### PAHO-IARC Meeting. Brasilia October, 2009.

### Improving information on cancer in Latin America and Caribbean

13-14 October, 2009.

Registries in Latin America and the Caribbean and its relation to cancer programs

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### My speech is based in information from different sources:

- Property of a questionnaire sent to S.A Cancer Registries on May 2007 in order to provide some recent data to the "Working Group on data Production in Cancer Registration in Low and Medium Resource Countries" IARC. Lyon, July 2007
- The results of the IACR questionnaire sent to Central and South America Cancer Registries in April 2009 for the 31 IACR Meeting (New Orleans, May, 2009)
- Main results of the 2nd Meeting of the Cancer Registries
   Argentine Association held in Bahía Blanca, Argentina, on April 8, 2009.

# At present in Central and South America, there are 78 Cancer Registries associated to IACR

- 43 category A: associate
- 12 category I : individual
- 21 category V :voting 27%
- 2 without category
- 11accepted in CIV IX Ed: 14%

# In April 2009 I received only 14 replies to the questionnaire of the 78 registries from the IACR list

- Argentina5
- Brasil4
- Guatemala 1
- Perú
   2 (one reported that no longer works)
- Uruguay1

Country	Name	First name	Last name
ARGENTINA	Provincial Tumor Registry Salta City	Gerardo	Arroyo
ARGENTINA	Cancer Registry of Campana City	Roberto	Cianis
ARGENTINA	Provincial Registration of Tumors of Mendoza	Rogelio	Taber
ARGENTINA	Registro de Cancer Santa Fe - RECASFE	Silvia	Audero
ARGENTINA	Registro Poblacional de Cáncer de la Pcia de Tierra del Fuego	Susana Graciela	Ibañez
ARGENTINA	Entre Ríos State Population-Based Cancer Registry	Miguel	Angel Prince
ARGENTINA	Registro de Tumores	Jorge E.	Cura
ARGENTINA	Registro de Tumores en la Infancia	Ricardo	Drut
ARGENTINA	Registro Provincial del Cancer Gonnet	Silvia C.	Bonicato
ARGENTINA	Registro de Tumores de la Provincia de Cordoba	Graciela	Nicolas
ARGENTINA	Registro Oncopedriatico Hospitalario Argentino	Florencia	Moreno
ARGENTINA	Registro de Cáncer de Base Poblacional de la Provincia de Río Negro	Rubén	Kowalyszyn
ARGENTINA	Registro Argentino de Melanoma Cutaneo	Dora	Loria
ARGENTINA	Registro Populacional de Tumores - Provincia de la Pampa	Rubén M.	Molina

ARGENTINA	Centro Privado de Radiaciones	E.N.	Depatto
ARGENTINA	Registro del Cancer del Hospital 'R. Santamarina'	0.	Garcia Allende
ARGENTINA	Cancer Registry of Venado Tuerto City	Joaquin	Sanchez de Bustamante
ARGENTINA	Registro Regional de Tumores del Sur de la Pcia de Buenos Aires	Eduardo	Laura
BARBADOS	The Barbados National Cancer Registry	lan	Hambleton
BERMUDA	Bermuda Tumour Registry	Katura	Horton-Perinchief
BOLIVIA	Registro de Cancer de la Paz	Jaime L.	Rios-Dalenz
BRAZIL	Population Based Cancer Registry of Federal District	Elza	Pastor Martinez
BRAZIL	Instituto Nacional de Câncer - INCA	Marise	Rebelo
BRAZIL	Hospital-Based Cancer Registry	Claudio Francisco	Cabral
BRAZIL	Registro de Cancer de São Paulo	Fernanda Alessandra	Silva
BRAZIL	Registro de Câncer de Base Populacional de Aracaju	Carlos	Anselmo Lima
BRAZIL	Registro de Câncer de Base Populacional de Manaus	Anassellis	Veiga de Lima
BRAZIL	Registro de Câncer de Base Populacional de João Pessoa	Josefa Angela	Pontes de Aquino
BRAZIL	Registro de Câncer - Minas Gerais	Berenice	Navarro Antoniazzi

BRAZIL	Population-Based Cancer Registry of Curitiba	Cyntia	Asturian Laporte
BRAZIL	Registro de Câncer de Base Populacional de Palmas	Fernando	Pedroso Berdarraín
BRAZIL	Registro de Câncer de Base Populacional de Salvador	Elmando	Sampaio Silva
BRAZIL	Registro de Câncer de Base Populacional de Campinas- SP	Nazira	Mahayri
BRAZIL	Registro de Cancer de Fortaleza	Miren Maite	Uribe Arregi
BRAZIL	Registro de Câncer de Base Populacional de Goiânia	Jose Carlos	de Oliveira
BRAZIL	Registro de Câncer de Base Populacional de Porto Alegre	Paulo Recena	Grassi
BRAZIL	Registro de Cancer de Pernambuco	Albertina Maria	Suliano Brito
CHILE	Registro Regional de Cancer II, Region Antofagasta	Mario	Goycolea Chaparro
CHILE	Valdivia Cancer Registry	Maria	Bertran Vives
COLOMBIA	Registro Poblacional de Cáncer de Antioquia	Mary Ruth	Brome Bohórquez
COLOMBIA	Registro Nacional de Cancer	Margarita	Ronderos
COLOMBIA	Registro Poblacional de Cáncer del Area Metropolitana de Bucaramanga	Claudia	Janeth Uribe Pérez
COLOMBIA	Cali Cancer Registry	Luis Eduardo	Bravo
COSTA RICA	Costa Rica National Tumor Registry	Adolfo	Ortiz Barboza
CUBA	Registro Nacional de Cancer de Cuba	Yaima	Galán Alvarez

ECUADOR	Registro Nacional de Tumores	Patricia	Cueva Alaya
ECUADOR	Cuenca Tumor Registry	Nicolas	Campoverde
GUADELOUPE	Registre des Tumeurs de Guadeloupe	Catherine	Bachellier-Billot
GUATEMALA	Registro Nacional de Cancer - Guatemala	Mynor R	Villeda
GUATEMALA	Registro Nacional de Cancer - Guatemala	Carlos	Waldheim
GUYANA	Registre des Cancers de la Guyane	Saïd	CHEKKOURY
GUYANA	Guyana Cancer Registry	Penelope	Layne
HONDURAS	National Cancer Registry of Honduras	Flora	Duarte
HONDURAS	National Cancer Registry of Honduras	Jacqueline	Figueroa Nuñez
HONDURAS	Liga Contra el Cancer		
HONDURAS	Cancer Registry of the San Felipe Hospital	Hilda Lourdes	Aguilar
JAMAICA	Jamaica Cancer Registry (Kingston and St. Andrew)	Barrie	Hanchard
MARTINIQUE	Registre des Cancers de la Martinique	Moustapha	Dieye
MEXICO	Registro Histopatologico de Neoplasias Malignas	Pablo A.	Kuri
MEXICO	Registro de Cancer de Oaxaca	Vilma Barahona	Matamoros
MEXICO	Directorate of Epidemiology	Pedro	Rizo Rios
NETHERLANDS ANTILLES	Netherlands Antilles Cancer Registry	C.M.D.	Coronel

NICARAGUA	National Cancer Registry of Nicaragua- CNR	Angel	Mendez-Guillén
NICARAGUA	Cancer Registry of Léon	Ofelia G.	Rojas Berrios
PANAMA	Registro Nacional del Cancer	Plinio	Valdes
PARAGUAY	Registro Nacional de Patología Tumoral	Fernando	Llamosas
PERU	Registro de Cancer de Base Poblacional de Cajamarca	Sonia Diaz	Estacio
PERU	Registro de Cancer de Base Poblacional de Cajamarca	Pedro Leon	Alvarez
PERU	Cayetano Heredia Regional Hospital Piura	Jorge Eduardo	Aliaga Cajan
PERU	Registro de Cancer de Lima Metropolitana	Ebert	Poquioma
PERU	Registro de Cáncer de Trujillo	Pedro F.	Albujar
PERU	Arequipa Poblacional Cancer Registry	Luis	Medina Fernandez
PUERTO RICO	Puerto Rico Central Cancer Registry	Nayda	R. Figueroa
SAINT VINCENT AND THE GRENADINES	St Vincent and the Grenadines Cancer Registry	Ronald J	Child
SURINAM	Pathology-based Cancer Registry	M. Albert	Vrede
TRINIDAD AND TOBAGO	The National Cancer Registry of Trinidad & Tobago	Veronica	Roach
URUGUAY	Registro Nacional de Cáncer de Uruguay	Enrique	Barrios
VENEZUELA	Venezuela Cancer Registry	David	Evans

#### South America Cancer Registries Questionnaire Answers - July 2007 Base Registries Started **Population** Personnel Dedication Prof Tec Bahía Blanca Total Adm | d exc d parc A (sur de la Pvcia. 1989 Pob 386258 4 1 2002 Pob 3 2 Chaco 1000000 1 1 g 2 La Pampa 2005 Pob 299300 5 е 2003 Pob Mendoza 1654547 34 25 5 30 4 n 6 Santa Fé 2006 Pob 3248049 8 1 8 t **ROHA** 2000 Hosp 248000 niños 4 2 1 3 1 Tierra del Fuego 2003 Pob 122531 4 n a В 1994 Hosp 4 3 3 Camargo 1 1 Curitiba 1997 Pob 1800000 6 r 5 Jàu 2006 Pob 125000000 1 3 1 5 a Jàu - SP 1996 Hosp 4000000 13 8 8 5 S San Pablo 1969 Pob 10426384 14 11 1 12 2 RC-BPBH Pob 8 2000 2327049 10 1 C 1962 Pob Cali 1848931 9 5 4 9 0 0 m b a 2000 Pob P 1200000 Arequipa 4 Lima Pob 17 10 1990 8325615 17 e ú

#### South America Cancer Registries Questionnaire Answers - July 2007

	Registries		Registring at present		Search	
		100%		Activ	Passive	Mix
A	Bahía Blanca	si	2003	X		
r	(sur de la Pvcia. Bs As)					
g	Chaco	si	2002			X
е	La Pampa	si	2006-2007			X
n	Mendoza	si	2006-2008			×
t	Santa Fé	si	2006			x
i	ROHA	si	2000			×
n	Tierra del Fuego	si	20006-2007			x
а						
В	Camargo	si	2005	X		
r	Curitiba	si	2003-2006			x
а	Jàu	si	2005-2006	x		
S	Jàu - SP	si	2006-2007	×		
i	San Pablo	si	2005-2006			x
	RC-BPBH	si	2002-2003			X
C						
0	Cali	si	2006-2007			X
1						
0						
m						
b						
i						
а						
Р	Arequipa	si	2004-2006	X		
е	Lima	si	1999-2006	x		
r						
ú						

South America Cancer Registries Questionnaire Answers - July 2007				
Countries	Registries	data sent Cl in Five Cont. Vol IX		
		yes	no	
Α	Bahía Blanca	x		
r	(sur de la Pvcia. Bs As)			
g	Chaco		x	
е	La Pampa		x	
n	Mendoza		x	
t	Santa Fé		x	
	ROHA		x	
n	Tierra del Fuego		x	
а				
В	Camargo	×		
r	Curitiba	x		
a	Jàu	x		
S	Jàu - SP	x		
	San Pablo			
	RC - BPBH	x		
C				
0	Cali	x		
0				
m				
b				
i				
a				
P	Arequipa	x		
е	Lima	x		
r				
ú				

South America Cancer Registries Questionnaire Answers - July 2007					
Countries	Registries	Do consider t	Do consider that this Registry is working		
		Very Sat	Med. Sat	Seriuos diff	
A	Bahía Blanca		X		
r	(sur de la Pvcia. Bs As)				
g	Chaco		X		
е	La Pampa		X		
n	Mendoza	X			
t	Santa Fé		X		
i	ROHA				
n	Tierra del Fuego	X			
а					
В	Camargo		х		
r	Curitiba		х		
а	Jàu	X			
S	Jàu - SP	Х			
i de la companya de	San Pablo	X			
	RC - BPBH		X		
C					
0	Cali	X			
0					
m					
b					
i					
а					
Р	Arequipa		х		
е	Lima		х		
r					
ú					

### South America Cancer Registries Questionnaire Answers - July 2007

- >81% have economic difficulties; 50% present difficulties in the lack of understanding on the part of the Health Professionals; in the data capture; lack of computerization.
- >Only 30% receive provintial financial. 50% receive mixed financing .
- >100% think that it would be useful to have an Association of Cancer Registries of South America.

✓Only 25 % of the Cancer Registry's Directors who answered the questionnaire consider that their country have consistent — Cancer Control Programs; 82% consider that it would be useful scientific, technical and financial support

175% are dedicated exclusively to the recording and Epidemiologist techniques, the rest is inserted in other administrative structures.

**√57%** have sent the data for publication in Cancer Incidence in Five Continents Vol. IX

**✓Only 50% are involved in investigation tasks.** 

**√38** % evaluate the quality of their data in agreement with the guidelines established by the IARC.

✓43% evaluate their work like very satisfactory ; 57% moderately satisfactory

#### II - MAIN OBSTACLES FOUND

A) Data collection is not easy at all and sometimes it is very difficult: the Health Systems are most of the times complex. It is frequent to find public health assistance for poor people; Social Securities Systems that are rarely unified. So according to the activity or the union they have independent Social Security

In the particular case of our Registry in the city of Bahía Blanca the data are more easily obtained in the public hospitals. They are also better computerized.

### Republica Argentina, Pcia de Bs. As., Bahía Blanca.





So, as you can see, there is a big difference when you compare the possibility of data capture in South America with for example U K, Australia, Canada or the northern countries who have unified National Health Systems.

B) The majority of Health Professionals, including Health Officers don't assign importance to good cancer data. In many South America countries emphasis is put in assistance and little effort is made in planning in the long term and prevention.

Many of South America countries don't have consistent Cancer Programs. At the public level Pap test is offered free of charge but consistent programs are the exception.

In Argentina until few years, many healths public officers thought that offering free Pap tests they were making an important contribution in Cancer Control. They didn't have at that time incidence figures.

When our Registry started in 1989 it showed that at least in our area cervix cancer accounted for less that 7% of invasive cancers among women (so about 3% of the total invasive cancer burden).

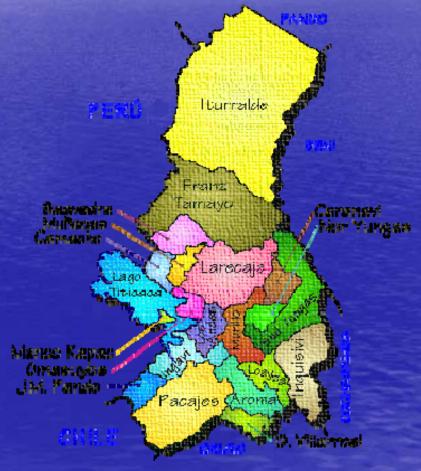
C) Lack of enough economic resourses to pay the Registry personnel and to other important items like the possibility of attending scientifics meetings, pay scientific publications etc, produces inestability of the trained technitians (this happens to us continuosly) with the result that you have to train again and again new people.

Also as Director you have to devote a lot of time to get funding and you diminish time to data analysis and research (and in many cases the Registry Directors have not full time dedication).

## There are in the Region recent examples of economic restrictions as a cause of the stop of Cancer Registration:

 La Paz, Bolivia:2007- La Paz (Bolivia) information sent by Dr. Del Rio Dalenz.





· 2009- Trujillo (Perú) recent information from it historical Director Dr. Pedro Albujar.



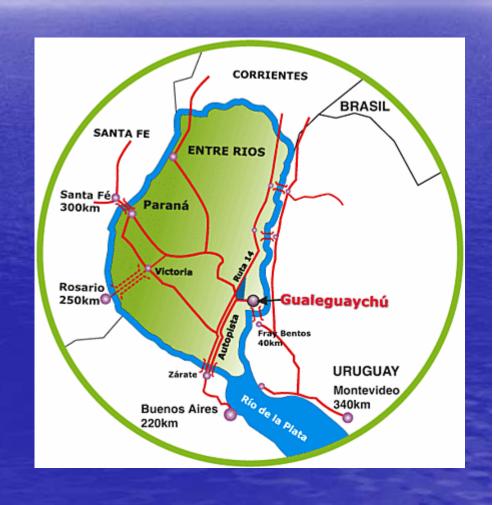






• 2009- Entre Ríos (Argentina) (At the beginning producing data of the city of Concordia: CIV 8th ed) is facing now economic restrictions due to the present crisis: the subsidy given by the Province was stopped and Dr. Miguel Prince expresed his preocupation for that (April 8, 2009): amount u\$s 1000/year.



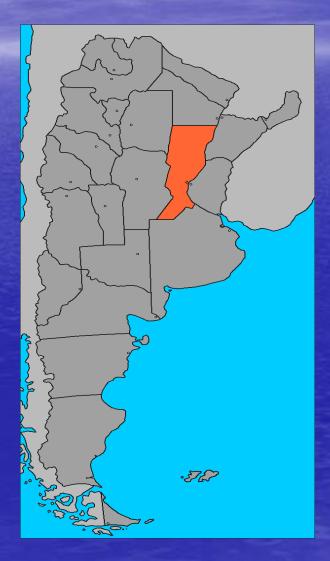


Both cases can make us reflect about the importance of IARC seed grants....

Other problems expressed by the Registries are: lack of professional staff, for example:

Santa Fe Cancer Registry (Argentina): they are 4 persons provided by the Province including an informatic. They need the profesional level.





•Rio Negro Province Cancer Registry (Argentina): They lack professional direction for an year and a half (argument between the Cancer Registry Director and the Health

Minister.....





## III - SOME CONCLUSIONS AND PROPOLSALS

1) The International Associations and Agencies like WHO, IARC, IACR, UICC, could elaborate a consensus to advice the health authorities of South America and probably of other continents how to secure the continuity of the Cancer Registries in order that in large countries good quality cancer data be achieved representing different regions of each country.

This consensus could be called Framework Consensus on Cancer Registration or Framework Consensus on Cancer Control.

### SOME CONCLUSIONS AND PROPOLSALS

2) This Consensus could be the first step to reach a Framework Convention on Cancer Registration and Cancer Control that could be historically the second global agreement among all countries in the world to achieve a global succes, being the first one the FCTOH.

3) The signing countries would compromise at the local level to passing a National Cancer Law Regarding Cancer Registration and Cancer Control. The 1971 Cancer Law in the US, is probably an historical landmark regarding this issue.

### SOME CONCLUSIONS AND PROPOLSALS

- 4) The regions selection in each country should be defined by epidemiological criterion like cancer mortality, feasibility and local leadership.
- 5) The cancer Registration area should have ideally between 500.000 and 1.500.000 inhabitants avoiding the excessive expense and complexity of more populated areas and the low representative data of very little places.

### SOME CONCLUSIONS AND PROPOLSALS

- 6) The continuity of the Registries should be guaranteed as the stability of its personnel.
- 7) A Central Unit, Office, Service or Institute should exist in each country with capacity to analyze the cancer data and at the same time supervise its quality. It could probably be able to make recommendations at the National and Provincial levels about Cancer Control.
- 8) Eventually an Office or Delegation of International Agencies could be created in each continent to stimulate, give continuity and evaluate these strategies.

