COMPARATIVE EPIDEMIOLOGICAL ASPECTS OF VULVAL CANCER IN KAZAKHSTAN AND KYRGYZSTAN

E. Makimbetov¹, R. Shalbaeva²
¹Medical Center, Kyrgyz-Russian Slavic University, Bishkek, KYRGYZSTAN
²Gynecology, Oncology Center, Almaty, KAZAKHSTAN

Aim: To study vulval cancer (VC) incidence, age-specific rate, geographical, and ethnic differences in the Kazakh and Kyrgyz Republics.

Methods: There were 852 registered with new diagnosis of VC in Kazakhstan and 91 cases in Kyrgyzstan during 2003-2012. Cancer registration in Kyrgyzstan and Kazakhstan is carried out by a network of population-based regional registries, and National Centers of Statistics of these republics. Data were collected from forms submitted along with histological findings and death certificates. The population figures and cancer incidence rates were provided by age, regions, and ethnic groups. We counted crude, age-standardized rates (ASR) per 100,000 (World Standard), and estimated population relative risk in urban and rural areas.

Results: Total crude and ASR annual VC were 1.1 and 0.9, respectively in Kazakhstan, and 0.3 and 0.3, respectively in Kyrgyzstan. Histological verification in VC was 100% in Kazakhstan and 92% in Kyrgyzstan. Annual average age was 70.8 ± 0.3 years (95% CI 70.2-71.3) in Kazakhstan and 68.4 ± 1.8 (95% CI 66.6-70.2) in Kyrgyzstan. In both republics age-specific rate was higher in the oldest groups (60-69 – 4.1 and 70+ 9.0 per 100,000). ASR of VC increased from 0.6 in 2003 to 1.3 in Kazakh Republic and had a stable dynamics (0.2-0.3) in Kyrgyzstan. Both analyses of geographical variations showed slightly higher incidence in urban than rural regions in the two republics, but this was not statistically significant (RR 1.1, 95% CI 2.3-5.1). Regarding geographical variability there were high incidence rate of VC in Pavlodar, Karaganda, and North Kazakhstan (1.5) compared to the South regions (0.5) - Chimkent, Kizilorda, Tanaz. In the Kyrgyz Republic we have seen some regional rate disparities between North and South regions too, but these were not significant. Both incidence rates in VC were significantly higher in Russians in the two republics compared to the native ethnic groups (Kazakh and Kyrgyz): 1.4 and 0.4, respectively in Kazakhstan and 0.5 and 0.2 in Kyrgyzstan.

Conclusion: There were age-specific, geographical, and ethnic variations of vulval cancer in these neighbouring Central Asian republics. Also, VC incidence in Kazakhstan, especially in the native ethnic groups was low and similar to those reported from some Asian developing countries. These data could be used for a wide range of analytical epidemiological studies.

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