METHOD OF POPULATION-BASED CANCER REGISTRY IN INDONESIA

M. Wahidin 1, B. Fatum1
and Dharmais National Cancer Hospital, Directorate of Medical Services,
Jakarta Cancer Registry Team,
1 Sub Directorate of Cancer Control, Directorate of NCD Control, Ministry of Health, Republic of Indonesia

EP747

Room 520 CF
METHOD OF POPULATION-BASED CANCER REGISTRY IN INDONESIA

Mugi Wahidin

Background

• Based on a national survey in 2007, cancer became the 7th largest cause of death in Indonesia, with a percentage of 5.7 among all causes of death.

• Unfortunately, there is no national population cancer registry for incidence and mortality data. A cancer registry has been developed since 1970, but it was partial and was stopped because of reasons such as not having a government body which is responsible for such a registry.

• Realizing the above situation, the Indonesian government established Sub Directorate of Cancer Control within the Ministry of Health which is responsible for developing a national cancer control program, including cancer registry.

• Sustainable cancer registry development was started in 2007 with a model in Jakarta Province. This cancer registry was hospital-based at the beginning, then expanded to be population-based. The Sub Directorate of Cancer Control developed the registry in collaboration with other parties

Objectives:

To develop national cancer registry through modeling in Jakarta province
METHOD OF POPULATION-BASED CANCER REGISTRY IN INDONESIA

Mugi Wahidin

Health centers), then collected at the district/municipal level, and reported to the provincial level.

- The data is collected passively by holding meetings every three months in the district/municipality.
- Verification of data is the responsibility of the medical doctor or pathologist in each data source. Data validation is conducted by a team of cancer registry in the district/municipality and province.
- Data management and analyses are conducted by a cancer registry team at the provincial level, assisted by the national team.
- We use software named Indonesian Cancer Registry System (SRIKANDI), which is adopted from CanReg4 IACR.
METHOD OF POPULATION-BASED CANCER REGISTRY IN INDONESIA

Mugi Wahidin

- Data resulted from the population-based cancer registry in Jakarta Province shows that the top five cancers among females in 2005-2007 were breast cancer (incidence 31.2 per 100,000), cervical cancer (17.6 per 100,000), colorectal cancer (11.7 per 100,000), bronchus and lung cancer (7.7 per 100,000), and pharyngeal cancer.

- It’s ready to expand cancer registry to other areas in Indonesia.

- The leading cancer in Jakarta province are breast cancer and cervical cancer (among female), bronchus & lung cancer and prostate cancer (among male).

- Modeling of population-based cancer registry in Jakarta province has been successfully established, but need improvement.

- Mechanism of cancer registry has been approved by related stakeholders and has been implemented well.

- It’s ready to expand cancer registry to other areas in Indonesia.