ABSTRACT

A Retrospective Study (1976-1980) of the Incidence and Mortality of Cancer of the Breast, Prostate, Cervix, Stomach and Lung in Barbados.

Dorothy A. Cooke-Johnson

There is incomplete collection of data on cancer incidence in Barbados. Although in 1969 cancer became a notifiable disease, the cancer registry established in 1968 was unable to produce valid figures and ceased recording in 1972. No collated data has since been accumulated. Consequently accurate statistics on cancer incidence are lacking.

This study has employed a multiple case-finding approach to a retrospective investigation into cancer incidence of the breast, prostate, cervix, stomach and lung from 1976-1980.

Registrations of primary cancer for Barbadian residents were used to calculate crude incidence. Intra-regional comparisons elucidated the relative burden of cancer at those sites. Age-specific incidence, adjusted to the 1980 census population, produced patterns for regional and international comparison showing, for prostate cancer, the expected increase after age fifty and for breast, cervix, stomach and lung, an increase in incidence throughout life.

World standardisations permitted comparison of Barbados' rank with those of 79 global registries. Invasive cervical cancer (47 per 100,000) is high. Lung cancer (3.6) is low. Barbados has intermediate rates for breast (31.5), stomach (10.7) and prostate (18.9) cancers. Stomach and lung cancer show the expected 2:1 ratio for male:female incidence.

A more extensive breast cancer investigation elucidated laterality, stage, lesion-site, initial and eventual metastatic locations, treatment and survival characteristics. For all sites, tumour grade and histology were analysed.

A brief mortality survey (1976-1984) determined crude, age-specific and standardised rates, and male:female ratios. Breast cancer mortality ranked first in females and gastric mortality was higher than prostate mortality in males.

Late stage at diagnosis was evident, causing increased morbidity and reducing survival. Emphasis is laid on the need for persistent health education to generate an awareness of symptoms and motivate prompt consultation, and to create in the community a vigilance and concern which will reduce both incidence and mortality.