

Presentazione dei progetti Euromed finanziati per l'anno 2013

Progetto 2:

I registri tumori e la prevenzione primaria delle neoplasie associate a fattori di rischio noti nei paesi del Mediterraneo

Dr. Ettore Bidoli

Epidemiologia e Biostatistica

Registro Tumori del Friuli Venezia Giulia

IRCCS Centro di Riferimento Oncologico, Aviano



EUROMED – Project 2 (Cancer Registries and primary prevention)

AIMS

General

Contributing to control the epidemic of neoplastic diseases in limited resources countries located on the Mediterranean rim.

Specific

Improving the quality of data from the cancer registries in Mediterranean Countries and the information flows

training the personnel for

- data collection
- use of standard statistical software
- use of statistical models

EUROMED – Project 2 (Cancer Registries and primary prevention)

FUNDING

2008: The “Euromed Cancer Registries Network” project was promoted by the Italian Ministry of Health (MOH) in collaboration with Italian Association of Cancer Registries (AIRTUM)

Year	Sponsor	Recipient of funds
2009	MOH	AIRTUM to conduct the program
2010	MOH	AIRTUM to continue the program
2011	MOH	Italian Health Institute (Istituto Superiore di Sanità, Rome, ISS) in collaboration with AIRTUM to continue...
2013	MOH	Italian Health Institute (Istituto Superiore di Sanità, Rome, ISS) in collaboration with AIRTUM to continue... deadline May, 2014

EUROMED – Project 2 (Cancer Registries and primary prevention)

PARTICIPATING CENTERS

COUNTRY	CENTER
ALGERIA	SETIF CANCER REGISTRY
TURKEY	IZMIR CANCER REGSITRY
MALTA	MALTA NATIONAL CANCER REGISTRY,
EGYPT	NATIONAL CANCER REGISTRY, AND RESEARCH CHILDREN'S CANCER HOSPITAL, CAIRO
MOROCCO	REGISTRES DES CANCERS DE RABAT, AND REGISTRE DU CANCER DU GRAND CASABLANCA
LYBIA	BENGHAZI CANCER REGSITRY
CYPRUS	STATISTICAL OFFICER OF CYPRUS HEALTH MONITORING
JORDAN	JORDAN CANCER REGISTRY
OCCUPIED PALESTINIAN TERRITORIES	WEST BANK AND GAZA
TUNISIA	REGISTRE DU CANCER DE LA TUNISIE CENTRALE

EUROMED – Project 2 (Cancer Registries and primary prevention)

ACTIONS ALREADY CARRIED OUT

DATE	ACTION
January, 2010	Rome: meeting of Italian, France, and Spanish partners
February, 2010	- Definition of the steering board - Questionnaire on the state of cancer registration
March, 2010	Visit to the cancer registry of West Bank and Gaza
May, 2010	Meeting of the steering board in Toledo, Spain
October, 2010	Sponsor of the “Olive Tree” meeting in Modena
November ,2011	Cairo: Course of cancer registration with IARC, Lyon
May, 2012 – May, 2014	Setif Cancer Registry: Full collaboration and seven visits
November, 2012	Malta: meeting of Steering committee
February, 2013	Izmir: Course on the use of SEER*Stat
June, 2013	Visit to the cancer registry of Central Tunisia, Sousse
February, 2014	Setif: Atelier sur l'enregistrement du Cancer en Afrique du Nord
March, 2014	Rome: Data management and analysis of cancer registry data

EUROMED – Project 2 (Cancer Registries and primary prevention)

ACTIONS: VISITS CARRIED OUT

March, 2010

Visit to the cancer registry of West Bank and Gaza



June, 2013

Visit to the cancer registry of Central Tunisia, Sousse



May, 2012 – May, 2014

Setif Cancer Registry: Full collaboration and seven visits



Personel involved in visits:

Prof. Hamdi Cherif
Prof. Zaidi Zoubida
Dr. Abdelhalim Khenchouche

Dr. Diego Serraino
Dr. Ettore Bidoli
Dr. Saverio Virdone
Dr. Renato Talamini



EUROMED – Project 2 (Cancer Registries and primary prevention)

ACTIONS: COURSES CARRIED OUT

November, 2011

Cairo: Course of cancer registration with IARC



February, 2013

Izmir: Course on the use of SEER*Stat



February, 2014

Setif: Atelier sur l'enregistrement du Cancer en Afrique du Nord



March, 2014

Rome: Data management and analysis of cancer registry data



EUROMED – Project 2 (Cancer Registries and primary prevention)

ACTIONS: COURSES CARRIED OUT

November, 2011

Cairo: Course of cancer registration with IARC



Target attendance:

Staff of already operating registry that have produced and published incidence data

AIMS

To strengthen skills in evaluating data quality and in using data

Training

Implementation of registry functions by means of CanReg5, including data

Migration from CanReg4 to CanReg5

Data analysis using SEER*Stat software

EUROMED – Project 2 (Cancer Registries and primary prevention)

ACTIONS: COURSES CARRIED OUT

Target attendance:

Staff of already operating registry that have produced and published incidence data

AIMS

To strengthen skills in evaluating data quality and in using data

Training

Data analysis using

- SEER*Prep
- SEER*Stat
- JoinPoint softwares

February, 2013

Izmir: Course on the use of SEER*Stat



March, 2014

Rome: Data management and analysis of cancer registry data



EUROMED – Project 2 (Cancer Registries and primary prevention)

ACTIONS: COURSES CARRIED OUT

Target attendance:

Staff of Health departments of the 48 wilayas of Algeria.

AIMS

To strengthen skills in preparing, evaluating data quality and in using data

Training

Data analysis using

- CANREG5
- SEER*Prep
- SEER*Stat
- JoinPoint softwares

February, 2014

Setif: Atelier sur l'enregistrement du Cancer en Afrique du Nord



EUROMED – Project 2 (Cancer Registries and primary prevention)

ACTIONS: COURSES CARRIED OUT

November, 2011

Cairo: Course of cancer registration with IARC



February, 2013

Izmir: Course on the use of SEER*Stat



February, 2014

Setif: Atelier sur l'enregistrement du Cancer en Afrique du Nord



March, 2014

Rome: Data management and analysis of cancer registry data



EUROMED – Project 2 (Cancer Registries and primary prevention)

ACTIONS: FULL COLLABORATION WITH SETIF CANCER REGISTRY



Descriptive epidemiology:

- Atlas of cancer incidence from 1986 to 2010
- Time trends of smoking related cancers and of other selected cancer sites
- Survival analysis

Analytical epidemiology:

- Hospital-based case-control study on risk factors for the most common sites



EUROMED – Project 2 (Cancer Registries and primary prevention)

ACTIONS: FULL COLLABORATION WITH SETIF CANCER REGISTRY

First product:

<http://www.ennour.org/images/enf.pdf>



Hamdi Cherif Mokhtar, Mahnane Abbas, Laouami Slimane, Zaidi Zoubida,
Boukharouba Hafida, Cherka Dahbia, Rakeb Manel, Kara Lamia, Ayat Asma .

Collaboration de Santé et Environnement
de l'Unité Régionale de Santé
Faculté de Médecine
Université de Sétif

CANCER IN SETIF 1986-2010, ALGERIA

INCIDENCES, TRENDS, SURVIVAL

ATLAS RÉALISÉ EN COLLABORATION AVEC:


Asociación Italiana Registros Tumores (AIIRT)
Centro di Riferimento Oncologico National Cancer Institute Aviano, Italie
Istituto Superiore di Sanità Rome, Italie

Ettore Bidoli, Silvia Birri, Renato Talamini, Diego Serraino

Directeur du registre du cancer de sétif
Pr. Hamdi cherif mokhtar
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Mob. +213 061611951
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Lung cancer

ICD-10 : C33-34



Incidence between 2001 and 2010, Setif wilaya

1103 cases of lung cancer were recorded. This cancer ranks first in men (10.4%) women, while the standardized incidence rates are 12.6 in men and 2.4 in tumor affects five times more man than woman. The median age in men is 62 years (tab.9 and 10).

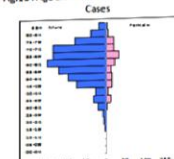
- Age Distribution
Approximately 90% of all cases of lung cancer are older than 40 years; the incidence rate reaches its maximum at age 70-75 years (Fig. 16).
- Basis of diagnosis
93.4% are primary tumors (Tab.28).
- Morphology
72.4% are carcinomas, of which 34.4% are squamous cell carcinomas.
- Comparison with other countries
In man
Lung cancer occupies an intermediate position between the industrialized countries and the Arab countries.
In North Africa, the incidence of lung cancer is less than that seen in Tunisia and Morocco.
In women
The incidence of lung cancer is lower than incidence men. It occupies an intermediate position between the industrialized countries and the Arab countries.
In North Africa, the incidence of lung cancer is similar to that seen in Egypt, Tunisia and Morocco (Fig. 17).

Year	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	Total
Number of cases	197	195	91	79	112	135	152	137	121	134	1236
Crude rate/100,000	12.5	10.6	12.8	10.9	11.2	13.5	15.2	13.7	12.1	13.4	12.6
ASR (W/R) /100,000	23.1	18.1	21.8	19.6	19.0	22.2	24.1	20.4	18.7	20.7	20.5
6-74 Cum incidence(%)	2.9	2.0	2.7	2.6	2.4	3.0	3.2	2.9	2.4	2.8	2.6
% On total cancers	20.9	17.4	21.9	18	18.8	18.9	21.4	17.2	16.7	17.5	18.6
Median Age	63	63	61	61	63.5	64	63	60	60	60	62

Year	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	Total
Number of cases	9	12	8	11	10	16	24	24	33	24	171
Crude rate/100,000	1.9	1.7	1.1	1.6	1.4	2.2	3.9	4.4	6.2	4.0	3.4
ASR (W/R) /100,000	2.4	2.7	2.7	2.6	1.7	2.8	4.7	4.6	6.2	4.0	3.4
6-74 Cum incidence(%)	0.9	0.9	0.2	0.4	0.1	0.3	0.6	0.6	0.9	0.5	0.4
% On total cancers	3.2	2.8	1.9	2.4	3.1	3.1	4.1	3.6	4.1	3.1	3.1
Median Age	60	61.5	61	71	51.5	66	63	65.5	65.5	55.5	63

Fig.16 : Age distribution.

Cases



Age-standardized rate (World)

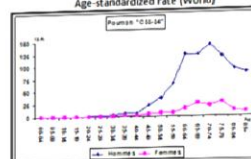
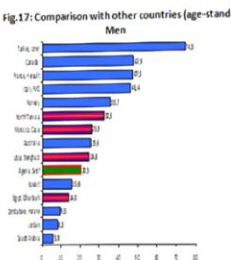
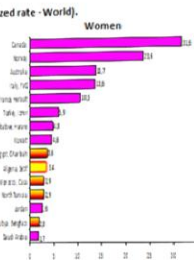


Fig.17: Comparison with other countries (age-standardized rate - World).

Men



Women



EUROMED – Project 2 (Cancer Registries and primary prevention)

ACTIONS: FULL COLLABORATION WITH SETIF CANCER REGISTRY

First product:

<http://www.ennour.org/images/enf.pdf>

De 2001 à 2010, le registre de Sétif a enregistré 10561 cas de cancer, avec une moyenne annuelle d'environ 1050 nouveaux cas. L'incidence est presque la même chez les deux sexes. L'incidence annuelle brute pour 100.000 habitants est de 68,0 pour les hommes et de 76,8 pour les femmes, alors que les taux d'incidence standardisés sont respectivement de 100,2 et 99,9 pour 100.000 habitants. Les principales localisations pour les deux sexes sont représentées sur les figures 1 et 2. Les cancers du poumon, de la vessie, des colorectaux, du nasopharynx, de l'estomac et du larynx occupent les premières places, et représentent la moitié des cancers chez l'homme. Le cancer du sein, les colorectaux, col de l'utérus, et des voies biliaires occupent les premières places, et représentent la moitié des cancers chez la femme.

Fig.1 : Répartition des tumeurs, chez les deux sexes 2001-2010, wilaya de Sétif.

localisations	%	localisations	%
Poumons	20%	Sein	33%
Vessie	9%	Col de l'utérus	8%
Nasopharynx	7%	Voies biliaires	7%
Estomac	6%	Thyroïde	6%
Larynx	6%	Côlon	6%
Prostate	6%	Rectum	4%
Côlon	6%	LNH	4%
LNH	6%	Poumons	3%
Rectum	4%	Estomac	3%
Autres	30%	Autres	29%
Effectifs=	5019	Effectifs=	5542



Les cancers de l'enfant représentent environ 3% de l'ensemble des tumeurs, 3,6% chez les garçons et 2,6% chez les filles.

Le registre de Sétif a recensé 327 cas de cancer de l'enfant ce qui correspond à une moyenne annuelle d'environ 30 nouveaux cas par an.

L'incidence brute pour 1 000 000 enfants est de 84 chez les garçons et 68 chez les filles et l'incidence standardisée de 82 chez les garçons et 68 pour 1 000 000 chez les filles (Tab.31).

Les leucémies et les lymphomes sont les tumeurs malignes les plus fréquentes aussi bien chez la fille que chez le garçon (Fig.40).

42,5 % des cancers de l'enfant se développent entre 10 et 14 ans.

Fig.40 : Répartition des tumeurs de l'enfant : 0-14 ans 2001-2010, Sétif.

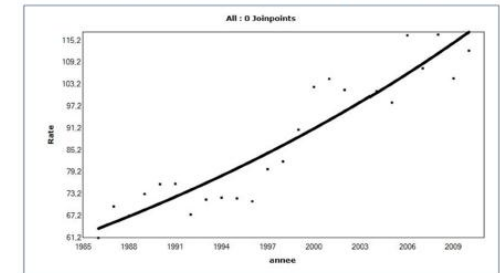
Localisations	%	Localisations	%
Lymphomes et leucémie	35%	Lymphomes et leucémie	28%
Tumeurs de SNC	13%	Tumeurs de SNC	20%
Os	11%	Rein et VU	10%
VADS	7%	Os	9%
Rein et VU	6%	VADS	7%
Tissus mous	5%	Tissus mous	4%
Ceil	2%	Ceil	4%
Fosse nasale	2%	Autres	18%
Autres	19%		
Effectifs=	143	Effectifs=	184



5- Tendances des cancers chez l'homme toutes localisations, 1986-2010 Sétif

De 1986 à 2010 les cancers ont augmenté de façon significative avec une APC de +2,58.

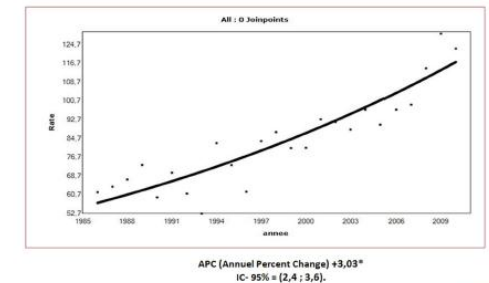
Fig.38 : Tendances des cancers toutes localisations chez l'homme 1986-2010, Sétif.



6- Tendances des cancers chez la femme toutes localisations, 1986-2010 Sétif

De 1986 à 2010 les cancers ont augmenté de façon significative avec une APC de +3

Fig.39 : Tendances des cancers toutes localisations chez l'homme 1986-2010, Sétif.



EUROMED – Project 2 (Cancer Registries and primary prevention)

ACTIONS: FULL COLLABORATION WITH SETIF CANCER REGISTRY

Second product:

J. Af. Cancer

DOI 10.1007/s12558-014-0325-x

ARTICLE ORIGINAL / ORIGINAL ART

Le cancer à Sétif, Algérie

Cancer in Setif, Algeria, 1986–2010

M. Hamdi-Cherif · E. Bidoli · S. Birri
M. Rakeb · L. Kara · A. Ayat · S. Viri

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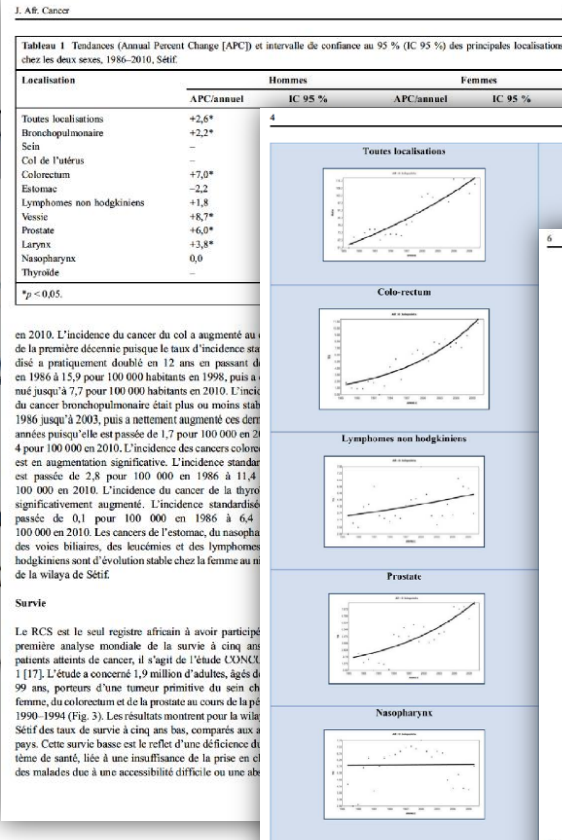


Fig. 1 Tendances des principales localisations chez l'homme, 1986–2010

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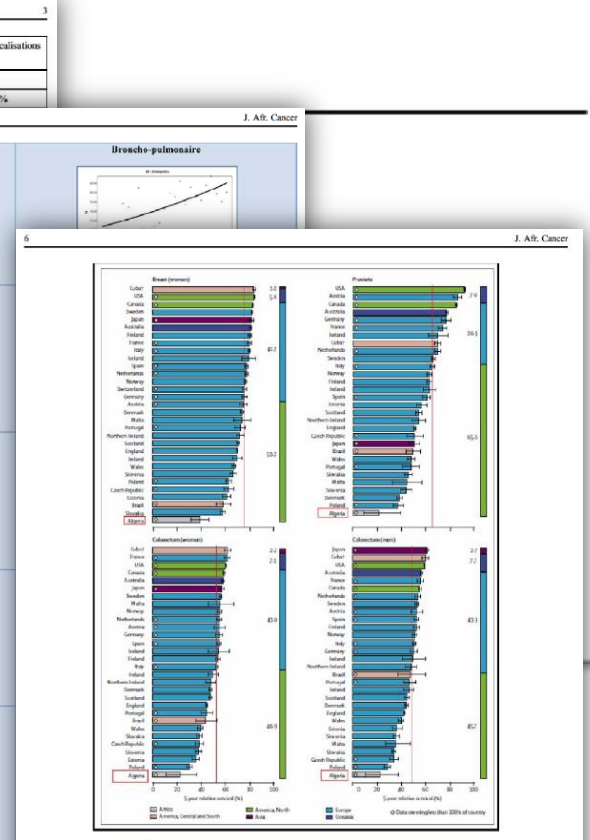


Fig. 3 Comparaison des taux de survie à cinq ans

augmentation, on compte presque 40 000 nouveaux cas par an en Algérie [12], avec une survie à cinq ans basse, due à une accessibilité aux soins toujours difficile [3–7]. C'est l'indicateur d'un système de santé déficient en matière de prise en charge du cancer. L'accessibilité aux soins est la principale cause, et notamment à la radiothérapie. Les rendez-vous pour les radiothérapies sont au-delà de 18 mois. L'analyse des principales localisations montre une variabilité

importante et susciterait des études épidémiologiques notamment sur les facteurs de risque.

Le cancer du sein demeure le cancer féminin le plus fréquent. Il représente 33 % de l'ensemble des tumeurs de la femme avec une moyenne annuelle de 179 nouveaux cas, ce qui correspond à une incidence annuelle brute pour 100 000 femmes de 24,8 et une incidence standardisée de 32,0. Les cancers du sein de l'homme représentent moins

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EUROMED – Project 2 (Cancer Registries and primary prevention)

ACTIONS: FULL COLLABORATION WITH SETIF CANCER REGISTRY

Third product:

Time trends of cancer incidence in Setif, Algeria, 1986–2010: An observational study

Hamdi Cherif M¹, Serraino D², Mahnane A¹, Laouamri S¹, Zaidi Z¹, Boukharouba H¹, Cherka D¹,
Rakeb M¹, Kara L¹, Ayat A¹, Birri S², Virdone S², Paolo De Paoli², and Bidoli E^{2*}

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Submitted to BMC Cancer

EUROMED – Project 2 (Cancer Registries and primary prevention)

ACTIONS: ONGOING COLLABORATION WITH SOUSSE CANCER REGISTRY

Descriptive epidemiology:

Atlas of time trends of cancer incidence in Sousse

Analytical epidemiology:

Case-control study on risk factors for breast cancer in young women

EUROMED – Project 2 (Cancer Registries and primary prevention)
FUTURE COLLABORATIONS WITH SETIF AND SOUSSE CANCER REGISTRY

Although the EUROMED Cancer Registry Program has not been financed for 2015,
the Friuli Venezia Giulia Cancer Registry and AIRTUM
will continue the established collaborations

Descriptive epidemiology (incidence, survival, prevalence) and
case-control study on risk factors for
-breast cancer in young women and
-non-Hodgkin lymphoma

will be temporarily sustained by the Friuli Venezia Giulia Cancer Registry

A night photograph of a park entrance. At the top, a sign reads 'Bienvenue' in a white, cursive font. Below it is a banner for 'SILVIA LAND' with a colorful, abstract design. The entrance is flanked by two decorative light fixtures: one on the left with a floral motif and one on the right with a lantern-like design. The scene is illuminated by warm, yellow lights, and the ground is covered in snow.

Bienvenue

**ISS and AIRTUM
THANKS EVERYBODY FOR COLLABORATION
AND
FOR THE OPPORTUNITY OF WORKING TOGHETHER**