Trends in breast and cervical cancer incidence in Cameroon (Central Africa) from 2004 to 2011


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Abstract In Cameroon, breast and cervical cancers are the leading causes of cancer-related morbidity and mortality. Preventive actions against cervical cancer began two decades ago and culminated in October 2014 with the launching of the national programme of vaccination against Human Papilloma Virus. Preventive actions against breast cancer are less visible. Effective strategies to control those cancers need to be informed with accurate data on incidence. Given the weakness of the national health information, we carried out this study in view of determining trends in incidences of those two cancers in Cameroon. We reviewed all breast and cervical cancers diagnosed in six pathology laboratories in four towns (Yaoundé, Bafoussam, Bamenda and Douala) from the January 1, 2004 to December 31, 2011. A total of 1394 cases of breast cancer and 903 cases of cervical cancer were analysed. For breast cancer, 91.944% of women were 30 years old or more and 88.13% of those with cervical cancer were diagnosed at 30 years old or above. Cervical cancer was more frequent than breast cancer from 2004 to 2007 then, the latter became more frequent. The incidence of cervical cancer showed little variations while that of breast cancer showed a 3.16 folds increase. The constant rise in incidence of breast cancer may be due the lack of an effective national prevention policy against it as it is the case for cervical cancer. If a national study confirms this trend, then a preventive strategy should be urgently implemented.

Keywords Cancer · Breast · Cervix · Cameroon · Trends


Mots clés Cancer · Col utérin · Sein · Cameroun · Évolution
Introduction

Breast and cervical cancers are leading causes of cancer-related morbidity and mortality in sub-Saharan Africa where they accounted for 45.4% of new cases of cancers among women in 2012 [1,2]. In Cameroon, the contribution of breast and cervical cancers to the national burden of cancer is very high since more than four decades [3-6]. According to the International Agency for Research on Cancer (IARC), Breast Cancer (BC) had the highest incidence among Cameroonian women in 2012 with an Age-Standardised Ratio (ASR) of 2,625 new cases per 100,000 women per year, thus accounting for 31.5% of all cancers in women [6]. Cancer of the uterine cervix (CUC) ranked second in 2012 among Cameroonian women with an ASR of 1,993 new cases per 100,000 women per year, representing 23.9% of all new cases in women [6]. Even in the whole population of adults (including men) BC had the highest incidence (19% of all new cases) followed by CUC (14.5% of all new cases of cancers) [6]. Cancer Preventive policies need to be informed with accurate data on incidence, clinical and pathological features of cancers. These are very often missing due to lack of population-based cancers registries and weak health information system [1,2,6]. Indeed, current data on the size of the problem in Cameroon are extrapolated from a regional hospital-based cancer registry covering a part of the country [6]. We therefore conducted this study in view of actualizing data about the incidence of these two cancers in the country over a period of eight years. We also sought to determine histological types and age at diagnosis for breast and cervical cancer during the same period.

Material and methods

Our study was retrospective and cross sectional. The period under study ranged from the 1st of January 2004 to the 31st of December 2011. Data were obtained from six pathology laboratories in four main towns of the southern part of Cameroon: the Laquintinie and the General Hospitals and in Douala, the Gyneco-Obstetric and Paediatric and the University teaching Hospitals in Yaounde, the Mezam Polyclinic in Bamenda, and the corporation “pathology and development” in Bafoussam. We included all malignant tumours found on female breast and cervix uteri specimens during the study period. For each case, age and histological type were recorded using our technical form. Incomplete files were not included. Microsoft Excel and Stata version 13 softwares were used to compile and analyse data. An ethical clearance was obtained prior to data collection.

Results

A total of 1,457 cases of CUC and 942 cases of BC were included in the study. A number of 63 cases of CUC and 39 cases of BC were rejected because their files were incomplete for the following reasons: no age of the patient, no clarification whether borderline or clear malignancy and suspicion of cancer on inadequate tissue specimen. Finally 1,394 and 903 cases were retained for CUC and for BC respectively.

Age distribution

Distribution of patients following age for BC and CUC is shown on figure 1.

Histological aspects

Table 1 shows the frequencies of histological types of cancers of the cervix uteri.

Histological types of breast cancer are shown in table 2.