COFAC-Col: a cervical cancer control networking initiative in 5 French-speaking African countries

Running title: A cervical cancer control networking in 5 African countries

Nicolas Berthet¹, Christine Berling², Hermann Nabi², Gisèle Woto Gaye³, Coumba Toure Kane³, Halimatou Diop-Ndiaye³, Ismaël Hervé Koumakpayi³, Corine Engohan Aloghe⁴, Ulrick Bisvigou⁴, Judith Didi Coulibaly⁴, Hortense Faye Kette⁶, Emmanuel Koffi⁵, Daniel Ekra⁷, Pamela Moussavou Boundzanga¹, Ingrid Labouba¹, Richard Njouom⁸, Pierre Marie Tebeu⁹, Isaac Sandjong⁹, Paul Adrien Atangana⁹, Blaise N’Kegoum⁹, Mala Rakoto-Andrianariveloh⁸, Petra Angelot Rakotomalala¹⁰, Nantenaina Randrianjafisamindrakotroka¹¹, Tsitohery Francine Andriamampionona¹², Andry Ratovohery¹⁰, Xavier Sastre-Garau¹³, Mamadou Diop³§.

Affiliations
1. International Medical Research Center of Franceville, Department of Zoonosis and Emerging Diseases, Franceville, Gabon.
2. Institut national du cancer, 52 avenue André Morizet, 92513 Boulogne-Billancourt, France
3. Centre hospitalier universitaire Aristide Le Dantec, BP 15647, Dakar
5. Centre hospitalier universitaire de Treichville, Bd. de Marseille, 01 BP V03 Abidjan 01, Côte d’Ivoire
6. Institut Pasteur de Côte d’Ivoire, Mermoz, Abidjan, Côte d’Ivoire
7. Institut National d’Hygiène Publique, BP V 47, Abidjan, Côte d’Ivoire
8. Centre Pasteur du Cameroun, B.P. 1274, Yaoundé, Cameroun
9. Centre hospitalier universitaire de Yaoundé, BP1364, Yaoundé, Cameroun
10. Centre d’Infectiologie Charles Mérieux, Université d’Antananarivo, BP 4299 Antananarivo 101, Madagascar
11. Centre hospitalier universitaire Joseph Ravoahangy Andrianavalona, BP. 4150, Antananarivo, Madagascar
12. Centre hospitalier universitaire Tambohobe Fianarantsoa, Antananarivo, Madagascar
13. Institut de Cancérologie de Lorraine (ICL), 6 avenue de Bourgogne, 54500 Vandœuvre-lès-Nancy, France

§Corresponding author:
Pr Mamadou Diop
Centre hospitalier universitaire Aristide Le Dantec, Dakar
Tel.: (+221) 77 450 39 45
Mail: drmdiop@hotmail.com
Letter to reader

Cancer is a global issue with significant disparities in the way it affects populations within and across countries. Cervical cancer (CC) disproportionately affects the poorest regions of the world. It is the leading cause of death by cancer for women living in sub-Saharan Africa (1-3). CC control is among the priorities of the World Health Organization (WHO) which leads the Global Action Plan 2013-2020 for the prevention and control of non-communicable diseases (NCD) (4). Recent policy documents and guidelines have recommended state of the art prevention and control methods of CC (5). These include visual inspection of the cervix, “Pap” smears, HPV testing, HPV vaccination, and early treatment (6,7). Research is needed to build 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 5 French-speaking African countries (Senegal, Ivory Cost, 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 5 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, oncologists, 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 histological preparations and coding of the cervical lesions. The HPV typing is conducted according to the pre-defined 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 process, we believe that the ambitious, yet realistic goals of COFAC-col should help achieve sustainable solutions in cervical cancer control.

**Competing interests**

The authors declare that they have no competing interests.

**Acknowledgements**

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


COFAC-Col: a cervical cancer control networking initiative in 5 French-speaking African countries

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

Cancer Epidemiol Biomarkers Prev  Published OnlineFirst March 23, 2016.

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

Author Manuscript
Author manuscripts have been peer reviewed and accepted for publication but have not yet been edited.

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.