

EVALUATION AND REPORTING OF HOSPITAL BASED CANCER REGISTRIES AT A TERTIARY CARE CANCER TRUST HOSPITAL

Oncology/Radiotherapy

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ABSTRACT

Background: The first Population Based Cancer Registry (PBCR) in India was organized in Mumbai in 1963. Subsequently under the National Cancer Registry Programme (NCRP) of Indian Council of Medical Research a few more registries were started in different cities of India such as Bangalore, Chennai and New Delhi. The PBCR from different cities has shown the distributions of different cancers are different in different cities because of ethnic and dietary differences. **Aims & Objectives:** The aim of our study was to show the prevailing cancer pattern in the East Godavari district, Andhra Pradesh. **Methods:** From our hospital-based cancer registry we analyzed all the cancer patients, who attended the outpatient and inpatient cancer departments of GSL Cancer Trust Hospital, Rajahmundry during the period from January 2021 to December 2021. **Results:** A total of 2206 cases were registered. The age distribution was 3 years to 90 years, with mean age of 55.7 years. The female (64.56%) cancer patients were slightly predominating compared with the male (35.49%) patients. The most frequent malignancies in males were carcinoma of head and neck (30.1%), followed by cancer of the lung (7%). The most frequent reported malignancy in female was breast (26.02%), followed by uterine cervix (18.04%), head and neck (10.31%) and ovary (7.7%). In the pediatric age group, the most frequent malignancies were ALL (42.8%). **Conclusion:** The cancer pattern in East Godavari district is a little different from other parts of Andhra Pradesh & from that of the Indian cancer registry, because of lifestyle and dietary habits in this part of the country. Timely counselling of local people regarding their habitual lifestyle that corresponds to the cancers which can be achieved by maintaining the cancer registry.

KEYWORDS

demographics, HBCR, cancer registry, cancer prevention, ICD 10

INTRODUCTION

The systematic collection of data on cancer is being performed by various population-based cancer registries (PBCRs) and hospital-based cancer registries (HBCRs) across India under the National Cancer Registry Programme-National Centre for Disease Informatics and Research of Indian Council of Medical Research since 1982(1). The National Cancer Registry Programme (NCRP) of Indian Council of Medical Research operates several populations - based cancer registries across India which highlight the distribution of different cancers in different locations in the country from a wide variety of geographic, ethnic, socio-cultural, religious and dietary backgrounds(2). In this study we tried to assess the incidence of common carcinomas that are prevailing in the East Godavari district of Andhra Pradesh

AIM AND OBJECTIVE

The aim of our study is to show the prevailing cancer pattern in the East Godavari district, Andhra Pradesh and further implementation of counselling in areas where there is need for life style modifications.

MATERIALS AND METHODS

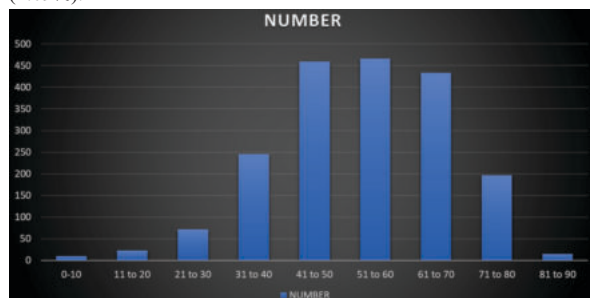
From our hospital-based cancer registry we analyzed all the cancer patients, who attended the outpatient and inpatient cancer departments of GSL Cancer Trust Hospital, Rajahmundry during the period from January 1st 2021 to December 31st 2021. Newly diagnosed cancer patient details were entered into separate register used only for demographic data and were based on International Statistical Classification of Diseases and Related Health Problems (10th revision; ICD-10 categories C00 to C95)(3) and was entered into excel sheets which was followed by quality control checks, duplicate checks (Table 1). These included all the patients who were for chemotherapy, radiotherapy and surgery. All the patients with benign diseases, who defaulted were excluded from data entry. The information collected includes age, sex, date of incidence, region, primary site and tobacco usage.

Table-1 Excel Sheet Data Entry

OP/ZI	DATE	UMR	NAME	SEX	AGE	Region	Tobacco	DIAGNOSIS	ICD
1	44198	2100004	Tenali sundaramma	F	65	Purushothapuram	no	ca.oesophagus	c15
2	44198	2100005	Kancherla sujatha	F	50	Dowleswaram	no	ca.ovary	c56
3	44198	2100007	Chukka eswari kumari	F	48	Ramachandrapuram	no	ca.breast	c50
4	44198	2100010	Kadali sanjaya swathi	F	11	Prathigadu	no	Rhabdomyosarcoma	c49
5	44199	2100011	Mulagepalli chitra	M	39	Gandepalli	no	Liposarcoma	c49
6	44199	2100012	Chelaboina veeraraju	M	74	Peddapuram	yes	ca.proctid	c07
7	44199	2100013	Pyla ganga raju	M	54	Mandapeta	no	ca.prostate	c61
8	44199	2100014	reddy suryanarayana	M	47	Vedapeta	yes	ca.hypopharynx	c13
9	44199	2100018	pacharla venkata narasimha raju	M	67	Mandapeta	yes	ca.tongue	c02
10	44200	2100017	vummathe chinnu appara	M	70	Korukonda	yes	ca.lip	c00

RESULTS

A total of 2206 cases were registered of which 1924 cases were diagnosed as malignancy. The age distribution was from 3 years to 90 years, with mean age of 55.7 years (graph 1). The female cancer patients were 1241 (64.5%) and predominating compared with the males 683(35.49%) patients. Pediatric malignancies were 21 cases (1.09%).



Graph 1: Age distribution

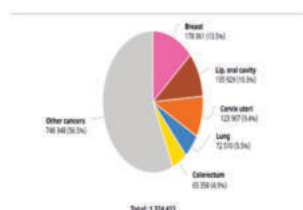
Both Sexes

The most frequent malignancies in both sexes were carcinoma of head and neck (17%), in which majority are tobacco related, breast malignancies (16%), carcinoma cervix (11%). In the pediatric age group, the most frequent malignancies were ALL 9 out of 21 cases (42.8%) (table 2), (diagram 1).

Table 2: Most common malignancies in both sexes

Site	Number
Head and neck	334
Breast	323
Cervix	224
Lung	94
Colorectum	88

GLOBACON CANCER STATISTICS IN INDIA IN YEAR 2020



NUMBER OF NEW CARCINOMA CASES IN YEAR 2021 IN GSL MEDICAL COLLEGE, BOTH SEXES, ALL AGES

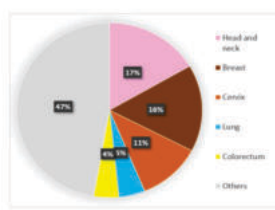


Diagram 1: Cancer statistics

Males

The most frequent malignancies in males were carcinoma of head and neck (30.1%) (tongue>buccal mucosa>hypopharynx), followed by cancer of the lung (7%), in which majority are tobacco related (table 3).

Table 3: Most common malignancies in males

SITE	NUMBER
Head and neck	206
Lung	53
Stomach	40
Lymphomas	37
HCC	32
Rectum	27
Prostate	25
Carcinoma of unknown primary	23
Esophagus	22
Pancreas	19

Females

The most frequent reported malignancy in female was breast (26.02%), followed by uterine cervix (18.04%), head and neck (10.31%) (hard palate>hypopharynx) and ovary (7.7%) (table 4).

Table 4: Most common malignancies in females

SITE	NUMBER
Breast	323
Cervix	224
Head and neck	128
Ovary	96
Endometrium	42
Thyroid	42
Oesophagus	34
Stomach	27
Pancreas	22

DISCUSSION

Information on cancer patterns is an important basis for determining the priorities for cancer control in different countries worldwide. There is heterogeneity in cancer patterns in India (4). The cancer pattern in East Godavari district is a little different from other parts of Andhra Pradesh & from that of the Indian cancer registry, because of lifestyle and dietary habits in this part of the country. Tobacco-associated head and neck cancers (tongue, mouth, oropharynx, hypopharynx and larynx) constituted about 20% of the total cancers in this district. Tobacco chewing and smoking have been identified as the major risk factors for these cancers in India (5). Predominance of hard palate cases among head and neck malignancies in females reflects positive link between the local habit of reverse smoking and cancer (6). Positive link has also been observed in males who are khaini chewers, gutka users who are associated with carcinoma of tongue (7).

CONCLUSION

This study provides an initial step for assessing the status and trends of cancer in this region. This shall guide appropriate support for action to strengthen efforts to improve cancer prevention and the sustainable development goals. This study is done for a small period and useful guide to direct and evaluate a cancer control program in this region. Timely counselling of local people regarding their habitual lifestyle that corresponds to the cancers which can be achieved by maintaining

the cancer registry for longer periods and to be incorporated in regional cancer institutes

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