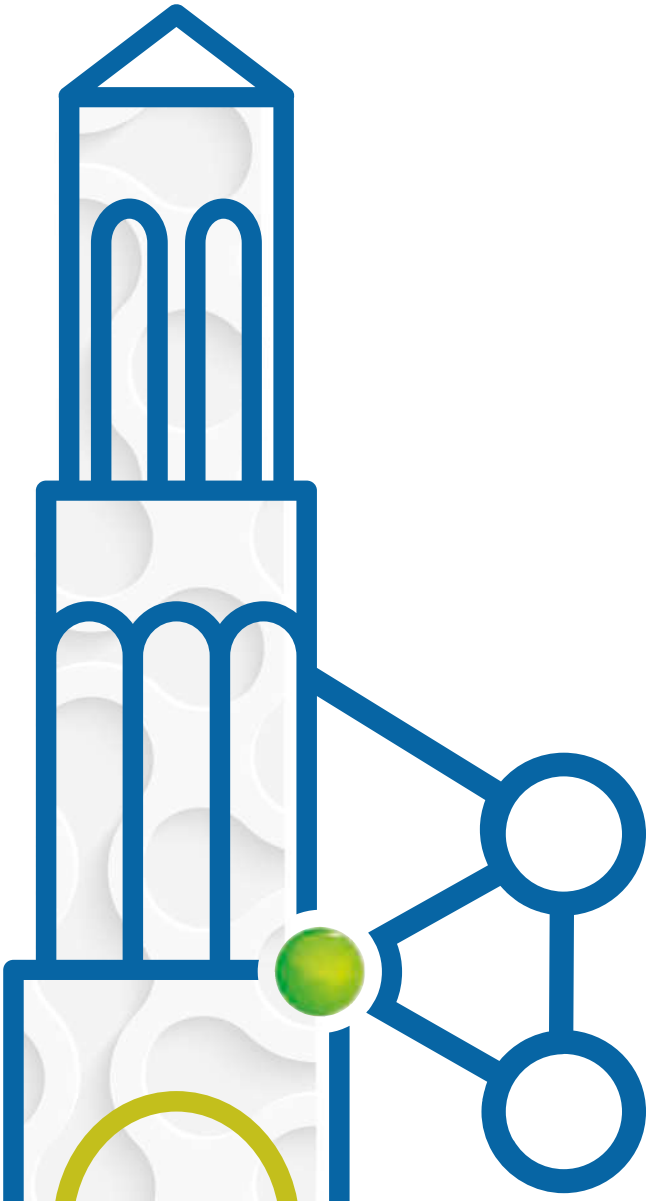

UTRECHT

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A1.3

PROJECTIONS OF BURDEN OF CANCERS: A NEW APPROACH FOR MEASURING INCIDENCE CASES FOR INDIA AND ITS STATES - TILL 2025

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Background Changing way of life, rising longevity and progressive control of communicable diseases has led to emergence non-communicable diseases, which emerged as an important public health problem in India and other developing countries during second half of last century. Burden of cancer is a one of measure contributor among non-communicable diseases in India, which accounts for around 7,06 thousands of cancers cases in males and 6,66 thousands in females in 2015. Hence, the objective of this study was to assess the burden of cancers by place of residence for India and its states for 2015-25.

Material and methods National Cancer Registry Programme (NCRP) is only a reliable source for data on cancer in India. The cancer incidence rates were taken into account from Population Based Cancer Registries (PBCRs) generated by population based cancer registries under NCRP and population of India and states were taken from the report 'projected by Registrar General of India' formed the sources of data. Best possible assessment for incidence rates for non available registry states was worked out by using limited available data. The linear regression method was used to assess trend and project the rates for 2015-25.

Results Overall burden of cancers in India was estimated to be 1.37 million in 2015 and it was increase to nearly 1.80 million by 2025, an increase of more than 30.8%. Major portion of this burden was in rural men (three fifth) and in males (more than half). The detailed analysis indicated regional diversity in the burden of different types of cancers.

Conclusion In view of increasing burden of cancers, there is burning need to initiate focused on control measures to combat the same.

A1.4

RESULT OF THE NEW INITIATIVE TO ESTABLISH EAST AZERBAIJAN POPULATION BASED CANCER REGISTRY (EA-PBCR) IN 2015

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Background Few countries have population based cancer registry (PBCR) in the Middle East and accurate cancer statistics from this region is warranted. We established a PBCR and estimate incidence rate of different cancer types in the East Azerbaijan province in the northwestern Iran (EA_PBCR).

Material and Methods With a population of 3724011 individuals (2011), East Azerbaijan was the sixth largest province in the northwestern of Iran in 2015. EA_PBCR actively collected data from 20 counties, 62 cities, and 44 districts. Data was obtained from pathology labs, hospital medical records, causes of death registry, a radiotherapy center, hematology centers, and imaging departments for one Iranian solar year (i.e. 1394 H.SH corresponding to 20th March 2015- to 19th March 2016). We used CanReg5 software and estimated age standardized incidence rates (ASRs) per 100,000 for all cancers and different cancer types.

Results We collected data of 10110 patients and after removal of the duplicates, and non-residents in this region, 6655 incident patients remained for analyses. ASR for all cancers except non-melanoma skin cancer (C44) was 167.1 per 100,000 for males, and 125.7 per 100,000 for female. The most common cancers were stomach (ASR =29.7), colorectal (ASR=18.2), bladder (ASR=17.6), prostate (ASR=17.3), and lung (ASR=15.4) cancers in men, and were breast (ASR=31.1), colorectal (ASR=13.7), stomach (ASR=13.3), thyroid (ASR=7.8), and esophageal cancers (ASR= 7.1) in women.

Conclusion Results of EA-PBCR showed a considerably high incidence of cancer was considerably high in East Azerbaijan and warrant urgent design and implementation of cancer control program in this region. The results from this registry can be generalized to other provinces, and even neighboring countries that lack PBCR.

Keywords: Cancer; Registry; ASR; Incidence; Crude Rate.

APC-59

PROGRESS OF POPULATION BASED CANCER REGISTRY PROGRAM IN I.R. IRAN

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Background I.R. Iran is located in the western Asia with more than 77.5 million populations. The National Pathology Based CR was implemented in 1994. Only one province, Golestan province, which is located in the northeastern part of Iran has high quality PBCR and the results of this registry published in the 10th volume of the IARC monograph "Cancer in Five Continents" in 2013.

Methods Deputy of research in the Ministry of Health and Medical Education launched a program to establish Population Based Cancer Registry (PBCR) in 10 out of 31 provinces. We enhance infrastructure for electronic pathology reports in the pathology laboratories, organized several workshops and training programs, and customized CanReg5 software to register Iranian (Jalali) calendar.

Results The program had successful results and 2 provinces, including Fars and East Azerbaijan provinces achieved the objectives and managed to prepare the first annual report with high quality results. Different stakeholders in the ministry of health, including deputy of health, treatment and research signed an agreement to support the regional PBCRs and report cancer incidence rates in all the provinces.

Conclusion The microscopic verification was 85% and 70% in the Fars and East Azerbaijan and the DCO% was 10% and 20% in the Fars and East Azerbaijan provinces, respectively. The incidence rates of cancer were 125 per 100,000 in women and 158 per 100,000 in women of Fars province. The rates were 150 per 100,000 in women and 182 per 100,000. The data from other provinces are also coming. We will report the activities and progress of cancer registry program in I.R. Iran.

APC-60

HOSPITAL BASED CANCER REGISTRY (HBCR) IN THE CANCER INSTITUTE OF IRAN: FIRST ANNUAL REPORT

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Background Hospital-based cancer registries (HBCR) maintain data of cancer patients on diagnosis, procedures, treatment, and follow-up in a particular facility. HBRS is important tool for hospital management and evaluation of the quality of care and supporting population bases cancer registry and cancer control program. In addition, HBCR creates important infrastructure for clinical cancer research. We aimed to report the results of the first HBCR from cancer institute of Iran (CIIR).

Methods We developed standard questionnaires, and procedures for HBCR. In addition, we modified Canreg5 software for registration and developed Canreg5 database for five cancer types, including breast, colorectal, stomach, esophagus, and melanoma. Data were collected from in patient wards, outpatient clinics, radiation oncology, and pathology departments, and etc. We further defined specific criteria for inclusion and exclusion of the patients in the registry. A specific variable named "Class of Case" kept the latter information. We saved the basic records of the excluded cases. In this report, we have analyzed data for 1393 (2014) for these five cancer types from the CIIR. We also signed agreements with different hospitals in the country to establish the HBCR networks.

Results The total number of patients who were registered and had inclusion criteria for five cancers types was 1257 patients, including 697 breast, 231 colorectal, 163 stomach, 109 esophageal, and 57 melanoma cancer cases. We have analyzed the data and reported different topography, morphology, stage, age groups, type of treatment from the above patients who were hospitalized in one year in the cancer institute of Iran. In breast cancer about 7 (1%) , 61 (8.7%), 266 (38.16%), 120 (17.21%), 33 (4.73%) patients were stage 0, stage I, stage II, stage III, stage IV, respectively, We could not find stage information of 210 (30.12%) patients and considered them as unknown stage. The most common form of treatment for breast cancer was surgery (n=697) and other treatments included: Chemotherapy (n=236), Radiotherapy (n=349), Immunotherapy (n=109), Hormonotherapy (n=74). We found the abut 50% of the patients were living in other provinces and have travel a long distance to receive care in the cancer institute of Iran.

Conclusion We have managed to establish HBCR in the cancer institute of Iran. This registry has became role model in the country and we have singed collaborative agreements with other centers to launce HBCR. Exchange of the data in this network will provide opportunity to study pattern of cancer care in different part of Iran and support development and monitoring of the cancer control program. Kew words: Cancer, Registry, Hospital Based Registry, Canreg5 Software, updated report.