CANCER INCIDENCE IN MAPUTO CITY
MOZAMBIQUE:
POPULATION BASED CANCER REGISTRIES
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Cancer represents an important public health problem in developed countries, and epidemiological evidence shows a similar situation in developing countries, particularly in Sub-Saharan Africa where an increase in the burden of cancer, particularly due to HIV infection, is predicted. The available epidemiologic information regarding malignant neoplasms in Mozambique is limited and therefore, does not allow for evidence-based prevention interventions or the evaluation of the impact of socio-demographic and economic changes on the health of the population (demographic transition).

INTRODUCTION
The first population based cancer registry (PBCR) that was established in Maputo city, dating back to 1960. Since that time only a Pathology based cancer registry has been operating.
In 2015 we started a PBCR at Maputo City in collaboration with AFRCN and IARC. This PBCR is based on active and prospective identification of cancer cases in Maputo City.

METHODS
In 2015 we started a PBCR at Maputo City in collaboration with AFRCN and IARC. This PBCR is based on active and prospective identification of cancer cases in Maputo City. Required data was collected from hospital based cancer registries, morgues, clinicians and labs in Maputo City. Abstracted data was verified by registries and introduced into CanReg5®. Routes for thorough identification of duplicate registrations and incomplete or inaccurate records were implemented as part of the regular activities of cancer registration at the PBCR-Maputo City through automated processes.
All cases identified by the Maputo-PBCR with incidence date in 2015 and 2016 were included in the analysis, except in situ and non-melanoma skin cancers. Data was exported from CanReg5® and analyzed using STATA®, version 11.2 (StataCorp, College Station, TX, USA).

RESULTS
A total of 1901 new cancer cases were registered at the Maputo-PBCR in 2015 and 2016. The mean (SD) age at diagnosis was 45.4 years.

The majority of the cases (67%) were diagnosed in females. When both genders were considered together, the 5 most frequent cancers were cervical (34%), Kaposi’s sarcoma (33%), Esophageus (17%) prostate (28%), liver (21%), and breast (14%). Among women, cervical cancer was the most common, representing more than a quarter of cancers in female patients (33%), followed by breast cancer (14%) and Kaposi’s sarcoma (10%). Among men, the most common cancers were prostate (28%), Kaposi’s sarcoma (22%), and liver.

The majority of the cancers (40%) found in this registry are those for which a causal relationship or strong association with infectious agents has been demonstrated, including cervical cancer, Kaposi’s sarcoma, liver cancer, and Burkitt’s lymphoma. The HIV/AIDS epidemic in Mozambique brought changes to the patterns of cancer occurrence.