

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



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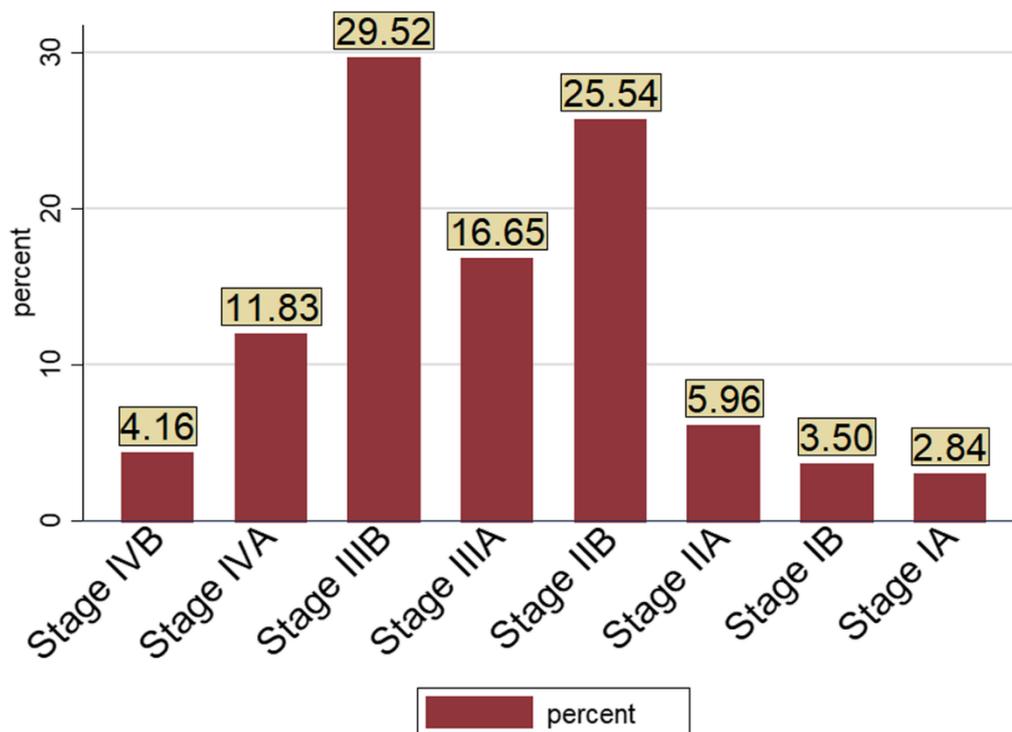
Since last year, the AWACAN quarterly e-newsletters have been presenting a selection of research articles and publications related to early cancer diagnosis and detection in Africa, as well as relevant news, events and activities. We are delighted to share the second quarterly edition of the newsletter for 2021.

This edition spotlights some of the recent research evidence and news relating to cancer screening and early diagnosis within African contexts. It also features evidence on how the oncology landscapes in the African region and similar contexts have continued to be impacted 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. Previous editions are available on the [AWACAN website](#), as well as published on the Twitter page of the Cancer Research Initiative (CRI) - [@UctCri](#).

**Mulugeta W et al. Prevalence of late-stage presentation and associated factors of cervical cancer patients in Tikur Anbesa Specialized Hospital, Ethiopia: institutional based cross-sectional study. *Infect Agent Cancer*. 2021 May 11;16(1):30. doi: 10.1186/s13027-021-00371-6.**

**Country context:** Ethiopia

This retrospective cross-sectional study assessed the prevalence of late-stage presentation and associated factors among 1057 cervical cancer patients in a tertiary hospital in Ethiopia. A majority (56.8%) of the cervical cancer patients presented with late-stage disease. Factors associated with late-stage presentation included being anaemic [AOR = 1.55,95%CI (1.17–2.10)], rural residency [AOR:1.88;95% (1.38–2.56)] and age  $\geq$  60 years [AOR:1.89;95%CI (1.12–3.20)]. Another important finding was that patients who reside in communities within or close to Addis Ababa where the tertiary hospital is located presented at relatively earlier stage than patients who came from communities that are far from the hospital. The figure below describes the distribution of patients by FIGO stages at presentation.



**Figure:** FIGO Stages at presentation of cervical cancer patients (n = 1057)

**Agboola AMD and Bello OO. The determinants of knowledge of cervical cancer, attitude towards screening and practice of cervical cancer prevention amongst antenatal attendees in Ibadan, Southwest Nigeria. *Ecancermedicalscience*. 2021 May 5;15:1225. doi: 10.3332/ecancer.2021.1225.**

**Country context:** Nigeria

This study aimed to identify the determinants of knowledge of cervical cancer, attitude towards cervical cancer screening and associated practices among 287 antenatal clinic attendees in a tertiary hospital in South-western Nigeria. Three-fifths (60.6%) of the women had good knowledge of cervical cancer (that is, knowledge of risk factors, symptoms and prevention of cervical cancer) while 47.4% were aware of cervical cancer screening. The majority (75.6%) of the women were willing to undergo screening, however less a tenth (9.4%) had ever been screened for cervical cancer while only 3.5% had been vaccinated against HPV. Those with tertiary education were more likely (OR = 2.140, 95% CI = 1.166–4.979) to exhibit positive attitudes toward cervical cancer screening. Those with poor knowledge of cervical cancer were less likely to be willing to be screened (OR = 0.532, 95% CI = 0.291–0.972). Similarly, poor knowledge was associated with lesser odds (OR = 0.061, 95% CI = 0.008–0.471) of being vaccinated.

Parham GP et al. Establishing women's cancer care services in a fragile, conflict and violence affected ecosystem in Africa. *Ecancermedicalscience*. 2021 May 13;15:1231. doi: 10.3332/ecancer.2021.

**Country context:** Democratic Republic of Congo

The practice paper reported findings from a programme that aimed to increase access to women's cancer (cervix and breast) services in the Democratic Republic of Congo by building a contextually-appropriate and sustainable diagnostic and therapeutic service platform. The programme employed competency-based learning strategies to train Congolese health professionals to perform same-day cervical cancer screening and treatment of precancerous lesions of the cervix; same-day clinical breast examination and breast ultrasound diagnostics; surgical treatment of invasive cancers of the breast and cervix; and infusion of cytotoxic chemotherapy. The programme started with breast and cervical cancer awareness campaigns held between May and June 2016, after which there was initial training of health professionals between July and December 2016, followed by mentored implementation from January 2017 through December 2019. Outpatient breast and cervical cancer care clinics, a chemotherapy suite and surgical theatres were outfitted with equipment and supplies. The paper demonstrates that combining local and regional hands-on training seminars with improved health infrastructure investments, and partnership with international experts, can facilitate a successful implementation of an innovative clinical service platform for cervical and breast cancer early diagnosis and care in fragile, conflict or low-resource settings. The figures below illustrate the breast and cervical programme outcomes.

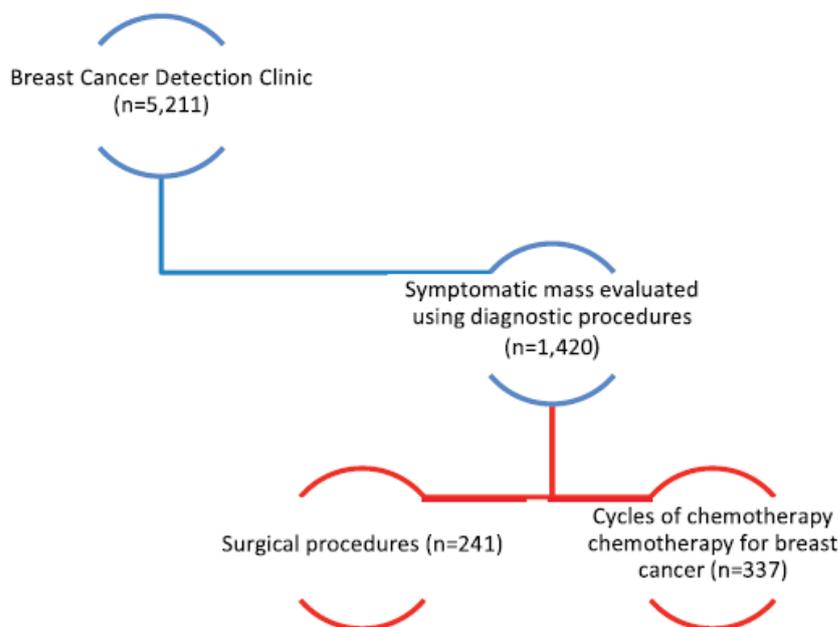


Figure: Breast cancer programme outcomes.

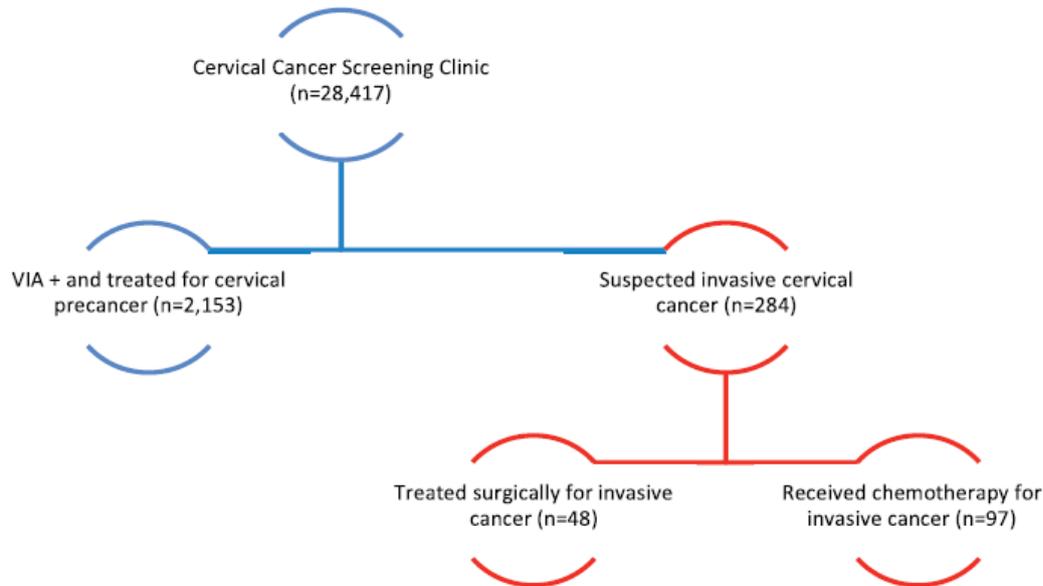


Figure: Cervical cancer programme outcomes

**Martei YM et al. Impact of COVID-19 on Cancer Care Delivery in Africa: A Cross-Sectional Survey of Oncology Providers in Africa. JCO Glob Oncol. 2021 Mar;7:368-377. doi: 10.1200/GO.20.00569.**

**Country context:** African region

Here, the authors assessed and characterised COVID-19 response strategies and impact of COVID-19 on cancer care in Africa. The study involved a web-based cross-sectional survey of oncology providers in the African region between June and August 2020. A total of 79 respondents from 18 African countries completed the survey, nearly all (94%) of whom reported country COVID-19 response and mitigation strategies, similar across income groups. Unique strategies included courier service and drones for delivery of cancer medications (9 of 70 and 6 of 70, respectively). While most cancer centres remained open, >75% providers reported a decrease in patient volume. The fear of getting infected was also reported to contribute to staff shortages and decrease in patient volumes. Approximately one third reported modifications of all cancer treatment modalities, resulting in treatment delays - such as delaying adjuvant therapy, curative and radiation therapy, or surgery for patients with low risk of progression. A majority (64%) of participants reported  $\leq 25$  confirmed COVID-19 cases and  $\leq 5$  deaths among patients with cancer. Common misconceptions were that Africans were less susceptible to the virus and decreased transmission of the virus in the African heat. The table below highlights the specific COVID-19 response strategies employed by cancer centres.

**TABLE 2.** Specific Strategies Employed by Cancer Centers Because of COVID-19  
**COVID-19 Strategies** **No. (%)**

COVID-19 Strategies	No. (%)
Patient strategies (N = 70)	
Temperature screening for all patients	67 (95.7)
Compulsory face masks for patients	65 (92.9)
Social distancing in waiting areas	65 (92.9)
Patient education	62 (88.6)
Screening patients for symptoms and COVID-19 risk factors before appointments	49 (70)
Scheduling patient times to limit patients in waiting areas	48 (68.6)
Strictly no visitation policies	33 (47.1)
Rapid testing patients before infusion visit	17 (24.3)
Provider strategies	
Compulsory face masks for all staff members	63 (90)
Social distancing in the clinic or hospital	60 (85.7)
Temperature screening for all staff members	51 (72.9)
Reduction and/or rotation of staff	44 (62.9)
Virtual tumor boards	37 (52.9)
Using telephone visits	24 (34.3)
Compulsory eye protection for all staff during direct patient care	23 (32.9)
Rapid COVID-19 testing for all staff members	16 (22.9)
Using video-based telemedicine visits	12 (17.1)
Courier service for delivery of medications	9 (12.9)
Drone delivery for sample collection and/or delivery of cancer medications	6 (8.6)

**Table:** Specific COVID-19 strategies employed by cancer centres

## News

### Professorial appointments

Congratulations to **Professor Amos Mwaka** on his recent appointment as Professor of Medicine at the Faculty of Medicine, Gulu University, Uganda.

Congratulations to **Professor Fiona Walter** who was also recently appointed Chair in Primary Care Cancer Research in Barts & The London School of Medicine & Dentistry at Queen Mary University of London (QMUL).

### Upcoming events

#### The 13th AORTIC International Conference on Cancer in Africa

The conference will take place virtually from 5 to 10 November 2021, bringing together multidisciplinary specialists from the global cancer community to reduce the impact of cancer

in Africa. The African Organisation for Research and Training in Cancer (AORTIC) is an Africa-based organisation with members throughout Africa and the international cancer community. Our objectives are to support, integrate, and facilitate evidence-based interventions and innovative programmes towards the prevention and control of cancer in Africa.

See the [AORTIC website](#) for more information about the conference and abstract submission.

### **Funding opportunities**

**Fund title:** Advanced Development of Informatics Technologies for Cancer Research and Management (U24 Clinical Trial Optional)

**Funding amount:** \$600,000 direct costs per year for up to 5 years

**Deadline:** 17 November 2021 (17:00 SAST)

**Link:** <https://grants.nih.gov/grants/guide/rfa-files/RFA-CA-21-015.html>

**Fund title:** Early-Stage Development of Informatics Technologies for Cancer Research and Management (U01 Clinical Trial Optional)

**Funding amount:** \$300,000 direct costs per year for up to 3 years

**Deadline:** 17 November 2021 (17:00 SAST)

**Link:** <https://grants.nih.gov/grants/guide/rfa-files/RFA-CA-21-014.html>

**Fund title:** Exploratory Grants in Cancer Epidemiology (R21 Clinical Trial Optional)

**Funding amount:** \$275 000 for up to 2 years.

**Funder deadline:** 8 October 2021 (17:00 SAST)

**Link:** <https://grants.nih.gov/grants/guide/pa-files/PAR-19-277.html>