Cancer Registry and Cancer Control in Thailand
General Information

- **Language**: Thai
- **Religion**: 94.6% Buddhists, 4.6% Muslims
- **Race**: 95% Thai
- **Democratic nation with the King as head of the state**
- **Population**: M= 27 061 733, F= 27 486 797 (1990)
  M= 30 015 233, F= 30 901 208 (2000)
Cancer Registry in Thailand

- established in 1963 in Chiang Mai as a hospital-based cancer registry
- In 1971, the NCI collected information from 7 in Bangkok and 46 provincial hospitals
- The first population-based cancer registry started in 1986 in Chiang Mai, followed by Khon Kaen in 1988, Songkhla and Bangkok in 1990 and Lampang in 1993
Thailand Population-Based Cancer Registry
Cancer Registry in Thailand

- In 1993, with the cooperation of the registries of Chiang Mai, Khon Kaen and Songkhla the National Cancer Institute, and IARC, the 1st vol. of Cancer in Thailand (Vatanasapt et. al., 1993) was published.

- In 1999, 2nd volume (Derassamee et al.)

- In 2003, 3rd Vol. (Sriplung et al.) (Data of 1995-1997)
Cancer incidence in different regions (1995-1997) (Male)
Cancer Incidence in different regions (1995-1997) (female)
Leading cancer in Thailand (estimated), 1996 (Male)
Leading cancer in Thailand (estimated), 1996 (Female)
Common cancers in different area

M => Lung 36.5
F => Cervix 25.6

M => Lung 53.5
F => Lung 25.3

M => Liver 85.0
F => Liver 32.7

M => Lung 25.6
F => Breast 25.4

M => Lung 13.6
F => Cervix 16.1
Trends of liver cancer in Thailand (Male)
Trends of liver cancer in Thailand (Female)
Trends of lung cancer in Thailand (Male)
Trends of lung cancer in Thailand (female)
Trends of cervix cancer in Thailand
Cancer Control in Thailand

Ministry of Public Health
### CANCER CONTROL

Priorities and strategies for the eight most common cancer worldwide

<table>
<thead>
<tr>
<th>Site of cancer</th>
<th>Prevention</th>
<th>Early diagnosis</th>
<th>Curative therapy</th>
<th>Pain relief and palliative care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver</td>
<td>++</td>
<td>-</td>
<td>-</td>
<td>++</td>
</tr>
<tr>
<td>Lung</td>
<td>++</td>
<td>-</td>
<td>-</td>
<td>++</td>
</tr>
<tr>
<td>Cervix</td>
<td>+</td>
<td>++</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>Breast</td>
<td>+</td>
<td>++</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>Stomach</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>++</td>
</tr>
<tr>
<td>Colon / rectum</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>++</td>
</tr>
<tr>
<td>Mouth / pharynx</td>
<td>++</td>
<td>+</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>Oesophagus</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>++</td>
</tr>
</tbody>
</table>

1 Adapted from reference 4.

2 Listed in order of global prevalence

3 For the majority of cases, provided that there is early diagnosis

++ effective  + partly effective  - ineffective
The four principle cancers of Thailand

Liver
Lung
Cervix
Breast

42.2% of all cancers in men
51.6% of all cancers in women

National Cancer Control Programmes (NCCP) of Thailand in the year 2000

Prevention
Early diagnosis
Treatment
Palliative Care
The aim of cancer control is a reduction in both the incidence and the mortality rates of the disease.

The objectives of cancer control:

1. To make optimal use of limited resources to benefit the whole population
2. To achieve high coverage with early detection and screening measures
3. To ensure equality of access to cancer care
4. To improve control of symptoms
NCCP Thailand

Strategies for Primary Prevention

Liver and Lung Cancers
Primary prevention

• minimizing or eliminating exposure to carcinogenic agents

• reducing individual susceptibility to the effect of carcinogenic agents
Vaccination against hepatitis B virus infection

Major risk factors for HCC:
Hepatitis B Virus

Hepatocellular carcinoma (HCC)
Prevention and control of *Opisthorchis viverrini* infection

**Major risk factors for CCA:**

*Opisthorchis viverrini*

**Treatment** - OV infected persons

**Health Education** - Do not eat raw fish
Anti-smoking campaigns

Government organizations:

- Institute of Tobacco Consumption Control

Non-Government organizations:

- Action on Smoking and Health Foundation
Tobacco Control Legislation, Tobacco Law for Improvement of Health through:

- restricting smoking in public places, workplaces, hospitals
- ban on tobacco advertising
- stigmatizing cigarette packs
Forbade - tobacco sales to young people under 18

- Restricts demonstration of smokers in movies, TV programs etc.
- Increase tobacco taxes
Anti – smoking campaigns

- Smoking cessation clinics
- Quit and Win Campaign
- Quit line
Promoting dietary modification to achieve a healthier diet (or preventing change of diet to more hazardous pattern).
Health Education
LESS CONSUMPTION

Alcoholic drinks
Fatty food
Fry food
Grill food
Charred food
Fermented food
Salted food
Red meat
Cured and smoked meat
Food preservation (nitrate, nitrite)
MORE CONSUMPTION

Vegetables, Fruits and other Plant-based Foods

Fish, Poultry (remove the skin)

Boil food, Steam food

Herbs and Spices
Behavioral interventions

- Having important advantages for population level prevention, a low risk of side effects

- Have a healthy diet
- Do not eat raw fish
- Be physically active and avoid obesity
- Reduce alcohol consumption
- Do not smoke or chew tobacco
- Avoid smoke from cooking
Secondary Prevention

Programmes for screening and early detection of cervical cancer

Programmes for screening and early detection of breast cancer.
Cervix Cancer Screening

National Policy

- Population based, organized
- All Women in Thailand,
  Ages: 35, 40, 45, 50, 55 and 60 years
Test : Pap Smear
Cervix Cancer Screening

Public Education

Education and Training

• Nurses, PHC Personnels for Pap smear taking
• Re-training cytotechnicians

Quality Assurance System
Effect of Cervix Cancer Screening

- decreased in incidence and mortality rates
Programmes for screening and early detection of breast cancer
Campaigns for early detection of breast cancer

Public awareness

Breast self examination
• Clinical breast examination
• Mammogram
• Appropriate diagnosis and
Tertiary Prevention

- guidelines for cancer treatment
  - Surgery
  - Radiotherapy
  - Chemotherapy
  - Hormonal Therapy
  - Combination Treatment

University Hospitals
Incurable cancer, palliative care deserves high priority in cancer therapy

- Guidelines for palliative care
- Palliative care clinic
- Hospices
- Home care
Thank you