ICMR | NCDIR
INDIAN COUNCIL OF MEDICAL RESEARCH | NATIONAL CENTRE FOR DISEASE INFORMATICS AND RESEARCH

Impacting NCD Public Health Actions and Policies
Collaborate Innovate Inspire

International Childhood Cancer Day

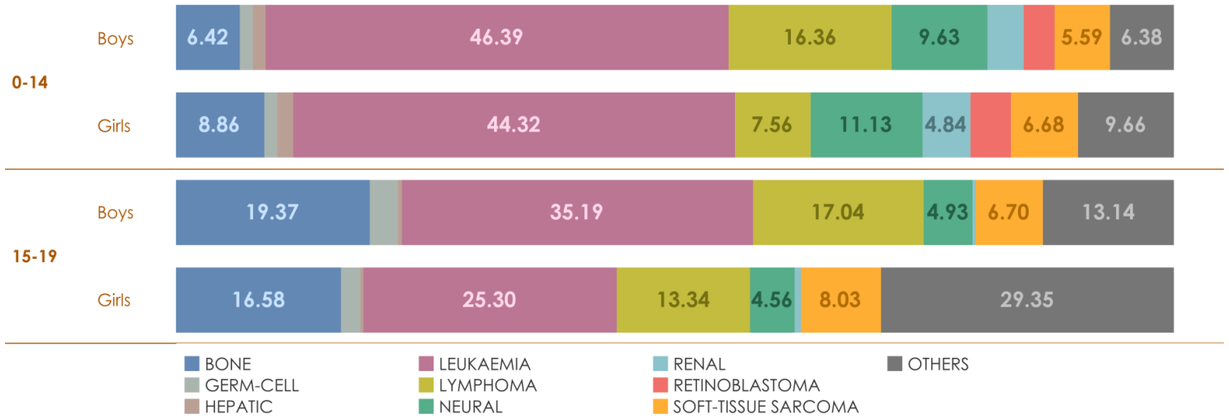
Why is childhood cancer a concern?

- **The types and causes of childhood cancers are unique. In most of the cases the cause remains unknown**
- **The rate of treatment abandonment is high**
- **Childhood cancer survivors could experience long term complications and sequelae as compared to adults**

A. Projected number of childhood cancer cases

Year	2020	2025
Boys	21197	21553
Girls	13601	13840
Total	**34798**	**35393**

C. The common type of childhood cancers (%)



C1. 0-14 years age group

- Leukaemia accounts for nearly half of all childhood cancers in boys (46%) and girls (44%)
- Lymphoma constitutes close to one-fifth (16%) of cancers in boys
- Close to one-tenth (9%) of cancer in girls are malignant bone tumours

C2. 15-19 years age group

- Leukaemia accounts for over one-third of cancers (35%) in boys and a quarter in girls (25%)
- Malignant bone tumours constitute close to one-fifth of cancers in boys (19%) and girls (17%)
- Lymphomas contribute to 17% of cancers in boys and 13 % of cancers in girls

B. Incidence rates

The age-adjusted incidence rate for all cancers types in 0-14 years

- The highest cancer incidence is reported in Delhi (203.1 cases per million boys and 125.4 cases per million girls)
- In the Northeast Region, highest cancer incidence in Aizawl district (133.9 cases per million boys and 94.1 cases per million girls)
- The incidence in boys is nearly double that of girls

The age specific incidence rate for all cancers types in 15-19 years

- The highest age-specific incidence of 179.8 cases per million for boys has been reported in Thiruvananthapuram district and 188.9 cases per million for girls in Kollam district

	0-14		15-19	
	Boys	Girls	Boys	Girls
Ahmedabad urban	74.8	50.1	114.8	63.0
Aizawl district	133.9	94.1	103.3	66.5
Aurangabad	83.0	51.1	87.8	65.6
Bangalore	114.2	82.7	141.3	96.2
Barshi rural	51.6	67.6	99.6	53.1
Bhopal	90.4	56.3	81.5	67.3
Cachar district	63.4	29.5	60.6	39.0
Chennai	146.7	99.3	141.8	117.2
Delhi	203.1	125.4	173.1	109.8
Dibrugarh district	40.7	19.9	43.2	26.8
East Khasi Hills district	28.2	12.1	37.4	29.5
Hyderabad district	104.6	81.4	111.1	106.8
Imphal West district	69.8	91.1	121.3	152.0
Kamrup urban	81.0	65.2	118.8	152.1
Kolkata	60.6	54.2	66.1	66.9
Kollam district	115.5	95.4	142.5	188.9
Manipur state	44.1	41.4	56.6	60.4
Meghalaya	26.0	12.6	48.1	27.2
Mizoram state	76.8	63.3	68.7	77.6
Mumbai	107.1	73.7	113.8	87.8
Nagaland	32.6	23.3	90.6	44.2
Nagpur	102.0	72.2	129.0	130.7
Osmanabad & Beed	29.2	28.7	54.3	43.9
Papumpare district	79.7	31.9	79.6	58.1
Pasighat	12.2		98.3	49.3
Patiala district	121.2	74.0	118.7	67.4
Pune	61.7	44.0	82.5	60.2
Sikkim state	40.4	59.4	52.2	53.4
Thiruvananthapuram district	123.9	107.3	179.8	179.3
Tripura state	45.8	31.9	57.7	45.3
Wardha district	96.6	60.1	121.7	99.4
West Arunachal	42.4	34.2	58.4	48.6

Incidence Rates (Per 1,000,000)
12.1 — 203.1 — 26.8 — 188.9

How could childhood cancer outcomes be improved?

- Early diagnosis and referral to appropriate treatment facilities
- Encourage completion of treatment
- Take due care of the child's growth and development needs
- Invest in appropriate research to reduce the disease burden and improve outcomes and survival

Timely diagnosis and treatment are the key to improved survival

For correspondence:

The Director

ICMR - National Centre for Disease Informatics and Research

II Floor of Nirmal Bhawan, ICMR Complex, Poojanhalli Road, Off NH-7,
Adjacent to Trumpet Flyover of BIAL, Kannamangala Post
Bengaluru - 562 110. India. Phone: 080-22176400
Email: ncdir@ncdirindia.org

NATIONAL CANCER REGISTRY PROGRAMME India
40 YEARS Since 1981