

Chapter 3

SITES OF CANCER ASSOCIATED WITH THE USE OF TOBACCO

This chapter indicates the impact of the use of tobacco on the occurrence of cancer through overall proportions and specific anatomical sites of cancer. Incidence rates of each site by five year age group and sex for each PBCR is available in the Annexure tables on the website (www.ncrpindia.org). In planning tobacco control activity across the country the above parameters are critical. Most importantly, the incidence and relative proportion of specific sites of cancer associated with the use of tobacco varies according to the type of tobacco and the manner of its consumption.

Table 3.1 gives the number and relative proportion of Tobacco Related Cancers (IARC - 1987) in different PBCRs. East Khasi Hills District of Meghalaya had the highest relative proportion of cancers associated with the use of tobacco for males and females at 69.3% and 43.0% respectively when compared to all sites of cancers. The lowest proportion of tobacco related cancers was among females in Thiruvananthapuram with 10.3% of cancers being associated with the use of tobacco.

Figure 3.1 depicts the proportion of tobacco related cancers relative to all sites for 25 PBCRs.

Figure 3.2 illustrates the proportion of specific sites of cancer among all tobacco related cancers (TRCs) for 25 PBCRs. In males, mouth cancer was the leading site in ten registries, its contribution ranging from 22.6% in Barshi Expanded to 39.6% in Wardha, oesophagus cancer was the leading site in seven registries, its contribution ranging from 19.9% in Cachar District to 45.1% in Meghalaya, lung cancer was the leading site in eight registries, its contribution ranging from 24.7% in Delhi to 48.9% in Manipur state.

In females, mouth cancer, oesophageal cancer and lung cancer were the leading sites among the tobacco related cancers. Mouth cancer and lung cancer contributed to 48.2% of TRCs in Chennai. Similarly, mouth cancer and oesophageal cancer contributed to 66.6% of TRCs in Nagaland. Lung cancer contributed to 67.9% and 72.8% of TRCs in Manipur State and Mizoram State respectively. In Meghalaya, 54.7% of TRCs belong to oesophageal cancer.

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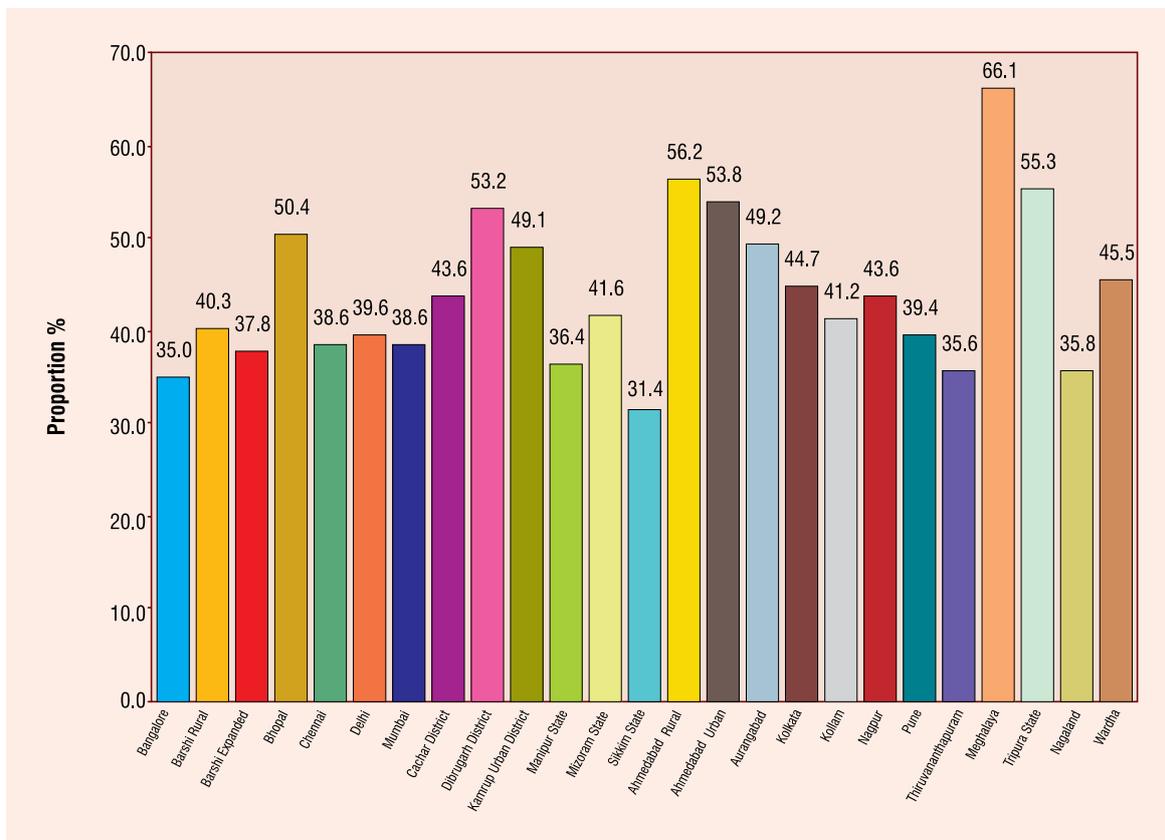
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Table 3.1: Number (#) and Relative Proportion (%) of TRCs

Registry	Male		Female	
	#	%	#	%
Bangalore (2008-2009)	2111	35.0	1120	15.2
Barshi Rural (2009-2010)	110	40.3	39	12.9
Barshi Expanded (2009)	301	37.8	130	13.4
Bhopal (2009-2010)	749	50.4	243	16.9
Chennai (2009)	1011	38.6	395	14.1
Delhi (2008-2009)	6019	39.6	1602	11.6
Mumbai (2009-2010)	4285	38.6	1632	13.9
Cachar District (2009-2010)	689	43.6	289	22.9
Dibrugarh District (2009-2011)	765	53.2	249	23.7
Kamrup Urban District (2009-2011)	1232	49.1	491	25.7
Manipur State (MR) (2009-2010)	507	36.4	312	21.1
<i>Imphal West District</i> (2009-2010)	144	38.2	81	19.4
<i>MR - Excl. Imphal West</i> (2009-2010)	363	35.7	231	21.8
Mizoram State (MZ) (2009-2010)	572	41.6	257	23.2
<i>Aizawl District</i> (2009-2010)	330	47.4	134	22.4
<i>MZ - Excl. Aizawl</i> (2009-2010)	242	35.6	123	24.1
Sikkim State (2009-2011)	197	31.4	120	20.5
Ahmedabad - Rural (2009-2010)	559	56.2	138	19.0
Ahmedabad - Urban (2009-2010)	2441	53.8	576	16.6
Aurangabad (2009-2010)	248	49.2	85	15.7
Kolkata (2008-2009)	2294	44.7	675	14.1
Kollam (2009-2010)	1389	41.2	397	12.7
Nagpur (2008-2009)	892	43.6	323	14.3
Pune (2009-2010)	1133	39.4	493	16.2
Thiruvananthapuram (2009-2011)	885	35.6	272	10.3
Meghalaya (2010-2011)	1004	66.1	344	40.0
<i>East Khasi Hills</i> (2010-2011)	654	69.3	242	43.0
Tripura State (2010)	581	55.3	161	20.5
Nagaland (2010)	78	35.8	12	10.9
Wardha (2010-2011)	346	45.5	182	22.1

Fig. 3.1: Proportion (%) of Tobacco Related Cancers (TRCs) Relative to All Sites of Cancers

Males



Females

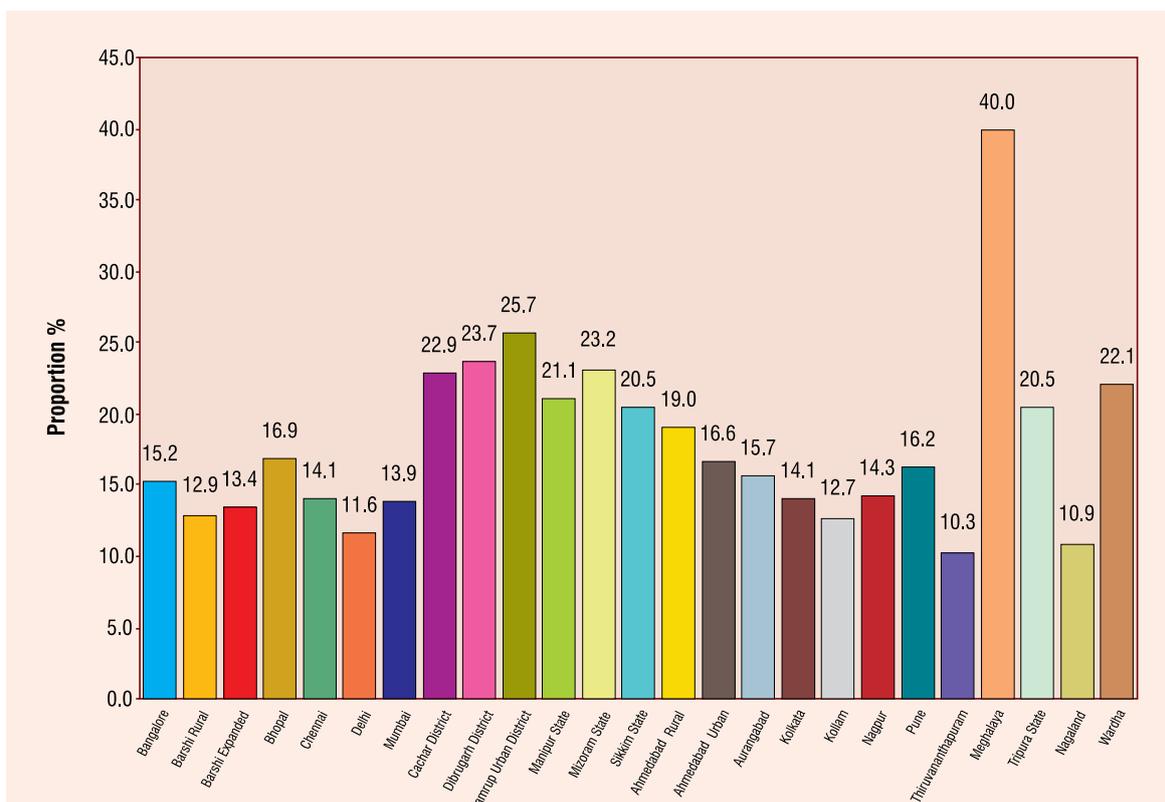
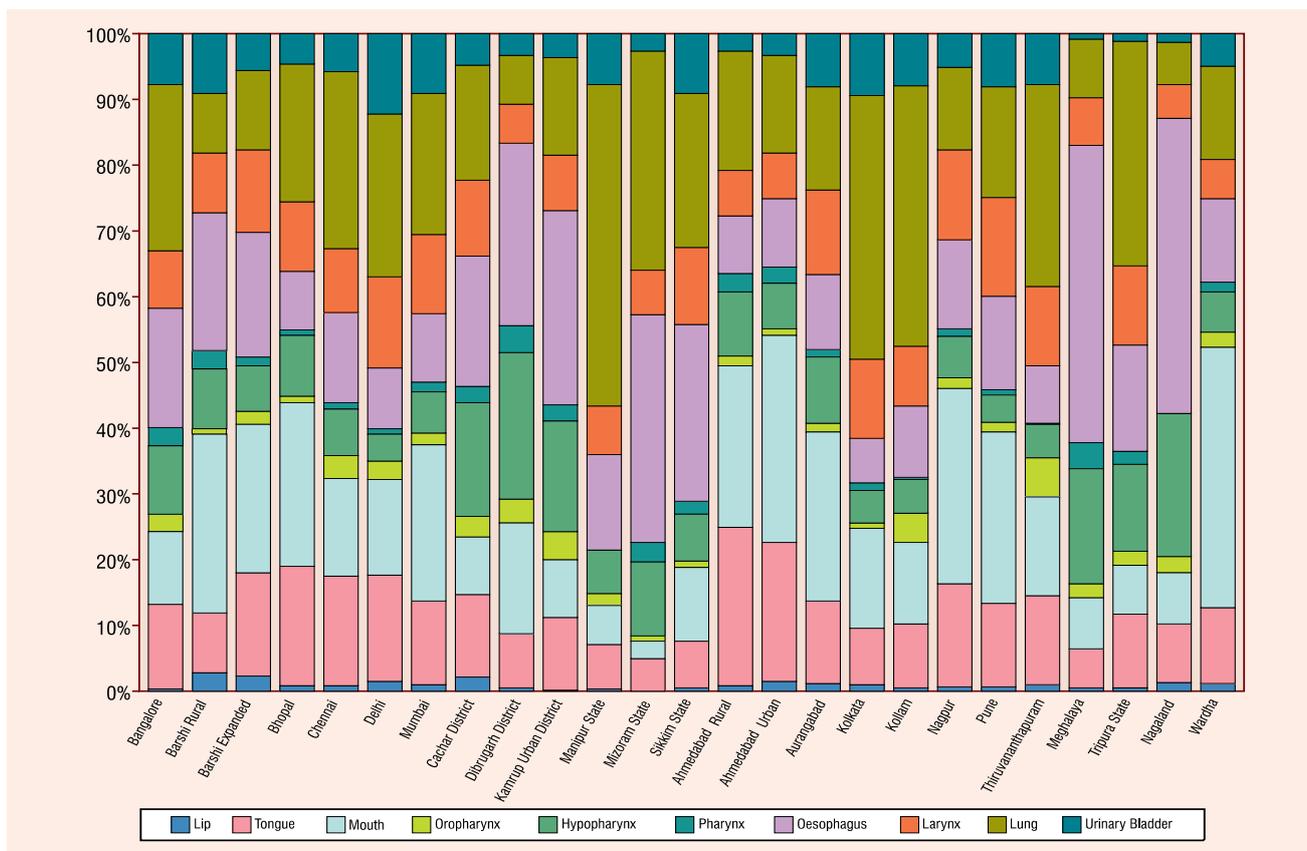


Fig. 3.2: Proportion (%) of Specific Tobacco Related Sites relative to all Tobacco Related Cancers (TRCs)

Males



Females

