

1	2	3	4	5
23.	Sikkim	81	81	90
24.	Tamil Nadu	4705	7001	9906
25.	Telangana	751	751	1563
26.	Tripura	0	0	0
27.	Uttar Pradesh	3338	3338	4040
28.	Uttarakhand	311	315	363
29.	West Bengal	121	220	207
30.	Andaman and Nicobar Islands	42	29	29
31.	Chandigarh	120	110	94
32.	Dadra and Nagar Haveli	48	48	54
33.	Daman and Diu	49	43	47
34.	Delhi	237	204	188
35.	Lakshadweep	26	28	0
36.	Puducherry	36	65	68
TOTAL		39559	36383	46481

Top three types of cancer prevalent in India

1100. SHRI MAHENDRA SINGH MAHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) what were the top three types of cancer detected in India between 2014-17;
- (b) whether these are consistent across States;
- (c) what is the emphasis of National Health Mission on oral, cervical and breast cancer;
- (d) whether according to ICMR's Three-Year Report of Population Based Cancer Registries for 2012-2014-2016, incidences of lung, mouth and stomach cancer are highest across men in India; and
- (e) whether the National Health Policy, 2017 also focus on oral, cervical and breast cancer, if so, despite being sites of most incidences of cancer the reason for lung, mouth and stomach cancer not been included in the NHM?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) to (e) As informed by Indian Council of Medical Research, as per Population Based Cancer Registries (PBCRs) of National Cancer Registry Programme being implemented by National Centre for Disease Informatics and Research, it is estimated that leading anatomical sites of cancer are lung, mouth and tongue among males while breast, cervix and ovary are the leading anatomical sites among females during the period 2014-2017. The findings on leading anatomical sites of cancer vary across States wherever cancer registries are in place/operational.

As per ICMR's "Three year Report of Population Based Cancer Registries: 2012-14", estimated incidences for cancer lung, mouth and tongue are highest among men in India across the population based cancer registries in India.

Central Government supplements the efforts of the State Government for improving healthcare including prevention, diagnosis and treatment of cancer. Many of the risk factors of lung and stomach cancer are common to common NCDs. The objectives of National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) being implemented under National Health Mission (NHM) for interventions upto district level include awareness generation for cancer prevention, screening, early detection and referral to an appropriate level institution for treatment. The focus is on three types of cancer namely breast, cervical and oral (mouth) cancer. Under strengthening of Tertiary Care for Cancer Scheme under NPCDCS, Government of India assists to established/set up State Cancer Institutes (SCIs) and Tertiary Care Cancer Centres (TCCCs) in different parts of the country. These institutions will mentor all cancer related activities including prevention, awareness generation, research and treatment in their respective jurisdiction for all cancer including lung and stomach.

The National Health Policy, 2017 also has focus on breast, cervical and oral cancer.

Population level screening for diabetes, hypertension and common cancer *viz.* oral, breast and cervix is initiated under NHM. The plan is to leverage services of the Frontline workers (ASHA and Nurses/ANM) in screening of NCD risk factors as well as early detection and referral of NCDs. The screening activity will generate awareness on risk factors of common NCDs including cancer as such.

There are several types of cancer and under population level screening only those cancers have been considered where the detection methods are low cost and

feasible in addition to high incidence or prevalence. Cancer including lung, mouth and stomach are diagnosed and treated at other different levels of healthcare facilities including those of State and Central Government.

Extending time-limit of OPD at Central hospitals in Delhi

†1101. SHRI VISHAMBHAR PRASAD NISHAD:

SHRIMATI CHHAYA VERMA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the remedial measures taken by the Safdarjung Hospital, New Delhi and Central hospitals regarding the quality of treatment on the basis of the reactions of the patients there; and

(b) whether the Ministry will consider to extend the time-limit of the OPD with a view of increasing number of patients on daily basis in Safdarjung Hospital, All India Institute of Medical Sciences, New Delhi and Dr. Ram Manohar Lohia Hospital, New Delhi and the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE): (a) and (b) As far as Central Government hospitals in Delhi including Safdarjung Hospital are concerned, there has been constant endeavour by these hospitals to improve the quality of treatment on the basis of feedback received from the patients through 'MERA ASPTAAL'. Various parameters under quality treatment are monitored on regular basis and necessary instructions are issued to the Head of Departments with an objective to improve quality of treatment, cleanliness, behaviour, etc.

So far as All India Institute of Medical Sciences (AIIMS), New Delhi is concerned, there is no proposal for extension of time-limit of the OPDs due to constraint of space and infrastructure. Further, in the Central Government hospitals namely Safdarjung and Dr. Ram Manohar Lohia, all the patients registered in the OPD on a particular daycare attended by the doctors on the same day. In addition, casualty services are available round-the-clock to provide treatment to the patient in case of emergency.

†Original notice of the question was received in Hindi.