

Cancer Control Program

Introduction

Recent times have seen an increase in the incidence of cancer. This is mainly attributed to urbanization, industrialization, lifestyle changes, population growth and increased life span (in turn leading to an increase in the elderly population). In India, the life expectancy at birth has steadily risen from 45 years in 1971 to 62 years in 1991, indicating a shift in the demographic profile. It is estimated that life expectancy of the Indian population will increase to 70 years by 2021-25. This has caused a paradigm shift in the disease pattern from communicable diseases to non-communicable diseases like cancer, diabetes and hypertension.

Among men, lung, esophagus, stomach, oral and pharyngeal cancers are more prevalent, while in women cancers of cervix and breast are most common, followed by those of stomach and esophagus.

Magnitude of Problem

World:

Cancer in all forms causes about 12% of deaths throughout the world. In the developed countries cancer is the second leading cause of death next to only cardiovascular diseases, accounting for 21% of deaths. In the developing countries, cancer ranks third as the cause of death and accounts for 9.5% of all deaths.

India:

Cancer prevalence in India is estimated to be around 2.0 to 2.5 million, with over 7-9 lakh new cases being detected every year due to this disease. More than 70% of the cases report for diagnostic and treatment services in the advanced stages of the disease, which has led to a poor survival and high mortality rate.

Punjab

A survey was conducted by the Health Department in June 2005 in 4 districts of Muktsar, Bathinda, Faridkot and Mansa to know the number of cancer patients in these districts. The results of the survey are:-

S. No.	District	Population	Number. of cancer patients	Number. of cancer patients per lakh population
1	Muktsar	8,27,906	453	54.7
2	Bathinda	12,00,736	711	59.2
3	Faridkot	5,85,500	164	28.0
4	Mansa	7,31,535	420	57.4

Crude Incidence Rate (2002)

Ropar: 33.68/1, 00,000 population
Patiala: 33.56/1, 00,000 population
Bathinda: 35.26/1, 00,000 population
Mukatsar: 24.21/1, 00,000 population
Faridkot: 25.67/1, 00,000 populations Source: Atlas of Cancer

District	Cancer Cases
Bathinda	424
Faridkot	163
Mukatsar	221
Patiala	641

	1
Ropar	381

Leading sites of Cancer in 3 districts Ropar, Bathinda and Patiala of Punjab as per report of NCRP (2002) are given in the tables below:

According to ICMR report 2002 the number of cancer cases from districts is as follows:-

Leading sites of Cancer in District Patiala

S.No.	Male		Female	
	Leading site	Number	Leading site	Number
1.	Larynx	34	Breast	75
2.	Oesophagus	33	Cervix Uteri	54
3.	Prostate	26	Oesophagus	23
4.	Bladder	23	Ovary	16
5.	NHL	20	Gallbladder	10
6.	Tongue	19	Corpus Uteri	8
7.	Tonsil	12	Bladder	7
8.	Oth. Skin	10	Hypopharynx	7
9.	Lung	10	Vagina	7
10.	Hypopharynx	8	Colon	6
Total		337	Total	304

Leading sites of Cancer in District Bathinda

S.No.	Male		Female	
	Leading site	Number	Leading site	Number
1.	Esophagus	28	Breast	68
2.	Mouth	10	Cervix Uteri	60
3.	Tongue	9	Ovary	13
4.	Prostate	8	Myel. Leuk.	11
5.	Myel. Leuk	8	Oesophagus	10
6.	Lymph. Leuk	8	Gallbladder (7
7.	Conn. Tissue	7	Hypopharynx	4
8.	Bladder	7	Tongue	4
9.	Rectum	6	Oth. Skin	4
10.	Oth. Skin	6	Conn. Tissue	4
Total		183	Total	241

Leading sites of Cancer in District Ropar

S.No.	Male		Female	
	Leading site	Number	Leading site	Number
1.	Larynx	16	Breast	48
2.	NHL	14	Cervix Uteri	42
3.	Bladder	11	Ovary	12
4.	Oesophagus	10	Oesophagus	11
5.	Mouth	9	Mouth	7
6.	Hypopharynx	7	Conn. Tissue	6
7.	Brain, NS	6	NHL	6
8.	Lung	6	Corpus Uteri	4
9.	Prostate	6	Uterus Uns.	4
10.	Tongue	5	Lung	4
Total		166	Total	215

Study:

An epidemiological study of cancer cases reported from villages of Talwandi Sabo block of district Bathinda of Punjab revealed prevalence of histologically confirmed cancer cases as 125.4 per 1,00,000 population. The study has also shown that there were 51 deaths per lakh population in the study block. The common sites of cancer reported are breast, uterus/cervix, leukemia/lymphoma, esophagus, skin and ovary. The leading causes of cancer deaths are cancers of esophagus, leukemia/lymphoma uterus/cervix, breast and ill-defined digestive organs.

Risk Factors

According to epidemiological studies, 80-90% of all cancers are due to environmental factors of which, lifestyle related factors are the most important and preventable. Causation of cancer is multi-factorial.

A) Environmental Factors: These are generally held responsible for 80-90% of all cancers. The major environmental factors include:-

1. **Tobacco:** Tobacco in various forms of usage of smoking, chewing etc. is the major environmental cause of cancers of the lung, larynx, mouth, pharynx, esophagus, lip, urinary bladder, pancreas, uterus, cervix, breast and kidney also. In India more than 40% of cancer cases are due to tobacco. Smoking is by far the leading risk factor for lung cancer.
If a person doesn't smoke but breathes in the smoke of others (called passive smoking or second hand smoke), he is also at an increased risk of lung cancer. Smokeless tobacco i.e. snuffs and chewing tobacco also contains 28 carcinogens i.e. cancer causing agents.
Other than lung cancer, tobacco use has also been linked to **Head and Neck Cancers, Urinary bladder & kidneys, Cervix & Breast, and Colon**
2. **Alcohol:** - Excessive intake of alcoholic beverages is associated with esophageal and liver cancer. Some studies have also suggested that beer consumption may be associated with rectal cancer. It is estimated that alcohol contributes to about 3% of all cancer deaths. Alcohol consumption is linked to the following cancers:
 - Breast cancer in women
 - Primary liver cancer
 - Ovarian cancer
 - Prostate cancer
 - Thyroid cancer
3. **Dietary factors:** Smoked fish may be related to stomach cancer, lack of dietary fiber to intestinal cancer, beef consumption to bowel cancer, high fat diet to breast cancer. Food additives and contaminants may also be the causative agents.
4. **Occupational exposures:** Accounts for one to five % of all human cancers. These include exposure to benzene, arsenic, cadmium, chromium, asbestos, polycyclic hydrocarbons.
5. **Viruses:** Hepatitis B & C may lead to hepatic cancer. HIV virus may lead to Kaposi Sarcoma. The Epstein Barr virus is associated with Burkitt's lymphoma and nasopharyngeal carcinoma. Hodgkin disease is also believed to be caused by virus.

6. **Parasites:** Parasitic infections may increase the risk of cancer e.g. schistosomiasis in Middle East producing carcinoma of the bladder.
7. **Customs, habits & life styles:** Familiar examples are association between smoking and lung cancer, tobacco & betel chewing & oral cancer etc.
8. **Others:** Environmental factors e.g. sunlight, radiation air pollution and water pollution, medication; pesticides etc.. are related to cancer.

B) Genetic factors: Genetic influences have long been suspected e.g. Retinoblastoma occurs in children of the same parent, Mongols are more likely to develop cancer (leukemia) than normal children. However genetic factors are less conspicuous and more difficult to identify.

Prevention of Cancer

A) Primary Prevention of Cancer:

- **Control of Alcohol & Tobacco consumption:** Primary prevention offers the greatest hope for reducing the number of tobacco-induced and alcohol related cancer deaths. It has been estimated that control of tobacco smoking alone would reduce the total burden of cancer by over a million cancers each year.
- **Personal Hygiene:** Improvement in personal hygiene may lead to decline in certain types of cancer like cancer cervix.
- **Radiation:** Special efforts should be made to reduce the amount of radiation including medical radiation received by each individual to a minimum without reducing the benefits.
- **Occupational exposures:** Measures to protect workers from exposure to industrial carcinogens should be enforced in industries.
- **Immunization:** In case of primary liver cancer, immunization against Hepatitis B virus may have some beneficial effect.
- **Foods, Drugs & Cosmetics:** These should be tested for carcinogens.
- **Air Pollution:** Control of air pollution is another preventive measure.
- **Treatment of Precancerous lesions:** Early detection and prompt treatment of precancerous lesions such as cervical tears, intestinal polyps, warts, chronic gastritis, chronic cervicitis etc. is one of the important steps in cancer prevention.
- **Legislation:** Legislation also has a role in primary prevention. The solution to problem of cancer is not to be found in research laboratories but in legislatures e.g. legislation to control environmental carcinogens like tobacco, alcohol, air pollution.
- **Health Education:** This is an important aspect of primary prevention. It aims at motivating people to seek early diagnosis and early treatment. Some important warning signals or cancer are:

- A lump or hard area in the breast
- A change in a wart or mole
- A persistent change in digestive and bowel habits
- A persistent cough or hoarseness of voice
- Excessive loss of blood at the monthly period or loss of blood outside the usual dates
- Blood loss from any natural orifice(Opening)
- A swelling or sore that does not get better
- Unexplained weight loss

B) Secondary Prevention of Cancer:

- **Cancer Registration:** It provides a base for assessing the magnitude of the problem and for planning the necessary services. Cancer registries are basically of two types:
 - **Hospital Based Registries:** This includes all patients treated by a particular institution, whether in-patients or out -patients. Since hospital population will always be selected population, the use of these registries for epidemiological purposes is limited.
 - **Population based Registries:** The aim of this is to cover the complete cancer population in a given geographic area. The data from such registries can provide the incidence rate of cancer & useful tool in epidemiology.
- **Early Detection of cases:** Cancer screening is the main tool for early detection of cancer at a pre-invasive or pre-malignant stage. Effective screening program have been developed for cervical cancer, breast cancer & oral cancer.
- **Treatment:** Cancer can be treated by Surgery, by Chemotherapy, by Radiotherapy and by Palliative care.

Steps taken by Punjab Government for the treatment & control of Cancer

- Punjab Government organized Mass Cancer Screening and Treatment Camps to aware general masses regarding cancer. 87403 patients were detected as symptomatic in the 1st Phase of State Wide Cancer Awareness & Symptom Based Early Detection Door to Door Campaign, out of which 42813 patients came for checkup and 2201 patients were confirmed to have cancer. (SHRC-NHM PB.Source)
- During second phase Punjab Government organized Mass Cancer Screening and Treatment Camps in collaboration with Private Empanelled Hospitals under Mukh Mantri Punjab Cancer Rahat Kosh Scheme & other NGOs (IMA, Rotary, Loins etc.) in all the 22 Districts including Medical Colleges of Patiala, Amritsar & Faridkot of Punjab on 28-29th September 2013 for further investigations/ treatment of remaining approx. 44590 (51%) untraced patients. During these camps, 20900 patients were examined, 299 patients were confirmed to have cancer. (SHRC-NHM PB.Source)
- **Cancer registry**
 - Population Based Cancer Registry (PBCR): Population Based Cancer Registry is established in collaboration with ICMR, Ministry of Health, Govt. of India at Govt. Medical College, Patiala. The report for the year 2012-13 has been received now which is under analysis so that future planning can be done accordingly.
 - Cancer Registry at Mansa, Sangrur, Sahibzada Ajit Singh Nagar (Mohali) & Chandigarh has been started in collaboration with Tata Memorial Centre, Mumbai & is collecting data.
 - Hospital Based Cancer Registry has been started at PGI Chandigarh & is collecting data. When this statistics will be made available, it will help to know the data of this disease & further help in future planning.
- A 300 bedded cancer Hospital at Mullanpur:-Bhabha Atomic Search Centre along with Tata Memorial Cancer Research Centre, Mumbai is setting up a 300 bedded Cancer Treatment Centre at Mullanpur (Medicity, New Chandigarh). The civil work is under process.
- A 100 bedded Advanced Cancer Diagnostic Treatment and Research Centre is being set up at Bathinda by State Government.
- Government of Punjab has established Cancer and Drug addiction Treatment Infrastructure fund Act 2013 for providing better prevention & treatment facilities to cancer patients.
- Homi Bhabha Cancer care Facility in District Hospital Sangrur is being established in collaboration with TMC, Mumbai.
- All Medical Colleges in the State have been provided with State of the Art equipment.

- Free Travel Facility: Free Travel Facility in Punjab Roadways & PRTC Buses is provided for cancer patients for availing treatment.

Mukh Mantri Punjab Cancer Raahat Kosh **1st State in the Country to Provide Cashless Cancer Treatment**

Mukh Mantri Punjab Cancer Raahat Kosh Scheme was initiated by Government of Punjab with a view to provide financial assistance to Punjab resident cancer patients. Financial assistance of Rs 1.50 Lakhs is provided for the treatment to each cancer patient except Government employees, ESI employees and their dependents, those patients who have any kind of facility of medical and medical reimbursement or any other persons who have opted for health insurance by insurance companies.

Web Application for Cancer Patients **Mukh Mantri Punjab Cancer Raahat Kosh Scheme** **(MMPCRKS)**

Financial assistance up to Rs. 1.50 Lakhs (One lakh fifty thousand) shall be provided for the treatment to each cancer patient under this scheme. All those Cancer patients who are resident of the Punjab State shall be eligible under this scheme.

Nine Government and Nine Private Hospitals are empanelled under this scheme for the treatment of cancer patients. List of the empanelled hospital available at [http://pbhealth.gov.in/List%20of%20Empaneled%20Hospitals%20\(1\).pdf](http://pbhealth.gov.in/List%20of%20Empaneled%20Hospitals%20(1).pdf)

As per guidelines under Mukh Mantri Punjab Cancer Raahat Kosh during year 2011, Patient / or his relative was to fill the application form & submit to district and sanction was generated by State Cancer Control Cell, Punjab. In whole of the procedure, time span was of 5-7 days and it caused harassment for the patient,

- To ease the whole process & to provide cashless and paperless treatment to cancer patients, Web Application / Software has been developed for Mukh Mantri Punjab Cancer Raahat Kosh.
- In this software, all empanelled hospitals, Civil Surgeons, Deputy Commissioners and State Headquarter are connected through email and Patient through SMS.

Cashless and Paperless Web. Application- Mukh Mantri Punjab Cancer Raahat Kosh Scheme.

EARLIER PROCEDURE

At the level of Empanelled Hospital After confirmation of the cancer patient goes to the Empanelled hospital & follow the below mentioned procedure:-

- a) Application filed by the patient/ Relative, attached the required documents along with estimate proforma which was issued by the empanelled hospital.
- b) Patient had to submit the number of documents and the same to be submitted (BY the patient/Relative) at the concerned Civil Surgeon office.
- c) The application security at the Civil Surgeon office & same is sent to the Deputy Commissioner for recommendation.
- d) After recommendation from the Deputy Commissioner the same application along with all required documents are send to the State Head Quarter by the Civil Surgeon office through special messenger.
- e) To issue a pre-facto sanction it takes 4-5 days at State Head Quarter.
- f) During the earlier procedure, time span of 5-7 days was taken which was one of major cause for the delay in the cashless treatment of the patient.
- g) In the earlier procedure the patient was not able to make the expenditure accrued in hiss treatment.

Significance of the Software

NOW WITH THE LAUNCH OF WEB APPLICATION CASHLESS & PAPERLESS

- ❖ **This software will make easy the whole procedure as it will be paperless,**
- ❖ **It will help to fasten up the whole procedure required to be followed by the patients:-**
 - ✓ **With this web application the treatment started immediately as soon as the data is uploaded.**
 - ✓ **In this software there is provision for alert SMS's to the patient regarding the application and time to time accrued expenditure.**
 - ✓ **This software also helpful for providing transparency of the funds issued to the hospitals.**

- ✓ All the data related to the scheme will be collected in a uniform pattern which will be very helpful for developing the Atlas of Cancer in Punjab.
- ✓ This will give us the clear picture regarding the spread of cancer area wise.
- ✓ This software will help us to collect all the statistics related to the cancer like type and site of cancer.
- ✓ These statistics will be very helpful in the treatment of the patient and to frame the cancer policy in future.
- ✓ This software also creating awareness regarding cause of cancer in particular area.
- ✓ This Software will be also give vitals statics regarding spread of cancer , cause of cancer and number of patients in particular area and helpful for making future policy for the treatment & developing the infrastructure in the state.

MIS:

Steps in Cancer Treatment cashless under MMPCRKS

<http://mmpcrk.gov.in/CRFMS>

When window opened/ Log in

There should open
Two options



Private Empaneled Hospitals &
Government Empaneled Hospitals

Online generation checking:

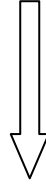
Formats to be downloaded by CS
for signatures by DC& all
Committee members auto
populated



Generation of District Level Committee Form for Government Empaneled Hospitals (PGIMER, GMCH 32, Acharya Tulsi Cancer Hospiatl Bikaner, AIIMS) & Private Empaneled Hospitals



Generation of Hospital Level Committee Form for three Government Medical College & Hospitals Amritsar, Faridkot



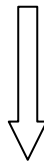
In both District Level Committee Form & Hospital Level Committee Form, add the column regarding which proof is attached as residence proof as per guidelines

Regarding Utilization Certificate (only for Private Empaneled Hospital)

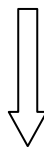
Generation of UCs at Private Empaneled Hospital level @ 25%
at one time
(Submit & Save)



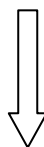
Submit directly to concerned Civil Surgeon



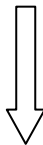
Next three UCs of 25% each submit directly to State Headquarter (only show at CS level but non editable)
(Save & Submit)



Last in UC, there should be a coloumn mentioning whether treatment completed or referred to other Hospital



If referred, Concerned hospital will upload Refer slip & UC and will send directly to State Headquarter

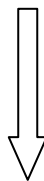


SMSs alert to patient & Email to Concerned Hospital & Referred Hospital, DC, CS

State Headquarter will generate Refer letter and Upload the same.

Regarding Utilization Certificate (For Medical College Amritsar, Faridkot, Patiala, GMCH 32, AIIMS & Acharya Tulsi Bikaner)

Separate UCs for Medical College Amritsar, Faridkot, Patiala, GMCH 32, AIIMS & Acharya Tulsi Bikaner Cancer Hospital with rates of these hospitals including RC list by Punjab Government



Concerned Hospital will deal with UC itself and send the compiled report to State Headquarter (MIS: Hospital RC, Punjab Government RC& Without RC)

SMSs alert to

Regarding SMS Alert to Patient

SMS's Alert to the concerned patient :-

Wording for Email/ SMS

Registration of Patient at empanelled Hospital

Uploaded



Wording for Email alert to Hospital, CS & DC (mention all in subject)

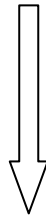
**Application Submitted: Pt
Name.....Village.....District.....estimated Amount Rs.....**

Wording for Email alert to the patient

ਮਰੀਜ਼ ਦਾ ਨਾਮ ਪਿੰਡ..... ਜ਼ਿਲ੍ਹਾ..... ਦੀ ਅਰਜ਼ੀ ਤੇ ਮੁੱਖ ਮੰਤਰੀ ਪੰਜਾਬ ਕੈਂਸਰ ਰਾਹਤ ਕੋਸ਼ ਸਕੀਮ ਅਧੀਨ ਰੁਪਏ..... ਦੀ ਸੈਕਸ਼ਨਹਸਪਤਾਲ ਨੂੰ ਜਾਰੀ ਕਰਨ ਲਈ ਅਰਜ਼ੀ ਆਨ-ਲਾਈਨ ਭਰ ਦਿੱਤੀ ਗਈ ਹੈ। ਵਧੇਰੇ ਜਾਣਕਾਰੀ ਲਈ ਸਬੰਧਤ ਹਸਪਤਾਲ/ਸਿਵਲ ਸਰਜਨ ਜਾਂ ਮੈਡੀਕਲ ਹੈਲਪ ਲਾਈਨ 104 ਤੇ ਸੰਪਰਕ ਕਰੋ।

(Submit & Save)

Civil Surgeon Office- Acceptance &
generation of District Level Committee format



(Submit & Save)

Scan & Upload signed format by Civil Surgeon



Wording for Email alert to Hospital, CS & DC (mention all in subject)

**District level Committee recommended: Pt
Name.....Village.....District.....
.... Amount Rs.....**

State Headquarter



Wording for Email alert to Hospital, CS & DC (mention all in subject)

**Sanctioned Rs.....: Pt
Name.....Village.....District.....Amo
unt Rs.....**

(Submit & Save)

D.C./Civil Surgeon/Hospital

SMSs alert to patient:

ਮਰੀਜ਼ ਦਾ ਨਾਮ ਪਿੰਡ..... ਜ਼ਿਲ੍ਹਾ..... ਦੀ ਅਰਜ਼ੀ ਤੇ
ਮੁੱਖ ਮੰਤਰੀ ਪੰਜਾਬ ਕੈਂਸਰ ਰਾਹਤ ਕੋਸ਼ ਸਕੀਮ ਅਧੀਨ
ਰੁਪਏ..... ਦੀ ਸੈਕਸ਼ਨ ਹਸਪਤਾਲ ਨੂੰ ਜਾਰੀ ਕਰ ਦਿੱਤੀ ਗਈ
ਹੈ।

ਵਧੇਰੇ ਜਾਣਕਾਰੀ ਲਈ ਸਬੰਧਤ ਹਸਪਤਾਲ/ਸਿਵਲ ਸਰਜਨ ਜਾਂ
ਮੈਡੀਕਲ ਹੈਲਪ ਲਾਈਨ 104 ਤੇ ਸੰਪਰਕ ਕਰੋ।

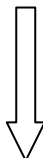
Generation of UCs at hospital level @ at least 25% at one time
(Submit & Save)

Wording for Email alert to Hospital, CS & DC (mention all in subject)

UC Submitted: Pt

Name.....Village.....District.....

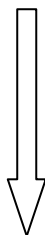
Amount Rs.....



SMSs alert to Patient:

ਮਰੀਜ਼ ਦਾ ਨਾਮ ਪਿੰਡ..... ਜਿਲ੍ਹਾ..... ਦੇ ਇਲਾਜ ਲਈ
ਮੁੱਖ ਮੰਤਰੀ ਪੰਜਾਬ ਕੈਂਸਰ ਰਾਹਤ ਕੋਸ਼ ਸਕੀਮ ਅਧੀਨ ਰੁਪਏ.....
ਦੀ ਸੈਕਸ਼ਨ ਵਿਚੋਂ ਰੁਪਏ ਵਰਤੇ ਜਾ ਚੁੱਕੇ ਹਨ।

Civil Surgeon
(Save & Submit)



Wording for Email alert to Hospital, CS & DC (mention all in subject)

UC verified & forwarded : Pt

Name.....Village.....District,

Amount Rs.....

State Headquarter
(Submit & Save)

Wording for Email alert to Hospital, CS & DC (mention all in subject)

Transferred Rs..... : Pt

Name.....Village.....District...

.....

ਮੁੱਖ ਮੰਤਰੀ ਪੰਜਾਬ ਕੈਂਸਰ ਰਾਹਤ ਕੋਸ਼ ਸਕੀਮ

ਆਮ ਤੌਰ ਤੇ ਪੁਛੇ ਜਾਣ ਵਾਲੇ ਪ੍ਰਸ਼ਨਾਂ ਦੇ ਉਤਰ



- ਪ੍ਰਸ਼ਨ 1:- ਮੈਂ ਸਕੀਮ ਅਧੀਨ ਲਾਭਪਾਤਰੀ ਬਣਨਾ ਚਾਹੁੰਦਾ ਹਾਂ, ਮੈਨੂੰ ਕੀ ਕਰਨਾ ਚਾਹੀਦਾ ਹੈ?**
ਉਤਰ:- ਇਸ ਸਕੀਮ ਅਧੀਨ ਲਾਭ ਲੈਣ ਲਈ ਵਿਭਾਗ ਦੀ ਵੈਬ ਸਾਈਟ:- <http://pbhealth.gov.in/cancer.html> ਵੇਖੋ। ਇਸ ਵਿੱਚ ਸਕੀਮ ਅਧੀਨ ਲਾਭਪਾਤਰੀ ਬਣਨ ਲਈ ਸਕੀਮ ਦੀਆਂ ਗਾਇਡਲਾਈਨਜ਼ ਵਾਚੀਆ ਜਾਣ।
- ਪ੍ਰਸ਼ਨ 2:- ਮੈਂ ਇਸ ਸਕੀਮ ਅਧੀਨ ਇਲਾਜ ਕਿਥੇ ਕਰਵਾ ਸਕਦਾ ਹਾਂ?**
ਉਤਰ:- ਇਸ ਸਕੀਮ ਅਧੀਨ ਰਾਜ ਸਰਕਾਰ ਵੱਲੋਂ ਇੰਮਪੈਨਲਡ ਕੀਤੇ ਹਸਪਤਾਲ ਵਿੱਚ ਇਲਾਜ ਕਰਵਾਇਆ ਜਾ ਸਕਦਾ ਹੈ। ਇੰਮਪੈਨਲਡ ਕੀਤੇ ਹਸਪਤਾਲਾਂ ਦੀ ਲਿਸਟ ਵਿਭਾਗ ਦੀ ਵੈਬ ਸਾਈਟ:- <http://pbhealth.gov.in/cancer.html> ਤੇ ਵੇਖੀ ਜਾਵੇ।
- ਪ੍ਰਸ਼ਨ 3:- ਕੀ ਮੈਨੂੰ ਇਸ ਸਕੀਮ ਅਧੀਨ ਇਲਾਜ ਕਰਵਾਉਣ ਲਈ ਪਹਿਲਾ ਆਪਣੇ ਕੋਲੋਂ ਰਕਮ ਖਰਚ ਕਰਨੀ ਪਵੇਗੀ?**
ਉਤਰ:- ਇਸ ਸਕੀਮ ਅਧੀਨ ਇਲਾਜ ਕਰਵਾਉਣ ਲਈ ਇੰਮਪੈਨਲਡ ਕੀਤੇ ਹਸਪਤਾਲ ਵਿੱਚ ਸਕੀਮ ਦੀਆਂ ਗਾਇਡਲਾਈਨਜ਼ ਅਨੁਸਾਰ ਤਹਿਸ਼ੀਦਾ ਦਸਤਾਵੇਜ਼ਾਂ ਦੇਣ ਉਪਰੰਤ ਰੁਪਏ 1.50 ਲੱਖ ਤੱਕ ਕੋਈ ਵੀ ਪੈਸੇ ਖਰਚ ਨਹੀਂ ਕਰਨੇ ਪੈਂਦੇ ਕਿਉਂਜੋਂ ਇਹ ਕੈਸ਼ਲੈਸ ਇਲਾਜ ਹੈ।
- ਪ੍ਰਸ਼ਨ 4:- ਇਸ ਸਕੀਮ ਅਧੀਨ ਕਿਹੜੇ ਦਸਤਾਵੇਜ਼ ਲੋੜੀਂਦੇ ਹਨ?**
ਉਤਰ:- ਇਸ ਸਕੀਮ ਅਧੀਨ ਲੋੜੀਂਦੇ ਦਸਤਾਵੇਜ਼ਾਂ ਦੀ ਲਿਸਟ ਵਿਭਾਗ ਦੀ ਵੈਬ ਸਾਈਟ:- <http://pbhealth.gov.in/cancer.html> ਤੇ ਉਪਲਬੱਧ ਹੈ।
- ਪ੍ਰਸ਼ਨ 5:- ਕੀ ਇਸ ਸਕੀਮ ਅਧੀਨ ਰਜਿਸਟਰਡ ਹੋਣ ਤੋਂ ਪਹਿਲਾਂ ਕੀਤੇ ਗਏ ਇਲਾਜ ਦਾ ਖਰਚਾ ਵੀ ਇਸ ਸਕੀਮ ਅਧੀਨ ਮਨਿਆ ਜਾਵੇਗਾ?**
ਉਤਰ:- ਨਹੀਂ ਜੀ ਇਸ ਸਕੀਮ ਅਧੀਨ ਰਜਿਸਟਰਡ ਹੋਣ ਤੋਂ ਪਹਿਲਾਂ ਕੀਤੇ ਗਏ ਇਲਾਜ ਦੀ ਕੋਈ ਰੀ-ਇੰਮਬਰਸਮੈਂਟ ਨਹੀਂ ਕੀਤੀ ਜਾਂਦੀ।
- ਪ੍ਰਸ਼ਨ 6:- ਕੀ ਰੁਪਏ 1.50 ਲੱਖ ਤੋਂ ਵੱਧ ਖਰਚ ਹੋਣ ਤੋਂ ਬਾਅਦ ਵੀ ਮਾਲੀ ਮੱਦਦ ਦਿੱਤੀ ਜਾਂਦੀ ਹੈ?**
ਉਤਰ:- ਇਸ ਸਕੀਮ ਅਧੀਨ ਰੁਪਏ 1.50 ਲੱਖ ਤੱਕ ਦੇ ਇਲਾਜ ਲਈ ਹੀ ਸਹਾਇਤਾ ਦਿੱਤੀ ਜਾਂਦੀ ਹੈ।

ਵਧੇਰੇ ਜਾਣਕਾਰੀ ਲਈ ਟੋਲ-ਫ੍ਰੀ ਨੰ. 104 ਮੈਡੀਕਲ ਹੈਲਪਲਾਈਨ ਤੇ ਸੰਪਰਕ ਕਰੋ ਜਾਂ ਟੈਲੀਫੋਨ ਨੰ 0172-5012356 (ਕੰਮ ਵਾਲੇ ਦਿਨ ਸਵੇਰੇ ਨੌ ਵਜੇ ਤੋਂ ਸ਼ਾਮ ਪੰਜ ਵਜੇ ਤੱਕ) ਤੇ ਸੰਪਰਕ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ।