

EC Population-based Cancer Registry: What Have We Learned?

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WHAT HAVE WE LEARNED

- Cancer registration is possible even in a marginalized population where counting has many challenges, including limited human and material resources
- Generate data of good quality; this is a major responsibility for each country that needs nurturing and sustenance by reliable funding.
- Set the best data collection methods to achieve the highest population coverage and data completion as determined by international standards



- Started as a special registry
- Population-based
- Rural-urban population
- 9 Magisterial areas in the Eastern Cape

BACKGROUND

EVENTS LEADING TO CANCER REGISTRATION IN THE FORMER TRANSKEI

The incidence of cancer of oesophagus was first noticed amongst the Xhosa-speaking people of the Transkei region of the Eastern Cape Province in the early 50s. This brought the attention of scientists to pay attention to and monitor this disease.

A register that was dedicated to recording each and every cancer case in this area started in 1955. This resulted in a Bantu Registry in East London

- Series of reports were published
- 1973 – Rose
- 1981 – Rose & Fellingham

Later on the Medical Research Council took over:

- 1987 – Jaskiewicz, *et al*
- 1996 – Makaula, *et al*
- 2003 – Somdyala, *et al*
- 2007 – Somdyala, *et al*

EVENTS LEADING TO CANCER REGISTRATION IN THE FORMER TRANSKEI

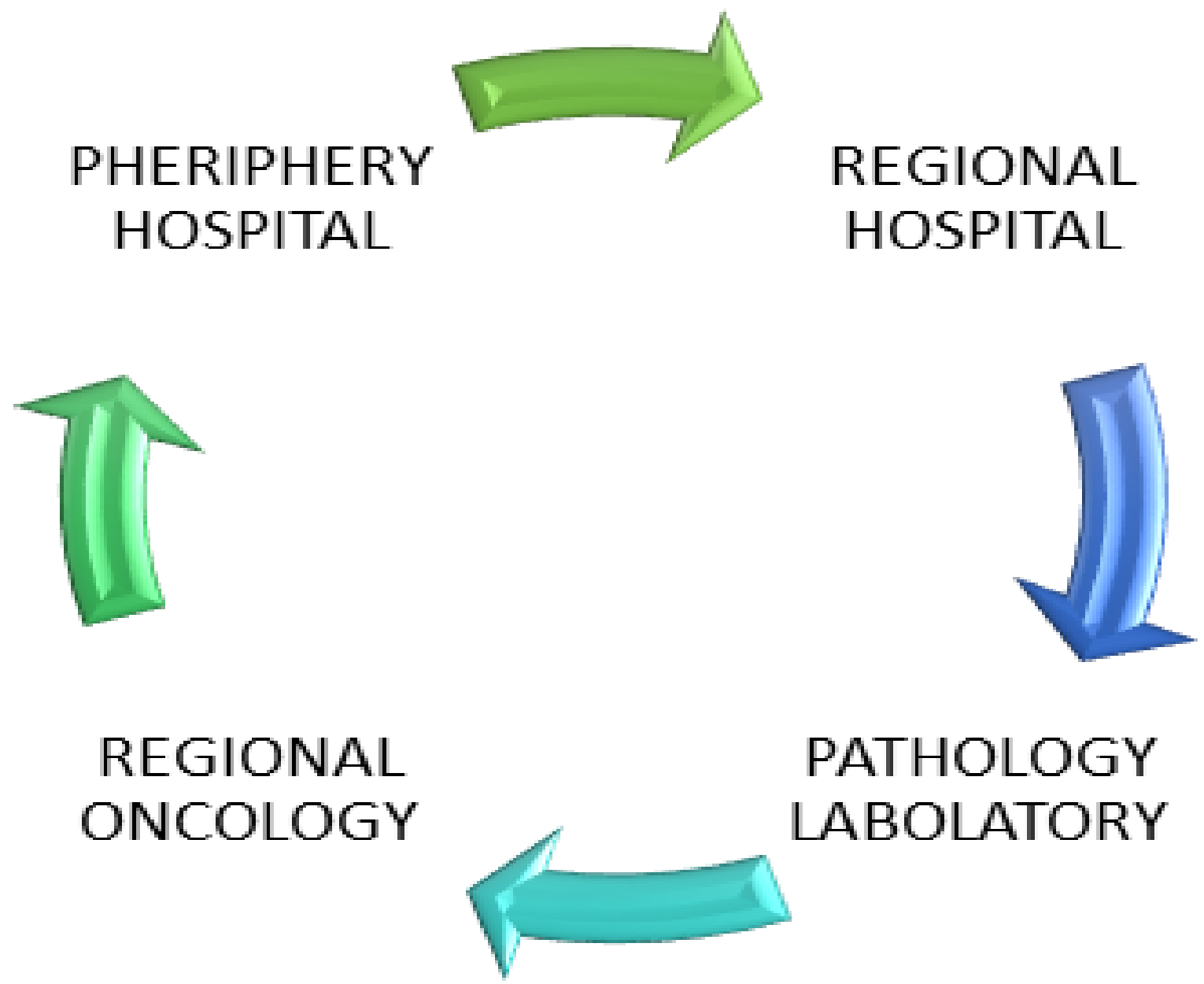
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- 2013 – Somdyala, *et al*
- 2015 – Somdyala *et al*
- 2020 – Ramaliba *et al*

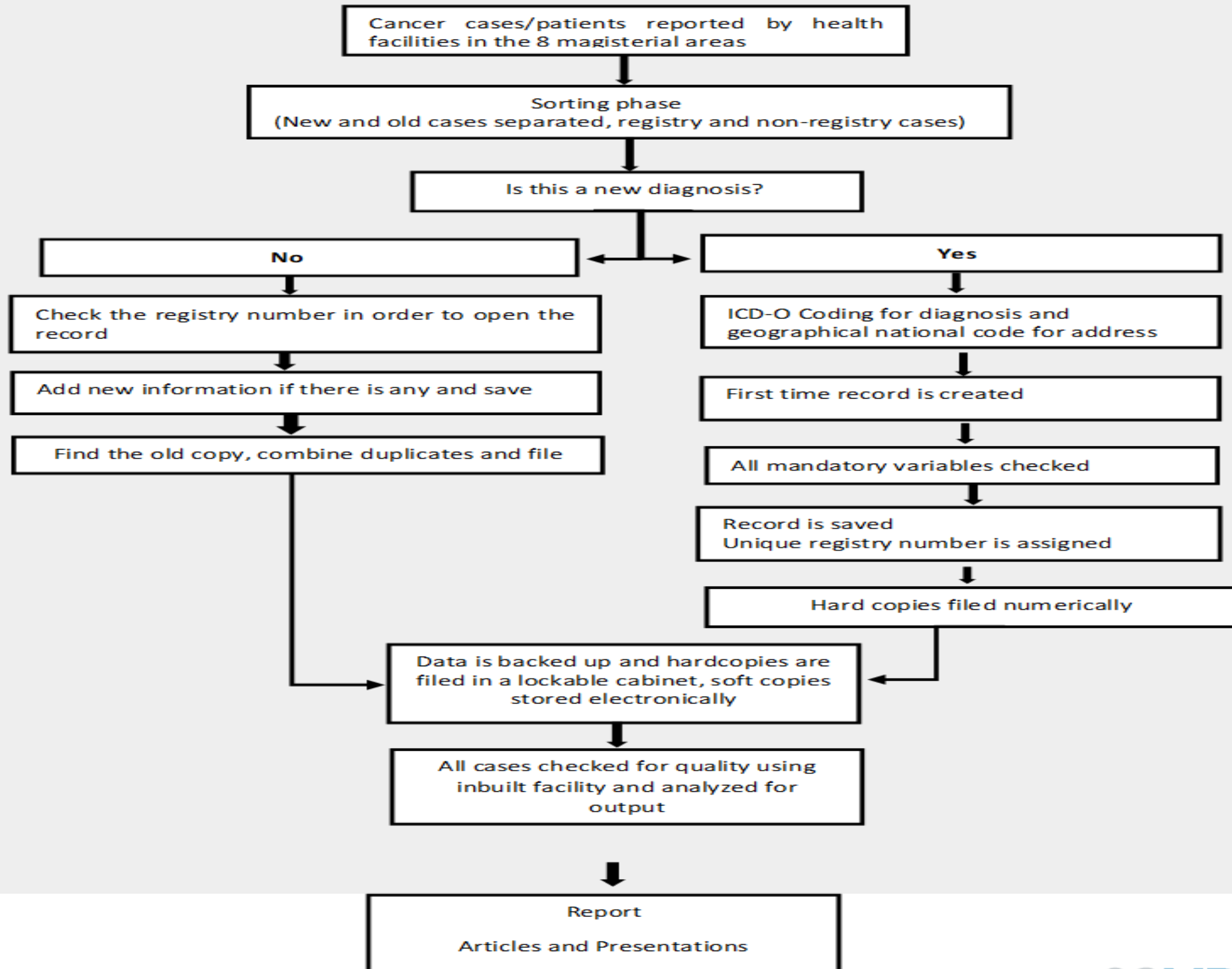


Patients' pathway for diagnosis and treatment betterment

Rural but with facilities such as tarred roads, making access to hospitals easy



Data Processing Flow Chart



COMMON CANCERS IN SOUTH AFRICA

TOP 5 CANCERS 2019 NATIONAL CANCER REGISTRY				EASTERN CAPE CANCER REGISTRY 2013-2017			
Male	ASR per 100 000	Female	ASR per 100 000	Male	ASR per 100 000	Female	ASR per 100 000
Prostate	52.7	Breast	33.9	Prostate	16.4	Cervix	33.1
BCC	41.2	Cervix	22.9	OC	12.2	Breast	16.5
SCC of skin	21.5	BCC	21.9	Lung	6.1	OC	11.2
Colo-rectal	11.3	Colo-rectal	6.5	KS	4.8	KS	3.4
Lung	8.1	Primary site unknown	5.4	Colo-rectum	2.9	Ovary	2.5

Categories of cancers in Eastern Cape

Infection-related

Cervical cancer – HPV

Kaposi sarcoma – HIV

Lifestyle-related cancers

Colo-rectum

Prostate

Breast

Ovary

Genetically predisposition

Oesophagus

CONCLUSION

Despite such predictions, it is estimated that up to half of cancers can be prevented by:

- The evidence obtained from the population-based cancer registry of the Eastern Cape (Somdyala et al. 2020), which quantified the burden of cervical cancer in this population, is a practical example of a need to continue recording cancer incidents
- Detecting and treating precancerous lesions through population screening
- More cancers can be cured if diagnosed at early stages and treated appropriately
- Cancer burden can also be reduced through an adequately financed and comprehensive national cancer control plan that incorporates all stakeholders.

Primary prevention
Public awareness
Healthy lifestyle
Capacity building

Cancer surveillance to generate evidence
Cancer Registry

Management and treatment

Secondary prevention
Health systems and Oncology services

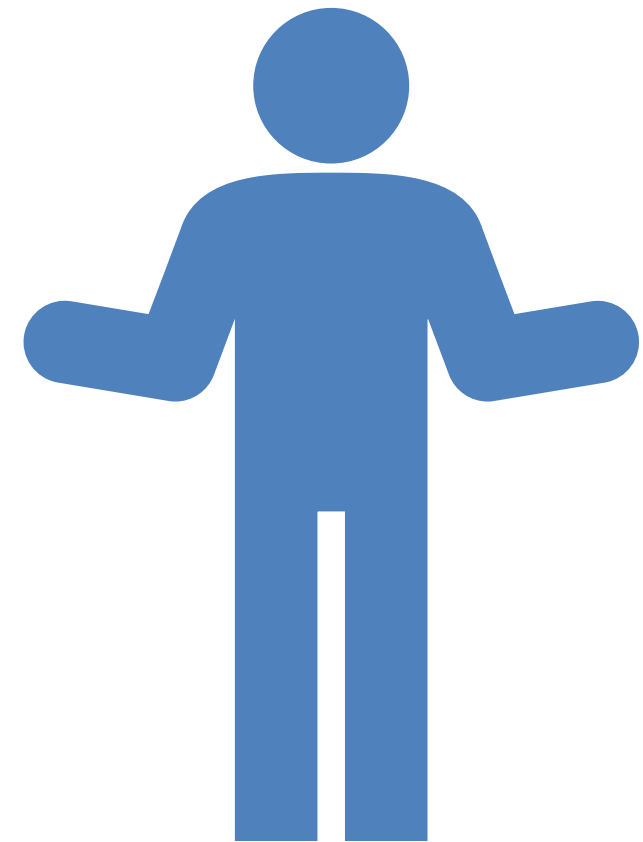
Survival

Global partnership to strengthen health systems

WHAT HAVE WE LEARNED

- This translates to providing a good source of data to determine cancer epidemiology. It is important to note that cancer registries are becoming more essential even in low-middle-income countries due to the rapid increase of cancer, with even higher predictions in the next ten years, particularly in Africa.
- Reliable funding has been my project's strength compared to other cancer registries in Africa.
- Cancer surveillance is the tool both to monitor trends of common cancers and evaluate cancer control programmes
- **CANCER REGISTRATION THEREFORE IS NOT A LUXURY BUT A NECESSITY**

**MANY THANKS
FOR YOUR
ATTENTION
QUESTIONS???**



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