

SCHOLARLY PUBLICATIONS School of Public Health KIIT Deemed to be University

Journal Name: The Lancet Regional Health - Southeast Asia

IF: 6.2

Title: Methodological discrepancies in cancer burden estimates for India

Author: Shukla S.

Details: Vol. 38, July 2025, Article no. 100566

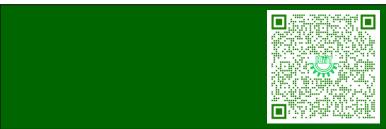
Abstract: The study by Singh et al.,¹ provides an important assessment of India's cancer burden using GLOBOCAN 2022 data. However, several methodological inconsistencies require clarification to ensure data accuracy and reliability. First, the study estimates male and female populations based on a sex ratio of 106.453 males per 100 females, referencing the National

Family Health Survey (NFHS-5). Notably, NFHS-5 reports a sex ratio of 98.039 males per 100 females (1020 females per 1000 males),² which may impact crude rate calculations. Second, the study reports 1,413,316 total cancer cases in 2022. However, applying the reported crude incidence rates (104.5 per 100,000 for females, 91.5 per 100,000 for males) to the respective populations (0.676 billion females, 0.731 billion males) yields an estimate of 1,375,285 cases-a shortfall of 38,031 cases (2.7%). A similar



discrepancy exists in mortality estimates, where the calculated total (888,674 deaths) is 28,153 deaths (3.1%) lower than the reported 916,827 deaths. Third, the study states that cancer incidence in India increased by 36% from 2012 to 2022, reaching 1.38 million cases, with mortality rising by 30.3% to 0.89 million deaths. In contrast, GLOBOCAN 2022 reports 1,413,316 cases and 916,827 deaths, indicating a further discrepancy. Finally, while GLOBOCAN 2022 reports 19.97 million global cancer cases and 9.74 million deaths, data in Supplementary material S2 suggest 18.47 million cases and 8.62 million deaths, a 1.5 million case and 1.12 million death difference requiring clarification. Addressing these inconsistencies will enhance the study's credibility and its contribution to India's cancer surveillance efforts.

URL: https://www.sciencedirect.com/science/article/pii/S277236822500037X?via%3Dihub





SCHOLARLY PUBLICATIONS School of Public Health KIIT Deemed to be University

Journal Name: Tropical Medicine and Health

IF: 3.5

Title: Power imbalances in tropical medicine journals: an analysis of editorial board representation

Author: Panda S.N.; Barik M.; Ratna P.; Das P.K.

Details: Vol. 53, Issue 1, December 2025, Article no. 92

Abstract: Background: Shaped by its colonial origins, tropical medicine sustains inequitable power dynamics in global health, sidelining low-middle-income countries (LMICs) in critical decision-making processes over research agendas and priorities. Editorial boards of tropical medicine journals, dominated by scholars from high-income countries (HICs), risk reinforcing power imbalances and excluding context-driven expertise from endemic regions. This study examines the diversity of editorial

boards across gender, geographic, socioeconomic, and geopolitical dimensions to assess systemic inequities. Results: The editorial board comprised 2,226 members, 66% male, 31.2% female, and 2.8% undetermined, from 120 nations. The regional contributions included Europe and Central Asia (21.9%), North America (20.9%), East Asia and the Pacific (16.6%), and Latin America and the Caribbean (16.2%), whereas Sub-Saharan Africa (11.2%), South Asia (9.7%), and the Middle East and North Africa (3.4%) were underrepresented. Over half (52.8%) were affiliated with high-income countries. Geopolitically, 40.3% were



from the G7, 67.1% were from the G20, and 24.2% were from the BRICS. Some journals showed skewing, with 85.2% North American representation and 90.3% East Asia—Pacific dominance. Conclusion: Tropical medicine editorial boards are steeped in systemic inequities that echo colonial legacies, with the overrepresentation of HICs and men limiting LMIC perspectives and local expertise. This imbalance undermines research relevance and ethical integrity by prioritizing Global North agendas over the needs of populations most affected by tropical diseases. To address these disparities, substantial reforms are essential. Strategies such as instituting DEI (Diversity, Equity and Inclusion), creating targeted mentorship programs for LMIC researchers, and enforcing transparent, bias-resistant recruitment practices are important. Such measures will create a more inclusive editorial landscape that aligns research priorities with global health needs, promoting equitable and contextually relevant solutions.

URL: https://tropmedhealth.biomedcentral.com/articles/10.1186/s41182-025-00752-2





SCHOLARLY PUBLICATIONS School of Public Health KIIT Deemed to be University

Journal Name: Frontiers in Public Health

IF: 3.4

Title: Vendor density mapping and compliance assessment with tobacco control laws around schools in Bhubaneswar City-a geo-spatial mapping and observational study

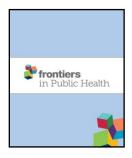
Author: Satpathy, N; Jena, P; Yadav, A; Epari, V; Mohanty, V; Ali, MI; Khare, R; Singh, YP;

Pandey, AK

Details: Vol. 13, Article No. 1410114, 2025

Abstract: Background: Tobacco use among youth remains a significant public health challenge, particularly in India, where vendor accessibility plays a crucial role in initiation and consumption. This study examines tobacco vendor density around schools in Bhubaneswar City, Odisha, utilizing advanced geo-spatial mapping techniques to provide evidence for regulatory enforcement. Methods: A geo-spatial

mapping approach was employed using ArcMap 10.8 and Google Maps to identify tobacco vendors within a 100-yard radius of 15 selected high schools. Data collection was conducted through a structured questionnaire with 53 closed-ended questions via the Epicollect5 platform. The study adopted a probability proportional-to-size sampling method to ensure representative vendor distribution. Results: The study identified 107 tobacco vendors surrounding the selected schools, with an average vendor density of approximately seven per school vicinity. Pan vendors and grocery/convenience stores were the most



prevalent vendor types. Despite existing regulations, widespread tobacco advertising, brand displays, and promotional activities were observed. Additionally, violations related to smoking near schools and sales to minors indicated gaps in regulatory compliance. Conclusion: The high density of tobacco vendors near schools underscores the need for strengthened enforcement mechanisms and policy interventions. Enhancing regulatory compliance through stricter zoning laws, targeted monitoring, and community-driven initiatives is essential to reducing youth exposure to tobacco products and mitigating associated health risks.

URL: https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2025.1410114/full

