

Cancer registries in Africa: An emerging need

Registres du cancer en Afrique : un besoin émergent

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Cancer kills more people globally than HIV/AIDS, tuberculosis and malaria combined, and the disease burden hasn't escaped developing governments [1]. According to the most recent IARC/WHO statistics, cancer causes around 7.9 million deaths globally each year. Of these, around 70%, that is, 5.5 million, are now occurring in the developing world. By 2020, 15 million new cases of cancer are expected to occur every year globally, 70% of which will be in developing countries, many of which are in Africa [2].

Both developed and developing countries are exposed to cancer burden. As the WHO's Director-General, Margaret Chan put it in her speech in 2010 in Geneva, "non-communicable diseases are no longer diseases of affluence." Incidences of cancer in developing countries are growing because of improvements in the control of communicable diseases and the resulting increase in life expectancy as a result significant increases in morbidity, mortality and economic cost due to cancer are expected over the next 20 years [2].

Of all the developing regions of the world, countries in Africa are the most resource-challenged: radiotherapy, for example, is available in only 21 out of 53 nations, and there are very few oncologists. Many African languages still do not have a word for cancer. The lack of resources and basic infrastructure means that most Africans have no access to cancer screening, early diagnosis, treatment, or palliative care [3].

As the cancer burden increases in developing countries, there is a major need for cancer registries. The main objective of a cancer registry is to collect and classify information on all cancer cases in order to produce statistics on the occurrence of cancer in a defined population and provide this data to researchers, policy-makers, nongovernmental organizations (NGOs) and communities that offer them a better insight on cancer burden for better planning and better development, and provide a framework for assessing and controlling the impact of cancer on the community.

The cancer registry is an essential part of any balanced cancer control program. To fight cancer burden, the extent of the cancer must be known so that programmes for cancer control can be planned efficiently, not only to implement standards of care but also to define appropriate prevention strategies [4].

Population-based cancer registration is developing fairly rapidly in some areas of Africa, and there are now at least 30 population-based registries in the continent. However, many countries in Africa do not have a cancer registry and, from those who do, 16 registries submitted and only 5 registries (31%, 5/16) from 5 countries have been selected to contribute to the data published in Volume IX of Cancer Incidence in Five Continents (CI5); these registries are Algeria Sétif Cancer Registry, the Gharbiah Population-based Cancer Registry (GPCR) in Egypt, Central Region Registry (Sousse) in Tunisia, the Kampala Cancer Registry (Kyadondo) in Uganda and the Zimbabwe National Cancer Registry (NCR) in Harare [5].

The share of the world population covered in this volume (Vol. 9 CI5) is 11%, which is distributed as follows: Africa, 8.8 million (1%); South and Central America, 23 million (4%); North America, 258.5 million (80%); Asia, 152.3 million (4%); Europe, 238.8 million (33%) and Oceania, 23 million (73%) [5].

Cancer registration in economically underdeveloped populations, such as all of the countries of northern and sub-Saharan Africa, is a difficult task for a variety of reasons, and the ease with which the cases can be identified depends on the extent of medical facilities available and the quality of statistical and record systems in place (e.g., pathology request forms, hospital discharge abstracts, treatment records, etc.).

One of the greatest challenges associated with collecting and analysing cancer registry data in many low- and middle-income countries is the lack of basic health services, particularly in rural areas, resulting in many un-diagnosed, untreated and, consequently, un-recorded cancer cases. Even in areas serviced by hospitals and clinics, patients with advanced tumours, or those for whom treatment is not available, may not be admitted in hospital at all. Other challenges

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include lack of stability of the population which can complicate the definition of residents for population-based registries, lack of trained personnel and follow-up and lack of data-processing facilities [6].

Establishing and strengthening cancer registries requires not only financial resources but also acknowledgement of its importance in addition to commitment to continuous data collection, availability of trained personnel, capacity building opportunities for health practitioners, as well as provision of the necessary hardware and software to support data collection and processing.

Founding new cancer registries and improving the quality of existing ones should be considered a high priority on the agenda of African health policy-makers. An urgent requirement is an accurate assessment of the total burden of cancer in each African country as well as the distribution of cancer by type and the survival rates. This will consequently lead to realistic planning and priority setting for cancer preventive and curative programmes and effective use of resources.

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