CANCER TRENDS IN INDIA

by

GAURI PATHAK AND ABHIK DUTTA

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Cancer incidence is rising at a steady rate in India. Although the prevalence of cancer in India is lower than in other countries, cancer ranks as the sixth leading cause of death in India. A total of 1.1 million new cases of cancer are projected to have been diagnosed in India each year, of which breast and cervical rank among the top two cancers in terms of both incidence and mortality. The cancer mortality rate in India is high, at 68% of the annual incidence. This ratio indicates that fewer than 30% of Indian patients with cancer survive five years or longer after diagnosis. Even though the incidence of cancer is projected to be marginally higher in females than in males, projections suggest that deaths due to cancer in males are noticeably higher.

This anomaly between the incidence and mortality between males and females may be attributed to higher awareness among urban females and consequently early detection through mammogram and pap-smear screening. High tobacco use among men, contributing to higher rates of years of life lost, could be yet another reason behind this difference.
METHODOLOGY
Kantar Health conducted a survey of 10 reputed medical oncologists and two thought leaders in the oncology marketing space to understand the challenges faced in the diagnosis and treatment of cancer in India. This survey was conducted in and around two metro cities in India – Mumbai and Bangalore – via a comprehensive discussion guide developed through extensive secondary research. The secondary objective of this research was to obtain doctors’ perspectives on the new and emerging modalities of diagnosis and treatment of cancer. Further, the data collected from primary research was backed by extensive secondary research from the internet.

The medical oncologists interviewed had a high patient load of about 30 to 50 new patients per month. They treated almost all types of cancer, with lung, head and neck, and colorectal the top three malignancies they encountered in males and breast, lung and cervical the top three malignancies in female patients.

Oncologists and thought leaders alike identified some major challenges in treating cancer in India:

1. High cost of treatment
2. Ineffectiveness of government schemes and private schemes
3. Patient non-compliance and drop-out due to drug toxicity, lack of funds and other cultural barriers
4. Inability to diagnose cancer early because of lack of public awareness
5. Inability to diagnose cancer early because of inadequate knowledge at the primary care physician level
6. Scarcity of infrastructure to diagnose and treat in smaller cities
7. Dearth of patient counselling

COST OF TREATMENT
Medical oncologists interviewed said the high cost of treatment is the most significant hurdle to cancer treatment in India. Because they treat patients across socioeconomic strata, they do encounter many patients who cannot afford newer cancer therapies. However, thought leaders believed that cost and affordability are subjective and should not be generalized. Moreover, they believed that cost is not the only factor that guides medical treatment in India.

According to our primary and secondary research cost remains the major setback in cancer treatment in India, despite the numerous efforts such as Health Minister Rajiv Gandhi Yojana’s Cancer Patient Fund and other institutional-level schemes put forward by the government. It is estimated that an entire radiotherapy course (seven weeks) at a government institution will cost a patient Rs. 36,812 (USD550).
According to data from the India Human Development Survey, the mean monthly household income of citizens residing in urban areas is Rs. 6,332 (USD93) (Rs. 75,993 (USD1,117) annually) and Rs. 3,168 (USD46) (Rs. 38,018 (USD560) annually) among citizens residing in rural areas. This shows that a vast majority of patients with a lower socioeconomic status are unable to afford the cost of treatment. Source of expenditure is yet another area that is worrisome among Indian cancer patients. A meager 6.2% of cancer patients undergoing active treatment are covered by some medical reimbursement or health insurance (government or private). The oncologists surveyed agreed that insurance policies don’t assist in treatment because of lack of comprehensive treatment modality. Owing to the financial burden on patients, advanced diagnostic and treatment modalities remain inaccessible to patients and, therefore, leave them ineligible for early detection and treatment.

Even though it might seem that cost is a major hurdle for cancer care in India, medical oncologists said current treatment options make it possible to reduce the severity of the malignancy at a reasonable cost if it is diagnosed at an early stage. This indicates that cost is not the only determining factor in cancer care but rather an interconnection among awareness, early diagnosis and cost of treatment affecting the quality of care received.
GOVERNMENT SCHEMES AND PATIENT ASSISTANCE PROGRAMS

Oncologists said that patient assistance programs (PAPs) are ineffective partly because they have not been able to reach the vast majority of patients. Companies that design such programs restrict the number of inductions or the conditions to enrollment. Hence, although the programs are a great effort to make cancer medicines affordable, eligibility criteria need to be expanded. Some also believed that government-run programs are much more effective in terms of financial assistance.

The number of PAPs introduced into the oncology space and the number of patients enrolled have both increased in the past few years, but targeted oncology therapies remain inaccessible to patients in the lower socioeconomic category. Central and state-level governments have introduced several financial aid programs for cancer patients, some of which extend up to Rs. 1.5 Lakh (USD2,205) per cancer patient. Oncologists specifically praised Rajiv Gandhi Yojana’s scheme (implemented by the Maharashtra government), which has covered as many as 50 different oncological procedures for over 100,000 patients. However, failure of government schemes to incorporate drugs for targeted therapy presents a major drawback.

The pharmaceutical industry has introduced several initiatives in the form of patient and physician outreach programs. The thought leader mentioned that early access programs for patients are currently absent in India due to lack of standardization of guidelines.

PATIENT COMPLIANCE

Oncologists agree that patient compliance is a challenge to cancer treatment. According to oncologists, the trend of cancer treatment will most likely move toward a less toxic form of chemotherapy that will ultimately assist in compliance.

Patient compliance affects overall survival rates in a more direct manner. In some cases, it poses an even bigger hindrance to treatment than cost. Poor patient compliance is indicative of patients’ being entitled to proper treatment but rejecting them, resulting in complications. It is estimated that 62% and 54% complied with curative and palliative treatment, respectively, in head and neck cancers. Compliance to curative treatment is dependent on duration of treatment, financial status, stage of cancer, age and side effects from the medication.

Patient follow-up is yet another challenge synonymous with lack of compliance. A recent study concluded that 22-25% of the total diagnosed patients were lost due to inconsistent follow-up by patients. It was found that the loss of follow-up was twice as high among non-residents, who have to relocate to another city to pursue treatment, compared with residents, who do not have to relocate, indicating that transport, lodging and food were a significant portion of their total expense. Increasing financial burden, social stigma attached to acceptance of the disease, lack of awareness, belief in alternative medicine and lack of patient counseling post-diagnosis are other factors attached to this inconsistency.

EARLY DIAGNOSIS

Oncologists remarked on the lack of early diagnosis of cancer in India. Early diagnosis is driven by two key factors the patient and how he/she is able to reach a primary healthcare facility based on his/her symptoms, and how well physicians are able to relate those symptoms to cancer.
The first factor depends on the patient’s awareness of cancer. Several NGOs have undertaken efforts to increase the level of awareness among the public, but none have been conducted at a national level. Moreover, nationwide awareness campaigns require government intervention. Awareness of breast and cervical cancer among women has significantly increased, and several oncologists claimed awareness campaigns surrounding these tumors can lead to patients being diagnosed earlier, increasing their chances for survival, especially compared with lung cancer, which has no associated awareness campaigns. Lack of awareness hinders the process of screening and thus the prospect of confirmatory diagnosis at an early stage. Also, mammograms and Pap smears are used as standard screening procedures in almost all hospitals, and comparable tests are evidently missing for lung cancer.

<table>
<thead>
<tr>
<th>CANCER</th>
<th>INCIDENCE CASES</th>
<th>MORTALITY CASES</th>
<th>% MORTALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung (Men and Women)</td>
<td>70,275</td>
<td>63,759</td>
<td>91</td>
</tr>
<tr>
<td>Breast</td>
<td>144,937</td>
<td>70,218</td>
<td>48</td>
</tr>
<tr>
<td>Cervical</td>
<td>122,844</td>
<td>67,477</td>
<td>55</td>
</tr>
</tbody>
</table>

The second factor driving diagnosis is the knowledge base of the onco-pathologists themselves. The oncologists surveyed said the lack of trained onco-pathologists can lead to misdiagnosis of early signs of cancer. A common example was the misdiagnosis of lung cancer as tuberculosis. This particular case was quoted by both medical oncologists and thought leaders.

A study revealed a significant improvement in the stage of diagnosis of cervical cancer – Stages I and II – with cancer education in the rural areas of Barshi, India. It can be easily concluded that citizens residing in the rural areas of India have a lack of awareness; the potential and effectiveness of cancer education in spreading awareness is evident through this study.

An immense opportunity exists for web-based awareness tools such as webinars and interactive web sessions that could be utilized to spread awareness among the general public. Active participation by the government, NGOs and pharmaceutical companies could significantly affect the level of awareness and knowledge of patients.
LACK OF SUITABLE DIAGNOSTIC LABS

Seventy percent of the oncologists said that suitable laboratory and trained oncopathologists are lacking in India, a fact highlighted by thought leaders as well.

Invasive histopathological testing such as biopsy evaluation, immunohistochemistry (IHC), fluorescence in situ hybridization (FISH) and tumor marker tests remain the sole methodology for confirmatory diagnosis. These tests are highly specialized and sensitive, which means that trained pathologists are required to evaluate the results. The consensus among oncologists and thought leaders is that some of these tests are often misinterpreted. Specialized testing requires standardized equipment and facilities, which contribute to increased cost and consequently increase the financial burden on patients. Yet another problem pointed out by oncologists is the reliability of independent private diagnostic firms in conducting biopsies and interpreting their results. Sophisticated testing requires substantial funding and standardized guidelines from central government agencies, which haven’t been developed yet.

PATIENT COUNSELING

Oncologists and thought leaders both said that patient counseling is necessary but is ignored in the process of cancer treatment.

Thought leaders said that because India is primarily a self-pay market, it is the oncologist’s responsibility to provide the patient with an unbiased opinion. However, hospital bias may play a role if patient counseling is done by oncologists. A balance between the emotional side of the patient and scientific discipline is required for an ideal patient counseling support program. On the other hand, patient counseling by pharmaceutical companies can result in conflicts of interest.

PERCEPTION OF EMERGING TRENDS IN CANCER TREATMENT AND DIAGNOSIS

Developments in the field of biomarkers have been impressive, although their use as early diagnosis tools has been very much limited. The cost, availability and specificity of biomarkers limit their use as follow-up tools to predict the rate of relapse.

The use of chemotherapy as the mainstream treatment is unanimous among the oncologists and thought leaders surveyed. Oncologists said that the emerging approaches – immunotherapy, gene therapy and hormonal therapy – will be used as adjuvant therapy along with chemo drugs if they are introduced in the near future. However, the increased use of biologics is anticipated by both oncologists and thought leaders.

Clinical use of such emerging treatments is inhibited due to lack of convincing clinical data, modest therapeutic efficacy, cost and high specificity. Noticeably, immunotherapy has gotten oncologists’ attention as a prospective treatment modality, especially for lung cancer. As of now, immunotherapy is used as a last line of therapy and improvement seen is highly modest; hence, it is not prescribed by the vast majority of oncologists.
Medical oncologists and industry professionals believe that the scenario for cancer treatment in India will change for the better. Even though chemotherapy is here to stay for its economic benefit, but dependence will move toward less toxic chemo drugs. The primary modality of treatment is also anticipated to shift toward targeted therapy.


ABOUT THE AUTHORS

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Kantar Health operates in more than 40 countries and employs more than 600 healthcare industry specialists and practitioners, including a high number of medical doctors, epidemiologists, PhDs, PharmDs and pharmacists, and biologists, biochemists and biophysicists. We work across the product lifecycle, from preclinical development to launch, and are experts at bringing multiple stakeholders together to advance the commercialization of pharmaceutical products. Our team acts as catalysts to successful decision making in the life sciences industry, helping our clients prioritize their product development and portfolio activities, differentiate their brands and drive product success post-launch. Kantar Health is part of Kantar, the data investment management division of WPP.

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