Cancer Incidence and Mortality in Varanasi District, Uttar Pradesh, India: 2018-2019

Population-Based Cancer Registry (PBCR) Summary Report

Centre for Cancer Epidemiology (CCE), Mumbai, India
Advanced Centre for Treatment, Research and Education in Cancer, Kharghar, India
Homi Bhabha Cancer Hospital (HBCH) & Mahamana Pandit Madan Mohan Malaviya Cancer Centre (MPMMCC), Varanasi, Uttar Pradesh, India
Tata Memorial Centre (TMC), Mumbai, India
Homi Bhabha National Institute (HBNI), Mumbai, India

Population-Based Cancer Registry (PBCR) Report

Homi Bhabha Cancer Hospital (HBCH), Varanasi, Uttar Pradesh, India

Mahamana Pandit Madan Mohan Malaviya Cancer Centre (MPMMCC), Varanasi, Uttar Pradesh, India

Dr. R A Badwe – Director, TMC and Dr. S Pradhan – Director MPMMCC & HBCH along with other dignitaries released the Varanasi PBCR first year report

Dr. S Pradhan, Director of HBCH and MPMMCC handing over a copy of the PBCR, Varanasi 2017 report to Hon'ble Governor Smt. Anandiben Patel

Cancer Registry Principal Investigator, Co-Principal Investigators and Co-Investigators

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We greatly acknowledge the help provided by the Institute of Medical Sciences, Sir Sunderlal Hospital, Banaras Hindu University (BHU), Varanasi, Uttar Pradesh, India

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Contents

1. Objective of the project

Tata Memorial Centre (TMC), Mumbai, an autonomous institute under the Department of Atomic Energy, Government of India, has started a population-based cancer registry in Varanasi district on April 1, 2017, with the help of Sir Sunderlal (SS) Hospital, Banaras Hindu University (BHU) and district health authority of Varanasi district.

The objective of the cancer registry is to measure the burden of cancer in terms of incidence and mortality and to know the patterns of cancer in the district.

2. Population covered

The cancer registry covers the eight blocks of the district – Arajiline, Baragaon, Chiraigaon, Cholapur, Harhua, Kashividyapeeth, Pindra, and Sewapuri covering; a population of 3,676,841 as per census 2011.[1] The registry covers urban areas (90 wards) Ramnagar (Nagar Palika Parishad), 39 census town, Gangapur Nyay Panchayat (10 wards), Cantonment board, Maruadih railway settlement as well as 1,295 villages of the district. Around 57% of the population of the district is rural. The estimated population of Varanasi district for the year 2018-2019 is 4 million.

3. Registration method

Trained field investigators of the cancer registry regularly visit the villages as well as different hospitals, pathology laboratories, medical colleges, cancer control cells, and the birth and death registrar office to collect cancer incidence and death cases. The registry staff interacts with village sarpanch, Auxiliary Nurse Midwife (ANM), Accredited Social Health Activist (ASHA) workers, and primary health centre staff periodically to get to know the cancer cases diagnosed in the area as well as cancer deaths that have occurred in the village. With the help of ASHA workers, the registry staff interacts with the patient's relative and they note down the information available.

In the urban area, the staff interacts with the local municipal corporators and local leaders to get information about the cancer cases diagnosed in the community. The information received from ASHA workers/patients' relatives/local leaders are further confirmed at the patient's treating hospital.

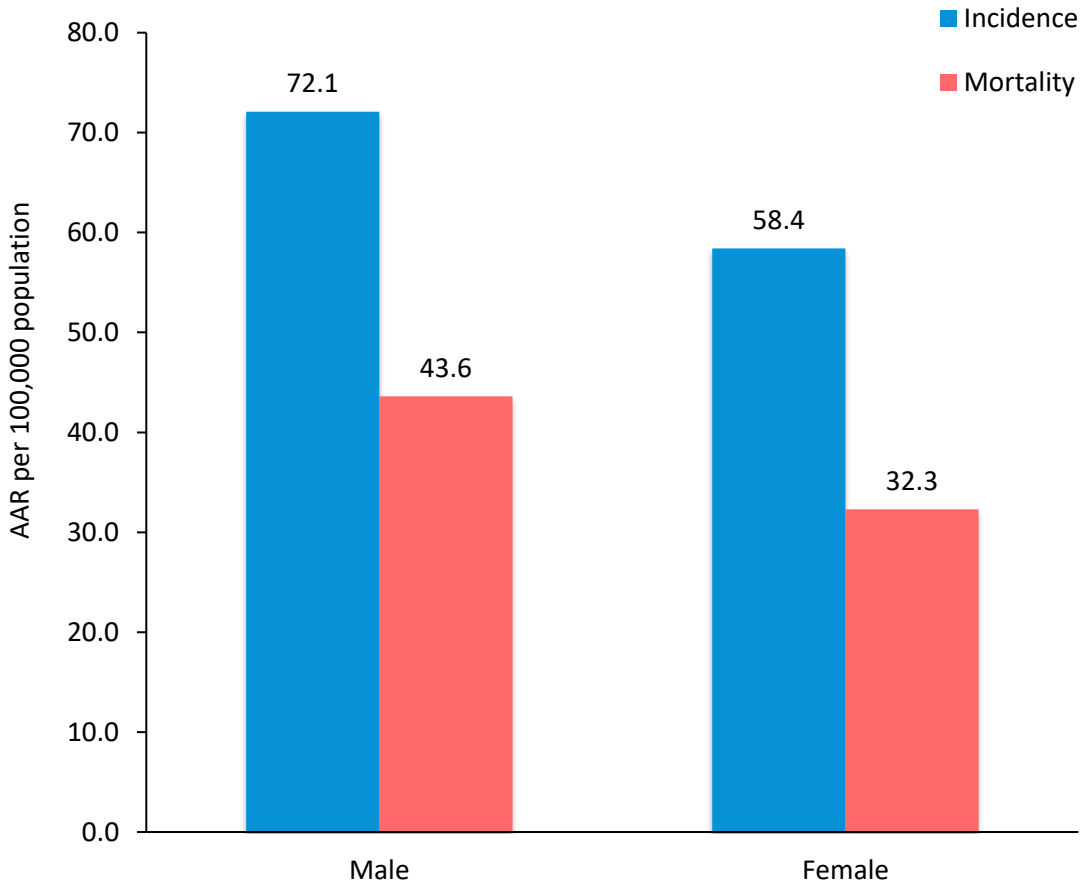
After confirming the patient's residence (residence of the district for at least one year) and duplicate checking by senior staff, the case is registered in the prescribed format. The data entry is carried out in *CanReg5* software.

4. Cancer incidence and mortality – all sites

In the year 2018-2019, the cancer registry registered 4,559 cancer cases. There were 2,577 male (56.5%) cases and 1,982 female (43.5%) cases. The age-adjusted incidence rate for males was 72.1 per 100,000 population and for females, it was 58.4 per 100,000 population.

In the year 2018-2019, the cancer registry registered 2,630 cancer deaths of which 1,554 were male (59.1%) deaths and 1,076 were female (40.9%) deaths. The age-adjusted mortality rate for males was 43.6 per 100,000 population and for females, it was 32.3 per 100,000 population. The cancer incidence and mortality rates for all sites for males and females are presented in figure 1.

Figure 1: All sites cancer incidence and mortality rate by sex: 2018-2019 (Varanasi district)



5. Leading cancer sites by sex

Among males; mouth, tongue, gall bladder, lung, liver, prostate, stomach, oesophagus, larynx and lip were the leading cancer sites. The top ten leading cancer sites for males are presented in figure 2. Among females; breast, gall bladder, cervix uteri, ovary, mouth, liver, lung, tongue, stomach, and corpus uteri were the leading cancer sites. The top ten leading cancer sites for females are presented in figure 3.

Figure 2: Leading cancer incidence and mortality sites in males: 2018-2019

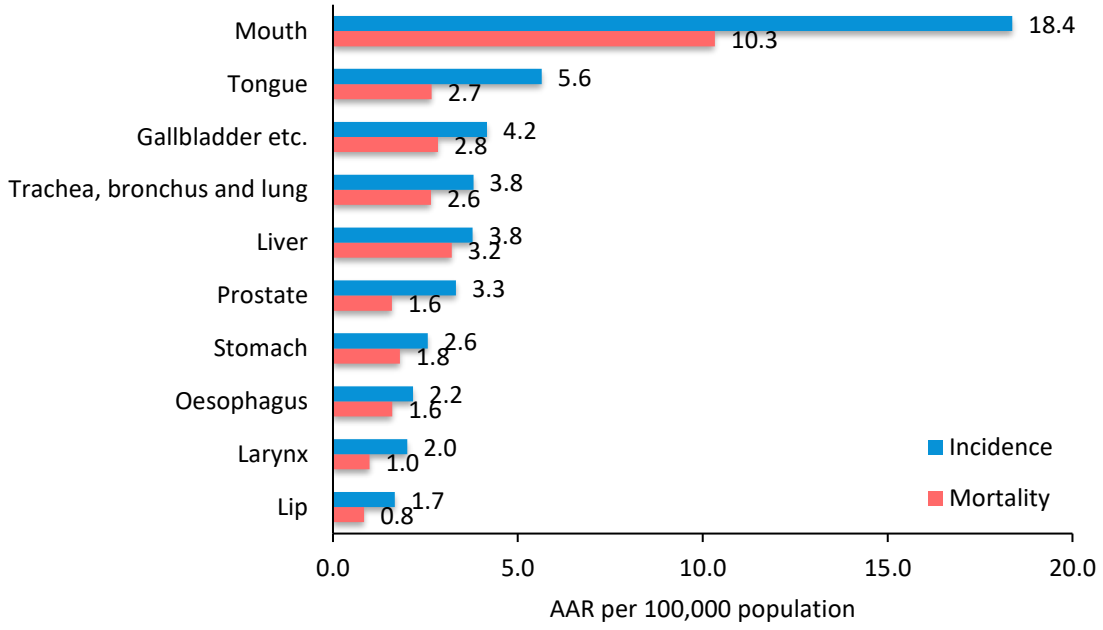
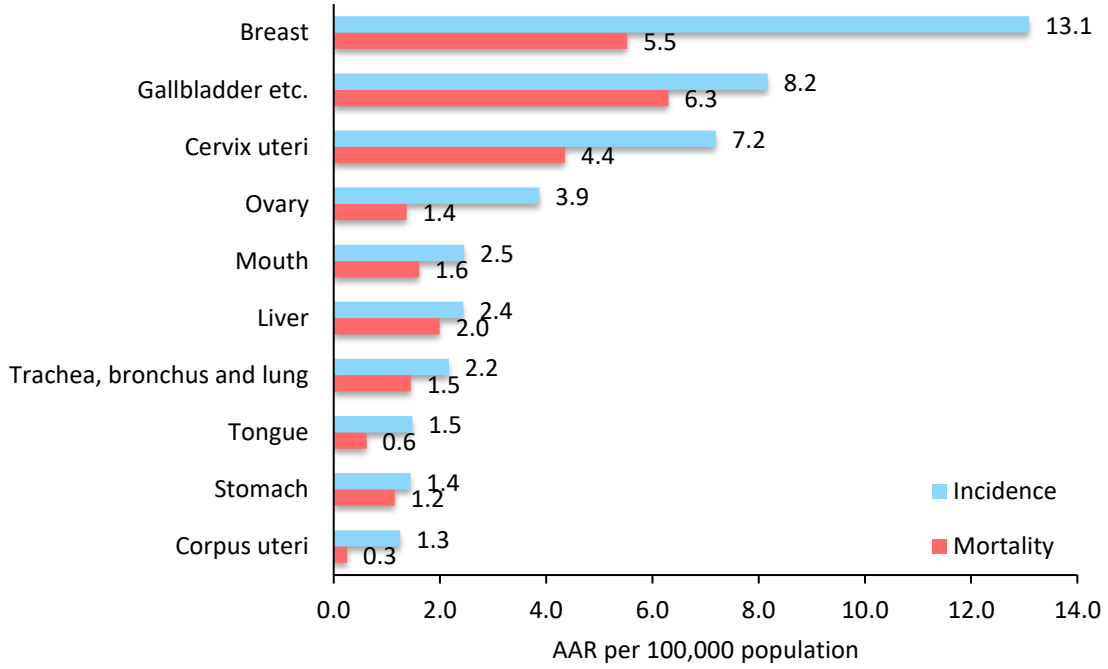


Figure 3: Leading cancer incidence and mortality sites in females: 2018-2019



6. Cancer pattern in urban and rural areas

The cancer registry covers 57% of rural areas and 43% of urban areas. The estimated population for the year 2018-2019 for urban area is 18,51,777 (male: 9,80,949; female: 8,70,828) and rural area is 21,80,632 (male: 11,27,929; female: 10,52,703). We have observed the difference in the cancer incidence rate in urban and rural areas. The urban area cancer incidence rate in males was 68.0 per 100,000 population whereas it was 76.1 per 100,000 population in rural areas. In females, the rural area cancer incidence rates are higher as compared to the urban area. The cancer incidence rate by the area and sex is mentioned in figure 4. The all site cancer mortality by area and sex is mentioned in figure 5.

Figure 4: All sites cancer incidence rate by area and sex: 2017-2019 (Varanasi district)

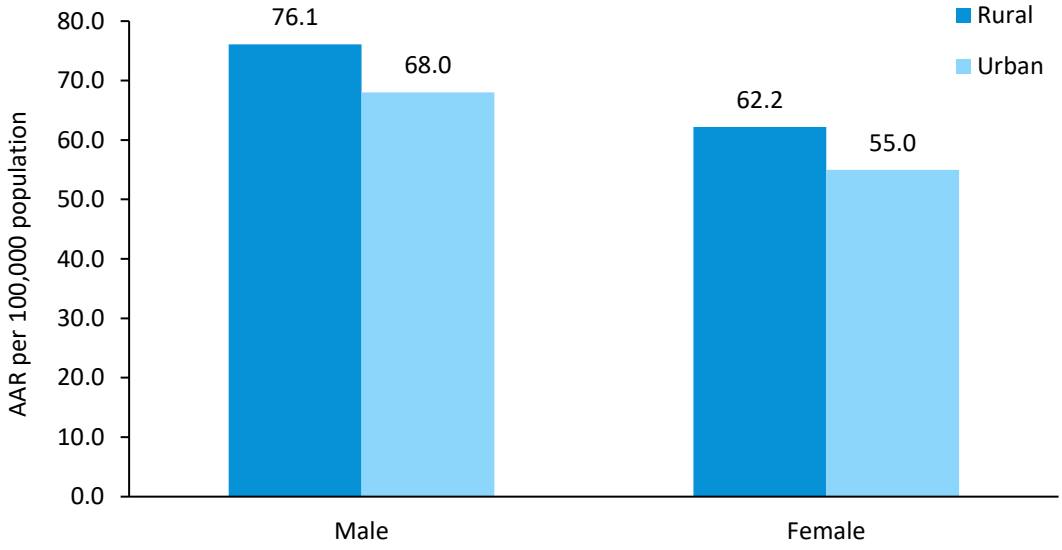
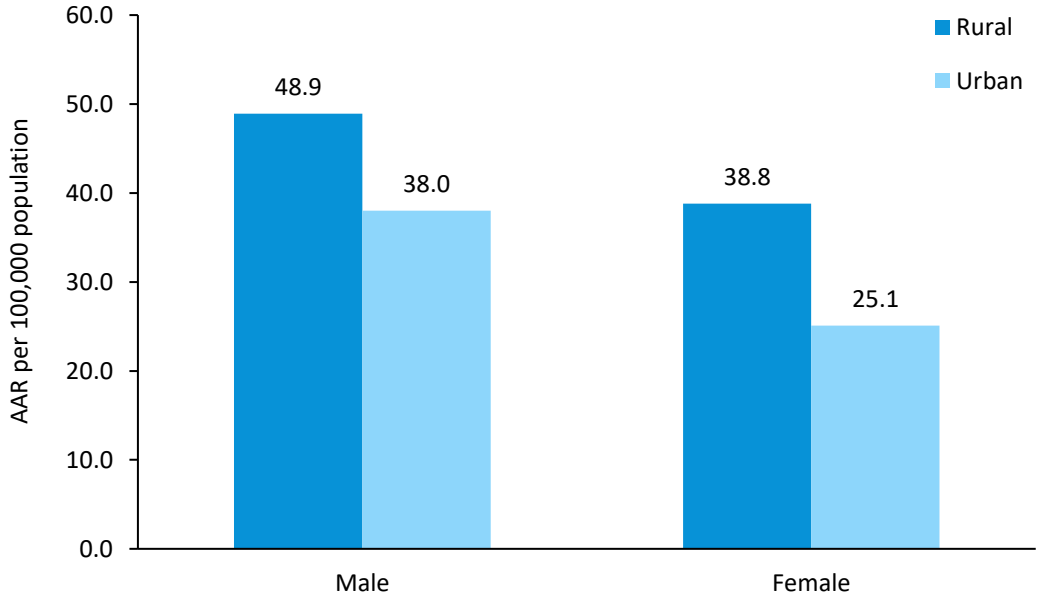


Figure 5: All sites cancer mortality rate by area and sex: 2017-2019 (Varanasi district)



Leading cancer sites in urban and rural areas

In males, mouth cancer incidence rates are similar for urban (18.2 per 100,000 population) and rural (18.5 per 100,000 population) areas. For females, mouth cancer incidence rate in urban population is 37% lower than rural population (RR [Rate Ratio] 0.63, 95% CI 0.41-0.99).

Among females, the cervical cancer incidence rate in Varanasi urban population is 37% lower than rural population (RR 0.63, 95% CI 0.48-0.81). Whereas, the breast cancer incidence rate in Varanasi urban female population is 12% higher than rural population (RR 1.12, 95% CI 0.93-1.35).

The gall bladder is the second leading cancer sites in rural male population; however, it is the fifth leading cancer site in urban male population. For males, the gall bladder cancer incidence rates for Varanasi urban population is 46% less than rural male population (RR 0.54, 95% CI 0.38-0.76). The gall bladder cancer incidence rates for Varanasi urban female population is 43% less than rural population (RR 0.57, 95% CI 0.45-0.73).

The difference in the cancer burden and patterns in the rural and urban area may be due to different lifestyles, food habits, education levels, and access to the diagnostic and treatment facilities. In this period due to COVID-19 pandemic we have limited access to medical records in the urban areas, we may have missed the cases in urban area. The leading cancer sites by sex and area are presented in figures 6 to 9.

Figure 6: Leading cancer sites in urban area: male (2018-2019)

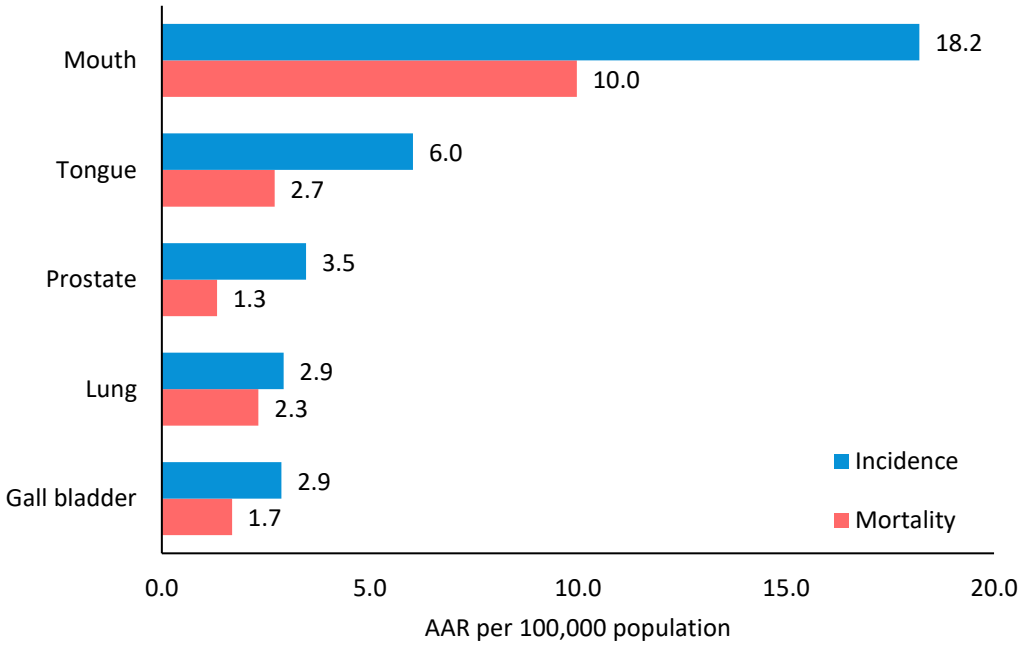


Figure 7: Leading cancer sites in rural area: male (2018-2019)

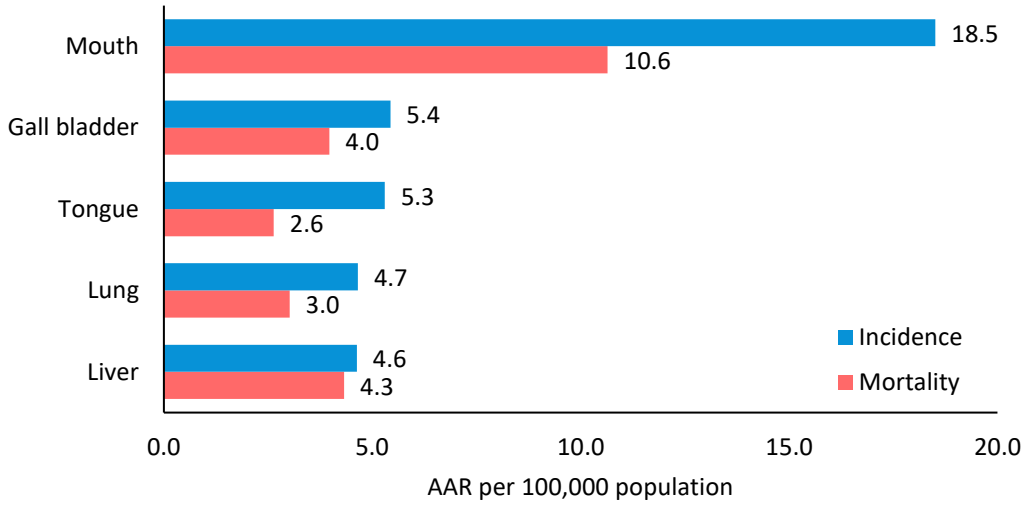


Figure 8: Leading cancer sites in urban area: female (2018-2019)

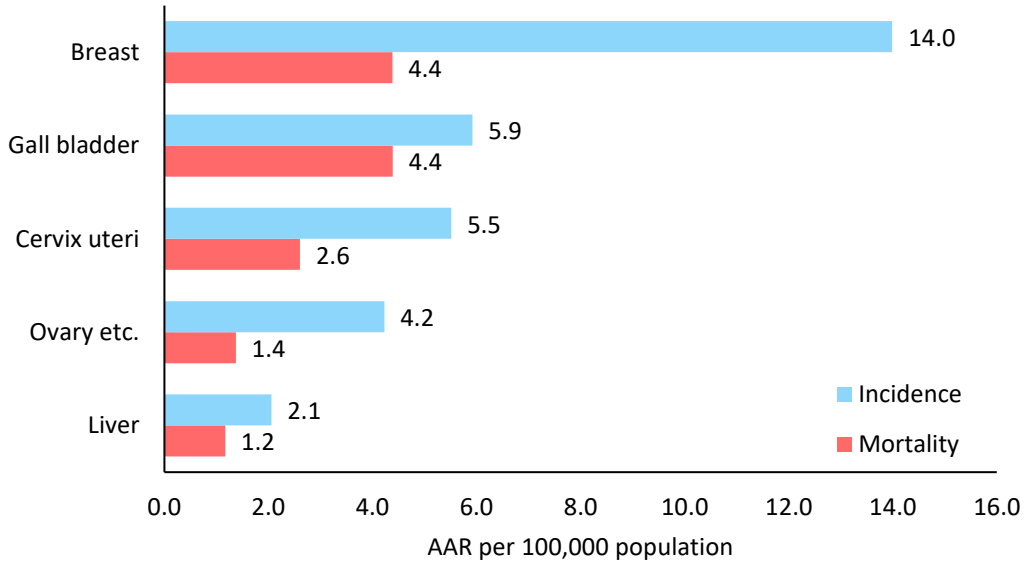
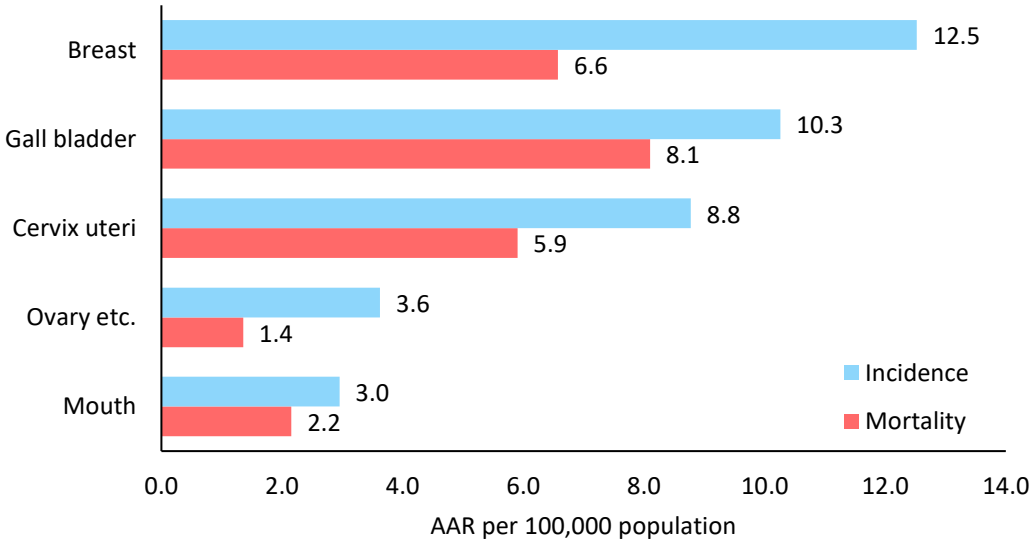


Figure 9: Leading cancer sites in rural area: female (2018-2019)



7. Cancer pattern in paediatric age-group

In the year 2018-2019, out of 4,559 registered cancer cases 95 (2.1%) paediatric cases (0-14 age group) were noted. The Varanasi PBCR is monitoring the paediatric cancer burden in the district. We have maintained the data of the paediatric cancer cases as per the ICCC3 standard. The age-adjusted incidence for boys is 59.6 per million and 23.9 per million for girls.

The leading cancer sites in boys are bone, myeloid leukaemia, leukaemia unspecified, lymphoid leukaemia, brain, NHL, kidney, Hodgkin disease, connective and soft tissue and other skin. While in girls lymphoid leukaemia, bone, NHL, connective and soft tissue, brain, ovary, myeloid leukaemia, leukaemia unspecified, kidney, and rectum are the leading cancer sites. Leading cancer sites are mentioned below in figure 10 and 11.

Figure 10: Leading cancer sites in boys: 2018-2019

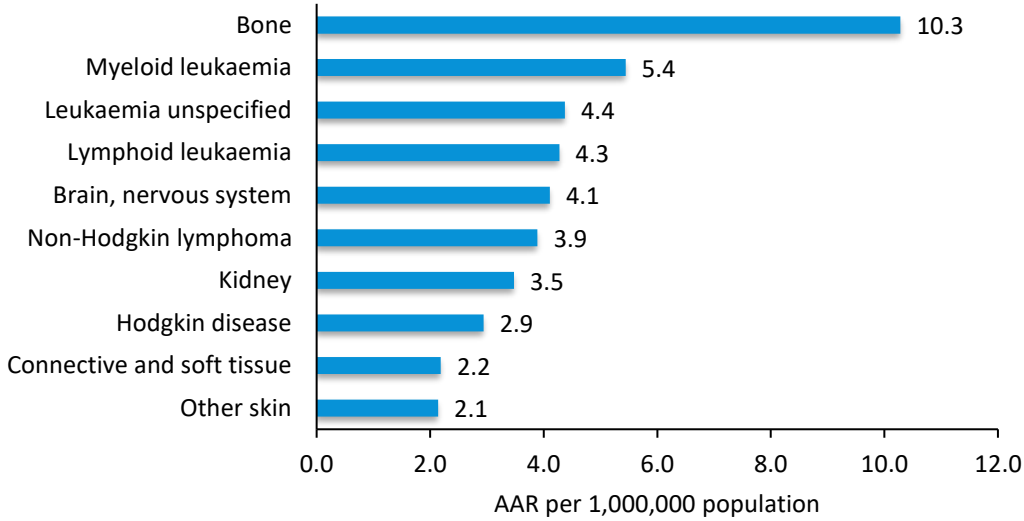
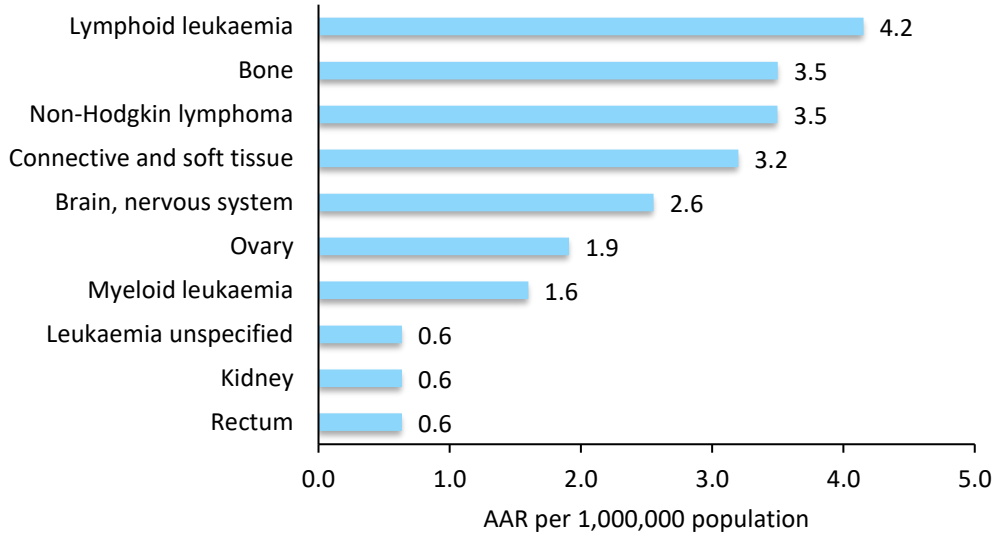


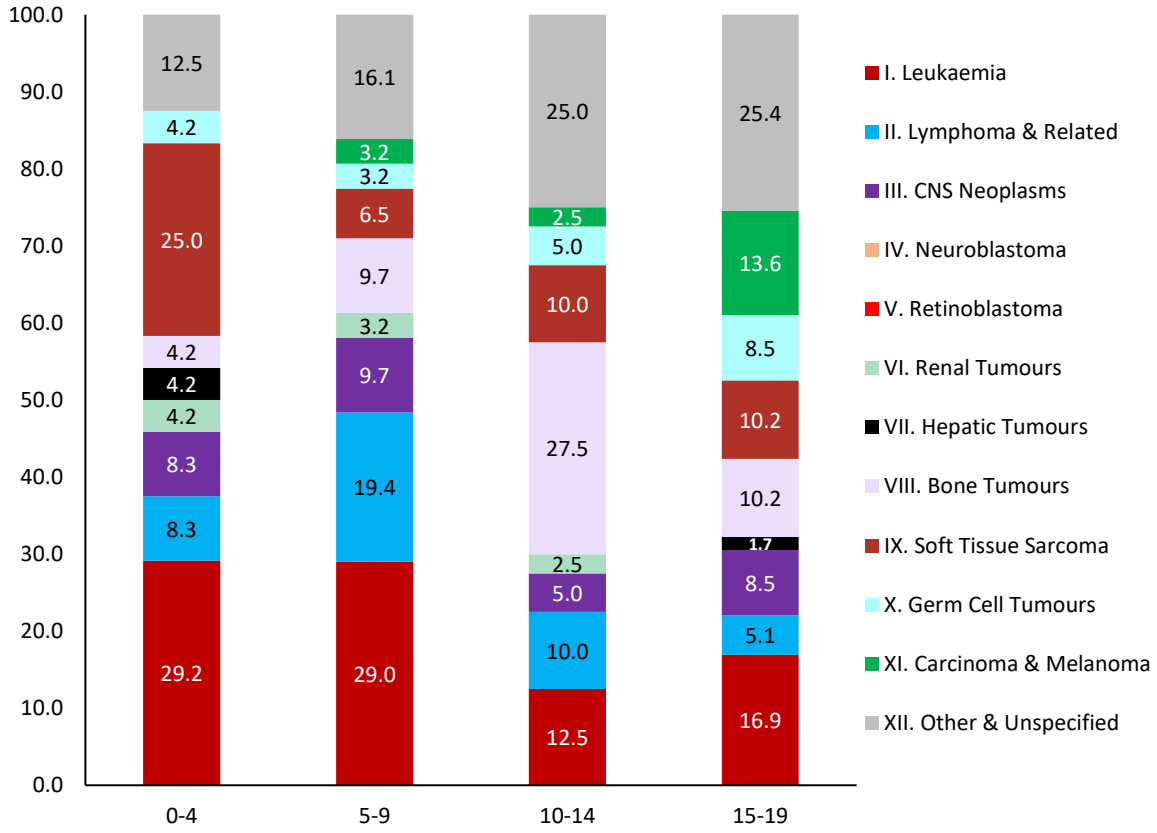
Figure 11: Leading cancer sites in girls: 2018-2019



International Classification of Childhood Cancer, 3rd edition (ICCC-3) has mentioned the separate coding to know the cancer burden in children according to appropriate diagnostic groups. ICCC-3 having twelve main groups and further these are divided in to subgroups and division of selected subgroups.

Proportion of paediatric cancer cases by 12 main diagnostic group as per ICCC-3 standard is presented in figure 12.

Figure 12: Proportion of paediatric cancer cases by age-group: Both sex (Varanasi district)



8. Tobacco-related cancer

As per the Varanasi registry data, the tobacco-related cancer burden is 50.6% in males (1 out of 2 cancer cases is tobacco-related) while it is 13.1% in females (1 out of 8 cancer cases is tobacco-related). The leading site under tobacco-related cancer are mouth, tongue, lung, esophagus and larynx in males; and in females, mouth, lung, tongue, esophagus and urinary bladder.

Table 1: Tobacco-related cancer in male: 2018-2019

ICD10	Site	Number	%	CR	AAR	TR
C00	Lip	59	2.3	1.4	1.7	3.8
C01-C02	Tongue	205	8.0	4.9	5.6	13.4
C03-C06	Mouth	660	25.6	15.7	18.4	46.1
C10	Other oropharynx	19	0.7	0.5	0.6	1.4
C12-C13	Hypopharynx	33	1.3	0.8	1.0	1.5
C14	Pharynx unspecified	3	0.1	0.1	0.1	0.1
C15	Oesophagus	73	2.8	1.7	2.2	4.3
C32	Larynx	69	2.7	1.6	2.0	3.2
C33-C34	Trachea, bronchus and lung	131	5.1	3.1	3.8	5.7
C67	Urinary bladder	51	2.0	1.2	1.5	3.0
C00-C06, C10, C12-C15, C32-C34 & C67	**Tobacco-related cancer**	**1303**	**50.6**	**30.9**	**36.8**	**82.4**

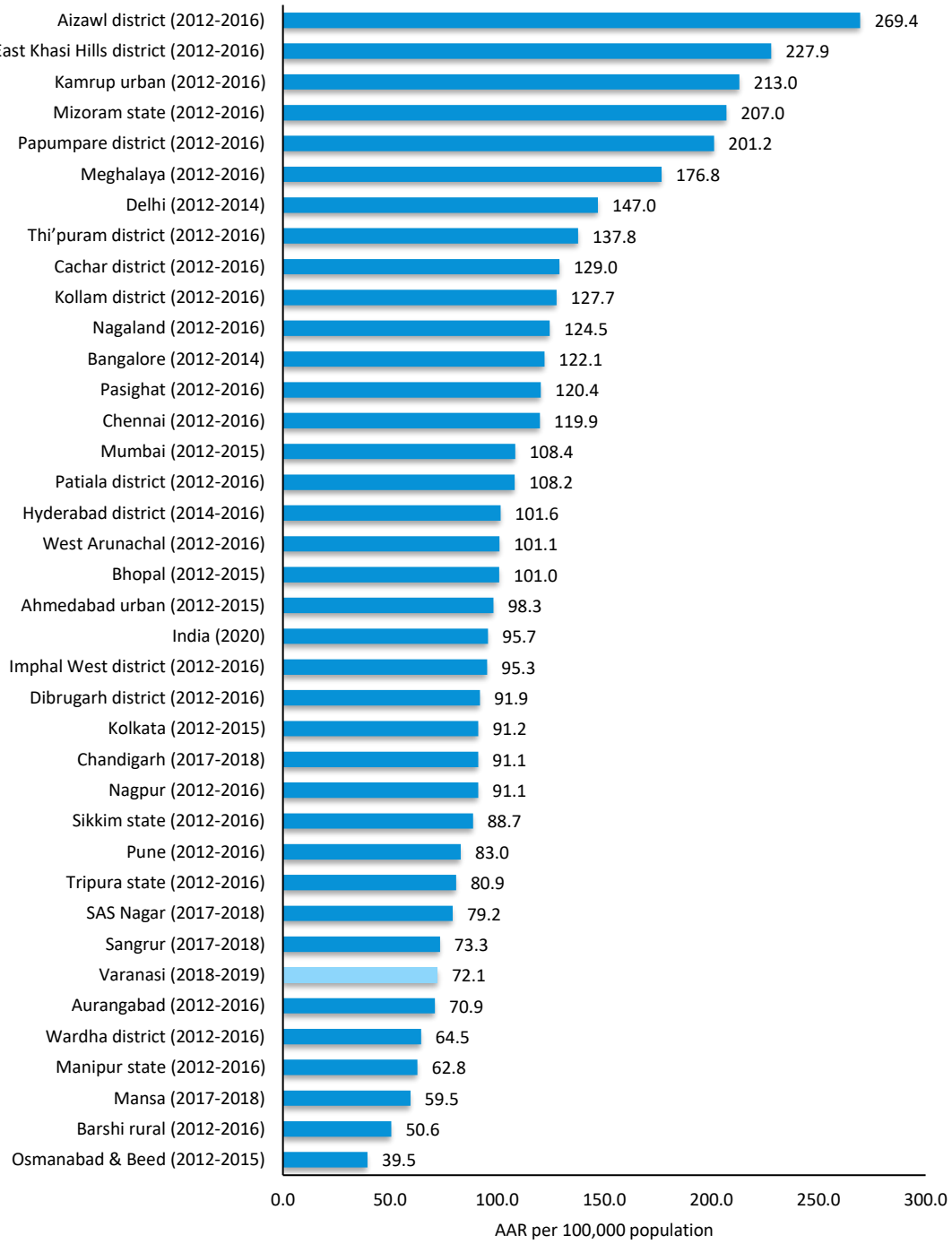
Table 2: Tobacco-related cancer in female: 2018-2019

ICD10	Site	Number	%	CR	AAR	TR
C00	Lip	1	0.1	0.0	0.0	0.1
C01-C02	Tongue	48	2.4	1.2	1.5	2.9
C03-C06	Mouth	83	4.2	2.2	2.5	5.4
C10	Other oropharynx	2	0.1	0.1	0.1	0.0
C12-C13	Hypopharynx	1	0.1	0.0	0.0	0.1
C14	Pharynx unspecified	2	0.1	0.1	0.0	0.1
C15	Oesophagus	30	1.5	0.8	0.9	1.6
C32	Larynx	6	0.3	0.2	0.2	0.4
C33-C34	Trachea, bronchus and lung	72	3.6	1.9	2.2	4.5
C67	Urinary bladder	14	0.7	0.4	0.4	0.9
C00-C06, C10, C12-C15, C32-C34 & C67	**Tobacco-related cancer**	**259**	**13.1**	**6.7**	**7.8**	**15.9**

9. Comparison of cancer incidence rate with other Indian registries

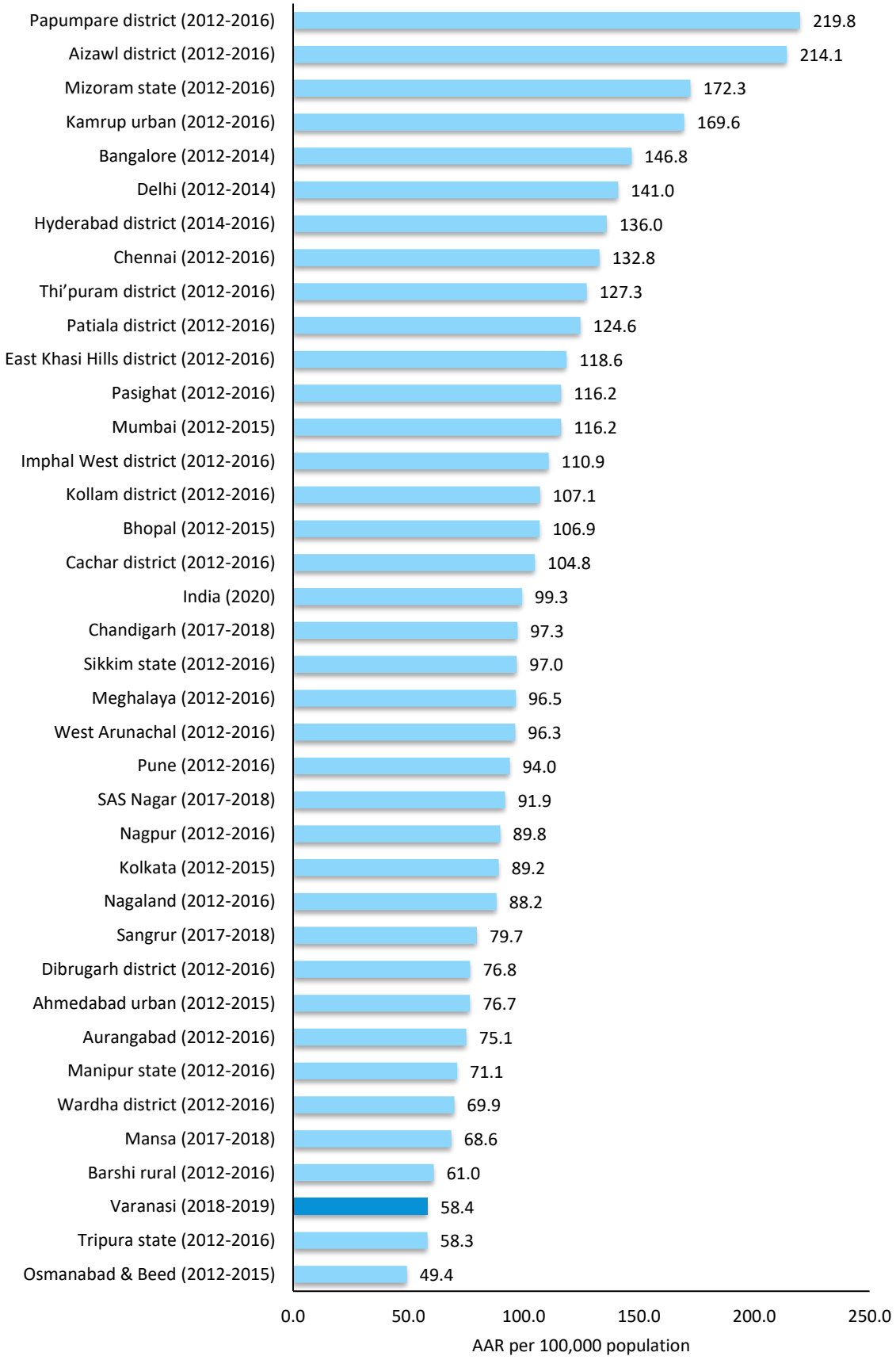
Age-adjusted incidence rate for all cancer sites for both sexes for the year 2018-2019 was compared with other Indian PBCRs in figures 13 and 14. The cancer incidence rate of Varanasi district is lower than urban areas and it is comparable with other rural cancer registries in the country.

Figure 13: Age-adjusted incidence rate of all cancer sites in male



(References: 2-7)

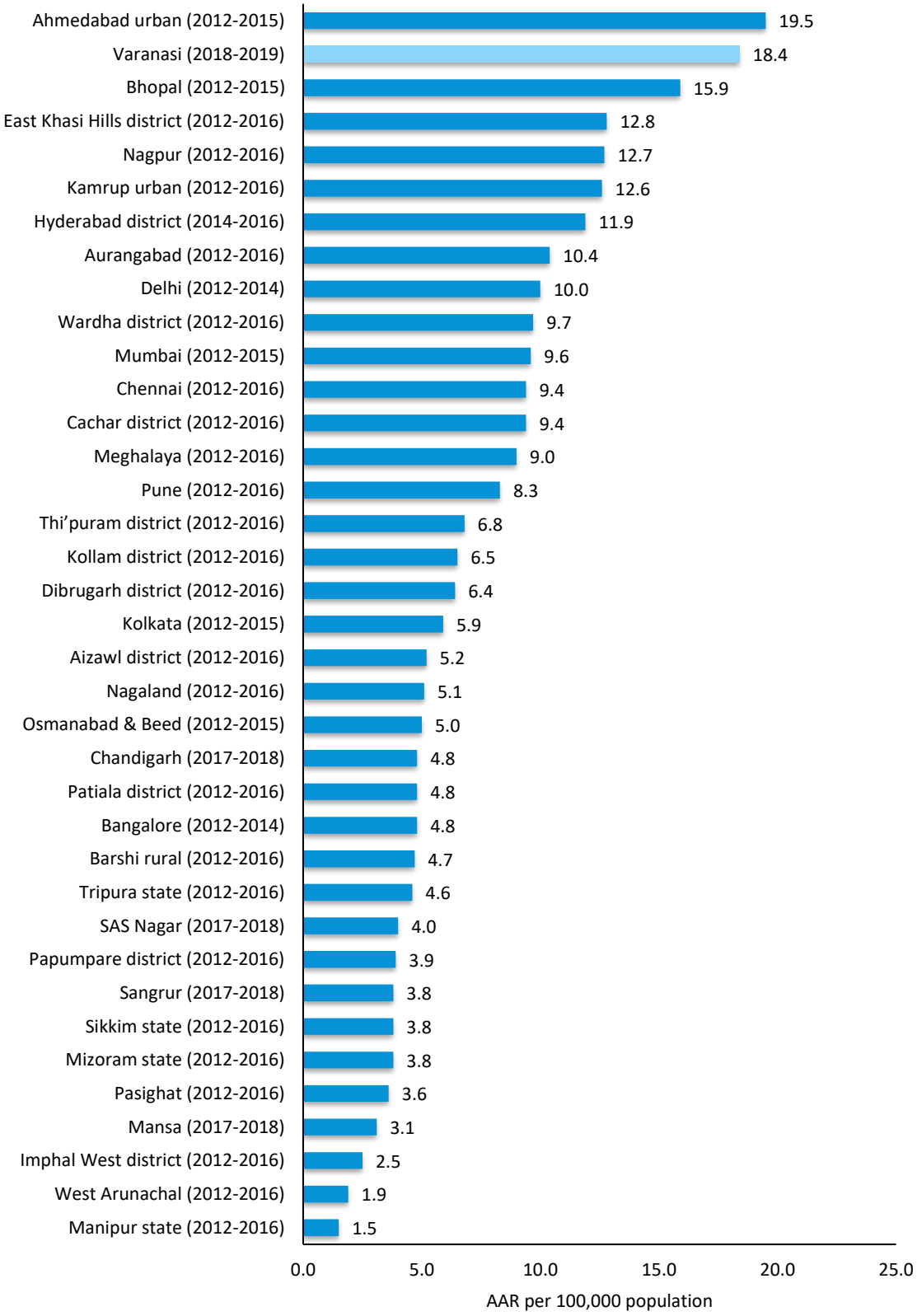
Figure 14: Age-adjusted incidence rate of all cancer sites in females



(References: 2-7)

Among males, out of every 4 cancer cases, 1 case is of mouth cancer registered at Varanasi district. Mouth cancer rate is higher in Varanasi district. Comparison of mouth cancer rate is shown in figure 15.

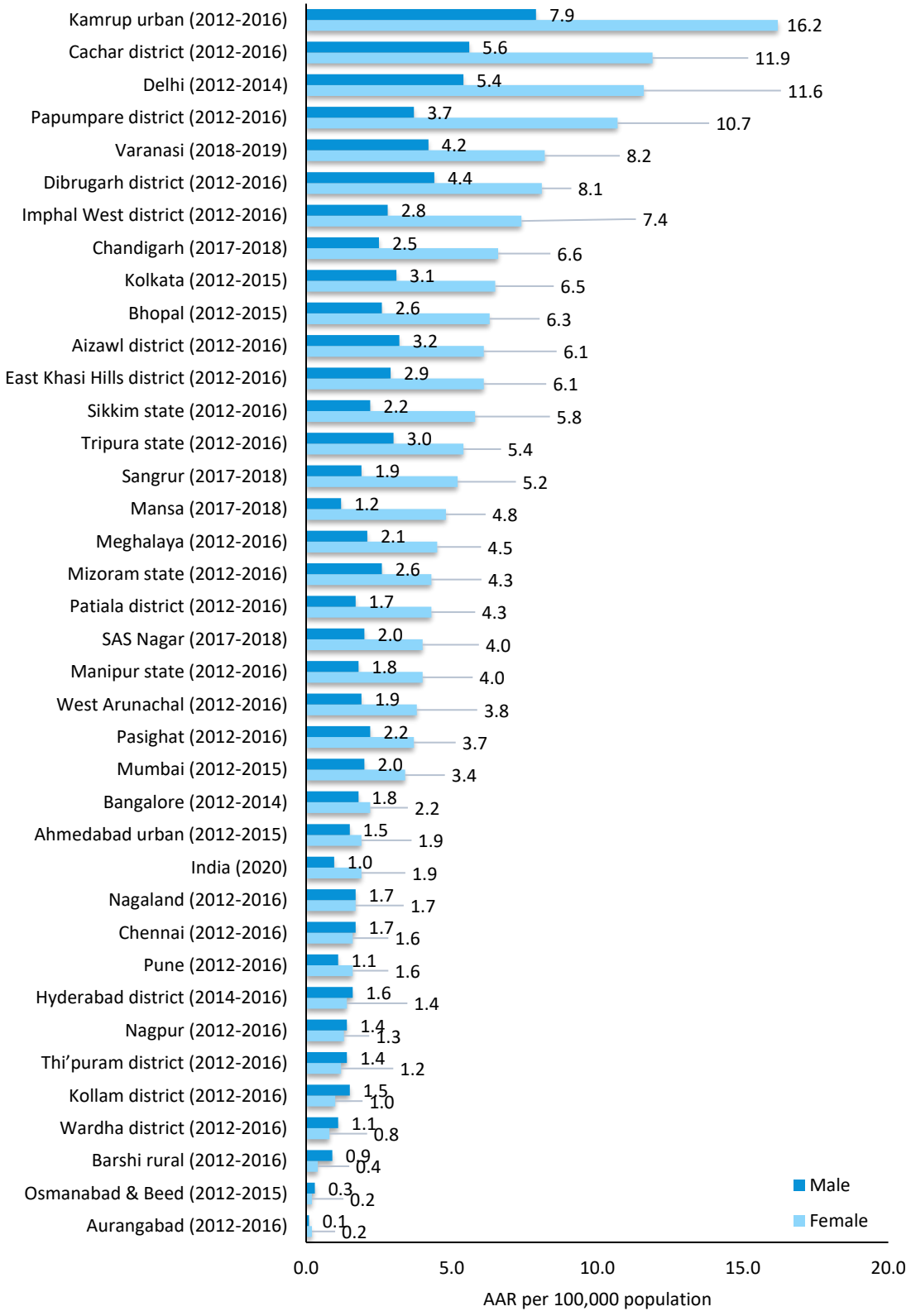
Figure 15: Age-adjusted incidence rate of mouth cancer in males (C03-C06)



(References: 2-7)

Gall bladder cancer is the second leading cancer site in females in Varanasi district as compared to other Indian registries the rates are high, however it is low as compared to Delhi cancer registry. Comparison of gall bladder cancer rate is shown in figure 16.

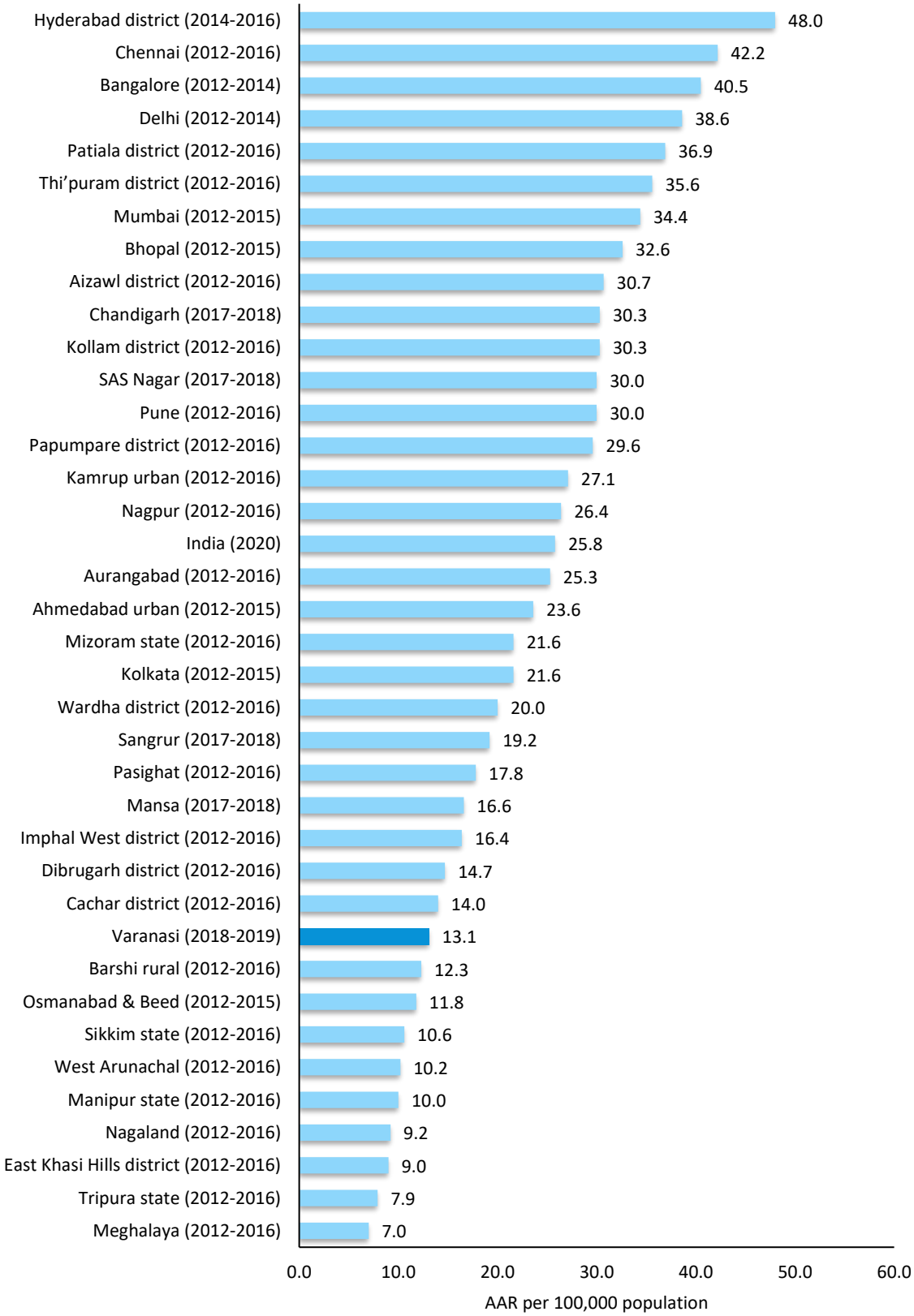
Figure 16: Age-adjusted incidence rate of gall bladder cancer



(References: 2-7)

The breast cancer incidence rate is low in Varanasi district as compared to other registries in India. Comparison of breast cancer rate is shown in figure 17.

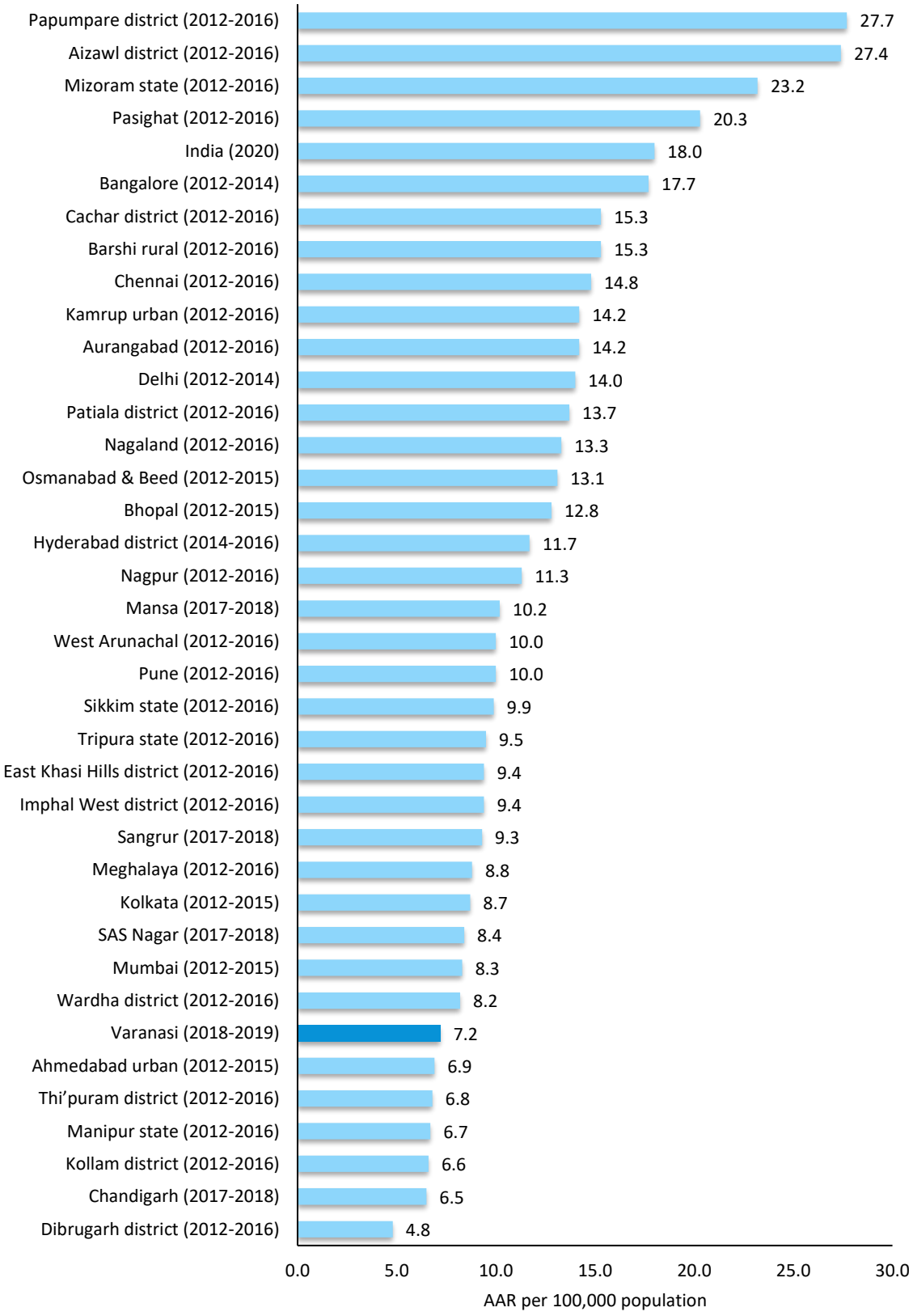
Figure 17: Age-adjusted incidence rate of breast cancer



(References: 2-7)

The cervical cancer incidence rate is low in Varanasi district as compared to other registries in India. Comparison of cervical cancer rate is shown in figure 18.

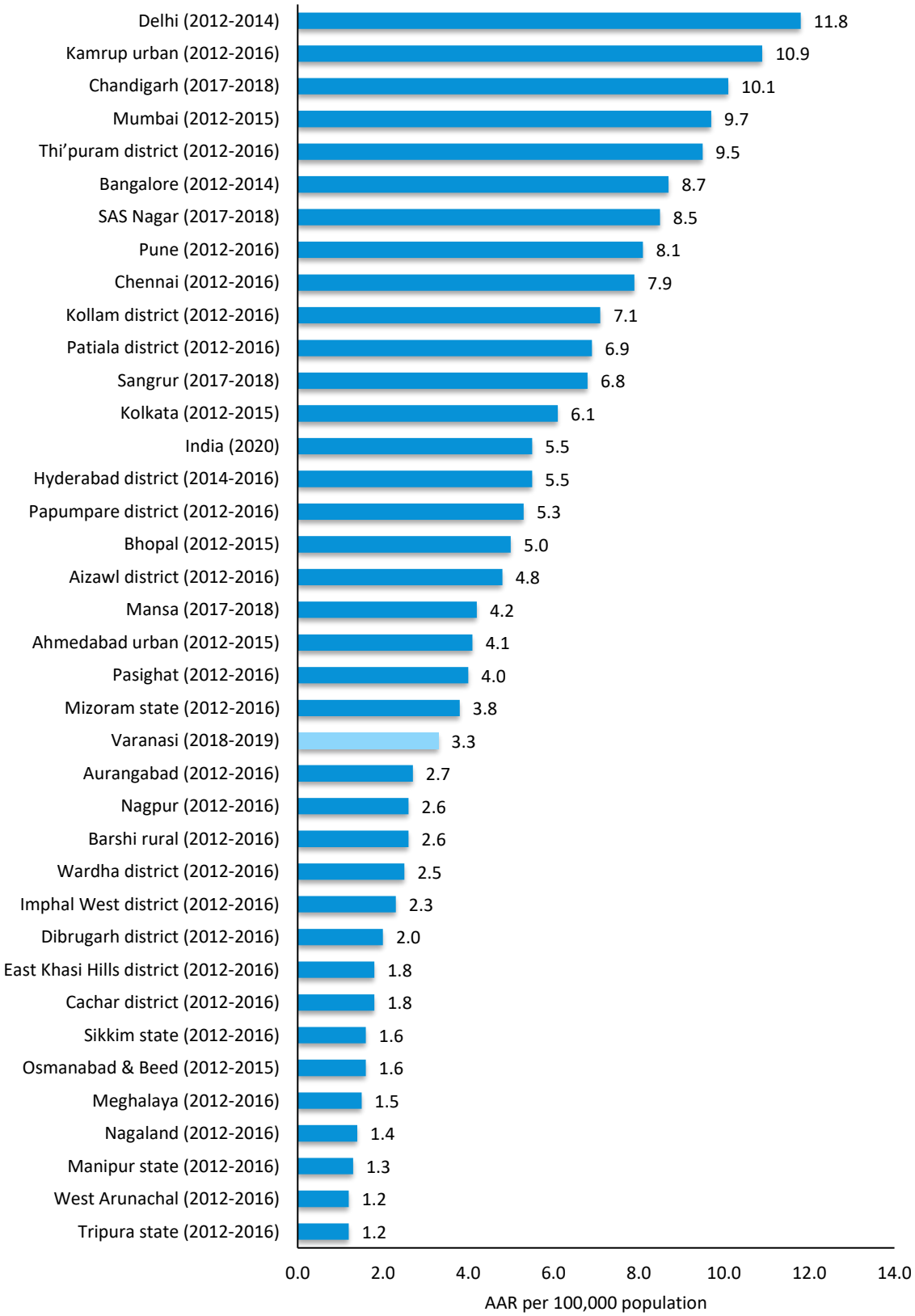
Figure 18: Age-adjusted incidence rate of cervical cancer



(References: 2-7)

The prostate cancer incidence rate is low in Varanasi district as compared to other registries in India. Comparison of prostate cancer rate is shown in figure 19.

Figure 19: Age-adjusted incidence rate of prostate cancer



(References: 2-7)

10. Highlights

- Varanasi population based cancer registry is the first cancer registry in the Uttar Pradesh (UP) state of India. The registry was established on 1st April 2017.
- The registry covers around 4 million population of the district (urban area and 1,295 villages from 8 blocks of the district). The 57% population of the district is rural.
- The cancer registry staff has collected the cancer case data from all cancer centres, private hospitals, and laboratories in Varanasi and around the area as well government hospitals and primary health centres. There are more than 100 sources of cancer registration.
- The registry staff has interacted with more than 6,500 community leaders to gather the cancer cases information.
- In the year 2018 and 2019, the cancer registry registered 4,559 cancer incidence cases (2,577 males and 1,982 females).
- The main source of information is from Homi Bhabha Cancer Hospital and Mahamana Pandit Madan Mohan Malaviya Cancer Centre Varanasi and through village visits.
- The age adjusted incidence rate for males is 72.1 per 100,000 population and for females, it is 58.4 per 100,000 population.
- 1 in 12 males and 1 in 15 female are at risk of developing cancer in Varanasi district.
- Mouth, tongue and gall bladder cancer are predominant cancer among males in this population.
- We have registered 660 mouth cancer, 205 tongue and 143 gall bladder cancer cases in males during the period 2018 and 2019.
- Mouth cancer incidence in males is high in this population (AAR 18.4 per 100,000). 1 in 50 males is at risk of developing the disease.
- In this population 50.6% and 13.1% of cancer cases are due to tobacco consumption respectively in males and females.
- Breast, gall bladder and cervix uteri cancer are the predominant cancer among females in this population.

- We have registered 450 breast cancer, 270 gallbladder cancer and 239 cervix uteri cancer cases in females during the period 2018 and 2019.
- Breast cancer incidence is 13.1 per 100,000 population, which is low as compared to other urban registries in India. 1 in 71 females are at risk of developing breast cancer.
- Gall bladder cancer is the second leading cancer site in females. The incidence is 8.2 per 100,000 population. 1 in 100 females are at risk of developing gall bladder cancer in this population.
- Of the total cancer cases registered, 2% of cases are in paediatric age group. The age adjusted incidence for boys is 59.6 per million and 23.9 per million for girls. The leading cancer sites in boys are bone, myeloid leukaemia and leukaemia unspecified while in girls lymphoid leukaemia, bone and NHL.
- There is a difference in the cancer pattern between rural and urban areas. The cervix and gall bladder cancer burden is higher in rural areas as compared to urban areas.
- The COVID-19 pandemic has badly hampered the registry working. There may be under reporting in the urban area as compared to the rural area.
- Few hospitals and laboratories have not provided the cancer patients data to the cancer registry.
- The major cancer burden in Varanasi district is due to mouth, tongue, breast, gall bladder and cervix cancer. We need to raise awareness in the population about the signs, symptoms and risk factors of the disease. It is recommended that there should be easy access to diagnosis for symptomatic/likely cancer cases. The confirmed cancer cases should be provided treatment.
- As the tobacco-related cancer is high in this population, we need to effectively implement the tobacco control program in this district. The awareness of Tobacco Quit Line toll-free number 1800-11-2356 is required.
- The population based cancer registry in the Varanasi district will be used to monitor the cancer trends and to evaluate the effects of prevention and treatment.
- The cancer registry will act as a foundation for epidemiological studies of common cancer in these areas.
- The senior faculty and staff of cancer registry have presented the scientific posters using the registry data in the virtual meeting of the International Association of Cancer Registries (IACR) held on 12-14 October 2021.

11. References

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12. Acknowledgment

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Dr. Mansukh Mandaviya, Hon'ble Cabinet Minister
Dr. Bharati Pravin Pawar, State Minister
Shri. Rajesh Bhushan, Secretary

Department of Health and Family Welfare, Uttar Pradesh
Shri Brajesh pathak Deputy Chief Minister UP
Shri Mayankeshwar Singh, State Health Minister, UP
Shri Durga Shanker Mishra, Chief Secretary,
Shri. Rajesh Bhushan, Secretary

Varanasi District Administration
Shri Deepak Agarwal (I.A.S.), Commissioner
Shri Kaushal Raj Sharma (I.A.S.), District Magistrate
Shri A. Satish Ganesh Commissioner of Police
Shri Pranay Singh, IAS, Municipal Commissioner
Shri Ram Narayan Yadav, District Economics and Statistical Officer
Shri Santosh Singh, District Economics and Statistical Officer
Block Development Officers

Tata Memorial Hospital, Mumbai
Dr. CS Pramesh, Director
Dr. Banavli S, Director – Academics
Dr. Shailesh Shrikhande, Dy Director TMH
Dr. Siddhartha Laskar, Dy Director – Academics
Mr. Anil Sathe, CAO – TMC
Mr. Suryakant Mohapatra, JCFA – TMC
Mr. Benny George, HRD Officer
Mr. Chandrakant Shetty, Jr AO
Mrs. Anagha Kadam, AAO
Mrs. Varsha Patil, Stenographer

Advanced Centre for Treatment, Research and Education in Cancer, Kharghar, Navi Mumbai
Dr. Sudeep Gupta, Director
Dr. Navin Khattry, Dy. Director, CRC- ACTREC
Dr. Prasanna Venkatraman, Dy Director, CRI-ACTREC

Centre for Cancer Epidemiology, ACTREC, Navi Mumbai
Mrs. Kusum Pednekar, Jr. PO, CCE
Mr. Suryakant Shedge, Asst Accts Officer, CCE
Mr. Prithviraj Kadam – Project Manager
Dr. Priyal Chakravarti – Research Fellow (Medical)

Varanasi District Health Department
Dr. Saurabh Singh, District Consultant, NTCP
Shri Rajesh Kumar Sharma, DHEIO
Chief Medical Superintendent, Community Health Centre
Officer In-charge, Primary Health Centres, HEO, ANM and ASHA, and Community Health Worker

Community Leader
Parshad of Respective Ward and Sarpanch of Village

Mahant, Kashi Vishwanath Temple, Godawliya Varanasi
Dr. Shrikant Mishra, Priest, Shri Kashi Vishwanath Mandir
Shri Ram Ruchi Tripathi, Priest, Shri Kashi Vishwanath Mandir

Banaras Hindu University
Prof. Sudhir Jain, Vice-Chancellor
Prof. K K Gupta Medical Superintendent, S. S. Hospital, IMS
Prof. Saurabh Singh Officer In-charge, Trauma Centre

Institute of Medical Sciences, Banaras Hindu University
Department of Radiotherapy and Radiation Medicine
Dr. Sunil Choudhary, Professor & Head
Dr. Lalit Mohan Aggarwal, Professor
Dr. Abhijit Mandal, Associate Professor
Dr. Ritusha Mishra, Assistant Professor
Dr. Himanshu Mishra, Assistant Professor
Shri Siya Ram Yadav, SO

Department of Surgical Oncology
Dr. Manoj Pandey, Professor & Head
Dr. H. S. Shukla, Professor
Dr. Mallika Tiwari, Professor
Dr. Tarun Kumar, Associate Professor
Dr. Neville JF, Associate Professor

Department of Pathology
Dr. Sandip Kumar Prof. and HOD
Dr. Amrita Ghosh Kar, Professor
Dr. Madhukar Rai, Professor
Dr. Kailash Kumar Gupta, Professor
Mr. Sunil Kumar, Sr. Clerk

Department of Radio Diagnosis and Imaging, IMS BHU
Dr A Verma, Professor and HOD

Medical Record Section, SS Hospital, BHU
Dr. Anil Kumar Singh, Senior Technical Assistant
Dr. Sandeep Kumar Sharma, Statistical Assistant
Mr. Deepak, Assistant

Department of Paediatric Medicine, IMS BHU
Dr. Sunil Kumar Rao, Professor and Head

Department of Paediatric Surgery
Dr. Vaibhav Pandey, Professor & Head

Department of Otorhinolaryngology (ENT)
Dr. Rajesh Kumar, Professor

Apex Hospital, Varanasi
Dr. S K Singh, Chairman
Dr. Ankita Patel
Mr. Vijay, Technical Officer
Opal Hospital, Varanasi
Dr. Pramod Rai, Chairman
Mr. Tarun Banrajee

Heritage Hospital, Varanasi
Dr. Anshuman Rai
Mr Sourav Kumar Rai
Popular Hospital, Varanasi
Dr. A.K.Kaushik, Director
Dr. Sandeep Kumar, Oncology
Dr. Rakesh Kumar, Oncology

Prakash Deep Hospital, Varanasi
Dr. Deepak, Director
Mr. R P Singh, Manager

Prakash Pathology and Radiology, Varanasi
Dr. S.P. Singh
Mr. Subash

Ray Diagnostic Center, Varanasi
Dr. Apurv Veer Sharma
Mr. Pradeep Kumar

Lal Path, Varanasi
Mr.Gaurav Pandey Lab Coordinator
Dr. Nishant Bhagoliwal
Dr. Rahul Gautam

S.G Lab, Varanasi
Dr. Y N Gupta
Mr. Somesh Patel

Dr. Mohan Kumar Lab, Varanasi
Dr. Mohan Kumar

D S Research Center, Varanasi
Mr. Sunil Singh
Smt. Surabhi Singh
Mr. Manish Srivastava

Death and Birth Registration Department Municipal Corporation, Varanasi
Dr. N P Singh, Health Officer, Varanasi
Shri Santosh Singh, Senior Clerk
Shri Santosh Rao, Record In-charge

Kamla Nehru Memorial Hospital, Allahabad
Dr. B. Paul Thaliath, Radiation Oncologist
Mr. Alok Mishra, Cancer Registry In-charge

Moti Lal Nehru Medical Collage, Allahabad
Dr. Virendra Singh, HOD, Medical & Radiation Oncology
Dr. Anil Maurya

Kirti Hospital, Allahabad
Dr. VK Agrawal, Director

Sanjay Gandhi Post Graduate Medical College, Lucknow
Prof. Radha Krishan Dhiman, Director, SGPGI

Dr. Shaleen Kumar, Professor and Head
Prof. Punita Lal, Radiotherapy Department

Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh
Dr. JS Thakur – Professor

Mahamana Pandit Madan Mohan Malaviya Cancer Centre (MPMMCC) and Homi Bhabha Cancer Hospital (HBCH), Varanasi, Uttar Pradesh

Administration
Dr. Durgatosh Pandey, Deputy Director
Mr. Madho Singh, Chief Administrative Officer
Dr. Akash Anand, Medical Superintendent
Major Nisha Baloria (Retd), Senior Administrative Officer
Dr Ruchi Kuswaha, Assistant Medical Superintendent
Mr. Piyush Tripathi, Deputy Administrative Officer
Mr. Vinod K Singh, Deputy Administrative Officer

Academic Department
Dr. Shashikant CU Patne, Dean (Academics)

Radiation Oncology
Dr. Ashutosh Mukherji, Professor and Head
Dr. Ajay G.V., Assistant Professor
Dr. Lincoln Pujari, Assistant Professor
Dr. Sambit Swarup Nanda, Assistant Professor
Dr. Ajay Kumar Choubey, Assistant Professor
Dr. Prashanth G, Assistant Professor
Dr. Ninad Harish Patil, Assistant Professor
Dr. Abhishek Shinghal, Assistant Professor

Surgical Oncology
Dr. Himanshu Pandey, Professor and Head
Dr. Aseem Mishra, Asso. Professor, H&N, OIC
Dr. Mayank Tripathi, Associate Professor
Dr. Amar Prem, Associate Professor
Dr. Swapnil Patel, Associate Professor
Dr. Ravi Shankar, Assistant Professor
Dr. Hetanshu Rajul Parekh, Assistant Professor
Dr. Prince Kumar Gupta, Assistant Professor
Dr. Rajesh Bahadur Singh, Assistant Professor
Dr. Rupesh Kumar Singh, Assistant Professor
Dr. Sashank Saini, Assistant Professor
Dr. Shubhi Dubey, Assistant Professor

Medical Oncology
Dr. Sambasivaiah Kurapathy, Professor and Head
Dr. Akhil Kapoor, Associate Professor
Dr. Anuj Gupta, Assistant Professor
Dr. Anil Singh, Assistant Professor
Dr. Bipinesh Sansar, Assistant Professor
Dr. Sujeet Kumar, Assistant Professor

Paediatric Oncology
Dr. Vikramjit Singh Kanwar, Chief of Paediatric Oncology
Dr. Soumitra Saha, Associate Professor

Palliative Medicine
Dr. Somnath Dey, Assistant Professor
Dr. Kunal Ranjan Vinayak, Assistant Professor

Dept of Anaesthesia Critical Care and Pain
Dr. Jyotirmay Kirtania, Professor and Head
Dr. Shreyasi Ray, Professor
Dr. Nikhil Kumar Singh, Assistant Professor
Dr. Monotosh Pramanik, Assistant Professor
Dr. Shashank Tiwari, Assistant Professor
Dr. Pradeepika Gangwar, Assistant Professor
Dr. Sandipan Banerjee, Assistant Professor
Dr. Shalini Chaudhuri, Assistant Professor
Dr. Syed Sadaqat Hussain, Assistant Professor
Dr. Uddalak Chattopadhyay, Assistant Professor

Pathology
Dr. Zachariah Chowdhury, Associate Professor, OIC
Dr. Ipsita Dhal, Assistant Professor
Dr. Mohit Agrawal, Assistant Professor
Dr. Nilay Nishith, Assistant Professor
Dr. Sadaf Haiyat, Assistant Professor

Haemato-Pathology
Dr. Neha Singh, Associate Professor

Haemato-pathology Laboratory
Dr. Avinash Gupta, Assistant Professor, Haematopathology

Microbiology
Dr. Rahul Sarode, Assistant Professor, OIC
Dr. Vijeta Bajpai Batra, Assistant Professor
Dr. Sujit Bharti, Assistant Professor

Biochemistry
Dr. Pratibha Gavel, Associate Professor, OIC
Dr. Priyanka Dwarka Asia, Assistant Professor

Radiodiagnosis
Dr. Satyendra Narayan Singh, Professor and Head
Dr. Om Prakash Sharma, Consultant
Dr. Jinita Majithia, Assistant Professor
Dr. Purvi Dhiraj Haria, Assistant Professor,
Dr. Shreya Shukla, Assistant Professor and Assistant Radiologist

Nuclear Medicine
Dr. Varun Shukla, Assistant Professor, OIC
Dr. Manikandan MV, Assistant Professor

Dental & Prosthetics Surgery
Dr. Lokendra Kumar Gupta, Professor Dental & Prosthetics Surgery, OIC

Transfusion Medicine
Dr. Akshay Batra, Assistant Professor, OIC
Dr. Revathy Nair K, Assistant Professor

Preventive Oncology
Dr. Saraswathy, Senior Resident I
Dr. Abhishek Dandpat, Senior Resident I

General Medicine
Dr. Ajay Kumar Pandey, Consultant (Cardiology) & OIC

Pulmonary Medicine
Dr. Devendra, Assistant Professor

Clinical Research Secretariat
Mr. Bhavesh P Bandekar, Scientific Officer (Clinical Research Coordinator)

Nursing Department
Dr. K. Meena, Nursing Superintendent
Dr. Rajni Sharma, Assistant Nursing Superintendent
Mr. Raman P, Assistant Nursing Superintendent
Mr. Ram Nivas, OT Manager in-charge

IT Department
Mr. Dhirendra Yadav, IT Coordinator
Mr. Chaitanya K, Computer Programmer
Miss. Anusha G, Computer Programmer
Mr. Prateek Kr Singh, Scientific Officer
Mr. Divyanshu Keshari, Scientific Officer
Mr. Akshay Jadhav, Technician C
Mr. Rahul Kori, Technician C
Mr. Aurangjeb Khan, Technician C
Mr. Kapil Dev, Technician C
Mr. Pintu Gupta, Technician C
Mr. Arvind Kumar Patel, Technician
Mr. Chandan Patel, Technician
Mr. Prabhu Dayal, Technician
Mr. Shahrukh, Technician

Accounts
Mr. Asheesh Saraswat, Deputy Controller of Accounts
Mr. Vijay Khandelwal, Assistant Accounts Officer

Purchase and Stores
Mr. Abhishek Kumar Tiwari, Purchase Officer
Mr. Manish Kumar Pandey, Asst. Purchase & Stores Officer

Security
Mr. Suneel Kumar Singh, Deputy Chief Security Officer

Tata Memorial Centre, Mumbai, India

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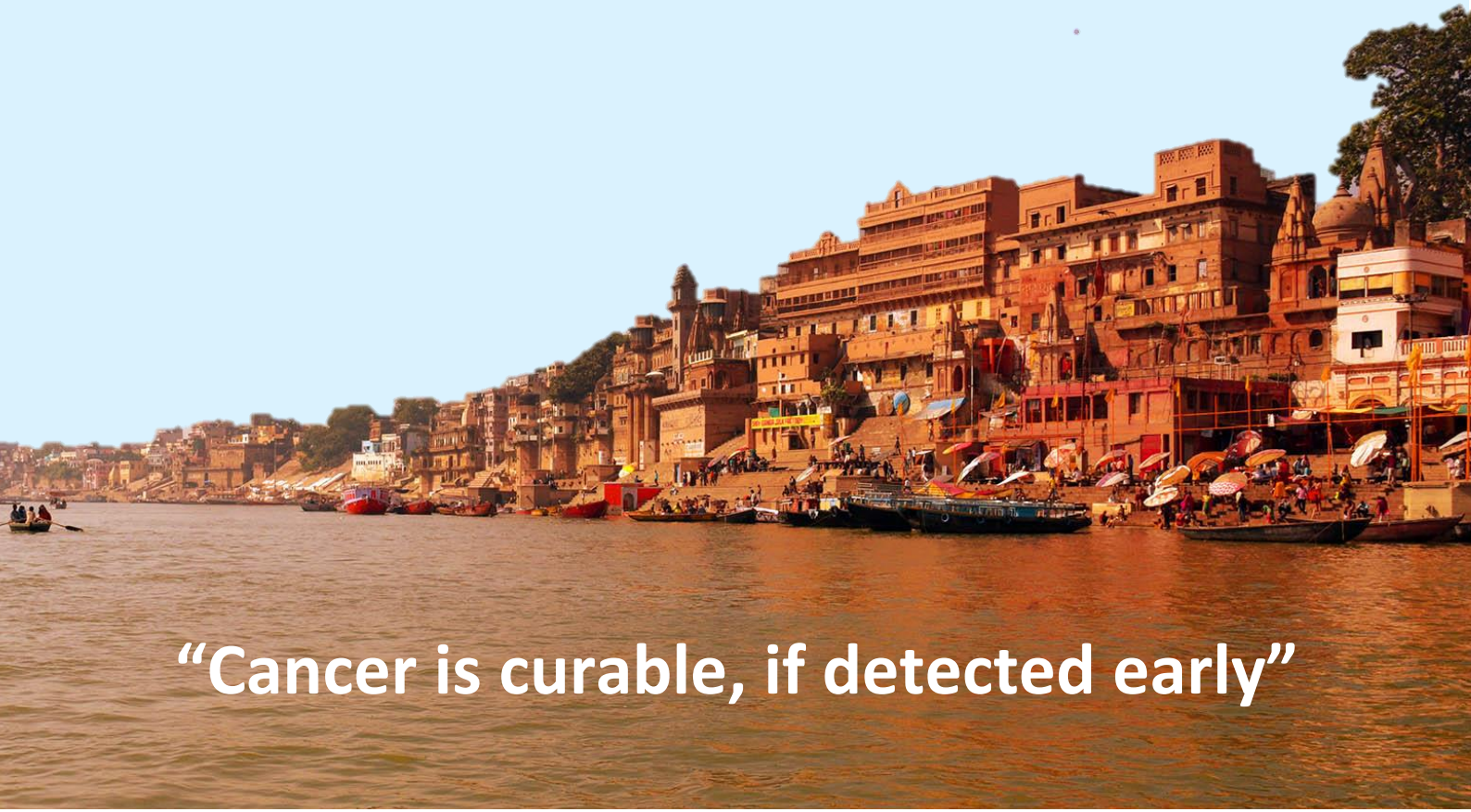

"Cancer is curable, if detected early"