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RESEARCH ARTICLE

REGISTER OF CANCERS FOR MALTA.

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Abstract

The essay looks into the Register of Cancers for Malta, the efforts made in this direction, as well as the scope for improvement. Attempts are made to get an overview of the Cancer registry in Europe and UK and compare the Cancer registries in Malta to them.

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Introduction:-

An Insight in the Register of Cancers for Malta:-

Malta is an island group that lies in the central Mediterranean south of the Italian island of Sicily. Malta is one of the largest islands that are inhabited, while there are several smaller islands that remain uninhabited. The population of Malta is more than 500,000. Studies reveal that one in three individuals in the Maltese islands is diagnosed with cancer at some phase in their life, and one in every four people in Malta dies of the life threatening disease. National Cancer Plan 2011-2015 and Register of Cancers for Malta have been set in place for curbing the incidents of cancer and offer quality life to cancer survivors. All cancer patients in Malta get education on this comprehensive plan and are made aware of the objectives and measures. The aim is to introduce the required developments and desired improvements.

People from different disciplines In Malta are actively participating to control cancer. The major role of the cancer registry is to look at the nature of intelligence gathering related to cancer and offer the correct data that will help uncover the causes of cancer and how to control of the disease (National Cancer Register.(2014). The founding of a population-based cancer registry is crucial and desirable. The population-based registries reflect the cancer patterns in a given region and country. They not only measure the cancer burden in the society, but also help in the development of a national cancer control program. They look at the present tendencies in the incidence of cancers over time and the data collected is valuable for national cancer control. Hospital-based information proves to be a valuable source of data that comprises of methods of diagnosis, treatment methods, stage distribution, response to treatment, and survival. However, collecting accurate information on cancer incidence can be difficult at times because of case referral and population coverage.

The first attempts at Register of Cancers for Malta initiated around 1960s, when data was collected for the time-period 1969-1972. However, these earlier attempts came to an end by the mid-70s. The current registry was started in the 1985, and the data was collected only from the cases at St. Luke's Hospital, which was the general public hospital in Malta. Since 1991, the data on cancer cases is being collected from public and private hospitals, laboratories, clinics on the Maltese Islands. The registry is now a full voting member of the International Association of Cancer. The data on Maltese cancer patients and survivors is analyzed and compared with other cancer cases diagnosed and treated in other European countries. The population-based register attempts to cover all

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cancer cases and diagnoses on the Maltese Islands. Every year, there are more than 1000 new diagnoses made on cancer.

Cancer notification is a legal requirement in Malta, but not all cancers are informed. Register of Cancers for Malta makes a serious attempt to collect data from public and private histology laboratories and study their activity analysis. There might be some cases related to elderly patients that might get ignored, while others ignored due to clerical errors. Every individual is assigned a unique identification number at birth registration. According to the information available in the National Registry, there were about 900 deaths due to cancer in the year 2012. The number accounts for more than 25% of all deaths in Malta and Gozo for the same year. These deaths do not cover the Squamous and Malignant Basal Cell Carcinoma due to the lack of serious consequences for patients ((Aquilina et al, 2006). The number of cancer cases includes men, women and children. Based on the information, the most-common cancers in Malta are prostate, lung and kidney. The cancer of breast, large intestine and lung was the most common in women. The most-vulnerable age found in both genders was between 65 and 69 years. In men, the chief reason of death was lung cancer, while in women, the breast cancer. The data shows that the total number of cancer deaths in children is minuscule.

The sources of the Clinical notifications, autopsy reports, and Death certificates are reported by hospital doctors, GP's and others, Pathology laboratories, Oncologists and National Mortality Registry. The Malta National Cancer Registry reflects the number of primary tumors rather than the number of individuals with cancer. A two year gap is seen from the time of diagnosis to the date of publication of incidence data. The time delay can be explained to the date of diagnosis and receiving the relevant information by the Cancer Registry. A considerable time goes in matching, classifying and checking the cancer cases at the registry.

Despite concentrated efforts made by the government, it is noted that the incidence rates change by only a small percentage over time. The wholeness of incidence data before publication take lots of time and efforts. Moreover, the registry continues to get new information on cases already reported. Sometimes, the date of diagnosis also gets changed as a result of information received later. Reports for any earlier uncounted case continue to reach the registry for some years after the incidence was first reported.

The database for the Register of Cancers for Malta is, therefore, updated continually, and efforts are made to advance the data quality received. The data is obtained from the main public and private hospitals and comprises of information on cancer diagnosis. For each registration, there are notification of cancer, hospital files, histological reports, cytological reports, autopsy pathology reports, oncological referral report and death certificates (Dalmás, 2002). A very important work for the registry is to check if the incoming notifications have already been reported and if the case has already been registered from another source.

Specially trained staff interpret the information, and enter personal details and codes for tumor site on the system. Every code is double-checked for the authenticity and accuracy of the information. The database is regularly checked for consistency and completeness. When going through a collected dataset, one will find a cancer registry number, a unique personal identification number, surname and name of the patient, gender, age at diagnosis, date of birth, and locality of residence. Etc. Details related to cancer will include cancer site, cancer morphology, the identity of the clinician taking care of patient, basis of diagnosis, laboratory/hospital of initial diagnosis, date of death, etc. The data also covers the type of radiotherapy given, underlying cause of death and the objectives of treatment. Along with the above-listed information, the cancer registration forms also include the complete residential address of the individual, his occupation, place of birth, marital status, clinical extent and staging of the disease at diagnosis, and details of the treatment given.

The first attempts to estimate the number of cancer incidences in a given population were made in European countries in the 19th and 20th century. In 1900, Germany registered all cancer patients who were getting medical treatment. Later, other countries like Iceland, the Netherlands, Denmark, Hungary, Spain and Sweden, followed the similar approach. European Network of Cancer Registries (ENCR) was established in 1989 within the guidelines and framework of ENCR Secretariat. The aim was to endorse the use of cancer registries and use them for cancer control, as well as, and enhanced health-care. The improved quality and comparability of the availability of cancer incidence data was seen as a serious attempt to face challenges offered by the growing incidences of cancer. The registry was seen as a solid basis for monitoring the incidences of cancer and mortality in the European Union ((Schmidtman and Blettner, 2009). The data was seen to offer regular information on cancer in Europe.

Projects like EUROCOURSE and EUROCHIP have already recognized the importance of the support of information and data for cancer control. The main objective here is to construct a comprehensive cancer information system for the European Union. The national and regional governmental institutions, research institutes, international institutes, patient associations and citizen's representatives play an important role here to build cancer registries. The objective is to map the key sources of cancer data in Europe. The main scope is to develop advanced and inclusive cancer information for European Union (Micheli et al, 2003). EUROPREVAL is one of the biggest projects that offers complete and accurate estimates of cancer incidences in Europe. UKIACR is the joint effort of United Kingdom and Ireland in developing cancer registration for controlling cancer in the UK and Ireland. UKCIS is another web-based reporting tool that runs across the NHS national network and offers useful cancer information for the area. The registry offers timely and accurate information on cancer incidence, as well as, comparative views of the cancer registries of the UK (Ashley et al, 2011). The data offered includes incidence, mortality and survival rates of Cancer pertaining to Individual and common groupings of all cancer sites.

Statistical Institutes offer data on population based on age, sex and geographical area, population and general and lead to-specific mortality. Main efforts are being spent on monitoring and refining the superiority of the information accessible, and organize them in a logical data. 2014 ENCR membership survey invited all European Cancer Registries to fill the online brief version. Administrative sources offer data on cancer care infrastructures. The socio-economic data is related to the outcome of health care activity. UK cancer e-Atlas is an excellent gateway to mortality statistics for the UK, its constituencies and smaller localities, offering basic cancer information to the health care professionals and health service managers. Make use of the maps, charts and data tables in an interactive tool to get instant information for a certain area of the UK. In the recent years, the cancer registries in UK (Adams, White & Forman, 2004) have been subjected to numerous influences from outside that have forced them to rethink their working practices. The constant changes in health geography and the realization of their increasingly important role in the national cancer agenda have led to new examples of initiatives. Stress is being laid on good quality cancer data to support audit and research programs related to cancer.

There are certain benefits, as well as, drawbacks of the set-up of the Malta National Cancer Registry. It is essential to develop the means of collection of data and monitor the clinical quality. An active data collection at the hospital level and analysis through collected indicators would certainly improve the registry's role in the cancer observation and monitoring. The data from clinical quality databases can help to document disease prevalence and treatment, and help in monitoring the quality and impact of the cancer healthcare services being offered. The population-based registers play an important role in the surveillance of the prevalence and treatment of cancer. The methods of collection of data should be improved for more accurate and complete data coverage by means of electronic data submission methods. There is a need to work on the means of gathering health information data, its analyses and dissemination. Epidemiological surveys should be conducted routinely to maintain the registers. The requested reports and information should be registered accurately and in a timely manner. A review of policies and amendments need to be introduced time to time to ordinate and prepare better reports.

Malta's first ever National Cancer Plan (The National Cancer Plan, 2011) seeks to tackle with the cancer problem within a specified time frame and at the national level. A target has been set from 2011 to 2015 and with well-defined objectives and measures that need to be looked into. This shows the determination and seriousness of the Government to face the challenges of cancer in the island. The National Cancer Plan aims at reducing cancer incidence and prolong survival. The registry and the data obtained is the result of joint working and direct or indirect efforts towards the attainment of the objectives. It is the responsibility of the Directorate for Health Information to manage the national health databases on cancer and use it as an aid for health service activity. Such information should be made easily available at a nation-wide level. The cancer registry data should be integrated with other sources of information, such as health care system and the socio-economic data for better results.

Recent researches indicate that Cancer registries are needed in every country and, in fact, there should be at least one registry for populations higher than 5 million (Goldstein, 2010). Malta has already taken big leaps in this direction and is facing the cancer challenges boldly. A new Cancer Hospital is being built, with a team of new oncology specialists, as well as, new cancer drugs. The cancer services in Malta have made remarkable progress over the years, and there is a great improvement in the survival rates. The efforts behind commitment to fighting against cancer are yielding results through early diagnosis and treatment, with the help of Register of Cancers for Malta. With improvements made in the monitoring stage and diagnosis and how the cancers are registered, deliver the desired services, defining the roles and responsibilities of all components of the services.

Cross-referencing between different registers (Cancer registries, 1975) is essential to drive to the correct cancer survival statistics and use them successfully to enhance surveillance information. These registers are an important source for the researchers needing data for their research projects. The journalists too might want to look at the key figures about cancer and related studies to create a report. Coordination and regular monitoring of national registers and clinical databases covering the whole cancer area will aid in improved patient assessment of cancer treatment.

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