

Recent Activities about Cancer Control Programme in Iran and relations with Asia

Alireza Mosavi-Jarrahi¹, Mohammed Ali Mohagheghi²

¹*Dept. Social Medicine, Medical School Shahid Beheshti
University of Medical Sciences, The Cancer Institute Research
Center (joint appointment),*

²*Dept. Surgery, The Cancer Institute, Imam Khomeini
Medical Complex, Iran*



**Alireza Mosavi-
Jarrahi**

Iran a vast country with divers geographic and ethic variability (ethnic groups include; Persian, Turk, Kord, Lur, Baluch, and Arab) is located north of the Persian Gulf and south of the newly independent countries of west Asia with unique pattern of cancer occurrence compared to countries of the region. The population is young; more than 42% of the population is under 15 years of age and only 13% are over 50 years. Despite the fact that small part of the population are over 50, cancer is the third cause of death with an crude mortality rate of 50 and 35 per 100,000 population for males and females, respectively. While the incidence of cancer varies based on region or ethnicity, the incidence figures from the Tehran Population based Cancer Registry program (a registry covering a representative population the country) is indicating the leading cancers are changing from cancers of upper GI (esophagus, and stomach) to cancers of colon, and smoking related cancers of lung, bladder, and upper respiratory organs (table 1). The breast cancer as the leading cancer among female population has heavy burden as the incidence of advanced stages are relatively high. The cancer control program in the country while still in its early activities, with the help of the Ministry of Health and leading cancer organizations has had promising progress; the program has aimed to achieve three main line of control strategies; 1) tobacco control, 2) diet and nutritional improve, 3) early detection and quality of cancer care and treatment. The prevalence of smoking has traditionally been low in Iranian population however in recent decades; an early age smoking among teenager has alarmed the public health authorities. As a country that has ratified the Framework Convention on Tobacco Control (FCTC), the campaigns on the tobacco control have focused on youth education, and demand reduction through taxing and advertisement ban. The other line of cancer control is part of a program of comprehensive risk reduction of chronic diseases in which a healthy diet low in fat and high in fiber and vitamins are both subsidized and encouraged and a goal has been set to effectively reduce intake of saturated solid fat and salt intake. The early detection of cancer as an effective means of addressing high mortality from breast cancer is seriously under consideration, A evaluation program of breast early detection is undergoing at the present to address the best strategies of mass screening of the breast cancer in the high risk population of the country.

Table 1. The leading cancers among males and females based on the report from the Tehran Population based Cancer Registries, (incidence per 100,000 population)

Male		Female	
Site	Incidence	Site	Incidence
Stomach	14.0	Breast	31.5
Prostate	10.3	Stomach	10.0
Trachea and Lung	10.5	Trachea and Lung	7.0
Bladder	9.3	Ovary	6.5
Non-Hodgkin's Lymphoma	5.9	Colon	6.1
Esophagus	4.8	Esophagus	5.3
Colon	5.0	Non-Hodgkin's Lymphoma	4.9
Brain, Nervous system	5.3	Cervix uteri	4.8
larynx	3.8	Brain, Nervous system	4.5
Rectum	4.0	Bladder	3.8