



LETTER TO THE EDITOR

Cancer Registry in Bangladesh: Challenges and Opportunities

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ABSTRACT

The Cancer Registry is a database created for collecting, managing, and storing information about people with cancer. Collaborative research, preventive, and treatment initiatives benefit nations with cancer registries. Several Asian countries have recently made their cancer registries. It is done by a designated Organization, such as the National Cancer Registry Programme (NCRP) in India and National Cancer Registry (CNCR) in China. Both countries decentralized their programs in different parts of their country. Bangladesh's National Cancer Registry has not yet been established due to a lack of government policy, fund allocation, trained manpower, workforce, awareness, and readiness among health professionals.

Keywords: Cancer Registry, Challenges, Opportunities, Bangladesh.

TO THE EDITORS OF THE INTERNATIONAL JOURNAL OF TRANSLATIONAL MEDICAL RESEARCH AND PUBLIC HEALTH:

Dear Editor,

The current trends of cancer worldwide indicates an increasing number of new cases. In 2020, there were approximately 18.1 million new cases of cancer diagnosed globally. This number is projected to rise to 28.2 million by the year 2040.^[1] In 2020, the age-standardized incidence rate for all cancers (excluding non-melanoma) was higher in men than in women.^[1] The Cancer Registry is an essential information system designed for the collection, storage, and management of data on persons with cancer. It is an integral component of the national Noncommunicable disease (NCD) surveillance system in cancer registries and part of the national NCD surveillance system. Hospital-based registries offer data on the clinical diagnosis, cancer staging, treatment modalities, and survival results. However, population-based registries offer essential information on trends in cancer incidence, which helps to plan cancer prevention and early management. According to WHO, by preventing and identifying cancer early, lives can be saved, and the personal, societal, and economic costs of cancer care are reduced.^[2] This letter aims to find out the present situation of the Cancer Registry in Bangladesh. Therefore, to ascertain this fact, the researcher tried to review related literature, used secondary data, and gathered documents and information from relevant government and non-government institutions and published news articles.

Countries with cancer registries are benefiting through collaborative research, prevention, and treatment programs. In recent years, cancer registries have been released in a number of Asian nations. For the International Agency for Research on Cancer's (IARC) Cancer Incidence in Five

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Continents Vol. IX, data from 77 registries in 18 countries were submitted, and 44 (55%) of those registries in 15 countries except Indonesia and Bangladesh were accepted.^[3]

In most countries, the Cancer Registry is done by a designated Organization. In India it is done by the National Cancer Registry Programme (NCRP),^[4] and in China it is the China National Cancer Registry (CNCR). NCRP and CNCR are the network of cancer registries that collect data on cancer incidence and mortality in their respective countries. Both countries decentralized their programs, with registries in different parts of their respective country. The registries collect data on all cancer cases diagnosed in their area, regardless of the type of cancer or the stage of the disease. The data is collected through various methods, including Active surveillance, Passive surveillance, and Hospital-based registries.

The National Cancer Registry of Bangladesh is not yet established. However, there are several hospital-based cancer registries in Bangladesh,^[5] including National Institute of Cancer Research and Hospital (NICRH), Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka Medical College Hospital (DMCH), Sir Salimullah Medical College Hospital (SSMCH), Sher-E-Bangla Medical College Hospital, Barisal, Chittagong Medical College Hospital (CMCH), Mymensingh Medical College Hospital (MMCH), MAG Osmani Medical College Hospital, Sylhet, Rajshahi Medical College Hospital (RMCH), and Rangpur Medical College Hospital (RNCH). The Ministry of Health and Family Welfare of Bangladesh is still in the process of establishing a National Cancer Registry. The main reasons for not having the National Cancer Registry are the lack of government policy and fund allocation for the National Cancer Registry, lack of trained manpower, lack of awareness and readiness among health professionals, inadequate infrastructure (software and data storage facility), and lastly, political instability.

Although Bangladesh made remarkable progress in the health sector, there is huge scope to focus on developing a national cancer registry by forming a commission headed by NICRH and the Ministry of Health and Family Welfare, which is time demanding.

CONCLUSION

Collaboration in cancer research, prevention, and treatment benefits countries with cancer registries. Taking part in this development process of cancer management and as the Cancer Registry is an integral part of the NCD Surveillance, the Bangladesh government and health authorities should take quick initiatives to establish a National Cancer Registry system by forming a dedicated commission and decentralizing the process.

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COMPLIANCE WITH ETHICAL STANDARDS

Conflicts of Interest

Dr. Matiur Rahman is on the editorial board of the Journal.

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Not applicable.

Declaration of Patient Consent

Patient's consent not required as patients identity is not disclosed or compromised.

Use of Artificial Intelligence (AI)-Assisted Technology for Manuscript Preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

Disclaimer

None.

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