

POPULATION BASED CANCER REGISTRY, NAGALAND

Naga Hospital Authority, Kohima

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The Population Based Cancer Registry, Nagaland was established in June 2009 at Naga Hospital Authority, Kohima under the Department of Pathology and functioning under the National Cancer Registry Programme (NCRP) of the Indian Council of Medical Research (ICMR) with the main objective to provide baseline information for identifying cancer cases from all over the state, carry out epidemiological research on cancer and generate reliable morbidity and mortality data on cancer in the state.

Initially, the registry started covering only two districts, Kohima and Dimapur but as of now, the registry covers the whole state comprising of 11 (eleven) districts. However, NCRP publishes data only from Kohima and Dimapur districts as the cases reported meet the expected numbers.

The method of collection of data is through active registration by the Social Investigators and Field Assistants i.e., by interviewing the patients/attendants/relatives and entering their details in the core-proforma. The registry staff visit various source of registration namely Government Hospitals, Private Hospitals, Nursing Homes, Diagnostic Labs, Church and Prayer Houses actively pursue and collect information on cancer cases that are recorded and also interview the patients who are either undergoing cancer treatment or being investigated for cancer. Case records maintained by the various departments of these hospitals viz Pathology, Hematology and Radiology etc are also examined. All the information is then cross-checked for completeness of data and prevention of duplicate generation.

Cancer patients referred for outside treatment by the concerned doctors are directed to the PBCR Registry office for their referral notes, whereby these cases are registered simultaneously in the registry.

Since Nagaland does not have any facility for advanced cancer treatment, most of the patients are referred to other hospitals outside the state. On request to these hospitals and institutes, the registry receives data from them on a regular basis which ensures completeness of the data.

One of the main challenges of Population Based Cancer Registry is Mortality data collection. Many States which are advanced have a good system of death registration; however registration and certification of death in our state are still very poor.

Mortality data are collected from the different sources of registration. Information is obtained from the doctors/staffs of Hospitals/Nursing Homes under the registry area. Naga Hospital Authority, Kohima also maintains Birth & Death registers and sends monthly reports to the office of the Birth & Death under the Department of Economics & Statistics with the certification done by the Medical Practitioner.

The published obituaries in the various local newspapers are an important source to identify cancer patients who have expired. A good number of cases especially from the rural areas are not reported to the offices of Registrar, Births & Deaths. In addition, most of the cancer patients die at home and are left unregistered. Keeping this in mind, efforts are being made to improve this aspect of data.

Project Team

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|---------------------------|---|---|
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**Main Sources of Registration of Incident Cases of Cancer: 2012-2014
Nagaland**

| Name of the Institution | Number | % |
|---|---------------|--------------|
| District Hospital | 385 | 28.3 |
| NHAK | 331 | 24.3 |
| ZION | 226 | 16.6 |
| Cancer Atlas | 112 | 8.2 |
| NIKOS Hospital and Research Center, Dimapur, Nagaland | 88 | 6.5 |
| Referral | 64 | 4.7 |
| Oking | 56 | 4.1 |
| Bethel | 45 | 3.3 |
| Max Care | 26 | 1.9 |
| Others | 28 | 2.1 |
| Total | 1361 | 100.0 |

- 1. Institutions listed have registered at least one percent of all cases in the registry for Selected Year.*
- 2. The numbers and proportion listed are the minimum number of cases. Institutions could have registered/ reported more cases, since duplicate registrations and non-resident/registry cases are not included.*