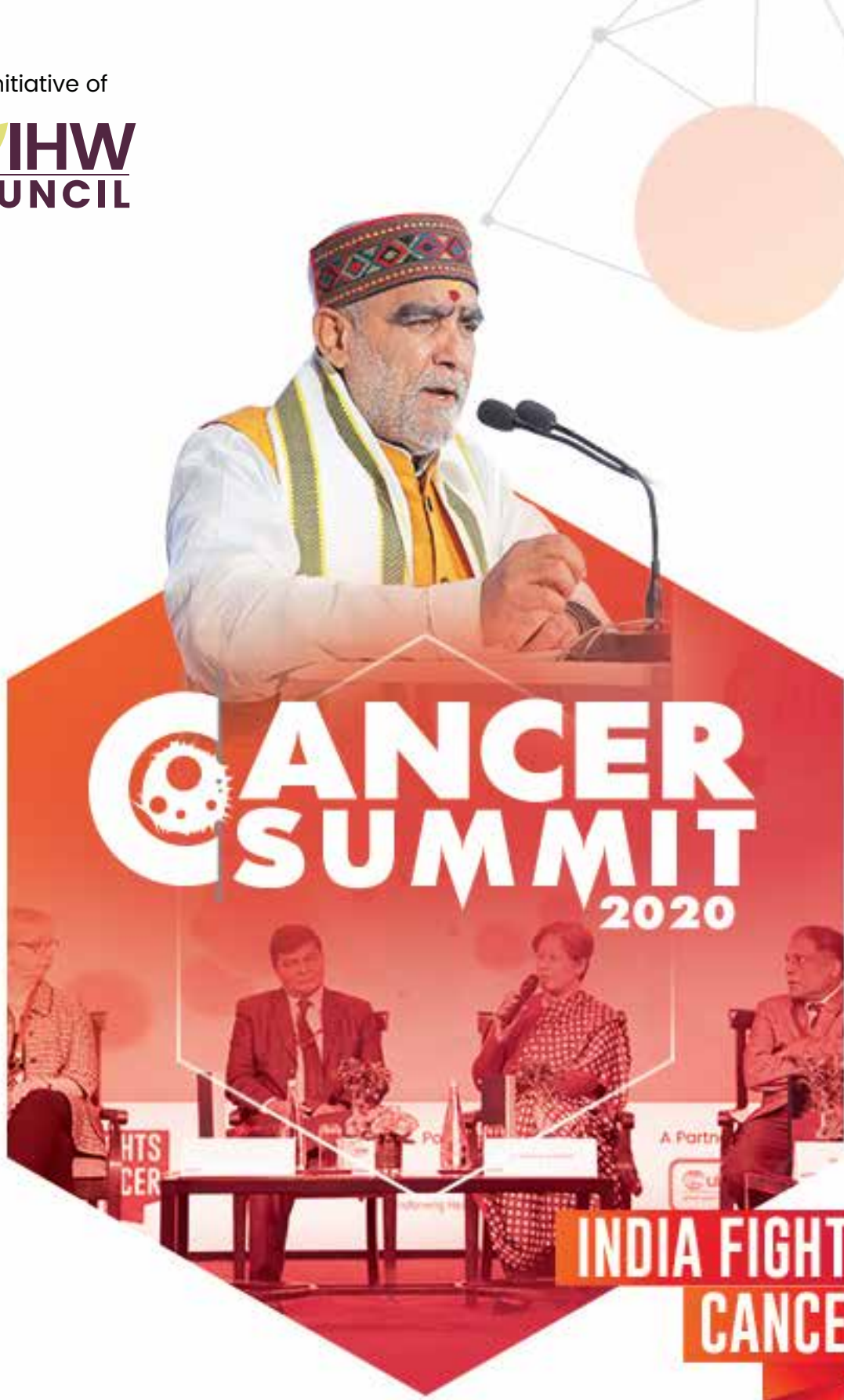


An Initiative of



# CANCER SUMMIT 2020

**INDIA FIGHTS  
CANCER**

**OUTCOMES AND SUMMARIES  
OF SESSIONS**



## BACKGROUND

To further its commitment towards building a positive synergy amongst the stakeholders regarding health & wellbeing, Integrated Health & Wellbeing Council (IHWC), a not for profit organization, organized Cancer Summit 2020 to observe the World Cancer Day on 4<sup>th</sup> February 2020. The event brought together highly distinguished speakers and participants who shared clear and inspiring examples of how they are committed to build strong health systems to show that cancer is not beyond us.

The following report summarizes key outcomes of the proceedings of the Cancer Summit 2020 that brings a focus on Cancer preparedness in India. With discussions spanning between Ministers, Government representatives, Central and state Health Department representatives, Hospitals, Experts and influencers, Patient groups advocates and many other significant stakeholders; the report aims to initiate the hitherto missing deliberations on Cancer amongst the stakeholders.

Cancer has emerged as a major burden for health systems. Despite being a highly progressive disease, the policy response to cancer has been uneven and inequitable. India has achieved major strides in cancer control but it is imperative that the next steps from here be informed by evidence and validated analytical tools.

Globally, Cancer is the second leading cause of death, accounting for approximately 70 percent of mortalities in low- and middle-income countries. In 2018, 17 million new cases of cancer were newly diagnosed and an estimated 9.6 million people died due to cancer. An estimated 27.5 million new cases of cancer are projected to emerge each year by 2040.

According to the National Cancer Registry Program of the India Council of Medical Research (ICMR), more than 1300 Indians die every day due to cancer. In 2014, 491,598 people died out of 2,820,179 cases. Geographically, the incidence and mortality of cancer is highest in the north-eastern region of the country. Breast cancer is the most common, and stomach cancer is the leading cause of death by cancer for the population as a whole. Breast cancer and lung cancer kill the most women and men, respectively.

Despite such high mortality rate, India lags behind when it comes to cancer preparedness – right from educating and making people aware of cancer to making available the dedicated teams in hospitals and rural areas. Moreover, the low awareness of cancer combined with social stigmas has become a major hurdle that prevents people accessing early screenings.

Therefore, it is time to take up the challenges posed by the markedly increasing burden of cancer. The particularly heavy economic and social burden makes it imperative to elucidate the causes and devise effective country-specific prevention strategies embedded in accurate data. These approaches will complement the benefits in improved access to affordable and effective cancer treatment.



# INAUGURAL SESSION

## *Inaugural session*

The inaugural session “**India’s Fight Against Cancer: Current Realities & Vision**” got underway with **Mr. Kamal Narayan, CEO and Founder of IHW Council**, welcoming the participants to explore a collective approach to tackle the current cancer epidemic and the way forward.

Recognizing Cancer as a huge concern, he pointed how it also causes a massive distress on the national economy and productivity as people who are still in their working years are unable to contribute positively. Today, most cancer deaths are not only caused by tobacco consumption and HPV but are a result of poor environmental and dietary choices. Pointing at Government’s efforts, he mentioned how the government has helped people with cancer with schemes such as Ayushman Bharat and similar other initiatives. Referring to the 2020 budget, where the Indian Finance Minister announced initiative for TB free India with ‘TB HaaregaDeshJeetega’ message; he concluded that by next year enough progress is made to say ‘Cancer HaaregaDeshJeetega’.



# INAUGURAL SESSION



## **Dr. P D Vaghela**

**Secretary, Department of Pharmaceuticals  
Ministry of Chemicals and Fertilizers**

brought to list the government's commitment towards ensuring affordable medicines to people at large. By making valid case for role of affordable medicines he recognized that high cost of healthcare has been central in pushing families below poverty line and the middle-class is particularly vulnerable. He opined that out

of the health expenditure of INR 2500 per capita, 50 percent is spent of medicines. Therefore, it is important to encourage the use of generic drugs.

Discussing about his department's commitment towards patient centric policies for addressing cancer, he mentioned the Jan Aushadhi stores that supplies 6000 types of generic drugs, including 38 types of anti-cancer drugs and at a price that is 50 to 80 per cent less than the market rate. However, he urged for a support from the multispecialty hospitals as they are the predominant providers of cancer treatment. He requested such hospitals to open Jan Aushadhi stores at their facilities and urge the practitioners to prescribe generic drugs so that the middle class does not suffer due to cancer treatment expenditure.

He further stated that with the help of National Pharmaceutical Pricing Authority (NPPA) the government does not want to control the price but realizes the need to regulate profiteering. Through trade margin rationalization approach, they have made 42 cancer drugs more affordable to patients – cancer drugs that were earlier sold for INR 10,000 and INR 25,400 are now available for INR 892 and INR 2,510, respectively. It has benefitted 1000 crore cancer patients in India.”



## **Dr. Anil D'Cruz**

**President-Elect, Union International for Cancer  
Control & Director, Oncology, Apollo Hospitals**

spoke about his experience of having seen the medical industry from both spectrums, lack of awareness is the key stumbling block to tackling the disease. He opined that in the years to come, we will have a big number of cancer cases. He further pointed that in a survey conducted among 15000 individuals across 20 countries, it

was established that people were aware that tobacco and ultraviolet rays cause cancer but did not know that HPV and obesity are also leading contributors, which is why survival rate is better in countries which are more aware and proactive about treating cancer.

# INAUGURAL SESSION



## **Dr. Christiane Hamacher**

**CEO, Biocon Biologics**

addressed the audience by telling them her own battle with cancer. She pointed that the fight against cancer is possible as today we are able to detect far more cases than before. Also, people these days are aware of the cancer-causing physical and environmental factors they need to be cognizant of.

**“I am a cancer survivor myself as I was diagnosed with the disease 8 years ago and was fortunate to have the support of loved ones as well as good health care”.**

She recognized the disproportionate strain Cancer causes to an individual and their families. She pointed that although we have many toolkits to diagnose cancer, we are yet to make a significant advance. Women are more prone to cancer as the camps to diagnose breast and cervical cancer are just not available. However, we cannot defeat it alone as we need strong alliance and we can see that Biocon's commitment for affordable cancer care resonates with WHO and Government of India. Every opportunity to look for precancerous lesions should not be missed whether you are going of a regular check-up or the gynecologist's office as only then can we truly beat it.



## **Dr. Bhawna Sirohi**

**Director - Medical Oncology, Max Institute of Cancer Care**

stressed upon the environmental triggers to cancer. Pointing at the rural and urban incidence of cancer, she opined that Cancer is the price being paid for unprecedented urbanization. Australia and New Zealand have taken huge strides in making their country completely cancer free and the same should be done in India as every girls and boy of actionable age should get HPV

vaccine. Also, the government should provide vaccines for cancer as they can provide it at 4 dollars which patients will have to buy for 40.

# INAUGURAL SESSION



## **Shri Ashwini Kumar Choubey**

**Hon'ble Minister of State, Minister of State for Health and Family Welfare**

appreciated platforms such as IHW council that plays a catalytic role in raising awareness on crucial health aspects. Recognizing the economic, social and development toll of premature cancer mortality, he opined that cancer awareness is the key to begin with. He also stressed upon that the Government of India is working on both the sides of spectrum i.e. by building infrastructural support as well as providing economic assistance to the ones in need. For instance, under the government-funded schemes such as Rashtriya Arogya Nidhi the Ministry of Health & Family Welfare provides financial assistance as one-time grant up to INR 1,00,000 for BPL patients for treatment at super specialty hospitals/Institutes or other Government hospitals. Another scheme under the Ministry of Health & Family Welfare is State Illness Assistance Fund (SIAF) in which, BPL patients get treatment for cancer or other life-threatening illnesses if they undergo treatment at the government hospitals for costs up to INR 1,50,000. Understanding the need of innovation and technology for treatment, he opined that India too needs to establish cancer tissue banks to make treatment accessible to more people.

## PANEL DISCUSSION **1**

### *Panel Discussion*

#### **Topic: The Government's Perspective on Addressing Cancer**

The focus of the panel was to understand the opportunities and challenges faced by governments in identifying and sustaining cancer as the national priority. Chaired by Dr. Bobby John, a physician and policy expert, he remarked that it is important to understand the needs and solutions for cancer patients in India- a country home to 1/6th of the world population. The panel constituted experts and representatives from the central and state level governments.

# PANEL DISCUSSION



## **Dr. K T Bhowmik**

Principal Consultant Directorate General of Health Services, Ministry of Health & Family Welfare

### **Question**

**With NPCDCS in place, what is the overarching vision as far as cancer is concerned?**

It's very important to realize that the whole game today is non-communicable diseases and cancer being one of them. Under the NPCDCS concept, we are running the NCDs clinic approximately 300 districts in the country. In the clinic patients are getting screened for various NCDs including cancer. The main treatment emphasis would be at the medical college level as the infrastructure is in place for all the treatment specialties. There are 530 medical colleges in the country, half of them being in the Government domain and that is where most of the cancer care is going to be delivered.



## **Shri Ramachandran R**

IAS, Mission Director, National Health Mission, Karnataka

### **Question**

**How does it translate to the state level?**

In Karnataka, we have developed NCD application that is powered by Dell which has enabled us to screen people at the Gram Panchayat and sub-center level. There are two kinds of screening – opportunistic screening and population-based screening and after that secondary and tertiary care are being taken off. To take this further, we are recruiting mid-level health providers and the available auxiliary nurses and mid-wives; who would go house to house to collect information about the population. So far, we have enrolled 78 percent of the rural places, with next step to this being screening. At the field level, people don't take cancer seriously and they are rejecting it when we say they have the chances of getting cancer because they believe that they live a healthy lifestyle and have access to good air. Through this app, we are trying to break such behavioral barriers and enhancing people's awareness towards these diseases. Specifically for Cancer, this is important since early detection is the key for better survival and patient outcomes.

# PANEL DISCUSSION



## **Dr Shalu Jain**

Scientist, ICMR

### **Question**

**Since you are working with the new tools of enabling earlier and more robust diagnostics; what are the newer ways of diagnosing cancer early?**

The sheer lack of essential services was recognized in ICMR's meeting with various oncology experts such as medical oncologists, social oncologist, radiologist and pathologist. They all collectively agreed to the dearth of specialty services such as molecular diagnostics that are crucial for cancer diagnosis. It was recognized that in many centers these facilities are not available; and if available, then the costs are exorbitant. This is the reason for excessive burden on the tertiary care institute which is also one factor for delayed diagnosis and detection. To tackle this, there is we have started an initiative "DIAMOND" under which such laboratories are being established across the country. These laboratories will provide free oncology test services in each of the zone to bring down the number of advanced cancer cases.



## **Dr Arun Gupta**

Ministry of Health and Family Welfare

### **Question**

**To what level Ayushman Bharat is dealing with cancer and poverty?**

Ayushman Bharat PMJAY was launched on September 23, 2018 and since then it's been nearly 1 year and four months. It has been an eventful journey. We have provided 8 million treatments to poor families which are worth nearly Rs 12,000 crore. That means, this amount has not been spent entirely on cancer but also on other diseases. With ABPMJAY, people are coming out in open and getting their diagnosis done and treatment. The treatment has been provided without creating any undue burden in their already scarce households. It has empanelled more than 20,000 hospitals across the country out of which more than 50 percent are private hospitals. They are now able to afford those treatments, which they were not able to do earlier. ABPMJAY is filling a very important gap in our society.



# PANEL DISCUSSION **2**

## Panel Discussion

**Topic: Upgrading the Healthcare Ecosystem for early Diagnosis and Initiation of Clinical care**

A dynamic panel, constituting of actors across the spectrum, explored how each one makes a crucial component of healthcare ecosystem. The experts ranging from specialties such as radiology, diagnostics pathology and clinicians deliberated on how to improve access to essential cancer services.



**Mrs. Jyotsana Govil**  
Vice Chairman, Indian Cancer Society

To me state of the art means putting the patient or the person living with a condition at the heart of whatever we want to do. Therefore, Indian cancer society has learnt to listen to the needs of the patient and we try to work according to these principles. We talk the language of the people and never use medical jargon. Keeping up in today's technological world, we also have a women centric

application. It talks to them about breast and cervical cancer and they can open this application in total privacy at their homes. It is important to acknowledge that women are still shy about coming forth for cancer screening. Knowing this, we try to bridge this gap to ensure patients get as homely an environment as possible when they come for treatment.



**Dr Harsh Mahajan**  
Founder & Chief Radiologist, Mahajan Imaging

State of the art needs to be divided into technology with the other being the care itself. Patient-centric treatment and patient-centric radiology, where the patient is at the centre of the universe is the need of the hour. Tata Memorial needs to have the same technology that the best centre of the world have. Now, most patients pay out of pocket which is why sometimes, they come down into poverty. Everyone can have an equitable share of work. I think we need to look

at that. There is a huge urban-rural divide which should be cut down.

# PANEL DISCUSSION



## **Dr. Reena Nakra**

Director of Operations, Dr Lal PathLabs

### **Question**

**How do we take good enough care in the world of cancer that involves our loved ones? What are the solutions?**

Patient-centric approach is when you are looking at the entire outcome of successful patient for which diagnostics need to be very uniquely positioned. The patient may not need to travel with the sample. This unique positioning of the diagnostics just requires bridging the trust deficit. In both the public and the private sector, I think this bridge needs to be crossed. Re-duplication of the efforts will definitely bring down the cost, increase the reach and bring the affordability.

### **Question**

**What are the steps for greater Public-Private Partnership ?**

## **Dr Harsh Mahajan**

MD, Founder & Chief Radiologist, Mahajan Imaging

The first and the foremost requirement for PPP is to bridge the trust deficit. On one hand, the government recognizes the need of private sector expertise due to inadequate resources at government front, yet they verify the same private sector as profiteers among others. So, I think, what needs really to be done is to do a costing study so that we can really determine what is the cost of doing a hemoglobin test or what is the cost of chest x-ray or the MRI for a particular patient because even though we are the cheapest healthcare provider in the world unless those costs are determined and agreed on between the two parties, this PPP model won't work.

## **Mrs. Jyotsana Govil**

Vice Chairman, Indian Cancer Society

I think it's important to realize that they do help out NGOs like us. We get a percentage of cost removed from the cost of treatment. How many forums involve civil society view? Listen to the voice of patients? Does any treatment begin or end in a hospital? Patients have already spent a lot of money before they enter the hospital. Life doesn't go 100 percent normal after cancer. There is a life after cancer but it's quite different as the person is living in altered circumstances. The patients are at greater risk of other NCDs. Somebody might get heart trouble because of toxic drugs whereas someone else may develop diabetes.

# PANEL DISCUSSION

## Question

**What are the ways in which early diagnostics can be done and what are the early opportunities?**



### **Prof. OP Kharbanda**

Chief of Centre for Dental Education and Research, Professor & Head, Department of Orthodontics and Dentofacial Deformities, AIIMS

As an oral cancer expert, he pointed that oral cancer incidence is 45.4 percent. We also know that oral cancer also comes with a warning. Oral cavity can be easily accessible by oneself and by the dentist. Some cancers are caused by viruses. HPV16 is common which is why we need to regularly monitor ourselves and take proper care. The Government of India has already decided

to screen all adults above 30 for three type of cancers – cervix, breast and oral cavity which I believe is a good initiative.

### **Mrs. Jyotsana Govil**

Vice Chairman, Indian Cancer Society

We need to pull together as doctors, as treatment agencies as NGOs everybody. Screening data is a very neglected domain. When we talk of cancer registries. We are looking to the US to keep our health policies at place. Why?

# PANEL DISCUSSION **3**

*Panel Discussion*

## **Topic: Accessing State of the Art Therapeutics at Affordable prices**

With a theme “Accessing State of the Art Therapeutics at Affordable prices”; in this panel the experts emphasized the need to break siloes, both within governments and as part of multisectoral partnerships to support the fight against cancer. One key theme that emerged was the importance of data to inform policy

As the session moderator Dr Bobby John, opened the discussions with two key barriers to access to state-of-the-art cancer care i.e. financial barriers and infrastructural barriers. He opined that this comes at a time when we are also witnessing linear accelerators, the new-fangled medicines, precision medicine, diagnostics and imaging. However, there exists barriers preventing an access to all to such newer technologies.

# PANEL DISCUSSION



## **Dr Binay Kumar Viswas**

Director Professor & HoD- Anesthesiology & Pain Medicine, ESI-PGIMSR & ESI- Medical College

### **Question**

**What is the state of the art? At what cost does it come to people?**

I We are 70 years past independence. So, whatever we do, it needs to be done in a sustainable manner; hence, we don't have enough time to do experiments. It is quite evident that when patients are diagnosed late the cost goes up so we have to do two things- reduce cost as well as raise more awareness. I am in touch with cancer patients in the community, hospital, colleges, rural and urban areas. In terms of logistic when we take the treatment to them the cost is high moreover there is no regulatory authority which defines how much money should a test take. The national cancer grid has been working on it since 2012 to regulate organizations on how much money should go for a particular treatment. You may ask if I am going against private organizations but I am not. Post independence there were only 7-8 percent of private hospitals but they have gone up by 150 percent so there is an urgent need to regulate them to decrease cost. A regulatory body will help decide what types of tests are required for specific cases after categorizing past data gathered from patients and hospitals. This will help in bringing outcome adjusted therapeutic wherein only the tests required for a case will be done. In the budget also it was announced that with the help of viability gap funding medical colleges will be set up and will be attached with district colleges in PPP (Public-Private Partnership) mode which will provide students. This will solve the issue of manpower as well as can help club oncology, radiology and palliative care under one department.



## **Dr Rajan Verma**

National Lab Director, Strand Life Sciences

### **Question**

**Do you have an equivalent pathway for taking high end diagnostics pretty much in the realm of precision medicine to make it available at more affordable levels?**

We are basically a precision medicine genomics company; we would not directly look into the cost factor here. Because when we look into cancer with precision medicine, we know that cancer is 100 percent genetics whether it is semantics or because of a germ line.

# PANEL DISCUSSION

So, by proving a precision medicine treatment we are looking at the cost factors also. The treatment failure rates are less and the follow up and advance stages are also reduced. Moreover, when it comes to germ line mutation we are also looking into screening of a particular population of people who would further down the line require some treatment or may have malignancies down the line. We are aggressively looking into mutations so with precision medicine because we are looking to avoid expenses that patients might have due to treatment failures. We will streamline the regime of cancer care by reducing the amount of treatments that will not be useful and go right away for the one which is most effective.



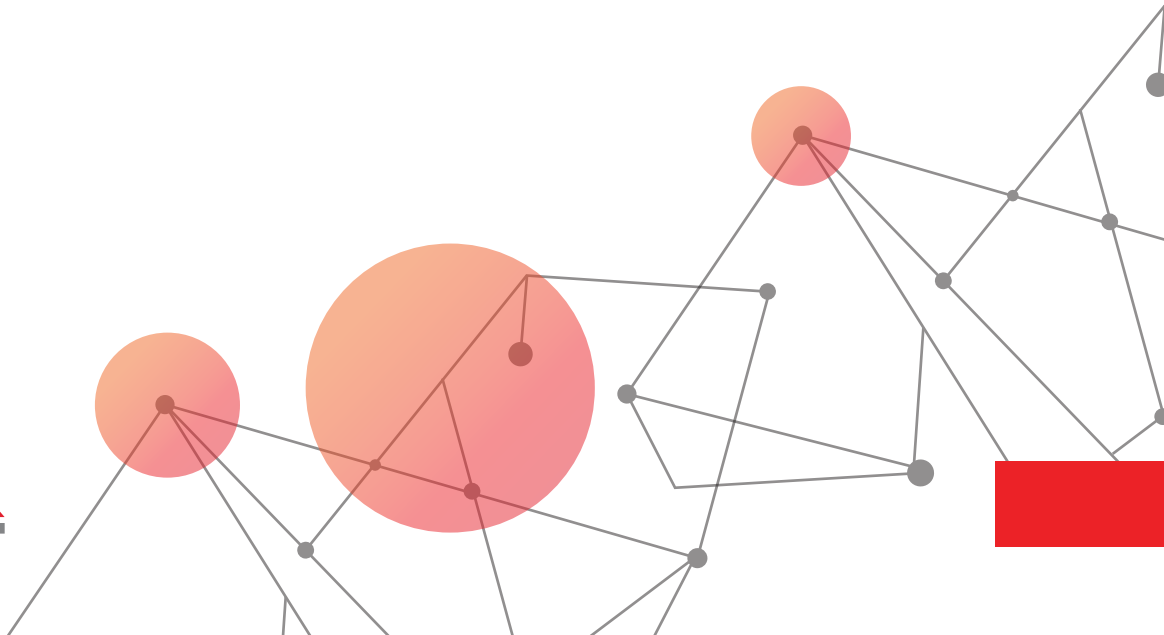
## Mr D.S. Negi

CEO, Rajiv Gandhi Cancer Institute & Research Centre

### Question

#### sgjlsgosknnnnklnknknkbnxngknkgng

Before we talk about accessibility, I would like to talk about the healthcare ecosystem in the country; how fragmented we are in terms of hospitals, care providers even the financial aid. 90 percent of healthcare providers employ less than 10 percent of the workforce which is not good. We are a not for profit organization, besides taking care of the diagnostic and treatment protocol we also do a lot of work like they are saying for home cancer, home care and we do good preventive work. It is not sporadic or opportunistic preventive action, it is science based. We have served around 10 lakh people in the vicinity of underserved areas and when you do preventive work scientifically the outcome is really amazing. If you do preventive screening earlier the patients who come to the institute can get treated at 50 percent of the cost. When patients come when they are in stage 4 the cost is high. When screening is done early the cost decreases substantially. We do around 10000 screenings every year in the cluster out of which 4 to 5 percent are in the pre cancer or cancer stage which means we save around 500 patients. This makes it clear that cancer can be treated in an early stage and if we get to patients early we can cure them.



# PANEL DISCUSSION



## **Dr Alexander Zach**

Global Head- Market Access and Policy, Biocon Biologics

### **Question**

**Therapeutic biologics has been doing some exciting things? We have come to terms with the notion of using biosimilars which is not easy to do but is driving the affordability cause and accessibility conversation?**

Many patients do not have access to good quality treatment globally owing to infrastructure gaps as well as financial gaps. As a biosimilar player, what we can do is basically make innovation accessible to patients in need at an affordable cost. Let me give an example, Biocon is widely known for its diabetes engagement and one of our projects that we have just launched is so called Tanzania initiative wherein we are offering insulin to low and middle income countries at less than ten cents per day which makes a really big difference in the lives of patients in need. In the oncology field, developing a molecule is a bit more complex and more expensive than insulin which is easier to develop. Regardless it will be possible to reduce the cost for these innovations which will make antibodies that treat cancer.



## **Mr Vibhav Garg**

Director-Health Economics & Govt Affairs, India HUB & ASEAN, Boston Scientific

### **Question**

**How do you see outcome adjusted therapeutic both from the infrastructure side and the services side?**

When a patient is entering the continuum of care in late diagnosis easily the cost of therapeutic care will be high. In a country with a 1.3 billion population we have only 22 cyclotrons out of which 2 and 3 are not working while china has 200 plus cyclotrons. Cyclotrons followed by PAT are supposed to be the gold standard for biomarkers. When you don't see the availability, there will not be accessibility so where will a patient enter in the therapeutic cycle? It is time high economics come into play for most dreaded diseases like cancer which burden the country. The minister talked about various schemes like nutrition schemes, diagnostic schemes and so on and so forth. I think there is a need for concerted effort that this is the amount of pool we have for cancer treatment in the country so how do we distribute it among diagnostics treatment and palliative care? When patients are not getting in the treatment cycle in time everything suffers which is why this is the fundamental question in achieving better care so if we get all the patients at the right time in treatment cycle overall economics will fall in place and work in favor of the funding agencies and the government as well as patients because they will not get into the treatment cycle late.

# PANEL DISCUSSION



**Dr Lalit Kumar Khanra**

Member of Narikeldaha PRAYAS

## Question

**You are closely working with the community. Are there two things which you would like to highlight which you think are significant barriers in preventing access to state of the art?**

Though, I am currently concerned with cancer care previously I was concerned with rural development and rural medical care. Today, I have access to high-end technology, in the 70's we used to only hear about the appropriate technology and we had leaders like Gandhi and Tagore raise awareness about it. Narikhelda prayas is an NGO which started in an informal atmosphere and this small private hospital where I was working not many patients used to come so we started a program called outdoor oncology wherein we realized that most of the patients were metastatic and their cancer was quite advanced so curative care was out of consideration. So what do you do about this? Even in previous sessions or the discussion in the previous sessions was about how to eat, how to treat, better diagnosis but what to do about patients who cannot be treated so there we must go for palliative care. Today, there are many organizations for palliative care like can support, can treat, cancer society but we are a very small organization working in remote areas. Some of the challenges we have faced are that the people who come are very poor and coming from areas where it is difficult to access communication so the challenge is how do we give them palliative care earlier. Can support came with a solution to provide them home based palliative care so this is the area where we are working also we are generating awareness among people so that they come to us early and can be effectively treated.



**Dr Ravinder Mohan**

Head Knowledge, Education, Training & Research,  
Can Support

As far as can support is concerned we offer free home-based palliative care and we don't charge any money from patients though it costs us money. Our team consists of a doctor, nurse, counselor in palliative care and we feel that palliative care is a human right issue as patients who need it must get it and it should not be optional. There is evidence that if we start palliative care early the prognosis is better. There is a study from MD Anderson which states that cure rates will improve because sometimes patients stop treatment because of side effects. If there is a

# PANEL DISCUSSION

palliative care team on board this will not happen because it is quite focused and family oriented with special emphasis on patient care. We offer these services in Delhi, NCR, Bhatinda, Amritsar and Meerut and mid April we will be starting in Rohtak as well. We also train other people to start their services. We have supported clinics who started with OPED and now they are doing homecare as well. Even in Chhattisgarh we have helped train people for palliative care.

## PANEL DISCUSSION **4** *Panel Discussion*

### Leadership for an effective cancer response

Drawing upon the experiences and discussions from previous session, Dr Bobby John expressed that “Leadership is not determined by the title on your door but what you do and that stayed with me as long as this afternoon. It is what we do with the opportunities that come our way and what we do with it. We are here to defeat the dread of a life that is altered or shortened and the dread of poverty ridden life”.



**Ms Poonam Bagai**  
Chairman, Cankids

#### Question

#### How are we going to lead the fight against cancer?

I am a cancer survivor and I had cancer when I was 38 and I was in Warsaw, Poland. With children of age 7 and 3 years, I slipped into depression because I was afraid of dying. My journey has made me believe in palliative care for the rest of my life. I was committed to do whatever it takes to bring

palliative care to India not just to end the suffering but to treat the disease as well. When I came to India, I met Dr Rajagopal who is the father of palliative care in India, he asked me if I will join Pallium India. I came to India to make a difference in the lives of children with cancer and that resulted from the fear of dying and leaving my kids motherless but also resulted from what I have to show for it. I have a great education, being a civil service officer, I had no problem with insurance, I basically had everything yet I was depressed and horrible with everything so it made me realize what about those who don't have anything. There are people who don't know what cancer means and what about those who don't know they are dying of cancer and don't have funds, food to eat,



# PANEL DISCUSSION

home to stay in. This is what brought me to India and got me started with Can Kids who are working across the country. What I want to say about leadership is this that most of us in the room are in a position to influence so if we understand and act in accordance with what you learned at 25 that we must take greater responsibility. Leadership is about thinking through and understanding the environment, it's not about what have I done versus what have you done. It's not about fighting with each other; it's about doing what is best for each other and all of humanity. Only when we listen to this urgent cause can we defeat it together. I have been doing this for 15 years with can kids and I am a patient advocate. We need to keep in regular touch with the government to make treatment affordable to all the sections of the society.



## **Dr. Bhawna Sirohi**

**Director - Medical Oncology, Max Institute of Cancer Care**

Being a leader has been quite difficult for me as I come from a small town and conservative family and my experiences have taught me that leadership means kindness, integrity and discipline which is why we need to have more leaders who inspire you to do good work. As far as cancer in India is concerned, I have spent 2 decades in a system with universal health coverage and it is very painful for me to see patients who cannot afford care from this system. We try to provide care to everyone possible; I have my NGO hats on as well with Nikki which I started in 2010. Also, I work closely with Can Support. I strongly believe patients should not die in hospitals but at their home with dignity. I ask Mac foundation for treatment drugs for my patients but it is a struggle in India because there are many pockets doing great work in AIIMS, Tata Hospital, National Cancer Grid, PMJ etc but they are not part of a coherent system wherein they are part of a big organization driving cancer care across the country. We need investments in pathology, radiotherapy and surgery which actually are key to curing cancers. In the UK and NZ we have a national cancer director who has actually got all these services together by making them a part of one platform which will focus on prevention, early detection as well as palliative care. India also needs a National Cancer Director who spearheads this campaign to bring down the number of cancer patients.



## **Dr. Christiane Hamacher**

**CEO, Biocon Biologics**

We need to have a patient centric approach to treating cancer. When I was diagnosed with cancer I did not want to feel like a patient everyday and I wanted to have my life back. Technology and data can help us achieve the objective of treating patients at their home as then we will be able to treat

# PANEL DISCUSSION

patients who don't have the means to travel or are in no condition to do so. Can drones deliver medicines to patients who cannot get it themselves? Affordability, availability and access are important factors in redefining cancer care. Innovation is not always about making a new molecule or coming up with a new therapy we need to rethink our objectives which are not to achieve 1 billion dollars in pharmaceutical sales but to make a difference in one billion lives.



## **Dr. Anil D'Cruz**

**President-Elect, Union International for Cancer Control & Director, Oncology, Apollo Hospitals**

I endorse all the views that I have heard. I recognize that we have different yet significant groups fighting against cancer. For instance, we have Can Kids, Palliative Care etc but they are not stitched in a framework. Setting an agenda and a universal policy across the country can make a real difference because when it comes to deliverables India is lagging behind. There needs to be a statutory body that

takes account of all the scarce resources and makes optimum utilization of them. There are organizations which are making guidelines which are already in place as well as giving accreditations in the northeast for which government bodies are already in place. We need to have leadership which puts the state government, central government, atomic energy department and corporations on one path with a definitive agenda and only then can we effectively treat cancer. The second thing is quality we can easily monitor the quality of drugs manufactured and made available to patients but we also need to monitor the quality of manpower as we cannot have half baked students going out in the community to treat people. Cost effective research is also required to make India a successful model that other countries follow and learn from.

# ONLINE COVERAGES

**BioSpectrum**  
Reliable and Cost Effective Solution for Antibiotics Analysis by LC-MS/MS

**Cancer Summit 2020**  
The summit was presided by Union Minister of Health and Family Welfare, Mr. K. J. Somaiya, Minister of State for Health and Family Welfare, Mr. K. J. Somaiya, and Minister of State for Health and Family Welfare, Mr. K. J. Somaiya.

**LEADERSHIP**  
Health Lovers, Updated and Inspiring, Health Lovers, Updated and Inspiring.

**TRENDING TOPICS**  
Health Lovers, Updated and Inspiring, Health Lovers, Updated and Inspiring.

**THE NEW INDIAN EXPRESS**

**Centre bats for cheap generic drugs under Pradhan Mantri Jan Aushadhi Yojana**

The promise and push for cancer drugs from the government comes as a WHO cancer report for the year 2018, released on Monday, said that there are an estimated 2.18 million new cancer cases.

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Addressing Cancer Summit 2020, Minister of State for Health and Family Welfare Kishore Kumar Choubey said that people should not be scared of their disease and rather should focus on the fact that there are many policies in place to take care of their every need.

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**Govt. taking cancer care on mission mode: Choubey**

The Union Minister of Health and Family Welfare, Kishore Kumar Choubey, said that people should not be scared of their disease and rather should focus on the fact that there are many policies in place to take care of their every need.

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**Modi govt taking cancer care on mission mode: MoS Health Choubey**

New Delhi, Feb 4 (PTI) Asserting that the Modi government is taking cancer care as a 'mission mode', Union Minister Kishore Kumar Choubey on Tuesday said there is a need to establish trust among people to make treatment accessible to every person.

He was speaking at a high-level international summit hosted here by a think-tank to mark the World Cancer Day.

The Modi government has taken up the 'mission of curbing the dreaded disease from the roots on priority,' the minister said.

He added that the Centre has introduced many schemes and policies for cancer patients as it has been observed that "50 per cent of deaths happen due to lack of treatment".

"We also need to establish cancer trust banks to make treatment accessible to more people," Choubey, the Minister of State for Health and Family Welfare, was quoted as saying in a statement issued by the organisers.

The event was hosted by the Integrated Health & Wellbeing (IHW) Council.

Choubey said people should not be scared of the disease but rather come out in the open so there are many policies in place to take care of their every need.

Government-funded schemes for cancer patients include the Rashtriya Arogya Nidhi under the Union Health Ministry. This scheme grants an in-cash financial assistance to patients who are below the poverty line for treatment at super-specialty hospitals or institutes or other government hospitals.

Backing the government's move to set up Jan Aushadhi stores and regulate drug prices through the National Pharmaceutical Pricing Authority (NPPA), P D Vighnia, Secretary, Department of Pharmaceutical, Ministry of Chemicals & Fertilizers, said it has made cancer drugs "affordable to a large section of the affected people" and may play an important role in addressing the cancer treatment needs of the middle-class.

**Business Standard**

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