This is similar to the age-adjusted rate except that it is calculated to the truncated age group 35-64 years of age.

21. Standard registry tables

Table 26: Number of incidence cancers by five-year age group and site (ICD-10): 2022
Males Khordha district PBCR

% = Relative proportion of cancers of all sites

ICD 10	Sites	0_4	5_9	10_14	15_19	20_24	25_29	30_34	35_39	40_44	45_49	50_54	55_59	60_64	65_69	70_74	75+	Total	%
C00	Lip	-	-	-	-	-	-	-	1	-	1	1	-	-	-	1	-	**4**	**0.5**
C01-C02	Tongue	-	-	-	-	-	3	3	12	8	7	6	7	6	6	3	2	**63**	**7.8**
C03-C06	Mouth	-	-	-	-	-	1	8	18	20	17	26	21	16	3	5	9	**144**	**17.9**
C07-C08	Salivary Gland	-	-	-	-	-	-	1	1	1	-	2	-	-	1	1	-	**7**	**0.9**
C09	Tonsil	-	-	-	-	-	-	-	-	-	-	-	-	2	1	-	-	**3**	**0.4**
C10	Other Oropharynx	-	-	-	-	-	-	-	-	-	3	-	-	-	2	-	-	**5**	**0.6**
C11	Nasopharynx	-	-	-	-	-	-	-	-	2	2	1	1	-	-	-	-	**6**	**0.7**
C12-C13	Hypopharynx	-	-	-	-	-	-	-	-	-	-	2	2	1	1	-	-	**6**	**0.7**
C14	Pharynx Unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C15	Oesophagus	-	-	-	-	-	-	-	-	1	-	-	3	3	4	2	1	**14**	**1.7**
C16	Stomach	-	-	-	-	-	-	-	2	2	7	6	20	15	12	15	6	**85**	**10.6**
C17	Small Intestine	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	**2**	**0.2**
C18	Colon	-	-	-	-	-	-	-	4	1	2	6	3	3	3	3	4	**29**	**3.6**
C19-C20	Rectum	-	-	-	-	1	-	2	1	2	2	4	3	3	2	1	1	**22**	**2.7**
C21	Anus & Anal Canal	-	-	-	-	-	-	-	2	-	1	-	-	-	2	1	-	**6**	**0.7**
C22	Liver	-	-	-	-	-	-	-	-	-	-	2	5	5	9	2	3	**26**	**3.2**
C23-C24	Gallbladder etc.	-	-	-	-	-	-	-	-	2	2	5	6	4	-	8	7	**34**	**4.2**
C25	Pancreas	-	-	-	-	-	-	-	-	1	1	2	1	4	4	2	-	**15**	**1.9**
C30-C31	Nose, Sinuses etc.	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	-	**3**	**0.4**
C32	Larynx	-	-	-	-	-	-	-	1	-	4	1	1	2	5	3	1	**18**	**2.2**
C33-C34	Trachea, bronchus and lung	-	-	-	-	-	-	1	2	3	5	9	8	12	5	16	8	**69**	**8.6**
C37-C38	Other Thoracic Organs	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	**1**	**0.1**
C40-C41	Bone	-	-	1	-	1	1	-	-	-	2	1	-	1	1	-	-	**8**	**1.0**
C43	Melanoma of Skin	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	**2**	**0.2**
C44	Other Skin	-	-	-	-	1	1	-	-	-	-	-	1	1	1	3	2	**10**	**1.2**
C45	Mesothelioma	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	**1**	**0.1**
C46	Kaposi Sarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C47+C49	Conn. & Soft Tissue	-	-	-	1	-	1	-	-	1	1	-	-	-	2	-	-	**6**	**0.7**
C50	Breast	-	-	-	-	-	-	-	-	-	-	-	1	-	-	2	-	**3**	**0.4**
C60	Penis	-	-	-	-	-	-	-	-	-	1	-	-	1	1	-	2	**5**	**0.6**
C61	Prostate	-	-	-	-	-	-	-	-	-	-	-	3	6	8	14	7	**38**	**4.7**
C62	Testis	-	-	-	-	2	1	-	-	1	2	-	-	-	-	-	-	**6**	**0.7**
C63	Other Male Genital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	**1**	**0.1**
C64	Kidney etc.	-	-	-	-	-	-	-	2	1	4	4	1	6	1	-	-	**19**	**2.4**
C65	Renal Pelvis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C66	Ureter	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C67	Urinary Bladder	-	-	-	-	-	-	-	2	-	1	2	1	2	2	2	4	**16**	**2.0**
C68	Unspecified Urinary Organs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C69	Eye	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C70-C72	Brain, Nervous System	-	1	-	-	-	-	-	2	5	-	1	1	2	-	-	1	**13**	**1.6**
C73	Thyroid	-	-	1	-	1	1	-	2	1	1	1	1	1	1	-	2	**13**	**1.6**
C74	Adrenal Gland	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C75	Other endocrine	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	**1**	**0.1**
C81	Hodgkins Disease	1	1	-	-	2	1	1	-	-	2	-	2	-	2	-	-	**12**	**1.5**
C82-C86, C96	Non-Hodgkin Lymphoma	-	3	-	1	-	3	-	5	4	1	3	5	3	1	6	5	**40**	**5.0**
C88	Malig Imn.Prol D	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C90	Multiple Myeloma	-	-	-	-	-	-	1	-	1	2	-	1	4	1	2	-	**12**	**1.5**
C91	Lymphoid Leukaemia	1	4	-	1	-	-	-	-	-	-	-	1	1	-	-	1	**9**	**1.1**
C92-C94	Myeloid Leukaemia	1	-	1	-	-	1	1	-	-	1	-	1	-	-	-	1	**7**	**0.9**
C95	Leukaemia Unspecified	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1	-	**3**	**0.4**
Other and Unspecified		-	-	-	-	-	-	-	1	2	1	2	4	1	4	2	1	**18**	**2.2**
All sites		**3**	**9**	**3**	**4**	**8**	**14**	**18**	**58**	**60**	**74**	**87**	**107**	**107**	**88**	**95**	**70**	**805**	**100.0**

* O & U includes the sites (ICD - 10: C26, C39, C48, C76, C77, C78, C79, C80, C97

Table 27: Number of incidence cancers by five-year age group and site (ICD-10): 2022
Females Khordha district PBCR

% = Relative proportion of cancers of all sites

ICD 10	Sites	0_4	5_9	10_14	15_19	20_24	25_29	30_34	35_39	40_44	45_49	50_54	55_59	60_64	65_69	70_74	75+	Total	%
C00	Lip	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	**2**	**0.2**
C01-C02	Tongue	-	-	-	-	-	-	-	2	-	1	3	1	4	-	-	1	**12**	**1.5**
C03-C06	Mouth	-	-	-	-	-	-	-	-	4	2	4	10	2	2	4	3	**31**	**3.8**
C07-C08	Salivary Gland	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	**2**	**0.2**
C09	Tonsil	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	**1**	**0.1**
C10	Other Oropharynx	-	-	-	-	-	-	-	-	1	-	1	-	-	-	1	1	**4**	**0.5**
C11	Nasopharynx	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	**2**	**0.2**
C12-C13	Hypopharynx	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	-	**3**	**0.4**
C14	Pharynx Unspecified	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	**2**	**0.2**
C15	Oesophagus	-	-	-	-	-	-	1	-	-	1	-	1	-	-	1	2	**6**	**0.7**
C16	Stomach	-	-	-	-	-	1	2	5	1	3	8	13	6	5	1	1	**46**	**5.6**
C17	Small Intestine	-	-	-	-	-	-	-	-	1	-	1	1	-	-	-	-	**3**	**0.4**
C18	Colon	-	-	-	-	-	-	-	-	4	2	2	3	4	4	3	3	**25**	**3.0**
C19-C20	Rectum	-	-	-	-	2	-	3	-	1	2	1	4	1	5	1	1	**21**	**2.6**
C21	Anus & Anal Canal	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	**2**	**0.2**
C22	Liver	-	-	-	-	-	-	-	-	1	1	1	2	3	1	2	-	**11**	**1.3**
C23-C24	Gallbladder etc.	-	-	-	-	-	-	-	2	-	8	11	5	7	6	3	-	**42**	**5.1**
C25	Pancreas	-	-	-	-	-	-	-	-	-	2	1	1	1	1	2	-	**8**	**1.0**
C30-C31	Nose, Sinuses etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C32	Larynx	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	**2**	**0.2**
C33-C34	Trachea, bronchus and lung	-	-	-	-	-	-	1	3	1	3	3	7	3	3	4	1	**29**	**3.5**
C37-C38	Other Thoracic Organs	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	**1**	**0.1**
C40-C41	Bone	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	**2**	**0.2**
C43	Melanoma of Skin	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	**1**	**0.1**
C44	Other Skin	-	-	1	-	-	-	-	-	-	-	-	1	1	-	-	-	**3**	**0.4**
C45	Mesothelioma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C46	Kaposi Sarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C47+C49	Conn. & Soft Tissue	-	-	-	-	-	-	1	-	-	1	-	-	3	-	-	-	**5**	**0.6**
C50	Breast	-	-	-	-	-	5	14	28	49	45	39	37	28	10	7	11	**273**	**33.3**
C51	Vulva	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	1	**3**	**0.4**
C52	Vagina	-	-	-	-	-	-	-	-	-	1	1	-	-	-	1	-	**3**	**0.4**
C53	Cervix Uteri	-	-	-	-	-	-	1	1	6	13	13	11	9	2	7	5	**68**	**8.3**
C54	Corpus Uteri	-	-	-	-	-	-	-	1	1	-	7	-	6	5	2	3	**25**	**3.0**
C55	Uterus Unspecified	-	-	-	-	-	-	-	-	-	-	1	2	-	-	-	-	**3**	**0.4**
C56	Ovary	1	-	-	1	4	2	5	3	6	10	17	9	11	4	4	2	**79**	**9.6**
C57	Other Female Genital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C58	Placenta	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C64	Kidney etc.	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2	-	**3**	**0.4**
C65	Renal Pelvis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C66	Ureter	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	**1**	**0.1**
C67	Urinary Bladder	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	**2**	**0.2**
C68	Unspecified Urinary Organs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C69	Eye	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C70-C72	Brain, Nervous System	-	-	-	-	1	-	3	1	1	1	2	-	2	2	-	-	**13**	**1.6**
C73	Thyroid	-	-	-	-	1	4	3	4	4	2	1	3	-	1	-	1	**24**	**2.9**
C74	Adrenal Gland	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C75	Other endocrine	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C81	Hodgkins Disease	-	-	1	-	-	-	-	1	-	-	1	1	-	-	-	-	**4**	**0.5**
C82-C86, C96	Non-Hodgkin lymphoma	-	-	-	-	-	2	-	-	2	2	2	1	2	3	-	1	**15**	**1.8**
C88	Malig Imn.Prol D	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C90	Multiple Myeloma	-	-	-	-	-	-	-	-	-	1	1	3	1	1	1	-	**8**	**1.0**
C91	Lymphoid Leukaemia	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**1**	**0.1**
C92-C94	Myeloid Leukaemia	-	1	-	1	1	2	2	2	-	1	2	2	1	-	-	-	**15**	**1.8**
C95	Leukaemia Unspecified	-	1	-	-	-	-	-	-	-	-	1	-	2	-	1	1	**6**	**0.7**
Other and Unspecified		1	-	-	-	-	-	-	-	2	1	-	1	2	-	1	-	**8**	**1.0**
	All sites	**3**	**2**	**3**	**2**	**10**	**16**	**37**	**55**	**86**	**106**	**128**	**121**	**103**	**56**	**50**	**42**	**820**	**100.0**

* O & U includes the sites (ICD - 10: C26, C39, C48, C76, C77, C78, C79, C80, C97)

Table 28: Average annual Age-Specific, Crude (CR), Age-Adjusted (AAR) and Truncated (35-64 yrs) (TR) incidence rate per 100,000 population: 2022 – Males Khordha district PBCR

ICD 10	0_4	5_9	10_14	15_19	20_24	25_29	30_34	35_39	40_44	45_49	50_54	55_59	60_64	65_69	70_74	75+	CR	AAR	TR
C00	-	-	-	-	-	-	-	1.0	-	1.3	1.6	-	-	-	4.5	-	**0.3**	**0.3**	**0.7**
C01-C02	-	-	-	-	-	2.6	2.9	11.9	8.9	9.1	9.9	14.5	14.1	21.6	13.4	7.6	**4.9**	**4.9**	**11.1**
C03-C06	-	-	-	-	-	0.9	7.8	17.9	22.3	22.1	42.8	43.6	37.7	10.8	22.3	34.3	**11.3**	**11.1**	**29.4**
C07-C08	-	-	-	-	-	-	1.0	1.0	1.1	-	3.3	-	-	3.6	4.5	-	**0.5**	**0.5**	**0.9**
C09	-	-	-	-	-	-	-	-	-	-	-	-	4.7	3.6	-	-	**0.2**	**0.3**	**0.6**
C10	-	-	-	-	-	-	-	-	-	3.9	-	-	-	7.2	-	-	**0.4**	**0.4**	**0.8**
C11	-	-	-	-	-	-	-	-	2.2	2.6	1.6	2.1	-	-	-	-	**0.5**	**0.5**	**1.5**
C12-C13	-	-	-	-	-	-	-	-	-	-	3.3	4.2	2.4	3.6	-	-	**0.5**	**0.5**	**1.4**
C14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C15	-	-	-	-	-	-	-	-	1.1	-	-	6.2	7.1	14.4	8.9	3.8	**1.1**	**1.3**	**1.9**
C16	-	-	-	-	-	-	-	2.0	2.2	9.1	9.9	41.5	35.4	43.1	66.9	22.9	**6.7**	**7.5**	**14.1**
C17	-	-	-	-	-	-	-	-	-	1.3	-	-	-	3.6	-	-	**0.2**	**0.2**	**0.3**
C18	-	-	-	-	-	-	-	4.0	1.1	2.6	9.9	6.2	7.1	10.8	13.4	15.2	**2.3**	**2.4**	**4.8**
C19-C20	-	-	-	-	0.8	-	1.9	1.0	2.2	2.6	6.6	6.2	7.1	7.2	4.5	3.8	**1.7**	**1.8**	**3.9**
C21	-	-	-	-	-	-	-	2.0	-	1.3	-	-	-	7.2	4.5	-	**0.5**	**0.5**	**0.6**
C22	-	-	-	-	-	-	-	-	-	-	3.3	10.4	11.8	32.3	8.9	11.4	**2.0**	**2.4**	**3.4**
C23-C24	-	-	-	-	-	-	-	-	2.2	2.6	8.2	12.5	9.4	-	35.7	26.7	**2.7**	**2.8**	**5.1**
C25	-	-	-	-	-	-	-	-	1.1	1.3	3.3	2.1	9.4	14.4	8.9	-	**1.2**	**1.4**	**2.5**
C30-C31	-	-	-	-	-	-	-	-	-	-	-	2.1	-	7.2	-	-	**0.2**	**0.3**	**0.3**
C32	-	-	-	-	-	-	-	1.0	-	5.2	1.6	2.1	4.7	18.0	13.4	3.8	**1.4**	**1.6**	**2.3**
C33-C34	-	-	-	-	-	-	1.0	2.0	3.3	6.5	14.8	16.6	28.3	18.0	71.3	30.5	**5.4**	**5.9**	**10.5**
C37-C38	-	-	-	0.8	-	-	-	-	-	-	-	-	-	-	-	-	**0.1**	**0.1**	**-**
C40-C41	-	-	0.9	-	0.8	0.9	-	-	-	2.6	1.6	-	2.4	3.6	-	-	**0.6**	**0.7**	**1.1**
C43	-	-	-	-	-	-	-	-	-	-	-	-	2.4	-	-	3.8	**0.2**	**0.2**	**0.3**
C44	-	-	-	-	0.8	0.9	-	-	-	-	-	2.1	2.4	3.6	13.4	7.6	**0.8**	**0.8**	**0.6**
C45	-	-	-	-	-	-	-	-	-	-	-	2.1	-	-	-	-	**0.1**	**0.1**	**0.3**
C46	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C47+C49	-	-	-	0.8	-	0.9	-	-	1.1	1.3	-	-	-	7.2	-	-	**0.5**	**0.5**	**0.5**
C50	-	-	-	-	-	-	-	-	-	-	-	2.1	-	-	8.9	-	**0.2**	**0.3**	**0.3**
C60	-	-	-	-	-	-	-	-	-	1.3	-	-	2.4	3.6	-	7.6	**0.4**	**0.4**	**0.6**
C61	-	-	-	-	-	-	-	-	-	-	-	6.2	14.1	28.7	62.4	26.7	**3.0**	**3.5**	**2.6**
C62	-	-	-	-	1.6	0.9	-	-	1.1	2.6	-	-	-	-	-	-	**0.5**	**0.4**	**0.7**
C63	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.8	**0.1**	**0.1**	**-**
C64	-	-	-	-	-	-	-	2.0	1.1	5.2	6.6	2.1	14.1	3.6	-	-	**1.5**	**1.6**	**4.8**
C65	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C66	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C67	-	-	-	-	-	-	-	2.0	-	1.3	3.3	2.1	4.7	7.2	8.9	15.2	**1.3**	**1.3**	**2.0**
C68	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C69	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C70-C72	-	0.9	-	-	-	-	-	2.0	5.6	-	1.6	2.1	4.7	-	-	3.8	**1.0**	**1.0**	**2.6**
C73	-	-	0.9	-	0.8	0.9	-	2.0	1.1	1.3	1.6	2.1	2.4	3.6	-	7.6	**1.0**	**1.0**	**1.7**
C74	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C75	-	-	-	-	-	-	-	-	-	-	-	2.1	-	-	-	-	**0.1**	**0.1**	**0.3**
C81	1.1	0.9	-	-	1.6	0.9	1.0	-	-	2.6	-	4.2	-	7.2	-	-	**0.9**	**1.0**	**1.0**
C82-C86, C96	-	2.8	-	0.8	-	2.6	-	5.0	4.5	1.3	4.9	10.4	7.1	3.6	26.8	19.1	**3.1**	**3.2**	**5.1**
C88	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C90	-	-	-	-	-	-	1.0	-	1.1	2.6	-	2.1	9.4	3.6	8.9	-	**0.9**	**1.0**	**2.2**
C91	1.1	3.8	-	0.8	-	-	-	-	-	-	-	2.1	2.4	-	-	3.8	**0.7**	**0.8**	**0.6**
C92-C94	1.1	-	0.9	-	-	0.9	1.0	-	-	1.3	-	2.1	-	-	-	3.8	**0.5**	**0.6**	**0.5**
C95	-	-	-	-	-	-	-	-	1.1	-	-	-	2.4	-	4.5	-	**0.2**	**0.3**	**0.5**
O&U	-	-	-	-	-	-	-	1.0	2.2	1.3	3.3	8.3	2.4	14.4	8.9	3.8	**1.4**	**1.5**	**2.8**
All sites	**3.2**	**8.5**	**2.6**	**3.3**	**6.4**	**12.3**	**17.5**	**57.5**	**66.9**	**96.3**	**143.2**	**222.1**	**252.2**	**316.1**	**423.6**	**266.9**	**63.2**	**67.0**	**127.0**

* O & U includes the sites (ICD - 10: C26, C39, C48, C76, C77, C78, C79, C80, C97)

Table 29: Average annual Age-Specific, Crude (CR), Age-Adjusted (AAR) and Truncated (35-64 yrs) (TR) incidence rate per 100,000 population: 2022– Females Khordha district PBCR

ICD 10	0_4	5_9	10_14	15_19	20_24	25_29	30_34	35_39	40_44	45_49	50_54	55_59	60_64	65_69	70_74	75+	CR	AAR	TR
C00	-	-	-	-	-	-	1.0	-	-	-	1.9	-	-	-	-	-	**0.2**	**0.2**	**0.3**
C01-C02	-	-	-	-	-	-	-	2.0	-	1.5	5.6	2.3	10.6	-	-	4.3	**1.0**	**1.1**	**3.3**
C03-C06	-	-	-	-	-	-	-	-	5.0	2.9	7.5	23.1	5.3	8.1	19.4	12.8	**2.6**	**2.9**	**6.4**
C07-C08	-	-	-	-	-	-	-	-	-	1.5	-	-	-	-	-	4.3	**0.2**	**0.2**	**0.3**
C09	-	-	-	-	-	-	-	-	-	-	-	-	2.7	-	-	-	**0.1**	**0.1**	**0.3**
C10	-	-	-	-	-	-	-	-	1.3	-	1.9	-	-	-	4.9	4.3	**0.3**	**0.4**	**0.5**
C11	-	-	-	-	-	-	-	-	-	1.5	1.9	-	-	-	-	-	**0.2**	**0.2**	**0.6**
C12-C13	-	-	-	-	-	-	-	-	-	-	-	2.3	2.7	-	4.9	-	**0.3**	**0.3**	**0.6**
C14	-	-	-	-	-	-	-	-	-	-	-	2.3	-	-	-	4.3	**0.2**	**0.2**	**0.3**
C15	-	-	-	-	-	-	1.0	-	-	1.5	-	2.3	-	-	4.9	8.6	**0.5**	**0.5**	**0.6**
C16	-	-	-	-	-	0.9	2.0	5.1	1.3	4.4	15.1	30.0	16.0	20.3	4.9	4.3	**3.9**	**4.2**	**10.4**
C17	-	-	-	-	-	-	-	-	1.3	-	1.9	2.3	-	-	-	-	**0.3**	**0.3**	**0.8**
C18	-	-	-	-	-	-	-	-	5.0	2.9	3.8	6.9	10.6	16.3	14.6	12.8	**2.1**	**2.4**	**4.4**
C19-C20	-	-	-	-	1.7	-	3.0	-	1.3	2.9	1.9	9.2	2.7	20.3	4.9	4.3	**1.8**	**1.9**	**2.6**
C21	-	-	-	-	-	-	-	-	1.3	-	-	-	-	-	-	4.3	**0.2**	**0.2**	**0.2**
C22	-	-	-	-	-	-	-	-	1.3	1.5	1.9	4.6	8.0	4.1	9.7	-	**0.9**	**1.1**	**2.5**
C23-C24	-	-	-	-	-	-	-	2.0	-	11.7	20.7	11.5	18.6	24.4	14.6	-	**3.5**	**4.1**	**9.9**
C25	-	-	-	-	-	-	-	-	-	2.9	1.9	2.3	2.7	4.1	9.7	-	**0.7**	**0.8**	**1.5**
C30-C31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C32	-	-	-	-	-	-	-	-	-	-	1.9	-	2.7	-	-	-	**0.2**	**0.2**	**0.6**
C33-C34	-	-	-	-	-	-	1.0	3.1	1.3	4.4	5.6	16.2	8.0	12.2	19.4	4.3	**2.4**	**2.7**	**5.7**
C37-C38	-	-	-	-	-	-	-	1.0	-	-	-	-	-	-	-	-	**0.1**	**0.1**	**0.2**
C40-C41	-	-	0.9	-	0.8	-	-	-	-	-	-	-	-	-	-	-	**0.2**	**0.1**	**-**
C43	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4.9	-	**0.1**	**0.1**	**-**
C44	-	-	0.9	-	-	-	-	-	-	-	-	2.3	2.7	-	-	-	**0.3**	**0.3**	**0.6**
C45	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C46	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C47+C49	-	-	-	-	-	-	1.0	-	-	1.5	-	-	8.0	-	-	-	**0.4**	**0.5**	**1.3**
C50	-	-	-	-	-	4.3	13.8	28.6	61.5	65.6	73.4	85.5	74.4	40.6	34.0	47.1	**22.9**	**23.4**	**62.6**
C51	-	-	-	-	-	-	-	-	-	1.5	-	-	2.7	-	-	4.3	**0.3**	**0.3**	**0.6**
C52	-	-	-	-	-	-	-	-	-	1.5	1.9	-	-	-	4.9	-	**0.3**	**0.3**	**0.6**
C53	-	-	-	-	-	-	1.0	1.0	7.5	18.9	24.5	25.4	23.9	8.1	34.0	21.4	**5.7**	**6.3**	**15.6**
C54	-	-	-	-	-	-	-	1.0	1.3	-	13.2	-	16.0	20.3	9.7	12.8	**2.1**	**2.5**	**4.6**
C55	-	-	-	-	-	-	-	-	-	-	1.9	4.6	-	-	-	-	**0.3**	**0.3**	**0.9**
C56	1.1	-	-	0.9	3.3	1.7	4.9	3.1	7.5	14.6	32.0	20.8	29.2	16.3	19.4	8.6	**6.6**	**7.1**	**16.5**
C57	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C64	-	-	-	-	-	-	-	-	-	-	1.9	-	-	-	9.7	-	**0.3**	**0.3**	**0.3**
C65	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C66	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4.3	**0.1**	**0.1**	**-**
C67	-	-	-	-	-	-	-	1.0	-	-	-	-	-	4.1	-	-	**0.2**	**0.2**	**0.2**
C68	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C69	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C70-C72	-	-	-	-	0.8	-	3.0	1.0	1.3	1.5	3.8	-	5.3	8.1	-	-	**1.1**	**1.1**	**2.0**
C73	-	-	-	-	0.8	3.4	3.0	4.1	5.0	2.9	1.9	6.9	-	4.1	-	4.3	**2.0**	**1.8**	**3.5**
C74	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C75	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C81	-	-	0.9	-	-	-	-	1.0	-	-	1.9	2.3	-	-	-	-	**0.3**	**0.3**	**0.8**
C82-C86, C96	-	-	-	-	-	1.7	-	-	2.5	2.9	3.8	2.3	5.3	12.2	-	4.3	**1.3**	**1.4**	**2.6**
C88	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C90	-	-	-	-	-	-	-	-	-	1.5	1.9	6.9	2.7	4.1	4.9	-	**0.7**	**0.8**	**1.8**
C91	1.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**0.1**	**0.1**	**-**
C92-C94	-	1.0	-	0.9	0.8	1.7	2.0	2.0	-	1.5	3.8	4.6	2.7	-	-	-	**1.3**	**1.2**	**2.2**
C95	-	1.0	-	-	-	-	-	-	-	-	1.9	-	5.3	-	4.9	4.3	**0.5**	**0.6**	**1.0**
O&U	1.1	-	-	-	-	-	-	-	2.5	1.5	-	2.3	5.3	-	4.9	-	**0.7**	**0.8**	**1.8**
All sites	**3.4**	**2.0**	**2.8**	**1.8**	**8.3**	**13.6**	**36.5**	**56.1**	**108**	**154.5**	**241.1**	**279.5**	**273.9**	**227.5**	**243.1**	**179.6**	**68.7**	**73.6**	**171.9**

* O & U includes the sites (ICD - 10: C26, C39, C48, C76, C77, C78, C79, C80, C97)

Table 30: Cumulative Rate (Cu. Rate) & Cumulative Risk (Cu. Risk) of individual sites (ICD-10) based on age-specific rates (from 0-64 Years and 0-74 Years) 2022: Males (Khordha district PBCR)

ICD 10	Sites	Cum Rate (0-64)	Cum Risk (0-64)	Cum Rate (0-74)	Cum Risk (0-74)
C00	Lip	0.0002	0.0002	0.0004	0.0004
C01-C02	Tongue	0.0037	0.0037	0.0054	0.0054
C03-C06	Mouth	0.0098	0.0097	0.0114	0.0114
C07-C08	Salivary Gland	0.0003	0.0003	0.0007	0.0007
C09	Tonsil	0.0002	0.0002	0.0004	0.0004
C10	Other Oropharynx	0.0002	0.0002	0.0006	0.0006
C11	Nasopharynx	0.0004	0.0004	0.0004	0.0004
C12-C13	Hypopharynx	0.0005	0.0005	0.0007	0.0007
C14	Pharynx Unspecified	-	-	-	-
C15	Oesophagus	0.0007	0.0007	0.0019	0.0019
C16	Stomach	0.0050	0.0050	0.0105	0.0105
C17	Small Intestine	0.0001	0.0001	0.0002	0.0002
C18	Colon	0.0015	0.0015	0.0028	0.0028
C19-C20	Rectum	0.0014	0.0014	0.0020	0.0020
C21	Anus & Anal Canal	0.0002	0.0002	0.0007	0.0007
C22	Liver	0.0013	0.0013	0.0033	0.0033
C23-C24	Gallbladder etc.	0.0017	0.0017	0.0035	0.0035
C25	Pancreas	0.0009	0.0009	0.0020	0.0020
C30-C31	Nose, Sinuses etc.	0.0001	0.0001	0.0005	0.0005
C32	Larynx	0.0007	0.0007	0.0023	0.0023
C33-C34	Trachea, bronchus and lung	0.0036	0.0036	0.0081	0.0081
C37-C38	Other Thoracic Organs	-	-	-	-
C40-C41	Bone	0.0005	0.0005	0.0006	0.0006
C43	Melanoma of Skin	0.0001	0.0001	0.0001	0.0001
C44	Other Skin	0.0003	0.0003	0.0012	0.0012
C45	Mesothelioma	0.0001	0.0001	0.0001	0.0001
C46	Kaposi Sarcoma	-	-	-	-
C47+C49	Conn. & Soft Tissue	0.0002	0.0002	0.0006	0.0006
C50	Breast	0.0001	0.0001	0.0005	0.0005
C60	Penis	0.0002	0.0002	0.0004	0.0004
C61	Prostate	0.0010	0.0010	0.0056	0.0056
C62	Testis	0.0003	0.0003	0.0003	0.0003
C63	Other Male Genital	-	-	-	-
C64	Kidney etc.	0.0016	0.0016	0.0017	0.0017
C65	Renal Pelvis	-	-	-	-
C66	Ureter	-	-	-	-
C67	Urinary Bladder	0.0007	0.0007	0.0015	0.0015
C68	Unspecified Urinary Organs	-	-	-	-
C69	Eye	-	-	-	-
C70-C72	Brain, Nervous System	0.0008	0.0008	0.0008	0.0008
C73	Thyroid	0.0007	0.0007	0.0008	0.0008
C74	Adrenal Gland	-	-	-	-
C75	Other endocrine	0.0001	0.0001	0.0001	0.0001
C81	Hodgkins Disease	0.0006	0.0006	0.0010	0.0010
C82-C86, C96	Non-Hodgkin Lymphoma	0.0020	0.0020	0.0035	0.0035
C88	Malig Imn.Prol D	-	-	-	-
C90	Multiple Myeloma	0.0008	0.0008	0.0014	0.0014
C91	Lymphoid Leukaemia	0.0005	0.0005	0.0005	0.0005
C92-C94	Myeloid Leukaemia	0.0004	0.0004	0.0004	0.0004
C95	Leukaemia Unspecified	0.0002	0.0002	0.0004	0.0004
Other and Unspecified		0.0009	0.0009	0.0021	0.0021
All sites		**0.0446**	**0.0446**	**0.0816**	**0.0816**

* O & U includes the sites (ICD - 10: C26, C39, C48, C76, C77, C78, C79, C80, C97)

Table 31: Cumulative Rate (Cu. Rate) & Cumulative Risk (Cu. Risk) of individual sites (ICD-10) based on age-specific rates (from 0-64 Years and 0-74 Years) 2022: Females (Khordha district PBCR)

ICD 10	Sites	Cum Rate (0-64)	Cum Risk (0-64)	Cum Rate (0-74)	Cum Risk (0-74)
C00	Lip	0.0001	0.0001	0.0001	0.0001
C01-C02	Tongue	0.0011	0.0011	0.0011	0.0011
C03-C06	Mouth	0.0022	0.0022	0.0036	0.0036
C07-C08	Salivary Gland	0.0001	0.0001	0.0001	0.0001
C09	Tonsil	0.0001	0.0001	0.0001	0.0001
C10	Other Oropharynx	0.0002	0.0002	0.0004	0.0004
C11	Nasopharynx	0.0002	0.0002	0.0002	0.0002
C12-C13	Hypopharynx	0.0002	0.0002	0.0005	0.0005
C14	Pharynx Unspecified	0.0001	0.0001	0.0001	0.0001
C15	Oesophagus	0.0002	0.0002	0.0005	0.0005
C16	Stomach	0.0037	0.0037	0.0050	0.0050
C17	Small Intestine	0.0003	0.0003	0.0003	0.0003
C18	Colon	0.0015	0.0015	0.0030	0.0030
C19-C20	Rectum	0.0011	0.0011	0.0024	0.0024
C21	Anus & Anal Canal	0.0001	0.0001	0.0001	0.0001
C22	Liver	0.0009	0.0009	0.0015	0.0015
C23-C24	Gallbladder etc.	0.0032	0.0032	0.0052	0.0052
C25	Pancreas	0.0005	0.0005	0.0012	0.0012
C30-C31	Nose, Sinuses etc.	-	-	-	-
C32	Larynx	0.0002	0.0002	0.0002	0.0002
C33-C34	Trachea, bronchus and lung	0.0020	0.0020	0.0036	0.0036
C37-C38	Other Thoracic Organs	0.0001	0.0001	0.0001	0.0001
C40-C41	Bone	0.0001	0.0001	0.0001	0.0001
C43	Melanoma of Skin	-	-	0.0002	0.0002
C44	Other Skin	0.0003	0.0003	0.0003	0.0003
C45	Mesothelioma	-	-	-	-
C46	Kaposi Sarcoma	-	-	-	-
C47+C49	Conn. & Soft Tissue	0.0005	0.0005	0.0005	0.0005
C50	Breast	0.0204	0.0204	0.0241	0.0241
C51	Vulva	0.0002	0.0002	0.0002	0.0002
C52	Vagina	0.0002	0.0002	0.0004	0.0004
C53	Cervix Uteri	0.0051	0.0051	0.0072	0.0072
C54	Corpus Uteri	0.0016	0.0016	0.0031	0.0031
C55	Uterus Unspecified	0.0003	0.0003	0.0003	0.0003
C56	Ovary	0.0060	0.0060	0.0077	0.0077
C57	Other Female Genital	-	-	-	-
C58	Placenta	-	-	-	-
C64	Kidney etc.	0.0001	0.0001	0.0006	0.0006
C65	Renal Pelvis	-	-	-	-
C66	Ureter	-	-	-	-
C67	Urinary Bladder	0.0001	0.0001	0.0003	0.0003
C68	Unspecified Urinary Organs	-	-	-	-
C69	Eye	-	-	-	-
C70-C72	Brain, Nervous System	0.0008	0.0008	0.0012	0.0012
C73	Thyroid	0.0014	0.0014	0.0016	0.0016
C74	Adrenal Gland	-	-	-	-
C75	Other endocrine	-	-	-	-
C81	Hodgkins Disease	0.0003	0.0003	0.0003	0.0003
C82-C86, C96	Non-Hodgkin lymphoma	0.0009	0.0009	0.0015	0.0015
C88	Malig Imn.Prol D	-	-	-	-
C90	Multiple Myeloma	0.0006	0.0006	0.0011	0.0011
C91	Lymphoid Leukaemia	0.0001	0.0001	0.0001	0.0001
C92-C94	Myeloid Leukaemia	0.0010	0.0010	0.0010	0.0010
C95	Leukaemia Unspecified	0.0004	0.0004	0.0007	0.0007
Other and Unspecified		0.0006	0.0006	0.0009	0.0009
All sites		**0.0591**	**0.0591**	**0.0826**	**0.0826**

* O & U includes the sites (ICD - 10: C26, C39, C48, C76, C77, C78, C79, C80, C97)

Table 32: Number (#) and Proportion (%) of cancers by site (ICD-10) and method of diagnosis: 2022 – Males Khordha district PBCR

ICD 10	Sites	Clinical		Radiology		Microscopic		Other (+DCO)**		Total	
		#	%	#	%	#	%	#	%	#	%
C00	Lip	-	-	-	-	4	100.0	-	-	4	100
C01-C02	Tongue	7	11.1	-	-	55	87.3	1	1.6	63	100
C03-C06	Mouth	15	10.4	-	-	126	87.5	3	2.1	144	100
C07-C08	Salivary Gland	-	-	-	-	7	100.0	-	-	7	100
C09	Tonsil	-	-	-	-	3	100.0	-	-	3	100
C10	Other Oropharynx	-	-	-	-	5	100.0	-	-	5	100
C11	Nasopharynx	-	-	-	-	6	100.0	-	-	6	100
C12-C13	Hypopharynx	1	16.7	-	-	5	83.3	-	-	6	100
C14	Pharynx Unspecified	-	-	-	-	-	-	-	-	-	-
C15	Oesophagus	5	35.7	-	-	9	64.3	-	-	14	100
C16	Stomach	20	23.5	1	1.2	62	72.9	2	2.4	85	100
C17	Small Intestine	-	-	-	-	2	100.0	-	-	2	100
C18	Colon	4	13.8	-	-	25	86.2	-	-	29	100
C19-C20	Rectum	5	22.7	-	-	17	77.3	-	-	22	100
C21	Anus & Anal Canal	-	-	-	-	6	100.0	-	-	6	100
C22	Liver	4	15.4	1	3.8	14	53.8	7	26.9	26	100
C23-C24	Gallbladder etc.	7	20.6	3	8.8	24	70.6	-	-	34	100
C25	Pancreas	3	20.0	1	6.7	11	73.3	-	-	15	100
C30-C31	Nose, Sinuses etc.	2	66.7	-	-	1	33.3	-	-	3	100
C32	Larynx	2	11.1	-	-	16	88.9	-	-	18	100
C33-C34	Trachea, bronchus and lung	5	7.2	4	5.8	55	79.7	5	7.2	69	100
C37-C38	Other Thoracic Organs	-	-	-	-	1	100.0	-	-	1	100
C40-C41	Bone	1	12.5	-	-	7	87.5	-	-	8	100
C43	Melanoma of Skin	-	-	-	-	2	100.0	-	-	2	100
C44	Other Skin	-	-	-	-	10	100.0	-	-	10	100
C45	Mesothelioma	-	-	-	-	1	100.0	-	-	1	100
C46	Kaposi Sarcoma	-	-	-	-	-	-	-	-	-	-
C47+C49	Conn. & Soft Tissue	-	-	-	-	6	100.0	-	-	6	100
C50	Breast	2	66.7	-	-	1	33.3	-	-	3	100
C60	Penis	1	20.0	-	-	4	80.0	-	-	5	100
C61	Prostate	7	18.4	-	-	30	78.9	1	2.6	38	100
C62	Testis	1	16.7	-	-	5	83.3	-	-	6	100
C63	Other Male Genital	-	-	-	-	1	100.0	-	-	1	100
C64	Kidney etc.	-	-	1	5.3	18	94.7	-	-	19	100
C65	Renal Pelvis	-	-	-	-	-	-	-	-	-	-
C66	Ureter	-	-	-	-	-	-	-	-	-	-
C67	Urinary Bladder	2	12.5	-	-	14	87.5	-	-	16	100
C68	Unspecified Urinary Organs	-	-	-	-	-	-	-	-	-	-
C69	Eye	-	-	-	-	-	-	-	-	-	-
C70-C72	Brain, Nervous System	-	-	1	7.7	12	92.3	-	-	13	100
C73	Thyroid	2	15.4	-	-	11	84.6	-	-	13	100
C74	Adrenal Gland	-	-	-	-	-	-	-	-	-	-
C75	Other endocrine	-	-	-	-	1	100.0	-	-	1	100
C81	Hodgkins Disease	-	-	-	-	12	100.0	-	-	12	100
C82-C86, C96	Non-Hodgkin Lymphoma	2	5.0	-	-	38	95.0	-	-	40	100
C88	Malig Imn.Prol D	-	-	-	-	-	-	-	-	-	-
C90	Multiple Myeloma	-	-	-	-	12	100.0	-	-	12	100
C91	Lymphoid Leukaemia	-	-	-	-	9	100.0	-	-	9	100
C92-C94	Myeloid Leukaemia	-	-	-	-	7	100.0	-	-	7	100
C95	Leukaemia Unspecified	1	33.3	-	-	-	-	2	66.7	3	100
Other and Unspecified		8	44.4	-	-	3	16.7	7	38.9	18	100
All sites		**107**	**13.3**	**12**	**1.5**	**658**	**81.7**	**28**	**3.5**	**805**	**100**

* O & U includes the sites (ICD - 10: C26, C39, C48, C76, C77, C78, C79, C80, C97)

** Other: Information based on patient's relatives and DCO

Table 33: Number (#) and Proportion (%) of cancers by site (ICD-10) and method of diagnosis: 2022 – Females Khordha district PBCR

ICD 10	Sites	Clinical		Radiology		Microscopic		Other (+DCO)**		Total	
		#	%	#	%	#	%	#	%	#	%
C00	Lip	-	-	-	-	2	100.0	-	-	2	100
C01-C02	Tongue	3	25.0	-	-	9	75.0	-	-	12	100
C03-C06	Mouth	5	16.1	-	-	24	77.4	2	6.5	31	100
C07-C08	Salivary Gland	-	-	-	-	2	100.0	-	-	2	100
C09	Tonsil	-	-	-	-	1	100.0	-	-	1	100
C10	Other Oropharynx	-	-	-	-	4	100.0	-	-	4	100
C11	Nasopharynx	-	-	-	-	2	100.0	-	-	2	100
C12-C13	Hypopharynx	2	66.7	-	-	1	33.3	-	-	3	100
C14	Pharynx Unspecified	2	100.0	-	-	-	-	-	-	2	100
C15	Oesophagus	2	33.3	-	-	4	66.7	-	-	6	100
C16	Stomach	11	23.9	2	4.3	30	65.2	3	6.5	46	100
C17	Small Intestine	-	-	-	-	3	100.0	-	-	3	100
C18	Colon	9	36.0	-	-	16	64.0	-	-	25	100
C19-C20	Rectum	4	19.0	-	-	17	81.0	-	-	21	100
C21	Anus & Anal Canal	-	-	-	-	2	100.0	-	-	2	100
C22	Liver	2	18.2	-	-	7	63.6	2	18.2	11	100
C23-C24	Gallbladder etc.	12	28.6	3	7.1	26	61.9	1	2.4	42	100
C25	Pancreas	2	25.0	-	-	6	75.0	-	-	8	100
C30-C31	Nose, Sinuses etc.	-	-	-	-	-	-	-	-	-	-
C32	Larynx	-	-	-	-	1	50.0	1	50.0	2	100
C33-C34	Trachea, bronchus and lung	4	13.8	-	-	24	82.8	1	3.4	29	100
C37-C38	Other Thoracic Organs	-	-	-	-	1	100.0	-	-	1	100
C40-C41	Bone	-	-	-	-	2	100.0	-	-	2	100
C43	Melanoma of Skin	-	-	-	-	1	100.0	-	-	1	100
C44	Other Skin	-	-	-	-	3	100.0	-	-	3	100
C45	Mesothelioma	-	-	-	-	-	-	-	-	-	-
C46	Kaposi Sarcoma	-	-	-	-	-	-	-	-	-	-
C47+C49	Conn. & Soft Tissue	-	-	-	-	5	100.0	-	-	5	100
C50	Breast	34	12.5	2	0.7	234	85.7	3	1.1	273	100
C51	Vulva	1	33.3	-	-	2	66.7	-	-	3	100
C52	Vagina	2	66.7	-	-	1	33.3	-	-	3	100
C53	Cervix Uteri	9	13.2	1	1.5	54	79.4	4	5.9	68	100
C54	Corpus Uteri	5	20.0	-	-	20	80.0	-	-	25	100
C55	Uterus Unspecified	2	66.7	-	-	1	33.3	-	-	3	100
C56	Ovary	13	16.5	-	-	65	82.3	1	1.3	79	100
C57	Other Female Genital	-	-	-	-	-	-	-	-	-	-
C58	Placenta	-	-	-	-	-	-	-	-	-	-
C64	Kidney etc.	-	-	-	-	3	100.0	-	-	3	100
C65	Renal Pelvis	-	-	-	-	-	-	-	-	-	-
C66	Ureter	-	-	-	-	1	100.0	-	-	1	100
C67	Urinary Bladder	-	-	-	-	2	100.0	-	-	2	100
C68	Unspecified Urinary Organs	-	-	-	-	-	-	-	-	-	-
C69	Eye	-	-	-	-	-	-	-	-	-	-
C70-C72	Brain, Nervous System	-	-	-	-	12	92.3	1	7.7	13	100
C73	Thyroid	5	20.8	-	-	18	75.0	1	4.2	24	100
C74	Adrenal Gland	-	-	-	-	-	-	-	-	-	-
C75	Other endocrine	-	-	-	-	-	-	-	-	-	-
C81	Hodgkins Disease	-	-	-	-	4	100.0	-	-	4	100
C82-C86, C96	Non-Hodgkin lymphoma	1	6.7	-	-	14	93.3	-	-	15	100
C88	Malig Imn.Prol D	-	-	-	-	-	-	-	-	-	-
C90	Multiple Myeloma	-	-	-	-	8	100.0	-	-	8	100
C91	Lymphoid Leukaemia	-	-	-	-	1	100.0	-	-	1	100
C92-C94	Myeloid Leukaemia	-	-	-	-	15	100.0	-	-	15	100
C95	Leukaemia Unspecified	2	33.3	-	-	2	33.3	2	33.3	6	100
Other and Unspecified		3	37.5	-	-	5	62.5	-	-	8	100
All sites		**135**	**16.5**	**8**	**1.0**	**655**	**79.9**	**22**	**2.7**	**820**	**100**

* O & U includes the sites (ICD - 10: C26, C39, C48, C76, C77, C78, C79, C80, C97)

** Other: Information based on patient's relatives and DCO

Table 34: Number of cancer deaths by five year age group and site (ICD-10): 2022 Males
Khordha district PBCR

% = Relative proportion of cancers of all sites

ICD 10	Sites	0_ 4	5_ 9	10_ 14	15_ 19	20_ 24	25_ 29	30_ 34	35_ 39	40_ 44	45_ 49	50_ 54	55_ 59	60_ 64	65_ 69	70_ 74	75+	Total	%
C00	Lip	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C01-C02	Tongue	-	-	-	-	-	-	1	2	6	1	4	2	-	2	2	1	21	5.9
C03-C06	Mouth	-	-	-	-	-	2	3	2	5	10	7	7	4	3	4	5	52	14.5
C07-C08	Salivary Gland	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	2	0.6
C09	Tonsil	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C10	Other Oropharynx	-	-	-	-	-	-	-	-	-	-	2	1	-	1	-	-	4	1.1
C11	Nasopharynx	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	0.3
C12-C13	Hypopharynx	-	-	-	-	-	-	-	-	1	1	-	-	-	1	1	-	4	1.1
C14	Pharynx Unspecified	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	2	0.6
C15	Oesophagus	-	-	-	-	-	1	-	-	1	-	-	1	3	-	1	-	7	2.0
C16	Stomach	-	-	-	-	-	-	-	2	1	3	3	8	6	6	10	8	47	13.1
C17	Small Intestine	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	0.3
C18	Colon	-	-	-	-	-	-	-	-	-	-	1	1	-	1	1	1	5	1.4
C19-C20	Rectum	-	-	-	-	-	-	-	-	2	1	2	2	3	1	-	1	12	3.4
C21	Anus & Anal Canal	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	0.3
C22	Liver	-	-	-	-	-	-	-	-	-	3	1	3	3	7	3	3	23	6.4
C23-C24	Gallbladder etc.	-	-	-	-	-	1	-	1	-	2	1	4	4	1	4	5	23	6.4
C25	Pancreas	-	-	-	-	-	-	-	-	1	2	1	-	1	3	1	1	10	2.8
C30-C31	Nose, Sinuses etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C32	Larynx	-	-	-	-	-	-	-	1	-	-	-	1	2	-	1	-	5	1.4
C33-C34	Trachea, bronchus and lung	-	-	-	-	-	-	1	-	4	2	9	5	9	6	10	5	51	14.2
C37-C38	Other Thoracic Organs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C40-C41	Bone	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	0.3
C43	Melanoma of Skin	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C44	Other Skin	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	2	0.6
C45	Mesothelioma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C46	Kaposi Sarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C47+C49	Conn. & Soft Tissue	-	-	-	-	-	-	-	-	1	-	1	-	-	1	-	-	3	0.8
C50	Breast	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	2	0.6
C60	Penis	-	-	-	-	-	-	-	1	-	1	1	-	-	1	-	-	4	1.1
C61	Prostate	-	-	-	-	-	-	-	-	-	-	1	1	2	-	1	1	6	1.7
C62	Testis	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	0.3
C63	Other Male Genital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C64	Kidney etc.	-	-	-	-	-	-	-	-	-	1	-	-	2	-	-	-	3	0.8
C65	Renal Pelvis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C66	Ureter	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C67	Urinary Bladder	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	0.6
C68	Unspecified Urinary Organs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C69	Eye	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	0.3
C70-C72	Brain, Nervous System	-	1	-	-	-	-	1	2	-	1	-	1	-	-	-	1	7	2.0
C73	Thyroid	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-	2	5	1.4
C74	Adrenal Gland	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	0.3
C75	Other endocrine	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C81	Hodgkins Disease	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	0.3
C82-C86, C96	Non-Hodgkin Lymphoma	-	-	-	-	-	-	-	1	2	-	3	1	1	-	3	1	12	3.4
C88	Malig Imn.Prol D	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C90	Multiple Myeloma	-	-	-	-	-	-	-	-	-	1	1	1	1	1	2	-	7	2.0
C91	Lymphoid Leukaemia	2	2	-	-	-	-	-	-	1	-	-	-	-	1	-	-	6	1.7
C92-C94	Myeloid Leukaemia	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	2	0.6
C95	Leukaemia Unspecified	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	2	0.6
Other and Unspecified		-	-	-	-	-	-	-	-	3	-	2	8	1	3	2	-	19	5.3
All sites		2	3	-	-	1	5	7	13	32	32	43	49	45	42	48	36	358	100.0

* O & U includes the sites (ICD - 10: C26, C39, C48, C76, C77, C78, C79, C80, C97)

Table 35: Number of cancer deaths by five year age group and site (ICD-10): 2022 Females
Khordha district PBCR

% = Relative proportion of cancers of all sites

ICD 10	Sites	0_4	5_9	10_14	15_19	20_24	25_29	30_34	35_39	40_44	45_49	50_54	55_59	60_64	65_69	70_74	75+	Total	%
C00	Lip	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	**1**	**0.4**
C01-C02	Tongue	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	2	**4**	**1.4**
C03-C06	Mouth	-	-	-	-	-	-	-	-	-	3	2	2	1	2	2	1	**13**	**4.6**
C07-C08	Salivary Gland	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C09	Tonsil	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	**1**	**0.4**
C10	Other Oropharynx	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C11	Nasopharynx	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	**2**	**0.7**
C12-C13	Hypopharynx	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C14	Pharynx Unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C15	Oesophagus	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	**2**	**0.7**
C16	Stomach	-	-	-	-	-	1	1	2	1	4	4	4	6	4	1	1	**29**	**10.2**
C17	Small Intestine	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	**1**	**0.4**
C18	Colon	-	-	-	-	-	1	1	-	1	1	1	-	-	-	2	1	**8**	**2.8**
C19-C20	Rectum	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	**3**	**1.1**
C21	Anus & Anal Canal	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	**2**	**0.7**
C22	Liver	-	-	-	-	-	-	-	-	-	-	2	3	1	1	-	-	**7**	**2.5**
C23-C24	Gallbladder etc.	-	-	-	-	-	-	-	-	-	6	7	4	4	3	3	-	**27**	**9.5**
C25	Pancreas	-	-	-	-	-	-	-	-	-	2	1	-	-	-	1	-	**4**	**1.4**
C30-C31	Nose, Sinuses etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	**1**	**0.4**
C32	Larynx	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	**1**	**0.4**
C33-C34	Trachea, bronchus and lung	-	-	-	-	-	-	1	1	-	2	1	6	2	1	3	1	**18**	**6.3**
C37-C38	Other Thoracic Organs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C40-C41	Bone	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	**1**	**0.4**
C43	Melanoma of Skin	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C44	Other Skin	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C45	Mesothelioma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C46	Kaposi Sarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C47+C49	Conn. & Soft Tissue	-	-	-	-	-	-	1	-	-	-	-	1	1	-	-	-	**3**	**1.1**
C50	Breast	-	-	-	-	1	3	3	5	7	8	14	5	9	3	2	3	**63**	**22.2**
C51	Vulva	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C52	Vagina	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	**1**	**0.4**
C53	Cervix Uteri	-	-	-	-	-	-	-	2	3	5	3	6	5	5	2	3	**34**	**12.0**
C54	Corpus Uteri	-	-	-	-	-	-	-	-	1	-	1	-	2	2	1	-	**7**	**2.5**
C55	Uterus Unspecified	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	-	**3**	**1.1**
C56	Ovary	-	-	-	-	-	-	2	1	1	2	3	3	2	1	-	1	**16**	**5.6**
C57	Other Female Genital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C58	Placenta	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C64	Kidney etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	**1**	**0.4**
C65	Renal Pelvis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C66	Ureter	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C67	Urinary Bladder	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C68	Unspecified Urinary Organs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C69	Eye	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C70-C72	Brain, Nervous System	-	-	-	-	-	-	1	2	-	-	-	-	1	1	-	-	**5**	**1.8**
C73	Thyroid	-	-	-	-	-	-	-	2	1	-	-	-	-	1	-	-	**4**	**1.4**
C74	Adrenal Gland	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C75	Other endocrine	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C81	Hodgkins Disease	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	**2**	**0.7**
C82-C86, C96	Non-Hodgkin lymphoma	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	**2**	**0.7**
C88	Malig Imn.Prol D	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**
C90	Multiple Myeloma	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	**2**	**0.7**
C91	Lymphoid Leukaemia	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	**1**	**0.4**
C92-C94	Myeloid Leukaemia	-	1	1	-	-	-	1	-	-	1	1	-	-	-	1	-	**6**	**2.1**
C95	Leukaemia Unspecified	-	1	-	-	-	-	1	-	1	-	-	-	-	-	1	-	**4**	**1.4**
Other and Unspecified		-	-	-	1	-	-	-	-	-	-	-	2	1	-	1	-	**5**	**1.8**
	All sites	**-**	**2**	**1**	**1**	**1**	**7**	**13**	**17**	**18**	**39**	**42**	**41**	**38**	**25**	**23**	**16**	**284**	**100**

* O & U includes the sites (ICD - 10: C26, C39, C48, C76, C77, C78, C79, C80, C97)

Table 36: Average annual Age Specific, Crude (CR), Age Adjusted (AAR) and Truncated (35-64 yrs) (TR) mortality rate per 100,000 population: 2022 – Males Khordha district PBCR

ICD 10	0_4	5_9	10_14	15_19	20_24	25_29	30_34	35_39	40_44	45_49	50_54	55_59	60_64	65_69	70_74	75+	CR	AAR	TR
C00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C01-C02	-	-	-	-	-	-	1.0	2.0	6.7	1.3	6.6	4.2	-	7.2	8.9	3.8	**1.6**	**1.6**	**3.5**
C03-C06	-	-	-	-	-	1.8	2.9	2.0	5.6	13.0	11.5	14.5	9.4	10.8	17.8	19.1	**4.1**	**4.1**	**8.9**
C07-C08	-	-	-	-	-	-	-	-	1.1	-	-	-	-	3.6	-	-	**0.2**	**0.2**	**0.2**
C09	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C10	-	-	-	-	-	-	-	-	-	-	3.3	2.1	-	3.6	-	-	**0.3**	**0.4**	**0.8**
C11	-	-	-	-	-	-	-	-	-	1.3	-	-	-	-	-	-	**0.1**	**0.1**	**0.3**
C12-C13	-	-	-	-	-	-	-	-	1.1	1.3	-	-	-	3.6	4.5	-	**0.3**	**0.3**	**0.5**
C14	-	-	-	-	-	-	-	-	-	-	1.6	2.1	-	-	-	-	**0.2**	**0.2**	**0.5**
C15	-	-	-	-	-	0.9	-	-	1.1	-	-	2.1	7.1	-	4.5	-	**0.5**	**0.6**	**1.4**
C16	-	-	-	-	-	-	-	2.0	1.1	3.9	4.9	16.6	14.1	21.6	44.6	30.5	**3.7**	**4.0**	**6.1**
C17	-	-	-	-	-	-	-	-	-	1.3	-	-	-	-	-	-	**0.1**	**0.1**	**0.3**
C18	-	-	-	-	-	-	-	-	-	-	1.6	2.1	-	3.6	4.5	3.8	**0.4**	**0.4**	**0.5**
C19-C20	-	-	-	-	-	-	-	-	2.2	1.3	3.3	4.2	7.1	3.6	-	3.8	**0.9**	**1.0**	**2.7**
C21	-	-	-	-	-	-	1.0	-	-	-	-	-	-	-	-	-	**0.1**	**0.1**	-
C22	-	-	-	-	-	-	-	-	-	3.9	1.6	6.2	7.1	25.1	13.4	11.4	**1.8**	**2.1**	**2.7**
C23-C24	-	-	-	-	-	0.9	-	1.0	-	2.6	1.6	8.3	9.4	3.6	17.8	19.1	**1.8**	**1.9**	**3.2**
C25	-	-	-	-	-	-	-	-	1.1	2.6	1.6	-	2.4	10.8	4.5	3.8	**0.8**	**0.9**	**1.3**
C30-C31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C32	-	-	-	-	-	-	-	1.0	-	-	-	2.1	4.7	-	4.5	-	**0.4**	**0.4**	**1.1**
C33-C34	-	-	-	-	-	-	1.0	-	4.5	2.6	14.8	10.4	21.2	21.6	44.6	19.1	**4.0**	**4.4**	**7.8**
C37-C38	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C40-C41	-	-	-	-	-	-	-	-	-	-	-	-	2.4	-	-	-	**0.1**	**0.1**	**0.3**
C43	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C44	-	-	-	-	0.8	-	-	-	-	-	-	-	2.4	-	-	-	**0.2**	**0.2**	**0.3**
C45	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C46	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C47+C49	-	-	-	-	-	-	-	-	1.1	-	1.6	-	-	3.6	-	-	**0.2**	**0.3**	**0.5**
C50	-	-	-	-	-	-	-	-	-	1.3	-	-	-	-	4.5	-	**0.2**	**0.2**	**0.3**
C60	-	-	-	-	-	-	-	1.0	-	1.3	1.6	-	-	3.6	-	-	**0.3**	**0.3**	**0.7**
C61	-	-	-	-	-	-	-	-	-	-	1.6	2.1	4.7	-	4.5	3.8	**0.5**	**0.5**	**1.1**
C62	-	-	-	-	-	-	-	1.0	-	-	-	-	-	-	-	-	**0.1**	**0.1**	**0.2**
C63	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C64	-	-	-	-	-	-	-	-	-	1.3	-	-	4.7	-	-	-	**0.2**	**0.3**	**0.9**
C65	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C66	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C67	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4.5	3.8	**0.2**	**0.2**	-
C68	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C69	-	-	-	-	-	-	-	-	-	-	-	-	-	3.6	-	-	**0.1**	**0.1**	-
C70-C72	-	0.9	-	-	-	-	1.0	2.0	-	1.3	-	2.1	-	-	-	3.8	**0.5**	**0.5**	**0.9**
C73	-	-	-	-	-	-	-	-	3.3	-	-	-	-	-	-	7.6	**0.4**	**0.4**	**0.6**
C74	-	-	-	-	-	0.9	-	-	-	-	-	-	-	-	-	-	**0.1**	**0.1**	-
C75	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C81	-	-	-	-	-	-	-	-	-	-	-	-	-	3.6	-	-	**0.1**	**0.1**	-
C82-C86, C96	-	-	-	-	-	-	-	1.0	2.2	-	4.9	2.1	2.4	-	13.4	3.8	**0.9**	**1.0**	**2.0**
C88	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C90	-	-	-	-	-	-	-	-	-	1.3	1.6	2.1	2.4	3.6	8.9	-	**0.5**	**0.6**	**1.1**
C91	2.1	1.9	-	-	-	-	-	-	1.1	-	-	-	-	3.6	-	-	**0.5**	**0.6**	**0.2**
C92-C94	-	-	-	-	-	-	-	-	-	-	1.6	2.1	-	-	-	-	**0.2**	**0.2**	**0.5**
C95	-	-	-	-	-	-	-	-	-	-	1.6	-	2.4	-	-	-	**0.2**	**0.2**	**0.6**
O&U	-	-	-	-	-	-	-	-	3.3	-	3.3	16.6	2.4	10.8	8.9	-	**1.5**	**1.6**	**3.6**
All sites	**2.1**	**2.8**	**-**	**-**	**0.8**	**4.4**	**6.8**	**12.9**	**35.7**	**41.6**	**70.8**	**101.7**	**106.1**	**150.9**	**214.0**	**137.2**	**28.1**	**30.2**	**55.7**

* O & U includes the sites (ICD - 10: C26, C39, C48, C76, C77, C78, C79, C80, C97)

Table 37: Average annual Age Specific, Crude (CR), Age Adjusted (AAR) and Truncated (35-64 yrs) (TR) mortality rate per 100,000 population: 2022 – Females Khordha district PBCR

ICD 10	0_4	5_9	10_14	15_19	20_24	25_29	30_34	35_39	40_44	45_49	50_54	55_59	60_64	65_69	70_74	75+	CR	AAR	TR
C00	-	-	-	-	-	-	1.0	-	-	-	-	-	-	-	-	-	**0.1**	**0.1**	**-**
C01-C02	-	-	-	-	-	-	-	-	-	1.5	-	2.3	-	-	-	8.6	**0.3**	**0.4**	**0.6**
C03-C06	-	-	-	-	-	-	-	-	-	4.4	3.8	4.6	2.7	8.1	9.7	4.3	**1.1**	**1.3**	**2.4**
C07-C08	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C09	-	-	-	-	-	-	-	-	-	-	-	-	2.7	-	-	-	**0.1**	**0.1**	**0.3**
C10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C11	-	-	-	-	-	-	-	1.0	-	-	1.9	-	-	-	-	-	**0.2**	**0.2**	**0.5**
C12-C13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C15	-	-	-	-	-	-	-	-	-	-	1.9	-	-	-	4.9	-	**0.2**	**0.2**	**0.3**
C16	-	-	-	-	-	0.9	1.0	2.0	1.3	5.8	7.5	9.2	16.0	16.3	4.9	4.3	**2.4**	**2.7**	**6.2**
C17	-	-	-	-	-	-	-	-	-	-	-	2.3	-	-	-	-	**0.1**	**0.1**	**0.3**
C18	-	-	-	-	-	0.9	1.0	-	1.3	1.5	1.9	-	-	-	9.7	4.3	**0.7**	**0.7**	**0.8**
C19-C20	-	-	-	-	-	-	-	-	-	-	-	2.3	-	4.1	-	4.3	**0.3**	**0.3**	**0.3**
C21	-	-	-	-	-	-	-	-	1.3	-	-	-	-	-	-	4.3	**0.2**	**0.2**	**0.2**
C22	-	-	-	-	-	-	-	-	-	-	3.8	6.9	2.7	4.1	-	-	**0.6**	**0.7**	**1.8**
C23-C24	-	-	-	-	-	-	-	-	-	8.7	13.2	9.2	10.6	12.2	14.6	-	**2.3**	**2.6**	**6.4**
C25	-	-	-	-	-	-	-	-	-	2.9	1.9	-	-	-	4.9	-	**0.3**	**0.4**	**0.9**
C30-C31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4.3	**0.1**	**0.1**	**-**
C32	-	-	-	-	-	-	-	-	-	-	-	-	2.7	-	-	-	**0.1**	**0.1**	**0.3**
C33-C34	-	-	-	-	-	-	1.0	1.0	-	2.9	1.9	13.9	5.3	4.1	14.6	4.3	**1.5**	**1.7**	**3.5**
C37-C38	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C40-C41	-	-	-	-	-	0.9	-	-	-	-	-	-	-	-	-	-	**0.1**	**0.1**	**-**
C43	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C44	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C45	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C46	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C47+C49	-	-	-	-	-	-	1.0	-	-	-	-	2.3	2.7	-	-	-	**0.3**	**0.3**	**0.6**
C50	-	-	-	-	0.8	2.6	3.0	5.1	8.8	11.7	26.4	11.5	23.9	12.2	9.7	12.8	**5.3**	**5.5**	**13.8**
C51	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C52	-	-	-	-	-	-	-	-	-	1.5	-	-	-	-	-	-	**0.1**	**0.1**	**0.3**
C53	-	-	-	-	-	-	-	2.0	3.8	7.3	5.6	13.9	13.3	20.3	9.7	12.8	**2.8**	**3.2**	**6.9**
C54	-	-	-	-	-	-	-	-	1.3	-	1.9	-	5.3	8.1	4.9	-	**0.6**	**0.7**	**1.2**
C55	-	-	-	-	-	-	-	-	-	-	-	2.3	2.7	-	4.9	-	**0.3**	**0.3**	**0.6**
C56	-	-	-	-	-	-	2.0	1.0	1.3	2.9	5.6	6.9	5.3	4.1	-	4.3	**1.3**	**1.4**	**3.5**
C57	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C64	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4.9	-	**0.1**	**0.1**	**-**
C65	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C66	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C67	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C68	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C69	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C70-C72	-	-	-	-	-	-	1.0	2.0	-	-	-	-	2.7	4.1	-	-	**0.4**	**0.4**	**0.7**
C73	-	-	-	-	-	-	-	2.0	1.3	-	-	-	-	4.1	-	-	**0.3**	**0.3**	**0.6**
C74	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C75	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C81	-	-	-	-	-	0.9	-	1.0	-	-	-	-	-	-	-	-	**0.2**	**0.1**	**0.2**
C82-C86, C96	-	-	-	-	-	-	-	-	1.3	1.5	-	-	-	-	-	-	**0.2**	**0.2**	**0.5**
C88	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	**-**	**-**
C90	-	-	-	-	-	-	-	-	-	1.5	-	2.3	-	-	-	-	**0.2**	**0.2**	**0.6**
C91	-	-	-	-	-	-	-	-	-	1.5	-	-	-	-	-	-	**0.1**	**0.1**	**0.3**
C92-C94	-	1.0	0.9	-	-	-	1.0	-	-	1.5	1.9	-	-	-	4.9	-	**0.5**	**0.5**	**0.6**
C95	-	1.0	-	-	-	-	1.0	-	1.3	-	-	-	-	-	4.9	-	**0.3**	**0.3**	**0.2**
O&U	-	-	-	0.9	-	-	-	-	-	-	-	4.6	2.7	-	4.9	-	**0.4**	**0.5**	**0.9**
All sites	**-**	**2.0**	**0.9**	**0.9**	**0.8**	**6.0**	**12.8**	**17.3**	**22.6**	**56.8**	**79.1**	**94.7**	**101.0**	**101.6**	**111.8**	**68.4**	**23.8**	**25.9**	**56.7**

* O & U includes the sites (ICD - 10: C26, C39, C48, C76, C77, C78, C79, C80, C97)

22. Paediatric cancer incidence tables as per ICCC-3 standard

Table 38: Number of cases in paediatric age-group, incidence rate per million population: 2022 (Both sex)

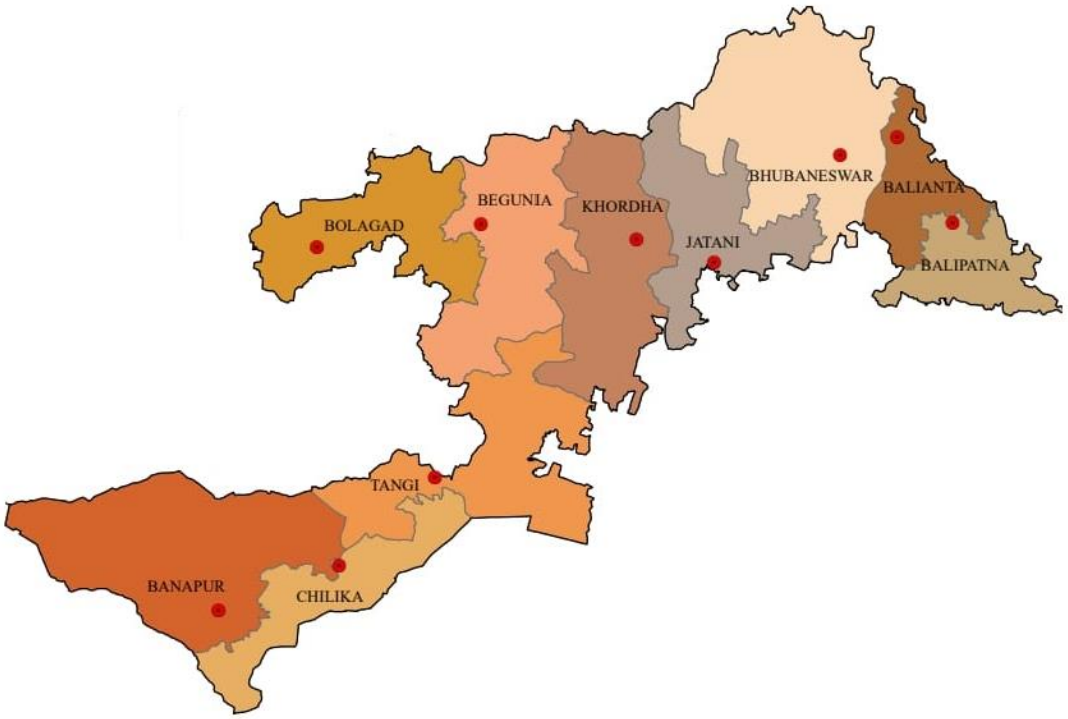
ICCC	Site	0-4	5-9	10-14	15-19	0-14	0-19	Percentage (0-14)		Percentage (0-19)		Age-specific rate per 1,000,000				AAR		Cumulative		MV % 0-19	DCO % 0-19
								All	Group	All	Group	0-4	5-9	10-14	15-19	0-14	0-19	0-14	0-19		
I	**LEUKAEMIA**	**3**	**6**	**1**	**2**	**10**	**12**	**43.5**	**100.0**	**41.4**	**100.0**	**16.6**	**29.3**	**4.5**	**8.6**	**17.2**	**15.3**	**3970**	**3391**	**100.0**	-
a.	Lymphoid	2	4	-	1	6	7	26.1	60.0	24.1	58.3	11.1	19.6	-	4.3	10.6	9.2	6533	5727	100.0	-
b.	Acute myeloid	1	1	-	1	2	3	8.7	20.0	10.3	25.0	5.5	4.9	-	4.3	3.7	3.8	19200	13583	100.0	-
c.	CMD	-	-	1	-	1	1	4.3	10.0	3.4	8.3	-	-	4.5	-	1.3	1.0	44862	44862	100.0	-
d.	MDS & other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
e.	Unspecified	-	1	-	-	1	1	4.3	10.0	3.4	8.3	-	4.9	-	-	1.6	1.2	40896	40896	100.0	-
II	**LYMPHOMA & RELATED**	**1**	**4**	**1**	**1**	**6**	**7**	**26.1**	**100.0**	**24.1**	**100.0**	**5.5**	**19.6**	**4.5**	**4.3**	**9.7**	**8.5**	**6769**	**5908**	**100.0**	-
a.	Hodgkin	1	1	1	-	3	3	13.0	50.0	10.3	42.9	5.5	4.9	4.5	-	5.0	3.9	13446	13446	100.0	-
b.	Non-Hodgkin except BL	-	1	-	1	1	2	4.3	16.7	6.9	28.6	-	4.9	-	4.3	1.6	2.2	40896	21744	100.0	-
c.	Burkitt (BL)	-	1	-	-	1	1	4.3	16.7	3.4	14.3	-	4.9	-	-	1.6	1.2	40896	40896	100.0	-
d.	Lymphoreticular	-	1	-	-	1	1	4.3	16.7	3.4	14.3	-	4.9	-	-	1.6	1.2	40896	40896	100.0	-
e.	Unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
III	**CNS NEOPLASMS**	**-**	**1**	**-**	**-**	**1**	**1**	**4.3**	**100.0**	**3.4**	**100.0**	**-**	**4.9**	**-**	**-**	**1.6**	**1.2**	**40896**	**40896**	**-**	**100.0**
a.	Ependymoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Astrocytoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	CNS embryonal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
d.	Other gliomas	-	1	-	-	1	1	4.3	100.0	3.4	100.0	-	4.9	-	-	1.6	1.2	40896	40896	-	100.0
e.	Other specified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
f.	Unspecified CNS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IV	**NEUROBLASTOMA**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
a.	(Ganglio)neuroblastoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Peripheral nervous	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
V	**RETINOBLASTOMA**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
VI	**RENAL TUMOURS**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
a.	Nephroblastoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Renal carcinoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	Unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VII	**HEPATIC TUMOURS**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
a.	Hepatoblastoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Hepatic carcinoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	Unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VIII	**BONE TUMOURS**	**-**	**-**	**1**	**-**	**1**	**1**	**4.3**	**100.0**	**3.4**	**100.0**	**-**	**-**	**4.5**	**-**	**1.3**	**1.0**	**44862**	**44862**	**100.0**	-
a.	Osteosarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Chondrosarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	Ewing & related	-	-	1	-	1	1	4.3	100.0	3.4	100.0	-	-	4.5	-	1.3	1.0	44862	44862	100.0	-
d.	Other specified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
e.	Unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IX	**SOFT TISSUE SARCOMA**	**-**	**-**	**1**	**1**	**1**	**2**	**4.3**	**100.0**	**6.9**	**100.0**	**-**	**-**	**4.5**	**4.3**	**1.3**	**2.0**	**44862**	**22817**	**100.0**	-
a.	Rhabdomyosarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Fibrosarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	Kaposi sarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
d.	Other specified	-	-	1	1	1	2	4.3	100.0	6.9	100.0	-	-	4.5	4.3	1.3	2.0	44862	22817	100.0	-
e.	Unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
X	**GERM CELL TUMOURS**	**1**	**-**	**-**	**1**	**1**	**2**	**4.3**	**100.0**	**6.9**	**100.0**	**5.5**	**-**	**-**	**4.3**	**2.1**	**2.6**	**36191**	**20338**	**100.0**	-
a.	CNS germ cell	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Other extragonadal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	Gonadal germ cell	1	-	-	-	1	1	4.3	100.0	3.4	50.0	5.5	-	-	-	2.1	1.7	36191	36191	100.0	-
d.	Gonadal carcinoma	-	-	-	1	-	1	-	-	3.4	50.0	-	-	-	4.3	-	1.0	-	46431	100.0	-
e.	Unspecified gonadal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XI	**CARCINOMA & MELANOMA**	**-**	**-**	**2**	**1**	**2**	**3**	**8.7**	**100.0**	**10.3**	**100.0**	**-**	**-**	**8.9**	**4.3**	**2.6**	**3.0**	**22431**	**15125**	**100.0**	-
a.	Adrenocortical	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Thyroid	-	-	1	-	1	1	4.3	50.0	3.4	33.3	-	-	4.5	-	1.3	1.0	44862	44862	100.0	-
c.	Nasopharyngeal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
d.	Melanoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
e.	Skin carcinoma	-	-	1	-	1	1	4.3	50.0	3.4	33.3	-	-	4.5	-	1.3	1.0	44862	44862	100.0	-
f.	Other & unspecified	-	-	-	1	-	1	-	-	3.4	33.3	-	-	-	4.3	-	1.0	-	46431	100.0	-
XII	**OTHER & UNSPECIFIED**	**1**	**-**	**-**	**-**	**1**	**1**	**4.3**	**100.0**	**3.4**	**100.0**	**5.5**	**-**	**-**	**-**	**2.1**	**1.7**	**36191**	**36191**	**100.0**	-
a.	Other specified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Other unspecified	1	-	-	-	1	1	4.3	100.0	3.4	100.0	5.5	-	-	-	2.1	1.7	36191	36191	100.0	-
	Total	**6**	**11**	**6**	**6**	**23**	**29**	**100.0**	**100.0**	**100.0**	**100.0**	**33.2**	**53.8**	**26.7**	**25.8**	**38.0**	**35.2**	**1759**	**1434**	**96.6**	**3.4**

Table 39: Number of cases in paediatric age-group, incidence rate per million population: 2022 (By gender)

ICCC	Site	Males										Females							
		Number of cases in age groups						AAR per million		M/F Ratio		Number of cases in age groups						AAR per million	
		0-4	5-9	10-14	15-19	0-14	0-19	0-14	0-19	0-14	0-19	0-4	5-9	10-14	15-19	0-14	0-19	0-14	0-19
I	**LEUKAEMIA**	**2**	**4**	**1**	**1**	**7**	**8**	**22.9**	**19.6**	**2.3**	**2.0**	**1**	**2**	**-**	**1**	**3**	**4**	**11.0**	**10.5**
a.	Lymphoid	1	4	-	1	5	6	16.3	14.5	5.0	6.0	1	-	-	-	1	1	4.4	3.4
b.	Acute myeloid	1	-	-	-	1	1	4.1	3.2	1.0	0.5	-	1	-	1	1	2	3.3	4.6
c.	CMD	-	-	1	-	1	1	2.5	1.9	0.0	0.0	-	-	-	-	-	-	-	-
d.	MDS & other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
e.	Unspecified	-	-	-	-	-	-	-	-	0.0	0.0	-	1	-	-	1	1	3.3	2.5
II	**LYMPHOMA & RELATED**	**1**	**4**	**-**	**1**	**5**	**6**	**16.3**	**14.5**	**5.0**	**6.0**	**-**	**-**	**1**	**-**	**1**	**1**	**2.7**	**2.1**
a.	Hodgkin	1	1	-	-	2	2	7.2	5.6	2.0	2.0	-	-	1	-	1	1	2.7	2.1
b.	Non-Hodgkin except BL	-	1	-	1	1	2	3.0	4.2	0.0	0.0	-	-	-	-	-	-	-	-
c.	Burkitt (BL)	-	1	-	-	1	1	3.0	2.4	0.0	0.0	-	-	-	-	-	-	-	-
d.	Lymphoreticular	-	1	-	-	1	1	3.0	2.4	0.0	0.0	-	-	-	-	-	-	-	-
e.	Unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
III	**CNS NEOPLASMS**	**-**	**1**	**-**	**-**	**1**	**1**	**3.0**	**2.4**	**0.0**	**0.0**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
a.	Ependymoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Astrocytoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	CNS embryonal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
d.	Other gliomas	-	1	-	-	1	1	3.0	2.4	0.0	0.0	-	-	-	-	-	-	-	-
e.	Other specified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
f.	Unspecified CNS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IV	**NEUROBLASTOMA**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
a.	(Ganglio)neuroblastoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Peripheral nervous	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
V	**RETINOBLASTOMA**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
VI	**RENAL TUMOURS**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
a.	Nephroblastoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Renal carcinoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	Unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VII	**HEPATIC TUMOURS**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
a.	Hepatoblastoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Hepatic carcinoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	Unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VIII	**BONE TUMOURS**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**0.0**	**0.0**	**-**	**-**	**1**	**-**	**1**	**1**	**2.7**	**2.1**
a.	Osteosarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Chondrosarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	Ewing & related	-	-	-	-	-	-	-	-	0.0	0.0	-	-	1	-	1	1	2.7	2.1
d.	Other specified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
e.	Unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IX	**SOFT TISSUE SARCOMA**	**-**	**-**	**1**	**1**	**1**	**2**	**2.5**	**3.8**	**0.0**	**0.0**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
a.	Rhabdomyosarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Fibrosarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	Kaposi sarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
d.	Other specified	-	-	1	1	1	2	2.5	3.8	0.0	0.0	-	-	-	-	-	-	-	-
e.	Unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
X	**GERM CELL TUMOURS**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**0.0**	**0.0**	**1**	**-**	**-**	**1**	**1**	**2**	**4.4**	**5.5**
a.	CNS germ cell	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Other extragonadal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	Gonadal germ cell	-	-	-	-	-	-	-	-	0.0	0.0	1	-	-	-	1	1	4.4	3.4
d.	Gonadal carcinoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
e.	Unspecified gonadal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XI	**CARCINOMA & MELANOMA**	**-**	**-**	**1**	**1**	**1**	**2**	**2.5**	**3.8**	**1.0**	**2.0**	**-**	**-**	**1**	**-**	**1**	**1**	**2.7**	**2.1**
a.	Adrenocortical	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Thyroid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	Nasopharyngeal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
d.	Melanoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
e.	Skin carcinoma	-	-	-	-	-	-	-	-	0.0	0.0	-	-	1	-	1	1	2.7	2.1
f.	Other & unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XII	**OTHER & UNSPECIFIED**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**0.0**	**0.0**	**1**	**-**	**-**	**-**	**1**	**1**	**4.4**	**3.4**
a.	Other specified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Other unspecified	-	-	-	-	-	-	-	-	0.0	0.0	1	-	-	-	1	1	4.4	3.4
	Total	**3**	**9**	**3**	**4**	**15**	**19**	**47.3**	**44.1**	**1.9**	**1.9**	**3**	**2**	**3**	**2**	**8**	**10**	**27.9**	**25.7**

23. Village-wise incidence and mortality cases: 2022

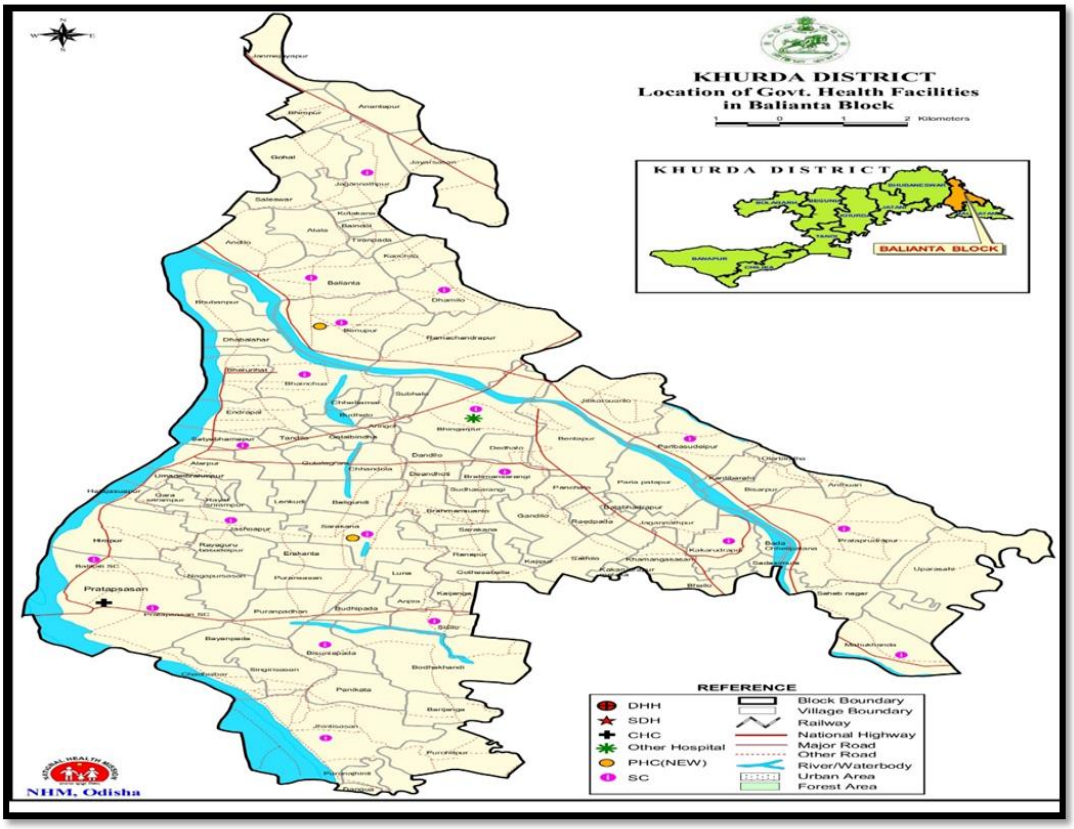
We are presenting village-wise incidence and mortality cases registered in the year 2022



Cancer incidence cases and mortality cases: Khordha district PBCR (2022)
(Urban and rural area)

Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
1	Balianta	46	46	92	22	16	38
2	Balipatna	60	43	103	32	27	59
3	Banpur	36	47	83	21	19	40
4	Begunia	37	31	68	22	13	35
5	Bhubaneswar (Rural)	36	31	67	18	11	29
6	Bolagarh	39	36	75	23	19	42
7	Chilika	49	28	77	27	16	43
8	Jatni	35	53	88	24	28	52
9	Khordha	57	46	103	34	25	59
10	Tangi	56	51	107	34	23	57
11	Bhubaneswar (Urban)	327	389	716	92	78	170
12	Jatni (Urban)	12	13	25	4	4	8
13	Khordha (Urban)	15	6	21	5	5	10
Total		**805**	**820**	**1,625**	**358**	**284**	**642**

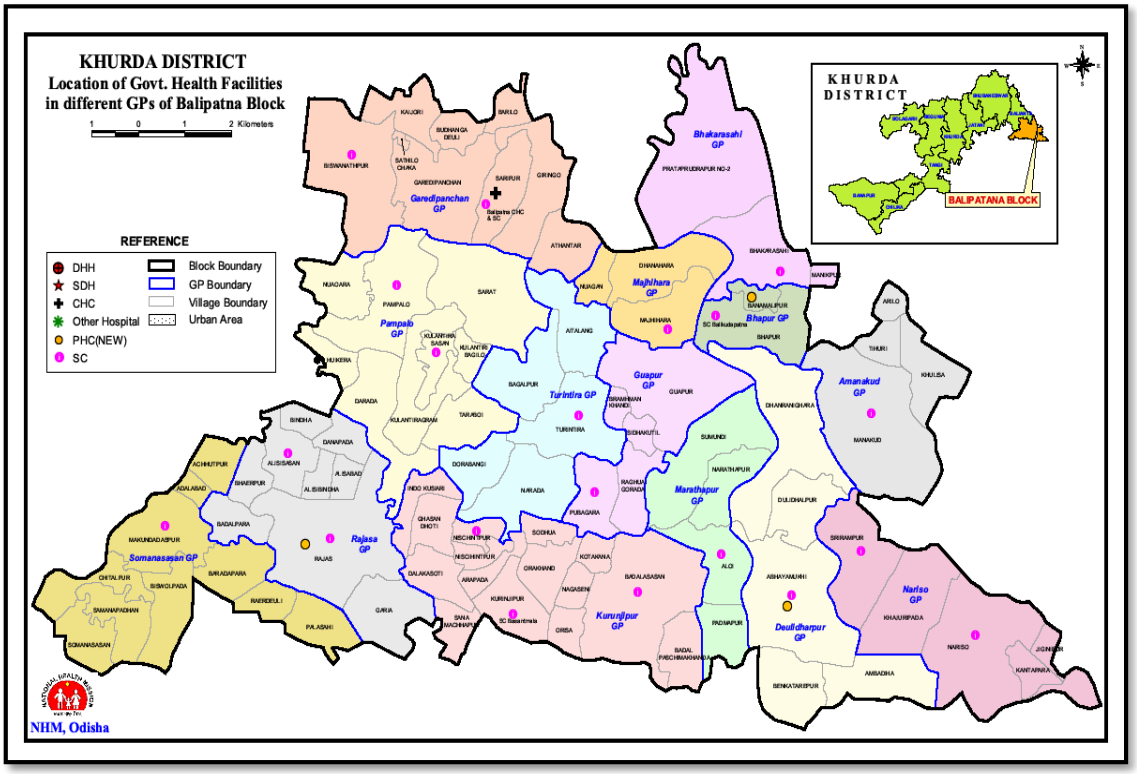
Cancer incidence cases and mortality cases: Balianta block (2022)



Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
1	Alarpur	1	-	1	1	-	1
2	Anantapur	-	2	2	-	1	1
3	Andilo	2	1	3	2	1	3
4	Balabhadrapur	-	-	-	2	-	2
5	Balianta	4	1	5	2	-	2
6	Baligundi	1	-	1	1	-	1
7	Bentapur	1	1	2	-	-	-
8	Benupur	1	4	5	-	-	-
9	Bhainchua	3	1	4	1	-	1
10	Bhelurihat	1	-	1	1	-	1
11	Bhingarpur	4	5	9	-	1	1
12	Bhubanpur	1	-	1	-	-	-
13	Brahmansarangi	-	1	1	-	-	-

Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
14	Brahmansuanlo	-	-	-	-	1	1
15	Budhalo	-	1	1	-	-	-
16	Gohal	-	-	-	1	-	1
17	Gotalbindha	-	1	1	-	-	-
18	Hirapur	2	2	4	1	-	1
19	Jagannathpur	5	2	7	4	5	9
20	Jashuapur	-	1	1	-	-	-
21	Jayarsasan	1	-	1	-	1	1
22	Jhintisasan	6	3	9	2	-	2
23	Kaijanga	-	1	1	-	-	-
24	Kakarudrapur	-	3	3	-	-	-
25	Kakarudrapurmelaka	-	1	1	-	-	-
26	Kendubilwa	-	1	1	-	-	-
27	Kotakana	-	1	1	-	-	-
28	Mahukhanda	-	1	1	-	1	1
29	Nagapursasan	1	-	1	-	-	-
30	Prataprudrapur	2	1	3	-	-	-
31	Pratapsasan (CT)	2	3	5	1	1	2
32	Puransasan	-	-	-	-	1	1
33	Ranapur	1	-	1	1	-	1
34	Saheb nagar	-	1	1	-	2	2
35	Sarakana	5	1	6	-	-	-
36	Satyabhamapur	1	3	4	-	-	-
37	Singirisasan	-	1	1	-	1	1
38	Subhalo	-	-	-	1	-	1
39	Sudhasarangi	-	1	1	-	-	-
40	Umadeibrahmpur	1	1	2	1	-	1
Total		**46**	**46**	**92**	**22**	**16**	**38**

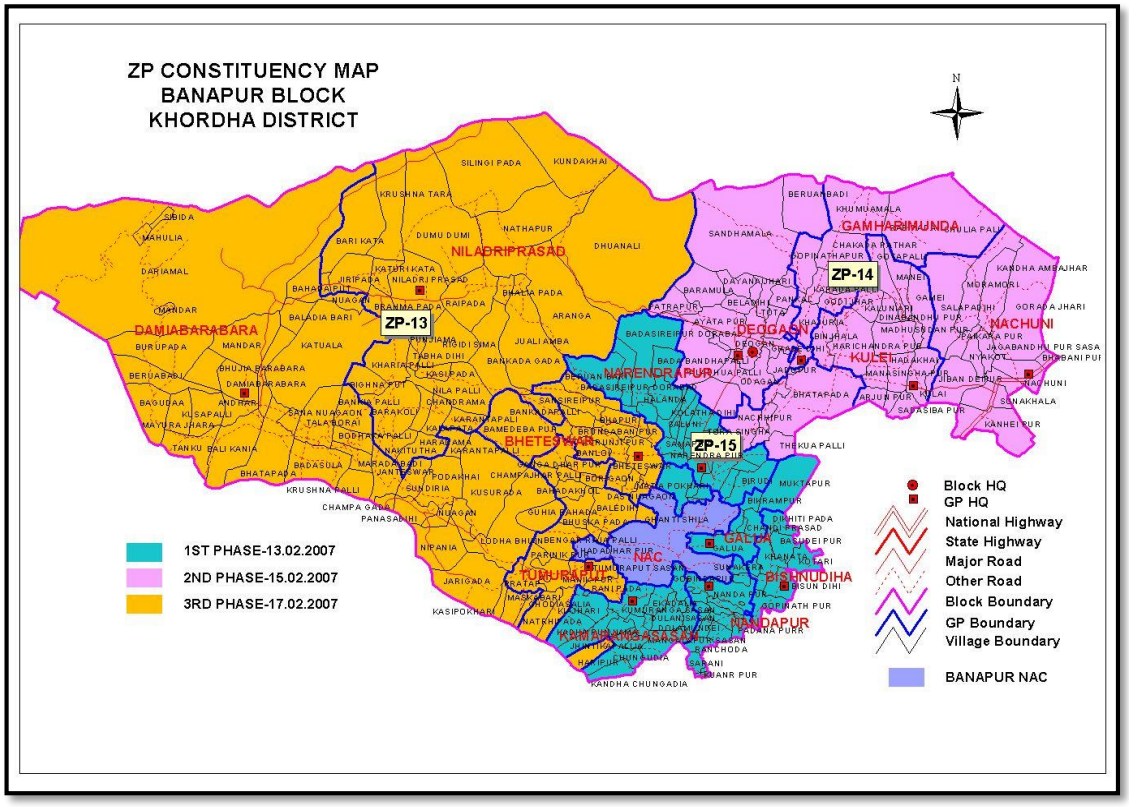
Cancer incidence cases and mortality cases: Balipatna block (2022)



Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
1	Abhaymukhi	3	2	5	2	2	4
2	Achyutpur	1	-	1	-	-	-
3	Adalabad	-	1	1	-	-	-
4	Aitalanga	-	1	1	-	1	1
5	Alisisasan	-	1	1	-	1	1
6	Aloi	1	1	2	1	-	1
7	Amanakud	-	1	1	-	-	-
8	Arilo	-	3	3	-	1	1
9	Badala sasan	2	1	3	2	-	2
10	Badalapara	-	-	-	1	-	1
11	Badalapaschima khanda	-	1	1	-	1	1
12	Bagalpur	1	1	2	1	-	1
13	Balikudapatna	-	1	1	-	-	-
14	Banamalipur	9	-	9	3	2	5
15	Bengabati	2	-	2	2	-	2
16	Bhairpur	2	1	3	2	-	2
17	Bhakarsahi (CT)	1	2	3	-	-	-
18	Biswal pada	3	-	3	2	-	2
19	Biswanathpur	1	1	2	1	1	2

Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
20	Brahmankhandi	1	-	1	-	-	-
21	Chanahatta	1	-	1	1	-	1
22	Chitalpur	2	1	3	-	-	-
23	Dalakasoti	1	-	1	-	-	-
24	Darada	-	1	1	1	-	1
25	Dhanahara	1	-	1	1	1	2
26	Garedipanchan	-	-	-	-	1	1
27	Ghasiandhoti	-	-	-	-	1	1
28	Guapur	1	1	2	1	1	2
29	Indolakusiari	-	-	-	1	-	1
30	Kantapara	-	1	1	-	1	1
31	Khulisa	-	1	1	-	1	1
32	Kiajori	1	-	1	-	-	-
33	Kurunjipur	-	1	1	-	-	-
34	Majhihara (CT)	4	3	7	2	2	4
35	Makundadaspur	2	1	3	-	-	-
36	Narada	-	1	1	-	-	-
37	Nariso	3	3	6	1	-	1
38	Nuapara	1	-	1	-	-	-
39	Oriso	-	1	1	-	1	1
40	Padmapur	3	2	5	1	1	2
41	Palasahi	-	-	-	-	1	1
42	Pampalo	1	-	1	-	1	1
43	Patitapabanapatna	1	-	1	-	-	-
44	Pubagarh	-	-	-	1	1	2
45	Raghuagarada	1	-	1	-	-	-
46	Raghuagorada	-	-	-	-	1	1
47	Rajas	-	1	1	1	-	1
48	Rajas mathasahi	1	-	1	1	-	1
49	Rayadadeuli	2	-	2	-	-	-
50	Sanamachhapur	-	4	4	-	2	2
51	Sarat	1	-	1	-	-	-
52	Saripur	1	1	2	-	-	-
53	Siripari	2	-	2	2	-	2
54	Somana padhan	1	-	1	-	-	-
55	Somanasasan	1	-	1	1	-	1
56	Sumudi	1	-	1	-	-	-
57	Turintira1	-	2	2	-	2	2
Total		**60**	**43**	**103**	**32**	**27**	**59**

Cancer incidence cases and mortality cases: Banapur block (2022)

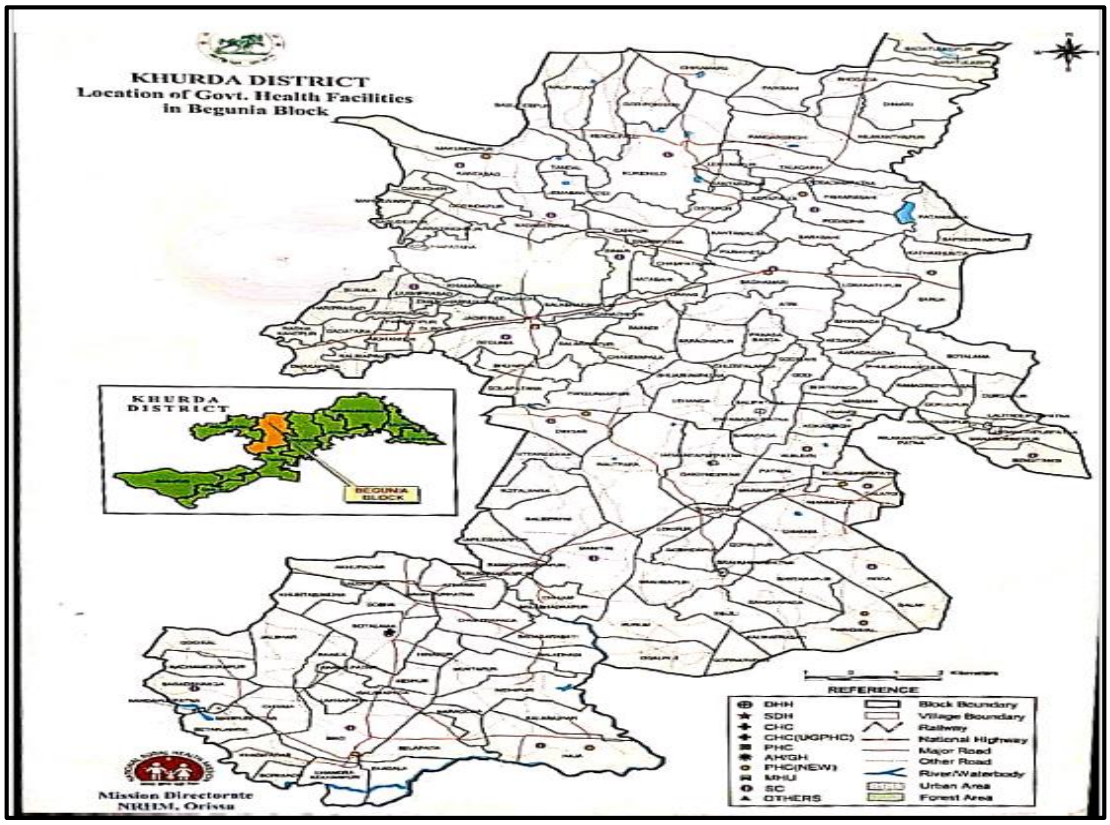


Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
1	Aleidihapatana	2	-	2	1	-	1
2	Arakhadihi	-	-	-	1	-	1
3	Ayatapur	1	2	3	1	-	1
4	Badasireipurdorabada	1	1	2	-	1	1
5	Baledihi	1	-	1	1	-	1
6	Bankiapali	-	-	-	1	-	1
7	Banloei	-	1	1	-	-	-
8	Banpur NAC	2	7	9	1	-	1
9	Barapatana	-	-	-	-	1	1
10	Basudeipur	-	-	-	-	1	1
11	Beruanbadi	-	-	-	-	1	1
12	Betuli	-	1	1	-	-	-

Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
13	Bhabanipur	1	-	1	-	-	-
14	Bhatapada 1	1	-	1	1	-	1
15	Bheteswar	1	1	2	-	-	-
16	Binjhala	-	-	-	-	1	1
17	Bisundihi	-	1	1	-	1	1
18	Borigaon	1	-	1	-	-	-
19	Brundabanpur	-	1	1	-	-	-
20	Champagada	-	1	1	-	-	-
21	Damiabarabara	-	1	1	-	1	1
22	Deogan	1	-	1	-	-	-
23	Dikhitipada	1	-	1	1	-	1
24	Ekadalia	-	1	1	-	1	1
25	Galua	-	4	4	2	1	3
26	Gambharimunda	-	1	1	-	-	-
27	Godijhar	-	1	1	-	-	-
28	Harichandanpur	1	-	1	-	1	1
29	Jagabandhupursasan	-	1	1	-	-	-
30	Kaluniari	1	-	1	-	-	-
31	Kanheipur	-	2	2	-	-	-
32	Kasipada	1	-	1	1	-	1
33	Khajuria	-	-	-	-	2	2
34	Khanata	-	-	-	1	-	1
35	Khuntapalli	-	-	-	1	-	1
36	Kolathadihi	-	1	1	-	-	-
37	Kotari	-	1	1	-	-	-
38	Krushnapur	1	-	1	-	-	-
39	Kulei	2	-	2	-	-	-

Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
40	Kumurangasasan	1	1	2	1	-	1
41	Kurunjipur	1	-	1	-	-	-
42	Mahatapalla	1	-	1	-	-	-
43	Mangalapursasan	-	1	1	-	-	-
44	Mangarajpur	-	1	1	-	1	1
45	Manikpur	-	-	-	-	1	1
46	Moramori	1	3	4	-	-	-
47	Nachuni	2	2	4	-	-	-
48	Nandapur	1	1	2	1	-	1
49	Naranpur	-	1	1	-	1	1
50	Narendrapur	-	1	1	1	-	1
51	Niladriprasad	1	1	2	-	-	-
52	Odagan	1	1	2	-	-	-
53	Panchugaon	1	-	1	-	-	-
54	Pratapa	1	1	2	-	2	2
55	Ranipada	1	1	2	-	-	-
56	Saluni	1	-	1	1	-	1
57	Sanadamodarpur	4	-	4	2	-	2
58	Sanahantuad	-	-	-	1	-	1
59	Torasingh	-	1	1	1	1	2
60	Tota	-	1	1	-	-	-
61	Trilochanpur	-	-	-	-	1	1
62	Tumuraputsasan	-	1	1	-	-	-
Total		**36**	**47**	**83**	**21**	**19**	**40**

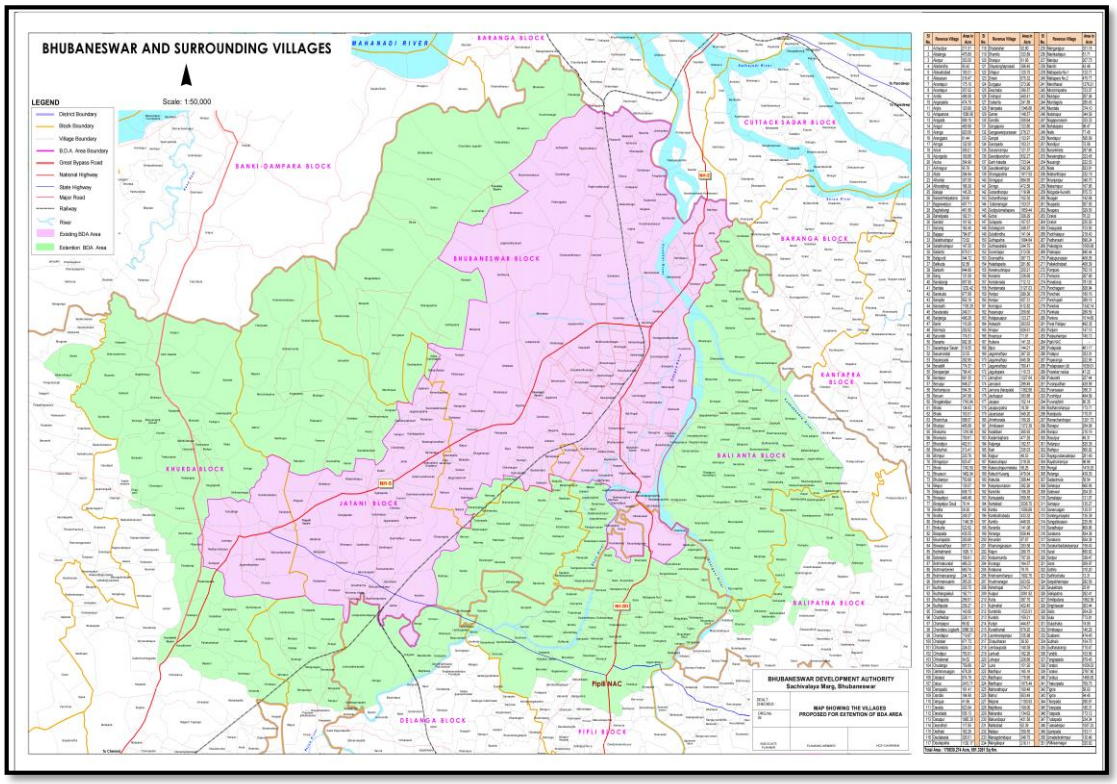
Cancer incidence cases and mortality cases: Begunia block (2022)



Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
1	Badabarabati	-	1	1	-	2	2
2	Badaberena	1	2	3	-	-	-
3	Baghamari	1	2	3	1	-	1
4	Balabhadrapur1	-	1	1	-	1	1
5	Balibereni	1	-	1	-	-	-
6	Balipatana	-	1	1	-	-	-
7	Barapada	2	-	2	2	-	2
8	Basudebpur	1	-	1	-	-	-
9	Begunia	-	3	3	-	1	1
10	Bhuasunipatana	1	-	1	-	-	-
11	Botalama 1	-	-	-	1	-	1
12	Chakapada	1	-	1	-	-	-
13	Chhatrapada	1	-	1	-	-	-
14	Chiramaru	-	1	1	-	-	-
15	Chutipalanga	-	-	-	1	-	1
16	Dakhineswar	1	-	1	1	-	1
17	Dalatola	-	1	1	-	-	-
18	Deuli	1	-	1	1	-	1

Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
19	Dingar	2	-	2	3	-	3
20	Diniari	-	1	1	-	1	1
21	Durgapur B	-	1	1	1	1	2
22	Ekadalia	-	1	1	-	-	-
23	Gadatara	2	-	2	1	-	1
24	Gobindapur 1	-	1	1	-	-	-
25	Goda	2	1	3	1	1	2
26	Godipokhari	-	1	1	-	-	-
27	Godisahi	-	-	-	-	1	1
28	Haj	-	1	1	-	1	1
29	Jaganathpur	-	1	1	-	-	-
30	Jagiribad	1	-	1	-	-	-
31	Kalarajhar	1	-	1	2	-	2
32	Kantabad	-	1	1	-	-	-
33	Kantamalim	-	1	1	-	1	1
34	Karadagadia	-	-	-	1	-	1
35	Khadipadar	2	-	2	-	-	-
36	Kokasingh	1	-	1	-	-	-
37	Kotapalla	1	-	1	-	-	-
38	Lakhapada	1	-	1	-	-	-
39	Lalitadeipurpatana	1	-	1	-	-	-
40	Nandapurpatna	1	-	1	1	-	1
41	Ostapur	-	2	2	-	-	-
42	Panasbasta	1	-	1	-	-	-
43	Pangarasingh	-	1	1	-	-	-
44	Parichhal	1	1	2	1	-	1
45	Patanibara	1	-	1	-	-	-
46	Podadiha	1	-	1	-	-	-
47	Podadihapatana	-	1	1	1	-	1
48	Ramasingprasad	1	-	1	1	-	1
49	Rautpara	1	-	1	-	-	-
50	Sagadbhanga	-	1	1	-	-	-
51	Santarapur	1	1	2	-	-	-
52	Sapaneswarpur	1	-	1	-	-	-
53	Saradhapur	1	1	2	-	-	-
54	Sarua	1	1	2	-	2	2
55	Siko	-	-	-	-	1	1
56	Talagarh	-	-	-	2	-	2
57	Tandal	1	-	1	-	-	-
Total		**37**	**31**	**68**	**22**	**13**	**35**

Cancer incidence cases and mortality cases: Bhubaneswar block (2022)



Bhubaneswar Urban

Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
1	Acharya vihar	-	2	2	-	-	-
2	Airfield	1	1	2	-	1	1
3	Badagada brit colony	4	3	7	-	1	1
4	Bapuji nagar	1	1	2	-	-	-
5	Baramunda	9	8	17	3	-	3
6	Bhimatanki	2	4	6	1	1	2
7	Bhoi nagar	1	-	1	-	-	-
8	Bhubaneswar city	53	62	115	25	11	36
9	BJB nagar	6	8	14	-	3	3
10	Chandrasekharpur	17	16	33	3	3	6
11	CRPF	-	1	1	1	-	1
12	Damana	1	1	2	-	1	1
13	Delta colony	1	-	1	1	-	1
14	Delta square	1	3	4	-	1	1
15	Dumuduma	7	11	18	5	2	7
16	Gajapati nagar	4	3	7	1	1	2
17	Ganga nagar	-	-	-	1	-	1
18	Gopabandhu nagar	-	1	1	-	-	-
19	Gouri nagar	1	1	2	-	-	-

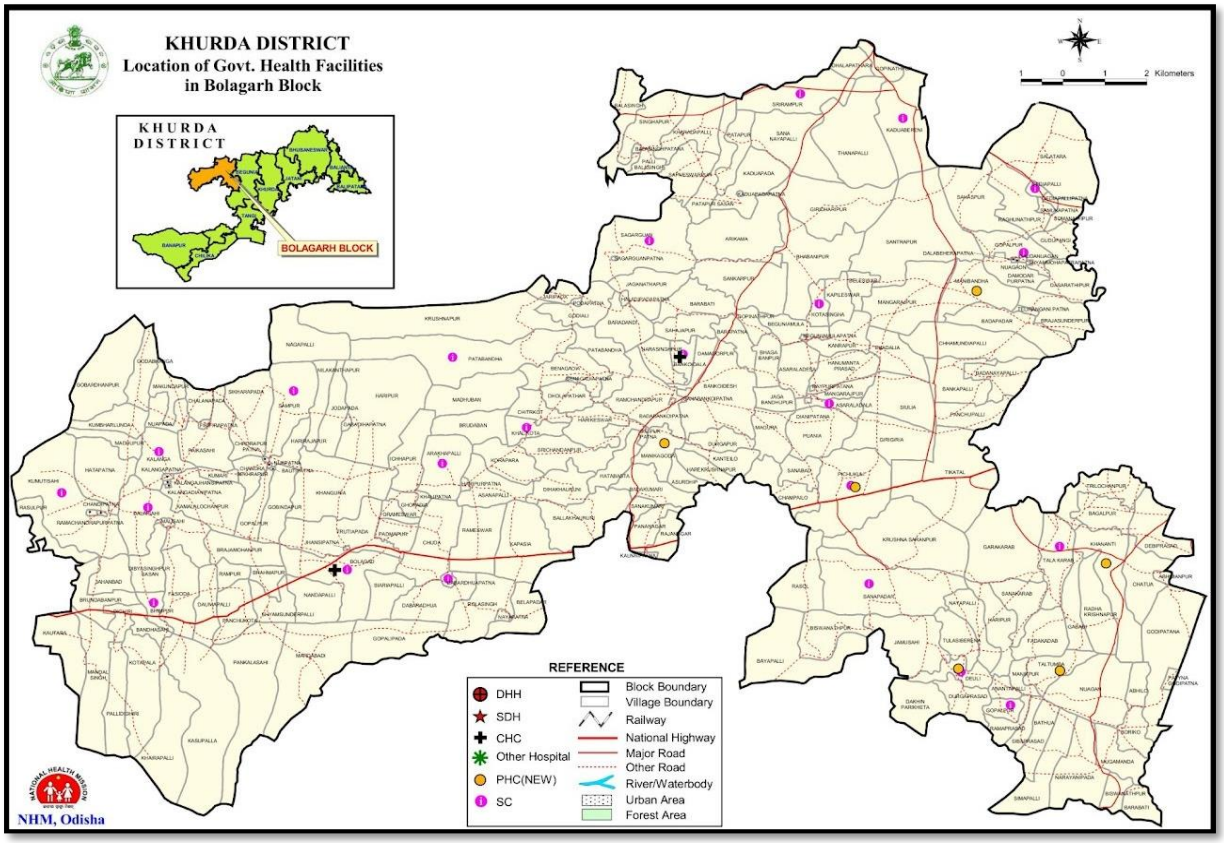
Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
20	Infocity	-	1	1	-	-	-
21	IRC village	3	5	8	-	-	-
22	Jagmara	5	4	9	1	-	1
23	Jaydev vihar	2	6	8	2	1	3
24	Jharpada	5	12	17	1	3	4
25	Kalinga nagar	9	6	15	1	2	3
26	Kanan vihar	4	3	7	-	1	1
27	Kapileswar	1	1	2	-	1	1
28	Khandagiri	17	27	44	2	5	7
29	Kharavella nagar	-	2	2	-	-	-
30	Laxmisagar	9	13	22	1	6	7
31	Lingipur	2	2	4	1	1	2
32	Madhusudan nagar	-	-	-	-	1	1
33	Mancheswar	6	9	15	1	-	1
34	Nayapalli	17	20	37	1	3	4
35	Niladri vihar	6	5	11	2	-	2
36	Old town	23	32	55	4	7	11
37	Palaspalli	-	1	1	-	-	-
38	Palasuni	2	8	10	1	3	4
39	Pandav nagar	2	1	3	2	-	2
40	Patia	20	19	39	7	2	9
41	Patrapada	6	6	12	1	-	1
42	Prasant vihar	2	2	4	-	1	1
43	Rasulgarh	22	20	42	10	5	15
44	Saheed nagar	4	7	11	1	1	2
45	Sailashree vihar	9	6	15	5	1	6
46	Salia sahi	2	2	4	1	1	2
47	Satya nagar	1	4	5	-	2	2
48	Sundarpada	6	8	14	1	-	1
49	Surya nagar	1	-	1	1	-	1
50	Tamando	2	3	5	1	1	2
51	Unit -3	-	2	2	-	-	-
52	Unit -4	5	3	8	-	2	2
53	Unit -6	5	12	17	1	1	2
54	Unit -7	-	2	2	-	1	1
55	Unit -8	8	3	11	1	-	1
56	Unit -9	3	2	5	-	-	-
57	Vani vihar	4	-	4	-	-	-
58	VSS nagar	5	4	9	1	1	2
Total		**327**	**389**	**716**	**92**	**78**	**170**

Bhubaneswar Rural

Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
1	Andharua	1	-	1	-	-	-
2	Bahadalpur	1	-	1	-	-	-
3	Balipada	-	2	2	-	-	-
4	Barimunda	2	1	3	1	-	1
5	Basantapur sasan	-	-	-	1	-	1
6	Bhagabatipur	-	-	-	-	1	1
7	Chandaka	1	-	1	1	-	1
8	Daruthenga	-	1	1	1	-	1
9	Dasapur	1	1	2	-	-	-
10	Dhauli	-	-	-	1	1	2
11	Ghangapatna	1	-	1	-	1	1
12	Giringaput	-	1	1	-	1	1
13	Gothapatna	1	1	2	1	-	1
14	Hatasahi	1	-	1	-	-	-
15	Injana	2	-	2	1	-	1
16	Itipur	-	1	1	1	1	2
17	Jhinkardiha	1	-	1	1	-	1
18	Kalarahanga	1	3	4	2	-	2
19	Kalyanpur	1	-	1	-	-	-
20	Kantabad	1	-	1	1	-	1
21	Kantunia	-	1	1	-	-	-
22	Kujimahal	2	1	3	-	-	-
23	Malipada	-	1	1	-	-	-
24	Marchia	1	-	1	-	-	-
25	Mendhasal	2	4	6	-	1	1
26	Nakhaur	2	-	2	-	-	-
27	Nakhaurpatna	-	1	1	-	-	-
28	Nanput	-	-	-	1	1	2
29	Nuabanta	1	-	1	1	-	1
30	Nuagan	-	1	1	-	-	-
31	Ostapada	-	1	1	-	1	1
32	Padasahi	1	1	2	-	1	1
33	Patharagadia	1	-	1	1	-	1
34	Raghunathpur	1	1	2	1	1	2
35	Raghunathpur jalli	1	-	1	-	-	-

Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
36	Retanga	-	1	1	-	-	-
37	Sahajapur	1	-	1	-	-	-
38	Samantarapurpatna	1	1	2	-	-	-
39	Shyamsundarpur	-	1	1	-	-	-
40	Similipatana	2	-	2	-	-	-
41	Singada	-	-	-	-	1	1
42	Sisupalagarh	1	1	2	1	-	1
43	Sisupalgarh	3	2	5	1	-	1
44	Sundarpur	1	-	1	-	-	-
45	Tangibanta	-	2	2	-	-	-
Total		**36**	**31**	**67**	**18**	**11**	**29**

Cancer incidence cases and mortality cases: Bolagarh block (2022)



Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
1	Arakhapalli	-	-	-	1	-	1
2	Arikama	1	-	1	-	-	-
3	Bagalpur	1	-	1	1	-	1
4	Bankapalli	-	1	1	-	-	-
5	Bankoidala	-	1	1	-	-	-
6	Bankoidesh	1	-	1	-	-	-
7	Baradandi	-	1	1	-	1	1
8	Beguniamula	-	1	1	-	-	-
9	Benagadia	1	1	2	-	1	1
10	Bhabanipur	1	-	1	-	-	-
11	Bhimapada	-	1	1	-	-	-
12	Bilakhauruni	-	2	2	1	-	1
13	Biswanathpur	1	-	1	-	-	-

Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
14	Bolagad	1	1	2	1	-	1
15	Champailo	1	1	2	-	-	-
16	Chatua	1	-	1	1	1	2
17	Chuda	2	-	2	1	-	1
18	Dabaradhua	-	1	1	-	-	-
19	Dakhinparikheta	-	1	1	-	-	-
20	Dalaisahi	1	1	2	-	-	-
21	Dhalapathar	-	1	1	-	1	1
22	Dholapathar	-	1	1	-	-	-
23	Dighiri	-	-	-	1	-	1
24	Durgaprasad	1	1	2	-	-	-
25	Fasioda	1	-	1	-	-	-
26	Gabadihapatana	1	-	1	-	-	-
27	Gediapalli	1	-	1	1	-	1
28	Gediapallipatna	-	1	1	-	-	-
29	Godiali	1	1	2	1	-	1
30	Grameswar	-	1	1	2	-	2
31	Haripur1	1	-	1	-	-	-
32	Hatasahi	-	-	-	1	-	1
33	Jamusahi	1	-	1	-	-	-
34	Jodapada	1	-	1	1	-	1
35	Kaduapada	-	-	-	-	1	1
36	Kalanga	1	-	1	-	-	-
37	Kalangapatana	-	1	1	-	-	-
38	Kanteilo	-	1	1	-	1	1
39	Khanati	-	1	1	-	-	-
40	Khanguria	1	-	1	-	-	-
41	Kharadapalli	-	1	1	-	-	-
42	Kotapala	-	1	1	-	1	1
43	Kotasingha	-	-	-	2	1	3
44	Krushnasaranpur	-	-	-	-	1	1

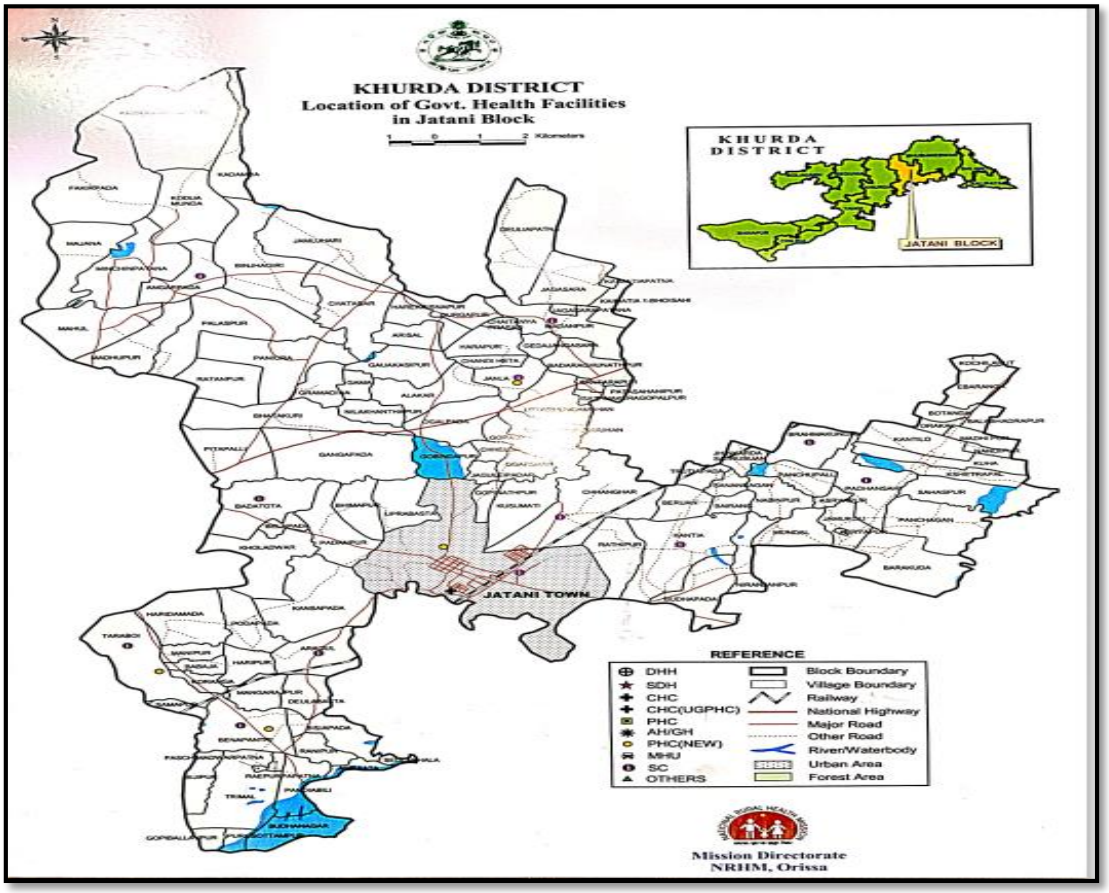
Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
45	Kumbharalunda	1	-	1	-	-	-
46	Kumutisahi	2	-	2	-	-	-
47	Mandalasingh	1	-	1	-	-	-
48	Manibandha	1	-	1	1	-	1
49	Manikpur	1	-	1	-	-	-
50	Mardabadi	-	1	1	-	-	-
51	Narayanipada	-	-	-	1	-	1
52	Nilakanthapur	-	1	1	-	-	-
53	Pallibalasingh	-	-	-	1	-	1
54	Pananagar	1	2	3	-	1	1
55	Patabandha	1	-	1	-	1	1
56	Patapursasan	1	-	1	1	-	1
57	Pichukuli	1	-	1	-	2	2
58	Puania	1	2	3	-	2	2
59	Ramachandrapur	-	-	-	1	-	1
60	Ramachandrapurpatana	1	-	1	-	-	-
61	Rasol	1	1	2	-	-	-
62	Sampur	-	-	-	1	-	1
63	Samukapatna	-	1	1	-	1	1
64	Sanakumari	1	-	1	-	-	-
65	Sankarpur	-	-	-	-	1	1
66	Shyamamahapatrapatana	-	-	-	-	1	1
67	Sikharapada	-	1	1	-	-	-
68	Talakadab	1	1	2	-	-	-
69	Thanapalli	-	1	1	-	-	-
70	Trutiapada	2	1	3	2	1	3
Total		**39**	**36**	**75**	**23**	**19**	**42**

Cancer incidence cases and mortality cases: Chilika block (2022)

Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
1	Akhupokhara	1	-	1	1	-	1
2	Ankula	1	1	2	-	-	-
3	Anladihi	1	-	1	-	-	-
4	Atharbatia	1	1	2	1	-	1
5	Balugaon NAC	7	5	12	2	-	2
6	Bankiapalli	1	-	1	-	-	-
7	Barakul	1	-	1	-	-	-
8	Baulabandha	2	-	2	2	-	2
9	Belapada1	-	1	1	1	-	1
10	Bhagabatipur	1	2	3	-	2	2
11	Boriasahi	-	1	1	-	-	-
12	Chandeswar 1	1	-	1	1	-	1
13	Chhotarapursasan	1	-	1	-	-	-
14	Darugaon	1	-	1	-	-	-
15	Dungamal (CT)	-	-	-	-	2	2
16	Durgapur	-	1	1	-	-	-

Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
17	Gadadwar	1	-	1	-	-	-
18	Gainada	4	1	5	1	1	2
19	Ghiakhala	1	1	2	-	-	-
20	Harapur	-	1	1	-	-	-
21	Harikunda	1	-	1	1	-	1
22	Haripur	-	1	1	-	-	-
23	Injanapur	-	1	1	-	-	-
24	Jaganathpurpatana	1	-	1	-	-	-
25	Jaripada	2	-	2	-	-	-
26	Kaithapalla	2	-	2	-	-	-
27	Karadi	1	-	1	-	-	-
28	Kharibandha	1	-	1	1	-	1
29	Kumandola	1	-	1	-	-	-
30	Mardarajpur	-	-	-	1	-	1
31	Matiapada	-	1	1	-	1	1
32	Mundala	-	1	1	-	1	1
33	Naligadia	-	-	-	-	1	1
34	Nimikheta	1	1	2	1	-	1
35	Nuagada	2	1	3	1	1	2
36	Ostapalli	-	1	1	-	-	-
37	Parikansari	2	-	2	2	-	2
38	Raghunathpur	-	-	-	-	1	1
39	Rahanabelli	3	-	3	2	-	2
40	Sananairi	-	1	1	-	-	-
41	Singeswar	2	-	2	4	2	6
42	Sorana	2	2	4	2	3	5
43	Subudhipatna	-	-	-	-	1	1
44	Tarapi	1	2	3	-	-	-
45	Tarimi	2	1	3	3	-	3
Total		**49**	**28**	**77**	**27**	**16**	**43**

Cancer incidence cases and mortality cases: Jatni block (2022)



Jatni Urban

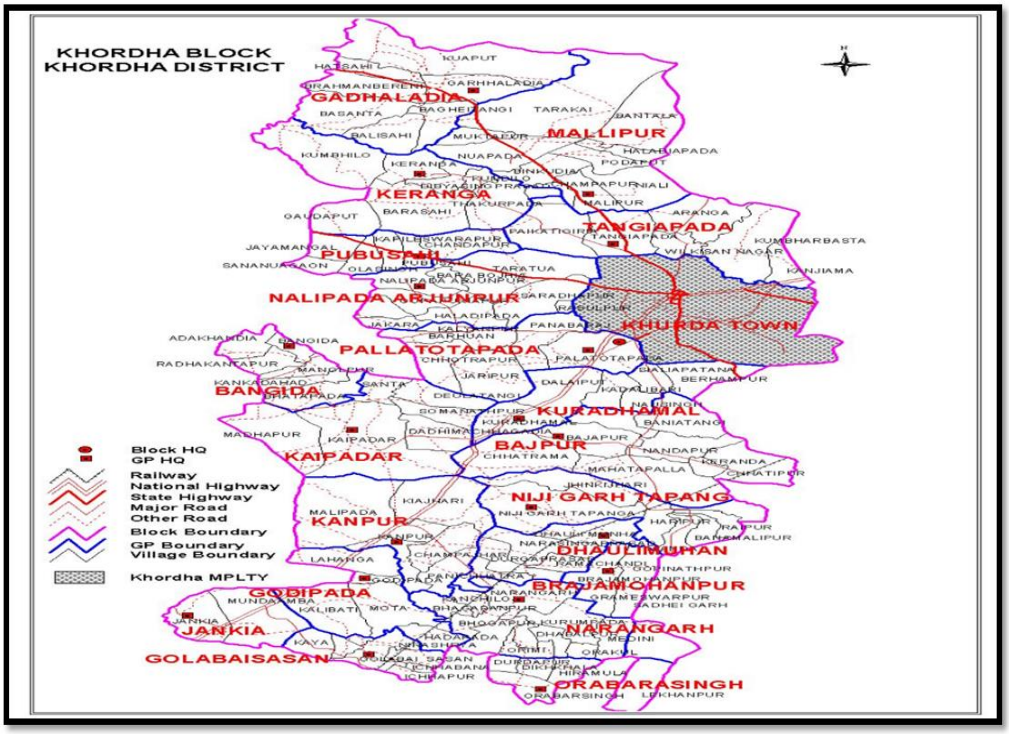
Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
1	Urban 1	1	-	1	-	-	-
2	Urban 2	-	2	2	-	1	1
3	Urban 3	1	1	2	1	1	2
4	Urban 4	3	3	6	1	-	1
5	Urban 5	7	5	12	2	1	3
6	Urban 6	-	2	2	-	1	1
Total		**12**	**13**	**25**	**4**	**4**	**8**

Jatni Rural

Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
1	Angarpada	1	1	2	-	-	-
2	Badaraghunathpur	-	-	-	1	-	1
3	Badatota	-	1	1	-	-	-
4	Benapanjari	1	1	2	1	1	2
5	Beruan	1	-	1	-	-	-
6	Bhimapur	-	2	2	-	1	1
7	Botanda	-	-	-	-	1	1
8	Brahmakundal	-	1	1	-	-	-
9	Budhapada	-	1	1	1	1	2
10	Chhnaghar	2	1	3	1	-	1
11	Dakhinamundamuhan	2	4	6	-	-	-
12	Deulabasta	-	1	1	-	1	1
13	Durgapur	1	-	1	-	2	2
14	Fakirpada	4	5	9	2	1	3
15	Gangapada	2	1	3	-	-	-
16	Gaudakashipur	-	1	1	-	-	-
17	Gramadiha	1	-	1	1	1	2
18	Jagasarapatna	-	1	1	-	-	-
19	Jamujhari	1	-	1	-	-	-
20	Jamukoli	-	1	1	-	1	1
21	Janla	1	1	2	-	-	-
22	Kadambajhara	-	-	-	1	-	1
23	Kaimatiapatna	-	2	2	-	4	4
24	Kansapada	-	-	-	1	-	1
25	Kantia	1	2	3	-	-	-
26	Kholadwar	-	2	2	-	-	-
27	Khudupur	1	-	1	-	-	-
28	Koduamunda	1	-	1	3	1	4
29	Koranga	-	-	-	1	-	1
30	Krishnamohanpur	2	2	4	2	-	2
31	Kuha	-	-	-	-	1	1
32	Kusumati	1	1	2	1	1	2
33	Madanpur	-	1	1	-	1	1
34	Madhupur	1	-	1	-	-	-
35	Mahul	-	-	-	1	-	1

Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
36	Majana	-	2	2	-	1	1
37	Minichinipatna	-	2	2	1	1	2
38	Mundala	-	-	-	1	-	1
39	Niranjanpur	1	1	2	-	1	1
40	Ogalapada	2	-	2	-	1	1
41	Padanpur	2	5	7	-	2	2
42	Palasapur	1	-	1	1	-	1
43	Panchagaon	-	1	1	-	-	-
44	Panchupali	-	1	1	-	-	-
45	Paschimadwarpatana	-	1	1	-	-	-
46	Pitapalli	1	-	1	1	-	1
47	Sananuagan	1	-	1	-	-	-
48	Taraboi	2	4	6	2	2	4
49	Trimal	-	1	1	1	1	2
50	Uttarmundamuhan	1	2	3	-	1	1
Total		**35**	**53**	**88**	**24**	**28**	**52**

Cancer incidence cases and mortality cases: Khordha block (2022)



Khordha Urban

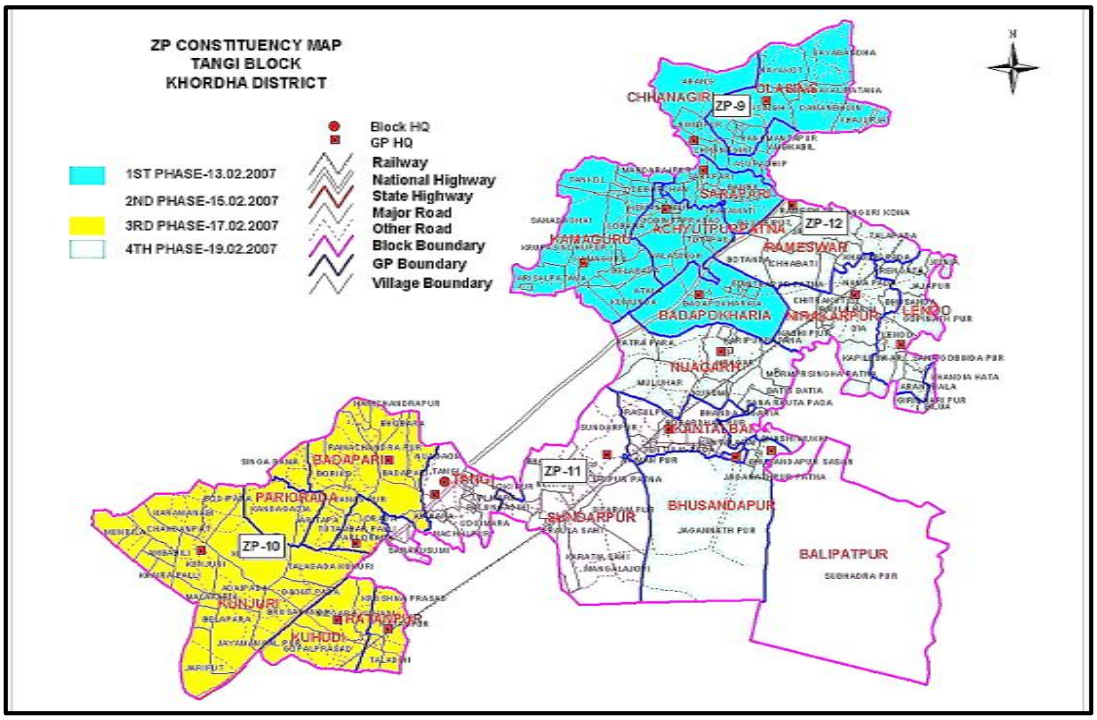
Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
1	Urban 1	2	3	5	2	2	4
2	Urban 2	6	1	7	1	3	4
3	Urban 3	2	1	3	1	-	1
4	Urban 4	4	1	5	1	-	1
5	Urban 5	1	-	1	-	-	-
Total		**15**	**6**	**21**	**5**	**5**	**10**

Khordha Rural

Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
1	Anda	-	1	1	-	1	1
2	Aranga	1	-	1	1	1	2
3	Bagheitangi	3	-	3	-	-	-
4	Bajapur	2	3	5	2	1	3
5	Balapur	-	1	1	-	1	1
6	Bangida	2	-	2	-	-	-
7	Baniatangi	3	-	3	-	2	2
8	Basanta	1	-	1	-	-	-
9	Bhatapada	1	-	1	-	1	1
10	Bhogapur	-	-	-	2	-	2
11	Brahmanbereni	1	-	1	-	-	-
12	Brajamohanpur	1	2	3	-	1	1
13	Champajhar	-	1	1	-	1	1
14	Chandramapatapursasan	-	-	-	-	1	1
15	Chhatipur	1	-	1	1	-	1
16	Chhotarapur	-	2	2	-	-	-
17	Dalaiput	-	1	1	-	-	-
18	Dhaulimunha	1	-	1	-	-	-
19	Dibyasinghaprasad	-	1	1	-	-	-
20	Dihakhala	1	-	1	1	-	1
21	Durgaprasad	-	1	1	-	-	-
22	Durgapur	2	-	2	-	-	-
23	Garh-haladia	1	2	3	-	-	-
24	Golabaisasan	-	1	1	1	1	2
25	Gunthuni	-	-	-	1	-	1
26	Hadapada	3	2	5	2	1	3
27	Haladiapada	1	1	2	-	-	-
28	Jankia	-	1	1	1	1	2
29	Jariput	2	-	2	1	-	1
30	Jayamangala	-	-	-	-	1	1
31	Jhinkijhari	1	-	1	1	-	1
32	Kadalibari	-	1	1	-	-	-
33	Kaipadar (CT)	1	2	3	1	-	1
34	Kankadahad	-	-	-	-	1	1
35	Kanpur	1	-	1	-	-	-

Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
36	Kapileswarpur	-	1	1	-	-	-
37	Keranga	2	1	3	1	-	1
38	Kuaput	1	-	1	1	1	2
39	Kumbharbasta	2	2	4	1	-	1
40	Kumbhilo	-	2	2	-	-	-
41	Kundilo	-	1	1	-	1	1
42	Lahanga	1	-	1	-	-	-
43	Lekhanpur	-	-	-	1	-	1
44	Madhapur	-	1	1	-	-	-
45	Malipada	1	-	1	-	1	1
46	Malipur	-	-	-	1	-	1
47	Mangalpur	-	-	-	1	-	1
48	Muktapur	2	2	4	-	1	1
49	Mundaamba	1	-	1	1	-	1
50	Naranagarh	1	-	1	2	-	2
51	Niala	1	-	1	-	-	-
52	Nijigarh tapanga	2	1	3	-	1	1
53	Nuapada	-	1	1	1	1	2
54	Orimi	1	-	1	1	-	1
55	Paikatigiria	1	1	2	-	2	2
56	Palla	2	1	3	-	-	-
57	Panabaraj	3	1	4	1	-	1
58	Panichhatra	1	-	1	3	-	3
59	Podaput	1	1	2	-	-	-
60	Pubusahi	-	3	3	-	-	-
61	Radhakantapur	1	-	1	1	-	1
62	Saradhapur	-	3	3	-	1	1
63	Tangiapada	1	-	1	1	-	1
64	Taratua	-	1	1	-	1	1
65	Thakurpada	-	-	-	1	-	1
66	Totapada	-	-	-	1	-	1
67	Wilkisannagar	2	-	2	-	-	-
Total		**57**	**46**	**103**	**34**	**25**	**59**

Cancer incidence cases and mortality cases: Tangi block (2022)



Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
1	Abhimanpur	1	1	2	-	-	-
2	Ahihara	-	1	1	-	-	-
3	Ambhabil	1	-	1	1	-	1
4	Badapari	3	2	5	-	1	1
5	Badapatna	1	-	1	1	-	1
6	Badapokharia	-	-	-	1	-	1
7	Balarampur	-	1	1	-	1	1
8	Balipatapur (CT)	1	-	1	-	-	-
9	Bariko	1	-	1	-	-	-
10	Bhajagarh	1	-	1	-	-	-
11	Bhobara	-	1	1	-	-	-
12	Bhusanda	1	-	1	1	-	1
13	Bhusandapursasan	1	1	2	-	-	-
14	Bidharpurpatna	1	-	1	1	-	1
15	Chhanagiri	2	-	2	-	-	-
16	Damanbhuin	1	-	1	-	-	-
17	Debarchan	-	-	-	1	-	1
18	Dia	1	2	3	2	1	3
19	Dikhitipada	1	1	2	1	-	1

Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
20	Gayabandha	-	-	-	1	-	1
21	Gobardhanpur	1	-	1	1	-	1
22	Godipatna	1	-	1	1	-	1
23	Gopalprasad	1	-	1	-	-	-
24	Gopalpur	-	-	-	-	1	1
25	Gopinathpur	3	1	4	2	-	2
26	Haribhaktapur	-	1	1	-	-	-
27	Harichandanpur	-	1	1	-	1	1
28	Jharia	1	1	2	-	1	1
29	Jhatinuagaon	1	1	2	1	1	2
30	Kamaguru	1	1	2	-	-	-
31	Kantalabai	2	-	2	1	-	1
32	Kanthapurpatna	-	-	-	-	1	1
33	Kashipur	1	2	3	-	1	1
34	Khajuripada	3	-	3	3	-	3
35	Kunjuri	1	-	1	-	-	-
36	Kusumi	1	-	1	-	-	-
37	Langudikona	2	-	2	1	-	1
38	Laxmidharpur	1	-	1	1	-	1
39	Mangalajodi	1	1	2	-	-	-
40	Manpurpatna	2	-	2	1	-	1
41	Mormorsinghapatna	-	1	1	-	1	1
42	Mulijhar	-	-	-	-	1	1
43	Nalasingh	1	-	1	1	-	1
44	Nanapada	2	2	4	-	-	-
45	Naramanabi	-	-	-	-	1	1
46	Nirakarpurpatna	1	3	4	-	-	-
47	Nuapada	-	1	1	-	-	-
48	Orada	-	1	1	-	-	-
49	Panaspurpatana	-	1	1	-	-	-
50	Pariorada	-	-	-	-	1	1
51	Rameswar	2	-	2	1	-	1
52	Rasulpur	1	-	1	1	-	1
53	Ratanapurpatna	-	1	1	-	1	1
54	Ratanpur	2	5	7	-	2	2
55	Raulahaja	1	-	1	1	-	1

Sr. No.	Block	Incidence (2022)			Mortality (2022)		
		Male	Female	Total	Male	Female	Total
56	Raulasahi	-	-	-	-	1	1
57	Routarapur	-	3	3	-	2	2
58	Sanrautapada	-	-	-	2	-	2
59	Sarapari	1	-	1	-	1	1
60	Singarama	-	1	1	-	-	-
61	Sundarpur	2	1	3	2	2	4
62	Taladihi	-	1	1	1	-	1
63	Talapada 1	-	1	1	-	1	1
64	Tangi (CT)	2	3	5	-	-	-
65	Udayagri	-	-	-	1	-	1
66	Udayapur	-	1	1	-	-	-
67	Ujalagopinathpur	1	4	5	1	-	1
68	Upimara	-	-	-	1	-	1
69	Urumukhi	-	2	2	-	-	-
Total		**56**	**51**	**107**	**34**	**23**	**57**

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Dr. Satyabrata Chhotray – *Director (HI and VS)*
Mr. Lalit Mohan Sahoo – *Program Manager, NCD*

Tata Memorial Hospital, Mumbai
Dr. Shripad Banavali – *Director, Academics*
Dr. CS Pramesh – *Director*
Dr. Shailesh Shrikhande, *Dy. Director*
Dr. Siddhartha Laskar – *Dy. Director (Academics)*
Mr. Anil Sathe – *Director (Administration)*
Ms. Meera – *Internal Financial Advisor*
Mr. Suryakant Mohapatra – JCFA
Mr. Vijendra Tiwari – *Dy. Controller of Accounts*
Mr. Benny George – *Chief Administrative Officer (HRD)*
Mr. Chandrakant Shetty – *Dy Administrative Officer, HRD*
Mrs. Anagha Kadam – *Jr Administrative Officer*
Ms. Varsha Patil – *Stenographer*

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Dr. Prasanna Venkatraman – *Dy. Director, CRI*

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Dr. Bijay Kumar Das – *DMO, MS*
Dr. Ghasiram Murmu – *DPHO*
Mr. Nihar Ranjan Prusty – *Asst. NCD Manager*

Pandit Raghunath Murmu Medical College and Hospital, Baripada
Dr.(Prof). Prativa Panda – *Dean and Principal*
Dr.(Prof). Ramakristna Sahu – *Medical Superintendent*

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Dr. Deepak Rautray – *Director*
Dr. Lalatendu Sarangi – *Ex-Director*
Prof. Padmalaya Devi – *Dean and Principal*
Prof. Rekha Das – *Medical Superintendent*
Dr. Kusumbati Besra – *Pathologist*
Mrs. Satavisha Kabi Satapathy – *MRD inchgarge*
Mr. Subhashis Sahoo – *MRD Assistant*

Apollo Hospital, Bhubaneswar
Dr. Alok Srivastava – *Medical Superintendent*
Dr. Prem Kumar Lazar – *HBCR Incharge*
Dr. Shashanka Sekhar Bohindar – *MRD Incharge*

HCG Panda Cancer Hospital
Dr. Subraham Pany – *Medical Superintendent*
Dr. Bhagyalaxmi Hiremath – *MRD Head Incharge*

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Dr. Ashutosh Biswas – *Director*
Dr. Sachidananda Mohanty – *Medical Superintendent*
Dr. Ashok Jena – *Dental MRD Head*
Dr. Mukund Sabale – *Associate Professor*
Mr. Sambit Mishra – *Medical Record Technician*

SUM Hospital, Bhubaneswar
Dr. Pusparaj Samantasinghar – *Medical Superintendent*
Dr. Soumya Surath Panda – *HOD of Oncology Department*
Mr. Jyoti Ranjan Biswal – *Manager of Oncology Department*
Dr. Sunil Agrawal – *Surgical Oncologist, Dept of Oncology*

SUM Ultimate, Bhubaneswar
Dr. Biraj Mohan Mishra – *Chief Medical Superintendent*
Mr. Ratikanta Barik – *MRD Incharge*
Mr. Bibhu Prasad Das – *Jr Coordinator, MRD*

Capital Hospital, Bhubaneswar
Dr. Dilip Kumar Panda – *Director*
Dr. Dhananjaya Das – *Deputy Superintendent*
Dr. Nihar Ranjan Samal – *Cancer wing In charge*
Mr. Arun Kumar Pradhan – *NCD Counsellor*

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Prof. Ram Ch. Das – *Medical Superintendent*
Mr. Debi Prasad Panda – *IT Head*
Mrs. Annapurna Mohapatra – *Front Office Manager (Radiation Oncology)*

Utkal Hospital, Bhubaneswar
Dr. Sarvjeet Nayak – *Medical Superintendent*
Dr. Bramhananda Satapathy – *Radiation Oncologist*
Mr. Rabinarayan Das – *MRD In charge*
Mr. Rajkishore Jena – *MRD Executive*

District Headquarters Hospital, Khordha
Dr. Shyama Prasanna Mitra – *Surgery Specialist*
Ms. Manjulata Mohanty – *Head Staff Nurse*

M.K.C.G Medical College, Berhampur
Prof. Suchitra Dash – *Medical Superintendent*
Prof. Bishnu Prasad Das – *Head of Radiation Oncology*
Ms. Sujata Mohapatra – *Head Staff Nurse*

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Dr. Madan Mohan Dutta – *Medical Superintendent*
Dr Ghanashyam Biswas – *Oncologist*
Mr. Gyanaranjan Kara – *MRD Manager*
Mr. Asit Kumar Praharaj – *Assistant General Manager*
Mr. Santosh Parida – *MRD Assistant*

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Mr. Jagat Jeevan Jena – *Operational General Manager*
Mr. Pradipta Kumar Majhi – *MRD Incharge*
Dr. Prabhas Ranjan Swain – *DMS*

Kalinga Hospital, Bhubaneswar
Dr. Premananda Padhi – *Medical Superintendent*
Rashmi Ranjan Nayak – *MRD Incharge*

HI-Tech Hospital, Bhubaneswar
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Dr. Umashankar Pattnaik – *HOD Oncology*
Mr. Hemanta Kumar Khatua – *MRD Incharge*

Manipal Hospitals, Bhubaneswar
Dr. Sidhartha Mishra – *Medical Superintendent*
Mr. Narayan Chandra Behera – *MRD Incharge*

Care Hospital, Bhubaneswar
Dr. Satyam Dash – *Asst Medical Superintendent*
Mr. Imran Khan – *MRD Incharge*

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Ms. Narmada Mahabhoi – *Jr Executive, MRD*

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Dr. Sanjay Panda – *Head of Quality Control*
Ms. Munmun Das – *MRD Incharge*

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Mrs. Sarita Mallick – *HR*
Dr. Sovan Kumar Rath – *MRD Incharge*

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Dr. B.P. Panda – *Medical Superintendent*
Dr. P.K. Choudhury – *DMS*
Dr. Santosh Kumar Sahoo – *Medical Officer*
Mr. Babula Seth – *In-charge, MRD*

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Mrs. Koushiki Pattnayak – *Operational Manager*
Mr. Sachin Sahoo – *Front Office Executive*
Mr. Sameer Sahoo – *Operational Manager*

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Mr. Saurajit Seth – *Head of operations & corporate*
Mr. Sibanandan Pati – *Medical Director*
Mr. Sourajit Seth – *Operational Head*
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Mr. Niranjan Patra – *Administrative Assistant*
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Mr. Prasanna Kumar Muduli – *Scientific Officer*
Mr. Susanta Kumar Sethi – *Assistant*

26. Annexure

Population-based cancer registry proforma (Detail)

Population Based Cancer Registry Khordha district, Odisha state, India

Project of Ministry of Health and Family Welfare, Government of Odisha
Tata Memorial Centre, Mumbai, India

AADHAR Number ☐☐☐☐☐☐☐☐☐☐☐☐

Registration Number ☐☐☐☐☐☐☐☐☐

1. Name of the patient _____

2. D.O.B. ☐☐☐☐☐☐☐☐ **Age at incidence** ☐☐

3. Sex: 1. Male 2. Female 3. Other ☐

4. Address of the patient _____

_____

5. Contact number of the Patient /close relative ☐☐☐☐☐☐☐☐☐☐
☐☐☐☐☐☐☐☐☐☐

6. Name of the relative

Father _____ Mother _____

Spouse _____

Son _____ Daughter _____

Other _____

7. Duration of stay in years on the above address ☐☐

8. Education of the patient ☐

0. Illiterate 1. Literate 2. Primary (1to 7std)
3. Secondary (8 to 10 std) 4. Technical after 10th 5. College
6. Post Graduate 7. Other _____ 8. Not applicable to children
9. No information/Unknown

9. Mother Tongue ☐

1. Odiya 2. Hindi 3. Urdu 4. Other _____

10. Religion ☐

1. Hindu 2. Muslim 3. Christian 4. Sikh 5. Buddhist 6. Other _____

11. Occupation ☐☐

1. Professional 2. Semi-professional 3. Clerical, Shop-owner 4. Farmer
5. Skilled worker 6. Semi-skilled worker 7. Unskilled worker 8. Unemployed
9. Student 10. House-wife 11. Govt. Employee 12. Pvt. Employee
13. Other _____ 14. Not applicable to children 15. Business

12. Income (per month in Rs.) ☐☐

1. => 30375 2. 15188-30374 3.11362-15187 4. 7594-11361
5. 4556-7593 6. 1521-4555 7.<= 1520 99. Unknown/No information

13. Name of source of registration

Sr. No	Sources	Institute Number	Cross verified

14. Date of Diagnosis ☐☐☐☐☐☐☐☐

15. Basis of Diagnosis (As per ICD-O3 book) ☐

0. Death certificate only 1. Clinical 2. Radiology (X-ray, USG, MRI, CT and Endoscopy)
4. Specific tumor markers 5. Cytology (Peripheral blood/ Bone marrow) 6. Histology of a metastasis
7. Histology of a primary tumor 8. Other_____ 9. Unknown/ No information

16. Primary Site_____ ☐

_____

17. Stage ☐☐

1. In situ 2. Localization 3. Direct Extension 4. Regional lymph node involvement
5. Direct extension with regional node involvement 6. Distance metastasis
7. Too advanced 8. Not applicable 99. Unknown/No Information

18. Histology _____ ☐☐

_____

19. Treatment ☐☐

01. Surgery 02. RT 03. CT 04. Surgery+RT 05. Surgery+CT 06. RT+CT
07. Surgery+CT+RT 08. Palliative 09. No treatment 99. Unknown /No information

20. Completion of treatment ☐☐

1. Complete 3. Not completed (Specify) _____ 8. NA 99. Unknown /No information

21. Date of Last follow-up

1st Follow-up date	
2nd	
3rd	

22. Follow-up status ☐☐

1. Alive 2. Dead (Date of Death) 3. Migrated 99. Unknown /No information ☐☐☐☐☐☐☐☐

23. Remark (Any relevant information) _____

_____

24. Name of person completing form _____

☐☐☐☐☐☐☐☐ Visit Date

_____ Signature

Population Based Cancer Registry Khordha district, Odisha state, India

Project of Tata Memorial Centre, Mumbai in collaboration with Health and Family Welfare Department Government of Odisha

Registration Number: | | | | | | | | | |

Name of the Patient: _____

Remark by Field Staff:

_____

_____

_____

_____

_____

_____

_____

_____

Signature: _____ Date: | | | | | | | | |

Remark by Research Co-ordinator:

_____

_____

_____

_____

_____

_____

_____

_____

Signature: _____ Date: | | | | | | | | |

Confirmation of the case:

Date	Source	Remark

Cancer awareness activities

1. World Cancer Day: 4th February 2023

World Cancer Day was celebrated on 4th February 2023 at NISER. A total of 1,260 students (from 10th to 12th standard) from different schools and colleges of Khordha and Jatni participated to celebrate the day. Along with students, the Teachers also participated from Centurion University, Jatni College, PN College, Khordha, Kendriya Vidyalaya and Baba Residential School, Jatni are a few other schools and colleges.

Shri K Sudarshan Chakravarthy (IAS), District Collector of Khordha was the Chief Guest of the day. Dr. Bedangadas Mohanty was a host and conducted the event. Dr. Lingaraj Nayak (Medical Oncologist, TMC) was the chief speaker of the event. Dr. Bandita Dash (Scientific Officer E, NISER), and the registry staff covered different topics.

World Cancer Day celebration at Pathani Samanta Auditorium, NISER, Jatni

2. Celebration of World No Tobacco Day

On the occasion of World No Tobacco Day (31st May 2023), a virtual educational talk on the ill effects of tobacco on health, Tobacco Quitline Centre and its role in tobacco control was arranged by TMC, Mumbai for NISER, Jatni. Dr. Arjun Singh (Head and Neck Surgeon, TMH) delivered a lecture on "Effects of Tobacco on health" and Dr. Suvarna Gore (Senior Project Manager, Affordable Cancer Care for One and All, TMH) covered the topic "Tobacco Quit Line Centre". The session was attended by the students and teachers from NISER, Jatni. Dr Atul Budukh from TMC and Prof. Bedangadas Mohanty from NISER coordinated the event.

3. World Cancer Day (4th February 2024)

A block level drawing competition organized among different schools in Jatni block as a part of "World Cancer Day programme". An event on World Cancer Day 2024 was organized by NISER, Jatni in collaboration with Tata Memorial Centre, Mumbai on 4th February 2024 at the NISER campus, Jatni. The dignitaries present for the event were, Prof. Hirendra Nath Ghosh (Director, NISER), Dr Susanta Kumar Swain (Additional Director NCD cum State Nodal Officer, Cancer Care) and Dr Atul Budukh (Professor, Tata Memorial Centre, Mumbai). A pledge regarding "saying no to tobacco" and engaging in the elimination of cancer from the society in Odia language that was read by Mr. Abhaya Kumar Mohanty (AO, NISER) which was repeated by the audience. Winners of the block-level drawing competition conducted in the preceding week to World Cancer Day were awarded gifts and certificates. A short 3-minute skit was performed on the importance of early detection, signs, symptoms, and risk factors of common cancers in Odia language by TMC staff.

Audience attended pledge

Prize distribution to the drawing competition winner

4. Slogan competition: "World No Tobacco Day"

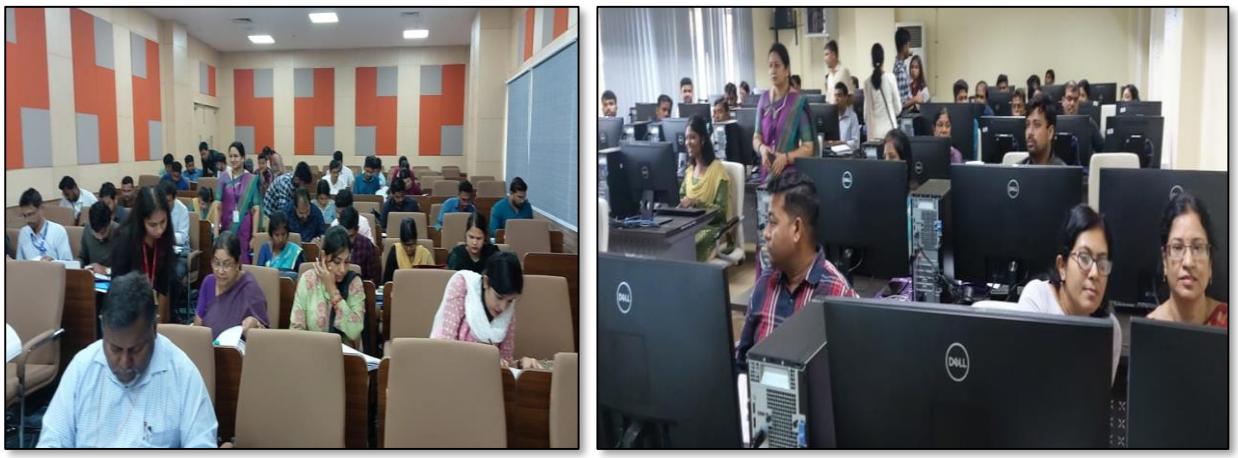
On the occasion of "World No Tobacco Day" on 31st May 2024, the Khordha district EDP and PBCR teams organized a slogan competition. The competition was organized for the medical and para-medical staff of the Department of Health and Family Welfare, Government of Odisha. Five winners were awarded with trophies and certificates. Participation certificates were distributed to all participants.

Winners were awarded with trophies and certificates

Cancer registry training programme

1. Training workshop for State Government Medical Officers of Khordha district

A one-day workshop on "Cancer registry case abstraction and data management" for the State Government Medical Officers of the Khordha district was conducted on 25th July 2023. The objective of the workshop was to enlighten and train the government medical officers in maintaining the cancer registry data of their respective health centres. The participants were trained in cancer case abstraction, ICD-O3 coding, as well as data entry and data management using a Data Management Application (DMA), web-based software prepared by Tata Memorial Centre, Mumbai. The list of the participants is mentioned in the Annexure.



Hands on training provided on case abstraction and use of Data Management Application software by the faculty of TMC

Dr. Susanta Kumar Swain (Addl. Director, NCD) presenting certificates to the workshop attendees along with Prof. Bedangadas Mohanty (Then-Dean of Faculty Affairs, NISER), Dr. Atul Budukh (Professor, Epidemiology, CCE-TMC) and Dr. Bandita Dash (Scientific Officer, NISER)

2. Workshop on setting up of cancer registry (9th to 14th October 2023)

Tata Memorial Centre, Mumbai (TMC) with the help of State Government of Odisha organized a training workshop titled "Setting up cancer registry". The training workshop was conducted from 9th to 14th October (IST 9.15 am to 5.30 pm) at Homi Bhabha Hall, NISER, Jatni, Odisha.

The workshop was attended by 41 participants. The objective of the workshop was to train the participants in the basic concept and skills required for setting up of cancer registry.

Training programme consisted training on types of cancer, hands-on practical training on case abstraction (breast, cervix, prostate, lung, head and neck, GI, haematological and gynaecological malignancies as well as other cancer sites), ICD-O3 coding, epidemiological rate calculation, presenting registry data in graphs, Boolean search using PubMed and CanReg5 software for data management and data analysis.

Workshop participants with the faculty of NISER, Jatni and TMC, Mumbai along with Dr Susanta Swain (Additional Director NCD cum State Nodal Officer, Cancer Care) and Prof. Hirendra Nath Ghosh (Director, NISER).

3. One-day workshop on cancer registration

A one-day workshop on "Cancer Registry Data Management Training" was conducted on 6th and 9th March 2024 for staff from Kalinga Institute of Medical Science and SUM Hospital Bhubaneswar, respectively.

The objective of the workshop was to sensitize and train the government medical officers in maintaining the cancer case data of their respective health centre.

Kalinga Institute of Medical Science, Bhubaneswar

Institute of Medical Science & SUM Hospital, Bhubaneswar

Tata Memorial Centre, Mumbai, India

Centre for Cancer Epidemiology, Kharghar, Navi Mumbai, India

Advanced Centre for Treatment, Research & Education in Cancer, Kharghar, Navi Mumbai, India

National Institute of Science Education and Research, Jatni, Odisha, India