Original Research Paper



Oncology

WHERE WE STAND IN CANCER TREATMENT IN KANPUR CITY (UTTAR PRADESH), AN EPIDEMIOLOGICAL STUDY BASED ON SINGLE CANCER CENTRE.

Dr. Arun Prakash **Dwivedi**

Assistant Professor, Department Of Surgery, Rama Medical College, Kanpur, UP.

Dr. Sonal Dixit*

HOD, Department Of Obstetrics And Gynaecology, Dhanvantari Hospital, *Corresponding Author

in two year of clinical practice 2017-2019.we addressed 500 patients of head & neck Cancer patients of carcinoma breast **ABSTRACT** and thoracic malignancies, 50 cases of Gynaeco, 100 cases carcinoma gb, 100 other gastroinstenial malignancies. Many patients are taking either alternate2 medicine or some are not taking treatment as per guidelines. Most patients have no knowledge of their stage, insurance related to cancer treatment. Most common stage of presentation in subgroups (head and neck malignancies-T4a+/-Breast malignancies -T4b+/-Carcinoma gall bladder-obstructive jaundice, in gynaecological malignancies most of them present in advanced stage4.

KEYWORDS:

MATERIAL AND METHOD-

In duration of two year 2017 -2019, 900 patients seen in OPD, out of 900 only 300 patients did not get any treatment elsewhere came directly to our .270 patients already registered in alternate medicine⁴ elsewhere.120 patients did not know the severity .310 patients were registered in other cancer hospitals. out of 310 patients 248 getting treatment as per guideline 62 were not getting treatment as per guideline³.

DISCUSSION-

Table-1(Total No.cases With Various Subgroups)

| Types of cancer | No. of cases | Percentage of cases% |
|---|--------------|----------------------|
| Head and neck cancers | 500 | 55.5 |
| Carcinoma breast and thorax | 150 | 16.6 |
| Gyne and uro malignancies | 50 | 5 |
| Gastro intestinal malignancies ⁵ | 200 | 22.2 |
| Total no. cases | 900 | 100 |

-In Kanpur city head and neck cancer comprises maximum no. of cases among all type of cancer .among gastroinstenial malignancies carcinoma gall bladder is most common. When proper history was taken tobacco was found most common cause for head and neck malignancies.

CONCLUSION-

This epidemiological and stage wise study was conducted in single hospital .large study required for better results. Lacuna in cancer treatments in Kanpur city were 1) illiteracy 2) no proven trials related to alternate medicine3) no strict law for guideline based treatment 4) no proper social education and knowledge of insurance to patients related to cancer7.

In total no. of cases 18.5% cases were taking alternate medicine (ayurvedic, homeopathic)⁷⁻¹¹ from various part of country .11.7% cases were not taking proper treatment as per standard guidelines. Approx 6 % patients were did not know about they have cancer either due to illiteracy & other factors. Condition is serious as no. of cases are increasing but public awareness not up to mark 8.government should take proper initiative strict action.

Table -3(Insured Or Not Insured Patients In Various Subgroups)

| Types Of Cancer | No. of patients | No. of patients |
|--------------------------------|-----------------|-----------------|
| | insured | not insured |
| Head and neck cancers | 20(4%) | 480(96%) |
| Carcinoma breast and thorax | 5(33.3%) | 145(66.7%) |
| Gyne and uro malignancies | 3(6%) | 47(94%) |
| Gastro intestinal malignancies | 12(6%) | 188(94%) |
| Total no. cases | 40(4.4%) | 860(95.5%) |

In India insurance policy very poor among low and middle socioeconomic .awareness and strict Gov. Initiative required

CONCLUSION-

This epidemiological and stage wise study was conducted in single hospital. large study required for better results. Lacuna in cancer treatments in Kanpur city were 1) illiteracy 2) no proven trials related to alternate medicine3) no strict law for guideline based treatment 4) no proper social education and knowledge of insurance to patients related to cancer.

Table-2(Percentage of patients who are not taking treatment as per standard guidelines)

| ` | 0 | 1 0 | , | |
|--------------------------------|-----------|--------------------------------|-------------------------|-----------------------------|
| Types of cancer | Total no. | Patient taking prior alternate | Patients who were not | taking no treatment |
| | cases | treatment | taking treatment as per | elsewhere due to illiteracy |
| | | | protocols | &ignorance |
| Head and neck cancers | 500 | 115(23%) | 28(5.6%) | 38(7.6%) |
| Carcinoma breast and thorax | 150 | 24(16%) | 8(5.3%) | 12(8%) |
| Gyne and uro malignancies | 50 | 9(18%) | 18(36%) | 5(1%) |
| Gastro intestinal malignancies | 200 | 19(9.5%) | 52(26%) | 6(3%) |
| Total no. cases | 900 | 167(18.5%) | 106(11.7%) | 61(6.7%) |

REFERENCES

- Sivaram S Majumdar G Perin D et al. Population-based cancer screening programmes in low-income and middle-income countries: regional consultation of the International Cancer Screening Network in India. Lancet Oncol. 2018; 19: e113-e122 India State-Level Disease Burden Initiative Collaborators
- Nations within a nation: variations in epidemiological transition across the states of India, 1990–2016 in the Global Burden of Disease Study. *Lancet*. 2017; 390: 2437-246 Takiar R Nadayil D Nandakumar Projections of number of cancer cases in India 2.
- (2010–2020) by cancer groups. Asian Pac J Cancer Prev. 2010; 11: 1045-1049
 Dikshit R Gupta PC Ramasundarahettige et al. Cancer mortality in India: a nationally representative survey. Lancet. 2012; 379: 1807-1816
- Mallath M Taylor DG Badwe RA et al The growing burden of cancer in India: epidemiology and social context. *Lancet Oncol*. 2014; 15: e205-e212 Pramesh CS Badwe RA Borthakur BB et al. Delivery of affordable and equitable cancer
- care in India. Lancet Oncol. 2014; 15: e223-e233
 Sullivan R Badwe RA Rath GK et al. Cancer research in India: national priorities, global
- results. Lancet Oncol. 2014; 15: e213-e222 Chaturvedi M Vaitheeswaran K Satishkumar K Das P Stephen S Nandakumar A Time trends in breast cancer among Indian women population: an analysis of population based cancer registry data. Indian J Surg Oncol. 2015; 6: 427-434

- Rajaraman P Anderson BO Basu P et al Recommendations for screening and early
- detection of common cancers in India Lancet Oncol. 2015; 16: e352-e361 Mhatre SS Nagrani RT Budukh A et al. Place of birth and risk of gallbladder cancer in
- India. Indian J Cancer. 2016; 53: 304-308
 Sinha DN Gupta PC Pednekar Tobacco water: a special form of tobacco use in the Mizoram and Manipur states of India. Natl Med J India. 2004; 17: 245-247
- Tobacco use and stomach cancer in Mizoram. India. Cancer Epidemiol Biomarkers Prev.