POPULATION BASED CANCER REGISTRY, DIBRUGARH
Assam Medical College Hospital, Dibrugarh

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PBCR covering the district of Dibrugarh located in the eastern part of Assam was established in 2003 along with five (5) PBCRs of N.E Region under NCRP of ICMR. The registry has completed nine (9) years of operation on 31st December, 2011.

During this tenure, PBCR, Dibrugarh has been able to generate authentic and quality data on incidence, the pattern and burden of cancer in the district albeit a few shortcomings. The accrued data have shown pointers to the burden and pattern of cancers amenable to specific epidemiological studies and cancer control measures.

During the formative years the registry had to face several administrative and technical problems. Some of them have been sorted out but some are still there to be resolved at the district health and civil authority level. Cooperation from the nursing homes, private hospitals and diagnostic laboratories have been partial in the sense that these centres do not fill-up all the columns of the abridged proforma specifically designed for the purpose on the pretext of shortage of staff. Nor do they allow our field staff to look into their records for fear of breaching confidentiality and as a result incompleteness of data persists.

Moreover, the base institution Assam Medical College Hospital (AMCH) being only a tertiary teaching hospital lacks the provision of oncology wing manned by oncologists. Increase in health awareness among the populace has made more and more affluent cancer patients to go to well equipped cancer centres and private hospitals outside Dibrugarh for diagnosis and treatment. In the absence of a referral board or any such coordination in the district, it is not possible to know the whereabouts of the patients. What the registry eventually receives from the laboratory reports and DCO records of some of these patients are usually incomplete and lacking information on the extent of disease, treatment, date of diagnosis, primary site etc. In this context, cancer mortality data continues to serve as a major and potential source of registration for Dibrugarh PBCR.

The vast population of the district is rural (around 80%). It has been observed over the years that not all deaths are reported in the VSD centres and the compliance is even worse in rural area especially in case of female deaths. To improve upon the completeness and reliability of cancer mortality data of the district, it is essential to consider the following options seriously. (a) To make medical certification of death error-free and mandatory; (b) VSD centres should be computerised and manned by trained staff

for facilitating collection of all cause mortality data; (c) Village heads/collection panchayat officials should be held responsible/accountable for any lapses in death reporting; (d) Unmatched cancer deaths (DCNs) must be actively followed up for primary site/date of diagnosis.

Most of the perennial problems in cancer registration in the district can be solved to a large extent if cancer can be made a notifiable disease in Assam for which a persistent concerted effort from all the three PBCRs of the state would be required.

Staff Position of PBCR, Dibrugarh

Sri S.K. Bhuyan, *MIT*	:	Computer Programmer
Mr C. Hazarika, *MSc*	:	Statistician
Mrs R. Mahanta, *MSc*	:	Medical Social Worker
Mr C. Chetia, *MSc*	:	Medical Social Worker
Mr S. Barua, *MA*	:	Medical Social Worker
Mrs R.D. Singh, *MCA*	:	Data Entry Operator

Main Sources of Registration of Incident Cases of Cancer: 2009-2011
Dibrugarh District

Name of the Institution	Number	%
AMCH, Dibrugarh	1449	58.2
Madona Laboratory	187	7.5
Aditya Diagnostic Laboratory	152	6.1
Municipality Board, Dibrugarh	122	4.9
BBCI, Guwahati	112	4.5
Sankardev Hospital & Research Centre	75	3.0
Tengakhat PHC	50	2.0
Marwari Arogya Bhawan Hospital, Jyoti Nagar, Dibrugarh	44	1.8
Life Line Laboratory	42	1.7
Birth & Death Registration, AMCH, Dibrugarh	32	1.3
Khowang PHC	32	1.3
Oil Hospital, Duliajan	29	1.2
Naharani CHC	28	1.1
Others	134	5.4
Total	**2488**	**100.0**

1. *Institutions listed have registered at least one percent of all cases in the registry for the combined years 2009-2011.*
2. *The numbers and proportion listed are the minimum number of cases. Institutions could have registered/ reported more cases, since duplicate registrations and non-resident/registry cases are not included.*