

Foreword

It is with great pleasure that I welcome this research report from the PROMEC Unit of the Medical Research Council (MRC) of South Africa. As a Chronic Disease Manager in the Department of Health (DoH) of the Eastern Cape Province, I have been aware of the minimal input we were putting on cancer, which has mainly been due to the cultural barriers (patients are opting for traditional help than professional health), high attrition rate of health professionals and the impact of priority programs like HIV / AIDS, Tuberculosis (TB), Nutrition and Extended Programme of Immunization (EPI).

It is in the interest of the Eastern Cape Provincial Department of Health to keep the ethos and values of our national policies such as Batho Pele that ensures access, service standards etc. With your document we will now become resolute in our intervention. We will show how far we are willing to add value, commitment and excellence in our intervention strategies. We will prioritise because you have provided us with the information that will make us do so.

While this document provides information of selected areas, we can generalise these results. They give us foundation of where to start the intervention. The pivotal role you have played so far is going to help us use the minimal resources we have meaningfully.

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EXECUTIVE SUMMARY

Data regarding the incidence of cancer in four districts of the Transkei region of the Eastern Cape Province for the period 1996-2000 are reported. These data are the result of the descriptive observational study based on routine data collected progressively from the limited population-based cancer registry of the Programme on Mycotoxin and Experimental Carcinogenesis (PROMECC) of the Medical Research Council (MRC) of South Africa.

During the period 1996-2000 a total of 1 394 new cancer cases were reported, of which 552 were males and 842 females. The 1996 census was used as a base for the population estimates to calculate the rates for each district and was projected forward to mid-year of the study period (1998) using the annual growth

Annual age standardised incidence rates (ASR) for males and females during the period 1996-2000 (per 100 000)

	Oesophagus		Lung		Liver	Prostate	Cervix		Breast
	M	F	M	F	M	M	F	F	
Butterworth	14.2	14.5	12.9	2.4	3.2	7.4	21.9	14.9	
Centane	44.8	32.6	1.3	1.5	4.1	3.5	13.5	6.1	
Bizana	31.0	22.7	6.3	1.0	4.1	2.1	13.4	5.6	
Lusikisiki	35.0	17.6	4.4	0.3	3.8	1.3	27.2	3.7	

M= Male, F= Female

rate for the Eastern Cape Province. The annual age specific incidence rates were calculated for the most common cancers. The most common cancers for males and females are listed below.

The most common cancers in the Transkei region were oesophageal, cervical, breast, lung, prostate and liver. Important differences in the cancer patterns were noted in the four districts. Oesophageal cancer (OC) ranked the highest in both males and females especially in three districts (Centane, Bizana and Lusikisiki), but was relatively low in Butterworth. Breast, prostate and lung cancers exhibited higher rates in Butterworth compared with other districts. Cervical cancer rates were high in all four districts indicating that this cancer is a general problem for the Transkei region as a whole.

Despite the fact that the PROMECC Cancer Registry is a limited population-based cancer registry, it provides information on cancer incidence and most importantly in a defined population. Such data could assist in developing health services in the right direction and the identification of intervention strategies. It can also be used to monitor and evaluate intervention programmes such as nutrition, early detection and health education.