



## APC-53

NATIONAL CANCER REGISTRY; DIRECTING TOWARDS THE NATURE AND EXTENT OF THE CANCER BURDEN IN THE UNITED ARAB EMIRATES

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**Background** Cancer poses a substantial present and future public health challenge. Registries play a key role in monitoring of cancer survival, mortality, and incidence and demonstrates the disparities across the population. Population-based cancer registries support in assessing and monitoring the effectiveness of cancer control activities. Our aim is to explore the changing trends of cancer with regards to its mortality and incidence which is an essential element in monitoring and planning of program for controlling, preventing, and early detection of cancer.

**Methods** The data was gathered from different sources by means of active and passive reporting. Active method involved registry staff who regularly visited different sources in conjunction with abstracting data on special forms. While passive reporting involved healthcare providers across UAE, who completed standardized form, collected cancer data from patient's files, HIMS (Health information management system), pathology reports, and sent copies of discharge abstracts to the UAE National Cancer Registry.

**Results** A total number of 3816 incident cancer cases (malignant and in-situ) were diagnosed among the UAE resident population during the period of 1st January and 31 December, 2014 representing an overall crude incidence rate of 42 cases per 100,000. The pattern of cancer showed an increased burden of colorectal, prostate, and leukemia cancer among the males resident population in the United Arab Emirates. While, Breast, thyroid and colorectal cancer were the top ranked cancers among female residents.

**Discussion/conclusion** Increased knowledge of the frequency of malignant diseases, their incidence, distribution, and mortality is of primary significance for controlling cancer. This study therefore, supports different efforts involved in harmonizing, expanding, and improving cancer registration in the United Arab Emirates. The results of this report are the first ever published crude incidence and mortality rates on a regional and national level and clearly demonstrates the seriousness of the cancer burden in UAE.

## APC-54

TRENDS IN PROSTATE CANCER INCIDENCE BETWEEN 1996 AND 2013 IN TWO SWISS REGIONS

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**Background** Prostate cancer is the most common cancer among men in Switzerland. However, differences in prostate cancer incidence have been observed between the German-speaking and the Italian-speaking part of Switzerland. The aim of this study was to examine incidence trends from 1996 to 2013 stratified by age group, grade and T-stage using data from the cantonal cancer registries of Zurich (German-speaking part) and Ticino (Italian-speaking part).

**Methods** The dataset included 17,495 men living in Zurich and 3,505 men living in Ticino who were diagnosed with prostate cancer between 1996 and 2013. We computed age-standardized incidence rates per 100,000 (ASR) using the European Standard Population and mid-year population estimates. Time trends were assessed using JoinPoint regression analysis Software.

**Results** ASR were generally higher in Zurich compared to Ticino (ASR in 1996: 122.8 (Zurich) and 76.9 (Ticino); in 2013: 105.1 (Zurich) and 82.6 (Ticino)). ASR increased significantly between 1996 and 2002 in Zurich and between 1996 and 2007 in Ticino and then decreased. A statistically significant increase was observed in both regions for men aged <65 years, for grade 3 tumors, and for T-stage 2 and 3 tumors. The largest decrease was seen for grade 1 tumors (average annual percentage change for Zurich: -23.9, 95% CI -27.7, -19.9; for Ticino: -19.7, 95% CI -26.6, -12.0). Furthermore, the incidence of tumors of unknown grade or T-stage decreased significantly in both regions.

**Conclusions** ASR for prostate cancer was higher in Zurich compared to Ticino during the whole period but the difference decreased over time. Furthermore, the time trends in both regions were similar. The distribution of T-stage and grade did not explain the difference in incidence rates. Different use of opportunistic screening may play a role. Further analyses including information regarding lifestyle and screening patterns may help to understand the observed differences.