

## LETTER TO EDITOR

**The compelling necessity for improvement in cancer screening in India in this decade**Yasmin Khan<sup>1</sup>, Avani Verma<sup>2</sup>, Anila Varghese<sup>3</sup>, Sidharth Sekhar Mishra<sup>4</sup>

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In 2020, cancers of the breast, lip and oral cavity and cervix were the three most common cancers in India.(1) The national programme for prevention and control of cancer, diabetes, cardiovascular diseases and stroke (NPCDCS) recommends a population-based screening for identifying pre-cancerous lesions and early detection of these three cancers by front line health workers.(2) Data about cancer screening has been included in the latest National Family Health Survey (NFHS-5).(3) We have tried to understand the current status of cervical, breast and oral cancer screening in India.

**Breast cancer screening**

As per NFHS-5, at the national level, only 0.9% of women aged 30-49 years had ever undergone examination of breast for cancer.(3) Only six states had better screening status than the national average with highest in Tamil Nadu (5.6%) followed by Mizoram, Kerala, Manipur, Goa, and Maharashtra. In Gujarat, Jharkhand, and Sikkim, screening status was very low (0.1%). Women should be motivated to avail the facility of clinical breast examination, which is a non-invasive procedure. Breast self-examination should also be encouraged.

**Cervical cancer screening**

A fourth of the global cervical cancer burden is found in India.(4) Yet, as per NFHS-5, only 1.9% women aged 30-49 years have ever undergone a screening test for cervical cancer.(3) There were 20 states with screening rates less than national average while 8 states were above it. Assam, Gujarat, and West Bengal had very poor screening status

(0.2%) while Tamil Nadu, Puducherry and Mizoram were performing better with 9.8%, 7.4 % and 6.9 % screening respectively. Visual inspection of the cervix, after application of 3 - 5% acetic acid (VIA) is the recommended test for the early detection of cervical pre-cancerous lesions and early invasive cancer in India. Under NPCDCS, health workers including Auxiliary Nurse Midwives have been trained to conduct VIA, thereby bringing this facility closer to beneficiaries.(2) Reasons for non-utilisation of this facility should be probed.

**Oral cancer screening**

India contributes to almost one- third of the total burden of oral cancers globally.(5) Oral pre-malignant lesions can be detected easily via visual inspection or palpation by health care professionals. As per NFHS-5, only 0.9 % and 1.2 % of women and men aged 30- 49 years had ever undergone oral cancer screening respectively.(3) More than 1 percent women population were screened for oral cancer in only four states- Andhra Pradesh, Telangana, Maharashtra, and Tamil Nadu. Among men, twelve states had screening of more than 1 percent of their population.

**Conclusion**

Early diagnosis via screening improves the disease outcome through provision of treatment at the earliest stage and is therefore an important public health strategy. Data from the latest NFHS shows that this strategy is under-utilized. Reasons for low rates of screening despite efforts under the NPCDCS should be explored so as to curb

the rising burden in the three most common cancers in India.

[https://dghs.gov.in/content/1363\\_3\\_NationalProgrammePreventionControl.aspx](https://dghs.gov.in/content/1363_3_NationalProgrammePreventionControl.aspx). Last accessed 15/12/2022

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