

Cancer Registry - What is the Need to be Attentive and Why Now?

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Globally, cancer is the second leading cause of death. The overall cancer incidence trends are increasing, with one in five people, being eminent to develop cancer during their lifetime. Over 1.9 million new cancer cases are registered each year and approximately 609,360 deaths are expected to occur in 2022 alone.¹ International Agency for Research on Cancer (IARC) reports that 40% of these cancers can be prevented with strategies targeted towards prevention.²

The same concern of increasing cancer cases is echoed in the East Mediterranean Region (EMR), where the prevalence of cancer has been increasing considerably in recent years. In 2020, WHO (IARC - International Agency for Research on Cancer) documented the incidence of new cancer cases to be approximately 734,000 with associated deaths of over 458,600 cases. Modelling trends predict that the global cancer burden is expected to rise up to a staggering 28.4 million cases in 2040.³

In Arab countries encompassing both Gulf states and EMR, Arafa *et al.* documented an alarming rise in cancer cases in 2020.⁴ Despite a policy statement and consolidated efforts for prevention, a recent report shows a decreasing trend in cancer-related mortality.⁴⁻⁶

Pakistan was one of the few countries in the Eastern Mediterranean region to establish the national cancer registry⁷ but due to lack of funding this effort was unable to sustain itself on the national level. Those with interest in cancer data continued to work individually or collectively. In 1999, Bhurgri *et al.* reported cancer data from the South of Karachi⁸ followed by reports from individual hospitals⁹ and the Pakistan Atomic energy commission¹⁰ (PAEC). Very recently, Karachi cancer registry (KCR) has been established which is collecting and reporting data from major large hospitals of Karachi.¹¹

Globally most cancers are preventable either through behaviour change or vaccination. In Pakistan oral cancer is mostly associated with the consumption of highly addictive psychosomatic agents like *gutka* and *mainpuri* (mixed grounded powder containing tobacco).¹²

Its consumption has become very high in all age groups especially women and children of middle to the lower socioeconomic groups. Though the local governments have often put a ban on the sale and import of these items, their sale and distribution continue unhindered due to strong mafias and poor implementation.

Pakistan has the highest mortality rate among South Asian countries for breast cancer,¹³ the incidence is 20-30% higher than that seen in the West. In India, a similar pattern for breast cancer is reported.¹⁴ While in the Middle East and North African region, the burden of breast cancer is also increasing.¹⁵ Most often it is detected at a fairly late stage when the cure becomes difficult. The reasons for delayed diagnosis are access to testing and affordability followed by cultural issues where women are shy to talk about their body parts and refuse their examination by a male doctor.

Pakistan had the 2nd highest HCV prevalence in the world in 2008. In 2022, it has become the highest HCV prevalence country with 9.7 million viremic cases. To date, only 2% of the diagnosed cases have been treated. Hepatitis C being a silent killer will result in liver cancer in the majority of the people who are not yet diagnosed and treated. Hepatitis B and C both lead to chronic liver disease, cirrhosis and ultimately liver cancer. CDC USA has projected the liver cancer trend in Pakistan and has voiced concern that in the next few decades, Pakistan will see an epidemic of liver cancer.^{16,17}

To reduce the cancer burden, Pakistan needs to focus on creating awareness and prevention for cancers like oral, liver and lung through public health interventions. Hepatitis B vaccination to all and HPV vaccination in reproductive age women are also tried and tested strategies for the prevention of liver and ovarian cancer. Early screening facilities for breast, liver and lung cancer in public sector hospitals to address access and affordability followed by timely treatment can save many lives. In addition, functional cancer registries in Pakistan like KCR¹¹, PAEC,¹⁰ Punjab Cancer Registry,¹⁸ and Armed Forces Institute of Pathology (AFIP) must join hands for a robust 'National Cancer Registry' for the sake of advocacy to make this happen sooner than later.

REFERENCES

1. Siegel, RL, Miller, KD, Fuchs, HE, Jemal, A. Cancer statistics, 2022. *CA Cancer J Clin* 2022; **72(1)**:7-33.

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- doi.org/10.3322/caac.21708.
2. <http://www.who.int/activities/preventing-cancer>. [Accessed on: March, 9 2023].
3. <http://www.wcrf.org/cancer-trends/worldwide-cancer-data/>. [Accessed on: March, 14 2023].
4. Arafa MA, Rabah DM, Farhat KH. Rising cancer rates in the Arab World: now is the time for action. *East Mediterr Health J* 2020; **26(6)**:638-40. doi: 10.26719/emhj.20.073.
5. Arafa MA, Farhat KH. Why cancer incidence in the Arab counties is much lower than other parts of the world? *J Egypt Natl Canc Inst* 2022; **34(1)**:41. doi.org/10.1186/s43046-022-00142-3.
6. Huang J, Ngai CH, Deng Y, Tin MS, Lok V, Zhang L, et al. Cancer incidence and mortality in Asian countries: A trend analysis. *Cancer Control* 2022; **29**:1073274 8221095955. doi: 10.1177/10732748221095955.
7. Zaidi SHM, Jafarey NA, Ali SA. *Cancer trends in Karachi. J Pak Med Assoc* 1974; **4**:87-93.
8. Bhurgri Y, Bhurgri A, Nishtar S, Ahmed A, Usman A, Pervez S, et al. Pakistan- country profile of cancer and cancer control 1995-2005. *J Pak Med Assoc* 2006; **56(3)**: 124-30.
9. Hanif M, Zaidi P, Kamal S, Hameed A. Institution-based cancer incidence in a local population in Pakistan: Nine year data analysis. *Asian Pac J Cancer Prev* 2009; **10(2)**:227-30. PMID: 19537889.
10. Pakistan Atomic Energy Commission (PAEC) Cancer Registry Report 2015-2017, 2019; Volume 1.
11. Pervez S, Jabbar AA, Haider G, Ashraf S, Qureshi MA, et al. Karachi cancer registry: Age-standardised incidence rate by age-group and gender in a mega city of Pakistan. *Asian Pac J Cancer Prev* 2020; **21(11)**:3251-8. doi: 10.31557/APJCP.2020.21.11.3251.
12. Ali A, Manzoor MF, Ahmad N, Aadil RM, Qin H, Siddique R, et al. The burden of cancer, government strategic policies, and challenges in Pakistan: A comprehensive review. *Front Nutr* 2022; **9**:940514. doi: 10.3389/fnut.2022.940514.
13. Sohail S, Alam SN. Breast cancer in Pakistan - awareness and early detection. *J Coll Physicians Surg Pak* 2007; **17(12)**:711-2. PMID: 18182132.
14. Sathishkumar K, Chaturvedi M, Das P, Stephen S, Mathur P. Cancer incidence estimates for 2022 & projection for 2025: Result from national cancer registry programme, India. *Indian J Med Res* 2022; **156(4&5)**:598-607. doi: 10.4103/ijmr.ijmr_1821_22.
15. Safri S, Noori M, Nejadghaderi SA. Burden of female breast cancer in the Middle East and North Africa region, 1990-2019. *Arch Pub Health* 2022; **80**:168. doi.org/10.1186/s13690-022-00918.
16. IARC, I. A. f. R. o. C. LOBOCAN 2020: New global cancer data. Available from: <http://www.uicc.org/news/globocan-2020-new-global-cancer-data>.
17. Butt AS, Hamid S, Wadalawala AA. Hepatocellular carcinoma in Native South Asian Pakistani population; trends, clinico-pathological characteristics and differences in viral marker negative and viral-hepatocellular carcinoma. *BMC Res Notes* 2013; **6**:137. Published 2013 Apr 8.
18. Punjab cancer registry: Available from: <http://punjabcancerregistry.org.pk/downloads.php>

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