

Great success, further progress

Yu-Tang Gao

Department of Epidemiology, Shanghai Cancer Institute, Shanghai Jiaotong University, Shanghai 200032, China

Correspondence to: Yu-Tang Gao, MD. Department of Epidemiology, Shanghai Cancer Institute, Shanghai Jiaotong University, 2200 Xie Tu Road #25, Shanghai 200032, China. Email: ytgao@vip.sina.com.

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The “Report of cancer incidence and mortality in China, 2010” written by the staff of National Central Cancer Registry (NCCR) of China now is published in *Annals of Translational Medicine (ATM)* (1). In this report the authors described the development of cancer registration in China, methods of data collection and analysis as well as quality control measures in some detail. The information on cancer incidence and mortality in China for 2010 has been presented not only by sex and age groups, but also by urban and rural areas as well as east, middle and west regions with different extent of socio-economic development in this country. The data involved in this Report are important for health leaders, decision makers of China to understand cancer burden in China as a whole and different regions as well for establishing cancer control strategy and plans, the data are also useful for readers within China and abroad who are interested in cancer status in this country.

In 1982 the cancer incidence data of urban Shanghai, China for 1975 have appeared in “Cancer Incidence in Five Continents Vol. IV”. After then till 2000 cancer incidence data of Beijing, Shanghai, Tianjing and several counties of China were presented in the IARC’s publications. In 2008 the National Cancer Registry Program has been set up by the National Health and Family Planning Commission (NHFPC, former Ministry of Health). Up to now 250 local cancer registries have been established as stated in this Report, covering more than 200 million people in China. A total of 145 registries with relatively high quality of cancer data are involved in this report. The great progress of cancer registration achieved in China within a relatively short period of about 30 years is deeply impressive.

A few points should be mentioned. Firstly, for the accuracy of estimation of cancer burden for China as a whole, the representative and reliable estimates of sex- and

age-specific cancer rates in east, middle and west regions are crucial. So the distributions of demographic, social and economic characteristics of the population covered by the cancer registries, where sex- and age-specific rates for the region are estimated, should be representative for the whole region. If say more cities and urban areas are involved in estimation of regional cancer rates, then the estimated cancer incidence rates for the region would be biased toward upwards.

Secondly, rigorously and consistently supervising of cancer data reported is critical for keeping high quality of the data. Data on clinicopathological characteristics of the cases registered should be checked with the medical records of medical institutions where the cases were diagnosed and treated. In the 4th table of this report the proportion of cases with morphological verification (MV%) for pancreatic cancer was 44.40% (45.22% for males, 42.72% for females), which obviously was over-estimated. In more developed areas of China such as urban Shanghai the proportion of cases of pancreatic cancer surgically operated usually is between 20% and 25%. Due to low proportion of cases surgically operated and lack of autopsy estimated MV% for pancreatic cancer should not exceed 20% (even be lower) for the whole country.

Temporal trends of cancer incidence and mortality rates are meaningful not only for evaluating effectiveness of and planning cancer control measures, but also for generating hypotheses on etiology and risk factors of cancers to be tested. With the rapid socio-economic development the cancer patterns in different regions of China now are changing remarkably, which creates favorable conditions for investigating role of environmental risk factors including life style in the change of cancer pattern. In addition to annual reports there is an urgent need to accumulate cancer

incidence and mortality data collected from some typical registries which are representative for different regions of China and already have cancer data for a relatively long period. Analysis of cancer data by birth cohorts should be applied especially among people of young and middle ages, since at the beginning phase of changing cancer pattern the change in cancer incidence or mortality rates will firstly appear in people of young and middle ages, while rates in old age groups will be still unchanged or even changed in opposite direction.

Congratulate the great success in cancer registration in

China and expect further progress in this regard.

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