

## EDITORIAL

# PROSPECTS OF CANCER REGISTRATION SYSTEM AT ZIAUDDIN UNIVERSITY

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Despite cancer being one of the most common causes of mortality in Pakistan, little authentic data is available regarding the status, incidence and survival of cancer in our population the reason being the non existence of a national cancer registry and major neglect in this area. A cancer registry gathers, and analyses data on individuals with cancer, to formulate directives for control. Several scientific studies are coming up regarding the putative risk factors in relation to chemical, biological and environmental carcinogens associated in cancer pathogenesis. The recent risk factor analysis based on epidemiology, molecular biology and genetics of colon cancer has given a major to its management <sup>[1]</sup>. However, information regarding these risk factors and cancer burden from our country is not adequate to formulate and implement policies for primary and secondary prevention. This makes the formation of a cancer registry crucial. In addition, standardized data maintained in cancer registries can be used not only for clinical research but also for epidemiological research and to improve quality of care by healthcare planning and monitoring <sup>[2]</sup>. As cancer registries play a major role in assessing cancer burden and formulating cancer control programs, incorrect data can have detrimental effects on the resources of a developing country like Pakistan. It is therefore of utmost importance that the data collected by cancer registries is reliable and standardized <sup>[3]</sup>.

Cancer registries are divided into two main types: Population based cancer registries and Hospital based cancer registries <sup>[2]</sup>. A hospital based cancer registry collects data on all cancer cases presenting to the hospital. This data can be utilized in hospital management, for administrative tasks and clinical care performance reviews and improvement of cancer therapy <sup>[4]</sup>. However, they cannot be used in assessment of cancer incidence and formulation and evaluation of cancer control programs <sup>[5]</sup>. Hospital based cancer registries submit information regarding tumor type, characteristics and treatment modalities to population based cancer registries <sup>[6]</sup>. In addition, they play an important role by systematically collecting data in areas where population based cancer registries are not present like the Shaukat Khanum Cancer Registry <sup>[7]</sup>.

Population based cancer registries are a crucial part of cancer control. The data is collected through different sources like treating clinicians, pathologists and death certificates <sup>[4]</sup>. Medical facilities within a defined geographic area provide this information. They are the gold standard tools for assessment of cancer incidence in a population and help in identifying the spectrum of malignancies which can in turn aid authorities in prioritizing certain tumors and developing cancer control programs <sup>[3]</sup>. These registries also assess national cancer programs with preventative and treatment modalities. The Karachi Cancer Registry was the first population based cancer registry <sup>[6]</sup>. It was followed by the Punjab Cancer registry <sup>[8, 9]</sup>. The main hurdle in formation of population based cancer registries in Pakistan lies in the lack of availability of financial and human resources. There are no proper population based cancer registries at the national level in Pakistan, which has lead to a dearth of data of accurate data on cancer incidence <sup>[4]</sup>. It is only with such information that policy makers can allot health care resources towards cancer control. For example, according to a report by the KCR, policies for tobacco and areca nut control, as part of primary prevention can result in a decrease of 43.7% of the malignancies in males and 17.8% in females <sup>[6]</sup>.

Ziauddin University has three tertiary care hospitals with massive influx of cancer patients in various medical, surgical and allied specialties for diagnosis and treatment. Moreover, there are state of the art histopathology laboratories and radiology facilities for the diagnostic workup and finally there is the availability of a cancer hospital for the definite management in terms of medical, surgical and radiotherapy modalities. Therefore, the availability of a very strong infrastructure fulfilling all the parameters for cancer management since about 25 years now, has given a treasure for analysis of this deadly disease in a composite manner. There are hardly a few comparable universities who can launch a Cancer Registry Program and carry on with such a sensitive, highly required and commendable research investigation. There is a dire need to make use of these resources by developing clearly defined operational procedures for registration and ensuring a duly trained and skilled workforce which would not only contribute to provincial and national registries but also provide doctors with evidence based information regarding therapeutic and diagnostic modalities, which will in turn improve patient care.

The focus remains on building upon, enhancing, and extending existing registry activities and resources to invoke a significant change in the status of such cancer registries towards high-quality registration.

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