



Editorial

Improving outcomes of women's cancer in India: A multidisciplinary multisectoral approach

The life expectancy at birth in India was 32 years on the evening of our independence in 1947¹ which increased to 70 years in 2019². This is testimony to the remarkable progress made in many spheres of health and human development in the past seven and half decades in our society. Yet many challenges remain and indeed have become more manifest in this period. As any population ages, there is a gradual shift of disease burden from communicable to non-communicable diseases (NCD). In India, the current pattern is at that point of evolution, when communicable disease burden has not yet declined to low levels while NCD burden has already increased (and rising)³. Thus, our healthcare system is confronted with many simultaneous challenges and priorities.

Cancer, by the very nature of this disease, is among the top health priorities in most countries and is rapidly attaining this status in India⁴. Cancers of the breast and ovary are among the most incident cancers in women and responsible for substantial morbidity and mortality. Both these diseases lend themselves to the early detection and have high cure rates when detected in early stages. It is a tragedy that a substantial proportion of patients in India continue to be diagnosed when they have already developed advanced stage disease⁴. Both diseases require multi-disciplinary management in modern hospitals which have requisite infrastructure and expertise. We continue to be deficient in adequate human resources and infrastructure to be able to care for all patients, especially in the public sector and outside major cities. The incidence of cervical cancer is declining throughout India in the past few decades⁵, for reasons that are not fully understood, but likely to be multifactorial. Unfortunately, this is accompanied by an increasing incidence of breast cancer, likely because of reproductive (hormonal) and other lifestyle-related risk factors⁵.

These and other issues that are germane to breast and cervical cancer in India and similar countries, can be managed only with multisectoral intervention at the levels of health policy, public health expenditure, and capacity building in human resources, infrastructure and research. India has a long, if somewhat narrow, pedigree in basic, translational and clinical research in cancers, including those of the breast and cervix. The preceding decade has witnessed important, worldwide practice-defining clinical research in these two cancers from Indian institutions and groups⁶⁻¹⁰. These efforts are praiseworthy but few and far between. The major weakness of the Indian system has been a lack of multi-institutional collaborative research groups, which could address important clinical and translational questions expeditiously. Such collaborative groupings are not conjured out of thin air, these require planning, passionate champions, collaborative spirit, and most importantly, dedicated funding. Some beginnings have been made and it is hoped that these will come of age, sooner rather than later.

We have assembled a distinguished group of researchers, academicians and practitioners who have contributed to this special issue. A broad range of themes have been covered in the collection, in both breast and cervical cancers. These include early detection, diagnostic techniques, staging, biomarkers, surgery, radiotherapy and systemic therapy, palliative care, training and education, and controversies. Although these themes are universal, the authors have included data and evidence that may be especially relevant to India and other low-middle income countries. We believe that this is what makes this special issue of the Indian Journal of Medical Research (IJMR) unique and will enable it to frame the context in these cancers.

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We do hope that the readers will enjoy reading the research, perspectives and wisdom contained in this issue, as much as we enjoyed assembling it.

Conflicts of Interest: None.

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