Cancer in Africa
Where does our knowledge come from?

D. Maxwell Parkin

Nuffield Department of Population Health
University of Oxford
The changing world: transitions

- **Epidemiologic** transition
  - Age of ‘degenerative & man-made diseases’\(^1\)
    → Increasing prominence of NCDs

- **Demographic** transition
  - Changes in fertility and life expectancy
    → Population ageing and growth

- **Cancer** transition
  - Displacement of infection-related cancers with those more associated with ‘risky’ behaviour\(^2\)
  - Lowering rates of some NCDs

1. Omran, 1971
2. Gelsten & Wilmouth, 2002
Premature deaths (30 to 69 yrs) from cancer and other non-communicable diseases, 2011

- Cancer: 15.8% Total: 1.5 million
- Other NCDs: 30.2% Total: 13.8 million
- Non-communicable diseases: 17.0% Total: 20.5 million

Global causes of death 2011. Source: WHO Global Health Observatory Data Repository
57% of cancer cases and 65% of cancer deaths occur in less developed regions of the world

Source: GLOBOCAN 2012
http://globocan.iarc.fr
Cancer is a major cause of disease everywhere. 

The **cancer burden** is **increasing everywhere**.

**Developmental transition**

The scale of cancer incidence 2012 and 2030:
- Increasing number of cases linked to demographic change
- Changing risk linked to socioeconomic and lifestyle change
Population growth and ageing by HDI 1950-2100

Source: UNPD

- High/Very High
- Low/Medium

Males | Females

3 billion
7 billion
10 billion
14 million new cases in 2012

22 million new cases by 2030

% increase 2012-2030 by region
Contribution of different cancers to the total burden of incidence 2012

Africa (847,000 new cases)

- Breast: 133.9
- Cervix uteri: 99.0
- Prostate: 59.5
- Liver: 38.7
- Colorectum: 21.2
- Kaposi sarcoma: 23.8
- Non-Hodgkin lymphoma: 21.1
- Lung: 21.8
- Oesophagus: 16.1
- Bladder: 17.7

Men vs Women

Sub Saharan Africa (629,000 new cases)

- Breast: 94.4
- Cervix uteri: 93.2
- Prostate: 51.9
- Liver: 24.9
- Kaposi sarcoma: 23.6
- Colorectum: 14.4
- Non-Hodgkin lymphoma: 14.7
- Oesophagus: 14.2
- Stomach: 9.8
- Lung: 9.9

North Africa (221,000 new cases)

- Breast: 39.5
- Liver: 13.8
- Lung: 11.9
- Bladder: 11.2
- Colorectum: 6.8
- Non-Hodgkin lymphoma: 6.4
- Brain, nervous system: 4.8
- Leukaemia: 5.0
- Prostate: 7.5
- Cervix uteri: 5.8

New cases in 2012 (x1000)
Most frequent cancer, men

2012

Most frequent cancer, women

Prostate (23)
Liver (13)
Kaposi sarcoma (6)
Lung (5)
Colorectum (2)
Non-Hodgkin lymphoma (2)
Leukaemia (1)
Oesophagus (1)
Stomach (1)

Cervix uteri (28)
Breast (26)
Where does all this information come from?
Estimates of INCIDENCE, MORTALITY and PREVALENCE of 27 types of cancer

http://globocan.iarc.fr
CANCER INCIDENCE

54 countries (>100,000 population)

Estimated for 20

DATA FROM CANCER REGISTRIES – 34
METHODS

- Mortality statistics – 4 countries
- Estimated from national incidence using survival data
Survival statistics in African populations

- **Lung**: USA:White 0, Zimbabwe:Harare 11, Uganda:Kampala 15
- **Stomach**: USA:White 0, Zimbabwe:Harare 22, Uganda:Kampala 23
- **Large bowel**: USA:White 8, Zimbabwe:Harare 28, Uganda:Kampala 65
- **Breast**: USA:White 46, Zimbabwe:Harare 58, Uganda:Kampala 71
- **Cervix**: USA:White 13, Zimbabwe:Harare 39, Uganda:Kampala 71

5 year age-adjusted relative survival (%)
Modelling survival

Data:

- historic survival data from Europe, and some recent results from low- and middle-income countries
- “Human Development Index” for country and year
HISTORY OF AFRICAN CANCER DATA

1900 –1950 Case reports

1950’s Case series (hospitals, pathology)
Sir Albert Cook
Established Mengo Hospital
in Kampala (Uganda) in 1897

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### TABLE IV.—Cancer Sites. Mengo Hospital

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<th>Site</th>
<th>1897-1906</th>
<th>1907-16</th>
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<th>1927-36</th>
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*Projects of unity, 1897—1956*

*By E. F. PILGWR† M.D., M.R.C.P. ; L. A. R. MTIMAVALY† SHAPER†*
HISTORY OF AFRICAN CANCER DATA

1900 –1950  Case reports

1950’s  Case series (hospitals, pathology)

1960’s  Comparative studies- frequencies in different hospitals/laboratories
A "TUMOUR SAFARI" IN EAST AND CENTRAL AFRICA

DENIS BURKITT

Map of East and Central Africa. All areas above 3000 ft. are shaded. The crosses indicate areas from which tumour patients have been observed.

CANCER IN AFRICA

PAULA J. COOK M.A. B.Litt.
D. P. BURKITT M.D. D.Sc. F.R.C.S.E.

Br. med. Bull. 1971

PROPORTIONAL OCCURRENCE OF BURKITT'S LYMPHOMA
(By hospital; both sexes at all ages)

Type of cancer:

- Burkitt's lymphoma
- Histologically confirmed cases
- Clinically diagnosed cases
- Stomach; liver; scar epithelioma; Kaposi's sarcoma

Number of cases:
- 5
- 10
- 25
- 50
- 75
- 100

Miles
HISTORY OF AFRICAN CANCER DATA

The first true cancer registries:
Cancer Incidence in Five Continents
Volumes I-III
<table>
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<th>Location</th>
<th>Start Year</th>
<th>End Year</th>
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<td>Johannesburg (Higginson &amp; Oettle)</td>
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<td>1960-65</td>
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<td>Bulawayo (Skinner)</td>
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<td>1968-72</td>
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1980’s Renaissance

1986: Cancer Registry of Mali (Bamako)

1989 Cancer Registry of Setif (Algeria)

The Gambia (1986)
Gambia Hepatitis Intervention Study (GHIS)
( IARC, MRC, Gambia MOH)
Incidence data

9% population coverage (Ci5 volume X)

8% 2%

38.2% 6%

78% 95%

42% 42%

Total ~ 14%

78%
A global strategy to improve the ability to collect, analyse and communicate cancer data.
AFCRN is a consortium of population-based cancer registries that provides the activities of a Regional Hub role with respect to cancer registry support in sub Saharan Africa.
AFCRN Membership Criteria

- Membership is by invitation following a consultant visit of evaluation
- Two existing members may propose new members for evaluation
- Registries in the countries of Sub-Saharan Africa (the WHO-AFRO region, minus Algeria) are eligible for membership

- The registry must be POPULATION BASED, and achieving at least 70% coverage of the target population*

- Members must accept participation in joint AFCRN projects:
  - as approved at the AFCRN Annual Meeting
  - and approved by the AFCRN Research Committee

- Members must adhere to the policy (as agreed at the AFCRN Annual Meeting) on International Collaborative Research

- Members must maintain an up to date Web Page on the Network website

- Member registries should contribute data to the African Cancer Registry Database

- Representatives from member registries should not be absent at two consecutive annual meetings

*Probationary period of 3 years permitted with coverage 50-70%.
AFCRN membership on April 1st 2017

List of countries:
Benin
Botswana
Congo (Republic of)
Cote d'Ivoire
Ethiopia
Gambia
Ghana
Guinea
Kenya
Malawi
Mali
Mauritius
Mozambique
Namibia
Niger
Nigeria
Reunion
Seychelles
Swaziland
South Africa
Uganda
Zambia
Zimbabwe

30 registries
23 countries
The role of a regional hub is in:

- providing technical and scientific support to countries;
- delivering tailored training in population-based cancer registration and use of data;
- advocating the cause of cancer registration in the region and facilitating setting up associations and networks of cancer registries; and
- coordinating international research projects and disseminating findings.
Regional Hub function 1:
Providing technical and scientific support to countries

- Memoranda of Understanding

Provide funding to resolve identified problems
- equipment, temporary staff, travel…

- Technical assistance by AFCRN Research Fellows

- Installation and training in CanReg
Technical consultancies in 2016

- Brazzaville (Congo)
- Mwanza & Kilimanjaro (Tanzania)
- Beira & Maputo (Mozambique)
- Zambia
Region Hub function 2:
Training in Population-based Cancer Registration, CanReg and Use of Data

Basic training for cancer registration team in Cape Verde
March 2016

Basic course, Accra, Ghana June 2016

Advanced course on CanReg, Kampala, Uganda, October 2016

Second IAEA/WHO/AFCRN Workshop on Cancer Registration and Cancer Control, Accra, Dec 2016
Region Hub function 3: Advocating the cause of cancer registration in the region and facilitating setting up associations and networks of cancer registries

In last 4 years, AFCRN consultants had held talks with representatives from Ministry of Health and/or NCD departments of countries e.g. Rwanda, Senegal, Burkina Faso, Mauritania, Botswana, Liberia, Benin, Togo, Cameroon, Zambia, Nigeria, and Seychelles.

As well as attending world class conferences and organising annual meeting.
CANCER of CHILDHOOD in AFRICA

I. INCIDENCE

Catherine Mwana, Freddie Brey, Jacques Ferlay, Byying Li, & Maxwell Parkin
The African Cancer Registry Network (AFCRN) was formally inaugurated on 1st March, 2012. It is supported via the Cancer Registry Programme of the International Network for Cancer Treatment and Research (INCTR). AFCRN has succeeded and expanded the activities of the East African Cancer Registry Network (EARN), which was established in January 2011, thanks to the support of the Doris Duke Charitable Foundation (USA). The aim of the project was to improve the effectiveness of cancer surveillance in five east African countries by providing expert evaluation of current problems and technical support to remedy identified barriers, with long-term goals of strengthening health systems and creating research platforms for the identification of problems, priorities, and targets for intervention. The success of the EARN project has attracted further support, as a grant from the pharmaceutical company GlaxoSmithKline (GSK) - Oncology division. This has permitted expansion of activities to the whole of sub-Saharan Africa. These financial contributions to the work of cancer registration in Africa are a recognition of the increasing burden of non-communicable diseases, and especially cancer, in the continent, and the need for adequate surveillance as a fundamental part of any rational programme for cancer control. In
A cancer registry is only making a valuable contribution when its data are being used for surveillance, health care planning and evaluation and research into cancer cause, prevention, and care. Member registries welcome the opportunity to collaborate in programmes of evaluation and research.
## Research Projects within AFCRN

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<th>Leading PI</th>
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<th>2013</th>
<th>2014</th>
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<td>Childhood incidence study</td>
<td>SA MRC</td>
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<td>Treatment and follow-up</td>
<td>Uni of Halle</td>
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<td>SurvCan 3</td>
<td>IARC</td>
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<td>x</td>
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<tr>
<td>Nutrition</td>
<td>IARC</td>
<td>all</td>
<td></td>
<td>x</td>
<td></td>
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<td>on-going ??</td>
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</table>
Outcome: Papers / Résultat: article


Annual Review Meeting of AFCRN, Kumasi, December 2016
Problems of cancer registration in Africa

1. Structural
   1. Lack of institutional framework
   2. No legal provision for cancer registration

2. Technical
   1. Some patients may never attend medical facilities (never diagnosed)
   2. Difficulties in case finding and abstracting
   3. “Place of residence” is difficult to define, and to collect
   4. Regular population estimates not be available, or in insufficient detail.
   5. Follow-up studies (survival) very difficult
   6. Recruiting, training and retaining good quality registry staff is difficult

3 Financial
   Local funding is difficult to obtain and maintain
(left): Survey of 17 AFCRN member registries’ budgets by number of cases registered (right) (excluding Gambia & Kumasi).

HOW MUCH DOES IT COST?

About $9 per case
FUTURE DIRECTIONS FOR AFRICA

- Increase the registry network
- Improve quality (completeness & validity)
- Expand dataset
  - Stage (Essential TNM)
  - Outcome (survival)
  - Treatment
- Automation – linkage of files
  - Speed and simplify data collection
  - Expand range of activities
    o Surveillance of disease
    o research
African Cancer Registry Network (AFCRN)
www.afcrn.org

Our supporters (with thanks for their contributions)

INCTR
International Network for Cancer Treatment and Research

Doris Duke Foundation for Islamic Art

GlaxoSmithKline

World Health Organization

Other significant partners

Martin-Luther-Universität Halle-Wittenberg

American Cancer Society

Medical Research Council South Africa

UICC
International Union Against Cancer

Programme of Action for Cancer Therapy

International Association of Cancer Registries

Roche

IAEA

Network of Population-Based Cancer Registries in Sub Saharan Africa
African Cancer Registry Network

KNOWLEDGE is key to NATIONAL CANCER CONTROL PLANNING in SUB SAHARAN AFRICA

In the fight against CANCER, knowledge of the problem to be confronted is just as important as knowing the solutions. Cancer has never been rare in Africa. As populations age and become urbanised, cancer is emerging as a major challenge to health and wellbeing.

United Kingdom = 1/5
Zimbabwe = 1/6

WHAT WE DO
We aim to provide mentoring and advice, staff training, to foster research on cancer cause and prevention, and to advocate for policies for cancer control. The expertise for these tasks is provided by the AFCRN members, guided by a coordinating centre, which works closely with the International Agency for Research on Cancer (IARC) - the cancer agency of World Health Organisation (WHO).

WHO WE ARE
Network of Population-Based Cancer Registries, International Organisations and Research Institutes.
We aim to cover all PBCRs in Sub Saharan Africa. So far, 30 PBCR in 22 countries are members:
Benin; Botswana; Cote d’Ivoire; Congo Rep; Ethiopia; Gambia; Ghana; Guinea; Kenya (2); Malawi; Mali; Mauritius; Mozambique; Namibia; Niger; Nigeria (4); Reunion; Seychelles; South Africa (3); Uganda (2); Zambia; Zimbabwe (2).

Significant Partners: University of Halle, South African Medical Research Council, Union for International Cancer Control, American Cancer Society, etc.

WHO BENEFITS
* Hospital staff in Africa: 100+ cancer registrars trained; 9 training instructors;
* Cancer registries: general funding support; research grants; fellowship;
* African researchers: 10+ international joint publications;
* Policy makers (local government and international organisations e.g. WHO): improve data quality and making information available;
* Countries in SSA: more effective and efficient cancer control planning and evaluation possible.

Through the support of AFCRN we have provided essential information to researchers, the Ministry of Health and other stakeholders for use in prioritizing cancer prevention and control programmes. In Kenya, cancer registration is now well recognized as the best surveillance method that can provide accurate data on cancer incidence and mortality. As a leader in cancer registration I am often consulted by Ministers of Health to help develop registries in other regions of Kenya.

AFCRN is like a family that share common goals, values and aspirations. We learn from each other... the Network gives us guidance and courage to do much more.

-- Anne Korir
Director, Kenya National Cancer Registry

加入我们的使命吧！
$100,000 使命支持
认可在所有活动；邀请到年度会议。

培训:
$40,000 国际培训课程
$20,000 区域培训课程
认可在所有课程材料。

注册发展:
$3,000-5,000 每年注册发展
$5,000 个人赞助
认可在所有出版物。

研究:
$40,000 每年 - 牛津 DPhil 学生
$20,000 每年研究项目
认可在所有出版物。

AFCRN依赖于捐款来支持其工作。捐款可能用于特定活动，或者仅限于特定时期。AFCRN的资金来自INCTR挑战基金（注册慈善机构）在英国和威尔士，注册号：1079181。其账户每年审计。英国公司可能需要缴纳慈善税，通过捐款到一个注册的慈善机构。
Thank you