CANCER DATA STATISTICS: AFIP MONOGRAPH (FOURTH EDITION) REVIEW

Regular monographs of analysis of malignant tumours are being published by Armed Forces Institute of Pathology (AFIP) Rawalpindi, Pakistan. A recent monograph containing 10 years data (2009-2018) is published now.

This recent analysis provides us the opportunity to find any changing trends of malignancies diagnosed at our institute, from our previous analysis and to compare it with other national and international data. There was an increase in the total number of the patients registered for the malignant tumours during this ten-year data analysis as compared to our previous 10 years data.

Urinary bladder tumours were on the top of list in males as was in previous series. This change was not found in some other studies of southern part of the country. Smoking and tobacco use may be a contributory factor. The bias due to more number of cases being submitted from nearby Armed Forces Institute of Urology cannot be eliminated. More large-scale studies on this specific topic are required.

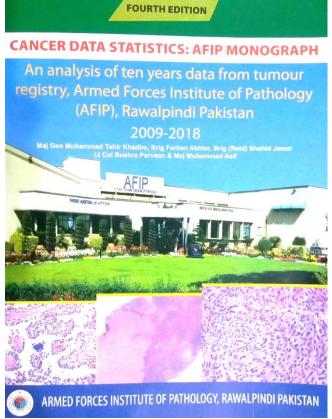
The prostatic cancer on second place was found comparable to risk reported in the American and African countries as well as in studies from Western, Northern European and Oceania countries.

Comparison with the Karachi studies showed almost similar differences as reported earlier, with tumours of lung and oral cavity, lymphoma more frequent in Karachi as compared to present series. The contributory factors could be more industrial areas, increasing traffic load and extensive betel nut chewing with tobacco, as was found in a case control study of Karachi, where tobacco was strongly suspected to be causative agent.

In females, breast carcinoma remained on top not only in this series but in our previous studies and national and international studies, highlighting it to be a global problem. The peak incidence is 5-10 years earlier than what is reported in international studies. The reproductive factors may not be contributory in our set up but dietary factors, obesity, prolonged effects of reproductive hormones due to early menarche and late menopause other than familial predisposition may be possible contributory factors in our set up.

As far as paediatric cancer is concerned some changed pattern was observed to our previous analysis but overall childhood tumors as compared to developed countries were more frequent. Lymphoma, eye & adnexal tumors constituted about 35% to 40% of all pediatric tumors. The rest of the pattern was predictable.

The earlier point that quite a number of cases were registered as of unknown and unspecified sites was slightly improved but still quite a number of cases were registered as other ill-defined sites. In a same pattern, cases were also registered as lymph node not other specified (NOS), mouth oral cavity NOS, other salivary glands, pharyngeal sites NOS, gastrointestinal NOS, Male/Female genital tract NOS etc. This requires discussion with our clinical colleagues for mentioning the proper site of biopsy and clinical details for better evaluation and future analysis of diseases.



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