

Shaping the future of childhood cancer care in India- key results from a national situational analysis: factsheet, 2022

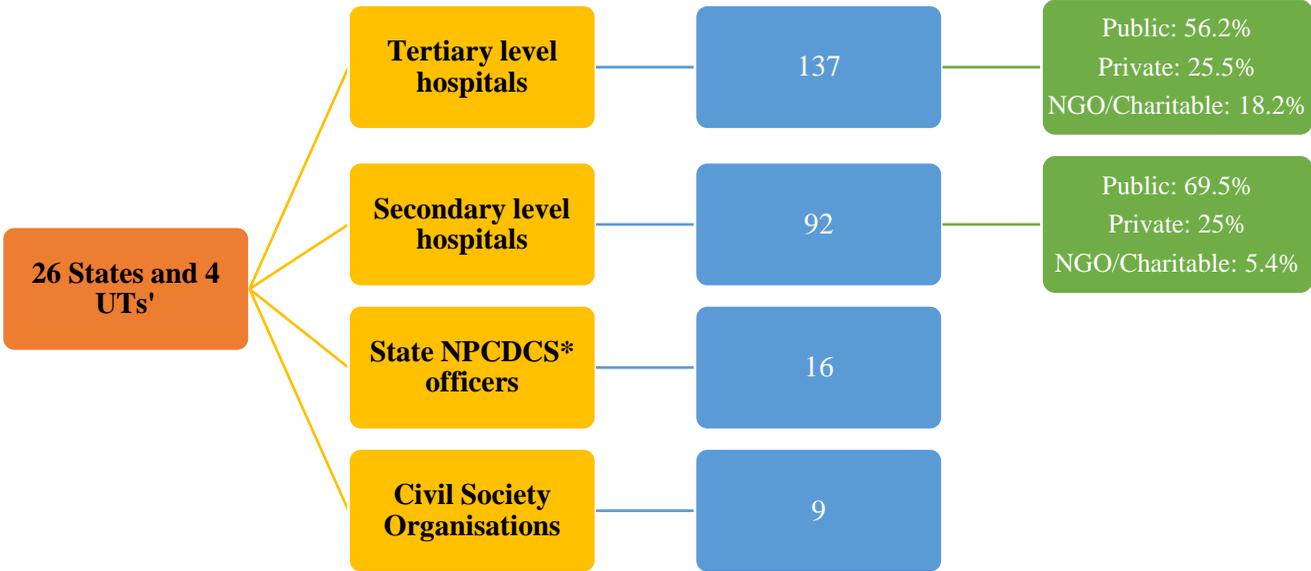
India has seen significant improvements in the overall status of childhood care health services in the last few decades. However, much remains to be done in childhood cancer care. The ICMR's National Centre for Disease Informatics and Research (ICMR-NCDIR) in Bengaluru prioritize data gathering and research in this domain and has been engaged in efforts to develop a more in-depth understanding of the scenario in the country. This factsheet summarizes key highlights from a detailed situational analysis of childhood cancer services in India conducted between 1st July 2021 and 30th September 2021 across 26 States and 4 Union Territories.

A. The problem statement

- Childhood cancers (0-14 years of age) comprise 4% of all reported cancers in the ICMR-NCDIR's national cancer registry programme.
- Age-adjusted Incidence rate per million (AARpm) varies across the country. The state of New Delhi showed the highest AARpm among boys [203.1 per million] and girls [125.4 per million].
- Childhood cancer management in low and middle-income Countries (LMICs), including India, is characterized by delayed diagnosis and treatment initiation, inadequate/incomplete treatment and low survival rate.
- The current national health programmes and policies are focused on cancers in adults.
- Cancers during childhood are unique and require different kinds of care and services for better outcomes, survival and long-term growth and development.
- There is a need for a policy and program to address childhood cancer.

B. The situational analysis of childhood cancer care and services survey

The survey was designed to provide inputs for improving and strengthening childhood cancer care services in India.



*NPCDCS – National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke

Fig. 1

A situational analysis of childhood cancer services in India

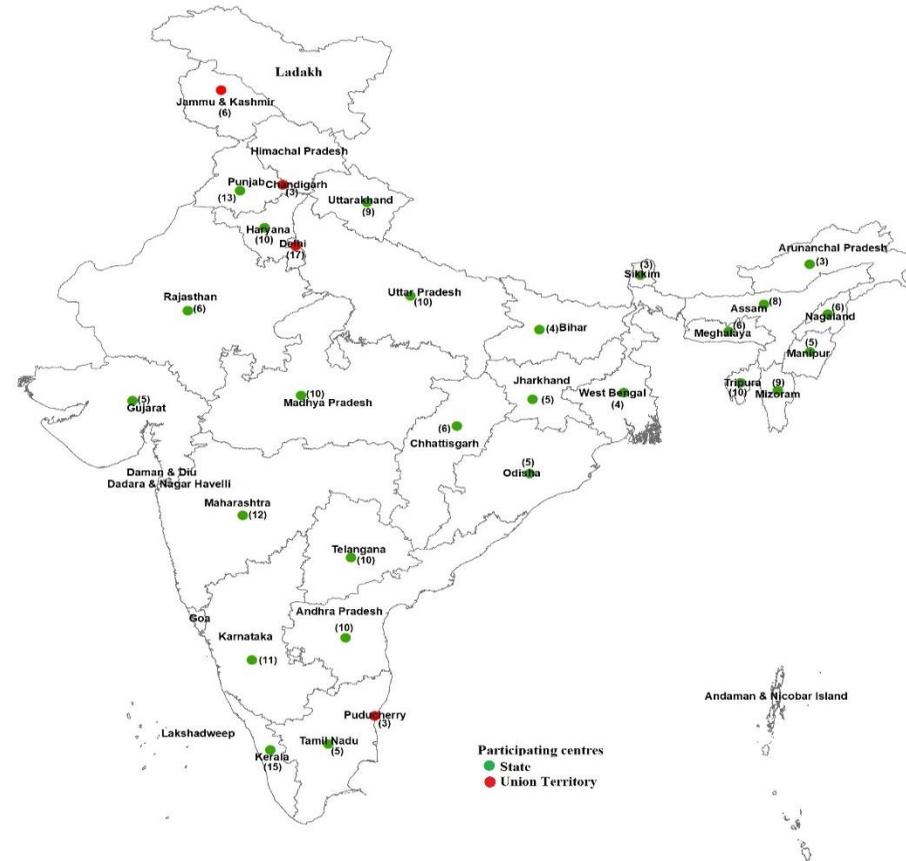


Fig. 2

Key highlights from the survey

1. Physical infrastructure at tertiary hospitals

Less than 50% of the tertiary public hospitals had facilities for brachytherapy caring for children with severe neutropenia, safety measures for preparation of chemotherapy drugs and daycare beds with infusion chairs.[Figure 3]

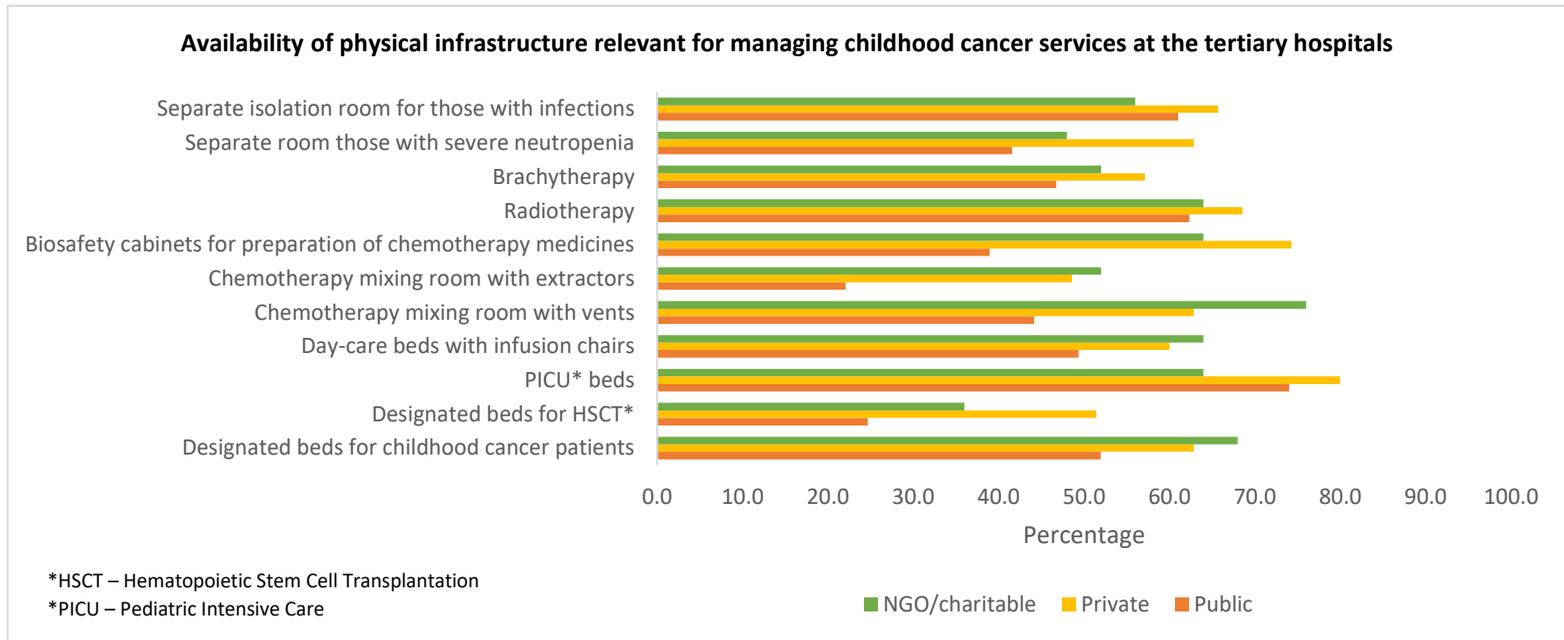


Fig. 3

2. Availability of services

- Availability of a dedicated pediatric oncology department at tertiary hospitals: public- (41.6%); private- (48.6%); charitable- (64%)
- 39.1% of secondary-level hospitals were providing childhood cancer care services. [Figure 4]

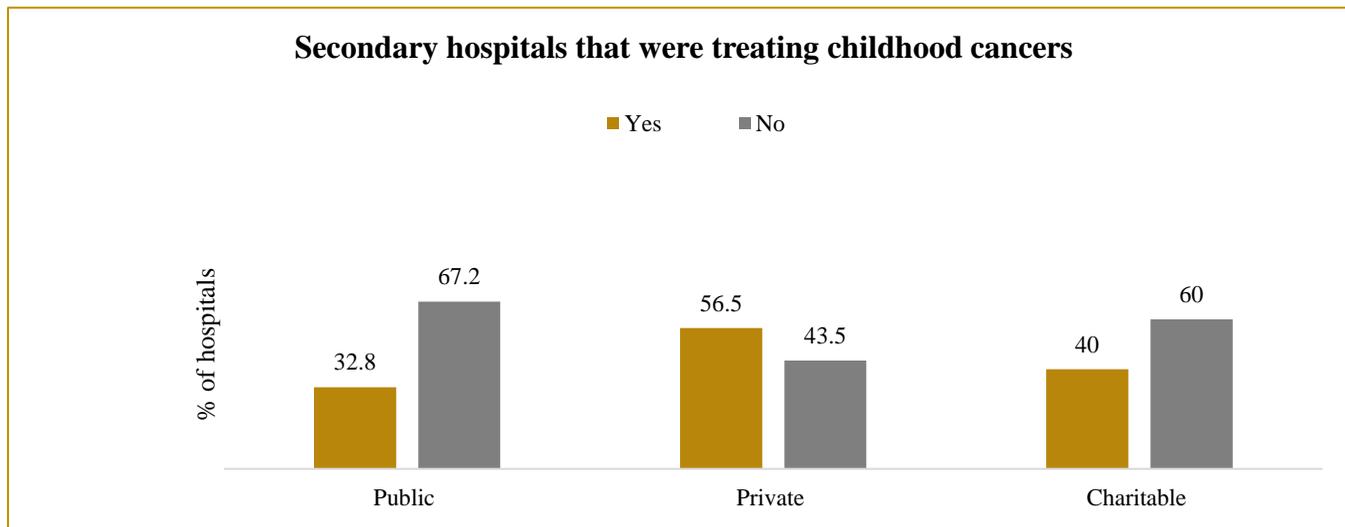


Fig. 4

- Less than 50% of the tertiary hospitals provided hospice care, play therapy and parental support groups.
- Less than 35% had provision for flowcytometric immunophenotyping, cytogenetics, FISH, HLA typing, therapeutic drug monitoring, PET CT, Bone scan and MIBG scan.

- A higher proportion of tertiary hospitals adopted a multidisciplinary team approach for managing cancer patients.[Figure 5]

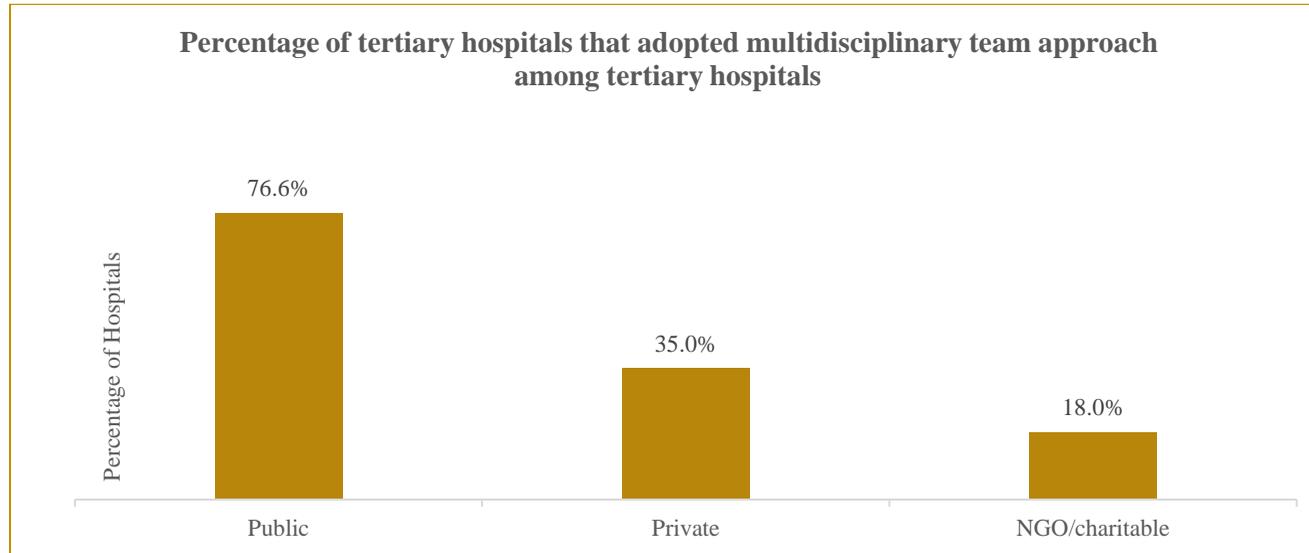


Fig. 5

- Less than 35% of the public and charitable tertiary level hospitals provide Haemopoietic stem cell transplantation (HSCT).

3. Referral pathways

- Over two-thirds of public tertiary hospitals had referral linkages with lower-tier non-childhood cancer-speciality treating facilities, versus 45.7% of private hospitals. [Figure 6]

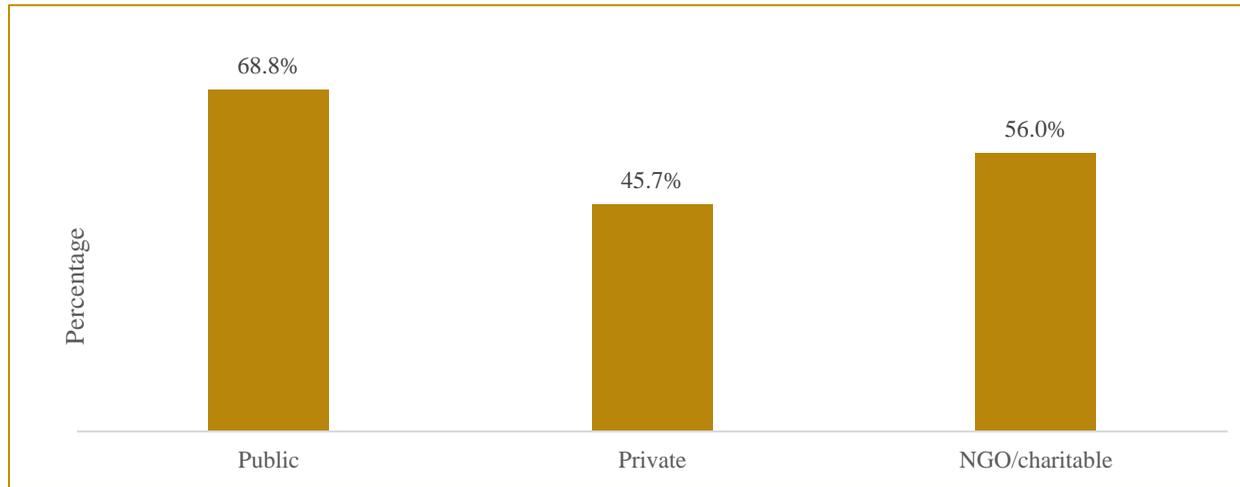


Fig. 6

- Referral linkages with primary health facilities were present in 60.9% of the public and 52.1% of private secondary-level health facilities.

4. Availability of drugs

- In less than half of the public tertiary hospitals, palliative care drugs, antineoplastic drugs, and targeted therapies were available in stock. [Figure 7]

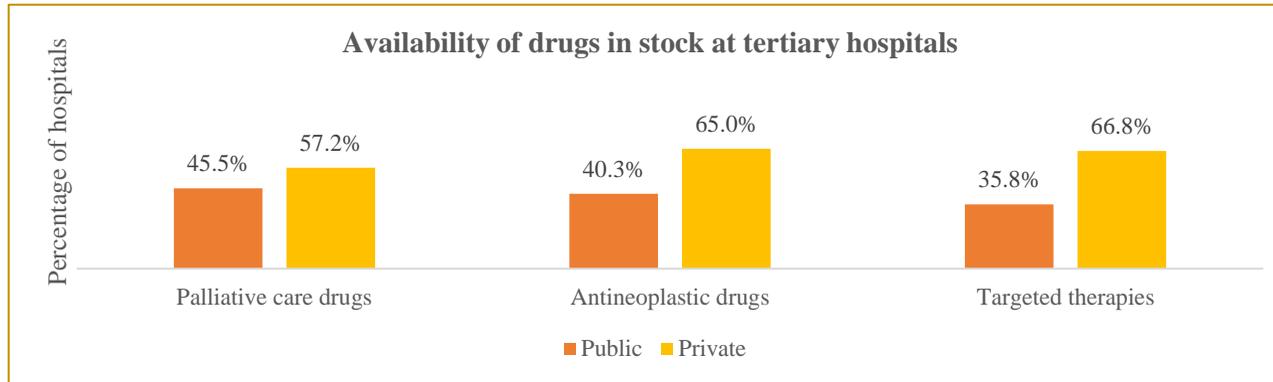


Fig. 7

- Drugs for palliative care, antineoplastic drugs and targeted therapies were available, free of cost, at less than 50% of the public tertiary hospitals. [Figure 8]

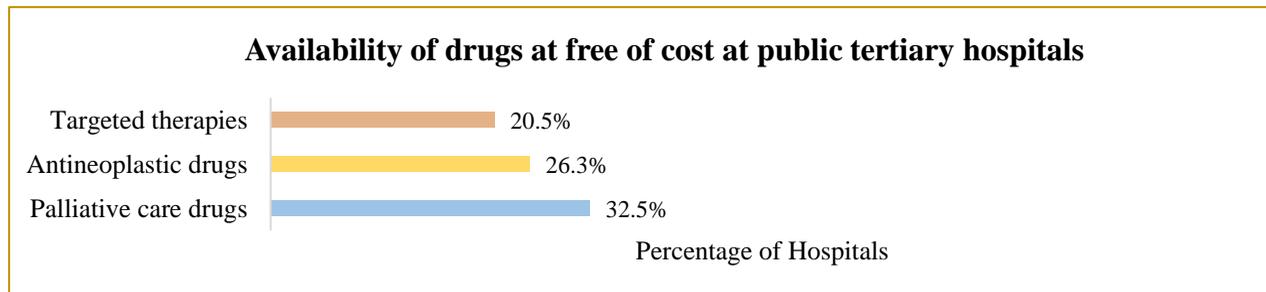


Fig. 8

5. The most commonly adopted financing mechanism comprised the Ayushman Bharat Scheme at public tertiary level hospitals (81.8%) and secondary level public hospitals (61.9%).
6. Less than a third of the tertiary hospitals had active pediatric oncology clinical research programs
7. Perspectives of state nodal officers and civil society organizations
 - The most common challenges encountered in diagnosing childhood cancers were: [Figure 9]



Fig. 9

8. The most common challenges faced regarding treatment



Fig. 10

9. Impact of COVID-19 on childhood cancer care services

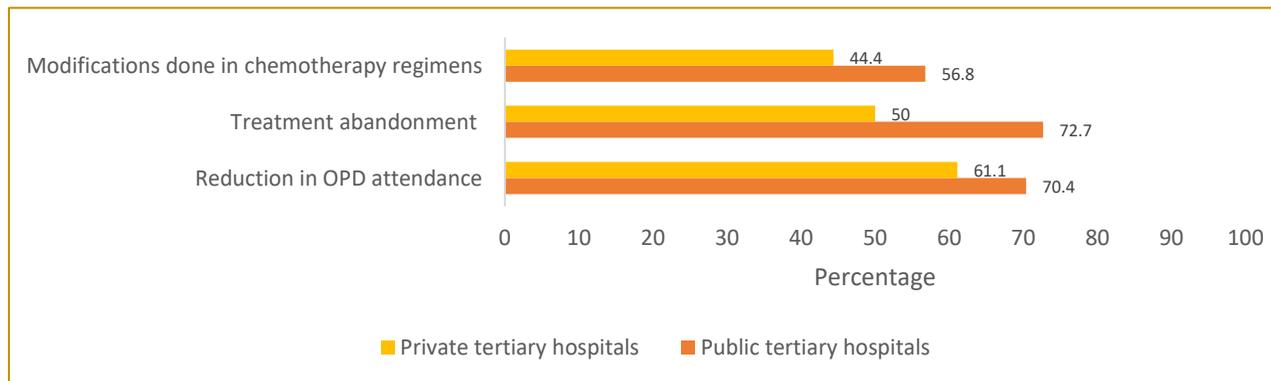


Fig. 11

The way forward

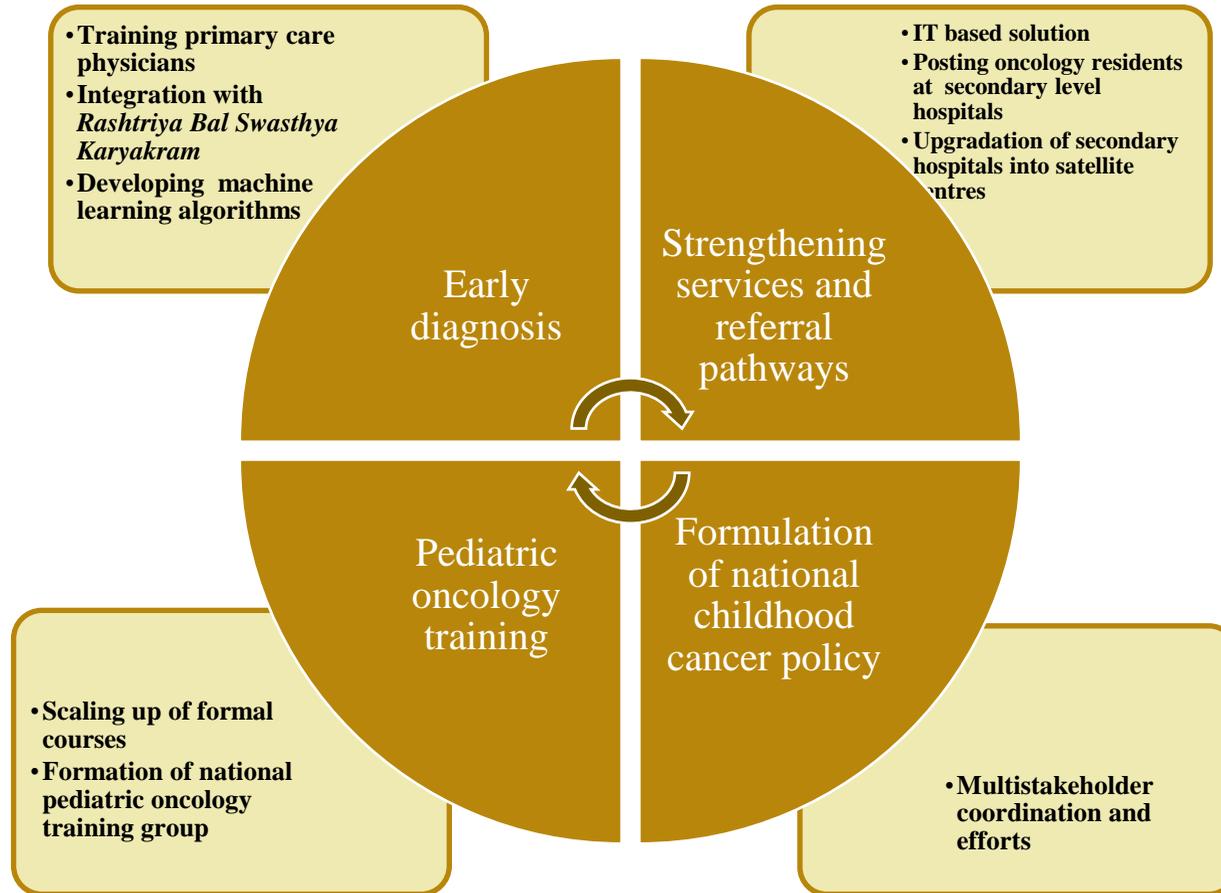


Fig. 12

References

- Report of National Cancer Registry Programme (ICMR-NCDIR), Bengaluru, India 2020.
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Acknowledgements

- World Health Organization, India provided funding and technical support.
- We wish to thank all the participating hospitals, State Nodal Officers for NPCDCS and Civil Society Organizations for their valuable engagement with the study.

More information

Citation: Factsheet: Situational analysis of childhood cancer care services in India. 2022 (ICMR-NCDIR), Bengaluru, India

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