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Survival and Mortality of Cancer (SAMOC)

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Survival and Mortality of...



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Protocol status: Working

We use this protocol and it's working

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Keywords: Cancer, Incidence, Mortality, Survival Rate, Epidemiology, Screening, Cohort Studies, Disability-Adjusted Life Years, Cancer registry, Tunisia, cancer registry of central tunisia, secondary cancer prevention strategies in tunisia, indicators of cancer mortality, cancer mortality, mortality of cancer, cancer survival, cancer registry, estimating cancer, robust estimates of cancer survival, national mortality database, mortality status, cancer management, mortality, national death registry, secondary cancer prevention strategy, national death registries in collaboration, tunisian governorate, cancer, specific survival, tunisia, oncology department, central tunisia, patient outcome, public health planning, essential for public health planning, national health insurance fund,

Disclaimer

The views and conclusions expressed in this study are solely those of the authors and do not necessarily reflect the official positions of the Ministry of Social Affairs, the University Hospital of Monastir, or any other affiliated institutions. All data were handled according to ethical approvals and applicable privacy regulations, and the authors accept no responsibility for any use or interpretation of the findings.

Abstract

Indicators of cancer mortality are essential for public health planning. In Tunisia, significant progress has been made in cancer management, including enhanced screening, treatment availability, and reimbursement through the National Health Insurance Fund.

The Survival And Mortality Of Cancer (SAMOC) study is a prospective observational protocol designed to assess the impact of these advances on patient outcomes by estimating cancer-specific survival and mortality. SAMOC includes all patients diagnosed with cancer in a Tunisian governorate between 2002 and 2014. Data were obtained from the Cancer Registry of Central Tunisia and cross-verified with the Regional Register of Hospital Morbidity and oncology departments. Mortality status was ascertained through a multi-step process using hospital records and national death registries in collaboration with the Ministry of Social Affairs and municipalities with access to the national mortality database.

This updated protocol refines data linkage, verification steps, and integration of multiple data sources to maximize completeness and accuracy. The study will provide robust estimates of cancer survival, mortality, and trends, informing targeted primary and secondary cancer prevention strategies in Tunisia and comparable settings.

Attachments

			
<u>Protocol</u>	<u>Data Use Agreement.p...</u>	<u>Data Use</u>	<u>Ethics Committee app...</u>
<u>SAMOC_V3.do...</u>		<u>Agreement_2...</u>	
326KB	210KB	210KB	579KB

Image Attribution

All figures were created by the authors.

Guidelines

STROBE (Strengthening the Reporting of Observational Studies in Epidemiology)

Materials

- Patient data from:
 - Regional Register of Hospital Morbidity (Monastir)
 - Cancer Registry of the Center of Tunisia
 - Hospital oncology departments (Fattouma Bourguiba University Hospital, Monastir; Farhat Hached University Hospital, Sousse)
- Hospital computerized admission and index registries
- Municipal mortality records (Ministry of Social Affairs / National Informatics Center)
- Computer with Microsoft Excel and Microsoft Access
- Statistical software: SPSS v21
- Data anonymization tools / secure storage system
- Translators for Arabic-to-French data conversion

Safety warnings

- ❗ Patient data are sensitive; strict confidentiality and data protection measures must be followed at all times.
 - Ensure all ethical approvals and data access permissions are in place before accessing hospital or national records.
 - Matching and merging databases must be done carefully to avoid duplicates or misclassification of patients.
 - Manual translation of names from Arabic to French requires verification to prevent mismatches in mortality data.
 - Incomplete or missing data may limit analyses; carefully document any assumptions or exclusions.
 - The protocol involves handling large datasets; ensure proper software and hardware resources to prevent data loss.

Ethics statement

This study involves human data and was conducted in accordance with national and international ethical standards for research involving human subjects. Prior approval was obtained from the Ethics Committee of the Faculty of Medicine of Monastir (Tunisia; approval number IORG 0009738 N°101/OMB 0990-0279) and from the National Authority for Protection of Personal Data of Tunisia. Anonymity and confidentiality of all patient data were strictly maintained, and all data access was authorized by the relevant authorities prior to analysis.

Before start

This study assesses cancer survival and mortality in the governorate of Monastir (2002–2018). All necessary ethical approvals were obtained from the Faculty of Medicine of Monastir and the National Authority for Protection of Personal Data (Tunisia). Access to patient data requires authorization from the Ministry of Social Affairs and participating hospital departments. All patient identifiers will be anonymized prior to analysis. Cancer sites are classified according to ICD-10 (2008 version). Ensure secure data storage and compliance with confidentiality protocols before starting data extraction.

1

2

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