

Let's talk about cancer

There is a humbling cancer research study entitled The Regional Cancer spectrum in Uganda: A population-based cancer survey by sub-regions 2017-2020, authored by Francis Okongo, Catherine Amuge, Alfred Jatho, Nixon Niyonzima, David Martin Ogwang and Jackson Orem. All authors except David Martin Ogwang are affiliates of the Uganda Cancer Institute. Mr. Ogwang works with Lacor Hospital.

The first alarm is the rising proportion of cancer related deaths to all mortalities in Uganda, 30 percent of all mortalities are cancer related. The second and most alarming research outcome for this study, which is now five years old, and therefore dated is the low survival rate.

Just 20 percent of all cancer patients survive the diagnosis. The average crude cancer incidence is 35.4 per 100,000 with the central region, the most urbanized region reporting 63.8 and Karamoja lowest at 12.8 per 100,000 population. Kampala, Gulu, Kabale, Iganga and Bushenyi top out the districts with the highest crude cancer incidence.

This number is remarkable, for both conventional and unconventional reasons. Kampala is an outlier; it's an urban district with a concentration of lifestyle accelerants. Gulu's featuring in the top five attests to other chronic illnesses associated with two decades of war. The next three districts each have their own unique reasons. Kabale is a highly concentrated mineral basket, the coldest district nationally. A number of rare minerals occur in the hills of Kigezi, as are radioactive ones like uranium. Bushenyi may be dietary related, aflatoxins while the reasons for Iganga still need more exposure from focused studies.

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Karoli Ssemogerere
Cancer

If you have had a cancer patient in Uganda, the experience brings both sadness, concern and lingering trauma. Helplessness defines one part of the experience. The dead body gurneys wheeled out to the small mortuary at the base of the cancer patient are a daily reminder of the high mortality rate associated with cancer.

When you walk into the Cancer Institute, you are told three or more patients expire everyday. The lucky ones die with a full diagnosis and have been treated for a number of years. For these and their loved ones' death is a punctuation mark, a release from agony and pain. For many others, they die with a stage-based diagnosis but sometimes, the primary site of the cancer is yet to be detected.

In the lifestyle basket are existing chronic illnesses, HIV related for example. Oth-

ers are excessive alcohol consumption, still a major topic of debate. How much is enough. Methods of production, contraband. Some studies blame diets, but pay little attention to pollution of the entire food chain. Often local authorities impound contaminated food, where products like transformer oil are used to fry, or even formaldehyde are injected into meat to preserve its shelf life. Interesting that beef from market stalls in the metro region tastes different from beef sold in upcountry markets.

Sometimes, innocently thought-out public health interventions, birth control for example is associated with the rise in ovarian, cervical and breast cancers that start with hormonal imbalances from long use. In the United States, forever chemicals in all sorts of products are blamed for a rise in incidence of all sorts of cancers. In the black populations hair straightening products to imitate the Western look have been blamed for other cancers. In babies, baby powder for hygiene of infants was also blamed for other cancers. It is possible, products being promoted today are the cancer of tomorrow.

This dialogue needs more participants as we face an upsurge in male associated cancers; cancer of the prostate, oesophagus, liver, and stomach; female associated cancers; cervical, breast, oesophagus, ovary and Kaposi carcinoma. This study is very informative for decision makers.

Cancers of the oesophagus for both genders speaks to diet. Cancer of the liver speaks to alcohol abuse. Interesting lung cancer is on the decline; tobacco consumption has dropped even though it has been replaced by deadlier narcotics especially in young people. For everybody else, early detection and moderating risk factors is key.

The Hon. Mr. Justice Karoli Ssemogerere,
Acting Judge of the High Court of Uganda.