

Community Cancer Concerns, From a Population - Based Registry

Ibrahim A Bar Seif eldin, MD¹, Kadry Ismail, MD², Ahmed Hablas, MD², Hesham Elhamzawy, MD¹, Mohamed Ramadan, MD¹

(1) Tanta Cancer Center , and Gharbiah Population-based Cancer Registry, Egypt

(2) Gharbiah Cancer Society, and Gharbiah Population-based Cancer Registry, Egypt

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One of the main objectives of a population based cancer registry , is highlighting the community cancer concerns. Gharbiah Population-based Cancer Registry (GPCR), is the only and first – up till now – population based cancer registry in Egypt. It has been successfully functioning since Jan. 1999. The data of GPCR, is actively collected from 67 sources including some facilities outside Gharbiah that treat Gharbiah patients. Recently, GPCR data of 1999-2002 has been accepted for publication in the well known book «Cancer Incidence in Five Continents volume IX» issued by IARC-WHO . Forty eight African registry data sets were submitted to IARC-WHO , and only five were accepted. Compared to other accepted datasets , the population coverage of Gharbiah is the highest (4.2 million), and Gharbiah data is the most accurate.

Compared to other Arab countries , age standardized incidence rate (ASR) of male cancer , per 100 000 in Gharbiah (154) , is higher than Tunisia (126), Algeria(98), Kuwait (121), Jordan(123) and Saudia(60), but lower than Qatar(180) ,and Bahrain (166).

As for female cancer, ASR per 100 000, in Gharbiah (137) , is higher than Tunisia (95), Algeria(96), Kuwait (120), Jordan(127) and Saudia(61), but lower than Qatar(216), and Bahrain (159).

Breast cancer, ranks first amongst female cancers in Gharbiah-Egypt with ASR of 41.9/100 000, occupying the 27th percentile rank. This means that 73 % of registries worldwide has higher incidence of breast cancer than Egypt . This rate is close to that of South and Central America , but far below rates in Europe (64.2), Oceania (73.9) and North America(90.4). Our main concern, of breast cancer in Egypt is its rank on the top of female cancers as well as its late stage at presentation. In-situ and localized, lesions constitute only 25% of GPCR cases compared to 63% % in SEER series.

This situation emphathizes the fact that a screening program, is mandatory for early detection of breast cancer.

Bladder cancer occupies of the 1st rank amongst male cancers with ASR per 100 000 of 26.9 for males , and 5.5 for females. This fact of high incidence of bladder cancer, in spite of successful control of Bilharziasis, is also associated with increase of transitional cell carcinomas and decrease of the traditional Egyptian squamous cell carcinomas type. What is behind this new look of bladder cancer in Egypt? A question mark that waits for an answer.

The ASR of HCC, in GPCR is 21.7/100 000 in males, and 4.2/100 000 in females. It ranks second in male cancers list after bladder. This rate occupies the 90th percentile rank, with only 10% of registries ,worldwide, higher than Egypt. In view of the well known hepatocarcinogenicity of HBV and HCV, a good part of our efforts should be dedicated for prevention of HCC , as it creeps to occupy the first rank in males.

Non Hodgkin Lymphomas (NHL), has an ASR of 17.1/100 000 for males , and 9.9/100 000 for females . It occupies the 98th percentile rank. This very high incidence, of NHL, in spite of very low prevalence of AIDS in Egypt, is worthy more attention, specially in view of some literatures that accuse HCV (high prevalence in Egypt) to be associated with NHL. Other risk factors , like helicobacter pylori , EBV, pesticides and fertilizers, are also worthy , more attention.

Pediatric cancer , has an overall ASR of 154/million, for male children , and 99.2/million, for female children. It constitutes 4.4% of all incident cancers. The most striking finding, is the high ASR of pediatric lymphoma, (35.4/million) that exceeds pediatric leukemia (30.5/million).

An interesting finding, is the low incidence of cancer of cervix uteri , compared to other countries , in the area. It has an ASR , of 2 /100 000. Based on this fact , we do not support the idea of a national vaccination program for prevention of cervical cancer. Our community cancer concerns , from a population based registry, should be the basis for planning a National Cancer Control Program.