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THE INCIDENCE OF CANCER IN THE TATARSKAYA ASSR

[This is a translation of an article written by N. M. Khaykinson in the Kazanskiy Meditsinskiy Zhurnal (Kazan' Medical Journal), Vol. 40, No 6, 1959, pages 99-101.]

From the Tatar Republic Oncological Dispensary (Chief Physician -- A. K. Mukhamen'yarova)

In 1958 there were 3,911 recorded cases of cancer patients in the Tatarskaya ASSR; of these: 1,632 (41.7 percent) men and 2,279 (58.3 percent) women. If we take into account that in our Republic as well as in the country as a whole (A. V. Chaklin, V. M. Uglova) the railroad departments and some other departments record oncological patients and do not include their data in the reports of the dispensaries of the Ministry of Health, and also that in a considerable number of cases the diagnosis is made post mortem, it is obvious that the indices of the recorded morbidity cannot be considered complete.

According to the Leningrad data, the cancer morbidity in 1956 constituted 148.4 per 100,000 population; in the Tatarskaya ASSR the rate was 137.4 in 1958, and in Kazan' -- 175.4.

In 1956 the number of recorded cancer patients in the cities of the RSFSR was considerably higher than among the residents of other cities and rural communities, and constituted 155.4 per 100,000 population. This discrepancy in numerical indices is explained by Ye. V. Kozlova as the result of a better organization of oncological aid to the population and, especially, by better detection and recording of cancer patients in cities than in rural communities.

In this connection we must mention that though we are comparing the data of different years -- 1956 in Leningrad, and 1958 in Kazan' -- we are not inclined to explain such difference in intensity indices as 148.4 for Leningrad and 175.4 for Kazan' by the concept that the work is better organized in Kazan'; it is obvious that other causes are playing a part here, as is clearly seen from the comparisons cited below.

All cancer patients in the Tatarskaya ASSR are divided by age as follows (in percentages):

under 27 years -- 1.7	50 to 59 years -- 28.6
30 to 39 years -- 5.4	60 to 69 years -- 29.2
40 to 49 years -- 16.4	70 years or older 18.7

In the USSR, on the whole, the greatest number of cancer patients is recorded between the ages of 50 to 59 years, while in the Tatarskaya ASSR most susceptible is the 60 -- 69 year age-group.

On the basis of the USSR data for the years 1947-1952, A. V. Chaklin and V. M. Uglova report that cancer patients under 40 years constituted 14.5 percent; in the Turkmen SSR -- 20.9 percent, in the Latvian and Estonian SSR -- 8.3 percent, and in the Tatarskaya ASSR (1958) -- only 7.1 percent.

We as well as other authors have no data which would attest to the "rejuvenation" of cancer.

According to the localization of cancer in patients per 100,000 population, we have the following data:

Localization	Leningrad 1956	1958	
		Kazan'	Tatarskaya ASSR
Stomach	51.9	49.1	46.6
Uterus	15.6	27.8	17.3
Esophagus	14.8	11.5	14.4
Lungs	13.5	10.3	6.6
Mammary gland	12.8	16.2	6.6
Skin	9.3	23.0	14.7
Larynx	3.6	1.1	0.9
Rectum	3.5	3.4	2.1
Lip	2.0	11.6	13.4
Oral cavity	0.9	0.8	0.9

As seen from this Table, there is observed in Kazan':

- a) a considerably higher incidence of uterine cancer; and
- b) of cancer of the mammary gland;
- c) a large incidence of skin cancer, difficult to explain (even when compared to its distribution in the Tatarskaya ASSR as a whole);

d) considerable incidence of cancer of the lip in the Tatarskaya ASSR.

The morbidity structure is of interest not only in regard to its intensive, but also to its extensive indices. In 1949 and 1958 there was observed in the Tatarskaya ASSR the following cancer morbidity structure (in percentages):

	Leningrad	1949	1958
		24.6	33.9
	Stomach	17.7	12.6
	Uterus	15.1	10.7
	Skin	9.9	9.9
	Lower lip	9.4	10.5
Es	Esophagus	1.3	4.8
	Lungs	5.1	4.8
	Mammary gland	1.9	1.6
	Rectum	0.8	0.6
	Larynx		

These figures attest to the undoubted improvement in the diagnosis of the visceral forms of cancer in 1958 as compared to 1949. Here we must mention that this improvement in diagnosis is not accidental, but is of a continuous character, from year to year.

It is interesting to compare the data of cancer morbidity structure in the Tatarskaya ASSR with some other Data:

During 1949-58 there were in the RSFSR:

Stomach cancer -- 32.2 percent
uterine cancer -- 15.5 percent
skin cancer -- 12.4 percent
mammary cancer -- 7.0 percent
esophageal cancer-- 6.0 percent
rectal cancer -- 1.8 percent
laryngeal cancer-- 1.4 percent

Ye. V. Kozlova also notes that in the RSFSR there is an annual increase of the incidence of forms of cancer of internal organs which are difficult to diagnose, such as cancer of the stomach and lungs.

A. V. Chaklin, V. M. Uglova and other authors called attention to the increase of lung cancer. In the Tatarskaya ASSR it was 1.3 percent in 1949, and in 1958 -- 4.8 percent of the total number of recorded cancer cases. But in comparing data on lung cancer morbidity in the Tatarskaya ASSR with the data cited by authors in other republics, one can note that cancer of the lungs in the Tatarskaya ASSR did not assume such proportions as for example in the Karelo-Finnish Republic -- 11.1 percent in 1954 (D. I. Mats, L. Ye. Mizyak, V. M. Uglova, A. V. Chaklin).

The steady improvement of the diagnosis -- and an early one at that -- is attested by the data on the incidence of cancer patients according to their clinical groups.

The number of patients subject to radical therapy (the second

clinical group), in whom cancer had been diagnosed for the first time, constituted 37.5 percent in the Tatarskaya ASSR in 1949, and steadily increased thereafter. This index rose to 66.8 percent in 1954, and 80.8 percent in 1958. In the RSFSR the second clinical group constituted in 1949 -- 41.9 percent, in 1954 -- 55.6 (A. N. Novikov), and in 1956 -- 63.3 percent (L. F. Nikitina).

Patients who had completed treatment and were virtually cured (the third clinical group) constituted 7.7 percent in 1949, and 69.4 percent in 1958. In the RSFSR the third clinical group showed 69.7 percent in 1954 (A. N. Novikov) and 73.0 percent (L. F. Nikitina) in 1956. In the USSR (Ye. G. Prazdnikova) -- 45.8 percent in 1949 and 71.9 percent in 1956.

With the improvement of early diagnosis, parallel with the increase of the second clinical group, there has been a diminution of the number of patients in the neglected stage of cancer who were subjected to symptomatic treatment only (the fourth clinical group of patients in whom the diagnosis had been made for the first time).

These patients constituted:

in the USSR (Ye. G. Prazdnikova)	in 1947 -- 42.0 percent
in the USSR (Ye. G. Prazdnikova)	in 1956 -- 23.6 percent
in the RSFSR (L. F. Nikitina)	in 1956 -- 31.9 percent
in the RSFSR (L. F. Nikitina)	in 1956 -- 23.5 percent
in the Tatarskaya ASSR	in 1949 -- 22.8 percent
in the Tatarskaya ASSR	in 1958 -- 19.2

The study of causes of cancer-neglect in the Tatarskaya ASSR, for example in 1958, shows that the main cause was the delay in seeking medical advice by the patients (54.2 percent of neglect was due to this fact). The second cause of neglect lies in the still insufficient oncological training and adequate alertness of physicians (the neglect of cancer due to this cause constituted 25.4 percent of cases). The third cause lies in the latent asymptomatic course of the disease (20.4 percent of neglect).

However, if we speak of separate localizations of malignant tumors, we must consider that the basic neglect falls on the cancer of the lungs and gastro-intestinal tract, despite the unquestionable improvement in the diagnosis of visceral forms.

In connection with the cited data on cancer incidence in the Tatarskaya ASSR one can note two most important problems:

- 1) further improvement of recording of oncological patients and
- 2) the continuation by all possible means of the work in prophylaxis, early diagnosis, and treatment of the cancer disease.

Bibliography

1. Kozlova, Ye. V., Sbornik Voprosy Klinicheskoy i Eksperimental'noy Onkologii (Collection: Problems of Clinical and Experimental Oncology), Issue 2, Stalingrad, 1957.
2. Idem. Trudy Vtoroy Vserossiyskoy Konferentsii Onkologov (Works of the Second Conference of Oncologists). Leningrad, 1959.
3. Mats, D. I., Mizyak, A. Ye., Uglova, V. M., Chaklin, A. N., Voprosy Onkologii (Problems of Oncology), Vol 3, No 5.
4. Nikitina, A. F., Trudy Vtoroy Vserossiyskoy Konferentsii Onkologov, Leningrad, 1959.
5. Novikov, A. N., Sbornik. Voprosy Klinicheskoy i Eksperimental'noy Onkologii, Issue 2, Stalingrad, 1957.
6. Prazdnikov, Ye. G., Trudy Vtoroy Vserossiyskoy Konferentsii Onkologov, Leningrad, 1959.
7. Chaklin, A. V., Uglova, V. M., Ibid.

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