# CANCER REGISTRATION IN DEVELOPING COUNTRIES:

# THE AIRTUM-EUROMED EXPERIENCE

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# INTRODUCTION

- CANCER REGISTRATION IN OCCUPIED PALESTINIAN TERRITORIES
- CANCER REGISTRATION IN ALGERIA
- FROM REGISTRATION TO ANALYTICAL INVESTIGATIONS

EUROMED CANCER REGISTRY PROGRAM

> Diego Serraino IRCCS CRO Aviano

# EUROMED CANCER REGISTRY PROGRAM

- 2008: The "Euromed Cancer Registries Network" project was promoted by the Italian Ministry of Health in collaboration with AIRTUM after specific activities promoted by few Italian cancer registries
- 2009, the Italian MOH approved and financed for the first year AIRTUM for conducting program
- **2010**, the Italian MOH financed for the second year AIRTUM for continuing the program
- 2011, the Italian MOH financed the Italian Health Institute (istituto Superiore di Sanità, Rome, ISS) for continuing -in collaboration with AIRTUM- the third year of the Euromed program – deadline May, 2013

# EUROMED CANCER REGISTRY: AIMS

# **General**:

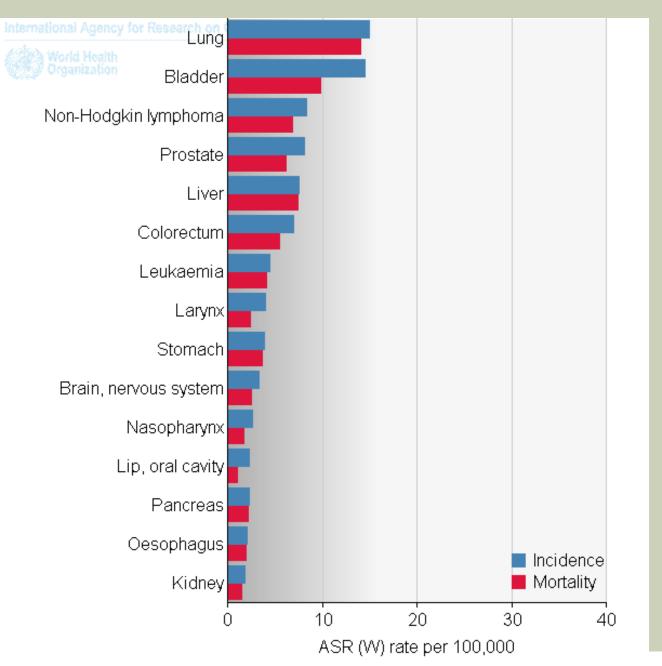
Contributing to support the control of the spread of neoplastic diseases in limited resource Countries facing the Mediterranean rim.

# Specific:

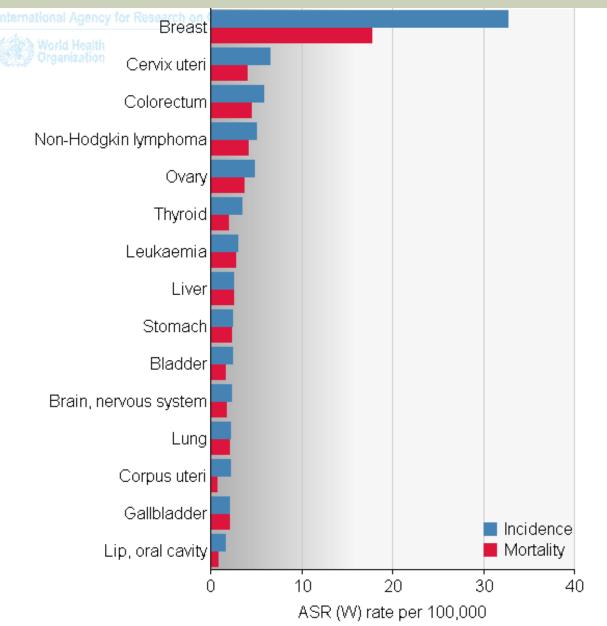
- Improving the quality of data from the cancer registries active in Mediterranean Countries and the information flows;
- training the personnel for
  - data collection,
  - use of standard statistical software
  - use statistical models

### **GLOBOCAN 2008 (IARC)** - Incidence and mortality rates

### NORTHERN AFRICA, MEN



### GLOBOCAN 2008 (IARC) - Incidence and mortality rates NORTHERN AFRICA, WOMEN



# EUROMED: PARTICIPATING CENTRES

- SETIF CANCER REGISTRY, ALGERIA
- IZMIR CANCER REGSITRY, TURKEY
- MALTA NATIONAL CANCER REGISTRY, MALTA
- NATIONAL CANCER REGISTRY, AND RESEARCH CHILDREN'S CANCER HOSPITAL, CAIRO - EGYPT
- REGISTRES DES CANCERS DE RABAT, AND REGISTRE DU CANCER DU GRAND CASABLANCA, -MOROCCO
- BENGHAZI CANCER REGSITRY, LYBIA
- STATISTICAL OFFICER OF CYPRUS HEALTH MONITORING, CYPRUS
- JORDAN CANCER REGISTRY
- WEST BANK AND GAZA, OCCUPIED PALESTINIAN TERRITORIES
- REGISTRE DU CANCER DE LA TUNISIE CENTRALE, TUNISIE



Population : 3.760.000 West Bank 1.416.000 Gaza Strip

<15 years = 48.8% 0-4 years, largest group: 19% <u>></u>65 years : 2.5%

49.3% women

Health personnel: 1533 physicians 3621 nurses 1427 others

**Health informatics:** 

The WHO has described the PNA's Health Information System (HIS) as

"incomplete, fragmented, unreliable, and outdated".

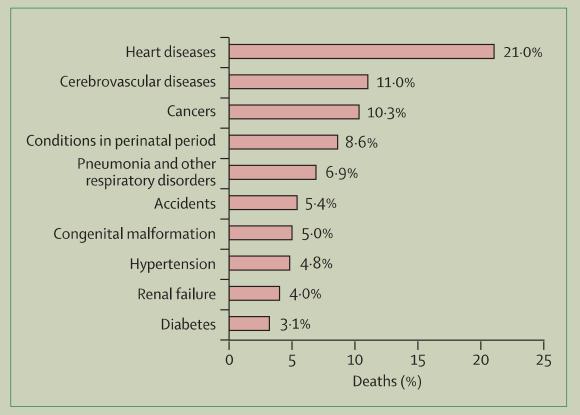
### Health in the Occupied Palestinian Territory 3

# Cardiovascular diseases, diabetes mellitus, and cancer in the occupied Palestinian territory

Abdullatif Husseini, Niveen M EAbu-Rmeileh, Nahed Mikki, Tarik M Ramahi, Heidar Abu Ghosh, Nadim Barghuthi, Mohammad Khalili, Espen Bjertness, Gerd Holmboe-Ottesen, Jak Jervell

#### Lancet 2009; 373: 1041-49

Published Online March 5, 2009 DOI:10.1016/SD140-6736(09)60109-4



**Figure 1: Leading causes of death in the occupied Palestinian territory in 2005** Reproduced from Ministry of Health<sup>6</sup> with permission.

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	West Bank Palestinians	Israeli Arabs	Israeli Jews	Jordanians	Lebanese
Women					
Year(s)	1998–2001 <sup>35</sup>	1996–2001 <sup>36</sup>	1996–2001 <sup>36</sup>	1996–2001 <sup>36</sup>	1998 <sup>37</sup>
Age-adjusted incidence (per 100 000 population)	88.5	128.7	272.1	112.2	134.8
Total cancer cases					
Year	2005 <sup>6</sup>	2000 <sup>36</sup>	2002 <sup>36</sup>	200236	1998 <sup>37</sup>
Breast	31.4%	27.7%	31.5%	32.5%	46.7%
Colon and rectum	9.2%	9.6%	14.1%	9.0%	11.5%
Thyroid	5.5%	7.0%	3.6%	5.4%	
Corpus uteri	4.4%	5.0%	4.1%	2.4%	6.5%
Ovary	3.8%	3.2%	2.7%	4.1%	5.9%
Cervix uteri	1.0%	2.0%	1.7%	2.2%	2.3%
Lung and bronchus	3.0%	3.5%	4.6%	2.3%	4.5%
Men					
Year(s)	<b>1998–2001</b> <sup>35</sup>	1996–2001 <sup>36</sup>	1996 <b>-</b> 2001 <sup>36</sup>	1996–2001 <sup>36</sup>	1998 <sup>37</sup>
Age-adjusted incidence (per 100 000 population)	108.0	175.7	282.6	115.2	154·2
Total cancer cases					
Year	2005 <sup>6</sup>	2000 <sup>36</sup>	2002 <sup>36</sup>	200236	1998 <sup>37</sup>
Lung	13.8%	19.0%	9.8%	12.2%	14·1%
Prostate	11.3%	8.4%	17.5%	7.5%	14·2%
Colon and rectum	9.6%	9.9%	14.1%	9.1%	12.3%
Non-Hodgkin lymphoma	5.0%	7.7%	5.7%	7.1%	4·2%
Stomach	4.7%	3.4%	4·3%	4.7%	7.9%

*Table 4:* Age-adjusted cancer incidence and site-specific proportions of all cancers in the occupied Palestinian territory and in neighbouring countries

# CANCER REGISTRATION IN GAZA, 2010

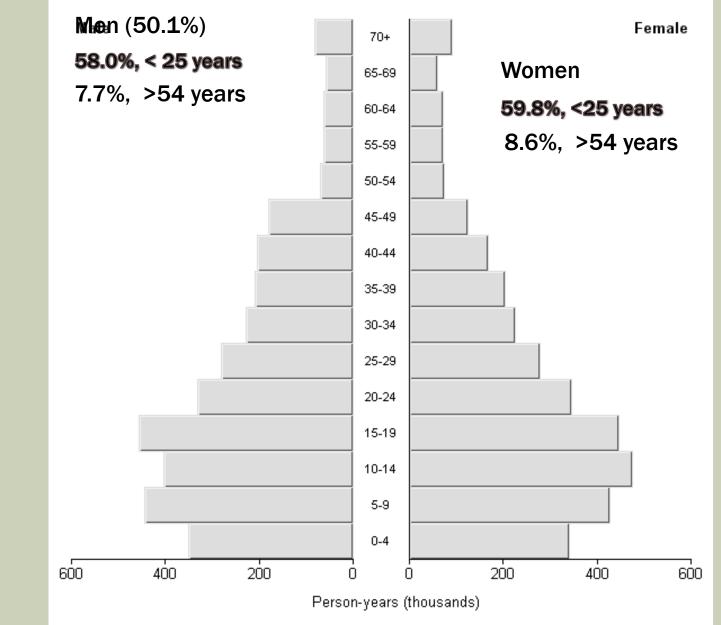
- Cases registered in 2010
  - Men= 427, (53,8/100.000)
  - Women= 504, (65,9/100.000)
- Most common sites in <u>men</u>:
  - Lung
  - Leukemia
  - Colorectum
  - Lymphomas
  - Prostate
- Most common sites in women:
  - Breast
  - Colorectum
  - Leukemia
  - Lymphomas
  - Thyroid

# **CANCER REGISTRATION IN ALGERIA, WILLAYA OF SETIF**



Algeria, Setif Wilaya (1998-2002)

### **SETIF - ALGERIA POPULATION: 1.365.488** inhabitants



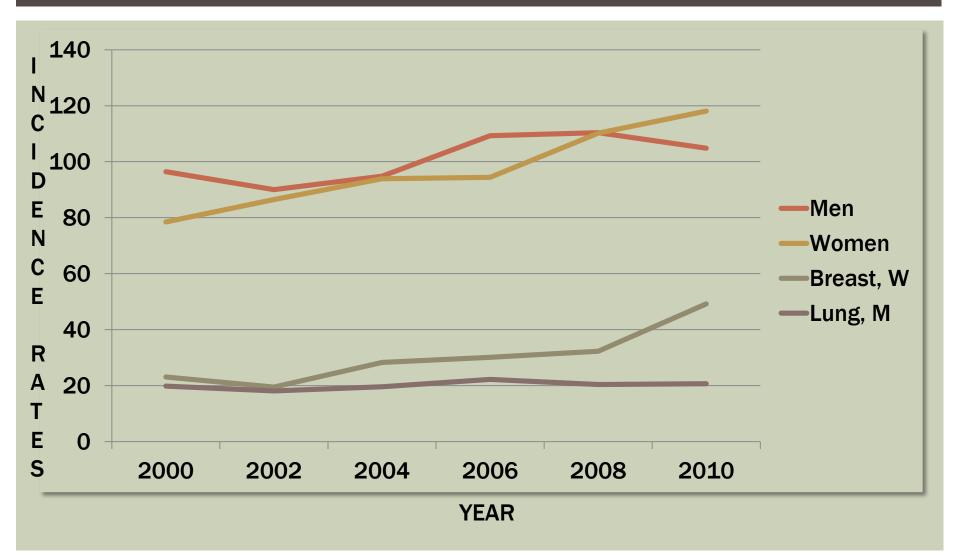
# INCIDENCE OF MOST COMMON CANCER SITES, SETIF, 2010 -MEN

Site/type	Number of yearly diagnoses	Incidence rate (STD, x100 000)	%
Lung	105	20,7	17,3
Colon-rectum	69	11,6	11,4
Bladder	58	10,2	9,6
Prostate	43	8,2	7,1
Nasopharynx	41	5,8	6,8
Stomach	35	6,6	5,8
Larynx	34	6,4	5,6
Non-Hodgkin Iymphomas	26	3,7	4,1
Central nervous system	24	3,5	3,8
Leukemias	16	2,8	2,6

### INCIDENCE OF MOST COMMON CANCER SITES, SETIF, 2010 -WOMEN

Site/type	Number of yearly diagnoses	Incidence rate (STD, x100 000)	%
Breast	336	49,2	43,4
Colon-rectum	68	11,4	8,8
Thyroid	46	6,4	5,9
Cervix	44	7,7	5,7
Gallbladder, biliary tract	28	4,7	3,6
Non-Hodgkin Iymphomas	28	4,1	3,6
Lung	24	4,0	3,1
Central nervous system	24	3,3	3,1
Nasopharynx	20	3,0	2,6
Stomach	17	2,9	2,2

### INCIDENCE OF MOST COMMON CANCER SITES, SETIF, 2000-2010



### EUROMED/AIRTUM PROGRAM: HOSPITAL\_BASED CASE-CONTROL STUDY ON RISK FACTORS FOR SELECTED CANCER SITES, SETIF CANCER REGISTRY

### Types/sites of interest :

- Breast, female
- Prostate
- Bladder

- Nasoharyngeal cancer
- Liver and biliary tract cancers
- Colon-rectum
- Non-Hodgkin lymphoma

### EUROMED/AIRTUM PROGRAM: HOSPITAL\_BASED CASE-CONTROL STUDY ON RISK FACTORS FOR SELECTED CANCER SITES, SETIF CANCER REGISTRY

# Risk factors investigated:

- Socio-demographic
- Personal habits:
  - Smoking
  - Diet
  - Physical activity
  - Alcohol consumption
- Familiarity and reproductive
- Occupation
- Medical history