HOSPITAL BASED CANCER REGISTRY REPORT - 2023

Prof. Dr. M.A. Hai Cancer Registry & Research Center

AHSANIA MISSION CANCER & GENERAL HOSPITAL
Uttara, Dhaka

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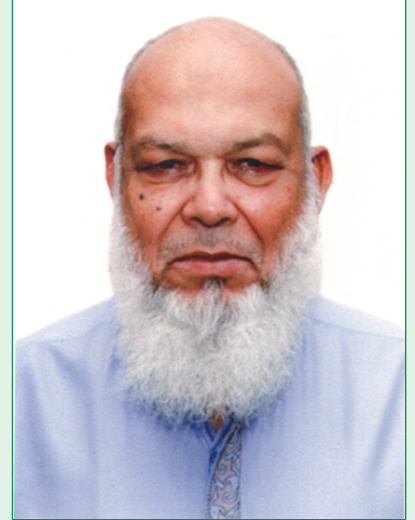Jr. Executive, Business Development, AMCGH

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MESSAGE

Ahsania Mission Cancer & General Hospital is one of the major hospitals to fight cancer in Bangladesh. Thousand of cancer patients get quality treatment in this institution.

Proper database of cancer patients is very important for understanding cancer. I am very pleased that Ahsania Mission Cancer & General Hospital has taken the initiative to establish hospital based cancer registry, which would provide valuable research tools for those interested in the etiology, prevention, diagnosis and treatment of cancer.

I am very delighted that the Professor Dr. M.A. Hai Cancer Registry and Research Center at Ahsania Mission Cancer & General Hospital, Uttara is set to launch a annual report on cancer registry. This publication is based on data collected from patients visiting the outpatient departments of AMCGH in 2023.

I am extremely thankful to all those who had given their efforts to make this happen.

May Almighty Allah bless us all.

Kazi Rafiqul Alam
President Dhaka Ahsania Mission
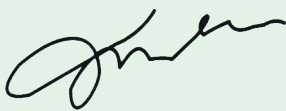Chairman, Governing body, AMCGH

MESSAGE

Cancer incidence and mortality rate is increasing day by day. Although establishing a cancer registry is challenging, it is a crucial aspect of modern healthcare that raises global awareness. Bangladesh must prioritize the development of an advanced system for cancer registration to accurately compile a database of cancer patients in the country.

A well-organized cancer registry can be instrumental in developing a plan to control the disease. One of the most common methods of data collection is a hospital-based survey. I am very delighted that Ahsania Mission Cancer and General Hospital has taken the initiative to establish the Professor Dr. M.A. Hai Cancer Registry and Research Center.

Congratulations to the Professor Dr. M.A. Hai Cancer Registry and Research Center on the upcoming publication of their book on cancer registry.

I wish them the best of luck and continued success in their efforts to advance cancer research.

Professor Dr. M. A. Hai
Renowned Oncologist, Member Governing Body of AMCGH &
Director, Bangladesh Cancer Society Hospital.

MESSAGE

Cancer is a major cause of mortality and morbidity worldwide, ranking as the second leading cause of death after cardiovascular diseases (CVDs). The incidence of cancer is increasing globally. Bangladesh is also witnessing a rise in cancer cases due to improved detection and advancements in cancer care.

Cancer registration is fundamental to the successful implementation of cancer control programs. It is an essential component of cancer prevention and control surveillance, requiring a unified, scientific, and public health approach. Cancer registries provide robust epidemiological data crucial for cancer prevention, control, planning, and action.

In response to this need, we established the Prof. Dr. M. A. Hai Cancer Registry and Research Center. The cancer registrars at the center have meticulously processed data collected from patients who visited the outpatient department of Ahsania Mission Cancer & General Hospital in 2023. All the computerized data has been compiled into an annual report, which we are proud to launch now. I am deeply grateful to everyone who dedicated their valuable time and effort to this important initiative.

I hope this would open a new era in the development of cancer care in Bangladesh.

Brig. Gen. (Dr.) Md. Zakir Hassan (Retd.)
Managing Director (Acting)
AMCGH, Uttara

CONTENTS 2023

INTRODUCTION

Cancer is a non- communicable disease, which has remarkably high Incidence and mortality rates in middle-income countries. (1) Since mortality to incidence ratio is high for several cancer types, especially in the low and middle-income countries, early detection and improvement of cancer care are necessary to decrease the burden of cancer. (2) Cancer registries play a critical role in cancer surveillance, which tells us where we are in the efforts to reduce the cancer burden.

A cancer registry is an information system designed for the collection, storage, and management of data on persons with cancer. Surveillance data may also serve as a foundation for cancer research and are used to plan and evaluate cancer prevention and control interventions. (3)

There are two major types of cancer registries: population-based registries and hospital-based registries and there is also a special purpose registries to maintain data on a particular type of cancer, such as brain tumors. Population-based registries that maintain data on all cancer patients within certain geographical areas. It determine cancer patterns among various populations or sub-populations and also monitor cancer trends over time. Hospital registries maintain data on all patients diagnosed and/or treated for cancer at their facility. The focus of the hospital-based cancer registry is on improving patient care at that hospital. These registries also focus on administrative processes, clinical research, and professional education. Special cancer registries collect and maintain data on a particular type of cancer. These registries often provide informational opportunities for those who want to learn more about specific cancer types and support for those who may suffer from it.

Like many other countries in the world cancer is the one of the major killer disease in Bangladesh. Its personal, social and economical bearing is huge. To control cancer proper data on cancer trend is essential. Cancer registry is the tool which provide such information. (3) It is an integral component of the national Non-communicable disease (NCD) and part of the national NCD surveillance system. Hospital-based registries offer data on the clinical diagnosis, cancer staging, treatment modalities, and survival results. (1) There are several hospital-based cancer registries in Bangladesh. (5) including National Institute of Cancer Research and Hospital (NICRH), Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka Medical College Hospital (DMCH). (4) And Ahsania Mission Cancer and General Hospiatl started his first hospital based cancer on 2021.

METHODS

Ahsania Mission Cancer & General Hospital is a specialized hospital for cancer care. People from all over the country come here to seek treatment. AMCGH is a well equipped modern cancer hospital with trained men power. It has modern radiotherapy machines including 1 Co-60 teletherapy machine, 2 linear accelerators, 1 brachytherapy machine, modern day-care centre for chemotherapy, modern operation theatres providing quality service to hundreds of patients daily. Patients from all over the country come to this hospital directly or by referral because of its tertiary care facilities. Patients from all walks of life can take treatment here because it provide services at a reasonably affordable cost. Therefore this hospital can attract patients from all socioeconomic starata for diagnostic, curative and palliative care.

All new patients have to choose a consultant then buy a prescription ticket have their details register in hospital software and get an individual registration number. After that, they are taken to the history room, where a medical officer takes detailed history of the patient. All papers and documents presented by the patients are reviewed by the attending doctor and all the data entered into the hospital software. Patients along with all papers and history file sent to consultatnt room for their valuable openion. Detailes information about patients such as patients personal information, demographics, contraceptive history,tobacco use,are colloected in cancer registrars softwere of Prof. Dr. M. A. Hai Cancer Registry and Research Center, (named after the renowned oncologist Prof. Dr.M. A Hai). All data about patients treatment status are updated regularly. Data for this are extructed from all relevent records of the hospital like in patient registration, history room registration day care registration etc.

For referred and already diagnosed cases, details of diagnosis including methods of diagnosis, clinical stage of the disease and the broad type of treatment instituted are obtained. Data compiled by electronic database (SPSS) and is published. Multiple entry of same patient is avoided. Diagnosis are coded as per International Classification of Disease and Related Health Problems, ICD-10 after confirm diagnosis. Data management and other operational works are done by Prof. Dr. M. A. Hai Cancer Registry and Research Center of AMCGH.

RESULTS

Ahsania Mission Cancer & General Hospital, started cancer registry in 2021. First annual report of Hospital Based Cancer Registry (HBCR) for the year 2021 and 2022 was published in January 2023. Current report cover the year 2023 from 1st January to31st December.

Through out the year 2023 total 8539 patients attended the oncology OPD of AMCGH for the first time and 7034 patients were confirmed as cancer patients. Among them 3113 patients received chemotherapy, 2159 received radiotherapy and the rest of the patients came either for follow up or received supportive management.
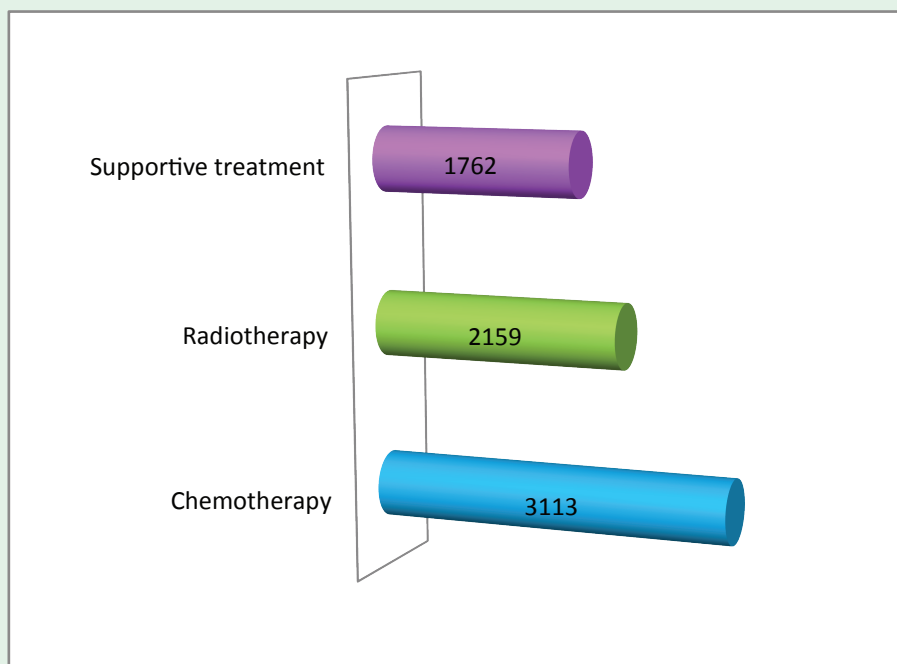

Fig 1: Treatment Provided to Cancer Patients
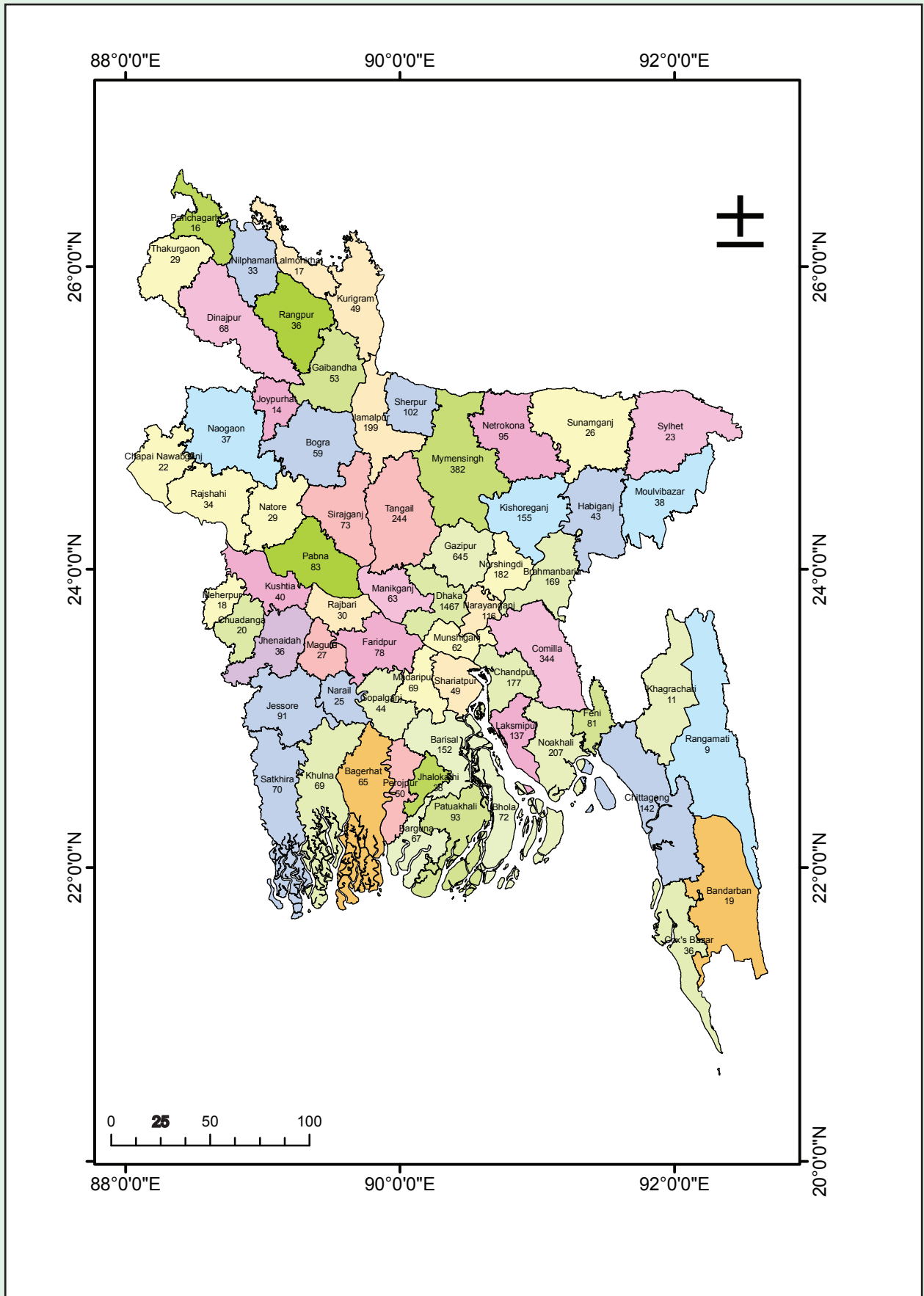
Fig 2: Map of District Wise Demographic Distribution of Cancer Patients Admited in AMCGH, 2023

A.   Demography

Almost half 3522(50.07%) of the patients were male and the rest 35512 (49.9%) patients were female. Mean age of the patients was 52.58 years with SD± 26.20 which ranged from 1 to 100 years. Among the all patients 95% (6695) were Muslims & 92.2% (6434) were married.

Fig 3: Distribution of Cancer Patients by Gender.
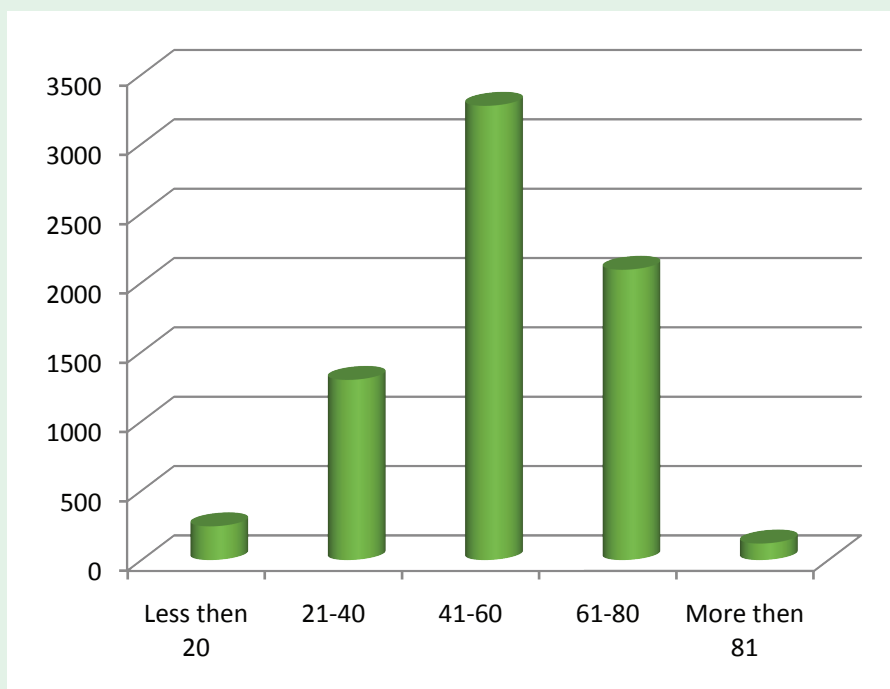
Fig 4: Age Distribution of Cancer Patients.

Table 1: Religion of Cancer Patients

	Frequency	Percent
Islam	6695	95.2
Hinduism	304	4.3
Christianity	21	.3
Buddhism	14	.2
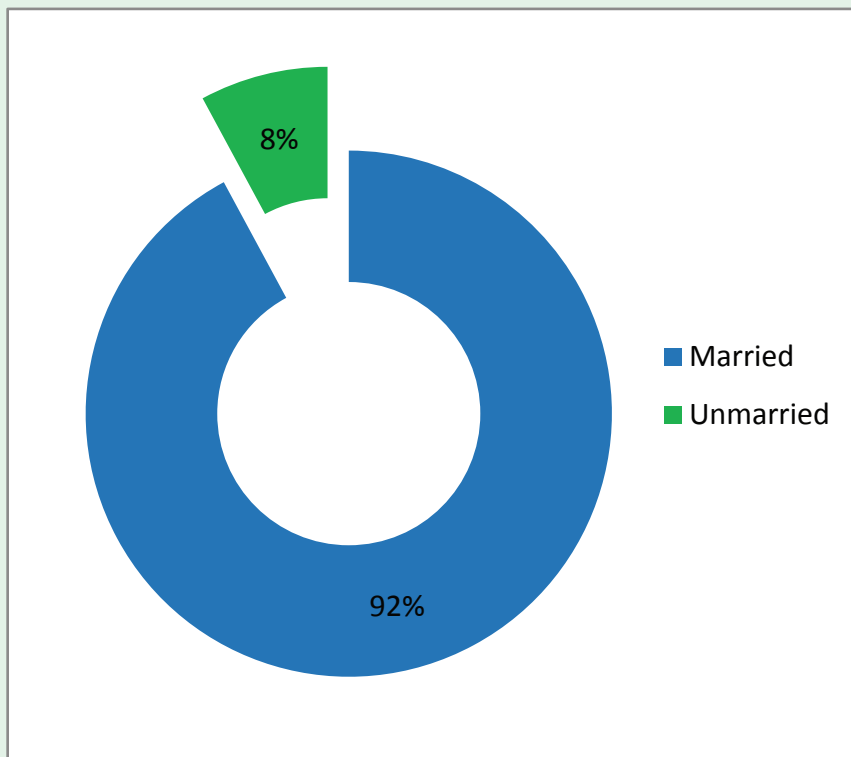
Fig 5: Marital status of cancer patients
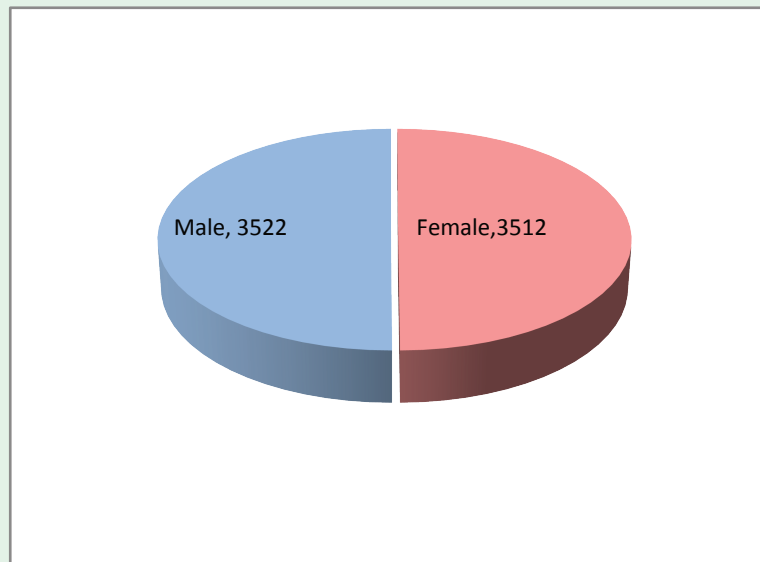
B.   Residential status

Majority of the patients attended OPD of AMCGH were from Dhaka division (3387, 45.9%) and next from Chittagong division (1391, 18.8%). Most of the patients 1467 (20.9%) were from Dhaka distrct, Gazipur was on second position 645(9.2%), Mymensing 382(5.4) third, Tangail 244(3.5%) fourth and Noakhali 207(2.7%) was in fifth position.

Distribution of Cancer patient by Division:

Fig 6: Distribution of Cancer Patients by Division

C.   Distribution of Cancer Patient by Gender Per Month

Fig 7: Distribution of Cancer Patients by Months

D. System Wise Cancer Pattern

Table 2: System Wise Cancer Pattern

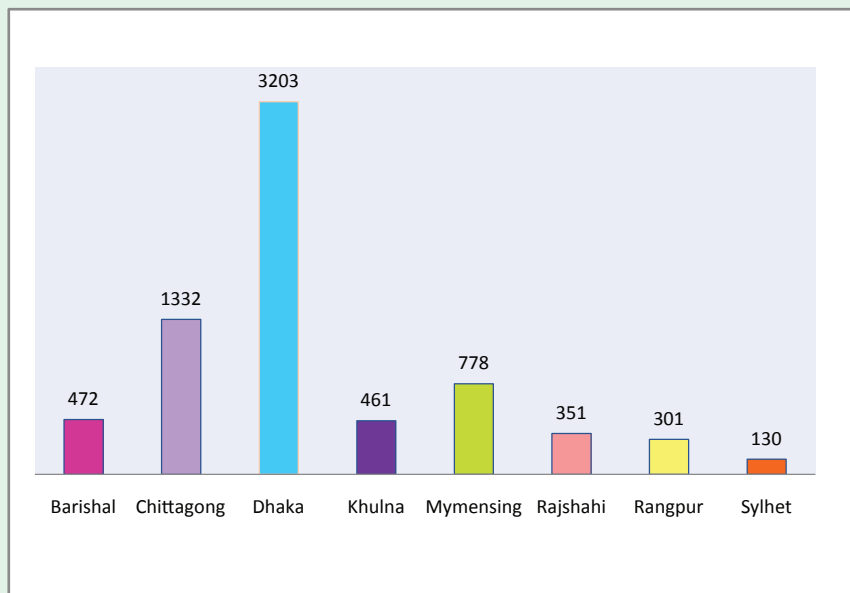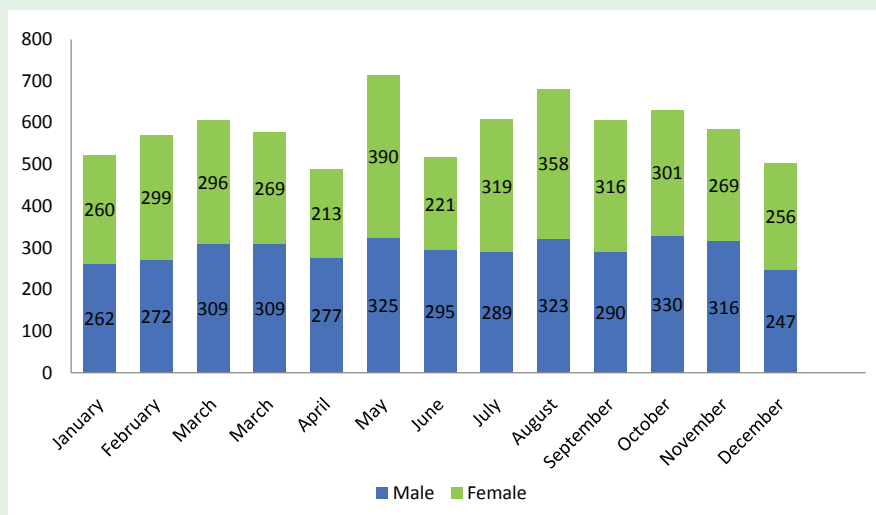| ICD-10	Primary site	Frequency	Percent
C00-C14	Lip, oral cavity & pharynx	722	10.2%
C15-C26	Digestive Organ	1411	20%
C30-C39	Respiratory system & intrathoracic organ	1181	16.7%
C40-C41	Bone. Joint and articular cartilage	81	1.1%
C44	Skin	43	0.6%
C49	Connective, subcutaneous and other soft tissue	135	1.9%
C50	Breast	1234	17.5%
C51-C58	Female genital organ	697	10%
C60-C63	Male genital organ	181	2.5%
C64-C68	Urinary tract	208	3%
C69-C72	Eye, brain and other part of CNS	222	3.2%
C76	Other ill define sites	21	0.3%
C80	Unknown primary site	202	3%
C81-C86	Lymphoma	250	3.5%
C99	Multiple Myoloma	44	0.62%
C91-C95	Leukaemia	183	2.6

E. Leading Site

Like previous registry breast was the main leading site of cancers among all cancer patients(1234, 17.5%), bronchus and Lung came up with 2nd position(878,12.5%) followed by colorectal cancer (525,7.5%),Cervix uteri(466, 6.6%), Oral cavity (313,4.5%). Lung cancer was the leading cancer in male patients (717,20.3%), colorectal cancer (308,8.7%), Laryngeal caner (226,6.4%) came next in that order. Among female carcinoma of the breast was in leading position (1221,34.7%)) followed by cervix(466,13.3%), colorectal cancer (217,6.2%)

Table 3: Common Cancer in Male: N= 3522

	Frequency	Percent
Lung Cancer	717	20.3
Colorectal Cancer	308	8.7
Larynx & hypolarynx cancer	226	6.4
Hepatobiliary cancer	178	5.1
Gastric cancer	176	5.1
Oropharyngeal cancer	169	4.7
Oral cavity cancer	149	4.3
Prostrate cancer	135	3.7
Brain	129	3.6
Carcinoma with unknown primary	107	3

Table 4: Common Cancer in Female: N=3512

	Frequency	Percent
Breast Cancer	1221	34.7
Cervical cancer	466	13.3
Colorectal Cancer	217	6.2
Oral cavity cancer	173	4.9
Lung Cancer	161	4.6
Hepatobiliary cancer	137	3.9
Ovarian Cancer	136	3.8
Gastric cancer	96	2.7
Carcinoma of unknown primary	95	2.7
Oropharyngeal cancer	72	2.0

F. Special Age Group Cancer

Pediatric Cancer:

Among all the patients Pediatric cancer patients (0-18) were small in numbers. Only 199(3.6%) paediatric patients reported at oncology OPD in year 2023. Of them 121 (60.8%) were male child & 78 (39.2%) were female child. Leukemia was the leading cancer (20.6%) in this group followed by Neoplasm of Brain (17.08%).
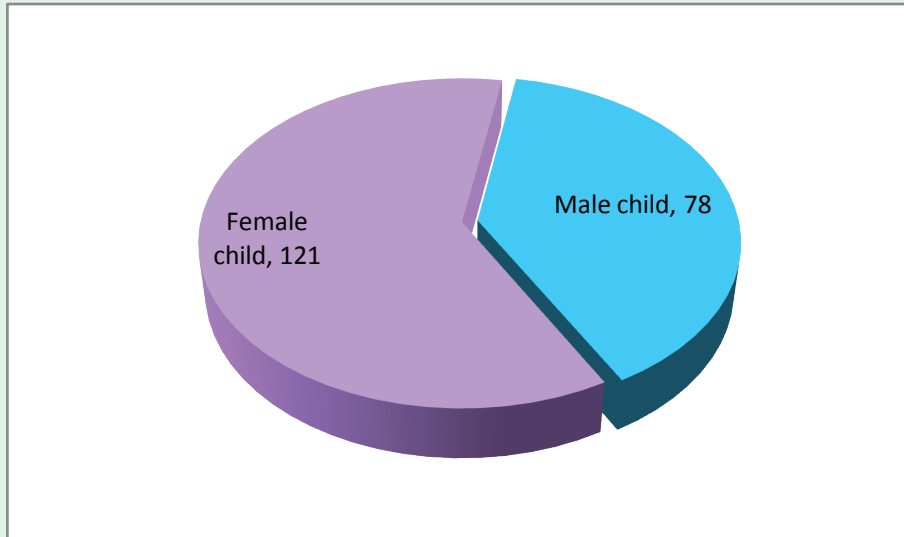
Fig 8: Pediatric Cancer (0-18 years)

Table 5: Common Cancer in Children

	Frequency	Percent
Leukemia	41	20.60
Neoplasm of Brain	34	17.08
Hodgkin Lymphoma	20	10.05
Soft tissue neoplasm	17	8.54
Neoplasm of bone	14	7.03
Neoplasm of genital organ	10	5.0
Non- Hodgkin Lymphoma	10	5.0
Neoplasm of kidney	9	4.5

Geriatric Cancer

Patients of 65 years and above were considered as geriatric patients. About 24% (1722) of all cancer patients were from this age group. Most of them were male 1181(68.6%) and the rest 541(31.4%) were female. Lung cancer was the leading cancer in this group.
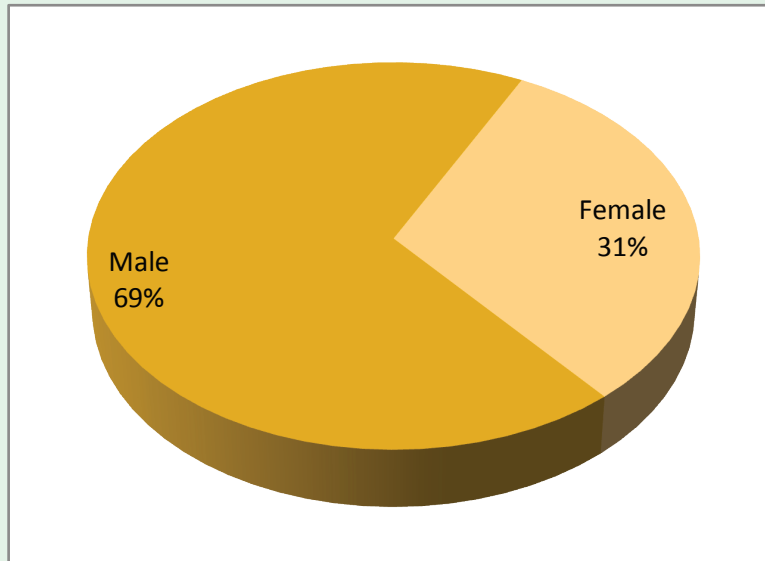
Fig 9: Geriatric Age Group

Table 6: Common Geriatric Cancer N- 1722

	Frequency	Percent
Ca.Lung	369	21.4
Ca. Breast	106	6.2
Colorectal	106	6.2
Neoplasm of oral cavity	103	5.9
Ca. Prostate	93	5.4
Ca. Larynx	92	5.2
Hepatobiliary Cancer	85	4.9
Oropharyngeal cancer	82	4.7
Unknown primary	80	4.6
Ca. Oesophagus	79	4.5

G.   Leading Cancer

Breast Cancer

Breast cancer is the most common cancer among females in the world, and the scenario is sameamong female patients of AMCGH. Among all the cancer patients 1234 (17.4%) breast cancer patients received treatment from AMCGH.The mean age of patients was 47 years and majority of the patients was from the age group of 41-60. Almost all of them (95%) patients were married and 49% patients were multiparous where only 1.9% were nulliparous. A vast majority had duct cell carcinoma
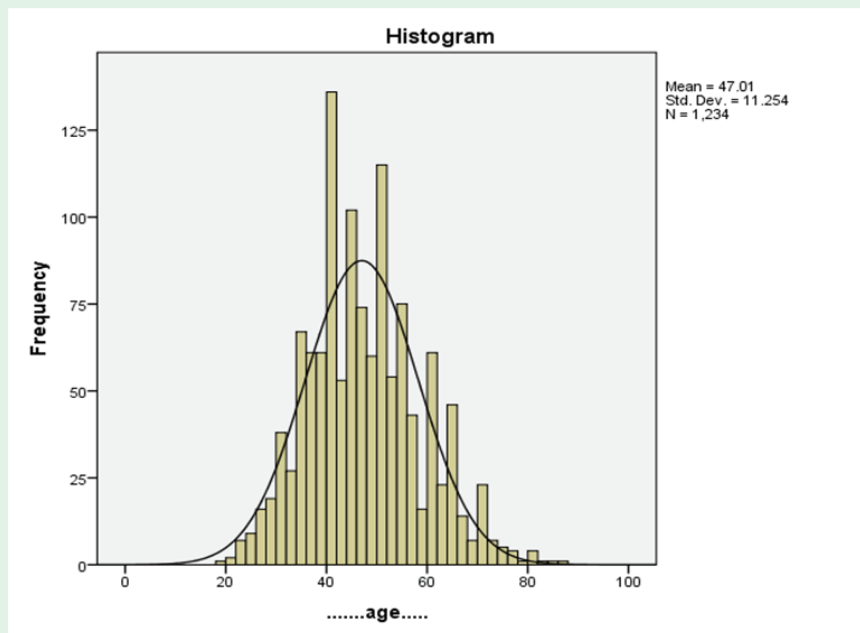

Fig 10: Age Distribution of Breast Cancer Patients
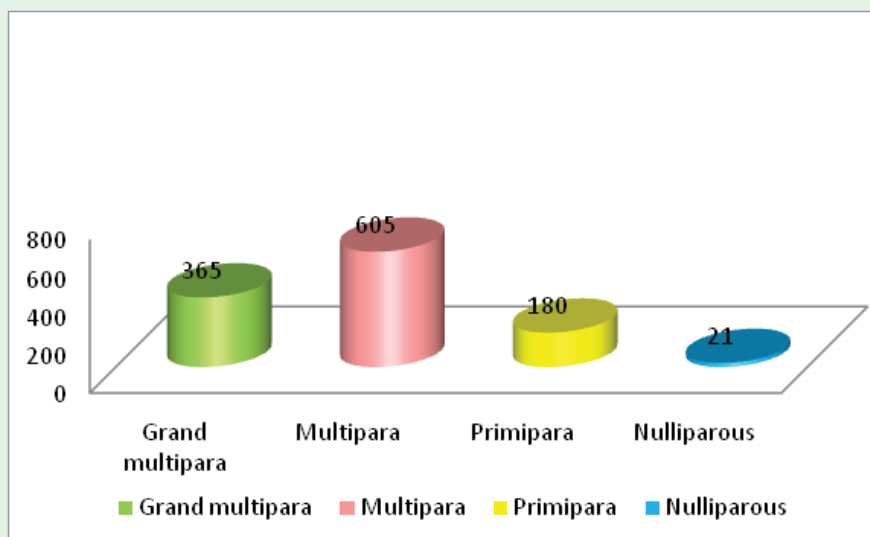
Fig 11: Parity Distribution of Breast Cancer Patients.

Table 7: Gender, Age group of Breast Cancer Patients

	Frequency	Percent
Gender		
Female	1221	99
Male	13	1
Age group		
<20	1	.1
21-40	398	32.3
41-60	682	55.3
61-80	150	12.2
>81	3	.2
Positive Family H/O cancer		
Yes	198	16
No	1036	84

Lung Cancer

Lung cancer was the second most common cancer among the patients who attends AMCGH. A total 878 Lung cancer patients attends AMCGH OPD during the year 2023. Among them majority (81%) were male. The mean age of patient was 61 years and majority of the patients belong to 41-80 age range. About 67% (594) patients were smoker and about 33% of them quit smoking after certain time. One third (31%) of them were smoking for more then three decades and all of them were male. Only 2.3% (21) female patients were passive smoker. Among all the patient 266 (30%) received treatment outside before reporting to AMCGH.
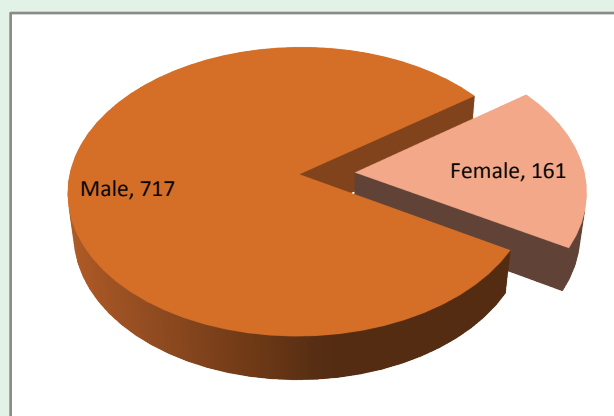
Fig 12: About Lung Cancer Patients

Table 8: Gander, Age Distribution and Smoking Habit of Lung Cancer Patients

	Frequency	**Percent**
Age Group		
<20	0	0
21-40	36	4.1
41-60	384	43.7
61-80	435	49.5
>81	23	2.6
Smoking habit		
Smoker	302	34.3
Former Smoker	292	33.2
Non - Smoker	247	28
Passive Smoker	37	4.2
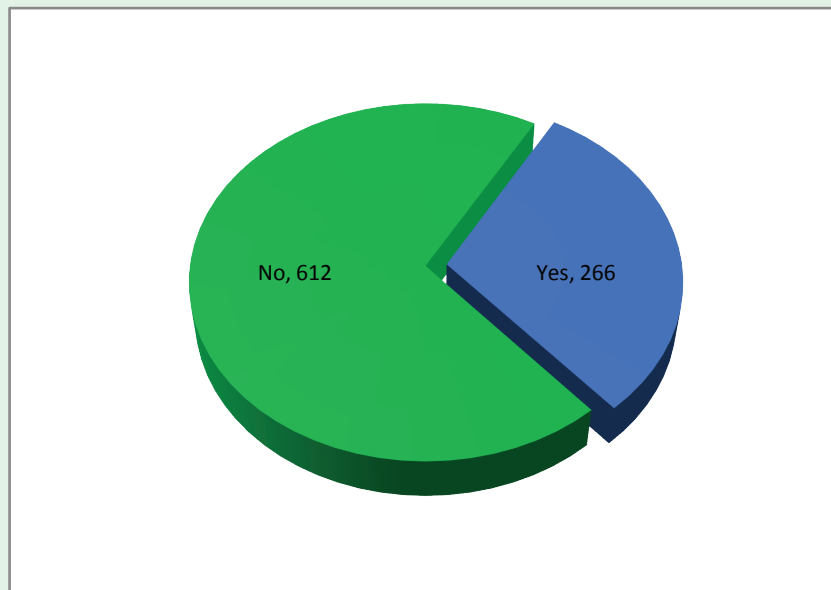
Fig 13: Treatment Received before Reporting to AMCGH

Carcinoma Cervix

Cervical cancer is the second most common cancer in Bangladesh. Out of 466 cervical cancer patients 442(95%) were married and almost all of them were Muslim 428 (92%). Majority of the cervical cancer patients were house wife. The mean age of the patients was 51 years and majority 299(64%) of the patients belongs to 41-60 age group. Almost 92% of all cervical cancer patients were multiparous or grand multipara where only 1.2% were nulliparaous. Among all cervical cancer patients half of the patients 230 (50%) received treatment from other hospitals and they came AMCGH only for brachytherapy. So the total number brcahytherapy patients are 445 (95%) which is higher then radiotherapy. Almost all radiotherapy patient received concurrent chemotherapy, only 94 (20%) received neo-adjuvant chemotherapy.
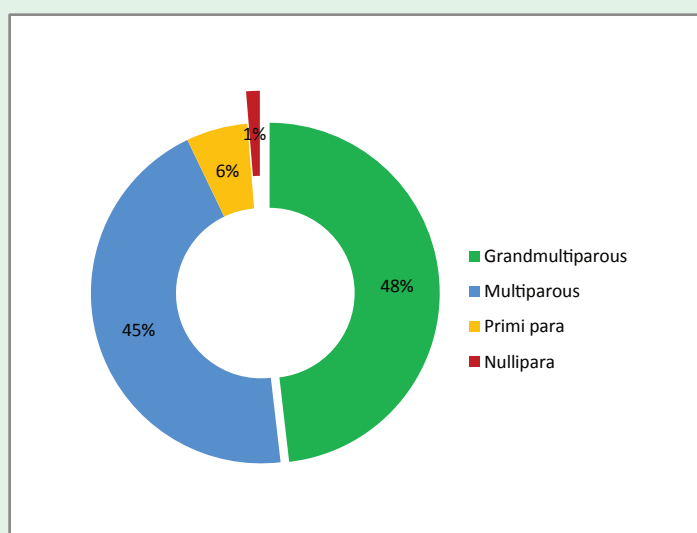
Fig 14: Parity of Cervical Cancer

Table 9: Age Group Distribution of Cervical Cancer

	Frequency	Percent
21-40	82	17.2
41-60	299	64.3
61-80	84	18.1
>81	1	.2
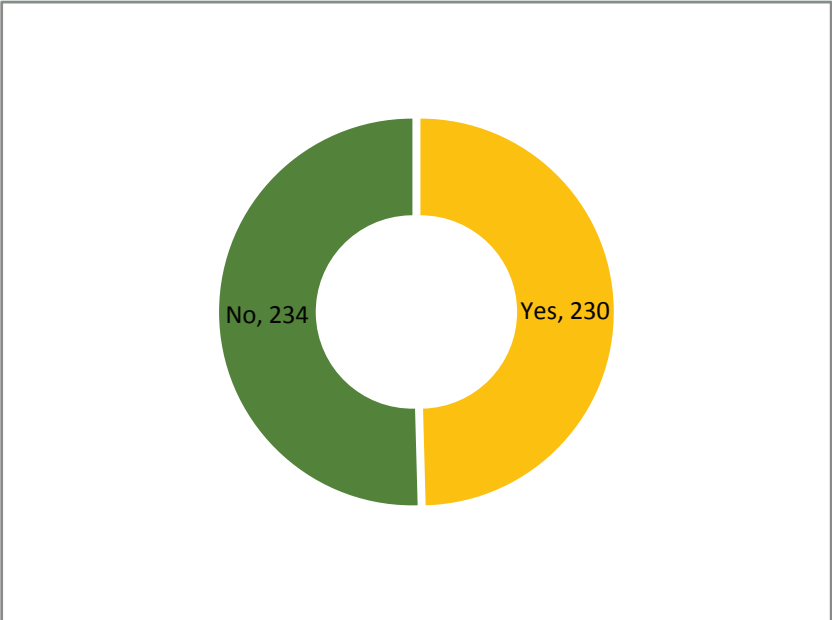
Fig 15: Received Treatment before Reporting to AMCGH.
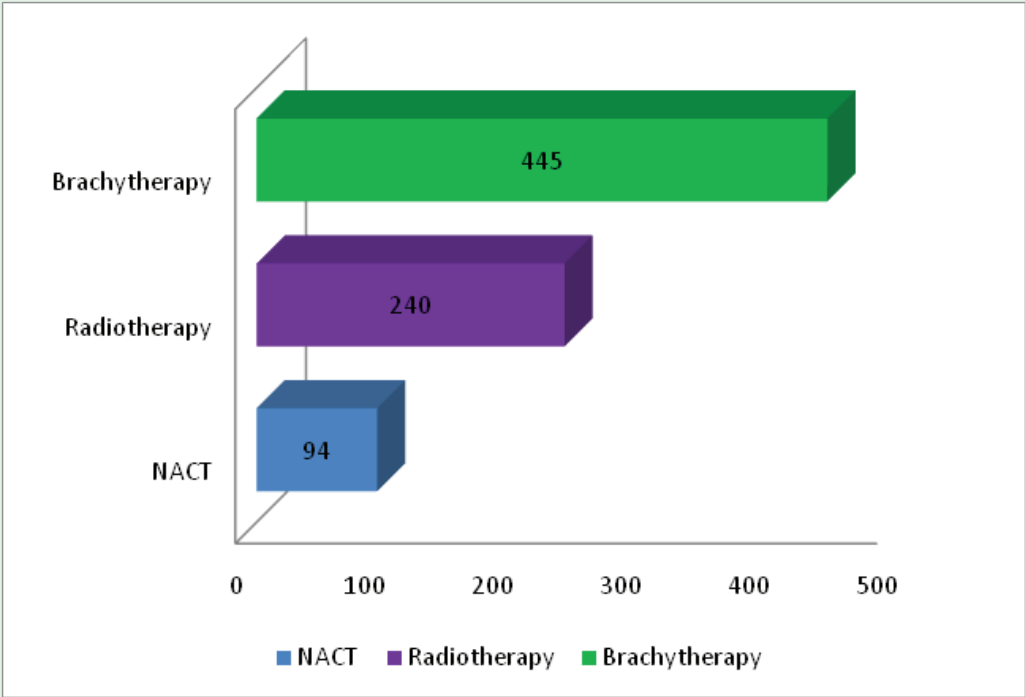
Fig 16: Type of Treatment Received by the Pt of Ca. Cervix

Colorectal Cancer

Colorectal cancer is common in both sex.Among all cancer patients 525(7.5%) presented with colorectal cancer. Out o 525 patients 310 are of Ca. Rectum rest were of Ca. Colon. Among all colorectal cancer patients 310 (59%) were male and rest 215 (41%) were female.

Number of Male Patients is Higher in both Ca Rectum and Ca. Colon.
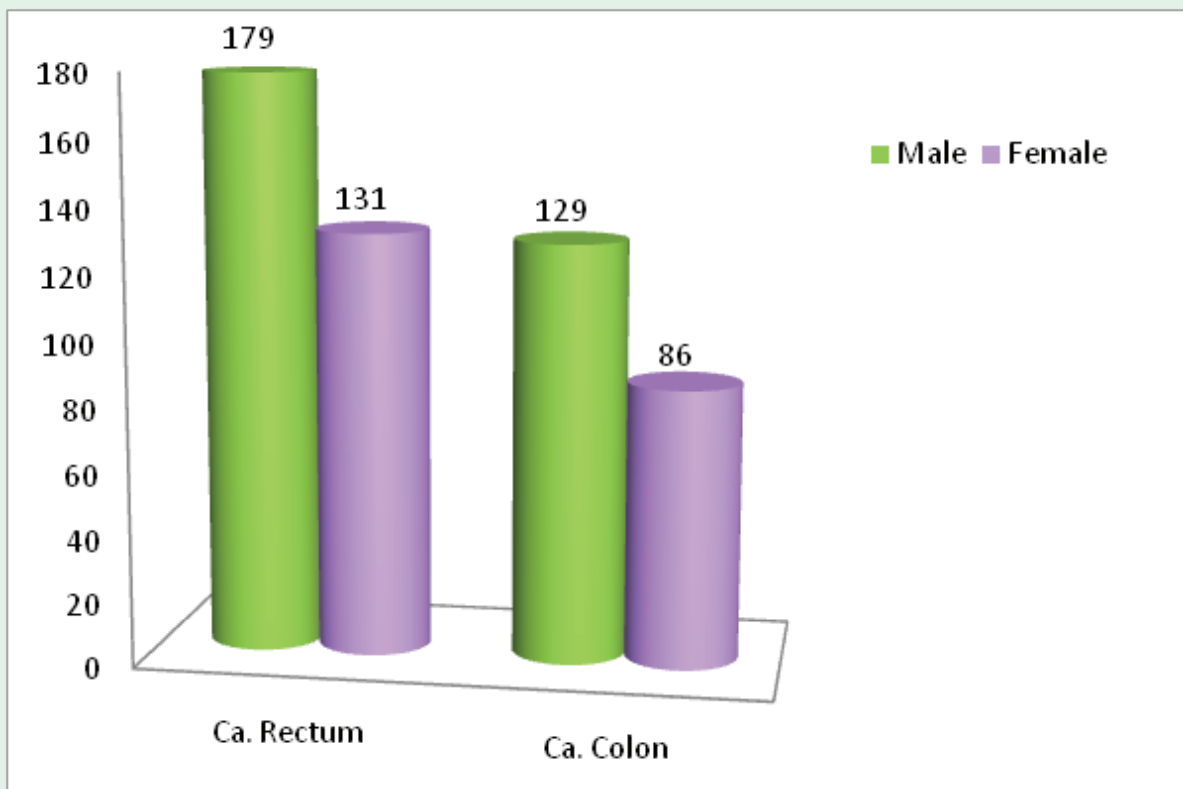
Fig 17: Gender Distribution of Colorectal Cancer.

H.   Other Sites

Primary site for Head Neck Cancer

Table 10: Primary site for Head Neck Cancer

Primary site of tumor	Male	Female	Total
Check/Buccal mucosa	126	140	266
Larynx	226	18	244
Base of tongue	79	40	119
Piriform sinus/ fossa	62	4	66
Tonsil	40	13	53
Tongue	21	15	36
Nasopharynx	28	8	36
Parotid glad	23	7	30
Pharynx	16	13	29
Palate	14	13	27
Oropharynx	16	6	22
Submendibular/Sublingual gland	8	6	14
Floor of mouth	6	5	11
Hypopharynx	7	1	8
Lip	4	1	5
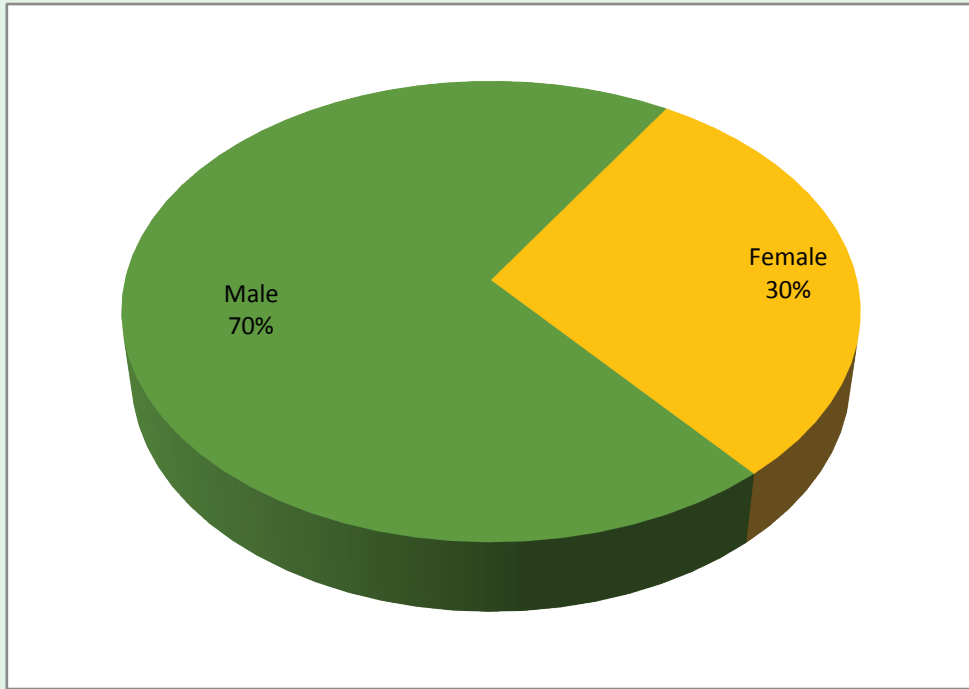
Fig 18: Gender Distribution of Head Neck Melignancy

Primary site for Hematological Malignancy

Table 11: Primary site for Hematological malignancy

Primary site of tumor	Male	Female	Total
Hodgkin lymphoma	37	25	62
Non- Hodgkin lymphoma	91	40	131
Follicular Lymphoma	22	08	30
T cell lymphoma	14	04	18
Lymphoid leukemia	54	19	73
Myeloid Leukemia	48	39	87
Multiple Myoloma	46	20	66
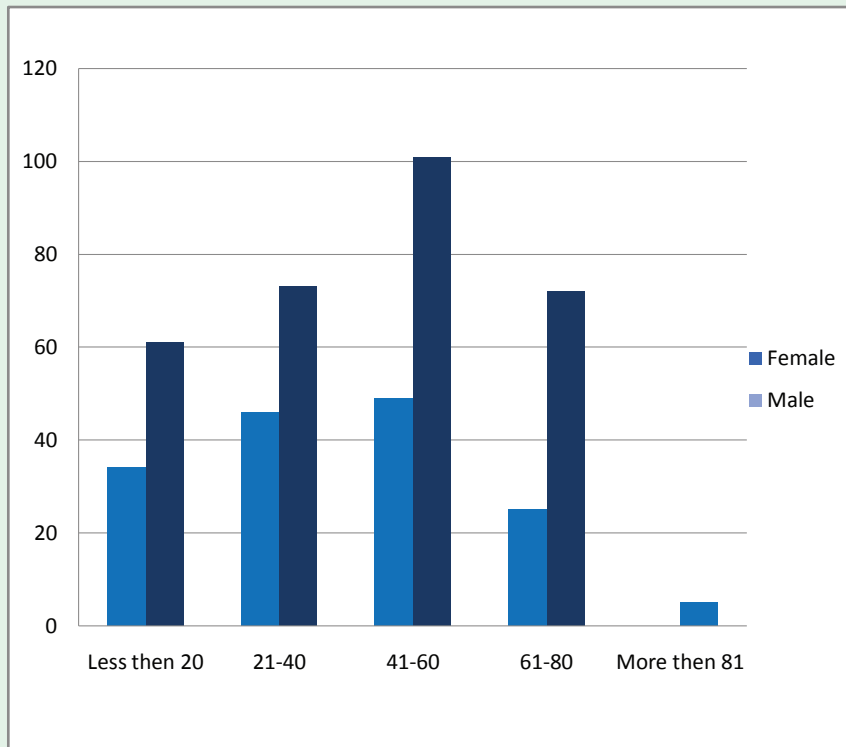
Fig 19: Age and Gender Distribution.

Primary site for G I Cancer

Table 12: Primary site for G I Cancer

Primary site of tumor	Male	Female	Total
Rectum	179	131	310
Stomach	167	96	263
Oesophagus	136	51	187
Colon	109	73	182
Liver& intrahepatic bile duct	108	40	148
Gall blader	62	97	159
Pancreas	58	36	94
Rectosigmoid junction	20	12	33
Anal Canal	12	7	19
Extrahepatic bile duct/Ampulla of vater	12	6	18
Small intestine	9	3	12

Kidney and Related Organ Cancer

Table 13: Kidney and Related Organ Cancer

Primary site of tumor	Male	Female	Total
Kidney	64	27	91
Bladder	58	24	82
Ureter	13	12	25
Renal pelvis	7	3	10
Total	**142**	**66**	**208**

Primary site for Female Genital Organ Cancer

Table 14: Primary site for Female Genital Organ Cancer

Primary site of tumor	Frequency	Percent
Cervix	466	13.3
Ovary	127	3.6
Uterus	72	02
Vagina	13	0.4
Adnexa	11	0.3
Vulva	6	0.2
Placenta	2	0.1
Total	697	
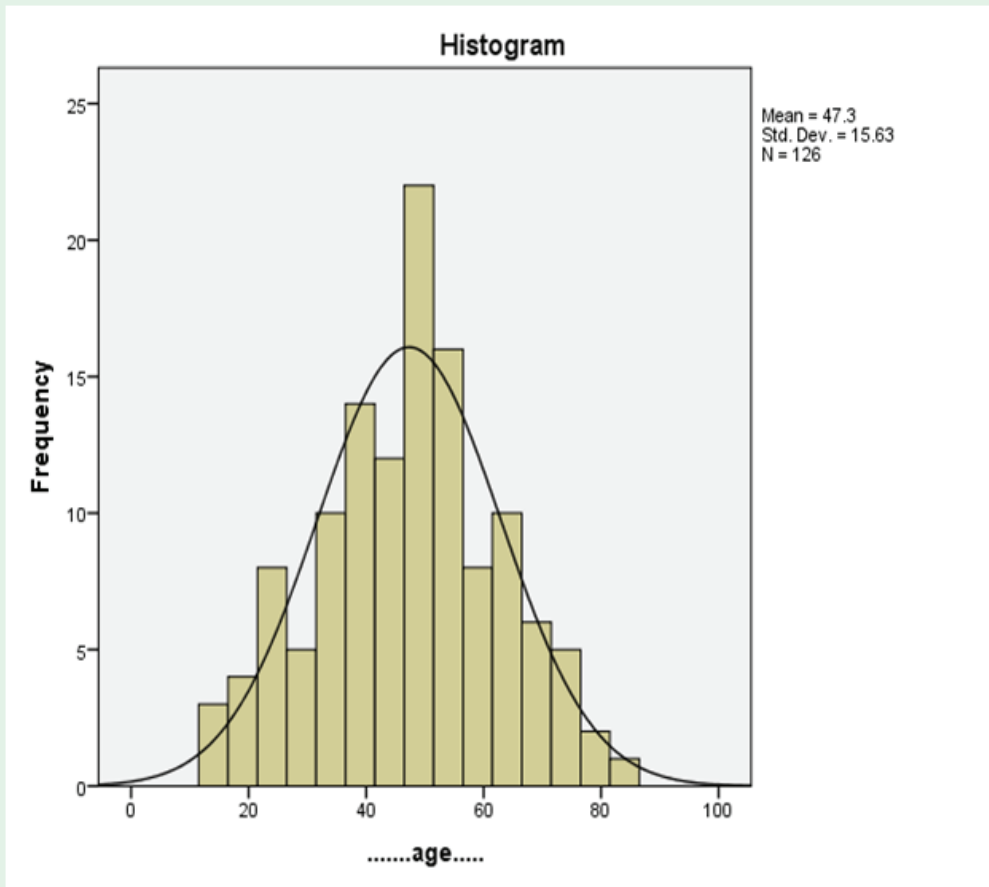
Fig 20: Age Distribution of Ovarian Cancer Patients

Primary site for Male Genital Organ Cancer

Table 15: Primary site for Male Genital Organ Cancer

Primary site of tumor	Frequency	Percent
Prostate	135	3.8
Testis	43	1.2
Penis	3	0.1
Total	181	

Fig 21: Presentation of Prostate Cancer Patient

Appendix

Appendix: Age-specific Distribution (Number) of Cancer Patients of AMCGH, 2023

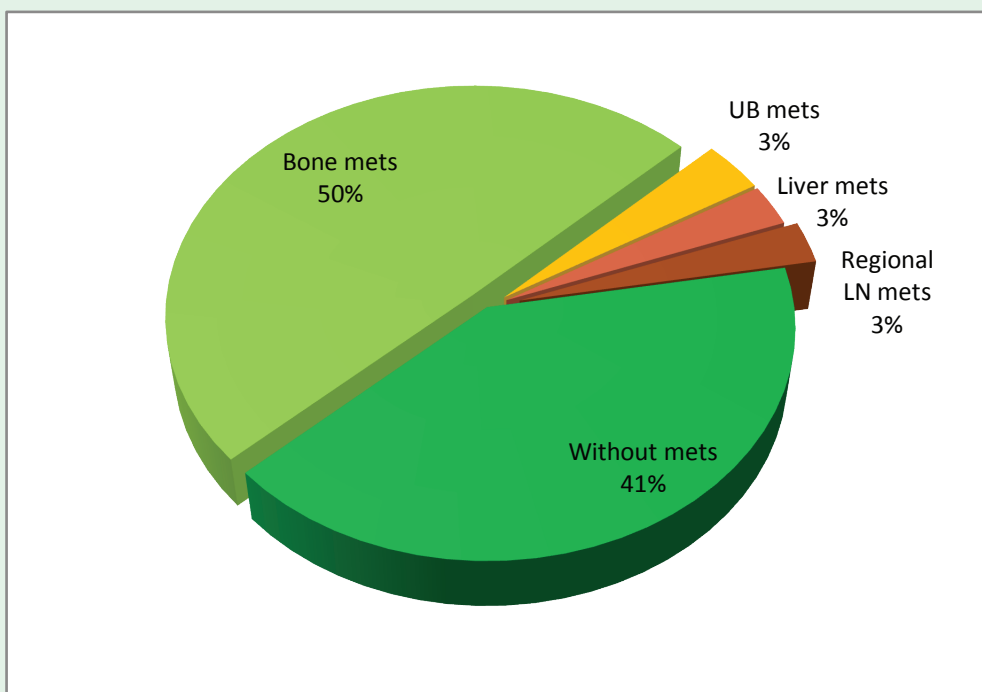| ICD-10	Primary site	Age group								
		<14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	>85
C00	Lip	0	0	0	0	0	2	1	1	0
C01	Base of tongue	0	0	3	14	24	25	33	8	1
C02	Tongue	0	0	1	6	11	5	7	4	0
C04	Floor of mouth	0	0	0	3	5	1	1	0	0
C05	Palate	0	0	1	2	11	3	6	3	0
C06	Cheek mucosa, Buccal sulcus,	0	0	6	29	73	61	59	20	2
C07	Parotid gland	2	3	3	5	12	2	2	0	0
C08	Submandibular and Sublingual gland	0	0	1	2	6	3	0	0	0
C09	Tonsil	0	0	0	3	9	12	15	5	3
C10-	Oropharynx	0	0	0	1	6	4	6	2	0
C11	Nasopharynx	1	9	7	7	5	4	3	0	0
C12	Piriform sinus	1	0	0	3	7	20	24	5	0
C13	Hypopharynx	0	0	0	0	1	1	5	1	0
C14	Pharynx	0	0	0	2	8	9	7	3	0
C15	Oesophagus	0	1	5	8	29	53	51	24	4
C16	Stomach	0	6	11	34	56	68	53	12	2
C17	Small intestine	0	0	1	3	2	2	2	0	0
C18	Colon	0	3	19	30	42	42	30	9	0
C19	Rectosigmoid junction	0	0	5	4	9	5	7	1	0
C20	Rectum	0	10	46	62	74	46	40	19	0
C21	Anus and anal canal	0	2	1	4	5	2	2	2	0
C22	Liver and intrahepatic bile ducts	2	1	6	27	30	33	35	8	1
C23	Gallbladder	0	1	5	19	42	34	27	6	1

Code	Site								
C39	Intrathoracic organs	0	0	0	1	1	1	2	0	0
C40	Bone and articular cartilage of limbs	6	12	6	9	2	1	2	3	0
C41	bone and articular cartilage of other site	3	2	3	5	4	5	9	1	1
C42	Hematopoietic and reticuloendothelial systems	1	1	0	1	1	2	0	0	0
C44	Skin	1	0	4	3	12	11	7	3	2
C48	Retroperitoneum and peritoneum	1	0	0	4	0	0	1	0	0
C49	Connective and soft tissue of head, and neck, upper limb etc.	13	15	10	26	22	23	13	10	0
C50	Breast	0	11	116	388	415	151	89	15	2
C51	Vulva	0	0	1	0	1	2	2	0	0
C52	Vagina	0	0	1	2	5	3	2	0	0
C53	Cervix uteri	0	1	16	102	142	110	47	10	1
C54	Corpus uteri	0	1	0	9	11	9	7	0	0
C55	Uterus	0	0	0	6	11	7	7	0	0
C56	Ovary	2	12	10	29	35	12	14	7	0
C57	Female genital organs- Fallopian tube, Broad ligament	1	1	1	1	4	1	0	0	0
C58	Placenta	0	0	1	1	0	0	0	0	0
C60	Penis	0	0	1	0	1	1	0	0	0
C61	Prostate	0	0	1	0	5	33	58	23	12
C62	Testis	2	8	15	10	5	2	1	0	0
C64	Kidney	9	0	6	8	23	25	17	2	0
C65	Renal pelvis	0	1	0	2	3	0	1	3	0
C66	Ureter	0	0	1	3	3	1	7	1	1

Continued-

C81	Hodgkin lymphoma	7	14	9	11	4	4	0	3	0
C82	Follicular lymphoma	2	5	1	3	3	10	3	1	1
C83	Non-follicular lymphoma	1	3	1	1	3	2	2	1	0
C84	Mature T/NK-cell lymphomas	0	2	2	3	2	2	1	1	0
C85	Non-Hodgkin lymphoma (	8	10	13	17	20	26	25	4	2
C90	-Multiple myeloma and malignant plasma cell neoplasms	0	1	0	1	11	10	13	2	1
C91	Lymphoid leukaemia	27	19	10	8	7	3	8	1	0
C92	Myeloid leukaemia	9	18	19	21	16	8	7	1	1

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Reference

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