Pt. B. D. Sharma Post Graduate Institute of Medical Sciences Rohtak
Multidisciplinary Research Unit

MRU/2026/2192-2241 **Dated:** 27/10/2026

To

The Principal/ HOD
College/Department of _____
Pt. B. D. Sharma PGIMS/UHS/PGIDS
Rohtak

Subject: Research Masterclasses, 2026 (online) organized by Department of Health Research, GOI on 30.10.2026.

This is to inform you that the Department of Health Research is organizing monthly webinars "Research Master Class" under Research Grand Rounds on last Friday of each month from 3.00 PM to strengthen the research ecosystem in the Medical Colleges and Research Institutes.

The 16th Research Masterclass is scheduled on for 30.10.2026 (Friday) from 3:00 PM. The detailed information is enclosed herewith. All the faculty members are requested to attend the same.

Please click the link below to join the event:

Join: https://teams.microsoft.com/meet/428126240821557?p=EglAHo8uc8FvrtX4Jb

Meeting ID: 428 126 240 821 557
Passcode: TZ2ae2wK

27/10/26

Dr. Sanjay Kumar
Professor Dept. of Pathology &
Nodal Officer MRU
Pt. B. D. Sharma PGIMS
Rohtak

MRU/2026/ **Date: / /2026**

A copy is forwarded to the following for information and necessary action:

1. P.A. to Director, Pt. B.D. Sharma, PGIMS, Rohtak

Dr. Sanjay Kumar
Professor Dept. of Pathology &
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Effect of screening by clinical breast examination on breast cancer incidence and mortality after 20 years: prospective, cluster randomised controlled trial in Mumbai

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ABSTRACT

OBJECTIVE

To test the efficacy of screening by clinical breast examination in downstaging breast cancer at diagnosis and in reducing mortality from the disease, when compared with no screening.

DESIGN

Prospective, cluster randomised controlled trial.

SETTING

20 geographically distinct clusters located in Mumbai, India, randomly allocated to 10 screening and 10 control clusters; total trial duration was 20 years (recruitment began in May 1998; database locked in March 2019 for analysis).

PARTICIPANTS

151 538 women aged 35-64 with no history of breast cancer.

INTERVENTIONS

Women in the screening arm (n=75 360) received four screening rounds of clinical breast examination (conducted by trained female primary health workers) and cancer awareness every two years, followed by five rounds of active surveillance every two years. Women in the control arm (n=76 178) received one round of cancer awareness followed by eight rounds of active surveillance every two years.

MAIN OUTCOME MEASURES

Downstaging of breast cancer at diagnosis and reduction in mortality from breast cancer.

RESULTS

Breast cancer was detected at an earlier age in the screening group than in the control group (age 55.18 (standard deviation 9.10) *v* 56.50 (9.10); P=0.01), with a significant reduction in the proportion of women with stage III or IV disease (37% (n=220) *v* 47% (n=271), P=0.001). A non-significant 15% reduction in breast cancer mortality was observed in the screening arm versus control arm in the overall study population (age 35-64; 20.82 deaths per 100 000 person years (95% confidence interval 18.25 to 23.97) *v* 24.62 (21.71 to 28.04); rate ratio 0.85 (95% confidence interval 0.71 to 1.01); P=0.07). However, a post hoc subset analysis showed nearly 30% relative reduction in breast cancer mortality in women aged 50 and older (24.62 (20.62 to 29.76) *v* 34.68 (27.54 to 44.37); 0.71 (0.54 to 0.94); P=0.02), but no significant reduction in women younger than 50 (19.53 (17.24 to 22.29) *v* 21.03 (18.97 to 23.44); 0.93 (0.79 to 1.09); P=0.37). A 5% reduction in all cause mortality was seen in the screening arm versus the control arm, but it was not statistically significant (rate ratio 0.95 (95% confidence interval 0.81 to 1.10); P=0.49).

CONCLUSIONS

These results indicate that clinical breast examination conducted every two years by primary health workers significantly downstaged breast cancer at diagnosis and led to a non-significant 15% reduction in breast cancer mortality overall (but a significant reduction of nearly 30%in mortality in women aged ≥50). No significant reduction in mortality was seen in women younger than 50 years. Clinical breast examination should be considered for breast cancer screening in low and middle income countries.

TRIAL REGISTRATION

Clinical Trials Registry of India CTRI/2010/091/001205; ClinicalTrials.gov NCT00632047.

WHAT IS ALREADY KNOWN ON THIS TOPIC

Breast cancer screening by mammography reduces mortality in women aged 50 and older, but its effectiveness in women younger than 50 is questionable

Breast self-examination has not been proven to be an effective method for early detection of breast cancer

Whether screening by clinical breast examination can reduce mortality from breast cancer is not known

WHAT THIS STUDY ADDS

In a 20 year study, clinical breast examination conducted by trained female health workers in Mumbai led to a downstaging of breast cancer at diagnosis and reduced mortality from the disease by nearly 30% in women aged 50 and older, but with no mortality reduction seen in women younger than 50

A 5% reduction in all cause mortality was seen in the screening arm compared with the control arm, but was not statistically significant

Clinical breast examination should be considered for breast cancer screening in low and middle income countries

Introduction

The incidence of breast cancer is rising in all countries of the world,[1] but particularly so in low and middle income countries.[2] For example, in Mumbai, India, the incidence of breast cancer has risen by nearly 40% between 1992 and 2016,[3] and breast cancer is the leading cause of death from cancer in women in most states of India.[4] Breast cancers in low and middle income countries are frequently detected in advanced stages, and consequently, more than half the global deaths from breast cancer occur in these countries.[5]

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