

Cancer Registration in Pakistan: a Reality Check

For all cancers combined, the PubMed search using the terms 'population-based cancer registries in Pakistan' and 'Karachi Cancer Registry' retrieved recent publications discussed below. The report on Lahore as part of the Punjab Cancer Registry has been published in various articles between 2010 and 2019, with the most recent one comprising the entire 10-year period.^[1-4] Further, the Karachi Cancer Registry, revived recently, has published its 2017-2019 data.^[5] In addition, the Dow Diagnostic Research and Reference Laboratory, the largest government-run laboratory in Karachi, has reported its results from 2010 to 2019 and 2010 to 2015.^[6,7] In 2011, Dr Yasmin Bhurgri presented the cancer survival estimates for the 1995-1999 population representing the Karachi South district, one of the five districts of Karachi.^[8] In 2004, Dr Bhurgri also indicated the need for establishing a national cancer registry after publishing a paper on large-scale pathology-based data from the Karachi division in 2002, the first report from Karachi (1995-1997) in 2000 and another report (1995-1996) in 1999.^[9-12] It is written in the aforementioned 2002 paper that the results reported could reflect the population-based cancer data. Further, in 2003, a publication from Lahore presented the institution-based data over 5 years, from 1997 to 2001.^[13] Moreover, the reports published between 2002 and 2006 by Dr Bhurgri on cancer in Larkana, Hyderabad and Quetta are largely pathology based.^[14-16]

Further, a web search on cancer registration in Pakistan showed additional results. The search showed the results of the hospital-based or institutional cancer registries for the Shaukat Khanum Memorial Cancer Hospital and Research Centre registry, online since 2004.^[17] Another one is the Pakistan Atomic Energy Commission's

(PAEC) extensive cancer registry report covering the period between 2015 and 2019 over two volumes, based on cancer cases registered in its 17 cancer hospitals in the country.^[18,19] One of the PAEC's hospitals, the Institute of Nuclear Medicine and Oncology in Lahore, has published two separate reports covering 1984-2014 and 1984-2011, in 2018 and 2014, respectively.^[20,21] Yet another PAEC hospital, known as the Karachi Institute of Radiotherapy and Nuclear Medicine, published its 8-year institutional report in 2009.^[22]

As for the National Cancer Registry established by the Health Research Institute (HRI), Islamabad, formerly the Pakistan Health Research Council, the online HRI report shows that this registry has collected information from eight centres and has presented the frequencies for the top 10 cancers in Pakistan over 2015-2016.^[23] However, it is questionable if it represents the results for the country as a whole. The healthcare facilities mentioned in this report are limited; therefore, cancer registration data are likely of low quality in terms of comparability, validity, timeliness and completeness. With more stakeholders included in this program, there could be an improvement in data quality in due course of time.

It was also noticed during the web search that reports on cases recorded at two big hospitals in the country, the Aga Khan University Hospital in Karachi and Shifa International Hospital, Islamabad, were not available online.

It has been challenging to record cancer cases diagnosed in a defined community in a specified period in Pakistan. Beyond that, capturing the data on deaths and computing cancer-specific mortality is even more complex and needs an aggressive approach to deal with the issue.^[24]

The International Agency for Research on Cancer has used the data from the aforementioned population-based registries to provide the cancer estimates for Pakistan.^[25] However, we need to do additional, extensive work to capture the information and assess the disease burden in the country accurately. We can take this forward by establishing registries at the district level, managed by the locally trained workforce but overseen by more experienced staff in a central, coordinating office. We need to galvanise public health so that a new direction best prepares the country to face a future that renders adequate availability of the resources to tackle the morbidity associated with this disease.

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