

Full Name:
Dr Rajdeep Bose

Name of the Institution:
Dr B Borooah Cancer Institute, Guwahati

State:
Assam

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.