

# HEALTHCARE RADIUS

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## Growing cancer rate in India: A reality check

An analysis of the underlying causes of the rising cancer rate in India and the potential solutions to control its spread

BY DR BS AJAIKUMAR



**I**t is an undeniable fact that cancer prevention thrives on its early detection. Despite the therapeutic and technological advancement, 80 percent of cancers in low-and-middle-income countries are invariably detected at an advanced stage. Although a majority of cancer cases are detected in the age group of 45 to 60, we do find a growing (albeit not alarming as yet) incidence of breast cancer, nasopharyngeal cancer, and hematological malignancies in the age group of 20 to 40. In recent times, we are also seeing more cases of ovarian cancer in this age group.

There have been a lot of studies worldwide on this phenomenon. In this context, it is pertinent to note that the analysis done by HCG revealed that the mortality in the 16-40 age group was 14 percent, and the mortality in the 40 to 60 age group was 60 percent. The analysis also revealed that the proportion of mortality was the highest in Bone and Soft tissue sarcoma cases in this age group. Notwithstanding the small proportion compared to adult populations, the current scenario is indeed a cause of concern.

### The causes of the rise

So, why are we seeing a rise in cancer cases across all age groups? One school of thought says cancer was always prevalent, but as cancer detection was poor before, more cases are being reported in recent times. There is a fractional element of truth in that conjecture - given better community awareness, improving access to healthcare, and the pivotal role played by technological innovations that we see today - but it is not the principal reason for the rising number of cancer cases.

Needless to say, genetics plays a key role in cancer as it is essentially a genetic disease. Cancer is now increasingly being analyzed in light of epigenetic abnormalities and genetic alterations. Our behaviors, habits, and environment are increasingly impacting our genetic mechanisms. Simply put, the prime triggers of cancer are obesity and inflammation. Environmental pollution, sedentary lifestyles, tobacco habits, and growing intake of processed foods are the key culprits. Among young women, we are also beginning to see deposits of certain degraded herbi-

cides and pesticides, which could be precursors for the development of cancer.

### The killer menace

Above all, the killer menace of tobacco use in all forms continues to threaten lives and livelihoods. Every year, about ten lakh people die from tobacco-induced illnesses including cancer and other heart and lung ailments. Since the industry needs to find new customers every year to make up for the loss and protect their market, they target the vulnerable younger population who can be easily lured into the killer habit. According to the Global Youth Tobacco Survey, one-fifth of Indian teenagers aged 13-15 use tobacco products. 38 percent of cigarette smokers, 47 percent of bidi smokers, and 52 percent of smokeless tobacco users have picked up the habit even before they turned 10.

To comprehend the reality on the ground, we must probe deeper into the problem. In our experience, most cases are referred to clinics and hospitals at an advanced stage when the disease turns highly aggressive. If the same patients are diagnosed at an early stage, the treatment becomes that much more effective, and outcomes improve substantially.

That's precisely why early detection should be made the focal point of cancer prevention, as it is as critical as molecular advancements through research and development. The significance of early diagnosis and screening can't ever be overemphasized in ensuring better treatment outcomes and detecting cancers while they are dormant or at an early stage.

### Sustainable change

To bring about a sustainable change at the grassroots, we need timely policy reforms and public awareness campaigns aimed at promoting lifestyle and diet changes, green environment interventions, and preventive measures like Tobacco Cessation (Oral & Lung Cancer), Self-Examination (Breast

Cancer), and Promotion of Hygienic practices (Cervical Cancers) Proactive programs are imperative to inspire the youth of India to play a pivotal role in spreading awareness about the need for early detection and screening programs for the community at large.

Considering that even today a vast number of Indian citizens still live in small towns and villages, the healthcare requirements of these people need to be catered to. Today, the doctor-patient ratio is heavily skewed in favor of urban areas. Tier 2 and 3 cities lack the infrastructure and human resources to provide high-end cancer care and in some cases, even the basic services are amiss.

### A brownfield approach needed

For this purpose, India needs a brownfield approach to healthcare projects. Bigger hospitals can reignite and rejuvenate the distressed players in Tier 2 and 3 cities by helping them upgrade their facilities and equipment. This private sector effort must run in tandem with government measures like the development of AIIMS facilities in Tier 2 and 3 cities, and community-centric initiatives like Ayushman Bharat, Ayush Mission, and Pradhan Mantri Swasthya Suraksha Yojna.

The tax structure around life-saving drugs and emergency treatments should be rationalized to make them affordable for deprived populations. Upgrading infrastructure at the primary healthcare level will reduce hospitalization time and cost. More benefits need to be extended to manufacturers of healthcare equipment and consumables under the 'Make in India' campaign. Ensuring more working capital and preferential funding to deserving private players can prove a game changer.



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