

## POPULATION BASED CANCER REGISTRY, MEGHALAYA

### Civil Hospital, Shillong

**Dr R.S. Dympep**, Principal Investigator, Pathologist, Pasteur Institute, Shillong

**Dr D.K. Parida**, Co-Investigator, Oncologist, NEIGRIHMS, Shillong

**Dr H. Dkhar**, Co-Investigator, Pathologist, Nazareth Hospital, Shillong

**Dr J. Syiemlieh**, Co-Investigator, Oncologist, Civil Hospital, Shillong

Meghalaya is one of the North Eastern states of India. It is a hilly strip of land in the eastern part of the country about 300 km in length and 100 km in breadth with a total area of about 22,429 sq km. According to the details of Meghalaya provisional census 2011, it has a population of 29.64 lakhs. The state is bounded on the north and east by Assam and on the south and west by Bangladesh. Shillong, the capital is also known as the Scotland of the East and the Shillong metropolitan area has a population of 354,325. Meghalaya comprises 0.8% of the country total land mass and 8.55% of that of the North-East. The two main indigenous groups of Meghalaya are the Khasi-Jaintias mainly dominating the Khasi and Jaintia Hills and the Garos in the Garo Hills. The population growth rate is 27.82%, Sex ratio F:M is 986:1000, Population density is 132 per sq km and the Literacy rate is 75.48%.

Meghalaya as part of the National Cancer Registry Programme, started the Population Based Cancer Registry Programme from 2009 covering four districts of the state namely (1) East Khasi Hills (2) West Khasi Hills (3) Jaintia Hills (4) Ri Bhoi with a population of 18.6 lakhs.

Data abstraction of incidence and mortality is routinely performed by the Social Investigators after collecting data from various sources through direct contact with patients, medical records etc. The details are entered into the core-proforma provided by NCRP Bangalore. Coding is followed according to the International Classification of Diseases for Oncology (ICD-O) along with the International Statistical Classifications of Neoplasms (ICD-10) published by the WHO. The data are entered into the database of PBCRDM 2.1 software designed by NCRP Bangalore. It has been a useful tool as it provides effortless data entry and has been assisting the operator through an interactive environment.

The medical officer in charge of CHCs/PHCs is designated as Births and Deaths Registrar. They certify deaths in hospitals or PHCs. These death certificates and reports are sent to the office of their respective District Medical & Health Officer's office. Births and Deaths are also registered under the respective municipal corporation. Mortality collection is also done from all the hospitals/institutions, media i.e. local newspapers, local cable TV service provider etc. The mortality data is not yet computerised in the state.

The setting up of the PBCR during the initial years has been a great challenge. The cooperation has increased due to interactions with the medical officers of the various registries, various institutions and nursing homes. Feedback received from field staff has been of immense help in streamlining the process.

Agendas and programmes for interacting with the various Government and non Government medical entities, including the medical record staff, related to cancer incidence and mortality have been chalked out for the coming year.

With the alarming increase of cancer cases in the state and as suggested by NCRP Bangalore, the Registry has given a written suggestion to the Government of Meghalaya to make cancer as a notifiable disease in the state. It is hoped that the project will contribute to the National Cancer Registry Programme mainly through its National Cancer Control Programme.

### Sources of Registration

1	Civil Hospital, Shillong	16	CMC, Vellore
2	Woodland Hospital, Shillong	17	North East Cancer Hospital and Research Institute, Jorabat
3	North Eastern Diagnostic Centre (NEDC), Shillong	19	DMHO, Nongstoin
4	Melari Diagnostic Laboratory, Shillong	21	DMHO, Nongpoh
5	Bethany Hospital, Shillong	22	DMHO, Jowai
6	Super care Hospital, Shillong	23	DMHO, Shillong
7	Clinical Pathology, Shillong	27	The Municipal Board, Shillong
8	NEIGRIHMS, Shillong	28	The Municipal Board, Jowai
9	Nazareth Hospital, Shillong	30	Civil Hospital, Jowai
10	BBCI, Guwahati	31	Civil Hospital, Nongpoh
11	Sendro Polyclinic, Shillong	32	Hospital, Nongstoin
12	Shillong Diagnostic, Shillong	33	KJP Hospital, Jowai
13	Ganesh Das Hospital, Shillong	34	KJP (Gordon Robert) Hospital, Shillong

### Advisory Committee

Chairman	:	<b>Commissioner and Secretary Health and Family Welfare, Govt. of Meghalaya</b>
Member	:	<b>Officer on Special duty Health and Family Welfare, Govt. of Meghalaya</b>
Principal Investigator	:	<b>Dr R.S. Dympep</b> , Pathologist, Pasteur Institute, Shillong
Co-Investigators	:	<b>Dr D.K. Parida</b> , Oncologist, NEIGRIHMS, Shillong <b>Dr H. Dkhar</b> , Pathologist, Nazareth Hospital, Shillong <b>Dr J. Syiemlieh</b> , Oncologist, Civil Hospital, Shillong

### Registry Staff

Research Officer	:	<b>Dr L. Lyngskor</b>	Social Investigators	:	<b>Mr Dienroimiar M. Pdah</b>
Programmer	:	<b>Mr Baiakmenlang Suting</b>			<b>Ms Lucina Wanniang</b>
Data Entry Operator	:	<b>Mr Bantehsong Langstieh</b>			<b>Ms Metalyne Nongrum</b>
Statistician	:	<b>Mr Ricky M.R. Lyngdoh</b>			

**Main Sources of Registration of Incident Cases of Cancer: 2010-2011**  
**Meghalaya**

<b>Name of the Institution</b>	<b>Number</b>	<b>%</b>
Civil Hospital, Shillong	616	25.9
Woodland Hospital, Shillong	373	15.7
NEIGRIHMS, Shillong	326	13.7
Nazareth Hospital, Shillong	210	8.8
Melari Diagnostic Laboratory, Sillong	194	8.2
North Eastern Diagnostic Centre (NEDC), Shillong	171	7.2
Bethany Hospital, Shillong	125	5.3
Unknown	123	5.2
BBCI, Guwahati	73	3.1
The Municipal Board, Shillong	44	1.8
Cancer Atlas	40	1.7
Others	84	3.5
<b>Total</b>	<b>2379</b>	<b>100.0</b>

- 1. Institutions listed have registered at least one percent of all cases in the registry for the combined years 2010-2011.*
- 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.*