

# **POPULATION BASED CANCER REGISTRY, KOLKATA**

## **Chittaranjan National Cancer Institute (CNCI) and Saroj Gupta Cancer Centre & Research Institute (SGCCRI)**

**Dr Jaydip Biswas**, Principal Investigator & Director, CNCI

**Dr M N Bandyopadhyay**, Co-Principal Investigator (SGCCRI)

**Dr Karabi Datta**, Co-Principal Investigator

**Dr P S Basu**, Clinical Co-ordinator

**Dr S Mondal**, Statistician

NCRP had taken over PBCR of Kolkata from January 1, 2005. The Municipality (KMC) is the area of coverage (185 sq km). The estimated population (2008-09) is 9.42 million (male: 5.08 million, female: 4.34 million). Proportion of aged population is relatively high.

During 2008-09, the CR, AAR & TR were 100.8, 92.8 & 158.0 for males and 110.2, 99.4 & 221.1 for females. The CMR, AAMR & TMR were 48.1, 43.6 & 61.9 for males and 44.8, 39.6 & 73.3 for females. Relative Frequencies (%) of commonest cancers in male were Lung (18.0), Prostate (7.5), Mouth (6.9), Larynx (5.4) and Bladder (4.2). The same for commonest cancers in female were Breast (26.4), Cervix (11.6), Ovary (6.9), Gallbladder (5.7) and Lung (5.0). Tobacco related cancers were 44.7 and 14.1 in males and females respectively.

During the processing and finalization of this data there were some problems faced for which some causes were identified and some solutions proposed.

After initial compilation of data, the proportion of DCO cases was very high. The SIs had to revisit most of the centres repeatedly with mortality details collected from KMC. This method was successful to bring down the DCO proportion to an acceptable 7.9%. However, this procedure is a very labour intensive procedure.

The MI ratio for 2008-09 was 44.3. The high value is likely to be due to an inflated mortality figure as recorded in KMC. This is thought to be primarily due to the common practice of mentioning the local (Kolkata) addresses as permanent addresses when death certificates are issued. This could be evaluated by a door to door survey – yet another labour intensive procedure with limited manpower. Missing incident cases could also be the other contributing factor.

The number of participating centres remains 52. Increased personal contacts, frequent awareness drives in the newer therapeutic and diagnostic centres are thought to be the way to increase the number. The PBCR has taken some initiative in this direction. An increase in the number of participating centres could yield more incident cases.

In December 2010, the Govt. of West Bengal had passed an administrative order that made cancer a notifiable disease. However, the general response and compliance had been suboptimal so far. The PBCR of Kolkata continues to be an active procedure of data collection.

The decreasing volume of contribution in some of the existing centres is a problem. Shortage of manpower in the participating centres, missing addresses and other essential details of the patients are a few of the important causes. Some financial/other assistance to these centres could partly solve the problem.

### Staff

DEO cum Social Investigator	:	<b>Biswajit Bhattacharjee</b>
Social Investigators	:	<b>Biswanath Ghosh</b>
		<b>Indrani Nandi</b>
		<b>Soumya Roy</b>
		<b>Pranati Sarkar</b>
		<b>Soma Das</b>

### Main Sources of Registration of Incident Cases of Cancer: 2008-2009 - Kolkata

Name of the Institution	Number	%
CNCI	1327	13.4
CCWH	1228	12.4
NRS	889	9.0
Sambhunath Pandit Hospital	691	7.0
CMC	627	6.3
SSKM	614	6.2
TMH Bombay	524	5.3
AMRI	498	5.0
SC Bose Cancer Research Centre (Park Point)	491	5.0
R G Kar	416	4.2
Bellevue	217	2.2
CMRI	204	2.1
Wockhardt	196	2.0
NG Medicare	181	1.8
Subodh Mita Cancer Hospital	176	1.8
EKO-X-Ray	174	1.8
Woodlands	170	1.7
Marwari Hospital	169	1.7
RKMSP	168	1.7
BP Poddar Hospital & Research Inst	166	1.7
Ruby General Hospital	159	1.6
Roy & Trivedi	120	1.2
Others	508	5.1
<b>Total</b>	<b>9913</b>	<b>100.0</b>

1. Institutions listed have registered at least one percent of all cases in the registry for the combined years 2008-2009.

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.