

Hospital-Based Cancer Registries Strategic Role in the Consolidation of the National Cancer Information System

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INTRODUCTION

One of the main purposes of Hospital-Based Cancer Registries (HBCR) is to provide data to help evaluate the quality of care delivered to cancer patients, and to effectively contribute as source of information for the Population-based cancer registries (PBCR). Both registries (HBCR and PBCR) are fundamental in the consolidation of the National Cancer Information System.

OBJECTIVE

To describe the organization process of the information, focusing in the implantation, maintenance and current situation of the HBCR, for the development of a cancer information network in Brazil.

METHODS

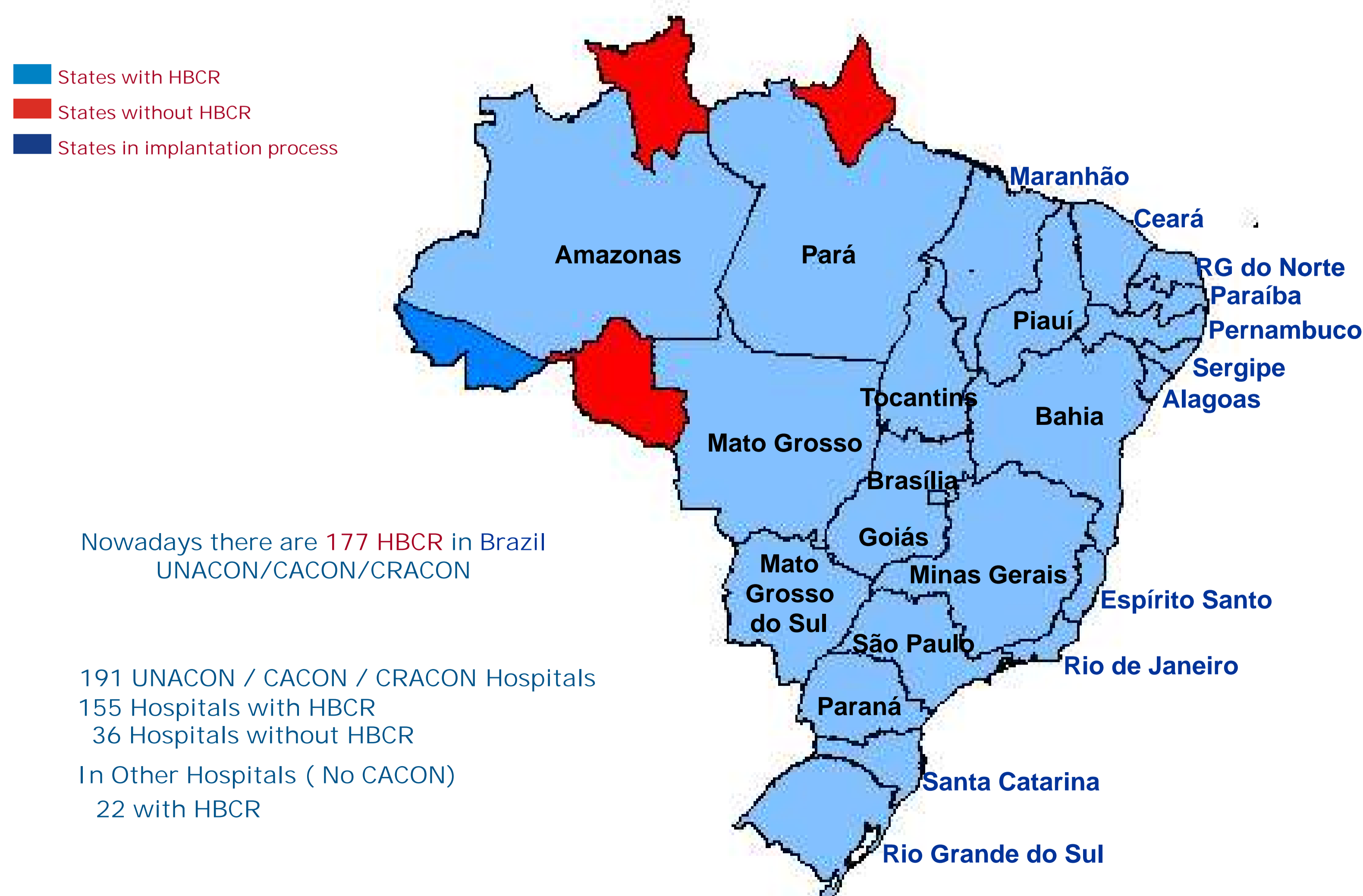
Description of data provided to INCA and State Health Departments (SHD), from technical reports and specific data collection tool, applied for diagnosis of characteristics of the Brazilian HBCR.

The form includes questions such as: 'Qual o nome completo do hospital?', 'O hospital é CACON?', 'O RHC possui sala para uso exclusivo?', 'O RHC possui suporte técnico para informática?', and 'Quantos casos o RHC cadastra, em média, por ano?'. It also includes checkboxes for 'sim' (yes) and 'não' (no) and a section for 'Assinatura do responsável pelas informações:'.

RESULTS

In 1983, the first HBCR was implemented in Brazil at the National Cancer Institute (INCA), based on standards recommended by IARC. During 1990s, with technical support from INCA, 25 other HBCRs were implanted. Beginning in 2000, an acceleration of the implementation process of new HBCRs occurred due to the actions developed by the SHD supported by a Health Ministerial Decree nº 3.535, dated September 1998. By the end of 2005, 131 new registries were founded. Currently, active HBCR provide information on 30% to 50% of total cases of the PBCR.

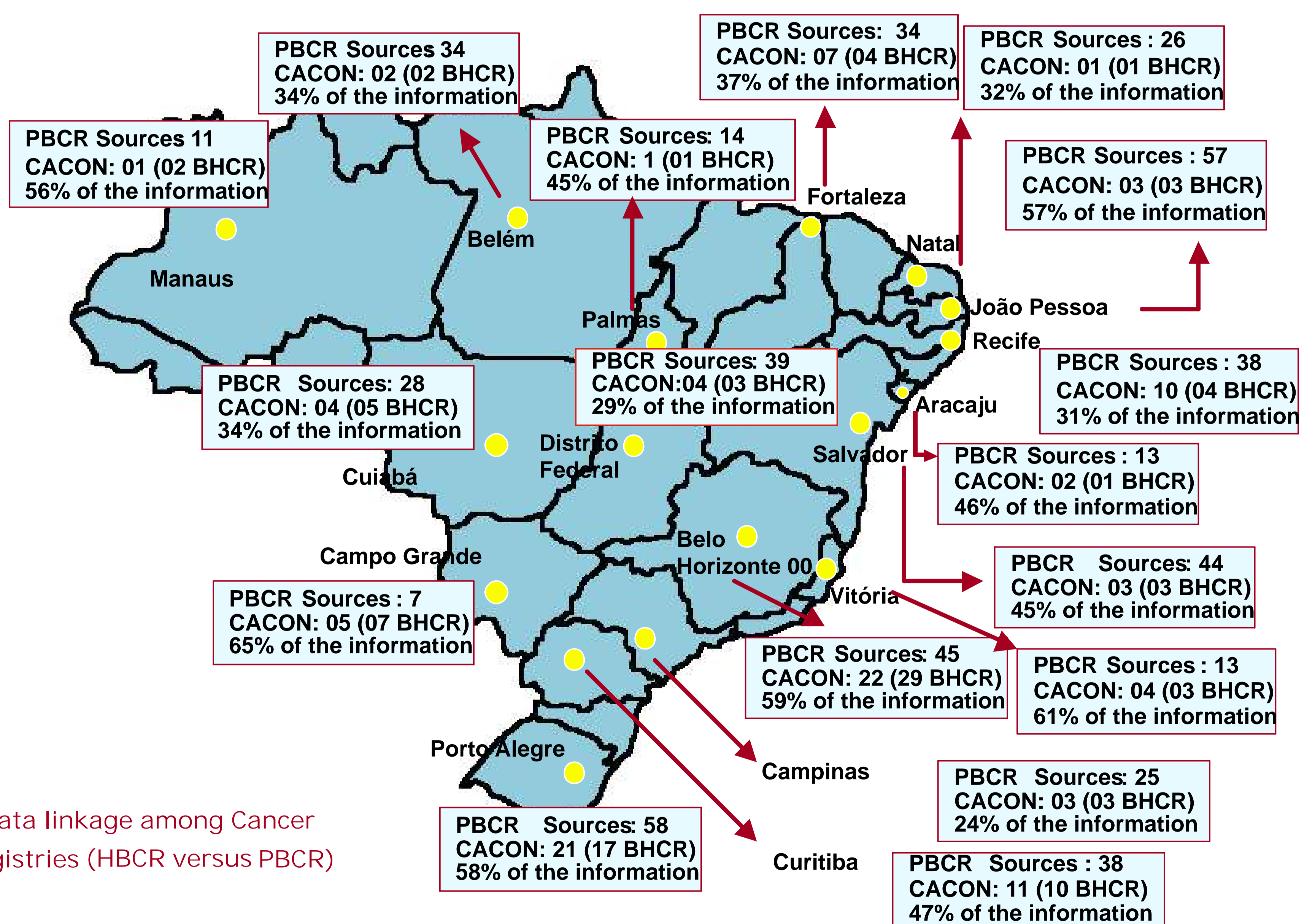
BRAZILIAN HOSPITAL-BASED CANCER REGISTRIES



THE EVOLUTION OF BRAZILIAN HBCR IMPLANTATION PROCESS

Geographic Region	STATE	HBCR in 1990 - total number	HBCR in 1995 - total number	HBCR in 2000 - total number	HBCR in 2005 - total number
NORTH	AM	0	0	1	2
	AP	0	0	0	0
	PA	1	1	1	2
	TO	0	0	0	1
NORTH EAST	AL	0	0	0	2
	BA	1	1	3	3
	MA	0	0	0	1
	CE	1	1	3	4
	PB	0	0	5	3
	PE	0	0	1	3
	PI	0	1	1	1
	RN	0	0	1	1
MIDDLE EAST	DF	0	0	0	3
	GO	1	1	3	3
	MS	0	0	0	7
SOUTH EAST	MT	0	0	1	4
	ES	0	0	1	3
	MG	0	1	7	29
SOUTH	RJ	1	3	6	15
	PR	0	1	1	7
	RS	0	1	7	22
SOUTH EAST	SC	0	0	2	7
	SP	1	3	3	52
BRAZIL		6	14	45	176

Source: INCA/ Prevention and Surveillance Coordination Information Division



Data linkage among Cancer Registries (HBCR versus PBCR)

CONCLUSION

The strengthening of the technical support for the implantation, consolidation and maintenance of the Cancer Registries is the foundation for the supply of information needed for planning, management, surveillance and epidemiological research, that helps in the formulation of priorities for the National Cancer Policy.

For the HBCR, the big challenge will be the construction of a national information network, including of all oncology hospitals and health services in Brazil, and to consolidate its role of primary source to the PBCR, warranting quality information for the analysis of cancer magnitude in Brazil.