

An initiative by



4TH EDITION

CANCER SUMMIT

2023

OUTCOME REPORT

World Cancer Day, a global advocacy day observed annually on **4th February**, aims to address one of the biggest problems facing humanity today: the growing burden of cancer worldwide. The "**Close the Care Gap**" initiative, which is a three-year long campaign, is in its second year and is centred on equity. With the focus of "**Uniting our voices and taking action**," the second year is about bringing together people and organisations, activists, and policymakers, to demand change and take action.

Presently, **cancer is the second biggest cause of mortality in the world**. According to the National Cancer Registry Programme's most recent study, **India's cancer burden might rise from 1.39 million cases in 2020 to 1.57 million cases in 2025**. Factors such as late-stage presentation, limited access to appropriate diagnosis and treatment, and cost all contribute to the trend of an increase in the burden of cancer-related morbidity and mortality in the nation. As a result of research and innovations in clinical and medical oncology, cancer care and management has advanced from an era of ambiguity to one of accuracy. Unfortunately, despite the advancements in medical technology and health infrastructure, India's cancer rate is still rising, necessitating a review, and upgradation of current approaches of disease prevention and management.

Further, the gaps in cancer care have grown even worse with the COVID-19 pandemic, affecting patient outcomes, both directly and indirectly through changes in health-seeking behaviour, as well as challenges in accessibility and availability of critical services from screening through treatment. The situation is such that even when free cancer screening is offered, high-risk popula-

tions continue to suffer due to poor acceptance rates. Low female empowerment, myths about the disease, fear of getting cancer, and a lack of a social environment that would encourage individuals, particularly women, to take part in screening programmes continue to act as social barriers to early diagnosis of cancer. Therefore, a greater knowledge of patient preferences, early treatment facilitators, overcoming societal obstacles through awareness programmes, and other enablers of cancer care in India is urgently needed, in addition to the provision of affordable and accessible health care facilities.

Building upon this the Integrated Health and Wellbeing (IHW) Council in collaboration with RAPID Global Cancer Alliance organized the 4th Edition of the Cancer Summit 2023 on the eve of World Cancer Day. For the first time since 2020 over 30 speakers and 100 experts from various sectors in the cancer prevention and care space gathered physically in New Delhi to focus on some of the challenges related to India's optimum cancer care and to enhance the present healthcare system. The Summit consisted of 5 different panel 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 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.

UNITING OUR VOICES AND TAKING ACTION

Mr Kamal Narayan, CEO of IHW Council, opened the Summit with an impassioned speech by remarking on how the COVID-19 response could be a lesson on understanding ways to create more resilient health systems, in order to prevent and manage the growing cancer burden in the country. Since the issue crosses over many government and non-government management spheres, no initiative related to cancer control and management can be implemented in silos; rather, it must be approached in an integrated manner, involving the government and the whole of society, as has been our lesson from managing the pandemic. Mr Kamal also urged Summit attendees to engage in discussion, debate, and peer learning to share information and best practises in order to take meaningful action against cancer in their respective contexts, acknowledging the economic, social, emotional and development costs of premature cancer mortality globally.

He also unveiled the recently launched platform RAPID Global Cancer Alliance and stated,

Through this event and our dedicated cancer platform, we hope to not only take forward our global cancer advocacy but also gather the top oncology specialists, patient activists, industry professionals and policy makers in these uncertain times, and work across sectors to optimize advances in cancer care delivery. Although cancer continues to pose as a challenge to the country, we must confront it head-on with collaboration, vision, and passion.”

Former Head of National Cancer Institute, **Dr GK Rath** further went on to lay the foundations for the Summit discussions by reflecting on what can be done to improve outcomes in cancer. Emphasizing on prevention, he shared how 50% of cancer care cases are preventable, and almost 35% of all of cases are tobacco-related.



Dr Rath suggested that order to avoid half of all cancer deaths and almost half of all cancer diagnoses, we need to adopt a healthy lifestyle that includes quitting smoking, consuming alcohol in moderation, keeping a healthy body weight, engaging in regular exercise, and getting vaccinated to prevent infection related cancer cases. While treatments are obviously of the utmost significance to someone who has been diagnosed with cancer from a national or international standpoint, there should be more investment in cancer prevention. This is especially important given that Cancer as a disease has long overtaken cardiovascular diseases as the leading cause of death in several countries. Therefore, the need of the hour is for countries to reorient their resources and reinvest in building the capacities of the healthcare systems to curb the growing threat posed by cancer.



In her keynote address, **Dr Suversha Khanna**, Founder and President, Dharamshila Cancer Foundation Research Centre, elaborated on the existing gaps in cancer care- mainly delayed diagnosis that contributes to worsening cancer outcomes. In many circumstances, the risk of death increases for people whose cancer treatment is delayed by simply one month, and the risk keeps increasing the longer the wait occurs. She adds the situation is compounded by the fact that even today, many experts continue to view palliative care and pain management in a limited manner. Dr Khanna mentioned that at present, 60 lakh people require palliative care, and only a mere 2% of the population have access to it. She urged the audience to focus on the varying factors including the emotional, financial, psychological, social, and cultural aspects when administering a plan for pain management among cancer patients. Therefore, addressing the gaps and needs of cancer patients in the country requires multidisciplinary care- including nurses, dietitians, family physicians, and other staff, who collaborate to provide patients with high-quality, coordinated treatment.

— ADDRESSING THE GROWING BURDEN: INVESTING IN CAPACITY AND SKILL BUILDING OF HEALTHCARE RESOURCES

To reach the greatest number of people, the nation's healthcare resources—both human and material—need to be strengthened. It may be beneficial to increase the capacity of the workers providing healthcare in rural areas through targeted training and upskilling.

According to **Dr Vineet Talwar**, Director, Department of Medical Oncology, Rajiv Gandhi Cancer Institute, to boost its capacity and capacities for treating and managing cancer, India must further develop its whole infrastructure for cancer care, including prevention, care delivery, a qualified workforce, technology, and equipment. The need is to enhance workflow effectiveness and treatment results in order to make cancer care for the entire population more efficient and economical.



— A focus on alternate oncology workforce

On this issue of investing in healthcare resources, **Dr Dinesh Pendharkar**, Medical Oncologist, Director, Sarvodaya Cancer Institute, stated that while resources and services are steadily being made available in the country, there continues to be a gap in their utilization. Therefore, although coverage is an issue, the main obstacle to cancer screening has been identified as the poor screening uptake, particularly among women. Economic, cultural, and emotional variables, as well as a significant knowledge asymmetry, have all been found to be hurdles in ensuring adequate cancer screenings. Delineating a strategy to combat this, he added that



“Government district hospitals are the key healthcare unit of the country, in order to improve healthcare in the country, we must focus on strengthening their capacity. This will heavily consist of providing training and CMEs to CHOs and MOs, who serve as the first line of contact in HWCs.”

Further, to improve access to care, Dr Pendharkar suggests the implementation of the alternate oncology workforce model. By forming an alternative oncology workforce that depends on local primary care professionals, this strategy seeks to solve capacity building by utilising already-existing human resources. This concept aims to eliminate cancer care access disparities by bringing it down to the level of district hospitals. The objective is to offer all of the key components of cancer treatment, such as counselling, support for diagnostic procedures, chemotherapy, supportive care, and palliative care.

— Moving away from Siloed planning

A major theme that ran through the discussion was that need to break away from a siloed approach in favour of a collaborative and integrated approach when implementing capacity and resource building plans, the same was highlighted by **Dr Ratna Devi**, Director, Patient Academy for Innovation and Research, and Chairwoman ISPOR Patient Council.

“When planning happens, it is either one individual, one department or one organization that is overseeing it, it does not happen together. Oftentimes in such situations when resources are then procured, there are not enough skilled individuals to use them. It is essential that State and National training Centres come together to ensure that resource distribution and mobilizations takes place in an effective manner to make sure there is no underutilization of services.”



With respect to capacity building and training, she not only noted the lack of coordination among different actors, including the National and State level authorities, but also the dearth of trained professionals, which ultimately impacted resource and service utilization. The execution of any cancer care programme will run into a significant problem when the personnel is unskilled. Hence, the training of healthcare professionals needs to go together with the procurement of services to guarantee a successful campaign.

ACCELERATING INNOVATION AND TECHNOLOGY: A PUSH FOR PREVENTION, EARLY SCREENING, AND VACCINATION

In this discussion, panellists examined how, innovations in vaccinations, artificial intelligence (AI), genomic testing and digital patient data systems, among others may enhance the standard and accessibility of cancer care, and in the long run help reduce the burden of cancer in the country.

Picking up on the theme of innovations and its role in control cancer, **Dr Raj Shankar Ghosh**, Public Health Consultant, reflected on the recent unveiling of the Cervavac Vaccine, India's first indigenous vaccine to prevent incidence of cervical cancer. He stressed that the goal is not simply to vaccinate young girls and prevent cervical cancer as they grow older, but the larger aim is reducing cervical cancer incidences in the country and altogether eliminating it.



“Vaccination is only one of the strategies that is being implemented, if we have to really reach the goal of elimination, we need to apply the ‘SAVE’ Strategy- this entails Screening, Access to care, Vaccination and Education. The 4 components are equally important in the fight against cancer.”

Notwithstanding this remarkable progress, the fear of cancer and the stigma associated with gynaecological illnesses and vaccines have previously served as obstacles to education and screening for cervical cancer, just as they have in other areas of the world. Misconceptions about the screening procedure, a lack of community-level awareness of cervical cancer, a failure to prioritise women's health, poor communication between healthcare providers and women, and the absence of reliable referral tracking systems, which has compromised follow-up, have historically been additional barriers. Therefore, all these factors will need to be considered will planning the vaccination programme to ensure that coverages rates are not affected.

— Innovations can accelerate progress made in screening and diagnosis



Exploring this theme further, **Dr Harsh Mahajan**, Founder and Chief Radiologist, Mahajan Imaging, highlighted the potential that innovations and AI have in easing the screening and diagnosis practices. He mentions that globally and, in our country, the need is to bring screening to the masses. While X-Ray mammography is the screening tool of choice world over, and is recognized by the Government of India through the screening programme that is in existence, there is still a huge hesitancy among women to take up the screening service. This is true even among those women who are at a higher risk of getting the malignancy.

“What is the way mass screening can be done?” The answer lies in innovations like the Breast Cancer-Detecting Bra developed by C-Met in Thrissur. The bra is embedded with sensors which measures the skin temperature and creates thermal imaging to detect cancerous cells. Such technology has also reached a tech transfer level, where companies interested in building these bras and taking the idea further to ensure accessibility.”

Additionally, he states that several start-ups and academic institutions around the world have developed AI tools with which the mammograms can be studied using AI Algorithms. These tools are integral for filling in the gaps of lack of skilled radiologists.



Elucidating on the role of genetic counselling in prevention and reducing the risks associated with cancers, **Ms. Neeraja Reddy**, VP - Genetic Counseling, Mapmygenome noted that such testing has a huge potential for lowering cancer risk by identifying hereditary cancer patients who could have gene mutations that increase their lifetime risk of developing the disease as well as that of their family members. Numerous recognised hereditary cancer risk syndromes have genes associated with them. It is possible to determine whether a disorder is actually caused by an inherited syndrome by doing a test to see if a person contains a detrimental mutation in one of these genes.

"Not only are we pushing for more training in genetic counselling, but we are also leveraging telemedicine to break the barriers in access, we see a lot of patients and family members from 2nd and 3rd tier cities, where we are able to provide counselling via phone, and video conference", she pointed was a strategy to break the barriers in access to such services.

In line with this, **Dr Kishore Singh**, Director & CEO, Delhi State Cancer Institute stated,

"Cancer Accounts for 80% catastrophic expenditure on health bringing in the question of affordability and innovation. Among the 60% of those requiring radiotherapy, only a mere 20% are able to receive it, with many leaving their treatment journey midway. To combat this, the Ayushman Bharat Scheme has been a game changer."

In the quest to empower patients throughout their cancer journey, Dr Singh also noted that there is a need to break the stigma associated with cancer diagnosis and treatment. With an initiative like 'Cancer connect' instead of 'diagnostics', the hospital seeks to connect the psyche of the person with cancer in order to remove the phobia among patients regarding cancer diagnosis.



Shifting the conversation, **Dr Anshumaan Yadava**, Director and Business Head- Endoscopy and Oncology, Stryker India, shared his thoughts on robotic-assisted surgery, and how it is being actively used in a number of minimally invasive surgical specialties, and how its application to the treatment of cancer is growing.



“Despite the significant expenditures involved with robotic surgery, this breakthrough significantly cuts the length of hospital stays, lowers complications, and expedites patient recovery.”

He notes, that in a country like India, it is essential that we have open systems that can allow the usage of low-cost instruments to ensure equitable access of such resources. Demand and supply-side policies will need to be drastically altered in order to provide cancer treatment that is both affordable and equitable in India. This involves creating procedures for the assessment of health technology, recognising costs across whole pathways, creating new, context-appropriate models of care, and improving clinical practise governance in both the public and commercial sectors.

— IMPROVING PATIENT AND CAREGIVER OUTCOMES IN CANCER

Treat the patient as a person, not as a disease!

Moving the discussion from healthcare providers to the patient community, **Ms Jyotsna Govil**, Chairman of Delhi Branch Indian Cancer Society stressed on the several unmet needs of the patients; the first being patient centricity.



“We need to review and reset the country’s healthcare system in order to prioritise the requirements of its patients, who are the system’s main beneficiaries. We must switch the emphasis from improving the quantity of services provided to improving the results obtained in accordance with patient need.”

Cancer patients often feel overwhelmed by the complex medical information and treatment options presented to them. They report that they do not have enough information or education to make informed decisions about their care. Therefore, the patient needs to be informed and educated in simplified language and not by using medical jargon. It is even more crucial that patients are provided with emotional support and made aware of their diagnosis. At the Indian Cancer Society, a program called Cancer Sahyog is being run, where cancer survivors share their experiences with the patients, to provide them with an insight into the lived experience, and to support the cancer patient. In cases, where they are unable to respond to the queries of the patient, a trained counsellor comes to the assistance of the patient. The unmet needs of patients in cancer care are significant and impact their overall quality of life. Addressing these needs requires a comprehensive and patient-centred approach, which takes into account the emotional, psychological, and financial needs of patients.



— Eat right to fight cancer

Further exploring the patient perspective, **Dt. Ishi Khosla**, Clinical Nutritionist, Columnist, and Author shared her views on nutrition intake and how food plays a central role in the individual's overall health and wellbeing. She stated that today there is more money spent on cancer research than is being spent on NASA in a year. Thereby stressing the importance of cancer research and how such investments have been central to understanding the disease. She provided an elaborate view on anti-inflammatory diets and the need to adopt customized diet approaches. Highlighting from the 2023-2024 financial budget, 2023 is regarded as the year of millets, she says, adding that

"it is the grain change, which makes the game change."

What we eat and do not eat plays a vital role in deciding our health. Millets have a soothing influence on one's mood since they are 100% gluten-free, high in magnesium, fibre, phosphorus, niacin, serotonin, and zinc. Since bajra and jowar are naturally alkaline, including them in a cancer patient's diet greatly improves their chances of recovering from the disease. Concluding her views, Dt. Khosla, mentions that merely eating right is not a definite solution. Stress and toxic emotions can lead to inflammation; therefore, the state of mind matters as well.



Adding to the issue of mind and body wellbeing, **Dr Rakesh Garg**, Additional Professor, Anaesthesiology, Critical Care, Pain and Palliative Medicine, DR BRAIRCH, All India Institute of Medical Sciences, New Delhi, provided an insight into the four dimensions of patient care, physical, psychological, spiritual, and social support. He elaborated upon the concept of palliative care and the need and right of every patient to be pain-free. By providing empathy and understanding of the needs of the patients all the patients can be pain-free, but this is often ignored. The journey of the patient with a chronic disease such as cancer will have turmoil, so while we try to do away with the physical pain, we often forget about the emotional suffering of the patient. Pain management cannot be an over-the-counter treatment. The medical fraternity needs to be there for the patient and provide them with all types of support for all types of pain -physical, psychological, spiritual, social, and financial so that patients can be pain-free.

Dr Samara Mahindra, Founder & CEO – CARER, took this further and stated,

“Complex care requirements for people with cancer and chronic conditions necessitate the involvement of several healthcare professionals in a variety of settings. If these many parts of care are provided 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. Reducing fragmentation through improved care integration is a top concern for patients, healthcare professionals, and payers in the area of health care. Thus, overall, there is a need for providing integrated therapy, wherein there is access to simplified information for the patient and caregivers which can lead to an increase in adherence to the treatment.

Dr Suversha Khanna of Dharamshila Cancer Foundation Research Centre also provided insights on the unmet needs of the caregivers and how they equally need emotional and social support just like the patients. She emphasised that skill building through initiatives like Home Training Program, provided by IGNOU can help the nurses, who according to her are the biggest coordinators for the patient and the caregiver.



MOVING FROM PROBLEMS TO SOLUTIONS: THE PROMISE OF UNIVERSAL HEALTH COVERAGE



Dr Madan Gopal, Senior Consultant- Health at NITI Aayog opened the discussion by highlighting the journey of Universal Health Coverage in India and the positive impact of PM-JAY. He stated that over a period, the focus has shifted from health to primary health strategy to well-being and now to the wellness of the patient. This has led to comprehensive health strategies and countries adopting better practices to achieve sustainable development goals by 2030. On the issue of drug availability and diagnosis, he mentioned the increasing presence of Jan Aushadhi Kendra and free diagnosis due to PM-JAY helping in reducing the out-of-pocket expenditure and making a diagnosis, accessible and affordable for the patient. In conclusion, he said that the focus should be on cancer prevention as prevention is key for cancer control in the country.



A crucial concern, particularly for cancer control, is the mobilisation of sufficient and sustainable funding for UHC. Mr Jose Peter, Co-founder & CEO of Arogya Finance pointed that early diagnosis and treatment of cancer can significantly improve outcomes and reduce healthcare costs in the long run. The Ayushman Bharat initiative provides a much-needed safety net for the middle class, but there is certainly room for improvement in terms of coverage and access to quality care.

“Increased investment in diagnostic infrastructure and technology can go a long way in helping to detect cancer at an early stage and improve patient outcomes. It is imperative for the government to invest more in cancer research and diagnostics so that the cost of treatment can be reduced and patients can receive better quality care. This can be done by setting up cancer care centres, providing funding for cancer research, and creating awareness about the importance of regular check-ups and early diagnosis.”

In conclusion, to ensure that cancer care is accessible and affordable for all, we need to focus on early diagnosis and proper management, along with increased investment in research and diagnostic facilities. The Ayushman Bharat scheme is a step in the right direction, but more needs to be done to make cancer care a priority in our healthcare system.

Dr Parag Bhamare, Associate Director, Jhpiego India highlighted how their organization is aligned with the government's priorities in cancer care focusing on breast cancer, cervical cancer, and oral cancer; and is dedicated to supporting the implementation of its national cancer control plan.



“By providing innovative solutions, increasing investment in cancer care facilities, and creating awareness about the importance of early diagnosis, we can identify, mainstream, and simplify the complexities in cancer care and improve the quality of life for cancer patients. Overall, with proportionate investment for cancer in the country as we have for RCHs, we can deliver better and improved cancer outcomes.”

Dr Priya Balasubramanian, Senior Public Health Scientist and Director, PHFI-RNE Universal Health Initiative, starts by explaining the best practices on UHC by various countries. She sheds light on the start of UHC a movement to tackle equity and equality both in terms of cost and coverage. She explains the UHC model in Thailand, and how due to the increase in surveillance in 2004, there was a spike in cancer cases leading to cancer being spread in the country in 2005. The Thailand model, she noted is inclusive and integrated into providing cancer care. It includes prevention, early detection, screening, treatment, palliative care, and cancer research, and the key takeaway for the country is to integrate the different components of cancer care especially early screening into PM-JAY.





Dr Pramod Kumar Julka, Director, Max Oncology Day-care Centre, Max Institute of Cancer Care further shed light on the fruitful effects of PM-JAY and how it fits to an ideal cancer care initiative for the masses, providing the patients with cashless treatment not only at the public hospitals but also at the private hospitals. He stressed the need for the enrolment of people under the PM-JAY scheme. Additionally, he states how awareness is vital among rural and urban masses and gives examples of the myths that exist leading to people not opting for the treatment. For this, he stated that information and awareness is extremely crucial for the early detection of cancer which is the hallmark of cancer prevention and management.



Dr K. Govind Babu, Consultant Medical Oncologist at St. Johns Medical College and Hospital, focused on the role of genomics in cancer care that has been significant in recent years. The use of genomic analysis and targetable drugs has helped many patients in living longer and better lives. This is a breakthrough in cancer care, and it is essential to make this available to more and more patients.

“The affordability of genomics tests in government hospitals is a great step towards making cancer care accessible to all. This will help in the early detection and proper management of the disease, reducing the cost of treatment in the long run.”

However, there is still a need to create awareness about the importance of genomics in cancer care and to encourage more people to undergo the test. This can be done through education and outreach programs, partnerships with local communities, and making the test easily accessible to patients. In conclusion, the role of genomics in cancer care is of utmost importance, and it is essential we make it available to all. With affordable genomics tests and increased awareness, there is a real hope to improve the overall quality of cancer care in the country.

— ROLE OF CIVIL SOCIETIES IN RESPONDING TO CHANGING CANCER LANDSCAPE

A dynamic panel discussed the ways that many stakeholders from the civil society sector are attempting to increase access to crucial cancer services throughout the cancer management spectrum.

Ms Poonam Bagai, Founder and Chairman of CanKids KidsCan opened the session by sharing her experiences and perspective on the integral and growing role that Civil Society Organizations play in bridging gaps in policy implementation and advocacy work. Integrating palliative care into healthcare systems, such as Ayushman Bharat, can improve the lives of those affected by cancer and other illnesses.



“The government now has brought palliative care at all levels at the primary health level through the Ayushman Bharat scheme. Therefore, it is important to integrate palliative care at the primary health centre clinic since such care is required.”

The involvement of NGOs can help drive this change and ensure that the needs of communities are met. She concluded by stating that such a supportive environment wherein all stakeholders are heard and community needs are met would help in reducing the cost.

Mr Tushar Mokashi, Assistant Director, Health Systems, Access Health International, emphasized that Civil society organizations can play a crucial role in advocating for better healthcare financing mechanisms. Currently, healthcare financing is highly fragmented with high household out-of-pocket expenditure. Therefore, the Civil Society Organizations can provide assistance to households who face catastrophic expenditure and impoverishment due to health expenditure. The main objective is not to merely garner more finances, but to identify the risk. If identified at the right time with early detection and screening, the diagnosis and treatment cost would be significantly low and could help save the family from financial hardship. Overall, early detection would not



only aid in ensuring better physical outcomes but also lesser financial burden. Mr Tushar also focused on the remarkable initiative of engaging private hospitals through Ayushman Bharat that would help in the long run-in improving cancer care at the mass level.

— **Palliative care is a human rights issue and must reach everyone**



Dr Ravinder Mohan, Director, Palliative care Physician and NDPS Compliance, CanSupport elucidated on an example that showcased the collaboration between CSOs and the government sector. CanSupport began providing pain management and palliative care services for their cancer patients for two governmental institutions in New Delhi.

“We decided to start a Mobile Palliative Care Clinic since these institutions could not spare room on their grounds, and hiring a venue would be expensive (MPCC).”

The MPCC is helpful to patients and carers for a variety of reasons. He discussed how simple it is to obtain, how reliable it is, and how consultations are never hurried. In CanSupport's ongoing effort to deliver care even closer to where it is most needed, the MPCC represents a significant turning point. It also offers the added benefit of enhancing the quality of life for cancer patients receiving treatment by collaborating with oncology departments in two significant public hospitals in Delhi. Such initiatives also help dispel the inaccurate notion that palliative care is exclusively offered to those who are near death.

Speaking from the Fijian perspective, **Ms Belinda Chan**, CEO, Fiji Cancer Society stated,

“Despite the vast differences between Fiji and India and even within India, the challenges and barriers we face are very similar, from a patient, carer and clinician perspective.”

She highlighted the importance of the connection between the government, NGO, and society and how resourceful it is to understand the needs of the community; this would lead to an improvement in health-seeking behaviour and in-turn help in access to healthcare services. The Government, NGO, and society connect can be executed through education and standardization of cancer messages. It is crucial that the community is involved from the beginning in all steps of providing cancer care.



Building upon the theme, **Ms Vandana Gupta**, Founder, V Care & Cancer Survivor stated,

“By working together, the government, civil society, healthcare providers, and the community can create a more comprehensive approach to cancer care and ensure that all patients have access to the best possible treatment and care.”

She mentions that raising awareness about cancer and involving the community is crucial in early diagnosis and treatment. It is also important to ensure that adequate medical facilities and resources are available, especially in rural areas. Providing access to affordable and quality healthcare, such as through schemes like Ayushman Bharat, is essential. However, it is equally essential to ensure that the approved medicines are available and accessible to patients, so that they do not have to resort to other options that may lead to increased costs. Overall, the cancer diagnosis at the right time and affordable available medication is vital and civil society organisations can play an important in channelizing the same.



In conclusion, the cancer community's next move is to leverage the clear public and political support for the disease to promote change. As we have seen, working together is the only way to solve the problems that cancer presents for individuals and communities. Collaboration is a crucial component in creating a cancer care ecosystem where no individual is left behind.

KEY TAKEAWAYS

1

Health education, information, and communication play a crucial role in improving cancer care by empowering patients and caregivers with knowledge and resources. This helps overcome stigma, helps increase adherence to treatment plans, and improves the overall quality of life for those affected by cancer.

2

Effective health education and communication can also foster a collaborative relationship between healthcare providers and patients, leading to better outcomes and improved health literacy.

3

Genomic testing has the potential to improve patient outcomes and reduce side effects, while also reducing treatment costs by avoiding ineffective or harmful treatments. Genomic analysis is an important tool in the fight against cancer and can greatly enhance the delivery of personalized and effective care.

4

The need of the hour is to engage all stakeholders instead of a siloed approach while developing integrated strategies focusing on preventive lifestyle management.

5

Pain and Palliative care management must include understanding and addressing the physical, emotional, social, and spiritual needs of patients and their families, to enhance the quality of life for everyone involved. Such a holistic approach places a strong emphasis on interpersonal relationships for better outcomes.

6

Involving civil society organizations in government meetings and policy discussions is important in the fight against cancer. It is imperative that the government, healthcare professionals as well as the private sector collaborate with CSOs as important to more effectively address the challenges posed by cancer and improve outcomes for individuals and communities.