Egyptian Pilot Study for a Global Database of Cancer Control in Developing Countries

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Cancer in Low and Middle Income Countries (LMIC)

• **Global Cancer Incidence**
  – 12 m. new cases p.a. rising to 27 m. in 2030
  – 60% (7.2 m) in LMIC
  – 80% LMIC pts present with advanced cancers (Stages III-IV)

• **Global Cancer Mortality**
  – 7.9 m deaths p.a. rising to 12m by 2030
  – Set to become world’s #1 cause of death in 2010
  – >70% (>5.5 m) in LMIC
  – Kills more people in LMIC than Malaria, TB & HIV/AIDS combined
WHO Projected Global Deaths 2004-2030

Figure 16: Projected global deaths for selected causes, 2004–2030

# Stage Distribution (%) for Cervical Cancer in Selected Countries Among Patients Treated in 1999-2001

<table>
<thead>
<tr>
<th>Country</th>
<th>Stage I</th>
<th>Stage II</th>
<th>Stage III</th>
<th>Stage IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia (Carlton)</td>
<td>61.5</td>
<td>14.3</td>
<td>15.4</td>
<td>6.6</td>
</tr>
<tr>
<td>Netherlands (Amsterdam)</td>
<td>60.4</td>
<td>21.2</td>
<td>14.0</td>
<td>4.4</td>
</tr>
<tr>
<td>United States (Nashville)</td>
<td>57.0</td>
<td>20.6</td>
<td>17.8</td>
<td>2.8</td>
</tr>
<tr>
<td>South Africa (Cape Town)</td>
<td>16.6</td>
<td>25.0</td>
<td>43.0</td>
<td>15.5</td>
</tr>
<tr>
<td>Peru (Arequipa)</td>
<td>25.2</td>
<td>30.4</td>
<td>29.6</td>
<td>14.8</td>
</tr>
</tbody>
</table>

* % do not sum to 100 because there are cases for which stage is unknown.

- **Source:** Global Cancer Facts and Figures 2007 American Cancer Society
- **Ref:** Quinn MA, Benedet JL, Odicino F et al. Carcinoma of the Cervix Uteri.
2005 - Resolution WHA58.22
Cancer Prevention and Control

• (1) to collaborate with the Organization in developing and reinforcing comprehensive cancer control programmes tailored to the socioeconomic context, and aimed at reducing cancer incidence and mortality and improving the quality of life of cancer patients and their families, specifically through the systematic, stepwise and equitable implementation of evidence-based strategies for prevention, early detection, diagnosis, treatment, rehabilitation and palliative care, and to evaluate the impact of implementing such programmes.
Where is the Evidence Base for Cancer Control in LMIC?

- 32% of papers indexed on PubMed in 2006 from USA + UK, 0.5% from Africa
  - Jain NC Geographical representation of journals in Medline 2007 Current Science 2007 93(12):1650
- Multiplicity of databases
- Research outcomes reported from HIC studies may not be appropriate to LMIC settings
- Non-indexed LMIC journals = invisible evidence
- Need for an easily accessible database of evidence from cancer control studies in LMIC
International Network for Cancer Treatment and Research (INCTR)

- Est. 1998 by UICC & Institut Pasteur (9 bases, HQ Brussels)
- Mission: to build capacity for cancer control in LMIC and to reduce the suffering of cancer patients
- 2007: INCTR Evidence Base Programme
- **Global Database for Cancer Control in Developing Countries**
GDCCDC: 2 Year Pilot Study

- Working Partnership
  - INCTR, National Cancer Institute Cairo, University of Cairo
- Funders
  - European School of Oncology (ESO)
  - INCTR
  - Egyptian Foundation for Cancer Research
- Objective
  - Demonstrate model for building modules of the Global Database for Cancer Control
  - Provide an evidence base for cancer control planning
Methodology

• Inclusion criteria
  – Studies relevant to Egyptian population
  – Breast cancer, Bladder Cancer, Lymphoma, Childhood Cancers, Palliative Care
  – Published in 2000-2008

• Exclusion criteria
  – No animal studies
  – No Dissertations or Theses
Methodology

• Sources
  – Online J Egypt Nat Cancer Inst, NCI Cairo Yearbook
  – Databases Medline, Embase, Scopus, PsycLit/PsycINFO
  – Journals
    Non-indexed Egyptian journals
• Access
  – University of Cairo
    website  http://www.cu.edu.eg
Database searches (INCTR UK)

• Search Terms
  #1 Type of cancer or intervention in TI, AB, MeSH
  #2 Egypt* in TI, AB, AD/AFFIL,
  #3 PY >1999
  #4 #1 and #2 and #3

• Platform
  – Ovid @ RSL, University of Oxford
Database searches (INCTR UK)

• Search dates:
  – 2000-2007 January – April 2008,
  – 2008 update: April 2009

• Online Journal searches

• Downloaded to ProCite 5.1 database (Oxford)
Journal Searches (NCI Cairo)

- Identified 70 Egyptian journals (4 indexed)
- NCI Cairo Library holdings
- Professional/University Library Network
- Tables of Contents faxed to NCI Cairo
- Keyed in or downloaded to ProCite 5.1 database (Cairo)
Results from combined searches

- 1865 studies identified
- 1383 met inclusion criteria
- 675 (49%) indexed on databases
- 708 (51%) not identified on databases
- Egyptian journal searches
  - 545 journal years / 823 papers
  - 775 met inclusion criteria
  - 708 (92%) not indexed on any of 4 databases
Studies indexed on databases (n=675)

- 365 (54%/26%) retrievable from 1 database only
- 120 (18%/9%) retrievable from 2 databases
- 101 (15%/7%) retrievable from 3 databases
- 89 (13%/6%) retrievable from all 4 databases
Proportion of Papers indexed on Medline

- 20% (n=286)
Proportion of Egyptian reports not identified on databases

51% 49%
Conclusions

• Inclusion of LMIC cancer control studies on general medical databases is partial
• Searches of one or two databases inadequate
• LMIC cancer control studies under-represented on existing global databases
• Importance of involvement of Medical Librarians
• Collaboration with peers essential
Pilot Study - Phase II

- Publish database of bibliographic citations on University of Cairo website
- Maintain searches 2009 onwards
- Expand search to all areas of cancer
- Systematic reviews of research methodology
Potential ‘Chapters’ for GDCCDC

• Cancers:
  – Breast Cancer

• Countries
  – Pakistan
  – Jordan

• Area of Care
  – Primary Care
Invitation to Collaborate

• Help Build the Global Database of Cancer Control
  – Incremental stages
  – National, regional scope
  – Tumour type
  – Modality of care
• Local partnership, local ownership

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Thank you

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