

BACKGROUND

- In 2008, out of 57 million global deaths, 36 million were because of NCDs principally cardiovascular, cancers, diabetes and chronic respiratory diseases. Approximately 6 million from tobacco use and second hand smoke die due to the harmful use of alcohol each year.
- Smoking is cause for about 71% of lung cancer, 42% of chronic respiratory diseases and 10% of cardiovascular diseases. The prevalence of smoking among men is higher in lower middle-income countries, while for total population, it is higher in upper-middle income countries (WHO, 2011).
- The big challenge that India faces with highest rates of oral cancer in the world which constitutes 12 % of all cancers in men and 8 % in women. This is because of easy availability of various smoking and smokeless tobacco products, which include gutkka, snuff, pan masala, hukka, cigar and cigarettes/beedis. Mouth cancer is one of the most common cancers due to the use of tobacco in India.
- The burden of NCDs is on the rise mainly due to control of infectious diseases and resultant increase in the expectation of life. Unlike the case of communicable diseases, necessary causes of NCDs are by and large not known. What are known, are only stochastic causes meaning that these causes cannot be eliminated.
- The Population Based Cancer Registries (PBCRs) is one of the reliable source of cancer under National Cancer Registry Programme (NCRP) of Indian Council of Medical Research (ICMR) in India. Recently, NCRP has published a report, which depict cancer incidence rate of 29 PBCRs (NCRP, 2016). These PBCRs are in 18 states/union territory, while rest of states/union territory doesn't have any cancer registry. Moreover, India has fastest rate of rise in deaths attributable to tobacco in the first two decades of the 20th century. Maximum deaths is in the productive years of adult's life (Reddy & Gupta, 2004).

OBJECTIVES

- To study the state wise status of tobacco related cancers in India so that advance actions may be taken to control this in next to future. In spite of these facts, attempts have been made to project the tobacco related cancers for India and its states/union territory by sex and place of residence.

MATERIALS & METHODS

- Data Source**
- Population Based Cancer Registry (PBCR) of NCRP, India
 - Census of India
- Methodology**
- Simple Regression model
 - Pooled rate
- Assumption**

In India, several remaining states and Union territory had no cancer registry till the 2014 and therefore to obtain the cancer incidence rate for the rest of states and Union territory. There were taken some certain assumption i) pooled cancer incidence rate of available neighboring registries will be a cancer incidence rate of that of non registry state or union territory. If neighboring states or territories have no cancer registry then the closure state or union territory's incidence rate will be a rate of that of non registry state or union territory ii) availability of single period cancer incidence rate will be remains constant during the study period (2015-25) iii) linear trend observed during 1996 to 2014 will hold for the study period. In case of non linear pooled rate will be a rate for the same. iv) In case of non-linear, the risk factors/behavior will be the same in coming years and that no change would take place.

RESULTS



SUMMARY

- The overall burden of TRCs in India was estimated to be 366 thousand in 2015 and it was projected to increase to 508 thousand by 2025, an increase of more than 35%.
- Lung, Mouth, Tongue and Oesophagus cancers are more prevalent in both rural and urban India.
- Major portion of this burden was due to tobacco use in men (three fourth) and in rural males (one half). Detailed analysis indicated regional diversity in the burden of different types of TRCs.
- Some of state's urban area like Maharashtra, Tamil Nadu, west Bengal and U.P and in rural area U.P., Bihar and West Bengal are highly affected from TRCs.

CONCLUSION

In view of increasing burden of TRCs, there is urgent need to initiate focused tobacco prevention measures to combat the same.

REFERENCES

- World Health Organization (2011). Global status report on non-communicable diseases 2010. Geneva: WHO.
- Reddy, K. S., & Gupta, P. C. (2004). Tobacco control in India. New Delhi: ministry of health and family welfare, Government of India, 43-47.
- National Cancer Registry programme (NCRP) (2016). Three-year report of population based cancer registries 2012-2014. Indian Council of Medical Research, New Delhi.

- All the graphs presented in results section has been plotted on M.S Excel – 2007.
- First two graphs shows the number of incidence cases at 2015, 2020 and 2025 among males in different states and union territories of India.
- Similarly, second two graphs shows the number of incidence cases at 2015, 2020 and 2025 among females in different states and union territories of India.
- Third row's graphs represents the number of incidence cases among males and females by selected tobacco related cancer sites in urban and rural India.
- The second last graph of results section indicates the trend of burden of tobacco related cancers by sex and overall for India.
- The last graph shows trends of burden of tobacco related cancers in rural males, urban males, rural females and urban females in India.

Massage and Thanks



Thanks