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Research Paper

Socio Demographic Profile of Cancer Patients attending tertiary care teaching hospital of India

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ABSTRACT:
Cancer is the second leading cause of death and disability around the world. More number of people now die of cancer than from all cases of AIDS, tuberculosis and malaria put together. A retrospective study of 2 years was conducted among patients attending regional cancer center of SKIMS between 1st October 2015 and 30st September 2017.In our study, majority of the Cancer patients belonged to the age group 41-60 years (54%). In the present study, males were more affected than females (54%). The present study had majority of the patients were from rural areas (79%). Majority of the patients were married (79%). Majority of the patients had diagnosis of lung Cancer (18%). The present study, majority of the patients were of below poverty line (80%), monthly per capita household income (For J&K: Rural=Rs.1102, Urban=Rs.1192).
Key words: Cancer, Socio demographic, Profile
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I. INTRODUCTION

Cancer is the second leading cause of death and disability around the world. More number of people now die of cancer than from all cases of AIDS, tuberculosis and malaria put together. According to World Cancer Report, there is high incidence rate of cancer throughout the world and it may reach about 20 million by 2030.More than half of new cancer patients and two-thirds of cancer related deaths now occur in developing countries. Cancer has become one of the major causes of death in India. Every year, about 0.4 million deaths occur in India due to cancer(1,2).

Households with a cancer patient experienced significantly higher Out of pocket (OOP) expenditure per capita as compared with households having a noncancer patient. The likelihood of experiencing catastrophic health expenditure (CHE) in case of cancer was 160% more than for any other disease in India. In case of rural households affected with the cancer, the incidence of borrowing, financial gifts from relatives/friends, and selling of assets are higher as compared to urban households. Lower income group face distress financing even seeking treatment in public sector (3,4).

With this background, the present study was undertaken with the idea to understand socio-demographic profile of patients attending Regional cancer centre of SKIMS.

Aims and Objectives: Tounderstand socio-demographic profile of patients attending Regional cancer centre of SKIMS.

II. MATERIAL AND METHODS

Study Design and Duration
A retrospective study of 2 years was conducted among patients attending regional cancer centre of SKIMS between 1st October 2015 and 30st September 2017.

Sampling
Using simple random sampling, 20% of the patientsattending regional cancer centre of SKIMS were included.

Study Tool
After obtaining the list of patients registered in regional cancer centre, the cancer patients were contacted, consent taken from them after explaining the scope and purpose of study and they were subjected to a questionnaire which was pretested by conducting a pilot study. Socio demographic profile of patients was studied.

Exclusion Criteria:
Those patients who refuse to participate in the study were excluded from the study

Statistical Analysis:
Data was analyzed with the help of SPSS software (version 23.0). All the categorical data was shown in the form of frequency and percentages & continuous data was shown in the form of averages and standard deviations.

III. RESULTS AND OBSERVATIONS

The pretested questionnaire was given to 625 Cancer patients registered with Regional Cancer Centre (RCC) SKIMS between 1st October 2015 and 30st September 2017. The response rate was 80.00%. A sample size of 500 Cancer patients was obtained for study.

Age wise distribution of patients
In our study majority of the patients, 54.0% (n=270) belonged to the agegroup 41-60 years followed by 27.0% (n=135) patients belonging to the age group 21-40 years and 16.0% (n=80) patients belonged to age group 61-80 years. Only 3.0% (n=15) patients belonged to age group 0-20 years (Figure1).

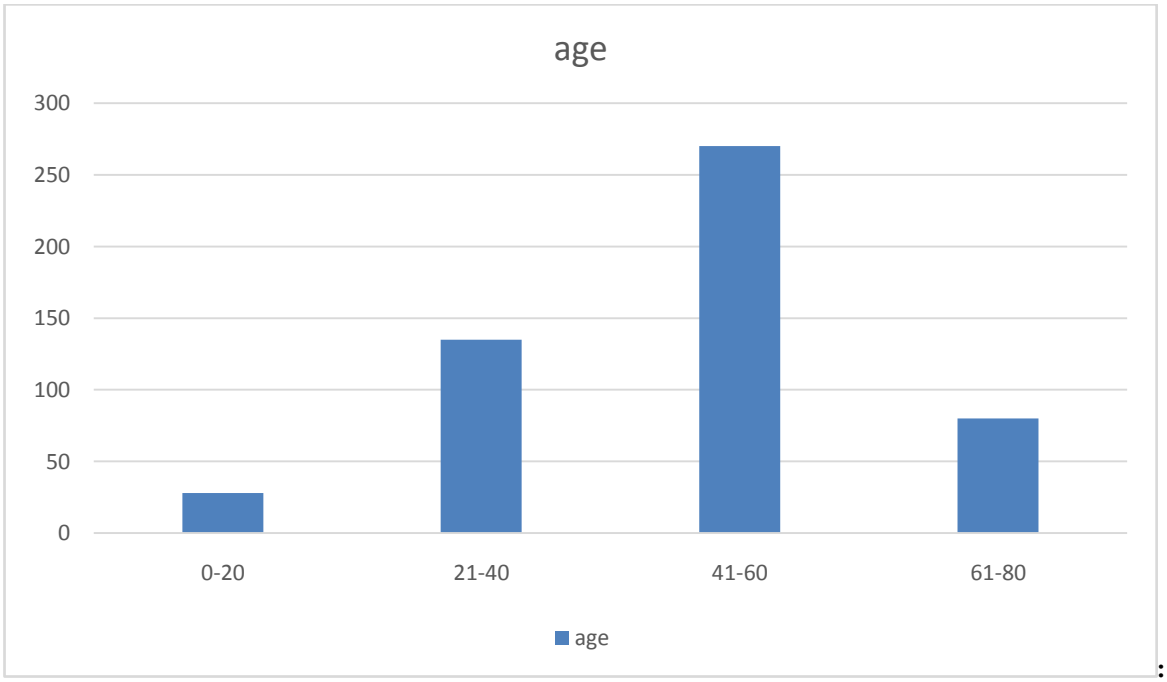

Figure 1: Showing age distribution of cancer patients

Gender wise distribution of patients
In our study, 54.0% (n=270) patients were males and 46.0% (n=230) patients were females (Figure 2)

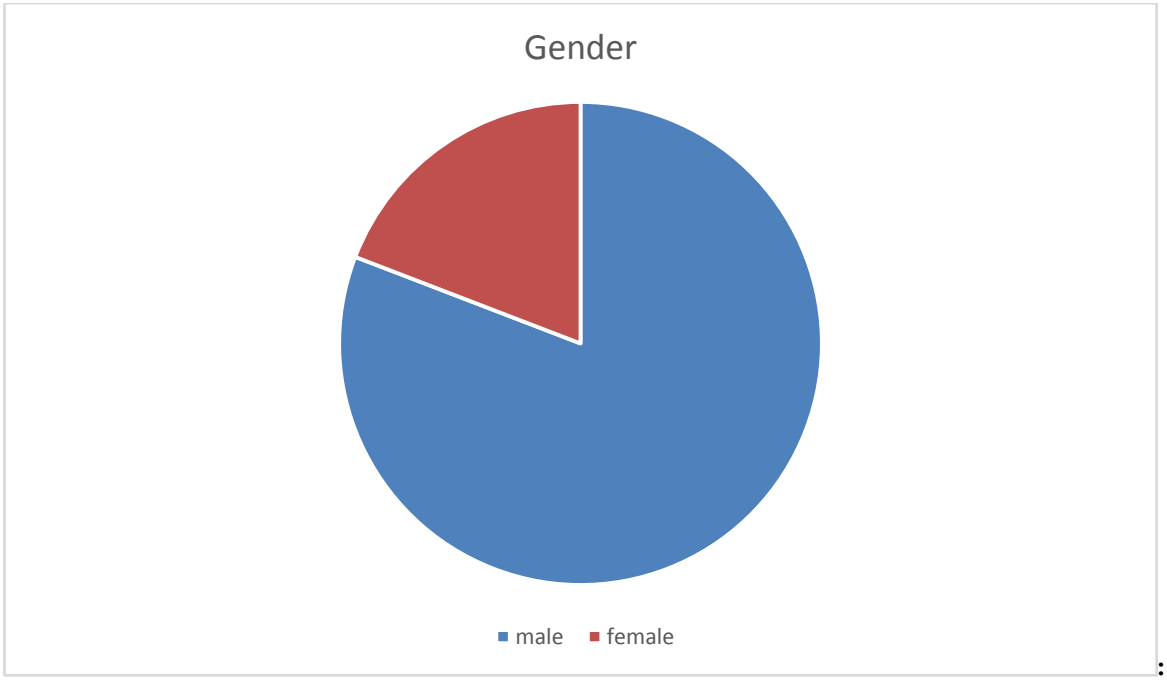

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Figure 2: Showing gender of cancer patients.

Domicile of patients

In our study, 79.0% (n=395) patients were from rural areas and 21.0% (n=105) patients were from urban areas (Figure 3).

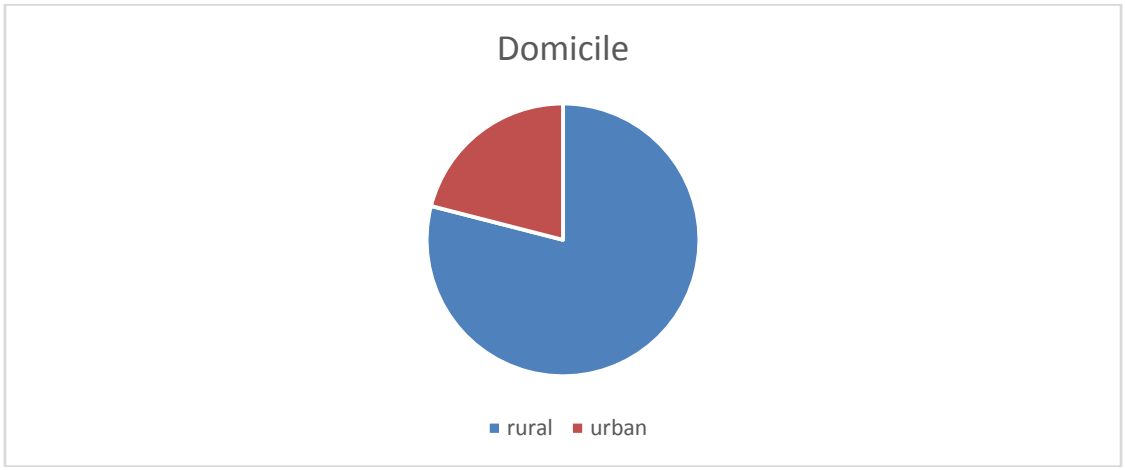

Figure 3: Showing domicile of cancer patient

Marital Status

It was observed that, 79.0% (n=395) patients were married and only 21.0% (n=105) patients were unmarried (Figure 4).

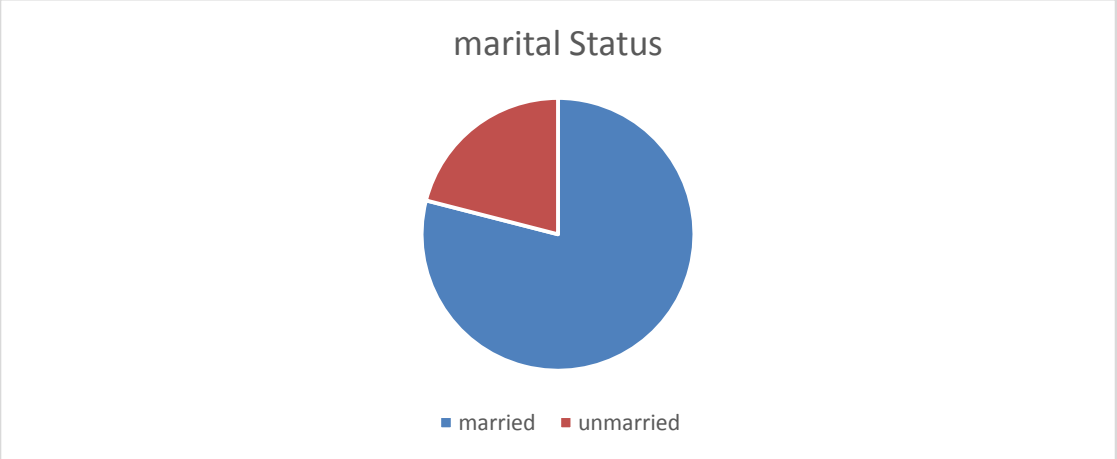

Figure 4: Showing marital status of cancer patients.

Category of patients

In our study, 80.0% (n=400) patients belonged to privileged (BPL) category and 20.0% (n=100) patients belonged to non-privileged (APL) category (Figure 5).

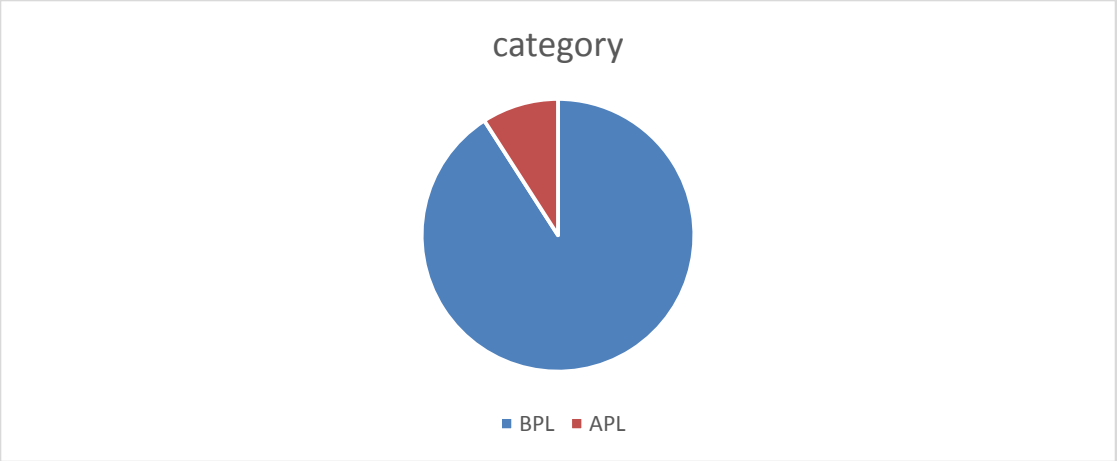

Figure 5: Showing category of cancer patients as per below poverty linecriteria.

Diagnosis

It was observed that majority of patients, 18.0% (n=90) had lung cancer followed by 12.0% (n=60) patients had breast cancer, 11.0% (n=55) had carcinoma stomach, 10.0% (n=50) had carcinoma esophagus. CML and Hodgkin's lymphoma were found in 1.0% (n=5) of patients respectively .(Table 1)

Table 1:Diagnosis

Diagnosis	Percentage(Frequency)
ALL	3.0%(n=15)
AML	3.0%(n=15)
Carcinoma Breast	12.0%(n=60)
Carcinoma Colon	3.0%(n=15)
Carcinoma Esophagus	10.0%(n=50)
Carcinoma Gallbladder	4.0%(n=20)
Carcinoma Gastro-esophageal Junction	3.0%(n=15)
Carcinoma Lung	18.0%(n=90)
Carcinoma Ovary	4.0%(n=20)
Carcinoma Pancreas	3.0%(n=15)
Carcinoma Prostate	3.0%(n=15)
Carcinoma Rectum	3.0%(n=15)
Carcinoma Stomach	11.0% (n=55)
Carcinoma Thyroid	2.0%(n=10)
Chronic Lymphocytic Leukemia (CLL)	2.0% (n=10)
Chronic Myeloid Leukemia (CML	1.0% (n=5)

Glioblastoma	**1.0% (n=5)**
Hepatocellular Carcinoma	**3.0% (n=15)**
Hodgkin's Lymphoma	**1.0% (n=5)**
Multiple Myeloma	**3.0% (n=15)**
Non-Hodgkin's Lymphoma (NHL)	**7.0%(n=35)**
Total	**100.0%(n=500)**

IV. DISCUSSION

Health care delivery in India is going through a process of transition, more so the tertiary specialty care of chronic diseases like diabetes, hypertension, cardiac diseases, kidney or liver failure, mental illness and cancer(5). Patients, more commonly those from the lower economic strata, have difficulty in availing the health care services because of the costs involved in diagnostic and curative procedures. Even in public hospitals where the cost of care is low, patient had to bear several direct and indirect costs, commonly referred to as out-of-pocket expenditure (OOPE), which impoverish them further. As a result, patients with life threatening diseases requiring tertiary care often go untreated even if they are aware of the availability of high quality services (6). It can also lead to delay in diagnostic and curative procedures and even causing deaths of several thousands of poor patients. This issue has been a concern for nation's health policy, whichshould address the cost, quality and accessibility of health care (5).

In our study, majority of the Cancer patients belonged to the age group 41-60 years (54%). The results are similar to the study by Jayant D Deshpande et al who observed two-thirds of Cancer patients in the age group 41-70 years (7). The results are also similar to Kesavan Sreekantan Nair et al who observed two-thirds ofCancer patients were between the ages of 35-64 years (8).

In the present study, males were more than females (54%). The results are similar to the study by Mehotra et al (2008) who reported male: female ratio of 1.5:1 inNorth India (9). Similarly, the study by Vijay Kumar Barwal et al observed males are more than females (10).

The present study had majority of the patients were from rural areas (79%). Kesavan Sreekantan Nair et al in their study observed that 60% of the patients were from rural areas (8).

In our study, majority of the patients were married (79%). The study by Vijay Kumar Barwal et al (80.20%) observed that majority of the Cancer patients were married (10).

In the present study, majority of the patients had diagnosis of lung Cancer (18%). The similar results were obtained in the study by Jayant D Deshpande et al who observed most of males and females had lung carcinoma as diagnosis (7).

The present study, majority of the patients were of below poverty line (80% i), monthly per capita household income (For J&K: Rural=Rs.1102, Urban=Rs.1192). BidhuKalyan Mohanti et al in their study also reported 50% patients had monthly per capita household income less than Rs. 1000 (5).

V. SUMMARY

In our study, majority of the Cancer patients belonged to the age group 41-60 years (54%). In the present study, males were more affected than females (54%). The present study had majority of the patients were from rural areas (79%). Majority of the patients were married (79%). Majority of the patients had diagnosis of lung Cancer (18%). The present study, majority of the patients were of below poverty line (80%), monthly per capita household income (For J&K: Rural=Rs.1102, Urban=Rs.1192).

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