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Cancer Drug Shortage Puts Treatment at Risk as India Balances Affordability and Supply

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India's recent shortage of the chemotherapy drugs cisplatin and carboplatin has exposed a critical challenge in cancer careâ??balancing affordability with a sustainable drug supply. While the NPPA's decision to raise ceiling prices aims to restore production and ease shortages, it has also intensified concerns over treatment costs. As cancer cases continue to rise, ensuring uninterrupted access to these life-saving medicines has become an urgent public health priority.

The National Pharmaceutical Pricing Authority (NPPA) took an unusual but significant step on June 12, 2026, by increasing the ceiling prices of the chemotherapy drugs cisplatin and carboplatin by 50 per cent under Paragraph 19 of the Drugs (Prices Control) Order (DPCO), 2013. The decision, approved during the 147th Authority Meeting held on June 11, 2026, will remain in effect for six months and was taken in public interest to address escalating raw material costs, restore manufacturing viability and tackle persistent supply disruptions.

The move marks one of the rare instances where the NPPA has exercised its special powers to revise prices outside the annual wholesale price index adjustment, acknowledging that existing price caps had made production commercially unviable for manufacturers. While the revision is expected to encourage companies to resume or increase production and improve the availability of these critical medicines, it also raises treatment costs for patients who already face a significant financial burden.

Despite the price revision, several major cancer hospitals across India continue to report intermittent shortages of these life-saving medicines. The episode has reignited a larger debate on how India can balance affordable pricing with sustainable manufacturing while ensuring uninterrupted access to essential oncology drugs.

India's growing cancer burden

Cancer continues to pose one of India's biggest public health challenges, placing an enormous physical, emotional and financial burden on patients and their families.

According to the WHO Global Status Report on Cancer 2026, India recorded approximately 1.6 million new cancer cases in 2024, with nearly 900,000 deaths. The disease burden is expected to rise sharply over the coming decades, with annual new cases projected to reach 2.8 million by 2050, driven by population growth, longer life expectancy, urbanisation and changing lifestyles.

Against this backdrop, the shortage of platinum-based chemotherapy medicines such as cisplatin and carboplatin has emerged as a major concern for oncologists and healthcare providers across the country.

These medicines remain the cornerstone of treatment for several common cancers, including cancers of the head and neck, lung, ovary, cervix, bladder and testis. For many patients, they are not simply one treatment option among many—they represent the standard of care with decades of clinical evidence demonstrating improved cure rates, better disease control and longer survival.

A global problem with local consequences

India is not alone in facing shortages of essential oncology medicines.

Over the past few years, several countries have reported disruptions in the supply of critical cancer drugs, exposing the vulnerability of global pharmaceutical supply chains. Manufacturing concentration, dependence on a limited number of API suppliers, geopolitical conflicts, transportation disruptions and increasing production costs have collectively strained supplies worldwide.

While India is currently grappling with shortages of cisplatin and carboplatin, the United States has also reported shortages of ifosfamide, another essential chemotherapy medicine, and has reportedly sought support from Indian manufacturers to bridge supply gaps.

The global nature of these shortages underscores that the challenge extends beyond individual countries and reflects broader structural weaknesses in pharmaceutical manufacturing and supply chain resilience.

Why did the shortage occur?

The current shortage did not arise overnight. Instead, it is the outcome of multiple economic, manufacturing and supply chain pressures that have gradually intensified.

Cisplatin and carboplatin are government price-controlled medicines manufactured by only a limited number of companies. Their production depends on platinum-derived active pharmaceutical ingredients (APIs), which India imports from international suppliers.

The ongoing geopolitical instability in West Asia, combined with volatility in precious metal markets, has significantly increased platinum prices. Manufacturers have simultaneously faced rising logistics expenses, higher energy costs, stricter regulatory compliance requirements and increased operating costs.

Although price controls have helped keep these medicines affordable for patients over the years, manufacturers argue that the regulated ceiling prices no longer reflected actual production costs.

As manufacturing margins steadily declined, several companies reportedly reduced production volumes or redirected manufacturing capacity toward products offering better commercial returns, resulting in supply shortages across hospitals.

India remains one of the world's largest producers of generic medicines, yet continues to depend heavily on imported raw materials for several specialised oncology drugs. Consequently, disruptions in global platinum supply, mining operations or international logistics can quickly translate into shortages within the domestic healthcare system.

Charting the reasons behind the shortage, **Prof (Dr) Subhrojyoti Bhowmick, Vice President – Clinical Services and Quality, ILS Group of Hospitals, Kolkata**, says multiple structural issues have converged.

According to him, dependence on a limited number of manufacturers for low-margin generic oncology medicines, fluctuations in API prices, supply chain disruptions, delayed procurement cycles, inadequate demand forecasting and uneven distribution between metropolitan hospitals and smaller healthcare centres have all contributed to the crisis.

He further emphasises that oncology medicines are highly time-sensitive. "Even a short interruption can delay chemotherapy cycles, alter treatment protocols, increase toxicity risks through substitutions and ultimately affect treatment outcomes."

Hospitals feel the impact

Several leading cancer hospitals across India have experienced intermittent shortages of cisplatin and carboplatin over recent months. Tata Memorial Centre, one of India's largest cancer treatment institutions, has reported fluctuations in supplies depending on availability from manufacturers and distributors.

Media reports indicate that King George's Medical University, Dr Ram Manohar Lohia Institute of Medical Sciences, Kalyan Singh Super Speciality Cancer Institute (KSSSCI), Cama and Albless Hospital in Mumbai and Jawaharlal Cancer Hospital in Bhopal have also encountered shortages of these essential chemotherapy medicines.

The clinical consequences of treatment delays vary depending on the cancer type, disease stage, treatment intent and duration of interruption. Short delays may be manageable in selected cases. However, prolonged interruptions can reduce treatment effectiveness, compromise cure rates and adversely affect patient survival, particularly when chemotherapy is being administered with curative intent. Maintaining uninterrupted access to essential oncology medicines is therefore fundamental to delivering quality cancer care.

How clinicians are managing the crisis

When shortages occur, oncologists must carefully balance evidence-based medicine with practical constraints. **Dr Vanita Noronha, Professor and Medical Oncologist, Tata Memorial Hospital**, explains that clinicians systematically evaluate available scientific evidence before considering alternatives.

Depending on the patient's condition, doctors may substitute an equivalent platinum-based medicine, modify treatment sequencing or prioritise available supplies for patients expected to derive the greatest clinical benefit.

She stresses that every treatment modification is made only after careful multidisciplinary discussion and consultation with the patient, ensuring that treatment remains both evidence-based and safe.

Rather than relying solely on substitutes, hospitals have also strengthened internal supply management.

At Jaslok Hospital & Research Centre, Mumbai, pharmacy, procurement and oncology teams continuously monitor inventory levels, forecast future demand and work closely with suppliers to maintain adequate stock of essential cancer medicines.

The emphasis has shifted from reacting to shortages toward anticipating them.

The affordability dilemma

Cancer treatment in India already imposes a heavy financial burden on patients.

Although older chemotherapy medicines remain relatively affordable compared with targeted therapies and immunotherapies, treatment costs continue to accumulate through repeated chemotherapy cycles, hospital admissions, diagnostic investigations, supportive medicines, travel and accommodation.

Recognising that continued shortages threatened cancer care nationwide, the NPPA invoked Paragraph 19 of the DPCO, 2013, allowing an exceptional increase in ceiling prices to restore commercial viability for manufacturers.

Under the revised notification:

- Cisplatin ceiling price increased from Rs 7.26 to Rs 10.29
- Carboplatin ceiling price increased from Rs 60.49 to Rs 90.74

Although the increase appears modest on a per-vial basis, patients typically require multiple chemotherapy cycles over several months. Consequently, even relatively small increases in drug prices can significantly increase overall treatment expenditure, particularly for patients paying entirely out of pocket.

The policy therefore reflects a difficult balancing act.

Maintaining artificially low prices may improve affordability in the short term but risks discouraging manufacturers from producing essential medicines. Conversely, increasing prices improves manufacturing sustainability but inevitably raises patient costs.

What needs to change?

Experts believe India requires a comprehensive national strategy to prevent future shortages of essential oncology medicines rather than relying on emergency interventions.

Dr Bhowmick advocates creating a national cancer drug shortage framework incorporating mandatory early warning systems, national and state-level monitoring dashboards, minimum stock requirements for essential oncology medicines, predefined alternate treatment protocols and clearly defined accountability for manufacturers, distributors, regulators and healthcare institutions.

Experts also recommend establishing a real-time national surveillance platform capable of monitoring production volumes, inventories and demand across manufacturers, distributors and hospitals.

Countries such as the United States and several European nations already operate similar systems, enabling regulators to detect emerging shortages early, identify alternative approved suppliers and coordinate procurement before patient care is affected.

Strengthening manufacturing resilience

Industry leaders argue that the current shortage exposes deeper structural vulnerabilities in India's oncology ecosystem.

Jeevan Kasara, Chairman, Steris Healthcare, which manufactures and supplies generic cancer drugs and supportive care medicines, says the repeated shortages of cisplatin and carboplatin reveal weaknesses in procurement planning and

inventory management.

"They are not new molecules and are not under patent; the fact that their availability is still an issue highlights the fundamental weaknesses in procurement and stockpiling processes."

He recommends mandatory buffer stock policies for all medicines listed under the National List of Essential Medicines (NLEM), stronger surveillance mechanisms similar to those operating in the US and Europe, dedicated incentives to promote domestic API manufacturing and greater coordination among procurement agencies, CDSCO, oncology organisations and manufacturers.

Industry experts also point out that manufacturing sterile injectable oncology medicines is considerably more complex than producing conventional oral formulations.

Production requires specialised sterile facilities, highly trained personnel, stringent quality assurance systems, uninterrupted cold-chain logistics and continuous regulatory compliance.

Maintaining these facilities becomes increasingly difficult when prices remain unchanged despite steadily rising production costs.

Dr Noronha believes regulatory mechanisms should allow hospitals to procure medicines rapidly from alternative approved manufacturers whenever shortages arise. At the same time, she emphasises that manufacturers must receive commercially sustainable pricing to ensure continued production of essential generic oncology medicines.

Similarly, **Dr Jeyhan Dhabhar, Consultant Medical Oncologist and Immunotherapy Expert, Jaslok Hospital & Research Centre**, says establishing robust early-warning systems, improving transparency between manufacturers and healthcare institutions, maintaining strategic reserves and encouraging multiple sources of supply would significantly strengthen long-term supply security.

Looking ahead

With India's cancer burden projected to rise substantially over the coming decades, the country cannot depend on only a handful of manufacturers to produce life-saving injectable chemotherapy medicines.

According to **Saurab Jain, Co-founder and Chief Business Officer, MrMed,** pricing policies must better reflect present-day manufacturing realities rather than cost structures established years ago.

He also believes procurement practices should evolve from fragmented hospital-level purchasing to aggregated demand models that distribute orders across multiple manufacturers instead of relying on a single lowest bidder. Such an approach would provide manufacturers with predictable demand while reducing the risk of nationwide shortages caused by disruptions at any one supplier.

Beyond affordability

The shortage of cisplatin and carboplatin demonstrates that affordability alone does not guarantee access.

For years, India's price-control framework ensured these medicines remained inexpensive for patients. However, when manufacturing became financially unsustainable, affordability came at the cost of availability.

The NPPA's 50 per cent ceiling price increase acknowledges this difficult reality. It is an important short-term intervention to restore supplies, but it is not, by itself, a long-term solution.

Ensuring uninterrupted access to essential cancer medicines will require a broader strategy that includes strengthening domestic API manufacturing, diversifying production capacity, creating strategic national buffer stocks, modernising procurement systems, implementing real-time shortage surveillance and developing a transparent early-warning mechanism involving regulators, manufacturers and healthcare providers.

As India's cancer burden continues to grow, ensuring reliable access to life-saving oncology medicines must become a central pillar of national health policy. The challenge before policymakers is no longer simply making medicines affordable—it is ensuring that every patient who needs them can receive them, without interruption, when their treatment depends on it.

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