

The Challenges of Gastric Cancer in Sub-Saharan Africa

Hailu Wondimu Gebresellassie*

Assistant Professor of Surgery at AAU, CHS, SOM, Addis Ababa, Ethiopia

***Corresponding Author:** Hailu Wondimu Gebresellassie, Assistant Professor of Surgery at AAU, CHS, SOM, Addis Ababa, Ethiopia.

Received: September 24, 2019; **Published:** September 26, 2019

According to global cancer statistics 2018 there were 1,033,701 new cases of gastric cancer accounting to 5.7% of all cancers. Gastric cancer accounts for 8.2% of all cancer deaths. Worldwide rates two fold higher in men than in female [1]. Known risk factors are Helicobacter pylori infection, high salt intake, smoking, and in a small percentage of patients, a familial genetic component [2]. Although there is a high prevalence of Helicobacter pylori infection in Sub-Saharan Africa, the incidence of gastric cancer do not correspond with the prevalence (the 'African enigma') [3].

There is no reliable data on the incidence and mortality of gastric cancer in Sub Saharan Africa. Globocan data base uses cancer registries of individual countries (some countries do not have one) and under represents both incidence and mortality. Available literatures show there is significant variation from country to country in Africa with estimated incidence rates as high as 20.3/100000 in Mali to as low as 0.3/100000 in Botswana [1]. There has been recent reports of an increase in incidence in Kenya and Uganda but this could partly be due to availability of endoscopy and expertise [4].

Once the diagnosis of gastric cancer is done by endoscopy and biopsy of suspicious lesion, one needs to properly stage the disease. Staging needs imaging study such as ultrasound and CT as well as endoscopic ultrasound all of which are not widely available in this part of the world. Hence Laparotomy is often used for staging, palliation, and an attempt at curative surgery.

A study in Uganda found the majority of patients (94.5%) presented with advanced disease and no curative surgery was possible. Another study from 3 Rwandan hospitals showed that 71% of patients operated had in-operable disease or underwent a simple by-pass gastro-jejunostomy [5,6].

A study from my hospital by Johnson O., *et al.* revealed that surgery were possible in only 44% as most had in-operable disease or unfit for surgery [7].

The other challenges are availability of facility and expertise for Radio and/or chemotherapy for neo-adjuvant, adjuvant and palliative care. We in Ethiopia (a country with hundred million people) had only one radiotherapy center.

So gastric cancer will remain a challenge for those of us who deal with it for a long time in the future.

Bibliography

1. Bray F, *et al.* "Global Cancer Statistics 2018: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries". *CA: A Cancer Journal for Clinicians* 68.6 (2018): 394-424.
2. Annje OBO. "Epidemiology of gastric cancer". UpToDate (2018).

3. Login SR, *et al.* "Gastric cancer in sub-Saharan Africa". *European Journal of Cancer Prevention* 10.6 (2001): 479-482.
4. Asombang AW, *et al.* "Gastric cancer in Africa: Current management and outcomes". *World Journal of Gastroenterology* 20.14 (2014): 3875-3879.
5. Ibingira CBR. "Management of cancer of the stomach in mulago hospital kampala, Uganda". *East African Medical Journal* 78.7 (2001): 233-237.
6. Lblglr CR. "Management of cancer of the stomach". *East African Medical Journal* 78 (2001).
7. Johnson O and Ersemo T AA. "Gastric carcinoma at Tikur Anbessa Hospital, Addis Ababa". *East African Medical Journal* 77.1 (2000): 27-30.

Volume 6 Issue 10 October 2019

©All rights reserved by Hailu Wondimu Gebresellassie.