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SECOND MEETING OF THE REGIONAL ADVISORY PANEL ON CANCER

Tunis, 18 November 1976

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CANCER ACTIVITIES IN WHO EASTERN MEDITERRANEAN REGION DURING 1976

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Cancer activities in the WHO Eastern Mediterranean Regional Office have continued during 1976 to become more and more involved in technical implementation of a Regional Cancer Programme. The following activities, were undertaken in this respect:

1. Collection of information regarding cancer infrastructure and research in Eastern Mediterranean countries based on HQ's Questionnaire. Although this questionnaire is not precisely suitable for gathering information from developing countries, being too research-oriented, it was circulated to twenty-three out of twenty-four Eastern Mediterranean countries and answers were received from eighteen countries up to 16 August 1976. A synoptic presentation of this information is given in Table 1. Comments on the information obtained, and on the questionnaire, will be made in a special Annex to the present paper.

2. Participation in the ICD-O Field Trial. The following Eastern Mediterranean countries are participating: Egypt, Iran and Israel. Mrs Constance Percy of the National Cancer Institute (USA) has visited these countries and has been received at the Regional Office in relation to her interest in this Field Trial.

The Regional Office has onforwarded to the National Cancer Institute, Bethesda, USA the cards filled by the Alexandria Cancer Registry and has distributed the ICD-O Field Trial Volume to many cancer institutes throughout the Region.

3. Second Meeting of the Regional Panel on Cancer. Organized in Tunis, 18 November 1976. All members participated as well as representatives from WHO/HQ, IARC and UICC. The Regional Panel has received a new member from Pakistan: Dr M. Zaidi, Professor of Radiotherapy, Jinnah Postgraduate Medical Centre and President Elect of the Cancer Association of Pakistan. The Iraqi participant has been replaced by Dr I. Al Qassab, Professor of Surgery, University of Baghdad and President of the Iraqi Cancer Association.

The Second Meeting analyzed the situation of implementation of the Regional Cancer Programme, discussed the programme of activity of the three Regional Reference Centres: 1) Cancer of the Oesophagus and Lymphoma, Teheran; 2) Cancer of Urinary Bladder and Head and Neck, Alexandria and Cairo; 3) Cancer of the Breast and Uterus, Tunis. Programmes of these RRCs for 1977 and 1979 were approved during this meeting and a decision was reached to start a periodic information bulletin of RRCs.

Another subject discussed by the Second Meeting of the Regional Panel was the ways to improve cancer data obtained in EM countries. The conclusion reached was to give any possible help to cancer registry activities in all EM countries and to convince health authorities of the need to train personnel for such activities and to provide the financial resources required.

The last point on which the attention of the Regional Panel was focussed was the improvement of the actual measures on cancer prevention and detection in EM countries.

It was felt that until now very little attention, on the whole, is paid by health authorities and, in general, by governments in EM countries, to cancer prevention and detection. Although some countries have taken action towards cancer prevention - the United Arab Emirates have banned the advertisement of cigarettes; Iran, Saudi Arabia have taken some measures to restrict use of reserpine in females - no comprehensive legislation to reduce population exposure to known carcinogens is envisaged in any of the EM countries and no real cancer programme at the national level has been defined until now. In Egypt, advertisement of cigarettes is largely practised and smoking is not forbidden, even in public places like cinemas, where it is not only a health nuisance but also a fire danger and is creating an unhygienic environment.

The members of the Regional Advisory Panel who are prominent persons in their countries in the field of cancer have not been fully successful, despite great efforts, in convincing their governments to devote some resources to the national cancer programmes, in order to start such activity with the adequate support and involvement of authorities and public.

4. Group Meeting on Cancer of the Cervix Uteri, Tunis, 15-17 November 1976. Participants from the Region, with the help of WHO Temporary Advisers and specialists from WHO/HQ, Regional Office, IARC and UICC have reviewed the epidemiological aspects, the problems of early detection, staging and treatment of cancer ofthe cervix uteri (CCU). The participants have presented data on CCU from the unit they are working with during the last five years which has allowed the members of the group to assess the actual situation in EM countries, resumed as follows:

- the majority of cases diagnosed are Stage III and IV (45 per cent from the total of cases seen in EM countries from 1971 to 1975) demonstrating that no active detection is practised in EM countries and the female population is not aware of the symptoms of CCU in order to seek medical care before the tumour has invaded the pelvic area;

- staging is not uniform nor properly done; some of the data show a quite high percentage of undefined stages (average 11 per cent reaching 41 per cent in some areas);

- a very small percentage of cases is properly followed after treatment and practically no data on survival were available to assess the adequacy of the treatment;

- the treatment methods were variable from place to place, depending not so much on available facilities, but also on training and local traditions.

The Group Meeting has managed to make the recommendations presented in Annex II which should now be followed in all places where CCU could be detected, diagnosed and treated throughout EM countries.

It was decided to commence a periodic survey on CCU with the participants at the Group Meeting in order to assess the impact the recommendations will have on CCU in EM countries.

5. Seminar on the International Histological Classification of Tumours, Baghdad, 28 November - 2 December 1976. During 1975, a similar seminar was held in Karachi for Pakistani pathologists, with the help of Dr Sobin, HQ, and two consultants. On this occasion it was found that the WHO histological classification of tumours is not properly understood and used in Pakistan. This is one of the main reasons that cancer registries started in 1973 by the Pakistan Medical Research Council in different places throughout the country were not able to collect relevant data because of non-homogenous classification of the tumours by various pathologists, in addition to mistakes in diagnosis, reporting, etc.

The seminar in Baghdad was organized for pathologists from Egypt, Iran, Iraq, Libya, Saudi Arabia, Sudan, Syria and Tunisia, all working with existing or planned cancer registries. All participants received, five months before the seminar, a set of slides which they were requested to examine, diagnose the lesion and make a classification using their actual system and a coding using the ICD-O Manual. All reports prepared by

participants were examined before the seminar by Dr L.H. Sobin and the two WHO consultants and the content of the seminar was decided accordingly. In Annex III are given the main observations made by the three WHO specialists concerning the way to diagnose, classify and code the slides of the pathologists from EM countries.

Being aware of the importance such uniformity in classification and coding will have in the adequacy of data on cancer in the EM Region, it is hoped that such seminars could be repeated in the near future for other groups of pathologists from this Region.

6. In addition to the Regional Meetings during 1976 the Regional Office has supported some national activities such as seminars, courses, consultations, etc.

6.1 Seminar on Bone Tumours - This was held in Karachi, Pakistan, from 15 - 18 March 1976 with the participation of forty Pakistani specialists and three WHO consultants. The topics discussed were the diagnosis and treatment of bone tumours and epidemiology of bone cancer in Pakistan. The recommendations have insisted on the need to improve the medical facilities involved in diagnosis and treatment of bone tumours (radio-diagnostic units, pathology, and biochemistry laboratories, etc.) to ameliorate the actual training programme in this particular field, and to further develop the epidemiologic study started in 1971.

6.2 Course on Cancer Chemotherapy sponsored by UICC in Tripoli (Libyan Arab Republic), 19-26 March 1976 with the collaboration of the Libyan Government and of the Regional Office of WHO. A faculty of seven members provided by UICC, and one provided by WHO, has presented to approximately sixty to eighty medical specialists practising in Libya actual problems in cancer chemotherapy. The Regional Office has offered to the faculty some basic information about cancer in EM countries and particularly in Libya and has presented a lecture emphasizing the role of general practitioners and medical specialists in cancer detection, diagnosis and registration. Some WHO publications in respect to the above-mentioned problem were distributed to participants.

It was felt that this UICC activity could have been more adequately prepared had previous consultation taken place between WHO and UICC to arrange the most suitable subjects appropriate to Libya. More proper utilization of the money and technical capacities which UICC devoted to this activity would have been possible if such a consultation had been organized. A discussion with the UICC representative to the course clearly revealed the above-mentioned points.

6.3 Consultation concerning Breast Cancer activities in Tunisia and the Region was held at the Salah Azaiz Cancer Institute in Tunis, 15-21 May 1976, with the participation of Professor B. MacMahon, Mrs R. Lunt, HQ and Dr N. Racoveanu, EMRO, with the staff of the Institute, led by Professor N. Mourali. Data on inflammatory breast cancer were examined and a decision to investigate a hormonal hypothesis was reached. This investigation will be done in collaboration with Harvard School of Public Health.

On the same occasion, the Group Meeting on Cancer of the Cervix Uteri was planned and attention was also given to a study to define the epidemiological patterns of breast cancer in EM countries which will be started from 1977 as part of the programme of the Regional Reference Centre on Breast and Uterine Cancer, Tunis.

6.4 At the request of the Government of Saudi Arabia a list of consultants able to help this country in defining a comprehensive cancer programme was prepared. Professor M.E.A. El Kharadly was selected from our list as WHO Consultant and is under recruitment.

It should be mentioned that neither HQ nor IARC has adequate information on specialists able to advise governments on general problems of cancer management, a field in which more and more requests will come as Member States become aware of cancer as a public health problem. It is advisable to start to identify such specialists and eventually to invite them to attend some of WHO activities related to the subject such as the Annual Meeting of Regional Advisers on Cancer; Meetings of Regional Advisory Panels on Cancer, etc.

6.5 A further National Seminar on Cancer of the Female Genital Tract will be sponsored by the WHO Regional Office in Karachi, Pakistan, early in 1977. Two WHO consultants are under recruitment for such a seminar.

6.6 A one-week Course on Cancer Epidemiology to be held early in 1977 for Pakistani specialists is also being planned with the collaboration of IARC and the WHO Regional Office. It is felt that it is much more suitable to develop such an activity on a regional basis, in the future, taking into account the lack of cancer epidemiologists and the need for such specialists in the development and orientation of comprehensive National Cancer Programmes.

6.7 IARC has requested the Regional Office to collaborate in the project established by the Cairo Cancer Institute and Middlesex Hospital, London, concerning the role of nitrosamines in bilharzial bladder cancer. A discussion was organized in Cairo in March 1976 with interested parties and a decision was reached to use the Geneva pouch to send samples of urine to London for measurement of nitrosamines. It was also supposed that the Regional Office will be fully informed about the project in order not to play the role of post office, only. The Regional Office has not been requested to onforward samples of urine and no information about the project has been received, except that related to the meeting mentioned.

6.8 A team from IARC (Drs Griciute and Linsell) has visited the Regional Office and discussed regional cancer activities. On the same occasion the team visited the Alexandria Medical Research Institute to discuss a request for help in developing the cancer registry, and has also met the applicants for Research Fellowships from Alexandria.

6.9 In cooperation with the Regional Reference Centre on Lymphoma, Teheran, a draft Protocol for the study of immunoproliferative disease of the small intestine (IPSID) was circulated to Cyprus, Egypt, Libya, Kuwait, Iraq, Sudan, Syria. Replies and comments favourable to participation in a cooperative study have been received from Egypt, Kuwait, Iraq and the Sudan. The RRC on Lymphoma is now preparing a revised form of the Protocol in order to start the study in 1977.

A few pathological specimens from the Lymphoma Clinic, organized by the Medical School of Alexandria University, were sent through the Regional Office to Professor H. Rappaport, City of Hope Medical Centre, Duarte, California, USA, for diagnosis. None of the suspected cases was confirmed as IPSID.

A Fellowship for one medical specialist from the School of Medicine, Alexandria University, was arranged, and completed, in Paris in relation to the IPSID project and with lymphomas in general.

6.10 The paper "Geographic Distribution of Cancer in EM countries", prepared by the Regional Adviser, has been accepted at the Third International Symposium on Detection and Prevention of Cancer (DePCa), New York, 28 April - 1 May 1976. The Regional Adviser also presented a lecture on the subject "Environmentally induced Cancer in EM countries" at the International Course on Environmental Toxicology held in Jerusalem on 3 July 1976.

7. The Course on Cytotechnology organized by the Regional Office with the Taj Pahlavi Cancer Institute, Teheran, was terminated in February 1976. All eight participants graduated and returned to their place of assignment with the ability to screen Pap. smears and identify abnormal and malignant cells.

A follow-up of the present activity of course graduates has not yet been possible but is now planned for early 1977.

Attempts to start a small-scale project of screening for cancer of the cervix uteri in Alexandria, Egypt, have not been successful yet despite many discussions and preparations made with local gynaecologists and pathologists.

8. The Regional Programme Committee has approved the budget for the Regional Reference Centres on Bladder, and Head and Neck; Lymphoma and Oesophageal Cancer; and Breast and Uterine Cancer, for the biennium 1978-1979. A Regional Training Course on Cancer Registries was also approved for 1979.

In total, the following sums of money were accepted for cancer activities in EM countries for the biennium 1976-77 and 1978-79, not including expenses incurred at the Regional Office level:

	1976	1977	1978	1979
Cancer	$ 65 500	$ 88 500	$ 140 700	$ 235 100

9. Using the WHO/IAEA TLD Intercomparison Programme, twenty Cobalt-60 units were checked in EMR in April 1976 (XVIIth Batch). Seven of these Cobalt-60 units have shown a deviation greater than $\pm$ 5%, which is considered significant. New sets of dosimeters have been sent to all places where such differences have occurred and a plan was set up to recalibrate the dosimeters used by the medical physicists in these places. Because deviations of -21 or -17 per cent have been noticed, it is felt that action should be taken and the TLD Intercomparison should be introduced on a routine basis for all radiotherapy units, covering not only Cobalt-60 machines, but also X-ray therapy machines, linear accelerators, etc.

TABLE I

1	Afghanistan	No	Yes	4 digits	No	No	X-ray superf.	sporadicity	No	No	No	No	No	No	No	No	through fam.plan.	No	screening CCU
2	Bahrain			No cancer registry, no research - unable to fill the questionnaire															
3	Cyprus	No	Yes	3&4 dig.	No	No	2 Co.unit 1 Deep X-ray	Yes	No	No	No	No	No	No	No	No	Only minor	No	No
4	Democratic Yemen	No	No	No	No	No	No	Yes	No	No	No	No	No	No	No	No	None	No	No
5	Egypt	Yes	Yes	3 digits	Yes	Yes	6 Co.deep X-ray	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Clin.field	Not yet	Not yet
6	Ethiopia	No	No	3 digits	No	No	2 Deep Xray	Yes	Yes	No	No	No	Yes	No	Yes	No	None	No	No
7	Iran	No	Yes	4 digits	Yes	Yes	12-14 deep Xray	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No	Clinical etiology	No	Yes
8	Iraq	Yes	Yes	No	Yes	No	3 Co. 1 accel.	Yes	No	No	No	No	No	No	No	No	None	No	No
9	Israel	Yes	Yes 3Hosp	4 digits	Yes	Yes	8 Co.1-2 accel.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No inf.	Yes	Yes	Yes
10	Jordan	No	No	No	No	No	1 Co unit	No	No	No	No	No	No	No	No	No	None	No	No
11	Kuwait	Yes	No	3 digits	Yes	No	2 Co units	Yes	Yes	No	No	No	No	No	No	No	None	No	No
12	Libyan Arab Rep.	No	Yes	3 digits	Yes	Yes	1 Co unit 1 Deep Xray	Yes	Yes	No	No	No	No	No	No	No	Histopath. Exf.cytol.	No	No
13	Oman	No	No	No	No	No	No	Yes	No	No	No	No	No	No	No	No	None	No	No
14	Pakistan	Yes	Yes	4 digits	Yes	Yes	4 Co unit 2 Cases 1 Deep Xray	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Many fields	No	No
15	Qatar			Unable to fill the questionnaire															
16	Saudi Arabia			Unable to fill the questionnaire															
17	Somalia			Unable to fill the questionnaire															
18	Sudan	Yes	No	4 digits	No	Yes	2 Co units 2 Deep Xray	Yes	Yes	No	No	No	No	No	No	No	Geogr.distrib. of cancers	No	Yes
19	Syrian Arab Rep.	Yes	Yes	3 digits	Yes	No	2 Co units 1 Deep Xray	Yes	No	No	No	No	No	No	No	No	None	No	No
20	Tunisia	No	Yes	4 digits	Yes	Yes	2 Co units 2 Deep Xray	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Clinical inspect.	Yes	Yes
21	Yemen Arab Rep.	No	Yes	3 digits	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

ANNEX I

REPLIES OF EM COUNTRIES TO HQ QUESTIONNAIRE

In the attached Table are presented the replies obtained from twenty-one out of twenty-three countries in the Eastern Mediterranean Region (for obvious reasons no questionnaire was sent to Affars et Issas). No answer to the questionnaire was obtained from Lebanon or the United Arab Emirates (UAE). It is known that Lebanon has quite developed cancer activities, but the actual situation has prevented the authorities from answering the questionnaire. UAE do not have a cancer infrastructure and activity in this field is restricted to a minimum.

Commenting on the replies received from EM countries, it is necessary to stress the fact that the HQ questionnaire has not been oriented toward the practical aspects of cancer control activities; ten out of the eighteen questions dealt purely with research in the most sophisticated fields of cancer cells, biology, immunology, biochemistry and molecular biology, research for new anti-cancer drugs. Such questions cannot be answered properly by Health Authorities, being too detailed for their overall interest even in developed countries. The questions dealing with subjects directly related to cancer control were only five (1, 2, 6, 7 and 18); the rest were again more of theoretical importance.

Another comment should be made also - the questions were not clear to persons not having a proper knowledge of the field of cancer. A very clear example is the one concerning cancer registries - we have received in at least four or five cases many answers from the same country - in one case four answers from one country were received. Most of those answers were contradictory with regard to the first two questions about Population-based and Hospital-based Cancer Registries. In some cases the Health Authorities acknowledged the existence of one or both types of Cancer Registry and the Cancer specialists denied their existence.

Similar unclear answers were obtained for the use of ICD at three or four digit level and for question No. 17 concerning Oncology as special discipline - although these questions seem to be very clear.

Apart from these introductory remarks, few comments will be made on the attached Table. Of twenty-one EM countries, only twelve have some organized infrastructure where cancer patients could receive real care, those countries are: Cyprus, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Libya, Pakistan, Sudan, Syria and Tunisia.

Regarding cancer registration, only one country has a National Cancer Registry functioning for more than fifteen years - Israel. Cancer Registries were started long ago in Egypt and the Sudan. In Egypt, one is covering the Cairo metropolitan area and another Alexandria; the number of cancer cases recorded every year in both cases is too small to be considered as a Population-based Cancer Registry. In Cairo, for 6.9 million inhabitants, 3 269 new cancer cases were recorded in 1973 and 2 599 in 1974. This number gives a total cancer incidence of 47.4 per 10^5 in 1973 and 37.7 in 1974, both these figures being 1/4 or 1/3 of what one could expect.

Some new Cancer Registries were started more recently in: Baghdad (Iraq), Isfahan, Shiraz and Teheran (Iran), Kuwait, Tripoli (Libya), Tunis (Tunisia). Most of these registries are based on the Cancer Centre or Pathology Laboratory and do not have a clearly defined population coverage on which to produce cancer incidence. There is at present a clear interest shown by some of the EM countries and by the WHO Regional Office to improve cancer registration. Training for Cancer Registry personnel is envisaged to start in 1979 or even earlier, if possible.

Question No. 3 concerning the use of ICD is much more related to the actual organization of health statistics departments in the Ministries of Health and, because this situation is being actively improved, will not be discussed here.

Use of WHO International Histological Classification of Tumours has received during 1975 and 1976 very much attention in the EM Region, but it will take another three to four years before it will be largely introduced in the main Pathology Laboratories throughout the Region.

Question No. 5 is not relevant to countries where cancer registration does not exist. Epidemiological studies are produced in Israel for various aspects of cancer and in Iran mainly on cancer of the oesophagus, because a special cancer registry has been set up in Northern Iran. The rest of the studies done are just attempts based on data collected ad hoc.

Radiation therapy is based mainly on Co-60 machines present in the thirteen countries mentioned before. The tendency to bring in accelerators is manifest, one linear accelerator is working in Baghdad for the last four to five years, two have been installed in Israel and it is expected to see more in countries like Iran, Kuwait, Libya and Saudi Arabia. The main problem with radiotherapy in EM countries is the lack of sufficient trained personnel. Radiotherapists, medical physicists and technicians are insufficient and most of the present more than 40 Co-60 are run only for four to five hours per day, although with two or three shifts of personnel a double or triple number of patients could be treated.

Another major problem is quality of the clinical dosimetry; as mentioned in the main report this problem requests urgent improvement.

Chemotherapy is, with surgery, a large therapeutic means used in EM countries. Because of the lack of trained chemotherapists, even in most of those countries having a cancer unit, the resulting problem seems to be more important than is seen at first approach. EM countries have a population with a high incidence of parasitic diseases tuberculosis, enteric infections, etc. which make the use of chemotherapic agents with severe action on immune defense and bone marrow more dangerous than in populations not having the patterns described above. It is actually not possible to give quantitative estimations for the picture described but it is necessary to start to collect some data in this respect.

A last comment will be made on question No. 18 - screening programmes do not really exist in EM countries. Some limited screening is done in a few areas of the Region for Cancer of the Cervix Uteri; in Israel breast screening together with screening of accessible sites is more largely done, but these cannot be considered as proper mass screening programmes.

With the actual cancer incidence, it is not advisable to invest manpower, equipment andefforts in such programmes. If screening should be started, this screening has to be epidemiologically oriented on the main cancer site and type of the area and to the real high risk group. It seems rational to have such programmes in Northern Iran, as well as in some partsof Afghanistan and Pakistan for cancer of the oesophagus, in Egypt, Sudan, Iraq for bladder cancer, in some areas to be determined for skin cancer, etc.