

EDITORIAL



Under reporting of Cancer Data in India?

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INTRODUCTION

Epidemiological data on cancer plays a substantial role in understanding the magnitude of seriousness and developing a preventive strategic planning at national and international level. In this regard, governments of various countries, under the guidance of World Health Organization (WHO), have commenced diverse national level campaigns like "National Cancer Registry Programme (NCRP)" where data are being congregated in a standardized mode. In India, NCRP comes under the ambit of Indian Council of Medical Research and amassing data from 27 population-based cancer registries sited at various cities.¹ These cancer registries are dispersed homogeneously all over India and have encompassed diversified groups of population. Individual cancer registries are gathering data from different hospitals positioned in their cities, particulars of which can be found on the official website of NCRP, India.¹

Numerous major and minor hospitals, including both government and private in India, are well fortified with technology and infrastructure for delivering

comprehensive management for cancer patients. Metro cities in India [many of them are centers for National Customer Preference Register (NCPR)] are flooded with small hospitals where surgical management for cancer patients is routinely practiced. Apart from this, hospitals in small villages are also involved in offering treatment for cancer patients where visiting consultants execute the surgical treatment due to scarcity of native specialists.

It appears from the information available on NCPR website for population-based cancer statistics that designated centers are recuperating data from major and minor hospitals of their respective cities, thus comprehending significantly wide area of population.¹ However, contemplating the exuberantly large number of small hospitals, which also claim to render cancer treatment, might be missing out on complementing to the NCPR data. On similar ground, data on cancer patient visiting to the hospitals in small villages (some of them even may not have computer facility), which comes under the district of NCPR city center, might also not be reflecting. Private medical and dental institutions cum hospitals are not an exception for this scenario. For example, currently, there are total 240 postgraduate dental institutes in India, out of which 187 caters postgraduation degree program in the field of "Oral and Maxillofacial Surgery."² Majority of these 187 institutions are briskly involved in rendering treatment to oral cancer patients as a part of postgraduate training program. As per the existing information on NCPR website, apart from the government dental institutions (51),² none of the dental institutions probably are involved in contributing oral cancer data to their respective centers of NCRP. The magnitude of this problem could be more severe for the medical colleges in India, which are about 462 in number and extend postgraduation, super-specialization, fellowships, and diploma in 26 different courses associated with surgical treatment for cancers.³

Apart from allopathy, alternative medicine therapies are very popular in India, which involve Ayurveda, Homeopathy, Unani, and so on. Till date, for any auxiliary

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medicine specialty, there is no scientifically recognized regime for cancer treatment. Unfortunately, it is sad but true that small fraction of cancer patients falls pray to many alternative medicine practitioners (most of them are noncertified) who claim to cure cancer and consequently the information fails to replicate on the NCPR data. Reporting by death may improve under ascertainment from this source.

At national level, data missed out from above-mentioned scenarios could be large enough to effect the government's perception about the enormity of the problem. Likewise, at global level, contemplating the possibility of comparable situation in other developing countries, the cumulative outcome could be beyond imagination. This clues toward the poor awareness and lack of tactical elaboration of national and international cancer control programs. Recognizing the complexity of the problem, the WHO should circulate "minimum data set" forms for completion by pathology laboratories that could be electronically transmitted to NCPRs. All hospitals, major and minor, should come under the canopy

of NCRP center to curtail the loss of valuable data on cancer. Nationwide awareness and training programs about the NCRP and NCRP-like centers is the need of the hour and governments, through strategic planning, should embolden the hospitals for voluntary registration at such centers. The various scenarios discussed in this commentary are authors' personal observations and thus nationwide studies are recommended to understand the actual magnitude of under reporting of cancer data.

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