

The role and importance of cancer registry

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Cancer registry is a system devised for collection and analysis of data about patients diagnosed to have malignant tumors/cancer. Cancer along with other communicable diseases has been recognized as major health concern. According to World Health Organization (WHO) projection modeling, its incidence is expected to increase by 100% to 180%.¹

Cancer registry is classified as hospital registry (deals with patients diagnosed as and treated for cancer, central registry (population based within a certain geographical area) and special purpose registry (about a particular type of cancer). Dr. Earnest Codman attempted cancer registry program in a limited way in United States in 1926. Differences in nomenclature and classification turned out to be major problem in establishing cancer registry program. This problem was overcome by development of standard classification and nomenclature by the combined effort of American society of clinical pathologists and American college of Surgeons.²

With continuing efforts, American established The Surveillance, Epidemiology and End Results (SEER) program of the national cancer institute in 1973. Later, they strengthen SEER by establishing The National Program of Cancer Registries (NCPR). SEER and NCPR work in collaboration for collection of data of cancer patients for the entire US population.³ It is important to keep the record of cancer patients to make epidemiologic research about a particular type cancer, find better intervention and planning about its control⁴.

With the evolution of cancer registry program, a dire need for a trained certified person emerged. Certified tumor registrar (CTR) is a person who provides quality cancer data for research, statistical purposes, public health and cancer control.⁵ CTR is an integral part of cancer registry team in developed countries. Pakistan is densely populated country with ethnically diverse and heterogeneous groups with expected variety in the cancer statistics. Cancer Registries do exist in Pakistan but are not very active at national and provincial levels, especially collaborative data sharing is grossly missing.⁶ A small number of hospital/institution-based registries is published in the last 5 decades. This data couldn't help much as it was lacking in basic information and was associated with selection bias. Central/population-based cancer registry is a fundamental requirement of National Cancer control Program.⁷

Cancer registries maintain demographic information (age, sex and race), detailed medical history, diagnosis (site, type, stage of disease) and treatment modalities (surgery, chemotherapy, radiotherapy, hormone or immunotherapy) and follow up.

Cancer registry data is very useful as it can be used to calculate incidence, evaluate efficacy of treatment modalities, determine survival rates, develop screening programs and conduct research on risk factors and treatment of cancer. The downsides to registering cancer are the potential of information loss.

Pathology departments of public sector medical colleges remain the hub of data bulk collection representing the larger population of the country and can play a major role in establishing and maintaining cancer registries. Fatima Jinnah Medical University Lahore takes the lead by establishing a department of cancer registry of 'hospital registry' type which will work in collaboration with central registries to see behavior of a particular type of cancer in certain geographic region and ethnic group. To make cancer registry program successful, all the doctors in Sir Ganga Ram Hospital and affiliated hospitals of Fatima Jinnah Medical University are urged to actively participate. Similar registries in other public sector hospitals with interhospital and interinstitutional registry links will help in collecting more authentic data for research and healthcare planning.

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