Chapter 1

INTRODUCTION

The cancer registries under the National Cancer Registry Programme (NCRP) have provided since 1982 an idea of the magnitude and patterns of cancer in selected urban centres including one in a rural sector. However, extensive areas remain essentially uncovered and therefore the picture of cancer in several urban centres and rural regions remain largely unknown. India is a vast country with populations having varied cultures, customs and habits. The environment differs and so does dietary practices, and socio-economic status. Important differences exist in the ways of living of the urban and rural populations. Geographic differences in patterns of cancer have already been observed among the different registries under the NCRP. For example, cancer of the gall bladder has a comparatively higher incidence in the population based cancer registries (PBCRs) of Delhi and Bhopal, while cancer of the stomach has been the consistent leading site of cancer among males in Chennai and Bangalore. The incidence rates of some sites of cancer like female breast has shown an increase over the years in some registries, whereas others like cancer of the cervix and oral cavity have recorded a decline. (NCRP, Reports 1985 to 2002).

Therefore, the broad purpose was to develop an atlas of cancer for the whole of India. Setting up of new registries throughout the country as in some Western countries would involve enormous and probably prohibitive cost in establishing and maintaining the same. The data of the NCRP has shown microscopy as the basis of diagnosis in over 80-85% of registered cases of cancer. The basic and critical principle in the working of this project, therefore, was that the Department of Pathology (in medical colleges and hospitals) constituted the nodal point for obtaining data on cancer.

Modern electronic information technology has been used to capture information on cancer cases as and when they are microscopically diagnosed and reported. The collaborating centres transmit the required information (mainly patient identification details including area of living, and site and morphology of tumour) on all malignant cases on-line through a web-site. The project was commenced with the following main objectives:

(i) to obtain an overview of patterns of cancer in different parts of the country;

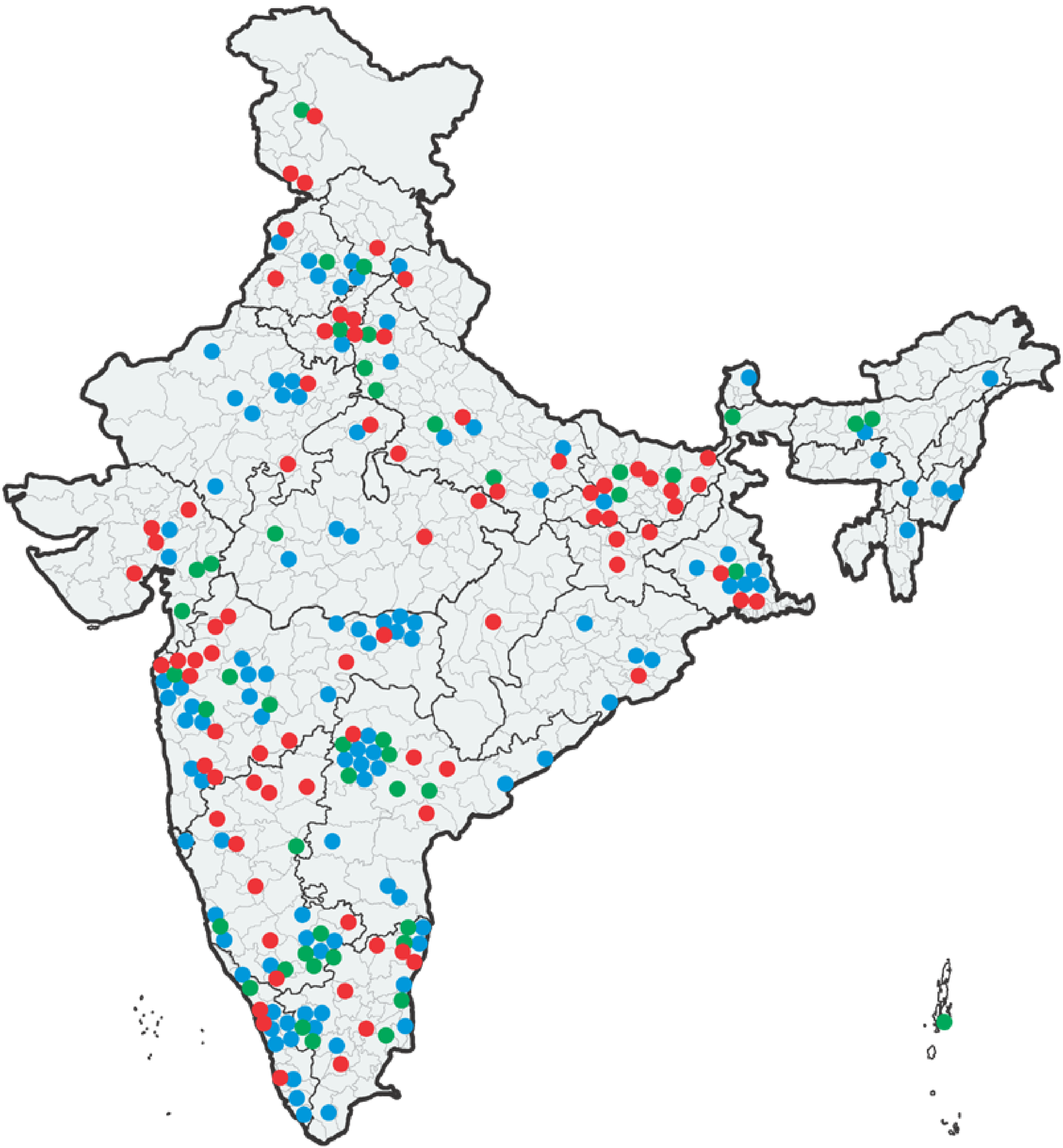
(ii) to calculate estimates of cancer incidence wherever feasible.

The overall aim of the study was to get to know the similarities and differences in patterns of cancer across the country in a relatively cost-effective way using recent advances in computer and information technology transmission. Knowing patterns of cancer across the country would provide important leads in undertaking aetiological research, in targeting cancer control measures and in examining clinical outcomes. Certain subsidiary outcomes that emerged out of this exercise were: (a) Strengthening of departments of pathology in medical colleges and other hospitals with personal computers and internet connection; (b) Orientation/training in cancer registration and epidemiology to pathologists as well as other interested clinicians.

Though the thrust of the project was to gear up pathologists to collaborate and contribute, several clinical oncologists have actively collaborated.

A map in Fig. 1.1 shows the location of the Collaborating Centres (●), the Centres Registered (●) and the Centres contacted but not responded (●). There were three centres that have commenced sending data from January 2003. These are shown as collaborating centres giving a total 108 collaborating centres that are currently sending data. All other registered centres are yet to commence sending data of any year.

FIGURE 1.1 : Map showing Distribution of Collaborating Centres (●), Registered Centres (●) and Centres contacted but not responded (●).



Source: NCRP, Bangalore