

INTRODUCTION

Cancer is the leading cause of death (Parkin, *et al.*, 1999) in most developed countries and has emerged as a health problem in developing countries as the communicable diseases are controlled. There are about 10 million new cancer cases worldwide per annum, half of which occur in developing countries. Cancer has thus emerged on the health agenda throughout the world, in developing and developed countries.

Measures to control cancer need to be based on accurate information, on the incidence (which is the number of new cancer cases occurring in a year), prevalence (a measure of cancer load which is the number of new and surviving cancer patients at any point in time) and the patterns observed in different countries (Sitas, 1992). The collection of reliable data is well established in developed countries while in developing countries there are still many hurdles (Jensen, *et al.*, 1991). Lack of finance and lack of skills are the main reasons for this. However, an attempt to collect data on cancer cases was made in South Africa by the South African Institute for Medical Research (SAIMR), now known as the National Health Laboratory Services (NHLS) when the National Cancer Registry (NCR) was established in 1986 (Sitas, 1992). The NCR covers all the provinces of South Africa but is limited to histologically diagnosed cancer cases.

Cancer registration was started in the Transkei as the Bantu Cancer Registry in 1955 (Rose, 1973). The aim of this cancer registry was to provide basic data on the spatial and temporal variations in cancer patterns in the region, with particular respect to oesophageal cancer (OC) in Africans. After a study that had revealed an unusually high incidence of OC in this region, the MRC of South Africa made the continuation of cancer registration possible by providing financial support. The PROMEC Unit of the MRC keeps and maintains the register. The PROMEC Cancer Registry is a population-based cancer registry (PBCR) because, it systematically and continuously registers all cancer cases identified within a defined geographical area. However, it is limited because it covers only four districts in the Transkei region of the Eastern Cape Province: Butterworth, Centane, Bizana and Lusikisiki and does not do a follow up to patients but only monitors incident cases. The main objectives of this cancer registry are to:

- Monitor the burden of cancer in the four selected districts of the Transkei region.
- Detect unusual geographical clusters with the view to intervention and further investigation on the cause.
- Provide a reliable information base for conducting cancer epidemiology and clinical research, for the formulation, monitoring and evaluation of cancer control programmes.

