

Cancer screening process in small town, beats healthcare startup in their own game

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Synopsis

In Barshi's cancer hospital, which instituted India's first ever rural registry in 1987, one of the most effective methods has been to create awareness.



On a warm Tuesday morning, Nandakumar Panase and his team of seven pack themselves into a minivan and embark on a two-hour journey towards Andur, a village in the pilgrim town of Tuljapur in [Maharashtra](#). The road is patchy and runs along rows of jowar fields and sparkling rivers, which haven't yet dried up thanks to a good monsoon. But Panase is not distracted by the view. He is busy drawing up the logistics of the trip.

A project lead at the Nargis Dutt Memorial [Cancer](#) Hospital in Barshi in Maharashtra's Solapur district, Panase and his team are set to screen over 100 [women](#) from neighbouring villages for signs of cervical and breast cancer. The Barshi Model is a pioneer in cancer detection, beginning in the 1980s, and yet it is little known outside the medical community.

Along the way, it has not only managed to nudge rural women to seek treatment for cancer but has also reduced cancer-related mortality among them in the region through early detection of the disease. This was achieved without the help of any infrared imaging or genome-based blood tests that have now become the buzzwords in [healthcare startups](#) and cancer detection across the world.

TAP TO WATCH

[Also Read: How some 3,200 cancer patients have benefited from the investors in a debt mutual fund](#)

Early detection saves lives, especially in breast and cervical cancer. But what has become a matter of dispute among oncologists is whether healthy patients should be screened unless they come under the "risky" population group.





The Good Doctor In Barshi's cancer hospital, which instituted India's first ever rural registry in 1987, one of the most effective methods has been to create awareness.

It all started when a young doctor in the town detected cervical cancer in a patient. Dr Bhagwan Nene took the patient to Mumbai for treatment, where his professor from medical school — a leading oncologist — suggested that the only way to save the lives of women would be to get them treated early and deliver healthcare at the patient's doorstep. That's when Dr Nene opened one of the oldest cancer hospitals in Maharashtra on land donated by family friends.

Inside India's Longest Running Screening Camp

Barshi in Maharashtra started screening women for cervical cancer in the late 1980s.



Dr Bhagwan Nene [In pic] and his team of investigators started cancer awareness camps

Trained investigators & ASHA workers interact with villagers to identify "suspect" cases

These patients are sent to the Barshi cancer hospital for further investigations

Early detection has brought down incidence rates of cervical cancer in Barshi

Innovation or Hoax?

Why oncologists are sceptical about cancer-screening startups

Genetic testing startups mushroomed after actor Angelina Jolie [in pic] tested positive for cancer-causing BRCA genes and underwent double mastectomy



A study by BMJ found BRCA test rates in the US rose from 0.71 per 100,000 women in 15 business days to 1.13 tests in the 15 business days after May 14, 2013, when Jolie wrote an article about her mastectomy

Such gene testing misleads consumers and causes fear mongering

Population-based screening, which startups advocate, throws up false positives, and real patients get left out

These tests are not validated with regards to early cancer detection and lack data to back their claims

None of these startups is replacing the existing gold standard in breast cancer diagnosis

Hence claims of saving costs are misleading

[Also Read: Screening tests are not validated or tested: Dr Shalaka Joshi, Tata Memorial Hospital, Mumbai](#)

"In India, people won't go to a hospital; so we decided that we will go to the patient," Nene, founder of the Nargis Dutt Memorial Cancer Hospital, told ET Magazine. Nene gave up offers of lucrative international postings and decided to make Barshi his base. The son of the soil that he is, Nene, even at 78, runs a general clinic from a dilapidated structure in Barshi. His simplicity is what draws his followers.

Cancer in numbers



Drugs for treating breast cancer can cost ₹35,000 per dosage once a week to be repeated for six to 12 weeks	Surgical procedures for treating cancer start at ₹75,000	The cost of bone marrow transplant for treating leukaemia could be as high as ₹15 lakh
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THE FUND THAT CARES

The first and second series of HDFC Debt Fund for Cancer Cure collected **₹77 crore & ₹175 crore respectively**

The fund has donated over **₹64 crore to Indian Cancer Society**

Donations have helped **over 3,200 patients**

There are over 2,500 investors in the fund

Maximum **amount sanctioned per patient: ₹4 lakh**

Average cost of cancer treatment: **₹3 lakh** (at highly subsidised rates)

Every month ICS gets **around 135 requests** for aid from 16 network hospitals.

96% of cases referred to governing council get financial aid

Source: Medical experts.

One of them is Panase, who has managed to keep the awareness camps going. "When Dr Nene started his hospital, he realised that women came for cancer treatment at a very late stage of the disease. That's when he said we would go from door to door. We started going to every village," Panase told ET Magazine.

At a screening camp in Andur on International Women's Day, women start trickling in. The camp begins with a speech from local doctors on the importance of regular [health](#) check-ups. Panase is worried that women might leave if the speeches drag on. After all, they are agricultural workers and have left a day's work to attend this camp. Some of them had hired a minibus to reach there, and a few arrive just as the screening begins.

One of the most important learnings for Panase over the years is that population-based screening doesn't always work.

"When we used to do door-to-door screening, those who didn't have cancer used to come forward, and those who had it were scared to come and get tested," he recalls. "So we used to get advanced cases after a month or two and by then it was too late. That's when we decided that we would track those who had symptoms. That way the crowd (in the camps) has become less and diagnosis has increased."

Getting "suspect" cases to the camp is the task of accredited social health activists or ASHA workers, who have become the ambassadors of information. These women have been trained with modules that raise awareness about cancer, the dos and don'ts in case of symptomatic lumps and possible recourse in case of detection. Myth-breaking is another mandate for ASHA workers. Women in this region, says Panase, were and to some extent still are superstitious about cancer treatment.

"Since we started our camp, we have tremendously reduced the rate of cervical cancer and the stage of diagnosis has also improved. But we still have a lot of work to do towards treatment," says Panase. The difference between urban and rural patients, he points out, is that the latter are often too scared to confront the disease, which delays diagnosis and treatment.

There's another difference, Panase's observation. "In urban people hide the disease and you hear of patients who have died of cancer; they do not tell you when they are free of the disease. This doesn't happen here," he explains.

Oncologists in India are big supporters of mass awareness programmes, but what they are worried about is that increased awareness might also lead to unnecessary screening tests that might mostly be commercial.

After all, the market for cancer-screening devices is estimated to be \$25 billion globally, and some of the world's hottest startups are operating in this area. A bunch of these startups have made India their base, primarily focussed on cancer in women. Indian women seem to be succumbing to the disease faster than their US and Chinese counterparts. Oncologists are not too enthused by these new screening tests, as they feel these are expensive and not replacing the existing ones.

"I am not going to disregard these tests, but all I can say is they need to be tested. The gold standard is clinical breast examination, mammo/ultra sound and pathology. If I feel suspicious of a lump my final detection tool is biopsy. call these the triangle of breast cancer diagnosis," says Dr Shalaka Joshi, surgical oncologist cancer) of [Tata Memorial Hospital](#) in Mumbai (see interview "[Screening Tests are not Validated or Tested](#)").

Perhaps more startups inspired by the Barshi Model will be a nobler option for rural India.

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