

Organizing a Cancer Screening Camp in Low-Resource Settings: Experience from North India

Sir,

In India, there are approximately 948,900 new cancer cases and 633,500 deaths annually.^[1] This large-scale morbidity and mortality of cancer can easily be minimized with well-planned cancer education, organized screening, and early detection programs. However, there has been no organized cancer screening program across the country in India, and it remains mainly opportunistic, with the consequence that a majority of the cancers are diagnosed at advanced stages of the disease. The standard methods and technologies utilized for screening cancers in developed countries (e.g., cytology for cervix and mammography for breast cancer screening) are not directly applicable to developing countries like India, due to resource constraints and absence of trained workforce. Hence, simple, socially and culturally acceptable, and cost-effective technologies are required for organized cancer screening in the Indian scenario. Several such screening tests for the early detection of common cancers and methods of implementing the same at the community level have been tested in various parts of India.^[2-6]

We conducted one such organized cancer screening camp in a rural settings to create awareness of common cancers, detecting precancers of the cervix and oral cavity, and early cancers of the breast, cervix, and oral cavity, through screening with the use of simple, low-cost technology, i.e., naked eye oral visual inspection (OVI), clinical breast examination (CBE), Visual inspection with acetic acid(VIA) of the cervix by trained primary health-care workers, facilitating confirmation of diagnosis among the screen positives, and treatment and follow-up of the diagnosed cases. These simple screening methods are well recommended by the World Health Organization in low-resource settings and have shown promising results.^[7-9]

The screening camp was organized in a rural block of Haryana by the Department of Community Medicine, PGIMER, Chandigarh in collaboration with local district hospital. The camp had a total attendees of 90 participants (40 males and 50 females) above 30 years of age. A health education program on various risk factors of common cancers was initially imparted to the participants. All participants underwent OVI for oral cavity cancer, and all women underwent CBE for breast cancer screening. However, only 26 (52.0%) consented to undergo VIA for cervical cancer screening. Out of the 90 participants undergoing OVI, one male participant was found to have leukoplakia, a premalignant lesion and was counseled to quit smoking and habit of tobacco chewing and was referred to the district hospital for further management. Out

of the 50 women which undergone CBE, two were found to have suspected breast lumps which were later confirmed as fibroadenomas. Out of the 26 women undergone VIA, one was found positive which was later confirmed as low-grade squamous intraepithelial lesion and was instituted on treatment.

The simple, low-cost technologies used for screening in this camp have been studied in several trials in low-income countries.^[2-6,10] The organized screening camp demonstrates an example of cancer screening program in low-resource settings with considerably good success. Acceptability of the program was also excellent, and a good number of suspected precancer cases were detected in totally asymptomatic patients.

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Conflicts of interest

There are no conflicts of interest.

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