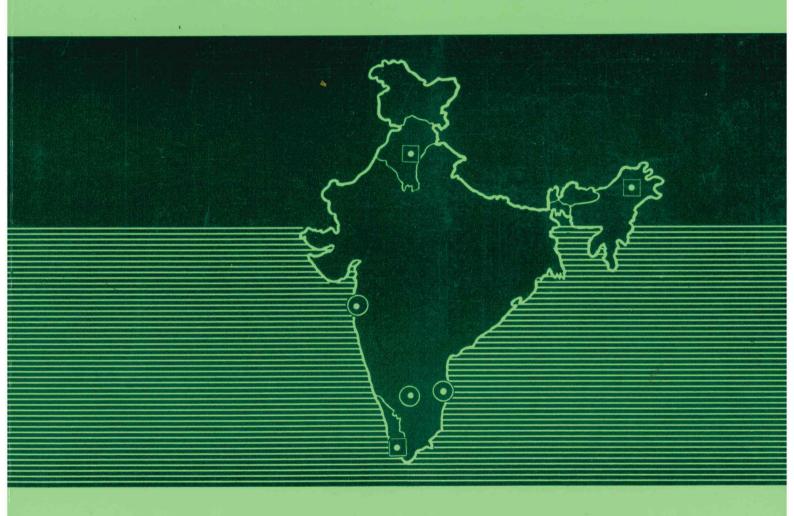


ANNUAL REPORT 1984



NATIONAL CANCER REGISTRY

A PROJECT OF INDIAN COUNCIL OF MEDICAL RESEARCH ANSARI NAGAR, NEW DELHI-110 029 Consolidated Report was propared by the Co-ordination Unit (Technical Wing) of National Cancer Registry at Bombay.

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(ANSARI NAGAR, NEW DELHI-110 029)
FEBRUARY, 1987

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Cancer Registries provided individual core data. Tabulations and Statistical Analyses were done by the Co-ordinating Unit (Technical Wing) of the National Cancer Registry at Bombay.





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NATIONAL CANCER REGISTRY

(A PROJECT OF INDIAN COUNCIL OF MEDICAL RESEARCH)

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I am delighted to introduce the Annual Report of the National Cancer Registry Project for the year 1984, which incidentally is the third report of the project. The National Cancer Registry Project (NCRP) was initiated by the Indian Council of Medical Research in 1981-82 by augmenting/establishing three Population Based Cancer Registries (PBCR) one each at Bombay, Bangalore and Madras and three Hospital Cancer Registries (HCR) at Chandigarh, Dibrugarh and Trivandrum. The overall objectives of NCRP are:

- (i) to generate authentic data on the magnitude of the cancer problem;
- (ii) to undertake epidemiological investigations and institute control measures; and
 - (iii) human resources development in cancer epidemiology.

Population based registry is primarily concerned with assessing the load of cancer in the community. It provides data on cancer incidence and prevalence and secular trends over a period of time. It further provides the geographical variations in cancer incidence and clues to personal attributes of cancer patients such as age, sex, religion etc. Thus, it is a better base than hospital registry for epidemiological research through case-control and prospective studies. PBCR is suitable for identification of high-risk or low-risk groups and evaluation of any preventive intervention or screening programmes aimed at early detection.

Hospital Based Cancer Registry, on the other hand, has the primary concern for cancer patient in the hospital, where emphasis is on prompt and accurate diagnosis, properly selected treatment and active follow up of the patient. HCR maintains careful records on length and quality of survival in relation to site, stage and treatment modalities and thus contributes primarily to clinical research. It also assists in epidemiological research through short term case control studies.

The PBCRs have to collect information from other cooperating hospitals, nursing homes, etc., besides data from the base hospital. However, the volume of data from base hospitals was felt to be important and sufficient for them to be augmented to hospital registries with only minimal additional input. Thus, since March 1985 the network of HCRs has been extended in the PBCR base hospitals at Bombay, Bangalore and Madras.

Two new PBCRs were established at Bhopal and New Delhi from October 1985 and January 1986. With this, the network of NCRP has been augmented to eleven registries, five PBCRs and six HCRs.

Present report encompasses data from the nine registries. The crude incidence rates for 1984 were 56.3, 62.3 and 54.1 per 100,000 males and 76.6, 65.8 and 76.1 per 100,000 females in Bangalore, Bombay and Madras respectively. The age adjusted cancer incidence rates for the year 1984 were 102.0 122.0 and 86.4 per 100,000 males and 141.8, 113.9 and 111.9 per 100,000 females at Bangalore, Bombay and Madras repectively. The number of cancer cases registered at various HCRs during 1984 were 4993 (2260 males and 2733 females), 10615 (5744 males and 4871 females), 2426 (1206 males and 1220 females), 1198 (863 males and 335 females), 3973 (1807 males and 2166 females) and 3852 (2097 males and 1755 females) at Bangalore, Bombay, Chandigarh, Dibrugarh, Madras and Trivandrum respectively.

Realising the work load of the NCRP, the registries have been automated from their inception, firstly through computing facility which is compatible to the micro computer at Technical wing, except Dibrugarh and Trivandrum and later on the micro computer at Technical Wing was upgraded for taking the load of all registries.

It is heartening that the data from the three PBCRs, namely Bombay, Bangalore and Madras, would now be included in the IARC publication 'Cancer Incidence in Five Continents'. It has been on the basis of knowledge gained from NCRP, that the National Cancer Control Programme was formulated and accepted by the Government of India, Ministry of Health and Family Welfare in 1984.

Annual Review Meetings of NCRP help greatly in sorting out technical and administrative problems and increase communications between registry personnel at various levels. The last Annual Review Meeting held at Trivandrum in November 1986, had the distinguished presence and contribution of WHO Consultants, Prof. M. Hakama, Department of Public Health, University of Tampre, Finland, and Dr. John Young Jr., NCI, Bethesda, USA and members of the Steering Committee, i.e. Dr. I. K. Dhawan, All India Institute of Medical Sciences, New Delhi, Dr. S. Radhakrishna, Institute of Research for Medical Statistics, and Dr. L. D. Sanghvi, Technical Wing, NCRP, Bombay. I extend my heart felt thanks to these experts for their valued suggestions.

I am grateful to the Project Chiefs and staff of the Registries, Technical Wing, and Operational Wing for the utmost cooperation they have provided in implementing the NCRP. Data from NCRP has helped in planning of case control studies on pharynx, oesophagus, stomach and uterine cervix which will help in unravaling the unknown epidemiological parameters of these cancers.

In order to make NCRP as a permanent State programme and to be able to initiate new activities through NCRP, the Council accorded 100% financial assistance to the registries during the first five years, and would accord 75% financial assistance during the next five years. Thereafter, the respective states would take these over as their continuing activity using the existing technical know-how.

I wish all success to the NCRP.

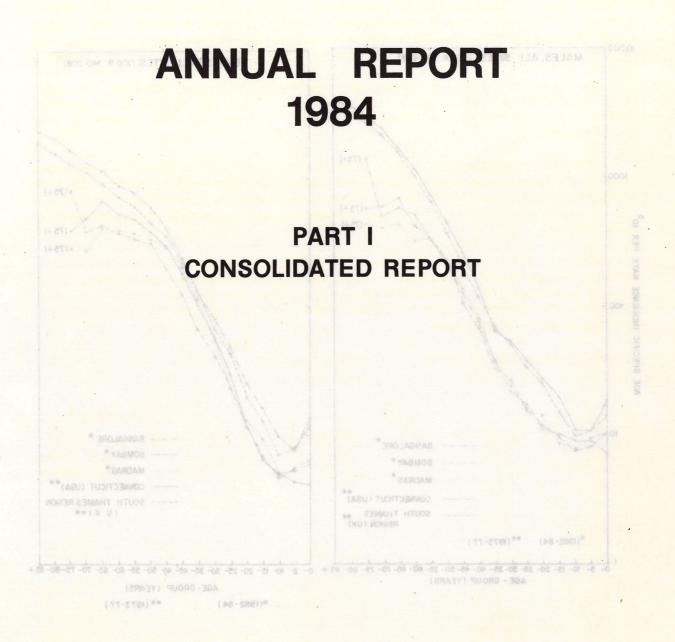
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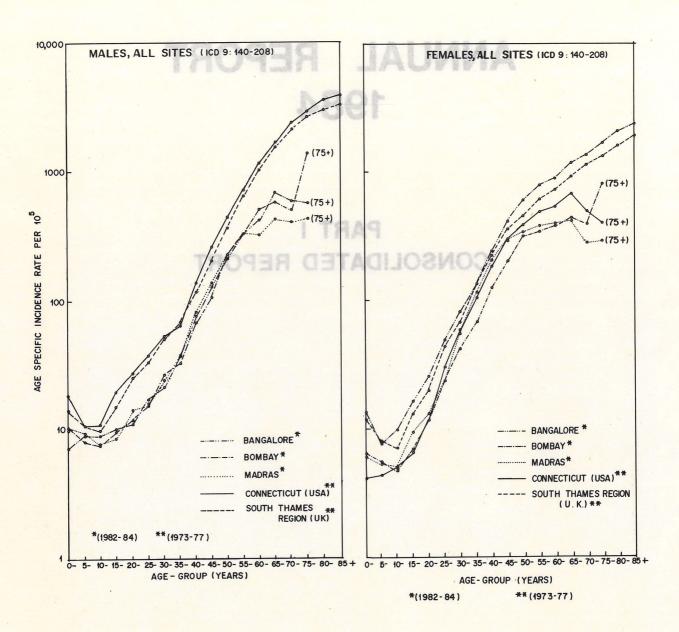
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1. INTRODUCTION

This is the third annual report of the National Cancer Registry Project (NCRP). It covers new cancer cases registered during 1984 in the three population-based registries at Bangalore Bombay and Madras and the three hospital registries at Chandigarh, Dibrugarh and Trivandrum. The population-based registries contributed a total of 10,346 new cancer cases and the hospital registries recorded 7,476 new cancer cases during this period. Their overall total of 17,822 new cancer cases registered during 1984 compares with a total of 17,740 cases, during 1983 and 17,262 cases, during 1982.

1.18 Addition of Three Hospital Registries (FA issigned to be accusably registrate association and the company of the company

Three additional hospital registries came under the NCRP network from the beginning of 1984. They cover the base cancer hospitals of the three population registries at Bangalore, Bombay and Madras. With increasing experience in the functioning of the registries in the Indian situation, it became evident that the population-based registries cannot provide reliable information on clinical aspects of cancer, namely, extent of disease, treatment modalities, follow-up, survival and quality of life. These registries have to depend heavily on the co-operating hospitals, nursing homes etc., which are outside their jurisdiction. On the other hand, the quality of information on these clinical items in the base cancer hospitals is reasonably good and they can be upgraded to be valuable sources of uniform clinical data in course of time. With these considerations, Indian Council of Medical Research, (ICMR) took a decision to include these three cancer hospitals in the NCRP network. They contributed a total of 19,581 new cancer cases during 1984 compared to only 7,476 cancer cases contributed by the three existing hospital registries. They have considerably widened the data base for the hospital cancer patients. It may be pointed out that there is some overlap in the cancer cases included in the population cancer registries and the corresponding base hospital registries. No attempt has been made at this stage to take into account this overlap, as the objectives for which the two series are collected are sufficiently different.

1.2 Use of Computer Technology with the base solutions is the solution of the

As mentioned in our previous report, computer facility was introduced in Technical Wing (TW) in Bombay from its early stage and we have encouraged other participating registries to have compatible computers to simplify the transfer of data to the Technical Wing and to develop analytical skills at the local levels. This early decision has helped us considerably in coping with this rapid expansion of our activities. All the participating registries except Dibrugarh and Trivandrum have now access to computer facilities which are compatible with the facility available in the Technical Wing. The registry data for 1984 were transfered to the Technical Wing either on floppy disks or on magnetic tapes which made it easy for the Technical Wing to prepare clean data. There were some technical problems in the initial stages to transfer data from magnetic tapes received from PGI Chandigarh and Tata Memorial Hospital, Bombay. Those problems were ironed out with some persistent efforts. This was particularly satisfying for the Tata Memorial Hospital which alone contributed 10,615 new cancer cases during 1984. It is anticipated that Dibrugarh and Trivandrum will also have compatible computer facilities in the near future.

from social investigators to senior research and medical officers. During the discussion, it

and there was a high level of agreement between registries, a precise and authoritative set of

1.3 Format of Annual Reports

Format of preparation of annual reports by the participating registries and by the Technical Wing and of their presentation at the Annual Review Meeting (ARM) has been under scrutiny for sometime. It has become evident that there is a need for fresh guide-lines. Main issues that have emerged are summarized below:

- (a) Much of the data on religion, mother tongue, education etc. included in the consolidated reports prepared by TW changes very little from year to year. When changes do occur, they are frequently difficult to interpret. While TW should monitor these changes, annual review serves very little purpose. When TW believes that significant changes have occurred, they may be examined at ARM.
- (b) Considerable time is devoted by the participating registries at the time of ARM in presentation of massive statistical data which often do not convey much meaning to the participants. On the other hand, an exchange of ideas and problems may be far more profitable at the ARMs.

This matter was further discussed at the last ARM held in Trivandrum in November 1986. It was decided that the TW should prepare a concise annual report giving greater importance to emerging technical issues related to population-based and hospital cancer registries. It should also provide basic tables in the standard format as adopted earlier. The hospital cancer registries should henceforth focus attention on standardization and analysis of clinical data and less attention to relative frequency comparisons of demographic data.

In the light of this discussion, Mr. D. K. Jain has prepared the second chapter on "Method of Diagnosis and Indices of Reliability" and Dr. S. Krishnamurthy has prepared the third chapter on "Extent of Disease". As in the past, the primary responsibility of cleaning of the data, providing tables to the participating registries and preparation of the second part of this report has been borne by Mr. Jain.

new cancer cases during 1984 compared to only 7,476 cancer cases contributed by the three

1.4 Abstracting and Coding Manual blw Videnebienoo even verification publication problems

Following the Annual Review Meeting in Madras in November 1985, a four day Workshop was held from 25-28 November to study various aspects of quality control under the directorship of Mr. R. G. Skeet of Thames Registry, England. The Workshop was attended by staff from all the ICMR cancer registries and from the Technical Wing. All levels of staff were represented from social investigators to senior research and medical officers. During the discussion, it became clear that, while in general the rules and definitions to be followed were understood and there was a high level of agreement between registries, a precise and authoritative set of rules and definitions did not exist at least in an accessible form. The need for such a document was recognized as being an urgent one and a substantial amount of time was devoted to this aspect at the Workshop.

One of the recommendations of this Workshop was to prepare such an authoritative document and a committee was constituted to undertake this assignment. Mr. D. K. Jain, Mr. P. Gangadharan and Dr. A. Nandakumar were appointed as members of this Committee with Dr. R. G. Skeet to be a Consultant. Mr. Jain prepared a preliminary draft of this manual which was circulated to the registry chiefs, committee members and the Consultant for their comments. The committee members met at TW in Bombay for two days: 21-22 July 1986 and finalized the document taking into account the comments received. The manual in the final form was circulated to all the participating registries in September 1986 and was placed for adoption at the ARM at Trivandrum in November 1986. The manual has been adopted with minor comments for wider use by the participating registries and all others involved in this operation.

1.5 On-site Audit of Cancer Registries

The need for quality control in cancer registry operation has been widely accepted by all the participating registries. Major scrutiny of the data is carried out in the Technical Wing in Bombay by computer and mechanical checks. In early years, these checks revealed a large number of clerical and technical errors which have now considerably declined. These errors could be minimized by adequate local supervision. It has been strongly advocated that the participating registries should pay more attention to this aspect to reduce work of the TW. The abstracting and coding manual now available to the registries will help in this process.

With gradual replacement of proforma with floppy disks and magnetic tapes, need is being felt for checking the information sent to TW with the original sources for possible errors. Such an exercise will require on-site audit of a sample of registrations sent to TW. This type of audit is particularly important for population-based registries where information is often collected from sources which are outside their jurisdiction. Some of these issues were raised at the ARM in Madras in November 1985 during which, constitution of an inter-registry panel was suggested. In pursuance of this suggestion, a panel was constituted during 1986, consisting of Dr. L. D. Sanghvi, Dr. S. Krishnamurthy, Dr. A. Nandakumar with Mr. B. B. Yeole as local co-ordinator to conduct on-site audit of the Bombay Cancer Registry as a pilot project. Report of this panel was presented at the last ARM at Trivandrum and was adopted with some suggestions. Similar exercise is proposed to be conducted in Bangalore and Madras during 1987.

1.6 Case Control Studies

Cancer registry operations have highlighted the common cancers prevalent in different parts of the country. Aetiological factors of many of these cancers are not well understood and some of these cancers are suitable for case control studies to test specific aetiological hypothesis. Four case control studies were fomulated by different teams and were discussed at the Annual Review Meetings in 1984 and 1985. Considerable improvements took place in formulation and design of these studies during this process. These studies are: (i) cervical cancer in Delhi, (ii) oesophageal cancer in Bangalore, (iii) pharynx and oesophagus in Dibrugarh and (iv) a multicentric study of stomach cancer in Bombay, Madras and Trivandrum. These proposals were further discussed in a meeting convened by the TW in Bombay in July, 1986. Specific aspects such as structure of hypothesis, selection of cases and controls, sample size, format of questionnaire etc. were discussed in great detail in relation to every study. Uniform questionnaires for tobacco and alcohol habits and for diet were prepared for use in different studies. Taking advantage of the presence of Dr. M. Hakama and Dr. John Young, the WHO Consultants, the studies were further refined at the last ARM at Trivandrum and have been sent to ICMR for financial support.

1.7 Intervention Studies

Indian Cancer Control Programme envisages control of tobacco related cancers and early detection of oral and cervical cancers as the two major thrust areas in its long term strategy to control cancer. In order to develop appropriate intervention approaches and to have cost benefit analysis in different situations, several studies have been formulated and some are already being implemented. These studies were reviewed at the last ARM at Trivandrum. Dr. J. Stjernsward of the WHO Cancer Unit in Geneva, who is deeply interested in cancer control activities, chaired this session. Studies are in general of five-years duration and are to be conducted in three phases. Phase-I would be of preparation, training and field survey, lasting for one year. The second phase would be of the actual intervention in the population and would be of three years duration. The third phase would be of evaluation of the results and preparation of a report. Intervention studies on oral cancer are to be carried out in Karnataka,

Goa and Agra where this cancer is common. Intervention studies on cervical cancer are to be conducted in Delhi and Karnataka. Cytology Research Centre in Lelhi which has been engaged in early detection of cervical cancer for many years will bring in its expertise on this study. The meeting was attended by Dr. P. C. Gupta of TIFR as a special invitee who gave benefit of his rich experience in the successful conduct of intervention studies on oral cancer.

1.8 Base-line Data on Tobacco Habits of notine at a femine and place of the policy and place and

National Cancer Control Programme gives a high priority to prevention of tobacco related cancers. These cancers account for almost a third of all the cancers in the country. In addition, tobacco habits are responsible for a significant fraction of mortality due to cardiovascular diseases and chronic obstructive lung diseases and for many complications to expectant and nursing mothers. In view of this, prevention of tobacco usage in any form has to receive urgent attention. Unfortunately, no national survey has been conducted in recent years to determine the extent of tobacco habits and their patterns in different parts of the country, and no official agency is monitoring the trends of these habits. In order to make a modest beginning, a decision was taken at the last ARM at Trivandrum to initiate some activities in this direction under the NCRP and a committee was appointed to go into this question.

6 Case Control Studies

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2. METHOD OF DIAGNOSIS AND INDICES OF RELIABILITY

In order to confirm the diagnosis of cancer of a patient after clinical examination, by the attending physician or surgeon, various diagnostic criterias are suggested and/or recommended, such as: biopsy, cytology, blood film, bone marrow, x-ray, isotopes, ultrasound, endoscopy, specific biochemical and/or immunological tests etc. It is possible that more than one tests or investigations are carried out on a patient so as to confirm the diagnosis of cancer. Both, PBCRs and HCRs, collect information on methods of diagnosis (most valid basis) as per item nos. 18 and 16 respectively, on their proformas.

2.1 Most Valid Basis of Diagnosis

The following methods for diagnosis are accepted, both for PBCRs and HCRs:

- 1. Microscopic Verification (MV)
 - (a) Histological examination of operative or biopsy material of primary site;
 - (b) Histological proof obtained from metastatic areas;
 - (c) Autopsy material with histological confirmation of cancer;
 - (d) Cytological diagnosis (including blood smear and bone marrow tests);
- 2. X-Ray and other imaginations (including angiographic, isotope and ultrasound investigations).
- 3. Clinical diagnosis only.
- 4. Others (evidence obtained at operation including endoscopic, and autopsy evidence even without histological proof).

among men and women, during 1982, X-Ray diagnosis were only 0.6% to 0.7% respectively, but in 1984, 6.2% men and 1.7% women cancer patients were diagnosed by X-Ray. This shows

5. Death certificate only (for PBCRs only).

2.2 Population-Based Cancer Registries was a seaso to not begong edit of themse voignit as

Diagnostic Criteria: All Sites (All ages)

The various criteria used to diagnose cancer, during 1982, 1983, 1984 and 1982-84, by the three PBCRs, are compared in Table 2.2 and illustrated in Figure 2.2 for men and women for all sites and all ages.

In evaluating the efficiency of cancer data, reliability is always measured by the proportion of cancer cases having microscopic verification of diagnosis. The higher the proportion of microscopic verification of diagnosis for cancer of the affected organs the more confident one is that a neoplasm existed at the stated site.

Microscopic verification has been generally good in all the PBCRs during 1982, 1983 and 1984. Proportion of cancer cases based on microscopic verification (MV) is high in women than men in three PBCRs. MV varies in men between 71% to 74% in Bangalore, 65% to 66% in Bombay and 62% to 67% in Madras, while in women it varies between 75% to 81% in Bangalore, 68% to 70% in Bombay and 71% to 75% in Madras.

POPULATION - BASED CANCER REGISTRIES

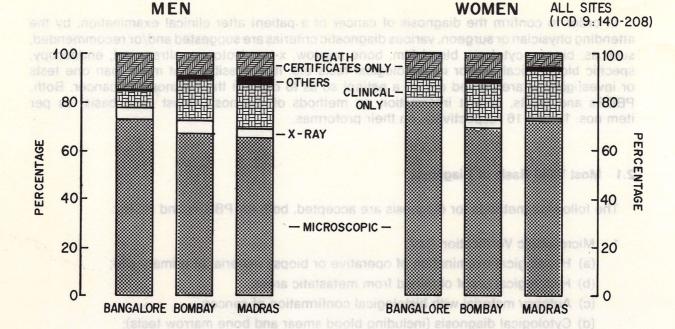


Figure 2.2: Method of Diagnosis of Cancer (1982-84)

Proportion of cancer cases diagnosed on the basis of X-Ray examination is low in all the three PBCRs. In men, it varies between 4% to 5% in Bangalore, 5% to 6% in Bombay, and 0.6% to 6% in Madras. While in women, X-Ray diagnosis varies between 2% to 3% in Bangalore, 3% to 5% in Bombay and 0.7% to 2% in Madras. It is significant to observe that in Madras, among men and women, during 1982, X-Ray diagnosis were only 0.6% to 0.7% respectively, but in 1984, 6.2% men and 1.7% women cancer patients were diagnosed by X-Ray. This shows an improvement in the proportion of cases diagnosed by X-ray over the three year period in Madras.

Cancer cases diagnosed on clinical basis only is high both in Bombay and Madras, among men and women. This diagnosis varies between 16% to 18% in Bombay, in Madras between 17% to 22%, and 7% to 8% in Bangalore in men during the years 1982, 1983 and 1984. On the other hand, women patients diagnosed clinically as cancer, during these years, varies between 16% to 21% in Madras, 13% to 17% in Bombay and 5% to 8% in Bangalore.

Proportion of cancer patients diagnosed by other means i.e., on the basis of gross examination at an operation and on endoscopic findings, such as after cystoscopy (without biopsy) is low in all the three PBCRs. It is very low in Bangalore, varies between 0.0% to 0.6% in men and women. In Bombay, it varies between 0.7% to 2%, while in Madras, it varies between 0.5% to 4% in men and women.

Proportion of cancer cases discovered only from death certificates (unmatched deaths), is high in Bangalore (15%), while in Bombay (9.5%) and Madras (9.9%) is low in men during 1982-1984. In contrast, proportion of cancer cases registered through DCO, in women, are low in Madras (6%) and in Bangalore and Bombay, in each 11% are registered through DCO.

Microscopic verification has been generally good in all the PBCI

POPULATION-BASED CANCER REGISTRIES

TABLE – 2.2 METHODS OF DIAGNOSIS (MOST VALID BASIS) OF CANCER. SITE: ALL SITES (ICD.9:140-208), AGE: ALL AGES.

Method of Diagnosis	Year	Bangalore	Bombay	Madras
Microscopic Verification	1982	73.7	67.4	61.7
	1983	74.1	66.6	67.2
	1984	71.0	65.6	66.0
	1982-1984	72.9	66.5	65.0
X-Ray information or discovery of the di	1983	5.5 3.7 3.7 4.4 4.5	6.0 5.9 4.5 5.4	0.6 3.5 6.2 3.4
Clinical only	1982	8.4	16.0	22.0
	1983	6.7	15.9	17.4
	1984	6.8	18.3	16.7
	1982-1984	7.3	16.8	18.7
Others	1982	0.0	1.5 m 1.4	0.7
	1983	0.6	1.4	4.0
	1984	0.1	2.3	4.1
	1982-1984	0.2	1.8	2.9
Death Certificate only	1982	12 <mark>.5</mark>	9.1	15.0
	1983	14.9	10.2	7.8
	1984	17.7	9.3	7.0
	1982-1984	15.0	9.5	9.9
TOTAL CASES (All Sites, All Ages)	1982 1983 1984 1982-1984	969 979 966 2914	3128 3125 3244 9497	982 1050 962 2994

been possible to investigate a patient will(%) NaMow oughness that a portion of the suspected

Method of Diagnosis	Year	Bangalore	Bombay	Madras
Microscopic Verification	1982	81.0	68.6	70.7
	1983	81.7	69.6	70.8
	1984	75.4	68.4	74.6
	1982-1984	79.3	68.9	72.0
X-Ray	1982	3.0	3.6	0.7
	1983	1.7	4.6	1.2
	1984	1.9 2.9	2.7	1.7
	1982-1984	2.5	3.6	1.2
Clinical only	1982	8.1	13.1	20.8
	1983	5.2	15.1	21.2
	1984	8.2	17.1	15.9
	1982-1984	7.2	15.1	19.4
Others	1982	0.0	2.1	0.5
	1983	0.1	0.7	1.9
	1984	0.3	1.7	2.0
	1982-1984	0.1	1.5	1.5
Death Certificate only	1982	7.9	12.6	7.3
	1983	11.3	10.0	4.9
	1984	13.2	10.1	5.7
	1982-1984	10.8	10.9	5.9
TOTAL CASES (All Sites, All Ages)	1982 1983 1984 1982-1984	1168 1149 1178 3495	2526 2496 2715 7737	1315 1392 1281 3988

primarily on the accessibility of the region of the body affected by cancer. Histological confirmation of cancers in the lip, oral cavity and pharynx and the female breast and genital tract is available with greater consistency and frequency than for growth, at inaccessible sites,

2.3 Indices of Reliability of Registration

In the assessment of reliability of cancer registration, for PBCRs, there are currently three commonly used numerical indices for comparing the registered data on incident cases as suggested under "Cancer Incidence in Five Continents", (Volume IV, IARC 1982):

- (1) Microscopic Verification of diagnosis (MV): the proportion of cases registered which had microscopic verification of diagnosis.
- (2) Death Certificate Only (DCO): the proportion of cases registered for which no information is available other than a statement on the death certificate that the deceased died from or with cancer.
- (3) Deaths in period (DIP): the comparison of the number of cases with a given cancer registered during a particular period and the number of deaths attributed to the same cancer in that period. It is expressed as a proportion.

2.3.1 Microscopic Verification of diagnosis

The proportion of cases registered with microscopic verification of diagnosis is given by sex and for all sites (ICD. 9: 140-208) in Table 2.3(a) and for selected sites mouth, oesophagus, stomach, lung, female breast and uterine cervix in Tables 2.3(c) to 2.3(h), for Bangalore, Bombay and Madras, PBCRs. The histological verification of diagnosis implies that it has been possible to investigate a patient with such thoroughness that a portion of the suspected neoplasm has been removed for microscopic examination.

If the proportion of histological verification of diagnosis for cancer of the deeper—seated organs, such as the pancreas and brain is high, the one is more confident that a malignant tumour existed and that it arose at the stated site.

The proportion of microscopic verification of diagnosis is generally good in the Indian registries in comparison of Connecticut, South Thames Region and Singapore (Indians) registries (Table 2.3(b), and Figure 2.3). The MV (%) is high in Bangalore in men and women in comparison to Bombay and Madras registries.

However, one should be cautious while interpreting the high proportion of microscopically verified cases. A very high proportion of cases in which the diagnosis was confirmed histologically, does not necessarily mean that the figures from that registry represent a more reliable estimate of true incidence than a registry with a lower proportion. A high proportion may only indicate that the recorded figure is not an over-estimation of true incidence. The high proportions may reflect the fact that the case finding was incomplete and limited or largely to cases registered from pathological laboratories. A fall in proportion with microscopic verification from one time period to another may be due to the emergence of a new diagnostic tool.

The proportion of patients having microscopic confirmation of diagnosis of cancer depends primarily on the accessibility of the region of the body affected by cancer. Histological confirmation of cancers in the lip, oral cavity and pharynx and the female breast and genital tract is available with greater consistency and frequency than for growth, at inaccessible sites, such as the digestive and respiratory systems.

The proportion of MV is high for mouth cancers (ICD.9:143-145) in Bangalore (varies between 88% to 100%) and Bombay (83% to 88%) in men and women while they are low in Madras (54% to 74%) during three year period. It is conspicuous to observe that during 1984 the proportion of MV has gone down in Madras in men (54.8%) and women (58.1%).

Patients suffering with cancer of oesophagus, stomach and lung, in the three PBCRs, in men and women their diagnosis is confirmed microscopically in 40% to 75%, except 11% female lung cancer cases in Madras. Female breast and uterine cervix cancers are confirmed microscopically in 65% to 94% of cases in the three registration areas.

2.3.2 Death Certificate Only

The use of death certificates provide information about persons with cancer who were not registered during their life time. Thus it provides an important check on the completeness of registration. If the proportion of cases which are registered only on the basis of death certificates is high, this would imply that the recorded incidence rates are likely to be low.

All the three PBCRs, Bangalore, Bombay and Madras, visit the Vital Statistics Division of the Municipal Corporation in their registration areas regularly and screen all death records. Copies are made of all death certificates which mention "cancer" or "tumour" as the cause of death. These death certificates are then matched against the registered cases in their files. Every cancer death not traceable to an entry in their files is labelled as an "unmatched death" and date of death is then taken as the date of first diagnosis, and is so registered in the corresponding year's data file.

The proportion of cases discovered only from death certificates (unmatched deaths) in Bangalore (Male – 15.0%, Female – 10.8%), Bombay (Male – 9.5%, Female – 10.9%) and Madras (Male – 9.9%, Female – 5.9%) varies between 6% to 15%. Many of these patients are probably those patients with advanced disease, who attend out-patient departments of various collaborating hospitals and seek medical advice at a later stage of the disease when no active treatment was possible.

of the ratio of mortality to morbidity by site should thus give some indication as to the con

Figure 2.3: A Comparison of Microscopic Verification of Diagnosis (MV), Deaths in Period (DIP)

The number of cases registered through death certificates are given in Tables 2.3(a) to 2.3(h) for selected sites such as mouth, oesophagus, stomach, lung and female breast and uterine cervix. The mouth cancers registered through DCO's are between 4% to 6% in Bombay, in Madras between 1% to 2% and less than 1% in Bangalore.

Proportion of cancer cases registered through DCO's for oesophagus, stomach and lung is high in the three registration areas and varies between 8% to 14% in men and 4% to 29% in women. Similarly female breast and cervix cancer registered through DCO's are 2% to 8% during the three year period.

7%). There may be number of factors for low mortality

2.3.3 Deaths in Period

It is self-evident that if the number of deaths from cancer exceeds the numbers registered then registration is incomplete, unless the incidence of that site of cancer is declining at a very rapid rate. The deaths in period for all sites and selected sites are presented in Tables 2.3(a)

INDICES OF RELIABILITY: ALL SITES (ICD 9: 140-208) ALL AGES

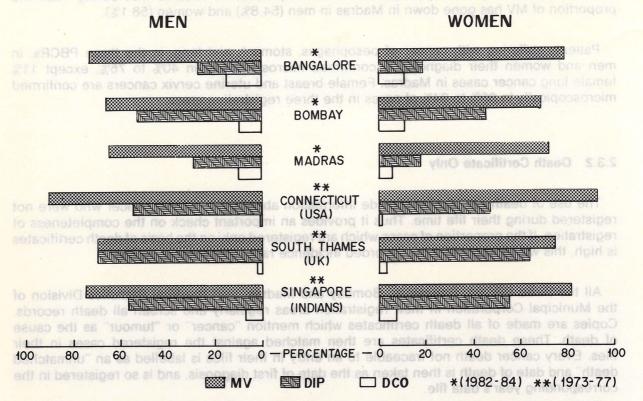


Figure 2.3: A Comparison of Microscopic Verification of Diagnosis (MV), Deaths in Period (DIP) and Death Certificate only (DCO) Between Population-based Registries

to 2.3(h) by sex and for all ages. For some sites, such as lung, bone, brain, liver and oesophagus, survival is poor and therefore morbidity is likely to approach mortality. For others such as breast and colon, survival is good and this should be reflected in the ratio of mortality to morbidity. Skin cancer, apart from malignant melanoma, should have a low mortality. Examination of the ratio of mortality to morbidity by site should thus give some indication as to the completeness of registration. However mortality data may be affected by the place of death, wrong diagnosis on death certificate, availability of better information in morbidity than mortality.

Deaths in period for all sites for Bombay registry (Male – 51.8%, Female 45.4%) are higher, for both in men and women but they are low in Bangalore (Male – 26.9%, Female – 18.7%) and Madras (Male – 28.9%, Female – 17.7%). There may be number of factors for low mortality, morbidity ratios in Bangalore and Madras. This may reflect the fact that the cancer death certification both in Bangalore and Madras registration areas are incomplete than that of Bombay. It is also possible that in Bangalore and Madras death certification is not compulsory while in Bombay no dead body can be disposed of without death certification.

It is self-evident that if the number of deaths from cancer exceeds the numbers registered then registration is incomplete, unless the incidence of that site of cancer is declining at a very rapid rate. The deaths in period for all sites and selected sites are presented in Tables 2.3(a)

POPULATION-BASED CANCER REGISTRIES TABLE - 2.3(a) INDICES OF RELIABILITY - SITE: ALL SITES (ICD.9:140 - 208) - AGE: ALL AGES.

\uintion	Year	Banga	alore	Bom	bay	Madras	
Description	Male Female	Male	Female	Male	Female	Male	Female
otal Incident	1982	969	1168	3128	2526	982	1315
Cases	1983	979	1149	3125	2496	1050	1392
4	1984	966	1178	3244	2715	962	1281
	1982-1984	2914	3495	9497	7737	2994	3988
Microscopically	1982	714	946	2108	1734	606	929
Verified Cases	1983	725	939	2081	1737	706	986
MV)	1984	686	888	2128	1858	635	956
IVI V)	1982-1984	2125	2773	6317	5329	1947	2871
Death Certificate	1982	121	93	284	318	147	96
Only Cases (DCO)	1983	146	130	318	250	82	68
Offig Cases (DCO)	1984	\$171	156	300	273	67	73
	1982-1984	438	379	902	841	296	237
Cancer Deaths	1982	× 00*	0.00*	*	* 1982	*	(at) V
in Period	1983	259	212	1589	1156	301	248
1 AA 8 Ad	1984	264	224	1711	1211	280	224
	1982-1984	523	436	3300	2367	581	472
MV (%)	1982	73.7	81.0	67.4	68.7	61.7	70.7
MV (%)	1983	74.1	81.7	66.6	69.6	67.2	70.8
	1984	71.0	75.4	65.6	68.4	66.0	74.6
8.0 11.1	1982-1984	72.9	79.3	66.5	68.9	65.0	72.0
DOO (0()	1982	12.5	8.0	9.1	12.6	14.9	7.
DCO (%)	1983	14.9	11.3	10.2	10.0	7.8	4.9
		DAH 17.7	13.2	9.3	0 83 10.1	7.0	AT 5.
	1982-1984	15.0	10.8	9.5	10.9	9.9	5.9
DIP (%)	1983	26.5	18.5	50.8	46.3	28.7	17.
DIP (%)	1984	27.3	19.0	52.7	44.6	29.1	17.
	1983-1984	26.9	18.7	51.8	45.4	28.9	abion 17.

^{*}Cancer death certificates for the year 1982 are NOT yet received by Technical Wing from Bombay Cancer Registry.

Bangalore and Madras cancer death certificates are under processing; these certificates were submitted to Technical Wing lately.

TABLE – 2.3(b) INDICES OF RELIABILITY FOR USA (CONNECTICUT), UK (SOUTH THAMES REGION), SINGAPORE (INDIANS), 1973-1977.

					1000		(OOD) money visit)
Description	Sex	31 84	Conr	USA necticut	South Tha	UK mes	SINGAPORE (Indians)
Total Incident Cases	Male Female	179	9 23	27335 28345		593 514	485 221
MV (%)	Male Female	60.7 54.3 57.0	61.0 85.3 72.8	91 93	1982 1983 1984	70 75	75 81
DCO (%)	Male Female	8.2 12.2	73.1	10.3	1982-1984	2 3	(*) 07
DIP (%)	Male Female	10.7		55 48	1984	70 64	57 55

SOURCE: Cancer Incidence in Five Continents, Volume IV. WHO (IARC), 1982.

POPULATION-BASED CANCER REGISTRIES TABLE - 2.3(c) INDICES OF RELIABILITY - SITE: MOUTH (ICD.9:143 - 145) - AGE: ALL AGES.

Description	n) 5 Marin	Year	Ban	galore	Вс	ombay	М	adras
Female			Male	Female	Male	Female	Male	Female
Total Incid Cases	ent ac	1982 1983 1984 1982-1984	38 47 37 122	108 82 78 268	159 168 147 474	100 90 93 283	74 75 62 211	95 90 74 259
Microscop Verified Ca (MV)		1982 1983 1984 1982-1984	38 43 36 117	98 77 69 244	136 142 130 408	85 75 82 242	52 52 34 138	70 63 43 176
Death Cert Only Cases		1982 1983 1984 1982-1984	0 0 0	1 0 1 2	8 9 6 23	8 5 5 18	2 1 1 4	1 1 1 3
Cancer De in Period	aths	1983 1984 1983-1984	2 5 7	2 1 3	40 31 71	26 18 44	6 9 15	10 9 19
MV (%)	301 280 581	1982 1983 1984 1982-1984	100.0 91.5 97.3 95.9	90.7 93.9 88.5 91.0	85.5 84.5 88.4 86.1	85.0 83.3 88.1 85.5	70.3 69.3 54.8 65.4	73.7 70.0 58.1 68.0
DCO (%)	61.7. 67.2 66.0	1982 1983 1984 1982-1984	0.0 0.0 0.0 0.0	0.9 0.0 1.3 0.4	5.0 5.4 4.1 4.9	8.0 5.6 5.4 6.4	2.7 1.3 1.6 1.9	1.1 1.1 1.4 1.2
DIP (%)	14.9	198 <mark>3</mark> 1984 1983-1984	4.3 13.5 8.3	2.4 1.3 1.9	23.8 21.1 22.5	28.9 19.4 24.0	8.0 14.5 10.9	11.1 12.2 11.6

TABLE-2.3(d) INDICES OF RELIABILITY-SITE: OESOPHAGUS (ICD. 9:150) - AGE: ALL AGES.

Description	E 84 Y	ear soe		galore		mbay		adras
29.1 (7.5			Male	Female	Male	Female	Male	Female
Total Incident Cases	1	982 983 984 982-1984	72 59 78 209	59 61 81 201	272 230 291 793	165 157 175 497	78 67 73 218	37 61 62 160
Microscopically Verified Cases (MV)	1 NMES REC	982 983 984 982-1984	54 43 50 147	36 52 59 147	165 125 166 456	90 90 113 293	43 45 54 142	26 35 40 101
Death Certificate Only Cases (DCO)	NU 1	982 983 984 982-1984	7 6 4 17	3 3 2 8	25 28 31 84	28 25 23 76	12 5 5 22	2 4 5 11
Cancer Deaths in Period	15593	983 984 983-1984	19 14 33	14 9 23	174 179 353	110 99 209	18 23 41	15 16 31
MV (%)	75	982 983 984 982-1984	75.0 72.9 64.1 70.3	61.0 85.3 72.8 73.1	60.7 54.3 57.0 57.5	54.5 57.3 64.6 59.0	55.1 67.2 74.0 65.1	70.3 57.4 64.5 63.1
DCO (%)	70	982 983 984 982-1984	9.7 10.2 5.1 8.1	5.1 4.9 2.5 4.0	9.2 12.2 10.7 10.6	17.0 15.9 13.1 15.3	15.4 7.5 6.8 10.1	5.4 6.6 8.1 6.9
DIP (%)	1	983 984 983-1984	32.2 17.9 24.1	22.9 11.1 16.2	75.7 61.5 67.8	70.1 56.6 62.9	26.9 31.5 29.3	24.6 25.8 25.2

POPULATION-BASED CANCER REGISTRIES

TABLE - 2.3(e) INDICES OF RELIABILITY - SITE:STOMACH (ICD.9:151) - AGE:ALL AGES.

Description	warmos	Year	ignotes	Ban	galore	В	ombay	/	Madras		
Description		Tour		Male	Female	Male	Fe	emale	Male	Female	
Total Incident Cases	505 524 595 1674	1982 1983 1984 1982-1984	163 171 184 518	102 109 105 316	54 54 46 154	179 186 189 554	1982 1984 1984	107 79 87 273	133 161 146 440	69 74 59 202	
Microscopically Verified Cases (MV)		1982 1983 1984 1982-1984		52 62 65 179	28 29 29 86	83 113 103 299	1982 1983 1984 1982	46 39 47 132	58 79 78 215	30 32 27 89	
Death Certificate Only Cases (DCO)		1982 1983 1984 1982-1984	3 7 7	6 15 17 38	4 6 6 16	26 30 22 78		27 17 12 56	27 16 10 53	17 5 5 27	
Cancer Deaths in Period	178 200 373	1983 1984 1983-1984		29 28 57	12 9 21	117 120 237	1983 1984 1986-	61 57 118	55 52 107	18 14 32	
MV (%)		1982 1983 1984 1982-1984		51.0 56.9 61.9 56.7	51.9 53.7 63.0 55.8	46.4 60.8 54.5 54.0		43.0 49.4 54.0 48.4	43.6 49.1 53.4 48.9	43.5 43.2 45.8 44.1	
DCO (%)		1982 1983 1984 1982-1984		5.9 13.8 16.2 12.0	7.4 11.1 13.0 10.4	14.5 16.1 11.6 14.1	1982 1983 1984 1982	25.2 21.5 13.8 20.5	20.3 9.9 6.8 12.0	24.6 6.8 8.5 13.4	
DIP (%)		1983 1984 1983-1984	11.1	26.6 26.7 26.6	22.2 19.6 21.0	62.9 63.5 63.2	1983 1984 1983-	77.2 65.5 71.1	34.2 35.6 34.9	24.3 23.7 24.3	

TABLE-2.3(f) INDICES OF RELIABILITY-SITE:TRACHEA, BRONCHUS & LUNG (ICD. 9:162)-AGE:ALL AGES.

Description	Bombay	Year	enoles	Ban	galore	Во	mbay	Madras		
Description		· oai		Male	Female	Male	Female	Male	Female	
Total Incident Cases	459 472 496 1427	1982 1983 1984 1982-1984	321 317 287 287 925	47 74 83 204	11 14 18 43	333 360 324 1017	63 64 80 207	63 86 90 239	11 14 9 34	
Microscopically Verified Cases (MV)	388 394 385 1167	1982 1983 1984 1982-1984		22 51 59 132	6 11 12 29	164 159 140 463	26 33 35 94	27 44 39 110	7 7 1 15	
Death Certificate Only Cases (DCO)		1982 1983 1984 1982-1984	11 6 21	5 7 12 24	1 1 1 3	37 51 42 130	11 11 14 36	10 7 7 24	4 5 1 10	
Cancer Deaths in Period		1983 1984 1983-1984		17 20 37	4 3 7	220 223 443	45 54 99	36 43 79	11 4 15	
MV (%)		1982 1983 1984 1982-1984	94.7 93.1 93.0	46.8 68.9 71.1 64.7	54.6 78.6 66.7 67.4	49.2 44.2 42.2 45.5	41.3 51.6 43.8 45.4	42.9 51.2 43.3 46.0	63.6 50.0 11.1 44.1	
DCO (%)	5,7 4,9 4.8 5.1	1982 1983 1984 1982-1984		10.6 9.5 14.5 11.8	9.1 7.1 5.6 7.0	11.1 14.2 13.0 12.8	17.5 17.2 17.5 17.4	15.9 8.1 7.8 10.0	36.3 35.7 11.1 29.4	
DIP (%)	25.0 21.4 28.1	1983 1984 1983-1984	7.3 5.6 6.5	22.9 24.1 23.6	28.6 16.7 21.9	61.1 68.8 64.8	70.3 67.5 47.8	41.9 47.8 44.9	78.6 44.4 65.2	

POPULATION-BASED CANCER REGISTRIES TABLE - 2.3(g) INDICES OF RELIABILITY - SITE:BREAST (ICD.9:174) - AGE:ALL AGES.

Descriptio	n/ elst/.	eksm	Year	alore: Female		galore emale	1297	Bombay Female	Madras Female
Total Incid Cases	ent Par Oak	542 48 67 201	1982 1983 1984 1982-1984	54 54 46 -	102 109 105 316	163 171 184 518	1982 1984 1984 1982-1984	505 524 595 1624	228 197 210 635
Microscop Verified Ca (MV)			1982 1983 1984 1982-1984			144 153 147 444		346 388 433 1167	148 152 161 461
Death Cer Only Case			1982 1983 1984 1982-1984			3 9 7 19		63 30 49 142	0/solling dis 17 (OOD) escol (7 12 36
Cancer De in Period	eaths		1983 1984 1983-1984			19 16 35		173 200 373	34 43 77
MV (%)	43.6 49.1 53.4 48.9		1982 1983 1984 1982-1984			88.3 89.5 79.9 85.7		68.5 74.0 72.8 71.9	64.9 77.2 76.7 72.6
DCO (%)			1982 1983 1984 1982-1984	7.4 11.1 13.0 10.4	5,9 13.8 16.2 12.0	1.8 5.3 3.8 3.7		12.5 5.7 8.2 8.7	7.5 3.6 5.7 5.7
DIP (%)	34.2 35.6 34.9		1983 1984 1983-1984			11.1 8.7 9.9		33.0 33.6 33.3	17.3 20.5 18.9

TABLE-2.3(h) INDICES OF RELIABILITY-SITE:CERVIX UTERI (ICD.9:180)-AGE:ALL AGES.

Description	Year			galore emale		Bombay Female	Madras Female
Total Incident Cases	1982 * 1983 1984 1982-1984	11 14 18 43	47 74 83 204	321 317 287 925	1982 1983 1984 1982-1984	459 472 496 1427	518 525 472 1515
Microscopically Verified Cases (MV)	1982 1983 1984 1982-1984	11 12 12 29		304 295 261 860		388 394 385 1167	401 398 396 1195
Death Certificate Only Cases (DCO)	1982 1983 1984 1982-1984	1 1 1	5 7 12 24	4 11 6 21	1982 1983 1984 1982-1984	26 23 24 43	elsoline
Cancer Deaths in Period	1983 1984 1983-1984	13		23 16 39	1983 1984 1983-1984	118 106 224	42 40 82
MV (%)	1982 1983 1984 1982-1984	54.6 78.6 66.7 67.4	46.8 68.9 71.1 64.7	94.7 93.1 90.9 93.0	1982 1983 1984 1982-1984	84.5 83.5 77.6 81.8	77.4 75.8 83.9 78.9
DCO (%)	1982 1983 1984 1982-1984	9.1 7.1 5.6 7.0	10.6 9.5 14.5	1.3 3.5 2.1 2.3	1982 1983 1984 1982-1984	5.7 4.9 4.8 5.1	3.5 1.0 1.9 2.1
DIP (%)	1983 1984 1983-1984	28.6 15.7 21.9	22.9 24.1 23.6	7.3 5.6 6.5	1983 1984 1983-1984	25.0 21.4 23.1	8.0 8.5 8.2

2.4 Hospital Cancer Registries

2.4.1 Diagnostic Criteria: All Sites (All ages).

The different criteria used to diagnose cancer in the years of 1982, 1983, 1984 and 1982—1984 are given in Table 2.4 and 2.4(b) for men and women, for hospital registries, for all sites and all ages.

In general, microscopic verification of diagnosis has been good in all the HCRs during three years. Proportion of cancer cases based on microscopic verification (MV) is higher in women compared to men in all the registries, except Dibrugarh.

2.4.2 Microscopic Verification of Diagnosis

Tables 2.4(a) and 2.4(c) present proportion of microscopic confirmation of diagnosis for selected cancer sites i.e. tongue, mouth, oesophagus, stomach, lung cancers in men and women, and for breast and cervix cancers in women.

It is conspicuous to observe that there is high proportion of microscopic verification of diagnosis for all sites in all the HCRs for men and women who were suffering from the disease cancer.

Proportion of patients having microscopic confirmation of cancer depends primarily on the accessability of the region of the body affected by cancer. Histological confirmation of cancers in the tongue, mouth and female breast and uterine cervix, is available with greater consistency than for growths at inaccessible sites, such as oesophagus, stomach, larynx and lung.

Patients suffering from cancer of the tongue and mouth in almost all the registries, their diagnosis is confirmed microscopically in 70% to 100% of cases, except Madras (Male—55.5%, Female—36.1%). Similarly female breast and uterine cervix cancers are confirmed microscopically in 60% to 97% of cases.

It may be of particular interest to examine the microscopic confirmation of diagnosis for the three internal sites i.e., oesophagus, stomach and lung for which there are reasonably large number of cases in all the HCRs, particularly in men. For all these three sites, proportion of cases diagnosed microscopically vary between 25% to 93%. It is highest in Chandigarh for these three sites.

HOSPITAL CANCER REGISTRIES

2.4 Hospital Cancer Registries

TABLE—2.4 METHODS OF DIAGNOSIS (MOST VALID BASIS) OF CANCER.

are given in Table 2.4 and 2.4(b) for men (%) Nammen, for hospital registries, for all sites and

Method of Diagnosis	Year	Chandigarh	Dibrugarh	Trivandrum
Microscopic	1982	87.9	82.3	75.2
Verification (MV)	1983	1888 4.88 ed on microson	79.6	79.0
	1984	guidid tgeoxe 93.4 1210	er ent the 83.1 em	of belled 83.7
	1982-1984	90.3	81.6	79.5
X-Ray	1982	2.8	8.1	5.5
	1983	4.4	12.7	5.3
	1984	2.2	13.1	5.4
	1982-1984	eserti. Eproportion of m	(a) 8.11 2.4(c) pr	4.5 solds 5.4
Clinical Only	1982 10811018	e. ma.4 m. oesophagus.	upnot .e. i 27.52 100	13.5
	1983	nemow 1.3 eres	2.8 a 1	26910 101 11.2
	1984	1.1	0.6	7.9
scopic verification of	1982-1984	doint at enemt 2.3; ev	needo of 3.7 upio	1200 ei ±10.8
Others of montpoins	1982 odw nem	HC 7.4 for men and wo	all 1.2 s in all the	not alsonors.7
	1983	4.9	4.8	4.5
	1984	3.3	3.2	3.0
	1982-1984	4.3	3.4	noithogong 4.3
TOTAL CASES	1982	so vd beloette 1127d en	110 noine 902 lo	Validses 1890
(All Sites)	1983	1070	888	2024
(All Ages)	1984	1206	863	2097
ynx and lung.	1982-1984	3403	2653	6011

Method of Diagnosis	Year	Chandigarh	Dibrugarh	Trivandrum
Microscopic	1982	91.1	78.7	73.5
Verification (MV)	1983	92.8	78.1	83.3
	1984	93.9	85.4	87.6
are reasonably large	1982-1984	92.6	80.6	81.7
X-Ray	1982	CRs, particularly in m	6.2	2.3
Chandigarh for these	1983	Xes neeween 25%	10.0	1.8
	1984	0.6	10.5	2.5 66 2162
	1982-1984	1.1	9.0	2.3
Clinical Only	1982	4.9	12.3	21.1
	1983	3.3	5.3	12.9
	1984	2.8	1.5	7.8
	1982-1984	3.7	6.3	13.3
Others	1982	2.6	2.8	3.1
	1983	2.6	6.6	2.1
	1984	2.7	2.6	1.9
	1982-1984	2.6	4.1	2.3
TOTAL CASES	1982	1328	324	1603
(All Sites)	1983	1227	379	1691
(All Ages)	1984	1220	335	1755
	1982-1984	3775	1038	5049

HOSPITAL CANCER REGISTRIES

TABLE – 2.4(a) MICROSCOPIC VERIFICATION OF DIAGNOSIS FOR SELECTED CANCER SITES.

MEN

Site (ICD. 9)		Year			nandigarh	D	ibrugarh	Tri	vandrum
G. Link	- 9:00		0.00	n	%	n	%	n	%
Tongue (141)		1982		56	92.9	81	92.6	140	81.4
83		1983 1984		52	98.1	62	88.7	145	80.7
		1982-1984		59	100.0	61	100.0	143	83.2
Mouth				167	97.0	204	93.6	428	81.8
(143-145)		1982 1983		30	96.7	48	95.8	317	75.4
(140 140)		1983		23	87.0	56	91.1	325	75.7
		1982-1984		36	94.4	42	95.2	333	84.4
Oesophagus				89	93.3	146	93.8	975	78.6
(150)		1982		77	90.9	146	66.4	102	58.8
1017		1983 1984		78	87.2	157	53.5	121	62.0
		1982-1984		76	81.6	159	61.0	120	79.1
Stomach				231	86.6	462	60.2	343	67.1
(151)		1982		38	97.4	OITA 43	55.8	99	36.4
(101)		1983 1984		24	79.2	59	54.2	121	47.1
		1983-1984		45	91.1	53	52.8	103	54.4
Treahan				107	90.7	155	54.2	323	46.1
Trachea, Bronchus and	7.30	1982		133	69.2	26	42.3	201	61.2
Lung	95.7	1983		129	64.3	32		223	77.1
(160)		1984		123	87.0		28.6	209	81.8
167	85.3	1982-1984	4	385	73.3	105	36.2	633	73.6
				WON	AENI	emale	9	(8)	THE CAME
147 59.1	91.0	484		WON	MEN				
Site		Year	7.	Cha	ndigarh	Dil	3 .	SHOL	Oggano
(ICD. 9)		117		n	"Marin		rugarh		andrum
Tongue	86.3	1982	- K			n sis	/0	n	%
141)	80.4	1983		24	91.7	22	95.5	47	72.3
16 31		1984		12 19	91.7	14 els	100.0	69	79.7
		1982-1984	(4.8	55	94.7	7	100.0	60	90.0
Mouth						43	97.7	176	81.3
143—145)		1982 1983		19	89.5	17 ame	100.0	178	68.5
		1984		29	89.7	20	90.0	190	69.5
1027 62.		1982-1984		17 65	82.3	22	95.5	157	80.9
Desophagus					87.7	59	94.9	525	72.6
150)		1982		62	85.5	42	64.3	32	46.9
100)		1983 1984		67	92.5	55	58.2	36	63.9
		1982-1984		70 199	90.0	57	56.1	36	63,9
Stomach					89.5	154	59.1	104	58.7
151)		1982		9	66.7	8	25.0	38	18.4
101)		1983 1984		9	66.7	25	40.0	28	35.7
		1982-1984		17	88.2	21	76.2	48	58.3
rachea.				35	77.1	54	51.9	114	39.5
Fronchus and		1982		22	72.7	5	20.0	8	87.5
ung		1983 1984		23	69.6	5 5	80.0	23	78.3
162)		1982-1984		16	75.0	5	80.0	22	72.7
				61	72.1	15	60.0	65	75.4
reast 74)		1982		171	93.6	27	92.6	274	83.6
, 4)		1983		204	95.1	48	72.9	270	92.6
		1984		167	96.4	33	87.9	286	93.0
omin Hand		1982-1984		542	95.2	108	82.4	830	89.8
ervix Uteri 80)		1982		579	94.8	68	80.9	409	65.0
00)		1983		193	96.8	67	82.1	442	82.4
		1984		174	95.8	62	98.4	457	93.2
		1982-84	15	46	95.7	197	86.8	1308	80.7

HOSPITAL CANCER REGISTRIES TABLE-2.4(b) METHODS OF DIAGNOSIS (MOST VALID BASIS) OF CANCER DURING 1984. SITES: ALL SITES (ICD.9: 140-208).

Method of Diagnosis		Sex	handnam		ngalore (KMIO)	Year	Bombay (TMH)	Madras (CI)
Microscopic Verification (MV)	82.6	Male Female	8.28	56	89.2 92.8	1982	92.6 92.8	62.8 66.1
X-Ray		Male Female			2.8 1.5		1.9 0.8	6.3 2.6
Clinical Only		Male Female			6.5 4.6		5.0 6.2	24.4 30.4
Others		Male Female	94.4		1.5 1.1	1982-196	0. 5 0.2	6.5 0.9
TOTAL CASES (All Sites) (All Ages)	53.5 53.5 61.0	Male Female Total	90.9 87.2 81.6	77 78 231	2260 2733 4993	1982 1983 1984 1984	5744 4871 10615	1807 2166 3973

TABLE -2.4(c) MICROSCOPIC VERIFICATION OF DIAGNOSIS FOR SELECTED CANCER SITES DURING 1984.

					42	0.00			1,1991.7
Site	323	8.50	Sex	Ba	ngalore	Bor	nbay		adras
(ICD. 9)				n	%	n	%	n	%
Tongue (141)	223	40.5	Male Female	108 18	94.7 94.7	577 114	95.7 98.3	155 36	55.5 36.1
Mouth (143-145	633		Male Female	165 342	99.4 98.8	548 228	95.3 96.6	237 192	60.3 54.2
Oesophag (150)	gus		Male Female	183 161	79.2 81.7	454 261	91.0 90.3	147 61	59.2 57.4
Stomach (151)			Male Female	103 35	74.1 71.4	117 44	86.7 86.3	138 47	30.4 51.1
Trachea, Bronchus Lung (162	and		Male Female	177 22	85.5 88.0	279 63	80.4 94.0	129 16	51.9 31.3
Breast (174)	178 190		Female	245	85.7	833	85.7	306	80.4
Cervix Ut (180)	eri	94.9	Female	1120	97.1	1591	95.8	1027	62.5
63.9	36 36 104	58.2 56.1 59.1	55 57 154	92.5 90.0 89.5	67 70 199	983 984 962-1984			(081)
	38 28 48 114	25.0 40.0 76.2 51.9	. 25 . 21 . 54	86.7 86.7 86.2 77.1		982 983 984 982-1984	it it		Stomach (151)
87.5 78.3 72.7 75.4				72.7 69.6 76.0 72.1		982 983 984 982-1984		s and	Trachea. Bronchus Lung 162)
	274 270 286 286 830		27 48 33 108	93.6 95.1 96.4 95.2	171 204 187 542	982 983 984 982-1984			
			68 67 62 197		579 483 474 1546	982 983 984 982-84	H H		Cervix UI 180)

3. EXTENT OF DISEASE

3.3 METHODS OF EVALUATION

3.1 CANCER AND ITS SPREAD A angener of motors not appoint of appoi

Cancer is a group of different diseases characterised by their ability to invade contiguous structures and to spread to organs and tissues variously remote from their original site.

The spread of malignant neoplasms ("new growths"), despite being the topic of intense past and present study and of medical tomes*, is still poorly understood. Some facts are known: cancers spread by directly invading surrounding tissues, by direct implantation, by lymphatics, by blood stream (veinous, mostly), and transcoelomically by implantation. The method of spread is related to the site of origin of the primary tumour, the anatomic barriers precluding or facilitating its dissemination, its rate of growth, histologic type, degree of differentiation, and several other factors. A thorough knowledge of anatomy and tumour pathology is important in understanding the spread of cancer.

3.1a Lymphatic Spread: (FAB) system for louksemas in Spread (FAB) system for louksemas in Spread (FAB)

The majority of malignant neoplasms are carcinomas (cancers of epithelial/endothelial origin), and have a propensity to spread via lymphatics draining their tissue or organ of origin. These lymphatics are afferent to (drain into) regional groups of lymph nodes which are in turn linked to more distal ("further away") groups of nodes and eventually drain via the thoracic duct into the veinous system. Fewer malignancies (except in children) are sarcomas (cancers of connective tissue origin), and these tend to spread hematogenously.

3.2 VALUE AND USES OF EXTENT OF DISEASE DATA

Patient prognosis, therapeutic rationale and efficacy assessments require critically considered data on the extent of spread of the original cancer. The quality (reliability and validity) of "extent of disease" (EOD) information in a registry operation, therefore, directly impinges on the use and value of that registry's data in planning strategies for cancer control, early diagnosis, intervention, and for retrospective and prospective studies of aetiology.

For example, if data on "localised" cancers are misclassified, evaluating the need for and effectiveness of, clinics or centres for earlier diagnosis will be difficult. Similarly, using intervention strategies to downstage say, cervical cancers from distantly to regionally spread at diagnosis will need accurate measurement and documentation of, staging. Aetiopathogenetic studies' eg. case-control studies',—interview scheduling needs information on the stage at which most of the cancers to be studied are diagnosed. For example, gastric cancer patients' antecedent exposure information, if only obtained through relatives because most patients died soon after diagnosis (made at distant spread of the disease), will be of less value than direct patient interviewed information.

To further comment on the importance of answers to this data item, ANY ATTEMPT at CANCER CONTROL REQUIRES "EXTENT" INFORMATION. If, as has often been said, a major objective of the National Cancer Registry Project (NCRP) is to be a base and a centre for Cancer Control efforts, this data is of critical importance.

lend themselves to the above systems which are useful for solid tumours. The best established classification of these is the FAB for leukemias, Ann Arbor for non-Hodgkin's lymphomas

and Rye for Hodgkin's disease.

^{*&}quot;The Spread of Tumours" by R. Willis.

3.3 METHODS OF EVALUATION

Many thoughtful efforts to devise clear, simple, logical, and universally useable systems of classifying cancer spread have been made. Unfortunately, cancer is NOT a single disease but rather a group of heterogeneous diseases with some common characteristics, so that one system may not universally apply.

In general, solid tumefactions can be distinguished from the mostly non-solid malignancies like those of the haemopoietic and reticuloendothelial systems. Even among solid tumours, gynaecologic cancers (cervix and corpus uteri, ovary etc.) behave differently in some ways, from non-gynaecologic cancers, for anatomic reasons. And of course, human nature being what it is, no one system would be easily accepted by all people on the globe.

For these reasons, several systems to document the degree of cancer spread and resultant tumour burden to the host have developed. The following paragraphs describe the best known and most commonly used. They are:

- (a) the Tumour Node Metastasis (TNM) system developed by the International Union against Cancer (UICC),
- (b) the American Joint Committee on Cancer staging (AJCC) system sponsored, among others, by the American Cancer Society and the American College of Surgeons,
- (c) the Fédération Internationale de Gynécologie et Obstétrics, (FIGO), system for gynaecologic cancers, and
- (d) the French American British (FAB) system for leukaemias, the Ann Arbor classification for non-Hodgkin's lymphomas and Rye classification for Hodgkin's disease.

3.3a TNM or Tumour Node Metastasis System:

Developed by the International Union against Cancer (UICC), it is based on the tumour size, node involvement and number, and metastases (other than lymph nodal). It is further categorised as clinical TNM (cTNM)—a purely clinical assessment, and pathologic TNM (pTNM) based on pathologic examination of surgically removed tissue. It is more specific than the AJCC system.

3.3b AJCC, the system espoused by the American Joint Committee on Cancer Staging:

Its broad categories are: cancers LOCALISED to their primary organ/tissue of origin; REGIONALLY SPREAD—to the regional lymph node group, directly extended into surrounding tissues, or both; METASTASIZED TO DISTANT organs, tissues or lymph nodes. Tumour size per se, is not taken into account. Assessment of spread includes investigative/diagnostic procedures—eg. X-rays, surgical exploration, pathologic examination, etc. and is not clinical alone unless so specified. It is less specific than the TNM system.

3.3c A third system, FIGO:

Developed by the Fédération Internationale de Gynécologie et Obstétrics (FIGO), it is widely used for gynaecologic malignancies. It addresses concepts of intra-epithelial neoplasia, in situ cancer and uterine cancer spread more effectively than the TNM or AJCC systems.

The distinction between the cTNM and pTNM is not as well appreciated as originally hoped for. At the 14th International Cancer Congress in Budapest in 1986, a revised classification, combining features of the TNM and AJCC systems, for head and neck and breast cancers, was announced. This, and updates of the TNM, will be available in early 1987.

3.3d Lymphomas, Leukaemias:

Reticuloendothelial, lymphoid, and bone marrow-derived malignant proliferations do not lend themselves to the above systems which are useful for solid tumours. The best established classification of these is the FAB for leukemias, Ann Arbor for non-Hodgkin's lymphomas and Rye for Hodgkin's disease.

3.4 ABSTRACTING, CODING AND ORGANISING EOD DATA ACCURATELY

The various systems used to document extent of cancer are difficult enough for the doctor to master; abstracting and coding this data can be even more confusing for the largely non-medical personnel in cancer registries. Organizing coding methods for various systems, not all of which are applicable to all cancers, adds to registries' difficulty with this data item. The SEER Program in the USA has changed its coding system four times, from an initial 2-digit nonspecific through a 13-digit site-specific to the currently used 4-digit code which is again being revised.

A staging committee appointed soon after the NCRP started collecting data suggested the TNM system be used for head & neck, skin and breast cancers, FIGO for gynaecologic cancers, and AJCC for all other cancers. After this excellent start, problems are now apparent such as correlating a purely clinical EOD question with a requirement for post-surgical disease assessment as in the AJCC system. The three systems, as above described, are very different in the terms used for different stages. Confusion in understanding medical terminology, in abstracting, coding and organizing the data can lead to inaccurate conclusions from correlations of stage, therapy and outcome. Further, different registries may be coding the data differently.

3.5 FACTORS AFFECTING (Limiting) EXTENT OF CANCER DATA IN THE NCRP

The quality of this data can be improved in several ways. One, by periodic review and correlation of patients' original charts with the EOD data in registry records. Two, by correlating EOD information with that on method of diagnosis and type of the appropriateness. Several factors, as follows, affect the EOD data.

3.5a Hospital Cancer Registries (HCRs) vs. Population-based Registries:

This year, extent of disease information is analysed only for HCR data, in response to suggestions at past NCRP Annual Review Meetings. These suggestions were based on evidence that EOD is less reliable in population than in hospital settings since the population data derives from many sources rather than a single source.

The population-based cancer registries in India are in large metropolitan agglomerates. Data is drawn from a variety of sources. Some are teaching hospitals and large cancer centres that have reasonable pathology, radiology, medical record, nursing, and other departments on which optimal clinical cancer care depend. Many, however, may not have adequate facilities for cancer care. In addition, staging information is complex enough for the oncology specialist in a cancer centre to understand and remember; it is even more difficult for the noncancer specialist. In the general hospital, staging details may not be considered important enough to warrant the focus they need, to be accurate. This situation is likely to remain as long as communicable diseases and population/family planning remain higher priority health problems than cancer, in the general hospital.

It was decided to confine EOD data analysis to HCR data only, in order to obtain reasonably reliable and valid cancer extent data from the registry network, and since all the hospital registries are based either in cancer centres, or large teaching hospitals. In some parts of the country, eg. Assam, the centre wherein the hospital registry is, may be the only available cancer diagnostic and treatment facility serving millions of people. It is possible, therefore, that although the information is hospital-based, the nature of hospital facilities in the community are such that a minimum population estimate of cancer spread patterns, can be made. This would not be true, of course, for well known referral centres like the Tata Hospital or the Cancer Institute, Madras based in cities with many medical facilities. Interpretations of the hospital-data therefore, should consider the background and nature of that hospital and its location.

The challenge to this project, is to develop methods whereby at least basic minimum "extent" data can be accurately obtained, on a population and hospital basis.

3.5b Patients Treated Prior to Registration and Not so Treated: 10 2020001 alevians en

When patients are willing to try any system of health care and many are available, as in India, the most locally available therapy might be first tried by most patients. It is likely, in such

situations, that the cancer stage gets altered. If cancer extent is reduced the patient may become sanguine for a while until further recrudescence, at which point he/she may enter the larger cancer centre. Alternatively, some downstaging may initially occur, especially for cancers amenable to surgical extirpation, and the patient may be referred for post-surgical radiation to the cancer centre. Most poor, illiterate, rural patients wait until there is no choice but to visit the cancer centre and therefore often present late.

To achieve the objective of accurately documenting disease extent at FIRST DIAGNOSIS, therefore, it is essential to reliably separate patients who have received previous treatment from those who have not, and interpret disease extent data only from the latter group. This can be done in two ways which act as cross checks: have a code for "treated elsewhere" in the EOD question or analyse EOD data only from those patients answering 'NO' to the question on previous treatment—item (24a) in the HCR form.

3.5c Major Objectives of Hospital Cancer Registries and Panel for Uniform EOD Data:

The major thrust of the HCRs is monitoring cancer patient care so that appropriate strategies for cancer control can be developed. Since EOD data so critically affects cancer patient diagnosis, treatment, survival, response and outcome, its reliability, validity, and consistency in patients not previously treated needs to be ensured.

A group of clinicians, pathologists, and others have therefore been asked by the 1986 Annual Review Meeting to address issues of uniform EOD data classification and collection, definitions of treatment and outcome parameters, and appropriate coding in the NCRP data form. When this is done and abstractors, coders, and statisticians are enabled to translate complex medical terms into organized data, the foundation for effective monitoring of cancer screening, prevention, care, and control will be laid.

togic EQD vs. less reliable in equipment

3.6 ANALYSIS OF 1984 EXTENT OF DISEASE (EOD) DATA-INTRODUCTION

The discussion in the next sections 3.6-3.10 pertains to registry and gender variations in the degree of cancer spread as documented in the 1984 NCRP data from the six hospital cancer registries. They are in Bangalore (Kidwai Memorial Institute of Oncology or KMIO), Bombay (Tata Memorial Hospital or TMH), Chandigarh (Post-Graduate Institute or PGI), Dibrugarh (Assam Medical College or AMC), Madras (Cancer Institute or CI) and Trivandrum (Regional Cancer Centre or RCC).

The data item "Clinical Extent of Disease at First Diagnosis" is analysed. Every hospital registry data set includes raw tabulation under codes "in situ, localized, direct-extension, regional lymph node involvement, direct-extension and regional lymph node involvement, distant metastasis, not palpable, too advanced, not applicable, treated elsewhere, unknown", for this data item.

These 11 coded groups have been condensed into 4: "Localised"—including code "localised" alone; "Regionally spread or Regional"—including 'direct-extension, regional lymph node involvement', and both combined; "Distantly spread or Distant"—including codes 'distant metastasis' and 'too advanced'; and "Other", including the rest. Thus the "Other" category includes the codes 'in situ, not palpable, not applicable, treated elsewhere, and unknown'. Since the code 'treated elsewhere', is not yet printed on the proforma, it is possible some patients who received treatment prior to registration at the reporting institution (and whose EOD classification might be affected by such treatment) may be included in the "Other" category in this data, while some who received such prior treatment may not be so included.

The analysis focusses on the consolidated "Localised", "Regional" and "Distant" groups. The "Other" group is first described in section 3.7. Evaluation of EOD of cancers of all organ sites follow in section 3.8; of cancers of the cervix uteri, breast, larynx & hypopharynx in 3.9, and of the lung, oesophagus and stomach in 3.10.

3.7 CANCER CASES CATEGORISED "OTHER" THE SAME OF THE TYPE AS A SECOND TO THE T

Tabulated data, as provided, of the number and proportion of all male and female cancer cases labelled "Other" in each hospital registry (Table 3.7) show Chandigarh registers the least (16%) males in this category and Dibrugarh, the most (54%). Chandigarh and Madras register the lowest proportions (16%) of "Others" among females, and Dibrugarh, the highest (58.5%). The remaining registries record from 21% Trivandrum males to 30% Bombay (TMH) and Bangalore (KMIO) males as "Others". There are 23%, 27% and 36% respectively, in this category, among females in Bangalore, Trivandrum and Bombay.

TABLE-3.7 CANCERS CATEGORISED "OTHER" IN EXTENT OF DISEASE DATA: NCRP (ICMR), 1984, HCRs#

Total	Males Others*	to Sombay, and the tende		Females
No. Cases	No. (%)	Hospital Registry (Institution)	Total No. Cases	Others* No. (%)
1206 863 2097	191 (15.8) 463 (53.7) 433 (20.6)	CHANDIGARH (PGI) DIBRUGARH (AMC) TRIVANDRUM (RCC)	335	191 (15.7) 196 (58.5) 469 (26.7)
2260 5744 1807	719 (31.8) 1730 (30.1) 464 (25.7)	BANGALORE (KMIO) BOMBAY (TMH) MADRAS (CI)		632 (23.1) 1763 (36.2) 349 (16.1)

^{*}Others = Codes Not Palpable, Not Applicable, Treated elsewhere, Unknown, and in situ

Organ-site breakdown of the "Other" columns yields a few observations of interest:

Female breast cancer patients constitute the single largest number and proportion of cases in all registries except Dibrugarh. A separate (unpublished) analysis of treatment patterns has shown that breast cancer patients are the most frequent group (upto 50%) to be treated elsewhere prior to registration at the reporting institution. Since Bombay registers the most breast cancers overall, a higher percentage (36) of Bombay females recorded as "Other" compared to Bangalore (23%), Madras (16%), and Trivandrum (27%), would be expected.

Organ-site characteristics of the "Others" (Tables 3.9c to 3.10d) are less well defined in males. Generally, cancers which are most frequent tend to constitute higher proportions of the "Other" group. These are: hypopharynx and oesophagus in Bangalore and Dibrugarh; lung in Bangalore and Chandigarh; tongue and hypopharynx in Bombay; tongue, mouth, oesophagus and stomach in Madras; mouth and lung in Trivandrum. These proportions may merely reflect patients' propensity to seek health care wherever conveniently available, before acting on referrals or persistent symptoms to attend the larger, more impersonal, more inconvenient, cancer centre.

Lymphoreticular and haemopoietic malignancies (ICD.9 codes 200-208) constitute 10-14% male cases and very few female cases, in all registries except Dibrugarh (3%). These are included in "Others" as they do not fit in the AJCC classification (see section 3.3).

3.7.1 Conclusion:

Data from Dibrugarh needs validation. Breast cancer is the most frequently treated prior to registration at the reporting institution and the most frequent cancer categorised "Other". Males with the more frequent cancers are more likely to receive treatment prior to registration at the reporting institution than those with less frequent cancers.

The Extent of Disease analysis which follows, focusses on cancers of the cervix, breast, larynx & hypopharynx, lung, oesophagus, and stomach.

[#] HCRs = Hospital Cancer Registries; PGI = Post Graduate Institute, AMC = Assam Medical College; RCC = Regional Cancer Centre; KMIO = Kidwai Memorial Institute of Oncology; TMH = Tata Memorial Hospital; CI = Cancer Institute

3.8 EXTENT OF DISEASE—CANCERS OF ALL ORGAN SITES AS 23240 930440

Evaluation of the extent of spread of all cancers arising in all organ sites (Table 3.8 Fig. 3.8) confirms something well known to cancer clinicians—that 80 to 94% of patients at diagnosis, regardless of gender, have disease spread beyond the primary site.

Lowest frequencies (7% and 6%) of "localised" disease are recorded in Bangalore (males and females) and in Chandigarh females (7%). Highest "localised" frequencies are in males from Dibrugarh (20%) and Bombay (TMH) (19.4%) and in Bombay females (20%). The remaining registries record around 11-17% "localised" male cases and 13-16% female cases.

Gender variations in patients with regionally and distantly spread disease exist between the Bangalore and Madras registries on the one hand and Bombay, on the other. Thus, the male: female ratios for this group are lower in Bangalore (61: 71) and Madras (57: 71) but higher in Bombay (50.5: 43.5). This is probably explained by the higher frequencies of cervical cancer in South Indian women compared to Bombay, and the tendency for this cancer to be diagnosed later in Bangalore and Madras than in Bombay. The four decade-long existence of the Tata Hospital may also have impacted on the Bombay populations' awareness of cancer and interest in early diagnosis. Thirdly, South Indian women may be more reluctant to be examined by a doctor than the more cosmopolitan Bombay woman, and may therefore go to the doctor later than South Indian men.

The "localised" figures from Dibrugarh and Bombay need validation. Previous treatment outside the reporting institution, and misclassified "localised" may account for at least a part of these cases.

TABLE - 3.8 EXTENT OF DISEASE - ALL CANCERS: NCRP (ICMR), 1984, HCRs*

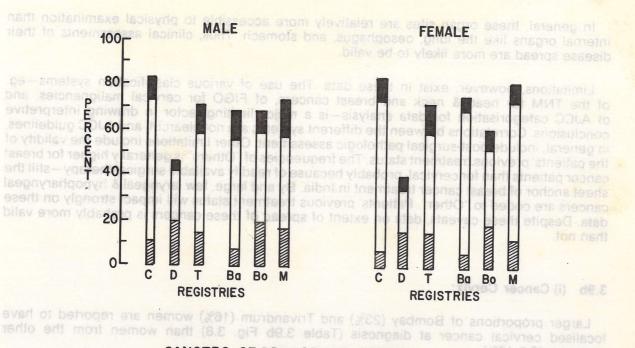
	Bosown, and in situ	eated sisewhere. Ud	e. Not Applicable. In	JODES NOT PRIDADI	= EiBUIO.
Registry	Category	A continuity Ma	(%)	en sons Ostos Fe wbiX = OMin str	emale (%)
CHANDIGARH	Localised #	136	(11.3)	85	(7.0)
(PGI)*	Regional	758 Mag	(62.9)	817	(67.0)
(i di)	Distant	121	(10.0)	127	(10.4)
	Oll	si eleni 191 it etu	(15.8)	e briefly cancer	(15.7)
DIBRUGARH	Localised	172	(19.9)	50 S	(14.9)
(AMC)*	Regional	195	(22.6)	68	(20.3)
adistets the most	Distant	33	(3.8)	21	(6.3)
reded as "Other"	Other	463	(53.7)	196	(58.5)
TRIVANDRUM	Localised	357	(17.0)	274	(15.6)
(RCC)*	Regional	906	(43.2)	782	(44.6)
"rertifo" ett to en	Distant	401	(19.1)	230	(13.1)
ung in Bangalore	Other	433	(20.6)	469	(26.7)
BANGALORE	Localised	162	(7.2)	164	(6.0)
(KMIO)*	Regional	1088	(48.1)	1739	(63.6)
ig on referrals or	Distant	291	(12.9)	198	(7.2)
	Other	719	(31.8)	632	(23.1)
BOMBAY	Localised	1115	(19.4)	991	(20.3)
(TMH)*	Regional	2335	(40.7)	1684	(34.6)
Danning of peer	Distant	564	(9.8)	433	(8.9)
	Other	1730	(30.1)	1763	(36.2)
MADRAS	Localised	306	(16.9)	290	(13.4)
(CI)*	Regional	740	(41.0)	1333	(61.5)
voice bodoest alte	Distant	297	(16.4)	194	(9.0)
	Other	464	(25.7)	349	(16.1)

[#]Localised = code 'Localised'; Regional = codes Direct-extension, Regional lymph nodes involved, and both combined; Distant = codes Distant Metastasis, Too Advanced

^{*}HCRs = Hospital Cancer Registries; PGI = Post-Graduate Institute; AMC = Assam Medical College; RCC = Regional Cancer Centre; KMIO = Kidwai Memorial Institute of Oncology; TMH = Tata Memorial Hospital; CI = Cancer Institute

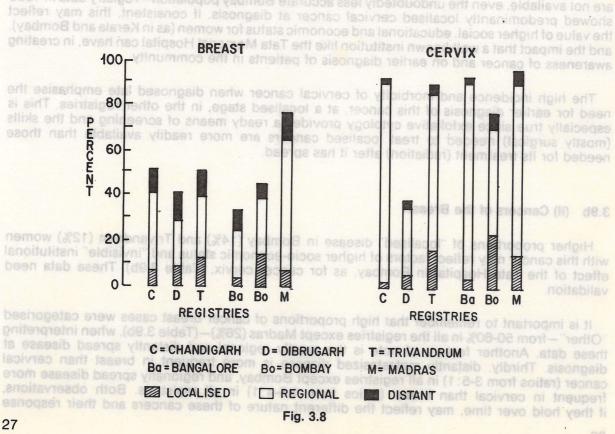
EXTENT OF DISEASE ALL CANCERS

NCRP (ICMR), 1984; HOSPITAL CANCER REGISTRIES



CANCERS OF BREAST AND CERVIX

ESST 101 SISB (AOH) H NCRP (ICMR), 1984; HOSPITAL CANCER REGISTRIES I SISB MUTBINSVIT BOTT are not available, even the undoubtedly less accurate Bombay population - registry data in 1983



3.9 EXTENT OF DISEASE—CANCERS OF THE CERVIX UTERI, BREAST, LARYNX & HYPOPHARYNX

3.9a Introduction:

In general, these organ sites are relatively more accessible to physical examination than internal organs like the lung, oesophagus, and stomach. Thus, clinical assessments of their disease spread are more likely to be valid.

Limitations, however, exist in these data. The use of various classification systems—eg. of the TNM for head & neck and breast cancers, of FIGO for cervical malignancies, and of AJCC categorisation for data analysis—is a major limiting factor in drawing interpretive conclusions. Correlations between the different systems are not clearcut, and AJCC guidelines, in general, include post-surgical pathologic assessment. Other limitations include the validity of the patients' previous treatment status. The frequencies of "Others" is generally higher for breast cancer patients than for cervical, probably because of readily available surgical therapy—still the sheet anchor of breast cancer treatment in India. By and large, few laryngeal & hypopharyngeal cancers are coded to "Other". Patients' previous treatment status will impact strongly on these data. Despite these caveats, data on extent of spread of these cancers is probably more valid than not.

3.9b (i) Cancer Cervix:

Larger proportions of Bombay (23%) and Trivandrum (16%) women are reported to have localised cervical cancer at diagnosis (Table 3.9b Fig. 3.8) than women from the other registries (2.5-13%).

The Trivandrum data in 1983 were similar (16% localised). Although TMH (HCR) data for 1983 are not available, even the undoubtedly less accurate Bombay population—registry data in 1983 showed predominantly localised cervical cancer at diagnosis. If consistent, this may reflect the value of higher social, educational and economic status for women (as in Kerala and Bombay), and the impact that a well-known institution like the Tata Memorial Hospital can have, in creating awareness of cancer and on earlier diagnosis of patients in the community.

The high incidence and morbidity of cervical cancer when diagnosed late emphasise the need for earlier diagnosis of this cancer, at a localised stage, in the other registries. This is especially true since exfoliative cytology provides a ready means of screening and the skills (mostly surgical) needed to treat localised cancers are more readily available than those needed for its treatment (radiation) after it has spread.

3.9b (ii) Cancers of the Breast:

Higher proportions of "localised" disease in Bombay (14%) and Trivandrum (12%) women with this cancer may reflect factors of higher socio-economic status and "invisible" institutional effect of the Tata Hospital in Bombay, as for cancer cervix, (Table 3.9b). These data need validation.

It is important to remember that high proportions of cancer breast cases were categorised "Other"—from 50-60% in all the registries except Madras (26%)—(Table 3.9b), when interpreting these data. Another feature of note is the mostly regional and distantly spread disease at diagnosis. Thirdly, distantly metastasized disease is more frequent in breast than cervical cancer (ratios from 3-5:1) in all registries except Bombay, and regionally spread disease more frequent in cervical than breast (ratios from 1.5-4:1) in all registries. Both observations, if they hold over time, may reflect the different nature of these cancers and their response

TABLE-3.9b EXTENT OF DISEASE-CANCERS OF BREAST AND CERVIX: NCRP (ICMR), 1984, HCRs*

Registry		Category			Breast	income la C		Cervix
(3)	n	(%)	n	n	(%)	Category	n	(%)
CHANDIGAR	He	Localised #		12	(7.0)			7
(PGI)*		Regional			(7.2)			(2.5)
		Distant (2.1)		18	(34.7)		425	(89.7)
(2.4)		Other (8.8)		79	(10.8)		. 9	(1.9)
		(0.0)		19	(47.3)		28	(5.9)
DIBRUGARH		Localised		0	(0.4)			
(AMC)*		Regional		3	(9.1)		3	(4.9)
		Distant		7	(21.2)		19	(30.6)
		Other		4	(12.1)		2	(3.2)
		Other		19	(57.6)		38	(61.3)
TRIVANDRUM	1	Localised		0.4	, , b			GOLAMOT
(RCC)*		Regional		34	(11.9)		73	(16.0)
		Distant		79	(27.6)		320	(70.0)
				30	(10.5)		15	(3.3)
		Other		143	(50.0)		49	(10.7)
BANGALORE		(0.8)						BANGALOR
		Localised		12	(4.2)		33	(2.9)
KMIO)*		Regional		61	(21.3)	Distant	1027	
		Distant (a.e)		27	(9.4)		24	(89.0)
		Other		186	(65.0)		70	(2.1)
(15.4							70	(6.1)
BOMBAY	115	Localised		138		Region	070	*/LW-370
		Regional		231	(23.8)	Distant	379	(22.8)
		Distant (18)		62	(6.4)		786	(47.3)
		Other		541	(55.7)		108	(6.5)
	5			041	(55.7)		387	(23.3)
IADRAS	34	Localised		18	(= 0)			SANGAINI
CI)*		Regional			(5.9)		136	(13.2)
(41)		Distant		176	(57.5)		782	(76.1)
		Other	Line .	33	(10.8)		45	(4.4)
And the second		Citiei		79	(25.8)		64	(6.2)

#Localised = code 'Localised'; Regional = codes 'Direct-extension, Regional lymph nodes involved', and both combined; Distant = codes 'Distant Metastasis. Too Advanced'

to different modalities of therapy. Strategies for their control should therefore be different. They may also reflect classification problems, since the FIGO and AJCC systems are different (section 3.3).

3.9c Cancers of the Larynx & Hypopharynx (Laryngopharynx):

Combining these cancers for Extent of Cancer analysis is appropriate for several reasons. They are in close anatomic proximity, with frequent extension of their cancers to the adjoining site, and infrequent early diagnosis. Their cancers are biologically similar in behaviour, esp. cancers of the "extrinsic larynx or supraglottis and subglottis" with cancers of the hypopharynx. Their spread to nuchal lymph nodes which are readily palpable suggests clinical extent of disease assessments may be valid although difficulties in assessing direct extension without direct laryngoscopy (which requires E.N.T. and anesthetic skills) may negatively balance this factor. Proportions of "Others" are not high.

The striking predominance of regionally spread cancers in the data, (Table 3.9c Fig. 3.9c) and few distantly spread or localised cancers at diagnosis correlates well with these cancers' behaviour. Data for "localized" cancers need validation. Efforts at earlier diagnosis and treatment may be worthwhile especially in areas of high incidence and prevalence eg. Bombay and Dibrugarh.

^{*}HCRs = Hospital Cancer Registries; PGI = Post-Graduate Institute; AMC = Assam Medical College; RCC = Regional Cancer Centre; KMIO = Kidwai Memorial Institute of Oncology; TMH = Tata Memorial Hospital; CI = Cancer Institute

TABLE - 3.9c EXTENT OF DISEASE - CANCER LARYNX AND HYPOPHARYNX: NCRP(ICMR), 1984, HCRs*

Registry	Category	Bress	Male	F	emale
negistry	Galogory	n n	(%)	n	(%)
CHANDIGARH	Localised #	8	(12.2)	518	(12.2)
(PGI)*	Regional (T No.	8 115	(87.1) maigan	35	(85.4)
(8.1) 9	Distant (8.01)	8 2	(1.5)	- -	
	Other (8.74)	94 7	(5.3)	1	(2.4)
DIBRUGARH	Localised	39	(22.4)	4	(25.0)
(AMC)*	Regional	53	(30.5)	. 8	(50.0)
(3.2)	Distant	A -		_	
	Other	82	(47.1)	4	(25.0)
TRIVANDRUM	Localised	28	(14.7)	5	(25.0)
(RCC)*	Regional	140	(73.7)	14	(70.0)
	Distant	3	(1.6)	1	(5.0)
15 (3.3)	Other	19	(10.0) msteid	-	
BANGALORE	Localised	32	(9.0)	6	(11.8)
(KMIO)*	Regional	285	(80.3)	42	(82.4)
1027 (89.0)	Distant	18 15	(4.2)	1	(2.0)
	Other (\$18)	75 23	(6.5)	2	(3.9)
	(86.0)				
BOMBAY	Localised	127	(14.0)	25	(15.4)
(TMH)*	Regional	673	(74.0)	115	(71.0)
786 (47.3)	Distant	27	(3.0)	6	(3.7)
108 (6.5)	Other (A.8)	90 82	(9.1)	16	(9.9)
MADDAG	Localised	29	(14.1)	5	(10.2)
MADRAS	Regional	132	(64.4)	34	(69.4)
(CI)*	Distant	0	(4.4)	3	(6.1)
782 (76.1)	Other	35	(17.1)	7	(14.3)

#Localised = code 'Localised'; Regional = codes 'Direct-extension, Regional lymph nodes involved' and both combined; Distant = codes 'Distant Metastasis, Too Advanced'

3.10 EXTENT OF DISEASE—CANCERS OF THE LUNG, OESOPHAGUS AND STOMACH

They may also reflect classification problems, since the FIGO and AJ

3.10 a Introduction:

Cancers of these three organs are discussed together to project cancer extent information from organs which are relatively inaccessible to physical examination. This inaccessibility militates against an accurate assessment of disease extent without investigative procedures. Since the data question in the registry form at present focusses on clinical extent at first diagnosis, the data abstraction and biologic factors contradict each other. Further, AJCC categorisation is generally a post-surgical assessment, again a contradiction to a purely clinical evaluation. Cancers of these three sites are known for their late stages at diagnosis and poor survival. Factors in their data analysis will be briefly touched on and then discussed overall, focussing on oesophagus cancer.

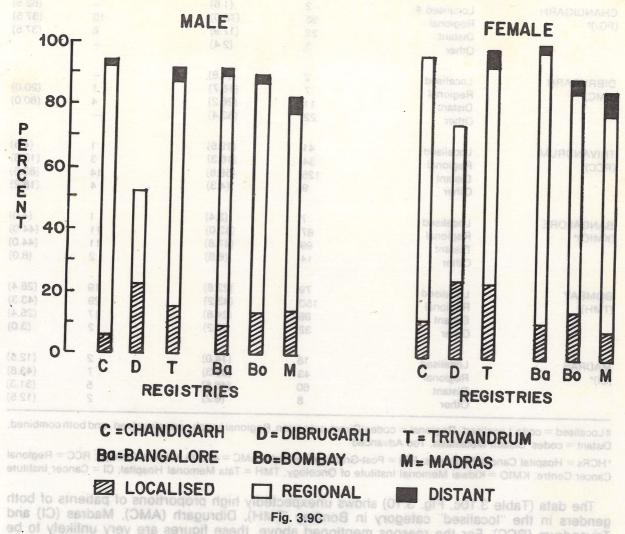
3.10 b Cancer Lung:

Proportions of patients with this cancer classified as "Other" in the Extent of Disease tabulation are few (10% or less), except in Dibrugarh (Table 3.10b). Modes of assessing this cancer and diagnosing it are varied. Until we know the degree of such variations between registries and the two genders, EOD data on this cancer should be viewed cautiously. Most cancers are diagnosed late. Survival in the West remains poor despite advances in cytology, radiology and pathologic diagnostic methods.

^{*}HCRs = Hospital Cancer Registries; PGI = Post-Graduate Institute; AMC = Assam Medical College; RCC = Regional Cancer Centre; KMIO = Kidwai Memorial Institute of Oncology; TMH = Tata Memorial Hospital; CI = Cancer Institute

CANCERS OF LARYNX AND HYPOPHARYNX

NCRP (ICMR), 1984; HOSPITAL CANCER REGISTRIES



"Localised" cancers are very few in all the registries except in Bombay (TMH) and Trivandrum, (Table 3.10b and Fig. 3.10). Over one-fifth male and one-fourth females in Bombay and one-fifth males in Trivandrum, are reportedly "Localised". It is unlikely these data would bear close scrutiny for the reasons mentioned above, (3.10a) and in sections 3.1-3.5.

3.10c Cancers of the Oesophagus:

Many factors affect the "extent" data of these cancers. They are known for their rapid spread, and hence are usually diagnosed late in the natural history of the disease. Various methods are employed in diagnosis and in assessing extent of spread. These vary from registry to registry, affecting the data reported. The absence of a serosal covering, and the rich lymphatic drainage to paraaortic and other intrathoracic groups of lymph nodes facilitate rapid dissemination of malignant cells and add to the difficulty of accurately documenting cancer spread, especially for mid-and-lower oesophageal neoplasms (the majority). Valid assessment of previous therapy is also needed; the proportions of "Other", (Table 3.10c) from 4 to 25% in males and from 1.4 to 26% in females (except in Dibrugarh where they are around 46-47% in males and females) are generally not high. All these limitations need to be kept in mind while interpreting the data.

TABLE-3.10b EXTENT OF DISEASE-CANCER LUNG: NCRP (ICMR), 1984, HCRs*

Registry	Category	M	ale	ACANCER	emale
riegistry	cutogery	n	(%)	n ·	(%)
	ain i ciuan nama	2	(1.6)		(62.5)
CHANDIGARH	Localised #	96	(78.0)	10	(37.5)
(PGI)*	Regional Distant	. 22	(17.9)	6	(37.5)
1 19	Other	3	(2.4)	- 7	100
DIBRUGARH	Localised	2 7	(4.8)	17-4	
(AMC)*	Regional	7	(16.7)	1	(20.0)
(, , , , , , , , , , , , , , , , , , ,	Distant	11	(26.2)	4 -	(80.0)
	Other	22	(52.4)	-	
TRIVANDRUM	Localised	41	(19.6)	117	(4.5)
TRIVANDRUM	Regional	34	(16.3)	3	(13.6)
(RCC)*	Distant	125	(59.8)	14	(63.6)
	Other	9	(4.3)	4	(18.2)
BANGALORE	Localised	7	(3.4)	1 1	(4.0)
(KMIO)*	Regional	87	(42.0)	11	(44.0)
(ICIVIIO)	Distant	99	(47.8)	11	(44.0)
	Other	14	(6.8)	2	(8.0)
BOMBAY	Localised	79	(22.8)	19	(28.4)
(TMH)*	Regional	150	(43.2)	29	(43.3)
(TWITT)	Distant	86	(24.8)	17	(25.4)
488	Other	32	(9.2)	2	(3.0)
MADRAS	Localised	18	(14.0)	2	(12.5)
(CI)*	Regional	43	(33.3)	9 7	(43.8)
0310.70	Distant	60	(46.5)	5	(31.3)
CBINIC	Other	8	(6.2)	2	(12.5)

[#]Localised = code 'Localised'; Regional = codes 'Direct-extension, Regional lymph nodes involved', and both combined; Distant = codes 'Distant Metastasis, Too Advanced'

The data (Table 3.10c, Fig. 3.10) shows unexpectedly high proportions of patients of both genders in the "localised" category in Bombay (TMH), Dibrugarh (AMC), Madras (CI) and Trivandrum (RCC). For the reasons mentioned above, these figures are very unlikely to be valid. The data are not borne out by clinical experience*, neither are they substantiated by survival studies. Cancer oesophagus data exemplify the difficulty in requiring "clinical extent of disease" documentation without access to investigative/operative/pathologic evidence, and yet wanting to obtain valid extent of disease information.

It might be more accurate and appropriate to code cases where nodal status is not documented (eg. because it cannot be if a CT or surgical data are not available), as "EOD Unknown", rather than as "localised" which may be the situation at present.

Data from Chandigarh and Bangalore are more credible as the majority of patients are documented to be diagnosed after regional spread of disease.

These data also illustrate how important it is to educate the medical, data generating community as much as the nonmedical, data abstracting and processing community. These data may merely reflect inaccuracies in assessment of disease spread, as documented in patients' charts. *Personal discussion, Dr. R. S. Rao, TMH.

^{*}HCRs = Hospital Cancer Registries; PGI = Post-Graduate Institute; AMC = Assam Medical College; RCC = Regional Cancer Centre; KMIO = Kidwai Memorial Institute of Oncology; TMH = Tata Memorial Hospital; CI = Cancer Institute

EXTENT OF DISEASE, SELECTED CANCERS

NCRP (ICMR), 1984; HOSPITAL CANCER REGISTRIES

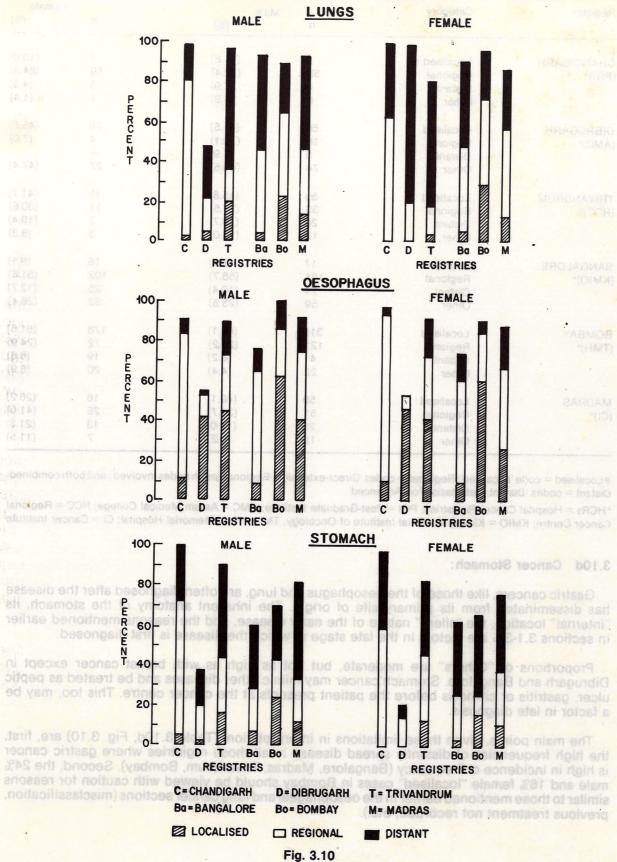


TABLE-3.10c EXTENT OF DISEASE-CANCER OESOPHAGUS: NCRP (ICMR), 1984, HCRs*

Registry	Category	LUNGS	Male		Female
	FEMALE	n	(%)	n	(%)
	1 1 1 1			1001	
CHANDIGARH	Localised #	9	(11.8)	7	(10.0)
(PGI)*	Regional	55	(72.4)	59	(84.3)
	Distant	6	(7.9)	3	(4.3)
	Other	6	(7.9)	1 1 1	(1.4)
DIBRUGARH	Localised	66	(41.5)	409 9 26	(45.6)
(AMC)*	Regional	16	(10.1)	4	(7.0)
·	Distant	3	(1.9)	- 1 40-	
	Other	74	(46.5)	27	(47.4)
TRIVANDRUM	Localised	55	(45.8)	15	(41.7)
(RCC)*	Regional	33	(27.5)	11	(30.6)
(1100)	Distant	20	(16.7)	7	(19.4)
	Other	12	(10.0)	3	(8.3)
BANGALORE	Localised	17	(7.4)	. 18	(9.1)
(KMIO)*	Regional	131	(56.7)	102	(51.8)
(111110)	Distant	24	(10.4)	25	(12.7)
	Other	59	(25.5)	52	(26.4)
BOMBAY	Localised	315	(63.1)	178	(61.6)
(TMH)*	Regional	121	(24.2)	72	(24.9)
(TIVITY)	Distant	41	(8.2)	19	(6.6)
	Other	22	(4.4)	20	(6.9)
MADRAS	Localised	59	(40.1)	16	(26.2)
(CI)*	Regional	51	(34.7)	25	(41.0)
(OI)	Distant	25	(17.0)	13	(21.3)
	Other	12	(8.2)	7	(11.5)

#Localised = code 'Localised'; Regional = codes 'Direct-extension, Regional lymph nodes involved', and both combined; Distant = codes 'Distant Metastasis, Too Advanced'

3.10d Cancer Stomach:

Gastric cancers, like those of the oesophagus and lung, are often diagnosed after the disease has disseminated from its primary site of origin. The inherent anatomy of the stomach, its "internal" location, the "silent" nature of the early disease, and the reasons mentioned earlier in sections 3.1-3.5 are factors in the late stage at which the disease is first diagnosed.

Proportions of "Others" are moderate, but not as high as with breast cancer except in Dibrugarh and Bangalore. Stomach cancer may mimic other diseases and be treated as peptic ulcer, gastritis or cirrhosis before the patient presents at the cancer centre. This too, may be a factor in late diagnosis.

The main points, given these limitations in interpretation, (Table 3.10d, Fig. 3.10) are, first, the high frequencies of distantly spread disease in all those registries where gastric cancer is high in incidence or frequency (Bangalore, Madras, Trivandrum, Bombay). Second, the 24% male and 16% female "localised" cases in Bombay should be viewed with caution for reasons similar to those mentioned earlier in the oesophageal and lung cancer sections (misclassification, previous treatment not recorded, etc.).

Fig. 3.10

THATEIG BISTANT

^{*}HCRs = Hospital Cancer Registries; PGI = Post-Graduate Institute; AMC = Assam Medical College; RCC = Regional Cancer Centre; KMIO = Kidwai Memorial Institute of Oncology; TMH = Tata Memorial Hospital; CI = Cancer Institute

TABLE-3.10d EXTENT OF DISEASE-CANCER STOMACH: NCRP (ICMR), 1984, HCRs*

Registry	Category		lale	enerally distant	Female
.bet		ly in Classificat	(%)	enerally distanc and ⁿ after regist	(%
CHANDIGARH	Localised #	2	(4.4)		
(PGI)*	Regional	30	(66.7)	10	(58.8)
	Distant	13	(28.9)	. 7	(41.2
	Other	_		<u> </u>	(11.2
DIBRUGARH	Localised	1	(1.9)	_	
(AMC)*	Regional	9	(17.0)	3	(14.3)
	Distant	9	(17.0)	1	(4.8)
	Other	34	(64.2)	17	(81.0)
TRIVANDRUM	Localised	15	(14.6)	6	(12.5)
(RCC)*	Regional	28	(27.2)	16	(33.3)
	Distant	47	(45.6)	18	(37.5)
	Other	13	(12.6)	8	(16.7)
BANGALORE	Localised	7	(5.0)	1	(2.0)
(KMIO)*	Regional	31	(22.3)	11	(22.4)
	Distant	43	(30.9)	18	(36.7)
	Other		(41.7)		(38.8)
BOMBAY	Localised	32	(23.7)	8	(15.7)
(TMH)*	Regional	16	(11.9)	5	(9.8)
	Distant	36	(26.7)	21	(41.2)
	Other	51	(37.8)	17	(33.3)
MADRAS	Localised	17	(12.3)	5	(10.6)
(CI)*	Regional	30	(21.7)	13	(27.7)
	Distant	66	(47.8)	18	(38.3)
	Other	25	(18.1)	11	(23.4)

#Localised = code 'Localised'; Regional = codes 'Direct-extension, Regional lymph nodes involved', and both combined; Distant = codes 'Distant Metastasis, Too Advanced'

*HCRs = Hospital Cancer Registries; PGI = Post-Graduate Institute; AMC = Assam Medical College; RCC = Regional Cancer Centre; KMIO = Kidwai Memorial Institute of Oncology; TMH = Tata Memorial Hospital; CI = Cancer Institute

3.11 SUMMARY AND CONCLUSION

The data item "Clinical Extent of Disease at First Diagnosis" was analysed under four groups of consolidated codes: 'Localised', 'Regionally Spread', 'Distantly Spread', and 'Other'. The last included cases coded "in situ, not palpable, not applicable, treated elsewhere, and unknown". Since the code "treated elsewhere" is yet to be printed on the hospital registry forms, it is possible some previously treated patients may not be included in the "other" category. Cross checking with the specific item on previous treatment and chart-abstract correlation might be two ways of checking on this data's quality.

Most cancers in India, as expected, are diagnosed after regional or distant spread of the disease. Chandigarh records the least (16%) in the "Other" group in males and with Madras, the least (16%) in females. Dibrugarh registers the most "Other" males (54%) and females (58.5%). The remaining registries range from 20-30% "Other" males and 23-36% for females. Breast cancer probably accounts for the higher frequencies of "Other" category patients in Bombay, and for lower male: female ratios of regionally and distantly spread disease in Bombay compared to Bangalore and Madras.

Cervical and breast cancers are more frequently diagnosed when "localised" in Bombay and Trivandrum females, an observation also made in 1983, but needing validation over time and by on-site review. Distant spread is more frequent in breast than cervical cancers except in Bombay, and regional spread more common in cervical than breast cancers, in all registries. Most laryngeal & hypopharyngeal cancers are diagnosed when regionally spread.

Data from anatomically less accessible organs like lung, oesophagus and stomach need validation especially for the implausibly high proportions of "localised" cancers. Gastric cancers are generally diagnosed after distant spread has occurred. All observations need validation over time and after registry-wide uniformity in classification and coding is ensured.

					*
					(8.88)
	Design	. 13			
					(8.4)
			(64.2)	73	
,			(46.13)		
	other .				
BOMBAY	Localised				
	Regional				
					(41.2)

Localised = code Localised Regional = codes Direct-extension, Regional lymph godes involved , and both combined; Distant = codes Distant Metastasis, Tog Advanced

3.11 SUMMARY AND CONCLUSION

The data item "Clinical Extent of Disease at First Diagnosis" was analysed under four groups of consolidated codes: 'Localised,' Regionally Spread', 'Distantly Spread', and 'Other.' The last included cases coded "in situ, not palpable, not applicable, treated elsewhere, and unknown". Since the code "treated elsewhere" is yet to be printed on the hospital registry forms, it is possible some previously treated patients may not be included in the "other" category. Cross checking with the specific item on previous treatment and chart-abstract correlation might be two ways of checking on this data's quality.

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^{*}HCRs = Hospital Cancer Registries, PGI = Post-Graduate Institute, AMC = Assam Medical College, RCC = Regional Cancer Centre: KMIO = Kidwai Memorial Institute of Oncology, TMH = Tata Memorial Hospital: CI = Cancer Institute

PART II **INDIVIDUAL REGISTRY DATA FOR 1984**

NATIONAL CANCER REGISTRY

MAP OF INDIA

POPULATION - BASED CANCER REGISTRY

P) · DELHI

LOCATION OF POPULATION BASED AND HOSPITAL

BANGALORE **BOMBAY MADRAS**

HOSPITAL CANCER REGISTRY

CHANDIGARH DIBRUGARH TRIVANDRUM **BANGALORE (KMIO) BOMBAY (TMH)** MADRAS (CI)

ABBREVIATIONS:

Age Not SpecifiedCrude Incidence Rate ANS

CR

AAR - Age-Adjusted (World Population) Incidence Rate

TCR - Truncated Age-Adjusted (35-64 years) (World Population) Incidence Rate

KMIO - Kidwai Memorial Institute of Oncology

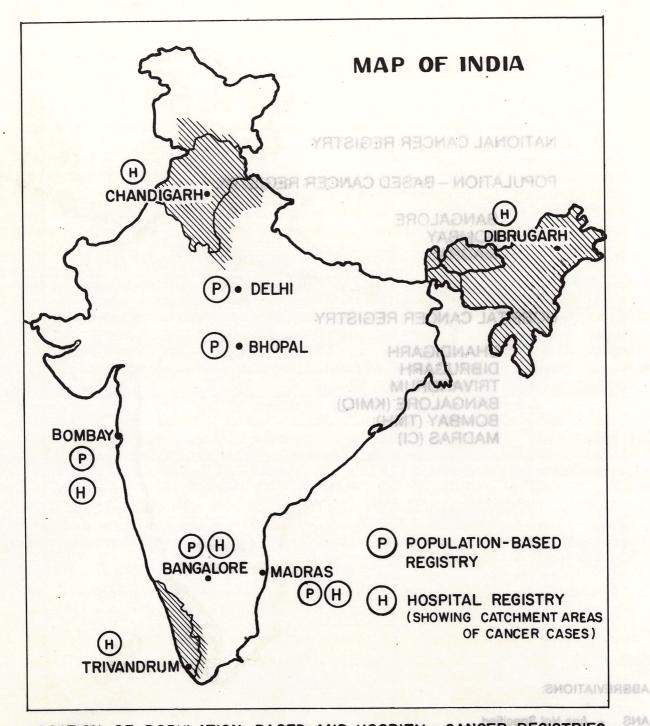
(SHOWING CATCHMENT AREAS

OF CANCER CASES)

TMH - Tata Memorial Hospital

CI - Cancer Institute IN INDIA.

HUDYVIOUAL REGISTRY DATA FOR 1984



LOCATION OF POPULATION-BASED AND HOSPITAL CANCER REGISTRIES IN INDIA.

KMIO - Kidwai Memorial Institute of Oncology TMH - Tate Memorial Hospital

TMH - Tate Memorial Ho
CI - Cancer Institute

TCR

SOME BOS SOS NATIONAL CANCER REGISTRY

The National Cancer Registry is a Project of the Indian Council of Medical Research (ICMR). The Project was initiated in February, 1980 when ICMR formulated its new research policy in cancer research. An urgent need for strengthening the existing cancer registries and organising new cancer registries in different regions of the country, was recognized.

The immediate objectives of this Project are to provide reliable data on (i) morbidity rates in different regions of the country, (ii) incidence rates according to sex, age, anatomical site and histological types of cancer for selected sites, (iii) patterns of different types of cancer through ratio studies, in various population sub-groups taking into account religion, language, education and other variables, and (iv) stage of disease when patients come to hospital for treatment. The long-term objective of the project is, however, much wider in its scope. The Project is to provide a research base for development of appropriate strategies for all important aspects of a National Cancer Control Programme, viz. (i) primary prevention, (iii) early detection, (iii) effective treatment and (iv) survival rates.

With these objectives in view, the ICMR decided to support the Bombay Cancer Registry which was founded in 1963 by the Indian Cancer Society and to establish two additional population-based cancer registries in Bangalore and Madras. Criteria for selection of Bangalore and Madras centres were the ability and personal influence of the registry chiefs to coordinate a population-based cancer registry system; a hospital medical records department was in operation in their institutes for several years; availability of population census; and existence of a death reporting system.

The ICMR also decided to organise three hospital registries in Chandigarh, Dibrugarh and Trivandrum. These centres were selected as of special epidemiological interest and to encourage them to develop as a population-based registry system in the course of time.

All these registries started uniform collection of minimum data using a predesigned core proforma from 1st January, 1982. The ICMR has made a liberal provision of staff for this purpose and has also arranged an ongoing programme for their training and continuing education.

As mentioned in 1983 Annual Report of NCRP, separate core proformas were adopted for use by population-based and hospital registries from January 1, 1984.

Three additional hospital registries were established at institutions which were serving as bases for population registries at Bangalore, Bombay and Madras. These institutions are (i) Kidwai Memorial Institute of Oncology (KMIO), Bangalore, (ii) Tata Memorial Hospital (TMH), Bombay, (iii) Cancer Institute (CI), Madras. This report includes the data of these additional hospital registries for the year 1984.

A new population-based registry has been established at Institute Rotary Cancer Hospital (IRCH), Delhi. A special cancer registry has also been set-up at Gandhi Medical College, Bhopal in the aftermath of the Bhopal gas tragedy. These new registries have started collecting data on cancer patients from January 1, 1986.

Map of India shows the location of these 11 registries, 5 PBCR and 6 HCR (page 38).

Cancer registration in India is active in that registry staff regularly have to go to original sources and often interview cancer patients to elicit desired information.

Cases are registered from the main cancer hospital, other general hospitals, and private nursing homes. Death certificates are also scrutinised. The information for each individual case has to be collected on a proforma. Each registry is required to register all cancer patients resident in the area, in its registration area of coverage, and seen in every hospital in the area. It is also required to copy all death certificates of residents dying within or outside the area on which cancer is mentioned. The three population-based registries commonly define 'resident' as persons who have been living in the defined area for one year or more.

All registries are required to report all malignant neoplasms in ICD-O and ICD-9. They are also asked to collect complete information about the extent of disease, diagnostic procedures and treatment at the reporting institution.

Each registry is required to consolidate all data concerning an individual cancer case, with the exception of duplicate information, into one record. These records are then sent to the Technical Wing of the National Cancer Registry, Bombay. After scrutinising the basic data so received for consistency by the Technical Wing, the data is subjected to quality control checks for legitimate codes, and processed, using a computer.

The Project is co-ordinated by an Operational Wing at the ICMR Headquarters office in New Delhi and a Technical Wing located at the Tata Memorial Hospital in Bombay. The Chiefs of the different registries with their senior staff, Technical and Operational Wing members, Steering Committee members and WHO Consultants, annually meet to discuss the progress of the Registry Project.

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POPULATION-BASED CANCER REGISTRY: BANGALORE

The Bangalore population-based cancer registry was established at the Kidwai Memorial Institute of Oncology (KMIO) on the 1st August, 1981 as a joint project with the Indian Council of Medical Research. Regular compilation of data began from 1st January, 1982.

Bangalore, an urban agglomerate, is the Capital city of Karnataka State in the south of India, occupying an area of 191 sq.kms., between 12° 58' North and 77° 38' East. It has an altitude of 914.4 meters above sea level. The 1981 decennial census enumerated 2.91 million persons (52.8% males, 47.2% females), with a ratio of 894 females per 1000 males. Bangalore City experienced a decennial growth rate of 76.2%, one of the highest in the country. The literacy rate in the general population is 62.9% (69.2% males, 55.9% females). Major language groups in this cosmopolitan city are, Kannada, Tamil, Urdu and Telugu. Population consists of Hindus, Muslims, Christians, Jains and other religious communities.

Most educational and medical services have been concentrated in this area for a number of years. With 134 hospitals and nursing homes and 1131 general medical practitioners, the city has better medical facilities than the other regions. The Kidwai Memorial Institute of Oncology was established in 1973 by the Karnataka State Government. It has a bed strength for 190 cancer patients and provides cobalt-60 teletherapy treatment. The KMIO has well equipped pathology department and most cancer cases in Bangalore city are likely to be identified and confirmed here.

Most of the cancer cases are provided by the KMIO; cases are also obtained from various other hospitals and nursing homes in the city. Additional information for cancer cases is provided by ten corporation units including one main unit through death certificates.

Collection of data is carried out with the assistance of a Medical Officer, a Statistician and Social Investigators. Their main task is to check identity parameters with the patients themselves, particularly place of residence. The use of an index card helps in eliminating duplicates. There is a regular time table of visits to other hospitals by a field supervisor and social investigators. The data is mainly collected from medical records, pathology and radiology departments.

Dr. M. KRISHNA BHARGAVA, Project Chief

Dr. A. NANDA KUMAR, Senior Research Officer,

Mr. K. RAMACHANDRA REDDY, Bio-Statistician

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YEAR : 1984

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142 SALIVARY	• •	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.1	0.0	0.0	9.3	0.0	13.0	9.7	1.0	4.0	2.0	1.1
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46 OROPHARYN	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	2.2	0.0	0.0	0.0	0.0	.7.1	0.2	0.4	0.7
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48 HYPOPHARY	•	0.0	0.0	0.0	0.0	0.0	2.0	0.0	0.0	2.0	2.2	7.9	6.9	27.8	0.0	0.0	0.8	1.8	2.6
49 PHARYNX E	0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
50 OESOPHAC	0	0.0	0.0	0.0	0.0	0.7	2.0	3.3	12.3	25.5	19.8	35.4	37.7	55.6	9.09	64.0	2.3	10.7	20.6
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55 LIVER	0.0		0.0	0.0	0.0	0.7	0.0	0.0	1.5	2.0	9.9	0.0	0.0	6.9	0.0	0.0	0.5	0.8	1.7
56 GALLBLADD	0		0.0	0.0	0.0	0.0	0.0	1.1	0.0	0.0	2.2	0.0	6.9	0.0	0.0	0.0	0.3	0.5	1.5
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61 LARYNX	0.0	•	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	4.5	0.0	0./	0.00	2.0	0.0	L. 2
	0.0	0.0	0.0	0.0	0.0	1.0	0.0	1.0	0.1	0.0	000	0.0	13.7	72.0	1.0.0	4.07	7.7	6.7	0.0
SA THYMITS							0.0	000	000	000	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
OTHER	BES 0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
BONE	0		0.0	0.0	1.2	1.4	1.0	1.1	0.0	3.9	4.4	3.9	6.9	6.9	1.6	0.0	1.0	1.6	3.1
	0	•	0.0	0.0	0.0	0.7	1.0	0.0	3.1	2.0	2.2	3.9	6.9	0.0	0.0	0.0	9.0	1.0	2.7
SKIN	0	•	0.5	9.0	0.0	0.0	0.0	0.0	1.5	2.0	0.0	3.9	0.0	0.0	0.0	0.0	0.3	0.5	1.2
SKIN O	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.5	2.0	80.0	9.0	10.3	20.8	0.0	21.3	1.0 0.7	2.3	ر. ام د. و
BREAST	FE 0.0	0.0	0.0	000	D . C	0.0	0.0	4.07	20.4	3.0	2 2	3 9	7.00	6.30	15.1	14.2	8.0	1.5	1.6
CEDVIX					0 0	4.3	22.1	29.8	64.5	78.6	90.4	53.2	102.8	180.6	37.8	42.6	18.7	34.0	81.1
1 PLACENTA	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
32 BODY UTER	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.5	0.0	8.8	3.9	6.9	6.9	22.7	0.0	0.8	1.6	3.1
83 OVARY	0	0.5	0.0	1.8	2.4	1.4	3.0	3.3	9.5	21.6	4.4	7.9	50.6	69.5	12.1	0.0	3.6	6.5	11.0
	0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	3.1	2.0	4.4	0.0	13.7	6.9	0.0	0.0	0.7	1.3	3.5
38 URI BLADD	0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	2.0	7.7	0.0	0.0	13.9	1.0	0.0	200	D C	0.0
S KIDNEY		0.0		0.0		4.0	0.0	0.0	0.0	0.0	4 0	0.0	000		0.0	0.0	000		0
O EXE		0.0		0.0		0.0	0.0	0.	3.0		2.0	000	3.0	000	000	000	2	1.1	2
		20.0				0	0.0	10.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0
	ט ט	0.0		1.2	1.2	1.4	2.0	1.1	10.8	3.9	4.4	7.9	17.1	20.8	22.7	21.3	2.4	4.2	7.0
	0 0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0
	0 8	0.0		0.0	0.0	0.7	0.0	0.0	0.0	0.0	2.2	3.9	0.0	0.0	0.0	0.0	0.5	0.3	0.0
SEC	0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SEC	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		000	0.0	0.0		000		
98 SEC OTHER	2			0.0	2.0	0.0	0.0	4.4	12.3	15.7	57.3	78.6	85.6	55.6	75.7	35.5	8.2	15.9	36.7
	0			0.0	0.0	0.7	0.0	0.0	1.5	2.0	0.0	3.9	6.9	0.0	15.1	7.1	9.0	1.1	2.1
01 HODGKIN	0	0.0		9.0	0.0	0.7	1.0	0.0	0.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.4
32 OTH LYMPH	0			0.0	0.0	0.0	0.0	0.0	0.0	2.0	0.0	7.9	3.4	0.0	0.0	0.0	0.3	9.0	1.8
03 MULT MYEL	0	•		0.0	0.0	0.0	0.0	1:1	0.0	0.0	2.2	11.8	0.0	6.9	0.0	0.0	4.0	0.0	2.1
14 LEUK LY	0	•		0.0	0.0	0.7	1.0	1:1	0.0	2.0	0.0	0.0	4.0	0.0	0.0	0.0	0.0	0.0	1.0
	0	000			0.0	0.0	0.0	0.0	0.0	000	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
LEUK	0			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
208 LEUK UNS	0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.2	0.4
	=======================================			======	======	======	======	======	=====:	======		======	======	=====:	=======		======		

YEAR: 1984	2.0
YEAR	0.0
	(ICD.9)
SEX : MALE	SITE
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O O SE	INCIDENT CASES OF CANCER BY MOST VALID BASIS OF DIAGNOSIS AND SITE (ICD.9)
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	BASIS
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BANGAL	MOST
'RY I	BY.
REGIST	CANCER
CER	OF
D CAN	CASES
POPULATION-BASED CANCER REGISTRY BANGALORE	INCIDENT CASES OF CANCER BY MOST VALID BASIS OF DIAGNOSIS AND SITE (ICD.9)

INCIDENT CASES OF		CANCER BY	MOST VAL	9	BASIS OF	DIAGNOSIS AND	!!	SITE (ICD.	9)	0.0	9	0 . 0
S	MICRO	MICROSCOPIC n %	9 6	X-RAY	CLIN	CLINICAL ONLY n %		OTHERS n	D.C.0	.0.	E G	TOTALS
	2	100.00	0	11 .	0	0.	0		0	11 .	2	0.
141 TONGUE	22	91.67	00	0.00	20	8.33	00	0.00	00	0.00	24	100.00
			00		0		00		0		2	
FLOOR		•	0		00 0.0		0		0	0.	9	
	25	96.15	0	0.00	0 1	•	00	0.00	00	0.00	26	100.00
40 OKOFIHARINA 47 NASOPHARYNX		85.71	10	0.00	7	. 7	00	00.00	0	. 0	1	
	48	85.71	4		2	0	0		2	.5	26	
(0)		57.14	0.0		0 0 0	0.00	0	0.00	e 4	42.86	70	100.00
O OESOPHAGUS		64.10	21	26.92	٠ و	3.85	0	0.00	4 7	5.13	105	100
151 SIUMACH 152 SMALL INTESTINE	1	100.00	7 0		0	0.00	0	. 0	0	.0.	101	100.00
- 50		75.00	0	00.0	2 0.6	8.33	0	00.0	4	9	24	100.00
		76.00	-	4.00	3	12.00	0	0.00	25	8.00	25	100.00
S LIVER	24	64.86	m c	8.11	00		00	00.00	OT	27.03	3/	100.001
	4	50.00	0		2 0	25.00	00		7	25.00	1 00	100.00
	4 0.0	0	0		0	0.00	0		1 1	20.00	2	100.00
	0.0 20.0	m	0		E 0 0.6	0.00	0		10	16.67	9	100.00
	2 01	83.33	00	00.00	0 4	0.00	00	00.00	F	12 50	32 0	100.00
1 LAKINA	2 2 5	71 08	0 0	12.05	00	2.41	00		12	14.46	83 83	100.00
	7	50.00	0		0	0.00	0	0.00	7	50.00	2	100.00
	0.0 214	100.00	0		0 0.0	0.00	0		0	0.00	7	100.00
5 OTHER RES SYS	0.0.0	00-00-	0	00.00	000	0.00	00	00.00	0	0.00	0 [0.00
	16 0.0	8 6	00			00.0	00	. 0	7	5.88	17	100.00
	0	00.0	0		00 2	00.0	0	00.0	0	00.0	0	0.00
	0.0 15 0.	100.00	0		0 0 0 0	0.00	0	0.00	000	0.00	15	100.00
	0.0 20.0	66.67	0	0.00	10 7		0	0.	0	0.00	m 5	100.00
5 PROSTATE	20	58.82	10	2.94	2	20.59	0	000	9 -	9 00	11	100.001
	13	72.22	00		1 4	22.22	00	00.0	1,0	5.56	18	100.00
	15	65.22	0	00.0	5	21.74	0	00.0	3	13.04	23	100.00
	6 0.0	0	0		0 2.1	0.00	0	0.00	01 8.	10.00	10	100.00
	0.0 10	0	0		0 0 0	0.00	0		0 0	00.00	٦,٢	100.00
BRAIN	0.0 77 0.0	75 00	0	0.00	0.0	00.00	0 0	00.00	0 -	00.00	77	100.001
3 THYBOTH GLAND	0.0 0.0	00.67	0 0	00.0	2 0	33.33	0		10	0.00	* 6	100.00
OTH END	7		00	00.0	10	0.00	0	. 0	0	00.00	2	100.00
	7	1	0		0	0.00	0	0.00	1	12.50	80	100.00
SEC LYMP	0 0 0	00.00	0	00.0	0 0.0	00.0	0	0.	0	00.0	0	0.0
SEC	0 0 0		0	0.00	0	0.00	0	0.	0 0		0	0.0
	0.00	0.00	0.0	0.00	0 0 0	0.00	00	00.00	0 2	0.00	0 0	100.00
FRIM ONE	23		0 0		00	00.00	00	00.0	0	0.00	23	100.00
	14		0		0	00.0	0		7		16	
	0.0 17 0-	0.8	0	0.00	3.7.10		0		9	25.00	24	
MULT	0.6 12	100.00	0		0	00.00	00	0.00	0		12	100.00
4 LEUK LYMPHATIC	0.0 14 0.0	87.70	0	00.0	0.0	00.0			4 0	12.50	1 1	100
LEUK	0	0	0		0		0		0		0	0.0
LEUK	m (0.0	00	0.00	0 0		00	0.00	00		m L	100.00
	۲	0	c		_		•		C			

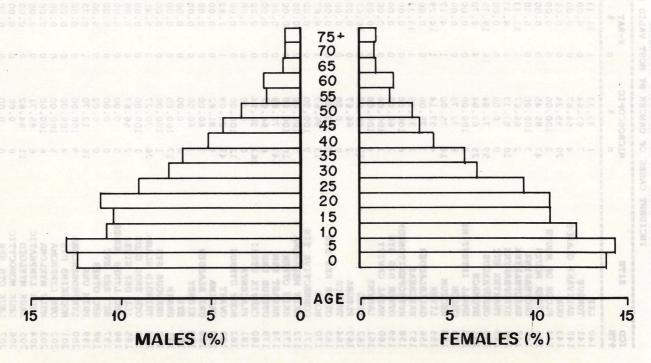
ICD	SITE	MICE	CROSCOPIC		X-RAY	CLIN	CLINICAL ONLY		OTHER	co.		0.0.0			10121	2
9TH	F		ф	п	ф	С				dp		п	dip		u	dЮ
ii			22 22		32 23								000		3]	00.00
	TONGIE	1	63.64	- 0	00.00	7 6	18.18		3 .	00.00		7	8.18	1	1 1	00.00
	SALIVARY GLANDS	4		0	00.00	7		0	0	0.00		0	00.0		1 9	00.00
		20	95.24	0	00.0	1	4.76	_		0.00		0	0.00	2		00.00
	FLOOR OF MOUTH	7		0	00.0	0	00.0	_		0.00		0	0.00		2 1	00.00
	OTHER MOUTH	47		0	00.0	7	12.73	_		0.00		1	1.82	2	5	00.00
	OROPHARYNX	3	100.00	0	00.0	0	00.0			0.00		0	0.00		3 1	00.00
	NASOPHARYNX	7		1	33,33	0	00.0			0.00		0	0.00		3 1	00.00
	HYPOPHARYNX	10	83.33	1	8.33	1	8.33	_	200	00.0		0	0.00	100	2 1	00.00
	PHARYNX ETC	0	00.0	0	00.0	0	00.0	_	7 4	0.00		0	0.00	400		0.00
	OESOPHAGUS		72.84	16	19.75	3	3.70		2 2	1.23		2	2.47	80		00.00
	STOMACH	29	63.04	4	8.70	9	13.04			2.17		9	13.04	4	9	
	SMALL INTESTINE		100.00	0	00.00	0	00.0	_	_	0.00		0	0.00		2 1	00.00
	NO.TOO	α		C	0.00	2	18.18			00.0		1	60:6	7	7	00.00
	BECHIN	0	75.00	, -	4 17	4	16.67		_	0.00		_	4.17	2	4	00.00
	TIME	-	57.14	- 1	14 29		14.29			0.00			4.29		7	100.00
	LIVER	3" (1. L	10	67.57	4 0	200	3 ()	A 100	000		-	00 30		- V	00 00
	GALLBLADDER	ກ ເ	00.67	۰ د	00.00	0 -	00.00	0	00	000					י כ	
	PANCREAS	7	33.33	٦,	33.33	٦ ٥	20.00			000		0 0			ייי	
	RETROPERITONEUM	9	T00.00	0	0.00	0	00.0	0	0	00.00		0			0 1	000
	OTHER DIG SYS	3	00.09	0	00.00	0	0.00		_	0.00		7	40.00		2	00.00
	NASAL CAVITY	1	100.00	0	00.00	0	00.0		_	0.00		0	0.00		_	T00.00
	LARYNX	4	100.00	0	00.0	0	0.00		_	0.00		0	0.00		4	00.00
	TING	12	66.67	~	16.67	1	5.56			5.56		7	5.56	7	8	100.00
	DI BILDA	,	66 67		000		000		-	000		_	33.33		3	00.00
	FLEURA	N (10.00		00.0	0 0	000			000			000			0
	THYMUS	0	0.00	0	0.00	0	00.0			000			000		0	
	RES SYS	0	0.00	0	0.00	0	0.00	3 3		0.00			00.0		ָ כו כ	
	BONE	13	86.67	I	6.67	0	0.00			0.00		1	10.0		0	00.00
	CONNECTIVE TIS	6	100.00	0	0.00	0	00.0		_	0.00		0	0.00		6	00.00
	SKIN MELANOMA	2	100.00	0	00.0	0	00.0		0	0.00		0	0.00		5	00.00
	CATN OWNED	16	100 00	c	00.0	0	0.00		•	00.00		0	00.0	7	9	00.00
	Man moved or	747	70 00		000	30	16 30			000		7	3.80	18	4	00.00
	BREADT FEM		10.00	0 0	000	2	16.67			000			16.67	-	, ,	
	UTERUS UNS	0		0	00.0	7 0	10.01			000		1 (000	1 0	1 1	000
	CERVIX UTERI	197	90.94	0 (0.00	07	16.0		2	00.0		0 0	00.0	70		
	PLACENTA	0	00.00	0	00.00	0	0.00		8	0.00		0	00.0	4	٠ م	0.00
	BODY UTERUS	12	100.00	0	00.0	0	00.0			0.00		0	0.00		7	00.00
	OVARY	49	89.09	1	1.82	3	5.45		000	0.00		7	3.64	5	2	100.00
	VACTNA	6	81.82	C	00.00	2	18.18		0	00.0		0	0.00	I	7	100:00
	TIPT BLANNED	۳,	60 00	-	00.00	0	00.00		0	0.00		2	40.00		5	00.00
	NEGOTIAL TWO	, ,	00.09	0 0	000	0	000			000		0	40.00		7	0.00
	NIDNEI	2	000	0 0	000		000			000			000			0
	H A A	0 !		0	00.0	0	000			000		0 0	000	-	, ר	000
	BRAIN	17	100.00	0	0.00	0	00.0			000		0 0	000	100		000
		7	100.00	0	0.00	0,	0.00			0.00		0	00.00	-		0.00
	THYROID GLAND	26	70.27	2	5.41	9	16.22		0	0.00		2	8.11	100		TOO.0
	OTH ENDO GLDS	1	100.00	0	00.0	0	00.0		0	0.00		0	0.00		7	100.00
	TI.I. DEP STTES	2	66.67	0	00.00	0	00.0		0	0.00		7	33,33		ر س	00.00
106	CEL TAMBH NODES				00.0	0	00.00		0	0.00		0	0.00		0	0.0
		0 0	000		000		000			000			000		0	0.0
		0	0.00	0	00.0	0	00.0			000		0 0	000		0 0	
	SEC OTHER	0	0.00	0	0.00	0 (00.0			0.00				-	,	
	PRIM UNK	16	12.70	1		7	1.59		0	0.00	TO			77	0	
	LYMPHOSARCOMA	0	100.00	0	0.00	0	0.00		0	0.00		0			. ע	00.00
	HODGKINS DIS	4	100.00	0	00.0	0	0.00		0	0.00		0			4	100.04
	OTH LYMPHOMA	2	100.00	0	0.00	0	0.00		0	0.00		0	0.00		2	100.00
	MULT MYELOMA	9	100.00	0	0.00	0	00.0		0	0.00		0	0.00		9	00.00
	LEUK LYMPHATIC	9	85.71	0	00.0	0	00.0		0	0.00		-1	14.29		7	100.00
		11	84.62	0	00.00	0	00.0		0	0.00		2	15.38	_	.3	00.00
		1	000		00 0		00.0			0.00		0	0.00		0	0.0
		0	00.00	0	0.00	0	00.00		0	0.00		0	0.00		0	0.0
	UNS	7	50.00	0	0.00	0	00.0		0	00.0		1	50.00		2	00.00
					========		=======	=====			====		======	=====	====	====
	STURE TOTALS	888		34		97			8		1	9		נוו	0	
ALL	SITES TOTALS	88		34		97			3		16	9		11		10
		75.38		7 0					2						•	
				2.89		8.23		0.2	ıc		13.2	4		100.0	00	

ESTIMATED RESIDENT POPULATION, BY AGE AND SEX IN BANGALORE (AS ON JULY 1, 1984)

ESTIMATED RESIDENT POPULATION BY AGE AND SEX AS ON 1 JULY 1984 IN BANGALORE TOTAL POPULATION (ALL RELIGIOUS COMMUNITIES)

AGE-GROUP	MA	LE	FEM	ALE	TOT	AL
(YEARS)	NUMBER	8	NUMBER	8	NUMBER	8
) - 4	213449	12.44	212936	13.85	426385	13.10
5-9	223524	13.02	221105	14.38	444629	13.66
10-14	185390	10.80	186032	12.10	371422	11.41
15-19	179341	10.45	164602	10.70	343943	10.57
20-24	191461	11.16	164143	10.67	355604	10.93
25-29	154143	8.98	140855	9.16	294998	9.07
30-34	126011	7.34	99612	6.48	225623	6.93
35-39	111940	6.52	90686	5.90	202626	6.23
40-44	88645	5.16	65116	4.23	153761	4.73
45-49	74165	4.32	50915	3.31	125080	3.84
50-54	57554	3.35	45376	2.95	102930	3.16
55-59	33100	1.93	25450	1.66	58550	1.80
60-64	34247	2.00	29196	1.90	63443	1.95
65-69	15451	0.90	14395	0.94	29846	0.92
70-74	14079	0.82	13212	0.86	27291	0.84
75+	13835	0.81	14072	0.92	27907	0.86
ANS	0	0.00	0	0.00	. 0	0.00
======= ГОТАГ	1716335	100.00	1537703	100.00	3254038	100.00

ANS = AGE NOT SPECIFIED



ESTIMATED RESIDENT POPULATION BY AGE AND SEX IN BANGALORE (AS ON JULY 1, 1984)

POPULATION-BASED CANCER REGISTRY: BOMBAY

The Bombay Cancer Registry was established in June, 1963 as a Unit of the Indian Cancer Society, Bombay, with the aim of obtaining reliable morbidity data on cancer from a precisely defined urban population (Greater Bombay). From January 1, 1982, the registry receives financial support from the Indian Council of Medical Research, New Delhi and now collects data on NCRP designed core-proforma.

The bulk of information is obtained on cancer patients from the Tata Memorial Hospital. Additionally, data is collected from 92 private and public hospitals in Bombay under the care of 315 specialists practising in the city (115 surgeons/physicians, 40 pathologists, 35 radiologists and 125 gynaecologists).

General Medical practitioners are not contacted individually, as according to local practice, only the specialists assume charge of cancer patients in the private hospitals and nursing homes of Greater Bombay.

Staff members of the registry personally visit the wards of all cooperating hospitals, at least once a week, to interview each cancer patient. All files maintained by the various departments of these hospitals are also cross-checked. Care is taken to prevent duplicate entry of a patient already registered in the record files through a name index card system.

With the exception of the Tata Memorial Hospital for cancer at Bombay, hospital out-patient records are not included in the registry records, because of a paucity of clinical details and lack of information on residential status of patients attending these clinics. Cancer patients are not followed up by the registry.

Supplementary information is taken from the death records maintained by the Bombay Municipal Corporation. Death certificates are available for copying one year after death. This makes it possible to check on a number of missed cases. "Cancer" deaths are matched with the registry files and unmatched deaths counted as incident cases for the corresponding year.

Greater Bombay, occupying an area of 603 square kilometers, has an estimated resident population of 9.3 million on July 1, 1984; approximately 68.8% are Hindus, 14.1% Muslims, 6.3% Christians, 4.8% Neo-Buddhists, 4.1% Jains, 1.1% Parsis (Zoroastrians) and 0.8% others. Although Bombay is the most cosmopolitan city in India, major language groups are: Marathi, Gujarathi and Hindi.

Greater Bombay is an island, situated betwen latitudes 18° 5' to 19° 1' north and longitudes 70° 4' to 73° east.

Dr. D. J. JUSSAWALLA, Project Chief Mr. B. B. YEOLE, Senior Bio-Statistician Mr. M. V. NATEKAR, Bio-Statistician

POPULATION-BASED CANCER REGISTRY BOMBAY

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THYMUS	co.		0.0	0.0	0.0			2	0.0	0.5	0.0	0.0	0.0	0	0.0	0.1	0.1	0.2
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		9.0	0.2	8.0	0.7	1.0	0.8 1	2 2.	1 0.3	2.0	4.8	7.3	5.4	6.10	15.0	1.2	8.10	0.7
2 SKIN MELA		0.0	0.0	0.0	0.0	0.0	0.0	0.0	3 0.0	0.0	1.0 3.2	0.0	0 00	1 -	20.1	0.7	1.4	2.5
3 SKIN OTH		0.0	0.0	0.0	7.0	7.0	0.0		0	0.0	0.8	2.4	7.2	4.1	0.0	0.5	0.4	0.4
S BREAST MA					0.0	0.0	0.0	0.0	0 0.7	3.5	4.8	12.1	35.8	57.0	210.7	2.2	7.3	2.9
	-	0.0	0.0	0.4	8.0	1.0	2.6 (0.5 0.	6 0.7	1.0	1.6	2.4	0.0	6.1	10.0	8.6	1.0	1.1
PEN		0.0	0.0	0.0	0.0	1.0	1.3	1.2 0.	6 3.3	4.0	4.0	4.8	9.0	1.8.1	35.1	7.1	1.7	0.7
			0.0	0.0	0.0	0.2	0.3	1.5 2.	6 2.0	7.0	8. 7	25.4	23.3	18.3	1001	0 0	0.0	2.0
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		•	0.0	0.0	0.5	4.0	8.0	1.0	2.0	0.0	0.0	12.1	10.8	12.2	20.1	1.2	2.3	4.1
SEC		•	0.0	0.0	0.0	2.0	2.0	0.0	0.7	2.0	0.0	4.8	7.2	2.0	5.0	0.3	0.7	1.1
SEC OTHER	¥.	•		0.0	2.0	0.2	0.0	0.0	0.0	1.5	1.6	2.4	1.8.	2.0	0.0	0.2	0.4	8.0
10 LYMPHOSA		0.0	9.0	8.0	0.7	0.5	0.8	0.5 0.	.9 2.0	4.0	5.6	1.2	0.6	4.1	10.0	0.0	1.5	2.1
1 HODGKINS		•	9.0	0.3	0.3	1.0	1.8	0.7	.9 1.3	0.5	2.4	4. c	10.8	9.5	25.1	0.0	1.7	
12 OTH LYME		9.0	0.5	1.0	0.7	9.0	0.0	0.7	2.3	7.0	4.6	7.7	0.0	2.0	10.01	4.0	8.0	1.7
MULT		•	0.0	0.0	0.0	7.0	0.0	2.0	0	3.0	1.6	3.6	5.4	12.2	10.0	1.4	1.9	1.4
LEUK		•	1.1	1.0	0.0	1.0	7.0	1.0	2 2 0		2.6	7.3	7.2	6.1	15.0	1.4	2.0	2.5
S LEUK MYEL		0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
LEUK	,	0.0		0.2	0.2	0.0	0.0	0.0 0.0	0.0 0.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		•	0.0	0.0	0.0	9.0	0.3	0.2 0.	.0 0.3	1 0.5	0.0	1.2	0.0	0.0	15.0	0.4	0.0	2.0

40 LIP				15-19	#7-07	62-57	30-34	35-39	40-44	45-49	50-54	55-59	60-64	69-69	70-74	75+	CR	AAR	TCR
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	9.0	0.0	2.4	0.0	0.0	0.0	0.0	0.1	0.2	0.5
42 SALIVARY	0.5	0.0	0.0	0.5	0.0	0.0	0.3		1.3	7.0	0.0	2.4	10.8	8.0	2.4	26.3	1:1	2.5	
GUM	0.0	0.0	0.0	0.0	0.0	0.0		9.0	6.0	9.0	4.5	3.6	6.7	2.0	2.4	0 00	0.0	4.0	0.0
FLOOR	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0		0.0	0.0	0.0	0.1	0.0
	0 0	0.0		0.0	0.0	9.0		2.1	4.0		6.6	8.3	5.4	12.0	7.2	0.0	1.7	2.7	6.5
7 NASOPHARY	0	0.0	200	200		2.0		0.0	8.10	9.0	9.0		1.3	0.0	0.0	0.0	0.5	0.3	0.9
148 HYPOPHARY	0 /	0.0	0.2	0.0	0.2	9.0		2.4	1.3	20.00	7.2	0.9	4.0	0.0	0.4	0 0	7.0	7.0	4.0
	0	0.0	0.0	0.0	0.0	0.0		6.0	0.4	1.2	3.6		4.0	2.0	0.0	13.1	0.5	1.0	7.6
OESOPHAG	0	0.0	0.0	0.0	0.2	0.3		1.5	5.3	15.3	26.0	23.8	35.0	40.0	45.8	56.9	4.2	8.4	16.1
STOMACH	0	0.0	0.0	0.0	0.5	1.7	0.7	3.0	2.7	6.7	6.3	8.3	13.5	22.0	9.6	52.5	2.1	4.0	6.2
2 COLON	0 0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	9.0	0.9	0.0	1.3	0.0	2.4	8.8	0.2	0.4	0.4
4 RECTIIM		000	0.0		7.0	0.0	5.0	1.2	1.3	3.7	7.2	2.4	9.4	18.0	14.5	39.4	1.4	2.9	3.9
5 LIVER	0	0	7.0		0.0		0.0	200		2.4	0.6	0.0	4.6	10.0	7.7	26.3	1.2	2.4	4.5
6 GALLBLADD	0	0.0	0.0	0.0	0.0	0.0			000	* "	2.6	0.4	L. 1	0.0	4.7	30.6	0.0	1.5	1.7
7 PANCREAS	0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.4	1.2	0.0	3.6			0.0	21.9		1.0	4.0
8 RETROPER	0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.9		6.0	3.6	1	4.0		1	000	7 - 0	0.7
9 OTHER DIG	0	0.0	0.0	0.0	0.0	0.0		0.3	0.0		0.0	1.2	0.0	0.9	2.4	4.4	2.0	* 4	0.10
NASAL	0	0.0	0.0	0.0	0.5	0.3	0.0	6.0	6.0		1.8	1.2	5.4	4.0	7.2	4.4	9.0	- 0	2 0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.4	2.4	4.5	3.6	5.4	6.0	7.2	00	9.0	7.3	0
2 LUNG	0.0	0.0	0.0	0.0	0.0	9.0	0.7	1.2	1.3	2.4	7.2	19.1	13.5	32.0	16.9	35.0	0	0.4	, "
3 PLEURA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
THYMUS	0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
OTHER RE	s 0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			0.0	0.0	0.0	0.0	0.0	0.0	0
	0	9.0	1.2	2.3	0.2	0.3	0.0	0.0	0.4	0.0	6.0	1.2	5.4	2.0	0.0	0.0	0.7	0.8	1.1
CONNECTIV	0	0.5	0.4	0.5	0.5	9.0	0.3	1.2	0.0	1.8		2.4	4.0	2.0	0.0	0.0	0.5	0.7	1.4
SKIN MELA	· ·	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	9.0	2.7	0.0	0.0	0.0		0.0	0.1	0.2	9.0
4 RREAST FF		000	0.0		1.0	2.0	20.0	9.0	8.4	2.1.0	3.6	8.4	1.3	4.0		4.4	0.7	1.1	2.2
		0.0	0.0		7.0		11.4	10.4	0.04	0.70	70.0	0.0	11.4	74.1	41.0	131.3	14.4	23.7	54.0
CERVIX	0	0.0	0.0	•	0.7	3.4	000	7 2	33.3	40 4	74.1	2002	20.4	2.07	7.1	0.0	9.0	7.7	9.7
PLACENT	0.0	0.0	0.0	0.0	0.7	0.9	0.0	0.3	0.4		0.0	0.0		100	0.0	0 0	0.21	17.4	7.04
	0	0.0	0.0		0.0	0.0		9.0	0.4	3.7		200		12.0		0.4	7.0	200	1.0 7
3 OVARY	0.0	0.0	9.0	•	0.7	1.4	2.3	2.4	4.4	18.3	24.2	21.4	21.6	16.0	16.9	26.3	3.7	2.9	7 2 2
VAGINA	0	0.0	0.0	•	0.2	0.0	0.3	0.3	6.0	9.0	2.7	1.2	6.7	8.0	9.6	17.5	7.0	4.	0 0
B URI BLADD	0	0.0	0.0	•	0.2	0.0		0.0	0.4	9.0	2.7	1.2	2.7	8.0	7.2	8.8	0.4	6.0	1.1
9 KIDNEY	1.5	0.0	0.0	•	0.2	0.0	0.0	0.0	0.4	1.8	0.0	1.2	2.7	0.0	2.4	4.4	0.5	0.7	6.0
O EYE	0.8	0.5	0.0	•	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0
BRAIN	0	2.0	0.2	•	0.5	9.0	0.3	1.8	6.0	1.2	5.4	3.6	2.7	0.0	4.8	8.8	1.1	1.4	2.4
92 NERVOUS S	00	0.5	0.0	•	0.0	0.0	0.0	0.0	0.0	9.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1
THIRDID	· ·	0.0	0.0	•	0.0	1.7	1.3	1.5	1.3	0.0		9.5		0.9	2.4	0.0	6.0	1.4	2.8
TIT DEF C	· ·	7.0	0.0	7.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0
SEC			000		0.0	0.0	0.0	0.0	4.0	0.0		7.7		0.4	9.0	æ .	0.4	6.0	1:1
SEC			000		000		,,,	200	* 0	2.7	F . 8	7.7	4.0	0.4.0	9.0	26.3	0.7	1.4	1.5
SEC OTHER						0.0				7.0	4.0	2. 1		12.0	0.0	26.3	L.3	2.5	4.0
PRIM	0	0.0	0.0						0.0	9.0	۸۰۰	10	4. 0	2.0	2° C	4.4	9.0	1.1	9.7
	0	0.2	0.0	2	0.2	0.0	0.3		4		000	2.0		0.0	7.7	13.1	2.0	0.0	0.0
HODG	0	0.2	0.0		0.0	0.3	0.3		0.4	1.2	1.8	2.4		4.0	2.4	0.0	4 4	9.0	1.2
	0.	0.0	0.0	2	0.5	6.0	0.7		0.0	1.8		0.9	4.0	0.9	12.0	13.1	* 6	9.0	2.2
03 MULT MYEL	0	0.0	•	•	0.0	0.0	0.0	0.0	0.4	0.0	1.8	3.6			4.8	8.8	0.4	1.0	1.2
LEUK	-i •	9.0	0.4		0.5	0.0	0.3		0.4	9.0		1.2	1.3	4.0	0.0	0.0	0.7	0.7	9.0
LEUK MYEL	00	9.0	•	•	0.7	0.3	1.3	1.5	0.0	1.8	3.6	0.9	4.0	0.9	7.2	4.4	1.2	1.6	2.5
LEUK		000	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	0.0	0.5			0.0	0.0		0.0	0.0	0.0	0.0	0.0	1.3	0.0	0.0	0.0	0.0	0.1	0.5
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140 LIP	010100044001010000100	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	17 8 8.33 0 0 0.00 0 0.00 0 0.00 0 0.00 10 9.26 9 9.09 9 9.09 16 67 18 18 56 47 24.87 16 18.18 18 18.18 18 28.57 10 0.00 0 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0 0	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	188 111 177 177 177 177 177 177 177 177	10.00 0.00 0.00 0.00 0.00 0.00 16.67 10.65 11.64 12.50 12.50 10.00 10.00 12.94 12.94 12.94 12.96 12.94 12.96 12.96 12.96 12.96 12.96 12.96 12.96 12.96 12.96 12.96 12.96 12.96 13.00 14.00 15.00 16.00	C4C18868861668820097814780010	00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000 00.000
TONGUE SALIVARY GLANDS GUM GUM CTHER MOUTH SOCHER MOUTH SOPHARYINX NASOPHARYINX HYPOPHARYINX HYPOPHARYINX SMALL INTESTINE COLON GALLBLADDER PANCRAS LIVER GALLBLADDER PANCRAS LIVER GALLBLADDER LIVER GALLBLADDER PANCRAS LIVER FANCRAS LING FANCRAS LING FANCRAS LARYINX LARYINX LARYINX LARYINX LONG PLEURA THYMUS CONNECTIVE TIS SKIN MELANOMA SKIN MELANOMA SKIN MELANOMA SKIN MELANOMA STAN OTHER CONNECTIVE TIS SKIN MELANOMA SKIN MELANOMA STAN OTHER CONNECTIVE TIS SKIN MELANOMA STAN OTHER CONNECTIVE TIS SKIN MELANOMA SKIN MELANOMA THER CONNECTIVE TIS SKIN MELANOMA THER CONNECTIVE		0,0000000000000000000000000000000000000	1		000000000000000000000000000000000000000	200000000000000000000000000000000000000		000000000000000000000000000000000000000
TUNGUE TONGUE TONGUE			88 4 4 7 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9			200000000000000000000000000000000000000		000000000000000000000000000000000000000
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PLOOR OF MOUTH 18 100. OTHER MOUTH 92 85. OROPHARYNX 83 83. NASOPHARYNX 10 55. HYPOPHARYNX 178 81. PHARYNX ETC 20 55. STOMACH 105 57. STOMACH 105 57. STOMACH 29 40. LIVER 6100. GALLBLADDER 9 30. PANCREAS 58 65. LIVER 6100. OTHER 105 SYS 3 42. LARYNX 11 22. RASAL CAVITY 135 67. LARYNX 140 43. LARYNX 140 43. PLEURA 15 50. BONE CONNECTIVE TIS 50 81. SKIN MELANOMA 29 82.	00000 # C 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0.000000000000000000000000000000000000	9000104W4W40000W000000		200000000000000000000000000000000000000		
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NASOPHARINX 10 55. HYPOPHARINX 10 55. HYPOPHARINX ETC 20 65. OESOPHAGUS 103 54. SYCMACH 103 54. SMALL INTESTINE 6 100. COLON 34 53. RECTUM 58 65. LIVER 65. LIVER 66. PANCREAS 9 30. PANCREAS 1 1 2. RETROPERITONEUM 6 100. OTHER DIG SYS 3 42. NASAL CAVITY 135 67. LUNG PLEURA 135 67. LUNG PLEURA 135 67. LUNG PLEURA 15 50. SKIN MELANOMA 10 100. SKIN MELANOMA 177 777. BURDAST MAIR	100 % L 0 w l 0 l 4 c 0 c w l 0 c	, , , , , , , , , , , , , , , , , , ,	014470808007480004888 8888 110 010 110 110 110 110 110 110 110	2,000,000,000,000,000,000,000,000,000,0		000000000000000000000000000000000000000	218 336 324 324 324 324 324 324 324 326 336	
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COLON COLO	0 L W O O O W L O O O O C C C C C C C C C C C C C C C	001000000000000	.08400094200048680. 84000094200048680.	0.1.7.4.4.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0			643 888 888 300 324 324 100 100 100 100 100 100 100 10	
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CONNECTIVE TIS 50 8 SKIN MELANOMA 10 10 SKIN OTHER 29 8 BDFASC MAIR 7 7 7	100	1.64	8 13.11	0.0		2 20		100.001
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		00.0	00.00	0.0	0	0.00	2	0.00
	0 - 0	00.0	3 8.57	0.0	0	8.57	35	100.00
DADAG FRANK	0	0.00	00.00	11.1	1	11.11		100.00
PROSTATE 70 6	œ ·	96.9	21 18.26	5 4.3	11 0	70.0	115	00.001
TESTIS 37 8	0	4.76	2 4.76	1 2.3	90	0.00	7 7	000
54	0	0.00	5 8.33	טיס טי	1000	1.6/ 2.16	000	100
URI BLADDER	7.	2.11	10 10.53	0.00	000	2.10	70	100
	1	7.50	7 20 00		0.00	10.00		100.001
EXE 7.	0 . 7 . 0	00.0	00.02 2		1 00	8.00	100	100.00
MEDIALIS CVC 1 5	0.0	00.0	00.00	0.0	0.00		2	100.00
THE TOTAL STAND		00.0	6 27.27	0.0	0 8 0	0.00	22	100.00
OTH RIND GINS		0.00	1 50.00	0.0	0 00	0.00	2	100.00
TIT. DEF STEES	0 0	0.00	6 37.50	0.0	0 4	25.00	16	100.00
SEC LYMPH NODES 52 7	9 1 1	1.52	13.6	1 1.5	3	4.55	99	100.00
SEC	2	8.20	20 32.79	0.0	00 2		19	
2 J <u>o</u> 5	0	0.00	8 44.44	0.0		0.00	12	100
	00	0.00	1 58.33		* -	1 96	215	100
		00.00	1 1.90		2000	4.65	43	
201 HUDGKINS DIS 35 61.40		1 92	11 21 15	0.01	4	7.69	52	100.0
	0.0 0.0	5.26	7 36.84	3.60	0.80	5.26	19	100.0
203 MOLI MILLOMA 204 LEHIK LYMPHATIC 47 62.67	0 0	0.00	25 33.33	0.0	3	4.00	75	100.0
LEUK	0	0.00	21 28.38	0.0	9 00	8.11	74	100.00
LEUK	0 0	0.00	1 100.00	0.0	0 00	00.0	1	100.00
LEUK	0	0.00	1 50.00	0.0	0 0	0.00	7 0	100.00
208 LEUK UNS 2 26.32	7	00.0	. !!			• 11		. !

INCLUENT CASES OF CANCER BY MOST VALID BASIS OF DIAGNOSIS AND SITE (ICD.9)	TWO THE PROPER CANCER REGISTRY BUMBAY	O CHINCE	4	KEGIOIL	CIF	SOMBA	X			SEX	FE	SEX : FEMALE		YEAR	••
	INCIDENT	CASES	J.	CANCER	BY	MOST	VALID	BASIS	OF	DIAGNOSIS	AND	STTE	(TCD 9)		
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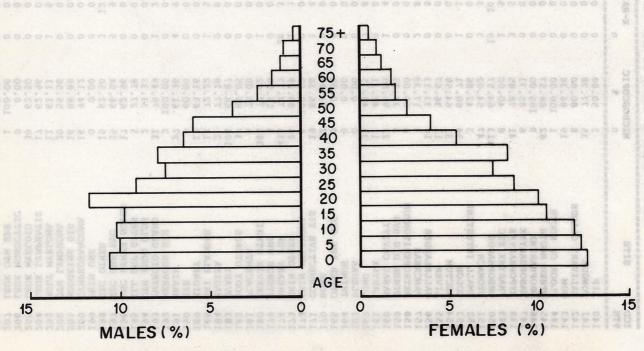
ANDS UTH TINE	2 50.00 8 80.00 19 86.36 1 100.00 6 2 88.57 9 100.00 6 85.71 41 78.85 41 78.85 42 47 54.02 3 42.86 3 42.86 3 42.86 3 42.86 11 36.67 10 33.33	000000				-			"	P	u	P
SALIVARY GLANDS GUM FLOOR OF MOUTH OTHER MOUTH OROPHARYINX HYPOPHARYINX HYPOPHARYINX PHARYINX ESOPHAGUS STOMACH STOMACH COLON RECTUM LIVER	V 8 9 4 5 9 9 9 4 8 8 7 8 8 7 8 4 1 1 0 9	00000	0.00	1	1 .	0	0	00	1	25.00	4	10
GUM PLOOR OF MOUTH OTHER MOUTH OTHER MOUTH OROPHARYINX NASOPHARYINX HYPOPHARYINX PHARYINX ETC OESOPHAGUS STOMACH STOMACH COLON RECTUM LIVER	001200188784110	0000	0.00	9 (13.33	0	0	00	4	8	45	
FLOOR OF MOUTH OTHER MOUTH OROPHARINX NASOPHARINX HYPOPHARYNX PHARYNX ETC OESOPHAGUS STOMACH STOMACH COLON RECTUM LIVER	1269188784110	000	00.00	10		. 0		000	0 -	0,1	10	0
OTHER MOUTH OTHER MOUTH OROPHARINX NASOPHARINX HYPOPHARYNX PHARYNX ETC OESOPHAGUS STOMACH STOMACH COLON RECTUM LIVER	209188784110	00	00.0	0	0.00	0	0	00	4.0	00.0	77	100.00
ONCOPHARINA UNASOPHARINA HYPOPHARINX PHARINX ETC OESOPHAGUS STOMACH COLON RECTUM LIVER	20188784110s	0	0.00	3	4.29	1	1.	43	4		70	100.0
HYPOPHARYNX PHARYNX ETC OESOPHAGUS STOMACH SMALL INTESTINE COLON RECTUM LIVER	0188784110		00.00	0.		0	0	00	0	0.	6	
PHARYNX ETC OESOPHAGUS STOMACH SMALL INTESTINE COLON RECTUM LIVER	18 m r m 4 1 1 1 0 4	» ~	0.00	-1 u	14.29	0	0.	00	0	0.00		100.00
OESOPHAGUS STOMACH SMALL INTESTINE COLON RECTUM LIVER	W C W 4 C O M M M	1	5.00	n m		10	i c	26	ν α	3.85	25	100.00
STOMACH SMALL INTESTINE COLON RECTUM LIVER	7 W 4 L L O 4	19	10.86	14		9	· m	43	23	13.14		100
COLON RECTUM LIVER	4 6 6 6 6 6	m	3.45	22	25.29	3	3.	45	12	13.79		100.0
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	0	0	00.00	0	26.67	2	• •	67	ם [10.42	48	100.00
GALLBLADDER	00 11	0	00.0	11	36.67	· m	10.	00	9	20.00	30	100
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OTHER DIE SVS	۰ ۵	0	0.00	m ·		0	0	00	11		10	100.00
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THYMUS	00.00	0		0	0	0 0		00	> -	00.00	> -	100.00
OTHER RES SYS	000	0	00.00	0	0.00	0	0.	00	0	00.00	0	0.00
BONE	2	0	00.00	3	10.00	0	0	00	5	16.67	30	100.00
CONNECTIVE TIS	6	1	.5	. 2	60.6	0	0	00	0	0.00	22	100.00
172 SKIN MELANOMA	5 10	0	00.00	0	0.00	0	0.	00	0	0.00	2	100.00
	יים	٦,		7	3.57	0	0.	00	1	3.57	2	100.00
		18	3.03	68	14.96	9 0	1.	01	49	8.24	595	100.00
CERVIX UTERI 38	5 77.62	· -		77	15 52		0 -	00	15	00.09	25	100.00
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	4 6	0		31	20.53	ی د	. ~	37	10	6 63	151	100.00
VAGINA	1 7	0	0.00	2	18.52	0	0.0	00	1	3.70	27	100.00
URI BLADDER	3 7	. 1	5.56	. 7	7	1	5	99	1	5.56	18	100.00
	3	0	0.00	7	.5	0	0.	00	2	3		100.00
	3 60.00	0	0.00	7	40.00	0	0.0	00	0	00.0	2	100.00
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	1 70.00	0,	0.00	0 1	0.00	0	0.0		0	00.00	2	100.00
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	23.00	0	00.0	4	20.00	0	0.0	c	0	25 00	a	000
200 LEON ONS									ı	20.00	0	TOO.

ESTIMATED RESIDENT POPULATION BY AGE AND SEX IN BOMBAY (AS ON JULY 1, 1984)

ESTIMATED RESIDENT POPULATION BY AGE AND SEX AS ON 1 JULY 1984 IN BOMBAY TOTAL POPULATION (ALL RELIGIOUS COMMUNITIES)

AGE-GROUP	MA	LE	FEM	ALE	TOT	AL	
(YEARS)	NUMBER	8	NUMBER	8	NUMBER	8	1 % (2)
0-4	555459	10.67	518874	12.57	1074333	11.51	TOTAL STREET
5-9	527182	10.12	505715	12.25	1032897	11.06	
10-14	533549	10.25	496487	12.03	1030036	11.03	
15-19	510308	9.80	429026	10.39	939334	10.06	
20-24	613734	11.78	409209	9.91	1022943	10.96	
25-29	480069	9.22	352700	8.54	832769	8.92	1 .
30-34	391899	7.53	305912	7.41	697811	7.47	
35-39	412912	7.93	337327	8.17	750239	8.04	
40-44	341457	6.56	225064	5.45	566521	6.07	
45-49	307592	5.91	163495	3.96	471087	5.05	
50-54	200771	3.86	111571	2.70	312342	3.35	
55-59	125420	2.41	83989	2.03	209409	2.24	10
60-64	82557	1.59	74244	1.80	156801	1.68	
65-69	55794	1.07	49945	1.21	105739	1.13	
70-74	49096	0.94	41500	1.01	90596	0.97	BBC
75+	19938	0.38	22849	0.55	42787	0.46	
ANS	57	0.00	12	0.00	69	0.00	Mary Name
TOTAL	5207794	100.00	4127919	100.00	9335713	100.00	

ANS = AGE NOT SPECIFIED



ESTIMATED RESIDENT POPULATION BY AGE AND SEX IN BOMBAY (AS ON JULY 1, 1984)

POPULATION-BASED CANCER REGISTRY: MADRAS

The Madras population-based cancer registry was established in July 1981 at the Cancer Institute, Adyar with financial support from Indian Council of Medical Research. The registry started data collection from 1st January, 1982 on NCRP designed core proforma.

The registry's activities are confined to the limits of the Corporation of Madras, which is coterminus with Madras District. The 1981 census enumerated a population of 3.3 million (1.7 millioin males, 1.6 million females). The sex ratio is 934 females per 1000 males. Madras city is situated at longitude 80° 17'E and latitude 13° 04'N in the State of Tamil Nadu in the south-eastern part of the sub-continent. It is at sea level. Temperature varies between 60°F and 116°F during the cold and hot seasons respectively, the former falling in the months of November to February and the latter between April and June. The area of registration is 170 square kilometers.

Data are actively collected in a standard format, from 18 major government institutions and hospitals, 143 private hospitals and nursing homes, 25 pathology laboratories, corporation dispensaries and peripheral hospitals and over 600 medical practitioners. In 1984, 15% of cases registered are from the Cancer Institute, 28% from the Government General Hospital, 10% from Government Stanley Hospital and an additional 11% from the Government Hospital for Women and Children. Death certificate only cases accounted for 6%. The remaining cases are registered through 43 different sources.

The principal religious groups are Hindu, Christian and Muslim. While the majority of people speak Tamil, Telugu speaking people also live here.

Dr. V. SHANTA, Project Chief Dr. P. N. RAJAPPAN, Senior Medical Officer

MADRAS
REGISTRY
CANCER
LION-BASED
POPULATION

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	9 70-74		
	4 65-69	0.0010842621100001090000000001111800001040001110000	
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1984 DERCENTAGES			
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CER REGISTR	5-9 10-14 15-	000000000000000000000000000000000000000	
CANCER	5-9 10		
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POPULATION-BASED CANCER REGISTRY OF INCIDENT CA	SITE	LIP EIP GUM GUM GUNGUE SALIVARY GL GUM CORDHARYNX NASOPHARYNX LIVER GALLBLADDER PANCRAS RECTUM LIVER GALLBLADDER COLON LIVER GALLBLADDER COLON LIVER GALLBLADDER COLON LIVER GALLBLADDER COLON LING PRANUS COTHER NES S BONE COTHER NES S BONE COTHER SKIN MELANO SKIN MELANO SKIN MELANO SKIN MELANO SKIN MELANO FLEURA THYROLD GLA CONNECTIVE BRAST THYROLD GLA OTH ENDO GL LILL DEF SIT SEC LYMPH N SEC CTHER PRIM UNK LYMPHOSARCO HODGKINS DI OTH LYMPHOM LLUK LYMPHOM LLUK LYMPHOM LLUK NYELOM LL	- 11
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29 60		0	12.6	8.50	6	0.0	10	0.00	9	50.0	0.00	3 1	0.00	6.4		20.00	0.0	6.0	0.0	0 0	9.5	0.0	0.0	9.6		0.00		0 0	1. 1		0.0	7-10			m	8.6	200		0.6	ap 0	Name of Street,	18-64	TDEM	
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29 30	00	0	0	0	0 0	00	10.0	0.00	10.0	00	00	10.7	10.0	0	0 -	10	0.00	0	00	0	0	2 0	0	0	0	6		10.0	15:3	00		0	9.0	0	1.0	0	00	1	0	2 -				0
24 25-	5 0	00	9 0	20.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	10 (9.0	0.6	7.00	0.0			0.4	W 0			0 0	95						0.0	Name and Add			
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0-	0.6	TO A	3 (MOTTER MO	NX	XXXX	XNX	ETC	SUS	JTEC	VIES.	0.0	0.5	DER	TTO	S 5	TIA	0.0	0.0	0.1	SS	VE	ANO	ER	ONS	TER	RIIS			DER	0.0	CAC	GLA	GL	SIT	NH	ETC	0.0	RCO	HOM	LOM	PHA	OCY	SP
.9 SITE	LIP	SALIVARY	MI	PLOOK OF MO	OROPHARYNX	NASOPHARYNX	HYPOPHARYNX	PHARYNX ETC	SOPHAC	STUMACH SMATT TNTES	COLON	RECTUM	LIVER	GALLBLADDER	RETROPERTTO	HER DI	NASAL CAVIT	LARYNX	PLEURA	THYMUS	OTHER RES S	CONNECTIVE		SKIN OTHER	UTERUS U	CERVIX UTER	BODY UTERUS	OVARY	VAGINA	URI BLADDER KIDNEY	E		THYROID		ILL DEF SIT	C LYMPH N	C OTHER	PRIM UNK	LYMPHOSARCO	OTH LYMPHOM	MULT MYELOM	LEUK LYMPHA LEUK MYELOI		LEUK OTH SP
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D.9 SITE	======================================	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	69-59	70-74	75+	CR	AAR	TCR
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LIP	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	0.0	0.0	12.6	0.0	15.8	0.0	14.2	9.4	2.8	4.4	6.6
TONGUE	0.0	0.0			0.0	9.0	0.7	0.0	0.0	0.0	0.0		0.0	0.0		0.0	0.5	9.0	6.0
GUM	0.0	0.0		0.0	0.0	0.0	0.0	1.6	1.0	2.3	0.0	4.7	0.0	4.9	0.0	18.8	9.0	1.0	1.6
JR.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	0.0	1.1	0.0	0.0	0.0	0.0	0.0	4.60	2.0	5.0 8 8	4.7
OTHER MOU	0.0		0.0	0.0	1.5	0.0	0.7	4.6	1.4	7.0	11.0	14.2	13.2	24.0	47.0	7.07	0.0		7.7
OROPHARYN	0.0		0.0	9.0	0.0	0.0	0.0	0.0	0.0	0.0	4.7	0.0	5.3	9.8	0.0	0.0	0.7	1.0	1.9
NASOPHARY	0.0		1.1	0.0	0.0	0.0	2.0	0 0	3.1	10.3	11.0	14.2	7.9	29.4	42.6	18.8	2.8	4.7	7.4
HYPOPHARY	0.0	0.0	0.0	0.0	0.0	7.1	2.2		0.0	0.0	0.0	0.0	0.0	8.6	0.0	0.0	0.1	0.3	0.0
OF SODHAGII				0.0	0.5	1.2	0.0	0.8	8.2	10.3	12.6	40.3	21.1	53.8	35.5	28.2	4.1	7.3	13.7
STOMACH	0.0		0.0		1.5	9.0	2.2	5.5	12.3	13.7	47.2	66.3	60.7	63.6	35.5	65.8	8.2	13.6	30.1
SMALL INT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.1	3.1	0.0	0.0	0.0	0.0	0.0	0.5	0.5	0.7
COLON	0.0		0.0		0.0	0.0	0.7	0.0	0.0	0.0	1.6	4.7	5.6	0.0	0.0	9.4	0.4	0.7	1.2
RECTUM	0.0		0.0	0.0	1.0	2.4	1.4	1.6	3.1	3.4	4.7	9.5	5.3	14.7	7.1	28.5	L.9	8.0	7.4
LIVER	0.0	0.0	0.0	0.0	0.5	0.0	2.2	0.0	1.0	2.3	4.7	2.4	21.1	9.0	0.0	7.87	F. C	2.0	4.0
GALLBLADD	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.1	1.6	7.4	0.0	0.0	0.0	0.0	7.0	7.0	0 5
PANCREAS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	4.1	0.0	1.0	1.1	0.0	000	1.0	4.0	4	1.0	
RETROPERI	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	2.3	7.5	4.7	0.0						0.3
OTHER DIG	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	2.0	0.0	* 0		4.9		9.6	0.5	8.0	6.0
NASAL CAV	0.0	0.0	0.0		0.0			0 0	2.1		17.3	18.9	21.1	49.0	14.2	9.4	3.1	5.2	10.3
LARYNX	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9.0	1.7	12.6	20.4	40.3	39.6	39.2	56.7	47.0	5.1	9.0	18.1
LUNG	0.0		0.0			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TUEORG					0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
OTHER RES	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
BONE	0.5	0.5	0.5		1.5	1.2	2.2	0.0	1.0	2.3	0.0	0.0	2.6	0.0	0.0	0.0	6.0	0.0	L.0
CONNECTIV	1.0	0.0	0.0		0.5	9.0	0.0	0.0	3.1	0.0	3.1	2.4	5.6	0.0	0.0		9.0	7.0	, a
SKIN MELA	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	2.0	7.0	7.7		0 0	7.1	4.6	6.0	1.4	2.2
SKIN OTHE	0.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	* 0	1.6	0.0	2.3	0.0	0.0	0.0	0.2	0.3	6.0
BREASI MA					0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.4	10.6	4.9	7.1	9.4	0.5	1.0	1.7
TESTIS	0.0	0.0	0.0	0.0	0.5	9.0	1.4	8.0	2.1	0.0	0.0	0.0	0.0	4.9	0.0	0.0	0.5	0.5	0.5
PENIS ETC		0.0		0.0	0.0	0.0	11.4	1.6	4.1	4.6	7.9	9.5	13.2	4.9	14.2	28.2	0 I - 8	3.0	7.0
URI BLADD		0.0	0.0	9.0	0.0	0.0	0.7	8.0	1.0	1.1	3.1	2.4	5.3	24.5	0.0	31.6	1.1	7.7	1.7
KIDNEY	0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	000	3.1	4.0	0.0	000		0.0	0.1	0.1	0.0
EYE	0.5	0.0		0.0	0.0	0.0	0.0	0.0	0.0	20.0		4.7	2.6	0.0	0.0	0.0	1.4	1.3	2.7
BRAIN	0.0	D. 1	0.0	0.0	7.0	0.1			0.0	1.1	1.6	0.0	0.0	0.0	0.0	0.0	0.2	0.2	0.5
MERVOUS S	0.0				0.0	0.0	0.0	0.0	0.0	01.1	0.0	7.1	0.0	4.9	0.0	0.0	0.3	0.5	1.1
C	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.1	0.0	0.1	0.1	0.0
TLL DEF S	0.5	0.0		0.0	0.0	0.0	0.0	8.0	0.0	2.3	9.1	0.0	5.3	19.6	14.2	9.4	0.8	1.6	1.5
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
SEC OTHER	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	16.6	20.0	19.6	0.0	0.0	1.9	2.9	7.2
PRIM UNK	0.0	0.0	0.0	0.0	0.0			000	0.0	1.1	1.6	2.4	0.0	0.0	0.0	0.0	0.2	0.3	8.0
HODGKINS	2.0		2.1	1.2	0.0	9.0	1.4	1.6	1.0	2.3	01.6	0.0	2.6	0.0	0.0	0.0	0 1.1	1.1	1.5
OTH LYMPH	0.5	0.5	01.1	1.2	0.5	9.0	0.0	8.0	3.1	01.1	9.1	0.0	5.6	24.5	0.0	0.0	1:1	1.6	1.6
MULT MYEL		0.0		0.0	0.0	0.0	0.0	0.0	1.0	1.1	3.1	4.7	5.6	4.9	7.1	0.0	ر. ۱	y. c	J C
LEUK LYMP	2.9	2.4		9.0	1.0	0.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0	2.0	1./	0.0	1.1	7.1	2.0
	1.0			0.0	0.5	1.2	1.4	1.6	3.1	1.1	1.6	0.0	2.0	0.0	0.0	4.0	0.0	0.0	0.0
	0.0		0.0	0.0			0.0			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
LEUK OTH				9	0.0	0.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0
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0 3		3.0	1.2	3.5	0 3	10.0	173.1	0.0	9.0	3.4		0.3	11.9	7 11	11.1	0.3	2 6	0 0	7.9	0.4	9.0	0	T . 0	1.2	0.0			1.6	1.1	10	0.2	0.0	0.0	2	1.0	8.0	0.8	1.9	43 2	7.0	7 - 4	0.701	0.0	2.1	1111	10	2.6	0.9	0.5	0.0	1.5	0.0			0 5	1.4	0.0	0.3	0.0	3 6	0 0	7.0	0.5	9.0	0.3		2.0	1.3	0.5	0.0	0.0
0 0	7.0	1.1	0.4	1.6				0.3	0.3	7.5		0.4	5.9	7	2.1	0.1	7 1		7.7	0.2	0.5		4.0	0.5	0.0	0		0.0	1.0		1.0	0.0	0.0		0.0	8.0	0.3	0.7	18 4	# C	6.0	40.7	0.3	1.6	2	10	L. 9	8.0	0.4	0.5	0.9	0.1	0			0.0	0.0	0.1	0.0	2	4 0	7.0	9.0	0.7	0.1	1 1	0.0	9.0	0.1	0.0	0.3
1 0		8.0	0.3	1.0	0.1	7		7.0	0.3	70,00		7.0	3.7	2	0.0	0.1	6 0		1.4	0.5	0.2	2.0		0.4	0.0	2		0.4	0.5		1.0 0	0.0	0.0	0	0 0	/ . 0	0.2	0.5	7 2 6	7.7	0.0	28.0	0.4	10100	3 .		L.0	0.4	0.4	0.5	0.7	0.10	9 0			0.0	0.0	0.1	0.0	1 4		7.0	0.5	0.5	0.1		0.0	0.5	0.1	0.0	0.2
0		0.0	0.0	0.0	0.0	7 6		0.0	0.0	0.0		0.0	15.3	22 0	6.77	0.0	15.3	1	9./	0.0	7.6	0	0.0	0.0	0.0	7 6		0.0	7.6		0.0	0.0	0.0	7 6	0.0	0.0	0.0	0.0	נינש	100	0.0	38.2	0.0	15.3	7 6		0.0	9./	0.0	0.0	0.0	0.0	7.6			0.0	0.0	0.0	0.0			0.0	7.6	0.0	0.0		0.0	0.0	0.0	0.0	7.6
0		0.0	0.0	19.0	0.0	2 3	100	0.0	0.0	6.3		0.0	14.3	12 7	1.77	0.0	0.0		0.0	0.0	6.3		0.0	0.0	0.0	127		0.0	6.3		0.0	0.0	0.0	0 0	0.0	6.3	0.0	0.0	9 1	0.1	0.0	1.2	0.0	2.7	0		0.0	6.3	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	2 7		0.0	0.0	2.7	0.0	0		0.0	0.0	0.0	0.0
0		4.7	0.0	4.9	0.0	200	100	7.0	0.0	4.9		0.0	9.5	4 5	7	0.0	0.7	•			0.0		•					4.9	8.6			0.0	0.0	0		2.0	0.0	4.9	8.9.3		0.0	8.3 IO	0.0	9.8	4.5		0.0	4.9	0.0	0.0	4.9	0.0	6.4			0.0	0.0	0.0	0.0	0 7 1		0.0	0.0	0.0	0.0	0.0	000	4.9	0.0	0.0	0.0
0	0.4	0.4	8.8	7.2	0.0	0 0		0.0	7.4	0.0		0.0	6.9	9 3 3	0.0	0.0	4.8		4.0	0.0	0.0	0	0.0	4.8	0.0	2.4		0.0	0.0	0	0.0	0.0	0.0	1 6		0.0	0.0	7.2	0.7 6		4.7	2.6 10	0.0	4.8	2.1 3	10	0 0	4.0	0.0	0.0	2.4	0.0	0.0		0 0	0 0	0.0	0.0	0.0	4 8 1		0.0	0.0	4.8	0.0	0.0		7.7	0.0	0.0	0.0
2 5		1.0	0.0	2.5	0.0	ά		n .	٠,	0.			.2	1 7		0.	5			0.	.5	0		0.	0.	0		0	.5	-		0.0	0.0	2 5		0.0	0.	.5	2 5	1 4	0.	71.6 12	0.0	5.1	7.8 1	7 6		0.0	0.0	0.0	5.1	0.0	2.5	0				.5	0.	Ľ			0.	0.	0.	0		0.0	0.	0.	0.0
0.0	2 4 6		1./	5.0	1.7	0 1 0	100	0.0	0.0	0.1	0	0.0	3.4	2 8 3	0	1.7	3.4	1	1.1	1.7	0.0	1 70		0.0	0.0	3.4	2	7.6	5.0	000	0.0	0.0	0.0	0 0	000	0.0	3.4	0.0	3.6 5			8.9 I4	0.0	1.7	0.10	2 2 0	10	0.0	1.1	0.0	1.7	0.0	1.7	0	1.0		0.0	0.0	0.0	3.4		01	1.7	0.0	0.0	1.7		0.0	0.0	0.0	0.0
0.0	0.0	0.0	1.5	7.6	0.0	0 1		0.1	0.0	3.0	3 -	1.0	13.6	רויש	1.0	0.0	3.0	- 0 0	7 0.0	0.0	0.0	3.0) r	1.5	0.0	1.5		0.0	0.0	0 0		0.0	0.0	0		0.0	1.5	0.0	3.0 4			4.8 11	0.0	3.0	7.6 1	200	0.0	0.0	0.0	0.0	1.5	0.0	1.5	0	7.1		0.0	0.0	0.0	6.1	10	0.0	0.0	0.0	1.5	0.0		0.0	0.0	0.0	0.0
0.0	1 2	7.0	0.0	0.0	0.0	7 8		0.0	0.0	6.2	0	0.0	8.7	6.3	7.0	0.0	2.5	1	7.0	0.0	1.2	0.0	0.0	7.7	0.0	0.0	2	1.0	0.0	1.2	7.0	0.0	0.0	2.5		0.0	0.0	2.5	12.4			11.3 L3	0.0	0.0	1.2	2 5		7.7	7.7	0.0	0.0	0.0	1.2	0.0	1 2 2	7.0	0.0	0.0	0.0	3.7	1 2 66	7.7	7.7	0.0	0.0	0.0		0.0	0.0	0.0	0.0
0.0	α	0.0	0.0	0.0	0.0	9 [0.0	0.0	0	0.0	6.3	6.0		0.0	0.0	0	6.0	6.0	0.0	6.0		0.0	0.0	0.0		0.0	0.0	0		0.0	0.0	6 0		0.0	0.0	6.0	0.61			13.3	0.0	0.0	3.6	4 5		0.0	0.0	0.0	0.0	0.0	0.0	0.0			0.0	0.0	0.0	6.0			0.0	0.0	0.0	0.0		0.0	6.0	0.0	0.0
6.0	0	0.0	0.0	0.0	0.0	6.0			0.0	6.0	0		6.0	3.6		0.0	0.0	0	0.0	6.0	0.0	6.0		0.0	0.0	0.0	0 0	0.0	6.0	0.0		0.0	0.0	0.0	0 -	0.1	0.0	0.0	9.0			1.01	1.8	6.0	4.5	7.7		0.0	0.0	0.0	0.9	0.0	1.8	0.0			0.0	0.0	0.0	0.0			0.0	0.0	0.0	0.0		0.0	0.0	0.0	6.0
0.0			0.0	0.0	0.0	0.0	0		0.0	9.0	0		9.0	0.0		0.0	0.0	9 0		9.0	0.0	0.0		0.0	0.0	0.0	000		0.0	0.0		0.0	0.0	0.0	1 2	2.0	0.0	0.0	5.1	0		0.0	9.0	0.0	9.0	9 0		000	0.0	0.0	0.0	9.0	9.0	0.0	0		0.0	0.0	0.0	9.0	0		0.0	9.0	0.0	9.0		0.0	0.0	0.0	0.0
0.0			0.0	0.0	0.0	0.0			0.0	0.5	0		0.0	1.6		0.0	0.0	0	0.0	0.0	0.0	0.0		0.0	0.0	0.5			0.0	0.0		0.0	0.0	1.1	10		0.0	0.0	1.1	0		1.1	1.1	0.0	1.6	0.0		000	0.0	0.0	1.1	0.0	0.0	0.0	0.0		0.0	0.0	0.0	1.1	0		0.0	0.0	0.0	0.5		0.0	0.0	0.0	0.0
0.0	0		0.0	0.0	0.0	0.0	0	0.5	7.7	0.0	0		0.0	0.0		0.0	0.0	0		0.0	0.0	0.0		0.0	0.0	0.0	8		0.0	0.0		0.0	0.0	1.2	10	7.0	0.0	0.0	9.0	0.0		0.0	9.0	0.0	1.2	0.0			0.0	0.0	0.0	. 0.0	9.0	0.0	9.0		0.0	0.0	0.0	9.0	9	100	1.1	9.0	0.0	9.0			0.0	0.0	1.2
0.0	0		0.0	0.0	0.0	0.0	0		0.0	0.0	0		0.0	0.0		0.0	0.0	0		0.0	0.0						0		0.0	0.0		0.0	0.0	0.5			0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0			0.0	0.0	0.5	0.0	0.0	0.0	0.5		000	0.0	0.0	0.5	0.0	0	1.1	1.1	0.0	0.5			0.0	0.0	0.0
0.0	0.0		0.0	0.0	0.0	0.0	0		0.0	0.0	0		0.0	0.0		0.0	0.0	0		0.0	0.0	0.0		0.0	0.0	0.0	0		0.0	0.0		0.0	0.0	0.5	0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0				0.0	0.5	0.0	0.0	0.0	0.0			0.0	0.0	0.0	0.5		0.0	0.5						0.0	
0.0	0.0		0.0	0.0	0.0	0.0	0		0.0	0.0	0.0		0.0	0.0		0.0	0.0	0		0.0	0.0	0.0	0	0.0	0.0	0.0	0.0		0.0	0.0		0.0	0.0	0.5	0	000	000	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	r 0	0.5	* •	1.0	0.5	0.0	0.0	0.0	0.5			0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.5	0			0.0	
	UE	MADV	VARI		R OF		HARYN	MACODUADV	THUNK	HYPOPHARY	VNX E	OFFICE	PHAGU	ACH	T TMM		Z	MIM	BUOVE	K	GALLBLADD	REAS	DEPT	OF ENT	OTHER DIG	L CAV	XN	TATEOS	CONOL	RA	12		R RES	CENTRALAB	CONNECTIV	META		OTH					N.I.A	UTER	7	NA	AT.ADD	7	MUTTON	NON		S SOC		ENDO	DEF S	VMPE		T CT	THER	UNK	LYMPHOSAR	TNC	CATA	LYMPH	MYEL	LYMP	MYET.	MONO	CNOW	LING	CNS
LIP			SALL VARI	GUM	FLOOR									STOMACH				RECTIM			GALL	PANCI	PETE	MICH	CIHE	NASA	L'ARYNX			PLEURA				BONE					BREAST F		CEDVI		PLACENTA	BODY		VAGINA					BRAIN	NERVC	THYR	OTH	ILL	SEC	0 0	SEC	SEC	PRIM	LYMPE	HODGKING		OTH	MULT	LEUK	L.F.UK	LELIK	TELOP	LEUN	LEUK
140 L	-	10	10	143 6																	156 GA	157 Pi	158 PF	001	TO GCT	160 NA	161 LA														TO OF			182 BC							191 BF	192 NE	193 TE	194 01	195 IL	196 SF			198 SE	199 PK	200 LY	201 HC		202 01	203 ML	204 LE	205 L.E.	206 T.F	200 15	200 LE	211

LIP TOTAL SALIVARY GLANDS GUM FLOOR OF MOUTH OROPHARYNX NASOPHARYNX HYPOPHARYNX HYPOPHARYNX SALIVARY ETC OESOPHAGUS STOMACH ST	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	12 24.49 2 22.22 2 22.22 2 22.22 3 24.49 2 66.67 18 36.67 1 50.00 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 1 2.33 2 15.15 5 21.74 2 66.67 1 3 33.33 1 3 23.64 1 4.46	22 15.07 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	49 49 10 10 13 13 146 12 12 12 12 12 12 13 13 14 10 10 10 10 10 10 10 10 10 10 10 10 10	100.000
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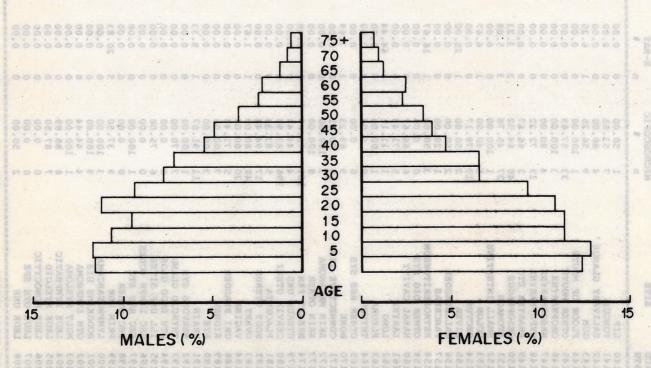
ESTIMATED RESIDENT POPULATION BY AGE AND SEX

IN MADRAS (AS ON JULY 1, 1984).

ESTIMATED RESIDENT POPULATION BY AGE AND SEX AS ON 1 JULY 1984 IN MADRAS TOTAL POPULATION (ALL RELIGIOUS COMMUNITIES)

AGE-GROUP	MA	LE	FEM	ALE	TOT	AL
(YEARS)	NUMBER	8	NUMBER	8	NUMBER	8
 0-4	205863	11.59	208371	12.38	414234	11.97
5-9	208213	11.72	216003	12.83	424216	12.26
10-14	189722	10.68	190336	11.30	380058	10.98
15-19	169443	9.54	172612	10.25	342055	9.88
20-24	198672	11.18	182287	10.83	380959	11.01
25-29	165742	9.33	155648	9.24	321390	9.29
30-34	138294	7.78	111629	6.63	249923	7.22
35-39	127138	7.16	110757	6.58	237895	6.87
40-44	97446	5.48	80173	4.76	177619	5.13
45-49	87339	4.92	66036	3.92	153375	4.43
50-54	63606	3.58	59689	3.54	123295	3.56
55-59	42221	2.38	39535	2.35	81756	236
60-64	37864	2.13	41395	2.46	79259	2.29
65-69	20429	1.15	20305	1.21	40734	1.18
70-74	14100	0.79	15806	0.94	29906	0.86
75+	10640	0.60	13096	0.78	23736	0.69
ANS	156	0.01	81	0.00	237	0.01
TOTAL	1776888	100.00	1683759	100.00	3460647	100.00

ANS = AGE NOT SPECIFIED



ESTIMATED RESIDENT POPULATION BY AGE AND SEX IN MADRAS (AS ON JULY 1, 1984).

HOSPITAL CANCER REGISTRY: CHANDIGARH

This hospital registry is in the Post-Graduate Institute of Medical Education and Research, Chandigarh. This is a major referral and speciality-oriented medical centre. Approximately half of the cancer patients come from Chandigarh, which is situated between Punjab and Haryana, in north India, north of the Tropic of Cancer. Another 20% come from the adjoining states of Punjab, Haryana and Himachal Pradesh. The rest are drawn from Jammu & Kashmir and Western Uttar Pradesh.

According to the 1981 census, most of the population of this patient catchment area speak the Punjabi language and next most frequently spoken language is Hindi. Chandigarh's population is 450,061. Religious affiliations identify cultural and lifestyle factors; the major religious groups in this population are Sikh, Hindu and Muslim.

The registry is functional from January 1, 1982. Sources of information primarily are the departments of radiotherapy, surgery and pathology. Registry staff actively search inpatient and outpatient records to abstract information in a core proforma.

Comments: The total cases registered in 1984 were 1206 in men and 1220 in women. As in 1982 (11.8%) and 1983 (12.1%), in 1984 (10.2%) also, lung cancer is the commonest cancer in males. Lung cancer is also more common in Chandigarh, compared to the other registries. Next in frequency are lymphomas, oesophageal, laryngeal, colon and rectum and leukemia cancers. Commonest cancers in women are cervical and breast (38.9% and 13.7%) respectively.

Dr. B. D. GUPTA, Project Chief Mr. S. P. S. BHATIA, Bio-statistician

HOSPITAL CANCER REGISTRY: CHANDIGARH

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140		0.0	100.0	0.0	0.0	100.0	1 2 2	0.0	80.0	0.0	20.0	100.0	19
142	SALIVARY GLANDS	18.8		0.0	12.5	100.0	16	100.0	0.0	0.0		100.0	77
143	GUM PT.OOR OF MOITTH	0.0		0.0	0.0	100.0	20 4	0.00	0.00	0.0	0.0	0.00	4 0
145		16.7	83.3	0.0	0.0	100.0	24		6.94	0.0	7.7	100.0	13
146		4.8		0.0	2.4	100.0	42	0.0	90.0	0.0	10.0	100.0	10
148	HYPOPHARYNX	3.2		0.0	0.4	100.0	62	10.7	85.7	0.0	3.6	100.0	28
149		0.0		0.0	0.0	100.0	14	0.0	100.0	0.0	0.0	100.0	3
150	OESOPHAGUS	11.8	72.4	7.9	6.0	100.0	76	10.0	84.3	4.3	1.0	100.0	70
152		* 0	0.0		00.00	100.0	<u>,</u> -	0.0	0.0	100.0	0.0	100.0	,
153		0.0	63.6	10	31.8	100.0	22	0.0	66.7	0.0	33.3	100.0	9
154	RECTUM	4. 0	61.7	m c	12.8	100.0	147	0.0	9.07	23.5	100.0	100.0	77
156		9.1	18.2		0.0	100.0	: ::	3.3	23.3	73.3		100.0	30
157		0.0	46.2	53.8	0.0	100.0	13	0.0	45.5	45.5	9.1	100.0	
158	CETROPERITONEUM	0.0	0.00	_ o c	0.00	100.0	10	0.0	0.00	0.0	0.0	100.0	0 -
160		20.0	75.0	0.0	2.0	100.0	20	0.0	91.7	8.3	0.0	100.0	12
191		8.6	84.3	1.4	5.7	100.0	70	15.4	84.6	0.0	0.0	100.0	13
162	LUNG	9.0	78.0	17.9	4.0	100.0	123	0.0	1000	37.5	0.0	100.0	16
164		000	0.0	0.0	0.0	0.0	0	0.0	0.0	0.0	0.0	0.0	10
165		0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0
170	BONE CONNECTIVE TIE	16.7	55.6	10.3	22.2	100.0	18	0.0	70.0	10.0	20.0	100.0	10
172	SKIN MELANOM	0.0	16.7	0.0	83.3	100.0		25.0	50.0	0.0	25.0	100.0	4
173		36.7	46.7	0.0	16.7	100.0	30	28.6	42.9	0.0	28.6	100.0	21
174	BREAST FEM	0.0	0.0	0.0	0.0	0.00	0 4	7.7	34.7	8.00	47.3	0.001	16/
179	UTERUS	0.0	0.0	0.0	0.0	0.0	0	0.0	0.0	0.0	0.0	0.0	0
180	CERVIX	0.0	0.0	0.0	0.0	0.0	0	2.5	89.7	1.9	5.9	100.0	474
181	PLACENTA	0.0	0.0	0.0	0.0	0.0	0 0	33.3	28 6	0.0	33.3	100.0	7 [7
183		0.0	0.0	0.0	0.0	0.0	0	10.2	32.7	18.4	38.8	100.0	49
184		0.0	0.0	0.0	0.0	0.0	0	22.2	5.		11.1	100.0	6
185	PROSTATE	57.7	23.1	11.5		100.0	26		0.0	0.0	0.0	0.0	
187		9.1	59.1	0.0	31.8	100.0	22				0.0	0.0	0
188		33.3	20.0	0.0		100.0	24		83.3	0.0	16.7	100.0	9
189	KIDNEY	28.6	35.7	0.0	35.7	100.0		9.1	1000		36.4	100.0	11 2
191		41.3	54.3	0.0		100.0	46		0.09		0.0	100.0	20
192	NER	33.3		0.0	0.0	100.0	. 3		100.0		0.0	100.0	2
193	THYROID GLAND		16.7	16.7	33.3	100.0	• •	31.3	62.5		6.9	100.0	7e
195	ILL		16.7	33.3	50.0	100.0	12		10.0	80.0	10.0	100.0	10
196	SEC		0.0		100.0	100.0	21				100.0	100.0	6
197	SEC		0.0	100.0	0.0	100.0	26	•	0.0	94.1	0.0	100.0	17
199		000	000	0.00	100.0	100.0	1 1	00.0	0.0	0.0	0.0	0.0	0 0
		11.5	65.5	0.0	23.0	100.0	174	.	71.2	0.0	23.1	100.0	52
	dio	11.3	62.9	10.0	15.8	100.0	1206	7.0	67.0	10.4	15.7	100.0	1220
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HOSPITAL CANCER REGISTRY: DIBRUGARH

This hospital registry, located in the Assam Medical College in Dibrugarh, has been functional since 1st February 1982. Since this medical institution is the only one till recently, in North-East India with cancer management facilities, patients are drawn from a large hinterland. The area of the Assam Valley, is about 58,274 square kilometers from 25° to 27° N and 89° to 96° E.

People in the region use a variety of languages and dialects, some of which are Indo-European in origin and others related to the Tibeto-Burmese languages. The entire area is very large with about 23 million people of diverse ethnic origins, including caucasoid, mongoloid, and genetic mixtures. Religious communities include Hindus, Muslims, Christians; other subgroups are plains people, hill people and tribal people; each with distinctive cultures and life styles.

Cancer registry data is obtained primarily from an oncology service with outpatient and inpatient sections, from the departments of pathology, radiology and medical records.

Comments: 863 male and 335 female cancer cases were finally registered in 1984 compared to 902 male and 324 female in 1982 and 888 male and 379 female in 1983. The marked (about 2.5:1) male to female preponderance remains; its cause may lie in socio-cultural factors not yet identified.

Commonest cancers in men are oesophageal, hypoharyngeal, oropharyngeal and lingual.

In women, the commonest cancers are of the cervix uteri, oesophagus and breast.

Overall, for both sexes, cancers of the upper aerodigestive tract are strikingly common, more than in the other Indian registries.

In Assam the areca (betal) nut ("TAMOL") which is chewed differs from that consumed elsewhere in India ("Supari"). Tamol is prepared by keeping about four months in an underground pit lined with straw and palm leaves. Tamol contains very high levels of arecoline.

Dr. M. A. CHOWDHURY, Project Chief Dr. M. S. ALI, Bio-Statistician

HOSPITAL CANCER REGISTRY: DIBRUGARH

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	70-74	000000000000000000000000000000000000000	32
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	60-64		116
	55-59		133
	50-54	140170768600171100077000016001000000000000	147
1984	45-49		139
	40-44	020141777888000040000101100000000000000000	92
YEAR : PERCENTAGES	35-39	10010080018800000000000000000000000000	59
MALE AND	30-34	000000000000000000000000000000000000000	25
SEX : (ICD.9)	25-29	000100000000000000000000000000000000000	26
SITE (20-24	000000000000000000000000000000000000000	00
UGARH	15-19	000010000000000000000000000000000000000	6
ANCER REGISTRY DIBRI CANCER CASES BY AGE	10-14	000000000000000000000000000000000000000	7
CANCER REGISTRY CANCER CASES BY	5-9	000000000000000000000000000000000000000	. 2
NCER FANCER	0-4	000000000000000000000000000000000000000	2
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SITE	TONGUE SALIVARY GLANDS GUM FLOOR OF MOUTH OTHER MOUTH OROPHARYNX HYPOPHARYNX LIVER GALLBLADDER RECTUM LIVER GALLBLADDER RECTUM LIVER GALLBLADDER HARYNX LIANN THYNOLD OTHER BES SYS SKIN OTHER BRAIN URS BLADDER KIDNEY EYE BONY URI BLADDER KIDNEY URI BLADDER KIDNEY EYE BRAIN OTH BRADO GLDS ILL DEF SITES SEC LYMPH NODES SEC RES ETC FYE BRAIN HYPODIO GLAND OTH ENDO GLDS ILL DEF SITES SEC LYMPH NODES SEC RES ETC SEC RES ETC EYE BRAIN HYPODIO GLDS ILL DEF SITES SEC CTHER FYRIN UNK LYMPHOSARCOMA HODGKINS DIS OTH LYMPHOMA MULT MYELOID LEUK MYELOID LEUK OTH SPE LEUK UNS	SITES TOTALS
ICD 9TH	11111111111111111111111111111111111111	ALL SI

HOS	HOSPITAL CA	CANCER CANCER	CASES BY	DIBRUG	ARH r OF DIS	DISEASE	YEAR	: 1984				
SITE	MALES	SS	DISMET	OTH	TOTALS	ALS n	FEM LOCA	FEMALES CA RLN	DISMET	OTH	TOT &	TOTALS
LIP	12.5	25.0	0.0	62.5	100.0	8 5	0.0	0.0	0.0	0.0		0 1
SALIVARY GLANDS	0.0	31.1	00	100.0	100.0	10	14.3	0.0		0.0	0.001	0
	20.0	20.0	0.	0.09	100.0	10	0.0	50.0		50.0	100.0	. &
FLOOR OF MOUTH	24.9	28.6	0.0	28.6	100.0	75	0.0	0.0	•	100.0	100.0	۳.
d	0.47	46.9	200	42.0	100.0	67	18.2	31 3	0.0	50.0	100.0	17
NASOPHARYNX	2.6	38.9	0.0	55.6	100.0	18	0.0	0.0		100.0	100.0	7 -
HYPOPHARYNX	21.7	32.2	0.	46.2	100.0	143	27.3	45.5	0.0	27.3	100.0	11
PHARYNX ETC	25.2	40.7	0.0	37.0	100.0	27	16.7	50.0	0.0	33.3	100.0	9
OESOPHAGUS	41.5	10.1		46.5	100.0	159	45.6	7.0		47.4	100.0	57
STUMACH	9.0	17.0	0 0	64.2	100.0	53	0.0	14.3		81.0	100.0	21
COLON INTESTINE	000	27.3	-	0.67	100.0	4 -			0.0	0.0	0.00	- (
RECTUM	11.1	22.2	11.1	55.0	100.0	10				0.00	1000	7 4
LIVER	18.2	0.0	0	81.8	100.0	11	33.3	0.0	0.0	66.7	100.0	יי יי
GALLBLADDER	0.0	20.0	0	80.0	100.0	2	0.0	0.0	0.0	100.0	100.0	N
PANCREAS	0.0	2.99	0	33.3	100.0	e	0.0	0.0	0.0	0.0	0.0	0
	0.0	0.0	7	33.3	100.0	m	0.0	0.0	0.0	100.0	100.0	m i
OTHER DIG SYS	0.0	0.0	0.0	0.0	0.0	0	0.0	0.0	100.0	0.0	100.0	٦ (
NASAL CAVITY	250.0	0.0	0.0	50.0	0.001	2 - 1 - 2	0.00	50.0		50.0	100.0	2 1
LUNG	4.8	16.7	26.2	52.4	100.0	42	0.0	20.00	0.0	0.0	100.0	ח ער
PLEURA	100.0	0.0	0	0.0	100.0	7-		0.0	0.0	0.0	0.0	n C
THYMUS	0.0	0.0	0	100.00	100.0	2	0.0	0.0	0000000	0.0	0.0	0
OTHER RES SYS	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0.0	0.0	0.0	0
BONE	0.09	10.0	0.0	30.0	100.0	10	0.0	0.0	0.0	100.0	100.0	٦,
CONNECTIVE TIS	33.3	33.3	0.0	33.3	100.0	.o. c	0.001	0.0	0.0	0.00	100.0	7 (
SKIN OTHER	15.0	30.0	0.00	46.2	100.00	٦٢ د ا	25.0	0.0	25.0	20.00	100.0	m <
BREAST FEM	0.0	0.0	0.0	0.0	0.0	20	1.6	21.2	12.1	57.6	100.0	33
BREAST MALE	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0
UTERUS UNS	0.0	0.0	0.0	0.0	0.0	0	0.0	0.0	0.0	100.0	100.0	1
CERVIX UTERI	0.0	0.0	0.0	0.0	0.0	0		30.6	3.2	61.3	100.0	62
PLACENTA BODY HTERIS	0.0	0.0	0.0	0.0	0.0	-	0.0	0.0	0.0	0.00	0.00	0 -
OVARY				000		o		28.0	14.3	57 1	1000	14
VAGINA	0.0	0.0	0.0	0.0	0.0	0		16.7	0.0	66.7	100.0	9
PROSTATE	0.0	0.0	0.0	100.0	100.0	3		0.0	0.0	0.0	0.0	0
TESTIS	0.0	40.0	0.0		100.0	2	0.0	0.0	0.0	0.0	0.0	0
PENIS ETC	20.0	30.0	0.0	50.0	100.0	10	0.0	0.0	0.0	0.0	0.0	0 -
UKI BLADDEK KIDNEV	0.0	000	0 0	0.00	100.0	٦ ٥	0.0	0.00	0.0	0.001	100.0	٦,
EYE	33.3	33.3	000	33.3	100.0	> m	100.0	0.00			100.0	-1 - -
BRAIN	0.0	0.0	0.0	0.0	0.0	0	0.0	0.0		0.0	0.0	0
	0.0	0.0	0.0		0.0	0	100.0	0.0	0.0	0.0	100.0	1
SOID	0.0	0.0	50.0		100.0	7		50.0		50.0	100.0	2
OI'H ENDO GLUS	0.0	0.0	0.0	0.00	0.00	ə r		0.0		0.0	0.00	0 (
L'YMP		· ~		98 2	1000	י אַנ	0.0	0.00	0.00	0.00	1000	70
	0.0	0.0		100.00	1000	90 %			25.0	75.0	1000.0	ص ص
	0.0	0.0	0.0		0.00	0	0.0	0.0	0.0	0.0	0.0	0 0
PRIM UNK	0.0	0.0	100.0	0.0	100.0	1		0.0	0.0	0.0	0.0	0
200-208	14.3	0.0	3.6	82.1	100.0	28	0.0	0.0	16.7	83.3	100.0	12
oko	19.9	22.6	3.8	53.7	100.0	863	14.9	20.3	6.3	58.5	100.0	335

HOSPITAL CANCER REGISTRY: TRIVANDRUM

The hospital cancer registry started collecting data from January 1982. It is based in the Regional Cancer Centre (RCC), Trivandrum, and registers patients from the Medical College Hospital, Dental College Clinics, Sree Avittom Thirunal Hospital for women and children and the Regional Cancer Centre, all located in the same campus.

The Medical College, Trivandrum is the oldest Medical College in the state of Kerala and was established in 1953. The Medical College Hospital (MCH) is a teaching hospital and caters to only referred patients. Annually around 36000 patients are admitted as in-patients. The hospital has 1329 inpatient beds. The Dental College clinics attached to the Medical College complex, has no separate inpatient beds but regular out-patient clinics are held there. The patients requiring inpatient admission are admitted in the MCH inpatient wards. The Sree Avittom Thirunal Hospital for women and children (0-12 years) is also a teaching hospital of MCH. This hospital has more than 38000 inpatients annually with a bed strength of 706. However, a majority of cases attending this hospital are maternity cases. The Regional Cancer Centre was established in 1981 by Government of India under Cancer Control plan. This continues to be the radiotherapy teaching wing of the Medical College but maintains its autonomy in all other activities. There are 129 beds exclusively for cancer inpatient services and annually above 4000 patients are referred to this centre of which over 96% are cancer patients. This is the largest radiotherapy centre in the state. Currently all cancer treatment facilities are available in this Centre.

Like in any other cancer hospital, patients diagnosed and treated either completely or partially elsewhere are also referred to this centre for further treatment or advice. Majority of the patients attending this centre are drawn from southern Kerala where Trivandrum is situated and also from the adjoining districts of Tamil Nadu.

Comments: In 1984, 2097 male and 1755 female cancer cases were registered, compared to 2024 male and 1691 female cases in 1983 and 1890 male and 1603 female cases in 1982.

The most frequent cancers in men are buccal mucosa (10.2%) and lung (10.0%), followed by oesophagus and stomach. The highest frequency or oral cancer seen among all registries occur in this Centre. Uterine cervix and breast cancers are the most frequent in women followed by buccal mucosa. Thyroid cancer has also a very high frequency as seen in this hospital material, especially in women.

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Mr. P. GANGADHARAN, Bio-Statistician

Dr. R. SANKARA NARAYANAN, Sr. Research Officer

Mr. R. RAVEENDRAN NAIR, Medical Records Officer

Co-investigators

Dr. T. K. PADMANABHAN

Dr. M. A. ALEYKUTTY

Dr. C. K. SUGATHAN

Dr. N. SREEDEVI AMMA

1984	
YEAR :	PERCENTAGES
MALE	AND PEI
SEX :	(ICD.9).
TRIVANDRUM	BY AGE AND SITE (1
REGISTRY	CASES
CANCER	CANCER
HOSPITAL	

	dlo l	0.67	0.67	1.14	2.11	1.43	4.05	5.72		0.00	1.48			0.86		1.29			0.19			0.67			1.96	1 13	2.58	6.	0.05		1.76	0.29	2.19	1.10	1.34	1.14	1.19	1.48	1.29	1.90		0.00	100.00
	TOTAL	143	14	24	254]	30	85	120	103	0 y	31	55	ω ς	5 L8	0	27	105	203	4		27	124	38	2	41	T2	54	19	T 0	4	37	9 (46	23	28	24	25	31	27	32	0 0	0 50	2097 10
	ANS	00	00	00	0	00	00	00	0	00	00	0	0	o c	0	0	0	0 0	00	0	0	00	00	0	0	00	00	0	00	0	0	00	0,0	0	0	00	00	0	00	00	00	00	0
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HOSPITAL CANCER REGISTRY TRIVANDRUM CANCER CASES BY AGE AND S	SITE	LIP	SALIVARY GL	FLOOR OF MO	OTHER MOUTH	OROPHARYNX NASOPHARYNX	HYPOPHARYNX	PHAKYNX ETC OESOPHAGUS	STOMACH	SMALL INTES	RECTIM	LIVER	GALLBLADDER	PANCREAS	OTHER DIG	NASAL CAVIT	LARYNX	LUNG	PLEURA	RES	BONE	CONNECTIVE	SKIN OTHER	BREAST MALE	PROSTATE	TESTIS DENIC BEC	URI BLADDER	KIDNEY	EYE	NERVOUS SYS	THYROID GLA	OTH ENDO GL	ILL DEF SIT		SEC OTHER	PRIM UNK	HODGKINS DI	OTH LYMPHOM		LEUK LYMPHA			TOTAL
	CD.9		42																				73				188	687								661	000		203			207	

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	TOTAL	100 100 100 100 100 100 100 100	1755]
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	-74	000101000000000000000000000000000000000	70
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	55-59	160808424114000000084000000000000000000000	212
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5	1 10	ARY GL OF MO MOUTH ARYNX HARRYNX HARRYNX HARRYNX HARRYNX HARRYNX CH HAGUS CH LADDER EAS CAVIT X CAVIT	
	SITE	TUPE TONGUE SALIVARY GL GUM FLOOR OF MO OTHER MOUTH OROPHARYNX HYPOPHARYNX HYPOPHARYNX HYPOPHARYNX TONGUE SESOPHAGUS STOMACH SECTUM LIVER GALLBLADDER THYMUS OTHER DIG S NASAL CAVIT LARYNX LIUNG PLEURA THYMUS OTHER RES S OTHER RES S OTHER RES S OTHER BES SUNSALL LUNG PLEURA THYMUS OTHER BES SUNSALL UNG PLEURA THYMUS OTHER BES SUNSALL UNG PLEURA THYMUS OTHER BES SUNSALL UNG PLEURA THYMUS OTHER BRAIN URI BLADDER KIDNEY BESE BRAIN NERVOUS SYS THYROLD GLA OTH BEND OTH BEND OTH BEND OTH BEND OTH BEND OTH BEND OTH LEUR LYMPHOSARCO HOGKINS DI OTH LYMPHO LEUR MYELOM LEUR MYELOM LEUR MYELOM LEUR MYELOM LEUR MYELOM LEUR MYELOM	TOTAL
	ICD.9	11144	

	п	MICROSCOPIC n %	× c	X-RAY 8	CLIN	CLINICAL ONLY n %	NLY	OTHERS	ole ole	10 10 10	TOTALS n
140 LIP 141 TONGUE	119	64.29	00	0.00	23	35.71		0 0 0	00 1,70 14	4 m	100.00
	13	92.86	0	0.00	1	7.14	27	0.0	00 1		100.00
143 GUM	2 T	75.00	00	00.00	4 C	25.00		0.0	00 55		00.00
	212	83.46) 	0.39	41	16.14	2	0.0	00 25		100.00
146 OROPHARYNX	45	91.84	0 0	00.00	4 -	8.16		0.0	00 49		100.00
	08	94.12) -	1.18	٦ ٣	3.53			18 85		000
	4	80.00	0 10	00.00	7	20.00	, 0	0.0	00		100.00
	95	79.17	15	12.50	. 5	4.17	2,0	5 4.	17 120		100.0
151 STOMACH	26	54.37	- 0	0.80	12	11.65	28	27.	10 10		100.0
	24	96.00	0	00.00	00	00.00		4.6	00 25		100.
4	31	100.001	0	00.0	0	00.00	0	0.0	31		100.0
2	46	83.64	7	3.64	7	12.73	0 9	0.0	00 55		100.0
56 GALLBLADDER 57 DANGDEAS	m a	37.50	> <	0.00	.7 -	25.00	, 4	3/.	90 8		001
. 8	4	80.00	r -	20.00	10	00.0		0.0	1		100
6	00	00.00	10		0	0.00		0.0	00	0	0
60 NASAL CAVITY	23	85.19	3	11.11	1	3.70)	0.0	27		100.
	66	94.29	0	0.00	m (2.86	.,,	3 2.5	36 105		100.0
62 LUNG	1/1	81.82		15.79	7 0	0.96			20 20		0.001
4	» c	75.00	-	25.00	0 0	00.0			000	4	000
5	0	00.00	0	0.00	0	0.00	0	0.0	00	0	0.0
0 BONE	27	100.00	0.0	0.00	0	0.00	0	0.0	27 00		100.0
1 CONNECTIVE TIS	14	100.00	0	0.00	0	0.00	<u></u>	0.0	00		00.00
2 SKIN MELANOMA	30	78 95	00	0.00	> a	21 05			20 17		000
	2	100.00	00	00.00	0 0	0.00			000		00
85 PROSTATE	37	90.24	0	00.00	4	9.76	3) 3 0.0	00 41		100.0
9	15	100.00	0	00.0	0	0.00	3	0.0	00 15		100.0
	25	83.33	0	0.00	2	16.67		0.0	30		00.0
88 URI BLADDER	14	72.93	٦,	1.85	m c	5.56) Te . (70		000
90 FVE	14	100.00	4 C	0.00	0 0		, C	0.0	100		001
	59	69.41	25	29.41	0	0.00	0	1 0 1	18 85		100.0
92 NERVOUS SYS	7	100.00	0	00.00	0	0.00	3	0.0	00		100.
THYROID	35	94.59	0	00.0	2	5.41)	0.0	00 37		100.0
OTH	5	83.33	-	16.67	0	0.00	3	0.0	00	1 9	000
ILL	25	100.00	0 0	0.00	0	0.00		0.0			001
195 SEC LYMPH NODES	4.2 2.1	91.30	> <	0.00	4.	37.70		0.0	000	46 I	001
SEC	15	53.57	4, 00	28.57	4° LC	17.86					000
Σ	16	66.67	, m	12.50	. ro	20.83	3	0.0			100.
		100.001	0	00.0	0	0.00	5	0.0	00 4		100.00
	25	100.00	0	0.00	0	0.00	5		00 2	25 1	100.0
202 OTH LYMPHOMA	17	87.10	> C	00.00	4, 0	12.90		0.0	20 02		00.001
LEUK	41	100.00	0	00.00	0	0.00	. 0	0.0	0(100.00
LEUK	32	100.00	0	0.00	0	00.00	0	0.0	32		100.0
LEUK	0 0	0.00	0	00.00	0	00.00	3	0.0	00	0	0.0
207 LEUK OTH SPE	0 1	00.00	00	0.00	0.0	0.00		0.0	000	0 4	00.00
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ICD 9TH	SITE	MICF	MICROSCOPIC n &	d	X-RAY	203	CLIN	CLINICAL ONLY	E	OTHERS	Y 3 TC	TOTALS n 8	
140	LIP TONGUE SALIVARY GLANDS	16 54 2	84.21 90.00 100.00	000	0000	4 C C C	m 40	15.79 10.00 0.00	000	00.00	19	100.00	
143	GUM	23	79.31	0.00	0.00		9	20.69	0	0.00	29	100.00	
144	FLOOR OF MOUTH	5 6	83.33	00	0.00		23	16.67	00	00.00	122	100.00	
146		9		0	0.00	0	0	00.0	0 1	14.29	7	100.00	
147	NASOPHARYNX	12	92.31	0	0.00		- с	7.69	00	00.00	13	100.00	
148	PHARYNX ETC	10	100.00	8	0.00	Te	0	00.00	0 0	00.00	7 7	100.00	2
150	OESOPHAGUS	23	63.89	2	13.89	50	-	2.78	1	19.44	36	100.00	
151		28	58.33	m (6.25		10	20.83	1	14.58	48	100.00	
152	SMALL INTESTINE	12. 21	100.00	0	0.00		o c	0.00	00	0.00	11	100.00	
154	RECHIM	17	77.77	70.0	0.00		0 4	18.18	7 -	4.55	22	100.00	53
155	LIVER	12	63.16	0.0	15.79		4	21.05	0	00.00	19	100.00	
156	GALLBLADDER	5.0	33.33	0 0 0	0.00		-1	33.33	1	33.33	n	100.00	
157	PANCREAS	2	38.46	10.0	7.69		~	15.38	2	38.46	13	100.00	
158	RETROPERITONEUM	4	100.00	0.0	0.00		0 0	0.00	0	00.0	4 0	TOO .00	
607	OFFICE DIG STS		75.00	2000	16.67	ru.	> -	8 33	0	00.0	12	100	
191		000	100.00	0.0	00.00		10	0.00	0	0.00	8	100.00	
162	LUNG	16	72.73	2	22.73		-	4.55	0	0.00	22	100.00	
163	PLEURA	\$2.0	100.00	0	0.00		0	0.00	0	0.00	0.0	100.00	
164	THYMUS	27.17	100.00	0 3.8	00.00	7.4	0	00.0	3 0	00.0	0.0	100.00	
165	OTHER RES SYS	87.40	00.0	0	00.00	27	0	0.00	0	00.0	0	00.00	
170	BONE	21	95.45	10.0	4.55	0 7	0	0.00	0	0.00	22	100.00	
171	CONNECTIVE TIS	10	83.33	0	0.00		~ <	16.67	0	0.00	17	100.00	
172	SKIN MELANOMA	4 1	100.00	0 0	00.0	203	-	3.13	0	00.0	32	100.00	
17.5	BPEAST PEM	31	96.88	0 0	00.0		700	3.13 6 99		00.0	286	100.00	
179	INTERIIS IINS	200	10.56	00	0.00	53	7	33.33	0	00.00	207	100.00	
180		426	93.22	0.0	0.00		31	6.78	0	0.00	457	100.00	
181	PLACENTA	6	90.00	0 0 0	0.00		1	10.00	0	00.00	10	100.00	P
182	BODY UTERUS	22	100.00	0	00.0		0	00.00	0	00.00	22	100.00	
183	OVARY	73	92.41	0	00.00		7	2.53	4	2.06	79	100.00	
184	VAGINA	20	90.91	0	0.00		7	60.6	0	0.00	22	100.00	
188	URI BLADDER	2	66.67	0	0.00		0	0.00	1	33.33	mı	100.00	
189	KIDNEY	ഗ	100.00	0	0.00		0	0.00	0	0.00	2	100.00	7.
190	EYE	T 00	T00.00	0.0	00.00	TOS	٥ ,	0.00	0	00.00	2 6	100.00	40
191	BRAIN NEBIOTIS SYS	87	21.69	# C	00.00			2.33		00.0	, A	100	
261	THE VECTOR STAND	78	93 48	0.0	00.0		ی د	6.52	0	00.0	66	100.00	
194		200	100.00	00	00.00		0	0.00	0	00.00		100.00	
195	TI.I. DEF STYES	83.3	100.00	0	0.00			0.00	0	00.00	0.0	100.00	
196		86 12	92.31	0 1 0	0.00		۰ ٦	7.69	0	00.00	13	100.00	
197		12	85.71	3.8 17	7.14	524	ı –	7.14	0	00.00	14	100.00	
198		62.58	52.94	9	35.29	24	7	11.76	0	00.0	17	100.00	
199	PRIM UNK	87.13	68.42	3	15.79		7	10.53	7 7	5.26	19	100.00	
200	LYMPHOSARCOMA	18	100.00	0	0.00		0	0.00	0	00.0	18	100.00	
201	HODGKINS DIS	e (100.00	0	0.00	183	0	0.00	0	0.00	m c	100.00	
202		ט ר	90.00	- 1 -	10.00		0	0.00	٥-	0.00	12	100.00	
203	TELL TAMBHATT	27	100 001	0 0	00.0		0 0	00.0	10	00.0	27	100.00	
202		35	100.00	OTB O	00.00		0	00.00	0	0.00	35	100.00	
206		ES 1	100.00	0	00.00		0	00.00	0	00.00	7	100.00	
207	1	0	00.00	0	0.00		0	0.00	0	0.00	0	0.00	*******
208	LEUK UNS	4	100.00	0	0.00		0	00.00	0	00.0	4	100.00	
ALL	SITES TOTALS	1538		47			37		33		1755		
	do	87.64		2.68		7.	7.81	1	1.88		100.00		

STATE OF THE STATE	MALES	DIN	DICMET	HUO	TOT	TOTALS.	FEMALE	ALES RI.N	DISMET	PTO OTH	32 700	TOTALS
SOF	IC TOCK	200	100		80	u		0	0.0	0.7	96	G 00:
	14.3	64.3	0.0	21.4	100.0	14	26.3	63.2	5.3	5.3	100.0	09
41 TONGUE 42 SALTVARY GLANDS	16.1	78.6	7.7	64.3	100.0	143	0.0	0.0	0.0			00 2
GUM	5.5	87.3	-	7.3	100.0	55	0.0	89.7	•	10.3	100.0	. 00 .29
	4.2	87.5	0.0	8.3	100.0	24		66.7			100.0	9
45 OTHER MOUTH	9.01	85.4	1.2	8.7	100.0	457	w C	100.0	000	0.0	100.0	7
	10.0	83.3	. m	3.5	100.0	30	7.7	69.2	23.1	0.0	100.0	.00 13
	3.5	89.4	2.4	4.7	100.0	85		83.3	8.3	0.0	100.0	00 12
		100.0	0.0		100.0	2	0.0	100.0	0.0	0.0	100.0	27
	45.8	27.5	16.7	10.0	100.0	120	41.7	30.6	19.4	8.3	100.0	36
STUMACH SMALL INTESTINE	14.6	7.17	45.6	0.0		TOT	0.0	0.0	100.0	0.0	100.0	1 00.
	12.0	48.0	0 0	32.0	100.0			41.2	2	35.3	100.0	700 17
54 RECTUM		32.3	22.6	6.5	100.0	31	27.3	40.9	22.7	9.1	100.0	22
	25.5	10.9	54.5	9.1	100.0		26.3	0.0	68.4	5.3	100.0	00 19
		62.5	12.5	12.5	100.0	80	33.3	33.3	33.3	0.0	100.0	00 3
PANCREAS	5.6	33.3	55.6	2.6		18	7.7	46.2	46.2	0.0	100.0	*00 T3
RETROPERITON	0.0	20.0	40.0	40.0	100.0	n c	0.0	0.0	0.0	0.67	TOO.0	4 00
	0.0	0.0	7.0	0.00	0.001	200		75.0		16.7	100.0	21 00
TABONY	73 B	0.00	† C	14.3	1000	105 30	50.05	50.0	0.0	0.0	100.0	8 00.
		16.3	59.8	4.3	100.0	209	4.5	13.6	63.6	18.2	100.0	00 22
	0.0		0.0	0.0	0.0	0	0.0	0.0	100.0	0.0	100.0	000
	50.0	25.0	25.0	0.0	100.0	4.0	0.0	0.0	100.0	0.0	100.0	000
DONE KES SYS	0.0	0.0	0.7	0.0	0.00	200	27.3	0.0	13.6	18.0	100.0	200
		57.1	1.7	28.6	100.0	1.7	16.7	33.3	25.0	25.0	100.0	.00 12
	50.0	25.0	8.3	16.7	100.0	12	25.0	25.0	0.0	50.0	100.0	00.
	36.8	39.5	0.0	23.7	100.0	38	56.3	25.0	0.0	18.8	100.0	32
	0.0	0.0	0.0	0.0		0	11.9	27.6	10.5	50.0	100.0	286
	0.0	0.09	0.0	40.0	100.0	n o	0.0	0.0	0.0	0.0	0.0	000
179 OTERUS UNS	0.0	000	0.0	0.0	0.0	00	33.3	20.0	3.0	10 7	100.0	0 457
		000		000			40.0	30.0	10.01	20.0	100.0	00 10
	0.0	0.0	0.0	0.0	0.0	0	40.9	22.7	0.0	36.4	100.0	00 22
	0.0	0.0	0.0	0.0	0.0	0	8.9	27.8	31.6	31.6	100.0	64 00.
	0.0	0.0	0.0	0.0	0.0	0	18.2	63.6	9.1	9.1	100.0	22
	63.4	12.2	9.8	14.6	100.0	41	0.0	0.0	0.0	0.0	0.0	000
20.00		6.7	6.7	80.0	100.0	15	0.0	0.0	0.0	0.0	0.0	2007
PENIS ETC	40.0	33.3	/ o V L	0.07	100.0	30	0.00				100.0	00.
		26.3	36.8	15.8	100.0	19	20.0	40.0	0.0	40.0	100.0	00.
	0.0	0.0	0	100.0	100.0	1 0	0.0	0.0	0.0	0	100.0	000
-	17.6	36.5		42.4	100.0	82	4.7	27.9	11.6	55.8	100.0	43
NERVOUS SYS	0.0	75.0	0.0	25.0	100.0	4.1	0.0	25.0	0.0	75.0	100.0	4 0
OTH FUND GLAND	0.77	0.17	33.3	1.00	100	20	33.3	0.0	33.3	33.3	100.0	00.
ILL DEF SITE	0.0	0.0	100.0	0.0	100.0	200	0.0	0.0	0.0	100.0	100.0	00.
SEC LYMPH NO	0.0 BON	0.0	82.6	17.4	100.0	46	0.0	0.0	84.6	15.4	100.0	.00 13
SEC	0.0	0.0	100.0	0.0	100.0	23	0.0	0.0	92.9	7.1	100.0	00 14
198 SEC OTHER	0.0	3.6	82.I	14.3	100.0	28	0.0	0.0	0.07	23.5	100.0	1,1
PRIM ONE		0.0	- / 0	7	0.001	47			1 . 1	2.0	TOO. 0	1

HOSPITAL CANCER REGISTRY: KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY (KMIO), BANGALORE

The KMIO hospital cancer registry has been functioning since 1980 but it has started collaborating with NCRP since January 1, 1984 and collects data on NCRP proforma.

Comments: In the year 1984, total of 4993 cancer cases was registered, of whom 2260 (45.3%) were males and 2733 (54.7%) were females.

At KMIO, cancers of the lip, oral cavity and pharynx are more common among males (30.2%) then females (16.2%), like other registries.

Relative frequency of oesophageal cancer in men (10.2%) and in women (7.2%) is high compared to other Indian hospital registries, except Dibrugarh registry.

More patients with stomach cancer in men (6.2%) were diagnosed than in women (1.8%).

As in other Indian centres, the series is dominated by the carcinoma of the cervix uteri, representing 42.2% of all cancers in females, while breast cancer comprises 10.5% of malignant tumours in women.

Dr. M. KRISHNA BHARGAVA, Project Chief	
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HOSPITAL CANCER REGISTRY BANGALORE SEX: MALE YEAR: 1984
CANCER CASES BY AGE AND SITE (ICD.9), AND PERCENTAGES

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OTH LYMPHOMA 28 96.55 0 0.00 1 3.45 0 0.00 MULT MYELOMA 22 91.67 2 8.33 0 0.00 0.00 LEUK MYELOID 60 100.00 0 0.00 0 0.00 LEUK MYELOID 60 100.00 0 0.00 0 0.00 LEUK MONOCYTIC 0 0.00 0 0.00 0 0.00 THEIR MONOCYTIC 0 0.00 0 0.00 0 0.00	HODGKIN	1 100.0	0			41
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8	SITE	MIC	ICROSCOPIC	B LE	X-RAY	CLIN	CLINICAL ONLY	S Company	OTHERS	T TO SERVICE OF THE S	TOTALS	distant.
TH	-208	T.S 0-4n	dβ	u 0.86	dp 00.	385 n	de	u 0.0	96	0.00	# ! !	
40	LIP	9.0	100.00	00	0.00	0	0.00	00	0.00	9 6	100.00	
41	TONGUE SAL TYAPV CLANDS	0.0	44.14		00.0	10	33.33	00	00.00	9	100.00	
43	GUM	95	98.96	0	00.00	4 1	1.04	0 00	00.0	96	100.00	
44	FLOOR OF MOUTH	9.0% 0.0	100.00	00.00	00.0	0 2	00.0	0	00.0	9 0.0	100.00	
45	OTHER MOUTH	241	77.86	36 - 30	00.0	13 3	1.23	02.86	0.00	244	100.00	
46	OROPHARYNX	0.0	90.91	100.00	0.00	7	9.09	0	0.00	11	100.00	
47	NASOPHARYNX	1.7 012	92.31	98.31	7.69	01	0.00		0.00	13	100.00	
48	HYPOPHARÝNX	0.0 2336	85.7I	10.00	2.38	0	0.00	0 0	00.0	7#	100.00	
2 0	PHAKINA ETC	ושנ	81 73	22	11 17	2	3.55	20.00	3.55	197	100.00	
00.1	CESOFIAGOS	32	71 43	4	8.16	. 00	16.33	2	4.08	49	100.00	
52	SMALT. TNTESTINE	0.0	00.00	00.00	00.00	0	00.00	0	0.00	0.0	00.0	
23	COLON LINESTINE	20.0	88.89	00.00	00.00	. T 02	11.11	0	0.00	6 0.0	100.00	
54	BECTIIM	39	84.78	Too. out	2.17	2	10.87	18.10	2.17	46	100.00	
2 2	LIVER	7.00.00	70.00	10.0	10.00	2	20.00	0	00.0	10	100.00	3.4
26	GALLBLADDER	4.0	100.00	0	0.00	0	0.00	0	00.0	31.14	100.00	
57	PANCREAS	0.0	40.00	0	00.00	2	40.00	0.01	20.00	2 0 00	100.00	
58	RETROPERITONEUM	6.0	100.00	00.0	00.00	0 0	00.0	00.88	00.00	6.1 3	100.00	P Cu
59	OTHER DIG SYS	6.0	100.00	0-0	00.00	0 0	00.00	0	00.0	5 5	100.00	
09	NASAL CAVITY	0.0	100.00	100.00	00.00	0	00.0	0	00.0	. 13	100.00	
61	LARYNX	6.0	100.00	00.001	00.00	0	00.0	0 . 18	00.0	6 0 . 88	100.00	
62	LUNG	22	88.00	3	12.00	. 0 08	00.0	0	00.0	25	100.00	54
63	PLEURA	7.02 0.0	100.00	0	00.0	0	00.00	0	00.0	0.0 11	100.00	
64	THYMUS	0	0.00	0	00.0	35 0	00.0	0	00.0	0	00.00	
65	OTHER RES SYS	0	0.00	0	00.00	0 10	00.0	0	00.0	4.80	00.0	
70	BONE	21	87.50	8	12.50	0	00.0	0	00.00	24	100.00	
12	CONNECTIVE TIS	16	94.12	TOO - 00	0.00	0	00.0	0.0	5.88	0.017	100.00	
72	SKIN MELANOMA	0.0	100.00	0	0.00	0 0	00.0	0	00.0	0.03	100.00	
73	SKIN OTHER	24	100.00	0	0.00	0 105	00.0	0	00.0	24	100.00	
74	BREAST FEM	245	85.66	in in	0.35	35	12.24	2	1.75	286	100.00	
0 1	SNII SIIBALII	7.01	100.00	0	00.00	0	0.00	0	00.0	36 - 8 7	100.00	
000		1120	97.05	00 -05	00.00	27	2.34	40.07	0.61	1154	100.00	
200	PI.ACENTA	1.20	100.00	0	00.00	0	00.0	0	00.0	38.3 11	100.00	
82	RODY HTERIS	22	95.65	0	00.00	1 1	4.35	0	00.00	23	100.00	
2 0	OVARY	113	91,13	Total	0.81	4	3.23	9	4.84	124	100.00	0
8 4	VAGTNA	32	94.12	0	00.00	1 20	2.94	10.00	2.94	34	100.00	
8 8	TIRT BLADDER	2	100.00	0	0.00	0 80	00.0	0	00.0	2	100.00	
68	KTDNEY	9	100.00	00 . 80	00.0	0	00.0	0 . 0	00.0	9 1.00	100.00	
06	EYE	2.0	77.78	00.001	00.0	2	22.22	0	00.0	6	100.00	
16	BRAIN	28	96.55	0	00.0	133 1	3.45	0 - 88	00.0	29	100.00	
92	NERVOUS SYS	11.6 20.3	100.00	00 . 03	00.0	0 188	00.0	0	0.00	56 . 9 3	100.00	
93	THYROID GLAND	28	71.79	2	5.13	6 01	23.08	100.00	0.00	39	100.00	
104	OTH ENDO GLDS	drag tre	100.00	0	00.0	0 005	00.0	0 8	00.0	1 8. 1	100.00	45
96	ILL DEF SITES	0.0	00.0	0	00.0	35 1	100.00	08 - 85	00.0	1.7 1	100.00	
96		0.00	00.00	0	00.0	100 0	00.0	03.60	00.00	18.20	0.00	
161	SEC RES ETC	0.08 0.0	00.0	0	00.0	1010	00.0	06. 88	0.00	0 1.1	0.00	
198		0.00	00.00	0	00.0	31 0	00.00	06.00	0.00	0 5 . 01	0.00	
661	PRIM UNK	23	76.67	2.37	3.33	38 5	16.67	84.47	3.33	30	100.00	
500	LYMPHOSARCOMA	0.0	100.00	00.0	00.00	0 8	0.00	05 . 88	0.00	19	100.00	
201	HODGKINS DIS	3.0	100.00	10.50	0.00	TIN O	0.00	0	0.00	12	100.00	
202	OTH LYMPHOMA	6.02 0.02	100.00	00.0	0.00	0	0.00	0 00	0.00	6 7 3	100.00	ar.
203		6	100.00	0	0.00	0	0.00		0.00	2.	100.00	
204	-	14	100.00	0	0.00	0 0	0.00	0 0	0.00	14	100.00	
202		LOCA R30	100.00	0 0 0	0.00	0 831	0.00	0 0	00.00	200	00.00	
506		WATES 0	0.00	0	0.00	0	0.00	0 0	0.00	0 -	00.00	
207		- manuschanta	100.00	0	00.00	0 -	0.00	0	00.0	7	00.001	
807	LEUK UNS	CANCE	00.00			1 900	0000		0	,		
AT.T.	STTES TOTALS	2535	proceed and a	41		125		32		2733		
	96	92.76		1.50		4.57		1.17		100.00		

SITE	MALES	ES	DISMET	OTH	TOT	TOTALS	FEMALE LOCA	ALES RLN	DISMET	OTH	TOTAL	ALS
DA TROK PANERALIC	#1 #1 #1 #1	3.6	T00.00	0	dlp	u	00.0	0	00.0		dЮ	u
LIP	50.0	50.0	0.0	0.0	100.0	4	16.7	66.7	0.0	16.7	100.0	9 ,
SALIVARY GLANDS		100.0			100.0	114		33.3		33.3	100.0	19
	2.6	92.1		5.3	100.0	38		84.4	2.1	5.2	100.0	96
FLOOR OF MOUTH	8.1	90.5		•	100.0	21	16.7	2.99	0.0	16.7	100.0	
- 4	0.0	0.08		6.5		107	4.9	89.3	1.6	4.1	100.0	244
NASOPHARYNX	0.1	74 3		9.0	100.0	105	1.6		9.1	18.2	100.0	11:
HYPOPHARYNX	3.7	84.6	4.9	6.9	100.0	246	0.0	83.3	15.4		100.0	L3
PHARYNX ETC	50.0	40.0		10.0	100.0	10	0.0		***		100.0	7#7
OESOPHAGUS	7.4	26.7	4.	25.5	100.0	231	9.6		12.7	26.4	100.0	197
STOMACH	2.0	22.3	6.	41.7	100.0	139	2.0	22.4	36.7	38.8	100.0	49
SMALL INTESTINE	0.0	0.0	0.	100.0	100.0	2	0.0	0.0	0.0	0.0	0.0	0
COLON	0.0	10.5	7	68.4	100.0	19	0.0	0.0	33.3	2.99	100.0	6
KECI'UM I IVED	15.4	40.4	4.	28.8	100.0	52	23.9	41.3	17.4	17.4		46
CALLERANDED	800	32.1	7.0	11.3	100.0	52	30.0	40.0	20.0	10.0	100.0	10
PANCREAS	0.0	2.0		23.1	100.0	1,5	0.0	50.0	25.0	25.0	100.0	4,1
RETROPER I TONEIIM		72 7	7.00	27.5	0.001	11	0.0	40.0	40.0	20.07		Ω (
OTHER DIG SYS	0.0	42.9		28.6	0.001	11	20.00	20.00	0.0	20.00	100.0	יי רי
NASAL CAVITY	5.3	73.7		21.1	100.0	19	15.4			30.0	0.001	13.0
LARYNX	21.1	9.02		5.5	100.0	109	22.2		0.0	0.0	100.0	30
LUNG	3.4	42.0	47.8	8.9	100.0	207	4.0	44.0	44.0	8.0		25
PLEURA	0.0	0.0			0.0	0	0.0		100.0	0.0	100.0	7
THYMUS	0.0	0.0	0.0	100.0	100.0	4	0.0		0.0	0.0	0.0	0
OTHER RES SYS	0.0	0.0	0.0	0.0	0.0	0 0	0.0	0.0	0.0	0.0	0.0	
BONE	24.4	43.9	12.2	19.5	100.0	41	33.3	0	12.5	4.2	100.0	24
SKIN MELANOMA		2000		45.7	100.0	35	35.3	17.6	11.8	35.3	100.0	
SKIN OTHER	23.3	43.3	0.01	23.3	0.00	30 0	23 3	, ,	0.0	0.00	100.0	
BREAST FEM	0.0	0.0		100.0	100.0	2 -	6.5		7 - 6	65.0	0.001	47
BREAST MALE	0.0	0.0		100.0	100.0	ım	0.0	0.0	0.0	0.0	0.0	
UTERUS UNS	0.0	0.0	0.0	0.0	0.0	0			28.6	57.1	100.0	7
CERVIX UTERI	0.0	0.0		0.0	0.0	0	2.9	89.0	-	6.1	100.0	1154
PLACENTA	0.0	0.0	0.0	0.0	0.0	0	0.0		0	100.0	100.0	1
BODY UTERUS	0.0	0.0		0.0	0.0	0			0	21.7	100.0	23
OVAKY	0.0	0.0		0		0	3.2	1	9	52.4	100.0	124
VAGINA	0.0	0.0	0.0.	0	100.0	100	17.6		0	20.6	100.0	34
TECHTE	13.0	40.0			100.0	20			0	0.0		0
DENIE ETC	12.3	2007		0000	100.0	32		0.0	0		0.0	0
URI BLADDER	23.5	2.05	000	11	1000	34	0.0	0.0			0.00	0 (
KIDNEY	11.1		•.	72 2	1000	* 0		•		0000	100.0	7 (
EYE	0.0	53.3		0	100.0	15	• .	33.3		77.0	0.001	0 0
BRAIN	1.7	0.0	0.0	98.3	100.0	59	0.0	0	10		100.0	29
NERVOUS SYS	0.0	0.0		0	100.0	9		•	0		100.0	3 ~
THYROID GLAND	5.3	42.1	26.3	9	100.0	19	7.7	38.5	3.1	30.8	100.0	39
ENDC		0	0	0.09	100.0	2 0		0	0.		100.0	1
		0.0	25.0	25.0	100.0	4		100.0	0		100.0	1
	0.0			•	100.0	1 0	0.0	•	0.		0.0	0
		0.0	0.0	•	0.0	0				0.0	0.0	0
SEC OTHER	0.0			0	0.0		0.0	0.0	0.0		0.0	0
200-208	0.0	7.17	7.74	40.6	100.0	9			۳.	30.	100.0	30
007 007	1.2	0.4	0.4	0.86	100.0	255		0		100	100	

HOSPITAL CANCER REGISTRY: TATA MEMORIAL HOSPITAL, BOMBAY

The Tata Memorial Hospital (TMH) was established in 1941 by Sir Dorabji Tata Trust. The Tata Memorial Centre (TMC) consists of Tata Memorial Hospital and Cancer Research Institute. The TMC receives grant-in-aid from Department of Atomic Energy Government of India.

The TMH is well equipped in the cancer diagnosis and treatment. The hospital has 350 beds, 22 beded intensive critical care unit and 8 operation theatres.

Although TMH tumour registry has been functioning since 1941 but it came under NCRP network since January 1, 1984, TMH registry now collects data as per NCRP-HCR proforma in addition to its own forms.

A NORSK Data ND 550-CX computer with 24 interactive terminals was installed at TMH in November 1985.

Comments: In 1984, 10615 cancer cases (males-5744, females-4871) were registered at TMH. These are the maximum number of cancer cases registered by any registry in one year period under the NCRP.

Cancers of the lip, oral cavity and pharynx are frequently diagnosed in males (37.0%) and less frequent in females (11.4%). There is also a high relative frequency of oesophagus (8.7%) cancer in men than in women (5.9%).

Uterine cervix cancer (34.1%) is relatively high in TMH registry data followed by breast cancer (20.0%).

Dr. P. B. DESAI, Project Chief

Mr. D. N. RAO, Bio-Statistician

Dr. P. D. SHROFF, Senior Investigator

Dr. L. D. SANGHVI. Consultant

HOSPITAL CANCER REGISTRY TATA MEMORIAL SEX : MALE YEAR : 1984 CANCER CASES BY AGE AND SITE (ICD.9), AND PERCENTAGES

	7	10
- I		100.00
TOTAL	003	5744
ANS	000000000000000000000000000000000000000	3
75+	89 89 14 2 2 0 0 0 0 1 1 1 1 1 1 1 1 2 2 2 2 2 2	211
-74		6
02 69	Although TMH turnour registry has been functioning since 1941 but it ca	32
4 65-		519
9-09	4	724
55-59	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	761
50-54	1 1 2 8 8 8 2 2 9 6 8 2 7 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	832
45-49	16 2 2 1 2 4 8 8 8 6 4 2 1 2 2 2 2 2 2 6 1 8 1 9 0 0 0 1 4 2 3 2 1 2 2 0 0 1 4 2 3 2 1 2 0 0 1 4 2 3 2 1 2 2 0 0 1 4 2 3 2 1 2 2 0 0 1 4 2 3 2 1 2 2 0 0 1 4 2 3 2 1 2 2 0 0 1 4 2 3 2 1 2 2 0 0 1 4 2 3 2 1 2 2 0 0 1 4 2 3 2 1 2 2 0 0 1 4 2 3 2 1 2 2 0 0 1 4 2 3 2 1 2 2 0 0 1 4 2 3 2 1 2 2 0 0 1 4 2 3 2 1 2 2 0 0 1 4 2 3 2 1 2 2 0 0 1 4 2 2 2 1 2 2 0 0 1 4 2 2 2 1 2 2 0 0 1 4 2 2 2 1 2 2 0 0 1 4 2 2 2 1 2 2 0 0 1 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	90
44	8 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	9 8
-39 40	of oesophagus (8.7%) cancer in men than in women (5.9%).	488
35		298
30-34	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	225
25-29	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	166
20-24		59
19	17250 6 8 8 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1
-14 15-		131
10-14		100
5-9	00000000000000000000000000000000000000	98
0-4	10000000000000000000000000000000000000	94
SITE	LIP TONGUE SALIVARY GL GUAN GOOD THER MOUTH OROPHARYNX NASOPHARYNX PHARYNX PHARYNX PHARYNX PHARYNX ETC OCOLON LIVER GALLILIADER PRECTUM LIVER GALLEURA THYNUS COTHER RES S BONE CONNECTIVE SALIN LUNG PLEURA THYNUS COTHER RES S BONE CONNECTIVE SALIN UNG PRECTUM LUNG PRECTUM CUNG CUNG CUNG CUNG CUNG CUNG CUNG CUNG	
	LIP TONGUE SALIVARY GL GUM OROPHARYNX NASOPHARYNX NASOPHARYNX PHARYNX ETC OESOPHAGUS STOMACH ELIVER GALLIBLADDER PLOLOR PLEURA LIVER GALLELANDER PANCREAS COLON COTHER RES S BONE CONNECTIVE SELOR CONNECTIVE SKIN OTHER BREAST MALE PROSTATE PROSTATE PROSTATE TESTIS PROSTATE CONNECTIVE SKIN OTHER BREAST MALE PROSTATE TESTIS PROSTATE TESTIS COTHER BREAST MALE PROSTATE TESTIS COTHER BREAST MALE PROSTATE TESTIS PROSTATE TESTIS COTHER BREAST MALE PROSTATE TESTIS SKIN OTHER BREAST MALE PROSTATE TESTIS COTHER PROSTATE OTH LYMPHOM NERVOUS SYS THYROLD GLA OTH BNDO GLI LIL DEF SIT SEC LYMPH NERVOUS SEC LYMPH OTHER PRIM UNK PRIM UNK PRIM UNK PRIM MYELOI LEUW MULT MYELOM MULT MYELOM MULT MYELOM MULT MYELOI LEUW MULT MYELOI	TOTAL
ICD.9	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

5-9 10-14 15	0		0	TOWN	DIS	L AMODA	1	0	0 0	STEER O	GLDS 0	0	0	0	0 0		00	00	- 0	DE SAL		WORKY O	74	4	SYS	10	0 0	00	0	0	0		o see		0	0	0 -			MX	0 0		MPACE TE		GLYNN		1			10		40 59
-19 20-24 2		1 0 7			10	-	1 4	0 0	10			2 3	0 1	0	0 0	0 0								3	1 0		-	2				10 5			0	3 2	0 4	n c	0	0 1	0 2	2 0	1 0	T	900	0		000		00	"	98 89
5-29 30-34	0	1 0	1 4	3 T	1 2	1 60 1	9	0	77 6	00 00	0 0	7. 3	0 0	0,	0 T T O		0 4	2 2 2	7 00 -	84 31 O	30 00	0000	. w	7 4			000	0 0	11 36	0 0	1 2	13 11	08.0	2 0 0	0 0	5 2	0 0	0 98	0	3 2	2 5	0	3 0	1	1 2	0 0	00	1			306 901	
35-39 40	2 0.0	1 0 0	0.0	16 5.2	, m	0	16 1	8.0 0.2	1 7	0.0	2	6	0.0	1 S - S	0.0	0.0	0.0	0.0 0	1 ~	0.0	0.0	0	2	9	0	2	121 1	0	187 2	0	6 - 3	1 14 6.6	0.0	0	0	m r	3 1 5.	27 0	0	3	m	7	9 0	200	2	1	1	170	NH-NO	0	3 074	0 0 4
-44 45-49	0 2 2	1	7	2			0 14	•	-	0	3 4	7	1				000										17		31	0 0	10	15 69		1 3	0 1	00) v	0	0 0	1 3		9 4	۰ - م	7 7	0	n i	. L	000		0 0	34 772	71
50-54 55-5	1 1 7	600	23	90 2	7.	3	3.8	2	7 2	0 0	3 4	8 12	F. 08	25 0	1 45	10	0 6	12 3	13 11	0	0 0	0 0	1 0	1.00 1	0 1		80	24	20	0	36	33 TO	11.11	1 0	0 1	00 7		0	0 0	4 2	10	1	10.00	7 0	4 2		0 2	90		0 0	720 528	75
9 60-64	4 r	0	16	16	3	2	0 12	33	9	0	e a	13	0 + 0	0 10	0	0	, m	8	2	0	0	0	1 2	9	1	7	94	0	129	0 0	ע כר	3 7 3	0 0	1	00	70	9	0	1	S	00	0	0	0 1 0	7		n u	00	0	0	458	2
65-69 70	33	0	m -	12	1,7	0	0 0	280	2	0	4	mc	0 0	4	. 2	. 0	· m	7	10	0	0	0	0	2	0	8	33	0	9/	01	n v	9 0	100	0	0	0	4	0	0	0	4. 0	200	ı m	100	In.	0.		00	0 0	0	248)
-74 75	0 0							2	101			100	TOU					000	101	100						2	7	0	37 L		4 0	4	7	3	0 0	100	0	0	0	0 .	- C	,	9	0	-	2 -	40	00	0	0	145 102	2
+ ANS	00								0	0	0	000	00 .	0000	0	0	2 0	0 00 7	0	0 0	0	0	0	0	0	1 00 0	2 0	0	00 7	000	00 -	4	1 0	0 0	0		0 0	0 0	0	0 0	70	1 00 1	3	0 0	2		0 0	0	0 0	0	2 2	
TOTAL	14	10	4 0	156	33	18	071	289	51	1	25	8 2 C	22	, œ	9	0	28	36	29	1	1	0	47	52	ט ל	40	972	0	1660	0 0	176	48	6	19	12	7	71	1	, L		16		53	31	27	207	66	, 1	2	0	4871	
1	0.2			3.20	0.68	0.37	0.00	5.93	1.05	0.02	0.51	0.10	0.4	0.10	0.13	0.00	1.1	0.7	1.3	0.0	0.0	0.0	0	10	0.0	9.0	19.9	0.00	34.0	0.0	3	0.9	0.1	0.3	0 0	0.0	1.4	0.0	0.0	0.0	0.3	0.9	1.0	0	0	5 -	2.0	0.0	0.0	0.	100.0	

SITE	LIP	RY	GUM FLOOR OF MOUTH	OTHER MOUTH	OROPHARYNX			150 OESOPHAGUS	52 SMALL INTESTINE		RECTUM	LIVER	PANCREAS	RETROPERITONEUM	OTHER DIG SYS	NASAL CAVITY	LAKINA	PLEURA	THYMUS	OTHER RES SYS	CONNECTIVE TIS	SKIN MELANOMA	BREAST MALE	PROSTATE	PENIS ETC	URI BLADDER	KIDNEY		NERVOUS	THYROID	195 ILL DEF SITES	SEC	SEC RES ETC	PRIN		HODGKINS DIS	OTH LYMPHOMA	LEUK LYMPHATIC		LEUK MONOCYTIC
000	78 · TJ	GLANDS	MOUTH	I O H	00	S X	٠ ي ي	2	STINE	000	0	0	1 0 4	ONEUM	SYS	TY		0	0 -	SYS	TIS	OMA	000			R	0	0 0	S	GLAND	TES	NODES	000	1 1	OMA	IS	MA O	ATIC	ID	YTIC
MIC	19	22	123	385	289	514	8	454	111	46	162	35	٥٥	16	0	82	346	1,	-	000	90	12	18	57		81	27	47	4	45	0 4	102	40	114	142	118	36	174	192	0 -
MICROSCOPIC n %	100.00	95.65	98.40	94.83	94.44	95.54	100.00	90.98	10000	85.19	95.29	94.12	66.69	88.89	00.00	97.70	93.26	100.00	100.00	0.00	91.84	100.00	85.71	76.00	92.63	95.29	93.10	95.92	9	90.00	80.00	4	76.92		9.9	95.16	93.51	94.57	4	00.00
×	0	00	00	0 0	0	, m	0	27	m c	1	1	0 0	0 -	0	0	2	0 2	0	0	0 -	7 7	00	00	-10	000	0	0 -	10	0	-10	00	1	5	1 Te	00	0	70	00	0	00
X-RAY	0.00	0.00	0.00	0.00	0.00	5.45	0.00	5.41	2.22	1.85	0.59	0.00	00.0	0.00	00.0	2.30	0.00	0.00	0.00	0.00	2.04	0.00	0.00	1.33	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.93	9.62	5.26	0.00	00.0	2.60	0.00	0.00	0.00
CLINICAL	0 8	26 1	24	21	17	2 ر	0	#:	14	7	7	rt.	10	7,	0	0	24	0	0	00	- ທ	0 0	7 m	17	v L	· m	7,	40	10	4	00	0 10	7	m o	0 M	9	m r	າ ထ	10	1 1
CAL ONLY	0.00	4.35	1.60	5.17	5.56	3.90	0.00	2.20	10.37	12.96	4.12	2.94	11.11	5.56	00.00	00.00	6.47	0.00	0.00	0.00	5.10	0.00	14.29	22.67	5.75	3.53	3.45	4 08	0.00	8.00	00.00	4.63	13.46	15.79	2.04	4.84	3.90	4.35		00.00
OTHER	0	· 10	000		0	000	0	7 0 1	000		0 0	1 2	0 0	1 5	0	0 0	1 0	0000	0	0	1 0	0 0	00	0	000	1 0 1	1 3		2 33	0 0	0 000	07 0	0 0	0	2 0	0 0	0 0	2 4	1 0 0	0
RS	00	000	000	000	000	.00	00	.40	.74	000	.00	.94	.00	.56	00.	00.	.27	980	00.	00.	.00	00.	00.	00.	00.	.18	.45	00.	.33	00.	00.	00.	00	00.	36	.00	00.	98.	49 2	00,
TOTAL	16	23 100.	5 10	406 100	9 10	55 100.	3 10	499 100.	10	7 -	170 100.	34 100.	9 100.	18 100	0 0	7 1	371 100.	1 100 L	1 100.	0 0.	98 100.	12 100.	21 100.	75 100.	87 100.	85 100.	29 100.	18 100.	6 100.	50 100.	0 00.		52 100.		47 100.	124 100.	7	41 100.0 184 100.0	י ה	1 100.

ICD 9TH	SITE	MIC	MICROSCOPIC n %	9.8	X-RAY 8	CLINICAL	CAL ONLY	n or	OTHERS	1.5 JO	TOTALS n
	0.0	0.0	11/03	-		10	10	-		0.10	
40	LIP	14		0	0.00	0 52	00.00	0 0 0	0.00	a . e . 14	100.00
41	TONGUE	114	98.28	0	0.00	2	1.72	0	00.0	116	100.00
42	SALIVARY GLANDS	6	90.00	0	0.00	1	10.00	0	00.00	10	100.00
43	GUM	73	98.65	0	0.00	-	1.35	C	0.00	74	100.00
44	PLOOP OF MOTTHE	0.0	9	0	000	2	23 23		00	4	100 00
7	3	24.0	100	0. 0. a		50	200			325	000
2	OTHER MOUTH	TCT	1 . 0	8 4 TO	***		00.7	0	00.0	OCT O	100.00
146	OROPHARYNX	32	96.97	0	0.00	1 69	3.03	0	0.00	33	T00.00
147	NASOPHARYNX	17	94.44	0	00.0	7.0 1	5.56	0	0.00	18	100.00
148	HYPOPHARYNX	116	92.06	3	2.38	9	4.76	1	0.79	126	100.00
49	DHABVNY RTC	13 80			000	20	000	0	000	0	00 0
1	OHO WILLIAM T	200				85	0.5		000	000	000
00.	OESOPHAGUS	197	90.31	97	5.54	27 CK	4.15	0 0	0.00	687	TOO.00
51	STOMACH	44	86.27	1	1.96	3	5.88	e	5.88	51	100.00
52	SMAT.T. TNTESTINE	2	100 00	•	000	0 7 8	000	0	00 0		100 00
10	SPAND INTESTINE	-0.8		01 S 6. V	00.0	7.5	00.0	0	00.0	0.0	TOO.00
.53	COLON	23	92.00	0.0	4.00	0	4.00	0 0	00.0	25	100.00
54	RECTUM	77	93.90	0	00.0	2	6.10	0	00.0	82	100.00
55	T.TURR	700	80 00	•	000	•	000	2	20 00	ď	100 00
) (0.0	0.0	00.00	0.0	00.0		0 1	1.		0 0	00.00
26	GALLBLADDER	07	30.9T	0 0 - 0	00.0	7 0	4.55	0 7 0	4.55	77	T00.00
57	PANCREAS	9	75.00	0	0.00	1	12.50	0 1 0	12.50	8	100.00
8	PR-PODED THONEILM	4	00 001		000		000	0	000	4	100 00
0 0	CHILD DIG OND		000								000
20	OTHER DIG SIS	T8.00	00.0	0.2 0.0	0.00	21	00.0	0	00.0	0.0	00.00
09	NASAL CAVITY	52	89.66	7 0.0	1.72	4	6.90	0 1 0	1.72	28	100.00
19	T.ARVNX	33	67 67	0	0.00	3	8.33	0	00.0	36	100.00
10	TIMO T		20.40	, (200				0000
70	TONG	0.3	24.03	0.0 200	4 - 40	122 -	T . 43	0	00.0	0/0 1.8	TOO . 00
63	PLEURA	13.44	100.00	0	0.00	0 0	00.0	0	00.0	N- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	T00.00
44	THVMIIC	0 11	100 00	•	000	-	000	•	000		100 00
-	OWN DAY GRIMO	1 CO . OB	000		000	93	000		000	1 0	000
00	OIDER RES SIS	0.0	00.0	0.0	00.0	0	00.00	0	00.00	0.0	00.00
20	BONE	45	95.74	0	0.00	2	4.26	0	00.0	0-0 47	100.00
17	CONNECTIVE TIS	50	96 15	c	0.00	,	3.85	0	00.0	52	100.00
10	OTT TATTOTION	200	000	0	000	1 0			000	1	000
7/	SKIN MELANOMA	N. 20	TOO . OO	A S OTO	0.00	0 - 5	00.0	3 0 52	0.00	0.0.8	TOO.00
73	SKIN OTHER	44	95.65	0	0.00	2	4.35	0	00.0	94	100.00
74	BREAST FEM	833	85.70	7	0.72	131	13.48	2.0	01.0	972	100.00
70	ONI OHOGHI				000	1	000	1 0	000		000
00	CNO CONTRO		000	0.0	000	0	00.0			1000	000
00	CERVIA UIERI	TACT	40.06	01 0 0 . C	00.00	18 09	01.4	0	00.0	DOOT	TOO.00
18	PLACENTA	12.30	00.00	0-0	0.00	72 0	0.00	25 n 2	0.00	0000	0.00
82	BODY UTERUS	63	91.30	0	0.00	9	8.70	0	00.0	69	100.00
83	OVARY	162	92.05	0	00.0	13	7.39	1 0	0.57	176	100.00
84	VAGINA	45	93.75	0	0.00	3	6.25	0	00.00	48	100.00
00	משחתאם דפון	22 00	100 00		000		000		000	0	100 00
0 0	ONI BLADDEN		700.00	0	00.0		00.	0		0.5	200.001
83	KIDNEY	18	94./4	0.0 0.0	0.00	1	97.5	0	0.00	0.0 190	TOO.00
06	EYE	11. 11	91.67	0	00.0	30	8.33	0 6	00.0	12	100.00
91	BRAIN	21	84.00	0	00.0	4	16.00	0	0.00	25	100.00
00	NEBVOIIS SVS	0 00	100.00	•	0.00	0	0.00	0	0.00	2	100.00
	MILE OF STATE	100 T	000		000		20.5		000	0.0	000
2	THIROID GLAND	0/	96.09	0 8 5	00.0	38	1.41	0	00.0	07, 7.8	TOO.00
94	OTH ENDO GLDS	03.1	100.00	0	00.00	0 00	00.0	0 8	00.0	0- 1.0	100.00
95	ILL DEF SITES	10000	100.00	0	0.00	0	0.00	0	0.00	arr la	100.00
90		36	96 30		00 0	200	3 70	0	000	27	טט טטר
10			000	8 8		1 1					000
16		77	17.08	0.8 - 10	T.30	0 34	7.80	0 - 76	06.T	OTC E.E	TOO.00
98	SEC OTHER	14	87.50	1	6.25	1 2	6.25	0	0.00	16	100.00
66	PRIM IINK	40	85.11	3	6.38	7	15.8	0	0.00	47	100.00
10	THOUSE TOURS		1000				100				000
00	LIMPHOSARCOMA	50	TOO . 00	O C.		03 0	0.00	0 0	00.0	25	TOO.00
01	HODGKINS DIS	31	100.00	0	00.0	0	0.00	0	0.00	31	100.00
02	OTH LYMPHOMA	25	92.59	1	3.70	7	3.70	0	00.0	27	100.00
03	MITT'T MVET.OMA	17	85 00	c	00 0	2	10 00	-	200	20	100.00
3 5		16			000	1 -	20.01	1 0		110	000
* 1		200		OUR O		٠,	1.33	0	00.0	TO BOO	100.00
02		86	98.99	0	00.0	1	1.01	0	0	66	100.00
90	LEUK MONOCYTIC	1	100.00	0	00.0	0	00.0	0	00.0	1	100.00
07		0	100.00	c	0.00	c	0.00	c	C		100.00
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		1 0									
ALL	SITES TOTALS	4520		39		300		12		4871	
	SITES TOTALS	4520		39		300		12		4871	
	SITES TOTALS	4520		0.80		300	0	77 22		100.00	
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VARY GLANDS 15.4 67	7407040800888778977777777777777777777777	440000000400010000000000000000000000000		022400RE 9E REE 11 8F4		600 600 600 600 600 600 600 600	007200000000000000000000000000000000000			116 107 107 108 108 108 108 108 108 108 108 108 108
UNARY GLANDS 26.1 34 SR MOUTH 10.0 61 SR MOUTH 10.0 61 SHARYNX 11.4 70 PHARYNX 11.4 70 PHARYNX 8 7 79 CYNX ETC 63.1 24 ACH 23.7 11 ACH 23.7 11 ACH 25.2 0 10 NUM 45.9 22 SR NOTHER 27.8 11 SR DIG SYS 0.0 0 CYNX CAVITY 21.6 65 SR DIG SYS 0.0 0 AL CAVITY 21.6 65 SR DIG SYS 0.0 0 SR DIG SYS 0.0 0 AN MELANOMA 10.0 0 AST RES SYS 0.0 0 SR RES SYS 0.0 0 SR RES SYS 0.0 0 AN MELANOMA 11.2 11 AST FEM 0.0 0 AST WALE 0.0 0 AN OTHER 0.0 0 AN		409008004000000000000000000000000000000		774007E 9E 7FE 11 8F4		2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	007200000000000000000000000000000000000			156 156 128 128 128 128 128 128 128 128 138 140 140
R OF MOUTH 11.2 / 2 ER MOUTH 16.0 61 BHARYNX 11.4 70 PHARYNX 11.8 69 ER MOUTH 16.0 61 RYINX ETC 0.0 100 ER ACH 23.7 71 IL INTESTINE 0.0 0 IL INTESTINE 11.1 3 ER BES SYS 0.0 0 ER DIG SYS 0.0 0 ER DIG SYS 0.0 0 ER DIG SYS 0.0 0 ER RES	4 E 4 0 E 0 8 0 0 0 8 E E E E E E E E E E E E	00000000000000000000000000000000000000		74000E 9E 2FE 11 8F4		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	000000000000000000000000000000000000000			156 133 133 126 126 128 128 128 128 138 140 140
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0.0		21.1	0.001	19			56.3		100.0	16
0.0	70.1	12.6	100.0	127		2.1	78.7	19.1	100.0	747
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42.28

HOSPITAL CANCER REGISTRY: CANCER INSTITUTE, MADRAS

The hospital tumour registry of the Cancer Institute has been in existence since its inception in 1955. Since January 1, 1984 the hospital cancer registry collaborates with the National Cancer Registry Project (ICMR).

The Institute is a comprehensive cancer centre. A micro-computer DCM—Tandy TRS 80 Model 4 is used for quality checking and analysis of hospital cancer registry data.

Comments: A total of 3973 cases were registered during the year 1984, of whom 1807 were males and 2166 were females. The regional distribution of cancer cases registered are from Tamil Nadu 50.0%, Andhra Pradesh 40.4%, Kerala 4.8%, Assam 2.3% and remaining from other parts of India and from neighbouring countries. Major language groups are Tamil, Telugu and Malayalam and religious groups are Hindu, Christian and Muslim.

Cancers of the lip, oral cavity and pharynx are frequent in males (35.9%) than females (14.3%) of total cancer cases.

Relative frequency of oesophagus (8.1%) and stomach (7.6%) cancers in men is higher than women, oesophagus (2.8%) and stomach (2.2%).

Relative frequency of uterine cervix (47.8%) is very high in Madras hospital data in women and breast cancer (14.1%) is moderately high.

Dr. V. SHANTA, Project Chief Dr. C. K. GAJALAKSHMI, Officer-in-Charge

HOSPITAL CANCER REGISTRY MADRAS SEX : MALE YEAR : 1984 CANCER CASES BY AGE AND SITE (ICD.9), AND PERCENTAGES

dЮ	1 0	77.0	8.28	0.94	2.66	08 0	0 0	10.0	3.93	0.72	2 42	75.	0.94	8.14	7 6 4	100	0.11	99.0	000	70.7	1.94	90.0	000	07.0	0.33	00.00	ררר	11.1	3.93	7 14	*1.	0.11	0.11		00.00	50.7	1.38	75	000	1.60	0.17	77		11.1	3.93	0.77	0.44		***	0.00	90.0	1.27	90 0	000	00.0	1.00	0.61	0.72	0.28		11.0	1.88	3.65	77	1	99.1	2.32	90 0	000	90.0	7.78		100.00
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EVARY GLANDS TVARY GLANDS R OF MOUTH PHARYNX PHARYNX PHARYNX SYNX ETC PHAGUS AACH LI INTESTINE LI INTESTINE SER SER SER SER ACH COPERITONEUM SER SER AC COPERITONE CO	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0.0.4.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		% %	n 4	00.00	42.9		14.3	olo II	u III
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DR OF MOUTH PHARYNX PHARYNX PHARYNX PHARYNX YNX ETC PHAGUS AACH LI INTESTINE DN CUM EBLADDER FBLADDER SERAS SR DIG SYS AL CAVITY KNX	3 50.00 1 068.20 1 070.04 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	W41000000000000000000000000000000000000		100.0	48	6.5	85.5		4.8	100.0	62
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NEUM YS Y	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0000	17.1	100.0	35	50.0	0.0	16.7	33.3	100.0	9
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	.0 33.3	1.4	12.7	100.0	71	0.0	83.3	0.0	16.7	100.0	9
LUNG 14.		46.5	6.2	100.0	129	12.5	43.8	31.3	12.5	100.0	16
PLEURA 50.	0.0	50.0	0.0	100.0	2	0.0	0.0	100.0	0.0	100.0	1
THYMUS 0.	.0 50.0	0.0	50.0	100.0	2	0.0	0.0	0.0	0.0	0.0	0
OTHER RES SYS 0.	0.0 0.	0.0	0.0	0.0	0	0.0	0.0	0.0	0.0	0.0	0
878	.2 24.3	13.5	18.9	100.0	37	47.6	19.0	4.8	28.6	100.0	21
CONNECTIVE TIS 36.	.0 28.0	4.0	32.0	100.0	25	33.3	33.3	0.0	33.3	100.0	15
SKIN MELANOMA 30.	.0 50.0	0.0	20.0	100.0	10	0.0	100.0	0.0	0.0	100.0	2
SKIN OTHER 44.	.8 41.4	10.3	3.4	100.0	29	27.3	72.7	0.0	0.0	100.0	11
	0.0	0.0	0.0	0.0	0	5.9	57.5	10.8	25.8	100.0	306
MALE	.0 66.7	33.3	0.0	100.0	m	0.0	0.0	0.0	0.0	0.0	0
UTERUS UNS 0.	0.0	0.0	0.0	0.0	0	0.0	0.0	0.0	0.0	0.0	0 0 0
TERI	0.0	0.0	0.0	0.0	0 0	13.2	1.9/	4.4	7.0	100.0	1707
	0.0	0.0	0.0	0.0	0 0	0.00	0.00	100.0	0.00	100.0	
ULERUS	0.0	0.0	0.0	0.0		6.20	21.5	0.00	0.07	100.0	25
	0.0	0.0	0.0	0.0	0 0	21.0	21.0	23.0	23.5	100.0	
	0.00	0.00	0.00	0.00	0 5 5	11.9	0.10	0.0	18.0	100.0	
LE	4.12 4.	0.87	0.87	100.0	4 0	0.0	0.0	0.0	0.0	0.0	00
TESTIS 51	.U TU.U	20.0	0.00	100.0	202	000		0.0		000	0 0
an de		7000	1.12	0.001	7.	23.3	22.2	23.3		0.00	o m
	17 LT 17 E	0.03	7 T	10000	* 0	100	22.5	0.00	7 2	0.001	י ע
		12.5	62.5	1000	οα	33.3	16.7	0.00	50.0	100.0	ی د
N			0.0	100.0	180	0.0	0.0	0.0		100.0	1
SYS SUS			0.0	100.0	1 4		0.0	0.0		0.0	0
	.1 47.8	4.3	21.7	100.0	23	18.5	29.6	22.2	29.6	100.0	27
	0		0.0	100.0	1	100.0	0.0	0.0	0.0	100.0	1
		37.5	25.0	100.0	16	0.0	50.0	20.0	0.0	100.0	9
S			88.2	100.0	34	•	0.0	18.2	81.8	100.0	11
RES ETC	0.0	2.	27.3	100.0	11	0.0	0.0	100.0	0.0	100.0	9
SEC OTHER 0.		92.3	7.7	100.0	13	0.0	0.0	100.0	0.0	100.0	m (
PRIM UNK 0.		80.0	20.02	100.00	194	0.0	0.0	0.00	0.001	100.0	73
.0	. 11	C.T				• 11					======

