

# The pattern of Presentation of Cancer In Young Adults From A Tertiary Care Centre: A Cause for Concern

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## Introduction

Young adults form an essential component of the country's active population and significantly impact the health-care strategy of the nation.

Cancer patterns and biology in this age group differ from those in pediatric and older adults. Cancer in this age group may be due to a combination of environmental and congenital factors or neither of them. This population is characterized by unique cancer care needs such as psychosocial, physical, financial and survivorship issues.

The literature is relatively scarce in the context of Indian patients diagnosed with cancer in a younger age group. Such baseline data is essential in planning specialized care for this population.

This study aims at describing the disease profile of these patients in the Indian population.

## Materials & Methods

Retrospective record based analysis

Study Period: January 2018 to September 2021

Study Population: Young adult patients of aged 18-39

Demographic profile and parameters were assessed: Age, gender, ECOG performance status (PS), addiction and family history, site of primary malignancies, and stage of the disease.

## Results

Total of 8588 patients were registered during the study period

18 – 39 years: 850 patients

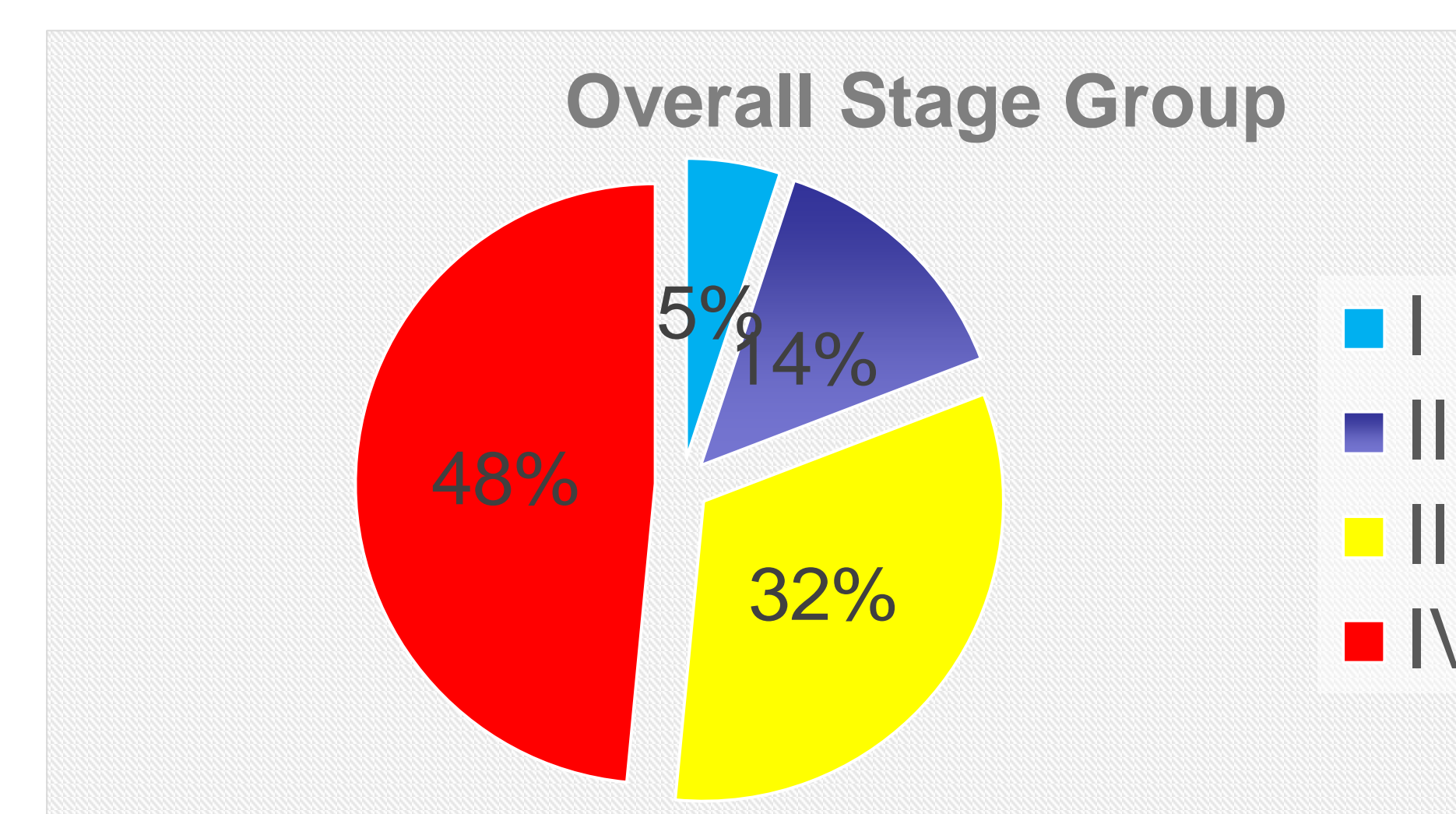
73% belonged to 30- 39 years

Almost equal male to female ratio (Male 51.6%, and females 48.4%.)

Performance Score: ECOG PS  $\leq 2$  in 52% patients

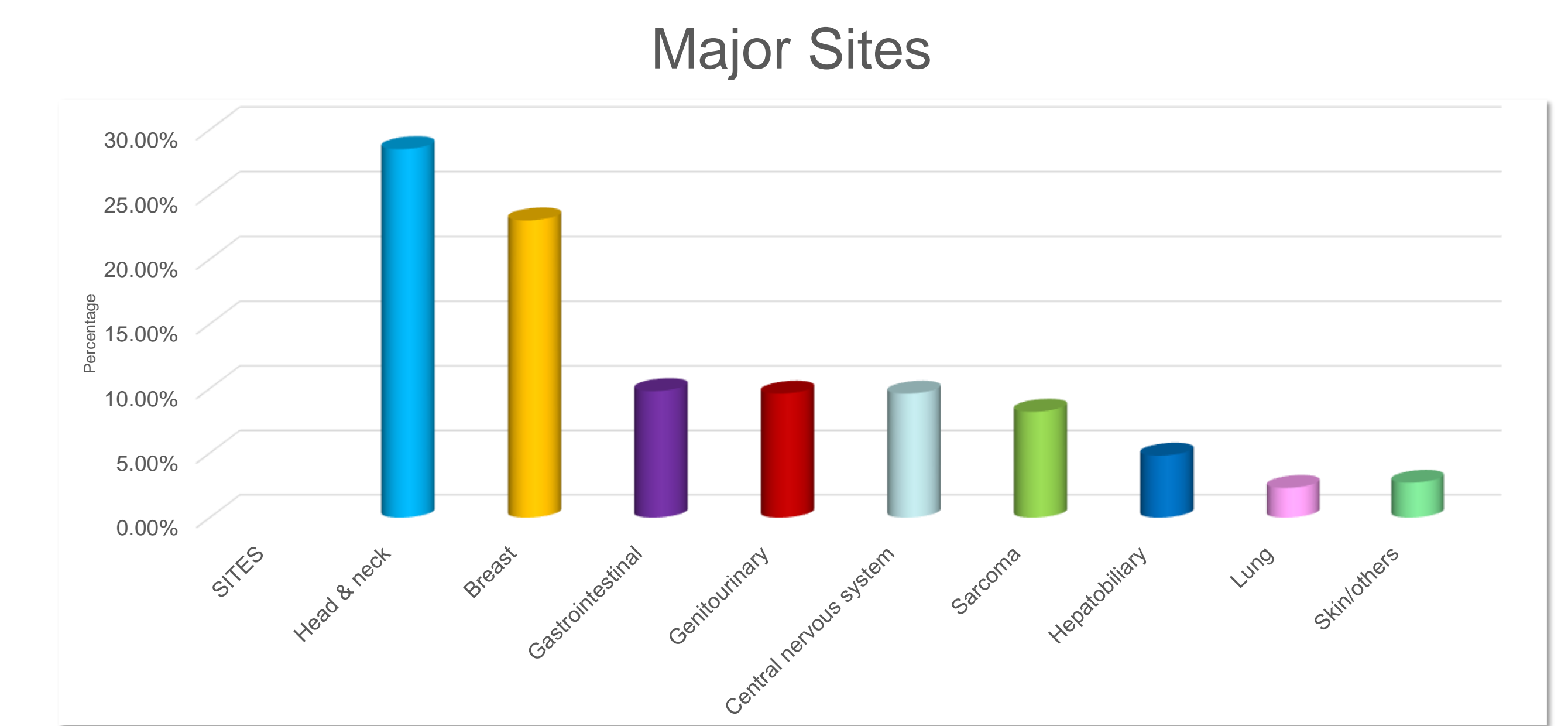
Positive family history of malignancy was found in only 3.5%

24% of the patients gave an addiction history of smoking/tobacco chewing or alcohol



High incidence of stage IV disease at presentation

## Results



Most commonly observed malignancies were with the head and neck (28%), followed by the breast (22%).

## Conclusions

Cancer among young adult patients forms a primary concern, especially in developing countries.

There is a lack of clear data on incidence and directive on management of cancers in this age group is lacking in this region.

The incidence of advanced and metastatic disease in this group is alarming.

Reinforcement of screening programs in this age group should be a priority.

Limitation: Only solid malignancy data included.

## Conflict of Interest

None

