

## Chapter 5 – Meghalaya: Cancer & Health Indicator profile

### 5.1 Demography of the Population Based Cancer Registry

Meghalaya PBCR	
<b>PBCR situated in</b>	Civil Hospital, Shillong
<b>PBCR Name</b>	Meghalaya
<b>Coverage Area</b>	Four Districts- East khasi hills, West khasi hills, Ri bhoi and Janitia hills
<b>State</b>	Meghalaya
<b>PBCR Established Year</b>	2010
<b>Number of sources of registration</b>	35
<b>Area (in Sq.km)</b>	14262
<b>Urban &amp; Rural covered (%)</b>	24.9 & 75.1
<b>Population as per 2011 Census</b>	
<b>Males</b>	933280
<b>Females</b>	930067
<b>Total</b>	1863347
<b>Major Ethnic groups</b>	Nepalese, Chamars
<b>Cancer is still not been made notifiable in Meghalaya</b>	

### 5.2 Risk Factor and Health Practices

Risk Factor for Cancer	Urban		Rural		Total	
	Males	Females	Males	Females	Males	Females
<b>Adults (age 15-49 years)</b>						
Literacy (%)	95.7	93.4	80.8	79.6	84.0	82.8
Use of any kind of tobacco (%)	65.9	28.6	73.9	33.5	72.2	32.3
Consumption of alcohol (%)	40.7	3.1	45.7	1.8	44.6	2.1
Proportion attempted to stop smoking or using tobacco in any other form during the past 12 months	29.3	48.3	14.9	24.6	17.8	29.4
Overweight or obese (BMI $\geq$ 25.0 kg/m <sup>2</sup> ) (%)	17.1	18.4	8.1	10.2	10.1	12.2
Children under age 6 months exclusively breastfed (%)		34.7		36.0		35.8

Health practices & Health seeking	Urban		Rural		Total	
	Males	Females	Males	Females	Males	Females
<b>Adults (age 15-49 years)</b>						
Comprehensive knowledge of HIV/AIDS (%)	25.7	18.2	10.9	11.7	14.1	13.3
Have Ever Undergone Examinations of Cervix (%)		23.2		18.7		19.8
Have Ever Undergone Examinations of Breast (%)		15.9		11.4		12.4
Institutional births (%)		88.1		45.7		51.4
<b>Population and Household Profile</b>	<b>Both Sex</b>					
Households using improved sanitation facility (%)	67.9		58.1		60.3	
Households using clean fuel for cooking (%)	65.7		9.3		21.8	
Households with any usual member covered by a health scheme or health insurance (%)	23.2		37.9		34.6	

Source: NFHS-4 (2015 -16)

### 5.3 Health Systems at a Glance

Health Facilities	Number
Sub centre	428
Primary Health Centres	110
Community Health Centres	27
Sub Divisional Hospital	1
District Hospitals	12
Mobile Medical Unit	7
AYUSH	67
Cancer treating hospitals *	7
Radiotherapy facilities *	1
Cancer patient welfare schemes *	0
Palliative care centres *	1

Source: Rural Health Statistics report (2014 -15); \* Provided by Cancer registry

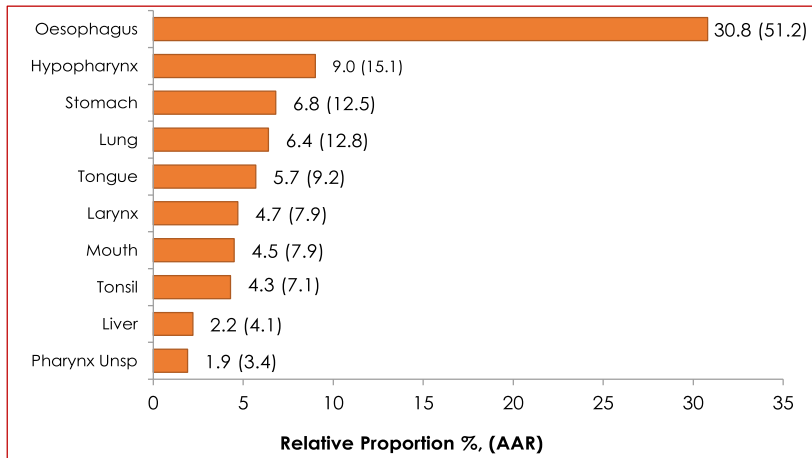
### 5.4 Number and Age Adjusted Incidence Rate (Reporting years: 2012-14)

Sex	Meghalaya State		East Khasi Hills District	
	Number of New Cancer cases	AAR	Number of New Cancer cases	AAR
Males	2632	169.6	1624	218.3
Females	1616	94.4	988	117.0

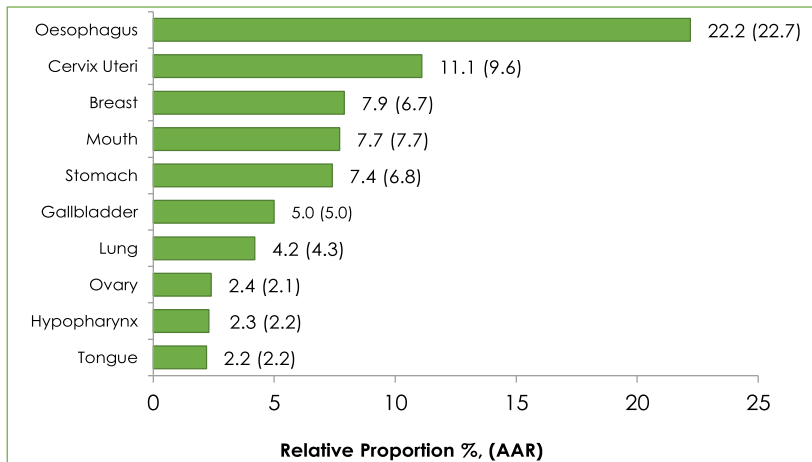
AAR - Age Adjusted Incidence Rate per 1,00,000 population

## 5.5 Leading Sites of Cancer

### Leading Sites of Cancer in Males



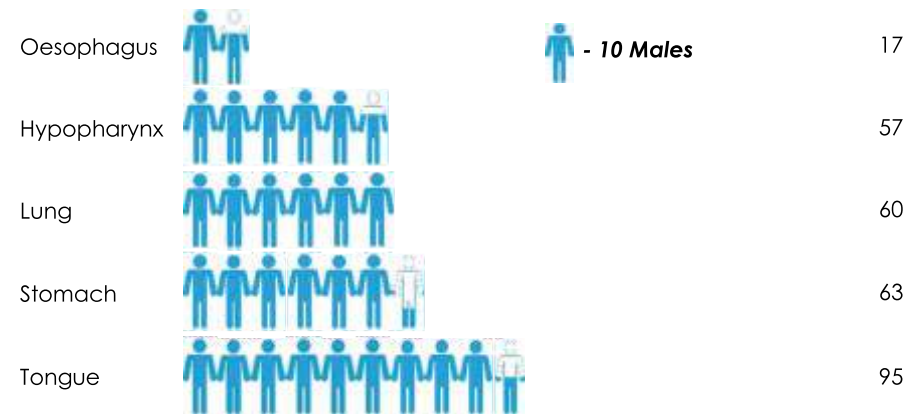
### Leading Sites of Cancer in Females



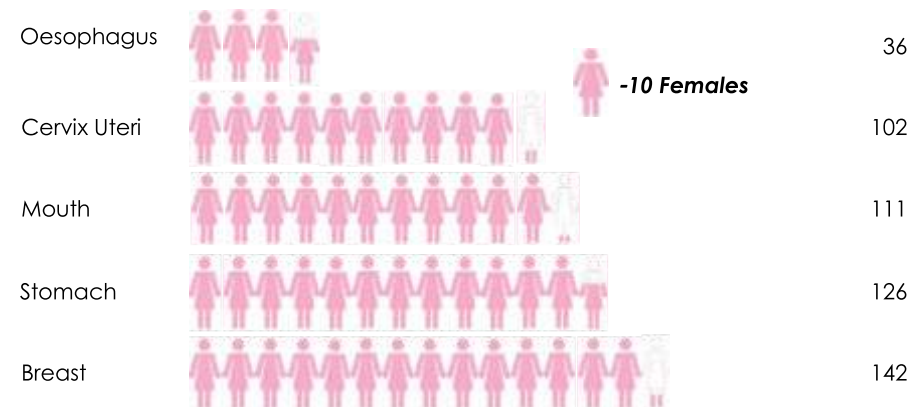
In males, proportion of Oesophageal cancer is the highest followed by Hypopharynx and Stomach. These three sites contribute almost half (47%) of all cancers. In females, Oesophageal cancer is the highest followed by Cervix Uteri and Breast. These three sites contribute more than one third (42%) of all cancers.

## 5.6 Possibility of one in number of person developing cancer in (0-74) years of age

### Males



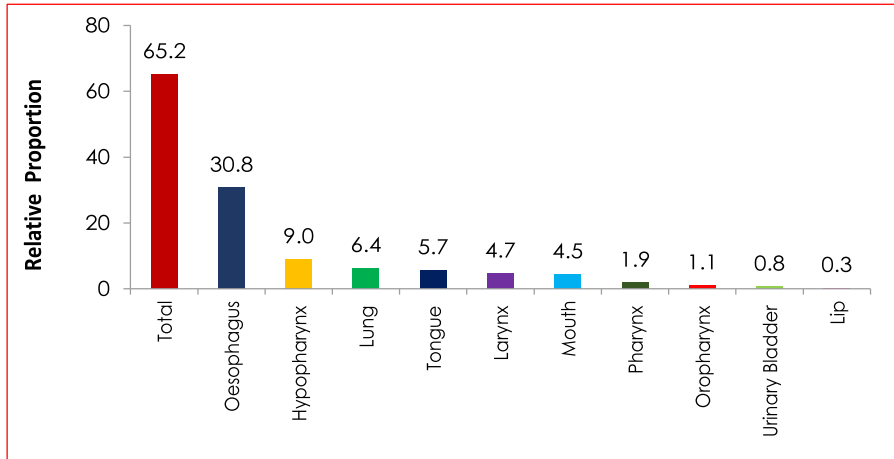
### Females



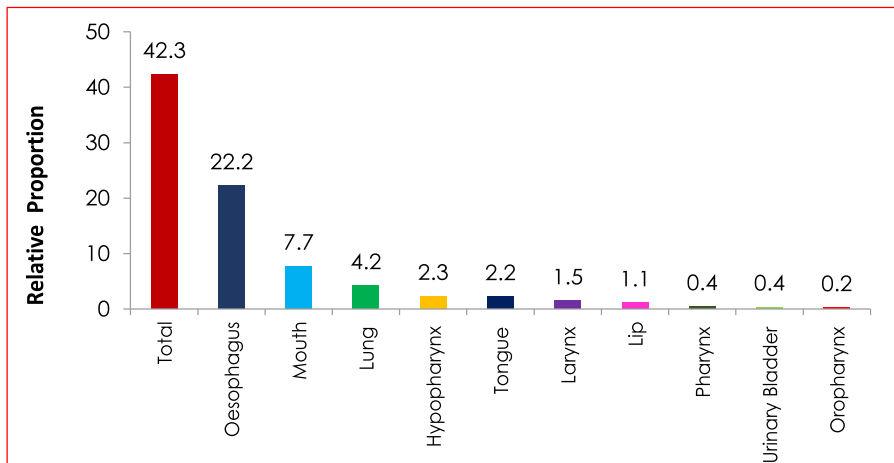
The average risk that a person will develop Oesophageal cancer in their lifetime (0-74 years) is about 1 in 17 for males and 1 in 36 for females.

### 5.7 Proportion of Cancer in Sites known to be associated with use of tobacco

#### Males

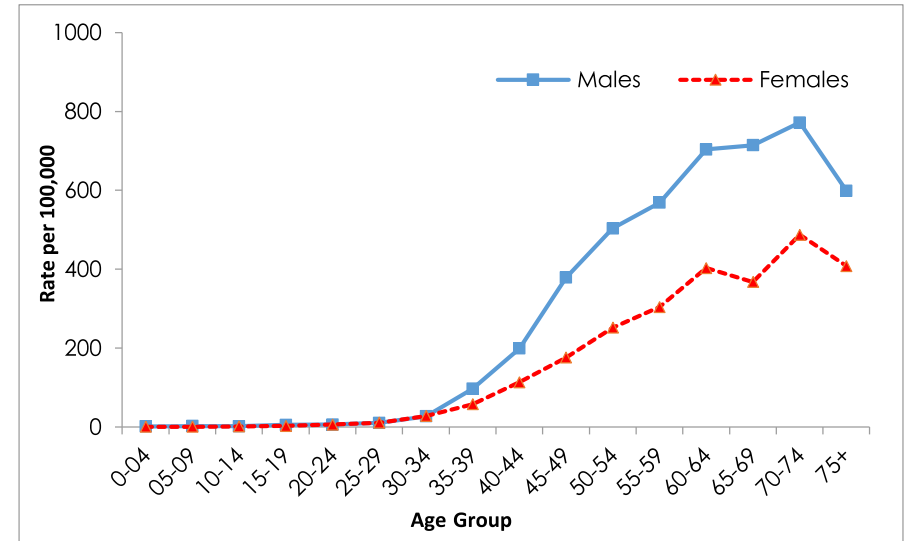


#### Females



Around 65% and 42% of all cancers in males and females are respectively associated with the use of tobacco. Among these proportion of Oesophagus, Hypopharynx and Mouth are high in both sexes.

### 5.8 Age Specific Rate (ASpR)



Age Specific Incidence Rate is highest for both sex in 70-74 age group. Age specific incidence rates show distinct rise from 35- 39 years age onwards in both sexes.

### 5.9 Ethnicity wise proportion of cancer cases

Cultural Group	Number	Proportion
Nepalese	209	4.9
Chamars	62	1.5
Others	708	16.7
Missing/Unknown	3269	77.0
<b>Total</b>	<b>4248</b>	<b>100.0</b>

## 5.10 Cancer Deaths

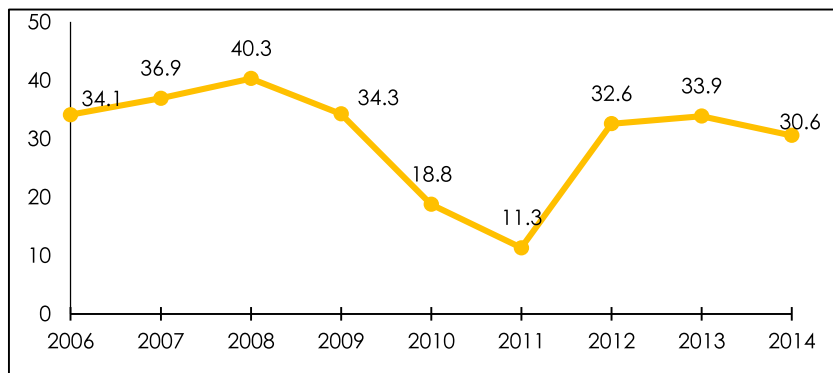
### Case Fatality Ratio (CFR)

Case Fatality Ratio (CFR)			
Sex	Incidence case	Death	CFR (%)
Males	2632	1027	39.0
Females	1616	591	36.6
Both Sexes	4248	1618	38.1

Approximately 38% cancer deaths are reported related to newly diagnosed case of cancer.

## 5.11 Status of Medical Certification of Cause of Death \*

Implementation status of MCCD	
Existing Allopathic Medical Institutions	171
Medical Institutions Covered under MCCD	154
Medical Institutions reported MCCD data as per the National list	71
Ranking of States/UTs in the medical certification of cause of death, 2014	16



Trend in proportion of medically certified deaths to total registered deaths in Meghalaya, 2006-2014

Rank	Cause of death	Percentage
1	Certain Infectious & Parasitic Diseases	17.5
2	Circulatory System	17.1
3	Certain Conditions Originating in Perinatal Period	15.4
4	Digestive system	10.6
5	Neoplasms	9.0
6	Respiratory System	6.4
7	Symptoms, Signs & Abnormal Findings	6.2
8	Injury Poisoning	3.7
9	Other groups	14.1

\* Report on Medical Certification of Cause of Death (MCCD), 2008 -14, Office of the Registrar General of India, Government of India.

The coverage of institutions and reporting of MCCD have to be improved. Conditions of the Circulatory system (2ND) and Neoplasms (5TH) are leading causes of death. Quality of cause of death information has to be further improved.

### Advocacy Points

- Cancer of Oesophagus, Hypopharynx and Stomach are most common in men
- Cancer of Oesophagus, Cervix and Breast are most common in women
- Almost two third of cancers in men and more than one third of cancers in women are associated with the use of tobacco
- Cancer cases start rising from 35 years and reach peak at 70-74 years affecting the economically productive age group
- High burden of risk factors such as tobacco, alcohol etc needs to be addressed through appropriate prevention programme and health education.
- Use of clean fuel needs to be promoted in rural sectors to minimize indoor air pollution
- Coverage of screening for breast and cervix cancers needs to be improved
- Cancer treatment facilities particularly radiotherapy, palliative care etc need to be established and strengthened
- Cancer patient welfare and other relevant health insurance scheme needs to be in place to improve affordability and access to health care.
- Strengthening the reporting of cause of death is required to generate accurate mortality estimates.
- Notifiability of Cancer needs to be considered to ensure completeness of cancer reporting in the state.

