

African Women Awareness of CANcer (AWACAN) Network e-Newsletter (2)



Compiled by Ishak Lawal, with contributions from Chukwudi Nnaji, Linda Mbuthini and Jennifer Moodley

Cancer Research Initiative, University of Cape Town

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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 recent (published within the past one year) research evidence, news and other publications related to cancer screening and diagnostic services in general within African contexts. This edition also features how these and broader oncology services are being affected by the COVID-19 pandemic in the African region. Just as early detection without treatment is an effort in futility, so is awareness without appropriate action. 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](#).

McCormack V, McKenzie F, Foerster M, et al. Breast cancer survival and survival gap apportionment in sub-Saharan Africa (ABC-DO): a prospective cohort study. *Lancet Glob Health*. 2020;8(9):e1203-e1212. doi:10.1016/S2214-109X(20)30261-8

Country context: Namibia, Nigeria, South Africa, Uganda, and Zambia

This prospective cohort study estimates breast cancer survival and survival gaps among women across five sub-Saharan African countries (Namibia, Nigeria, South Africa, Uganda, and Zambia). It also apportions the survival gaps in these settings. The study involved 2313 women recruited from eight hospitals, of whom 85 did not have breast cancer. Of the 2156 women analysed, 1840 (85%) were histologically confirmed, 129 (6%) were cytologically confirmed, and 187 (9%) were clinically confirmed to have breast cancer. 2156 (97%) women

were followed up for up to 3 years or up to Jan 1, 2019, whichever was earlier. Up to this date, 879 (41%) of these women had died, 1118 (52%) were alive, and 159 (7%) were censored early. 3-year overall survival was 50% (95% CI 48–53), but we observed variations in 3-year survival between different races in Namibia (from 90% in white women to 56% in Black women) and in South Africa (from 76% in mixed-race women to 59% in Black women), and between different countries (44–47% in Uganda and Zambia vs 36% in Nigeria). 215 (10%) of all women had died within 6 months of diagnosis, but 3-year overall survival remained low in women who survived to this timepoint (58%). Among survival determinants, improvements in early diagnosis and treatment were predicted to contribute to the largest increases in survival, with a combined absolute increase in survival of up to 22% in Nigeria, Zambia, and Uganda, when compared with the contributions of other factors (such as HIV or aggressive subtypes).

Comment:

Lack of data has made survival study of cancer in Africa difficult. This prospective study provides a snippet of cancer survival in sub-Saharan Africa. Treatment and survival varied across the five countries studied. Stage of the cancer at commencement of treatment is the strongest prognostic factor. The 3-year survival ranges from 80% in patients with stage IIA disease, 73% in those with stage IIB disease, 51% in those with stage IIIA disease, 32–36% in those with stage IIIB or IIIC disease, and 11% in those with stage IV disease. Majority of the patients presents in advanced stage III and IV. The validation and use of the AWACAN tool in these settings can offer valuable perspectives to the numerous projected reasons for late presentation of cancer patients in Africa.

Joko-Fru WY, Miranda-Filho A, Soerjomataram I, et al. Breast cancer survival in sub-Saharan Africa by age, stage at diagnosis and human development index: A population-based registry study. *Int J Cancer*. 2020;146(5):1208-1218. doi:10.1002/ijc.32406

Country context: Benin, Cote d'Ivoire, Ethiopia, Kenya, Mali, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Uganda and Zimbabwe

This study examines and estimates breast cancer survival within sub-Saharan African by area, stage and country-level human development index (HDI). It included a total of 2,588 breast cancer incident cases, diagnosed in 2008–2015 from 14 population-based cancer registries in 12 countries through the African Cancer Registry Network. Of these, 2,311 were included for survival analyses. Among patients with known stage, 64.9% were diagnosed in late stages, with 18.4% being metastatic at diagnosis. The RS varied by registry, ranging from 21.6%(8.2–39.8) at Year 3 in Bulawayo to 84.5% (70.6–93.5) in Namibia. Patients diagnosed at early stages had a 3-year RS of 78% (71.6–83.3) in contrast to 40.3% (34.9–45.7) at advanced stages (III and IV). The overall RS at Year 1 was 86.1% (84.4–87.6), 65.8% (63.5–68.1) at Year 3 and 59.0% (56.3–61.6) at Year 5. Age at diagnosis was not independently associated with increased mortality risk after adjusting for the effect of stage and country-level HDI.

Comment:

The data for this publication was generated from 14 population-based cancer registries across 12 Sub-Saharan African countries. This was made possible through collaborative efforts of African Cancer Registry Network (AFCRN), the International Agency for Research on Cancer (IARC) and the individual registries. The benefits of investing in cancer registries in Africa cannot be over emphasized. It is high time adequate resources were committed to improving quality of data in cancer registries across Africa.

Lawal, I.K., Abdullahi, H.I. and Obiokonkwo, A.C. Revised (2018) FIGO stage IIB cervical cancer and prognostication in low-resource settings. Int J GynecolObstet, 149: 252-253. doi:10.1002/ijgo.13120

Country context: African region

In the article, the authors provide a critical appraisal of the FIGO staging of cervical cancer, while pointing out the need for the staging framework to reflect the reality in low-resource settings. The article identifies the need to subclassify stage IIB cervical cancers to reflect reality in such settings. It advocates the use of commonly available radiological test such as ultrasound scan in determining operability of locally advanced cervical cancer where there is no access to sophisticated technologies. Ultrasound scan can be used to assess bladder muscle involvement in low resource setting by observing the regularity and echo pattern of vesico-vaginal space, thereby informing our practice of pre-operative categorization of operable and in-operable stage 2B. Consequently, revising stage 2B to segregate involvement of connective tissues or muscle of bladder and/or rectum may improve prognostication of outcome of surgically treated locally advanced cervical cancer in low resource settings where there is limited access to radiotherapy and more than 85% of the disease burden resides.

Comment:

This paper is making a case for review of FIGO staging of cervical cancer to reflect reality in low resource settings and also advocating use of commonly available radiological test (ultrasound scan) in determining operability of locally advanced cervical cancer where there is no access to sophisticated technologies. This thinking was commended by the [FIGO staging committee](#), thought it was noted that there is no enough documented evidence to warrant the suggested change despite concurring that bladder muscle involvement will likely affect prognosis.

Okunade Kehinde S, Okunowo Adeyemi A, Ohazurike Ephraim O, Anorlu Rose I (2020) Good clinical practice advice for the management of patients with gynaecological cancer during the COVID-19 pandemic in Nigeria and other resource-constrained countries e cancer 14 1075

Country context: Nigeria

In this article, the authors reviews the impact of the COVID-19 pandemic on for gynaecological oncology practice in their setting. They propose a set of clinical practice guidelines for gynaecological oncology units in resource-constrained settings, for the management of patients with gynaecological cancer during the COVID-19 pandemic. We advocate that due to the widespread travel restrictions and inability to refer patients for the highest level of care at this period, centres without radiotherapy facilities as seen in most resource-limited settings should consider lower level care options such as the use of chemotherapy pending when there is a better access to these facilities.

Comment:

This good clinical practice advice though specific for gynaecologic cancers within Nigeria setting, it can however be applied to most cancers in any low resource settings. It offered practical advice to circumvent the additional burden of covid-19 on already strained health system in low resource settings. The covid-19 pandemic is a dynamic situation. Hence, guidelines and practice will evolve with increasing understanding of the situation. For example, there was travel restriction as at the time the work was published but most traveling restrictions are gradually being eased both locally and internationally.

Latest article from AWACAN members:

Dr Franck Sikakulya recently published an article titled: [The Challenges of Managing Ovarian Cancer in the Developing World](#) published in *Case Reports in Oncological Medicine*. This case report describes a case of ovarian cancer which was difficult to confirm without immunohistochemistry, therefore difficult to manage. It reflects on the challenges encountered during the management of the case which is typical in low-resource contexts, and makes a case for greater investment in the development of human resources and healthcare infrastructure that are critical to gynecological cancer control and reducing the burden of disease in Africa.

Grants opportunities

[Grant announcement by AstraZeneca. Focus is on NCDs including cancer.](#)

The [AstraZeneca Step Up! Grants programme](#) is open for applications for health promotion programmes running from 2021 to 2022.

Step Up! provides grants of up to US\$10,000 to support small, youth-focused associations to develop and implement effective health promotion programmes - with a focus on marginalized and under-resourced communities in low- and middle-income countries. Projects that work to reduce risk behaviours in youth that can lead to non-communicable diseases (NCDs) in later life are of particular interest. In the context of the

COVID pandemic, Step Up! will give priority to projects that can be effectively implemented while respecting public health guidelines on social distancing and community containment.

Application deadline: Monday, 12 October 2020.

Training opportunities

NCI's Cancer Research Training Travel Awards for LMIC Investigators

NCI's Center for Global Health (CGH), in collaboration with other NCI divisions, supports collaborative research between U.S. investigators and investigators in low- and middle-income countries (LMICs) to expand capacity in performing high-quality cancer research in LMICs. To complement and/or enhance these efforts, CGH, in partnership with CRDF Global, launched the Cancer Research Training Travel Awards for LMIC Investigators. The travel awards are intended to facilitate and increase participation in cancer research training opportunities for LMIC investigators/trainees who seek to conduct high-quality and context-appropriate research in their home institutions. Organizers of scientific meetings (conferences, workshops and/or courses) that offer research competence and skill development opportunities with a high potential to improve biomedical, behavioral or clinical cancer research are encouraged to apply.

Application deadline: Friday, 30 October, 2020

International Agency for Research on Cancer (IARC) Postdoctoral Fellowships

The call for applications for IARC Postdoctoral Fellowships in 2021–2023 is now open. For over more than 50 years, the IARC Fellowship Programme has trained more than 600 rigorously selected early career scientists from more than 80 countries. For this call, only early career scientists from low- and middle-income countries (LMICs) are eligible to apply.

Application deadline: Monday, 30 November 2020.

New members

We heartily welcome Dr Adamu Bojude who has newly joined the AWACAN Network. Dr Bojude is an Associate Professor at Gombe State University and Chief Consultant Clinical Oncologist at Federal Teaching Hospital (FTH) Gombe, Nigeria.