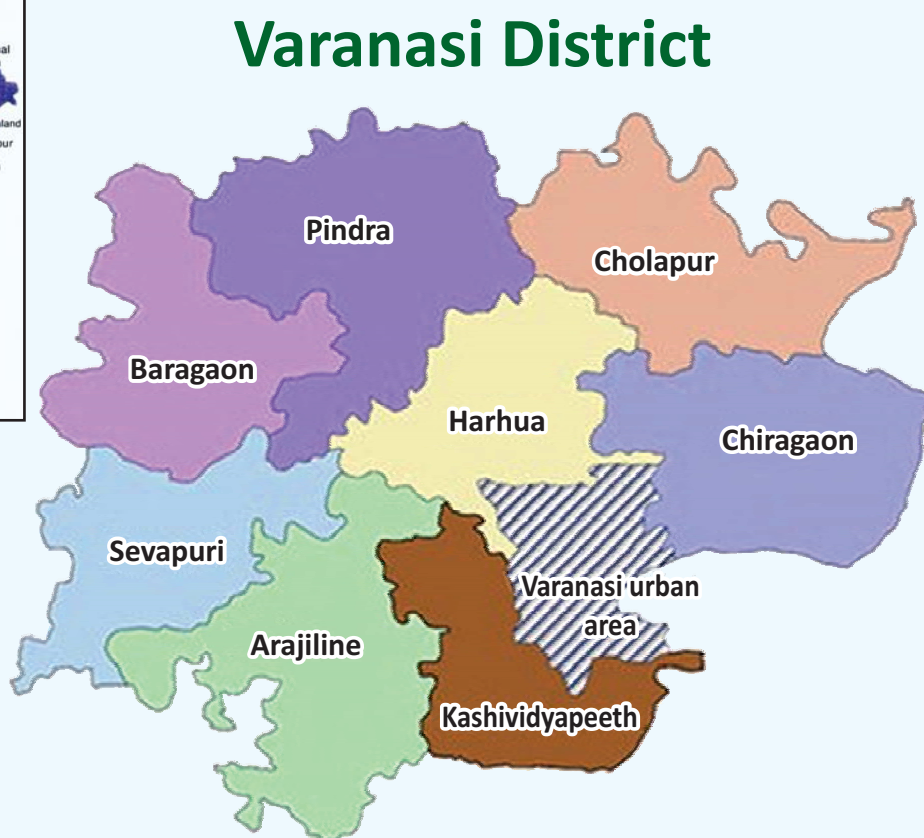


Cancer Incidence and Mortality in Varanasi District, Uttar Pradesh State, India: 2017

First year report of the Population based Cancer Registry (PBCR)



टाटा स्मारक केंद्र
Tata Memorial Centre



Centre for Cancer Epidemiology (CCE), Mumbai, India

Tata Memorial Centre (TMC), Mumbai, India

Homi Bhabha National Institute (HBNI)

Homi Bhabha Cancer Hospital (HBCH) & Mahamana Pandit Madan Mohan
Malaviya Cancer Centre (MPMMCC), Varanasi, Uttar Pradesh, India

Institute of Medical Science, Sir Sunderlal Hospital,
Banaras Hindu University (BHU), Varanasi, Uttar Pradesh, India



Mahamana Pandit Madan Mohan Malaviya Cancer Centre (MPMMCC) was inaugurated on 19th February 2019 by the Hon. Prime Minister Mr. Narendra Modi in the presence of Mr. Ram Naik - Governor of Uttar Pradesh (UP), Mr. Yogi Adityanath - Chief Minister of UP, Mr. Ratan Tata - Chairman, Tata Trust and Dr. R A Badwe - Director TMC, Mumbai.



Key handover ceremony of Homi Bhabha Cancer Hospital, Lahartara to Mr. Sanjeev Sood Director, Administration - TMC and Dr. Pankaj Chaturvedi Dy Director, CCE-TMC by Mr. Sanjay Deka from Tata Trust Mumbai

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1. Objective of the project

Tata Memorial Centre (TMC), Mumbai an autonomous institute under the Department of Atomic Energy, Government of India, has started a population-based cancer registry in Varanasi district on April 1, 2017, with the help of Sir Sunderlal (SS) Hospital, Banaras Hindu University (BHU) and district health authority of Varanasi district.

The objective of the cancer registry is to measure the burden of cancer in terms of incidence and mortality and to know the patterns of cancer in the district.

2. Population covered

The cancer registry covers the eight blocks of the district - Arajiline, Baragaon, Chiraigaon, Cholapur, Harhua, Kashividyapeeth, Pindra, and Sewapuri covering a population of 3,676,841 as per census 2011. The registry covers urban areas including Ramnagar (NPP) as well as 1295 villages of the district. Around 57% of the population of the district is rural. The estimated population of Varanasi district for the year 2017 is 4 million.

3. Registration method

Trained field investigators of the cancer registry regularly visit the villages as well as different hospitals, pathology laboratories, medical colleges, cancer control cells, and the birth and death registrar office to collect cancer incidence and death cases. The registry staff interacts with village sarpanch, Auxiliary Nurse Midwife (ANM), Accredited Social Health Activist (ASHA) workers, and primary health centre staff periodically to get to know the cancer cases diagnosed in the area as well as cancer deaths that have occurred in the village. With the help of ASHA workers, the registry staff interacts with the patient's relative and they note down the information available.

In the urban area, the staff interacts with the local municipal corporators and local leaders to get information about the cancer cases diagnosed in the community. The information received from ASHA workers/patient's relatives/local leaders are further confirmed at the patient's treating hospital.

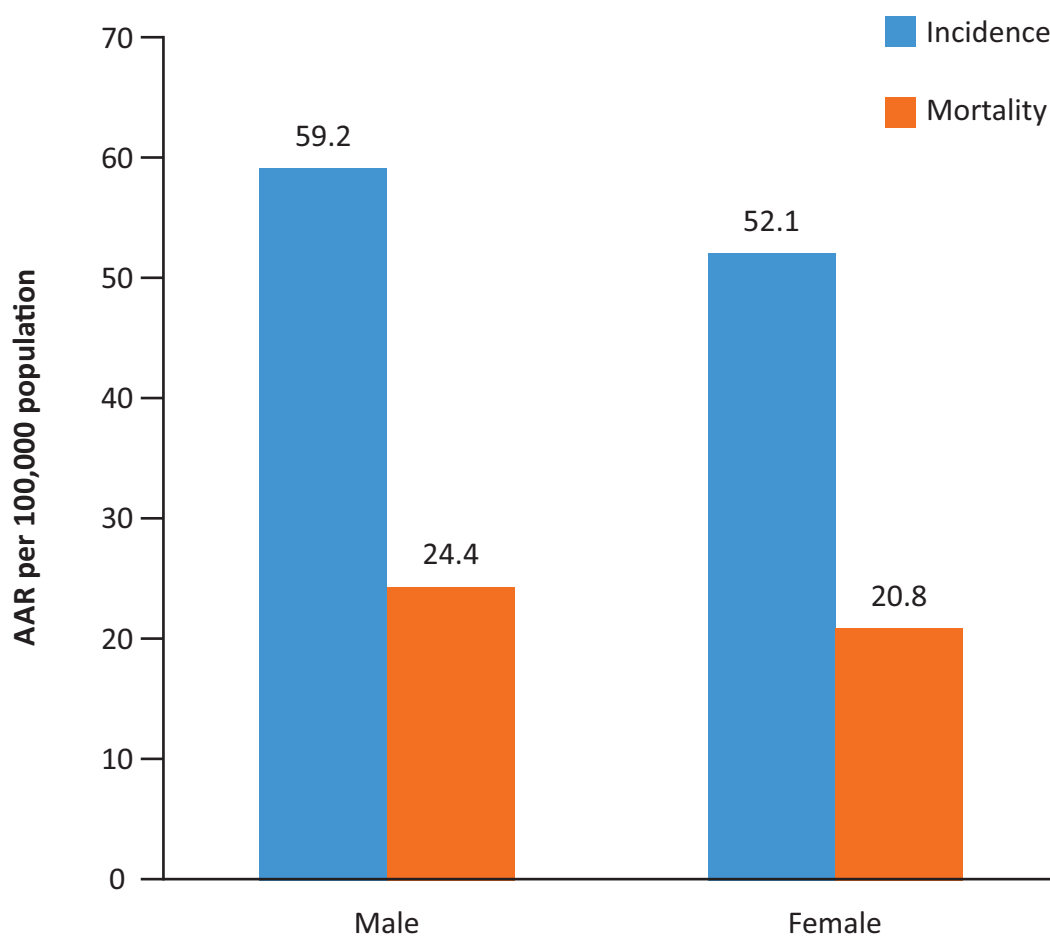
After confirming the patient's residence (resident of the district for at least one year) and duplicate checking by senior staff, the case is registered in the prescribed format. The data entry is carried out in CanReg5 software.

4. Cancer incidence and mortality - all sites

In the year 2017, the cancer registry registered 1907 cancer cases. There were 1058 male cases and 849 female cases. The age-adjusted incidence rate for males is 59.2 per 100,000 population and for females, it is 52.1 per 100,000 population.

In the year 2017, the cancer registry registered 762 cancer deaths including 429 male deaths and 333 female deaths. The age-adjusted mortality rate for males is 24.4 per 100,000 population and for females, it is 20.8 per 100,000 population. The cancer incidence and mortality rates for all sites for males and females are presented in figure 1.

Figure 1: All sites cancer incidence and mortality rate by sex: 2017 (Varanasi district)



5. Leading cancer sites by sex

In males mouth, tongue, lung, liver, prostate, larynx, stomach, gall bladder, oesophagus and brain are the leading cancer sites. The top ten leading cancer site in males are presented in figure 2. In females breast, cervix uteri, gallbladder, liver, ovary, mouth, tongue, stomach, brain, and lung are the leading cancer sites. The top 10 leading cancer sites in females are presented in figure 3.

Figure 2: Leading cancer sites in males (figures in parenthesis indicate the percentage)

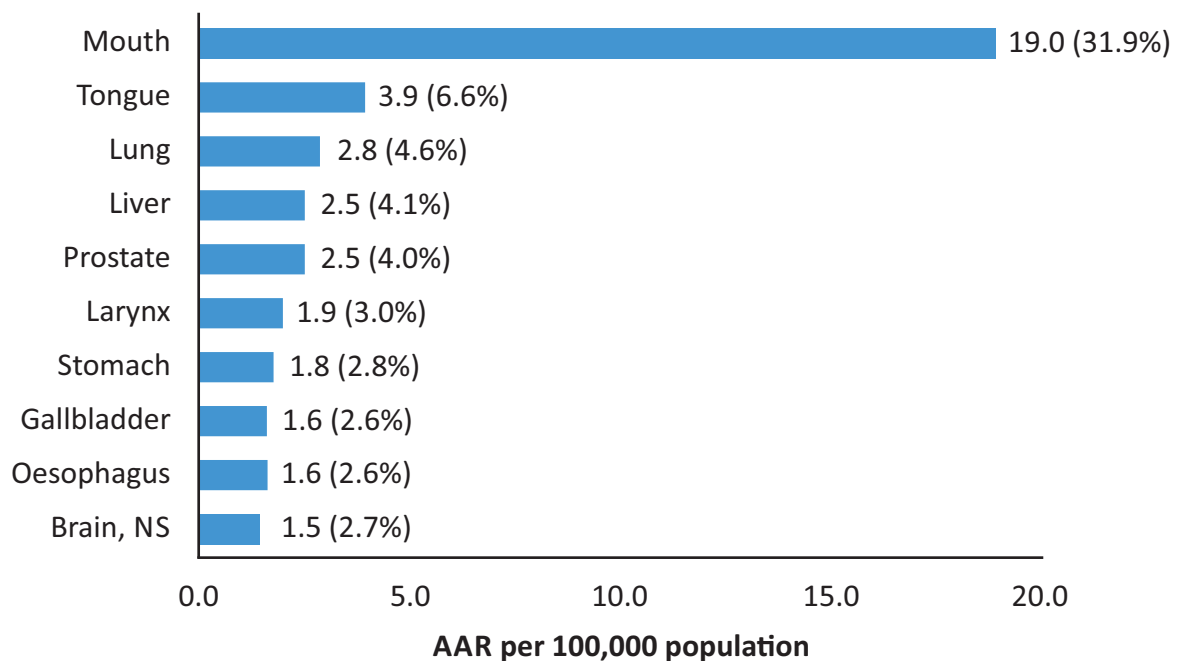
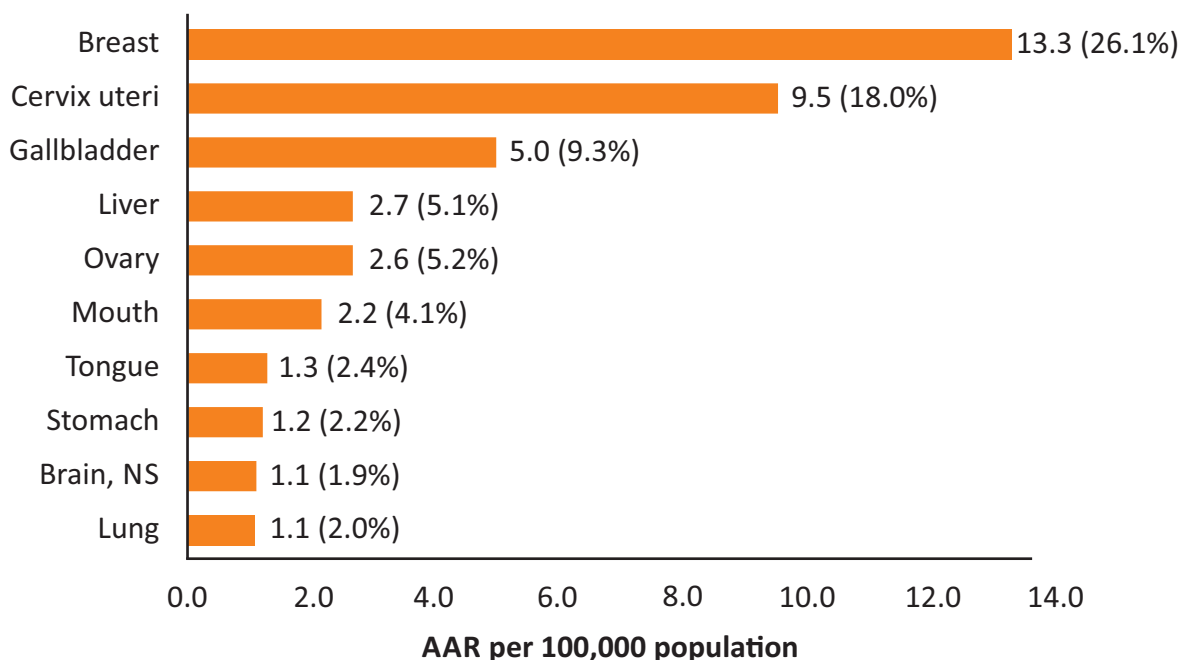


Figure 3: Leading cancer sites in females (figures in parenthesis indicate the percentage)



6. Cancer pattern in urban and rural areas

The cancer registry covers 57% rural area and 43% urban area. We have observed the difference in the cancer incidence rate in urban and rural areas. The urban area cancer incidence rate in males is 63.2 per 100,000 population whereas it is 55.6 per 100,000 population in rural areas. In females, the rural area cancer incidence rates are higher as compared to the urban area. The cancer incidence rate by the area and sex is mentioned in the figures 4. We have observed the under reporting of the cancer death in the urban area as compared to the rural area. The all site cancer mortality by the area and sex is mentioned in figure 5.

Figure 4: All sites cancer incidence rate by area and sex: 2017 (Varanasi district)

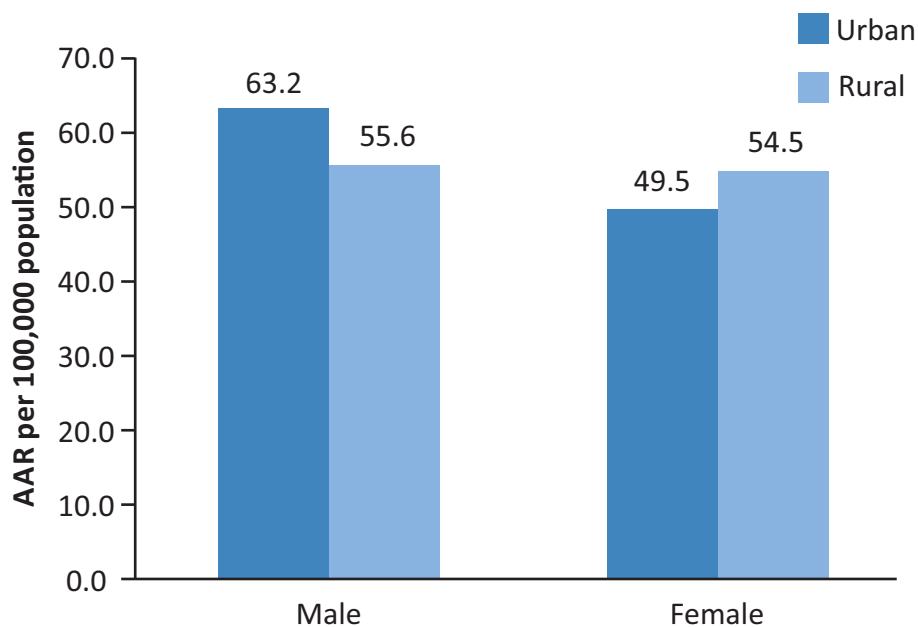
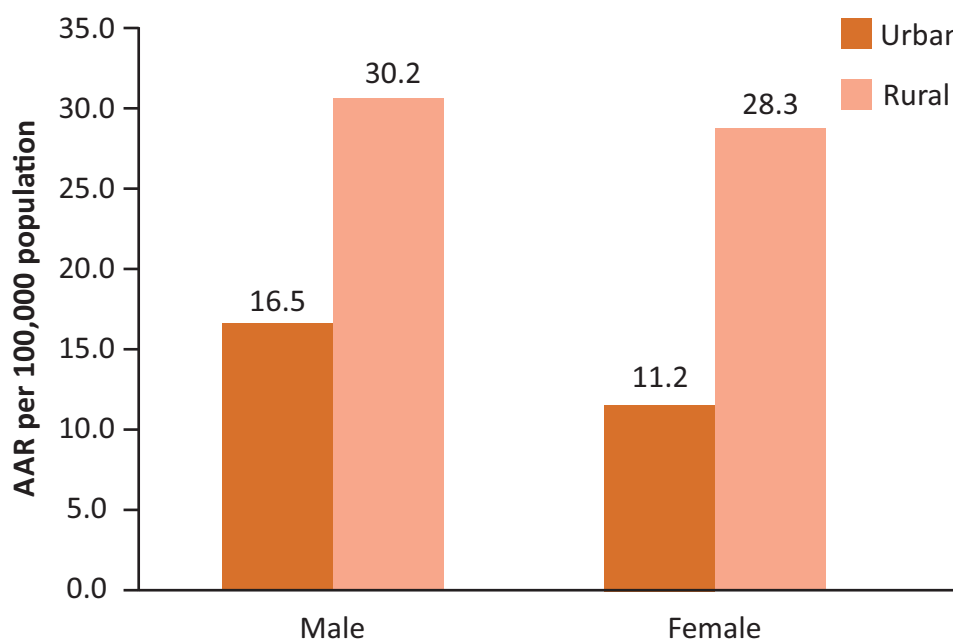


Figure 5: All site cancer mortality rate by area and sex: 2017 (Varanasi district)



7. Leading cancer sites in urban and rural areas

In males, mouth cancer incidence rate is higher in the urban area (22.4 per 100,000 population) as compared to rural areas (16.2 per 100,000 population); 38% higher in urban area. In females, breast cancer incidence rate is higher in the urban area as compared to rural areas respectively 14.8 and 12.3 per 100,000 population; 20% higher in urban area. In contrast, the cervix uteri cancer incidence rate in rural areas is almost double than the urban area (rural 12.2 per 100,000 population and urban 6.2 per 100,000 population). The leading cancer sites by sex and area are presented in figure 6 to 9.

The difference in the cancer burden and pattern in the rural and urban may be due to different lifestyles, food habits, education levels, and access to the diagnosis and treatment facilities.

Figure 6: Leading cancer sites in urban area: male

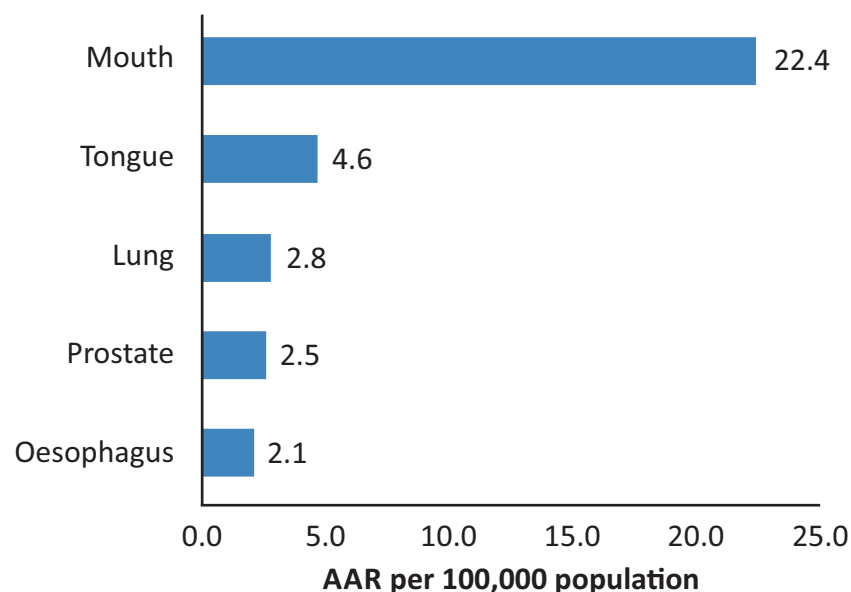


Figure 7: Leading cancer sites in rural area: male

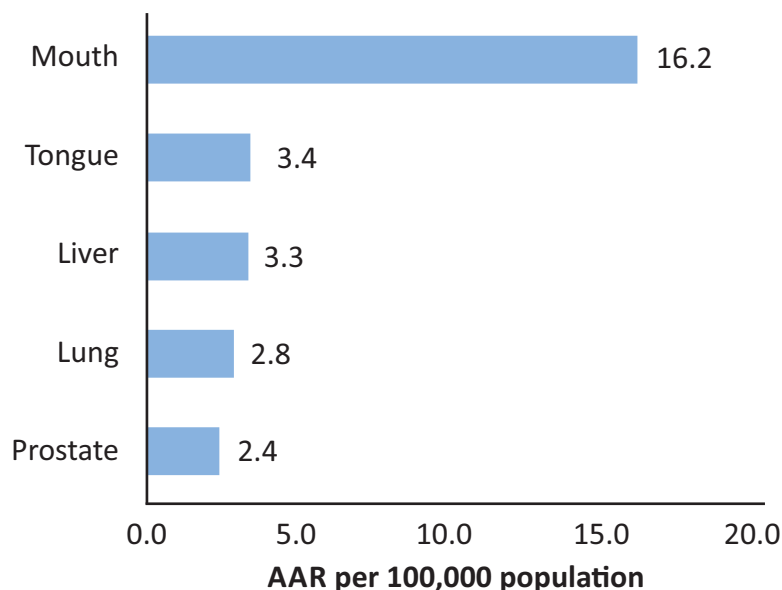


Figure 8: Leading cancer sites in urban area: female

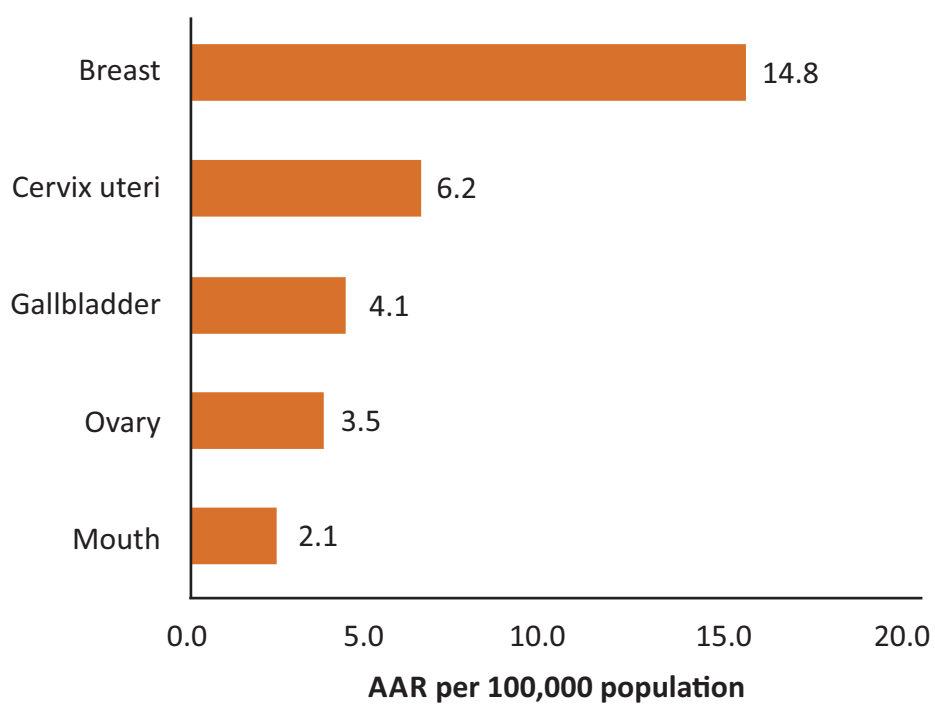
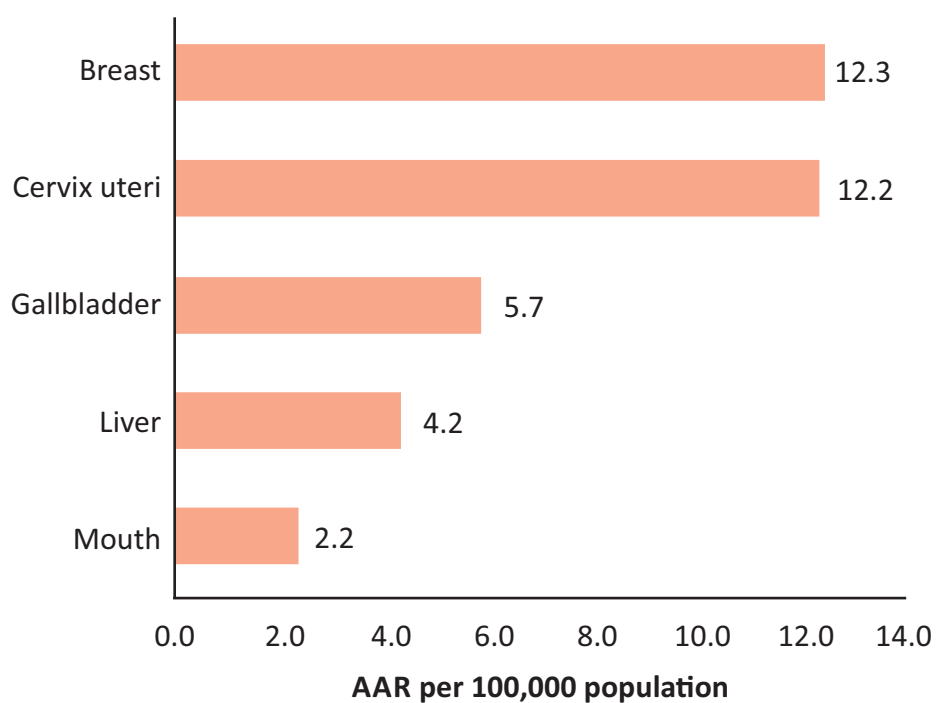
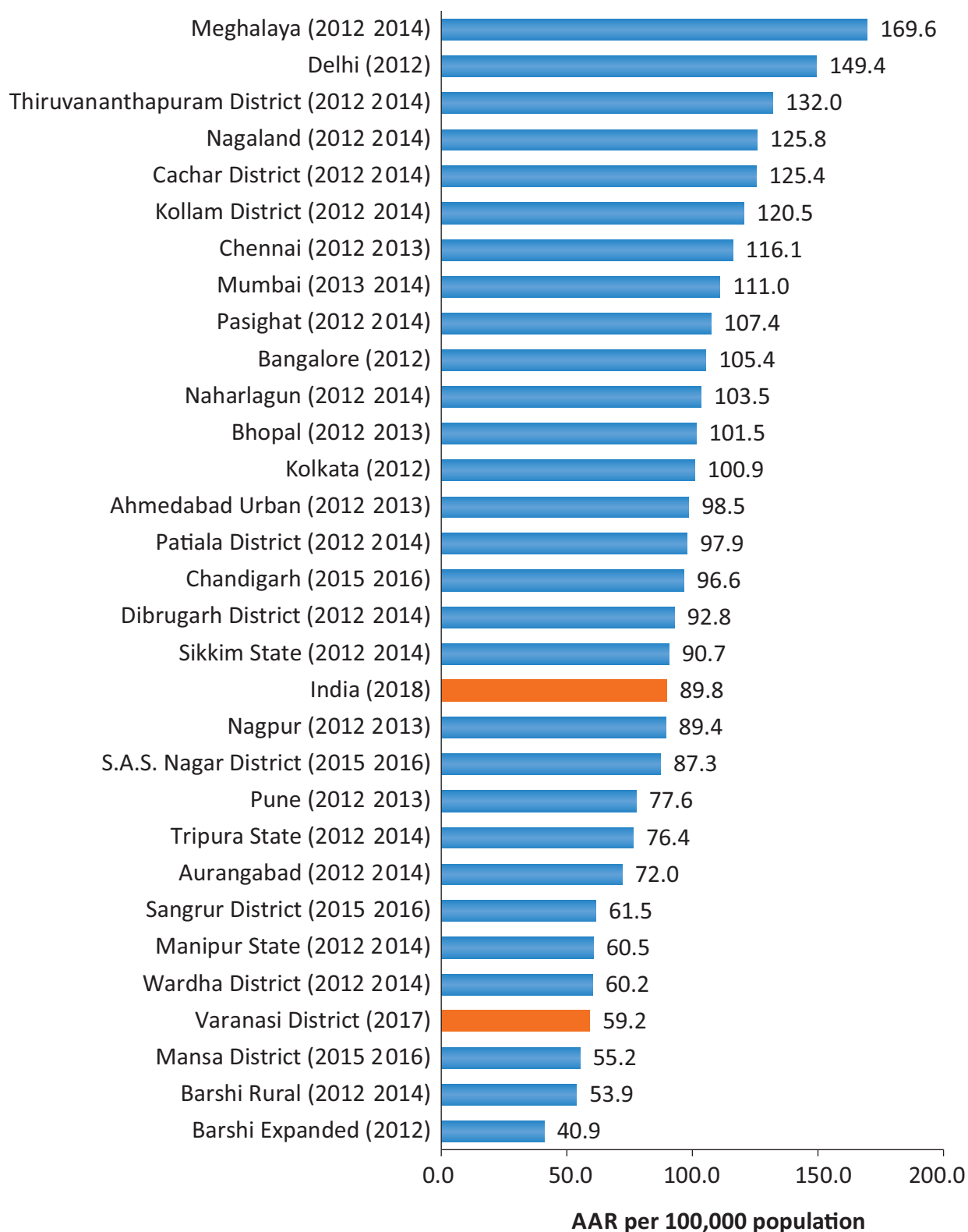


Figure 9: Leading cancer sites in rural area: female



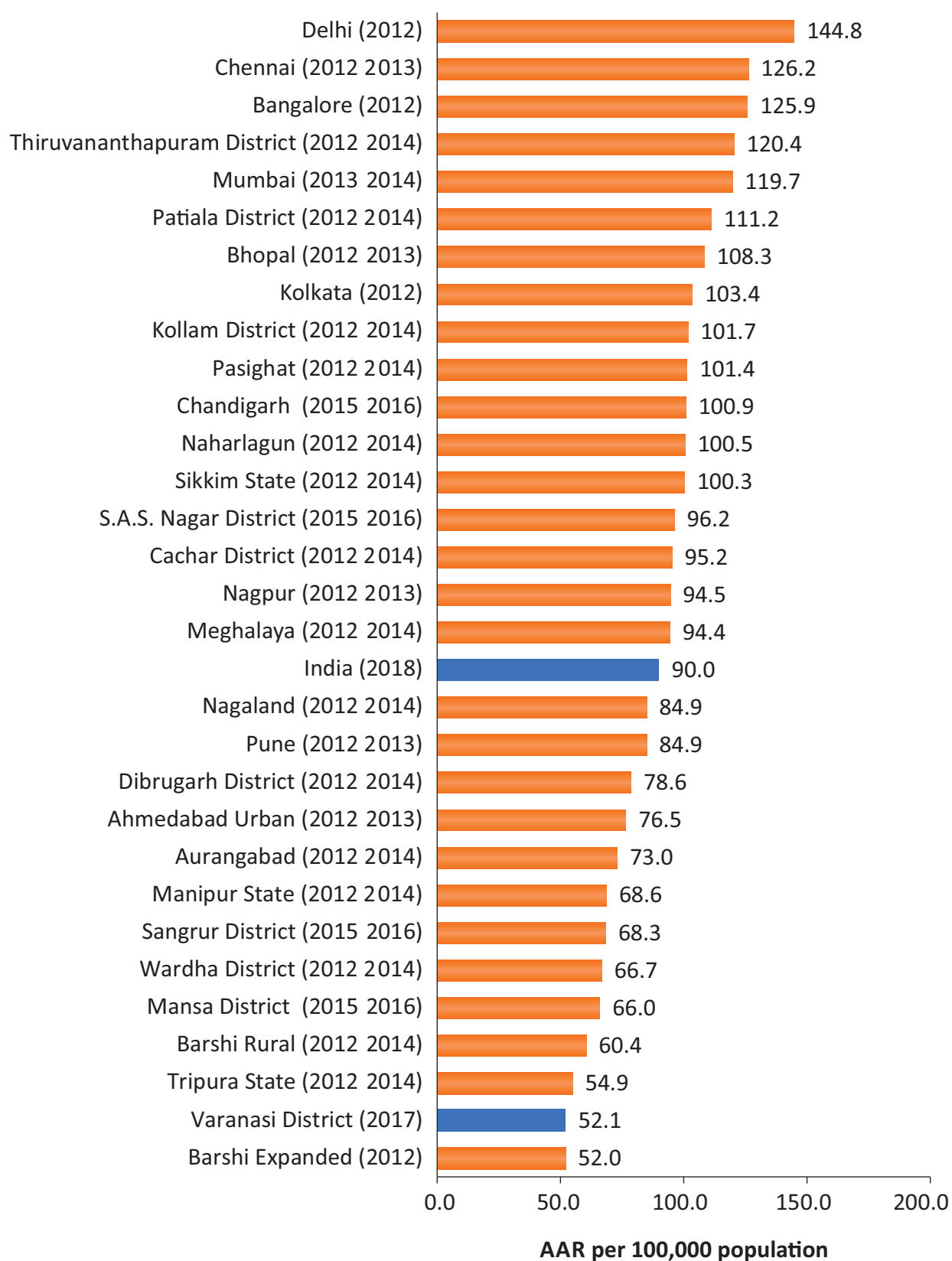
8. Comparison of cancer incidence rate with other Indian registries

Figure 10: Age Adjusted Incidence Rate of all cancer sites in males



Reference: 1 to 7

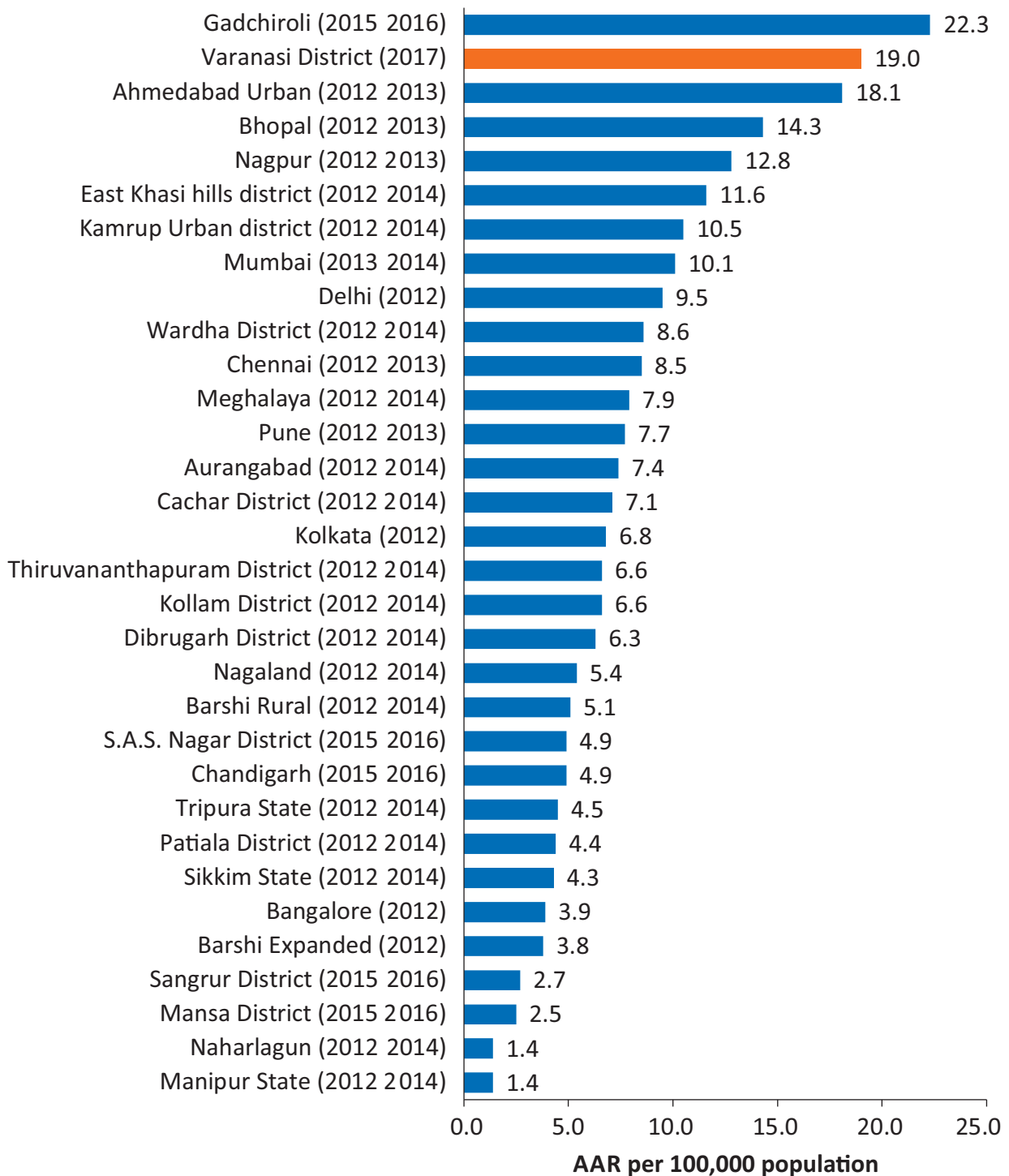
Figure 11: Age Adjusted Incidence Rate of all cancer sites in females



Reference: 1 to 7

Among males, out of every 3 cancer cases, 1 case is of mouth cancer registered at Varanasi district. Mouth cancer rate is higher in the Varanasi district. Comparison of mouth cancer rate is shown in figure 12.

Figure 12: Age Adjusted Incidence Rate of mouth cancer in males (C03-C06)



Reference: 2 to 8

9. Highlights

- Varanasi population-based cancer registry is the first cancer registry in the UP state of India. The registry was established on 1st April 2017.
- 14 staffs were recruited in this project and they were provided training in the cancer registration process at Tata Memorial Centre, Mumbai.
- The registry covers 4 million population of the district (Urban area and 1295 villages from 8 blocks). Around 57% population of the district is rural.
- The staff has collected the cancer cases data from all the cancer centres/ private hospitals/ laboratories in Varanasi and around the area. The staff has interacted with more than 6700 community leaders to gather cancer cases information.
- In the year 2017, the cancer registry registered 1907 cancer cases. In males, there were 1058 cases and in females 849 cases.
- The age-adjusted incidence rate for males is 59.2 per 100,000 and for females, it is 52.1 per 100,000. The incidence is in comparison with other registries in the country.
- 1 in 15 men and 1 in 17 females are at risk of developing cancer in the Varanasi district.
- Mouth cancer is predominant cancer in males. Out of every 3 cancer cases, 1 case is of mouth cancer. 1 in 48 males is at risk of developing mouth cancer in the district.
- In males, mouth cancer incidence rate is higher as compared to other cancer registries in the country. Mouth and tongue cancers are the leading cancers among males.
- Breast, cervix uteri, and gallbladder cancers are the leading cancers in females.
- There is a difference in the cancer pattern in the rural and urban areas. The mouth cancer burden is high in urban areas as compared to rural areas. The cervix uteri cancer incidence rate is double in the rural area than in the urban area.
- This is the first year report of the cancer registry and we have noted under-reporting of the cancer incidence and mortality cases. We expect an improvement in the cancer registration process in the coming years.
- Few private laboratories and hospitals have not provided the cancer patients data to the cancer registry.
- The major cancer burden in Varanasi district is due to the mouth, tongue, breast, and cervix uteri cancer. These cancers are preventable. This report recommends initiation of the awareness programs in schools, colleges, and community as well as for the primary health centre workers, and government medical officers. It is also recommended that there should be easy access to diagnosis of symptomatic/likely cases and the confirmed cancer cases should be provided treatment at the cancer centres.
- The public health department of the Uttar Pradesh state should implement these activities with the technical help from the TMC Varanasi.
- As in this area, the tobacco prevalence is high, there is a need for awareness programs about tobacco and their effect on health. Tobacco is the major risk factor for non communicable diseases. The awareness regarding National Tobacco Quit Line Number 1800-11-2356 is required.
- The population-based cancer registry in the Varanasi district will be used to monitor cancer trends and to evaluate the effects of prevention and treatment.
- The cancer registry will act as a foundation for the epidemiological studies for common cancers in these areas.

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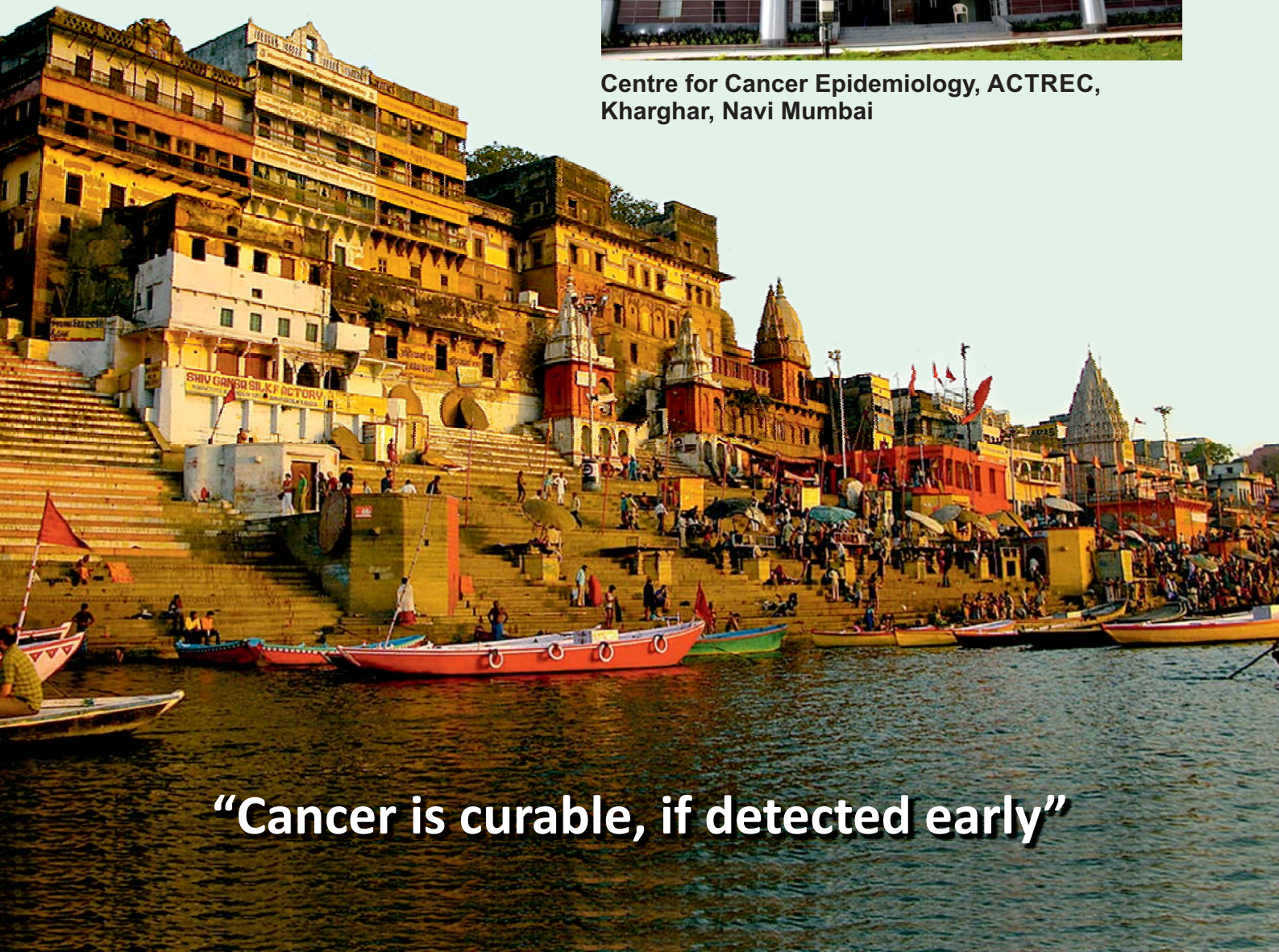
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