

CANCER IN CIRCUMPOLAR POPULATIONS

This special issue of the *Journal* contains 5 articles on cancer among various circumpolar populations. Two papers were on the Inuit in Alaska, Canada, and Greenland, the result of an international collaborative effort by the Circumpolar Inuit Cancer Review Working Group, who undertook in a relatively short period of time the extraction and analysis of Inuit-specific cancer data from their respective registries. A Nordic group of scientists reviewed published studies on cancer among the Sami of Norway, Sweden and Finland and re-analysed some of the original data. A Norwegian-Russian collaboration was responsible for the creation of a cancer registry in Arkhangelsk Oblast in north-western Russia. It is from this registry that data on the homeland of the indigenous Nenets are presented. Finally, an overview of all indigenous groups in the Canadian province of Quebec was presented – this comprises the Inuit in the northern Nunavik region as well as several First Nations (North American Indian) groups inhabiting the subarctic boreal forest and the woodlands of the St. Lawrence valley.

There is no consistent pattern of the level of cancer risk among circumpolar indigenous people relative to other [usually European/North American] populations, whether in specific cancer sites or with all sites combined. This is to be expected as the groups are genetically diverse and live in widely different environments with different dietary and other behavioural exposures. While ultimately the data originated from cancer registries, there is considerable variation in the ability to extract

ethnic-specific data. In some regions (e.g. Alaska and the northern territories of Canada) this is generally not difficult; in Greenland, it is “Greenland-born” individuals who are actually studied. In Sweden, researchers actually created their own Sami population database based on various eligibility criteria in order to describe the patterns of health and disease, including cancer. In yet other regions, it is only geographic areas where indigenous people have their primary residence that could be studied.

In public health, and cancer is a major public health issue anywhere, the absence of the most accurate epidemiological data (with clear ethnic identity for both the numerator and denominator) should not deter researchers and planners to settle for and make use of the best available data. Surveillance data such as those presented in this Special Issue, imperfect they may well be, are still needed to inform the planning and evaluation of interventions directed towards the prevention and treatment of this disease. Studies such as these need to be updated and their methodology improved in the future. It is particularly important as circumpolar peoples continue to experience further changes in their physical and social environment.

Finally, these papers are prime example of the importance of international collaboration, whether in project planning, data collection, data analysis or report preparation. It is indeed why a journal such as the *IJCH* exists, so that such collaboration can be promoted and fostered for the advancement of scientific knowledge and its translation into effective health policies.

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