POPULATION BASED CANCER REGISTRY, KAMRUP URBAN DISTRICT

Dr. B. Borooah Cancer Institute, Guwahati

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Population Based Cancer Registry (PBCR) Guwahati was established in 2003 in the department of Pathology of Dr B. Borooah Cancer Institute (BBCI), Guwahati which is a Regional Cancer Centre. Since its inception the registry has been collecting information on cancer of a sample of resident population of Kamrup Urban District (KUD) of Assam continuously with financial and technical support of Indian Council of Medical Research (ICMR-NCRP). Aim of the registry is to measure the burden of cancer and generate site specific research methodology for control of cancer in KUD.

PBCR Guwahati, covers whole of Kamrup Urban with a population of 1273910 of which 672316 are males and 601594 are females for the year 2011 (applying difference distribution method using 2001 as base year). Kamrup district covers an area of 4107 sq. km. out of which Kamrup Urban District (KUD) has an area of 267.08 sq. km. The population density is 581 per sq. km. It is situated in 26.11 north latitude and 96.46 east longitude approximately 200 metres (656 feet) above sea level.

Since cancer is not a notifiable disease the process of data collection is an active one with participation from different sources of registration. Dr. B Borooah Cancer Institute is the main source of registration where direct interview is possible for all registered cases. The diagnostic and treatment details are available from case files and clinician notes. In addition to BBCI, there are 40 hospitals, 31 diagnostic centres, one pain and palliative care centre and a state referral board. The extraction of records is done through personal interview and record linkage. Our registry staff is engaged in collecting all cause mortality data within the registry area from 2008 onwards by paying periodic visits to the 18 birth and death registration centres. Matching of all cause mortality data with incidence data has resulted in better mortality registration thus improving the M/I ratio and reduction in the number of DCOs. Data entry of the data collected in prescribed core proforma (NCRP-ICMR) is done using PBCRDM 2.1 software which is an all in one comprehensive package to suit all the activities of a registry. Subsequently, quality checks, duplicate checks and matching is carried out using PBCRDM 2.1. Data thus accrued are sent to NCRP headquarter for a series of further checks before preparation of final tabulation.

PBCR Guwahati has been performing data entry in real-time since 2011. The result is that the proportion of primary site unknown has reduced, the availability of demographic, clinical and treatment details has increased and so has the number of cases microscopically diagnosed. The time taken for submission of data has reduced significantly from one year to few months.

Name of Registry Staff

Dr Debanjana Barman, *MD* : Medical Research Officer

Mrs Arpita Sharma, MCA : Computer Programmer

Ms Nazmina Hussain, MSc(Statistics) : Statistician

Ms Gitanjali Devi : Statistician

Mr Jamil Ahmed Barbhuiya, MSW : Social Investigator

Mr Ranjan Lahon, MA (Sociology) : Social Investigator

Ms Barsha Roy, MA (Sociology) : Social Investigator

Mr Kamal Kumar Deka, MSc(IT) : Computer Operator

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

Name of the Institution	Number	%
Dr. B. Borooah Cancer Institute, Gopinath Nagar, Guwahati-16	2262	51.2
Ekopath, G S Road, Guwahati	225	5.1
Guwahati Medical College Hospital, Bhangagarh, Guwahati	190	4.3
BDRC, Ulubari	169	3.8
International Hospital, G S Road, Guwahati	136	3.1
Pain and Palliative Clinic	131	3.0
Saharias Path Lab, Guwahati	118	2.7
Arjya Hospital	100	2.3
Nemcare Hospital, G S Road, Guwahati-5	83	1.9
Central Hospital, NF Railway Maligaon	70	1.6
Dispur Hospital, Dispur, Guwahati-6	64	1.4
Ayur Sundra Diagnostic Centre	54	1.2
Guwahati Neurological Research Centre, Dispur, Guwahati-6	44	1.0
Downtown Hospital, G S Road, Guwahati-6	42	1.0
Others	728	16.5
Total	4416	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.