Rounday

ABSTRACTS

XI INTERNATIONAL CANCER CONGRESS

CONFERENCES SYMPOSIA WORKSHOPS

FLORENCE 1974

PR BULGARIA.

Iv.Popov, N.Monov,N.Uzunov,Zh. Baikov,H.Tsvetanski,Ts.Krus-

teva The National Center of Oncology at the medical Academy in Sofia Sofia-56 Darvenitza Bulgaria

In terms of intensive and standardized indices incidence rates of lung cancer in PR Bulgaria are discussed for the period 1961-1972-in general as well as after groups of population and districts in the country. An attempt is made to elucidate the occurrence of lung cancer in associ ation with cigarette smoking and air polution carcinogens.

Statistical data record an increaze of morbidity rates of lung cancer from 17 2 in 1962 to 30 02 in 1972.

from 17,3 in 1962 to 30,02 in 1972, men being substantially more afflicted than women, in a ratio of 5,6 :1.Urban population suffers more /predominautly males /which is attributed to greater.

cigarette smoking as well as working in offices with smokers and biological sex differences.Comparisons between smokers in towns and villages reveal equal morbidity rates in botts groups.This fact gives grounds for the assumption that cigarette smoking is the leading carcinogenic factor as compared to air pollution carcinogens in our country.

MULTIPLE PRIMARY CANCERS AS RECORDED BY THE CANCER REGISTRY OF SLOVENIA -A PROBLEM OF RELIABILITY

B. RAVNIHAR and V. POMPE KIRN, FURLAN Institute of Oneology, Ljubljana, Yugoslavia

The cases recorded by the Slovene Cancer Registry in the past years as new cancers occuring synchronously or nonsynchronously with one or more other primary cancers in the same individual, have been thoroughly reviewed. According to the preliminary data for the year 1971, e.g. among the total of 3959 new cancers registered in this year, 137 (3,5%) such cases were bound, 62 in males (3,1%) and 75 in females (3,8%).

Strictly applying the criteria established by Warren and Gates, and respecting the requirement of Moertel, i.e. to eliminate the cases verified by cytology only, the above given number and rate of multiple cancer cases would be reduced to 81, i.e. 2.1% (1,5% in males and 2,7% in females) of the corrected total number of newly diagnosed cancers in the year 1971. The median age when the second primary cancer has been diagnosed was 70 years in males and 65 in females.

The incidence of multiple cancers in the populatian covered by the Registry, accarding to the site and tissue of origin, and the average interval between consecutive neoplasms will be presented and discussed.

Analysing the cases recorded as multiple primary neoplasms it was felt that in certain instances in selecting these cases for further studies one can rely also on the cytological findings and the clinical course of the disease.

SISTEMA NACIONAL DE CONTROLE DO CÂNCER

Joao Sampaio Góes Júnior

Faculdade de Medicina da Univer sidade de São Paulo São Paulo - S. P. BRAZIL

The Federal office for cancer research and control in Brazil, presently develops a nationalwide program of early detection of the desease, aiming at the establishment of the establishment of the basic conditions for the control of the desease. This program, nomed SISTEMA NA-CIONAL DE CONTROLE DO CÂNCER, is structured into the four sub-systems: Diagnosis : SISTEMA DE DIAGNÓSTICO

Diagnosis	•	DE CÂNCER;
Info-processing	:	SISTEMA DE REGISTRO DE CÂNCER;
Epidemi ol ogy	:	SISTEMA DE EPIDEMIOLO - GIA DE CÂNCER;
Therapeutic	:	SISTEMA DE TRATAMENTO DE CÂNCER;

The system of Diagnosis is composed of diagnosis modules, spread among the official and private entities according to operational agreeements.

The system of therapeutic, is composed of a series of therapeutic mo dules, spread among the official and pri-