Cancer knows no boundaries; nor should cancer care

Oncology research has significantly progressed in recent years, but inequalities in treatment, limited access to screening, and uneven clinical application persist

Historically, cancer has been widely considered a death sentence.

Today, for many patients, cancers are treatable. They are often detected earlier, identified more precisely through screening and molecular profiling, and treated more effectively through a host of increasingly personalised treatments. Survival rates for major cancers have improved markedly, and in more developed nations, advances once considered breakthroughs are now routine.

While cancer afflicts populations worldwide, progress in oncology research is uneven, creating stark disparities in patient outcomes between developed and developing nations. In 2023, more than half (65.8%) of cancer deaths occurred in Low- to Upper-Middle Income Countries (LMICs) like India. Without urgent action and funding, millions more will die from cancer by 2050, disproportionately in LMICs.

Rapidly ageing populations across Asia, urbanisation, and changing lifestyles are driving cancer incidence upward in the region, often faster than local healthcare systems can adapt. In countries like India, the challenge is not simply about furthering scientific innovation; it is also about ensuring that innovation reaches those who need it most.

As we continue to take steps forward in cancer care, we need to consider what real progress means – to reach those most often left behind. This calls for urgent attention and decisive action by the global oncology community.

Preventable, but not eliminated

The gap between scientific advancement and clinical implementation is especially striking in cervical cancer. It is one of the world's most preventable cancers, yet remains one of the leading causes of cancer death for women in India despite the highly effective Human Papillomavirus (HPV) vaccines and screening tools.

Risk factor awareness and screening rates remain low in several regions of India, particularly among women from lower socioeconomic groups. One study conducted across the country found that only around 2% of eligible women reported undergoing cervical cancer screening. Another analysis on cervical cancer screening in the region also linked access strongly to education level, household income and government insurance coverage.

These factors mean many women are driven to healthcare institutions only after symptoms appear, making treatment more difficult and expensive. Scalable, low-cost interventions can transform patient outcomes in settings with differing resource capacities.

India's recent nationwide HPV vaccination campaign, which aims to provide free vaccines to more than 11.5 million adolescent girls, represents an ambitious first step to address cervical cancer at the point of prevention. However, such programmes only succeed when bolstered with lower-cost vaccines, community-based screening initiatives, and public education campaigns.

Lifestyle factors and cancer

For men in India, lifestyle habits including tobacco use and alcohol consumption contribute to oral, oesophageal, head and neck, and lung cancers. Similarly, a lack of awareness and barriers to health-seeking behaviours also cause late-stage diagnoses, making treatment more difficult. Public health campaigns leveraging celebrity endorsements have already targeted tobacco consumption to raise awareness and shift preferences, proving impact.

In India, a substantial proportion of cancer cases and deaths could be avoided through targeted prevention strategies and early detection programmes. Addressing modifiable risk factors like tobacco use and implementing structured screening for highly detectable cancers like breast, cervical, and oral cancers could significantly reduce the country's oncology burden.

These efforts matter because cancer outcomes are shaped as much by healthcare delivery systems as they are by science.

Spotlighting Indian research

This also reinforces the importance of bringing local research to international platforms. I have seen many high-quality and practice-changing studies from India and the broader Asia Pacific region. The studies from India bring unique perspectives to the global sessions, challenge what we know of cancer care and research, and provide opportunities to connect different lived realities of patients and researchers around the globe. This is crucial, as there is no one-sized-fits-all approach when it comes to treating cancer, especially in a region as diverse as Asia.

A recent abstract presented a clinical trial from Tata Memorial Hospital, Mumbai, with an ultra-low dose immunotherapy (less than $1/10^{th}$ the dose used in high-resource settings) plus oral chemotherapy compared to standard intravenous chemotherapy without immunotherapy in advanced head and neck cancer. Those who received immunotherapy plus oral chemotherapy experienced improved survival and fewer side effects. The study demonstrated that a low-cost, well-tolerated regimen can significantly improve survival, making it highly relevant for patients in India and other resource-constrained countries.

Decisive action needed

Researchers from India and around the world are making meaningful progress in finding innovative solutions, and we are seeing more studies conducted by Indian researchers

contributing to real-world data. This is important as India continues to carry a significant cancer burden.

Our collective efforts will enable us to continue advancing cancer care, and work towards a reality where no one, regardless of geography, will be left behind.

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