

CANCER SCREENING-

THE FIRST STEP TOWARDS CURBING GHANA'S CANCER BURDEN

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Abstract

Introduction: Cancer deaths are over 7 million per annum, more than the combined deaths from HIV/AIDS, Tuberculosis and Malaria per year (WHO report 2003). Each year more than 11 million new cases are diagnosed, and more than 7 million people die from cancer (more than 70% of them from low and middle-income countries). It is known that about 40% of cancers can be prevented through avoidance of certain risk factors.

Objective: To educate and promote cancer screening as first step towards early detection of cancers at eight health facilities in Accra.

Methodology: Eight (8) health facilities in Accra were selected for screening against breast, cervical and prostate cancers- Cocoa Clinic, Ussher Town Polyclinic, Ga Mantse Palace, Odawna Clinic, La Polyclinic, Tema General Hospital, Mamobi Polyclinic, and Adabraka Polyclinic.

The public was sensitized through a formal launch of month-long cancer awareness (2nd October- 2nd November, 2008) and other media campaigns.

A total of 1080 people participated in the programme (1007 females and 73 males).

Results: A total of 1080 persons participated in the CSG screening programme made up of 1007 females and 73 males. Breast disorders were identified in 72 (about 8%) out of 924 females who went through breast examinations.

The highest turn-outs were recorded at Ussher Town polyclinic (238) and Mamobi polyclinic (154) –both located within very deprived communities.

At Ussher Town polyclinic, about 67% (159) underwent breast examinations with about 22% (35) cases of breast disorders.

At Mamobi polyclinic about 11% (17) cases of breast disorders were identified.

At Cocoa clinic 12 (25%) persons out of the total of 48 males recorded PSAs greater than 4.0. Seven persons recorded PSAs greater than 10.0. The highest PSA was 40.5.

Conclusion: Cancer screening for early detection of cancers should become part and parcel of the country's health delivery system. It is important that non-governmental organizations are adequately resourced to compliment the formal health care delivery system of the country.

Introduction

Cancer deaths are over 7 million per annum, more than the combined deaths from HIV/AIDS, Tuberculosis and Malaria per year (WHO report 2003). The WHO estimates that by the year 2020 there will be 16 million new cases of cancer per year and 10 million people will die from cancer each year (more than 70% of them from low and middle-income countries).

Each year more than 11 million new cases are diagnosed, and more than 7 million people die from cancer (more than 70% of them from low and middle-income countries).

It is estimated that (based on current trends) by the year 2020 there will be 16 million new cases of cancer per year and 10 million people will die from cancer each year.

In all these, developing countries are likely to bear the brunt of the crippling effects of cancer across the globe

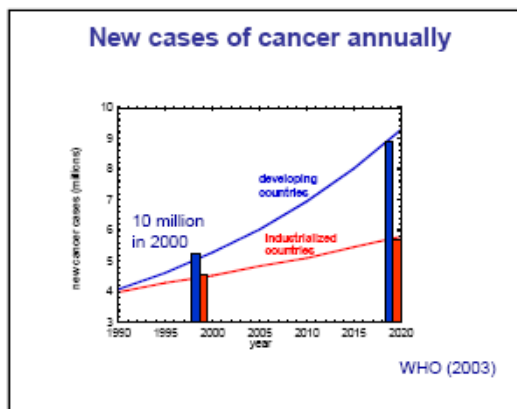


Fig 1. WHO projection of global increase in rates of new cancers.

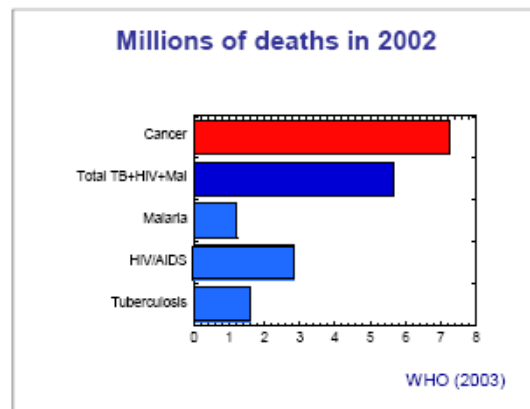


Fig 2. WHO estimate of global mortality 2002.

It is known that about 40% of cancers can be prevented through avoidance of certain risk factors- tobacco smoking, obesity and physical inactivity, consumption of diets high in fats, exposure to some carcinogens (such as cadmium), undue exposure to the sun. Since many cancers are due to 'faulty' genes early detection and screening is highly imperative for people with a family history of cancers. Some cancers (e.g. prostate) are also associated with ageing and therefore underpins the need for routine screening in men above 40 yrs.

Objective

To educate and promote cancer screening as first step towards early detection of cancers at eight health facilities in Accra.

Methodology

There were prior discussions with the heads of eight health facilities (and Ga traditional authorities) in Accra about the need for cancer screening- Cocoa Clinic, Ussher Town Polyclinic, Ga Mantse Palace, Odawna Clinic, La Polyclinic, Tema General hospital, Mamobi Polyclinic, and Adabraka Polyclinic.

The public was sensitized through a formal launch of a month-long cancer awareness (2nd October- 2nd November , 2008). This was interspersed with adverts/lectures on radio, TV and newspapers. Information vans were also used to announce the cancer screening dates to the communities surrounding these chosen sites.

Each screening exercise began with lectures on cancers in general followed by detail presentations on breast, cervical and prostate cancers. Printed hand-bills, posters, tracts on breast and prostate cancers were distributed to participants.

Participants were registered taking notes of the following; name, age, date of birth, place of work, occupation, residence (address, telephone numbers), family history of any cancers, means through which participant received information about cancer screening programme.

Participants were then processed for screening against breast, cervical and prostate cancers.

Results

Below are graphic presentations of the results of the cancer screening programme;

TABLE 1: PARTICIPANTS AT CSG CANCER SCREENING EXERCISE

	NAME	TOTAL	♂	♀
1	COCOA CLINIC	133	48	85
2	USSHER TOWN	238	2	236
3	GA MANTSE PALACE	129	5	124
4	ODORNA	50	0	50
5	TEMA GEN.	121	12	109
6	LA POLYCLINIC	155	6	149
7	ADABRAKA	100	0	100
8	MAMOBI	154	0	154
		1080	73	1007

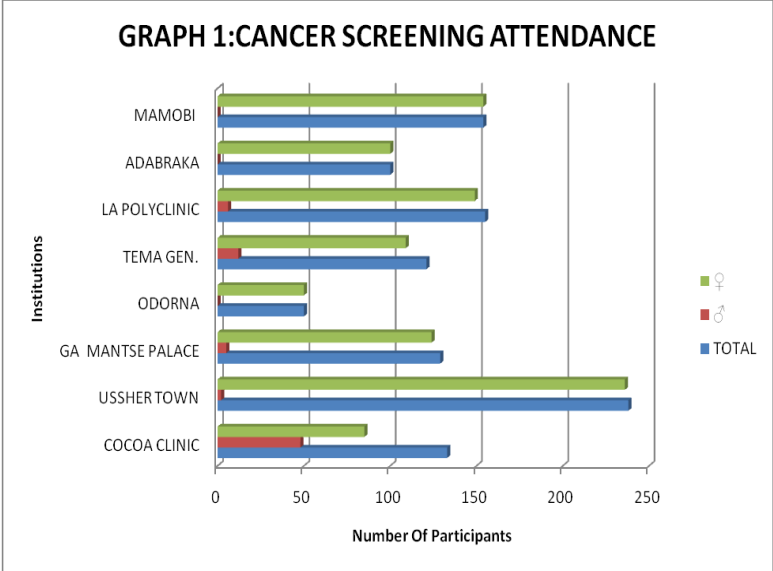


TABLE 2: RESULTS OF BREAST SCREENING AT VARIOUS SITES

	NAME	♀	BREAST EXAM	BREAST DISORDERS
1	COCOA CLINIC	85	79	1
2	USSHER TOWN	236	159	35
3	GA MANTSE PALACE	124	124	2
4	ODORNA	50	50	0
5	TEMA GEN.	109	109	8
6	LA POLYCLINIC	149	149	3
7	ADABRAKA	100	100	6
8	MAMOBI	154	154	17
		1007	924	72

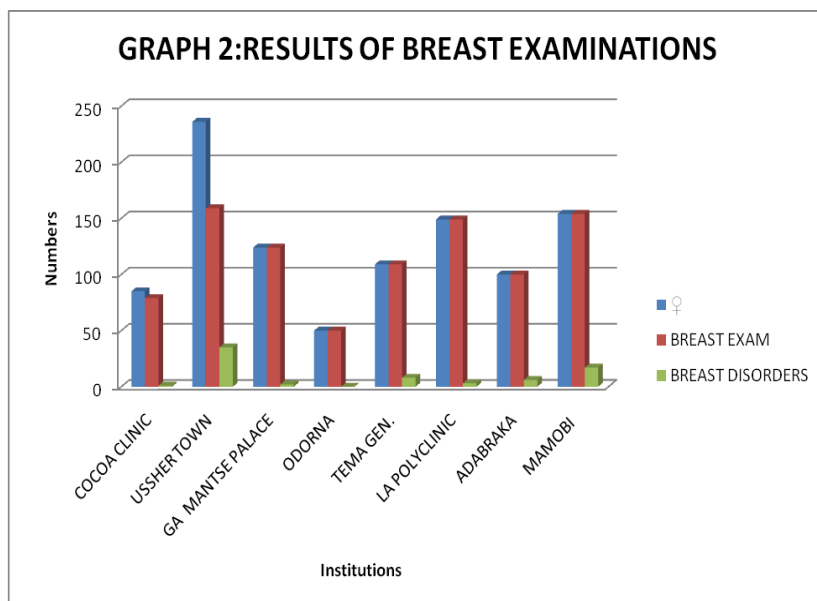


TABLE 3: CERVICAL CANCER SCREENING USING V.I.A.

	NAME	TOTAL	♀	VIA	VIA POS.
1	COCOA CLINIC	133	85	21	0
2	USSER TOWN	238	236	0	0
3	GA MANTSE PALACE	129	124	22	2
4	ODORNA	50	50	0	0
5	TEMA GEN.	121	109	35	2
6	LA POLYCLINIC	155	149	37	0
7	ADABRAKA	100	100	0	0
8	MAMOBI	154	154	0	0
		1080	1007	115	4

A total of 1080 persons participated in the CSG screening programme made up of 1007 females and 73 males. Breast disorders were identified in 72 (about 8%) out of 924 females who went through breast examinations.

The highest turn-out was recorded at Ussher Town polyclinic (238). About 67% (159) underwent breast examinations with about 22% (35) cases of breast disorders ranging from lumps in breast, lump in underarm area, retracted nipples, dimpling of breast, swelling of part of breast and nipple discharge other than breast milk.

This is followed by the exercise conducted at Mamobi polyclinic which also recorded 17 (about 11%) cases of breast disorders out of 154 persons examined.

At Cocoa clinic 12 (25%) persons out of the total of 48 males recorded PSAs greater than 4.0. Seven persons recorded PSAs greater than 10.0. The highest PSA was 40.5.

At Tema General Hospital 12 males went through rectal examination to check for prostate disorders. Eleven (11) of these were requested to do PSAs to confirm some disorders noticed.

Challenges/Lessons

- i. Human resource constraints- Very few health professionals have been trained in cervical cancer screening using the V.I.A. technique. The whole Greater Accra region has only two of such centers located at Ridge Hospital and Amasaman Polyclinic.
- ii. There is need for the promotion of cancer screening programmes especially in deprived communities.
- iii. Financial constraints pose significant challenges to cancer screening programmes.
- iv. There is need for follow-ups of persons referred for expert management of the disorders identified during cancer screening programmes.
- v. There is need to develop and produce more educational materials for cancers (breast, cervical, prostate, and liver) and intensify presentations in schools, churches and other institutions in the country.
- vi. Health screening activity is a major preventive measure in health care delivery and pharmacists as critical components of the health care team must be keen on such programmes.

Conclusion

The cancer screening programme demonstrated the benefits of early detection in the global fight against the cancer burden. It is important that resource-challenged systems actively promote this exercise as first line defense towards effective and efficient health care delivery.

References

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