

Introduction to the conference

In spite of increasing demand in the health sector, this area faces a shortage of resources. On the other hand, the prerequisite for good management in these circumstances is the existence of an efficient and effective information system to provide reliable and quality information at the right time for managers. Today, many of the achievements of medical knowledge can be attributed to the analysis and data mining of data collected from disease registration systems and health outcomes.

These systems provide better health care services for patients, help managers make decisions and plan and facilitate health research. Registry is a systematic collection of data from a specific disease (such as cancer, AIDS), exposure to substances or high-risk events (such as chemicals), or trauma and treatment (such as planting medical devices). Collected data, data collection methods, reports created and their use vary according to the type of registry. Registries may vary in terms of purpose, location, coverage level, and type of organization that creates it.

Considering the importance of the issue, officials from the Ministry of Health and Medical Education and Medical Sciences Universities have already started planning for the development of a registry of diseases and health outcomes. Due to the width and complexity of the issues related to this area and the diversity of the registry plans, there are many unresolved problems and unanswered questions in this regard, which requires the wisdom and collaboration of experts and researchers who in this domain are clear sighted. On the other hand, given that the success of most registry programs depends on the coordinated action of the authorities and the integrity of the data collected, the introduction of programs and activities carried out or ongoing ones at home and abroad and the familiarity of the authorities with the plans Registration of these programs will be very valuable. In this regard, the Ministry of Health and Medical Education, in cooperation with the Disease Register, intends to host the 2nd International Conference on Disease and Health Outcomes in December 2018. The main objectives of the conference are, the registry of diseases and health implications, familiarizing with the experiences and latest scientific achievements of individuals, organizations and countries in the field of setting up registry plans, examining challenges and solutions, and thinking about the formulation of protocols and guidelines in the same way. This is the domain. It is hoped that holding this program could make health care services better for patients in the country.

Higher Policy Council of the Conference

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Deputy Director of Research and Technology of the Ministry of Health and Medical Education Sciences

And the Head of the Conference



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Deputy Advisor for Research and Technology and responsible for the Disease registry and Health Outcomes program.

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conclusion : about 2% of patients underwent carcinogenic shock during acute MI, with very high mortality rate. Carcinogenic shock is seen more in female and elderly patients with low blood pressure at admission.

Cardiogenic shock, ST elevation myocardial infarction., disease registry, ischemic heart disease, web based comprehensive system development



Cancer Incidence in East Azerbaijan – Iran in 2015-2017: Results of The Population-Based Cancer Registry

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Abstract

Background and Aims East Azerbaijan in Iran is an endemic area for gastrointestinal cancers. In this study, we aimed to determine the crude and standardized incidence rates of cancers in this Province from March 2015 to March 2017. **Material and Methods** The methodology used for the East Azerbaijan population-based cancer registry was based on the operational program of the National Cancer Registry. Cancer registration software (can.reg) was installed with the aim of recording all the data of patients with cancer and to connect with their electronic health records system. The registered data were all population-based and obtained from multiple sources. **Results** We observed 6655 incident cases for the first year, and 7042 incident cases for the second year (13697 total incident cancers). Males accounted for 7644 (55.8%) of the cases and females accounted for 6053 (44.2%). The overall mean age at diagnosis was 60.34 ± 17.55 years. The age standardized incidence rates (ASIR) per 100,000, for all cancers was 165.29 for men, and 132.35 for women, with crude incidence rates of 174.7 and 147.1 for males and females, respectively. During the two years of study, the five most common cancers in men were stomach, colorectal, prostate, bladder, and trachea, bronchus and lung cancers (ASIRs: 27.58, 19.23, 18.64 , 18.63, and 13.26, respectively) , and for women breast , colorectal , stomach , thyroid , and esophageal cancers (ASIRs: 31.44 , 14.64, 11.91, 9.10 , and 7.02, respectively). **Conclusion** Our results were consistent with the previous reports, and the geographical pattern of cancer incidence in Iran, with gastrointestinal cancers, especially gastric cancer, being among the most common cancers in both sexes.

Keywords : Cancer Incidence; Population Based; Cancer Registry; Iran

