ABSTRACT

There are significant inequalities in cancer survival rates across countries. In India, realities such as lack of integrated primary and secondary prevention programs, unaffordable or inaccessible diagnostic systems, high prevalence of modifiable risk factors compounded by lack of awareness have resulted in majority of cancers being diagnosed at a locally advanced stage. Program HOPE as a community-based screening program for underserved populations wherein the focus was on improving awareness towards oral and breast cancer, initiating early detection through appropriate technologies and creating a continuum of follow-up, further investigations and curative services for relevant cases. Focus on capacity building of local frontline healthcare workers is seen as crucial to sustaining these initiatives.

INTRODUCTION

PROBLEM

In India, international cancer agencies have predicted that the cancer burden will nearly double in the next 20 years, from slightly over 1 million cases in 2012 to more than 1.7 million by 2035. The cancer incidence in India is also identified with a significant gender dimension with cancer incidence among reproductive age group (15 to 49 years) being three times higher in females (96 per 100,000 persons) than males (30 per 100,000 persons). Breast cancer is the commonest cancer in urban Indian women and second most common in rural women, with 140,000 new breast cancer patients being diagnosed annually (ICMR, 2001; Ferlay, et al., 2012).

India also accounts for one third of the global burden of cancers of lip and oral cavity. Studies of risk factors estimate that tobacco related cancers would account for 30% of the total cancer burden by 2020 (ICMR, 2016). The socio-economic dimension of cancer treatment is an additional burden on families with cancer ailments having the highest out-of-pocket expenditure compared to any other ailment (Rajpal, Kumar, & Joe, 2014). Changing these patterns relies on investing in health care, cancer research, the wider public understanding of cancer harm-reduction, and on other technical or social changes that will affect disease incidence and outcomes (Mohandas, Taylor, Badwe, Rath, & et al., 2014).

OBJECTIVES

• To reach semi-urban, rural populations as well as low income groups who would not have access to screening and diagnostic modalities.
• To create and spread awareness about oral cancer, breast cancer and other non-communicable diseases amongst the general population.

OUTCOME

91 awareness sessions conducted | Average 46% increase in awareness about risk factors of oral cancer | Average 44% increase in awareness about signs and symptoms of breast cancer | 599 screening camps | 23831 Women screened for breast cancer | 5480 Mammograms done | 41 cases of Breast Cancer detected • 61% Breast cancer cases were detected at Stage 2 | 6488 People screened for oral cancer | Support cell ensured that at least 85% of suspects were followed up and encouraged to seek treatment at their nearest health facility | Free Oral biopsy for those severe dysplasia

CONCLUSION

Program HOPE is an initiative to bridge the gap in population-based screening services. Use of appropriate technologies, data collection, monitoring and evaluation is a crucial part of the program. The program seeks to move from a disease centric mode to a more contextual approach wherein emphasis is placed on improving awareness towards risk factors, debunking of myths and focus on early detection through regular screening. It would be the continued endeavour of the program to have a community-based approach and improve on efficiencies in the program services.

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