

## Author reply re: Budukh AM, Thakur JS, Dora TK, Kadam PR, Bagal SS, Patel KK, *et al.* Overall survival of prostate cancer from Sangrur and Mansa cancer registries of Punjab state, India. *Indian J Urol* 2023;39:148

We thank the readers for their appreciation as well as for providing valuable input for our study on the overall survival of prostate cancer from rural cancer registries in India.<sup>[1]</sup> We understand that there was limited information on the survival of prostate cancer data in the Indian population. Twenty two patients were diagnosed as prostate cancer either clinically or radiologically. The basis of diagnosis was provided after going through available medical documents as well as by interacting with the patient's relatives. Of these 22 cases, 12 (54.5%) patients underwent treatment such as surgery, radiotherapy, chemotherapy, and/or a combination of these modes of treatment. However, there were a lot of challenges in tracing their pathological or clinical records. Of the 22 patients, 15 (68.2%) patients were illiterate. Moreover, we observed a traditional practice in this region that the patients' relatives burn the medical records after the patient's demise. During the follow-up, it was challenging to collect the medical records in these circumstances. Furthermore, the cause of death is an important factor while performing the survival analysis. As the death registration is weak and not all cases are medically certified, especially in rural areas,<sup>[2,3]</sup> it was difficult for the registry staff to maintain the data on the cause of death. The Sangrur and Mansa cancer registries cover more than 70% of the rural population (Sangrur district: 585 villages and Mansa district: 242 villages). It is reported that there are a lot of challenges in establishing population-based cancer registries.<sup>[4]</sup> In India, most of the population-based cancer registries cover <15% of the urban population and <1% of the rural population.<sup>[5,6]</sup>

We understand the author's concern about data regarding the stage of the disease; obtaining data on the stage of the

cancer is a difficult task for population-based cancer registry. The population-based survival study conducted by the International Agency for Research on Cancer reported that 37% population-based cancer registries have not provided the staging data.<sup>[7]</sup>

Due to challenges in obtaining medical records, we were unable to collect data on comorbid conditions. The data on quality of life, comorbid conditions, stage of the disease, and cause of death can be documented in hospital-based studies. However, hospital-based studies have referral bias whereas population-based studies measure the effect of cancer care services in a given population. The population-based survival represents the average prognosis of a disease in a given population and is a very useful summary measure to evaluate progress in cancer control so that the public health department can take certain actions.

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