

2012 World Cancer Congress Abstract Submission

Track 4 - Systems in cancer control

Systems for community involvement

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CENTRAL DRUG REPOSITORY FOR CANCER PATIENTS

M. Arora¹, S. Kaul² on behalf of BCPBF and NONE

¹Breast Cancer Patients Benefit Foundation, ²oncology, BCPBF, New Delhi, India

Background: Better diagnosis and advancement in treatment of cancer in rapidly-developing India, have resulted in improved outcomes, but at a cost. At the same time, health insurance schemes are yet to benefit poor people in small towns and villages in the vast country. It is for this purpose that the Breast Cancer Patients Benefit Foundation (BCPBF) New Delhi, has set up a 'CENTRAL DRUG REPOSITORY' (CDR) a bank of expensive cancer medicines for patients below the poverty line suffering from all kinds of cancers

Objectives: To provide succour and treatment to poor people in areas where the public health system is either inadequate, or absent altogether and where standard treatment is expensive, rendering modern methods like targeted chemotherapy either unavailable, or unaffordable to women afflicted with breast cancer. The CDR's sole purpose is to ease such financial pressure

Methods: The CDR buys medicine or receives some drugs like Herceptin, Tykerb and Tamoxifen from pharmaceutical and bio-medical companies for the entire course of treatment for free. The drugs are stored in a sterile environment and at ambient temperatures and disbursed after a speedy investigation of the financial status of the claimant. Short half-life medication too, is available on demand. This has been possible because the Foundation, through regular bulk purchase of cancer drugs over decades, has built a measure of good-will with the donor companies. The Foundation's medical team of five specialists under renowned cancer surgeon, Dr Sameer Kaul treats all poor patients for free, not only in two expensive hospitals but also in a charitable hospital set up exclusively for impoverished sufferers in New Delhi and its periphery

Results: Through organising CMEs, public lectures and awareness campaigns through the media, it has been possible, albeit slowly, to nudge captains of the pharma industry towards corporate social responsibility. It has also been possible to encourage hundreds of poor, undereducated people to not think of their cancer as an expensive stigma, but to come forward for free treatment

Conclusion: The CDR is a small but significant initiative and the team has noted that making available chemotherapeutics and biotech agents to poor people with breast and other cancers has resulted in markedly higher DFS rates and greater awareness of the curability of cancer, if detected early.

Disclosure of Interest: None Declared

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