

Prostate Cancer and the Added Burden of COVID-19 in Sub-Saharan Africa: Rethinking Regional Priorities for Responsive and Data-Driven Cancer Control Programs

In the most riveting and compelling manner, Greenberg and Washington¹ recently offered an editorial on the burden of prostate cancer in sub-Saharan Africa (SSA). Drawing largely on a recent population-based registry study,² they re-echoed the rather worrying state of prostate cancer care in SSA as evidenced by the prevailing trends of delayed diagnosis, late-stage presentation, suboptimal access to effective treatment options, and particularly high disease morbidity and mortality in the region. The study by Seraphin and colleagues² has remarkably deepened our understanding of the state of access to prostate cancer diagnosis, optimal treatment, and survival outcomes in SSA. Although both articles have quite evidently illuminated the current state of prostate cancer in the region, the situation is likely even worse now because of the glaring disruption of cancer care and oncology service delivery by the ongoing coronavirus disease 2019 (COVID-19) pandemic across African health systems.³

Clearly, the burden of prostate cancer in the region stems not only from the seemingly higher genetic susceptibility and rapid population growth but increasingly from the prevailing frail cancer care infrastructure, which is typified by poor funding, insufficient human resource capacity, and a paucity of integrative population-based cancer registries. As the COVID-19 pandemic continues to exacerbate and amplify the prevailing gaps in the early diagnosis, treatment, and care of prostate cancer, concerted efforts are required to re-evaluate regional priorities in the interim to ensure that existing service systems do not collapse in the immediate aftermath of the COVID-19 pandemic.³

Emerging evidence is beginning to show that timely access to high-quality and context-specific care can help to redress lingering disparities in prostate cancer outcomes between SSA or the generality of the Black population globally and other population groups.⁴ Hence, as the

region continues to navigate the COVID-19 pandemic, efforts are required to scale up early detection and timely treatment interventions and strategies, such as targeted prostate-specific antigen screening for higher risk patients and opportunistic digital rectal examination screening by care providers, while encouraging a phased return of prostate cancer treatment based on disease severity and local capacity.³ An important step in this regard may include developing practical and context-appropriate models for strengthening the capacity for early prostate cancer diagnosis according to the essential steps of the World Health Organization guide to early cancer diagnosis.⁵ Although it is possible to delay certain types of treatment for a considerable period, timely diagnosis is critical to prevent late-stage presentation and deaths from the disease in SSA.

Other specific actions might include country-level situation analysis to determine the current impacts of the pandemic on the patient navigation/journey, including barriers to early diagnosis and treatment initiation. As such, collaborative efforts are required by multiple stakeholders to develop quality improvement interventions that can strengthen the capacity for early prostate cancer diagnosis in SSA. Findings by Seraphin and colleagues² also underscore the need to integrate such early diagnosis efforts with population-based cancer registries to address existing quality gaps in epidemiological and clinical data.

Admittedly, the pandemic has inspired some innovative solutions in cancer care delivery in the region, including the use of drones for sample transportation and medication delivery and the adoption of telemedicine, virtual clinics, and patient monitoring to alleviate the impact of the pandemic. These may serve as important considerations for re-imagining prostate cancer care in the post-COVID-19 era. Lastly, it is imperative for region-specific guidelines such as those proposed by the National Comprehensive Cancer Network to be recalibrated and refocused to support countries in mitigating the likely impact of COVID-19 on prostate cancer care in the region. At the same time, similar efforts are needed to accelerate the establishment of fit-for-purpose population-based cancer registries to aid data-driven cancer control programs in SSA.

Note: The authors of the original article were invited to respond but did not feel a response was necessary because the letter did not ask any questions of them.

FUNDING SUPPORT

No specific funding was disclosed.

CONFLICT OF INTEREST DISCLOSURES

The authors made no disclosures.

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DOI: 10.1002/cncr.33887, Published online August 23, 2021 in Wiley Online Library (wileyonlinelibrary.com)