

## The Guideline, draft version 1- not finalized

Manuscript Section		Item No	Item Description
<b>Title and abstract</b>			
Title		A1	Indicate the name of cancer registry and the time pertaining to report and country.
A Structured Abstract	Objective	A2-1	Present an objective that includes registries name, reporting duration, and the population's name (could be country/ region/ethnic etc.)
	Methods	A2-2	Briefly on population based or else/ the way cases are registered, major source of data collection/ describe the defined population and its attribute specially ethnicity),
	Result	A2-3	Report all site cancer crude rates, ASR. Report crude and ASR for major cause specific cancers in the registry, report at least one indices of quality
	Conclusion	A2-4	Give a qualitative assessment of the registries report
<b>Introduction</b>			
Background /rationale		I1	State references for the population denominator the cancer registry/ a history of cancer registration in the population. The gap that report fills
		I2	Report, prevalence, and incidence rates of cancers based on available report for the population or comparable populations
Objectives		I3	State specific objectives that Cancer Registry was organized based
<b>Methods</b>			
Study design		M1	Present key elements of registry design in the paper.
		M2	Indicate the name of cancer registry and "target" population in which cancer cases are occurring that the registry will enumerate.
Study population and registration area		M3	Present population characteristics of registration area.
		M4	Present geographic and environmental characteristics of registration area.
Data collection and definitions		M5	Describe detailed description on the cancer registry.
		M6	Describe the reporting procedures.
		M7	Describe variables related to the person (sex, age, usual place of residence, ethnic group).
		M8	Describe variables related to the tumor (incidence date, valid basis of diagnosis, topography, morphology, behavior).
		M9	Describe standard classification and coding of cancer in the registry (ICD's) including version.
		M10	Indicate sources of information (hospitals or/and laboratories or/and death certificates).
Quality control		M11	Explain methods of data validity.
		M12	Provide indices of data quality.
		M13	Explain internal consistency.
Statistical analysis		M14	Name the statistical software used.
		M15	Describe the statistical terms and methods.
		M16	Describe the number of cases, age-specific rates, crude rates, and age-standardized incidence rates (ASRs).
		M17	Describe methods for calculation of standardized rates.
Ethics code		M18	Report protocol approval by the ethics committee.
<b>Results</b>			
Frequencies		R1	A table showing demographic data.
		R2	Report frequency distribution by site, age, and sex. (Preferred grouping of cancer can be based on the Caner in Five Continent Cancer grouping or group cancers based on ICD-OC grouping) .
		R3	Appropriate use of bar graphs, pie charts, and line graphs.

Rates	R4	State denominator for rates. Give an indications of population structure
	R5	Report annual incidence rates by site, age, and sex.
	R6	Report age-standardized rates by site, age, and sex. (preferred use of WHO's standard population structure)
	R7	Report cumulative incidence rates by site, age, and sex.
	R8	Show graphical representation of age-specific incidence rates by sex, for commonly diagnosed cancers.
	89	Appropriate use of bar graphs, pie charts, and line graphs.
Geographical distribution	R10	Report frequency and rates by geographic subdivisions of registration area.
Indices of data quality	R11	A table for indices of the validity of diagnoses.
	R12	Report the percentage of cases with a morphologically verified diagnosis (MV%) and possibly death certificate only (DCO %), when available.
	R13	Report other available indices of data quality e.g. mortality/incidence ratio, when available
<b>Discussion</b>		
Key results	D1	Summarize key results with reference to study objectives.
Interpretation	D2	Compares present levels of incidence versus available sources of cancer incidence and mortality data in similar areas and populations.
Limitations	D3	Discuss the generalizability (external validity) of the study results.
	D4	Report the shortcoming of the registry with its possible implication of your reported incidences and figures.
<b>Acknowledgment section</b>		
How the registry is managed	Ak1	State how the registry is managed. Is the registry part of a standalone project (give identifiable information), or part of an ongoing registry.
How and if the report was financed	Ak2	Describe how the report was financed if it was financed.
Is the registry registered in any central registry system?	Ak3	Report if the registry is part of a central registry/ associate with local or international associations