

Title:

Challenges in Early Cancer Detection and Prevention. How can we ensure Indian patients with cancer get detected earlier?

Full Name:

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Name of the Institution:

Government Kilpauk Medical College (GKMC), Chennai

State:

Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

In India, the awareness of cancer detection and treatment is very much lacking among people. Main reasons are the socio-cultural taboo—which prevent women from discussing symptoms with others or doing screening for the same. Widespread lack of awareness of the direct causal links between tobacco, alcohol, mawa and its subsequent cancer formation. Even when the disease spreads, people are ignorant and present at late stages. Also in rural areas, there is severe shortage of diagnostic tests and specialised manpower—significantly leading to further delay in cancer diagnosis. Another crucial factor is, rural people prioritize daily wages and agricultural labor, rather than concentrating and testing their complaints in the early stages of the disease. Also lack of knowledge among physicians and nurses at grass root level leads to missing early red flag symptoms and delayed referral to apex centers. Key objective is to bring standard of care even in rural areas on par with urban areas.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

Policy makers and stakeholders must try and formulate a design to implement “Hub and spoke model” integrated with national health missions. National cancer prevention program should be strengthened equivalent to effective functioning of RNTCP. Priority should be given to conduct frequent cancer screening and prevention camps in rural areas to promote increased awareness among rural people. Camps can be setup with basic Xray, USG, tumor markers, etc. Whenever patients are screened positive they can be incentivised to make them refer to higher centers for further testing and treatment. In such a way, patient and attenders are devoid of financial constraints during their treatment. Regional cancer centers may be made to oversee 2-3 districts regarding the effective implementation of screening programs and proper referral of patients to their center for further management. Local VHN and ASHA workers may be made use for effective screening, by teaching them basic screening and steps for further action plan to be educated. We can try to incentivise private hospitals to establish Satellite centers in rural areas, involved in regular screening and diagnostic testing nearby to their home itself.

Policy makers should try to put more funding for screening purposes, help to identify patients at early-stage—rather than spending more for patients at the terminal stage and palliative stage. We should ensure a sustainable transition from “treating the dying” to “curing the living”.

Full Name:

Dr Rajdeep Bose

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Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

The main goal of this solution is to improve early detection of cancer in India by increasing participation in screening through a risk-based, incentive-linked approach integrated with government welfare schemes. Many patients delay visiting a doctor due to denial, fear of diagnosis, or the belief that symptoms will resolve on their own, leading to late-stage presentation.

To address this, screening would be tailored according to individual risk factors, exposures, and the epidemiology of cancers in each state, ensuring that the right population is targeted. Individuals interacting with government welfare systems would be encouraged to undergo appropriate cancer screening, and those who complete screening could receive additional or expedited benefits, such as faster access to services, added health coverage, or supportive incentives.

By linking screening with positive incentives rather than compulsion, this model aims to overcome hesitation and improve uptake. As more high-risk individuals undergo screening, cancers can be detected at an earlier, more treatable stage, leading to timely intervention and improved outcomes.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

I propose a risk-based, incentive-linked cancer screening model integrated with existing government welfare schemes. Screening would be tailored to individual risk factors (age, tobacco use, family history) and state-specific cancer epidemiology—for example, oral cancer screening in North-East India, cervical cancer in high-burden states, and breast screening in urban populations—ensuring targeted and efficient resource use.

The key innovation is leveraging welfare touchpoints such as ration systems, primary health centres, and community health workers to promote uptake. Individuals would be encouraged to undergo screening with positive incentives like expedited services, additional coverage, or support for diagnostic tests.

Implementation would include ASHA-led risk identification, mobile screening units for remote areas, and PHC-based screening days. A digital tracking system with fast-track referral pathways would ensure follow-up. By combining behavioral incentives with targeted screening, this model aims to overcome denial, improve participation, and enable earlier cancer detection in a scalable manner.

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Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

In resource-limited settings, population-level cancer screening remains extremely difficult to implement effectively. As a result, nearly 70% of patients presenting to Regional Cancer Centres are diagnosed at advanced or terminal stages, which significantly increases the overall disease burden.

This highlights the urgent need for practical strategies focused on public education, awareness of early warning symptoms, and encouraging timely healthcare-seeking behaviour. Bridging gaps in access to cancer care, strengthening primary healthcare linkages, and promoting risk factor modification are essential steps toward achieving earlier diagnosis and improving treatment outcomes.

Early detection can help shift cancer diagnosis toward more treatable stages, reduce disease burden, and improve survival and quality of life for patients.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

Cancer screening remains a major challenge in resource-limited countries. One of the biggest barriers in economically weaker settings is the lack of awareness about cancer, especially the fact that many cancers are preventable. Cancer detection should not be considered only the responsibility of the healthcare sector but should instead be approached as a collective and team-based effort.

One of the most important steps is educating people about early signs and symptoms of cancer and helping them understand when to seek medical attention. In today's era of Instagram, Facebook, and YouTube, misinformation and myths about cancer are often spread by untrained influencers. Therefore, there is a strong need for better regulation of such content.

Our main goal should be to spread accurate, evidence-based information about cancer without bias from advertisements or commercial interests. At the same time, people should be educated about treatment options, screening methods, preventive strategies, and awareness of available government schemes and NGO support.

In this digital era, we must realise that much more can be achieved than we often assume. Governments should actively support fund-raising programmes and screening initiatives so that these services become accessible to all sections of society. One of the biggest challenges in countries like India is the large population combined with a poor doctor-patient ratio.

For example, lung cancer screening based on recent clinical trial data, including studies from Chinese groups, shows that even implementing simple screening CT scans for chronic smokers is difficult on a large scale. Government hospitals already face long waiting times even for patients with confirmed cancer diagnoses. In such situations, providing CT scans purely for screening along with timely interpretation becomes extremely challenging. At the same time, many patients cannot afford these investigations in the private sector. This gap clearly needs attention.

Molecular testing, genetic testing, and counselling are still uncommon in resource-limited settings, with access limited to only a small part of the population. This is due not only to financial limitations but also to lack of infrastructure and long turnaround times. These services should ideally receive mandatory funding, especially for high-risk groups, so that screening programmes become more meaningful and effective.

Another major challenge is counselling individuals who are at high risk but have not yet developed cancer. Convincing a healthy person to undergo yearly screening or consider risk-reducing surgery is often very difficult, especially in societies where preventive strategies are not widely accepted. Because of this, default rates remain high. Counselling teams must therefore encourage shared decision-making while ensuring that quality of life is not compromised.

The psychological impact of identifying someone as high risk can also be severe. Even healthy individuals may develop constant fear and anxiety about cancer, affecting different aspects of their lives. Therefore, psychological support and counselling should be considered essential parts of every screening programme. Screening people with hereditary or familial cancer syndromes is especially complex because they may be at risk for multiple cancers. Reassuring such patients is challenging for any counselling team. In addition, many high-risk individuals may also have addictions or lifestyle-related risk factors that further increase their cancer risk and must be addressed as part of a comprehensive approach.

In resource-limited countries, unless we begin bridging the gap between demand and supply in cancer care, large-scale population screening will remain difficult. However, meaningful progress can still be achieved through digitization and artificial intelligence. These tools can help educate the public, improve access to care, identify high-risk individuals early, and ultimately improve outcomes and quality of life.

Every cancer center should ideally have a dedicated multidisciplinary screening team. This team should include oncologists, onco-surgeons, molecular pathologists, genetic counsellors, psychologists, NGOs for financial support, and patient navigators who can track patients and reduce default rates. In addition, health insurance policies should include coverage for cancer screening so that more people can benefit from early detection and potentially curative treatment.

In the era of artificial intelligence, careful and thoughtful integration of AI is essential. AI is already being used in protocol development, algorithm design, risk assessment, diagnosis, and treatment planning. In cancer screening, its greatest immediate role may be in radiological and pathological interpretation. This can help reduce the workload on healthcare professionals and assist in triaging patients who require urgent attention. However, AI also has limitations and can make errors. Therefore, its use must remain cautious and supported by strong clinical trial data before widespread implementation.

With ongoing research and emerging data on vaccines for cancer prevention, another important challenge in resource-limited settings is the gap between innovation and accessibility. Financial toxicity and poor availability often prevent these advances from reaching the people who need them most. It is important to encourage participation in clinical trials, generate validation data within local populations, obtain approvals from regulatory authorities such as the Central Drugs Standard Control Organization (CDSCO), and ensure equitable access once these interventions are proven effective.

Cancer screening and early detection in resource-limited countries should not be considered impossible. However, meaningful progress will require continuous and practical efforts to address these barriers and create systems that are accessible, affordable, and effective for the population.

Full Name:

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Name of the Institution:

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Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

Various challenges in early cancer detection in India are low awareness of early symptoms and screening, fear, limited access to screening especially in rural areas, financial constraints, shortage of trained healthcare workers, weak implementation of screening programs and poor follow-up after initial screening.

In India, most cancers are found late when treatment is difficult and costly.

In 2012, India had about 10-11 lakh new cancer cases and around 6.8-7 lakh deaths.

By 2020-2022, this increased to approximately 13.9-14.1 lakh new cases and about 8.5-9.1 lakh deaths

By 2025 India is projected to reach around 15.7 lakh new cancer cases annually.

If we do not act now, by 2035-2040, India could see 20 lakh or more new cancer cases every year

The primary outcome of my solution is -To ensure every Indian is screened on time so cancer is detected early, treated early, and treatment outcomes can be improved.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

PROJECT SURAKSHA—India Against Late Cancer

My proposal is to make the most of the Digital India movement launched in 2015 by our Prime Minister. Instead of building a costly new system, this solution uses existing digital platforms, current healthcare workforce, and low-cost screening methods.

I propose launching “PROJECT SURAKSHA—India Against Late Cancer” on 7th November 2026, marking National Cancer Awareness Day turning awareness into action.

At the center of this mission is the Suraksha Card. This is a digital-first, zero-cost screening identity linked to ABHA ID and Aadhaar. It tells each person which screenings they need, when they are due, and where to go. It sends reminders, tracks completion, and ensures follow-up—so no one is missed.

All schools, colleges, and workplaces must register eligible individuals under the Suraksha Card within 6 months. Reminders can appear across government portals, airline bookings, and banking apps making this not just a program, but a people’s movement.

The rollout follows one principle: use what India already has.

Phase 1- Pilot (Year 1):

Start in 2-3 states. Use existing PHCs, ASHA workers, and mobile vans. Train staff for clinical breast examination, pap test.

Phase 2- Scale-Up (Years 2-3):

Expand nationwide. Add workplace screening and institutional registration. Partner with NGOs and private hospitals. Use cancer survivors and public figures to reduce stigma and build trust.

Phase 3- National Rollout (Years 4-5):

Full India coverage. Integrate Suraksha Card with all major government platforms. Make screening a routine part of life.

Project Suraksha is not expensive, it is smart, scalable, and lifesaving.

Full Name:

Reshma Abraham

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Manipal hospital, Bangalore

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Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

What are the challenges in India for early cancer detection what are the possible strategies and solutions to overcome these challenges and improve awareness among general public

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

The main challenges at patient level- Low health literacy and associated behavioural risk factors, Stigma associated with cancers especially fearing abandonment (eg. Post mastectomy, in cervical cancers), financial constraints, increasing obesity especially in urban population, alternative medicine options and thus delaying diagnosis and treatment.

Health-system level-No strategy or proper algorithm for screening programs designed as uniform for the country, Severe shortage of trained workforce oncologists, cytopathologists, radiologists in tier 2 and 3 cities and rural areas, Weak referral pathways from PHC to TCC, Diagnostic delay within the system due to lack of resources and workforce and delay in treatment even after efficient screening and detection, very low HPV vaccination coverage despite recent inclusion in the national programme, distance to nearest screening centre; tribal and hilly districts particularly underserved.

Solutions

1. Awareness

Let Visual Media do the work in this era.

Pamphlet-based IEC has largely failed in India because a significant portion of our target population either cannot read fluently or simply does not want to spend time on it. The way forward is visual, emotional, and repetitive mode

The NCCP((NP-NCD) should have a dedicated wing—modelled on the marketing departments of private companies; whose only main focus should be screening, increasing awareness and vaccination planning.

Saturate everyday spaces -Bus stops, long-distance buses and trains, autos, ration shops, panchayat offices, government hospital walls, and ASHA home-visit kits—the same message of symptoms, screening options, treatment options, problems associated with delayed diagnosis should reach people 15 to 20 times in a week. The content must rotate periodically and can be aligned with the particular cancer month being observed so messaging stays fresh and interesting rather than the same old “smoking is injurious to health”. Deliver this effectively using 60 second reels and short videos in regional languages. These can play on long-distance buses much like the current anti-smoking ads, but with greater variety and periodic change. The emphasis must always tilt toward early detection and the curability of early-stage disease, not the dread of advanced cancer. Survivors and trusted local influencers can be the face of these messages

One toll-free oncology helpline, visible in every ad, repeatedly. -A single, prominently displayed NCDC or NHM-run telemedicine line staffed by oncology-trained counsellors who can triage callers and route them to the nearest screening centre. The number must appear on every poster, every reel, every bus panel —repetition is what builds recall and will lead to references among lay people.

Engage the community gatekeepers. ASHA workers should work alongside gram pradhans, imams, priests, and SHG leaders to neutralise stigma at the community level.

2. Improving Access to Screening

- Every Health & Wellness Centre under Ayushman Bharat already has schemes for population-based screening of oral, breast, and cervical cancers. Strict execution discipline and measuring outcomes is needed

-Quarterly screening camps by every TCCC and RCC in their attached districts, with a fixed annual calendar published in advance so communities can plan around them.

-A weekly cancer clinic at every PHC—even a half-day clinic will also suffice where suspicious cases are identified that serves as the formal upward referral. Suspicious cases identified here should get preferential access at TCCCs for confirmation and workup

-Periodic training for PHC doctors by TCCC faculty on red-flag signs and referral protocols. The referral pathway must be intensified—a PHC doctor should know exactly who to send where, and within what timeline. Layered onto this should be risk-stratified screening: family history, tobacco and alcohol use, HPV status, and age should guide screening intensity.

-Strengthening, training, and equipping the ground-level workforce. Monthly sessions by ASHAs and ANMs at panchayat meetings on self-breast examination, cervical cancer symptoms, tobacco-related oral lesions, and HPV vaccination. Mobile screening vans equipped with mammography, VIA, and oral examination tools should serve tribal and hilly districts where the population cannot easily come to the system.

-AI-enabled point-of-care tools. Smartphone-based oral cancer screening apps (already validated in Indian cohorts), AI-assisted cervical VIA image triage, and AI-assisted portable breast ultrasound can all be used by trained ASHAs, with abnormal findings referred upward.

-Bringing the new tools to the doorstep. Home-based HPV self-sampling kits, now FDA-approved internationally and shown in Indian studies to have over 95% acceptability across urban, slum, and rural populations, can be distributed and explained by ASHA workers.

3. Accountability and Outcomes

A screening programme without an audit will remain as a start and forget project so accountability is of prime importance here.

-Track the whole pathway, not just the screen. Every patient identified through screening should be followed through to confirmed diagnosis and treatment initiation. How many reached care in time because of the programme? Where did delays creep in for those who arrived late?

-State-level recognition for panchayats with the best screening coverage and downstaging. Some states have these for certain diseases, now it should become uniform and initiated from the central government.

-Financial protection that follows the screen. Screen-detected cancers should be fast-tracked into PMJAY or state insurance enrolment, so families do not abandon treatment because of cost. There is no point detecting early if the patient then defaults at the treatment.

-Sustained, dedicated funding. All the above strategy needs a good amount of funding. The screening and awareness wing needs a separate budget, supplemented effectively through public-private partnerships and CSR funds, which currently get spent on far less impactful health activities.

4. Primary Prevention

-school-based HPV vaccination as a default opt-out programme, delivered the way polio vaccination was once delivered—universally, through the school system, with parents needing to actively opt out rather than opt in. India introduced HPV into the national programme recently, again execution disciplines. Need for education among parents especially for vaccination among young girls.

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Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

- Shift cancer screening to a community-first, prevention-driven model for earlier diagnosis
- Strengthen primary healthcare and community workforce capacity for accessible cancer screening and referral
- Improve screening uptake, follow-up, and timely treatment, especially in rural and underserved populations
Reduce diagnostic delays, stigma, financial burden, and treatment abandonment through decentralized care systems
- Integrate technology, telemedicine, and AI-supported tracking tools to create scalable and equitable early cancer detection programs in India

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.)

Early cancer detection in India must move from a hospital-centric model to a community-first, prevention-driven approach. Today, many patients present late—not because disease is aggressive, but because systems fail them and opportunities for early diagnosis are missed.

The challenges are clear. Awareness is low, fear and stigma delay help-seeking, and screening uptake and follow-up remain poor. There is a stark urban—rural divide in infrastructure and workforce, with financial constraints and travel barriers compounding delays. Fragmented care, lack of continuity, and weak referral linkages further slow diagnosis.

A practical, people-centered strategy begins with strengthening primary care. Train ASHA workers, Anganwadi staff, nurses, pharmacists, and dentists to deliver basic screening and counseling—oral exams, clinical breast examination, and VIA for cervical cancer. Make screening routine and opportunistic: every woman >40 visiting any clinic should be offered screening; families of patients should be encouraged (“check your parents”). Integrate programs into PHCs/FHCs with clear referral pathways and accountability.

Access must go where people live. Mobile screening units can deliver mammography, Pap/VIA, and oral checks to rural areas. Workplace camps and school/community outreach (temples, mosques, churches, self-help groups) normalize screening and reduce stigma. Everyday touchpoints—pharmacy bills, bus tickets, milk packets, ATM screens—can carry simple warning signs.

Technology can bridge gaps. Use WhatsApp/SMS reminders and local-language videos for awareness. AI-based risk tools can triage high-risk individuals. Digital registries should track screening, results, and follow-up. Fast-track referral systems with e-booking reduce diagnostic delay. Emerging tools like ctDNA/liquid biopsy may complement future early detection.

Make it affordable and scalable. Free or subsidized screening days, transport support, CSR partnerships, and insurance coverage are essential. Localize campaigns and use survivors and community leaders to build trust.

In my view, the goal is simple: screen early, refer fast, treat timely—so cancer outcomes in India can truly improve.

Full Name:

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State:

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Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

Prevention and Early detection: Health education, Incentivized screenings, ASHA-led outreach, smart at-home tests, AI based follow-up to crush India’s rising, late-stage cancer burden.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

An important problem in oncology in India is the dual nature of the disease epidemiology- both increased in incidence and advanced in stage. The solution is early detection and prevention.

Challenge: Lack of Awareness

Solution: Clinical features of the various common cancers should be incorporated as part of the school syllabus to ensure every person has knowledge of the same

Challenge: Fear and Social Stigma

Solution: National Cancer Prevention and Screening Day promoted by Government and combining free testing, talks by celebrities and cancer survivor and community participation with competitions like skit, dance and plays for individuals of all cohorts with attractive prizes

Challenge: Rural Healthcare Inaccessibility

Solution: Training grassroot level health care providers like ASHA and ANM in preventive oncology including red flag signs and symptoms of common cancers as well as their screening (eg. Pap smear and clinical examination).

Challenge: Lack of Initiative

Solution: "Screen-to-Earn" program where citizens receive incentives like lower insurance premium or tax credits after completing yearly screenings (reflecting the money saved by early diagnosis).

Challenge: Shortage of Preventive Oncology related experts

Solution: Hub and spoke model Eg- Mammography done at remote areas but centralized reporting by a specialized radiologist remotely from tertiary centre.

Challenge: Stigma associated with gynaecological or breast screening

Solution: Privacy-focused entirely automated easy to use smart screening technology which can be used at home or any setting where beneficiary is comfortable.

Challenge: Poor Follow-Up After Screening and fragmented data

Solution: Develop and implement nationwide specialized AI based software that tracks patient follow-ups and automatically schedules reminders, and teleconsultations.

Challenge: Lifestyle-Driven Cancer Rise

Solution: Intensive awareness campaigns, incentivizing good health behaviors and Government support for initiatives that support healthy lifestyle (eg- tax exemption for restaurants that do not serve fast food).

Full Name:

Dr Mohamed Thanish

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Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

To reframe India's early cancer detection crisis not as an awareness failure but as a systems accountability failure, and to propose a solution that exploits the documented multiyear detectable pre invasive window present in India's four highest burden cancers by embedding a structured five item cancer risk screener with mandatory referral tracking into existing primary healthcare worker roles.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

In India, approximately 70 percent of cancers are diagnosed at stage III or IV. For two decades, the dominant response to this statistic has been awareness campaigns. The stage distribution has not meaningfully changed. The reason is simple: awareness of cancer in the abstract does not cause a well person to seek investigation. What causes a well person to get screened is a trained individual with a specific protocol coming to find them, not waiting for them to arrive.

Every cancer that kills an Indian patient in stage IV spent years as a stage I or pre invasive lesion. Oral submucous fibrosis and leukoplakia take five to seven years to become invasive oral carcinoma. CIN takes eight to ten years to become cervical cancer. Colorectal adenomas take a decade or more to become cancer. This window exists. It is generously long. And the tragedy is not that we lack the tools to use it. It is that no part of our health system is formally accountable for using it.

The proposal is to make preexisting primary healthcare workers explicitly responsible for cancer risk identification, with the accountability mechanisms that make responsibility real. Every VHN and ASHA worker should administer a validated five item cancer risk screener during routine home visits, covering tobacco and areca nut use, gynaecological symptoms and HPV risk factors, breast symptoms, rectal bleeding, and unexplained weight loss. This requires no equipment, takes under five minutes, and builds on an outreach infrastructure that already exists and reaches every village in the country.

The critical addition that all previous awareness programmes have omitted is a mandatory referral tracker. Every positive screen generates a referral. Every referral generates a 30 day follow up call to confirm attendance. Every non-attendance triggers a second outreach contact. Cancer found incidentally is luck. Cancer found through a system with accountability built in is a health programme working as it was designed to.

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Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

Objective: To improve screening, prevention and early detection in India.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

Challenges in Early cancer detection in India:

- Social stigma around cancer
- False-belief by people that they cannot get cancer because of healthy life style and absence of family history
- Distance from screening-facilities
- Financial constraints
- Lack of adequate equipment to sufficiently screen the population in the public sector
- Irrational fear of cancer; preventing screening
- No awareness about benefits of screening
- Ignoring early symptoms of cancer

Solutions to improve awareness:

- Instagram-reels/youtube-shorts by Doctors, Roche to teach younger generation
- Awareness camps (Schools/Housing areas/workplaces) by government (RBSK, Hospital-on-Wheels), Corporate hospitals, Pharma-companies.
- House-visits by Government Health workers, VHNs, Pharma-company outreach programs
- Advertisements in theatres/television, newspaper-articles
- Educating attenders and encouraging them to educate their friends/relatives.
- Eliminating the stigma around cancer by mass-education
- Encourage/make stage for cancer-survivors to share their experiences through media, gatherings.
- To give patients getting Roche's medicine, accessories like, file for treatment-documents, bag, calendar to mark treatment-dates, diary to note treatment-instructions, as complimentary and printing warning signs/images on them so that family-members will know not only about the patient's cancer but also about other cancers.

Improving access to screening:

- Free screening-camps by Roche
- Giving free oncology check-ups for family of patients purchasing drugs from Roche (after crossing a payment threshold) as a patient-assistance-program.
- Making cancer-screening an integral part of health check-ups that are done for employees
- Incorporating health check-ups in government insurances and to improve government screening facilities as much as possible.
- Once these health check-ups become free, to make them mandatory to receive government provisions
- Educating the private insurance agents to educate people to include health check-ups in insurance by emphasizing screening's importance. Even though it may increase the premium initially (insurance-agent happy) it has the potential to significantly reduce treatment costs (patient's family happy).

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Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

Problem statement: In India many cancers are detected late because early warning signs are often ignored, fear and stigma delay medical consultation, and screening services remain difficult to access especially in rural areas. Women, low-income families and daily wage workers face added barriers such as travel costs, lost income and poor health awareness. Existing awareness programs often share information but fail to drive real action or timely screening.

Objective: To create a community driven early cancer detection ecosystem that improves awareness, risk identification, screening uptake and timely referral in low resource settings by combining survivor led communication, doctor led community education, peer support networks and decentralized screening navigation.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

Solution: ONCOVOICE- 5 Pillar model

1. Voices of survival – cancer survivor storytelling. Patients listen to patients. People trust live experience more than posters.
 - They become trained community ambassadors.
 - Activities like village talks, women's self-help group meetings, factory sessions, school parent gatherings, temple/community hall awareness.
2. Doctor to door: Structured micro-education at every healthcare level. Participants should be oncologists, surgeons, gynecologists, dentists, PHC doctors, ASHA workers, and nurses. 10-min structured talks: PHC, OPD waiting rooms, schools, Anganwadis, workplaces, village health days. Topics – oral cancer warning signs, breast self-awareness, cervical cancer symptoms, tobacco harm, red-flag symptoms.
3. Screen near home: Decentralized screening access through PHCs, mobile vans, district camps, workplace camps, Telegram screening triage. Low-cost tools like Visual Inspection with Acetic Acid (VIA), oral visual screening, clinical breast exam, Faecal Immunochemical Test (FIT) where feasible. No expensive infrastructure used.
4. Buddy alert network: Peer communication support and improves treatment adherence. Patient WhatsApp/voice groups, community reminder chains, women invite women, survivors follow up with high-risk individuals, family accountability. Example: A woman misses VIA screening. Buddy calls: “I am going tomorrow, come with me.”
5. Risk route: Navigating and referral intelligence. Community worker identifies tobacco users, family history, abnormal symptoms, high-risk women. Routing: Community → PHC → District → Specialist, then tracking is done, so that no patient is lost in referral.

Case solution: Mrs C, 46-year-old female from remote village in Tamil Nadu, Has abnormal bleeding per vagina for 8 months but ignores it.

1. A survivor speaks at her self-help group meeting.
2. ASHA worker identifies risk.
3. Buddy/Friend accompanies her.
4. PHC Visual inspection of Acetic acid (VIA) positive.
5. District referral fast tracked.
6. Stage I cervical cancer detected instead of advanced disease.

IMPACT: Earlier diagnosis, increased screening uptake, reduced later stage presentation, stronger community trust, lower diagnostic delays, low-cost implementation.

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Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

Government can integrate basic health screening requirements into essential public service processes, such as voter ID registration, driving licence issuance, or renewal procedures which will create awareness on screening in general population

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

Problem statement - Most healthy individuals rarely undergo routine screening because they typically do not visit hospitals unless prompted by symptoms, illness, or a specific medical need. This lack of proactive engagement leads to missed opportunities for early detection, preventive care, and timely intervention for many chronic and asymptomatic conditions

Proposed Solution - To promote preventive healthcare and early disease detection, the government can integrate basic health screening requirements into essential public service processes, such as voter ID registration, driving licence issuance, or renewal procedures. This approach can encourage routine screening among otherwise healthy individuals who may not voluntarily seek hospital-based preventive care.

1. Identify essential government services such as voter ID registration, driving licence issuance, passport renewal, and employment certification where preventive health screening can be integrated.
2. Develop standardized age-based and risk-based screening protocols for common preventable diseases such as hypertension, diabetes, anemia, obesity, and selected cancers.
3. Enable screening through primary health centers, government hospitals, accredited private hospitals, mobile screening camps, and certified laboratories.
4. Integrate screening records with secure digital health databases for easy verification during document application or renewal processes.
5. Provide subsidized or free screening programs to ensure affordability and equitable access, especially in rural and low-income populations.
6. Conduct nationwide awareness campaigns emphasizing the importance of preventive healthcare and early disease detection.
7. Launch pilot programs in selected districts, evaluate participation and health outcomes and refine the framework before nationwide implementation.

Full Name:

Ananda NS

Name of the Institution:

Kidwai Memorial Institute of Oncology, Bengaluru

State:

Karnataka

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

To improve early cancer detection in India through practical community-based awareness, accessible screening, and strengthened referral pathways.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

Challenges:

Although cancer burden is increasing, detection and prevention remain low in India due to poor awareness, inadequate screening infrastructure, financial constraints, social stigma, gender discrimination, shortage of trained personnel, and poor utilization of preventive programs. Early cancer detection in India requires not only screening programs but also strengthening first-contact healthcare systems and referral pathways.

Solutions:

1. Improve Health Literacy:

Train ASHA workers, ANMs, CHOs, and PHC doctors on cancer screening, prevention, and identification of “red flag” symptoms. Use TV, radio, social media, regional language campaigns, cancer survivors, and local influencers to improve awareness and reduce stigma.

2. Enhancing Infrastructure:

Strengthen PHCs with better manpower, diagnostics, and mobile screening units in rural areas. Fast-track referral and biopsy pathways should be developed for patients identified at PHCs and screening camps.

3. Free Screening Access:

Offer free screening for breast, cervical, and oral cancers at PHCs and district hospitals for economically vulnerable populations.

Opportunistic screening during diabetes clinics, antenatal visits, TB clinics, and annual health check-ups may improve participation.

4. Overcome Social and Gender Barriers:

Educate women’s groups, teachers, local leaders, and religious influencers to reduce fear, stigma, misconceptions, and delays in seeking care.

5. Survivor and Influencer Promotion:

Cancer survivors, public figures, celebrities, and social media influencers can improve awareness, reduce fear of cancer, and encourage participation in screening programs.

6. Focus on Cancer Prevention:

Strengthen tobacco cessation programs, anti-smoking laws, alcohol control policies, and government HPV vaccination initiatives to reduce preventable cancers.

7. School and Workplace Initiatives:

Cancer awareness and screening education in schools and colleges is important so that students can educate their families about cancer. Workplace screening programs and routine annual health check-ups may improve participation among adults.

8. Innovation, Technology, and Telemedicine:

Telemedicine, AI-assisted screening tools, digital reminders, and patient-tracking systems can improve referrals, follow-up, prevent loss to follow-up after abnormal screening, and enhance early diagnosis in remote areas.

9. Increase PPP Model:

Collaboration between government institutions, NGOs, and private hospitals can strengthen screening outreach, training, infrastructure, and cancer care access.

10. National Screening Initiative:

Implement a nationwide structured screening program for common cancers with standardized referral pathways to improve early detection and reduce cancer-related mortality

Full Name:

Livin T

Name of the Institution:

Madurai Medical College, Kanyakumari

State:

Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

Screening programs in PHCs - UNDERTAKEN IN OUR TN GOVT SETUP (thanks to previous govt).

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

Most cases we see in our clinics are already walking in at stage III or IV. It is honestly a massive crisis on the ground. The stigma surrounding a cancer diagnosis here is deeply entrenched. People are terrified. They essentially view the word itself as a death sentence. And that dread causes them to actively hide warning signs, like a painless breast lump or a chronic oral ulcer. The financial terror completely paralyses them from getting help early.

But we simply cannot expect these folks to travel from remote districts to our tertiary hubs just for a routine screening. The logistical friction is just way too high. To actually fix access, we have to push basic protocols directly into the primary health infrastructure. We need to train frontline workers to perform basic clinical checks during their standard community rounds. And we desperately need a rapid referral pathway. Because a screening program is completely useless if a suspicious mass takes six months to actually get biopsied.

Public awareness campaigns also have to drop the sterile, academic language. We need aggressive, localized messaging that kills the myth about cancer being untreatable. But the real shift has to be opportunistic screening. If a patient walks into a local clinic for a blood pressure check, they should automatically get evaluated for common regional malignancies using adapted NCCN risk frameworks. THIS IS UNDERTAKEN IN OUR TN GOVT SETUP (thanks to previous govt - screening programs in PHCs). Catching these tumors early means we can actually take them to the OR for a curative R0 resection with a rigorous JCOG-level lymphadenectomy. And that beats settling for futile systemic palliation every single time. Hardwiring these triggers into daily primary care is the only way we stop catching these cases too late.

Full Name:

Rishika Goyal

Name of the Institution:

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State:

Karnataka

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
Objective

The goal is to minimize diagnostic delays and enhance early-stage cancer detection by establishing a structured process that swiftly identifies high-risk individuals and ensures a prompt transition from suspicion to confirmed diagnosis.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.)

Existing Gaps

Despite the presence of awareness campaigns and screening initiatives, still major percentage of cancers in India diagnosed at advanced stages. The reason is not only lack of awareness, but major delays that occur after a suspicious symptom is being noticed. Patients often face multiple consultations, delayed referrals, postponed biopsies, and extended pathology turnaround times. Currently, there is no system in place to monitor the speed at which a patient moves from cancer suspicion to a definitive diagnosis, resulting in missed chances for early intervention.

Solution:

Cancer Diagnostic Clock, this is a straightforward accountability framework that aimed at tracking each patient from point of initial suspicion to stage of diagnosis confirmation

The process gets started as soon a healthcare provider identifies predefined Cancer Alert symptoms, such as a non-healing oral ulcer, breast lump, abnormal vaginal bleeding, persistent neck node, or unexplained weight loss.

Once these symptoms are flagged, a Cancer Alert is issued, and the Diagnostic Clock begins ticking.

Each patient is automatically assigned to a District Cancer Coordinator (who can be a trained nurse, or oncology social worker). This coordinator does not make any medical decisions, but they ensure timely progress through the diagnostic pathway by properly monitoring referral completion, biopsy scheduling, pathology reporting, and specialist consultations.

Predefined timelines are tracked for each step, and any delays trigger automatic escalation to the district nodal center.

Initially, for the sake of application, this system can be piloted for oral cancer, where simple visual examinations and clearly defined warning signs make early detection possible.

This system not only merely does the counting of the number of people screened but also focuses on measuring the time-to-diagnosis and turning diagnostic delay into a visible and actionable healthcare quality indicator.

By reducing system latency and enhancing accountability, more patients can be diagnosed at a treatable stage, ultimately improving survival rates and reducing the cancer burden in India.

Full Name:

Shashanka K S

Name of the Institution:

Manipal Hospital, Bangalore

State:

Karnataka

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

Challenges/ problem statement:

The term cancer often generates a mortal fear in Indian public, leading to ignoring early symptoms and screening. It also carries a stigma relating it to past sins especially in rural communities. Fear of financial burden on often forces individual to hide initial symptoms. Accessibility to health care facilities with effective screening methods is another major factor in the most of India. Lack of training health care professionals in early detection on cancer leads to delay in diagnosis, improper treatment etc. Lack of awareness and attitude of seeking medical help when symptoms are severe and debilitating. In many cancer lack of sensitive screening tools also play a part. No effective way of tracking the patients suspected with cancers. Unproved therapies, quacks are rampant in India misleading patients. Awareness is the first step to access, not only in rural area, even in educated, affluent class age specific screening happens at much lower rate.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.)

Solution

1) Improving awareness in general public: Goal is to remove “Cancer is a death sentence” mindset.

- To emphasize on early detection and its curative potential.
- To get rid of cancer associated stigma.
- From “Bolo Zubhan Kesari” to “Bolo Zuban Jaagrotka.
- Celebrities endorsement of cancer screening programs, awareness.
- Involving/ encouraging celebrities with early cancers to share their stories of cancer cure and how early detection helped them.
- Using social media, Instagram, YouTube, WhatsApp to create content awareness content of early detection and screening. Doctors should increase their presence in social media to guide the public in right direction
- Skits, nataks, posters of cancer screening.
- Community reach programs, training ASHA/USHA workers, local physicians in cancer screening. Eg ASHA can teach monthly self-breast examination to women.
- Include chapters on benefits of cancer screening, early detection and cancer prevention in school curriculum.

2) Increasing access to early detection in screening

- For rural areas cancer screening camps, mobile clinics, screening vans, outreach programs.
- Introduction of annual screening modules in PHC and CHC packages of mammogram, pap smear, examination etc, for free of cost and advertisement of the available facilities.
- Digital revolution using to united health app to send reminders, AI generated reports after screening completion to reduce the cost.
- Large scale agreements with manufacturer for the screening equipment reducing the procurement cost.
- Effective referrals systems after detection, psychological support with help of social workers to prevent early dropouts.
- Bringing cancer detection and screening under Ayushman Bharat, more tie up hospitals can take up the role. Advocacy for the inclusion in insurance schemes to reduce the financial burden.
- Integrate NGOs to open cancer screening booths in public events, gatherings, places. Eg Fairs, bus stands, railway stations.

3) Innovation:

- Newer and better screening tools development and research.
- Thermal screening, thermography screening needs to be validated in India patients and local approvals considering benefits and fallacies rather than depending on or waiting for FDA and other international bodies which may not take India centric.
- AI driven colposcopy tools to interpret the reports and early referrals. AI based oral scanners etc.

Full Name:

Jagga Sankalp Harish

Name of the Institution:

Kidwai Memorial Institute of Oncology, Bengaluru

State:

Karnataka

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

- To identify the major barriers responsible for delayed cancer diagnosis and poor uptake of screening in India.
- To evaluate strategies for improving public awareness, access to screening services, and early cancer detection across diverse populations.
- To develop sustainable, community-based, and technology-enabled approaches that promote timely diagnosis and improve cancer outcomes in India.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

Early cancer detection is one of the most effective ways to improve survival, reduce treatment costs, and enhance quality of life. However, in India, a large proportion of cancers are diagnosed at advanced stages due to multiple patient-, provider-, and system-level barriers.

1. Solutions to Improve Public Awareness

- Conduct nationwide cancer awareness campaigns through television, radio, social media, and local community programs.
- Integrate cancer education into school and college health programs.
- Utilize community health workers (ASHAs and ANMs) to educate populations regarding warning signs and screening.
- Promote awareness about tobacco cessation, HPV vaccination, hepatitis B vaccination, and healthy lifestyle practices.
- Engage cancer survivors, NGOs, and patient advocacy groups to reduce stigma and encourage early medical consultation.

2. Improving Access to Screening

- Strengthen population-based screening programs for breast, cervical, and oral cancers.
- Establish mobile screening units in rural and underserved regions.
- Integrate cancer screening into primary healthcare and Health & Wellness Centres.
- Expand telemedicine and digital health platforms for screening referrals and follow-up.
- Provide low-cost or free screening services through government programs and insurance schemes.
- Develop risk-based screening strategies for high-risk populations.

3. Challenges in Early Cancer Detection in India

- Low public awareness regarding cancer symptoms and risk factors.
- Fear, stigma, and misconceptions about cancer diagnosis.
- Limited screening infrastructure and trained personnel.
- Geographic disparities between urban and rural healthcare facilities.
- Financial constraints and out-of-pocket healthcare expenditure.
- Delayed referrals and fragmented healthcare pathways.
- Lack of organized national screening programs for several common cancers.
- Inadequate cancer registries and data collection systems.

4. Solutions and Strategies to Overcome These Challenges

- Strengthen primary healthcare systems and referral networks.
- Train primary care physicians to recognize early cancer symptoms.
- Implement organized screening programs with quality assurance measures.
- Use AI-assisted screening tools for cervical, breast, oral, and lung cancers.
- Expand cancer registries and digital health records for population-level surveillance.
- Increase government funding and public-private partnerships for cancer prevention programs.
- Promote HPV and hepatitis B vaccination programs to prevent infection-related cancers.

In India, the greatest opportunity lies not in developing newer treatments but in diagnosing cancers earlier. Oral cancer, cervical cancer, breast cancer, and colorectal cancer can often be detected at a curable stage through awareness and screening. A successful strategy should combine community education, primary healthcare strengthening, affordable screening, digital technologies, and policy support. Detecting cancer one stage earlier may save more lives than introducing the next expensive cancer drug.

Full Name:

Varsha V

Name of the Institution:

Manipal Hospital, Bangalore

State:

Karnataka

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

Challenges/ problem statement:

Problem statement: According to GLOBACAN 2022 data, over all the most common cancer in India is breast, accounting to 98337 deaths annually, while cervix is third, accounting to 79906 deaths annually. How often have we seen a middle-aged women coming with fungating breast mass? And we always wonder why this late? And how can we prevent this?

Objective of solution: To improve early cancer detection and prevention of breast and cervical cancer among Indian women.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

1. Ignorance is not bliss: Bridging the knowledge gap

Promoting awareness about breast health and warning signs. Through stories that are relevant to that population, so that its more impactful. Emphasizing that early detection can lead to cure and normal life, while delayed diagnosis can cause social, financial and mental burden.

- Rural India: Skits, role plays, women's self-help groups, community gatherings and ASHA-led education.
- Urban India: Social media campaigns, workplace awareness programs, hospitals, educational institutions and public spaces such as metro stations. Given the younger age at diagnosis of breast cancer in India and HPV vaccination most effective when given at young age, cancer awareness and education should start early.

2. Breaking Barriers: Awareness to Access!

- Social: Fear, stigma and myths associated with cancer should be broken down by normalizing conversation about cancer, engaging families, community leaders and survivors as advocates.
- Financial dependency/Autonomy: Reliance on family for healthcare expenses and decisions, may delay accessing care. This can be overcome by extending insurance coverage for screening test, availability at government centres and mobile screening units in remote areas.
- Psychological: Addressing concerns related to treatment like alopecia, mastectomy and loss of fertility. Reassuring patients that options such as natural-looking wigs, breast reconstruction, external breast prostheses, and fertility preservation are available. This can improve acceptance of treatment and encourage early presentation.

3. Prevention is better than cure:

- Targeting high risk population: Singapore has adopted “Jeans for Genes” campaign to support their cancer genetics service, 70% subsidised genetic testing for hereditary breast and ovarian cancer, followed by cascade testing and also risk reducing surgeries are provided under national insurance coverage. There is need for such reforms in India.
- HPV vaccination: The Government of India has launched the National HPV Vaccination Campaign in February 2026 under the health initiative “Swastha Nari”, offering free and voluntary vaccination to girls aged 14 years. This should be widely promoted through schools and community outreach programs.
- Health education: On modifiable cancer risk factors should start in schools and education institutes as this is where lifelong habits and behaviours are formed.
- Conclusion: “Awareness creates opportunity, access enables action, and early detection saves lives.”

Full Name:

Dr. Chirag Gajera

Name of the Institution:

JNMC, Belagavi

State:

Karnataka

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

To improve early cancer detection in India by increasing public awareness, expanding access to evidence-based screening, strengthening healthcare infrastructure, and establishing sustainable strategies for early diagnosis and timely treatment initiation.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

Early cancer detection in India is challenged by limited awareness, fear and stigma related to cancer, inadequate screening facilities, delayed healthcare seeking, shortage of trained healthcare workers, limited diagnostic infrastructure, socioeconomic barriers, and unequal access between urban and rural populations.

Public awareness can be improved through community-based education programs, school and workplace awareness campaigns, involvement of primary healthcare workers, patient advocacy groups, and digital media initiatives. Emphasis should be placed on recognizing early warning signs, reducing stigma, and promoting participation in screening programs.

Access to screening can be enhanced by integrating cancer screening into primary healthcare services, establishing mobile screening units, strengthening district-level diagnostic facilities, using telemedicine support, and ensuring affordable screening services. Risk-based screening strategies can prioritize high-risk individuals for more intensive surveillance.

Key solutions include developing national and regional cancer screening pathways, training frontline healthcare workers, improving referral systems, expanding pathology and diagnostic services, and implementing population-based screening programs for cancers with proven benefit such as breast, cervical, and colorectal cancer.

Government support, public-private partnerships, cancer registries, and data-driven monitoring systems are essential for evaluating program effectiveness. Combining awareness, accessible screening, early diagnosis, and timely referral can significantly reduce advanced-stage presentation and improve cancer survival outcomes in India.

Full Name:

Kashinath Benakatti

Name of the Institution:

Kidwai Memorial Institute of Oncology, Bangalore

State:

Karnataka

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

To increase cancer awareness, improve access to screening services, promote early diagnosis, and reduce cancer-related morbidity and mortality through timely detection and treatment, particularly among underserved populations in India.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

Challenges in Early Cancer Detection and Prevention in India: Strategies for Improvement

Majority of cancer 70% are advanced stage due to lack of awareness about screening.

1) Solutions to improve awareness among general public

- Conducting nationwide multimedia campaigns through television, radio, social media, advertise screens of bus stop/railway station/airport/malls in local languages.
- Educating students regarding cancer preventive measures, benefits of screening and early diagnosis/treatment with simple models. Students can further disseminate information to their families
- Promoting awareness on tobacco cessation, HPV vaccination, pap smear and self-examination.
- Educating Priests and religious leaders for delivering messages on tobacco cessation, cancer warning signs, and the importance of screening during religious gatherings, fairs, and community events. Their trusted influence can overcome myths, stigma, and motivate people to seek screening and medical consultation.
- Educating family's by ASHAs, ANMs, and Anganwadi workers.

2) Improving access to screening

- Conduct mobile screening camps in rural, tribal, and underserved areas.
- Provide free screening and diagnostic tests for low-income populations.
- Integrate cancer screening with existing national programs
- Organize regular community-based screening camps at workplaces, religious gatherings, and village fairs.
- Training doctor in PHC regarding screening of breast, cervix and oral cavity cancers.
- Training ASHA /Anganwadi workers for bringing at risk patents for screening.

3) Challenges in early cancer detection in India

- Lowest public awareness
- Social stigma, fear, and misconception
- Limited access to screening facilities
- Shortage of trained healthcare personnel and inadequate infrastructure
- Lack of organized screening programs
- Financial concerns.
- Dependence on traditional remedies or alternative therapies

4) Solutions and Strategies

- Conduct sustained cancer awareness campaigns through mass media, schools, community, programs, and local-language education.
 - Involve cancer survivors, community leaders, and religious leaders to promote positive messages and dispel myths.
 - Expand screening through Health and Wellness Centres, mobile screening units, and outreach camps in rural areas.
 - Implement nationwide population-based screening for oral, breast, and cervical cancers with robust referral pathways.
 - Provide free or subsidized screening and diagnostics through government health schemes such as Ayushman Bharat.
-