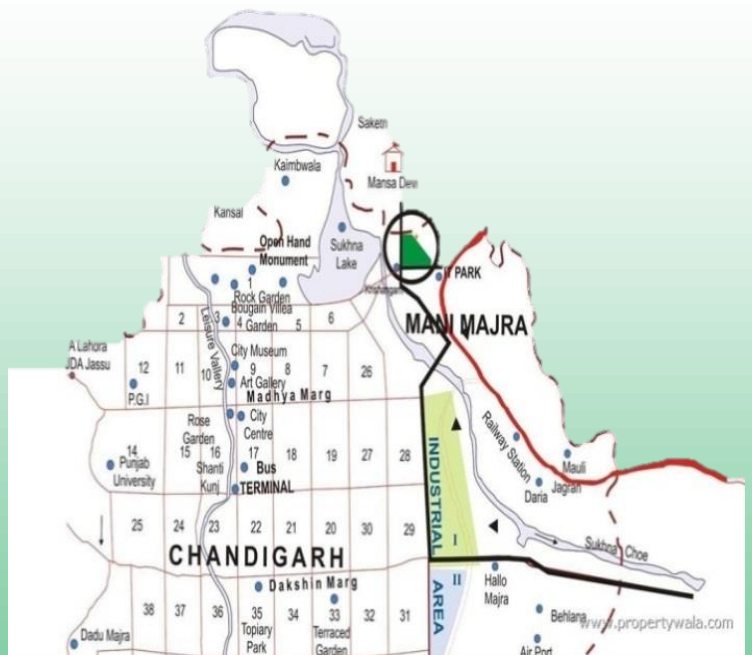


Cancer Incidence and Mortality in Chandigarh Union Territory, India: 2017 – 2018



टाटा स्मारक केंद्र
Tata Memorial Centre



Chandigarh, Union Territory, India

Post Graduate Institute of Medical Education and Research, Chandigarh, India

Centre for Cancer Epidemiology (CCE), Mumbai, India

Homi Bhabha Cancer Hospital (HBCH), Sangrur, Punjab, India

Homi Bhabha Cancer Hospital & Research Centre (HBCH&RC), Mullanpur, Punjab, India

Advanced Centre for Treatment, Research, and Education in Cancer, Kharghar, India

Tata Memorial Centre (TMC), Mumbai, India

Homi Bhabha National Institute (HBNI), Mumbai, India

Department of Health and Family Welfare, Government of Punjab State, India

Cancer registry Principal Investigator, Co-Principal Investigators, and Co-Investigators

Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh

Name	Role	Designation
Prof. Vivek Lal	Steering Committee Chairman (May 2022 onwards)	Director
Dr. Surjit Singh	Steering Committee Chairman (Nov 2021 to May 2022)	Ex-Director
Dr. Jagat Ram	Steering Committee Chairman (Mar 2017 to Oct 2021)	Ex-Director
Dr. JS Thakur	Principal Investigator	Professor
Dr. Rakesh Kapoor	Co- Investigator	Professor
Dr. Pankaj Malhotra	Co-Investigator	Professor
Dr. SPS Bhatia	Co-Investigator	Lecturer
Dr. Pankaj Arora	Co-Investigator	Assistant Professor

Tata Memorial Centre (TMC), Mumbai

Name	Role	Designation
Dr. Rajendra Badwe	Principal Investigator	Director
Dr. Rajesh Dikshit	Co-Investigator	Director, CCE
Dr. Pankaj Chaturvedi	Co-Investigator	Deputy Director, CCE
Dr. JV Divatia	Co-Investigator	Director, HBCH& RC, Punjab
Dr. Ashish Gulia	Co-Investigator	Dy. Director, HBCH& RC, Punjab
Dr. Prathamesh Pai	Co-Investigator	Officer-In-Charge, HBCH & RC, Mullanpur
Dr. Atul Budukh	Co-Principal Investigator	Professor Epidemiology

Directorate of Health Services, Chandigarh Administration

Name	Designation
Dr. Suman Singh	Director of Health Services, Chandigarh

Homi Bhabha Cancer Hospital (HBCH), Sangrur

Name	Designation
Dr. Tapas Dora	Professor – Radiotherapy
Dr. Sankalp Sancheti	Professor - Pathology
Dr. Debashish Chaudhary	Professor – Surgical Oncology
Dr. Rahatdeep Singh Brar	Professor & Head of the Department of Radio-Diagnosis
Dr. Anshul Singla	Associate Professor Head and Neck Surgery
Dr. Alok Kumar Goel	Associate Professor – Medical Oncology
Dr. Shweta Tahlan	Senior Resident Gynaec Oncologist

Supportive staff from Centre for Cancer Epidemiology (CCE), Mumbai

Name	Designation
Mrs. Sonali Bagal	Research Co-ordinator

Population-Based Cancer Registry- Chandigarh Staff

Name	Designation
Mrs. Pratibha Saxena	Medical Social Worker
Mr. Manoj Kumar	Data Entry Operator
Mr. Vijay Kumar	Social Worker
Mr. Ravinder Singh	Field Worker

Steering committee members

Name	Role
Prof. Vivek Lal (May, 2022 onwards) Director, PGIMER, Chandigarh	Chairman
Dr. Rajendra Badwe Director, TMC, Mumbai	Member
Dr. Subhash C. Varma Professor and Head of Internal Medicine, PGIMER, Chandigarh	Member
Dr. Arvind Rajwanshi Professor and Head of Cytology and Gynaecological Pathology, PGIMER, Chandigarh	Member
Dr. Sushmita Ghoshal Professor and Head of Radiotherapy, PGIMER, Chandigarh	Member
Dr. Rajesh Dikshit Director, CCE-TMC, Mumbai	Member
Dr. JS Thakur Professor, School of Public Health, PGIMER, Chandigarh	Member
Dr. Atul Budukh Professor Epidemiology, TMC, Mumbai	Member

Suggested citation:

Thakur JS, Budukh A, Chaturvedi P, Dikshit R, Jagat Ram and Badwe R. Cancer Incidence and Mortality in Chandigarh Union Territory, India:2017-2018. Tata Memorial Centre (TMC), Mumbai and Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, India. 2022

Office Address:

Population-Based Cancer Registry Chandigarh,
Room No- 0005,
School of Public Health,
PGIMER, Chandigarh-160012.

Contact:

Landline Number: 0172-2755219, 7087008219
Email: jsthakur64@gmail.com

Content

Sr. No.	Topic	Page Number
	Executive summary	1
1.	Profile of Chandigarh	5
2.	Administrative order by health department: Chandigarh administrative	7
3.	Population covered by the cancer registry	9
4.	Cancer registration method and process	11
5.	Community involvement in the cancer registration process	14
6.	Quality control	16
7.	Cancer cases registered by the source of registration: First source of information	19
8.	Cancer incidence and mortality: All sites	21
9.	Leading cancer sites by gender	22
10.	Cancer pattern in paediatric age-group (0-14 years)	35
11.	Tobacco-related cancer	38
12.	Cancer burden as per anatomical system	41
13.	Socio-demographic information	43
14.	Comparison of cancer incidence rate with other Indian registries	45
15.	COVID-19 impact on cancer registry activities	53
16.	Description of statistical term used	54
17.	Standard registry tables	55
18.	Paediatric cancer incidence tables as per ICCC-3 standard	67
19.	Sector and village-wise incidence and mortality cases: 2013 – 2018	69
20.	References	72
21.	Acknowledgement	73
22.	Annexure	78

Executive summary

Background

Tata Memorial Centre (TMC), Mumbai and Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh with the cooperation of Directorate of Health Services, Chandigarh established Population-based cancer registry (PBCR) in Chandigarh Union Territory (UT) on 1st January 2013. The registry is located at the School of Public Health, PGIMER, Chandigarh. The PBCR, Chandigarh was set up with a vision to establish baseline data to assess the burden and pattern of cancer cases of the area. The data hence collected would be used to assess information on causes of cancers and would therefore, guide in planning measures for the prevention of cancer control activities in the city of Chandigarh.

Population covered

The cancer registry covers both urban (97.3%) and rural (2.7%) population of Chandigarh. It collects incidence and mortality data of cancer patients from government and private facilities present in and around Chandigarh. The average estimated population for the year 2017-2018 is 1.2 million.

Registration method

More than thirty data sources comprise cancer hospitals, general and private hospitals, pathology laboratories, and birth and death registrar offices. The registry staff regularly visits the sources and scrutinizes the medical records from various departments dealing with cancer including pathology laboratories which assist in cancer diagnosis. The registry staff abstracts the information from the cases of the residents of the registry area (minimum duration of residence for at least one year). The registry uses CanReg5 software for data entry, analysis, and quality control.

PGIMER is a tertiary care teaching cum research institute of national importance which provides comprehensive cancer treatment to patients belonging to nearby states. Around 69.3% of the registered cancer cases of Chandigarh PBCR were from PGIMER, Chandigarh. The majority of the cancer cases were registered from the Medical Records Department.

Population-based cancer registry annual report release 2015-2016

The third annual report of population-based cancer registry of Chandigarh was released on 28th November 2020 by Mrs. Vini Mahajan, Ex-Principal Secretary –Government of Punjab state, India, in the presence of Dr. Jagat Ram, Director PGIMER and Dr. RA Badwe, Dr. JS Thakur, Dr. Rajesh Dikshit, and Dr. Atul Budukh along with other dignitaries.

Amidst the COVID-19 situation Dr. RA Badwe, Director TMC Mumbai and his team joined the meeting virtually. While releasing the report, Dr. RA Badwe mentioned that cancer registries serve to be an extremely important tool in gauging the enemy i.e., cancer. For planning cancer control activities cancer registries are essentials. There is need for making cancer as a notifiable disease across the country.

Further, he briefed about the magnitude and types of the cancers, geographical variations and infrastructure required for managing specific cancers. Mrs. Vini Mahajan has appreciated the work done by TMC, Mumbai and PGIMER, Chandigarh for providing valuable data on cancer burden in different parts of Punjab. She assured that Punjab government provide all the support to the cancer registries.

Results

In the year 2017 and 2018, PBCR registered 1,867 incidence cancer cases (936[50.1%] males and 931 [49.9%] females). The age-adjusted incidence rate for males is 91.1 per 100,000 population and for females, it is 97.3 per 100,000 population. **The cumulative risk for the age group 0-74 years in males is 10.5% (1 in 10 men is at risk of developing cancer) and in females, it is 11.9% (1 in 8 females is at risk of developing cancer).**

The registry reported 1,110 cancer death cases (623 [56.1%] males and 487[43.9%] females). The age-adjusted mortality rate for males is 62.3 per 100,000 population and for females, it is 51.9 per 100,000 population. **The cumulative risk for the age group 0-74 years in males is 7.4% and for females, it is 6.2% (1 in 14 men and 1 in 16 females is at risk of death due to cancer).**

As compared to the previous year (2015-2016) the incidence rate declined due to untraceable cases as well as due to challenges we faced during the ng COVID-19 pandemic in the given period. The results of this report have provided a lead to set priorities for cancer research and to identify the target sites for monitoring existing cancer control activities in UT Chandigarh.

Leading Cancer Sites

Lung is the most common primary cancer site among males followed by prostate, tongue, oesophagus, and urinary bladder; similarly, in females, breast is the most common cancer site followed by corpus uteri, gall bladder, cervix uteri, and ovary.

Leading cancer sites are presented in Table I and II.

Table I: Leading cancer sites in males: 2017-2018

ICD 10	Sites	Number	%	CR	AAR	TR
C33-C34	Lung etc.	111	11.9	8.4	11.5	16.2
C61	Prostate	90	9.6	6.8	10.1	7.4
C01-C02	Tongue	56	6.0	4.2	4.9	9.3
C15	Oesophagus	49	5.2	3.7	4.9	9.4
C67	Urinary Bladder	51	5.4	3.8	4.9	8.3

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

Table II: Leading cancer sites in female: 2017-2018

ICD 10	Sites	Number	%	CR	AAR	TR
C50	Breast	293	31.5	26.3	30.3	56.5
C54	Corpus Uteri	59	6.3	5.3	6.7	12.1
C23-C24	Gallbladder etc.	65	7.0	5.8	6.6	13.1
C53	Cervix Uteri	61	6.6	5.5	6.5	12.3
C56	Ovary etc.	60	6.4	5.4	6.2	10.6

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

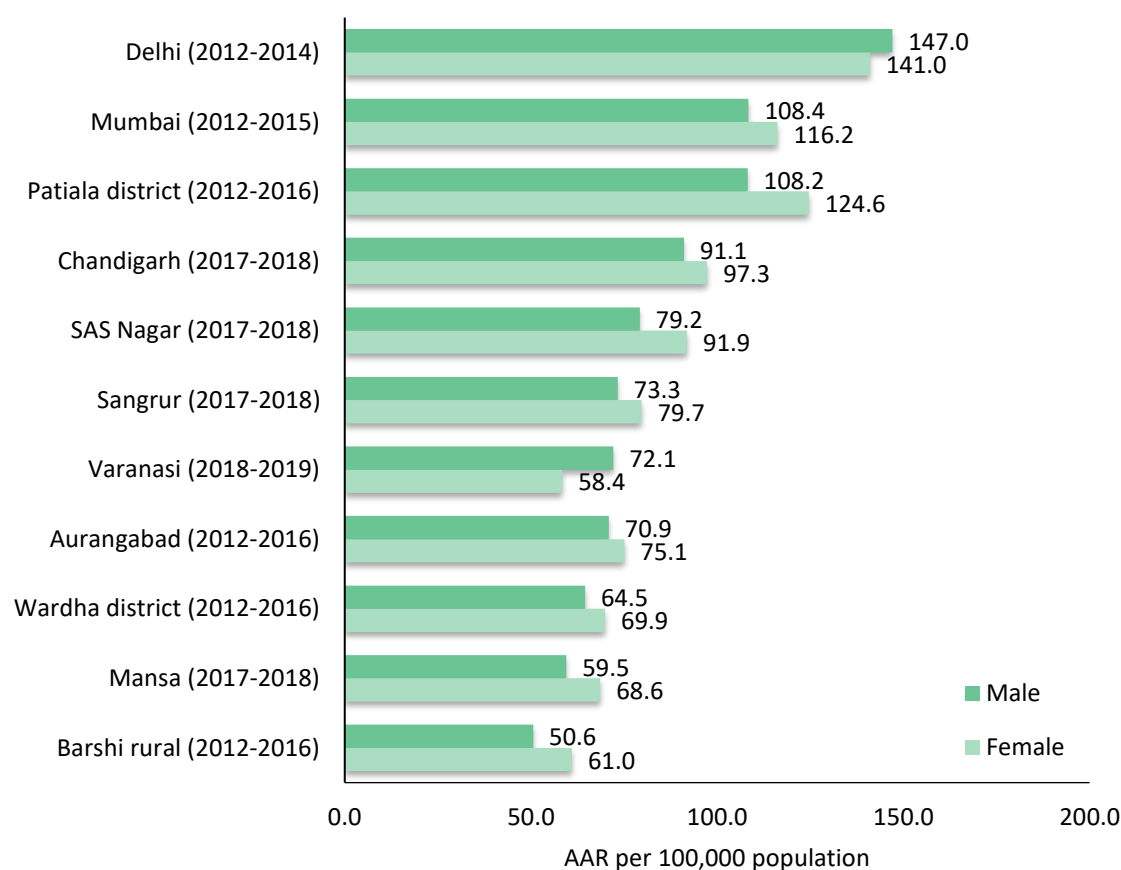
Unknown primary cases

In the year 2017-2018, we registered 2.4% other and unspecified cases among males and 1.5% among females and most of them were primary unknown cases.

Comparison of Chandigarh incidence rate (2017-2018) with other registries in India

As compared to other parts of India, cancer incidence rates are in comparison with other parts of urban India. The comparison is shown in Figure I.¹⁻⁵

Figure I: All site cancer incidence rate



Cancer control in Chandigarh UT

Setting up of the cancer registries is the first step in cancer control. The registry data has estimated the risk of getting cancer in males as 10.5% and in females 11.9%. We recommend starting a cancer awareness program on breast, cervix, lung, and prostate cancer. Health system strengthening is required for organized screening, early detection, prevention, and control of cancer in Chandigarh. State Project Implementation Plan under the National Health Mission should initiate breast cancer screening and further should strengthen cancer control and research activities based on PBCR reports. The state should take the initiative to make cancer a notifiable disease in Chandigarh UT. The registries will be useful to monitor cancer trends and to evaluate the effects of prevention and treatment in the future.

1. Profile of Chandigarh

Chandigarh, "The City Beautiful" is a Union Territory (UT) in India that serves as the capital of the northern Indian states of Punjab and Haryana, was designed by Swiss-French modernist architect Le Corbusier. The city is popular for being the first planned city in India after Independence. Chandigarh derives its name from the famous goddess temple "Chandi Mandir" located in the vicinity of the site selected for the city. The deity 'Chandi', the goddess of power and a fort of 'garh' laying beyond the temple gave the city its name "Chandigarh". The longitude and latitude of Chandigarh are 76° 47' 14 E and 30° 44' 14 N and is 304-365meters above sea level.

Population growth

The UT of Chandigarh is a uni-district territory that came into existence on the 1st of November, 1966 with an area of 114 sq.kms. The birth and death rate of Chandigarh is 14.7 and 4 per 1000 population as compared to the national average of 21.4 and 7 per 1000 sample registration system reports. During the last 6 decades (1951-2011), Chandigarh has witnessed a population increase of more than 44 times with the absolute population increase from 24,261 in 1951 to 10,54,686 in 2011. As per 2001 census, the total population is 900,635 (men: 506,938, women: 393,697). As per the 2011 census, the total population is 1,055,450 (men: 580,663 and women: 474,787)⁶. The population of Chandigarh UT has crossed the one million mark with its population placed very close to that of the state of Mizoram (10,91,014). Chandigarh has recorded a sex ratio of 818 girls for every 1000 boys (Vs. India: 940/1000). The decadal growth rate of merely 17.10% between 2001-2011 is the lowest since its inception. The population density of Chandigarh is 9258/sq.km. This is perhaps due to the rapid pace of urbanization taking place in the neighbouring towns of SAS Nagar, Panchkula, Zirakpur, Kharar, etc. falling within 16 km of its periphery. Per capita annual income in Chandigarh is more than INR.150,000/- which ranks second after Delhi. The civil registration system here covers more than 95.5% of births and deaths of Chandigarh.

Rural-Urban Composition

The area under Chandigarh is predominantly urban with a negligible rural population. As per the 2011 census, 1,026,459 (97.25%) of its population resides in an urban area and 28,991 (2.75%) in rural areas as compared to 82.80% urban and 17.20% rural in the year 1961. The Chandigarh Union Territory (UT) profile is presented in Table 1 ⁷.

Table 1: Profile of Chandigarh

Sr. No.	Characteristics	Unit	Value
1.	Area	Sq. Km	114
2.	Total Population (Census 2011)		1055450
	(i)Urban Population	Lakh	1026459
	(ii)Rural Population		28991
3.	% of Urban to Total Population	%	97.25
4.	% of Rural to Total Population	%	2.75
5.	Population Density	Per Sq.km	9258
6.	Sex ratio (Female per 1000 Male)	Number	818
7.	Literacy Rate	%	86.05

Health infrastructure of UT Chandigarh

Chandigarh the planned city of the country, has been reeling under immense pressure. Because of better health facilities available in the city especially due to PGIMER, Chandigarh, it receives a large number of patients from neighbouring states like Punjab, Haryana, Himachal, Jammu & Kashmir, Rajasthan, Uttar Pradesh, and Uttarakhand. Chandigarh has all three levels in Healthcare delivery- Primary, Secondary as well as Tertiary. There are sub-centres, civil dispensaries, rural dispensaries, ayurvedic dispensaries, homeopathic dispensaries, and alternative medical units offering allopathic, ayurvedic and homeopathic OPD medical services. There are 3 secondary healthcare hospitals (2 community health centres, and 1 Govt. Multi-Speciality Hospital (GMSH-16)) and 2 tertiaries in care hospitals (1 Govt. Medical College and Hospital (GMCH 32) and PGIMER). The detailed information is presented in Table 2.

According to the UT report, in 2015-2016, the total number of OPD patients was 59.41 lakh which increased to 66.3 lakh in 2016-2017. Other than the routine health services, the burden of Communicable and Non-Communicable Diseases is also high in Chandigarh.

Table 2: Number of government hospitals/ health centres in Chandigarh UT

Sr. No.	Institute	Number
1.	Tertiary Care Hospital – PGIMER, Sector 12	1
2.	Govt. Medical College and Hospital – GMCH, Sector 32	1
3.	District Hospital (GMSH-16)	1
4.	Community Health Centre including Polyclinic, Sector45	3
5.	ESI Hospital – Ramdarbar	1
6.	Civil dispensaries (including rural)	34
7.	AYUSH centres	16
8.	Sub-Health Centres	23
Total		80

2. Administrative order by health department: Chandigarh administrative

The Secretary Health-Chandigarh Administration has issued an administrative order to all the Government Hospitals and its allied departments to provide the data of cancer patients including demographic data to the Chandigarh Population-Based Cancer Registry for better cancer reporting and registration (Figure 1 & 2). The registry received very good cooperation from all the government and private facilities due to administrative support from the Health Department, Chandigarh.

Figure 1: Office order from Secretary (Health), Chandigarh

From

The Secretary Health,
Chandigarh Administration.

To

1. The Director Principal,
Government Medical College and
Hospital, Sector-32, Chandigarh.
2. The Director Health and Family Welfare,
U.T. Chandigarh.

Memo No.721/FII(5)/2013/
Dated , Chandigarh the: 2664
20.3.13

Subject: Population Based Cancer Registry (PBCR) in Chandigarh.

Please find enclosed herewith a copy of letter No. SPH/PBCR/2013/016 Dated 26/2/2013 on the subject noted above received from Dr. J.S. Thakur, Principal Investigator, School of Public Health Postgraduate Institute of Medical Education & Research, Chandigarh for taking necessary action in the matter.

Dispatched 20.3.12
Chandigarh

Superintendent Finance II,
For Secretary Health,
Chandigarh Administration.
820

Figure 2: Office order of the Health Department, Chandigarh

HEALTH DEPARTMENT
OFFICE ORDER

No. MS-II-2014/ 3890 Dated Chandigarh the, 24-04-2014

Population Based Cancer Registry ongoing project at PGIMER, Chandigarh. The data of new cancer cases (Suspected and confirmed) and deaths due to cancer in the various departments, Govt. Multi Specialty Hospital Sector-16, Chandigarh should be maintained in all the departments and the same will be collected and compiled by the PBCR staff from the PGIMER, Chandigarh on periodic basis for the ongoing project.

Department of Pathology, GMSH-16, Chandigarh will also provide data of Histopathologically confirmed malignant cases to the PBCR staff

All SMO/MO's I/c various departments, Govt. Multi Specialty Hospital Sector-16, Chandigarh are directed to maintain the record of demographic data (Name, Age, Gender, Cr.No., Address of the patient, Local Address and contact Number with immediate effect).


Medical Superintendent-cum-
Jt. Principal Medical Officer
Govt. Multi-Specialty Hospital
Sector 16, Chandigarh

Endst. No. MS-II-2014/ 3891-94 Dated Chandigarh the, 23-4-2014
24-04-2014

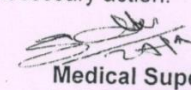
A copy is forwarded to the following for information and necessary action:-

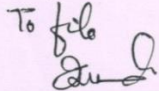
1. The Director Health & Family Welfare, Chandigarh Administration, Chandigarh.
2. The Deputy Medical Superintendent, Govt. Multi-Specialty Hospital, Sector 16, Chandigarh.
3. All SMO/MO's I/c of all departments, Govt. Multi Specialty Hospital Sector-16, Chandigarh.
4. Incharge Pathology Department, Govt. Multi Specialty Hospital Sector-16, Chandigarh.


Medical Superintendent-cum-
Jt. Principal Medical Officer
Govt. Multi-Specialty Hospital
Sector 16, Chandigarh

Endst. No. MS-II-2014/ 3895 Dated Chandigarh the, 23-4-2014
24-04-2014

A copy is forwarded to the Incharge Population Based Cancer Registry PGIMER, Chandigarh for information and necessary action.


Medical Superintendent-cum-
Jt. Principal Medical Officer
Govt. Multi-Specialty Hospital
Sector 16, Chandigarh

To file

7/5/2014

3. Population covered by the cancer registry

PBCR, Chandigarh covered the entire population of Chandigarh i.e., ~ 1.2 million for the year 2017-2018. It was estimated from the 2011 census population (Table 3) based on the annual growth rate.

Table 3: Chandigarh population as per census 2011

Area	Total	Male	Female
Urban	10, 26,459(97.25%)	5,63,513	4,62,946
Rural	28,991(2.75%)	17,150	11,841
Total	10,55,450	5,80,663	4,74,787

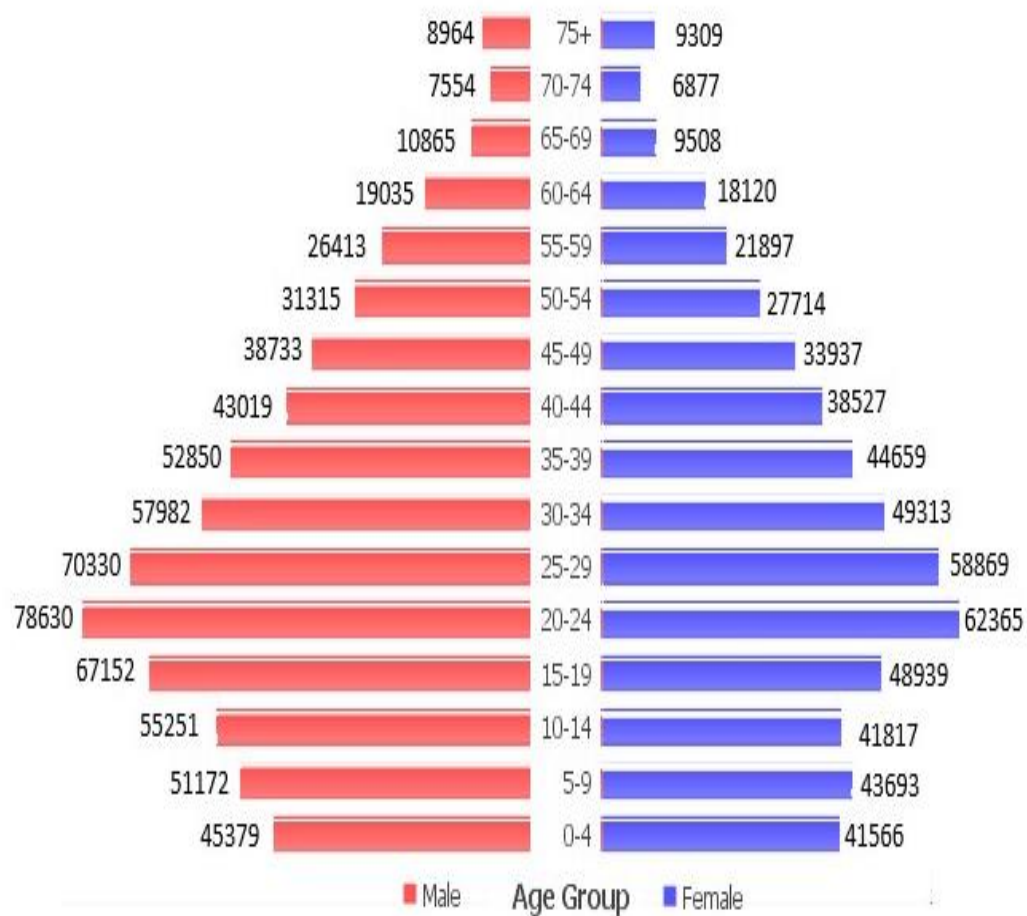
Estimated Population of Chandigarh:2017 – 2018

The average estimated population as calculated by the registry using the exponential growth rate method for 2001 to 2011 census population of 2017-2018 is 12,21,746 with 6,64,641 (54.4%) male population and 5,57,105(45.6%) female population (Table 4).

Table 4: Average estimated population of Chandigarh: 2017 – 2018

Age group	Male		Female		Total	
	Number	%	Number	%	Number	%
0-4	45379	6.8	41566	7.5	86945	7.1
5-9	51172	7.7	43693	7.8	94865	7.8
10-14	55251	8.3	41817	7.5	97068	7.9
15-19	67152	10.1	48939	8.8	116091	9.5
20-24	78630	11.8	62365	11.2	140995	11.5
25-29	70330	10.6	58869	10.6	129198	10.6
30-34	57982	8.7	49313	8.9	107295	8.8
35-39	52850	8.0	44659	8.0	97509	8.0
40-44	43019	6.5	38527	6.9	81546	6.7
45-49	38733	5.8	33937	6.1	72670	5.9
50-54	31315	4.7	27714	5.0	59029	4.8
55-59	26413	4.0	21897	3.9	48310	4.0
60-64	19035	2.9	18120	3.3	37154	3.0
65-69	10865	1.6	9508	1.7	20373	1.7
70-74	7554	1.1	6877	1.2	14430	1.2
75+	8964	1.3	9309	1.7	18272	1.5
Total	664641	100	557105	100	1221746	100

Figure 3: Population pyramid of Chandigarh: 2017 – 2018



4. Cancer registration method and process

Cancer incidence cases

Cancer is not a notifiable disease in Chandigarh. Information about cancer patient is hence obtained actively from various government and private hospitals, laboratories and diagnostic centres that come under the registry area. The social workers visit all the registration sources for the collection of data according to their work plan. They abstract the hospital records and enter the data into a semi-structured data extraction proforma. After duplicity check done by the data entry operator, the proforma is filed separately for home visits to fill the missing variables. As several sources of information are accessed, all duplicate forms for a case are used for completing the information in one form. All duplicate forms are separately filed for future quality control. In the case of same year cancer diagnosis and death, two separate forms are filled i.e., for incidence and mortality separately. All completed forms are separately filed for data entry in CanReg5.

Additionally, the cancer cases which were diagnosed before 2017 were also registered with the exact date of diagnosis for future follow up, and to study the course of disease among them. Though these cases will not appear in the incidence of 2017-2018, it can present as a source of data in case of mortality. All these forms are kept for follow-up, which is done either telephonically or in person at periodic intervals.

Cancer death cases

Registry staff routinely collects information on cancer mortality from all the above government and private health facilities, office of Birth and Death Registrar, cremation grounds, and other religious places. During the data collection from death registers, the registry staff completes a standard proforma for all cases where cancer is mentioned as a cause of death. The proforma includes identifying information, registration number, place of registration, death registry number, place of death (whether the medical institution, residence or elsewhere or unknown) cause of death, histology report, date of death and wherever available the name and address of the institution or medical practitioner certifying the death. It also includes the residential address and contact number of the family of the deceased. Details on cancer deaths of persons not residing in the registry area are excluded after investigation.

The collected information on deaths are compiled and matched with available incident cancer case data. This constitutes the matched deaths for that particular year. The unmatched deaths are further investigated for the collection and filling of missing variables through interviewing the relatives of the deceased during home visits. Verbal autopsies are done for all cases where no hospital records are available on cancer.

Cases notified through death certificates, for which the registry staffs are not able to obtain further information either from the records available with the deceased's family or from hospital records [after matching or tracking back with hospital information system (HIS)], are registered as "Death Certificates Only (DCO)" cases. In these cases, no other information is available other than the death certificate which mentions cancer as a cause of death. Verbal autopsies are done for all DCO cases and the cause of death coding is done by a medical doctor.

Data checking

Cancer cases residing outside the registry area are excluded after thorough scrutiny either by telephonically or in-person verification. All these forms are filed and stored separately. The primary cancer site and histology are coded based on the International Classification of Diseases for Oncology – Third Edition, Geneva, 2000 (ICD-O3).⁸

Data entry

CanReg5 software which is developed by International Agency Research on Cancer (IARC), Lyon, France is used for data entry, storage, and analysis.⁹ It is an open-source, offline software program and has the following modules to do:

- a) Data Entry
- b) Quality Control
- c) Consistency Checks
- d) Basic analysis of the data (Predefined)

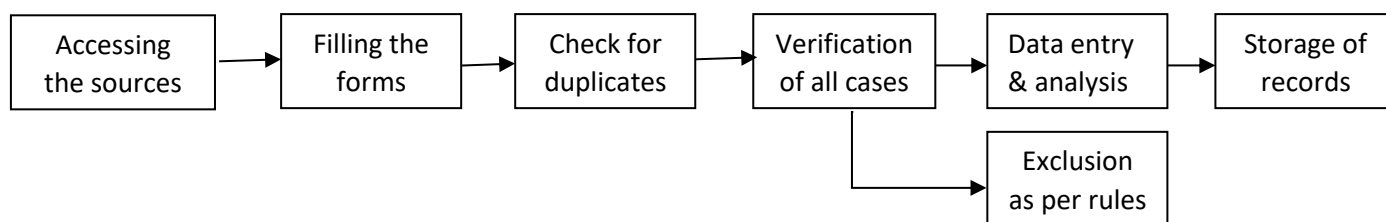
The data is split across 3 tables:

- Patient record
- Tumor record
- Source record

The software allows entry of multiple tumors per patient and multiple sources per tumor. As the data entry starts, the software allocates a unique ID to each case. At a different level, duplicity checks are done, and duplicates hence found are eliminated. Consistency checks are also performed between different variables. All the staff of the registry are trained on CanReg5 for entering and analysing the data. At the start and end of the day, back up of the data is done. All the data are kept confidential using a username and password for the registry.

The process of registration of cancer cases follows the given steps (Figure 4).

Figure 4: Process of cancer registration



Sources for Data Collection

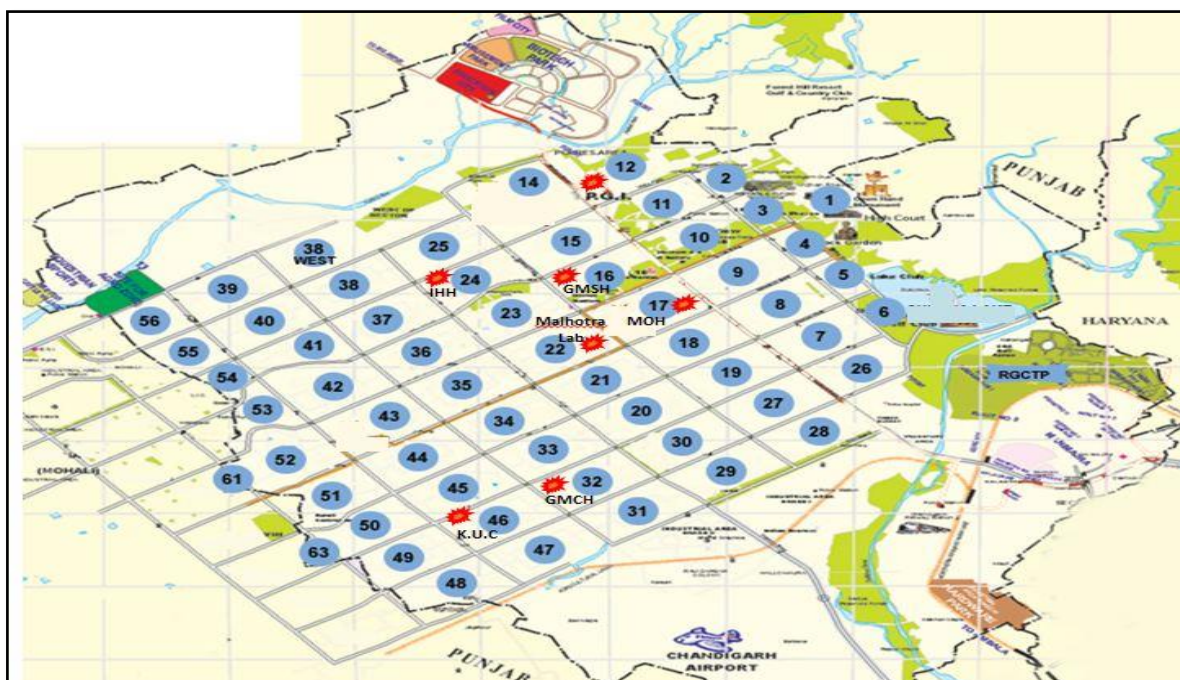
The registry staff regularly visits all the registration sources including various government and private hospitals, laboratories and diagnostic centres in the registry area and collects the relevant and available information. The different sources of data collection are mentioned in Table 5 and Figure 5.

Table 5: Sources for cancer registration for Chandigarh registry

Sr. No.	Institution Name	Place
Hospitals		
1.	PGIMER, Sector-12	Chandigarh
2.	Government Medical College and Hospital, Sector-32 (GMCH-32)	Chandigarh
3.	Government Multi Speciality Hospital, Sector-16 (GMSH-16)	Chandigarh
4.	Kidney And Urology Centre, Sector-46	Chandigarh
5.	Chuttani Medical Centre, Sector-17	Chandigarh
6.	Chandigarh Cancer Diagnostic Centre, Sector-33	Chandigarh
7.	Mukut Hospital & Heart Institute, Sector 34	
8.	Alchemist Hospital	Panchkula
9.	Fortis Super Specialty Hospital	S.A.S Nagar
10.	Max Super Specialty Hospital	S.A.S Nagar
11.	Indus Super Specialty Hospital	S.A.S Nagar
12.	Ivy Hospital	S.A.S Nagar
13.	Behgal Cancer and Surgical Centre, Industrial Area, Phase 8-B, Mohali	S.A.S Nagar
14.	Civil Hospital	S.A.S Nagar
15.	Harmony Hospital	S.A.S Nagar
16.	Shri Guru Harkrishan Hospital, Sohana	S.A.S Nagar
17.	Grecian Hospital	S.A.S Nagar
18.	Gian Sagar Hospital	Banur, S.A.S Nagar
19.	J.P Super Speciality Hospital	Zirakpur, S.A.S Nagar

Sr. No.	Institution Name	Place
20.	Indus International Hospital	Derabassi, S.A.S Nagar
21.	Amar Hospital	S.A.S Nagar
22.	Cheema Hospital	S.A.S Nagar
23.	Acharya Tulsi Regional Cancer Treatment and Research Institute	Bikaner, Rajasthan
24.	Oswal Hospital	Ludhiana
Laboratories		
1.	Indira Holiday Home, Sector-24	Chandigarh
2.	Malhotra Path Lab	Chandigarh
3.	Medicos Path Lab	Chandigarh
4.	Mujoo's Path Lab, Sector-15	Chandigarh
5.	SRL Path Lab, Sector-11	Chandigarh
6.	Dr. Sodhi Path Lab	S.A.S Nagar
7.	Helix Path Lab	S.A.S Nagar
8.	Nimbus Path Lab	S.A.S Nagar
Other sources		
1.	Birth And Death Registrar Office, Sector-17	Chandigarh
2.	Birth And Death Registrar Office, Sector-69	S.A.S Nagar
3.	Cancer Cell	S.A.S Nagar

Figure 5: Pictorial representation of distribution of source of registration by PBCR, Chandigarh



5. Community involvement in the cancer registration process

In Chandigarh, the involvement of local groups and health centers such as community health centers was ensured. Support was also provided by NGO's working in the registry area to supplement information on cancer patients.

Cancer Awareness sessions were held for school students and community women groups that imparted information on the common cancers, their effects, and the importance of early detection and treatments.

World Cancer Day was celebrated by Urban Health Training Centre (UHTC), Indira colony. As a part of it, a health education session was organized in UHTC, Indira colony to aware women of common cancers. Approximately 50 women including Anganwadi workers, females from women skill development programs and OPD patients attended this program.

Common symptoms, risk factors, early detection, and treatment modalities of cervical, breast, lung and prostate were narrated to the participants.

6. Quality control

Mortality to incidence ratio

The mortality-incidence ratio or MI ratio is an indicator of the completeness and accuracy of cancer mortality data. In the year 2017-2018, 1,867 incident cancer cases (males: 936 and females: 931) were registered by PBCR Chandigarh. For the same period, 1,110 cancer deaths were registered (males: 623 and females: 487). The overall MI ratio is 0.60 (59.5%) [males: 0.67 (66.6%) and females: 0.52 (52.3%)] which is in comparison with other urban registries in the country.

Quality control of cases

Cancer registry has registered 1,867 cases for 2017-2018. Quality control exercise was carried out for the improvement of the records as well as for the capacity building of the staff. All the proforma filled by registry staff were cross-checked by a medical person from PGIMER, Chandigarh. There was a total of 28 meetings (12 with all 4 PBCRs and 16 with Chandigarh and SAS Nagar Cancer Registries) conducted for their capacity building and resolving the problems faced by the registry team during their field and institution visits. Special training session on the abstraction of medical record was organized by medical experts from PGIMER throughout the year.

Microscopic verification of the cases

The proportion of microscopically verified cases is an internationally accepted indicator of data quality. The higher the proportion of microscopically verified cases, the more valid and accurate is the information as microscopic verification is considered the most valid basis of diagnosis.

In the year 2017-2018, out of 936 cases in men, we have 874 (93.4%) cases diagnosed based on microscopic verification. 4.2% of cases are diagnosed based on radiological findings. Similarly, out of 931 female cases, we have 901 cases (96.8%) diagnosed based on microscopic verification. The overall proportion of microscopically verified cases is 95.1% for incident cases. We may have missed the cases which were diagnosed clinically.

Death Certificate Only (DCO) cases

The proportion of Death certificate only (DCO) registrations is another assessor of data quality. DCO cases represent the residuum of cases-after all trace back manoeuvres have been completed, for which no information other than a death certificate could be obtained. The relative proportion of DCOs should ideally be 2-3% or at least, less than 5%.

We have registered 8 incident cases in males (0.9%) and 3 cases in females (0.9%) under DCO category. The death cases have been registered based on the narration/relative remarks/ discharge summary available with the patient's relative. In principle, they are not registered based on death certificate only. The registry reported 0.6 % of DCO cases among the new cases.

Average number of sources per case registered

The rationale of using multiple sources for data collection is to reduce the possibility of cancer cases going unreported, thus increasing the completeness of the registry data. The higher the number of sources, the higher will be the degree of completeness of the registry. At PBCR Chandigarh, there were a total of 1867 incident cases and the average number of sources per case was 2.3 which shows good completeness of the registry.

Source	Number of cases confirm
Source 1	1,867
Source 2	1,851
Source 3	506
Source 4	97
Source 5	9
Source 6	1
Total sources	4,331
Per source of registration	2.3 (4,331/1,867)

Incidence rates of childhood cancers

In the year 2017-2018, we had registered 34 incidence cases and 12 mortality cases of childhood cancers among boys and girls. The detailed data of paediatric cancer cases by age group is presented in Table 6 for boys and girls respectively.

Table 6: Incidence rate of paediatric cancer cases in Chandigarh UT: 2017 – 2018

Age group	Boys		Girls	
	Number of Cases	Age-Specific Rate	Number of Cases	Age-Specific Rate
0 – 4	11	121.2	6	72.2
5 – 9	12	117.3	1	11.4
10 – 14	2	18.1	2	23.9
Age-adjusted rate per 1,000,000 (AAR per million)	90.0		38.6	

The age-adjusted incidence rate for the paediatric age group (0-14) was 90.0 per million for boys and 38.6 per million for girls. As per the international incidence of childhood cancer volume III, the incidence rate for boys is more than 60 per million.¹⁰

The microscopic confirmation was 88.0% in boys and 66.7% in girls.

7. Cancer cases registered by source of registration – First source of information

Chandigarh being an urban area has better diagnostic and treatment facilities, more than 90% of cases here were captured from hospital records. Hospitals with special cancer facilities (medical, surgical oncology, radiotherapy), had an essential contribution to the registry. The main source of information for PBCR was PGIMER, Chandigarh contributing 69.3% of incidence cases.

The cancer incidence and death cases registered by the first source of registration are mentioned in Table 7 and Table 8.

Table 7: Cancer cases information by the first source of cancer registration

Source name	Male		Female		Total	
	Number	%	Number	%	Number	%
Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh	682	72.9	611	65.6	1293	69.3
Government Medical College and Hospital, Chandigarh	87	9.3	108	11.6	195	10.4
Fortis Hospital, Mohali	31	3.3	57	6.1	88	4.7
Birth & Death Registrar office (MOH), Sector-17	50	5.3	30	3.2	80	4.3
Malhotra Medical Lab, Chandigarh	15	1.6	29	3.1	44	2.4
Max Multi speciality Hospital, Mohali	14	1.5	20	2.1	34	1.8
Fortis Lab, Phase-9, Mohali	16	1.7	15	1.6	31	1.7
Government Multi Specialty Hospital, Chandigarh	6	0.6	15	1.6	21	1.1
IVY Hospital, Mohali	8	0.9	7	0.8	15	0.8
Indus Super Speciality Hospital, Mohali	6	0.6	7	0.8	13	0.7
Indra Holiday Home, Sector-24, Chandigarh	0	0.0	11	1.2	11	0.6
Chandigarh Cancer Diagnostic Centre, Sector-33	2	0.2	9	1.0	11	0.6
Behgal Cancer and Surgical Centre, Mohali	5	0.5	2	0.2	7	0.4
Kidney and Uro Stone Centre, Chandigarh	6	0.6	0	0.0	6	0.3
Municipal Corporation, Sector-68, Mohali	2	0.2	2	0.2	4	0.2
Other	6	0.6	8	0.9	14	0.7
Grand Total	936	100	931	100	1867	100

Table 8: Cancer death information by the first source of cancer registration

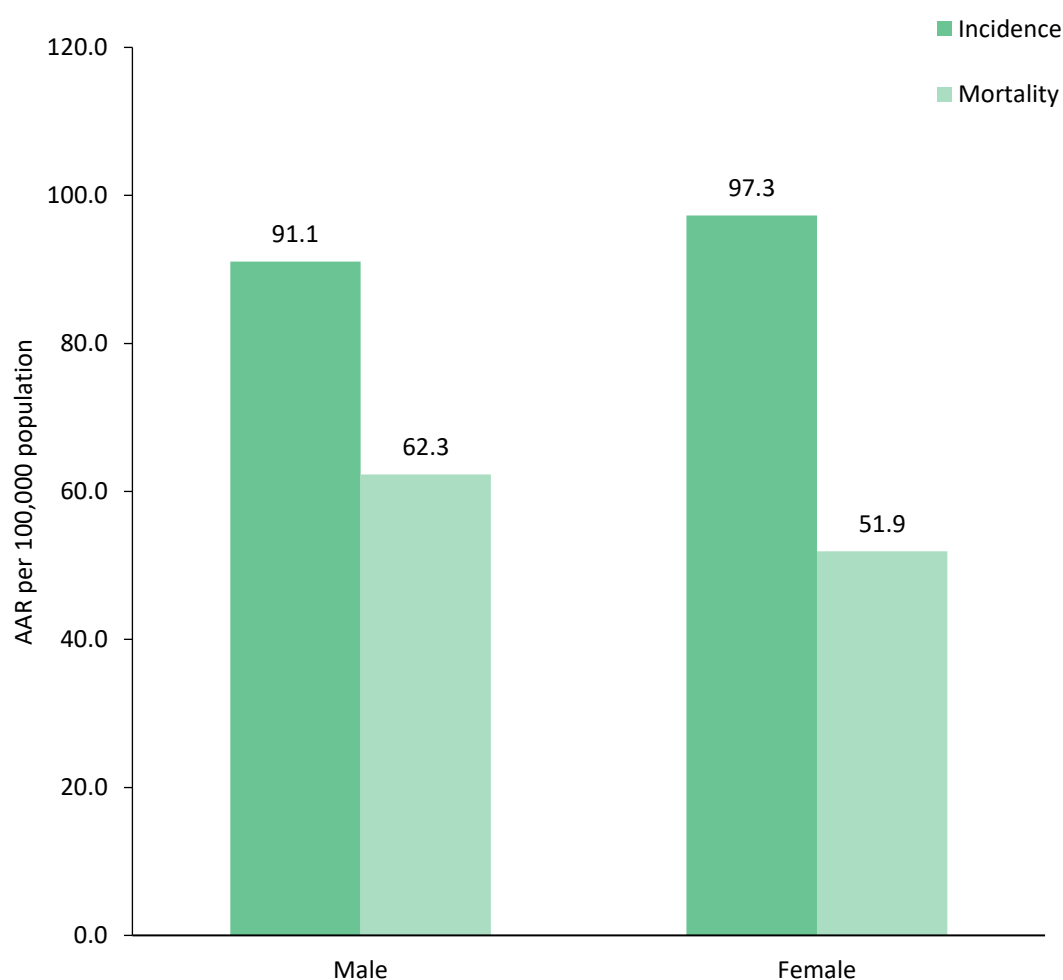
Source name	Male		Female		Total	
	Number	%	Number	%	Number	%
Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh	426	68.4	311	63.9	737	66.4
Government Medical College and Hospital, Chandigarh	63	10.1	53	10.9	116	10.5
Birth & Death Registrar office (MOH), Sector-17	62	10.0	39	8.0	101	9.1
Fortis Hospital, Mohali	22	3.5	19	3.9	41	3.7
Max Multi speciality Hospital, Mohali	12	1.9	10	2.1	22	2.0
Malhotra Medical Lab, Chandigarh	7	1.1	13	2.7	20	1.8
IVY Hospital, Mohali	7	1.1	10	2.1	17	1.5
Government Multi Specialty Hospital, Chandigarh	5	0.8	8	1.6	13	1.2
Fortis Lab, Phase-9, Mohali	4	0.6	4	0.8	8	0.7
Chandigarh Cancer Diagnostic Centre, Sector-33	2	0.3	5	1.0	7	0.6
Behgal Cancer and Surgical Centre, Mohali	3	0.5	2	0.4	5	0.5
Indus Super Speciality Hospital, Mohali	4	0.6	1	0.2	5	0.5
Municipal Corporation, Sector-68, Mohali	2	0.3	3	0.6	5	0.5
Shri Guru Harkishan Hospital, Sohana, Mohali	1	0.2	2	0.4	3	0.3
Indra Holiday Home, Sector-24, Chandigarh	0	0.0	2	0.4	2	0.2
Grecian Super Speciality Hospital, Mohali	1	0.2	0	0.0	1	0.1
Other	2	0.3	5	1.0	7	0.6
Grand Total	623	100	487	100	1110	100

8. Cancer incidence and mortality: All sites

In the year 2017-2018, the cancer registry registered 1,867 cancer cases. Out of which 936 (50.1%) cases were male and 931 (49.9%) were female. The age-adjusted incidence rate for males is 91.1 per 100,000 population and for females, it is 97.3 per 100,000 population.

Similarly, 1,110 cancer mortality cases were registered for the year 2017-2018. Among these, 623 (56.1%) were male cases and 487 (43.9%) were female cases. The age-adjusted mortality rate for males is 62.3 per 100,000 population and for females, it is 51.9 per 100,000 population. The age-adjusted cancer incidence and mortality rate for all sites for males and females are presented in Figure 6.

Figure 6: All sites cancer incidence and mortality rate by sex: 2017-2018



9. Leading cancer sites by gender

In males; lung, prostate, tongue, oesophagus, urinary bladder, mouth, NHL, liver, larynx, and colon are the leading cancer sites. The top ten leading cancer sites are presented in Figure 7. In females; breast, corpus uteri, gall bladder, cervix uteri, ovary, lung, NHL, kidney, myeloid leukaemia, and thyroid are the leading cancer sites. The top 10 leading cancer sites are presented in Figure 8.

Figure 7: Leading cancer sites in males: 2017-2018

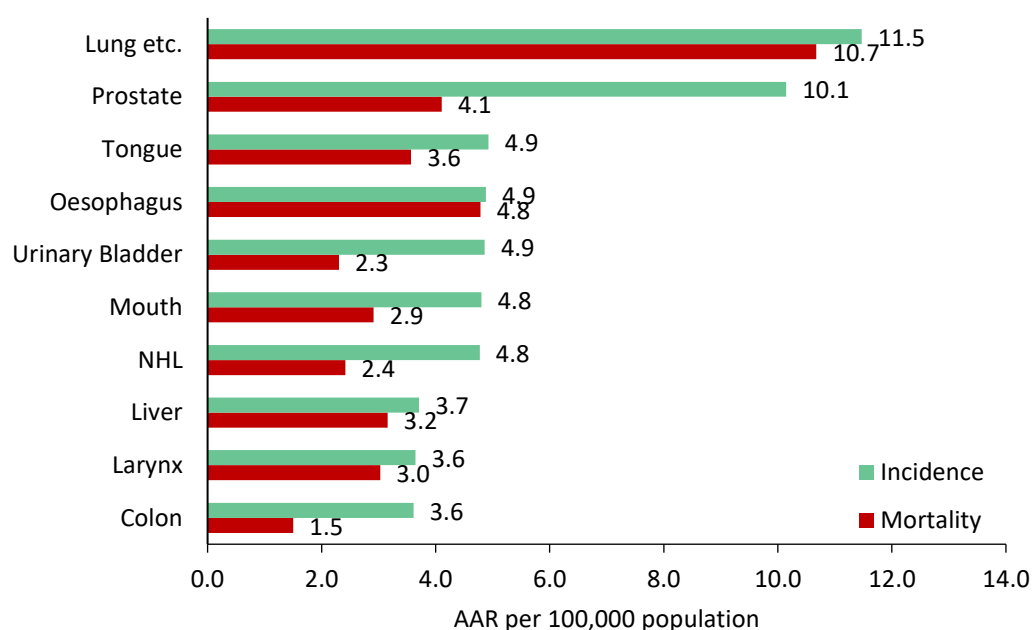
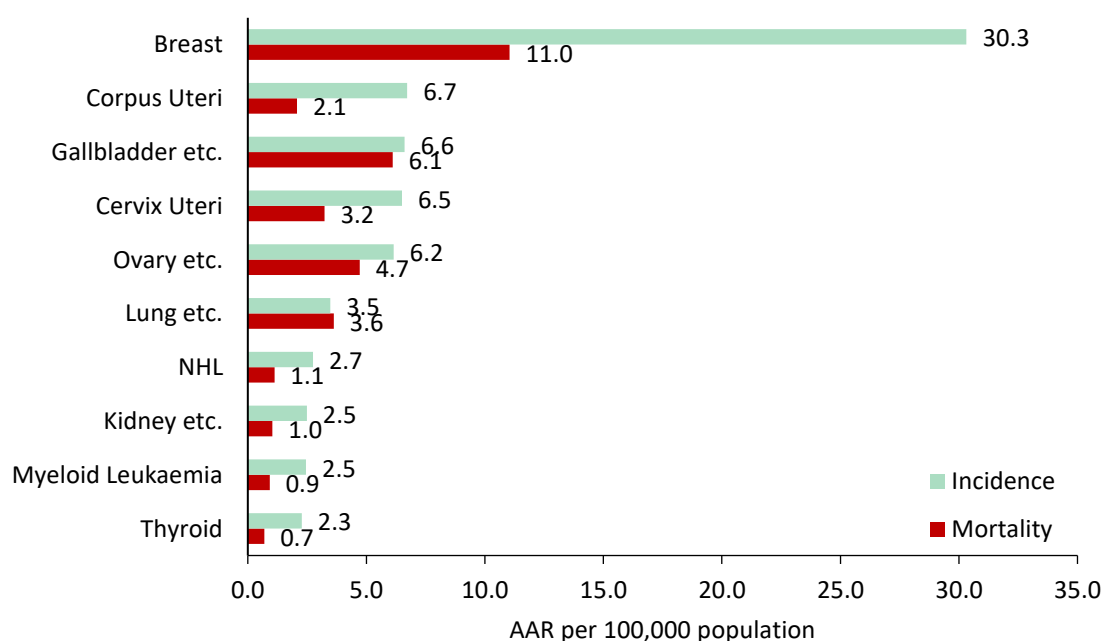


Figure 8: Leading cancer sites in females: 2017-2018



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 trachea, bronchus and lung (C33-C34)

	Male	Female
Number of cases	111	32
Percentage (%)	11.9	3.4
Crude incidence rate (CR)	8.4	2.9
Age adjusted rate (AAR)	11.5	3.5
Truncated rate (TR)	16.2	6.1

Figure 9: Age-specific incidence rate of lung cancer (Chandigarh): 2017-2018

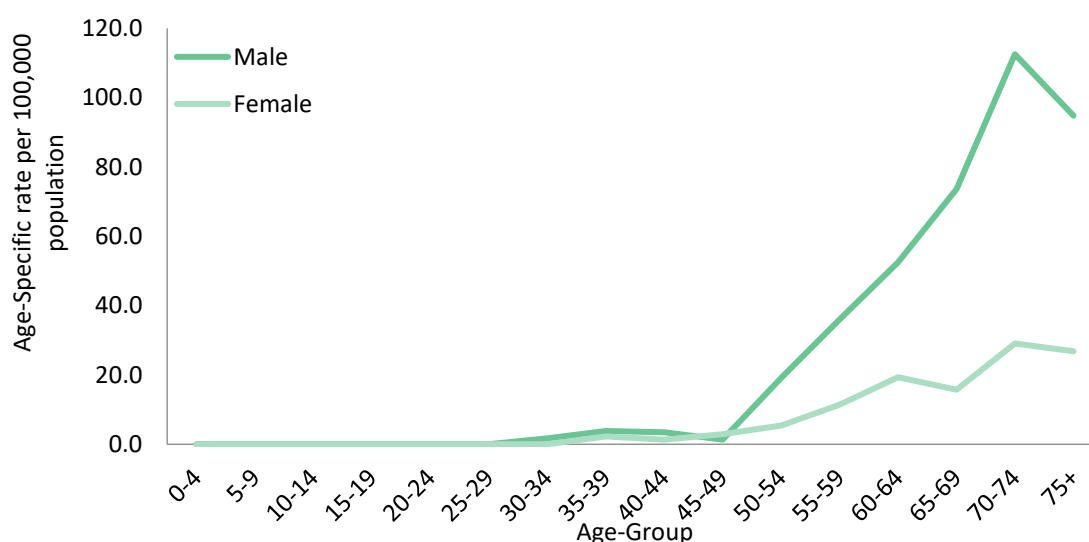
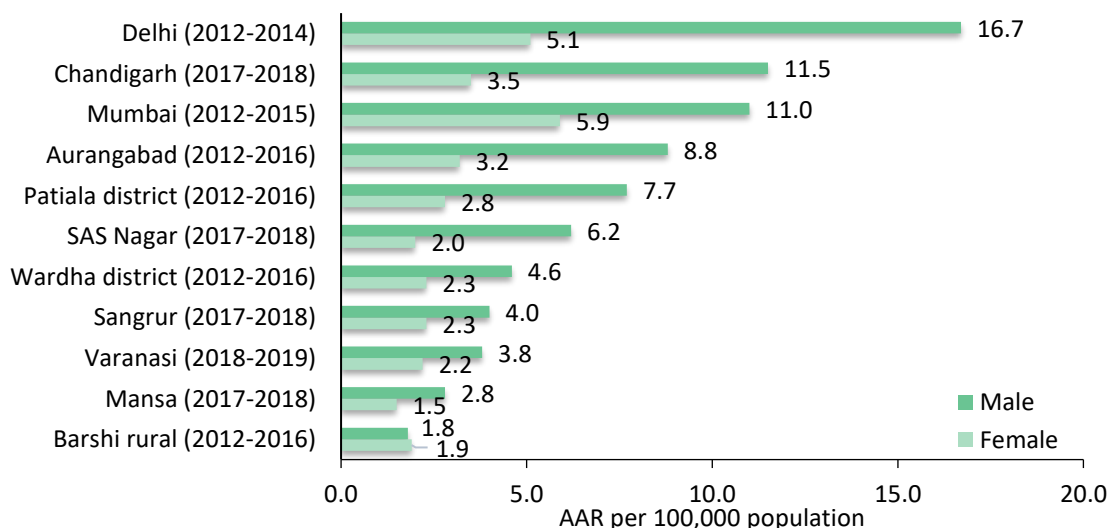


Figure 10: Comparison of lung cancer incidence rate with other Indian registries



Cancer of the prostate (C61)

Number of cases	90
Percentage (%)	9.6
Crude incidence rate (CR)	6.8
Age adjusted rate (AAR)	10.1
Truncated rate (TR)	7.4

Figure 11: Age-specific incidence rate of prostate cancer (Chandigarh): 2017-2018

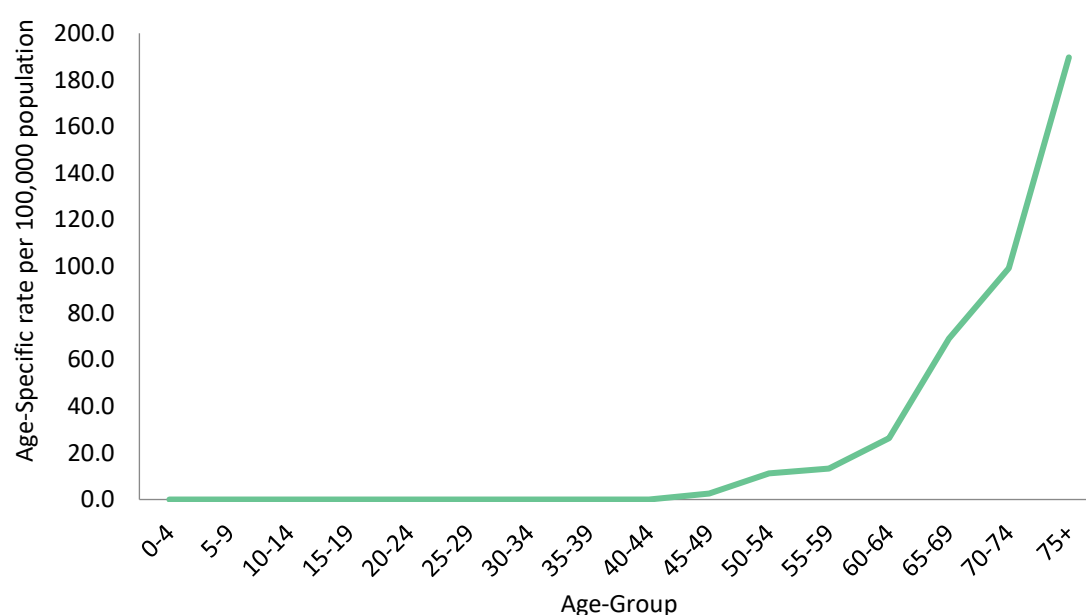
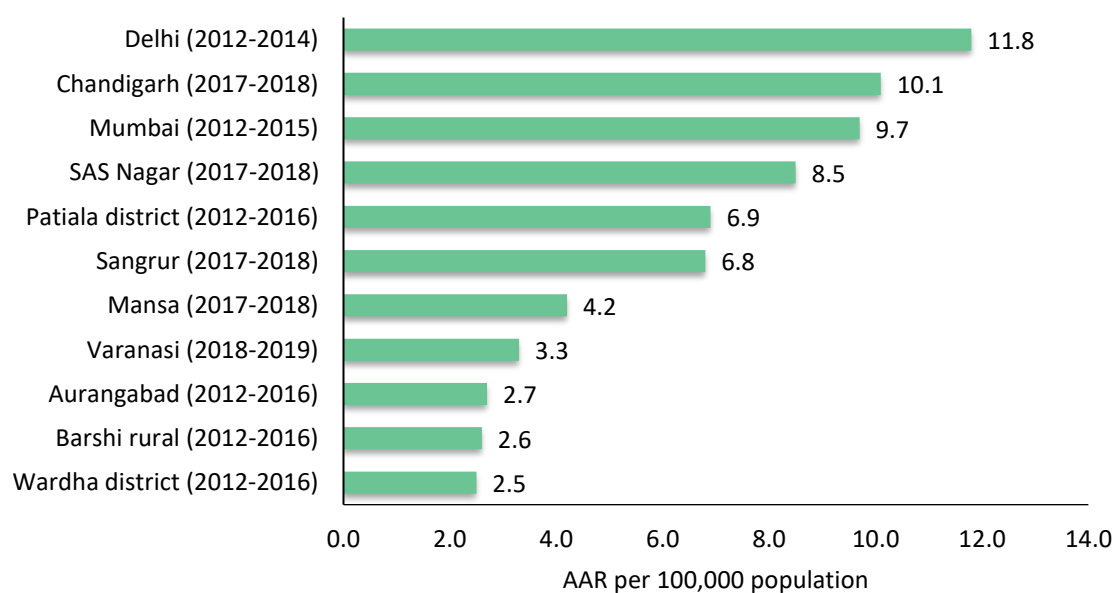


Figure 12: Comparison of prostate cancer incidence rate with other Indian registries



Cancer of the tongue (C01-C02)

	Male	Female
Number of cases	56	9
Percentage (%)	6.0	1.0
Crude incidence rate (CR)	4.2	0.8
Age adjusted rate (AAR)	4.9	1.0
Truncated rate (TR)	9.3	2.2

Figure 13: Age-specific incidence rate of tongue cancer (Chandigarh): 2017-2018

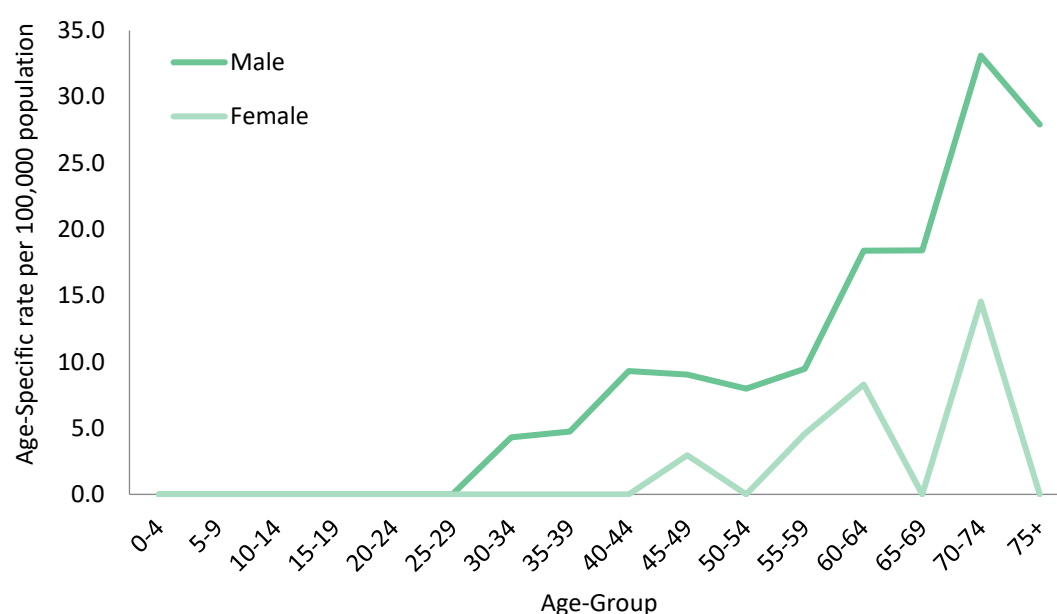
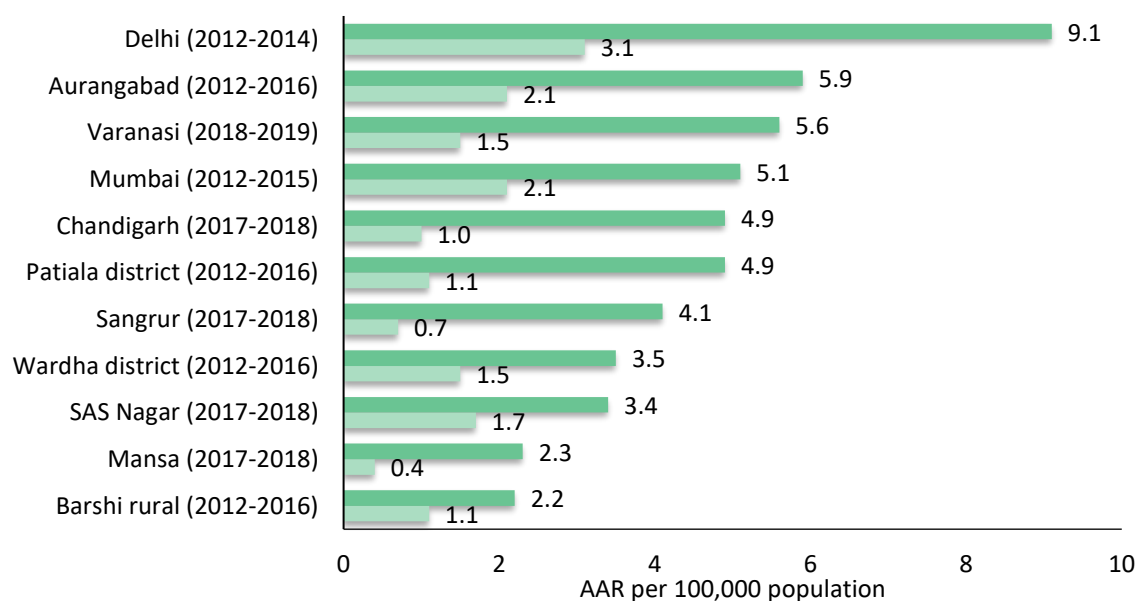


Figure 14: Comparison of tongue cancer incidence rate with other Indian registries



Cancer of the oesophagus (C15)

	Male	Female
Number of cases	49	16
Percentage (%)	5.2	1.7
Crude incidence rate (CR)	3.7	1.4
Age adjusted rate (AAR)	4.9	1.6
Truncated rate (TR)	9.4	2.9

Figure 15: Age-specific incidence rate of oesophagus cancer (Chandigarh): 2017-2018

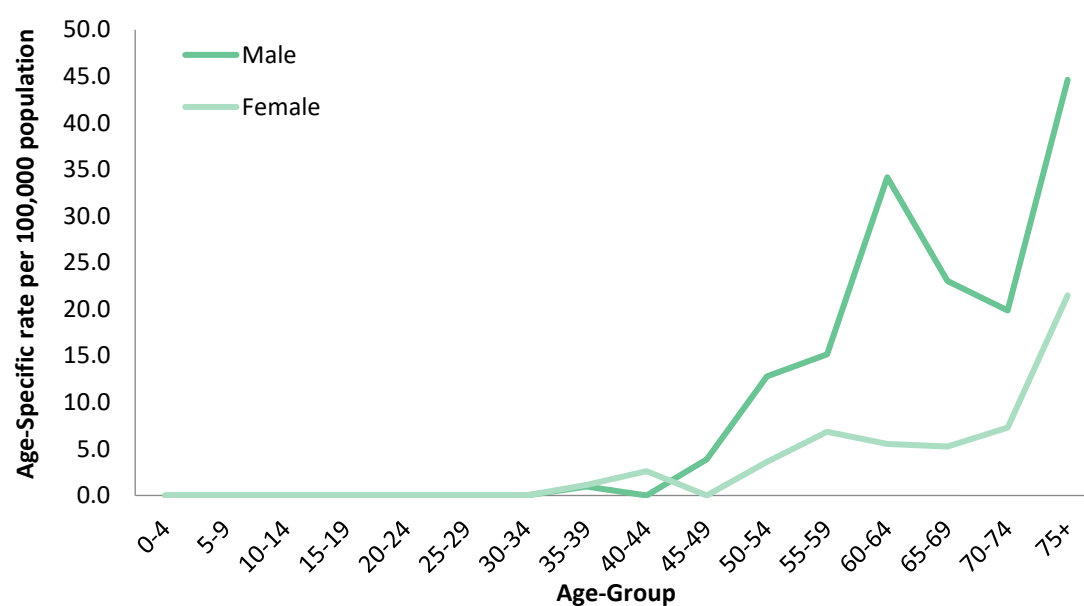
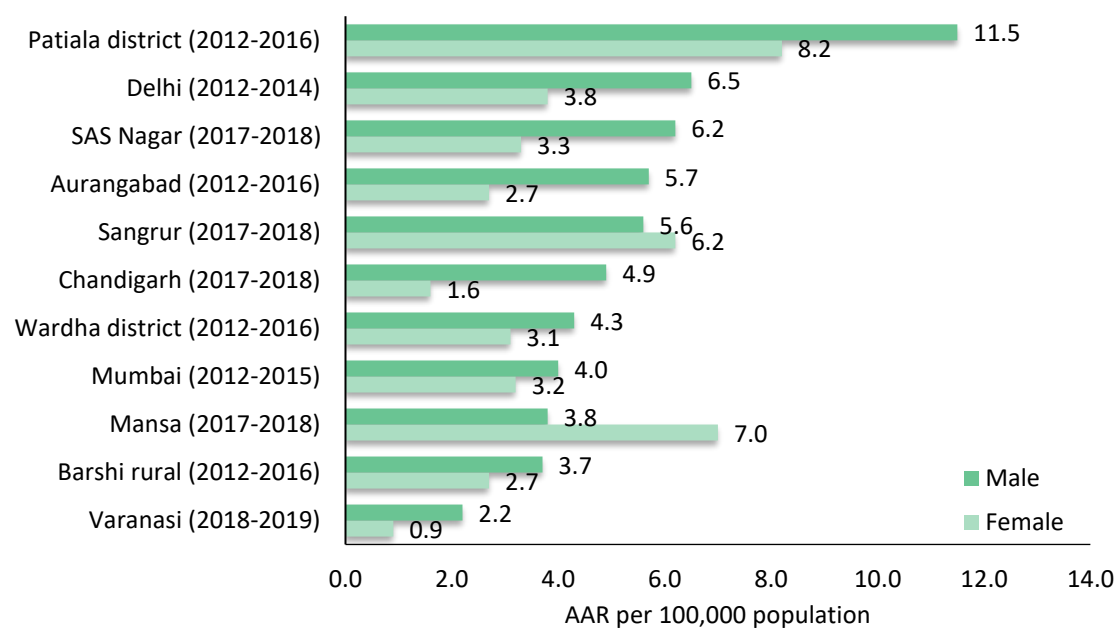


Figure 16: Comparison of oesophagus cancer incidence rate with other Indian registries



Cancer of the breast (C50)

	Female
Number of cases	293
Percentage (%)	31.5
Crude incidence rate (CR)	26.3
Age adjusted rate (AAR)	30.3
Truncated rate (TR)	56.5

Figure 17: Age-specific incidence rate of breast cancer (Chandigarh): 2017-2018

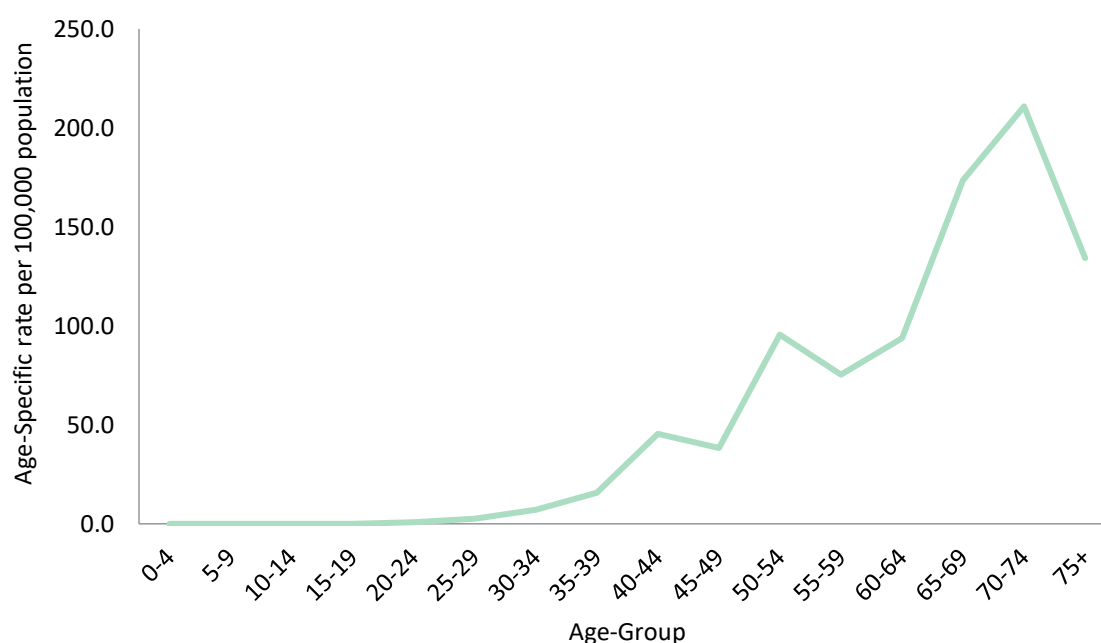
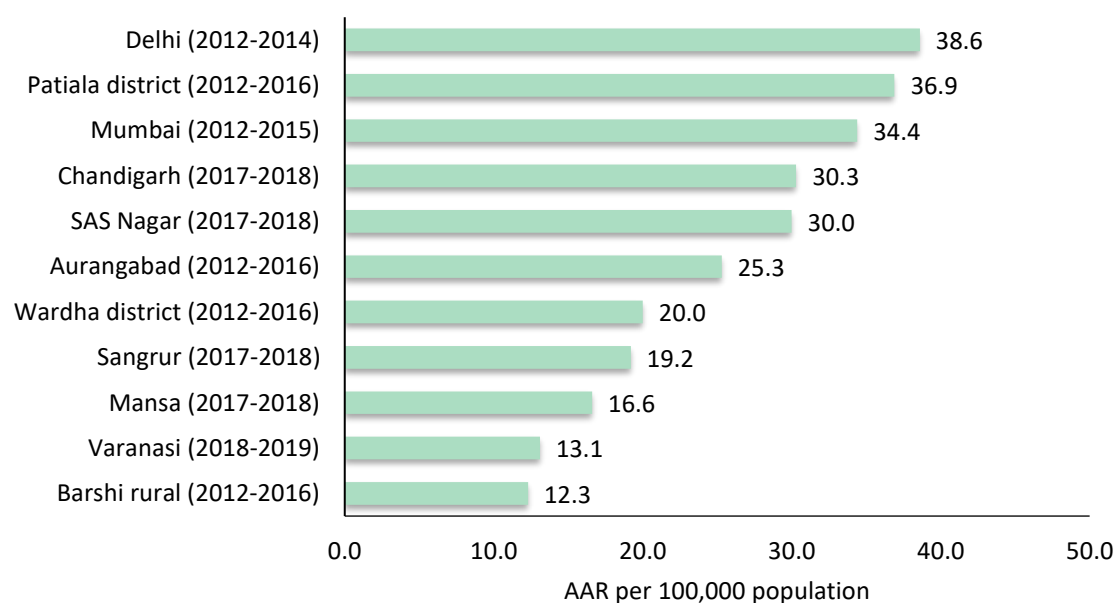


Figure 18: Comparison of breast cancer incidence rate with other Indian registries



Cancer of the corpus uteri (C54)

Number of cases	59
Percentage (%)	6.3
Crude incidence rate (CR)	5.3
Age adjusted rate (AAR)	6.7
Truncated rate (TR)	12.1

Figure 19: Age-specific incidence rate of corpus uteri cancer (Chandigarh): 2017-2018

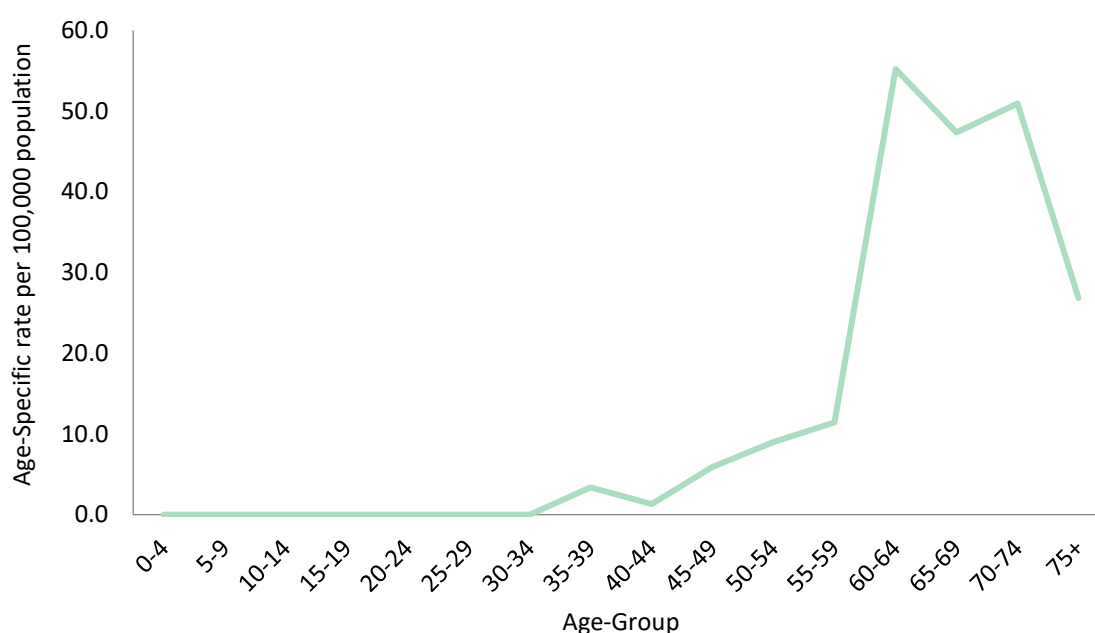
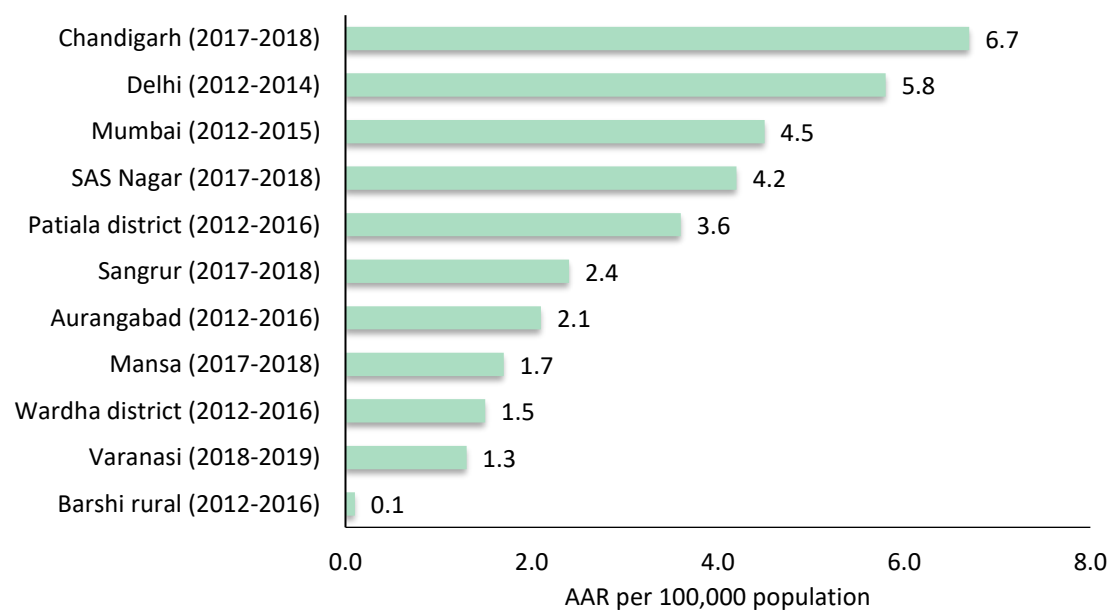


Figure 20: Comparison of corpus uteri cancer incidence rate with other Indian registries



Cancer of the gall bladder (C23-C24)

	Male	Female
Number of cases	27	65
Percentage (%)	2.9	7.0
Crude incidence rate (CR)	2.0	5.8
Age adjusted rate (AAR)	2.5	6.6
Truncated rate (TR)	5.0	13.1

Figure 21: Age-specific incidence rate of gall bladder cancer (Chandigarh): 2017-2018

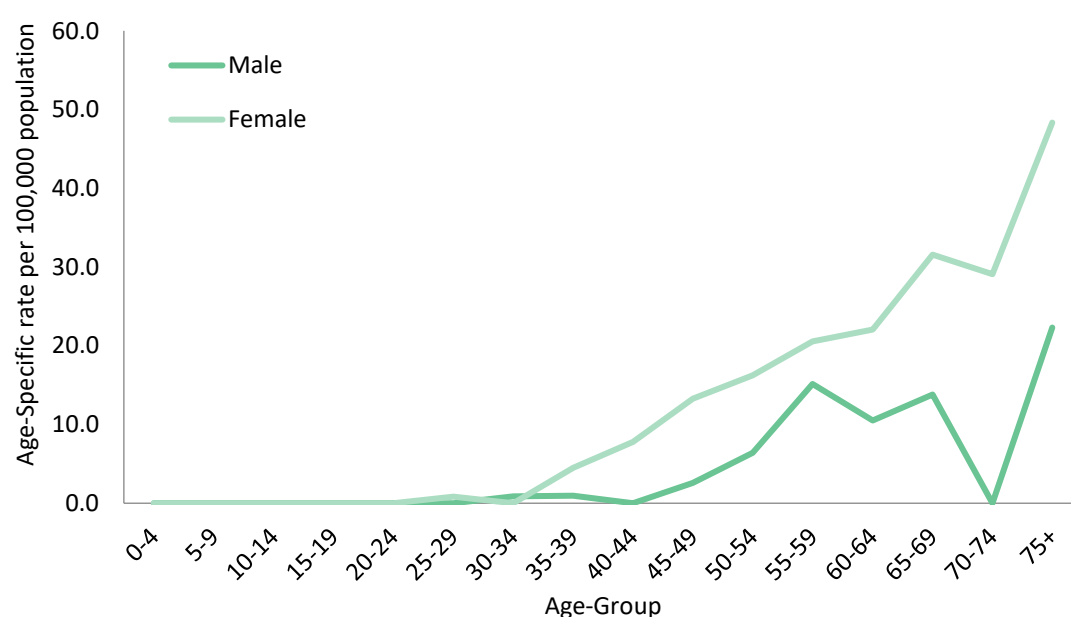
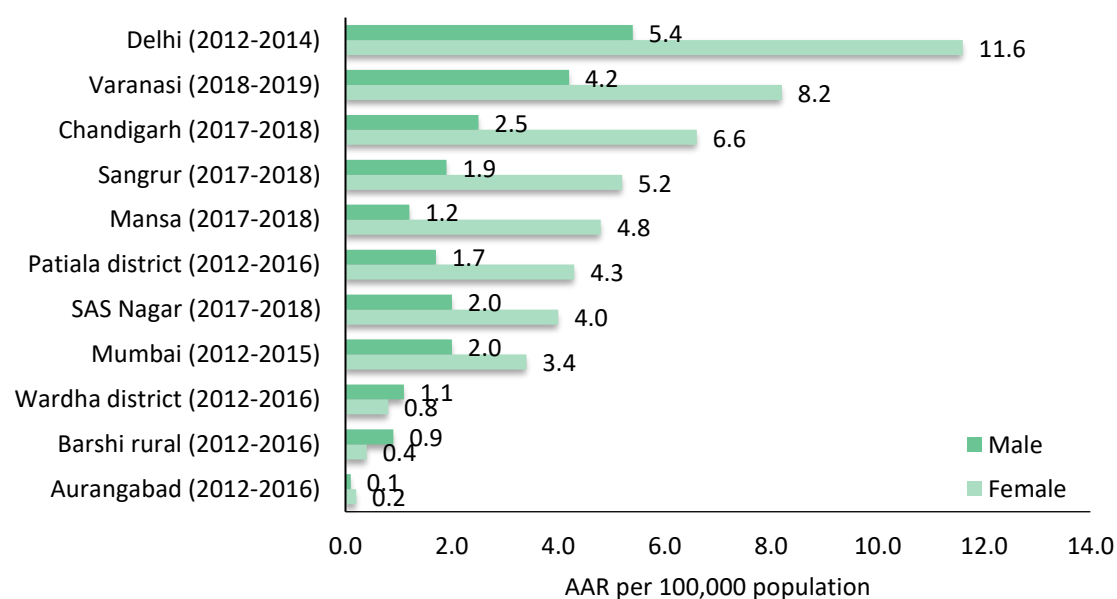


Figure 22: Comparison of gall bladder cancer incidence rate with other Indian registries



Cancer of the cervix uteri (C53)

Number of cases	61
Percentage (%)	6.6
Crude incidence rate (CR)	5.5
Age adjusted rate (AAR)	6.5
Truncated rate (TR)	12.3

Figure 23: Age-specific incidence rate of cervix uteri cancer (Chandigarh): 2017-2018

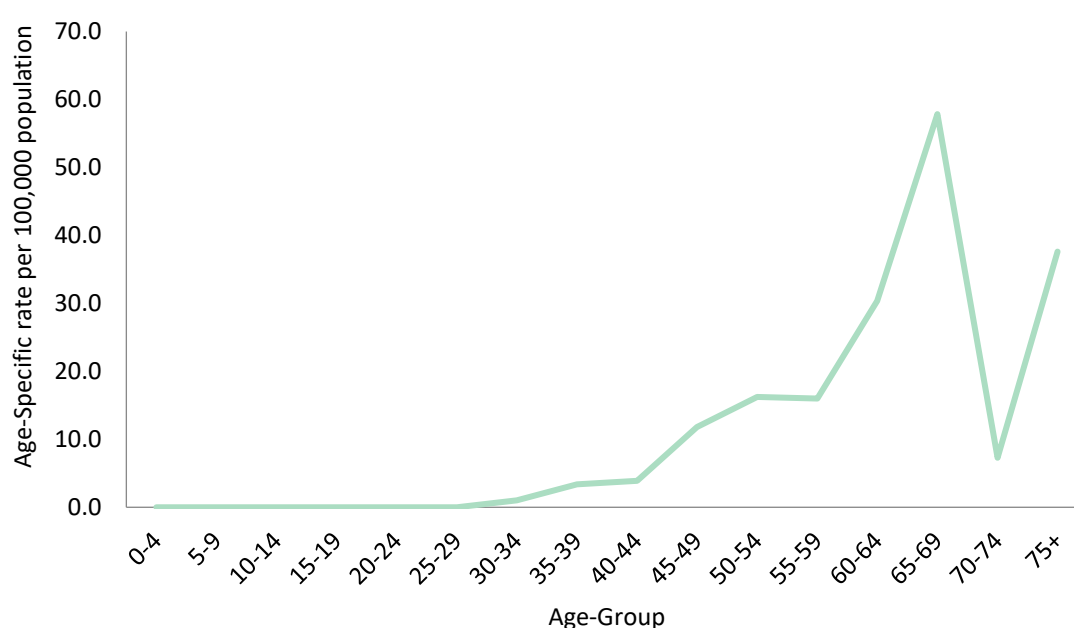
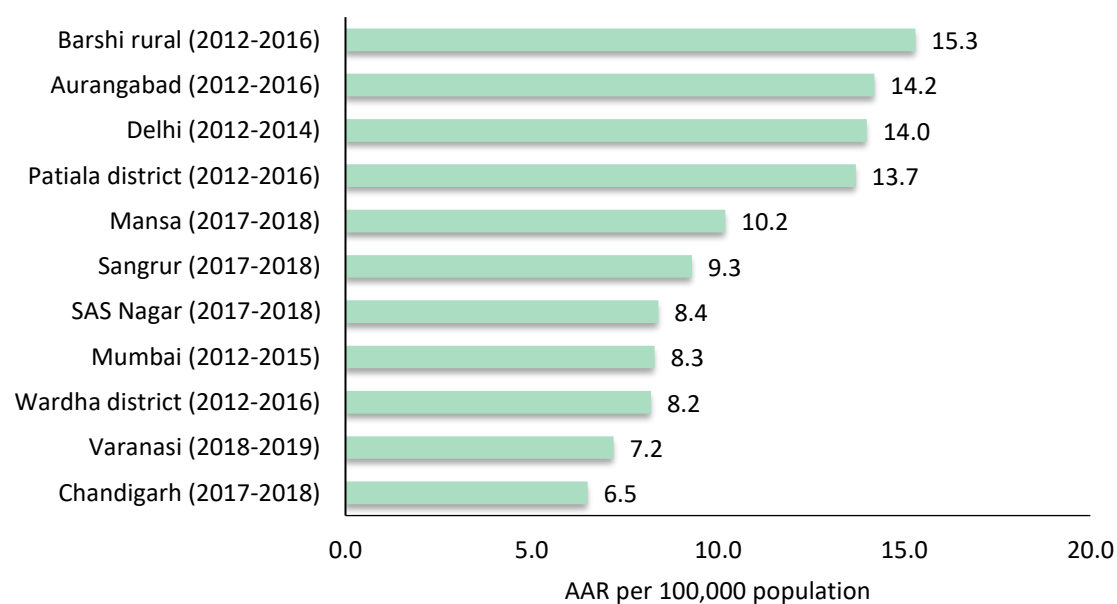


Figure 24: Comparison of cervix uteri cancer incidence rate with other Indian registries



Cancer of the ovary (C56)

Number of cases	60
Percentage (%)	6.4
Crude incidence rate (CR)	5.4
Age adjusted rate (AAR)	6.2
Truncated rate (TR)	10.6

Figure 25: Age-specific incidence rate of ovary cancer (Chandigarh): 2017-2018

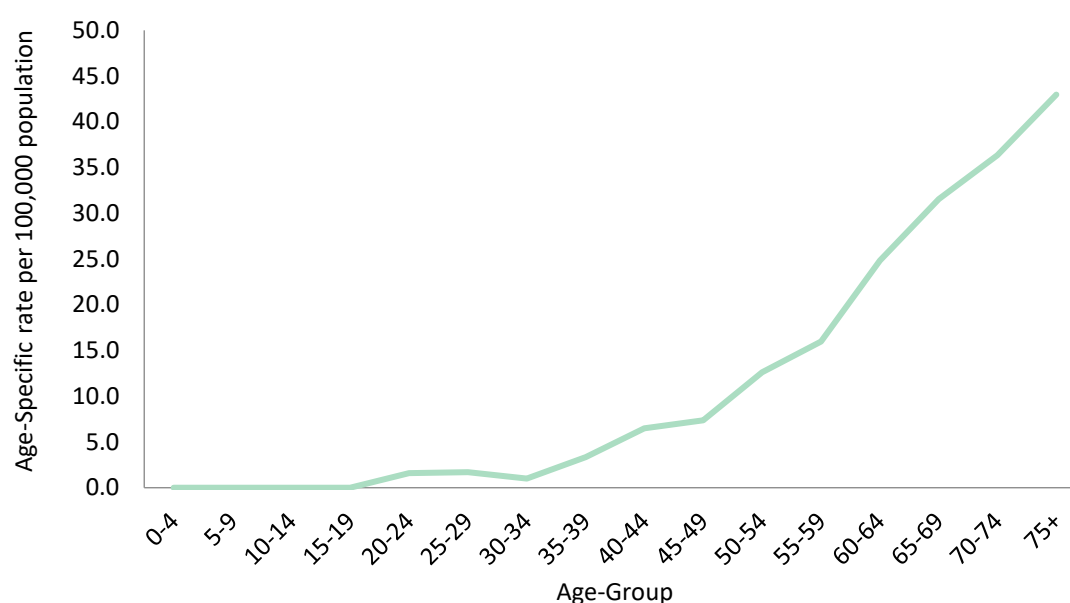


Figure 26: Comparison of ovary cancer incidence rate with other Indian registries

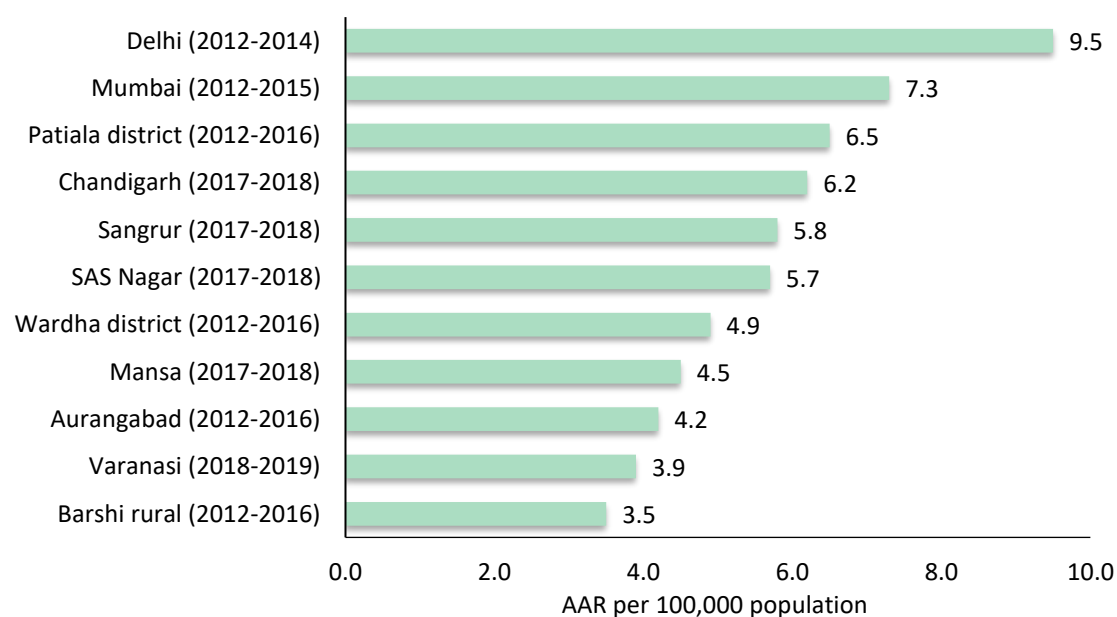


Figure 27: Age-specific incidence and mortality rate: Male all cancer sites (Chandigarh): 2017-2018

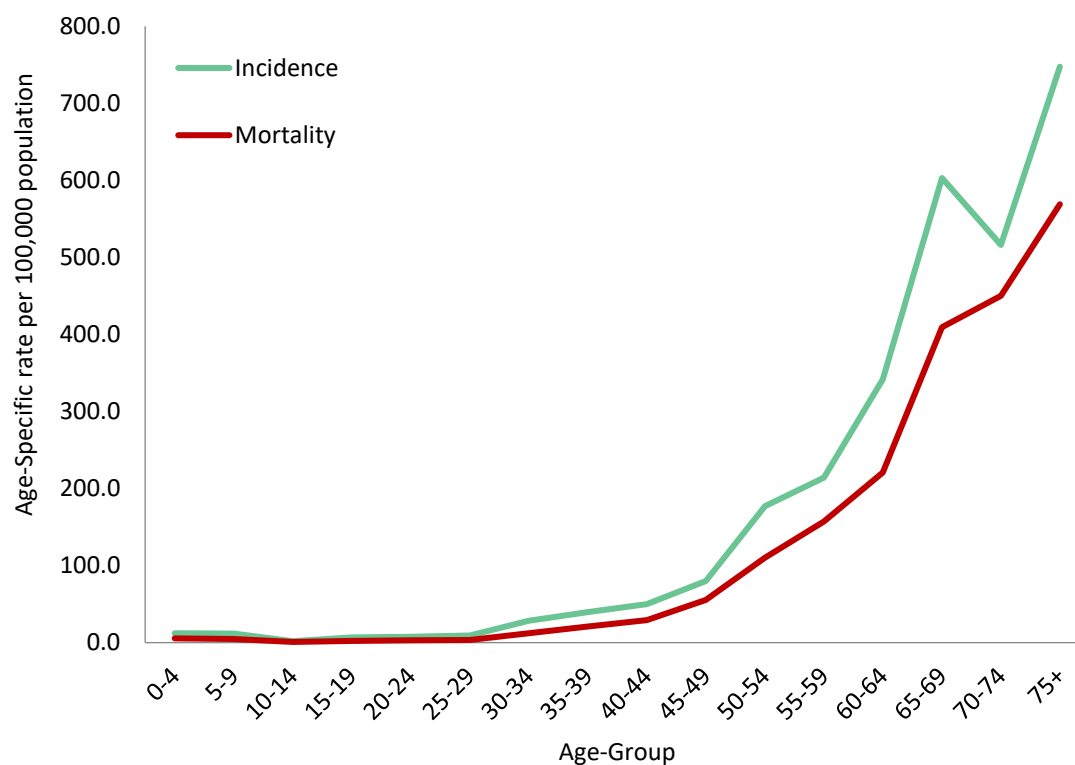
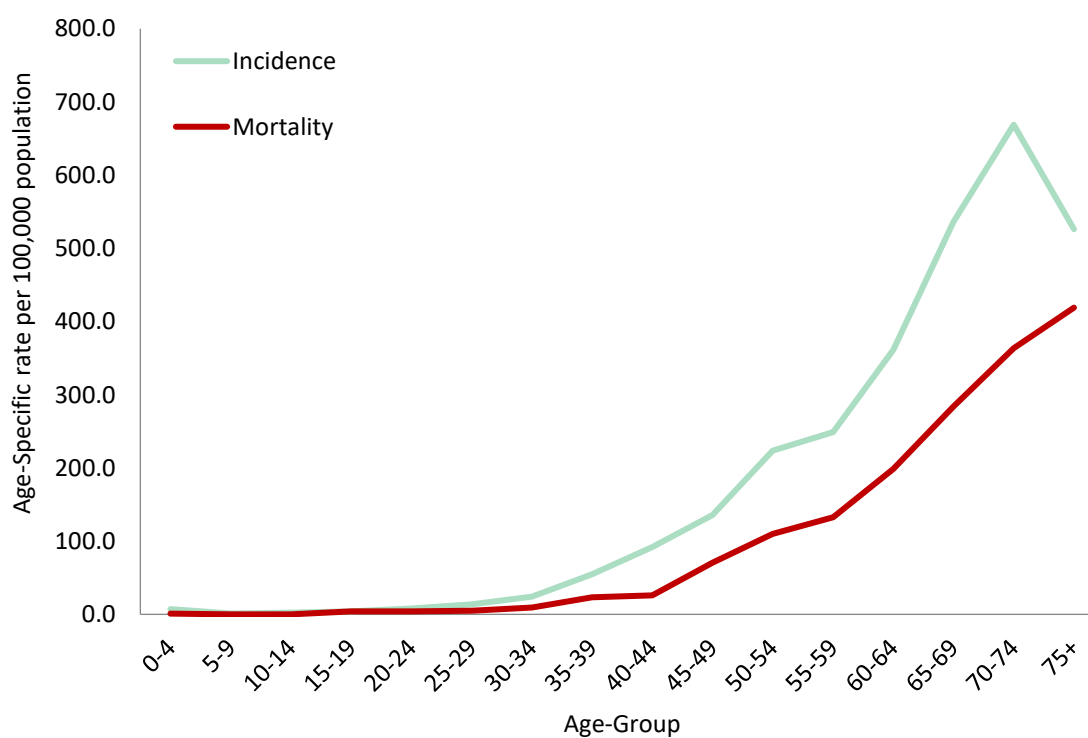


Figure 28: Age-specific incidence and mortality rate: Female all cancer sites(Chandigarh): 2017-2018



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
C75	Other Endocrine Glands and Related Structures	C80	Malignant Neoplasm Without Specification of Site
C76	Other and Ill-Defined, Secondary and Unspecified sites	C97	Malignant Neoplasm of Independent (Primary) Multiple sites

In males, out of 936 cases, 27 cases are of other and unspecified sites. The predominant cases are C80 – primary unknown (2.4%), followed by C48 – retro peritoneum and peritoneum (0.3%). In females, out of 931 cases, 18 cases are of other and unspecified sites. The predominant cases are C80 – primary unknown (1.5%), followed by C76 – other and ill-defined, secondary and unspecified sites (0.3%). The details are presented in table 9.

Due to improvement in the diagnostic and treatment facility, the percentage of the primary site unknown will be decreased.

Table 9: Other and unspecified cases by sex

ICD 10	Male		Female	
	Number	%	Number	%
C26	0	0	0	0.0
C48	3	0.3	1	0.1
C75	1	0.1	0	0.0
C76	1	0.1	3	0.3
C77	0	0.0	0	0.0
C78	0	0.0	0	0.0
C79	0	0.0	0	0.0
C80	22	2.4	14	1.5
Total	27/936	2.9/100.0	18/931	1.9/100

Cancer of the other and unspecified (C26, C39, C48, C75, C76, C77, C78, C79, C80, C97)

	Male	Female
Number of cases	27	18
Percentage (%)	2.9	1.9
Crude incidence rate (CR)	2.0	1.6
Age adjusted rate (AAR)	2.7	2.1
Truncated rate (TR)	5.1	1.7

Figure 29: Age-specific incidence rate of other and unspecified cancer (Chandigarh): 2017-2018

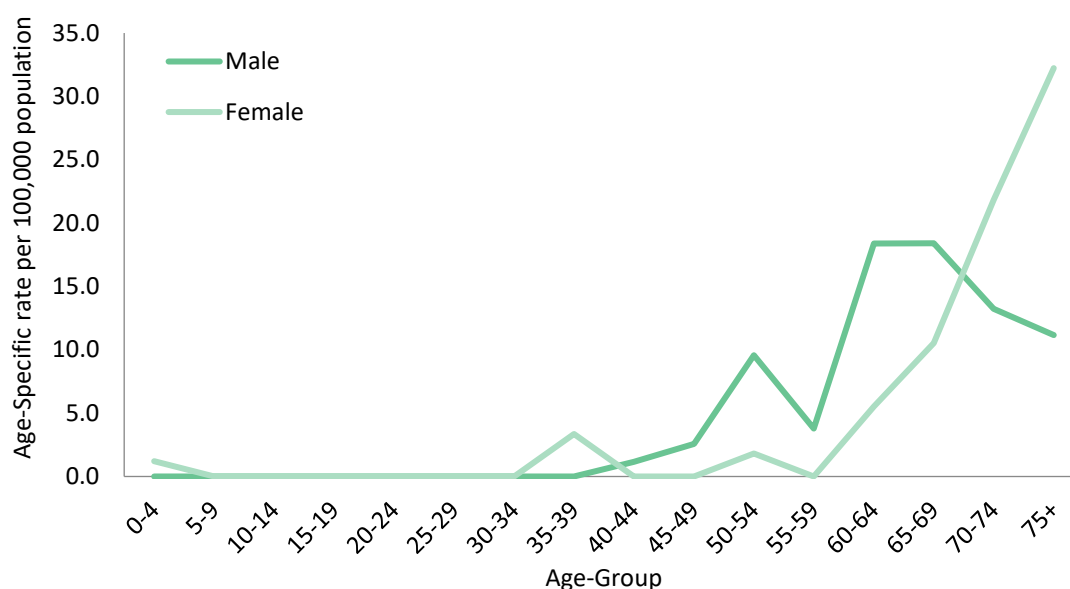
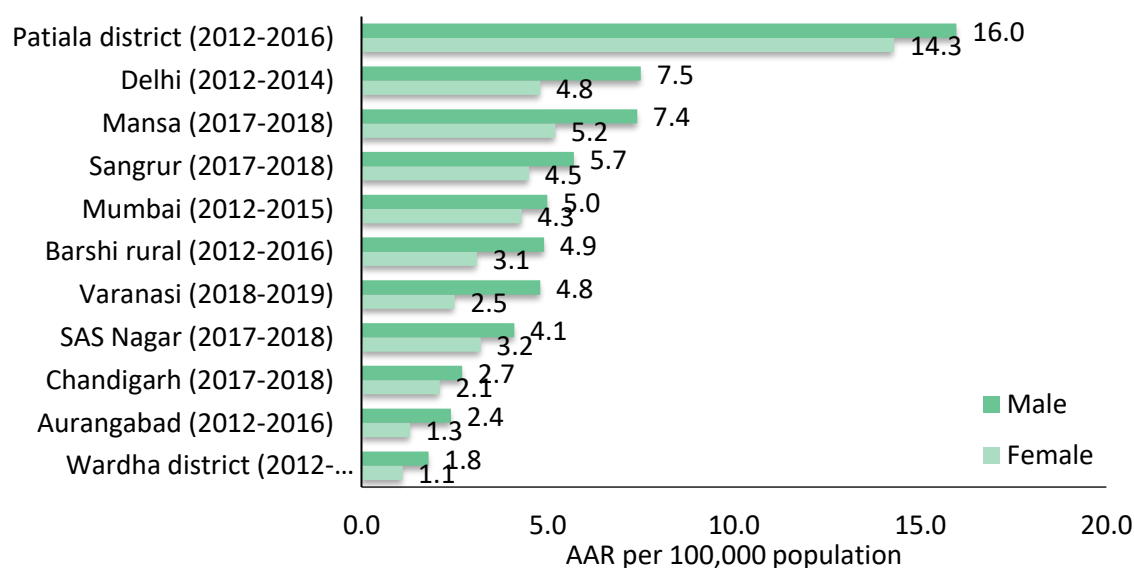


Figure 30: Comparison of other and unspecified cancer incidence rate with other Indian registries



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

In the year 2017-2018, out of 1867 registered cancer cases 34 (1.8%) paediatric cases (0-14 age group) were registered. The age-adjusted incidence for boys is 90.0 per million and 38.6 per million for girls.

The leading cancer sites in boys are lymphoid leukaemia, Non-Hodgkin lymphoma, myeloid leukaemia, eye, and Hodgkin's disease. While in girls, eye, lymphoid leukaemia, bone, other and unspecified, and myeloid leukaemia are the leading cancer sites. Leading cancer sites are mentioned below in Figure 31 and 32.

Figure 31: Leading cancer sites in boys: 2017-2018

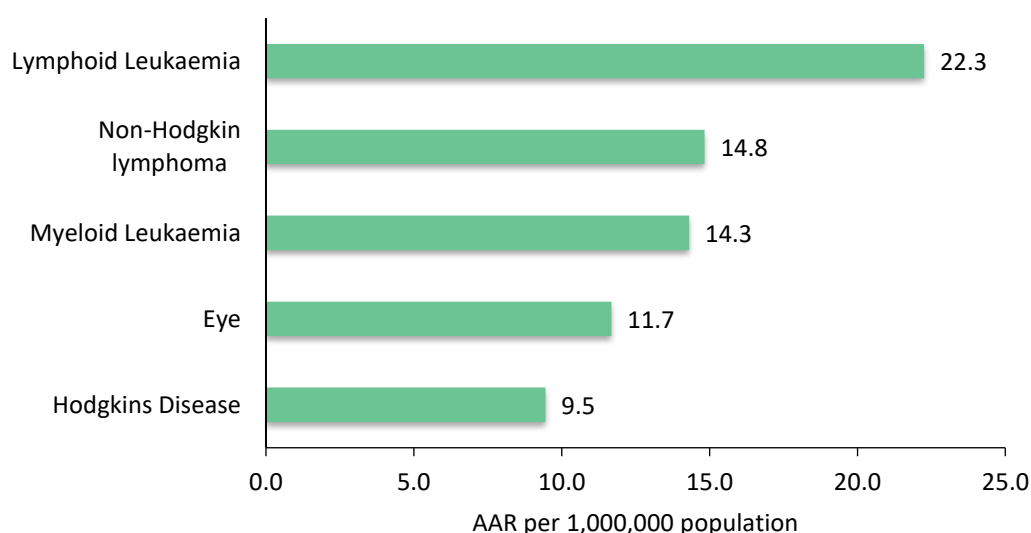
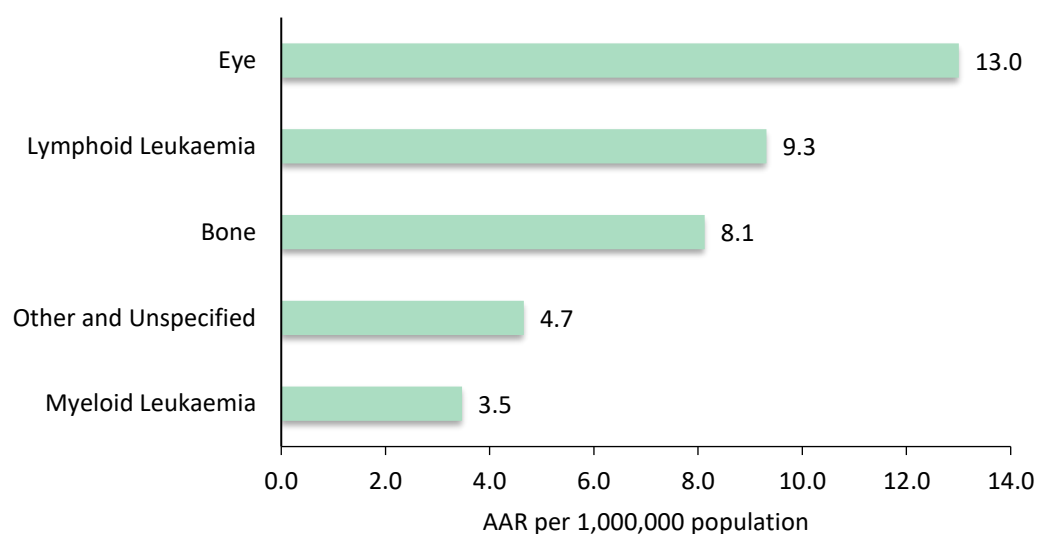


Figure 32: Leading cancer sites in girls: 2017-2018



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 having twelve main groups and further these are divided in to 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 10. **The paediatric cancer burden as per ICCC-3 standard is mentioned separately in Table 37 and 38.** ⁽¹¹⁾

Proportion of paediatric cancer cases as per 12 main diagnostic group as per ICCC-3 standard is presented in figure 33.

Figure 33: Proportion of paediatric cancer cases by age-group: Both sex (Chandigarh)

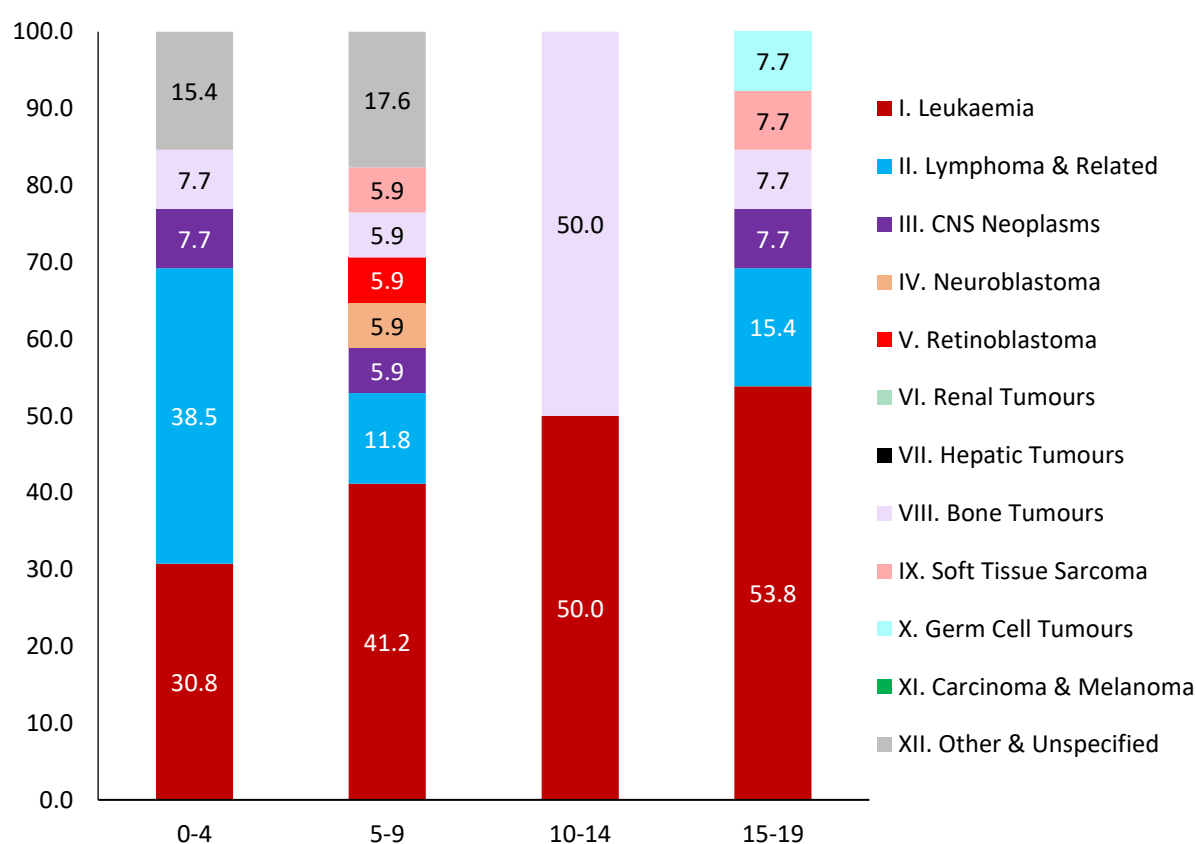


Table 10: Cancer cases distribution as per the International Classification of Childhood Cancer (ICCC) code: 2017-2018

ICCC code	Site	Boys			Girls		
		Number	%	AAR*	Number	%	AAR*
1a	Lymphoid leukaemia	6	24.0	22.3	2	22.2	9.3
1b	Acute myeloid leukaemia	4	16.0	14.3	1	11.1	3.5
2a	Hodgkin lymphomas	3	12.0	9.5	-	-	-
2b	Non-Hodgkin lymphomas (except Burkitt lymphoma)	2	8.0	7.4	-	-	-
2c	Burkitt lymphoma	1	4.0	3.2	-	-	-
2e	Unspecified lymphomas	1	4.0	4.3	-	-	-
3c	Intracranial and intraspinal embryonal tumors	2	8.0	7.4	-	-	-
4a	Neuroblastoma and ganglioneuroblastoma	-	-	-	1	11.1	4.7
5	Retinoblastoma	-	-	-	1	11.1	4.7
8a	Osteosarcomas	2	8.0	5.8	-	-	-
8c	Ewing tumor and related sarcomas of bone	-	-	-	1	11.1	3.5
8e	Unspecified malignant bone tumors	-	-	-	1	11.1	4.7
9a	Rhabdomyosarcomas	1	4.0	4.3	-	-	-
12b	Other unspecified malignant tumors	3	12.0	11.7	2	22.2	8.3
Total		25	100.0	90.0	9	100	38.6

* AAR per 1,000,000 population

11. Tobacco-related cancer

Tobacco use has a detrimental impact on health and is one of the major causes of non-communicable diseases. The anatomical sites are included to calculate the tobacco-related cancer burden based on the guidelines of the International Agency for Research on Cancer (IARC), WHO, Lyon, France.¹² 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 to tobacco.

As per the Chandigarh registry data the tobacco-related cancer burden is 40.8% in males while it is 8.7% in females. The leading site under tobacco-related cancer are the lung, tongue, oesophagus, urinary bladder, and mouth in males; and in females, the lung, oesophagus, urinary bladder, tongue, and mouth.

In the male out of 382; 137 (35.9%) government employee, 74 (19.4%) semi-skilled worker and 44 (11.5%) are private employees. In the female out of 81; 72 (88.9%) are housewife. If we consider the educational level in this population around 50% males are having primary to secondary education while female 42.0%.

Table 11: Tobacco-related cancer in males: 2017-2018

ICD 10	Site	Number	%	CR	AAR	TR
C00	Lip	2	0.2	0.2	0.2	0.2
C01-C02	Tongue	56	6.0	4.2	4.9	9.3
C03-C06	Mouth	56	6.0	4.2	4.8	12.5
C10	Other Oropharynx	9	1.0	0.7	0.8	1.5
C12-C13	Hypopharynx	12	1.3	0.9	1.4	1.4
C14	Pharynx Unspecified	3	0.3	0.2	0.3	0.2
C15	Oesophagus	49	5.2	3.7	4.9	9.4
C32	Larynx	33	3.5	2.5	3.6	4.9
C33-C34	Lung etc.	111	11.9	8.4	11.5	16.2
C67	Urinary Bladder	51	5.4	3.8	4.9	8.3
C00-C06, C10, C12-C15, C32-C34 & C67	Tobacco-related cancer	382	40.8	28.7	37.3	64.0

Table 12: Tobacco-related cancer in females: 2017-2018

ICD 10	Site	Number	%	CR	AAR	TR
C00	Lip	0	0.0	0.0	0.0	0.0
C01-C02	Tongue	9	1.0	0.8	1.0	2.2
C03-C06	Mouth	6	0.6	0.5	0.8	0.6
C10	Other Oropharynx	0	0.0	0.0	0.0	0.0
C12-C13	Hypopharynx	3	0.3	0.3	0.3	0.6
C14	Pharynx Unspecified	2	0.2	0.2	0.3	0.4
C15	Oesophagus	16	1.7	1.4	1.6	2.9
C32	Larynx	2	0.2	0.2	0.2	0.3
C33-C34	Lung etc.	32	3.4	2.9	3.5	6.1
C67	Urinary Bladder	11	1.2	1.0	1.2	2.4
C00-C06, C10, C12-C15, C32-C34 & C67	Tobacco-related cancer	81	8.7	7.3	8.9	15.4

Table 13: Occupation in tobacco-related cancer cases

Occupation	Male		Female		Total	
	Number	%	Number	%	Number	%
Professional	18	4.7	0	0.0	18	3.9
Semi-Professional	9	2.4	0	0.0	9	1.9
Clerical/Shop owner	17	4.5	0	0.0	17	3.7
Farmer	13	3.4	0	0.0	13	2.8
Skilled Worker	13	3.4	0	0.0	13	2.8
Semi-Skilled Worker	74	19.4	0	0.0	74	16.0
Unskilled Worker	28	7.3	0	0.0	28	6.0
Unemployed	11	2.9	0	0.0	11	2.4
Housewife	0	0.0	72	88.9	72	15.6
Government Employee	137	35.9	9	11.1	146	31.5
Private Employee	44	11.5	0	0.0	44	9.5
Other	18	4.7	0	0.0	18	3.9
Total	382	100.0	81	100.0	463	100.0

Table 14: Educational characteristics in tobacco-related cancer cases

Education	Male		Female		Total	
	Number	%	Number	%	Number	%
Illiterate	58	15.2	34	42.0	92	19.9
Literate	9	2.4	0	0.0	9	1.9
Primary (1-7 std)	52	13.6	17	21.0	69	14.9
Secondary (8-10 std)	131	34.3	10	12.3	141	30.5
Technical after 10 th	31	8.1	2	2.5	33	7.1
College	52	13.6	13	16.0	65	14.0
Post-graduate	25	6.5	2	2.5	27	5.8
Other	14	3.7	1	1.2	15	3.2
Unknown/ No information	10	2.6	2	2.5	12	2.6
Total	382	100.0	81	100.0	463	100.0

Table 15: Religion in tobacco-related cancer cases

Religion	Male		Female		Total	
	Number	%	Number	%	Number	%
Hindu	310	81.2	66	81.5	376	81.2
Muslim	22	5.8	1	1.2	23	5.0
Christian	0	0.0	1	1.2	1	0.2
Sikh	49	12.8	13	16.0	62	13.4
Other	1	0.3	0	0.0	1	0.2
Total	382	100.0	81	100.0	463	100.0

12. Cancer burden as per anatomical system

In males, the majority of cancer cases involved the site digestive organ (23.2%) followed by Head and Neck Cancer (20.5%), respiratory and intrathoracic organ (15.9%), and lymphoid and haematopoietic tissue (15.1%) with AAR 21.5, 18.0, 15.6 and 12.9 per 100,000 population respectively. In the digestive organs, liver and esophagus are predominant cancer while in Head and Neck cancer, the predominant cancer are of tongue and mouth. Among respiratory and intrathoracic organ, lung is the predominant cancer. The prostate cancer is the predominant cancer in the male genital organ.

In females, the majority of cancer cases involved the sites from the female breast (31.5%) followed by genital organ (21.2%), digestive organ (16.0%) and lymphoid and haematopoietic tissue (10.3%) with AAR 30.3, 21.1, 15.9, and 9.6 per 100,000 population respectively. In female breast, genital organ, corpus uteri and cervix uteri are the predominant cancer while in digestive organ, gall bladder and colon are the predominant cancer. Among Lymphoid and Haematopoietic tissue NHL and myeloid leukaemia are the predominant cancer. The details are presented in Figure 34, Table 16 and 17.

Figure 34: Cancer rates by different anatomical sites in Chandigarh: 2017-2018

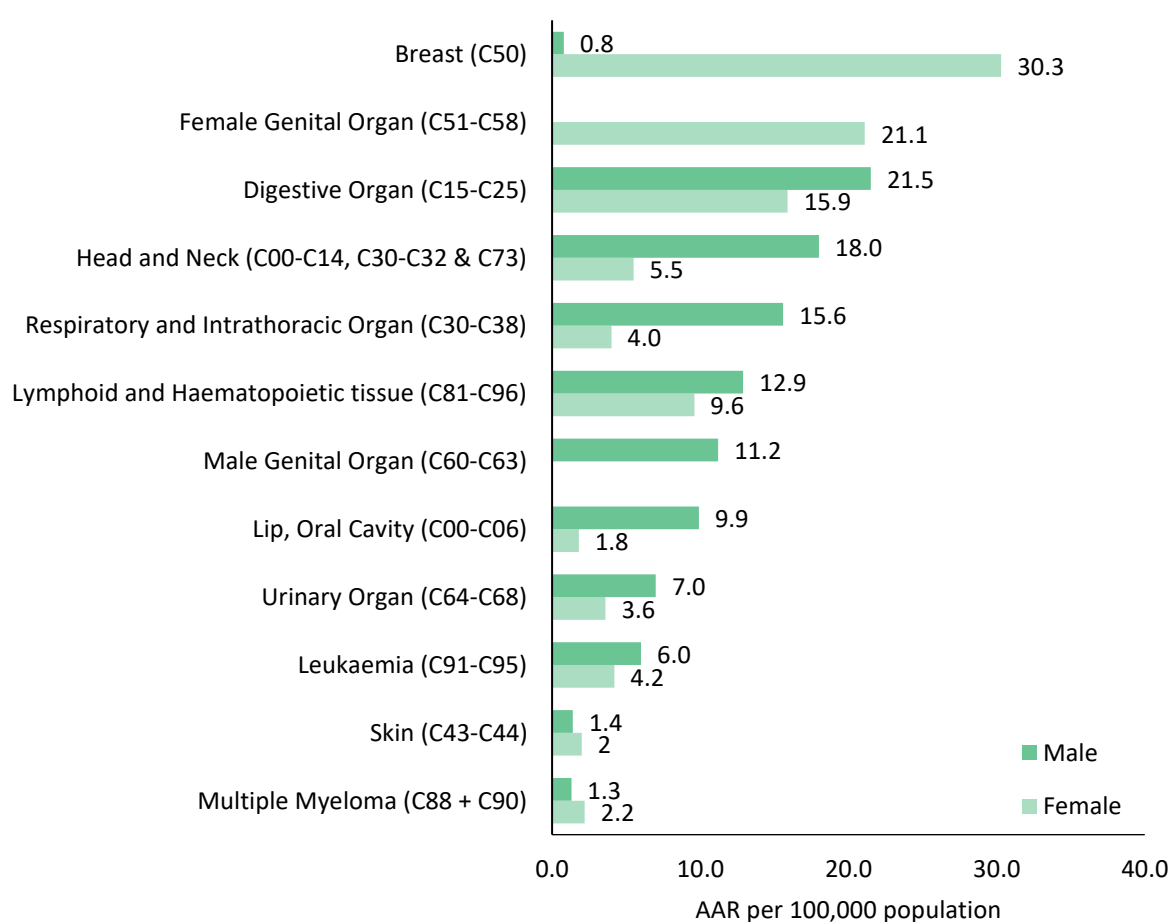


Table 16: Cancer burden as per the various anatomical system in males: 2017-2018

ICD10	Site	Number	%	CR	AAR	TR
C15-C25	Digestive Organ	217	23.2	16.3	21.5	33.9
C00-C14, C30-C32 & C73	Head and Neck	192	20.5	14.4	18.0	33.8
C30-C38	Respiratory and Intrathoracic Organ	149	15.9	11.2	15.6	21.6
C81-C96	Lymphoid and Haematopoietic tissue	141	15.1	10.6	12.9	13.8
C60-C63	Male Genital Organ	105	11.2	7.9	11.2	9.7
C00-C06	Lip, Oral Cavity	114	12.2	8.6	9.9	22.1
C64-C68	Urinary Organ	75	8.0	5.6	7.0	12.0
C91-C95	Leukaemia	69	7.4	5.2	6.0	5.9
C43-C44	Skin	15	1.6	1.1	1.4	1.9
C88 + C90	Multiple Myeloma	12	1.3	0.9	1.3	1.7
C50	Breast	7	0.7	0.5	0.8	1.1

Table 17: Cancer burden as per the various anatomical system in females: 2017-2018

ICD10	Site	Number	%	CR	AAR	TR
C50	Breast	293	31.5	26.3	30.3	56.5
C51-C58	Female Genital Organ	197	21.2	17.7	21.1	38.6
C15-C25	Digestive Organ	149	16.0	13.4	15.9	26.8
C81-C96	Lymphoid and Haematopoietic tissue	96	10.3	8.6	9.6	16.2
C00-C14, C30-C32 & C73	Head and Neck	54	5.8	4.8	5.5	9.3
C91-C95	Leukaemia	43	4.6	3.9	4.2	6.2
C30-C38	Respiratory and Intrathoracic Organ	36	3.9	3.2	4.0	6.4
C64-C68	Urinary Organ	34	3.7	3.1	3.6	6.6
C88 + C90	Multiple Myeloma	19	2.0	1.7	2.2	3.4
C43-C44	Skin	20	2.1	1.8	2.0	2.4
C00-C06	Lip, Oral Cavity	15	1.6	1.3	1.8	2.8

13. Socio-demographic information

The Chandigarh cancer registry staff interacted with cancer patients or their relatives and gathered socio-demographic information. Based on the information collected, in the Chandigarh, cancer cases were highest among Hindu community (78.0%). Moreover, cancer cases were more among primary and secondary educated population (around 40%) in male. Among female the illiterate population is more (24.0%). Furthermore, in terms of occupation, cancer cases were more commonly found among housewives in females and government employees in males with 76.3% and 34.7% respectively. The number of cancer cases was more among the population with an income of more than Rs. 30,000/- per month.

Table 18: Cancer cases by education and sex

Education	Male		Female		Total	
	Number	%	Number	%	Number	%
Illiterate	96	10.3	223	24.0	319	17.1
Literate	21	2.2	20	2.1	41	2.2
Primary (1-7 std)	111	11.9	115	12.4	226	12.1
Secondary (8-10 std)	268	28.6	175	18.8	443	23.7
Technical after 10 th	79	8.4	66	7.1	145	7.8
College	204	21.8	184	19.8	388	20.8
Post graduate	86	9.2	110	11.8	196	10.5
Other	38	4.1	28	3.0	66	3.5
Not applicable for children	14	1.5	6	0.6	20	1.1
Unknown/ No information	19	2.0	4	0.4	23	1.2
Total	936	100	931	100	1867	100

Table 19: Cancer cases by religion and sex

Religion	Male		Female		Total	
	Number	%	Number	%	Number	%
Hindu	742	79.3	715	76.8	1457	78.0
Muslim	34	3.6	18	1.9	52	2.8
Christian	0	0.0	6	0.6	6	0.3
Sikh	159	17.0	192	20.6	351	18.8
Other	1	0.1	0	0.0	1	0.1
Total	936	100	931	100	1867	100

Table 20: Cancer cases by income and sex

Income	Male		Female		Total	
	Number	%	Number	%	Number	%
>=30375	365	39.0	299	32.1	664	35.6
15188-30374	246	26.3	313	33.6	559	29.9
11362-15187	215	23.0	228	24.5	443	23.7
7594-11361	59	6.3	48	5.2	107	5.7
4556-7593	25	2.7	26	2.8	51	2.7
1521-4555	17	1.8	15	1.6	32	1.7
<=1520	2	0.2	0	0.0	2	0.1
Unknown/No information	7	0.7	2	0.2	9	0.5
Total	936	100	931	100	1867	100

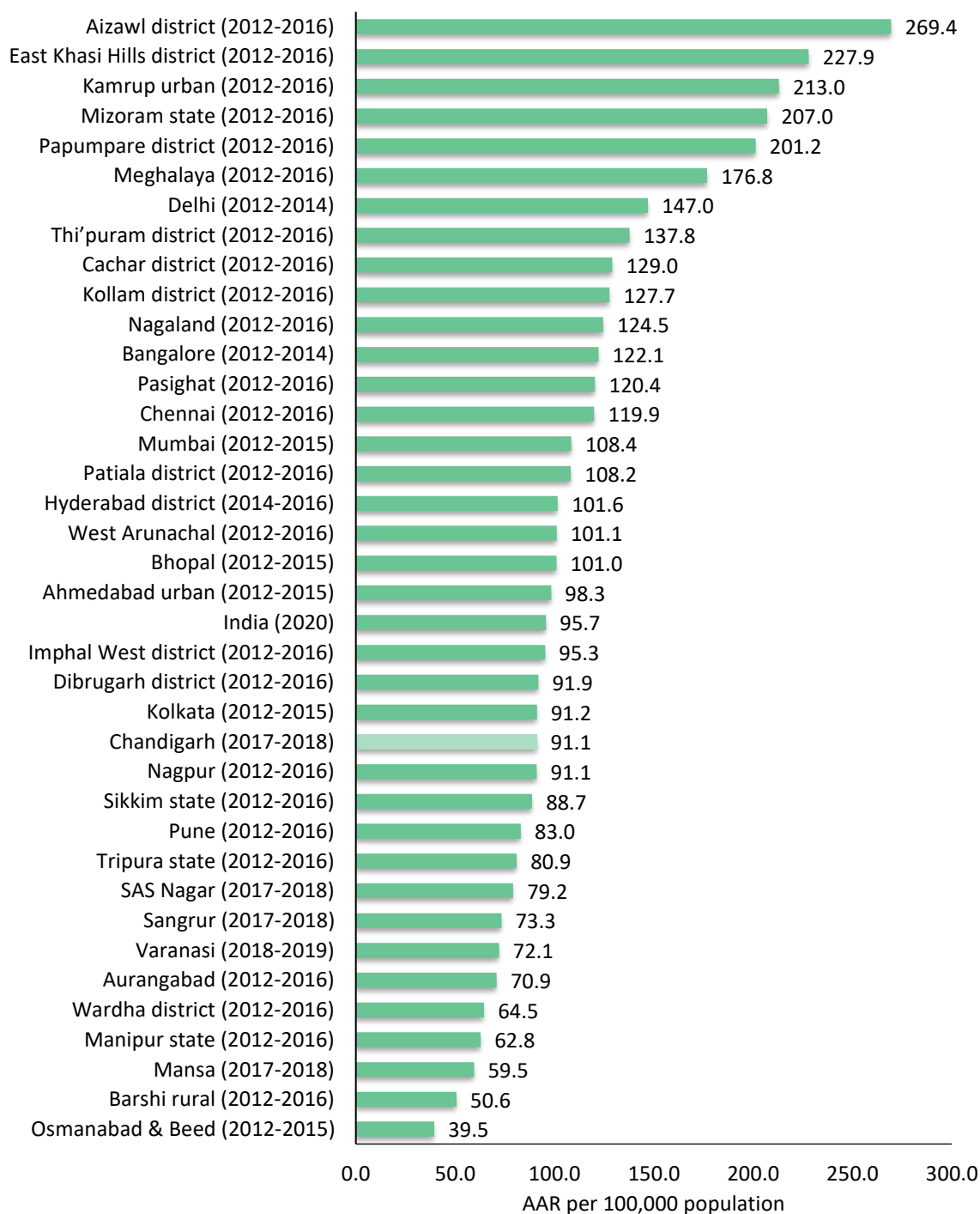
Table 21: Cancer cases by occupation and sex

Occupation	Male		Female		Total	
	Number	%	Number	%	Number	%
Professional	60	6.4	15	1.6	75	4.0
Semi-professional	25	2.7	3	0.3	28	1.5
Clerical/Shop owner	36	3.8	2	0.2	38	2.0
Farmer	35	3.7		0.0	35	1.9
Skilled worker	28	3.0	2	0.2	30	1.6
Semi-skilled worker	117	12.5	11	1.2	128	6.9
Unskilled worker	55	5.9	5	0.5	60	3.2
Unemployed	20	2.1	4	0.4	24	1.3
Student	26	2.8	11	1.2	37	2.0
Housewife		0.0	710	76.3	710	38.0
Government employee	325	34.7	102	11.0	427	22.9
Private employee	128	13.7	37	4.0	165	8.8
Other	66	7.1	23	2.5	89	4.8
Not applicable to children	15	1.6	6	0.6	21	1.1
Total	936	100	931	100	1867	100

14. Comparison of cancer incidence rate with other Indian registries

Age adjusted incidence rate for all cancer sites among males for the year 2017-2018 is compared with other Indian PBCRs and is presented in the figure 35.

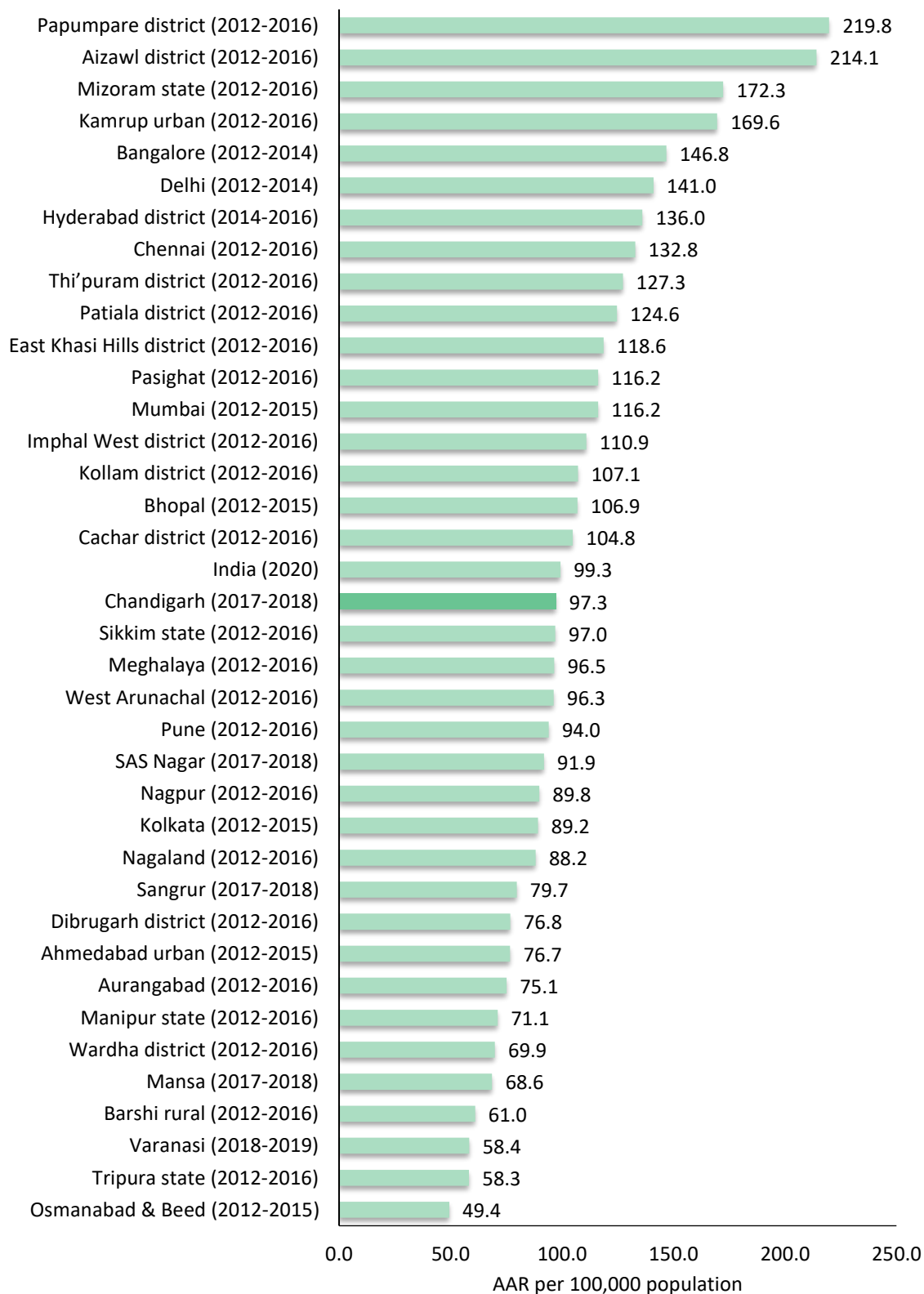
Figure 35: Age-adjusted incidence rate of all cancer sites in males



(References: 1-5, 13)

All site cancer incidence rates in females for Chandigarh registry rates are lower as compared to Mumbai and Delhi registry. Age adjusted incidence rate for all cancer sites among females for the year 2017-2018 is compared with other Indian PBCRs and is presented in the figure 36.

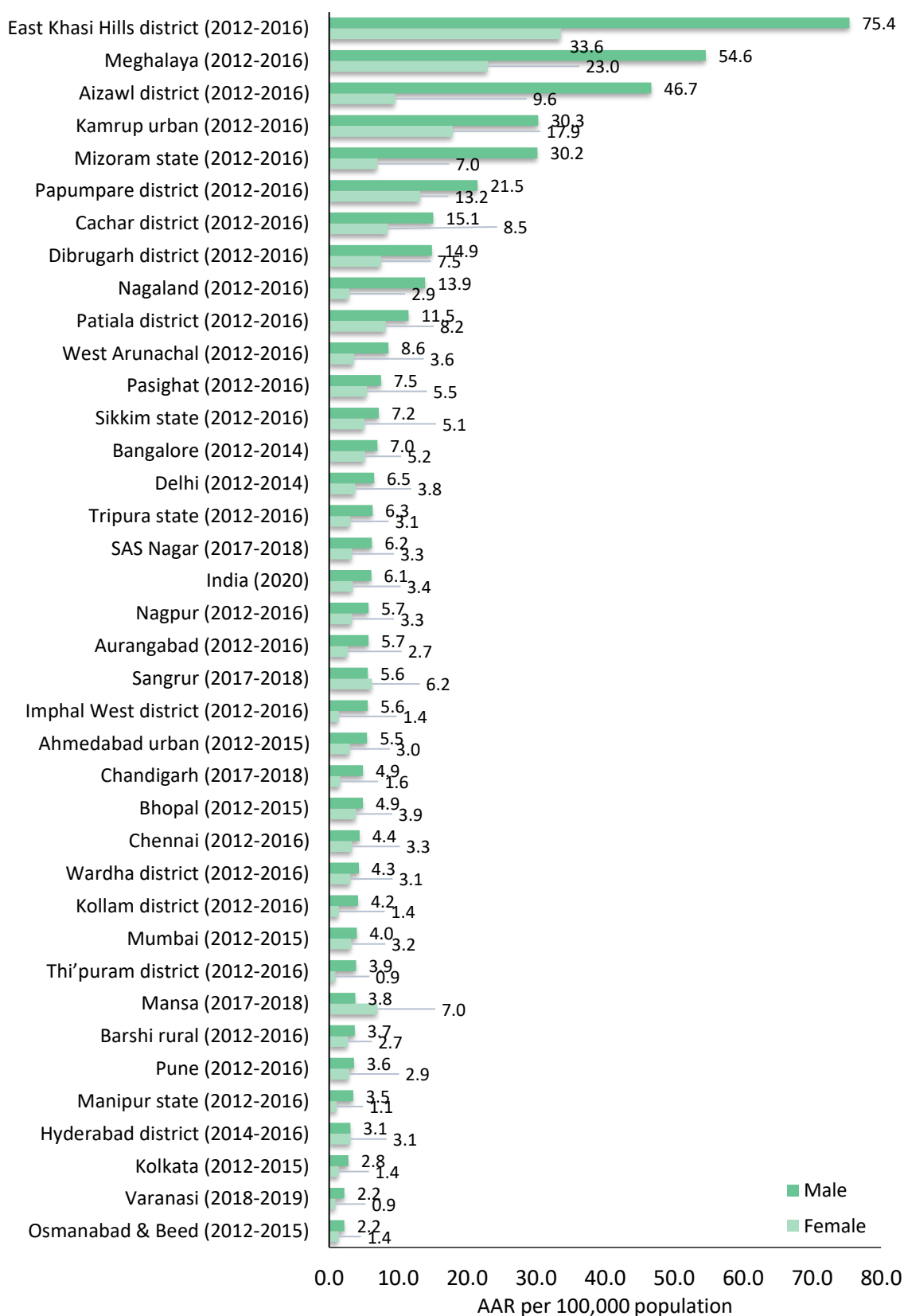
Figure 36: Age-adjusted incidence rate of all cancer sites in females



(References: 1-5, 13)

Oesophagus cancer incidence rates of Chandigarh cancer registry are in comparison with other Indian registries. A comparison of the esophagus cancer rates is shown in Figure 37.

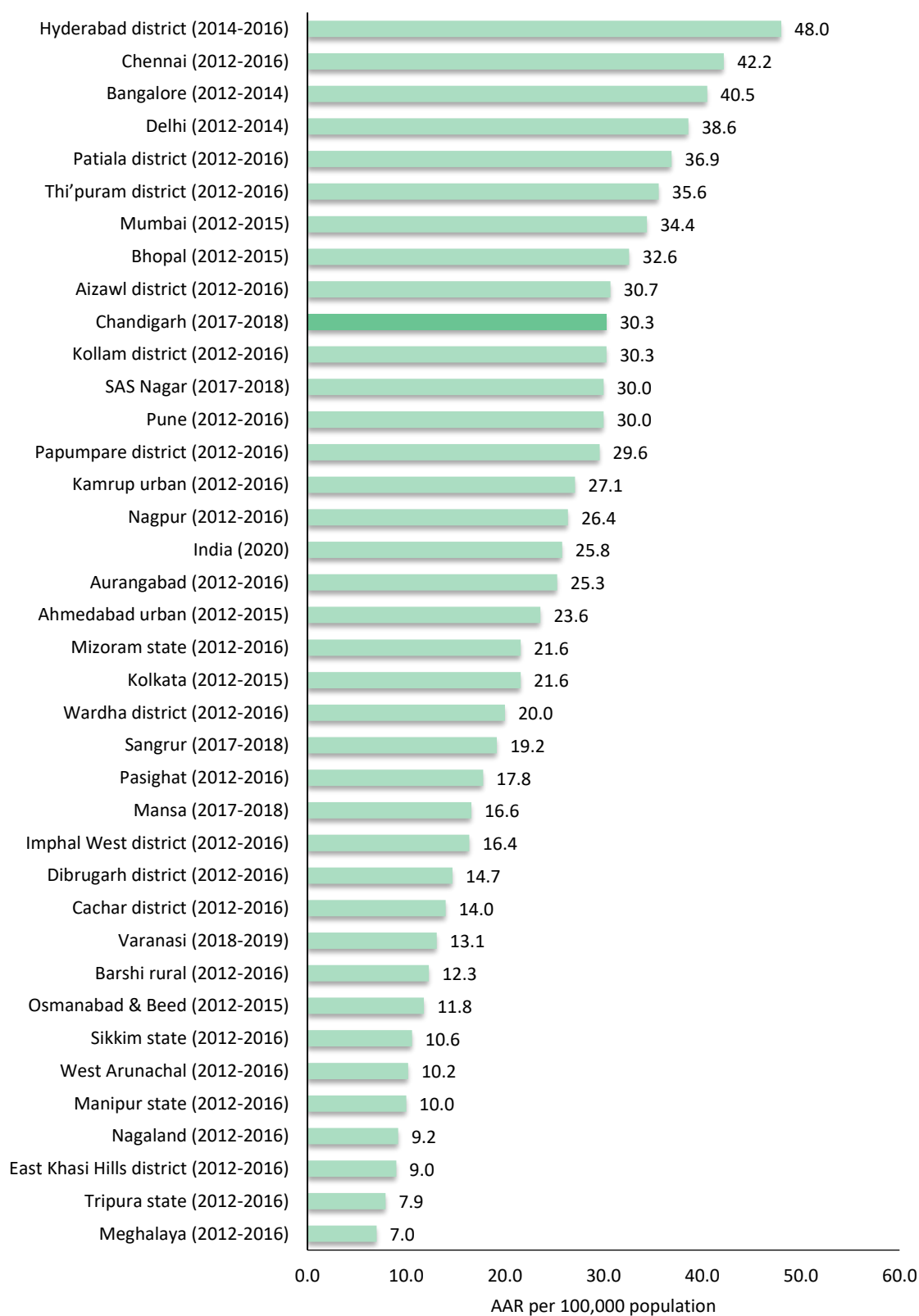
Figure 37: Age-adjusted incidence rate of esophagus cancer



(References: 1-5, 13)

Breast cancer rates for Chandigarh is lower as compared to Delhi, Chennai and Mumbai. The comparison of breast cancer rates is shown in Figure 38.

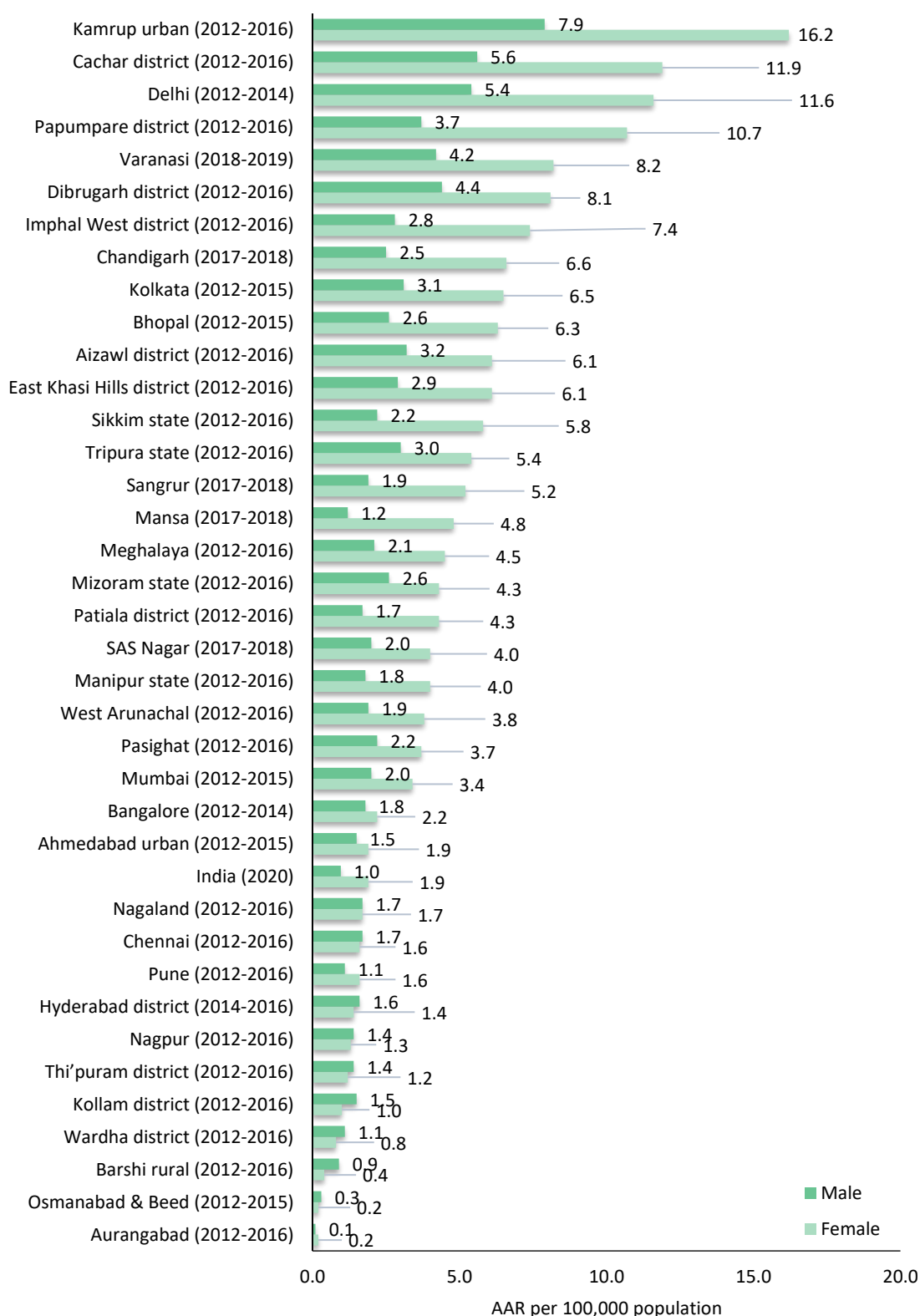
Figure 38: Age-adjusted incidence rate of breast cancer



(References: 1-5, 13)

Compared to other Indian registries the rates are high; however, it is low as compared to Delhi and Varanasi cancer registries. The comparison of gall bladder cancer rate is shown in figure 39.

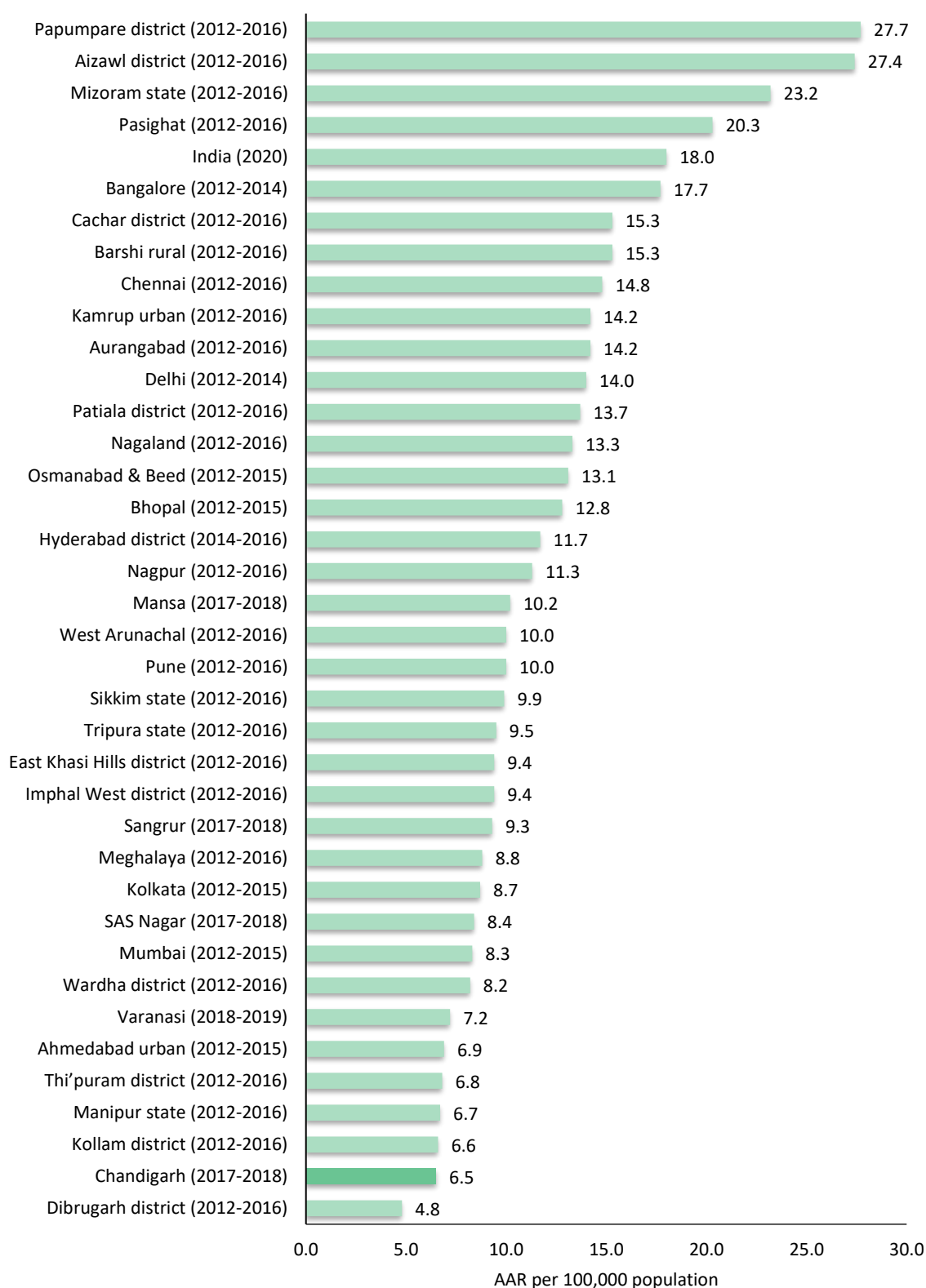
Figure 39: Age-adjusted incidence rate of gall bladder cancer



(References: 1-5, 13)

The cervical cancer rate for Chandigarh is lower than other Indian registries. The comparison of the cervical cancer rate is shown in Figure 40.

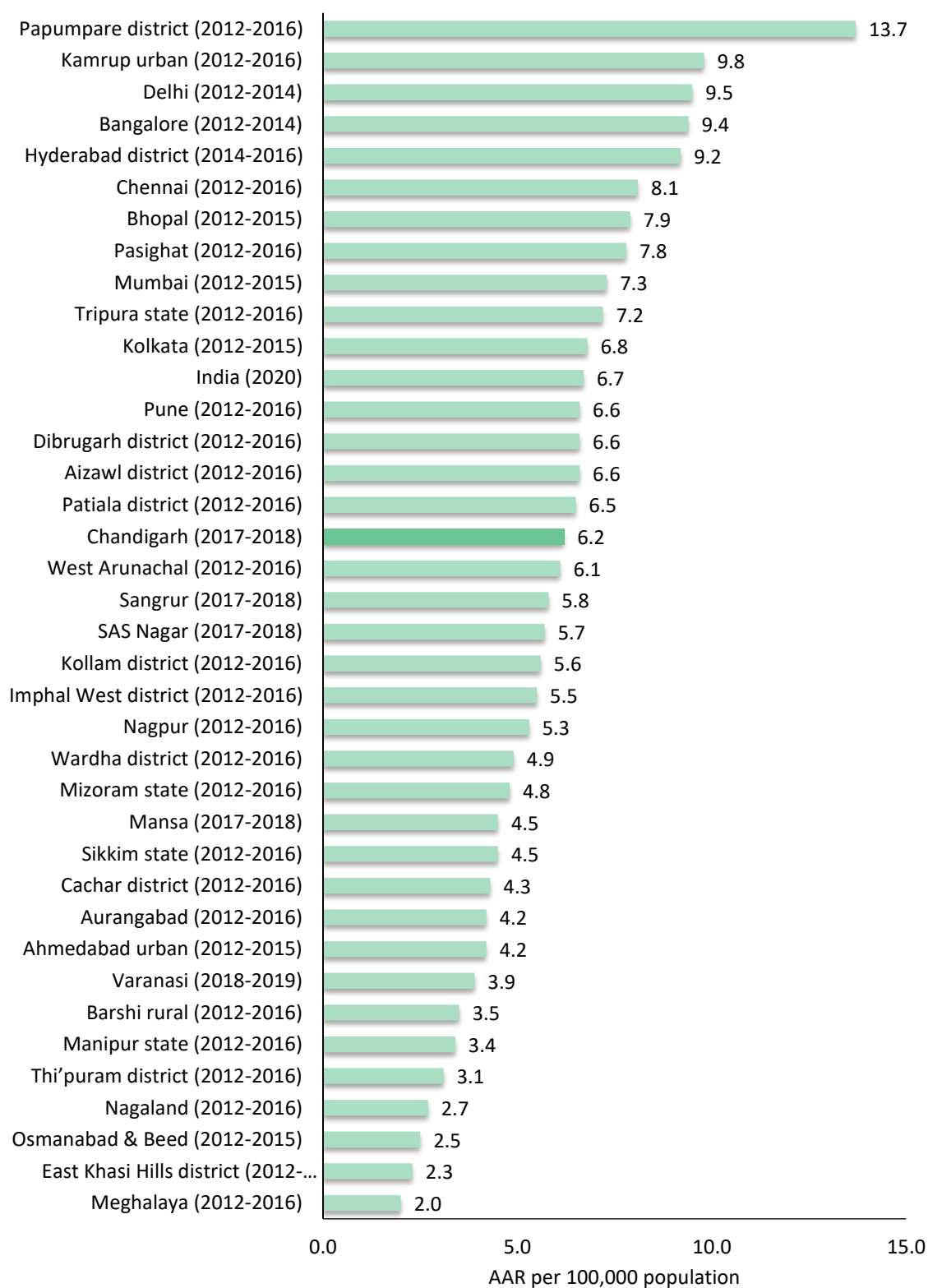
Figure 40: Age-adjusted incidence rate of cervical cancer



(References: 1-5, 13)

Ovarian cancer rates for Chandigarh is lower as compared to Delhi, Chennai and Mumbai but slightly higher than Sangrur registry. The comparison of ovarian cancer rates is shown in Figure 41.

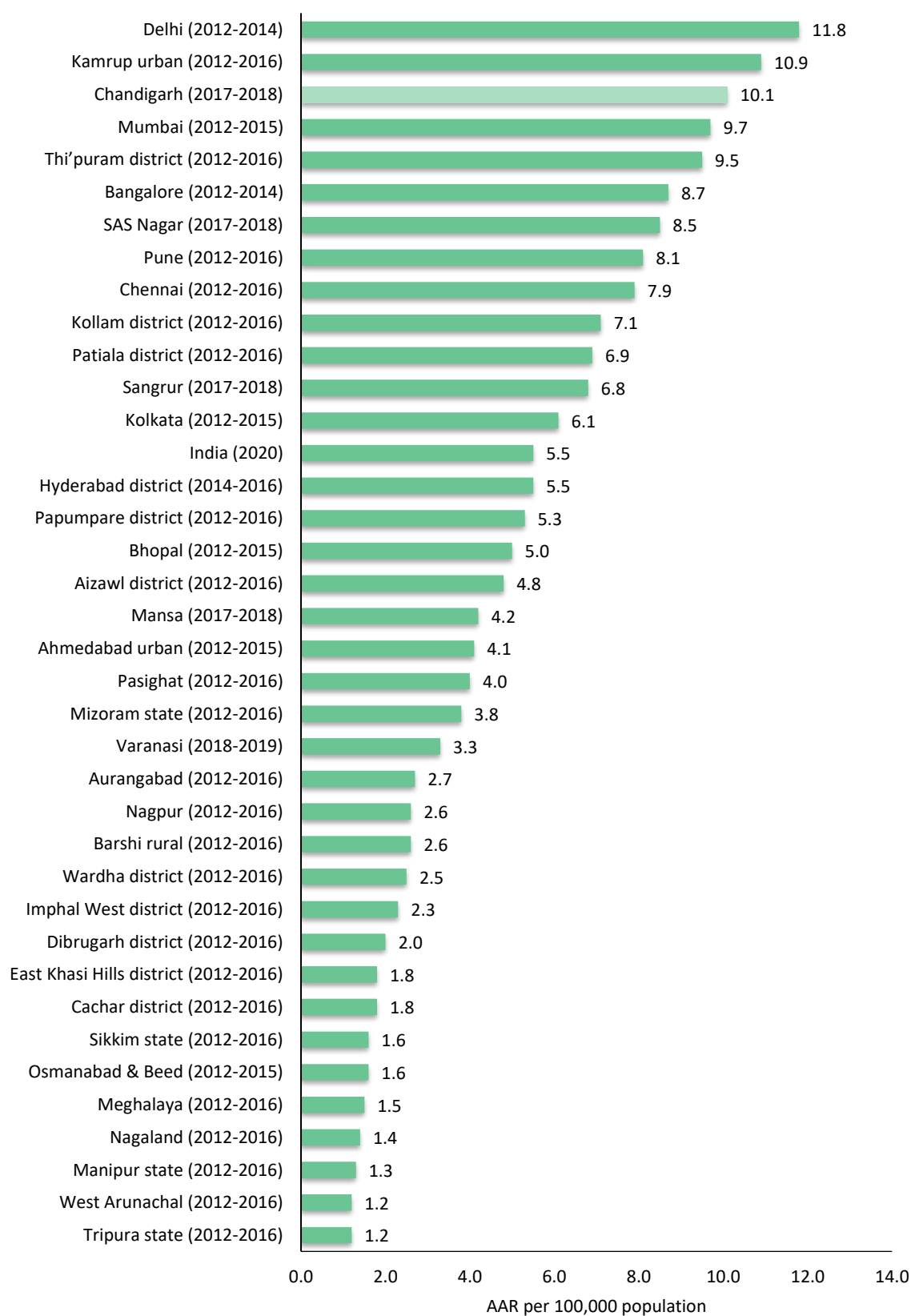
Figure 41: Age-adjusted incidence rate of ovarian cancer



(References: 1-5, 13)

Prostate cancer rates for Chandigarh is higher than the national average however it is lower than Delhi. The comparison of prostate cancer rates is shown in Figure 42.

Figure 42: Age-adjusted incidence rate of prostate cancer



(References: 1-5, 13)

15. COVID-19 impact on cancer registry activities

The COVID-19 pandemic has disrupted health-care programmes. COVID-19 pandemic had considerable impact on the cancer registry programme in Chandigarh region. As there was situation of lock down, so home visits of patients were suspended from April 2020 to May 2021. As well as cancer diagnosis and treatment process were impacted, due to changes in work modalities for the personnel, as well as difficulties in accessing source of data due to engagement of staff in COVID-19 related work. Even after lock down period was over, staff was facing difficulty in data collection during home visits of patients, as patients and their family members were not interested for any conversation due to COVID-19 fear.

Also, the patients who were residing on rent in Chandigarh region were shifted to their home towns due to COVID-19 pandemic, as most of the houses were found locked during their home visits especially in urban area.

Despite above challenges, cancer registry team worked very effectively with resuming home visits in June 2021 by adopting flexible remedial measures.

16. Description of statistical terms used

Incidence: Cancer incidence denotes new cancer cases diagnosed in a defined population in a specified time period. For this report, all cancer cases diagnosed from January 1, 2017 to December 31, 2018, in the Chandigarh has 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 between January 1, 2017 and December 31, 2018 in the Chandigarh have been included.

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

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

$$CR = \frac{\text{Number of new cancer cases observed in the period 2017-2018} * 100000}{\text{Estimated population of the same year}}$$

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

Age-Specific Rate: 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 sex/site/geographic area/time period 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 and allows comparisons to be made in the adjusted rates between different population sub-groups over time.

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

Paediatric cancer incidence rate: Age-specific rates are shown for 0-4, 5-9, 10-14, and 15-19 age groups. Age-adjusted incidence rates were calculated by the direct method, using the age-specific rates for the age groups 0-4, 5-9, 10-14, and 15-19 and the weights of the World Standard population for these age groups according to Segi, namely 12, 10, 9, and 9. The cumulative incidence rates were calculated as the sum of the age-specific incidence rates for the 5-year age groups, each multiplied by 5, the number of years contained in each age group.

17. Standard registry tables

Table 22: Number of incidence cancers by five-year age group and site (ICD 10): 2017-2018
Males Chandigarh

		% = Relative Proportion of Cancers of All Sites																	Total	%
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+			
C00	Lip	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	2	0.2	
C01-C02	Tongue	-	-	-	-	-	-	5	5	8	7	5	5	7	4	5	5	56	6.0	
C03-C06	Mouth	-	-	-	-	-	-	1	6	4	9	10	8	11	2	2	3	56	6.0	
C07-C08	Salivary Gland	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	3	0.3	
C09	Tonsil	-	-	-	-	-	-	-	1	-	-	1	-	-	1	1	-	4	0.4	
C10	Oth. Oropharynx	-	-	-	-	-	-	-	-	1	1	2	2	-	2	-	1	9	1.0	
C11	Nasopharynx	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	0.1	
C12-C13	Hypopharynx	-	-	-	-	-	-	-	-	-	-	2	1	2	5	-	2	12	1.3	
C14	Pharynx Unspecified	-	-	-	-	-	-	-	-	1	-	-	-	-	2	-	-	3	0.3	
C15	Oesophagus	-	-	-	-	-	-	-	1	-	3	8	8	13	5	3	8	49	5.2	
C16	Stomach	-	-	-	-	-	-	-	2	2	1	4	4	4	1	1	2	21	2.2	
C17	Small Intestine	-	-	-	-	-	-	-	1	-	-	1	3	-	-	1	1	7	0.7	
C18	Colon	-	-	-	-	-	1	2	3	2	5	5	4	2	9	2	3	38	4.1	
C19-C20	Rectum	-	-	-	-	-	-	1	1	1	1	-	-	2	5	2	3	16	1.7	
C21	Anus & Anal Canal	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	3	5	0.5	
C22	Liver	-	-	-	-	-	1	-	-	-	3	4	5	3	10	1	8	35	3.7	
C23-C24	Gallbladder etc.	-	-	-	-	-	-	1	1	-	2	4	8	4	3	-	4	27	2.9	
C25	Pancreas	-	-	-	-	-	-	-	-	1	2	1	2	5	3	3	2	19	2.0	
C30-C31	Nose, Sinuses etc.	-	-	-	-	-	-	-	-	1	1	-	-	-	-	1	-	3	0.3	
C32	Larynx	-	-	-	-	-	-	-	-	1	2	3	3	8	1-	3	3	33	3.5	
C33-C34	Lung etc.	-	-	-	-	-	-	2	4	3	1	12	19	20	16	17	17	111	11.9	
C37-C38	Other Thoracic Organs	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	2	0.2	
C40-C41	Bone	-	1	1	-	-	-	1	-	-	-	1	-	-	1	-	-	5	0.5	
C43	Melanoma of Skin	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	2	0.2	
C44	Other Skin	-	-	-	-	1	-	1	1	1	1	-	1	2	1	-	4	13	1.4	
C45	Mesothelioma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
C46	Kaposi Sarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
C47+C49	Conn. & Soft Tissue	1	-	-	1	-	-	-	-	1	1	-	1	2	-	-	-	7	0.7	
C50	Breast	-	-	-	-	-	-	-	-	-	-	3	-	1	2	1	-	7	0.7	
C60	Penis	-	-	-	-	-	-	-	1	1	-	1	-	1	1	-	-	5	0.5	
C61	Prostate	-	-	-	-	-	-	-	-	-	2	7	7	10	15	15	34	90	9.6	
C62	Testis	-	-	-	-	2	1	1	2	1	-	-	2	-	-	-	-	9	1.0	
C63	Other Male Genital	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	0.1	
C64	Kidney etc.	-	-	-	-	-	1	2	1	1	1	4	4	3	-	4	3	24	2.6	
C65	Renal Pelvis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
C66	Ureter	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
C67	Urinary Bladder	-	-	-	-	1	-	1	2	4	1	8	11	6	7	5	5	51	5.4	
C68	Uns.Urinary Organs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
C69	Eye	2	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	4	0.4	
C70-C72	Brain, Nervous System	1	1	-	1	2	2	1	1	1	4	6	1	2	3	-	2	28	3.0	
C73	Thyroid	-	-	-	-	-	-	2	-	2	1	1	2	-	1	-	1	10	1.1	
C74	Adrenal Gland	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
C81	Hodgkins Disease	-	3	-	1	1	-	2	2	1	-	-	-	-	1	-	-	11	1.2	
C82-C86, C96	NHL	2	2	-	-	3	3	-	2	2	3	4	4	6	6	4	8	49	5.2	
C88	Maliglmn.Prol D	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
C90	Multiple Myeloma	-	-	-	-	-	-	-	-	-	-	2	2	2	1	3	2	12	1.3	
C91	Lymphoid Leuk.	3	3	-	3	1	1	2	1	-	1	-	-	2	4	1	2	24	2.6	
C92-C94	Myeloid Leukaemia	2	1	1	1	1	2	6	3	2	5	4	2	1	3	-	3	37	4.0	
C95	Leukaemia Uns	-	-	-	1	-	-	2	1	-	1	1	-	-	-	-	2	8	0.9	
Other and Unspecified*		-	-	-	1	-	-	-	-	1	2	6	2	7	4	2	2	27	2.9	
Total		11	12	2	9	12	13	33	42	43	62	111	113	130	131	78	134	936	100	

* O & U includes the sites (ICD - 10: C26, C39, C48, C75, C76, C77, C78, C79, C80, C97)

Table 23: Number of incidence cancers by five-year age group and site (ICD 10): 2017-2018
Females Chandigarh

% = 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	-	-	-	-	-	-	-	-	-	2	-	2	3	-	2	-	9	1.0
C03-C06	Mouth	-	-	-	-	-	-	-	-	-	2	-	-	-	2	2	-	6	0.6
C07-C08	Salivary Gland	-	-	-	-	-	-	-	1	-	1	-	-	-	1	-	-	3	0.3
C09	Tonsil	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	2	0.2
C10	Oth. Oropharynx	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C11	Nasopharynx	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C12-C13	Hypopharynx	-	-	-	-	-	-	-	-	-	2	-	-	-	1	-	-	3	0.3
C14	Pharynx Unspecified	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	2	0.2
C15	Oesophagus	-	-	-	-	-	-	-	1	2	-	2	3	2	1	1	4	16	1.7
C16	Stomach	-	-	-	-	-	-	-	-	-	-	-	2	-	1	2	-	5	0.5
C17	Small Intestine	-	-	-	-	-	-	-	-	1	2	1	-	-	1	-	-	5	0.5
C18	Colon	-	-	-	-	-	-	2	-	-	5	-	3	2	3	4	-	19	2.0
C19-C20	Rectum	-	-	-	-	-	-	-	1	1	-	2	-	1	1	3	1	10	1.1
C21	Anus & Anal Canal	-	-	-	-	-	-	1	-	-	1	-	1	2	-	2	-	7	0.8
C22	Liver	-	-	-	-	-	-	-	-	-	2	1	-	1	1	1	3	9	1.0
C23-C24	Gallbladder etc.	-	-	-	-	-	1	-	4	6	9	9	9	8	6	4	9	65	7.0
C25	Pancreas	-	-	-	-	-	-	-	-	-	3	-	2	2	1	4	1	13	1.4
C30-C31	Nose, Sinuses etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	0.1
C32	Larynx	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	2	0.2
C33-C34	Lung etc.	-	-	-	-	-	-	-	2	1	2	3	5	7	3	4	5	32	3.4
C37-C38	Other Thoracic Organs	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	0.1
C40-C41	Bone	1	-	1	1	-	2	1	-	-	-	-	-	-	-	-	-	6	0.6
C43	Melanoma of Skin	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	2	0.2
C44	Other Skin	-	-	-	-	1	1	1	1	-	2	1	1	1	1	2	6	18	1.9
C45	Mesothelioma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	0.1
C46	Kaposi Sarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C47+C49	Conn. & Soft Tissue	-	-	-	-	-	1	-	-	3	-	1	1	1	-	1	-	8	0.9
C50	Breast	-	-	-	-	1	3	7	14	35	26	53	33	34	33	29	25	293	31.5
C51	Vulva	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	0.1
C52	Vagina	-	-	-	-	-	-	-	-	-	2	1	-	-	-	-	2	5	0.5
C53	Cervix Uteri	-	-	-	-	-	-	1	3	3	8	9	7	11	11	1	7	61	6.6
C54	Corpus Uteri	-	-	-	-	-	-	-	3	1	4	5	5	20	9	7	5	59	6.3
C55	Uterus Unspecified	-	-	-	-	1	-	-	1	-	1	1	2	1	2	-	-	9	1.0
C56	Ovary etc.	-	-	-	-	2	2	1	3	5	5	7	7	9	6	5	8	60	6.4
C57	Other Female Genital	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	2	0.2
C58	Placenta	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C64	Kidney etc.	-	-	-	-	-	-	-	1	1	1	5	2	4	2	3	4	23	2.5
C65	Renal Pelvis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C66	Ureter	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C67	Urinary Bladder	-	-	-	-	-	-	-	-	-	2	2	3	1	1	1	1	11	1.2
C68	Uns. Urinary Organs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C69	Eye	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	0.3
C70-C72	Brain, Nervous System	-	-	-	-	1	1	2	1	1	2	2	4	2	1	1	-	18	1.9
C73	Thyroid	-	-	-	-	1	3	1	4	4	4	2	3	-	1	2	1	26	2.8
C74	Adrenal Gland	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	0.1
C81	Hodgkins Disease	-	-	-	-	-	1	1	2	1	-	1	-	1	-	-	-	7	0.8
C82-C86, C96	NHL	-	-	-	1	-	1	-	-	3	-	4	3	7	1	1	6	27	2.9
C88	Maliglmn.Prol D	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C90	Multiple Myeloma	-	-	-	-	-	-	-	1	-	1	-	4	2	4	4	2	19	2.0
C91	Lymphoid Leuk.	2	-	-	2	-	-	1	-	1	-	2	1	1	1	1	1	13	1.4
C92-C94	Myeloid Leukaemia	-	-	1	-	2	-	4	4	1	2	4	4	1	3	1	-	27	2.9
C95	Leukaemia Uns	-	-	-	-	1	-	-	-	-	-	-	1	-	-	1	-	3	0.3
Other & Unspecified*		1	-	-	-	-	-	-	3	-	-	1	-	2	2	3	6	18	1.9
Total		6	1	2	4	10	16	24	49	71	92	124	109	131	102	92	98	931	100

* O & U includes the sites (ICD - 10: C26, C39, C48, C75, C76, C77, C78, C79, C80, C97)

Table 24: Average annual Age Specific, Crude (CR), Age-Adjusted (AAR) and Truncated (35-64 yrs) (TR) Incidence Rate per 100,000 Population: 2017-2018 – Males Chandigarh

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	-	-	-	-	-	-	-	-	-	1.3	-	-	-	-	-	5.6	0.2	0.2	0.2
C01-C02	-	-	-	-	-	-	4.3	4.7	9.3	9.0	8.0	9.5	18.4	18.4	33.1	27.9	4.2	4.9	9.3
C03-C06	-	-	-	-	-	-	0.9	5.7	4.6	11.6	16.0	15.1	28.9	9.2	13.2	16.7	4.2	4.8	12.5
C07-C08	-	-	-	-	-	-	-	-	-	-	-	-	7.9	-	-	-	0.2	0.3	1.0
C09	-	-	-	-	-	-	-	0.9	-	-	1.6	-	-	4.6	6.6	-	0.3	0.4	0.4
C10	-	-	-	-	-	-	-	-	1.2	1.3	3.2	3.8	-	9.2	-	5.6	0.7	0.8	1.5
C11	-	-	-	-	-	-	-	-	-	-	1.6	-	-	-	-	-	0.1	0.1	0.3
C12-C13	-	-	-	-	-	-	-	-	-	-	3.2	1.9	5.3	23.0	-	11.2	0.9	1.4	1.4
C14	-	-	-	-	-	-	-	-	1.2	-	-	-	-	9.2	-	-	0.2	0.3	0.2
C15	-	-	-	-	-	-	-	0.9	-	3.9	12.8	15.1	34.1	23.0	19.9	44.6	3.7	4.9	9.4
C16	-	-	-	-	-	-	-	1.9	2.3	1.3	6.4	7.6	10.5	4.6	6.6	11.2	1.6	1.9	4.4
C17	-	-	-	-	-	-	-	0.9	-	-	1.6	5.7	-	-	6.6	5.6	0.5	0.6	1.2
C18	-	-	-	-	-	0.7	1.7	2.8	2.3	6.5	8.0	7.6	5.3	41.4	13.2	16.7	2.9	3.6	5.2
C19-C20	-	-	-	-	-	-	0.9	0.9	1.2	1.3	-	-	5.3	23.0	13.2	16.7	1.2	1.8	1.3
C21	-	-	-	-	-	-	-	-	-	-	-	1.9	-	4.6	-	16.7	0.4	0.5	0.2
C22	-	-	-	-	-	0.7	-	-	-	3.9	6.4	9.5	7.9	46.0	6.6	44.6	2.6	3.7	4.0
C23-C24	-	-	-	-	-	-	0.9	0.9	-	2.6	6.4	15.1	10.5	13.8	-	22.3	2.0	2.5	5.0
C25	-	-	-	-	-	-	-	-	1.2	2.6	1.6	3.8	13.1	13.8	19.9	11.2	1.4	2.0	3.2
C30-C31	-	-	-	-	-	-	-	-	1.2	1.3	-	-	-	-	6.6	-	0.2	0.3	0.5
C32	-	-	-	-	-	-	-	-	1.2	2.6	4.8	5.7	21.0	46.0	19.9	16.7	2.5	3.6	4.9
C33-C34	-	-	-	-	-	-	1.7	3.8	3.5	1.3	19.2	36.0	52.5	73.6	112.5	94.8	8.4	11.5	16.2
C37-C38	-	-	-	-	-	0.7	-	-	-	-	-	-	-	-	6.6	-	0.2	0.2	-
C40-C41	-	1.0	0.9	-	-	-	0.9	-	-	-	1.6	-	-	4.6	-	-	0.4	0.4	0.3
C43	-	-	-	-	-	-	-	-	-	-	-	-	2.6	4.6	-	-	0.2	0.2	0.3
C44	-	-	-	-	0.6	-	0.9	0.9	1.2	1.3	-	1.9	5.3	4.6	-	22.3	1.0	1.2	1.6
C45	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C46	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C47+C49	1.1	-	-	0.7	-	-	-	-	1.2	1.3	-	1.9	5.3	-	-	-	0.5	0.6	1.4
C50	-	-	-	-	-	-	-	-	-	-	4.8	-	2.6	9.2	6.6	-	0.5	0.8	1.1
C60	-	-	-	-	-	-	-	0.9	1.2	-	1.6	-	2.6	4.6	-	-	0.4	0.4	1.0
C61	-	-	-	-	-	-	-	-	-	2.6	11.2	13.3	26.3	69.0	99.3	189.7	6.8	10.1	7.4
C62	-	-	-	-	1.3	0.7	0.9	1.9	1.2	-	-	3.8	-	-	-	-	0.7	0.5	1.1
C63	-	-	-	-	-	-	-	-	-	-	-	1.9	-	-	-	-	0.1	0.1	0.2
C64	-	-	-	-	-	0.7	1.7	0.9	1.2	1.3	6.4	7.6	7.9	-	26.5	16.7	1.8	2.2	3.7
C65	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C66	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C67	-	-	-	-	0.6	-	0.9	1.9	4.6	1.3	12.8	20.8	15.8	32.2	33.1	27.9	3.8	4.9	8.3
C68	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C69	2.2	1.0	-	-	-	-	-	-	-	-	-	-	-	4.6	-	-	0.3	0.5	-
C70-C72	1.1	1.0	-	0.7	1.3	1.4	0.9	0.9	1.2	5.2	9.6	1.9	5.3	13.8	-	11.2	2.1	2.4	3.9
C73	-	-	-	-	-	-	1.7	-	2.3	1.3	1.6	3.8	-	4.6	-	5.6	0.8	0.8	1.4
C74	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C81	-	2.9	-	0.7	0.6	-	1.7	1.9	1.2	-	-	-	-	4.6	-	-	0.8	0.8	0.6
C82-C86, C96	2.2	2.0	-	-	1.9	2.1	-	1.9	2.3	3.9	6.4	7.6	15.8	27.6	26.5	44.6	3.7	4.8	5.6
C88	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C90	-	-	-	-	-	-	-	-	-	-	3.2	3.8	5.3	4.6	19.9	11.2	0.9	1.3	1.7
C91	3.3	2.9	-	2.2	0.6	0.7	1.7	0.9	-	1.3	-	-	5.3	18.4	6.6	11.2	1.8	2.4	1.1
C92-C94	2.2	1.0	0.9	0.7	0.6	1.4	5.2	2.8	2.3	6.5	6.4	3.8	2.6	13.8	-	16.7	2.8	3.0	4.1
C95	-	-	-	0.7	-	-	1.7	0.9	-	1.3	1.6	-	-	-	-	11.2	0.6	0.6	0.7
O&U*	-	-	-	0.7	-	-	-	-	1.2	2.6	9.6	3.8	18.4	18.4	13.2	11.2	2.0	2.7	5.1
Total	12.1	11.7	1.8	6.7	7.6	9.2	28.5	39.7	50.0	80.0	177.2	213.9	341.5	602.9	516.3	747.5	70.4	91.1	133.1

* O & U includes the sites (ICD - 10: C26, C39, C48, C75, C76, C77, C78, C79, C80, C97)

Table 25: Average annual Age Specific, Crude (CR), Age-Adjusted (AAR) and Truncated (35-64 yrs) (TR) Incidence Rate per 100,000 Population: 2017-2018 – Females Chandigarh

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	-	-	-	-	-	-	-	-	-	2.9	-	4.6	8.3	-	14.5	-	0.8	1.0	2.2
C03-C06	-	-	-	-	-	-	-	-	-	2.9	-	-	-	10.5	14.5	-	0.5	0.8	0.6
C07-C08	-	-	-	-	-	-	-	1.1	-	1.5	-	-	-	5.3	-	-	0.3	0.3	0.5
C09	-	-	-	-	-	-	-	-	-	1.5	-	-	-	5.3	-	-	0.2	0.2	0.3
C10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C12-C13	-	-	-	-	-	-	-	-	-	2.9	-	-	-	5.3	-	-	0.3	0.3	0.6
C14	-	-	-	-	-	-	-	-	-	-	-	-	2.8	-	7.3	-	0.2	0.3	0.4
C15	-	-	-	-	-	-	-	1.1	2.6	-	3.6	6.9	5.5	5.3	7.3	21.5	1.4	1.6	2.9
C16	-	-	-	-	-	-	-	-	-	-	-	4.6	-	5.3	14.5	-	0.4	0.6	0.6
C17	-	-	-	-	-	-	-	-	1.3	2.9	1.8	-	-	5.3	-	-	0.4	0.5	1.1
C18	-	-	-	-	-	-	2.0	-	-	7.4	-	6.9	5.5	15.8	29.1	-	1.7	2.1	3.0
C19-C20	-	-	-	-	-	-	-	1.1	1.3	-	3.6	-	2.8	5.3	21.8	5.4	0.9	1.1	1.4
C21	-	-	-	-	-	-	1.0	-	-	1.5	-	2.3	5.5	-	14.5	-	0.6	0.8	1.3
C22	-	-	-	-	-	-	-	-	-	2.9	1.8	-	2.8	5.3	7.3	16.1	0.8	1.0	1.2
C23-C24	-	-	-	-	-	0.8	-	4.5	7.8	13.3	16.2	20.6	22.1	31.6	29.1	48.3	5.8	6.6	13.1
C25	-	-	-	-	-	-	-	-	-	4.4	-	4.6	5.5	5.3	29.1	5.4	1.2	1.5	2.2
C30-C31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5.4	0.1	0.1	-
C32	-	-	-	-	-	-	-	-	-	-	-	2.3	-	-	7.3	-	0.2	0.2	0.3
C33-C34	-	-	-	-	-	-	-	2.2	1.3	2.9	5.4	11.4	19.3	15.8	29.1	26.9	2.9	3.5	6.1
C37-C38	-	-	-	-	-	-	-	-	-	-	-	-	-	5.3	-	-	0.1	0.2	-
C40-C41	1.2	-	1.2	1.0	-	1.7	1.0	-	-	-	-	-	-	-	-	-	0.5	0.5	-
C43	-	-	-	-	-	-	-	-	-	-	1.8	-	2.8	-	-	-	0.2	0.2	0.6
C44	-	-	-	-	0.8	0.8	1.0	1.1	-	2.9	1.8	2.3	2.8	5.3	14.5	32.2	1.6	1.8	1.7
C45	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5.4	0.1	0.1	-
C46	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C47+C49	-	-	-	-	-	0.8	-	-	3.9	-	1.8	2.3	2.8	-	7.3	-	0.7	0.7	1.7
C50	-	-	-	-	0.8	2.5	7.1	15.7	45.4	38.3	95.6	75.4	93.8	173.5	210.9	134.3	26.3	30.3	56.5
C51	-	-	-	-	-	-	-	-	-	-	-	2.3	-	-	-	-	0.1	0.1	0.3
C52	-	-	-	-	-	-	-	-	-	2.9	1.8	-	-	-	-	10.7	0.4	0.5	0.9
C53	-	-	-	-	-	-	1.0	3.4	3.9	11.8	16.2	16.0	30.4	57.8	7.3	37.6	5.5	6.5	12.3
C54	-	-	-	-	-	-	-	3.4	1.3	5.9	9.0	11.4	55.2	47.3	50.9	26.9	5.3	6.7	12.1
C55	-	-	-	-	0.8	-	-	1.1	-	1.5	1.8	4.6	2.8	10.5	-	-	0.8	0.9	1.7
C56	-	-	-	-	1.6	1.7	1.0	3.4	6.5	7.4	12.6	16.0	24.8	31.6	36.4	43.0	5.4	6.2	10.6
C57	-	-	-	-	-	-	-	-	-	-	-	2.3	2.8	-	-	-	0.2	0.2	0.7
C58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C64	-	-	-	-	-	-	-	1.1	1.3	1.5	9.0	4.6	11.0	10.5	21.8	21.5	2.1	2.5	4.2
C65	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C66	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C67	-	-	-	-	-	-	-	-	-	2.9	3.6	6.9	2.8	5.3	7.3	5.4	1.0	1.2	2.4
C68	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C69	2.4	1.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.3	0.4	-
C70-C72	-	-	-	-	0.8	0.8	2.0	1.1	1.3	2.9	3.6	9.1	5.5	5.3	7.3	-	1.6	1.6	3.5
C73	-	-	-	-	0.8	2.5	1.0	4.5	5.2	5.9	3.6	6.9	-	5.3	14.5	5.4	2.3	2.3	4.5
C74	-	-	-	-	-	-	-	-	-	1.5	-	-	-	-	-	-	0.1	0.1	0.3
C81	-	-	-	-	-	0.8	1.0	2.2	1.3	-	1.8	-	2.8	-	-	-	0.6	0.5	1.3
C82-C86, C96	-	-	-	1.0	-	0.8	-	-	3.9	-	7.2	6.9	19.3	5.3	7.3	32.2	2.4	2.7	5.3
C88	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C90	-	-	-	-	-	-	1.0	-	1.3	-	7.2	4.6	11.0	21.0	14.5	5.4	1.7	2.2	3.4
C91	2.4	-	-	2.0	-	-	1.0	-	1.3	-	3.6	2.3	2.8	5.3	7.3	5.4	1.2	1.4	1.5
C92-C94	-	-	1.2	-	1.6	-	4.1	4.5	1.3	2.9	7.2	9.1	2.8	15.8	7.3	-	2.4	2.5	4.4
C95	-	-	-	-	0.8	-	-	-	-	-	-	2.3	-	-	7.3	-	0.3	0.3	0.3
O&U*	1.2	-	-	-	-	-	-	3.4	-	-	1.8	-	5.5	10.5	21.8	32.2	1.6	2.1	1.7
Total	7.2	1.1	2.4	4.1	8.0	13.6	24.3	54.9	92.1	135.5	223.7	248.9	361.5	536.4	668.9	526.4	83.6	97.3	169.5

* O & U includes the sites (ICD - 10: C26, C39, C48, C75, C76, C77, C78, C79, C80, C97)

Table 26 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) 2017-2018: Males

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	0.0032	0.0032	0.0057	0.0057
C03-C06	Mouth	0.0041	0.0041	0.0053	0.0053
C07-C08	Salivary Gland	0.0004	0.0004	0.0004	0.0004
C09	Tonsil	0.0001	0.0001	0.0007	0.0007
C10	Oth. Oropharynx	0.0005	0.0005	0.0009	0.0009
C11	Nasopharynx	0.0001	0.0001	0.0001	0.0001
C12-C13	Hypopharynx	0.0005	0.0005	0.0017	0.0017
C14	Pharynx Unspecified	0.0001	0.0001	0.0005	0.0005
C15	Oesophagus	0.0033	0.0033	0.0055	0.0055
C16	Stomach	0.0015	0.0015	0.0021	0.0021
C17	Small Intestine	0.0004	0.0004	0.0007	0.0007
C18	Colon	0.0017	0.0017	0.0045	0.0045
C19-C20	Rectum	0.0005	0.0005	0.0023	0.0023
C21	Anus & Anal Canal	0.0001	0.0001	0.0003	0.0003
C22	Liver	0.0014	0.0014	0.0040	0.0040
C23-C24	Gallbladder etc.	0.0018	0.0018	0.0025	0.0025
C25	Pancreas	0.0011	0.0011	0.0028	0.0028
C30-C31	Nose, Sinuses etc.	0.0001	0.0001	0.0005	0.0005
C32	Larynx	0.0018	0.0018	0.0051	0.0051
C33-C34	Lung etc.	0.0059	0.0059	0.0152	0.0152
C37-C38	Other Thoracic Organs	0.0000	0.0000	0.0004	0.0004
C40-C41	Bone	0.0002	0.0002	0.0004	0.0004
C43	Melanoma of Skin	0.0001	0.0001	0.0004	0.0004
C44	Other Skin	0.0006	0.0006	0.0008	0.0008
C45	Mesothelioma	-	-	-	-
C46	Kaposi Sarcoma	-	-	-	-
C47+C49	Conn. & Soft Tissue	0.0006	0.0006	0.0006	0.0006
C50	Breast	0.0004	0.0004	0.0012	0.0012
C60	Penis	0.0003	0.0003	0.0005	0.0005
C61	Prostate	0.0027	0.0027	0.0111	0.0111
C62	Testis	0.0005	0.0005	0.0005	0.0005
C63	Other Male Genital	0.0001	0.0001	0.0001	0.0001
C64	Kidney etc.	0.0014	0.0014	0.0027	0.0027
C65	Renal Pelvis	-	-	-	-
C66	Ureter	-	-	-	-
C67	Urinary Bladder	0.0029	0.0029	0.0062	0.0062
C68	Uns.Urinary Organs	-	-	-	0.0000
C69	Eye	0.0002	0.0002	0.0004	0.0004
C70-C72	Brain, Nervous System	0.0015	0.0015	0.0022	0.0022
C73	Thyroid	0.0005	0.0005	0.0008	0.0008
C74	Adrenal Gland	-	-	-	-
C81	Hodgkins Disease	0.0005	0.0005	0.0007	0.0007
C82-C86, C96	NHL	0.0023	0.0023	0.0050	0.0050
C88	Maliglmn.Prol D	-	-	-	-
C90	Multiple Myeloma	0.0006	0.0006	0.0018	0.0018
C91	Lymphoid Leuk.	0.0010	0.0010	0.0022	0.0022
C92-C94	Myeloid Leukaemia	0.0018	0.0018	0.0025	0.0025
C95	Leukaemia Uns	0.0003	0.0003	0.0003	0.0003
Other & Unspecified*		0.0018	0.0018	0.0034	0.0034
Total		0.0490	0.0490	0.1050	0.1049

* O & U includes the sites (ICD - 10: C26, C39, C48, C75, C76, C77, C78, C79, C80, C97)

Table 27: 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) 2017-2018: Females

ICD 10	Sites	Cum Rate (0-64)	Cum Risk (0-64)	Cum Rate (0-74)	Cum Risk (0-74)
C00	Lip	-	-	-	-
C01-C02	Tongue	0.0008	0.0008	0.0015	0.0015
C03-C06	Mouth	0.0001	0.0001	0.0014	0.0014
C07-C08	Salivary Gland	0.0001	0.0001	0.0004	0.0004
C09	Tonsil	0.0001	0.0001	0.0003	0.0003
C10	Oth. Oropharynx	-	-	-	-
C11	Nasopharynx	-	-	-	-
C12-C13	Hypopharynx	0.0001	0.0001	0.0004	0.0004
C14	Pharynx Unspecified	0.0001	0.0001	0.0005	0.0005
C15	Oesophagus	0.0010	0.0010	0.0016	0.0016
C16	Stomach	0.0002	0.0002	0.0012	0.0012
C17	Small Intestine	0.0003	0.0003	0.0006	0.0006
C18	Colon	0.0011	0.0011	0.0033	0.0033
C19-C20	Rectum	0.0004	0.0004	0.0018	0.0018
C21	Anus & Anal Canal	0.0005	0.0005	0.0012	0.0012
C22	Liver	0.0004	0.0004	0.0010	0.0010
C23-C24	Gallbladder etc.	0.0043	0.0043	0.0073	0.0073
C25	Pancreas	0.0007	0.0007	0.0024	0.0024
C30-C31	Nose, Sinuses etc.	0.0000	0.0000	0.0000	0.0000
C32	Larynx	0.0001	0.0001	0.0005	0.0005
C33-C34	Lung etc.	0.0021	0.0021	0.0044	0.0044
C37-C38	Other Thoracic Organs	0.0000	0.0000	0.0003	0.0003
C40-C41	Bone	0.0003	0.0003	0.0003	0.0003
C43	Melanoma of Skin	0.0002	0.0002	0.0002	0.0002
C44	Other Skin	0.0007	0.0007	0.0017	0.0017
C45	Mesothelioma	0.0000	0.0000	0.0000	0.0000
C46	Kaposi Sarcoma	-	-	-	-
C47+C49	Conn. & Soft Tissue	0.0006	0.0006	0.0009	0.0009
C50	Breast	0.0187	0.0187	0.0380	0.0379
C51	Vulva	0.0001	0.0001	0.0001	0.0001
C52	Vagina	0.0002	0.0002	0.0002	0.0002
C53	Cervix Uteri	0.0041	0.0041	0.0074	0.0074
C54	Corpus Uteri	0.0043	0.0043	0.0092	0.0092
C55	Uterus Unspecified	0.0006	0.0006	0.0012	0.0012
C56	Ovary etc.	0.0037	0.0037	0.0071	0.0071
C57	Other Female Genital	0.0003	0.0003	0.0003	0.0003
C58	Placenta	-	-	-	-
C64	Kidney etc.	0.0014	0.0014	0.0030	0.0030
C65	Renal Pelvis	-	-	-	-
C66	Ureter	-	-	-	-
C67	Urinary Bladder	0.0008	0.0008	0.0014	0.0014
C68	Uns.Urinary Organs	-	-	-	-
C69	Eye	0.0002	0.0002	0.0002	0.0002
C70-C72	Brain, Nervous System	0.0014	0.0014	0.0020	0.0020
C73	Thyroid	0.0015	0.0015	0.0025	0.0025
C74	Adrenal Gland	0.0001	0.0001	0.0001	0.0001
C81	Hodgkins Disease	0.0005	0.0005	0.0005	0.0005
C82-C86, C96	NHL	0.0020	0.0020	0.0026	0.0026
C88	MaligImn.Prol D	-	-	-	-
C90	Multiple Myeloma	0.0013	0.0013	0.0030	0.0030
C91	Lymphoid Leuk.	0.0008	0.0008	0.0014	0.0014
C92-C94	Myeloid Leukaemia	0.0017	0.0017	0.0029	0.0029
C95	Leukaemia Uns	0.0002	0.0002	0.0005	0.0005
Other & Unspecified*		0.0006	0.0006	0.0022	0.0022
Total		0.0589	0.0589	0.1191	0.1191

*O & U includes the sites (ICD - 10: C26, C39, C48, C75, C76, C77, C78, C79, C80, C97)

**Table 28: Number (#) and Proportion (%) of cancers by site (ICD -10) and method of diagnosis:
2017-2018 – Males Chandigarh**

ICD 10	Sites	Radiology		Microscopic		Other (+DCO)**		Total	
		No.	%	No.	%	No.	%	No.	%
C00	Lip	-	0.0	2	100.0	-	-	2	100.0
C01-C02	Tongue	-	0.0	55	98.2	1	1.8	56	100.0
C03-C06	Mouth	1	1.8	55	98.2	-	-	56	100.0
C07-C08	Salivary Gland	-	0.0	3	100.0	-	-	3	100.0
C09	Tonsil	-	0.0	4	100.0	-	-	4	100.0
C10	Oth. Oropharynx	-	0.0	9	100.0	-	-	9	100.0
C11	Nasopharynx	-	0.0	1	100.0	-	-	1	100.0
C12-C13	Hypopharynx	-	0.0	12	100.0	-	-	12	100.0
C14	Pharynx Unspecified	-	0.0	3	100.0	-	-	3	100.0
C15	Oesophagus	1	2.0	46	93.9	2	4.1	49	100.0
C16	Stomach	1	4.8	19	90.5	1	4.8	21	100.0
C17	Small Intestine	-	-	7	100.0	-	-	7	100.0
C18	Colon	-	-	38	100.0	-	-	38	100.0
C19-C20	Rectum	-	-	15	93.8	1	6.3	16	100.0
C21	Anus & Anal Canal	-	-	5	100.0	-	-	5	100.0
C22	Liver	16	45.7	12	34.3	7	20.0	35	100.0
C23-C24	Gallbladder etc.	3	11.1	22	81.5	2	7.4	27	100.0
C25	Pancreas	4	21.1	15	78.9	-	-	19	100.0
C30-C31	Nose, Sinuses etc.	-	-	3	100.0	-	-	3	100.0
C32	Larynx	-	-	33	100.0	-	-	33	100.0
C33-C34	Lung etc.	3	2.7	106	95.5	2	1.8	111	100.0
C37-C38	Other Thoracic Organs	-	-	2	100.0	-	-	2	100.0
C40-C41	Bone	-	-	5	100.0	-	-	5	100.0
C43	Melanoma of Skin	-	-	2	100.0	-	-	2	100.0
C44	Other Skin	-	-	13	100.0	-	-	13	100.0
C45	Mesothelioma	-	-	-	-	-	-	-	-
C46	Kaposi Sarcoma	-	-	-	-	-	-	-	-
C47+C49	Conn. & Soft Tissue	-	-	7	100.0	-	-	7	100.0
C50	Breast	-	-	7	100.0	-	-	7	100.0
C60	Penis	-	-	5	100.0	-	-	5	100.0
C61	Prostate	4	4.4	84	93.3	2	2.2	90	100.0
C62	Testis	-	-	9	100.0	-	-	9	100.0
C63	Other Male Genital	-	-	1	100.0	-	-	1	100.0
C64	Kidney etc.	1	4.2	23	95.8	-	-	24	100.0
C65	Renal Pelvis	-	-	-	-	-	-	-	-
C66	Ureter	-	-	-	-	-	-	-	-
C67	Urinary Bladder	-	-	51	100.0	-	-	51	100.0
C68	Uns.Urinary Organs	-	-	-	-	-	-	-	-
C69	Eye	3	75.0	1	25.0	-	-	4	100.0
C70-C72	Brain, Nervous System	-	-	28	100.0	-	-	28	100.0
C73	Thyroid	-	-	10	100.0	-	-	10	100.0
C74	Adrenal Gland	-	-	-	-	-	-	-	-
C81	Hodgkins Disease	-	-	11	100.0	-	-	11	100.0
C82-C86, C96	NHL	-	-	48	98.0	1	2.0	49	100.0
C88	Maliglmn.Prol D	-	-	-	-	-	-	-	-
C90	Multiple Myeloma	-	-	12	100.0	-	-	12	100.0
C91	Lymphoid Leuk.	-	-	24	100.0	-	-	24	100.0
C92-C94	Myeloid Leukaemia	-	-	37	100.0	-	-	37	100.0
C95	Leukaemia Uns	-	-	8	100.0	-	-	8	100.0
Other & Unspecified*		2	7.4	21	77.8	4	14.8	27	100.0
Total		39	4.2	874	93.4	23	2.5	936	100.0

* O & U includes the sites (ICD - 10: C26, C39, C48, C75, C76, C77, C78, C79, C80, C97)

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

**Table 29: Number (#) and Proportion (%) of cancers by site (ICD -10) and method of diagnosis:
2017-2018 – Females Chandigarh**

ICD 10	Sites	Radiology		Microscopic		Other (+DCO)**		Total	
		No.	%	No.	%	No.	%	No.	%
C00	Lip	-	-	-	-	-	-	-	-
C01-C02	Tongue	-	-	9	100.0	-	-	9	100.0
C03-C06	Mouth	-	-	6	100.0	-	-	6	100.0
C07-C08	Salivary Gland	-	-	3	100.0	-	-	3	100.0
C09	Tonsil	-	-	2	100.0	-	-	2	100.0
C10	Oth. Oropharynx	-	-	-	-	-	-	-	-
C11	Nasopharynx	-	-	-	-	-	-	-	-
C12-C13	Hypopharynx	-	-	3	100.0	-	-	3	100.0
C14	Pharynx Unspecified	-	-	2	100.0	-	-	2	100.0
C15	Oesophagus	-	-	16	100.0	-	-	16	100.0
C16	Stomach	-	-	5	100.0	-	-	5	100.0
C17	Small Intestine	-	-	5	100.0	-	-	5	100.0
C18	Colon	-	-	19	100.0	-	-	19	100.0
C19-C20	Rectum	-	-	10	100.0	-	-	10	100.0
C21	Anus & Anal Canal	-	-	7	100.0	-	-	7	100.0
C22	Liver	5	55.6	4	44.4	-	-	9	100.0
C23-C24	Gallbladder etc.	5	7.7	58	89.2	2	3.1	65	100.0
C25	Pancreas	-	-	12	92.3	1	7.7	13	100.0
C30-C31	Nose, Sinuses etc.	-	-	1	100.0	-	-	1	100.0
C32	Larynx	-	-	2	100.0	-	-	2	100.0
C33-C34	Lung etc.	-	-	32	100.0	-	-	32	100.0
C37-C38	Other Thoracic Organs	-	-	1	100.0	-	-	1	100.0
C40-C41	Bone	1	16.7	5	83.3	-	-	6	100.0
C43	Melanoma of Skin	-	-	2	100.0	-	-	2	100.0
C44	Other Skin	-	-	18	100.0	-	-	18	100.0
C45	Mesothelioma	-	-	-	-	-	-	-	-
C46	Kaposi Sarcoma	-	-	1	100.0	-	-	1	100.0
C47+C49	Conn. & Soft Tissue	-	-	8	100.0	-	-	8	100.0
C50	Breast	2	0.7	291	99.3	-	-	293	100.0
C51	Vulva	-	-	1	100.0	-	-	1	100.0
C52	Vagina	-	-	5	100.0	-	-	5	100.0
C53	Cervix Uteri	-	-	61	100.0	-	-	61	100.0
C54	Corpus Uteri	1	1.7	58	98.3	-	-	59	100.0
C55	Uterus Unspecified	2	22.2	7	77.8	-	-	9	100.0
C56	Ovary etc.	1	1.7	57	95.0	2	3.3	60	100.0
C57	Other Female Genital	-	-	2	100.0	-	-	2	100.0
C58	Placenta	-	-	-	-	-	-	-	-
C64	Kidney etc.	1	4.3	22	95.7	-	-	23	100.0
C65	Renal Pelvis	-	-	-	-	-	-	-	-
C66	Ureter	-	-	-	-	-	-	-	-
C67	Urinary Bladder	1	9.1	10	90.9	-	-	11	100.0
C68	Uns.Urinary Organs	-	-	-	-	-	-	-	-
C69	Eye	2	66.7	1	33.3	-	-	3	100.0
C70-C72	Brain, Nervous System	2	11.1	16	88.9	-	-	18	100.0
C73	Thyroid	-	-	26	100.0	-	-	26	100.0
C74	Adrenal Gland	-	-	1	100.0	-	-	1	100.0
C81	Hodgkins Disease	-	-	7	100.0	-	-	7	100.0
C82-C86, C96	NHL	-	-	27	100.0	-	-	27	100.0
C88	Maliglmn.Prol D	-	-	-	-	-	-	-	-
C90	Multiple Myeloma	-	-	19	100.0	-	-	19	100.0
C91	Lymphoid Leuk.	-	-	13	100.0	-	-	13	100.0
C92-C94	Myeloid Leukaemia	-	-	27	100.0	-	-	27	100.0
C95	Leukaemia Uns	-	-	3	100.0	-	-	3	100.0
Other & Unspecified*		1	5.6	16	88.9	1	5.6	18	100.0
Total		24	2.6	901	96.8	6	0.6	931	100.0

* O & U includes the sites (ICD - 10: C26, C39, C48, C75, C76, C77, C78, C79, C80, C97)

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

Table 30: Number of cancer deaths by five-year age group and site (ICD 10): 2017-2018
Males Chandigarh

% = 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	3	0.5
C01-C02	Tongue	-	-	-	-	-	-	4	5	5	5	7	8	4	1	3	2	44	7.1
C03-C06	Mouth	-	-	-	-	-	-	1	2	3	5	5	3	4	3	1	5	32	5.1
C07-C08	Salivary Gland	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	0.2
C09	Tonsil	-	-	-	-	-	-	-	-	-	1	2	-	-	2	2	-	7	1.1
C10	Oth. Oropharynx	-	-	-	-	-	-	-	-	-	1	1	2	-	3	-	1	8	1.3
C11	Nasopharynx	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	2	0.3
C12-C13	Hypopharynx	-	-	-	-	-	-	-	-	-	-	2	2	4	2	1	-	11	1.8
C14	Pharynx Unspecified	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	1	3	0.5
C15	Oesophagus	-	-	-	-	-	-	-	1	1	3	9	9	10	4	4	8	49	7.9
C16	Stomach	-	-	-	-	-	-	-	2	2	1	3	2	3	1	1	1	16	2.6
C17	Small Intestine	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2	-	3	0.5
C18	Colon	-	-	-	-	-	-	-	-	1	1	2	2	-	5	1	2	14	2.2
C19-C20	Rectum	-	-	-	-	-	-	1	-	1	-	-	-	2	-	2	5	11	1.8
C21	Anus & Anal Canal	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	2	5	0.8
C22	Liver	-	-	-	-	-	1	-	-	-	3	3	2	2	9	1	8	29	4.7
C23-C24	Gallbladder etc.	-	-	-	-	-	-	-	1	-	4	3	5	3	4	1	3	24	3.9
C25	Pancreas	-	-	-	-	-	-	-	1	-	3	1	3	3	2	3	2	18	2.9
C30-C31	Nose, Sinuses etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C32	Larynx	-	-	-	-	-	-	-	-	1	3	3	2	6	8	2	3	28	4.5
C33-C34	Lung etc.	1	-	-	-	-	-	2	2	2	3	6	18	20	14	19	14	101	16.2
C37-C38	Other Thoracic Organs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	0.2
C40-C41	Bone	-	-	-	2	3	-	1	-	-	-	1	-	-	-	-	-	7	1.1
C43	Melanoma of Skin	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	2	0.3
C44	Other Skin	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	-	3	0.5
C45	Mesothelioma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0
C46	Kaposi Sarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0
C47+C49	Conn. & Soft Tissue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	0.2
C50	Breast	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	0.2
C60	Penis	-	-	-	-	-	-	-	1	1	-	-	-	-	1	1	-	4	0.6
C61	Prostate	-	-	-	-	-	-	-	-	-	-	-	3	5	4	6	18	36	5.8
C62	Testis	-	-	-	-	-	-	2	-	-	-	-	1	-	-	-	-	3	0.5
C63	Other Male Genital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C64	Kidney etc.	-	-	-	-	-	-	-	1	-	1	-	4	2	2	1	2	13	2.1
C65	Renal Pelvis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C66	Ureter	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C67	Urinary Bladder	-	-	-	-	-	-	-	1	2	1	4	3	1	5	1	5	23	3.7
C68	Uns.Urinary Organs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C69	Eye	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	0.3
C70-C72	Brain, Nervous System	-	2	-	-	-	1	-	1	3	3	4	1	1	1	1	1	19	3.0
C73	Thyroid	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	0.2
C74	Adrenal Gland	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C81	Hodgkins Disease	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	2	0.3
C82-C86, C96	NHL	-	1	-	-	-	1	1	1	-	2	1	2	2	5	4	3	23	3.7
C88	Maliglmn.Prol D	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C90	Multiple Myeloma	-	-	-	-	-	-	-	-	-	-	1	1	2	1	2	4	11	1.8
C91	Lymphoid Leuk.	2	1	-	-	2	1	-	-	-	-	-	1	-	2	-	1	10	1.6
C92-C94	Myeloid Leukaemia	1	-	1	1	-	1	-	1	-	-	1	1	2	2	2	2	15	2.4
C95	Leukaemia Uns	-	-	-	-	-	-	2	1	-	-	1	-	-	-	-	2	6	1.0
Other and Unpacified*		-	-	-	-	-	-	-	-	1	1	7	4	6	3	4	5	31	5.0
Total		5	5	1	3	5	5	14	22	25	43	69	83	84	89	68	102	623	100.0

* O & U includes the sites (ICD - 10: C26, C39, C48, C75, C76, C77, C78, C79, C80, C97)

Table 31: Number of cancer deaths by five-year age group and site (ICD 10): 2017-2018
Females Chandigarh

% = 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	0.2
C01-C02	Tongue	-	-	-	-	-	-	-	-	-	1	1	1	-	-	3	1	7	1.4
C03-C06	Mouth	-	-	-	-	-	-	-	-	-	-	1	3	2	-	1	2	9	1.8
C07-C08	Salivary Gland	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C09	Tonsil	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	0.2
C10	Oth. Oropharynx	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C11	Nasopharynx	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C12-C13	Hypopharynx	-	-	-	-	-	-	-	-	-	2	-	-	-	1	-	-	3	0.6
C14	Pharynx Unspecified	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	2	0.4
C15	Oesophagus	-	-	-	-	-	-	-	-	1	-	2	4	6	-	2	4	19	3.9
C16	Stomach	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	0.2
C17	Small Intestine	-	-	-	-	-	-	-	-	1	2	-	-	-	1	-	1	5	1.0
C18	Colon	-	-	-	-	-	-	1	-	-	-	2	2	1	-	1	2	9	1.8
C19-C20	Rectum	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	-	3	0.6
C21	Anus & Anal Canal	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	2	0.4
C22	Liver	-	-	-	-	-	-	-	-	-	2	-	-	3	-	-	2	7	1.4
C23-C24	Gallbladder etc.	-	-	-	-	-	-	-	2	3	9	12	7	7	6	3	10	59	12.1
C25	Pancreas	-	-	-	-	-	-	-	-	-	1	-	2	2	1	4	1	11	2.3
C30-C31	Nose, Sinuses etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	0.2
C32	Larynx	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	0.2
C33-C34	Lung etc.	-	-	-	-	-	-	1	-	-	4	5	4	2	6	4	6	32	6.6
C37-C38	Other Thoracic Organs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C40-C41	Bone	-	-	-	2	-	1	-	-	-	-	-	-	1	1	-	-	5	1.0
C43	Melanoma of Skin	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C44	Other Skin	-	-	-	-	-	-	-	1	-	-	-	-	1	1	1	1	5	1.0
C45	Mesothelioma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	0.2
C46	Kaposi Sarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C47+C49	Conn. & Soft Tissue	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	0.2
C50	Breast	-	-	-	-	-	2	3	4	10	12	20	8	16	12	10	9	106	21.8
C51	Vulva	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C52	Vagina	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	3	4	0.8
C53	Cervix Uteri	-	-	-	-	-	-	1	1	1	5	2	5	6	2	3	5	31	6.4
C54	Corpus Uteri	-	-	-	-	-	-	-	1	-	3	1	2	1	2	2	7	19	3.9
C55	Uterus Unspecified	-	-	-	-	-	-	-	-	-	2	-	-	-	1	-	-	3	0.6
C56	Ovary etc.	-	-	-	-	1	1	-	2	1	3	6	4	6	9	4	5	42	8.6
C57	Other Female Genital	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	2	0.4
C58	Placenta	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C64	Kidney etc.	-	-	-	-	-	-	-	1	-	-	-	1	1	1	2	3	9	1.8
C65	Renal Pelvis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C66	Ureter	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C67	Urinary Bladder	-	-	-	-	-	-	-	-	-	-	1	2	1	-	1	3	8	1.6
C68	Uns.Urinary Organs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C69	Eye	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	0.2
C70-C72	Brain, Nervous System	-	-	-	-	1	1	1	1	-	1	2	2	2	2	-	-	13	2.7
C73	Thyroid	-	-	-	-	-	-	-	1	-	-	-	1	1	2	-	1	6	1.2
C74	Adrenal Gland	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C75	Other endocrine	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C81	Hodgkins Disease	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	0.2
C82-C86, C96	NHL	-	-	-	1	-	-	-	1	1	-	-	1	2	-	1	4	11	2.3
C88	Maliglmn.Prol D	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C90	Multiple Myeloma	-	-	-	-	-	-	-	-	-	-	1	2	2	2	2	-	9	1.8
C91	Lymphoid Leuk.	1	-	-	-	1	-	1	-	-	-	-	-	1	-	-	1	5	1.0
C92-C94	Myeloid Leukaemia	-	-	-	-	1	-	1	3	1	1	1	2	-	1	-	-	11	2.3
Other & Unspecified*		-	-	-	-	-	-	-	3	1	-	1	-	4	2	3	5	19	3.9
Total		1	-	-	4	5	6	9	21	20	48	61	58	72	54	50	78	487	100

* O & U includes the sites (ICD - 10: C26, C39, C48, C75, C76, C77, C78, C79, C80, C97)

Table 32: Average annual Age Specific, Crude (CR), Age-Adjusted (AAR) and Truncated (35-64 yrs) (TR) Mortality Rate per 100,000 population: 2017-2018 – Males Chandigarh

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	-	-	-	-	-	-	-	-	-	-	1.6	-	-	-	6.6	5.6	0.2	0.3	0.3
C01-C02	-	-	-	-	-	-	3.4	4.7	5.8	6.5	11.2	15.1	10.5	4.6	19.9	11.2	3.3	3.6	8.4
C03-C06	-	-	-	-	-	-	0.9	1.9	3.5	6.5	8.0	5.7	10.5	13.8	6.6	27.9	2.4	2.9	5.7
C07-C08	-	-	-	-	-	-	-	0.9	-	-	-	-	-	-	-	-	0.1	0.1	0.2
C09	-	-	-	-	-	-	-	-	-	1.3	3.2	-	-	9.2	13.2	-	0.5	0.8	0.8
C10	-	-	-	-	-	-	-	-	-	1.3	1.6	3.8	-	13.8	-	5.6	0.6	0.8	1.0
C11	-	-	-	-	-	-	-	-	-	1.3	-	1.9	-	-	-	-	0.2	0.2	0.5
C12-C13	-	-	-	-	-	-	-	-	-	-	3.2	3.8	10.5	9.2	6.6	-	0.8	1.1	2.4
C14	-	-	-	-	-	-	-	-	1.2	1.3	-	-	-	-	-	5.6	0.2	0.3	0.5
C15	-	-	-	-	-	-	-	0.9	1.2	3.9	14.4	17.0	26.3	18.4	26.5	44.6	3.7	4.8	9.1
C16	-	-	-	-	-	-	-	1.9	2.3	1.3	4.8	3.8	7.9	4.6	6.6	5.6	1.2	1.4	3.3
C17	-	-	-	-	-	-	-	-	-	-	1.6	-	-	-	13.2	-	0.2	0.3	0.3
C18	-	-	-	-	-	-	-	-	1.2	1.3	3.2	3.8	-	23.0	6.6	11.2	1.1	1.5	1.5
C19-C20	-	-	-	-	-	-	0.9	-	1.2	-	-	-	5.3	-	13.2	27.9	0.8	1.2	0.9
C21	-	-	-	-	-	-	-	-	-	-	-	1.9	-	9.2	-	11.2	0.4	0.6	0.2
C22	-	-	-	-	-	0.7	-	-	-	3.9	4.8	3.8	5.3	41.4	6.6	44.6	2.2	3.2	2.7
C23-C24	-	-	-	-	-	-	-	0.9	-	5.2	4.8	9.5	7.9	18.4	6.6	16.7	1.8	2.3	4.2
C25	-	-	-	-	-	-	-	0.9	-	3.9	1.6	5.7	7.9	9.2	19.9	11.2	1.4	1.8	2.9
C30-C31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C32	-	-	-	-	-	-	-	-	1.2	3.9	4.8	3.8	15.8	36.8	13.2	16.7	2.1	3.0	4.3
C33-C34	1.1	-	-	-	-	-	1.7	1.9	2.3	3.9	9.6	34.1	52.5	64.4	125.8	78.1	7.6	10.7	14.3
C37-C38	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6.6	-	0.1	0.1	-
C40-C41	-	-	-	1.5	1.9	-	0.9	-	-	-	1.6	-	-	-	-	-	0.5	0.4	0.3
C43	-	-	-	-	-	-	-	-	-	-	-	-	2.6	4.6	-	-	0.2	0.2	0.3
C44	-	-	-	-	-	-	-	-	-	-	-	1.9	-	4.6	6.6	-	0.2	0.3	0.2
C45	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C46	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C47+C49	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5.6	0.1	0.1	-
C50	-	-	-	-	-	-	-	-	-	-	-	-	2.6	-	-	-	0.1	0.1	0.3
C60	-	-	-	-	-	-	-	0.9	1.2	-	-	-	-	4.6	6.6	-	0.3	0.4	0.4
C61	-	-	-	-	-	-	-	-	-	-	-	5.7	13.1	18.4	39.7	100.4	2.7	4.1	2.4
C62	-	-	-	-	-	-	1.7	-	-	-	-	1.9	-	-	-	-	0.2	0.2	0.2
C63	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C64	-	-	-	-	-	-	-	0.9	-	1.3	-	7.6	5.3	9.2	6.6	11.2	1.0	1.3	2.1
C65	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C66	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C67	-	-	-	-	-	-	-	0.9	2.3	1.3	6.4	5.7	2.6	23.0	6.6	27.9	1.7	2.3	3.0
C68	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C69	1.1	1.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.2	0.2	-
C70-C72	-	2.0	-	-	-	0.7	-	0.9	3.5	3.9	6.4	1.9	2.6	4.6	6.6	5.6	1.4	1.6	3.2
C73	-	-	-	-	-	-	-	-	-	-	-	1.9	-	-	-	-	0.1	0.1	0.2
C74	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C81	-	-	-	-	-	-	-	-	1.2	-	-	-	-	4.6	-	-	0.2	0.2	0.2
C82-C86, C96	-	1.0	-	-	-	0.7	0.9	0.9	-	2.6	1.6	3.8	5.3	23.0	26.5	16.7	1.7	2.4	2.1
C88	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C90	-	-	-	-	-	-	-	-	-	-	1.6	1.9	5.3	4.6	13.2	22.3	0.8	1.2	1.2
C91	2.2	1.0	-	-	1.3	0.7	-	-	-	-	-	1.9	-	9.2	-	5.6	0.8	1.0	0.2
C92-C94	1.1	-	0.9	0.7	-	0.7	-	0.9	-	-	1.6	1.9	5.3	9.2	13.2	11.2	1.1	1.5	1.4
C95	-	-	-	-	-	-	1.7	0.9	-	-	1.6	-	-	-	-	11.2	0.5	0.5	0.4
O&U*	-	-	-	-	-	-	-	-	1.2	1.3	11.2	7.6	15.8	13.8	26.5	27.9	2.3	3.1	5.3
Total	5.5	4.9	0.9	2.2	3.2	3.6	12.1	20.8	29.1	55.5	110.2	157.1	220.7	409.6	450.1	569.0	46.9	62.3	86.9

* O & U includes the sites (ICD - 10: C26, C39, C48, C75, C76, C77, C78, C79, C80, C97)

Table 33: Average annual Age Specific, Crude (CR), Age-Adjusted (AAR) and Truncated (35-64 yrs) (TR) Mortality Rate per 100,000 Population: 2017-2018 – Females Chandigarh

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	-	-	-	-	-	-	-	-	-	-	-	-	2.8	-	-	-	0.1	0.1	0.4
C01-C02	-	-	-	-	-	-	-	-	-	1.5	1.8	2.3	-	-	21.8	5.4	0.6	0.8	0.9
C03-C06	-	-	-	-	-	-	-	-	-	-	1.8	6.9	5.5	-	7.3	10.7	0.8	0.9	1.9
C07-C08	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C09	-	-	-	-	-	-	-	-	-	-	-	-	-	5.3	-	-	0.1	0.2	-
C10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C12-C13	-	-	-	-	-	-	-	-	-	2.9	-	-	-	5.3	-	-	0.3	0.3	0.6
C14	-	-	-	-	-	-	-	-	-	-	-	2.3	2.8	-	-	-	0.2	0.2	0.7
C15	-	-	-	-	-	-	-	-	1.3	-	3.6	9.1	16.6	-	14.5	21.5	1.7	2.0	4.1
C16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7.3	-	0.1	0.1	-
C17	-	-	-	-	-	-	-	-	1.3	2.9	-	-	-	5.3	-	5.4	0.4	0.5	0.8
C18	-	-	-	-	-	-	1.0	-	-	-	3.6	4.6	2.8	-	7.3	10.7	0.8	0.9	1.5
C19-C20	-	-	-	-	-	-	-	-	-	-	-	2.3	2.8	-	7.3	-	0.3	0.3	0.7
C21	-	-	-	1.0	-	-	-	-	-	-	-	-	-	-	7.3	-	0.2	0.2	-
C22	-	-	-	-	-	-	-	-	-	2.9	-	-	8.3	-	-	10.7	0.6	0.7	1.6
C23-C24	-	-	-	-	-	-	-	2.2	3.9	13.3	21.7	16.0	19.3	31.6	21.8	53.7	5.3	6.1	11.8
C25	-	-	-	-	-	-	-	-	-	1.5	-	4.6	5.5	5.3	29.1	5.4	1.0	1.3	1.6
C30-C31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5.4	0.1	0.1	-
C32	-	-	-	-	-	-	-	-	-	-	-	2.3	-	-	-	-	0.1	0.1	0.3
C33-C34	-	-	-	-	-	-	1.0	-	-	5.9	9.0	9.1	5.5	31.6	29.1	32.2	2.9	3.6	4.5
C37-C38	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C40-C41	-	-	-	2.0	-	0.8	-	-	-	-	-	-	2.8	5.3	-	-	0.4	0.5	0.4
C43	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C44	-	-	-	-	-	-	-	1.1	-	-	-	-	2.8	5.3	7.3	5.4	0.4	0.6	0.6
C45	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5.4	0.1	0.1	-
C46	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C47+C49	-	-	-	-	-	0.8	-	-	-	-	-	-	-	-	-	-	0.1	0.1	-
C50	-	-	-	-	-	1.7	3.0	4.5	13.0	17.7	36.1	18.3	44.2	63.1	72.7	48.3	9.5	11.0	20.7
C51	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C52	-	-	-	-	-	-	-	-	-	-	1.8	-	-	-	-	16.1	0.4	0.4	0.3
C53	-	-	-	-	-	-	1.0	1.1	1.3	7.4	3.6	11.4	16.6	10.5	21.8	26.9	2.8	3.2	6.1
C54	-	-	-	-	-	-	-	1.1	-	4.4	1.8	4.6	2.8	10.5	14.5	37.6	1.7	2.1	2.3
C55	-	-	-	-	-	-	-	-	-	2.9	-	-	-	5.3	-	-	0.3	0.3	0.6
C56	-	-	-	-	0.8	0.8	-	2.2	1.3	4.4	10.8	9.1	16.6	47.3	29.1	26.9	3.8	4.7	6.6
C57	-	-	-	-	-	-	-	-	-	-	1.8	2.3	-	-	-	-	0.2	0.2	0.6
C58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C64	-	-	-	-	-	-	-	1.1	-	-	-	2.3	2.8	5.3	14.5	16.1	0.8	1.0	0.9
C65	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C66	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C67	-	-	-	-	-	-	-	-	-	-	1.8	4.6	2.8	-	7.3	16.1	0.7	0.9	1.2
C68	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C69	-	-	-	-	-	-	-	-	-	-	-	-	2.8	-	-	-	0.1	0.1	0.4
C70-C72	-	-	-	-	0.8	0.8	1.0	1.1	-	1.5	3.6	4.6	5.5	10.5	-	-	1.2	1.2	2.4
C73	-	-	-	-	-	-	-	1.1	-	-	-	2.3	2.8	10.5	-	5.4	0.5	0.7	0.9
C74	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C75	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C81	-	-	-	-	-	-	-	-	-	-	1.8	-	-	-	-	-	0.1	0.1	0.3
C82-C86, C96	-	-	-	1.0	-	-	-	1.1	1.3	-	-	2.3	5.5	-	7.3	21.5	1.0	1.1	1.5
C88	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C90	-	-	-	-	-	-	-	-	-	-	1.8	4.6	5.5	10.5	14.5	-	0.8	1.1	1.6
C91	1.2	-	-	-	0.8	-	1.0	-	-	-	-	-	2.8	-	-	5.4	0.4	0.5	0.4
C92-C94	-	-	-	-	0.8	-	1.0	3.4	1.3	1.5	1.8	4.6	-	5.3	-	-	1.0	0.9	2.1
O&U*	-	-	-	-	-	-	-	3.4	1.3	-	1.8	-	11.0	10.5	21.8	26.9	1.7	2.1	2.6
Total	1.2	-	-	4.1	4.0	5.1	9.1	23.5	26.0	70.7	110.1	132.4	198.7	284.0	363.6	419.0	43.7	51.9	83.7

* O & U includes the sites (ICD - 10: C26, C39, C48, C75, C76, C77, C78, C79, C80, C97)

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

Table 34: Number of cases in paediatric age-group, incidence rate per million population: 2017-2018 (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
								All	Group	All	Group	0-4	5-9	10-14	15-19	0-14	0-19	0-14	0-19	
I	LEUKAEMIA	4	7	2	7	13	20	38.2	100	42.6	100	23.0	36.9	10.3	30.1	23.8	25.2	2850	1994	100
a.	Lymphoid	3	5	-	5	8	13	23.5	61.5	27.7	65.0	17.3	26.4	-	21.5	15.2	16.6	4587	3071	100
b.	Acute myeloid	1	2	2	1	5	6	14.7	38.5	12.8	30.0	5.8	10.5	10.3	4.3	8.6	7.6	7521	6473	100
c.	CMD	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
d.	MDS & other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
e.	Unspecified	-	-	-	1	-	1	-	0.0	2.1	5.0	-	-	-	4.3	-	1.0	-	46437	100
II	LYMPHOMA & RELATED	5	2	-	2	7	9	20.6	100	19.1	100	28.8	10.5	-	8.6	14.5	13.2	5090	4175	100
a.	Hodgkin	3	-	-	1	3	4	8.8	42.9	8.5	44.4	17.3	-	-	4.3	6.7	6.1	11593	9277	100
b.	Non-Hodgkin except BL	1	1	-	-	2	2	5.9	28.6	4.3	22.2	5.8	5.3	-	-	3.9	3.0	18147	18147	100
c.	Burkitt (BL)	1	-	-	-	1	1	2.9	14.3	2.1	11.1	5.8	-	-	-	2.2	1.7	34778	34778	100
d.	Lymphoreticular	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
e.	Unspecified	-	1	-	1	1	2	2.9	14.3	4.3	22.2	-	5.3	-	4.3	1.7	2.3	37946	20882	100
III	CNS NEOPLASMS	1	1	-	1	2	3	5.9	100	6.4	100	5.8	5.3	-	4.3	3.9	4.0	18147	13048	100
a.	Ependymoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Astrocytoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	CNS embryonal	1	1	-	-	2	2	5.9	100	4.3	66.7	5.8	5.3	-	-	3.9	3.0	18147	18147	100
d.	Other gliomas	-	-	-	1	-	1	-	-	2.1	33.3	-	-	-	4.3	-	1.0	-	46437	100
e.	Other specified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
f.	Unspecified CNS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IV	NEUROBLASTOMA	-	1	-	-	1	1	2.9	100	2.1	100	-	5.3	-	-	1.7	1.3	37946	37946	100
a.	(Ganglio)neuroblastoma	-	1	-	-	1	1	2.9	100	2.1	100	-	5.3	-	-	1.7	1.3	37946	37946	100
b.	Peripheral nervous	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
V	RETINOBLASTOMA	-	1	-	-	1	1	2.9	100	2.1	100	-	5.3	-	-	1.7	1.3	37946	37946	100
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	2	1	4	5	11.8	100	10.6	100	5.8	5.3	10.3	4.3	6.9	6.3	9380	7804	80.0
a.	Osteosarcoma	1	-	1	-	2	2	5.9	50.0	4.3	40.0	5.8	-	5.2	-	3.7	2.9	18346	18346	100
b.	Chondrosarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	Ewing & related	-	-	1	1	1	2	2.9	25.0	4.3	40.0	-	-	5.2	4.3	1.5	2.1	38828	21147	100
d.	Other specified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
e.	Unspecified	-	1	-	-	1	1	2.9	25.0	2.1	20.0	-	5.3	-	-	1.7	1.3	37946	37946	0.0
IX	SOFT TISSUE SARCOMA	-	1	-	1	1	2	2.9	100	4.3	100	-	5.3	-	4.3	1.7	2.3	37946	20882	100
a.	Rhabdomyosarcoma	-	1	-	1	1	2	2.9	100	4.3	100	-	5.3	-	4.3	1.7	2.3	37946	20882	100
b.	Fibrosarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	Kaposi sarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
d.	Other specified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
e.	Unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
X	GERM CELL TUMOURS	-	-	-	1	-	1	-	-	2.1	100	-	-	-	4.3	-	1.0	-	46437	100
a.	CNS germ cell	-	-	-	1	-	1	-	-	2.1	100	-	-	-	4.3	-	1.0	-	46437	100
b.	Other extragonadal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	Gonadal germ cell	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
d.	Gonadal carcinoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
e.	Unspecified gonadal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XI	CARCINOMA & MELANOMA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
a.	Adrenocortical	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Thyroid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	Nasopharyngeal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
d.	Melanoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
e.	Skin carcinoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
f.	Other & unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XII	OTHER & UNSPECIFIED	2	3	-	-	5	5	14.7	100	10.6	100	11.5	15.8	-	-	9.6	7.4	7323	7323	0.0
a.	Other specified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Other unspecified	2	3	-	-	5	5	14.7	100	10.6	100	11.5	15.8	-	-	9.6	7.4	7323	7323	0.0
	Total	13	17	4	13	34	47	100	100	100	100	74.8	89.6	20.6	56.0	63.8	62.1	1082	831	87.2

Table 35: Number of cases in paediatric age-group, incidence rate per million population: 2017-2018 (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	5	4	1	5	10	15	36.6	36.7	3.3	3.0	2	-	1	2	3	5	12.8	14.5
a.	Lymphoid	3	3	-	3	6	9	22.3	22.3	3.0	2.3	2	-	-	2	2	4	9.3	11.8
b.	Acute myeloid	2	1	1	1	4	5	14.3	12.8	4.0	5.0	-	-	1	-	1	1	3.5	2.7
c.	CMD	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
d.	MDS & other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
e.	Unspecified	-	-	-	1	-	1	-	1.7	-	0.0	-	-	-	-	-	-	-	-
II	LYMPHOMA & RELATED	2	5	-	1	7	8	24.3	20.5	0.0	8.0	-	-	-	1	-	1	-	2.3
a.	Hodgkin	-	3	-	1	3	4	9.5	9.0	-	-	-	-	-	-	-	-	-	-
b.	Non-Hodgkin except BL	1	1	-	-	2	2	7.4	5.7	-	-	-	-	-	-	-	-	-	-
c.	Burkitt (BL)	-	1	-	-	1	1	3.2	2.4	-	-	-	-	-	-	-	-	-	-
d.	Lymphoreticular	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
e.	Unspecified	1	-	-	-	1	1	4.3	3.3	0.0	1.0	-	-	-	1	-	1	-	2.3
III	CNS NEOPLASMS	1	1	-	1	2	3	7.4	7.4	0.0	0.0	-	-	-	-	-	-	-	-
a.	Ependymoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Astrocytoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	CNS embryonal	1	1	-	-	2	2	7.4	5.7	0.0	0.0	-	-	-	-	-	-	-	-
d.	Other gliomas	-	-	-	1	-	1	-	1.7	-	0.0	-	-	-	-	-	-	-	-
e.	Other specified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
f.	Unspecified CNS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IV	NEUROBLASTOMA	-	-	-	-	-	-	-	-	0.0	0.0	1	-	-	-	1	1	4.7	3.6
a.	(Ganglio)neuroblastoma	-	-	-	-	-	-	-	-	0.0	0.0	1	-	-	-	1	1	4.7	3.6
b.	Peripheral nervous	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
V	RETINOBLASTOMA	-	-	-	-	-	-	-	-	0.0	0.0	1	-	-	-	1	1	4.7	3.6
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	-	2	2	5.8	4.5	1.0	0.7	1	-	1	1	2	3	8.1	8.6
a.	Osteosarcoma	-	1	1	-	2	2	5.8	4.5	0.0	0.0	-	-	-	-	-	-	-	-
b.	Chondrosarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	Ewing & related	-	-	-	-	-	-	-	-	0.0	0.0	-	-	1	1	1	2	3.5	5.0
d.	Other specified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
e.	Unspecified	-	-	-	-	-	-	-	-	0.0	0.0	1	-	-	-	1	1	4.7	3.6
IX	SOFT TISSUE SARCOMA	1	-	-	1	1	2	4.3	5.0	0.0	0.0	-	-	-	-	-	-	-	-
a.	Rhabdomyosarcoma	1	-	-	1	1	2	4.3	5.0	0.0	0.0	-	-	-	-	-	-	-	-
b.	Fibrosarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	Kaposi sarcoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
d.	Other specified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
e.	Unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
X	GERM CELL TUMOURS	-	-	-	1	-	1	-	1.7	0.0	0.0	-	-	-	-	-	-	-	-
a.	CNS germ cell	-	-	-	1	1	1	-	1.7	0.0	0.0	-	-	-	-	-	-	-	-
b.	Other extragonadal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	Gonadal germ cell	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
d.	Gonadal carcinoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
e.	Unspecified gonadal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XI	CARCINOMA & MELANOMA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
a.	Adrenocortical	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Thyroid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	Nasopharyngeal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
d.	Melanoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
e.	Skin carcinoma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
f.	Other & unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
XII	OTHER & UNSPECIFIED	2	1	-	-	3	3	11.7	9.1	1.5	1.5	1	1	-	-	2	2	8.3	6.5
a.	Other specified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	Other unspecified	2	1	-	-	3	3	11.7	9.1	1.5	1.5	1	1	-	-	2	2	8.3	6.5
Total		11	12	2	9	25	34	90.0	84.8	2.8	2.6	6	1	2	4	9	13	38.6	39.1

19. Sector and village-wise incidence and mortality cases: 2013 – 2018

Sector and village-wise incidence and mortality cases: (2013-2018)

Area	Incidence (2013-2018)			Mortality (2013-2018)		
	Male	Female	Total	Male	Female	Total
Sector 1	2	0	2	1	0	1
Sector 2	2	3	5	0	3	3
Sector 3	2	4	6	2	3	5
Sector 4	4	4	8	1	2	3
Sector 5	3	2	5	3	2	5
Sector 7	37	33	70	14	13	27
Sector 8	31	19	50	14	10	24
Sector 9	17	12	29	9	4	13
Sector 10	14	10	24	7	3	10
Sector 11	18	24	42	15	7	22
Sector 12 (PGIMER)	11	17	28	6	9	15
Sector 14	10	11	21	7	2	9
Sector 15	46	49	95	31	20	51
Sector 16	19	16	35	7	9	16
Sector 17	1	0	1	0	0	0
Sector 18	30	30	60	20	14	34
Sector 19	33	43	76	18	14	32
Sector 20	69	78	147	45	32	77
Sector 21	26	44	70	19	15	34
Sector 22	57	64	121	30	36	66
Sector 23	40	44	84	23	20	43
Sector 24	34	28	62	20	10	30
Sector 25	47	31	78	39	14	53
Sector 26	50	55	105	27	27	54
Sector 27	30	33	63	18	14	32

Area	Incidence (2013-2018)			Mortality (2013-2018)		
	Male	Female	Total	Male	Female	Total
Sector 28	34	31	65	16	9	25
Sector 29	38	52	90	25	23	48
Sector 30	30	38	68	18	22	40
Sector 31	10	9	19	6	3	9
Sector 32	34	35	69	18	19	37
Sector 33	31	34	65	13	14	27
Sector 34	19	17	36	11	9	20
Sector 35	39	36	75	24	15	39
Sector 36	14	18	32	6	6	12
Sector 37	66	64	130	37	35	72
Sector 38 (west)	127	131	258	84	67	151
Sector 39	27	24	51	12	16	28
Sector 40	67	77	144	32	29	61
Sector 41	84	76	160	35	37	72
Sector 42	38	32	70	24	13	37
Sector 43	24	31	55	14	7	21
Sector 44	59	80	139	37	28	65
Sector 45	105	102	207	64	42	106
Sector 46	55	60	115	32	25	57
Sector 47	44	42	86	22	17	39
Sector 48	35	49	84	15	17	32
Sector 49	54	63	117	28	23	51
Sector 50	18	31	49	7	17	24
Sector 51	25	29	54	16	11	27
Sector 52	36	42	78	16	18	34
Sector 55	12	9	21	7	4	11
Sector 56	57	48	105	39	20	59
Sector 61	3	8	11	4	2	6
Sector 63	4	2	6	1	0	1

Area	Incidence (2013-2018)			Mortality (2013-2018)		
	Male	Female	Total	Male	Female	Total
Air force High ground	2	0	2	1	0	1
Airport	3	1	4	0	0	0
Atawa	1	1	2	1	1	2
Badheri	1	3	4	1	2	3
Behlana	18	11	29	10	2	12
Burail	9	5	14	7	3	10
Colony No.4	9	7	16	6	2	8
DaduMajra Colony	44	31	75	32	15	47
Daria	29	26	55	18	9	27
Dhanas	107	110	217	61	59	120
Faidan	1	4	5	1	2	3
Hallo Majra	31	43	74	18	18	36
Indira Colony	9	3	12	6	0	6
Industrial Area Chandigarh	16	12	28	10	5	15
Kaimbwala	15	8	23	10	2	12
Kajedhi	2	8	10	2	4	6
Khudda Ali sher	15	12	27	8	5	13
KhuddaJassu	4	3	7	1	2	3
KhuddaLahora	29	25	54	17	9	26
Kishangarh	26	9	35	13	7	20
Maloya	71	59	130	51	26	77
Mani Majra	211	192	403	126	85	211
Mauli Jagran	108	96	204	73	52	125
New Industrial Area	1	2	3	1	1	2
Palsora Colony	6	5	11	3	2	5
Raipur Kalan	1	1	2	1	0	1
Raipur Khurd	17	11	28	6	7	13
Ram Darbar	70	62	132	47	31	78
Sarangpur	11	9	20	7	3	10
Total	2689	2683	5372	1577	1185	2762

20. References

1. Report of National Cancer Registry Programme – Indian Council of Medical Research: 2012-2016, Bengaluru (2020). https://ncdirindia.org/All_Reports/PBCR_Annexures/Default.apx, accessed on Jul 2022.
2. Sangrur Population-Based Cancer Registry Report: 2017-2018 – Tata Memorial Centre, Mumbai, India and Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, India.
3. SAS Nagar Population-Based Cancer Registry Report: 2017-2018 – Tata Memorial Centre, Mumbai, India and Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, India.
4. Mansa Population-Based Cancer Registry Report: 2017-2018 – Tata Memorial Centre, Mumbai, India and Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, India.
5. Varanasi Population-Based Cancer Registry Report: 2018-2019 – Tata Memorial Centre, Mumbai, India; Sir Sunderlal Hospital, Banaras Hindu University (BHU) and district health authority of Varanasi district, Uttar Pradesh, India
6. Census of India 2011 (<https://www.census2011.co.in/census/state/chandigarh.html>) downloaded on 04/05/2020).
7. Official website of Chandigarh, India (<http://chandigarh.gov.in/>) downloaded on 21/12/2016).
8. International Classification of Diseases for Oncology – Third edition: WHO, Geneva 2000
9. CanReg5 Open Source Software: International Agency for Research on Cancer Lyon, France.
10. International Incidence of Childhood Cancer 3 – indicators of data quality: IARC – WHO, Lyon, France (<https://iicc.iarc.fr/includes/results/chapters/QualityIndicators.pdf>)
11. International Classification of Childhood Cancer Volume III: International Agency for Research on Cancer (IARC), World Health Organization (WHO) <https://iicc.iarc.fr/results/> accessed on Jul 2022.
12. IARC Monographs - Supplement 7, Overall evaluations of carcinogenicity; An updating of IARC monographs Volume 1-42: IARC monographs on the evaluation of the carcinogenic risks to humans. IARC Lyon, 1987, 357-61.
13. Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2020). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed on Jul 2022.

21. Acknowledgement

The population-based cancer registry Chandigarh gratefully acknowledge the help rendered by following dignitaries and medical centres.

We acknowledge the support provided by the Government of India, the state Government of Punjab and Chandigarh administration for their valuable help and support to the population-based cancer registry.

Our special thanks to Mrs. Vini Mahajan, Ex-Principal Secretary – Government of Punjab state, India for her valuable support.

Department of Health and Family Welfare, Punjab

Shri Balbir Singh, Health Minister
Sh. Raj Kamal Chaudhary, IAS Principal Secretary, Health & FW
Dr. Ranjit Singh Director, Health & Family Welfare
Dr. Areet Kaur Director, Health Services Family Welfare
Dr. GB Singh, Ex-State Nodal Officer, NPCDCS, In-charge Cancer Control Cell, Punjab
Dr. Sandeep Gill, State Nodal officer, NPCDS Punjab.
Sh. Ajoy Sharma, Secretary, Health & Family Welfare, Punjab

Health Department, Chandigarh Administration

Mr. Dharam Pal, IAS, Advisor to Administrator
Mr. Nitin Kumar Yadav, IAS, Home Secretary
Dr. Suman Singh, Director Health Services
Dr. Parijat, Nodal Officer, NPCDCS, DFWO
Dr. Parijat, State Programme Officer, NPCDCS
Dr. Charru Singla, Nodal Officer, NHM
Dr. Sandha, SMO, Manimajra
Dr. Anita, SMO, Community Health Centre, Sec-22
Dr. Navneet Kaur, SMO, Polyclinic Sector-45

PGIMER, Chandigarh

Department of Radiotherapy

Dr. Sushmita Ghoshal, Prof. & Head
Dr. Bhavana Rai, Professor
Dr. Narendra Kumar, Professor
Dr. Amit Bahl, Professor
Dr. Budhi S. Yadav, Professor
Mr. Vikas Kapoor, Social Worker, HBCR
Mr. Gurdeep Kaur, Social Worker, HBCR
Mrs. Neeru Moudgil, Social Worker, HBCR
Mrs. Anita Rani, Social Worker, HBCR
Mr. Amit Kumar, Data Entry Operator, HBCR
Mr. Anup Verma, Data Entry Operator, HBCR
Ms. Pooja, Data Entry Operator, HBCR
Mrs. Sarita, Medical Record Technician
Mrs. Suman, Medical Record Technician
Mrs. Harvinder, Medical Record Technician
Mr. Sandeep, Medical Record Technician

Department of Internal Medicine

Dr. Sanjay Jain, Prof.& Head
Dr. Navneet Sharma, Professor

Department of Advanced Paediatric Centre (APC)

Dr. Surjit Singh, Professor & Head
Dr. Deepak Bansal, Professor
Dr. Amita Trehan, Professor

Department of Urology

Dr. S. K. Singh, Professor & Head
Dr. Santosh Kumar, Professor
Dr. Uttam K. Mete, Professor
Dr. Ravimohan S.M., Professor

Department of Ophthalmology (Advanced EyeCentre)

Dr. Surinder S. Pandav, Professor & Head
Dr. Amod Gupta, Ex-Professor
Dr. Usha Singh, Professor
Mr. Prem, Hospital Attendant

Department of Otolaryngology (ENT)

Dr. Naresh K. Panda, Professor & Head
Dr. Jaimanti Bakshi, Professor
Dr. Rijuneeta, Professor

Department of Obstetrics & Gynaecology

Dr. Vanita Suri, Professor & Head
Dr. P.K. Saha, Professor

Department of Hepatology

Dr. Ajay Duseja, Professor & Head
Dr. Sunil Taneja, Assoc. Prof
Dr. Madhumita Premkumar, Assoc. Prof
Dr. Nipun Verma, Assoc. Prof
Dr. Arka De, Asstt. Prof.
Dr. Sehaj Rathi, Asstt. Prof.
Ms. Ramandeep, Transplant Co-ordinator

Department of General Surgery

Dr. Arunanshu Behera, Professor & Head
Dr. L. Kaman, Prof.
Dr. Divya Dahiya, Prof.

Department of Pulmonary Medicine

Dr. Ashutosh N. Aggarwal, Prof. & Head
Dr. Navneet Singh, Professor
Dr. Ritesh Agarwal, Professor

Department of Oral Health Sciences

Dr. Ashima Goyal, Prof. & Head
Dr. Vidya Rattan, Professor

Department of Cytology and Gynaecological Pathology

Dr. Radhika Srinivasan, Professor & Head
Dr. Pranab Dey, Professor
Dr. Nalini Gupta, Professor
Ms. Manju Samuel, Lower Divisional Clerk

Department of Immunopathology

Dr. Ranjana W. Minz, Professor & Head

Department of Histopathology

Dr. B.D. Radotra, Professor & Head
Mr. Anil

Department of Haematology

Dr. Pankaj Malhotra, Professor & Head

Department of Hospital Administration

Dr. Vipin Koushal, Medical Superintendent-cum- Prof. & Head, Department of Hospital Administration
Dr. Ashok Kumar, Prof./ AMS
Dr. Pankaj Arora, Assoc. Prof./ JMS

Department of Radio Diagnosis & Imaging

Dr. M.S. Sandhu, Professor & Head
Dr. Naveen Kalra, Professor
Dr. Paramjeet Singh, Prof.

Central Registration Department (CRD)

Mr. Kartikeyan, Sr. MRO
Ms. C. Uma Rani, Sr. MRO
Mrs. Jyoti Kumari, Sr. MRO
Mr. Sunil Sharma, MRO
Ms. Sunita Devi, MRO
Ms. Veena, Jr. MRO

Department of Community Medicine, School of Public Health

Dr. Kathirvel S., Associate Professor
Dr. Ronika Paika, Research Scientist

Department of Biostatistics

Dr. Vipin Koushal, Prof. & Head
Dr. Pramod K. Gupta, Assoc. Prof.
Dr. Kamal Kishore, Asstt. Prof.

Tata Memorial Hospital, Mumbai

Dr. CS Pramesh, Director
 Dr. Banavli S, Director – Academics
 Dr. Shailesh Shrikhande, Dy Director TMH
 Dr. Siddhartha Laskar, Dy Director – Academics
 Mr. Anil Sathe, CAO – TMC
 Mr. Suryakant Mohapatra, JCFA – TMC
 Mr. Benny George, HRD Officer
 Mr. Chandrakant Shetty, Jr AO
 Mrs. Anagha Kadam, AAO
 Mrs. Varsha Patil, Stenographer

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

Dr. Sudeep Gupta, Director
 Dr. Navin Khattry, Dy. Director, CRC- ACTREC
 Dr. Prasanna Venkatraman, Dy Director, CRI- ACTREC
 Mrs. Kusum Pednekar, Jr. PO, CCE
 Mr. Suryakant Shedge, Asst Accts Officer, CCE

Homi Bhabha Cancer Hospital, Sangrur

Mr. Balchandra Nijasure, Dy AO HBCH & RC
 Dr. Jasmin Kaur, AMS, Mullanpur
 Dr. Jasjit Singh, AMS, Sangrur
 Dr. Dimple Kalra, Administrator
 Mr. Mihir Panda, AAO
 Mr. Keshav Sharma, Dy. Account Officer
 Mr. Manbir Punia, Scientific Officer, 'C'-IT
 Mr. Rahul Dev Dwivedi, Scientific Officer, 'C'-IT
 Mr. Nitin Chautale, Purchase Officer
 Mr. Darshan Singh, Store Incharge
 Mr. Manohar Parathe, SO

Government Medical College and Hospital, Sector-32, Chandigarh

Prof. Jasbinder Kaur, Director Principal
 Prof. Sudhir Kumar Garg, Medical Superintendent
 Dr. Awadesh Kumar Pandey, Professor & Head, Department of Radiotherapy
 Dr. Sonia Puri, Associate Professor, Department of Community Medicine
 Dr. Uma Handa, Professor & Head, Dept pathology
 Ms. Saroj
 Mr. Sunil

Government Multi-Specialty Hospital, Sector-16, Chandigarh

Dr. Varinder Kumar Nagpal, Medical Superintendent
 Dr. Mrinalini C. Kumar, Head of the Deptt. (Pathology)
 Dr. Sandeep Tandon, Pathologists
 Dr. Ranjana Mehta, Pathologists
 Dr. Gaurav Pawar, Pathologists
 Dr. Shalini Parmar, Pathologists
 Dr. Akash Dhiman, DNB (Pathology)
 Dr. Nancy Neha, DNB (Pathology)
 Dr. Mohita Garg, DNB (Pathology)
 Mr. Rocky Daniel Dean, SMLT
 Mr. Stephen Mattu, SMLT
 Ms. Swati Pal, LT
 Ms. Jaspreet Kaur, LT
 Ms. Pushpa Binjola, Lab Attendant

Birth & Death, MOH Office, Sector-17, Chandigarh

Dr. Vinay Mohan, District Registrar and MOH
 Ms. Rupinder Kaur, Data Processing Assistant
 Mr. Sudan, Office Assistant
 Mr. Manpreet Singh, Co-ordinator
 Mr. Mukesh, Data Entry Operator
 Ms. Geetika, Data Entry Operator

Kidney & Uro Stone Centre, Sector-46, Chandigarh

Dr. (Col.) V.K. Kapoor, Director
 Dr. Anshuman V. Kapoor, Consultant Neurologist
 Dr. Anupama A. Kapoor, Hospital Administrator
 Dr. Gagan, Assistant NABH Coordinator
 Mr. Arman, MRD Assistant

Command Hospital, Panchkula, Haryana

Dr. (Col.) G.S. Chaudhary, Professor & Head Oncology

Chandigarh Cancer and Diagnostic Centre, Sector-33 B, Chandigarh

Dr. Jatin Sarin, Head Medical Oncologist
 Dr. Arvinder, Medical Officer

Malhotra Laboratory, Sector-22, Chandigarh

Dr. Vijay Malhotra, MD Pathology

Ms. Baby, Lab Technician

Medicos Laboratory, Sector-22, Chandigarh

Dr. Poonamjit Kaur, MD Pathology

Mr. Raman, Lab Technician

Altus Medical Laboratory, Sector-16**Chandigarh**

Dr. Alok Gupta, MD Pathology

Ms. Neelam, Scientific Officer

Atulaya Health Care, Sector-8, Chandigarh

Mr. Anuj Gupta, Director

Dr. Romilla, MD Pathology

SRL Diagnostic Centre, Sector-11, Chandigarh

Dr. Pranjali, MD Pathology

Alchemist Hospital, Panchkula

Dr. Harman Loona, General Manager

Dr. Ranjan Sahu, Medical Oncologist

Mr. Anil Kumar, Medical Record Officer

Indira Holiday Home, Sector-24, Chandigarh

Dr. Brahmjyot Kaur, MD Pathology

Indian Medical Association, Sector-35, Chandigarh

Dr. Sandeep Dhawan, President, IMA

Dr. Raman Abrol, General Secretary, IMA

Amulaya's Path Lab, Pearl City, Sector-104, SAS Nagar, Mohali

Dr. Amulyajit Kaur, MD Pathology

Civil Hospital, Phase-6, S.A.S Nagar

Dr. Renu Singh, Assistant Civil Surgeon, SAS Nagar

Dr. H. S. Cheema, SMO, S.A.S. Nagar

Dr. Vijay Bhagat, SMO, S.A.S. Nagar

Dr. Sukhwinder Singh Deol, SMO, Kharar

Dr. Surinder Pal Kaur, SMO, Gharuan

Dr. Alakhjot Kaur, SMO, Boothgarh

Dr. Ravneet Kaur, SMO, CHC, Banur

Dr. Dharminder Singh, SMO,

Sub Divisional Hospital, Derabassi

Dr. Rajinder Bhushan, SMO, CHC, Kurali

Dr. Pommy Chatrath, SMO, Dhakoli

Dr. Naveen Kaushik, SMO, CHC, Lalru

Ms. Bhupinder Kaur, Cancer Cell, Chief Pharmacist

Ms. Parminder Kaur, Cancer Cell, Clerk

Dr. Parneet Grewal, DDHO, Mohali

Max Hospital, Phase-6, S.A.S Nagar

Dr. Pinak Moudgil, Senior Vice President

Dr. Ankush Mehta, GM Operations

Dr. Sachin Gupta, Medical Oncologist

Dr. Gautam Goyal, Medical Oncologist

Dr. Kanika, Medical Oncologist

Dr. Sunandan Sharma, Surgical Oncologist

Dr. Ritesh Pruthy, Surgical Oncologist

Dr. Arvind Guru, Surgical Oncologist

Dr. Pankaj Kumar, Radiation Oncologist

Dr. Sajal Kakkar, Radiation Oncologist

Ms. Shama, Data Entry Operator

Fortis Hospital, Phase-9, S.A.S Nagar

Dr. Abhijit, Singh, Director

Dr. Rajiv Bedi, Consultant Oncology Dept.

Dr. Manish Bansal, Medical Oncologist

Dr. Ritu Pankaj, Pathologist

Dr. Irneep, Pathologist

Ms. Raman Kaur, Lab Assistant

Mr. Jatinder Katoch, Medical Record Dept. In-charge

Mr. Naresh Kumar, Supervisor

Mrs. Ravinder, Assistant

Mrs. Gurinder, Assistant

Grecian Hospital, Sector-68, S.A.S Nagar

Dr. Shiv Preet Singh Samra, Managing Director

Col. N. K Khana, Senior Administrator

Dr. Rupali Aggarwal, Sr. Consultant Radiation Oncologist

Dr. Meenakshi Sharma, Radiation Oncologist

Dr. Girdhar Gopal, Consultant –Onco Surgeon

Dr. Aleena Jain, Lab Director

Dr. Shweta, Consultant - Pathologist

Dr. Poonam Katoch, Consultant -Microbiologist

Mr. Vinod Kumar, Sr. Executive Medical Record

Miss. Muskaan, Medical Record Executive

Grecian Hospital, Sector-68, S.A.S Nagar

Dr. Shiv Preet Singh Samra, Managing Director

Col. N. K Khana, Senior Administrator

Dr. Rupali Aggarwal, Sr. Consultant Radiation Oncologist

Dr. Meenakshi Sharma, Radiation Oncologist

Dr. Girdhar Gopal, Consultant –Onco Surgeon

Dr. Aleena Jain, Lab Director
Dr. Shweta, Consultant - Pathologist
Dr. Poonam Katoch, Consultant -Microbiologist
Mr. Vinod Kumar, Sr. Executive Medical Record
Miss. Muskaan, Medical Record Executive

Indus Hospital, Phase-1, S.A.S Nagar

Dr. Sant Parkash, Chairperson
Dr. Ramandeep Singh, Chief Financing Officer
Dr. Vinod Nimbran, Oncology Head Radiation
Department
Dr. Romita Trehan, Radiation Oncology
Dr. Ashwini Anand, Onco-Surgeon
Mr. Anil Kumar, Medical Record In-charge

IVY Hospital, Sector-71, S.A.S Nagar

Mr. Gurtej Singh, Chairman
Dr. Kanwaldeep Kaur, Medical Director
Dr. Mukesh, Group Quality Head
Dr. Jatin Sarin, Medical Oncologist
Dr. Vijay Bansal, Surgical Oncologist
Mr. Jatinder, MRD Incharge
Miss.Priyanka Sharma, Executive MRD

Gian Sagar Hospital, Banur

Dr. Krishan Vij Principal, Prof. & Head, Forensic
Medicine
Dr. Harbir Kaur, Professor and Medical
Superintendent
Dr. Anil Kumar Suri, Prof.& Head, Pathology
Dr. Rimpay Sarin, Associate Prof., Pathology
Dr. B.P Gupta, Prof. & Head, Community Deptt.
Mr. Kulwinder Singh, Lab Technician, Cytology

Shri Guru Harkrishan Hospital, Sohana

Bhai Sahib Bhai Devinder Singh, Chairman
Dr. Gagandeep Singh Sachdeva, CEO
Dr. Amanpreet Kaur, COO
Dr. Sandeep Kukkar, Consultant, Oncologist
Dr. Harpreet Walia, Consultant & Head,
Pathology
Dr. Sonia Dhaka, Consultant, Oncologist
Dr. Rakesh Kumar Gupta, Consultant, Radiation
Oncology
Dr. Saumya Ahuja, Medical Superintendent
Mr. Anil Kumar, General Manager
Ms. Priyanka (MRD Senior Executive)
Mr. Romy Yadav, Medical Record Incharge

**Behgal Hospital, Multispecialty & Cancer
Center, Industrial Area, Phase 8-B, S.A.S Nagar**

Dr. K SBehgal, Director
Dr. I.P Singh, Medical Oncologist
Mrs. Sukhwinder Kaur, Executive MRD
Mrs. Madhu, Incharge Medical Record Dept.

Nimbus Path Lab, Phase-10, S.A.S Nagar

Dr. Chetna Aggarwal, Pathologist

**Harmony Health Care Centre, Phase-5, S.A.S
Nagar**

Dr. Nayak, Director Radiotherapy

Helix Path Lab, Phase-3B1, S.A.S Nagar

Dr. Charanpreet Singh, Pathologist

Municipal Corporation, Sector 68, S.A.S Nagar

Mr. Varinder Kumar Jain, Local Registrar (EO)
Mr. Jagjit Singh, Junior Assistant

Cremation Ground, Balongi

Sh. Kanahiya Lal, Pandit ji
Sh. Ram Rattan, Pandit Ji
Sh. Vinod Kumar, Pandit Ji

22. Annexure

Special activities of cancer registry

The national dissemination meeting and workshop was conducted in UT State Guest House, Chandigarh on 17th November 2022 to discuss the global, regional and national initiatives and strategies towards oral cancer prevention and role of health workers in oral cancer screening.

Dr. Suman Singh, DHS, UT Chandigarh; Prof. Rakesh Sehgal, Dean (Academics), PGIMER, Chandigarh; Dr. Varinder Nagpal, Medical Superintendent, GMSH 16, Chandigarh graced the inauguration session.

Dr. Andre Carvalho, Head, Early Detection Prevention, and Infections, International Agency for Research on Cancer, World Health Organization, Lyon shared Global-IARC perspective on oral cancer screening and prevention. Dr. L. Swasticharan, Nodal officer, National Oral Health Programme, MoHFW talked about key initiatives of Oral Cancer prevention and control under National Oral Health Programs. Prof. JS Thakur talked about Oral cancer burden in Chandigarh and Punjab. Dr. Paramjit Gill, Head of Division of Health Sciences, Professor of General Practice, Warwick Medical School, University of Warwick UK discussed the study findings of feasibility of training community health workers in the detection of Oral Cancer. DHS assumed that oral cancer screening should be strengthened and cancer will be made a notifiable disease in Chandigarh.





Tata Memorial Centre, Mumbai



Centre for Cancer Epidemiology, ACTREC, Navi Mumbai



Homi Bhabha Cancer Hospital, Sangrur, Punjab



Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh

“Cancer is curable if detected early.”