NCODA, Expanding Oncology Care to Uganda and Africa

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HISTORY

Cancer care in Uganda gained attention in 1965 when focus was drawn to the treatment of Burkitt’s lymphoma in children. A small center later named Lymphoma Treatment Center (LTC) was then established as a result of cooperation among scientists from Makerere University, Ministry of Health (MOH) and the National Cancer Institute (NCI) of the USA. Burkitt described that the particular cancer could be treated with chemotherapy rather than surgery. This led to the opening of a small clinic with 18-bed space that could house patients to stay longer for treatment and observation. The success of this unit lead to the foundation of a sister unit, the Solid Tumor Centre (STC) in 1969. This was to enable additional investigations in adult cancers especially Hepatocellular carcinoma, Kaposis’s sarcoma and malignant melanoma to be carried out. Functioning jointly, the two units together with the associated laboratories formed the Uganda Cancer Institute (UCI).

UGANDA CANCER BURDEN

<table>
<thead>
<tr>
<th>Summary statistic 2020</th>
<th>Males</th>
<th>Females</th>
<th>Both sexes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>22,546,589</td>
<td>23,194,411</td>
<td>45,741,000</td>
</tr>
<tr>
<td>Number of new cancer cases</td>
<td>14,329</td>
<td>19,479</td>
<td>33,808</td>
</tr>
<tr>
<td>Age-standardized incidence rate (World)</td>
<td>156.4</td>
<td>158.1</td>
<td>157.8</td>
</tr>
<tr>
<td>Risk of developing cancer before the age of 75 years (%)</td>
<td>15.8</td>
<td>16.0</td>
<td>15.8</td>
</tr>
<tr>
<td>Number of cancer deaths</td>
<td>10,014</td>
<td>12,978</td>
<td>22,992</td>
</tr>
<tr>
<td>Age-standardized mortality rate (World)</td>
<td>113.5</td>
<td>114.5</td>
<td>114.2</td>
</tr>
<tr>
<td>Risk of dying from cancer before the age of 75 years (%)</td>
<td>11.8</td>
<td>12.3</td>
<td>12.0</td>
</tr>
<tr>
<td>5-year prevalent cases</td>
<td>25,743</td>
<td>36,805</td>
<td>62,548</td>
</tr>
</tbody>
</table>

Top 5 most frequent cancers excluding non-melanoma skin cancer (ranked by cases):
- Kaposi sarcoma
- Cervix uteri
- Cervix uteri
- Prostate
- Kaposi sarcoma
- Breast
- Breast
- Non-Hodgkin
- Prostate
- Non-Hodgkin
- Lymphoma
- Non-Hodgkin
- Lymphoma

NCODA’s Objectives for Uganda’s PSO

- To expand cancer care, training and research through NCODA-led initiatives
- Nurture and usher in a new generation of student leaders passionate about oncology
- To scale up the treat & test initiative through early disease detection, diagnosis and prevention
- To improve the quality of cancer care through the NCODA’s Positive Quality Interventions (PQI)
- To help reduce the cancer care gap in Uganda and Africa at large

THE WAY FORWARD

- NCODA offers to collaborate with Makerere University to increase the awareness of oncology pharmacists
- NCODA staff, students, and professionals pledge help in educating students in oncology
- NCODA offers to partner with Uganda Cancer Institute (UCI) to improve cancer care in Uganda
- A partnership with Ministry of Health (MOH) of Uganda and NCODA will help reduce the cancer burden throughout the country

CONCLUSION

Challenges faced by cancer patients in Uganda result in enormous delays in initiation and continuation of cancer treatment. These challenges are often a result of the poor social-economic status of the patients; inadequate infrastructure for cancer care; and inefficiencies in the health care system. The Uganda PSO has high hopes that it will spread interest and awareness of oncology throughout Uganda and the rest of Africa and will be one of the first of many PSOs on the continent.