



INDIAN CANCER SOCIETY

# RISE AGAINST CANCER



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The Indian Cancer Society (ICS) has been dedicated to addressing all aspects of cancer care, based on science and evidence, with a special focus on supporting the underprivileged. Its efforts complement those of the Government and hospitals in saving lives and enhancing the quality of life for cancer survivors. With an emphasis on early diagnosis, ICS supports an integrated approach across the entire cancer care continuum to improve care delivery models and strengthen pathways through collaboration and innovation.

In 2025, ICS marks the 74th anniversary of its journey. Its sustained nationwide efforts are unified by the central goal of rising above cancer.

**Key Activities**

- **ICS** is committed to promoting awareness, preventing and minimising risk factors for cancer, and providing information and holistic non-financial support to underprivileged patients through its 'Rise Against Cancer' movement. Through its registry, research and education it enables evidence-based interventions and evolving policies on cancer care.
- **Awareness:** The ICS creates nationwide awareness of cancer and its risk factors using mass media such as Print, TV, Digital, Radio, and Cinema – and encourages regular screening to stay two steps ahead of cancer. Its mission is to spread awareness about the fact that most cancers are curable if detected early and many are preventable.
- **Screening:** ICS' mission is to encourage early detection of common cancers through community-based cancer detection camps across India, especially for underprivileged people. ICS helps navigate those screened-positive individuals to get

## An Integrated Approach To Cancer Care



Indian Cancer Society building premises in Parel

further diagnosis and treatment support.

- **Cancer Diagnosis & Treatment:** The emergency fund, called the Dr. Arun Kurkure Initiation and Treatment Fund for diagnosis and initial treatment, allows the selected hospitals to start diagnosis and treatment without loss of time. The Cancer Cure Fund, a flagship fund of ICS, provides financial aid for treatment to underprivileged patients diagnosed with treatable/early detected cancers through the

empanelled hospitals.

- **Survivorship & Rehabilitation:** Holistic support is given to childhood cancer survivors. The objective is to mainstream survivors through counselling, rehabilitation, financial support for education and mitigating late effects of treatment. Ugam, a voluntary support group of childhood cancer survivors, propagates the message that childhood cancer is highly curable and there is life after cancer. ICS has enabled the organisation of



Usha Thorat

survivorship care in pediatric cancer units in hospitals across India through the establishment of ACT clinics. ICS rehabilitation programmes offer holistic rehabilitation including counselling and vocational training to enable livelihood as well as prosthesis support for patients.

- **Patient Registry & Research:** The ICS' population-based registries for Mumbai, Pune, Nagpur, Aurangabad, and Thane gather, gather, collate and publish reports on cancer incidence and mortality for each registry. The cancer statistics are shared with the government and form part of the ICMR database on cancer which helps build strategies and evolve public policy to fight cancer. ICS' reputed Indian Journal of Cancer brings out four issues a year which publishes peer-reviewed articles and other cancer-related developments relevant to the medical fraternity and other stakeholders.

**Message to Stakeholders**

- **CSR Donors** are urged to consider multi-year projects, spanning at least three years, to enable measurable, lasting impact in cancer care and survivorship support with measurable outcomes. Sustained

contribution empowers us to make a real difference in the lives of those affected.

- **Central and State Governments** are requested to include cancer as a notifiable disease to better track and evolve public policies on the management of cancer care across the country. Population-based screening for non-communicable diseases (NCDs) in partnership with NGOs may be supported by the State/Centre to significantly reduce mortality morbidity and the burden of cancer care on society and public policy. Cancer treatment is unaffordable even for those above the eligibility norms for government schemes- there is a need for affordable insurance products for this category. The government may include the HPV vaccine in the National Immunization Program (NIP) as a significant step toward cervical cancer immunisation.
  - **Hospitals** are encouraged to support screening programs and establish hospital-based survivorship programs and registries to document and improve patient survival outcomes.
  - **The Public** is urged to stay two steps ahead of cancer by adopting a healthy lifestyle that includes regular physical activity, balanced nutrition, avoiding risk factors like tobacco and periodic health screenings.
- Prevention and early detection are critical in the fight against cancer, and we invite each one of you to join us in spreading this message of proactive health.

– Usha Thorat

Hon. Secretary & Managing Trustee,  
Indian Cancer Society &  
Former Deputy Governor,  
Reserve Bank of India

## A BEACON OF HOPE

Established in 1951 by industrialist Naval Tata and surgical oncologist Dr. Darab Jehangir Jussawalla, the Indian Cancer Society (ICS) stands as India's first voluntary, non-profit, national organisation dedicated to cancer awareness, detection, cure, and survivorship.



Naval Tata



Dr. D.J. Jussawalla

Over the past seven and a half decades, ICS has been a beacon of hope for thousands of underprivileged cancer patients across the nation. Many of these individuals struggle to afford basic necessities, making cancer treatment an overwhelming challenge. ICS relies heavily on public funding to finance the treatment and rehabilitation of these patients.

ICS firmly believes that increased awareness and early detection are pivotal in the fight against cancer. Through financial aid for treatment and robust post-treatment rehabilitation services, ICS is making significant strides in combating cancer and assisting survivors in leading fulfilling lives.

## ICS's Regional Activities

**DELHI**

The Indian Cancer Society (ICS) Delhi Branch is at the forefront of the evolving cancer care landscape in India, addressing critical challenges such as rural-urban healthcare disparities, shortages of qualified professionals, and high treatment costs. With a focus on empowerment through education, ICS has developed the 'Rise Against Cancer' mobile application, offering cancer-related information in five languages, personalised content, and support communities to foster connections and provide emotional support. Since its launch in February 2024, the app has empowered indi-



viduals to make informed health decisions.

The Faculty Development Programme has trained over 500 university professors nationwide, who have, in turn, mentored students to promote cancer awareness through projects and field visits. ICS has screened over 2.7 lakh people, disbursed ₹14 crore in treatment funds, reached 7 lakh individuals through awareness talks, and provided breast prostheses to 12,000 mastectomy patients, transforming countless lives through its holistic approach to cancer care.

– Renuka Prasad  
Secretary, ICS Delhi Branch

**KARNATAKA**

The Karnataka Chapter of the Indian Cancer Society (ICS) was founded in 1986 by Kishore Rao, starting with a small group of volunteers. Today, it operates offices in Bangalore, Mangalore, Kalaburagi and Dharwad, extending its reach to 14 Districts across Karnataka and two Districts in Telangana. In 1994, ICS Karnataka together with Rotary Bangalore, Indiranagar, promoted the formation of Bangalore Hospice Trust – Karunashraya, a hospice for very advanced-stage cancer patients.



widely acknowledged as the leading cause of cancer. The chapter has reached 14,294 students with this programme in government high schools and pre-university students from less privileged families.

ICS Karnataka conducted free cancer screenings (Oral, Breast and Cervical) for 65,714 individuals from underserved communities, high-risk groups, garment workers and Pourakarmikas (Municipal street sweeping staff). Suspected cases identified during these screenings are referred to hospitals for follow-up care. It has also assisted 9,687 low-income patients with financial support to access cancer treatment across 14 hospitals in Karnataka. This support includes providing essential items for their physical, psychological and emotional wellness – nutrition kits, wigs, and mastectomy bras, as well as emotional counselling for 6,673 patients.

– Kanchan Bannerjee  
Secretary, ICS Karnataka Branch

**KOLKATA**

Approaching its platinum jubilee, the Indian Cancer Society (ICS) reflects on evolving scientific and societal imperatives. Advances in personalised prevention and treatment strategies now leverage molecular and genetic profiling for better outcomes. However, these resource-intensive developments widen healthcare disparities, a concern emphasised by WHO's themes 'United by Unique' and 'Close the Care Gap.' In India, shifting lifestyles and environmental factors are increasing rare, aggressive cancers and cases in younger populations, necessitating new prevention strategies.



– Dr. Arunabha Sengupta  
Secretary, ICS Kolkata Branch

Despite being the first country to observe National Cancer Awareness Day (7th November) in 2001, India's National Cancer Control Programme has stagnated, now subsumed within a broader NCD framework, limiting grassroots awareness and detection initiatives. A few advancements have been made in early detection clinics and referral systems under the National Health Mission. Greater private sector involvement in prevention is crucial.

In Kolkata, ICS prioritises awareness and screening. In this fiscal area, 52 awareness camps engaged 3,616 attendees, alongside 8 school programs. Screening camps examined 2,647 individuals across districts, with follow-ups by Chittaranjan National Cancer Institute. ICS also observed World No Tobacco Day on 31st May, a breast cancer KAP study, and a feasibility study on a low-dose CT scan for lung cancer detection. Cancer insurance renewals and free treatment support further complemented these efforts.

## Benefits Of Cancer Screening

A recent report in the prestigious Journal of the American Medical Association (JAMA, Dec 5 2024) estimated that in the US, 5.94 million cancer deaths were averted for breast, cervical, colorectal, lung, and prostate cancers combined, of which, cancer prevention and screening efforts averted 8 of 10 of these deaths (4.75 million averted deaths). These are heartening figures which suggest that the morbidity and mortality from cancer can indeed, be lowered by finding precancers and early cancers which are amenable to effective treatments. The hidden message though, is that these interventions were effective because of systematically applied, well-thought-out public health initiatives that included awareness, and screening programs. The report goes on to

say that of the five cancers studied, deaths from cancer of the uterine cervix were nearly completely averted through screening and removal of cancer precursors. Most lung cancer deaths, however, were avoided by smoking reduction (98%). There are lessons that an LMIC like India can learn from this report. The first is that cancers that are common in this country, like cervical cancer in women and oral cancer in tobacco users of both genders can be prevented by detecting HPV-related precancers and risky precancerous lesions in the mouth resp. by well-designed screening strategies coupled with serious awareness programs that



Dr. Anita Borges

include tobacco-deadication initiatives.

ICS, the oldest and largest NGO working in the cancer space, has been aware of its responsibilities in this area. It has been involved in long-term partnerships with the government, other NGO partners and the Tata Memorial Hospital to tackle the three most common cancers in this country; cervix, breast and oral cancer. All this has been possible through the generosity of corporate and other donors who are committed to improving public health. Every initiative is designed for maximizing impact, with each one being analysed for its learnings. This helps in build-

ing models which can be replicated region or country-wise.

ICS is also deeply involved in promoting the clarion call from the WHO for the elimination of cervical cancer in the world.

ICS is collaborating with societies of gynaecologists and pediatricians together with general practitioners and societal influencers to make parents, especially mothers, aware that vaccination of girls between the ages of 9 and 14, against HPV which causes cervical cancer, is now recommended and available in this country. Between 2022 and 2025, ICS conducted cancer screening camps, screening a total of 100,818 individuals across multiple states with support from various donors.

– Dr. Anita Borges  
Cancer Pathologist,  
S.L. Raheja Hospital, Mumbai  
Vice Chairperson & Trustee –  
Indian Cancer Society

### FROM A DONOR'S PERSPECTIVE

"As we pursue our mission to be the wealth creator for every Indian, we must also remember those for whom wealth remains a distant dream, overshadowed by the struggle for survival. We are deeply inspired by the resilience and courage of those battling cancer; it is our responsibility and privilege to stand by them. For over 13 years, the HDFC Cancer Cure Fund has embodied this spirit, in partnership with the Indian Cancer Society, which is at the forefront of raising awareness, detecting, curing, and supporting cancer patients in India. Together, we strive to bring hope and healing to countless lives."

– Navneet Munot, MD & CEO, HDFC Asset Management Company Limited

### An insurance plan that provides cover<sup>1</sup> for critical health conditions<sup>2</sup>

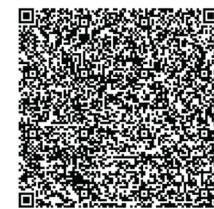
Amount<sup>1</sup> paid on diagnosis of specified health conditions<sup>2</sup>

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Cover<sup>1</sup> for surgeries<sup>2</sup> resulting from specific illnesses<sup>2</sup>

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Fixed premium<sup>3</sup> throughout the policy term



The policy offers a Fixed Sum Assured (sum payable) as defined below for each of the benefits:  
a. Vital Care benefit: Policyholder has option to choose Vital Care Sum Assured at the time of policy inception. On diagnosis of covered minor critical illness, a fixed % of Vital Care Sum Assured will be payable and on diagnosis of covered major critical illness, 100% of the available Vital Care Sum Assured will be payable. Upon termination of the Vital Care Benefit, the Policy shall continue only for a few specific Surgical Procedures for a period of 365 days (within the Coverage Term) commencing from the date of diagnosis of the Condition which led to exhaustion of the Vital Care Sum Assured. There is a waiting period of 90 days under Vital Care.  
b. Surgical Care benefit: This will be fixed at 50% of the Vital Care Sum Assured chosen at inception. On undergoing covered surgery, either 100% or 40% of the Surgical Care Sum Assured is payable, depending upon the surgical procedure done and the Surgical Care benefit will terminate. The percentage of the Surgical Care Sum Assured payable for each surgery is specified in the policy document. Please refer to the policy document for more details. Policy will continue with rest of the applicable benefits with premiums reduced to the extent of surgical care benefit premiums. There is a waiting period of 90 days under Surgical Care.  
c. Maternity Care benefit: This will be fixed at 25% of the Vital Care Sum Assured chosen at inception. On diagnosis of a covered pregnancy complication or newborn congenital illness, 100% of the Maternity Care Sum Assured is payable and Maternity care benefit terminates. Policy will continue with rest of the applicable benefits with premiums reduced to the extent of Maternity Care benefit premiums. The Maternity Care cover shall also terminate if the Vital Care cover terminates. There is a waiting period of 365 days under Maternity Care.  
<sup>1</sup>Women specific health conditions shall mean any illness, medical event or surgical procedure as specifically defined under Vital Care benefit, Surgical Care benefit and Maternity benefit (applied) and whose signs or symptoms first commenced post the specified waiting period after the inception of policy period.  
<sup>2</sup>The premiums are guaranteed to remain fixed for the entire premium payment term of this product. However, when a claim is made under the Surgical Care benefit or the Maternity care benefit, the premiums will be reduced to the extent of the surgical care benefit premiums or maternity care benefit premiums. Also, in case diagnosis is applicable on 1<sup>st</sup> year premium, the premiums from 2<sup>nd</sup> year onwards will change accordingly.  
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# Cervical Cancer: Tackling The Preventable Threat Of HPV Infection

Cancer is a word that strikes fear and the possibility of eliminating it by available tools (HPV vaccination and screening) is indeed exciting. After Hepatitis B which causes liver cancer, this is the second cancer with an infectious etiology that has a vaccine to prevent it. Human papillomavirus (HPV) is a common virus that affects millions of adults globally, with a significant public health impact in India and other low and middle-income countries (LMICs). HPV refers to a group of more than 200 strains of the virus, over 40 of which are known to affect the genital area and 15 of these are high-risk. It is estimated that around 90% of the population will acquire HPV infection at some point in their lives. While the virus usually causes no symptoms and clears up through innate immunity, persistent infection with certain high-risk types is the necessary cause for some of the deadliest cancers, notably cervical cancer. Professor Harald zur Hausen was awarded the Nobel Prize in 2008 for this discovery. Other cancers associated with HPV include throat, anal, penile, vulvar and vaginal cancers.

In India, cervical cancer is the second most common cancer among women. The World Health Organization (WHO) has called for global action towards the elimination of cervical cancer as a public health problem by adopting a 90-70-90 approach by 2030, namely, 90% of girls vaccinated with HPV vaccine by the age of 15 years; 70% of women screened with a high-performing test such as HPV test at 35 years of age and again by 45 years of age; and 90% of women identified with cervical precancer and cancer receive treatment. By these measures, cervical cancer will be reduced to a rare cancer in the next few decades.

## HPV Vaccine: A Lifesaver

The HPV vaccine is the most effective tool available to prevent HPV infection and the cancers associated with it. The vaccine protects against the most dangerous strains of



Padmashri Dr. Neerja Bhatla

the virus, including types 16 and 18, which are responsible for 85% of cervical cancers in India. WHO recommends the inclusion of the HPV vaccine in national programs to the primary target group of young girls between the ages of 9 and 14, in a one or two-dose schedule. Women aged 15-20 years can also take the one or two-dose schedule. Women older than 21 years can take two doses separated by a minimum 6-month interval. For immunosuppressed persons, three doses are recommended. In addition, males aged 9 years and older are also eligible for HPV vaccination. However, WHO emphasizes that achieving 80% vaccination coverage among females can significantly reduce the risk of HPV infection in males as well.

In India, four HPV vaccines have been licensed, with the earliest introductions in 2009: Gardasil (Merck MSD) and Cervarix (Serum Institute of India Limited (SIIL)) are both protective against four strains of HPV, while Cervarix (GlaxoSmithKline (GSK)) is protective against two and Gardasil 9 (Merck MSD) is protective against nine strains of HPV.

Several countries that were able to implement HPV vaccination in 2007 have already demonstrated a significant impact on cervical cancer reduction. In India, the National Government has expressed intent and support for HPV vaccination. Some states like Sikkim, Punjab and Bihar have initiated HPV vaccination at different times, but the HPV vaccine is still not a part of the Government of India's universal immunization programme (UIP). The introduction of the HPV vaccine in the UIP will make this costly vaccine available free of cost to millions of girls who right now cannot afford to buy this vaccine.

## The Role of Screening in Cervical Cancer Prevention

While HPV vaccination allows primary prevention of cervical cancer, screening is a method of secondary prevention, detecting infection and precancerous stages (cervical

intraepithelial neoplasia (CIN)). Screening plays a crucial role in the fight against HPV-related cancers. For decades, regular 3-yearly cervical cancer screening by Pap smears to detect abnormal changes in the cervix was the only method. HPV tests are now available that are more accurate and twice-in-a-lifetime testing is advocated by WHO. Early detection allows for timely and simple treatments such as thermal ablation, cryotherapy, large loop excision of the transformation zone (LLETZ), and conization that can also preserve the fertility potential. Compared to HPV vaccination, screening is more complex, with its requirement of linkages to treatment and long follow-up, preventing the progression of the disease and saving lives. In India, increasing awareness about the importance of routine screening is critical.

## What Can You Do?

- **Get Vaccinated:** Currently, HPV vaccination is mostly available at private healthcare providers. It is a safe and effective measure to prevent cervical cancer. All parents with girls aged between 9 and 14 years should get them vaccinated with the HPV vaccine. Older women and boys can discuss with their physicians regarding the benefits of vaccination for them.
- **Get Screened:** If you are a woman aged 30 or older, get screened regularly for cervical cancer, preferably HPV testing, and get treated for any abnormality.
- **Stay Informed & Spread The Word:** Awareness is key to reducing the burden of HPV-related cancers. Educate yourself and others about HPV, its risks, and preventive measures. Share information about the importance of HPV vaccination and screening with family and friends.

HPV is a preventable infection and with the right tools – vaccination, screening and timely detection and treatment – India can significantly reduce the burden of HPV-related cancers. Through awareness, education, and preventive measures, we can protect our future generations from a preventable and deadly cancer-causing virus.

– Padmashri Dr. Neerja Bhatla  
Former Professor and Head, Department of Obstetrics & Gynaecology, AIIMS, New Delhi

# The Importance Of Early Detection In Breast Cancer

Breast cancer is the most common cancer affecting women. It seems like everyone knows someone who has been affected by it in some way. It is most common in the age group of 40-70 years. It is also seen in an increasing number of young women under 40 years because India has a young population. (See Figure Depicting Population Pyramid by Age and Breast Cancer Incidence)



Dr. Vinay Deshmane

The earlier breast cancer is caught, the better the chance of beating it. That's why early detection is key when it comes to fighting this disease. Early detection results in treatment being less aggressive, more effective and of shorter duration. To detect it early, it is essential to be aware of the early signs of Breast Cancer, perform breast self-examination and undergo regular Mammography and Ultrasound examinations from the age of 40 years. MRI evaluation is performed in 'high-risk' cases and as a problem-solving tool. It is important to listen to your body and seek a doctor's opinion if you have any symptom which persists beyond 2-3 weeks.

For those diagnosed with breast cancer, there are now a lot of treatment options available, viz. Surgery, Radiation therapy, Chemotherapy and Immunotherapy. All breast cancers are not the same and treatment may vary depending on the subtype of the cancer, extent and volume of disease in the body. This is based on a study of biomarkers on the cancer cells and the stage of breast cancer is determined based on imaging like Ultrasound/CT/PET-CT scans. Evaluation of the genomic composition of the cells, within the tumour and in the bloodstream, as well as algorithms which can predict the benefit of different treatments, are 'Prognostic & Predictive' tools doctors utilise to individualise treatment. This is popularly known as 'Precision Medicine' and allows 'Personalisation' of treatment.

Advances in surgical treatment have made it more precise, less aggressive and

increasingly allow the breast to be saved using 'Oncoplastic techniques'. Thus, the breast does not always have to be removed. A better understanding of the disease allows us to avoid chemotherapy (with its side effects) in over 50% of patients, and better control of side effects in those receiving it. Radiation therapy is more precise and of shorter duration. Newer treatments like immunotherapy have contributed to superior outcomes with minimal side effects.

It is important to remember that you are not alone in this battle – there are plenty of resources and support systems out there to help you along the way. Cancer is not a death sentence. While the road may seem daunting, it is important to stay positive and focused on your treatment plan. Many have beaten cancer. With advancements in medical technology and research, if detected early and effectively, it is possible to live a long and fulfilling active life!

Surround yourself with loved ones who can provide emotional support and encouragement. Remember to communicate openly with your healthcare team about any concerns or questions you may have. Together, you can work towards a brighter and healthier future.

It's also crucial to take care of your overall health and well-being during and after treatment. Eating a balanced diet, staying active, and managing stress can all play a role in your recovery. And don't be afraid to lean on your loved ones for support – they can be a source of strength and comfort during this challenging time. Remember, you are stronger than you think. With the right mindset and support, you can overcome this obstacle, emerge stronger, and live a long happy active life!

– Dr. Vinay Deshmane,  
Breast Surgical Oncologist  
Breach Candy Hospital &  
P. D. Hinduja Hospitals, Mumbai  
Trustee - Indian Cancer Society

# Childhood Cancer – A Journey From Nihilism To Optimism

The story of Pediatric Oncology is one of the true success stories of modern medicine. It is a journey from nihilism to optimism. A disease which was invariably fatal 30 years ago now enjoys a long-term survival of 70-80% and most survivors are cured.

With better childhood survival in India, cancer will gradually but definitely assume an important place as a cause of childhood mortality. The common cancers occurring in children are leukaemia, cancer of lymph nodes, central nervous system, sympathetic nervous system, kidney, bones/muscles.

Most childhood cancers require disciplined integrated treatment with a multidisciplinary approach. The first



Dr. Purna Kurkure

chance is the best and giving optimum treatment at the outset is the most important factor in deciding the outcome of these cancers.

Chemotherapy, surgery and radiotherapy are mostly used in combination, depending on the type and stage of the cancer. Early diagnosis will pick up early-stage disease which requires simple treatment and yields a high success rate.

Childhood cancer cells divide rapidly and therefore are exquisitely sensitive to chemotherapy which is the most important pillar of treatment. These drugs cause damage to many rapidly dividing normal cells in the body causing hair loss, diarrhoea, mouth ulcers and infections. However, these are temporary short-

lived problems which can be effectively tackled by supportive care. We are slowly moving towards 'The Targeted Therapies'. These novel small molecules work like magic bullets targeting the cancer cells with unmatched accuracy and sparing the normal cells.

Surgery is utilised to resect the tumour to preserve organs and their functions avoiding any major morbidity.

Radiation Therapy (RT) entails the use of X-rays or gamma rays generated from Cobalt or Linear accelerator machines to destroy the tumour.

Any advance in the health care system is only as valuable as it is available and accessible to those who need it. Only 15-20% of children with cancer are on the net for treatment in India mainly due to lack of diagnosis and access to treatment which is financially and socially very taxing to parents. Dedicated Pediatric Cancer Units are very few and exist only in big cities. There is a great paucity of trained Pediatric Oncolo-

gists in the country, as there is no formal training program. The family relocation for cancer treatment to a new city, the cost of travel, the added financial burden of treatment, the loss of livelihood of the parents and the problem of care of other siblings make compliance to treatment a real challenge.

Parents, Volunteers and Health professionals should come together to create an 'Alliance of the Stakeholders' to sensitise society, influence health policy decision-makers and help mobilise the resources at the national and international levels. With these active steps, we hope that we will soon be able to achieve our goal of treating and curing all children with Cancer. The journey from nihilism to optimism would then be complete.

– Dr. Purna Kurkure  
Jt. Managing Trustee, ICS  
Head, Pediatric Oncology & BMT,  
SRCC Children's Hospital

# Challenges After Childhood Cancer

Young adults typically aspire to achieve financial and emotional stability, seeking a caring and affectionate partner. However, those who have survived childhood cancer often encounter distinct obstacles in pursuing marriage and romantic relationships within the Indian sociocultural framework. These challenges arise from a combination of physical, psychological, social, and cultural factors.

Cancer treatments like chemotherapy and radiation may lead to infertility, which is often a significant concern for potential marital alliances in Indian society where having children is highly valued. Survivors may face long-term health complications such as fatigue, organ damage, or secondary cancers, which could make them less desirable in the marriage market. Families of potential partners may hesitate due to the perceived risk of cancer recurrence. Cancer survivors are often stigmatised due to societal misconceptions, such as the belief that cancer is hereditary or contagious. Survivors may struggle with body image concerns, especially if they have scars, disfigurement, hair loss, or other visible or invisible side effects of treatment. Past trauma related to their illness can make it challenging to build trust and emotional intimacy in relationships. Survivors and their families often grapple with whether and how to disclose the history of cancer during marriage negotiations.

In traditional arranged marriages, families often prioritise 'healthy' individuals, leading to the rejection of survivors. In some cases, families of survivors may face increased dowry demands as compensation for the perceived 'risk' of marrying someone with a medical history. Some people or communities, view cancer as a 'curse' or bad omen, further complicating marriage prospects. Traditional beliefs around fertility and physical health can exacerbate challenges for survivors, especially women. Families of survivors may face financial difficulties due to the high costs of cancer treatment, which can affect their ability to meet societal expectations in marriage arrangements. Potential partners may worry about ongoing healthcare costs for the survivor. Women survivors may face harsher judgment due to societal expectations around beauty, fertility, and caregiving roles. Male survivors may encounter scepticism regarding their ability to fulfil traditional roles as providers, especially if they have health-related limitations.

The lack of clear guidelines on the disclosure of medical history in matrimonial arrangements creates legal and ethical dilemmas for survivors and their families. Discrimination based on health history is an unaddressed area in matrimonial laws in India.

To reduce stigma, promote acceptance, and support survivors in navigating marital challenges following measures might be useful.

- Timely management of late effects
- Raise awareness to combat the stigma associated with cancer
- Support groups for shared experiences and advice
- Pre-marital counselling for survivors and partners
- Legal protections against discrimination
- Engage community and religious leaders to challenge outdated beliefs

– Dr. Savita Goswami  
Clinical Psychologist, Tata Memorial Hospital

# Cancer Survivorship Programme In India: A New Kid On The Block

The focus of healthcare professionals so far has been largely on treating cancer, the time has come to put similar efforts into developing a Cancer Survivorship Programme for optimising the care of cancer patients. There is a definite need for such a programme as Survivors are often affected by long-term as well as late effects of cancer therapy.

## Late Effects of Cancer Therapy

Cancer survivors and their family members face challenges, broadly categorised into:

- Physical issues connected with cancer treatment and the sequelae of treatment.
- Psychosocial issues such as the fear of cancer recurrence, emotional vulnerability, altered concept of self, altered interpersonal relationships, and uncertainty.
- Economic issues: employment and

insurance discrimination, limited access to health and life insurance.

These and many more issues of survivors need to be addressed. Whilst childhood cancer survivors (CCS) are often closely monitored in the longer term because of fewer number of patients; the scenario for adults is less organised.

Drawing inspiration from the model of care established at St. Jude Children's Research Hospital, USA, the first follow-up clinic for long-term survivors of childhood cancer was initiated at Tata Memorial Hospital in February 1991. This clinic was appropriately named After Completion of Therapy (ACT) Clinic to emphasise that ACTs are needed beyond therapy to achieve 'CURE' in its full dimensions.

On June 7, 2009, childhood cancer survivors from the ACT Clinic formed UGAM, a voluntary support group under the Indian Cancer Society (ICS).

UGAM means 'To Rise', symbolising their determination to overcome challenges and lead fulfilling lives.

ACT-UGAM model has attained 3 milestones:

- Providing ongoing medical care to CCS at a tertiary care centre.
- Ongoing communication with primary care provider ensuring continuity of follow-up
- Education and empowerment of survivors through a voluntary support group, UGAM, sensitising them towards the need for continued surveillance, healthy lifestyle & becoming ambassadors of the message 'Childhood Cancer is Curable' in society.

Survivorship is a relatively recent concept. Models and guidelines developed in high-income countries for long-term follow-up care are not always suitable for low and middle-income countries. Models developed by NGOs in collaboration with healthcare

providers have allowed scaling up survivorship efforts at a faster rate and improved the depth of services. ICS has developed a holistic module for survivorship care based on the successful collaboration of the ACT Clinic at Tata Memorial Hospital & UGAM-CCS support group at ICS. The objective is to facilitate & support the Pediatric Cancer Unit (PCU) across the country to start ACT Clinic for holistic (Medical & Psychosocial) care of CCS to improve their quality of life and optimise the survivorship care in India through model PICASSO (Partnership in Cancer Survivorship Optimisation)

Cancer patients who have completed treatment can benefit greatly from proactive follow-up care. Taking the model PICASSO forward and expanding the ACT Clinic experience to all cancer survivors can make a huge difference in the holistic care of all cancer patients.

## Oral Cancers Are Largely Preventable

Oral Cancers are a global problem associated with high mortality attributed primarily to late presentation. These cancers are largely preventable and amenable to early detection with over 90% cure rates in initial stages. Half of these cancers occur in our part of the world and are amongst the five most common cancers in our country and the most common cancer in the Indian male.

Tobacco and alcohol are the two most important etiological factors implicated in the occurrence of these cancers. In addition, it is important to remember that the areca nut (supari) is equally harmful (Grade 1 carcinogen) and the mistaken belief that its consumption without tobacco is safe

is incorrect. The majority present themselves at an advanced stage, necessitating multimodality therapy with severe implications on survival, function and cosmesis. This is unfortunate given that the oral cavity lends itself to easy examination as well as the fact that these cancers are often preceded by well-recognised pre-malignant lesions.

Any patch associated with a change in the colour of the oral cavity mucosa – white, red, white and red or a generalized white discoloration of the oral cavity with



Dr. Anil K. D'Cruz

decreased mouth opening and intolerance to spices are precursor lesions with a high chance of malignant conversion. Black pigmentation is common in the Indian sub-continent and in the vast majority is harmless. Seeking medical opinion and stopping habits will reverse the process and decrease the risk of conversion over time.

Oral cancer is predominantly a surgical disease and is usually the first modality of treatment irrespective of the stage at presentation. Stage 1 and 2 cancers are treated with single modality therapy

while advanced cancers need a combination of therapy that includes surgery, and radiotherapy with or without chemotherapy. Chemotherapy by itself cannot cure oral cancers and is usually used along with radiotherapy.

There have been major advances in treatment improving outcomes and decreasing side effects (conservative surgery, lasers, microvascular free flap reconstructions, dental implants, proton radiation therapy and well as targeted chemotherapy and immunotherapy). Patients need to be treated at centres of excellence to help improve outcomes and quality of life.

– Dr. Anil K D'Cruz,  
Director Oncology and Head &  
Neck Surgeon,  
Apollo Group of Hospitals

## Misinformation & Myths

Cancer is a complex and often misunderstood disease, and unfortunately, many myths and misinformation surrounding it continue to circulate causing confusion and fear, usually leading to harmful decisions about treatment and prevention.

One common myth is that cancer is always a death sentence. While some cancers are aggressive and difficult to treat, many types of cancer are now highly treatable, especially if detected early. Advances in medical research have led to improved survival rates for several cancers and many people go on to live full, healthy lives after treatment.

Another widespread myth is that cancer is contagious. Cancer cannot be spread through casual contact, such as hugging or touching. While some cancers, like cervical cancer, are linked to infections (e.g., human papillomavirus), these infections themselves are not directly transmitted through everyday interactions.

A third misconception is that using certain foods or supplements and alternate therapies can 'cure' cancer. While diet plays an important role in overall health, no single food or supplement is proven to cure cancer. Relying on alternative treat-



Dr. Ravi Kannan

ments instead of scientifically supported therapies can delay effective treatment and worsen outcomes.

Another common belief is that a biopsy of a cancer causes it to disseminate is baseless and often results in deferral of investigations and delays treatment. Cancer treatment cannot be offered without histological or cytological evidence in most situations.

Additionally, many people believe that cancer treatment is harsh and debilitating. The side effects of cancer treatments vary widely depending on the type of cancer, treatment plan, and individual response. With therapies for aggressive symptom management, many patients experience fewer side effects than in the past.

Individuals must seek accurate information from reputable sources, such as healthcare professionals and trusted organizations, to avoid the harmful effects of cancer myths and misinformation. Awareness and education are the keys to empowering people in their cancer journeys.

– Dr. Ravi Kannan  
Surgical Oncologist & Director  
Cachar Cancer Hospital & Research  
Centre, Assam

## TMC - Enabling Healthcare To All Sections

It is said that a journey of a thousand miles begins with the first step. The first step was taken in 1941 when Tata Memorial Hospital (TMH) was born. It was born of a love story – of Sir Dorabji Tata for his amazing wife Meherbai Tata – who was called India's spokeswoman by none other than Mahatma Gandhi. Sir Dorabji Tata conceived TMH after Meherbai suffered from cancer and had to be taken out of India for treatment, but eventually succumbed to this disease at a relatively young age.

Tata Memorial Centre (TMC) is an example of what India can achieve in the new world. A world where India not only aspires but is determined to be a developed nation. Determined to deliver the health and healthcare that its citizens deserve. TMC, under the guidance and support of the Department of Atomic Energy, is resolved to be a part of this era-defining transformation – living Gandhi's immortal exhortation to be the change that we wish to see.

In the past 12 years, TMC has transformed itself from a two-hospital Mumbai-based organisation to an eleven-hospital institution in seven states of India. It is a model for the delivery of evidence-based affordable cancer care to all sections of society. It registers, among all its hospitals, about

120,000 new cancer patients every year. Two of our hospitals – Sangrur in Punjab and Muzaffarpur in Bihar – are examples of how comprehensive cancer care should not remain restricted to big cities and metropolitan India.

TMC has consistently advocated for cost-effective and implementable cancer care solutions for India. The recently commissioned proton therapy centre in the Advanced Centre for Treatment, Research and Education in Cancer (ACTREC) is an excellent example of accessible cancer care – the most advanced treatments given to patients at substantially subsidised or no cost to them. TMC has conducted some of the most impactful research in India – that has led to implementable solutions. Our researchers have pioneered the development of and provided proof for low-cost metronomic chemotherapy regimens, low-dose immunotherapy, shorter-duration targeted therapy, and several other cost-effective solutions. We have also researched and proved ways of increasing cure rates in oral, breast, cervical and lung cancers – with treatments that don't bankrupt patients and their families. In col-



Dr. Sudeep Gupta

laboration with scientists from the Bhabha Atomic Research Centre (BARC) our researchers have uncovered a new effect of the plant-based phytochemical chlorophyllin – reducing the side effects of radiotherapy.

Much remains to be done. Cancer incidence in India continues to rise, projected, to increase from the current annual 1.5 million to over two million annually in the next 15 years. Although income and human development levels will continue to increase in India, a substantial portion of the increased cancer burden will fall on the less privileged sections of society. TMC has consistently advocated for the hub-and-spoke model for cancer care delivery in India, with public sector hubs-and-spokes so geographically distributed that patients receive healthcare close to their homes. TMC and the Department of Atomic Energy have already contributed to the development of required resources with rapid expansion in the past ten years. We have provided proof that systems can be created in challenging circumstances, in makeshift hospitals, while we complete and commission the projects.

TMC now sees itself, with some justification, not only as a network of cancer hospitals but also as the organiser of a vast societal project. However, to remain worthy of continued emulation, we will have to remain steadfast to our original mission – delivering the highest levels of excellence in service, education, and research in our hospitals. Patients and families who come to our hospitals in the most challenging time of their lives – who are our raison d'être – should feel and know that TMC cares for them – and does the best it can for them.

On behalf of TMC, I extend my heartiest congratulations to the Indian Cancer Society (ICS) on its upcoming 75th anniversary in 2026 and illustrious years of service in the fight against cancer. This remarkable milestone is a testament to ICS's unwavering commitment to early detection, patient support, and awareness, which has helped shape India's cancer care landscape over the decades.

I would also like to reaffirm that TMC will strive to its fullest to contribute to national health security as we make strides towards becoming a developed nation by the 100th anniversary of our independence.

– Dr. Sudeep Gupta  
Professor of Medical Oncology  
& Director, Tata Memorial Centre

## Understanding Colon & Rectal Cancer

The Indian Cancer Society (ICS) began providing stoma bags and other aids for colon cancer patients in the early 1980s. The ICS also formed the Ostomy Association of India (OAI) in 1975 to support, educate, and rehabilitate ostomy patients in India.

### Colon & Rectal Cancer – Facts & Myths

Once a young man aged 40 came to my clinic with just a little constipation. He was taking some laxatives but the symptoms persisted. His uncle had colon cancer and hence he wanted a complete check-up. He had many questions after diagnosis. Here are the answers. (see [www.theindiacancer.org](http://www.theindiacancer.org))

#### 1. What is the difference between colon and rectum?

Colon is the large intestine or (Badi Aanth) is the part of the intestine where water is absorbed and the stool becomes harder. Rectum is the last part of the colon where the faeces are stored and evacuation happens once or twice on command. I am deliberately separating the colon and rectum as the diagnosis and treatment are different.

#### 2. Is colon cancer incidence increasing?

There is a worldwide trend of increase and the same is seen in India. Also, the number of younger patients with colon rectal cancers is increasing. Many factors

are attributed to this increase apart from increasing age and better detection

#### 3. What are the risk factors?

a. Diet & Lifestyle: Diet is an important factor. Low-fibre and high-fat diets, sedentary lifestyles, diabetes, obesity. We have adopted a 'western' diet, which has many harmful effects.

b. Smoking & Alcohol Consumption: Recently, the US Surgeon General issued a warning that alcohol and smoking are responsible for the epidemic of cancer. The same holds for India. There is increased tobacco and alcohol usage.

#### 4. Is colon cancer hereditary?

As in the patient who came to me, there are some colon cancers which occur due to genetic changes. There are two different groups. Some have polyps in the colon and others due to DNA mismatch repair genes. We routinely test all the patients for such changes and also the siblings and offspring if the genetic change is transmitted. Rest assured that this is a minority and most colon cancers are sporadic.

#### 5. How can one reduce the risk of colon cancer?

Many patients get worried when



Dr. P. Jagannath

their near and dear ones are diagnosed. Here are some proven suggestions.

a. A diet rich in fruits and vegetables is beneficial. Have a variety of fruits and veggies.

b. Exercise regularly. It is amazing to see the benefits of exercise proven in most studies. Reduction of weight and benefits

on heart and other systems make exercise the best habit to follow.

c. Smoking is an absolute NO. Cancers of various organs and heart disease are increased due to smoking.

#### 6. How can one detect colon cancer early?

Early detection is the key to prevention and effective treatment.

a. Faecal Immunochemical Test (FIT Test) for occult blood is a simple test and can be done at home with a kit (Recommended after 50 years with risk factors or symptoms).

b. Sigmoidoscopy or colonoscopy after the age of 50 once in 5 years is crucial in the early detection and prevention of this cancer because they can recognise and remove polyps before they turn

malignant.

#### 7. What are the symptoms of colorectal cancer?

I normally see patients with symptoms more than 6 months. The early symptoms can be subtle. The fall in haemoglobin (anaemia) is one such red flag. Constipation, diarrhoea and discomfort for a couple of weeks merit a visit to a doctor for examination. Blood in stools is an alarming symptom. Many times it is attributed to 'piles'. Before treatment of so-called 'piles', sigmoidoscopy, a simple outpatient procedure, should be done

#### 9. What are the treatment options?

Treatment options for colon cancer include surgery (often laparoscopic or robotic), chemotherapy, and radiotherapy, with a multimodal approach tailored to the patient. In certain cases, immunotherapy is an option for those with DNA mismatch repair deficiency, while prevention through a healthy lifestyle and regular screening is the key to early detection and improved outcomes. The Indian Cancer Society has done yeoman service by starting stoma care and also supplies for patients. Many doctors and lawyers are active and function with 'stoma irrigation'.

– Dr. P. Jagannath  
Surgical Oncologist,  
S.L. Raheja Hospital

## Yoga – A Complementary & Alternative Therapy

The needs of a cancer patient are not limited to just good medical treatment. They also need non-medical support and care for their physical, emotional and cosmetic rehabilitation.

When I was diagnosed with breast cancer 31 years ago at the age of 39, I felt my whole life was crumbling around me. I was extremely fortunate that my whole family had been doing yoga with Guruji B.K.S. Iyengar for over 50 years and hence he immediately called me to Pune and guided me to do the right asanas for my problem in the right way with support. I very soon started feeling much better and more positive and relaxed. After being with him for over two months, it was time for me to get back to my home in Mumbai. At that time, Guruji instructed me to share my experiences with others having the same problem so that they



Anaita Vesuwalla

too could benefit. As I returned to normalcy, one thought kept recurring in my mind. 'Could I possibly help others who are going through the same difficult process?'

That advice from Guruji, and encouragement from my surgical oncologist Dr. Sultan Pradhan, who is not only an excellent doctor but a wonderful human being too, helped me tremendously. With their support, the Canruji Rehab Clinic for breast cancer survivors was set up in 1994. To date, we have excellent volunteers and supporters who run the clinic.

We must remember that yoga does not cure cancer. But it helps in accepting the diagnosis, managing symptoms, pain, fatigue, emotions, and withstanding treatment.

– Anaita Vesuwalla  
Cancer Survivor



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## Cancer Trends In Greater Mumbai

The Mumbai Cancer Registry (MCR), the first Population-Based Cancer Registry (PBCR) of India, covers a 603 sq. km geographical area of Greater Mumbai. In 2018, the MCR registered 14,524 cancer cases with an Age-Adjusted Rate of 111.1 per 100,000 persons. The 5-leading

cancer sites in Mumbai residents are breast (17.4%), mouth (7.3%), lung (6.4%), prostate (4.7%), and lymphoma (4.3%).

In 2018, the MCR registered 7,473 cancer deaths in Greater Mumbai with an Age-Adjusted Mortality Rate of 57.5 per 100,000. The leading causes of death were

breast (12.6%), lung (8.7%), liver (6.3%), mouth (6.3%), and prostate (3.7%). For males, lung cancer (11.1%) is the most common cause of death, while for females, breast cancer accounts for the highest mortality (25%).

As MCR has a database extending over 50 years, the Registry has

evaluated the trends of most common cancers. Mumbai has recorded an increasing trend of cancers of breast, ovary and lung cancers in women whereas mouth and prostate cancers are increasing in men.

– Dr. Vinay Deshmane & Shravani Koyande

## Psycho-Social Concerns Of Patients & Survivors

A cancer diagnosis often brings immense emotional distress. While much attention is paid to the physical treatment, the psychological impact of cancer can significantly impact a patient's quality of life and psychosocial well-being. Issues of fear about disease progression, concerns about treatments, stigma, and social isolation are common accompaniments to the physical challenges of cancer. In clinical settings, however, such emotional struggles often go unnoticed. Such neglect can delay diagnoses and treatment, making psychological sup-



Dr. Veeraiah Surendran

port a critical, but frequently neglected, component of cancer care. Many cancer patients live with undiagnosed distress, which they concentrate mainly on the disease itself. Consequently, conditions such as fear of disease progression, treatment-related physical side effects, social stigma revolving around the disease, and loneliness abound and prevent patients from coping properly with treatment. Therefore, emotional distress would also have detrimental effects on one's physical condition and overall recovery. Despite the growing recognition

of psychological distress as an essential aspect of cancer care, psycho-social support remains insufficient in many oncology centres across India, leaving a crucial gap in comprehensive cancer care management.

Organisations such as the Indian Cancer Society (ICS) are helping to bridge this gap by providing psycho-social support for cancer patients and survivors. ICS has designed different resources to strengthen the psycho-social support of cancer patients including telecounseling services and cancer survivorship clinics across the country.

— Dr. Veeraiah Surendran  
Head of Department -  
Psycho-Oncology & RCTC,  
Cancer Institute (WIA),  
Adyar, Chennai

## A Survivor's Story

It was a beautiful, pleasant morning in early March. My sister and I went for our annual mammography appointment. We chatted all the time and made plans for where to go for lunch after the tests were complete. I was feeling very fit thanks to the disciplined exercise routine I had started to follow and thought it would be good to indulge in a hearty meal. The doctor completed the mammography and sonography and asked me to wait, which was unusual. After some time, she came out to speak to me. She advised that I should immediately get a biopsy done. Since I was working, I asked if it could wait for a few days so I could plan my schedule. She strongly urged me to prioritise it and get it done as soon as possible. Within the next few days, the biopsy was completed and it confirmed what she had suspected. I was diagnosed with breast cancer. It happened just like that, with no warning, no symptoms, no complaints.



Smita Aggarwal

cer Society for several years, I interacted with a lot of doctors and cancer patients. That exposure made me believe that cancer is no longer a disease to fear. But my personal journey with cancer made me understand how to be resilient, with the right approach to early detection, financial preparedness, and timely treatment.

The first crucial piece is early detection. Regular checkups help detect cancer at an early stage with a very high cure rate. Particularly for those of us with a history of cancer in our family, we must be vigilant and disciplined about completing the appropriate tests regularly – even in the absence of any symptoms. My annual mammography routine helped detect the cancer before it could spread.

The second crucial piece is financial preparedness. It is unfortunate to be diagnosed with cancer. But it is even worse to not be able to afford the treatment that helps you get back to life. Depending upon the stage and type of cancer, treatment and recovery can

span several months at significant cost – sometimes, prohibitively high costs. In the absence of insurance or savings, many cancer patients end up selling all their assets or borrowing loans at unfavourable terms. Or even worse, decide to drop out of treatment. Having the right insurance coverage provides the much-needed financial security to be able to afford lifesaving treatment. Even though I was surprised by the suddenness of my diagnosis, I was able to arrange the financing at short notice thanks to the medical insurance cover we had for our family of four, which we had started paying for from an early age. The medical insurance cover allowed me a cashless facility for my surgery and radiation. In addition, I had a critical illness policy that gave me a lumpsum payout linked to the diagnosis of cancer, helping me cover other out-of-pocket expenses and loss of income during the treatment and recovery period.

Cancer incidence may be increasing, but so are cure rates. Early detection and financial preparedness are needed to ensure timely treatment. It is possible not just to survive, but to thrive and to live a healthy, wonderful life again.

— Smita Aggarwal  
Former Project Lead,  
Cancer Cure Fund,  
Indian Cancer Society

## 74th Founders' Day

On January 25th, the Indian Cancer Society proudly celebrated its 74th Founders' Day. The event was graced by the presence of the National Managing Committee members, along with Mrs. Arundhati Bhattacharya, Chairperson & CEO of Salesforce India, as the esteemed Chief Guest, and Mr. Alok Sheopurkar, Head of HR at

HDFC AMC, as the Guest of Honour. The celebration featured a captivating showcase of paintings by contemporary Indian artists, addresses by the Chairman and Managing Trustees, and inspiring performances by cancer survivors, all aimed at supporting the cause of the cancer care continuum.



(L-R) Lamp lighting by Chief Guest Mrs. Arundhati Bhattacharya – Chairperson & CEO of Salesforce India, Mrs. Usha Thorat – Managing Trustee of ICS, Mr. Hari Mundra – Chairman of ICS, Guest of Honour Mr. Alok Sheopurkar – HDFC AMC – HR Head



(L-R) ICS National Managing Committee Members – Mr. Gautam Chakravarti, Dr. Purna Kurkure, Mrs. Usha Thorat, Mr. Hari Mundra, Mr. Kewal Nohria, Mr. Kiran Talcherkar, Adv. M. Federal, Mr. Chittaranjan Kajwadkar, Dr. Vinay Deshmane



'Painting a Future – Art Against Cancer': An exhibition of contemporary paintings wherein ICS Ugam Victors showcase their art



Chairperson of ICS Delhi Branch - Mrs. Jyotsna Govil with Mrs. Usha Thorat



Dance performance by UGAM Victors



(L-R) Panel discussion featuring Dr. Vandana Dhamankar, cancer victors Rupal Lenka and Aman Agarwal, Dr. Purna Kurkure, and Dr. Vinay Deshmane



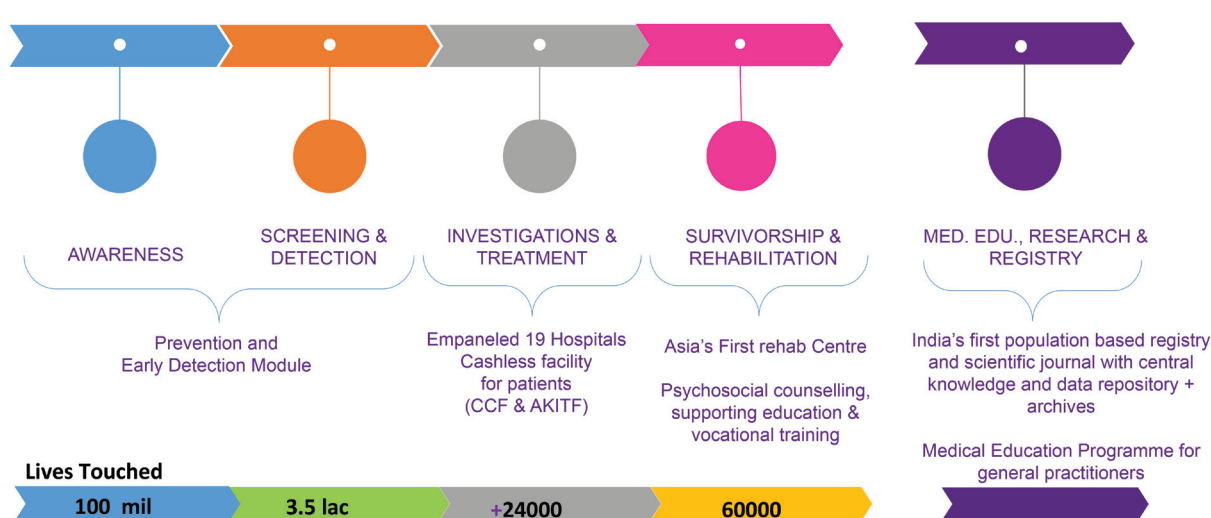
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- Awareness Pan India
- Survivorship program in 16 cancer hospitals- 8 States
- 6 Cancer Registries in Maharashtra
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