

# POPULATION BASED CANCER REGISTRY, PASIGHAT

## General Hospital, Pasighat

**Dr K. Jerang**, MBBS, DCP, Principal Investigator, Pathologist *(from Jan. 2015)*

**Dr Tapi Ering**, MBBS, MD, Principal Investigator, Senior Pathologist (SG) *(till Jan. 2015)*

### Arunachal Pradesh

Arunachal Pradesh is located in the far northeast of India with 83,743 sq. kms in area. It borders the states of Assam and Nagaland to the south and shares international borders with Myanmar in the east (440 km), Bhutan in the west (160 km) and the People's Republic of China in the north (1,080 km). It is situated between latitude 26°30' N and 29°30' N and longitude 91°30' E and 97°30' E. Itanagar is the capital of the state. Most of the people native to and/or living in Arunachal Pradesh are of Tibeto-Burman origin.

It has mostly mountainous terrain with sparse population of 13,83,727 (7,13,912 were male & 6,69,815 were female) with the density of 17 persons per sq. km. and literacy rate of 66.95 as per 2011 census. The state is politically divided into 21 districts. The state is culturally and linguistically varied with over 26 major tribes and 120 Sub tribes and speaking over 100 dialects. The food habits and social system also varies from tribe to tribe.

### Registry Area

East PBCR in Arunachal Pradesh covers whole of two districts of Eastern Arunachal namely East Siang and Upper Siang. These two districts cover an area of 10,193 sq. km. with average population density of 14 per sq. km.

The data for the new districts are included with their parent districts for the purpose of this study.

### Method of Data Collection

#### A) Incidence Data Collection at General Hospital, Pasighat

The patients in the hospital are identified at the OPD, IPD, Pathology Laboratories, Ultrasound room and X-ray room. The Social Investigators identify the cases by themselves or the doctor concerned acknowledges the SI. The SI then directly interviews either the patient or their family members or friends who can provide the correct information. Follow up of every patient is done through telephonic conversation or through observation and direct interview during their treatment procedure. To overcome the problem of incomplete cases, the doctors, workers at ward and laboratories are requested to jot down the name, sex, age, address, diagnosis and contact number of the patient.

#### B) Incident Data Collection from Other Sources

The other sources are divided into 2 categories:

1. Data from recognised Cancer treatment and diagnosis Centres
2. Data from Centres which don't have Cancer diagnosis/treatment facilities.

**Mortality Data Collection:** Mortality data are collected from medical records from district hospitals during field duty, birth and death registry at district offices and verbal information of death from the relatives of the deceased.

**Difficulties in Data Collection:** No department of Oncology or Radiotherapy, absence of municipal bodies for proper certification of death and lack of awareness for certification among people, villages are scattered, mountainous region and extreme climate, lack of awareness of the disease, people's apprehension to disclose information regarding their illness.

#### **Staff**

Research Scientist	:	<b>Dr Kapang Yirang, MS</b>
Computer Programmer	:	<b>Ms Sanger Pertin, Diploma in IT Engineering</b>
Social Investigators	:	<b>Ms T. Miti Boko, MA (Anthropology)</b> <b>Ms Chaphiak Lowang, MSW</b>
Data Entry Operator	:	<b>Mr Ogom Lego, ITI, COPA</b>
Statistician	:	<b>Mrs Moti Megu, MA</b>

#### **Main Sources of Registration of Incident Cases of Cancer: 2012-2014 Pasighat**

<b>Name of the Institution</b>	<b>Number</b>	<b>%</b>
General Hospital Pasighat	113	33.8
Other Referring Centres from Assam	97	29.0
Assa Nursing Home Pasighat	60	18.0
Cancer Atlas	23	6.9
District Hospital Yingkiong	12	3.6
Doctor's Diagnostic Centre Pasighat	8	2.4
Sille PHC	7	2.1
Ruksin CHC	6	1.8
Others	8	2.4
<b>Total</b>	<b>334</b>	<b>100</b>

- 1. Institutions listed have registered at least one percent of all cases in the registry for Selected Year.*
- 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.*