



Fourth Meeting of the Regional
Advisory Panel on Cancer

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**A - EVALUATION OF THE ACTIVITY OF THE
REGIONAL REFERENCE CENTRES ON CANCER DURING 1978**

by

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During the previous meetings of the Advisory Panel on Cancer in Eastern Mediterranean countries, reports were presented on Iraq local cancer problems mainly in schistosomal cancer of the urinary bladder, bronchogenic and laryngeal cancer. At present there are no Regional reference centres to deal with these problems in Iraq. No doubt the establishment of such centres would improve the existing knowledge of local environmental conditions and help in their prevention and control.

The activities of the available reference centres in the Eastern Mediterranean countries, should be known to working groups in countries with similar problems. Cancer of the bladder is prevalent in the south of Iraq as much as it is in Egypt. Malignant lymphoma is a problem of this area as much as it is of Iran.

In order to disseminate the information gained by the Regional reference centres, the following suggestions could be discussed:

1. Designate specific working groups in each country for common cancers to be in constant contact with the reference centre dealing with the same disease. Information and broadlines of projects are shared, the group being an outlying post of the centre.
2. To encourage visits of experts from the centre to the working groups in order to advise and follow up results.
3. It may sometimes be necessary to duplicate centres and have two instead of one, in cancers of sufficient magnitude.

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B - REVIEW OF NEW DEVELOPMENTS IN CANCER ACTIVITIES IN
EASTERN MEDITERRANEAN COUNTRIES IN 1978

The Iraqi Cancer Society continued in its activities towards improving professional education in the early diagnosis and management of common cancers in the country. The Society is also trying to involve the Ministry of Health in cancer control as one of the main public health problems in the country and to accord this field the necessary priority. The following activities took place in 1978:

1. Panel discussions in various hospitals in Baghdad

A few panels were held in the main hospitals in Baghdad to motivate local staff on the existing situation of cancer control. The achievements of the National Cancer Registry were explained. Reliance was based mostly on local staff whenever that was possible. Cancer of the central nervous system was discussed at the Neuro-Surgical Hospital; lymphoma was discussed at the Cancer Research Laboratories; cancer of the urinary bladder and cervix were discussed at the Yarmouk Hospital and gastro-intestinal neoplasia were discussed at the Medical City Teaching Hospital.

For the coming year, these panels will be replaced by round table discussions, to which the specialists concerned are invited. The idea is to formulate a policy for the prevention, early detection and management of common cancers. The round tables do not aim at unifying management completely, as this is often impractical at country level. The groups will also have an opportunity for discussing flagrant pitfalls in management. Topics selected for 1979 are: cancer of the breast, cancer of the bronchus, cancer of the urinary bladder and lymphoma.

2. The second Refresher Course in Cancer

Encouraged by the success of last year's course, another was held in Baghdad under the auspices of the Ministry of Health. Our previous intention of holding the course in Basrah could not be realized because of the holding of the Annual Iraqi Medical Congress in Basrah during the same month.

The course was held at the end of December 1978. Contribution was limited to residents of hospitals in the central part of the country. The course was limited to one day and contained three sessions: one on bronchogenic carcinoma and one on cancer of the urinary bladder; a third was devoted to available modern tools of diagnosis of early cancer in Iraq.

The course was well attended.

3. The National Cancer Registry

Results from the Registry continued to show improvement in the total number of cases registered, indicating an increase in the voluntary reporting of fresh cases.

TABLE 1

<u>Year</u>	<u>Total cases reported</u>		
	<u>Total</u>	<u>Males</u>	<u>Females</u>
1975	3 292	1 990	1 302
1976	3 591	2 193	1 398
1977	4 111	2 488	1 623
	<u>10 994</u>	<u>6 671</u>	<u>4 323</u>

Results of 1978 are still being analyzed. A preliminary report will be presented at this Meeting.

Analysis of the results were given during the Third Meeting of the Regional Advisory Panel in Teheran. It showed clearly that cancer of the urinary bladder is the most common cancer in males and the breast is the commonest site in females. It also showed a steady increase in the frequency of bronchogenic carcinoma which was reported in sixth place in 1972 (5.17 per cent) by T. Saleem, rising to occupy second place in 1977 with a frequency of 11.2 per cent. New reports from the unpublished 1978 statistics show that it has surpassed bladder cancer and is the most frequent malignancy.

The distribution shows that more than 47 per cent of the most prevalent cancer in males, and approximately 30 per cent in females are directly associated with environmental factors such as schistosomiasis, smoking, industrial pollution, etc.

Table 2

Cancer frequency in females in Iraq

<u>1975 - 1976</u>	<u>%</u>	<u>1977</u>	<u>%</u>
Urinary bladder	14.5	Urinary bladder	13.7
Larynx	10.2	Lung and bronchus	11.2
Lung and bronchus	9.6	Larynx	7.9
Skin	8.0	Skin	7.1
Non-Hodg. lymphoma	7.2	Non-Hodg. lymphoma	6.8
Stomach	5.0	Lymphatic leukaemia	4.2
Hodgkin's lymphoma	3.5	Stomach	4.0
Lymphatic leukaemia	2.6	Hodgkin's lymphoma	3.5
Bone	2.6	Brain	2.5
Lymphatic secondaries	2.2	Connective tissues	2.5

Table 3

Cancer frequency in females in Iraq

<u>1975 - 1976</u>	<u>%</u>	<u>1977</u>	<u>%</u>
Breast	18.9	Breast	18.5
Urinary bladder	7.0	Skin	7.5
Skin	6.2	Non-Hodg. lymphoma	5.3
Non-Hodg. lymphoma	6.21	Bladder	5.2
Larynx	4.3	Larynx	4.9
Cervix	3.9	Cervix	4.8
Stomach	3.5	Stomach	3.3
Uterus	3.4	Lung and bronchus	3
Ovary	3.0	Thyroid	2.9
Thyroid	2.7	Lymphatic leukaemia	2.2

Also evident are the relative frequencies and high figures for both Hodgkin's and non-Hodgkin's lymphomas, an observation which is shared by most Eastern Mediterranean countries. Tumours of the thyroid are relatively frequent, especially if specific goiterogenous areas are considered within the country. Tumours of the central nervous system are also relatively high.

Some tumours were reported in much less frequency than in other countries, such as cancer of the stomach and colorectal cancer. Oesophageal cancer is reported as 1.77 per cent - 1.99 per cent but is four times more frequent in the north-eastern districts bordering on the Iran frontier.

4. Extending the Registry

The wide differences in environmental conditions between the mountainous northern areas of the country and the marshlands of the south provide an incentive to open two other registry centres for these two areas. Mosul now has good health services and a university. Basrah has recently been equipped with an efficient pathology department with four well qualified pathologists and an efficient, active, young university staff. It is time now to train epidemiologists in cancer and perhaps make use of the WHO and IARC initiative in organizing an epidemiology course in 1980.

C - SUGGESTIONS FOR CO-OPERATION IN IMPROVING THE
CANCER INFRASTRUCTURE AND CANCER ACTIVITIES

There has no doubt been some progress in this field since the WHO Regional Office first undertook this tremendous task four years ago. However, there is a great deal to be done. Cancer organizations have come together in the recently founded Federation of Middle East Cancer Organizations; its main objective is to improve co-operation and exchange information. The Federation is too recent to show obvious results. One can hope for improvement in the following lines with the help of international organizations:

1. Training of personnel: to increase local courses for the training of radiologists, physicists, epidemiologists, pathologists, etc.
2. To exchange information of cancer registries in the area and to unify terms of reference, coding and registration forms, to be sure that figures presented have the same meaning.
3. The encouragement of regional conferences and other scientific meetings. The recent pathology meeting could be quoted as a good example.

D - HOW TO DEVELOP A COMMUNITY APPROACH FOR A CANCER PROGRAMME
IN EASTERN MEDITERRANEAN COUNTRIES

This subject was fully discussed in March last year in a joint meeting between a WHO/IARC team and a National team. A fully comprehensive report was presented (EM/CAN/59/B). It recommended the following:

1. Cancer prevention: To combat environmental pollution, industrial, chemical, biological and physical. To take legislative measures for the limitation of environmental pollution.

2. Early detection: To improve on the health services needed for early detection, improvement of cytology services, to increase public cancer awareness and the definition of high risk groups in common cancers. To overcome the shortage in diagnostic radiology and histopathology.
3. Tumour clinics: The formation of a multidisciplinary cancer centre to improve and standardize diagnostic and treatment protocols.
4. Cancer treatment: Iraq has no shortage of surgeons, but there is great need for radiotherapists and medical oncologists.
5. Cancer registration: Specific recommendations were given to extend the scope of the present registration and to improve on its quality.
6. Cancer research: There is need to conduct epidemiological studies to identify the high risk groups and also to study the response of patients to standard therapeutic protocols.
7. Training: Especially for paramedical personnel such as nurses, midwives, medical assistants, etc.
8. National cancer programme: The report recommended the formation of a national team working in collaboration with the Ministry of Health.

Since the meeting several discussions were carried out between the Iraqi Cancer Society and the Ministry of Health. H.E. Dr Riyadh H. Hussain has recently presided over one of these meetings, and gave the programme his full support. After this meeting a joint committee was formed in the Ministry of Health to deal with all matters concerning cancer. It is composed of high Ministry officials and members of the Cancer Society. The aim will be to formulate a coherent cancer programme with targets, defined time to reach the targets, and clear organizational means for implementation.