

African Women Awareness of CANcer (AWACAN) Network e-Newsletter (3)



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AWACAN presents a selection of research articles and publications related to early cancer diagnosis and detection in Africa. This is the second edition of our e-Newsletter, which we plan to update and disseminate periodically with contributions from our AWACAN network members. Future editions will include relevant current research and related activities of members.

This edition highlights some of the recent research evidence and news relating to cancer screening and diagnostic services in general within African contexts. This edition also features evidence on how the oncology landscapes in the African region are being affected by the COVID-19 pandemic. We hope that insights from these pieces of evidence will help guide our research and practice related to cancer awareness, early diagnosis, treatment and control in our various settings. This and subsequent editions of this evidence summary will be published on the [AWACAN website](#), as well as on the Twitter page of the Cancer Research Initiative (CRI) - [@UctCri](#).

We sincerely appreciate the amazing works and efforts of our members in promoting cancer awareness and early diagnosis in 2020, as well as the various ways through which members have contributed enthusiasm and support to the AWACAN network last year. We look forward to an even more productive and accomplishing 2021.

[Martins T et al. Routes to diagnosis of symptomatic cancer in sub-Saharan Africa: systematic review. *BMJ Open*. 2020; 10\(11\):e038605. DOI: 10.1136/bmjopen-2020-038605](#)

Country context: Sub-Saharan Africa

This is a systematic review of the evidence regarding the routes to cancer diagnosis in sub-Saharan Africa. A total of 18 evidence sources met the inclusion criteria. The included studies recruited a total of 4871 participants from nine SSA countries (Cameroon, Ethiopia, Ghana, Kenya, Malawi, Nigeria, South Africa, Tanzania and Uganda), 70% of which were females. Eight of the studies focused on breast cancer; three on cervical cancer; and the rest on

lymphoma Kaposi's sarcoma, childhood cancers and colorectal cancer. In nearly all cases (with the exception of Kaposi's sarcoma), definitive diagnoses were made in tertiary-level healthcare facilities, although the majority of participants initially consulted within primary care. A substantial proportion of participants first used complementary medicine (including traditional healers, herbalists and prayer centres) before seeking conventional medical help.

Adewumi K et al. Barriers and Facilitators to Cervical Cancer Screening in Western Kenya: a Qualitative Study. Journal of Cancer Education. 2020; DOI: [10.1007/s13187-020-01928-6](https://doi.org/10.1007/s13187-020-01928-6)

Country context: Kenya

This study aimed qualitatively assess the barriers and facilitators to cervical cancer screening in western Kenya from the perspectives of community members and healthcare providers. It involved two focus groups with female community members and one with providers. Discussion explored knowledge and awareness of cervical cancer prevention; structural, social, and personal barriers; and facilitators towards cervical cancer screening uptake. The study found that participants had low awareness of human papillomavirus (HPV) and cervical cancer screening in the community, and identified that as a main barrier to screening. Community members reported fear of pain and embarrassment as significant barriers to a screening pelvic exam. They also reported that providers' lack of knowledge and discomfort with a sensitive subject were significant barriers. A personal connection to cervical cancer and/or screening was associated with willingness to screen and awareness. Among providers, workload and lack of supplies and trained staff were reported as significant barriers to offering services. Based on these findings, the study identified three interventions to address the barriers to screening; utilizing existing social networks to expand awareness of cervical cancer risk and screening; training non-physician health workers to meet the demand for screening; and employing female-driven screening techniques such as self-collection of specimens for HPV testing. These interventions must take into account the local realities in which they occur and must be culturally appropriate.

Moodley J et al. Anticipated help seeking behaviour and barriers to seeking care for possible breast and cervical cancer symptoms in Uganda and South Africa. *ecancer* 15(1) 1171 DOI: [10.3332/ecancer.2021.1171](https://doi.org/10.3332/ecancer.2021.1171)

Country context: South Africa and Uganda

This study aimed to describe anticipated help-seeking behaviour for possible breast and cervical cancer symptoms, barriers to accessing health care and factors associated with less timely anticipated help-seeking in urban and rural settings in Uganda and South Africa (SA). It involved a cross-sectional community-based survey of women per using the **African Women Awareness of CANcer (AWACAN)** breast and cervical cancer tool. Anticipated help-seeking behaviour was dichotomised into waiting <1week or ≥1 week to seek care. A total of 1758 women participated, most of whom would discuss symptoms with someone close to them

(87.7% for breast, 83.0% for cervical symptoms). The majority anticipated seeking care from a health facility within a week for both breasts (86.1%) and cervical (88.0%) cancer symptoms. Two in every five (38.7%) women expected to encounter at least one barrier when seeking care, of which lack of money for transport or clinic costs was the most commonly encountered (24.6% of participants). For both cancers and in both countries, women who reported more barriers were significantly less likely to anticipate seeking timely care. In South Africa, rural residence was found to be associated with longer anticipated time to seek care for both cancers.

Nnaji CA and Moodley J. Impact of the COVID-19 pandemic on cancer diagnosis, treatment and research in African health systems: a review of current evidence and contextual perspectives. *E cancer*. 2021, 15(1) 1170 DOI: [10.3332/ecancer.2021.1170](https://doi.org/10.3332/ecancer.2021.1170)

Country context: African region

This review highlights and contextualizes the impact of the COVID-19 pandemic across the cancer prevention, treatment and research landscapes within the African region. It also explores ways through which structural and contextual constraints can be navigated for the re-escalation of cancer care, while reimagining the future of the region's oncology landscape in the post-COVID-19 era. In spite of the dearth of data, the review found evidence suggesting a substantial impact of the pandemic on the various aspects of cancer management across African countries. The impact is aggravated by factors such as pre-existing health system, cancer management and resource gaps typical of many countries within the region; in addition to the consequences of social distancing, movement restrictions and other public health measures implemented to slow the spread of the virus. To mitigate the pandemic's further impact, the review recommends a risk-adjusted and multidisciplinary approach to the timely and safe return to normal oncological care.

Yeshitila et al. Breast self-examination practice and its determinants among women in Ethiopia: A systematic review and meta-analysis. *PLoS One*. 2021 ;16(1):e0245252. DOI: [10.1371/journal.pone.0245252](https://doi.org/10.1371/journal.pone.0245252)

Country context: Ethiopia

This systematic review and meta-analysis aimed to determine the pooled prevalence of breast self-examination and its associated factors among women in Ethiopia. A total of 40 articles (with 17,820 participants) were eligible for inclusion in the study. The authors found the pooled estimate of the prevalence of breast self-examination in Ethiopia to be 36.7%, with regional estimates varying from 21.2% to 61.5%. Women who had non-formal educational status, family history of breast cancer, good knowledge of breast self-examination and favorable attitude toward breast self-examination were more likely to practice of breast self-examination.

Harries J et al. Women's appraisal, interpretation and help-seeking for possible symptoms of breast and cervical cancer in South Africa: a qualitative study. *BMC Women's Health* 2020;20, 251 DOI: [10.1186/s12905-020-01120-4](https://doi.org/10.1186/s12905-020-01120-4) 1

Country context: South Africa

The aim of this study was to qualitatively assess the appraisal, interpretation and help-seeking for possible symptoms of breast and cervical cancer among women in South Africa, with the aim of informing interventions for improving timely diagnosis of breast and cervical cancer. In-depth interviews were conducted with eighteen women (10 urban, 8 rural, aged between 22 and 58 years). Themes explored included the impact and attribution of bodily changes; influence of social networks and health messaging in help-seeking; management of symptoms and help-seeking barriers. Participants often attributed breast changes to manual activities or possible cancer. They were often unsure of how to interpret vaginal symptoms, attributing them to HIV, hormonal contraceptives, or partner infidelity. The women's concerns about cancer were based on health information from the radio, social networks, or from primary care providers. Prompt care seeking was informed by impact of symptoms on personal lives. Rural women, particularly those with cervical symptoms, experienced challenges during help-seeking including judgmental attitudes of clinic staff. Most participants were skeptical of traditional medicine.

Adoch W et al. Knowledge of cervical cancer risk factors and symptoms among women in a refugee settlement: a cross-sectional study in northern Uganda. *Confl Health*. 2020 Dec 3;14:85 DOI: [10.1186/s13031-020-00328-3](https://doi.org/10.1186/s13031-020-00328-3)

Country context: Uganda

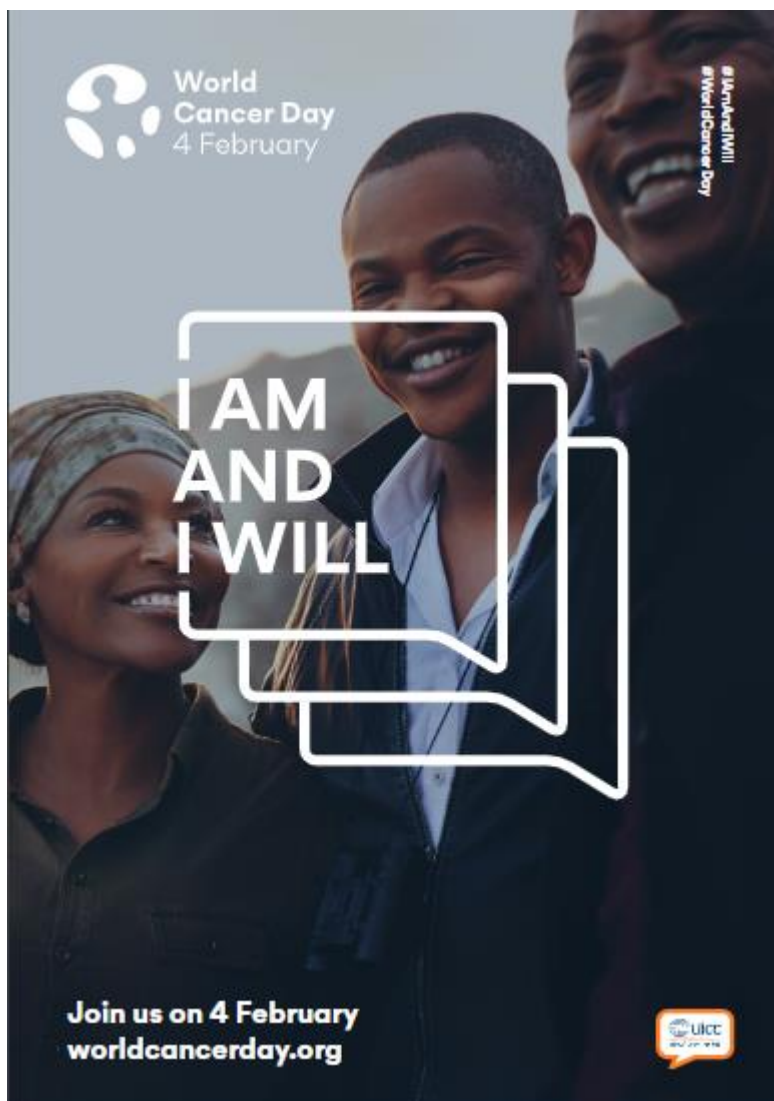
This study aimed to determine the awareness and knowledge of cervical cancer risk factors and symptoms among women in a refugee settlement in northern Uganda. The **African Women Awareness of CANcer (AWACAN) tool** was used to collect data from a total of 815 women. The majority of the participants (53%) were young (18–29 years), while most (93%) did not have formal employment. Less than half (40%) had heard of cervical cancer. Of those who had heard, most recognized multiple male sexual partners, early onset of sexual intercourse and HPV infections as risk factors for cervical cancer (93%, 89% and 86%, respectively). The median knowledge score for risk factor recognition was 7 (IQR: 3–9) and 7 (IQR: 1–10) for symptoms recognition. Half of the women (50%) correctly recognized 7 to 11 symptoms of cervical cancer, with vaginal bleeding between menstrual periods, pelvic pain, and vaginal bleeding during/after sexual intercourse being the most commonly recognized symptoms. Single women (OR = 0.59 (95%CI: 0.38–0.94), and women that lived farther than 1 kilometer from the nearest health facility (OR = 0.36–0.49 (95%CI: 0.26–0.84) were less likely to be knowledgeable of cervical cancer symptoms.

Upcoming events

World Cancer Day 2021 – 4 February 2021

The World Cancer Day is commemorated every 4 February as a global initiative led by the [Union for International Cancer Control](#) (UICC). The overarching aim is to raise worldwide cancer awareness, improving education and catalysing personal, collective and government action, towards a world where millions of preventable cancer deaths are saved and access to life-saving cancer treatment and care is equal for all. This year's World Cancer Day's theme, '**I Am and I Will**', is all about you and your commitment to act. We believe that through our positive actions, together we can reach the target of reducing the number of premature deaths from cancer and non-communicable diseases by one third by 2030. To learn more about World Cancer Day, please visit the [World Cancer Day website](#).

You can download, personalise and share the World Cancer Day materials, such as posters, toolkits, factsheets and infographics on this [page](#).



AORTIC African Cancer Genomic Conference 2021 – 18 – 19 February 2021

The African Organisation for Research and Training in Cancer (AORTIC) will be holding its Inaugural Cancer Genomics Conference on 18 & 19 February 2021. The virtual conference will be convened under the theme “African Genomic Diversity: A Roadmap to Global Equity in Cancer Control”. The 2-day conference to address basic science and clinical research on cancer genomics and genetics research relevant to Africa and people of African descent in the diaspora. Find out more [here](#).

