
EDITORIAL

Asian Collaboration Across Cancer Registries

In the present issue of the APJCP, in addition to papers on cancer registration data from Thailand (Amon et al., 2005; Sriplung et al., 2005), Pakistan (Bhurgri et al., 2005) and Iran (Alireza et al., 2005), there is a commentary on ethnic variation in registry findings for cancer of the colon and rectum (Moore et al., 2005) and a report of a recent meeting held to discuss the possibility of setting up a Asian cancer statistics network (Moore and Tajima, 2005).

We are totally dependent on our cancer registries for accurate information on incidences and mortality rates, as well as trends over time. Due in large part to the efforts of the International Association for Cancer Registries (IACR) (<http://www.iacr.com.fr/>) and the support of the International Agency for Research on Cancer (IARC), there are cancer registries producing data of sufficient accuracy for inclusion in the Cancer Incidence in Five Continents publication in many of the countries of the world, although the indices of data quality are very variable (see Table 1). There are clearly areas of major weakness, like Central and Western Asia, as well as South America and Africa, but the drive to set up reliable registries continues and a special poster presentation on 'Cancer Registration in Africa' was included in the 27th annual meeting of the IACR, held in Uganda on the 13-15th of this month. Since neither of the next two IACR meetings will be in Asia, it is hoped that the APOCP General Assembly Conference in Bangkok next year, or a Satellite meeting, will allow delegates from cancer registries from our region to gather and present recent findings.

There are a number of regional organizations which have

been established to co-ordinate and assist with promoting uniform data standards and training courses for cancer registration, like the North American Association of Central Cancer Registries (<http://www.naaccr.org>) and the European Network of Cancer Registries (<http://www.enrc.com.fr/>). In Asia we have the Japanese Association of Cancer Registries (<http://home.att.ne.jp/grape/jacr/>), the Gulf Center for Cancer Registration (<http://www.gccr.org/main.html>) and the Chinese National Center for Cancer Registries listed as Regional Cancer Registry Organizations in the IARC website, as well as other country wide bodies. There are nevertheless difficulties in guaranteeing comparability even within individual countries, as stressed by Yang et al (2005). Thus they found marked variation in practice between registries in China, with respect to data collection, data management and coding, as well as administrative aspects and sources of financial support. Their survey suggested that lack of qualified personnel, insufficient funding support and lack of stability in the population are major problems in carrying out registration work under the prevailing conditions.

In the European and North American cases, the websites are comprehensive and provide a great deal of information about aims, courses and publications, many of which can be downloaded as pdf files. They also certify population-based registries, aggregate and publish registry data and promote their use for epidemiologic research, public health programs, and assessing patient care. The question addressed at the 3rd Meeting of the Asia High-Technology Network was whether it might be of advantage to attempt the same for Asia. One important consideration is the role played by the IARC, which hosts and provides funding for both the IACR and the European Network of Cancer Registries. Japan is the only country member of the IARC from Asia at the present and it remains to be seen how much support can be provided by the Agency for cancer registration and related research in Asia, given budgetary and ergonomic constraints.

There are two major inter-related points which deserve stress. One is confidentiality, public interest, financing and statutory requirements, and the other is the roles of the cancer registry. As argued by Coleman et al (2003), surveys of public opinion, initiation of public debate, and legislation to protect both citizens' rights and medical research that is demonstrably in the public interest, are high priorities. If we can not convince the populace and the medical community of the necessity for accurate incidence data for cancer and other chronic diseases, then obtaining the funding and legal backing commensurate with effective cancer registration will continue to be a problem. To provide

Table 1. Percentages of Countries in Regions of the World with Registry Coverage in CIV* and Quality Indices#

Australasia	2/2 (100%)	0-5 (1.1)
North-East Asia	3/3 (100%)	0-16 (8.3)
South-East Asia	4/10 (40%)	1-21 (12.8)
Central Asia	0/8 (0%)	? (?)
Southern Asia	2/6 (33%)	1-12 (7.1)
Western Asia	3/15 (20%)	0-23 (11.3)
Africa	5/42 (12%)	0-12 (4.5)
Western Europe	17/17 (100%)	0-14 (3.7)
Eastern Europe	10/19 (53%)	0-11 (4.3)
North America	2/3 (67%)	0-4 (1.6)
Central America	3/10 (30%)	1-12 (5.3)
South America	5/13 (38%)	4-21 (12.4)

* Parkin et al., 2002 #Death Certificate Only data for males, range (average)

ammunition for the argument in favour, research needs to be conducted to actually explain differences observed in incidence rates between countries and among registries in a convincing way so that they offer practical application. In this context, more stress on the role of cancer registries in providing evidence of adequacy or inadequacy in care is also needed, perhaps featuring active collaboration with cancer treatment centres (Evans et al., 2002).

Whatever the particular aim, it would clearly be beneficial for Asian cancer registries to have an international organization devoted to providing training and research opportunities, especially for those countries within the region which are now trying to establish more effective registry systems. The question of financial support, last but not least, may depend on the ability to generate research findings, and this should be a stimulus to specific collaborative research, perhaps along the lines suggested in one of the commentaries in the present issue (Moore et al., 2005).

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