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- A - EVALUATION OF THE ACTIVITIES OF THE RRC
- B - REVIEW OF NEW DEVELOPMENTS IN CANCER ACTIVITY
IN KUWAIT
- C - CANCER PRIORITIES IN KUWAIT

by

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KUWAIT

I. EVALUATION OF THE ACTIVITIES OF RRCs.

- Kuwait hasn't had the privilege to host a RRC.

Kuwait would aspire to be selected for a regional reference centre either in the field of hepatocellular carcinoma or cancer registry.

Dissemination of RRCs information must be carried out

II. REVIEW OF THE NEW DEVELOPMENTS IN CANCER ACTIVITY
IN KUWAIT IN 1979

1. The Cancer Registry-

This was started in 1974 - and an evaluation of the period 1974-1978- is underway, a complete monograph would be published representing our data in form of incidence data.

Since January, 1979 a new computerised program has been developed to fulfill the recommendation of WHO hospital based cancer registries including core as well as optional data and based on ICDO and MOTNAC.

2. Diagnostic development-

In 1979 skull CAT scan and ultrasonography have been introduced to Kuwait, before the end of 1980, 2 whole body CAT should be installed.

- Solid tumour cytology has been carried out more frequently

- Development of 2 gastroenterology clinics with a wide and complete equipment has allowed a very large endoscopic service, and hepatic and pancreatic investigations are carried out.

- Development of RIA assay lab in the radiotherapy and nuclear medicine department with a wide hormonal assessment as well as tumour markers.
- Development of a tissue culture laboratory in the Radiotherapy and nuclear medicine department.

3. Therapy-

The multidisciplinary approach to cancer management has been more widely implemented.

The recruitment of the medical school for its clinical chairman and staff and their appointment in Ministry of Health hospitals until the Medical school hospital becomes functional has had a good impact on professional educational activities and development of proper training programs.

There has been no development in the radiotherapy facilities except of a purchase of a dedicated computer for radiotherapy planning however the study for the expansion of the department and acquisition of a high energy linear accelerators. There have been finally approved and ordered in June 1980.

The availability of a wide range of cancer chemotherapeutic agents has been assured as well as the introduction of new agents especially Cisplatinum.

4. Social Care:-

There has been a remarkable development of social care to the cancer patient and 2 full time social workers have been allocated to the radio-therapy and oncology department.

5. Rehabilitation:-

The Prosthetic department has acquired new skills and expertise. The development of an ostomy clinic is under consideration. Full time Physio-therapist have been allocated for cancer patients More effort and dedication are required.

6. Public Education

Great efforts were deployed in antismoking campaign. Activities in other fields is still very deficient.

III. CANCER PRIORITIES IN KUWAIT

The evaluation of the data from the cancer Registry has demonstrated that the crude incidence among the Kuwaiti population is around 31.3/100000/year. This rather low incidence has not affected however the development of a cancer program in Kuwait.

A relatively high incidence rate for Nasopharynx 1.4, Lymphoma 2.5 in male and for Thyroid 2.6 in female has been noted.

Table represent the incidence data for the commonest tumour in either sex.

Cancer epidemiology has been given little interest until now, we hope that the publication of the data of the cancer registry would have a good impetus on epidemiological studies.

Breast, Bronchus, Lymphoma, Thyroid and urinary bladder, account for 35% of all malignancies registered among Kuwaities. They are diagnosed at advanced stages -over 50% in stage III and IV. This calls for greater effort in public and professional education and screening for high risk groups.

Development of a comprehensive cancer centre is still over aim. A 50 bed surgical oncology building with physical continuity with the radiotherapy and oncology department is to be completed at end of 1981.

Kuwait is a member of regional Gulf Council for Health Ministries which includes Saudi Arabia, Iraqe, Qatar, Bahrain, Emirates, and Oman. An advisory committee to the permanant secretariate in field of radiotherapy and nuclear medicine has been in function for the last 3 years. Its main objective is to advise on the development of oncological seVICES and nuclear medicine. As the regional WHO office is also advising the same countries it seems that exchange of information and co-operation between members of the committee and WHO experts is mandatory in order to avoid contradictory recommendations.

With the expansion of cancer programs in the region the need for skilled and competent personnel in all aspects of cancer activities would increase, great efforts are to be undertaken to provide training and education program; that would produce regionally such competencies and skills. A committee to evaluate the present situation in the region and project the requirement for the next 15-20 years and advise in the training and educational program to be undertaken is suggested.

KUWAIT - INCIDENCE DATA
1978 - 1979

<u>I.R./100,000</u>		<u>I.R./100,000</u>	
<u>Male</u>		<u>Female</u>	
Bronchus	4.3	Breast	7
Lymphosarcoma	2.5	Thyroid	2.6
Bladder	2.4	Ovary	1.7
Others & unspecified	1.8	Others & unspecified	1.6
Larynx	1.5	Cervix	1.2
Stomach	1.4	Lymphosarcoma	1
Nasopharynx	1.4	Oesophagus	1
Urinary organs	1.2	Hypopharynx	0.9
Oesophagus	1.2	Skin	0.9
Skin	1.1	Brain & nerv.syst.	0.8

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