

## COMMENTARY

# What and Where for Publications by Cancer Registries in the Asian Pacific? - Roles for the APJCP in the Future

Malcolm Anthony Moore

### Abstract

The absolute necessity of cancer registration for cancer control planning is well accepted. The registry at the national or local level can provide not only essential data for cancer incidence, mortality and survival but may also point to risk and protective factors and efficacy of interventions by conducting epidemiological research. Timely publication of research findings in PubMed indexed journals is of the essence, especially in examples that allow free access so that the widest dissemination of information can be achieved. The present commentary covers the scope of research in Asia or using Asian data the period 2008-2013, nearly 40% of a total of over 300 papers being published in the APJCP. In order to reach its full potential the registry should incorporate many skills. Cooperation for this purpose, whether it be national, regional, Asia-wide or international, is a high priority and the International Agency for Research on Cancer, together with the National Cancer Institute in Thailand and the APOCP/APJCP are staging an Asian Cancer Network Forum in Bangkok in February of 2014 to allow discussion of ways forward. It is hoped that representatives from all regions of Asia will decide to attend and also contribute country reports for publication in a special supplement of the APJCP.

**Keywords:** Cancer registration research - journals - free access - international cooperation

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### Introduction

The implications of cancer registry data for national cancer control programs was eloquently stressed by the late Yasmin Bhurgri in 2004. With increase in the prevalence of cancer in all of the countries of Asia her arguments have become even more compelling. The registry, whether population-based, hospital-based or pathology-based has many roles to play, particularly as a research base to provide the evidence required by governments to plan and implement their cancer control programs. It is pertinent here to mention that the Japanese government has chosen the Hospital-based route for expansion of registry coverage and provide a nationwide infrastructure to support evidence-based cancer care and cancer control policy (Higashi et al., 2013).

The aim of the present commentary, based on the papers cited in the review of cancer registration research publications in 2008-2013, included in the present issue of the APJCP (Moore et al., 2013), is to look at what types of research are attracting most attention and where the publications are to be found. One emphasis is the degree to which scientists avail themselves of open access journals. Another is to provide some insights into which areas might deserve particular attention in the future.

### Publication Journals

In order to assess the relative contribution of different

journals to dissemination of cancer registration research findings for Asian-Pacific countries a PubMed search using 'cancer' plus 'registry' or 'registration' as key words within the Title/Abstract was conducted and Abstracts were downloaded for assessment of country of origin (first author), country of interest, whether data were population-based, journal name and whether a free version was available.

Included in the Arab countries of origin were Egypt, Saudi Arabia, Yemen, Oman, Kuwait, Bahrain, Jordan, Lebanon and Iraq. For Central Asia the papers were from Kazakhstan, Siberia and Mongolia, for South Asia from India, Pakistan, Nepal and Sri Lanka and for South-East Asia from Thailand, Laos, Viet Nam, Malaysia, Brunei and Indonesia. For China, Hong Kong and Taiwan were included and for Australasia from Australia, New Zealand, Guam and Easter Island. The international groups were mainly from the USA, the majority being related to work with the Gharbia registry in Egypt and the APJCP collaborative efforts.

In addition to the APJCP itself, grouping for journal sources were American (including Cancer Epidemiology Biomarkers and Prevention, Cancer Causes and Control and Cancer Epidemiology [formerly Cancer Detection and Prevention]), European (European Journal of Cancer Epidemiology, European Journal of Cancer, International Journal of Cancer and IARC journal), specialist journals were those focusing, for example, on gynecology or urology, while country journals are from individual

**Table 1. Country Comparisons of Journal Usage and Percentage Free pdf File Access**

Country	Total	PB Registry	Free pdf (%)	APJCP (%)	American	European	Country	Specialist	General
Arab World	27	13 (48)	13 (48)	8 (30)	4	1	8	5	1
Turkey	9	6 (67)	7 (78)	4 (44)	0	1	1	0	3
Iran	53	46 (87)	46 (87)	28 (53)	4	0	14	4	2
South Asia	51	33 (65)	28 (62)	23 (58)	6	6	7	4	0
SE Asia	38	25 (66)	27 (71)	18 (47)	0	5	8	6	1
Central Asia	10	9 (90)	9 (90)	6 (60)	0	0	1	3	0
China	42	36 (86)	18 (43)	6 (14)	6	5	17	8	3
Korea	13	11 (85)	8 (61)	2 (15)	1	0	6	2	0
Japan	17	14 (82)	9 (53)	4 (23)	3	2	4	2	2
Australasia	32	29 (90)	10 (31)	3 (9)	10	2	5	8	4
International	28	24 (86)	15 (54)	9 (32)	7	2	2	6	2
Total*	320	244 (76)	190 (59)	121 (38)	41 (13)	24 (8)	83 (26)	48 (15)	18 (6)
Free pdf			190 (100)	121 (100)	16 (33)	4 (17)	35 (42)	15 (31)	9 (50)

\*Number (%)

countries, these being especially important for Iran, India, China, Korea and Japan and Australasia.

The overall results are summarized in Table 1. The APJCP accounted for 38% overall but almost or more than 50% in four of the countries areas. Second to the APJCP with 121 was IARC Sci Publ with 20, Cancer Epidemiology with 14, Jpn J Clin Oncol with 9. All others with five or more were country specific. The country journals, except in the case of Australasia, tend to offer free pdf access. Considering only those non-APJCP papers, the International sources only selected journals which provided such access in 35% of cases and with Australia and New Zealand it was only 24%. This reflects the choice of so-called ‘high impact’ journals with obvious implications for government policy. In this context the policy of NIH in requiring papers funded by public funds to be open access is of obvious interest.

### Research Areas Covered

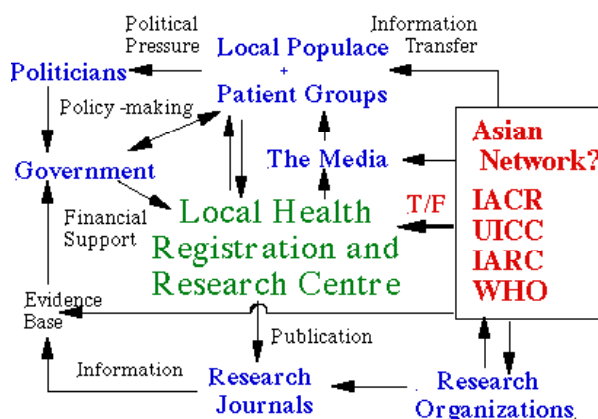
As shown in Table 2, the emphasis of research does differ somewhat across regions but overall some 17% of papers covered incidence data for all or major cancers, and 14% mortality or survival generally, while 39% concerned incidence of cancers at specific sites and 18% mortality or survival. Only 9% were concerned with methodology or quality of data, while research aimed at assessing the roles of cancer registries in effective cancer control programs accounted for a very low 4%. As succinctly expressed by the late Yasmin Bhurri (2004), the cancer registry is the core element in any cancer control program and these are areas clearly requiring more emphasis in the future if the cancer registry is to reach its full potential, not only as a source of information but also a regional powerhouse for research and interaction with local communities (Moore et al., 2010) (see Figure 1).

It is encouraging, however, that some 17% of published papers concentrated attention on use of cancer registry data to assess risk factors and the influence of ethnicity and socioeconomic or geographical location. It is of paramount importance that data are generated for Asian populations to ensure that conclusions drawn from research in the Western world are appropriate where the lifestyle factors may be fundamentally different (Moore and Sobue, 2010).

### Conclusion

The need for an Asian Cancer Registry Network has been stressed repeatedly (Moore et al., 2008; Shin et al., 2010). At the 22nd Annual Scientific Meeting of the International Association of Cancer Registries, held in Khon Kaen, Thailand in 2000, a poster session was dedicated to a review of the current situation with respect to cancer registration on the Asian continent. All of the contributors were asked to prepare also an “extended abstract” which would include a rather structured account of cancer registration activities in the country, subsequently published as an APJCP Supplement (Parkin and Vatanasapt, 2001). Thus, the 18 countries which participated were each asked to outline:

- A summary of their history of cancer registration
- The present status of registration (with map, if regional coverage) and the size of population covered
- Any national policy for registration with cancer registry associations, if any
- Incidence data: a summary of the national profile and of regional variations
- Studies of survival, epidemiology, prevention, screening and medical care
- Significant publications: reports, peer-reviewed articles
- Contact details and Internet websites



**Figure 1. Concept of a Local Registration Center as a Major Research and Cancer Control Resource**

**Table 2. Country Comparisons of Areas of Interest Covered in Cancer Registration Research**

Country/Region	Total	General Cancer Sites						Specific Cancer Sites						CC	
		Inc	Trends	Epid	Mort	Trends	Epid	Qual	Inc	Trends	Epid	Mort	Trends		Epid
Arab World	31	2	0	3	0	0	1	3	3	4	5	6	0	4	0
Turkey	9	2	0	0	2	0	0	0	2	2	1	0	0	0	0
Iran	55	1	1	9	2	0	0	9	13	7	3	3	0	4	2
South Asia	53	7	4	1	7	1	0	5	9	12	2	1	1	0	2
SE Asia	44	2	3	3	10	0	0	1	5	7	3	6	0	2	5
Central Asia	10	1	3	0	0	0	0	0	1	1	5	0	0	0	0
China	33	1	2	0	7	2	0	2	3	4	2	8	3	0	0
Japan/Korea	40	0	2	1	7	2	0	5	1	9	5	3	2	3	3
Australasia	33	2	0	3	0	0	1	3	3	4	5	5	0	4	0
Total	308	18	15	20	35	5	2	28	40	50	31	32	6	17	12
%age	100	6	5	6	11	2	1	9	13	16	10	10	2	6	4

Inc, incidence only; Epid, analytical epidemiology, includes risk fact assessment, ethnic and socio/geographical variation; Mort, mortality and/or survival only; qual, quality and methodology; CC, relevance to cancer control programs

**Table 3. APJCP Supplements Published or Planned from 2001 to 2013****Vol 15, 2014 Cancer Registration in the Asian-Pacific in the Year 2014: Present State and Future Cooperation,***Freddie Bray and Malcolm Moore*Vol 13, 2012 The ACTION (Asean CosTs In ONcology) Study, *Stephen Jan*Vol 13, 2012 Biomarkers and Molecular Biology Targeting Cholangiocarcinoma, *Sopit Wongkham and Watcharin Loilome*Vol 12, 2011 The 4th International Cancer Control Congress, *Simon B Sutcliffe*Vol 11, 2010 International Association of Cancer Registries - A History, *Sharon L Whelan*Vol 11, 2010 The Middle East Cancer Consortium Workshop on Cancer Pain, Suffering and Spirituality, *Michael Silbermann*Vol 11, 2010 Asian Pacific Cancer Epidemiology, *Malcolm A Moore and Tomotaka Sobue*Vol 10, 2009 Serum Components and Lifestyle Factors in the JACC Study, *Akiko Tamakoshi and Koji Suzuki*Vol 8, 2007 The Japan Collaborative Cohort Study for Evaluation of Cancer (JACC), *Akiko Tamakoshi***Vol 2, 2001 Cancer Registration in Asia in the Year 2000: Past, Present and Future, D Maxwell Parkin and Vanchai Vatanasapt**

Included were reports from Jordan (Qasem, 2001), Oman (al-Lawati et al., 2001), Saudi Arabia (Al Hamdan et al., 2001), Iran (Mosavi-Jarrahi et al., 2001), Pakistan (Bhurgri, 2001), India (Gajalakshmi et al., 2001), Thailand (Deerasamee et al., 2001), Viet Nam (Anh, 2001), Malaysia (Rosemawati and Sallehudin, 2001), the Philippines (Esteban et al., 2001), China (Wang, 2001), Hong Kong (Foo et al., 2001), Taiwan (You et al., 2001), Mongolia (Munkhtaivan et al., 2001), Korea (Ahn, 2001) and Japan (Oshima et al., 2001). It is time to repeat this endeavour with an even more comprehensive coverage of the state of cancer registration in as many of the countries of the Asian Pacific as possible. The International Agency for Research on Cancer provides high quality data on a regular basis in its Cancer Incidence in Five Continents publications (Muir et al., 1987; Parkin et al., 1992; 1997; 2002; Curado et al., 2007), GLOBOCAN (Ferlay et al., 2004; 2008) and other international efforts (Soerjomataram et al., 2012; Bray et al., 2013), but countries without well established population-based registries are not always included and important variation within countries cannot be documented.

This year the International Association of Cancer Registries meeting is in Buenos Aires, in Argentina following last year in Ireland, both locations very distant from Asia and expensive to reach. This precludes attendance by the majority of scientists active in cancer registration in our region of the world. It is therefore proposed that an Asian Cancer Registry Forum be held in Bangkok in February of 2014 to allow discussion of cooperation for the future. At the same time it is proposed to use the experience of the APJCP in publishing

supplements (see Table 3) to produce 'Cancer Registration in the Asian-Pacific in the Year 2014: Present State and Future Cooperation'. The present Commentary is part of an appeal to cancer registry personnel and involved scientists across the region to take part in a collaborative effort, with involvement of the IARC, the Thai National Cancer Institute, and the APOCP/APJCP. It is to be hoped that we can coordinate our efforts with the UICC-Asian Regional Office (Akaza, 2013), long a supporter of the APJCP and a continued sponsor, as well as other regional and supra-regional players (Moore et al., 2010).

As Chief Editor of the APJCP I look forward to publishing many more papers using cancer registry data within our journal in the future and seeing many of the responsible individuals in Bangkok next year.

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