CANCER EPIDEMIOLOGY, BIOMARKERS & PREVENTION

Letter to the Editor

COFAC-Col: A Cervical Cancer Control Networking Initiative in Five French-Speaking African Countries

Nicolas Berthel1, Christine Berling2, Hermann Nabi2, Gisèle Woto Gaye3, Coumba Toure Kane4, Halimatou Diop-Ndiaye4, Ismaël Hervé Kounakpayi5, Corine Engohan Aloghe6, Ulrick Bisvigou4, Judith Didi Coulibaly5, Hortense Faye Kette6, Emmanuel Koffi2, Daniel Ekra7, Pamela Moussavou Boundzanga1, Ingrid Laboub1, Richard NJouom8, Pierre Marie Tebeu9, Isaac Sandjong9, Paul Adrien Atangana6, Blaise N’Kegoum9, Mala Rakoto-Andrianarivelolo10, Fetra Angelot Rakotomalala10, Nantenaina Randrianjasimirindrazakotroka11, Tsitohery Francine Andriamampionona12, Andry Ratovohery10, Xavier Sastre-Garau13, and Mamadou Diop9

Cancer is a global issue with significant disparities in the way it affects populations within and across countries. Cervical cancer disproportionately affects the poorest regions of the world. It is the leading cause of cancer-related death for women living in sub-Saharan Africa (1–3). Cervical cancer control is among the priorities of the World Health Organization which leads the Global Action Plan 2013–2020 for the prevention and control of noncommunicable diseases (4). Recent policy documents and guidelines have recommended state-of-the-art prevention and control methods of cervical cancer (5). These include visual inspection of the cervix, “Pap” smears, HPV testing, HPV vaccination, and early treatment (6, 7). Research is needed to build a base of evidence and support the delivery of these methods and their implementation.

The African Consortium on Cervical Cancer Control Research (COFAC-Col) was launched during AORTIC 2013 by five French-speaking African countries (Senegal, Ivory Coast, Cameroon, Gabon, and Madagascar). INCa, France’s National Cancer Institute, acted as a catalyst and currently supports the network’s research activities. The primary goal of COFAC-Col is to provide a working model to implement standardized high-quality research protocols across the five countries and share knowledge. The current focus is on identifying the nature of the HPV genotypes associated with high-grade intraepithelial neoplasia lesions and invasive cancers in a series of a minimum of 370 significant cases per country. This should provide a robust baseline for future evaluations of vaccine effectiveness, by determining the prevalence of the two main genotypes involved in CC HPV16 and 18, as well as the prevalence of other HPV genotypes.

Pathologists, oncoslogists, virologists, and epidemiologists are involved in each of the COFAC-Col countries. This transdisciplinary network offers an opportunity for the transfer of methodologies and expertise as well as professional training. The participating laboratories have been upgraded for standard histologic preparations and coding of the cervical lesions. The HPV typing is conducted according to the predefined standard protocols. Multidisciplinary validation cases are conducted before they are encoded in a shared database. COFAC-Col is expected to result in a unique contribution to cancer control capacity building across the five countries. Results are expected by the end of 2016.

Closing the cancer divide is an equity imperative. There is a general sense that acting global makes a difference. Notwithstanding the challenges and limitations inherent in all collaborative processes, we believe that the ambitious, yet realistic goals of COFAC-Col should help achieve sustainable solutions in cervical cancer control.

Disclosure of Potential Conflicts of Interest
No potential conflicts of interest were disclosed.

Acknowledgments

In memory of Dr. Benedicte Contamin from Centre d’Infectiologie Charles Mérieux (Madagascar), deceased during the implementation of this project.

Received January 27, 2016; accepted February 1, 2016; published OnlineFirst March 23, 2016.

References


COFAC-Col: A Cervical Cancer Control Networking Initiative in Five French-Speaking African Countries

Nicolas Berthet, Christine Berling, Hermann Nabi, et al.


Updated version

Access the most recent version of this article at:
doi:10.1158/1055-9965.EPI-15-1248

Cited articles

This article cites 4 articles, 1 of which you can access for free at:
http://cebp.aacrjournals.org/content/25/6/1004.full#ref-list-1

E-mail alerts

Sign up to receive free email-alerts related to this article or journal.

Reprints and Subscriptions

To order reprints of this article or to subscribe to the journal, contact the AACR Publications Department at pubs@aacr.org.

Permissions

To request permission to re-use all or part of this article, contact the AACR Publications Department at permissions@aacr.org.