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Part 1

Background Information
The National Cancer Registry Program of Egypt was initiated through a protocol of cooperation between the ministries of Communications and Information Technology, Health and Higher Education. The Supreme Committee of the program decided to start with population-based registration of cancer cases and to explore the possibility of establishing a national cancer database through hospital-based registries.

The first phase of the program started in 2008 in the Governorate of Aswan, with further population-based registries to be included in the governorates of Minya, Beheira and Damietta. Analysis of data from these registries will be published during the last quarter of 2010. The Governorate of Gharbiya has a registry that was established 10 years ago, which will be included in the national registry program in a subsequent phase. By the end of the current phase, Egypt will be covered by a network of population-based registries that fairly represent the entire country. Sinai and Cairo are not included due to logistical difficulties. Comparison of program results with data from the National Cancer Institute in Cairo will shed light on the profile of cancer in the Greater Cairo area.

The administrative structure of the program is represented in Figure 1.1. The program is governed by a Supreme Committee chaired by Professor Hossam Kamel and co-chaired by Professors Hoda Baraka and Hussein Khaled. The committee includes Professor Amal Samy Ibrahim, program director, representatives of the concerned ministries and the directors of the peripheral registries.

The peripheral registries are managed by the directors of the cancer centers in different governorates with daily follow-up of work by a data manager, a medical doctor trained for this post. Data collection is carried out actively by 2-4 abstractors, also medical doctors, helped by a team of data entry and support staff. The number of personnel in each registry depends on the size of the population covered. The entire staff is seconded to the program on a part-time basis.

The National Cancer Registry Program is supported by a strong technical unit from the Ministry of Communications and Information Technology. The unit is responsible for the establishment of the national cancer network, customization of National Cancer Registry applications, development of data analysis and reporting tools, training of program staff, and establishment of the Egypt National Cancer Registry Portal for program sustainability.
The Governorate of Aswan is the southernmost governorate of Egypt, bordering Qena Governorate to the north, Red Sea Governorate to the east, New Valley Governorate to the west and Sudan to the south. The capital of the governorate is Aswan City, located 982 kilometers south of Cairo.

The population of Aswan Governorate is 1,074,131 (2008). Its area covers 34,608 square kilometers and is divided into five administrative districts (markaz), namely:

- Aswan (303,508)
- Kom Ombo (268,870)
- Daraw (93,242)
- Edfu (333,460)
- Nasr Al Nuba (75,051)

Facilities for cancer management in the governorate are located predominantly in Aswan City. The district hospital in Edfu is equipped with a CT scanner, though suspected cancer cases are referred elsewhere for confirmation of diagnosis and management, mostly in Aswan City.

The Governorate of Aswan was selected for the first of the five registries that constitute the national population-based cancer registry program. Parallel to these population-based registries, a group of tertiary care facilities volunteered to share in the initiation of a network of cancer registries that will eventually lead to a national cancer database. These centers include the Nasser Institute, Madinat Al Salam Cancer Center, Children’s Cancer Hospital 57357 and the Faculty of Medicine of Suez Canal University. These centers were provided with hardware and software, as needed, and training for local staff. While their results are not included in the national database during the current phase, efforts will be made to initiate standardized hospital-based registries in these centers, and in time the nucleus for a national cancer database will be established.
Part 2  
Cancer Incidence
An Overview and Profile of Frequent Cancers
Incidence Rates: Total and Gender-Specific:

During 2008, 1150 incident cancer cases were registered, 525 males (45.7%) and 625 females. The male:female ratio was 1:1.2.

The crude incidence rate, C44 excluded (non-melanoma skin cancer), was 106.0/100,000 for both genders together. The rate was 96.2/100,000 males and 115.2/100,000 females.

The crude incidence rate, C44 included, was 107.1/100,000 for both genders together. The rate was 97.3/100,000 males and 116.9/100,000 females.

The age-standardized (world) incidence rate, C44 excluded, was 140.7/100,000 males and 164.0/100,000 females.

The age-standardized (world) incidence rate, C44 included, was 142.5/100,000 males and 166.8/100,000 females.

The 10 most common cancer sites among males were bladder, liver, lung, leukemia, prostate, brain and nervous tissue, esophagus, larynx, pancreas and colorectal cancer. They accounted for 64.8% of incident male cancer cases. Among females the most common sites were breast, ovary, liver, leukemia, bone, uterus, bladder, thyroid, colorectal and lung, accounting for 72.3% of female incident cancer cases. For both genders together, these sites were breast, liver, bladder, leukemia, lung, brain and nervous tissue, ovary, colorectal, prostate and bone. They accounted for 62.2% of all incident cancer cases.

Tables in the following pages depict the number of cases per site (according to ICD10) and 5 year age groups for males and females. Totals are expressed twice, with C44 included and excluded. These frequency tables are followed by similar tables of rates for males and females; with and without C44. All rates are expressed /100,000 population.