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INDIAN COUNCIL OF  
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**NCDIR**  
NATIONAL CENTRE FOR DISEASE  
INFORMATICS AND RESEARCH

# Report of National Cancer Registry Programme (2012-2016)

**Bengaluru, India**  
**2020**

# NATIONAL CENTRE FOR DISEASE INFORMATICS AND RESEARCH

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*Indian Council of Medical Research*

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\* Thiruvananthapuram is referred as Thi'puram in the tables and figures



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## Message

National Cancer Registry Programme Report (2012-2016) represents the work carried out by 28 Population and 58 Hospital-based cancer registries under the ICMR-NCDIR, National Cancer Registry Programme (NCRP). It provides insight into the data collected on incidence, mortality and clinical details of cancer.

Cancer registries are key elements of a cancer control programme for data collection, analysis, interpretation and health policy formulation. The changes in incidence rates also provide an opportunity for evaluation of the impact of intervention programs or changes in socio-cultural practices. Treatment practices and challenges posed due to several reasons get systematically documented. The NCRP reports have been pivotal in shaping up the national cancer prevention and control policies and programs.

The consolidated report shall be useful in encouraging more research in cancer and in developing strategies for prevention, control and better patient care in cancer.

I take this opportunity to congratulate all the investigators, staff of registries and National Centre for Disease Informatics, Bengaluru and the experts who steered and guided the NCRP.

I look forward to this report being utilized to strengthen cancer registration and enhance cancer prevention and control efforts in India and foster cancer research.

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## Foreword

The National Cancer Registry Programme (NCRP) during the last 37 years has proved to be the most reliable repository of data for surveillance on cancer in the country. The NCRP housed at the ICMR- National Centre for Disease Informatics and Research at Bengaluru has expanded its network in leaps and bounds and now has 36 PBCRs and 236 HBCRs. The present report includes 28 PBCRs and 58 HBCRs data which was complete and met the desired quality.

This report is an interesting read as it provides a comprehensive overview of data on the patterns of cancer, leading sites, trends and burden, comparison of cancer incidence with Asian and Non-Asian countries of the world and the treatment and care offered for most common sites of cancer in the country. For the first time it includes newer sections i.e. summary of selected cancer sites, better info graphics and analysis.

I trust that this report will be an important vehicle for dissemination of public health messages, directives and planning for the future of betterment of services in the field of cancer control and prevention programme.

(DR. G.K. RATH)



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## Preface

Cancer registries provide unique opportunity to systematically collect long-term data that helps in understanding the magnitude, patterns and trends in cancer occurrence. It also provides a framework for assessing and controlling the impact of cancer at the community and hospital levels. National Cancer Registry Program (NCRP) under Indian Council of Medical Research (ICMR) has been there since 38 years. The network of cancer registries has its presence across the country.

**National Cancer Registry Programme Report (2012-2016)** presents data from 28 Population Based Cancer Registries (PBCRs) and 58 Hospital Based Cancer Registries (HBCRs). While PBCRs record all the new cancer cases occurring in a defined population, the HBCRs record information on cancer patients attending a particular hospital, with focus on clinical care and hospital management. The work of HBCR and PBCR complement each other. This makes this report a comprehensive resource for all the stake holders (clinician, researchers, epidemiologist, policy and program managers, civil society and media) working towards prevention and control of cancer.

The report offers three sections, each providing relevant information from both types of registries. The first section focuses on the population covered, total numbers, incidence rates, leading sites of cancers, cancers associated with the use of tobacco and cancers in childhood. The second section deals with the patterns of cancer incidence, stage at diagnosis, treatment pattern and trends of cancer for the most common cancers, cancer breast, cervix uteri, head& neck, lung and stomach. The last section assesses the trends of cancer in the country and estimates the burden till 2025. Revised method of estimating the future burden has been done by dividing the country in to 6 zones and pooling data from the PBCRs therein for the calculation.

Data from the report can be used further for planning and conducting epidemiological studies to understand the determinants, aetiology and survival in different cancers. And for further translating research into action for improving the health of the population. This will be useful in driving local policy and programmatic action.

This report should encourage other institutions in the country to join NCRP and contribute towards cancer prevention and control.

  
(Prashant Mathur)

