

# Foreword

Throughout its more than 50 years, the International Agency for Research on Cancer (IARC) has emphasized the critical importance of population-based cancer registries (PBCRs) in providing the evidence base to inform cancer control policy and to drive cancer research. Direct liaison with registries through the International Association of Cancer Registries (IACR) and collaboration with PBCRs worldwide continue to be cornerstone activities of IARC.

Aligning with the high-level commitment of the World Health Organization (WHO) to tackle noncommunicable diseases (NCDs), including cancer, the IARC-led Global Initiative for Cancer Registry Development (GICR) was launched in 2011 as a partnership with other international organizations. The overall objective is to coordinate action to strengthen cancer data and address the fact that high-quality PBCRs are present in only one in three countries around the world. GICR is now providing governments with a mechanism to obtain information that can guide national cancer planning. It is also the official tool of WHO for supporting Member States in measuring cancer incidence as a core indicator within the NCD Global Monitoring Framework.

A key component of GICR in the past 5 years has been the provision of six IARC Regional Hubs, established to directly support the countries in their designated regions. Each Hub is designed to deliver structured technical training programmes and to facilitate consultation, the building of regional networks, and the dissemination of scientific and policy reports. The African Cancer Registry Network (AFCRN), established in 2012 and coordinated by Dr Max Parkin, has been an exemplar as a consortium, providing Hub activities for the PBCRs across sub-Saharan Africa (SSA). A total of 30 registries in 23 countries, covering approximately 15% of the population of SSA, are members of AFCRN. Although there remain major challenges to the development and improvement of cancer registries across the region, this IARC publication, titled *Cancer in Sub-Saharan Africa*, is truly a milestone in measuring the depth of registry activity in SSA. The report presents cancer incidence data from 25 PBCRs in 20 countries in the region. Based on periods of diagnosis between 2001 and 2015, the report describes in detail the fascinating cancer patterns in each registry population and the marked variations in the rates of the major cancer types in SSA.

This is the second IARC volume presenting compiled cancer incidence data from Africa. The first, the IARC Scientific Publication *Cancer in Africa* (Parkin et al., 2003), had a similar mandate in describing the changing profile of cancer, but for the whole continent. This informed both cancer planning and research, and enabled the generation of hypotheses to explain the observed patterns. A further reason for this report stems from the strict evaluation of data quality prior to inclusion in the IARC series *Cancer Incidence in Five Continents* (CI5). This stringency, although necessary, has limited the ability of registries from resource-challenged settings such as SSA to contribute to CI5; only four of the PBCRs included in *Cancer in Sub-Saharan Africa* were included in the most recent volume of CI5 (Volume X). Non-inclusion can be a stigma for registries and can lead to difficulties as they work to develop and expand, if they are considered by programme owners or stakeholders to be of low quality simply because they are not able to meet the extremely rigorous standards of operations and data output required for inclusion in CI5.

This is the first of a series of continental reports aiming to address this problem. Reports are also planned covering North Africa and West Asia; South, East, and South-East Asia; and Latin America and the Caribbean, and will provide an essential means of disseminating results from all registries within these regions by making the data available for the dual purposes of cancer control planning and cancer research. It is hoped that GICR and AFCRN can help to measurably improve the availability and quality of the cancer registry data in SSA in the coming years, with the surveillance map of a decade from now looking very different from today's.

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