



Newsletter

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CONTENT

▪ Expert Insight	1
▪ Industry Voice	2
▪ Stories of Hope	3
▪ From the Secretariat	4
▪ 4th Edition Cancer Summit 2023	5
▪ Virtual Roundtable discussion on Childhood Cancers	6
▪ Policy Insights	7
▪ Pipeline News	8
▪ Pharma and Medical Device Developments	9



Expert Insight

Progress in the cure of childhood cancer has been one of the success stories of the 20th century. Today with right treatment backed-up by robust supportive care and complemented with psychological and social support, more than 8 out of 10 children with cancer would achieve long term cure. But this level of care and these outcomes are currently achievable only in resource rich settings while in low middle in countries where more than 80% of the childhood cancer global burden is, only 2 to 3 out of 10 children with cancer achieve long term cure.

WHO convened the first global consultation on childhood cancer in Geneva (29–30 August 2018) and launched the Global Initiative on Childhood Cancer with the aim of reaching at least a 60% survival rate for children with cancer by 2030 while reducing suffering, altogether saving an additional one million lives. This new target represents a doubling of the global cure rate for children with cancer. To achieve this stated goal of improving survival to 60% (6 out of 10) for all children with cancer, the objectives are to increase the capacity of all countries to improve access to quality care for children with cancer, and to increase the prioritization of childhood cancer at global and national levels. These objectives will be accomplished by implementing the WHO technical package of strategic interventions with support from a host of partners

Since 2019, the Indian stakeholders have responded to this Global Initiative and have conducted several rounds of meetings and discussions. This has led to the Pediatric Hematology Oncology (PHO) Chapter of Indian Academy of

Pediatrics (IAP), Indian Pediatric Haematology Oncology Group (INPHOG) as well as civil society and patient groups (Cankids Kidscan) to welcome, endorse and align with the Global Initiative. Brainstorming led to identification of 9 focus areas to be addressed by taskforces: Data and Registry; Access to care networks & referral pathways, standards for centres, reducing missed diagnosis, timely diagnosis and treatment; Workforce, accreditation, training for health professionals social support teams; Protocols and clinical trials; Drugs & Diagnostics - affordability, availability and quality; Supportive Care - social support, infection control & hygiene, nutrition, accommodation, blood support, abandonment prevention; Financing, Policy, Stakeholder Engagement; Patient, family and community information, awareness and engagement - participatory approach; Continuum of Care including palliative care, survivorship care and reintegration. In March 2023, this multistakeholder group plans to launch the Indian Childhood Cancer Initiative (ICCI) in partnership with the government, ICMR, WHO and St Jude Global and have a national workshop in September 2023 to set a roadmap for the country.



Dr Ramandeep Arora

Associate Director, Paediatric Oncology, Max Super Speciality Hospital, New Delhi & Director, Indian Pediatric Hematology Oncology Group (INPHOG)

Industry Voice

Cancer is a major global health burden, with an estimated 10 million deaths worldwide in 2020, and that number is expected to steadily rise in the coming years. Considering the complex and multifaceted nature of the disease, it requires a specialised and multidisciplinary approach to curb its growing incidence. Despite significant advancements in cancer care, there is still a greater need for further innovation to improve patient outcomes. Traditional cancer treatments such as chemotherapy, radiation therapy, and surgery have been effective in many cases, but they can also have significant side effects and may not be effective for all types of cancer; thus, necessitating need for innovative and more effective treatments.

Within this context, one of the newest advancements has been robotic surgery (or robotic-assisted surgery) in the field of minimally invasive surgery. These days, the use of robotic surgery in the treatment of sophisticated cancer surgeries is. Within the last ten years, approaches for robotic-assisted surgery have been developed, authorised, and widely used, particularly for cancers at solid organs situated in visceral cavities.

Robotic surgery, also known as robot-assisted surgery, is a surgical procedure performed by a surgeon using a robotic system. The robotic system is composed of a set of robotic arms, a camera, and surgical instruments. The surgeon controls the robotic system through a console, where the surgeon can visualize the surgical area through a high-definition camera.

The use of robotics in surgery has been gaining popularity in India over the past decade. The country's first robotic surgery was performed in 2002, and since then, the number of hospitals offering robotic surgery has grown significantly. Today, there are more than 60 hospitals in India equipped with robotic surgery systems. In India, robotic surgery is most used for treatment of

urological, gynecological, and gastrointestinal cancers.

The benefits of robotic surgery in India are numerous. Firstly, robotic surgery provides a higher degree of precision, allowing surgeons to perform delicate procedures with greater accuracy. This precision results in less damage to surrounding tissue, less bleeding, and a quicker recovery time for patients. Secondly, robotic surgery is minimally invasive, meaning that smaller incisions are made, reducing the risk of infection and scarring. This also results in less pain for the patient and a quicker return to normal activities.

Though its adaptability, particularly with regards to robotic assistance in surgery, is still to reach the public, the use of robotic technology continues to be a problem for widespread acceptance across all healthcare settings. Patients in tier 3 and tier 4 markets still struggle to get access to high-quality healthcare in these areas, despite India's steady development of its health ecosystem throughout major tier 1 and tier 2 cities with established commercial and public health systems. This also implies that only tier 1 and tier 2 markets have sophisticated technology like robotic-assisted surgery (RAS).

To combat this, it is more important than ever for industry stakeholders to team up and help increase access to these innovations for all segments of society without putting patient safety at risk. Robotic surgery should be widely accessible and reasonably priced for patients across the nation to reap its true benefits. Further, industry-academia collaborations to up-skill and train doctors in the cutting-edge surgical technologies like RAS will be crucial in enabling them and promoting broader accessibility for patients across the nation. The future of RAS is quite promising. With the inclusion of robotic surgeries in the private/government insurance, RAS technology will see rapid adoption in India in the coming years.



Dr Anshumaan Yadava

Director and Business Head-
Endoscopy and Oncology,
Stryker India

Stories of Hope

Where Hope, Help & Healing Meet

“A world where no child has to lose their childhood to cancer” is the vision of an organization formulated from the gut-wrenching story of a parent whose child was cancer diagnosed at a very early stage of his childhood. Through this personal incident, Haris Kattakath and his wife Suhada started the NGO Hope Child Cancer Care Foundation in the year 2016. Let us know more about how it all started through his words.

We were in the U.S. for a family vacation. And as planned our holidays went with many fun-filled activities, family trips, and celebrations. But all our excitement didn't last long. We were about to return home, and our 10-month-old son Mohamed Naazim experienced unusual symptoms. He felt very drowsy. My wife tried to wake him up, tried to feed him, but he kept falling asleep. In a shocking turn of events, our son got diagnosed with Ependymoma, a form of pediatric cancer affecting the brain. Until then, cancer was just a disease that I have read or heard about, but the moment I experienced the severity of this disease through my son, the pain that followed was unbearable. It was a complete shock to the entire family. We decided to stay back and without any delay, we initiated his treatment at the Atlanta Children's Hospital and underwent the initial brain surgery to remove his tumor. Unfortunately, they couldn't remove the entire tumor. Then we shifted to St. Jude Children's Hospital, which specialized in the research and treatments of childhood

cancer and had multiple surgeries to remove the residual tumor followed by multiple Chemotherapies and radiation. He was also under oral chemo for the remaining 6 months. It took around one and a half years to complete the treatment procedures.

Seeing your little one in pain going through all of these therapies and their adverse effects can shatter any parent. It would be the hardest part of any parent in their journey to cure. But we wanted to bring him back and for that, we fought. The place where we lived, gave us confidence.

Meeting the families going through similar pain and speaking to the doctors who treated my son helped me to understand more about the disease. All of our friends and family members over there reached out to us, offering us all of the help we needed at the time. Their presence boosted our spirits and inspired us to keep going. The treatment procedure took months to complete, and we continued our stay at a family accommodation provided for the patients and family.

Based on our experience, I would like to offer this humble advice to other parents that Childhood Cancer is treatable. Any unusual indications or symptoms should never be ignored. Give your child proper care. Never think that giving your child chemotherapy or radiation would hurt them. In our country, technology has advanced significantly. Hence, seek the right medical advice whenever necessary.



Mr Haris Kattakath

Caregiver & Chairman
of The Board, Hope child
cancer care foundation

From the Secretariat

In India over the past ten years, cancer has been among the top causes of mortality. Due to insufficient access to screening and gaps in prompt referral of symptomatic patients for traditional diagnostic tests, patients with cancer in LMICs like India often face delayed diagnosis, restricted treatment options, and highly undeveloped or non-existent palliative or survivorship care. In the face of this situation, and given the rising incidence of cancer, there is an unmet need to find and close any gaps in the healthcare system that would allow all individuals to obtain high-quality cancer care at an affordable price while also maximising the benefits of treatment.

Here, the complex care requirements for people with cancer and chronic conditions necessitate the involvement of several healthcare professionals in a number of settings. Several predisposing factors, including genetic predisposition, environmental exposure, and epigenetic factors, contribute to the chronic, systemic nature of cancer. Other contributing factors include those that are mostly beyond the individual's control, such as stress, inadequate food and/or nutrition, inactivity, restlessness, and vitamin D insufficiency. Many of the symptoms and indicators of cancer and conventional treatment, including cancer-related pain, chemotherapy-induced peripheral neuropathy, oral mucositis, anxiety, depression, and restless sleep, make it harder for patients to finish their regimens. Several of them are poorly handled using siloed strategies. Thus, if these various aspects of care are tackled in isolation, fragmentation of care may result, which patients may feel as a disconnected and

burdensome care experience and which doctors may experience as communication and informational gaps. Ineffective, unequal, inefficient, and more expensive healthcare are all consequences of fragmented care. Combining traditional medicine with evidence-based alternative treatments, nutritional medicine, and lifestyle interventions for the treatment and prevention of disease as well as the improvement of health would comprise an integrated approach to the treatment of illnesses like cancer. Here the guiding principle would be to treat the entire person, not just the ailment. It gives the patient the ability to take charge of their total health and actively address various risk factors, symptoms, and indicators of cancer.

Therefore, reducing fragmentation through improved care integration is a top concern for patients, healthcare professionals, and payers in the area of health care. Primary risk reduction, early identification, treatment, and care all need to be covered by this multistakeholder strategy. Additionally, more efforts should be made to take use of the chances provided by advances in diagnosis, targeted therapies, and multidisciplinary approaches to care, making them accessible to everyone and addressing the inherent inequalities in cancer epidemiology and care. Through RAPID Global Cancer Alliance, we aim to bring together experts from different backgrounds to deliberate and act upon an integrated approach to cancer care and management.



Dr Nalini Kaushik

Lead-Policy and Government Affairs,
RAPID Global Cancer Alliance

4th Edition CANCER SUMMIT

With the focus of “Uniting our voices and taking action, IHW Council in collaboration with Rapid Global Cancer Alliance organized the 4th edition of the Cancer Summit on 3rd February, the eve of World Cancer Day. A day of noteworthy revelations, engaging discussions, and new and renewed networks to build a strengthened cancer care ecosystem marked the latest edition of the Summit. Over 30 speakers and 100 experts from all over the nation gathered in New Delhi or connected virtually for a programme packed with 5 stimulating discussions which explored different facets of capacity building, innovations in cancer control, integrated care and how – through targeted interventions and partnerships – sustainable cancer solutions can be implemented.

The key focus areas of the Summit were:



Increasing investments in healthcare resources



Cancer innovation and progress



Patient outcomes and palliative care



Universal Health Coverage and solutions



Civil Society organizations and Collaborations

The participants came from a variety of backgrounds, including cancer organisations, patient groups, governments, the pharmaceutical industry, foreign organisations, academic institutions, and private sector businesses. Some of the notable

names were, Dr GK Rath, Former Head, National Cancer Institute,

Dr Madan Gopal, Senior Consultant Health, NITI Aayog, Ms. Jyotsna Govil, Chairman, Delhi Branch, Indian Cancer Society, Dr Anshumaan Yadava, Director and Business Head- Endoscopy and Oncology, Stryker India and Ms Poonam Bagai, Founder and Chairman, Can-Kids KidsCan.

Mr Kamal Narayan, CEO, IHW Council, also unveiled the recently launched platform RAPID Global Cancer Alliance. Recognizing the financial, social, emotional, and developmental costs of premature cancer mortality worldwide, he urged Summit participants to participate in discussion, debate, and peer learning to share knowledge and best practises in order to take meaningful action against cancer in their respective contexts.

The event also featured for the first time ever ‘Cancer Care Awards 2023’ to value and celebrate the contributions made by private & government organisations, cancer care associations, professionals and individuals across the ecosystem who are working hard to provide comprehensive cancer care.





Virtual Roundtable discussion on Childhood Cancers

To commemorate International Childhood Cancer Day, RAPID Global Cancer Alliance in collaboration with IHW Council organized a Virtual Panel Discussion on "Strengthening childhood cancer survival outcomes in India" on 15th February 2023.

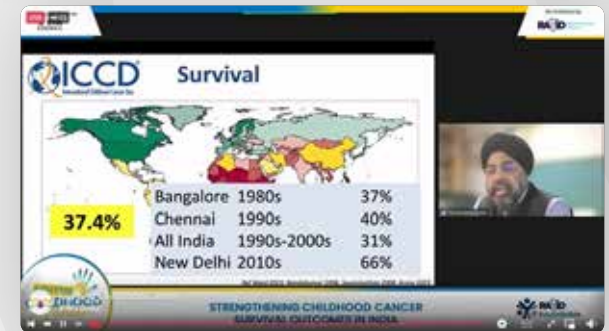
The discussion was moderated by Ms Poonam Bagai, Founder and Chairman, CanKids KidsCan, who was joined by a range of notable experts in the field of childhood cancers. The speakers included Dr Sudarsan Mandal, Deputy Director General (NCD & Leprosy), Directorate General of Health Services, Ministry of Health and Family Welfare, Dr Bishnu Rath Giri, Technical Officer (Cancer Control), WHO Regional Office for South-East Asia, Dr Anita Nath, Scientist E, ICMR-NCDIR, Dr Ramandeep Arora, Director and Lead INPHOG, Dr Rachna Seth, Professor, Department of Paediatrics, All India Institute of Medical Sciences, New Delhi and Mr Haris Kattakath, Chairman of The Board, Hope child cancer care foundation.

Dr Mandal, who opened the discussion, elucidated on the efforts being undertaken by the government including a National NCD Programme and creation of more cancer facilities in order to ensure all individuals, regardless of their age or economic status are able to access quality cancer care with ease. The government is currently in the process of revising the guidelines for the NCD Programme to incorporate the 18+ population and not merely

restrict it to the 30+ age group. Additionally, the ministry is also engaged in creating guidelines for NCDs in children to cover the population of 6-18-year-olds in the country.

Dr Ramandeep stressed on the fact that India accounts for a sizable percentage of the worldwide data relating to paediatric cancer. The subject of children cancer care services becomes more significant in this setting, particularly given that in children with cancer, delayed diagnosis and treatment beginning are frequently cited as contributing factors to low survival rates. The discussion was centred around the report titled, 'A situational analysis of childhood cancer care services in India 2022,' that is a first of its kind comprehensive study which analysed the infrastructure, facilities, drug availability, funds, skills, training, research, and hurdles to providing the best possible children cancer care services, spanning 26 Indian states and four union territories.

The key to bringing together nongovernmental organisations (NGOs), international governmental organisations, cancer health care organisations, cooperative research organisations, and patient and family organisations in a concerted effort for true impact is urgent action with a high level of collaboration. In order to close the gap in access to diagnosis, treatment, and care, a well-organized global health partnership with each partner playing a specific role has the potential to harness the knowledge and tried-and-true tools we currently have. This would significantly advance the fight against paediatric cancer.



National Developments



Policy Insight

- **THEME:** Cancer diagnosis
- **UPDATE:** Uttar Pradesh state health department to start with screening of breast and cervical cancer.

Key Highlights

- The Uttar Pradesh Health Department is collaborating with private players to extend the screening facility for breast and cervical cancer in every district. The facility would be made available through district women hospitals and selected college.
- State Principal Secretary (Health), Parth Sarthi Sen Sharma said, "Timely intervention in diagnosing the two kinds of cancer can saves lives besides saving women from suffering. The government would also roll out vaccine for cerviical cancer for teenaged girls through the routine immunization program.
- According to the NFHS (2019-21), 1.5 percent women in Uttar Pradesh have undergone screening tests for cervical cancer. This includes 1.5 percent Urban and 1.7 percent Rural women.

Policy Insight

- **THEME:** Cancer Burden
- **UPDATE:** India's cancer cases will surge to 20 lakh per year by 2026: AIIMS

Key Highlights

- According to a projection by AIIMS based on information supplied by the Indian Council of Medical Research, the number of cancer cases in India would increase in the upcoming years and may reach 20 lakh instances annually by 2026 (ICMR).
- The fatal illness now affects 13–14 lakh individuals annually, and by 2026, that number may exceed 20 lakhs.
- The number of female gallbladder cases has increased, particularly in the north-eastern regions of the nation and in communities around rivers.
- The majority of incidences of cancer affecting the stomach, gallbladder, neck, head, food pipe, etc. were found in the North-East due to unhealthy lifestyles and consuming contaminated food and water.

Policy Insight

- **THEME:** Cancer Burden
- **UPDATE:** Ayushman Bharat Health and Wellness Centres giving new life to rural patients

Key Highlights

- Rural patients are given fresh life through the Ayushman Bharat Health and Wellness Centers (HWCs), a programme for preventative, promotional, curative, rehabilitative, and palliative care.
- There are more than 1.5 lakh of these centres. In Haryana's Gurugram, the Sub Health and Wellness Center in the village of Dhankot offers a range of medical services, including antenatal care (ANT), newborn and child health, immunisation, Tb, Malaria, Dengue, blood pressure, and diabetes management.
- Also, it offers initial care such as screenings for cancers of the mouth, cervix, breast, and mind, among others. In Haryana, there are a total of 2407 AB-HWCs that are operational, including 1833 SHCs, 391 PHCs, and 183 urban primary health centres (UPHCs). At Gurugram, there are a total of 108 operational AB-HWCs, including 69 SHC, 11 PHC, and 28 UPHC.

- From the year 2018, a health and wellness centre is also being run in the Wajheelpur village of Hapur in Uttar Pradesh, where patients may conveniently access a variety of healthcare amenities and get telemedicine consultations. Telemedicine is an important part of these Health and Wellness Centers' implementation of eSanjeevani, which is revolutionising the industry in the nation.

Policy Insight

- **THEME:** Cancer burden
- **UPDATE:** The Goa State Commission for protection of child rights has recommended strengthening of the state's cancer registry

Key Highlights

- A cancer registry is an information system designed for the collection, storage, and management of data on persons with cancer.
- Registries play a critical role in cancer surveillance, which tells us where we are in the efforts to reduce the cancer burden. Surveillance data may also serve as a foundation for cancer research and are used to plan and evaluate cancer prevention and control interventions. For example, health officials, researchers, and others use cancer surveillance data to answer questions like, "Are more or fewer people getting colorectal cancer this year compared to last year?" or "Which groups of people are most likely to get skin cancer?"
- The Goa Panel calls for strengthening cancer registry, the commission said that this can play a critical role in cancer surveillance, estimating trends and strategising prevention efforts that will help reduce the cancer burden.

Policy Insights

- **THEME:** Cancer Prevention
- **UPDATE:** India likely to include vaccine against cervical cancer in national immunisation programme

Key Highlights

- Centre is likely to include HPV vaccine in the national immunisation programme for girls aged nine to 14 years in June. HPV vaccine are critical to stop the spread of cervical cancer.
- The ministry is likely to float in April a global tender for 16.02 crore doses of HPV vaccine, which will be supplied by 2026. Apart from domestic manufacturer Serum Institute of India, global vaccine manufacturer Merck is also likely to participate in the tender.
- Currently, India is completely dependent on foreign manufacturers for HPV vaccines. The vaccines are extremely expensive as each dose is priced at more than ₹4,000. Recently, SII launched the made-in-India HPV vaccine "CER-VAVAC".

Pipeline News

■ **THEME:** Infrastructure

■ **UPDATE:** India's largest blood cancer treatment centre to come up in Kharghar

Key Highlights

- The central government is developing the country's largest blood cancer treatment centre at the Advanced Centre for Treatment, Research and Education in Cancer (ACTREC), Kharghar campus of Tata Memorial Centre (TMC).
- The Hematolymphoid Cancer Centre, the largest centre in the country to cater to blood cancer patients will be commissioned by the end of 2024, increasing the bed strength to 930 as envisaged.
- Nineteen operation theatres at ACTREC will cater to around 10,000 major cancer surgeries per year and 5,000 patients requiring radiation therapy and 25,000 to 30,000 patients receiving chemotherapy.
- The inpatient beds at the much sought-after centre are being increased from 120 to 930 beds while the manpower which is presently at 1067 will increase by more than three times to 3,472 personnel.

Pipeline News

■ **THEME:** Cancer Innovation

■ **UPDATE:** Rarest element used in cancer cure extracted from Kutch mushrooms

Key Highlights

- Scientists at Gujarat Institute of Desert Ecology (GUIDE) and Kutch University have successfully extracted astatine, the rarest naturally occurring element on the earth, from edible mushrooms.
- Astatine, which is rare and has short life is said to cause minimal side effects that come with chemotherapy.
- Researchers around the world have found that this radioactive element will improve radio immunotherapy (RIT) efficiency for treating tumor and other cancers since it kills the tumor cells that are typically resistant to chemo and radio therapy.

Pipeline News

■ **THEME:** Treatment

■ **UPDATE:** Indian cure for blood cancer in sight

Key Highlights

- The interim results of CAR (Chimeric Antigen Receptor)-T therapy from Bengaluru start-up Immuneel lend hope for blood cancer patients in India.
- The interim data is based on results of the first 10 patients of the planned 20 who have received CAR-T treatment in India. The results showed a 77 per cent overall efficacy rate on the 90th day, and 83 per cent of acute leukemia patients, both children and adults, continued to be in remission at a follow-up 112 days later.
- CAR-T treatment still remains unavailable in many western countries, including the UK and Australia.

- The therapy involves extracting a cancer patient's white blood cells—similar to how blood is taken at donation camps. The blood then has to go to a CAR-T company like Immuneel or ImmunoACT, who will reprogramme the T cells with an antibody-like protein called Chimeric Antigen Receptor or CAR. The modified cells will be returned to the patient—a procedure that takes around 10 minutes—and these should then be able to kill the cancer cells.

Pharma and Medical Device

- **THEME:** Cancer diagnosis
- **UPDATE:** AllMS research team develops e-Nose to detect lung cancer

Key Highlights

- The researchers are attempting to recognise the hallmark of lung cancer produced by the volatile organic compounds (VOCs) we breathe using a device known as the electronic nose, or e-Nose. VOCs are responsible for the smell of pollution and the aroma of perfume.
- To find the pattern that might indicate the disease, the researchers have been gathering and analysing the VOCs of healthy individuals and those who have lung cancer. Once this is finished, finding lung cancer will only require a fast, non-invasive test.
- The eNose is being studied by the researchers as a diagnostic tool, but they also see its potential as a screening tool. Nowadays, certain nations offer lung cancer screening programmes based on low-dose computed tomography. Those with a high risk of getting lung cancer, such as heavy smokers and people over 50, can undergo a Low Dose CT scan once a year.

International Developments



Policy Insight

■ **THEME:** Cancer Research

■ **UPDATE:** WHO launches new roadmap on breast cancer

Key Highlights

- To achieve the goals of preventing 2.5 million deaths from breast cancer by 2040, the World Health Organization (WHO) today unveiled a new Global Breast Cancer Initiative Framework. To achieve the goals, the new Framework, which was unveiled ahead of the World Cancer Day campaign, urges nations to follow the three pillars of health promotion for early detection, prompt diagnosis, and thorough care of breast cancer.
- The recently released framework makes use of tried-and-true techniques to create resource-appropriate, country-specific health systems for the provision of breast cancer care in low- and middle-income settings. It provides three action pillars and their corresponding critical performance indicators:

- 1. Advising nations to concentrate on early-detection programmes for breast cancer so that at least 60% of cases are identified and treated while still in the early stages.
- 2. The prognosis for breast cancer can be improved by diagnosing it within 60 days of the disease's initial manifestation. Three months after the initial appearance, treatment should begin.
- 3. Taking care of breast cancer to ensure that at least 80% of patients follow their prescribed course of therapy.

Policy Insight

- **THEME:** Cancer Research
- **UPDATE:** Radiotherapy is not an option for older breast cancer patients

Key Highlights

- According to new research, Radiotherapy does not increase survival chances in older people with early breast cancer. The 10-year study, one of the first long-term clinical trials in older breast cancer patients, suggests that radiotherapy can be safely excluded when treating over 65s for early-stage breast cancer. The addition of radiotherapy alongside breast-conserving surgery and hormone therapy -- the current standard treatment -- made no difference to the death rates for patients 65 years or older, researchers say.
 - Radiotherapy was also found to not affect the risk of secondary tumours, known as metastases. It did, however, slightly reduce the risk of the cancer recurring, but the risk is still within the clinically acceptable range.
- Researchers from University of Edinburgh and the Western General Hospital, Edinburgh, conducted a randomised-clinical trial - called PRIME II - with 1,326 patients to investigate if radiotherapy is necessary in combination with a lumpectomy and hormone therapy. The patients were 65 years of age or older with so-called 'low risk' breast cancer, which means a tumour no more than 3cm in size, not involving the lymph nodes underneath the armpit and likely to respond to hormone treatment.
 - The research team found that in patients treated without radiotherapy the risk of recurrence of cancer in the treated breast after 10 years was 9.5 per cent, while giving radiotherapy reduced the risk to 0.9 per cent. Despite this difference in rates, both are within the accepted range of recurrence according to current clinical guidelines. There was no difference in overall survival between both groups and most deaths were due to causes other than breast cancer.

Policy Insight

- **THEME:** Cancer Research
- **UPDATE:** Medicine supply to only cancer hospital in Balochistan halted

Key Highlights

- The Balochistan Post stated that the Pakistani government has cut off medical supplies to the CENAR Cancer Hospital in Balochistan for the past two months. The lone cancer hospital in Balochistan has reportedly ceased receiving medical supplies as a result of Pakistan's financial problems. The Balochistan Endowment Fund was responsible for the medical equipment (BEF). Many people have died as a result of the cancer sickness in Balochistan during the past several years. While middle-class and well-off individuals travel to Karachi or the Shaukat Khanum memorial hospital in Lahore for medical care, the majority of patients at CENAR hospital are from the underprivileged class.

- Pharmaceutical firms have had trouble keeping up with demand for vital life-saving medications. Leading pharmaceutical companies are having trouble obtaining the raw materials needed to create pharmaceuticals while being compelled to cut output while people suffer in hospitals, The News International said citing sources. Experts have warned that the economy is "sinking into near-paralysis."
- Pakistan's foreign exchange reserves hit an eight-year low of USD 4.3 billion at the time of the crisis, and negotiations with the International Monetary Fund (IMF) are in limbo.

Pipeline News

■ **THEME:** Treatment

■ **UPDATE:** Grass species offers cancer treatment potential

Key Highlights

- University of the West of Scotland (UWS) research has revealed that a drought-resistant perennial grass could help in the fight against cancer.
- Studies led by UWS academics, in collaboration with partners in Egypt, looked at the grass extract and the effect against five different tumor cells. The research uncovered great potential to develop effective cancer treatments.
- The grass species (*Stipagrostis plumosa*) is commonly found in the deserts, such as northern areas of Sahara and parts of North African and Persian Gulf countries. It belongs to a family of species that holds a variety of medicinal properties, including antioxidant, anti-inflammatory and antibacterial bioactivities.

- Natural plants form the basis of many medications—some references say more than 80 percent of drug substances are either directly derived from natural products or developed from a natural compound. Although initial research findings are extremely positive, further experimental studies are required, and plans are now in place to continue the research on a larger scale.

Pharma and Medical Device

■ **THEME:** Market size

■ **UPDATE:** Global Ovarian Cancer Drugs Market Size

Key Highlights

- Allied Market Research has published a study report with the title of the Global Ovarian Cancer Drugs Market Size was estimated at USD 2.3 billion in 2021 and is anticipated to hit USD 5.1 billion by 2031, registering a CAGR of 8.4% from 2022 to 2031.
- The research provides detailed segmentation of the global ovarian cancer drugs market based on therapy, distribution channel, and region. The report discusses segments and their sub-segments in detail with the help of tables and figures. Market players and investors can strategize according to the highest revenue-generating and fastest-growing segments mentioned in the report.
- Based on therapy, the targeted therapy segment held the highest share in 2021, accounting for more than half of the global ovarian cancer drugs market, and is expected to continue its leadership status during the forecast period. However, the others segment is expected to register the highest CAGR of 10.4% from 2022 to 2031.

- Based on distribution channel, the hospital pharmacy segment accounted for the highest share in 2021, holding nearly three-fourths of the global ovarian cancer drugs market, and is expected to continue its leadership status during the forecast period. However, the online providers segment is estimated to grow at the highest CAGR of 13.4% during the forecast period.
- Based on region, North America held the largest share in 2021, contributing to around two-fifths of the global ovarian cancer drugs market share, and is projected to maintain its dominant share in terms of revenue in 2031. However, the Asia-Pacific region is expected to manifest the fastest CAGR of 9.7% during the forecast period.

Pharma and Medical Device

■ **THEME:** Innovation and screening

■ **UPDATE:** Revolutionary cancer scanner launched in Melbourne

Key Highlights

- Cancer patients are set to benefit from a new PET scanner, the first of its kind in Australia which will revolutionise the way tumours are targeted and tracked.
- Conventional PET scans require patients to lie on a bed for 20 to 30 minutes, but the new whole-body imaging machine can perform scans in a quarter of that time.
- Instead of having to take a series of images, the scanner can capture the body's tissues and organs from head to toe in one single scan.
- The scanner, which is called Total Body Positron Emission Tomography (TB-PET), will be acquired by Royal North Shore Hospital and the University of Sydney as part of a \$15 million project to boost Australia's imaging capabilities.



**WE THANK YOU FOR YOUR
CONTINUED SUPPORT IN OUR
EFFORTS IN FIGHT AGAINST CANCER.**

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