Cancer is emerging as a major public health problem in Sub-Saharan Africa (SSA) because of population aging and growth, as well as increased prevalence of key risk factors, including those associated with social and economic transition. A high residual burden of infectious agents (HIV/AIDS, human papillomavirus, hepatitis B virus) in certain SSA countries still drives the rates of certain cancers, about one-third of all cancers in the region are estimated to be infection-related.

In females, the numbers of cases and rates of breast and cervical cancer are almost equal and comprise 50% of the overall cancer burden in SSA. In males, cancer of the prostate dominates in terms of the number of cases (51,900 cases; 27.9% of the total estimated cases in the region), followed by liver cancer (10.6% of the total) and Kaposi sarcoma (6.6% of the total). Breast and cervical cancer in women and prostate cancer in men are the major cancers that define the overall risk of developing and dying from cancer in SSA. Around one in 26 women will develop cervical cancer in their lifetime, and one in 40 will die from the disease. The lifetime risk for women developing breast cancer and men developing prostate cancer are very similar to those for women developing cervical cancer, but the lifetime risk of dying from either of these two cancers (approximately one in 55) is slightly less.

There are, however, large variations in the cancer profile in different countries, with prostate cancer dominating in men (most frequent in 23 countries), and cervical or breast cancer the most frequent in women in 28 and 19 countries respectively. In men, there are a number of countries where liver and Kaposi sarcoma are the most common cancers, in Western and Eastern regions of Africa, respectively.

Cancer control action in SSA will require measures that address the persistently high incidence of cancers associated with poverty and infection (including a residual burden of AIDS-associated cancers), in addition to emerging cancers associated with economic development.

For many cancers, the risk of getting cancer and the risk of dying from it are nearly the same in Sub-Saharan Africa, because of late stage at diagnosis and lack of treatment.

While prostate cancer is the leading cause of cancer among men in 23 countries in Sub-Saharan Africa, there remains a 10-fold variation in incidence of the disease across the region.

Kaposi sarcoma incidence rates have been declining since the late 1990s in Zimbabwe, reflective of the waning HIV/AIDS epidemic in this country.

In contrast, incidence rates for prostate, breast, and cervical cancers have steadily increased over the past 20 years.

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