

## Cancer Burden and Policy Needs in the Democratic Republic of the Congo: A Descriptive Study

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**Abstract :** In 2018, non-communicable diseases (NCDs) were responsible for 48% of deaths in the Democratic Republic of Congo (DRC), with cancer contributing to 5% of these deaths. There is a notable absence of cancer registries, capacity-building activities, budgets, and treatment roadmaps in the DRC. Current cancer estimates are primarily based on mathematical modeling with limited data from neighboring countries. This study aimed to assess cancer subtype prevalence in Kinshasa hospitals and compare these findings with WHO model estimates. Methods: A retrospective observational study was conducted from 2018 to 2020 at HJ Hospitals in Kinshasa. Data were collected using American Cancer Society (ACS) questionnaires and physician logs. Descriptive analysis was performed using STATA version 16 to estimate cancer burden and provide evidence-based recommendations. Results: The results from the chart review at HJ Hospitals in Kinshasa (2018-2020) indicate that out of 6,852 samples, approximately 11.16% were diagnosed with cancer. The distribution of cancer subtypes in this cohort was as follows: breast cancer (33.6%), prostate cancer (21.8%), colorectal cancer (9.6%), lymphoma (4.6%), and cervical cancer (4.4%). These figures are based on histopathological confirmation at the facility and may not fully represent the broader population due to potential selection biases related to geographic and financial accessibility to the hospital. In contrast, the World Health Organization (WHO) model estimates for cancer prevalence in the DRC show different proportions. According to WHO data, the distribution of cancer types is as follows: cervical cancer (15.9%), prostate cancer (15.3%), breast cancer (14.9%), liver cancer (6.8%), colorectal cancer (5.9%), and other cancers (41.2%) (WHO, 2020). Conclusion: The data indicate a rising cancer prevalence in DRC but highlight significant gaps in clinical, biomedical, and genetic cancer data. The establishment of a population-based cancer registry (PBCR) and a defined cancer management pathway is crucial. The current estimates are limited due to data scarcity and inconsistencies in clinical practices. There is an urgent need for multidisciplinary cancer management, integration of palliative care, and improvement in care quality based on evidence-based measures.

**Keywords :** cancer, risk factors, DRC, gene-environment interactions, survivors

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