

## **Cancer Statistics**

Regardless of the difficulty in getting accurate national data due to most data coming from Nairobi and other urbanized settings, and lack of reporting from rural or marginalized areas, statistics have shown that globally, cancer causes more deaths than HIV, TB and Malaria combined

- 70% of the global Cancer burden is in LMICs (low and middle income countries) like Kenya
- 30% of cancers are curable if detected early; 30% of cancers are treatable with prolonged survival if detected early; 30% of cancer patients can be provided with adequate symptom management and palliative care.

In Kenya, an estimated 40,000 new cancer cases and 28,000 cancer deaths occur each year, making cancer the third leading cause of mortality and accounting for 7% of all annual deaths. There is an estimate 39,000 new cases of Cancer each year in Kenya with more than 27,000 deaths per year, with 60% of Kenyans affected by Cancer being younger than 70 years old (Topazian et al. 2016).

The leading causes of cancer in women are cancer of the cervix and breast, while in men is cancer of the oesophagus, head, neck and prostate. In children the most common cancers are lymphomas and blood cancers. Cancers of the digestive tract such as stomach, liver, colon and rectum are also on the rise.

- Women: Breast (34 per 100,000), Cervical (25 per 100,000).
- Men: Prostate (17 per 100,000), Esophageal (9 per 100,000)

Childhood cancer accounted for 15% of cancer admissions at KNH [1998-2008]. Statistics have shown that 1 in 10 children survive cancer in Kenya compared to 7 in 10 in the developed countries (KNCO 2016).

Cancer supplanted HIV and Aids to become Kenya's third highest cause of death in absolute numbers in 2011. Cancer deaths also increased steadily over the five years from 11,995 in 2010 to 14,175 in 2014, according to data from the Kenya National Bureau of Statistics, representing an increase of 18 per cent within five years. The death rate for cancer rose as other major causes of death, like malaria pneumonia, HIV and Aids and tuberculosis were falling, partly because the MDGs focused on eliminating most of them (Kilonzo, 2015).

The Kenya Medical Research Institute (KEMRI) documents that 80% of reported cases in the country are diagnosed at an advanced stage, leaving few options for remediation (Topazian et al. 2016; Kenya Network of Cancer Organizations [KNCO] 2016). Late

diagnosis can be due to lack of awareness, inadequate diagnostic facilities, lack of treatment facilities, high cost of treatment and a high poverty index (KNCO 2016).

In regards to cancer screening, diagnosis and treatment, most Kenyans need to travel across counties or the country in order to access these services. Diagnostic services are mostly available in larger urban cities but are still limited in capacity. There are very few facilities that offer radiotherapy to the large population of Kenya. Other forms of treatment are also available but limited. Patients referred to periphery hospitals have to wait for months to access these services, leading to a large number of patients getting treatment at a late stage (IAEA 2010).

- Number of radiation centers in the country: 4 (all in Nairobi – KNH, MP Shah, Nairobi Hospital, Aga Khan)
- Number of treatment facilities: 4 (2 main, 2 limited)
- Human Capacity for cancer treatment in Kenya (public sector):
  - 4 radiation oncologists
  - 6 medical oncologists
  - 4 pediatric oncologists
  - 5 radiation therapy technologists
  - 3 oncology nurses
  - 2 medical physicists

(KNCO 2016).

According to the Kenya Cancer Registry, four in five cases of cancer are diagnosed in the late stages of the disease. Review of health data shows that the rate of death from cancer in Kenya is far outpacing population growth and may double in the next 11 years (Kilonzo, 2015). In Kenya, between 2010 and 2014, the rate of people dying from cancer increased from about 31 deaths per 100,000 people to 33 deaths per 100,000 people. This represents an average annual growth of six per cent for the cancer death rate, which is double the population growth rate of almost three per cent annually. By 2026, meaning at this pace, the rate of death from cancer will almost double to 64 cancer deaths per 100,000 people (Kilonzo, 2015).

These studies and information are useful in determining the magnitude of the disease as a public health issue and to estimate the risk of dying from the disease in Kenya.

Late diagnosis, combined with the lack of, and uneven distributions of cancer diagnosis and treatment facilities, personnel, and equipment, highlight the importance of a Cancer Awareness Program as a fundamental next step for Kenyan policy. Though many domestic and international organizations are committed to reducing cancer mortality in Kenya, a lack of coordination exists among these stakeholders. Additionally, health experts say lack of preparedness of the health system to handle the cancer is contributing to the increase. As a result, inefficient and over-expenditure of resources leads to little progress made in implementation of national cancer policies.

Other challenges include inadequate frameworks that specifically address cancer prevention, low cancer awareness among the public, inadequate resources for cancer including human capacity, infrastructure and funding for prevention, interventions and inadequate research on cancer in Kenya.

#### Potential areas of partnership and collaboration

Manpower development – training specialists in cancer screening, diagnosis and treatment.

Cancer prevention – awareness and advocacy by setting screening services and promoting healthy lifestyles

Research – this will help enhance the knowledge on cancer among all stakeholders

Treatment – acquiring adequate medical equipment that is easily accessible to all groups especially marginalized ones, for treatment and management of cancers.

## REFERENCES

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