

Cancer notification in India: An update

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Dear Editor,

We commend the authors of the article entitled “Cancer notification in India” published in your esteemed journal, for their meticulous effort of bringing an overview of the various aspects related to cancer notification.^[1] The authors have rightly said that in many developed countries, cancer notification is compulsory; whereas, in most developing countries including India, the provision of information is on a voluntary basis and they have well-appreciated that the Danish Cancer Registry, founded in 1942, is the oldest functioning registry covering a national population.^[1] But we think that Lakshmaiah *et al.*,^[1] have failed to recognize the scrupulous efforts of Indian Council of Medical Research (ICMR) which initiated “The National Cancer Registry Programme” (NCRP) in December 1981 in India.^[2]

In addition to this, the data provided by Lakshmaiah *et al.*,^[1] that there are 25 population-based cancer registries (PBCRs) and five hospital-based cancer registries (HBCRs), is also not up to date. Initially, when ICMR started the National Cancer Registry, three PBCRs at Bangalore, Chennai, and Mumbai and three HBCRs at Chandigarh, Dibrugarh, and Thiruvananthapuram were commenced from 1 January 1982. The PBCRs and HBCRs have been gradually expanding over the years as is evidenced in the consolidated 3-year report of ICMR from 2006 to 2008, which included 21 PBCRs and another consolidated 5-year report of ICMR from 2007-2011, which included seven HBCRs under the NCRP network. Later, four new registries, at Wardha in Maharashtra and three in north eastern states of Tripura, Nagaland, and Meghalaya were enrolled in the NCRP and data from these registries was included in the 3-year report (2009-2011) released by ICMR

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in February 2013. As of now, three more PBCRs at Patiala, Nahargalun, and Pasighat have commenced collecting data; thereby, increasing the number of PBCRs to 28. Presently, nine HBCRs exist throughout the country as is depicted by the NCRP network map; however, data has been reported from only seven HBCRs in the report released by ICMR in September 2013.^[3]

Another noteworthy project started by ICMR is the inclusion of new chapter on childhood cancer, which assesses the burden of cancer in 0-14 age group. In fact, from March 2009, ICMR has started a project called National Retinoblastoma Registry, the purpose of which is to try and capture all cases of retinoblastoma in the country.^[4] Presently, there are 13 centers in the registry, but it is expanding with intend to reach every nook and corner of the country, so as to make it possible to realize the dream of legendry Danny Thomas, the founder of St. Jude Children’s Research Hospital that “No child should die in the dawn of life”.

Finally, we would like to make a humble appeal to the concerned authorities including physicians, researchers, epidemiologists, oncologists, administrators, support groups, and all individuals dedicated to the effective treatment of cancer in India, to make it mandatory for all the centers dealing with cancer cases, to notify/register all the cases, to maintain good quality records, and also to follow-up the cases posttreatment; so as to make India healthier and happier.

Himanshi Aggarwal, Pradeep Kumar

Department of Prosthodontics, Faculty of Dental Sciences, King George’s Medical University Uttar Pradesh, Lucknow, Uttar Pradesh, India

Correspondence to: Dr. Himanshi Aggarwal,
E-mail: drhimanshi84@gmail.com

References

1. Lakshmaiah KC, Guruprasad B, Lokesh KN, Veena VS. Cancer notification in India. *South Asian J Cancer* 2014;3:74-7.

2. Sachdeva S. Trend of reported cases of retinoblastoma under five hospital based cancer registries. Indian J Cancer 2010;47:473-4.
3. Available from: <http://www.ncrpindia.org/>[Last accessed on 2014 Mar 07].
4. Khetan V, Sengupta S. Twenty-year trends of retinoblastoma under five hospital-based cancer registries: Few observations. Indian J Cancer 2011;48:371-2.