

PATTERN OF CANCER IN ZIMBABWE









ZIMBABWE NATIONAL CANCER REGISTRY 2015 ANNUAL REPORT



E. Chokunonga, M.Z. Borok, Z.M. Chirenje, R. Makunike-Mutasa, N. Ndlovu and A.M. Nyakabau Harare, Zimbabwe, August 2017

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Zimbabwe National Cancer Registry
Harare
Zimbabwe

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PATTERN OF CANCER IN ZIMBABWE



"Cancer Registration and Surveillance for Cancer Control"

ZIMBABWE NATIONAL CANCER REGISTRY

2015 ANNUAL REPORT

Edited by
E. Chokunonga, M.Z. Borok, Z.M. Chirenje,
R. Makunike-Mutasa, N. Ndlovu and
A.M. Nyakabau

Harare, Zimbabwe August 2017

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FOREWORD

The year 2015 was another successful and productive year for the Zimbabwe National Cancer Registry (ZNCR). This report for 2015 comes barely a year after publication of the report for 2014. This is consistent with the ZNCR's desire to provide more up-to-date information on the burden of cancer in the country in line with the requirements of the national cancer prevention and control strategies of the Ministry of Health and Child Care.

The ZNCR continues to provide technical support to sister registries in the sub-Saharan region on behalf of regional and international cancer organisations and partners such as the International Agency for Research on Cancer (IARC), the World Health Organisation Regional Office for Africa (WHO/AFRO) and the African Cancer Registry Network (AFCRN). In 2015, the ZNCR supported registries in Ghana and Botswana. We are pleased with this continued recognition of the work of the registry by the international cancer registry and surveillance fraternity.

As mentioned elsewhere in this report, we are pleased to report in advance that data from the ZNCR have been accepted for publication in the upcoming volume XI of "Cancer Incidence in 5 Continents" and volume III of the "International Incidence of Childhood Cancer" monographs. These are great achievements that clearly demonstrate the high quality of data produced by the ZNCR which is now a regular contributor to these prestigious international books on cancer incidence published by the WHO/IARC.

We are also delighted to announce the launch of the ZNCR website: http://www.zimcancerregistry.co.zw. This will go a long way to facilitate the timely dissemination of cancer information and ongoing activities of the registry.

My special thanks go to all stakeholders for their commitment and continued support. In particular, I would like to thank the WHO country office for donating IT equipment to the ZNCR during the year under review and the Beit Trust for funding the production of this report. Lastly, I would like to recognise the continued hard work of the staff of the ZNCR which has enabled us to make this important contribution to cancer prevention and control in Zimbabwe.

Professor MZ Borok

MEDICAL DIRECTOR
ZIMBABWE NATIONAL CANCER REGISTRY

GEOGRAPHY OF ZIMBABWE

FIGURE 1: Geographical location of Zimbabwe

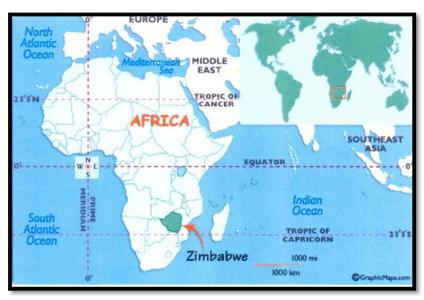
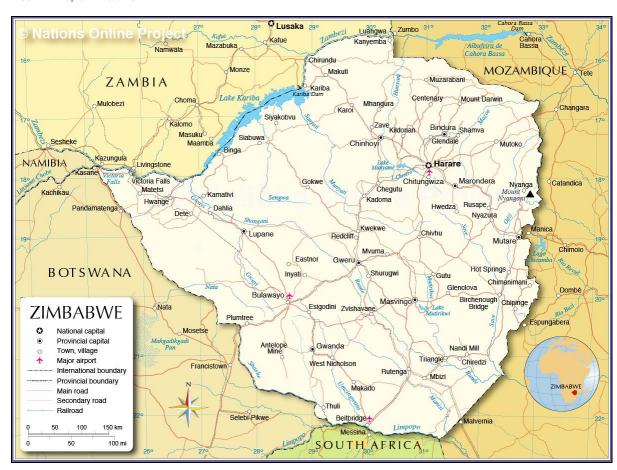


FIGURE 2: Map of Zimbabwe



Cover picture: The imposing Lake Kariba dam wall on the Zambezi River between Zimbabwe and Zambia. Lake Kariba which is a source of hydroelectric power for both countries is one of the largest man-made lakes in the world.

VITAL STATISTICS

National Population Size	
Males	6 280 539
Females	6 780 700
Total	13 061 239
Harare City Population Size	
Males	716 595
Females	768 636
Total	1 485 231
Bulawayo Province Population Size	
Males	303 346
Females	349 991
Total	653 337
Annual average intercensal growth rate, 2002–2012 (%)	1.1%
Sex Ratio	
Sex ratio (Males/100 Females)	93
Area and Density	
Area (Sg. km)	390 757
Population density (persons per Sq.Km)	33
Age Composition/Percent	
Under 15 years	41
15-64	55
65+	4
Ethnicity	
Percent: African origin	99.7
Fertility	
Crude Birth Rate (Direct Method)	
(Births/1000 Population)	31.3
Total Fertility Rate (Direct Method)	3.7
Mortality (Direct Methods)	
Crude Death Rate (Deaths/1000 Population)	10.2
Infant Mortality Rate	64
Child Mortality Rate	24
Under Five Mortality Rate	84
Maternal Mortality Ratio (Deaths from Maternal Cause per100 000 Live Births)	525
Average life expectancy at birth	58
0 1	

SOURCE: Zimbabwe National Statistics Agency (ZIMSTAT), Census 2012, National Report

BACKGROUND

The Zimbabwe National Cancer Registry (ZNCR) was established in 1985 as a result of a collaborative research agreement (CRA) between the then Ministry of Health and Child Welfare (MOHCW) and the International Agency for Research on Cancer (IARC) of the World Health Organisation (WHO). Although the ZNCR was population-based for Harare City at inception, it has since expanded and is now about to achieve complete national coverage as a result of the revival of the Bulawayo Cancer Registry (BCR). The activities of the ZNCR are overseen by a constituted multidisciplinary advisory committee.

The ZNCR is situated in the Parirenyatwa Group of Hospitals complex, a large tertiary referral government hospital which provides most of the specialised cancer management services for the northern part of the country and is one of the two teaching hospitals of the University of Zimbabwe College of Health Sciences (UZCHS). The Bulawayo branch is located in the Radiotherapy Department at Mpilo Central Hospital.

The ZNCR is a voting member of the global International Association of Cancer Registries (IACR), the Union for International Cancer Control (UICC) and is an active member of the continental African Cancer Registry Network (AFCRN). For more than two decades the ZNCR has been providing technical support to registries in the sub-Saharan African region on behalf of the World Health Organisation Regional Office for Africa (WHO/AFRO), the IARC, the International Atomic Energy Agency (IAEA) and the AFCRN.

To date, the greatest achievements of the ZNCR are in its contribution of data to five successive editions of the prestigious 'Cancer Incidence in 5 Continents' series (volumes VII-XI), two consecutive editions (volumes II-III) of the "International Incidence of Childhood Cancer" monographs, and contribution to other international cancer incidence and survival publications, as well as numerous publications of registry results and studies in high impact peer-reviewed medical journals.

ZIMBABWE NATIONAL CANCER REGISTRY

ADVISORY COMMITTEE

Chairperson:Prof. R Makunike-Mutasa (Consultant Pathologist)Deputy Chairperson:Dr N Ndlovu (Consultant Radiation Oncologist)Secretary:Dr AM Nyakabau (Consultant Radiation Oncologist)Treasurer:Prof. ZM Chirenje (Consultant Gynaecological Oncologist)

Medical Director:Prof. MZ Borok (Consultant Physician)Registrar:Mr E Chokunonga (Registrar, ZNCR)Prof. MM Chidzonga (Dean, UZCHS)

Prof. ZAR Gomo (Consultant Chemical Pathologist)
Prof. R Masanganise (Consultant Ophthalmologist)
Mr N Madziva (Clinical Director, Parirenyatwa Hospital)

Dr I Ticklay (Consultant Paediatrician)
Prof. I Chitsike (Consultant Paediatrician)

Prof. A Chideme-Munodawafa (Assistant Dean, AU)

Prof. G Muguti (Consultant Surgeon) Mr A Danso (Specialist Urologist)

Mr L Makurirofa (Cancer Association of Zimbabwe)

Dr T Chingonzoh (Radiation Oncologist)

STAFF

Registrar:Mr E Chokunonga (Harare)Executive Assistant:Ms M Zvarevashe (Harare)Data Collection Officers:Mrs R Rukainga (Harare)Ms RD Chireshe (Harare)

Mr T Tapera (Bulawayo) Mrs S Mguni (Bulawayo)

POSTAL ADDRESS: Zimbabwe National Cancer Registry

P. O. Box A449, Avondale, Harare, Zimbabwe

PHYSICAL ADDRESS: Parirenyatwa Group of Hospitals

Post Basic School of Nursing Building

Mazowe Street Harare, Zimbabwe

TELEPHONE: + (263-4) 794445/791631/731000/707707/730553

FAX: + (263-4) 794445

EMAIL ADDRESS: <u>cancer@ecoweb.co.zw</u>

WEBSITE: http://www.zimcancerregistry.co.zw

FIGURE 3: Zimbabwe National Cancer Registry Advisory Committee: Back row from left to right: Mr A Danso, Mr L Makurirofa, Prof. R Masanganise, Prof. ZM Chirenje), Dr. N Ndlovu, Prof. ZAR Gomo, Prof. MZ Borok, Mr N Madziva, Dr. AM Nyakabau and Prof. G Muguti. Seated from left to right: Dr. I Ticklay, Prof. MM Chidzonga, Mr E Chokunonga, Prof. R Makunike-Mutasa and Prof. I Chitsike



FIGURE 4: Zimbabwe National Cancer Registry Harare staff: From left to right: Mr E Chokunonga (Registrar), Ms RD Chireshe (Health Information Assistant), Ms M Zvarevashe (Executive Assistant) and Mrs R Rukainga (Health Information Assistant)



INTRODUCTION

The Zimbabwe National Cancer Registry (ZNCR) is pleased to publish the annual report for 2015 less than a year after the release of the 2014 report. This is consistent with its objective of providing reliable and up-to-date information on the incidence and pattern of cancer occurrence in Zimbabwe, especially for the country's national cancer prevention and control plans. The movement towards achieving complete coverage for the country is ongoing, and was further accelerated in 2015 with registration of a record number of cancer cases.

The ZNCR continued to be an active participant in regional and international cancer registry and surveillance activities during the year under review. In August 2015, the ZNCR Registrar was one of the facilitators at an advanced regional workshop on cancer registration which was conducted by the African Cancer Registry Network (AFCRN) in Addis Ababa, Ethiopia. He also facilitated a national workshop on cancer registration for the Botswana Ministry of Health in Gaborone at the request of the Ministry of Health and the WHO Inter-country Support Team for East and Southern Africa (IST/ESA) in May 2015.

As part of the ongoing technical support and capacity building provided by the Zimbabwean Registry to countries in the sub-Saharan region, the Registrar undertook consultation and evaluation visits to Ghanaian cancer registries in Accra and Kumasi on behalf of the AFCRN in February 2015. In this regard, the ZNCR is proud of the continued recognition of its expertise and experience in cancer registration and surveillance in the region.

The ZNCR participated and presented in the 3rd Annual Review Meeting of the AFCRN which was held in Grand-Bassam, Cote d'Ivoire in February 2015. However, it was unfortunate that the ZNCR was not represented at the 37th Annual Scientific Conference of the International Association of Cancer Registries (IACR) which was held in Mumbai, India in October 2015 due to lack of sponsorship.

We are delighted to report that at the time of writing this report, data from the ZNCR have been accepted for publication in two prestigious international monographs on cancer incidence to be published by the WHO/IARC. Data on childhood cancer will be published in the upcoming third edition of the "International Incidence of Childhood Cancer" (IICC-III) for the second consecutive period.

The ZNCR will also contribute data to volume eleven of the "Cancer Incidence in 5 Continents" monographs (CI5-XI) for a record fifth successive time. These are no mean achievements which clearly testify to the high quality data generated by the registry. In addition to this, the ZNCR also published 2 papers in high impact peer reviewed cancer journals during the year under review.

ACKNOWLEDGEMENTS

As usual, this report has been made possible by the collaboration of numerous individuals and organisations. The ZNCR is grateful to local and international partners that supported its activities during the year under review. The following organizations deserve special mention for their support.

- International Agency for Research on Cancer (IARC)
- International Association of Cancer Registries (IACR)
- African Cancer Registry Network (AFCRN)
- The World Health Organisation (WHO) Country Office
- Old Mutual Insurance Company
- The Beit Trust
- Oncocare Cancer Centre
- Savanna Pharmaceuticals
- Medical and administrative staff of Parirenyatwa Group of Hospitals
- Medical and administrative staff of Harare Central Hospital
- Medical and administrative staff of Chitungwiza Central Hospital
- Medical and administrative staff of Mpilo Central Hospital
- Medical and administrative staff of United Bulawayo Hospitals
- Medical and administrative staff of the UZ College of Health Sciences
- National Public Health Laboratories
- Lancet Clinical Laboratories
- Diagnostic Pathology Centre
- CIMAS Medical Laboratories
- Premier Services Medical Laboratories
- Southmed (Citimed) Hospital
- Births and Deaths Unit in the Office of the Registrar-General
- Harare City Health Department
- Zimstat
- Avenues Clinic
- West End Hospital
- St. Anne's Hospital
- Island Hospice and Healthcare
- Cancer Association of Zimbabwe (Harare and Bulawayo branches)
- Kidzcan Zimbabwe
- Mater Dei Hospital
- Ministry of Health and Child Care

We are grateful to the WHO country office for donating IT equipment to the ZNCR through the Ministry of Health and Child Care (MOHCC).

The equipment will not only benefit the Zimbabwean registry but also the countries in the World Health Organisation East and Southern Africa region (WHO/ESA) that benefit from the technical support provided to their cancer registries by the ZNCR.

Finally, our heartfelt appreciation goes to the Beit Trust and Oncocare Cancer Centre for funding the production and distribution of this publication.

Figure 5: Reception after the handover of IT equipment to the ZNCR by the WHO Country Office. From left to right: Prof. R Makunike-Mutasa (Chairperson, ZNCR), Dr. AM Nyakabau (Secretary, ZNCR), Dr. D Okello (WHO Representative, Zimbabwe), Mr E Chokunonga (Registrar, ZNCR) and Mrs L Muchena (Programme Manager, Non-Communicable Diseases, MOHCC)



ACRONYMS

AFCRN African Cancer Registry Network

AIDS Acquired Immunodeficiency Syndrome

AORTIC African Organisation for Research and Training in Cancer

ART Antiretroviral Therapy ΑU Africa University

BCR Bulawayo Cancer Registry

CanReg **Cancer Registration Computer Software**

CAZ Cancer Association of Zimbabwe CI5 Cancer Incidence in 5 Continents CIN Cervical Intraepithelial Neoplasms

CNS Central Nervous System DCN **Death Certificate Notification**

DCO **Death Certificate Only**

DPC Diagnostic Pathology Centre East African Registry Network EARN

HD Hodgkin disease

HIV **Human Immunodeficiency Virus**

IACR International Association of Cancer Registries

IAEA International Atomic Energy Agency

IARC International Agency for Research on Cancer ICCC International Classification of Childhood Cancer

International Classification of Diseases – 10th revision edition ICD-10 International Classification of Diseases for Oncology, 3rd Edition ICD-O-3

IICC International Incidence of Childhood Cancer

IST/ESA WHO Intercountry Support Team for East and Southern Africa

KS Kaposi sarcoma

MoHCC Ministry of Health and Child Care

MSC Melanoma skin cancer NHL Non-Hodgkin lymphoma

NK Not known

NMSC Non-melanoma skin cancer

NPHL National Public Health Laboratories

OHC Oral Health Centre

PCCZ Prevention and Control of Cancer Committee for Zimbabwe

UICC Union for International Cancer Control

UZCHS University of Zimbabwe College of Health Sciences

UΖ University of Zimbabwe WHO World Health Organization

ZCCPCS Zimbabwe Cervical Cancer Prevention and Control Strategy

ZNCR Zimbabwe National Cancer Registry ZIMSTAT Zimbabwe National Statistical Agency

BULAWAYO CANCER REGISTRY

The Bulawayo branch of the ZNCR is now fully functional following its reactivation in 2012. It is located in the Radiotherapy Centre of Mpilo Central Hospital. It has a staff complement of 2 full-time Health Information Assistants. Both have undergone extensive training in cancer registration methodology provided in-house at the ZNCR and by African Cancer Registry Network (AFCRN). The Head of Department (HOD) of the Radiotherapy Centre acts as the local supervisor and is an active member of the ZNCR Advisory Committee. The Registrar of the ZNCR undertakes periodic supervisory visits to the Registry to ensure quality of data and to review registry methods.

The sources of information of the registry include: Mpilo Central Hospital, United Bulawayo Hospitals (UBH), Mater Dei Hospital, the Diagnostic Pathology Centre (DPC), the Public Health Laboratory and the Death Registry. The methods of data collection employed are the same as those employed in Harare (active and passive).

The registry database is regularly submitted to the ZNCR for scrutiny and quality checks before merging with the national database.

In 2015, the ZNCR requested an AFCRN consultancy visit to evaluate the registry for possible membership of the Network. The evaluation was undertaken by the AFCRN Coordinator, Professor Max Parkin in June 2015. The registry passed the rigorous evaluation and is now a member of the Network affiliated to the ZNCR. Network membership entails participation in annual review meetings and staff participation in Network-sponsored training programmes and studies.

The BCR remains an affiliate of the ZNCR whose mandate is to achieve complete national coverage. This is consistent with the national cancer prevention and control strategies of the Ministry of Health and Child Care.

Figure 6: Coordinator of the AFCRN Professor Max Parkin (3rd from right) during a consultancy visit to evaluate the Bulawayo Cancer Registry in June 2015



Figure 7: ZNCR Registrar, Mr E Chokunonga (2nd from right) with the Bulawayo team: Dr. T Chingonzoh (HOD Radiotherapy Centre), Mr T Tapera and Ms S Mguni



MANPOWER DEVELOPMENT

The development of manpower at the Zimbabwe National cancer Registry (ZNCR) is ongoing, with staff from both Harare and Bulawayo attending regional and international training courses whenever opportunities arise. This is important in order for the staff to remain up-to-date on developments in the enterprise since the ZNCR is often requested by regional and international cancer registry and surveillance organisations to train personnel from other registries in the region. The ZNCR personnel are well trained and experienced in all aspects of their work.

In June 2015, Ms Romalda Chireshe (Health Information Assistant, Harare) participated in the high level Summer School on cancer registration and epidemiology at the International Agency for Research on Cancer (IARC) in Lyon, France. Mrs Rosemary Rukainga (Health Information Assistant, Harare) attended the advanced cancer registry course on methods and procedures of cancer registration that was conducted by the Nairobi Cancer Registry and the Kenya Medical Research Council (KEMRI) in collaboration with the AFCRN in Nairobi, Kenya in August 2015. Ms Sukoluhle Mguni (Health Information Assistant, Bulawayo) participated in the advanced international course on cancer registration which was conducted by the AFCRN in Addis Ababa, Ethiopia in August 2015. The ZNCR Registrar was one of the facilitators of course.





FIGURE 9: ZNCR Bulawayo staff member Sukoluhle Mguni (left) at the Advanced AFCRN Cancer Registry Training Course in Addis Ababa, Ethiopia in August 2015

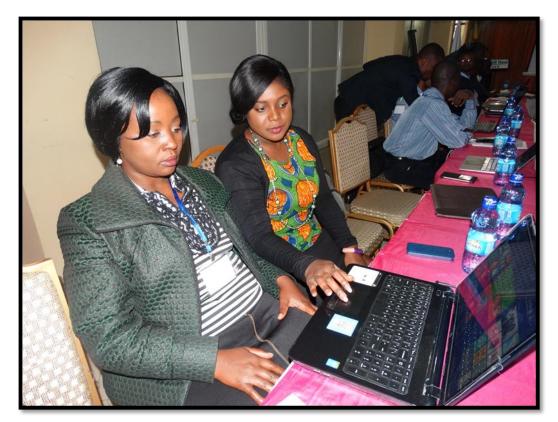


FIGURE 10: ZNCR Harare staff member Rosemary Rukainga (right) participating in the Advanced Cancer Registry Course on Methods and Procedures of Cancer Registration in Nairobi, Kenya in August 2015



REGIONAL CAPACITY BUILDING

As the flagship population-based cancer registry in the region the ZNCR continues to be called upon to provide technical support to other registries in sub-Saharan Africa on behalf of the WHO/AFRO, IARC, IAEA and the AFCRN. The capacitation entails consultation and evaluation visits to the registries by the ZNCR Registrar and observation training visits to the ZNCR by personnel from the registries. The ZNCR registrar also facilitates regional training courses.

In 2015, the ZNCR registrar paid consultation visits to the Ghana registries in Accra and Kumasi on behalf of the AFCRN. He facilitated a cancer registry workshop for stakeholders of the Botswana National Cancer Registry on behalf of the IARC and the WHO/AFRO. He was also a facilitator of the AFCRN advanced cancer registry training course that was held in Addis Ababa, Ethiopia in 2015.

FIGURE 11: ZNCR Registrar, Eric Chokunonga (centre) with staff of the Kumasi Cancer Registry at Komfo Anokye Teaching Hospital in Kumasi during an AFCRN consultation visit to Ghana cancer registries in February 2015



FIGURE 12: ZNCR Registrar, Eric Chokunonga (second from right) with officials and staff of the Korle Bu Cancer Registry in Accra, Ghana in February 2015



FIGURE 13: ZNCR Registrar, Eric Chokunonga (4th from left) with senior officials in the Ministry of Health in Gaborone, Botswana during a technical support visit to the Botswana National Cancer Registry in May 2015



FIGURE 14: Participants at the AFCRN Advanced Regional Cancer Registry Training Course in Addis Ababa, Ethiopia in August 2015



FIGURE 15: ZNCR Bulawayo staff member Sukoluhle Mguni receiving a certificate of participation from ZNCR Registrar, Eric Chokunonga at the conclusion of the Advanced Regional Cancer Registry Training Course in Addis Ababa, Ethiopia in August 2015 while the Director of the Addis Ababa City Cancer Registry, Dr. Mathewos Aseffa looks on



OBJECTIVES

The objectives of the ZNCR are:

- To continue to maintain a high quality population-based cancer surveillance system for Harare City that contributes data to international cancer publications such as the "Cancer Incidence in 5 Continents" monographs.
- b) To continue to be a model population-based cancer registry for sub-Saharan Africa.
- c) To achieve complete coverage for Zimbabwe and become the first truly national population-based cancer registry in Africa.
- d) To make cancer data available for use by policy makers, health educators, planners and providers in order to plan for national cancer management in a cost effective and strategic manner.
- e) To utilise the data available for epidemiological, clinical and other operational research, and to disseminate information on the incidence and pattern of occurrence of cancer in Zimbabwe.
- f) To participate in the overall national cancer prevention and control effort by providing data on the burden of cancer in Zimbabwe.

MATERIALS AND METHODS

The Zimbabwe National Cancer Registry employs internationally recognised cancer registration and surveillance practices developed by relevant organisations and watchdogs such as the International Association of Cancer Registries (IACR), the International Agency for Research on Cancer (IARC) and the African Cancer Registry Network (AFCRN). Reference materials developed by the various organisations are available for use at the ZNCR. Because of its wide experience in the cancer surveillance enterprise, the ZNCR has contributed to the development of some of the international manuals.

The ZNCR is a multiple source national cancer registration and surveillance system. It uses a combination of active and passive methods of case finding. In order to register cancer cases, ZNCR staff visit institutions within the health-care delivery systems of Harare and Bulawayo that are involved in the diagnosis and treatment of cancer.

FLOW CHART OF THE REGISTRATION PROCESS

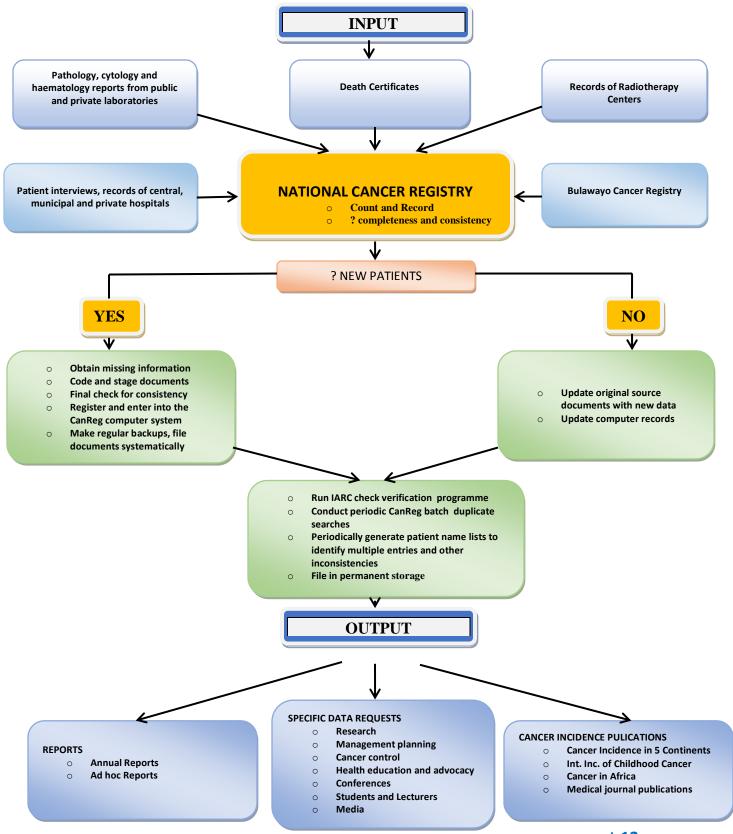
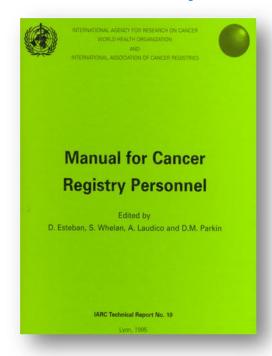
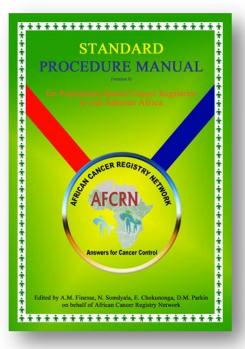


FIGURE 17 and 18: International cancer registration reference material





Cancer notification forms are filled in for each patient. Information collected includes patient demographic data: names, date of birth/age, sex, race and usual residential address. Hospital and patient numbers, date of diagnosis, method of diagnosis, primary site, histological type, extent and stage of disease are also collected. Basic data on initial treatment and follow-up are also collected. HIV status is also recorded when it is available.

The abstract forms are matched manually and electronically with the records in the ZNCR database in order to prevent multiple registrations. The main abstract form used by the ZNCR is appended at the end of the report.

The abstract forms are coded according to the International Classification of Diseases for Oncology (ICD-O-3) and entered into the computer using the CanReg4 cancer registration software provided by the IARC.

Sources of Information

a) Public Hospitals

Regular routine visits to the inpatient wards of the 5 government referral tertiary hospitals in Harare and Bulawayo (Harare Central Hospital, Parirenyatwa Group of Hospitals, Chitungwiza Central Hospital, Mpilo Central Hospital and United Bulawayo Hospital) are made by ZNCR staff. Patient interviews are conducted in order to record patient demographics accurately. Oncology outpatient clinics and medical records departments are also visited regularly.

b) Municipal Hospitals

The two municipal referral hospitals in Harare (Beatrice Road Infectious Diseases Hospital and Wilkins Infectious Diseases Hospital) report their new cases of cancer to the ZNCR.

c) Private Hospitals

The three major private hospitals in Harare and Bulawayo (Avenues Clinic, West End Hospital and Mater Dei Hospital) are visited regularly to collect cancer registration forms that are filled in by hospital staff. Arrangements are underway for the ZNCR to collect data from other smaller private hospitals and clinics.

d) Histology and Cytology Reports (public and private sectors)

The public health laboratories in Harare and Bulawayo are visited regularly to abstract manually histology reports of cancer patients.

The ZNCR staff periodically visits the private Lancet Clinical Laboratory in Harare to identify and abstract histology and cytology reports of cancer patients from the laboratory's electronic database. The CIMAS Medical Laboratory submits copies of histology reports of cancer patients to the registry on a monthly basis. The Bulawayo based Diagnostic Pathology Centre (DPC) periodically submits electronic copies of its histology database to the ZNCR and the Premier Services Clinical Laboratory is visited regularly to abstract histology and cytology reports of cancer patients identified in the electronic database.

e) Haematology Reports

The Haematology Department of the University of Zimbabwe's College of Health Sciences (UZCHS) provides copies of reports of haematological malignancies to the ZNCR.

f) Radiology Reports

The Radiology Department at Parirenyatwa Group of Hospitals is visited regularly to review and register patients from ultrasound (USS) and CT scan reports.

g) Radiotherapy Centres

Patients managed at the Radiotherapy Centres (RTC) located at Parirenyatwa Group of Hospitals and Mpilo Central Hospital are registered through the Centres' medical records systems. ZNCR staff also conduct patient interviews during clinic days.

h) Oral Health Centre

The Oral Health Centre (OHC) of the UZCHS is visited regularly to register cancer patients seen at the facility.

i) Death Certificates

Death certificates of residents of greater Harare, the dormitory town of Chitungwiza and Bulawayo city are scrutinized routinely to record those that have died of malignant disease. Death certificates of all Zimbabweans who die outside the country, and whose remains are repatriated for interment are also reviewed at the Harare death registry to identify and abstract those that have died and who had cancer.

j) Clinical Case Series and Cancer Studies

The ZNCR also makes use of records of specific cancer studies as well as clinical case series amassed by clinicians.

k) Island Hospice and Healthcare

Patient records at Island Hospice and Healthcare are scrutinised to identify cancer diagnoses and abstracted. Records at the Hospice provide very useful follow-up information.

I) Cancer Association of Zimbabwe (CAZ)

Records of patients seen at the Cancer Centre are reviewed by ZNCR staff to identify and abstract cancer cases.

m) Kidzcan Zimbabwe

Kidzcan Zimbabwe (children cancer relief) periodically provides electronic copies of their database to the ZNCR. This is an important source of childhood malignancies.

Data Processing

a) Handling of Death Certificates

Incoming death certificate abstracts are matched with records in the ZNCR computer database. Information on the abstracts is used to update records of known patients.

For cases that were missed or not recorded but where the patients died in a medical institution, a 'follow back' is conducted. This involves the tracing of the patient's records from the institution at which the patient died. A new registration is made when it is established that cancer was diagnosed. These are referred to as death certificate notifications (DCNs) since death certificates were the first source of notification. When a follow back attempt is fruitless this leads to a death certificate only (DCO) registration. In this case the death certificate is the only document available for the registration. Due to inaccuracy of death certification in some cases, DCO registrations are made after thorough vetting and consultations.

b) Registration of Skin Cancers

In Zimbabwe, the incidence of non-melanoma skin cancer (basal cell and squamous cell carcinomas) is quite high in the white population and in those people living with albinism. This is typical of white populations of European descent living in sunny climates at low latitudes. Many patients will develop several lesions of the same histological type during their lifetime. The ZNCR only records the first lesion if the histology is the same. Subsequent lesions of the same histological type are ignored. However, basal cell carcinoma and squamous cell carcinoma of the skin in the same patient affecting the same or different sites are registered separately and are regarded as multiple primary tumours.

c) Record Linkage and Quality Control

The ZNCR has over the years developed its own methods of detecting and avoiding multiple registrations to complement the conventional methods. Both manual and electronic methods are in place to identify and eliminate duplicates that might have evaded the tight record linkage process. This is essential in Africa where the use of names and other demographic data is not always consistent.

d) Classification and Coding

Clinical data are coded to the 3rd edition of the International Classification of Diseases for Oncology (ICD-O-3) and socio-demographic data are coded to a system developed by the ZNCR that takes into account practices developed by the government Statistical Agency (Zimstat) for national use. For data analysis purposes, data are converted to the 10th edition of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) to facilitate international comparison.

Coding by Ethnic Groups

We report data for the black population, meaning the population of indigenous African descent, and the non-black population, which comprises Europeans, Asians and Coloureds (mixed racial ethnicity).

FIGURE 19: ICD-O-3 Code Book

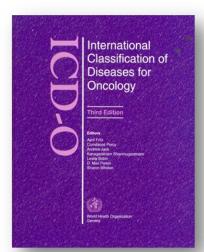


FIGURE 20: CanReg Software



e) Hardware

The ZNCR database is computerized and the data processing hardware consists of a network of modern desktop computers and other state-of-the-art peripheral devices. All the equipment is networked.

f) Software

The CanReg4 cancer registration software developed by the IARC is used for data processing. It is a reliable system that currently adequately meets the data processing requirements of the ZNCR. The ZNCR will be migrating to the current version 5 of the software in 2018.

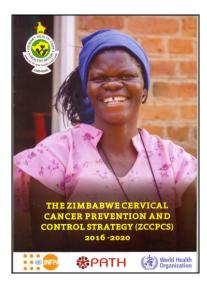
USE OF DATA FROM THE CANCER REGISTRY

The existence of a cancer registry is justified by the extent to which the database is used for research and other purposes. In this regard, the ZNCR encourages the use of its data by organizations and individuals in accordance with the legal requirements relating to patient medical information. The recommendations of the IACR/IARC regarding confidentiality for population-based cancer registries are strictly observed.

FIGURE 21: Cancer Prevention Strategy



FIGURE 22: Cervical Cancer Strategty



The ZNCR is pleased with the current level of use of its database as evidenced by increased requests for data. The data are extensively utilized by indigenous and international researchers, conference participants, lecturers, students, health educators and policy makers for management planning and cancer control programmes. In recent times, the ZNCR has become increasingly involved in national cancer prevention and control issues and activities.

It was represented in the Committees that formulated the National Cancer Prevention and Control Strategy for Zimbabwe (2014-2018) and the Zimbabwe Cervical Cancer Prevention and Control Strategy (ZCCPCS) (2016-2020). The data on the burden of cancer that were used in the development of the strategies were provided by the ZNCR. We are pleased with this development because a cancer registry should be an essential part of any rational programme of national cancer control.

RESULTS

In this report, we present an analysis of new cancer cases diagnosed among Zimbabwean nationals in 2015. As usual, the analyses exclude an insignificant number of non-Zimbabwean patients referred from neighbouring countries for management in Zimbabwe, and patients that were diagnosed in previous years but were registered in 2015. Benign and uncertain tumours (including in-situ tumours and CIN lesions) are also excluded in the analyses. This is standard international practice in the reporting of results from population-based cancer registries.

For the first time, we did a basic analysis of the data from the Bulawayo branch of the ZNCR. This is important to show progress in Bulawayo and the quality of data captured by the registry and contributed to the national database. The Bulawayo urban results are remarkably similar to those observed in the population of Harare city. As a member of the AFCRN, the registry is also required to submit independent data for the city of Bulawayo to the Network. It is important for the ZNCR to ensure that the data submitted are of good quality and are consistent with the high standards and reputation of the ZNCR.

The results for 2015 are presented in tabular form mainly as percentage frequencies using the standard ICD-10 format generated by the CanReg cancer registration software. Some of the analyses were done using the Epiinfo software. Graphics are used to depict the predominant tumours and other relevant observations by gender and ethnic groups, both of which have a bearing on cancer risk.

Childhood cancer data are presented in the standard International Classification of Childhood Cancer (ICCC) format. This classification which is most appropriate when presenting childhood cancer data, groups the tumours into 12 major broad groups and relevant subgroups.

All cases

The total number of new cancer cases recorded among Zimbabweans of all races in 2015 was 7 165 comprising 3 041 (42.4%) males and 4 124 (57.6%) females.

The most frequently occurring cancers among Zimbabweans were cervix uteri (19%), prostate (9%), breast (7%), Kaposi sarcoma (KS) (7%), non-melanoma skin cancer (NMSC) (6%), non-Hodgkin lymphoma (NHL) (6%), oesophagus (5%), colo-rectal (4%) and stomach (3%). The other cancers accounted for 34% of the registered malignancies.

The leading causes of cancer among Zimbabwean black men in 2015 were prostate cancer (22.5%), followed by KS (10.8%), NHL (7.9%), oesophagus (6.9%), liver (5.1%), stomach (3.9%), NMSC (3.6%), lung (3.5%), colon (2.9%) and eye (2.6%).

Cervix cancer was the commonest malignancy in Zimbabwean black women (34.8%). This was followed by breast (11.6%), NHL (4.7%), KS (4.6%), oesophagus (4.6%), stomach (3.3%), NMSC (2.8%) ovary (2.6%), eye (2.4%) and liver (2.1%).

In 2015, non-melanoma skin cancer was the most predominant cancer among Zimbabwean non-black men (46.5%) followed by prostate cancer (10.0%), colon (6.7%), melanoma skin cancer (MSC) (4.5%), lung (3.3%), rectum (3.3%), bladder (3.0%), non-Hodgkin lymphoma (2.6%), oesophagus (2.2%) and pancreas (1.5%).

The leading cancers in non-black Zimbabwean women were NMSC (38.2%), breast (15.9%), colon (4.5%), lung (4.1%), melanoma skin cancer (MSC) (4.1%), ovary (3.6%), cervix uteri (3.6%), NHL (3.6%), vulva (2.7%) and rectum (2.3).

The mean ages of cancer patients diagnosed among Zimbabweans of all races in 2015 were 56.8 for males and 52.8 for females respectively.

Harare cases

In Harare City in 2015, a total of 2 518 malignant tumours were recorded, comprising 1 179 (46.8%) males and 1 339 (53.2%) females.

The commonest cancers in Harare black men were prostate (25.6%), KS (9.7%), NHL (7.4%), oesophagus (6.4%), liver (5.6%), stomach (5.4%), lung (5.1%), colon (3.2%), NMSC (2.6%) and leukaemia (2.3%).

Cervical cancer was the dominant malignancy in the black female population of Harare (26.6%) followed by breast (13.0%), NHL (5.6%), stomach (5.6%), KS (5.4%), oesophagus (4.7%), ovary (3.4%), liver (2.8%), lung (2.6%) and tumours of the brain and nervous system (2.6%).

The most frequent cancers in Harare non-black men in 2015 were NMSC (46.8%), prostate (7.6%), colon (7.0%), lung (4.7%), MSC (4.7%), rectum (4.1%), bladder (2.9%), pancreas (1.8%), NHL (1.8%) and kidney (1.8%).

The most common cancers in Harare non-black women were NMSC (37.6%), breast (15.2%), lung (6.4%), ovary (5.6%), vulva (4.8%), MSC (4.0%), NHL (4.0%), stomach (3.2%), colon (2.4%) and pancreas (2.4%).

Bulawayo cases

A total of 1 125 new cancer cases were registered in the second city of Bulawayo in 2015. These consisted of 449 (40%) males and 676 (60%) females respectively. The leading cancers in the male population of all races in Bulawayo city were prostate cancer (29.0%), oesophagus (9.1%), NHL (8.2%), NMSC (7.1%), liver (5.3%), KS (5.1%), colon (4.5%), penis (2.9%), lung (2.4%) and eye (2.2%).

Cancer of the cervix uteri was the most frequently occurring cancer (30.8%) among women of all races in Bulawayo in 2015. This was followed by breast cancer (14.2%), NMSC (5.6%), oesophagus (5.5%), NHL (4.9%), corpus uteri (3.1%), colon (2.8%), ovary (2.7%), liver (2.5%), liver (2.5%) and KS (2.1%).

Childhood cancers

A total of 250 childhood cancers (age 0-14) of all races were recorded in 2015. These comprised 147 (58.3%) boys and 105 (41.7%) girls. Paediatric cancers accounted for 3.5% of all the cancers recorded in 2015.

The ranking of childhood cancers of all races according to the International Classification of Childhood Cancers (ICCC) was as follows: renal tumours (22%), leukaemias (18%), lymphomas and reticuloendothelial neoplasms (13%), soft tissue and other extraosseous sarcomas (13%), retinoblastomas (10%), central nervous system and miscellaneous intracranial and intraspinal neoplasms (10%), malignant bone tumours (3%) and neuroblastomas (3%).

Kaposi sarcoma accounted for 18.8% of the soft tissue sarcomas in both boys and girls; and 21.2% of the lymphomas in both sexes were of the Burkitt type.

The most common cancers in boys were leukamia 31 (21.1%), renal tumours 28 (19.0%) lymphoma 21 (14.2%), soft tissue sarcomas 17 (11.6%), retinoblastoma 13 (8.4%), tumours of the central nervous system 12 (8.2%), neuroblastoma 6 (4.1%), other epithelial neoplasms 5 (3.4%) and other unspecified 5 (3.4%) and bone tumours 4 (2.7%).

The distribution of female childhood cancers according to ranking in 2015 was renal tumours 26 (24.7%), soft tissue sarcomas 15 (14.3%), leukaemia 14 (13.3), lymphoma 12 (11.4%), retinoblastoma 12 (11.4%),) tumours of the central nervous system 12 (11.4%), germ cell tumours 5 (4.8%), other unspecified neoplasms 4 (3.8%) bone tumours 3 (2.9%) and other epithelial neoplasms 3 (2.9%).

Mortality

A total of 2 651 cancer deaths comprising 1 276 (48.1%) males and 1 375 (51.9%) females were recorded in Harare, Chitungwiza and Bulawayo in 2015.

The leading causes of the deaths were cervical cancer (12%), prostate (11%), oesophagus (7%), breast (7%), non-Hodgkin lymphoma (7%), liver (6%), Kaposi sarcoma (6%) colo-rectal (5%), and stomach (5%). The other cancers constituted 34% of the recorded deaths.

A total of 111 childhood cancer deaths were recorded in 2015. These consisted of 63 (56.8%) boys and 48 (43%) girls. The leading causes of mortality among the children were as follows: leukaemia (30%), lymphoma (17%), and renal tumours (14%), tumours of the brain and nervous system (14%), retinoblastoma (9%). The other cancers constituted 16% of the deaths.

Geographical distribution

The geographical distribution of the 7 165 new cases of cancer recorded in 2015 according to the 10 administrative provinces of Zimbabwe were as follows: Bulawayo City 1 125 (15.7%), Harare City 2 518 (35.1%), Manicaland 425 (5.9%), Masvingo 365 (5.1%), Mashonaland Central 337 (4.7%), Mashonaland East 981 (13.7%), Mashonaland West 473 (6.6%), Midlands 427 (6.0%), Matabeleland North 200 (2.8%) and Matabeleland South 179 (2.5%). The origin of 135 (1.9%) of the cases could not be ascertained.

Tables and figures

Tables 1 and 2 show the sources of information of cancers registered in 2015 and the methods by which they were diagnosed for Harare City, Bulawayo City and Zimbabwe.

Figure 23 shows the registration of cancer data during the years 2005-2015 for Harare Bulawayo and Zimbabwe. It is important to note that the data for 2007 and 2008 are considered to be incomplete because of the socio-economic and political challenges during that time. Figure 24 show the geographical distribution of the new cancers registered in 2015 according to the country's 10 administrative provinces.

Figures 25-26 show percentage frequencies of new cases (incidence) and cancer deaths (mortality) recorded in 2015. Figures 27-28 show the registration of childhood cancers during the years 2005-2015 and the leading childhood cancers of all races in 2015 respectively.

Figures 29-30 show the age distribution of cervix cancer and cervical cancer trends during the years 2005-2015. Figures 21-32 show the age distribution of breast cancer by gender and trends during the period 2005-2015. Figures 33-34 show the age distribution of prostate cancer and trends respectively.

The age and sex distribution of Kaposi sarcoma (KS) is depicted in figure 35. Figure 36 show the age distribution of non-Hodgkin lymphoma by gender. Figure 37 show the age distribution of eye cancers by sex. The stage of cancer at diagnosis is depicted in figure 38.

Figures 39-52 show the percentage frequencies of the top ten cancers recorded in Harare, Bulawayo and Zimbabwe by gender and ethnic groups.

Figures 53-54 show the most common paediatric cancers by gender. Tables 3-16 show the age, sex and site distribution of all the cancers recorded in Harare and Zimbabwe by ethnic groups. And tables 17-18 show the distribution of childhood cancers by ICCC groups, age and gender respectively.

DISCUSSION

The year 2015 was the best of the Zimbabwe National Cancer Registry (ZNCR) in terms of national coverage and data quality. More than 11 000 notifications were handled during the year under review, yielding 7 165 new cancer cases after application of the rigorous record linkage and quality control processes.

Intense efforts were also made to enhance improvement of quality of data from selected facilities in the provinces by requesting provision of additional and missing information on cases originating from them. Mutare Provincial Hospital, Chinhoyi Provincial Hospital, Chitungwiza Central Hospital, Karanda Mission Hospital, Guruve District Hospital and Chidamoyo Mission Hospital were requested to provide missing patient demographic data for those patients registered from histology reports alone. The cooperation received from the facilities was excellent. This exercise helped significantly to reduce the number of cases with unknown variables. This exercise will soon be extended to all the major regional facilities.

Efforts are currently underway to ensure effective and full utilisation of electronic patient information systems at government hospitals. A pilot study on this was successfully carried out at Parirenyatwa Group of Hospitals medical records department. The department was requested to provide a patient name list of all the cancer patients that were admitted at the hospital in 2015. These were checked against the ZNCR database. Most of the patients that could not be found in the ZNCR database were, in fact, not malignancies since they had no acceptable proof of diagnosis.

There was also a lot of duplication on the hospital list as each episode for the same patient was counted separately.

No significant observations were made in the results for 2015 when compared with those of recent years. The rankings of the common malignancies by gender and ethnicity remained relatively unchanged. Consistent with observations in recent years, the incidence of prostate cancer continues to rise unchallenged. It is now by far the leading cause of cancer in men, coming second after cervical cancer nationally. As observed in recent reports, the continuing increase in the incidence of this tumour warrants epidemiological investigation. This may partly be attributable to those who are able to access screening; however other factors requiring further investigation may be contributory.

HIV-related cancers (KS, cervical cancer, non-Hodgkin lymphoma and squamous cell carcinoma of the conjunctiva) continue to occupy significant positions on the rankings. However, the occurrence of KS continues to decline steadily. This phenomenon which has been observed in other populations which used to record high incidences of KS before the peak and subsequent maturation of the HIV-AIDS epidemic has been attributed to the increasing availability of anti-retroviral therapy (ART) which suppresses manifestations of AIDS in HIV positive subjects. In Zimbabwe, the national ART rollout programme was initiated in 2004.

We still continue to see a rise in trend in the recorded cases of cervical cancer from 2005-2015 likely an attribute to longer survival of HIV positive patients with cervical cancer on antiretroviral therapy etc.

As in other countries in the developing world, the majority of cancers in Zimbabwe are related to infections such as HPV (cervical cancer and squamous cell carcinoma of the conjunctiva), HHV8 (Kaposi sarcoma) and EBV (non-Hodgkin lymphoma). All these viral infections are potentiated by the HIV virus. In addition Hepatitis B and C are associated with primary liver cancer and schistosomiasis with bladder cancer. As in other developing countries lifestyle changes, diet and other factors are also contributing to the increasing occurrence of cancer in Zimbabwe.

Although paediatric cancers (age 0-14) are a rare condition worldwide, the incidence in Zimbabwe is significant. These tumours accounted for more than 3% of all the cancers recorded in 2015. HIV-related paediatric Kaposi sarcoma, which is a consequence of the vertical transmission of HIV, is one of the leading soft tissue tumours in Zimbabwean children. The very low incidence of Burkitt lymphoma in Zimbabwean children when compared with other countries in the region is significant, and needs to be investigated further.

The analysis of cancers by stage of disease at diagnosis that was started in 2013 continues to generate interest among clinicians and researchers. The ZNCR has since sought the assistance of clinicians in various specialities (mainly from the Radiotherapy Centre in Harare) to assist registry staff with staging of cancers. With the passage of time, this arrangement will help to determine the true stage of cancer at diagnosis, which is generally believed to be late.

The results of the analysis of cancers by stage for 2015, characterised by high numbers of unstaged cases and late stage for cases where it was recorded are remarkably similar to those of 2013 and 2014.

We are confident that the analyses will continue to give credence to the general observation that patients in low-resource countries present with late stage disease. We also hope that the reporting of high numbers of cases that are not staged will encourage clinicians to stage the disease of the patients they manage. Information on stage is important for cancer management and determining patient survival.

In order to address this anomaly at global level, the Union for International Cancer Control (UICC) in collaboration with the International Agency for Research on Cancer (IARC) have developed a simplified version of the TNM system (Essential TNM) to be used by inexperienced cancer registry staff. The system has been tested in some of the IARC regional hubs of the Global Initiative for Cancer Registration (GICR) project. In the African hub (AFCRN), the system was successfully pilot-tested in Cote d'Ivoire, Malawi and Zimbabwe. The Network will soon be training staff from other member registries. This is expected to improve significantly the reporting of stage.

Once again, it is our honour to be able to produce this document which is an important contribution to cancer prevention and control in Zimbabwe. We gratefully acknowledge the support of all our partners and stakeholders without which we would not have been able to produce this publication.

Mr. E Chokunonga

Mellehund

REGISTRAR

ZIMBABWE NATIONAL CANCER REGISTRY

August 2017

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TABLE 1 **SOURCE OF INFORMATION OF CANCERS REGISTERED IN 2015**

SOURCE OF INFORMATION	HARAF	RE CITY	BULAWA	YO CITY	ZIMBA	BWE
	CASES	%	CASES	%	CASES	%
Patient Interviews	91	3.6	6	0.5	220	3.1
Hospital Medical Records	434	17.2	38	3.4	997	13.9
Histology Reports	1447	57.5	406	36.0	3 981	55.6
Death Certificates	546	21.7	13	1.1	957	13.3
Bulawayo Cancer Registry	-	-	662	59.0	1 010	14.1
TOTAL	2 518	100.0	1 125	100.0	7 165	100.0

Source of information refers to the first source of notification of the cancer case.

TABLE 2 **METHOD OF DIAGNOSIS OF CANCERS REGISTERED IN 2015**

METHOD OF DIAGNOSIS	HARAR	RE CITY	BULAWA	AYO CITY	ZIMBA	BWE
	CASES	%	CASES	%	CASES	%
Death Certificate Only (DCO)	218	8.7	93	8.2	487	8.7
Clinical*	384	15.2	235	21.0	1 041	15.2
Histology*	1 916	76.1	797	70.8	5 637	76.1
TOTAL	2 518	100.0	1125	100.0	7 165	100.0

^{*} Histology: histology of primary site and metastasis, haematology and cytology.

^{*} Clinical: clinical only, X-rays, scans, surgery etc.

REGISTRATION OF CANCER DATA: 2005-2015

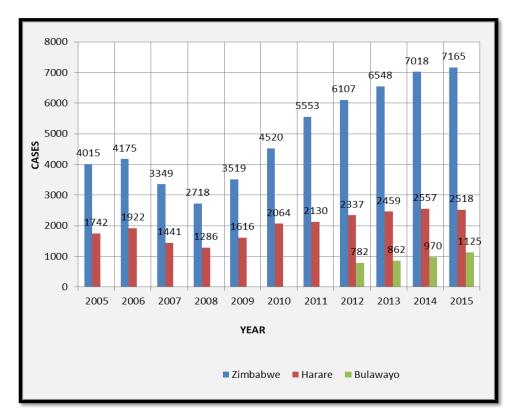
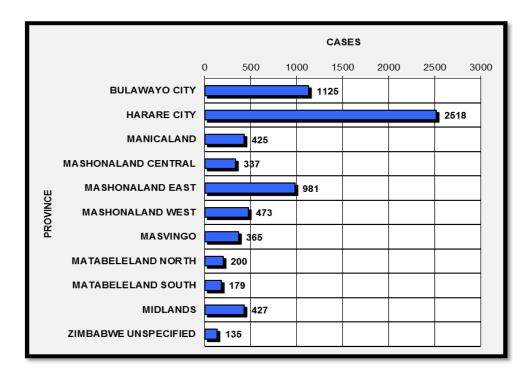


FIGURE 24 **GEOGRAPHICAL DISTRIBUTION OF CANCERS REGISTERED IN 2015**



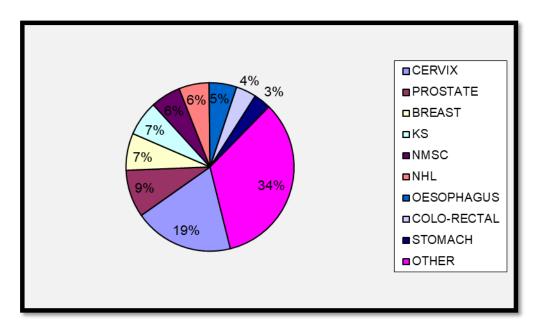
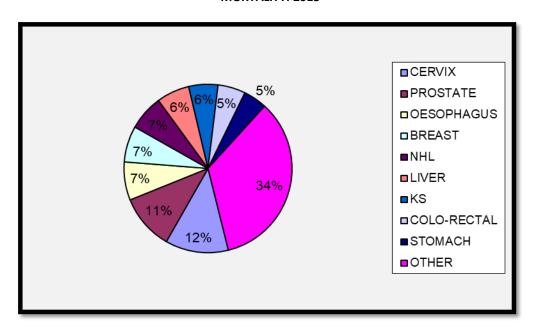


FIGURE 26 **MORTALITY: 2015**



KS = Kaposi sarcoma **NHL** = Non-Hodgkin lymphoma **NMSC** = Non-melanoma skin cancer

FIGURE 27

REGISTRATION OF CHILDHOOD CANCER DATA: 2005-2015

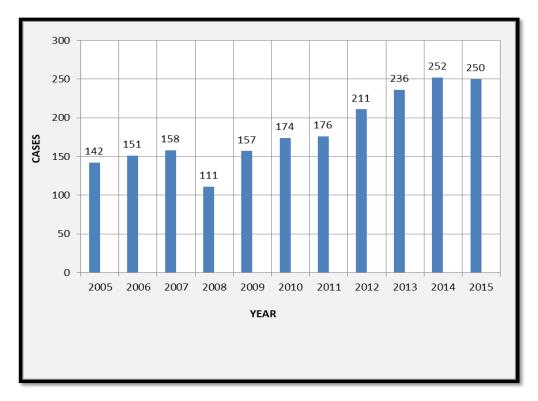
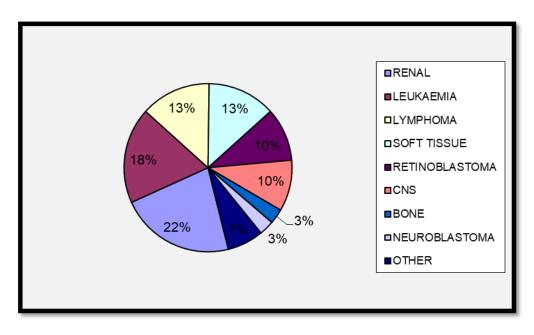


FIGURE 28

CHILDHOOD CANCER INCIDENCE: 2015



CNS = Central Nervous System

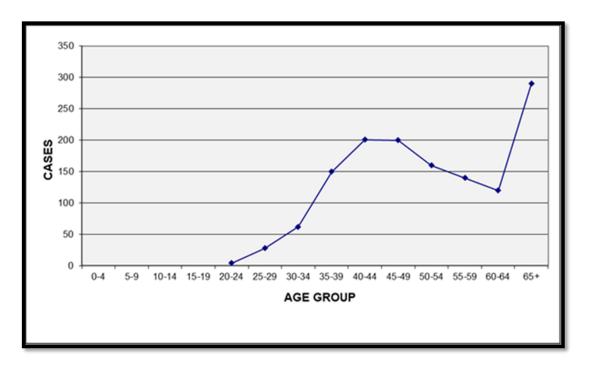
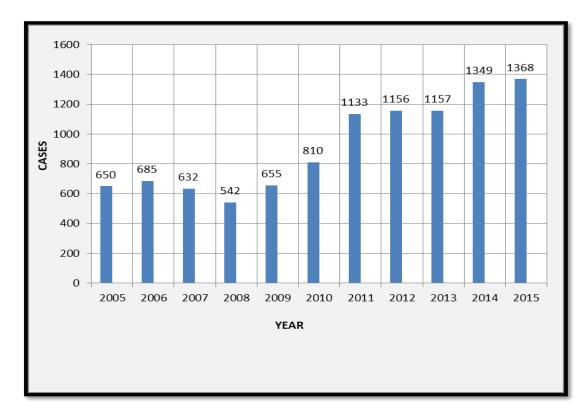


FIGURE 30

CERVIX CANCER TRENDS: 2005-2015



BREAST CANCER: 2015: AGE DISTRIBUTION

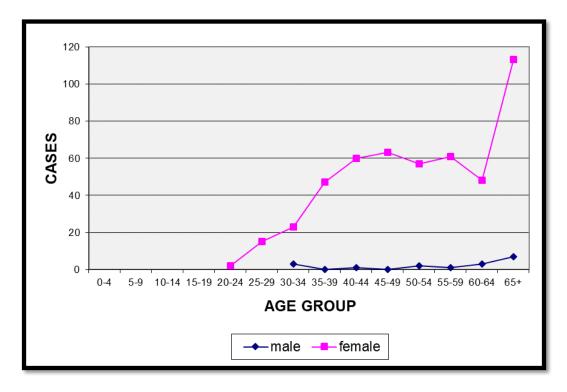
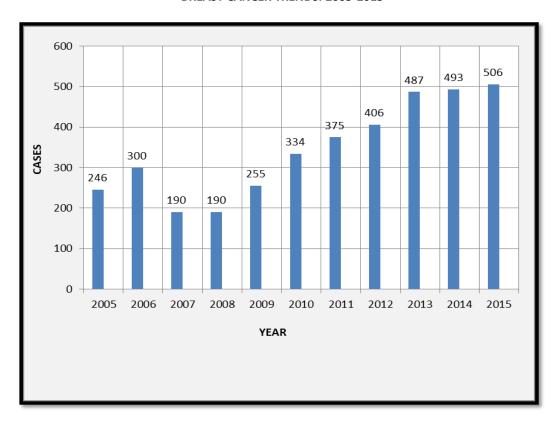


FIGURE 32 **BREAST CANCER TRENDS: 2005-2015**



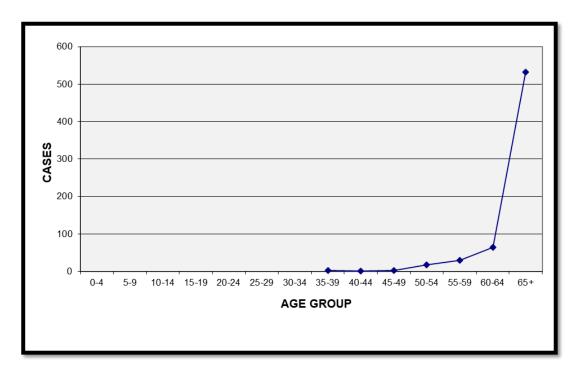
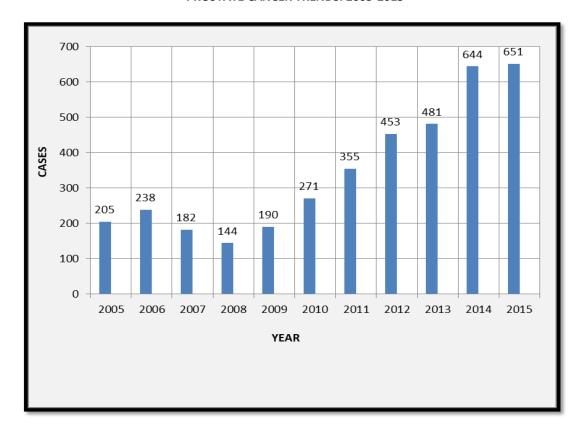


FIGURE 34 **PROSTATE CANCER TRENDS: 2005-2015**



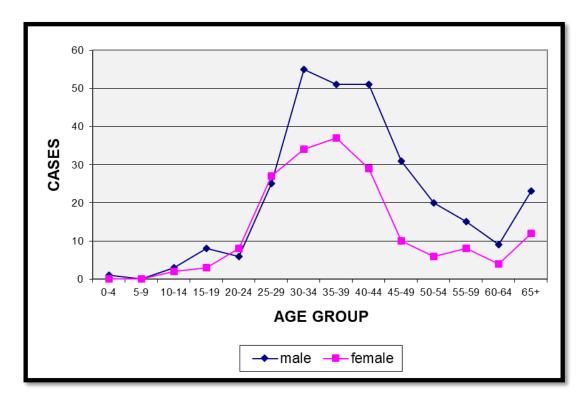
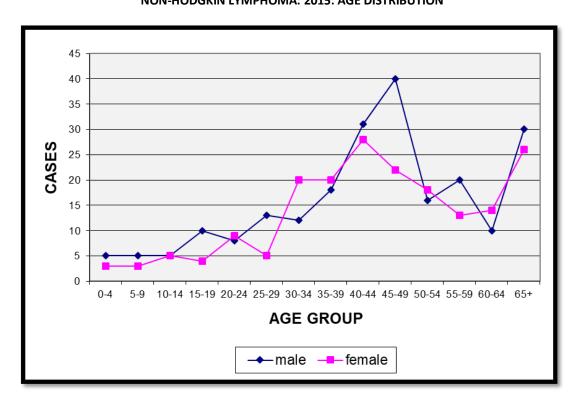


FIGURE 36 **NON-HODGKIN LYMPHOMA: 2015: AGE DISTRIBUTION**



EYE CANCERS: 2015: AGE DISTRIBUTION

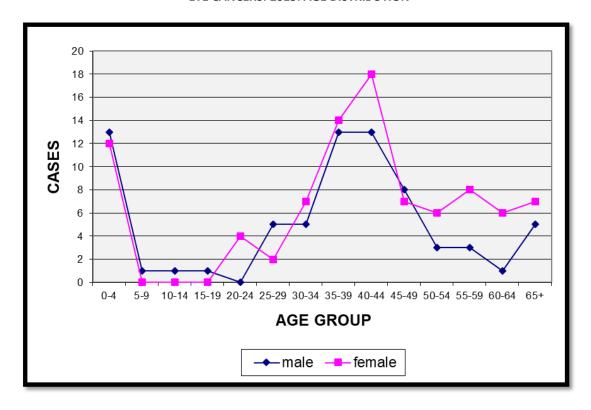
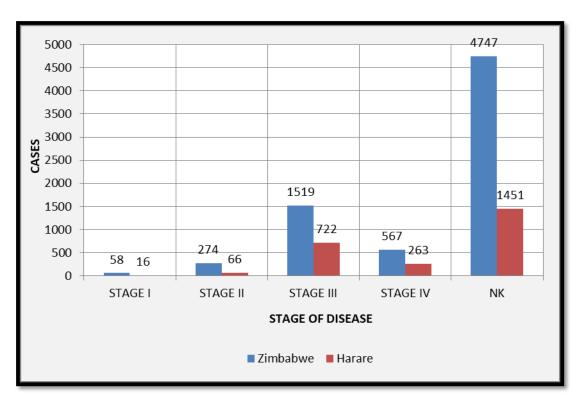


FIGURE 38

STAGE OF DISEASE AT DIAGNOSIS: 2015



2015: Zimbabwean Blacks: Males

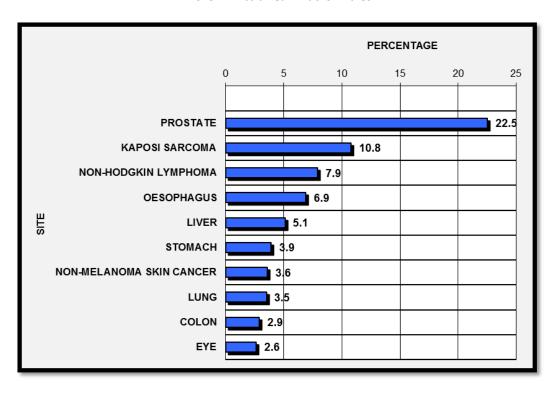


FIGURE 40

2015: Zimbabwean Blacks: Females

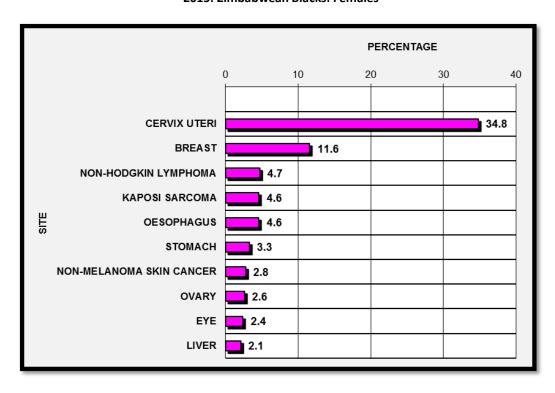


TABLE 3 AGE, SEX AND SITE DISTRIBUTION: 2015 MALE: ZIMBABWEAN BLACKS

Target	TE	All Ages	Age Unk.	0- - 4	5- - 9	10- -14	15- -19	20- -24	25- -29	30- -34	35- -39	40- -44	45- -49	50- -54	55- -59	60- -64	65- -69	70- -74	75+	% of Total
with 28: 0: 0: 0 0	D	2	: 0:		0	0	0	0	0	0	0	1	0	1	0	0	0	0	0:	0.1%
with 28: 0: 0: 0 0	ngije	7	: 0:	0	0	0	0	0	Ó	0	0	0	1	0	1	0	1	2	2:	0.3%
alivary glands 9: 0: 0 0 0 0 0 0 0 1 1 2 3 0 0 1 0 1 0 1: 0.35 consil 1: 0: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			-		-	-	-	-	-	-						-		_	_	
masi I : 0 : 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			-		-	=	-	-	-	-						_			-	
ther Oropharymx 9: 0: 1			-	_			-			-										
Popharymx							-							-						
Larymx maspec. 0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0			-				-		_	-		_	_	-	_	_		-	_	
Sexplangus 192 2 0 0 0 0 0 4 1 6 13 21 15 20 20 25 21 44 6.995							-					-		-					-	
Target 1 108 : 1 : 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							-													
mall intestine	sophagus		_	-	-	-	-	-	-	_										
Solon 80 : 1 : 0 0 0 0 1 1 7 7 1 2 3 3 7 2 12 12 16 6 8 17 : 2.95 *** Sectum 57 : 0 : 0 0 0 0 0 2 0 3 7 5 3 2 10 9 6 2 8 : 2.15 *** uss 11 : 0 : 0 0 0 0 0 0 0 0 3 4 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	omach	108	: 1:	0			0			3		6	6		11		14	18	31:	3.9%
Section S7 O O O O O O O O O	all intestine	1	: 0:	0	0	0	0	0		0		1	0			0	0	0	0:	0.0%
nus	lon	80	: 1:	0	0	0	1	1	7	1	2	3	7	2	12	12	6	8	17:	2.9%
	ctum	57	: 0:	0	0	0	0	2	0	3	7	5	3	2	10	9	6	2	8:	2.1%
	us	11	: 0:	0	0	0	0	0	0	0	3	4	1	0	1	0	1	0	1:	0.4%
Allbladder etc.																				
marceas 43: 0: 0 0 0 0 0 1 1 1 1 1 1 5 8 6 6 5 9 6: 1.6%: see, sinuses etc. 18: 1: 0 0 0 0 2 0 0 0 1 1 1 1 1 5 8 6 6 5 9 6: 1.6%: see, sinuses etc. 18: 1: 0 0 0 0 2 0 0 0 1 1 1 3 1 1 2 2 2 2 2 2: 0.6%: rachea, Bronchus, Lung 97: 0: 1 0 0 0 0 0 0 0 0 0 0 1 1 1 8 2 10 1 10: 128: ther Thoracic organs 16: 0: 1 0 0 0 1 0 0 1 0 0 1 3 2 1 3 0 3: 0.66: ther Thoracic organs 16: 0: 1 0 0 0 1 0 0 1 0 0 1 3 2 1 3 0 3: 0.66: nee 39: 0: 0 0 0 4 3 5 5 6 1 2 2 2 3 3 0 3 0 3: 1.48: elanoma of Skin 26: 1 1: 0 0 0 0 0 0 0 2 0 1 1 0 0 2 2 3 4 2 8: 0.98: elanoma of Skin 26: 1 1: 0 0 0 0 0 0 0 2 2 0 1 1 1 0 2 2 3 4 2 8: 0.98: estication 99: 1: 2 0 2 4 4 4 7 7 8 13 11 8 5 8 5 8 5 3 14: 3.68: estication 99: 1 1: 0 0 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0			-	-											-					
see, sinuses etc.			-	-		-	-	-	-	-	_	-			_	-		_	-	
Tyrux 33:0:0:0 0 0 0 0 0 0 0 0 1 1 8 2 10 1 10:1.25 1 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			-	-				_											-	
Tachea, Bronchus, Lung 97: 0: 1 0 0 0 0 0 0 3 5 5 2 5 11 8 18 11 28: 3.5%: 1 1 1 1	•		_	-																
ther Thoracic organs	•		-	-		-	-	-	-			-			-					
me and a series an	, ,																			
elanoma of Skin			-		-													_	-	
ther Skin 99: 1: 2 0 2 4 4 4 7 8 13 11 8 5 8 5 3 14: 3.6% abothelioma 1: 0: 0 0 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0			-		-		-	-	-	-					-	-	-	-	-	
sesthelioma			_			-	-	-	_		_	_		_		-	-		-	
posi sarcoma 299: 2: 1 0 3 8 6 25 55 51 51 30 20 15 9 5 5 13: 10.85: mmective, Soft tissue 50: 0: 6 1 1 2 4 4 7 7 1 4 5 5 2 0 3 1 4 : 1.85: mmective, Soft tissue 50: 0: 6 1 1 1 2 4 4 7 7 1 4 5 5 5 2 0 3 1 1 4: 1.85: mmective, Soft tissue 50: 0: 0 0 0 0 0 0 0 0 3 0 0 0 2 1 3 2 1 4: 0.65: mmective, Soft tissue 53: 0: 0 0 0 0 0 0 0 2 6 6 5 6 7 5 4 4 3 3 5: 1.95: meats 625: 2: 0 0 0 0 1 0 0 0 2 6 6 5 6 7 5 4 4 3 3 5: 1.95: meats 625: 2: 0 0 0 0 1 0 0 0 0 2 1 3 17 28 59 101 98 313: 22.55: meter male genital 4: 0: 1 0 0 0 1 0 0 0 0 1 3 0 0 0 1 3 0 0 0 1 0 1			_																	
Ammective, Soft tissue 50: 0: 6 1 1 2 4 4 7 1 4 5 5 2 0 3 1 4: 1.8% : reast 16: 0: 0 0 0 0 0 0 0 0 0 0 0 2 1 3 2 1 4: 0.6% : anis 53: 0: 0 0 0 0 0 0 0 0 0 2 1 3 2 1 4: 0.6% : anis 53: 0: 0 0 0 0 0 0 0 0 2 1 3 2 1 4: 0.6% : anis 53: 0: 0 0 0 0 0 0 0 0 2 1 3 17 28 59 101 98 313: 22.5% : astis 8: 0: 1 0 0 0 0 1 0 0 0 1 3 0 0 0 0 1 1 0 0 1 1 0 1 1 0 0 1 1 1 1 1 1 1 0 1 1 0 1 1 0 1 1 0 1 1 1 1 1 1 1 0 1 1 0 1	sothelioma	1	-	_	_		0	-			-			_	-	_		-	0:	0.0%
reast 16: 0: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	posi sarcoma	299	: 2:	1	0	3	8	6	25	55	51	51	30	20	15	9	5	5	13:	10.8%
enis 53: 0: 0 0 0 0 0 2 6 6 5 6 7 5 4 4 3 5: 1.9%: costate 625: 2: 0 0 0 0 1 0 0 0 2 1 3 17 28 59 101 98 313: 22.5%: setis 8: 0: 1 0 0 0 0 1 0 0 0 1 3 0 0 0 1 0 0 0 1 0 1	nnective,Soft tissue	50	: 0:	6	1	1	2	4	4	7	1	4	5	5	2	0	3	1	4:	1.8%
rostate 625 : 2 : 0 0 0 1 0 0 0 2 1 3 17 28 59 101 98 313 : 22.5% : satis 8 : 0 : 1 0 0 0 0 1 0 0 0 1 3 0 0 0 0 1 0 0 1 0 0 333 : 22.5% : satis 8 : 0 : 1 0 0 0 0 0 1 0 0 0 1 3 0 0 0 0 1 0 0 1 0 0 3 3 3 1 22.5% : satis 8 : 0 : 1 0 0 0 0 0 0 1 0 0 0 1 3 0 0 0 0 1 0 0 1 0 0 3 3 3 1 22.5% : satis 8 : 0 : 1 0 0 0 0 0 0 0 1 0 0 0 1 0 0 0 0	east	16	: 0:	0	0	0	0	0	0	3	0	0	0	2	1	3	2	1	4:	0.6%
setis 8: 0: 1 0 0 0 0 1 0 1 3 0 0 0 1 0 1 0 1: 0.35: ther male genital 4: 0: 1 0 0 0 1 0 0 1 0 0 0 1 0 0 0 0 1 0 0 0 1 0 1: 0.35: ther male genital 4: 0: 1 0 0 0 1 0 0 0 0 1 0 0 0 0 0 0 0 0	nis	53	: 0:	0	0	0	0	0	2	6	6	5	6	7	5	4	4	3	5:	1.9%:
setis 8: 0: 1 0 0 0 0 1 0 1 3 0 0 0 1 0 1 0 1: 0.35: ther male genital 4: 0: 1 0 0 0 1 0 0 1 0 0 0 1 0 0 0 0 1 0 0 0 1: 0.15: didney 37: 0: 19 6 2 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 1: 0.15: didney 37: 0: 0: 19 6 2 0 0 0 0 0 0 0 0 0 1 0 2 4 0 2 1: 1.35: shall Pelvis 0: 0: 0: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ostate	625	: 2:	0	0	0	1	0	0	0	2	1	3	17	28	59	101	98	313 :	22.5%
ther male genital 4:0:1 0 0 1 0 0 0 0 1 0 0 0 0 0 0 1:0.15:1 0.16:1 0.15			: 0:	1	Ó			Ô	1	Ô										
idney 37: 0: 19 6 2 0 0 0 0 0 0 1 0 2 4 0 2 1: 1.3%: nail Pelvis 0: 0: 0: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		-	-		-	-	-	-					-	-	-	-		-	_	
Earl Pelvis 0: 0: 0: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		_		_	-	-	_	-	•	-	-		•	•	-	•	-	-	_	
reter							-					-								
ladder 47: 1: 0 0 0 0 1 0 0 4 2 0 4 4 5 5 6 15: 1.7%: ther Urinary organs 0: 0: 0: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							-					-							-	
ther Urinary organs 0: 0: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		-	-	-	-	_	-	-	-	-	-	-	-	-	-	-	-	_	-	
re			_	-	-	-	-	_	-	-	_	_	-	_		-	-			
rain, Nervous system 42: 0: 8 5 1 2 0 0 5 3 3 4 2 1 4 2 0 2: 1.5%: syroid 11: 0: 0 0 0 0 0 0 0 0 0 0 0 1 0 0 2 1 4 3: 0.48: sirenal gland 1: 0: 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0				-		-	-					-			-	-	-	-	-	
ryroid 11:0:000000000000000000000000000000000			-																_	
Trenal gland	•		-				_	-	_					_				-	_	
ther Endocrine	·																			
Adgkin disease 21: 0: 0 2 4 3 2 0 2 3 1 2 1 0 0 0 0 1: 0.8%: On-Hodgkin lymphoma 218: 2: 5 5 5 10 8 13 12 18 30 38 16 19 9 8 7 13: 7.9%: numunoproliferative dis. 0: 0: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0																				
nn-Hodgkin lymphoma 218: 2: 5 5 5 10 8 13 12 18 30 38 16 19 9 8 7 13: 7.9%: munnoproliferative dis. 0: 0: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		_				-	-		-			-	-	•	-	•		-	_	
municiproliferative dis. 0: 0: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	dgkin disease	21	: 0:	0	2	4	3	2	0	2	3	1	2	1	0	0	0	0	1:	0.8%
mmunoproliferative dis. 0: 0: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	n-Hodgkin lymphoma	218	: 2:	5	5	5	10	8	13	12	18	30	38	16	19	9	8	7	13:	7.9%
ıltiple Myeloma 47: 0: 0 0 0 0 0 1 1 0 4 4 2 7 5 8 2 13: 1.7%: mphoid Leukaemia 28: 0: 7 7 5 1 0 2 1 0 0 1 2 0 1 1 0 0: 1.0%: eloid Leukaemia 31: 0: 3 2 5 2 4 3 1 1 0 2 3 3 1 1 0 0: 1.1%: sukaemia unspec. 10: 0: 0 0 1 1 0 2 2 1 0 1 0 0 1 0 1 0: 0.4%:		. 0	: 0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%
Import of Leukaemia 28:0:775 75:10 21:00 12:01 20:11 10:05:1.0% reloid Leukaemia 31:0:3 3:25 2:43 1:10 2:33 1:10 0:1.1% sukaemia unspec. 10:0:0:0 0:0 1:10 2:21 0:0 1:00 1:00 1:00 0:0.4%	•		: 0:	0	0	0	0	0	1	1	0	4	4	2	7	5	8	2	13:	
veloid Leukaemia 31:0:3 2 5 2 4 3 1 1 0 2 3 3 1 1 0 0:1.156: zukaemia unspec. 10:0:0:0 0 1 1 0 2 2 1 0 1 0 0 1 0 1 0:0.456:			-	-	-	_	-	-		_	-	-	-	_		-	-	_		
eukaemia unspec. 10:0:0:0 1 1 0 2 2 1 0 1 0 0 1 0 1 0:0.4%::			-					-			-	-			-			_	-	
				-			_	_									_			
ner a mispecified 110 · 2 · 2 1 5 2 2 4 5 0 5 0 / 9 9 10 12 1/ · 4.05			-	-				-						-	_		-		-	
	ner or mispecified	110							4	<u> </u>			<u> </u>		-		10		11 .	4.070

TABLE 4 AGE, SEX AND SITE DISTRIBUTION: 2015 FEMALE: ZIMBABWEAN BLACKS

	All Ages	Age Unk.	0- - 4	5- - 9	10- -14	15- -19	20- -24	25- -29	30- -34	35- -39	40- -44	45- -49	50- -54	55- -59	60- -64	65- -69	70- -74	75+	% of Total	ICD (10th)
	1	: 0:	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0:	0.0%	= : C00
ongue	3	: 0:	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0	0:	0.1%	: 001-00
louth	18	: 1:	1	Ö	Ō	1	2	1	Ö	1	2	1	1	1	1	1	2	2:		: CO3-CO
Salivary glands		: 0:	ō	ō	Ö	ō	ō	1	Ö	2	ō	2	1	ī	2	6	ō	1:		: CO7-CO
onsil		: 0:	ŏ	Ö	Ö	Ö	ŏ	ō	Ö	ō	ŏ	0	ō	ō	ō	0	Ö	0:	0.0%	
ther Oropharynx		: 0:	ŏ	Ö	Ö	ŏ	ŏ	ŏ	ŏ	Ö	ŏ	ő	ŏ	2	ŏ	ő	ő	0:	0.1%	
asopharynx	_	: 0:	ő	Ô	Õ	2	ŏ	ŏ	í	2	ő	í	ĭ	1	ő	Ö	ĭ	0:	0.2%	
ypopharynx	-	: 0:	0	Ö	Ö	ō	Ö	Ö	ō	ō	ŏ	ō	ō	ō	Ö	Ö	ō	0:		: C12-C1
harynx unspec.		: 0:	0	Ö	ŏ	Õ	Ö	ŏ	Ö	Ö	ŏ	Ö	Ö	1	Ö	ŏ	ő	0:		: C14
esophagus		-	Ö	Ö	Ö	Ö	Ö	ő	8	3	7	12	15	17	28	32	23	35:		: C15
tomach	127		0	Ö	0	0	0	1	3	5	2	4	14	14	26 15	16	16	34:	3.3%	
		: 0:	0		0	0	0	0	0	0	0	0	0	0	15 2	2			0.1%	
Small intestine				0													1			
olon	62	_	0	0	0	1	1	0	3	3	0	8	7	10	7	7	5	8:	1.6%	
lectum		-	0	0	0	0	0	1	3	7	3	5	2	1	3	5	5	6:		: C19-C2
nus	17		0	0	0	0	0	1	3	3	1	2	1	2	2	1	1	0:		: C21
iver			0	0	0	0	2	1	5	6	7	8	8	6	5	8	10	17:	2.1%	-
allbladder etc.		: 0:	0	0	0	0	0	0	0	2	1	1	1	2	1	3	3	3:		: C23-C2
ancreas		: 0:	0	0	0	0	0	0	1	1	0	2	4	2	9	5	3	12:		: C25
lose, sinuses etc.	12	: 0:	0	0	0	0	0	0	1	1	1	1	0	0	4	1	1	2:	0.3%	: C30-C3
arynx	2	: 0:	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1:	0.1%	: C32
rachea, Bronchus, Lung	55	: 1:	0	0	0	0	1	0	1	2	4	2	5	8	5	10	6	10:	1.4%	: C33-C3
ther Thoracic organs		: 0:	Ö	Ö	Ō	Ô	0	Ö	Ō	1	Ō	0	Ō	2	Ō	1	1	0:		: C37-C3
one			1	1	3	3	4	3	2	2	2	2	1	2	2	ō	1	1:		: C40-C4
elanoma of Skin	50	-	ō	ō	ō	ō	ō	1	0	2	3	3	1	4	7	5	4	18:	1.3%	
ther Skin	109	_	ĭ	Ö	1	Õ	4	3	10	15	14	12	4	7	5	11	4	16:	2.8%	
esothelioma	103	_	Ō	Ö	ō	Ö	0	ő	0	0	0	0	ō	ò	Ö	1	ō	0:	0.0%	
anosi sarcoma			0	0	2	3	8	27	34	37	29	10	6	8	4	5	4	3:		: C46
onnective,Soft tissue		: 1:	5	3	2	1	1	3	6	3	7	2	4	3	4	3	ō	2:		. C47;C4
		_	0	0	ő	0	2	15	22	46	59	58	56	58	43	37	15	_	11.6%	
Breast			-			-														
ulva			0	0	0	0	4	2	6	18	11	6	3	3	1	1	1	6:	1.6%	
agina		-	0	0	0	0	0	0	1	3	1	2	0	3	2	1	2	1:	0.4%	
Cervix Uteri		: 13 :	0	0	0	0	4	26	62	150	199	199	160	139	120	117	76			: C53
Corpus Uteri	71		0	0	0	0	0	3	2	1	0	6	5	5	21	9	9	10:		: C54
Iterus unspec.		: 0:	0	0	0	0	0	0	0	1	0	0	0	1	4	3	4	1:	0.4%	
vary	100	: 0:	0	2	3	3	3	3	12	9	8	8	9	5	9	10	8	8:	2.6%	: C56
ther Female Genital	2	: 0:	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0:	0.1%	: C57
lacenta	22	: 1:	0	0	0	1	4	4	5	2	1	4	0	0	0	0	0	0:	0.6%	: C58
idney	34	: 0:	19	7	0	0	0	0	0	1	2	2	1	1	1	0	0	0:	0.9%	: C64
enal Pelvis	0	: 0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	: C65
reter	0	: 0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	: C66
ladder	36	: 1:	ō	0	0	Ō	ō	ō	2	5	2	5	3	4	3	6	0	5:	0.9%	
ther Urinary organs	1		ŏ	Ö	Ö	ŏ	ŏ	Ö	ō	Ö	ō	Ö	ō	ō	Ö	1	Õ	0:	0.0%	
ye	92		12	Ö	ŏ	ŏ	4	2	7	14	18	7	6	8	6	3	1	2:	2.4%	
rain, Nervous system		_	4	5	Ö	2	2	2	3	2	4	5	4	2	4	3	1	8:		. C70-C7
hyroid	46		0	0	1	Õ	0	2	2	0	3	Ö	3	4	8	5	6	12:	1.2%	
drenal gland		: 0:	1	0	Ō	0	0	0	Õ	0	0	0	0	ō	0	0	0	0:	0.0%	
	_	: 0:		1		0	0	0	1	0	2	0	1	0		0	0	0:		
ther Endocrine		-	1		1										1		_	-	0.2%	
odgkin disease	18	=	0	1	0	2	2	3	1	1	1	2	2	1	0	1	0	1:	0.5%	
on-Hodgkin lymphoma	183	_	3	3	5	4	8	5	20	20	28	22	17	13	13	6	4	11:		: C82-C8
mmunoproliferative dis.		-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:		: C88
ultiple Myeloma			0	0	0	0	0	0	0	2	0	4	3	8	5	11	0	10 :		: C90
ymphoid Leukaemia	21		6	2	2	2	0	2	0	0	0	0	0	2	2	0	0	3:		: C91
Myeloid Leukaemia		: 0:	1	0	2	2	6	3	2	1	1	3	2	1	0	1	1	3:		: C92-C9
eukaemia unspec.	5		0	1	0	2	0	0	0	0	0	0	1	0	0	0	0	1:	0.1%	: C95
ther & unspecified	119	: 2:	3	1	0	3	5	1	6	9	4	13	16	10	10	13	8	15:	3.0%	: Other
																				=

2015: Zimbabwean Non-Blacks: Males

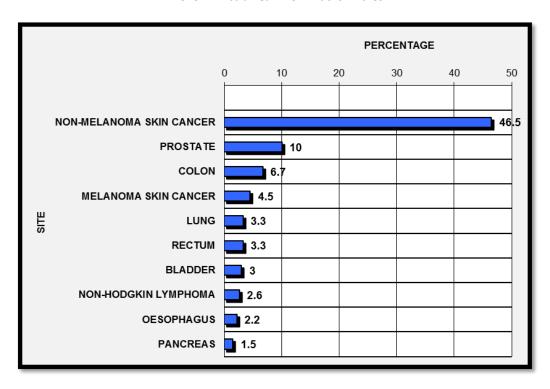


FIGURE 42

2015: Zimbabwean non-Blacks: Females

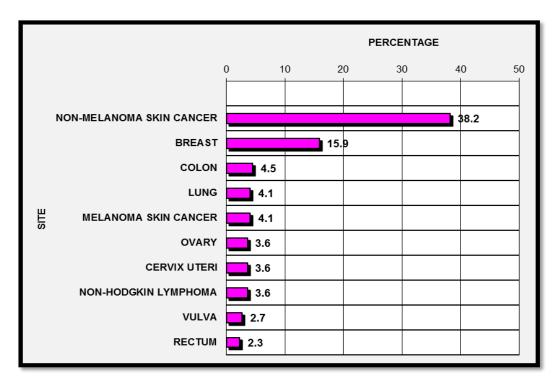


TABLE 5

AGE, SEX AND SITE DISTRIBUTION: 2015 MALE: ZIMBABWEAN NON-BLACKS

		Age Unk.	0- - 4	5- - 9	10- -14	15- -19	20- -24	25- -29	30- -34	35- -39	40- -44	45- -49	50- -54	55- -59	60- -64	65- -69	70- -74	75+ % of Total	ICD (10th)
	0 :	: 0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0: 0.0%	- C00
Congue	1 :	: 0:	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0: 0.4%	: CO1-CO2
louth	2	: 0:	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0: 0.7%	: CO3-CO6
Salivary glands	0 :	: 0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0: 0.0%	: CO7-CO8
onsi l	2	: 0 :	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1: 0.7%	: CO9
ther Oropharynx	0 :	: 0 :	0	Ó	0	0	0	0	Ó	Ó	0	Ó	Ó	0	0	0	Ó		: C10
lasopharynx	ō:		ŏ	ŏ	ō	Õ	ō	ō	Õ	ō	ŏ	ō	ō	Õ	ō	ō	ō		: C11
lypopharynx	1 :	-	ŏ	Ö	Ô	ō	0	0	Õ	ō	0	0	ō	ō	Õ	0	1		: C12-C13
harynx unspec.	1	-	ŏ	Ö	Õ	Ö	Õ	Õ	Õ	ő	ŏ	Õ	ő	Ö	Ö	1	ō		: C14
esophagus	6	-	ŏ	Õ	ŏ	ŏ	Õ	ŏ	ŏ	ŏ	Õ	ŏ	ŏ	3	Ŏ	1	Õ		: C15
Stomach	2	-	Ö	Ö	ŏ	Õ	Ö	Ö	Ö	Ö	ő	Ö	ŏ	Ö	ő	ō	ŏ		: C16
Small intestine	1 :		Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö	0	Ö	Ö	Ö	1	Ö	ő		: C17
Colon	18		0	Ö	Ö	Ö	Ö	Ö	Ö	0	Ö	0	Ö	1	3	3	1		: C18
Rectum	9 :		0	0	0	0	0	0	0	0	0	0	0	1	1	3	2		: C19-C20
iectum inus	1:	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1		: C21
	_		-	-	-	0	-	-	-	-	0	-	-	-	-	-	0		
iver	3 :	-	0	0	0	-	0	0	0	0	-	0	0	0	1	2	-		: C22
Gallbladder etc.	1 :		0	0	0	0	0	0	0	0	0	0	0	0	0	0	1		: C23-C24
ancreas	4 :		0	0	0	0	0	0	0	0	0	0	0	1	1	2	0		: C25
lose, sinuses etc.	1 :		0	0	0	0	0	1	0	0	0	0	0	0	0	0	0		: C30-C31
arynx	1 :	-	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0		: C32
rachea, Bronchus, Lung	9 :	-	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2		: C33-C34
ther Thoracic organs	0 :		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		: C37-C38
one	1 :		0	0	0	1	0	0	0	0	0	0	0	0	0	0	0		: C40-C41
lelanoma of Skin	12		0	0	0	1	0	0	0	0	1	0	2	2	1	1	1		: C43
ther Skin	125	-	0	0	0	0	1	0	1	1	4	3	10	13	19	22	16	35 : 46.5%	: C44
lesothelioma	0 :	: 0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0: 0.0%	: C45
Caposi sarcoma	1 :	: 0:	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0: 0.4%	: C46
Connective,Soft tissue	2 :	: 0:	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1: 0.7%	: C47;C49
Breast	1 :	: 0:	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0: 0.4%	: C50
Penis	1:	: 0:	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0: 0.4%	: C60
Prostate	27	0:	0	0	0	0	0	0	0	0	0	0	0	2	5	1	5	14: 10.0%	: C61
Cestis .	1 :	: 0 :	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0: 0.4%	: C62
ther male genital	0:	0:	Ô	Ó	Ô	Ô	Ó	Ó	0	0	Ó	Ó	0	ò	Ô	Ó	Ô	0: 0.0%	: C63
idnev	3	: 0:	1	Ö	Ō	Ō	ō	ō	Ö	Ō	ō	Ō	Ō	ō	Ō	1	Ō		: C64
tenal Pelvis	0:	· 0 :	ō	ō	ō	ō	ō	ō	ō	ō	ō	Ō	ō	ō	ō	ō	ō		: C65
lreter	0 :		Ŏ	Ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ		: C66
ladder	8 :	-	Ö	0	Ö	Ô	Ö	Ö	1	Ö	Ö	Ö	0	0	1	Ö	1		: 067
Other Urinary organs	0 :	-	0	Ö	Ö	0	Ö	Ö	ō	Ö	0	Ö	ő	Ö	ō	Ö	ō		: 068
ve	0 :	-	0	0	Ö	Ö	Ö	0	Ö	0	Ö	0	Ö	0	0	0	Ö		: C69
rain, Nervous system	1:		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		: C70-C72
rain, mervous system Thyroid	2	-	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0		: C73
	0 :	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		: C74
drenal gland																			
ther Endocrine	0:		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		: C75
odgkin disease	_	-	0	-	-	-	-	-	1	0	-	-	-	-		-	-		: C81
on-Hodgkin lymphoma	7 :	-	0	0	0	0	0	0	0	0	1	2	0	1	1	0	0		: C82-C85;
mmunoproliferative dis.	0 :	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		: C88
ultiple Myeloma	1:	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		: C90
ymphoid Leukaemia	0 :		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		: C91
yeloid Leukaemia	3 :		0	0	0	0	0	1	0	0	0	0	0	0	0	0	0		: C92-C94
eukaemia unspec.	0 :		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		: C95
Other & unspecified	9 :	: 0:	0	0	0	0	0	0	0	1	0	0	0	1	3	0	0	4: 3.3%	: Other
		: 0 :	1	0	0	2	2	2	3	5	7	8	12	27	37	41	31	91 :100.0%	_

TABLE 6 AGE, SEX AND SITE DISTRIBUTION: 2015 FEMALE: ZIMBABWEAN NON-BLACKS

	All Ages		ge Ink.		0- - 4	5- - 9	10- -14	15- -19	20- -24	25- -29	30- -34	35- -39	40- -44	45- -49	50- -54	55- -59	60- -64	65- -69	70- -74	75+	% of Total	ICD (10th)
Lip	0	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	= : C00
Tongue	0	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	: 001-002
l outh	1	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1:	0.5%	: CO3-CO6
Salivary glands	0	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	: CO7-CO8
Consil	0	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	: CO9
Other Oropharynx	0	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	: C10
lasopharynx	0	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	: C11
lypopharynx	0	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	: C12-C13
harynx unspec.	Ó	:	0	:	Ó	Ó	0	Ó	Ó	0	0	0	0	Ó	0	Ó	Ô	0	0	0:	0.0%	
esophagus	3	:	Ô	:	Ô	Ó	Ô	Ô	Ó	Ô	Ô	Ó	Ô	Ó	Ô	1	1	Ó	Ô	1:	1.4%	
tomach	4		ŏ	:	Õ	Õ	ő	Õ	ŏ	Õ	Õ	ŏ	Õ	ŏ	Õ	ō	ō	Õ	Õ	4:	1.8%	
Small intestine	ō		ŏ		Ö	Ö	Ö	ŏ	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö	0:	0.0%	
Colon	10		ŏ	:	Ö	ŏ	Ö	ő	Ö	Ö	Ö	ŏ	Ö	ŏ	Ö	2	1	2	2	3:	4.5%	
lectum	5		Ö		Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö	1	Ö	Ö	1	ō	1	2	0:		: C19-C2
inus	1			:	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0:		: C21
nus .iver		:		:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0:	0.5%	
	1			:				0							-	0		0	0	0:		
allbladder etc.	_		-		0	0	0	-	0	0	0	0	0	0	0	-	1	-		-		: C23-C2
ancreas	5		0	:	0	0	0	0	0	0	0	0	0	0	1	0	0	1	2	1:	2.3%	
ose, sinuses etc.	0		0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:		: C30-C3
arynx		:	0		0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0:		: C32
rachea, Bronchus, Lung	-	:	•	:	0	0	0	0	0	0	0	0	0	0	1	0	2	1	1	4:		: C33-C3
ther Thoracic organs	0		0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:		: C37-C3
one		:	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0:		: C40-C4
elanoma of Skin	9		0	:	0	0	0	0	0	0	1	0	0	2	0	2	3	0	0	1:	4.1%	
ther Skin	84		0	:	0	0	0	0	2	0	2	3	2	4	10	5	9	11	7		38.2%	
esothelioma	0	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	
aposi sarcoma	0		0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	
onnective,Soft tissue	1	:	0	:	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0:	0.5%	: C47;C49
reast	35	:	0	:	0	0	0	0	0	0	1	1	1	5	1	3	5	7	2	9:	15.9%	: C50
ulva	6	:	0	:	0	0	0	0	0	0	0	0	1	0	1	2	0	0	0	2:	2.7%	: C51
agina	0	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	: C52
Cervix Uteri	8	:	0	:	0	0	0	0	0	2	0	0	2	1	0	1	0	2	0	0:	3.6%	: C53
Corpus Uteri	1	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1:	0.5%	
Iterus unspec.	2	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0:	0.9%	: C55
vary	8	:	Ó	:	Ó	Ó	Ô	Ó	Ó	Ó	0	Ó	Ó	1	Ó	Ó	Ô	3	0	4:	3.6%	
ther Female Genital	0	:	Ō	:	Ó	Ö	Ô	Ó	Ó	Ö	Ó	Ö	Ô	Ō	Ó	Ó	Ó	ō	Ó	0:	0.0%	: C57
lacenta	ō		ō	•	Ö	ō	Ö	ō	ō	ō	ō	ō	Ö	ō	ō	ō	ō	Ö	Õ	0:	0.0%	
idnev	2		ō		0	0	Ô	Ô	0	0	0	2	0	0	0	Ô	Õ	0	Ö	0:	0.9%	
enal Pelvis	õ		-	:	Ö	ő	ő	ő	Ö	ő	ő	Õ	ő	Ö	Ö	ő	ŏ	Ö	ő	0:	0.0%	
reter	0		Ö		Ö	Ö	ő	Ö	Ö	Ö	Ö	Ö	ő	Ö	Ö	ő	Ö	Ö	Ö	0:	0.0%	
ladder	2		0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0:	0.9%	
ther Urinary organs	0		0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	
	1		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1:	0.5%	
ye rain, Nervous system		:		:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1:		: C70-C7:
	0			:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:		
hyroid	-		-	:				-										-			0.0%	
drenal gland	0		•	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	
ther Endocrine	0		0	•	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	
odgkin disease	0		•	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 :		: C81
on-Hodgkin lymphoma	8		•	:	0	0	0	0	1	0	0	0	0	0	1	0	1	3	1	1:		: C82-C8
mmunoproliferative dis.		:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	
ultiple Mayeloma	2		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2:	0.9%	
ymphoid Leukaemia	0		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	
lyeloid Leukaemia	1	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0:	0.5%	: C92-C9-
eukaemia unspec.	0	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	: C95
ther & unspecified	6	:	0	:	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	4:	2.7%	: Other
		_																				=
LL SITES	220	:	0	:	0	0	0	0	3	3	4	7	7	13	16	17	24	32	25	69 :	LOO.0%	:

2015: All Zimbabweans: Males

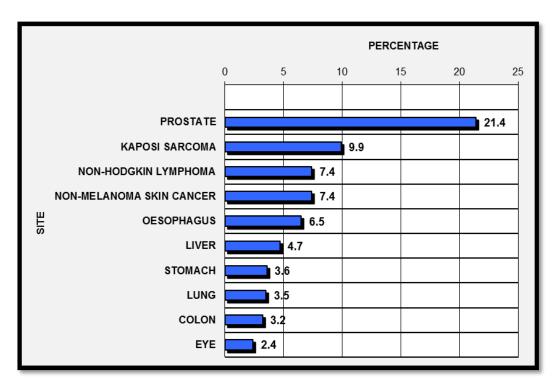


FIGURE 44

2015: All Zimbabweans: Females

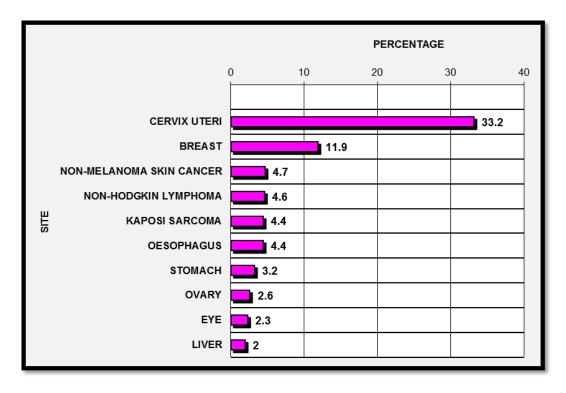


TABLE 7 AGE, SEX AND SITE DISTRIBUTION: 2015 MALE: ZIMBABWEAN ALL RACES

	A11 Ages	Age Unk.	0- - 4	5- - 9	10- -14	15- -19	20- -24	25- -29	30- -34	35- -39	40- -44	45- -49	50- -54	55- -59	60- -64	65- -69	70- -74	75 +	% of Total	ICD (10th)
.ip	2		0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0:	0.1%:	- C00
ongue	8	: 0:	0	0	0	0	0	0	0	0	0	2	0	1	0	1	2	2:	0.3%	C01-C02
outh	30	: 0:	0	0	0	0	1	0	0	3	2	4	2	4	4	3	2	5:	1.0%	C03-C06
alivary glands	9	: 0:	0	0	0	0	0	0	0	1	2	3	0	1	0	1	0	1:	0.3%	C07-C08
`onsil	3	: 0:	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1:	0.1%	C09
ther Oropharynx	0	: 0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	C10
asopharynx	19	: 0:	1	1	1	0	2	1	0	1	2	3	0	3	1	1	0	2:	0.6%	C11
ypopharynx	4	: 0:	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2	0:	0.1%:	C12-C13
harynx unspec.	1	: 0:	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0:	0.0%	C14
esophagus	198	: 2:	0	0	0	0	0	4	1	6	13	21	15	23	20	26	21	46:	6.5%	C15
Stomach	110	: 1:	ō	ō	ō	ō	0	0	3	2	6	6	7	11	9	14	18	33 :		
mall intestine	2		ŏ	ŏ	ŏ	ŏ	Ö	ŏ	Ö	ō	1	Ö	Ö	0	1	0	0	0:		
olon	98		ŏ	ŏ	Ö	ĭ	ĭ	7	ĭ	2	3	7	2	13	15	9	9	27:		
ectum		: 0:	Õ	Ô	0	ō	2	ò	3	7	5	3	2	11	10	9	4	10 :		C19-C20
nus		: 0:	Ö	0	Ô	ő	0	Ö	Ö	3	4	1	ō	1	0	1	1	1:		C21
iver	143	-	Ö	Ö	1	1	2	2	9	18	27	15	17	9	9	4	8	21:		
allbladder etc.		: 0:	Ö	Ö	ō	ō	Õ	õ	0	1	0	0	1	1	ő	3	3	3:		C23-C24
ancreas		: 0:	0	0	Ö	Ö	0	0	1	1	1	1	5	9	7	7	9	6:		C25 C24
lose, sinuses etc.	19	-	0	0	ő	2	0	1	0	1	1	3	1	1	2	2	2	2:		C30-C31
arynx	34	_	Ö	Ö	0	ő	0	0	ő	ō	0	1	1	9	2	10	1	10:		C32
rachea, Bronchus, Lung	106	-	1	Ö	Ö	Ö	0	Ö	3	5	5	2	5	11	8	20	13	33 :		C33-C34
ther Thoracic organs	16		1	Ö	ő	1	Ö	Ö	1	0	0	1	3	2	1	3	0	3:		C37-C38
one	40	-	ō	Ö	4	4	5	5	6	1	2	2	2	3	ō	3	Ö	3:		C40-C41
elanoma of Skin		: 1:	Ö	0	0	1	0	2	0	1	2	ő	4	4	4	5	3	11:		
ther Skin	224	_	2	0	2	4	5	4	8	9	17	14	18	18	27	27	19	49:		C44
lesothelioma	224 1		0	0	0	0	0	0	0	0	1	0	0	10	0	0	19	49.		C45
	300	-	1	0	3	8	6	25	55	51	51	31	20	15	9	5	5	-		
(aposi sarcoma		_	6		-	2	-		55 7			31 5	20 5	15 2	0	-	-			
Connective, Soft tissue		-		1	1		4	4		1	4					4	1	5:		C47;C49
Breast		: 0:	0	0	0	0	0	0	3	0	1	0 7	2 7	1	3 4	2	1	4:		C50
Penis	54	-	0	0	0	-	0	2	6	6	5			5	-	4	3	5:		
rostate	652	_	0	0	0	1	0	0	0	2	1	3	17	30	64	102	103			C61
estis .	_	: 0 :	1	0	0	0	0	1	0	1	1	3	0	0	0	1	0	1:	0.3%	
ther male genital	4	-	1	0	0	1	0	0	0	0	1	0	0	0	0	0	0	1:	0.1%	
idney	40	-	20	6	2	0	0	0	0	0	0	1	0	2	4	1	2	2:		
enal Pelvis	-	: 0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:		C65
Ireter	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:		C66
ladder		: 1:	0	0	0	0	1	0	1	4	2	0	4	4	6	5	7	20:		C67
ther Urinary organs	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:		
lye		: 0:	13	1	1	1	0	5	5	13	13	8	3	3	1	3	1	1:		C69
rain, Nervous system	43		8	5	1	2	0	0	5	3	3	4	2	1	4	2	0	3:	1.4%	0.0 0.2
hyroid	13	-	0	0	0	0	0	0	0	2	0	1	0	0	2	1	4	3:		
drenal gland	1		0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0:	0.0%	
ther Endocrine	1	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1:		
odgkin disease	22	-	0	2	4	3	2	0	3	3	1	2	1	0	0	0	0	1:		C81
on-Hodgkin lymphoma	225		5	5	5	10	8	13	12	18	31	40	16	20	10	8	7	15:		C82-C85
mmunoproliferative dis.		-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	C88
ultiple Myeloma	48	: 0:	0	0	0	0	0	1	1	0	4	4	2	7	5	8	2	14:	1.6%	C90
ymphoid Leukaemia	28	: 0:	7	7	5	1	0	2	1	0	0	1	2	0	1	1	0	0:	0.9%	C91
yeloid Leukaemia	34	: 0:	3	2	5	2	4	4	1	1	0	2	3	3	1	1	0	2:	1.1%	C92-C94
eukaemia unspec.	10	: 0:	0	0	1	1	0	2	2	1	0	1	0	0	1	0	1	0:	0.3%	C95
ther & unspecified	119	: 2:	2	1	3	2	2	4	5	7	5	8	7	10	12	16	12	21 :	3.9%	Other
LL SITES	2041	: 16 :	72	31	39	48	46	89	143	175	218	210	177	239	248	316	266		100.0%	

TABLE 8 AGE, SEX AND SITE DISTRIBUTION: 2015 FEMALE: ZIMBABWEAN ALL RACES

Anus 18: 0: 0 0 0 0 0 1 3 3 3 1 2 1 2 1 2 3 1 1 0: 0.48: C Liver 84: 0: 0 0 0 0 0 2 1 5 6 7 8 8 8 6 5 8 11 17: 2.08: C Galibladder etc. 18: 0: 0 0 0 0 0 0 2 1 1 1 0 2 5 2 9 6 5 13: 1.18: C Pancreas 44: 0: 0 0 0 0 0 0 0 1 1 1 0 2 5 2 9 6 6 5 13: 1.18: C Nose, sinuses etc. 12: 0: 0 0 0 0 0 0 1 1 1 0 0 2 5 2 9 6 6 5 13: 1.18: C Caryax 3: 0: 0 0 0 0 0 0 1 1 1 0 0 0 4 1 1 2 2 0.38: C Caryax 3: 0: 0 0 0 0 0 0 1 1 0 0 0 0 0 0 0 1 1 1 1	SITE	All Ages	Age Unk.	0- - 4	5- - 9	10- -14	15- -19	20- -24	25- -29	30- -34	35- -39	40- -44	45- -49	50- -54	55- -59	60- -64	65- -69	70- -74	75+	% of Total	ICD (10th)
Transpare 3 : 0 : 0 0 0 0 0 1 1 0 1 0 1 0 1 0 1 0 0 0 0		1	: 0:	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0:	0.0%	= : C00
South Sout		3	: 0:	0	0	0	0	1	0	0		0	1	0	1	0	0	0	0:	0.1%	: 001-002
Salivary glands 16: 0: 0: 0 0 0 0 0 1: 0 2 0 2 1 1 2 6 0 1: 0.48: 100 100 100 100 100 100 100 100 100 10		-	-	-		-	-		-	-		_		-		-	-		-		
Tracesi																			-		
ther Oropharymx 9:0:0 0:0:0			-																		
																	-				
		_	-			-	-			-		-									
Tarymur unspece. 1: 0: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		-		-	-	-		-	-			-				-	_		-		
New Property New																					
Standard			-				-	-						-				-	-		
asall intestine			-				-		-	-											
Dolon							-														
tectum 46: 0: 0 0 0 0 0 1 3 7 7 4 5 2 2 3 3 6 7 6: 1.15: C ms 18: 0: 0 0 0 0 0 0 0 1 3 7 7 4 5 5 2 2 3 3 6 7 6: 1.15: C ms 18: 0: 0 0 0 0 0 0 0 2 1 5 6 7 8 8 8 6 5 8 11 1 0: 0.04: C iver 84: 0: 0 0 0 0 0 0 0 0 2 1 1 1 1 1 2 2 3 1 1 1 0: 0.45: C security of the control																					
Institute																					
airber (184 : 0 : 0 0 0 0 0 0 2 1 1 5 6 6 7 8 8 8 6 5 8 11 17 : 2 0.08 : Calabladder etc. 18 : 0 : 0 0 0 0 0 0 0 0 0 0 2 1 1 1 1 2 2 3 3 3 3 : 0.48 : Calabrages (185 : 0 : 0 0 0 0 0 0 0 0 1 1 1 0 0 2 5 2 2 9 6 5 13 : 1.15 : Calabrages (185 : 0 : 0 0 0 0 0 0 0 1 1 1 1 0 0 2 5 2 2 9 6 5 13 : 1.15 : Calabrage (185 : 0 : 0 0 0 0 0 0 0 1 1 1 1 1 0 0 0 0 0			-	-	-	-	-	-	_	-		_	_	_		_	-		-		: C19-C2
iall bladder etc. 18 : 0 : 0 0 0 0 0 0 0 0 2 1 1 1 1 1 2 2 3 3 3 3 : 0.48 : Caloreas 44 : 0 : 0 0 0 0 0 0 0 1 1 1 0 2 5 2 9 6 5 13 : 1.15 : Caloreas 64							-												-		: C21
Parcelase																					
lose, sinuses etc. 12: 0: 0 0 0 0 0 0 1 1 1 1 1 1 0 0 0 4 1 1 1 2: 0.3%: Carynx 3: 0: 0 0 0 0 0 0 1 1 0 1 0 1 0 0 0 0 0 0			-				-														
arynx							-	_				-									C25
Trachea, Bronchus, Lung 64: 1: 0 0 0 0 1 0 1 2 4 2 6 8 7 11 7 14: 1.6%: Core ther Thoracic organs 5: 0: 0 0 0 0 0 0 1 0 1 0 0 0 2 0 1 1 0 7 14: 1.6%: Core 31: 0: 1 1 3 3 3 4 3 2 2 2 2 1 2 2 0 2 0 1 1 0 0 0 0.0%: Core 1 1 1 3 3 3 4 3 2 2 2 2 1 1 2 2 0 2 1 1 4 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	lose, sinuses etc.	_	-	-	-	-	-	-	-					-	-	_					: C30-C3
Sther Thoracic organs	arynx	3	: 0:	0	0	0	0	0	1	0		1	0	0	0		0		1:	0.1%	: C32
Some	rachea, Bronchus, Lung	64	: 1:	0	0	0	0	1	0	1	2	4	2	6	8	7	11	7	14:	1.6%	: C33-C3
Some	ther Thoracic organs	5	: 0:	0	0	0	0	0	0	0	1	0	0	0	2	0	1	1	0:	0.1%	: C37-C3
lelanoma of Skin		31	: 0:	1	1	3	3	4	3	2		2	2	1	2	2	0	2	1:	0.8%	: C40-C4
ther Skin 193 : 2 : 1 0 1 0 6 3 12 18 16 16 14 12 14 22 11 45 : 4.7% : Cesothelioma 1 : 0 : 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		59	: 2:					0				3	5	1	6	10	5	4	19:		: C43
lesothelioma 1: 0: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		193	: 2:	1	0	1	0	6		12		16	16				22	11	45:		: C44
aposi sarcoma 181 : 1 : 0 0 0 2 3 8 27 34 37 29 10 6 8 4 5 4 3 : 4.45 : Commective, Soft tissue 51 : 1 : 5 3 2 1 1 1 3 6 4 7 2 4 3 4 3 4 3 0 2 : 1.25 : Commective, Soft tissue 51 : 1 : 5 3 2 1 1 1 3 6 4 7 2 4 3 4 3 4 3 0 2 : 1.25 : Commective, Soft tissue 51 : 1 : 5 3 2 1 1 1 3 6 4 7 2 4 3 4 3 4 3 0 2 : 1.25 : Commective, Soft tissue 51 : 1 : 5 3 2 1 1 1 1 3 6 4 7 2 4 3 4 3 4 3 0 2 : 1.25 : Commective, Soft tissue 51 : 1 : 5 3 2 1 1 1 1 3 6 4 7 2 4 3 4 3 4 3 0 2 : 1.25 : Commective, Soft tissue 489 : 0 : 0 0 0 0 0 0 0 0 1 1 3 1 2 0 3 5 7 61 48 44 17 5 52 : 11.55 : COMMethod 16			_				-														
Connective, Soft tissue																					: C46
Reast 489: 0: 0 0 0 0 0 2 15 23 47 60 63 57 61 48 44 17 52: 11.9%: COLUVA 68: 0: 0 0 0 0 4 2 6 18 12 6 4 5 1 1 1 8 1.6%: COLUVA 68: 0: 0 0 0 0 0 4 2 6 18 12 6 4 5 1 1 1 1 8 1.6%: COLUVA 68: 0: 0 0 0 0 0 0 0 1 3 1 2 0 3 2 1 2 1 2 1 1 0.4%: COLUVA 68: 13: 0 0 0 0 0 0 4 28 62 150 201 200 160 140 120 119 76 95: 33.2%: COLUVA 68: 13: 0 0 0 0 0 0 3 2 1 0 6 5 5 21 9 9 11: 1.7%: COLUVA 68: COLUVA 68: 13: 0 0 0 0 0 0 0 3 2 1 0 6 5 5 21 9 9 11: 1.7%: COLUVA 68: COLUVA				5															2:		: C47:C4
Tulva 68: 0: 0 0 0 0 4 2 6 18 12 6 4 5 1 1 1 1 8: 1.6%: Cd agina 16: 0: 0 0 0 0 0 0 0 1 3 1 2 0 3 2 1 2 1: 0.4%: Cd agina 16: 0: 0 0 0 0 0 0 0 1 3 1 2 0 3 2 1 2 1: 0.4%: Cd agina 16: 0: 0 0 0 0 0 0 0 1 3 1 2 0 3 2 1 2 1: 0.4%: Cd agina 16: 0: 0 0 0 0 0 0 0 0 1 3 1 2 0 0 160 140 120 119 76 95: 33.2%: Cd agina 17: 0: 0: 0 0 0 0 0 0 0 3 2 1 0 6 5 5 21 9 9 11: 1.7%: Cd agina 18: 0: 0 0 0 0 0 0 0 0 0 0 0 0 0 1 4 3 3 6 1: 0.4%: Cd agina 18: 0: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 4 3 3 6 1: 0.4%: Cd agina 18: 0: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0																		-			: C50
Agina 16:0:0:0 0 0 0 0 1 3 1 2 0 3 2 1 2 1:0.4%:00 Agrina 16:0:0:0 0 0 0 0 1 3 1 2 0 3 2 1 2 1:0.4%:00 Arryix Uteri 1988:13:0 0 0 0 0 4 28 62 150 201 200 160 140 120 119 76 95:33.2%:00 Arryix Uteri 72:0:0 0 0 0 0 0 3 2 1 0 6 5 5 21 9 9 11:1.7%:00 Arryix 108:0:0 0 0 0 0 0 0 0 1 0 0 0 1 4 3 3 6 1:0.4%:00 Arryix 108:0:0 0 2 3 3 3 3 3 12 9 8 9 9 5 9 13 8 12:2.2%:00 Arryix 108:0:0 0 0 0 0 0 0 0 0 1 0 0 0 1 4 3 6 1:0.4%:00 Arryix 108:0:0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				-			-														
Cervix Uteri 1368 13 3 0 0 0 0 4 28 62 150 201 200 160 140 120 119 76 95 33 28 12 12 12 12 13 14 14 15 14 15 14 15 14 15 14 15 14 15 15							-														
Corpus Uteri			-	-	-	-	-	-	-				_	-	-			_	_		
Iterus unspec. 16 : 0 : 0 0 0 0 0 0 0 0 1 0 0						-	-	-													
Vary 108 : 0 : 0 2 3 3 3 3 12 9 8 9 9 5 9 13 8 12 : 2.6% : Ct	• • • • • • • • • • • • • • • • • • • •			-			_														
where Female Genital 2: 0: 0	-		-				-														
Placenta 22: 1: 0 0 0 1 4 4 5 2 1 4 0 0 0 0 0 0 0.5%: Cidney 36: 0: 19 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0																					
idney 36: 0: 19 7 0 0 0 0 0 3 2 2 1 1 1 1 0 0 0 0: 0.9%: O cenal Pelvis 0: 0: 0: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		_	-		-	_	-	•	-	-	-		•		-	-		-	-		
Remai Pelvis 0: 0: 0: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				-				_	_				_	-	-	-	-	-	-		
Teter																					
Standar Stan																					
Steam Stea		_	-				-					-					_		_		
ye 93: 2: 12 0 0 0 4 2 7 14 18 7 6 8 6 3 1 3: 2.3%: Orain, Nervous system 53: 0: 4 5 0 2 2 2 3 3 2 4 5 4 2 4 3 2 9: 1.3%: Chyrid 46: 0: 0 0 1 0 0 2 2 0 3 0 3 4 8 5 6 12: 1.15: Chyrid and pland 1: 0: 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				-			-	-	-												
rain, Nervous system 53 : 0 : 4 5 0 2 2 2 3 2 4 5 4 2 4 3 2 9 : 1.3% : Crivroid 46 : 0 : 0 0 1 1 0 0 2 2 0 3 0 3 4 8 5 6 12 : 1.1% : Crivroid 46 : 0 : 0 1 0 0 1 0 0 2 2 0 3 0 3 4 8 5 6 12 : 1.1% : Crivroid 46 : 0 : 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0																					
thyroid 46: 0: 0 0 1 0 0 2 2 0 3 0 3 4 8 5 6 12: 1.15: C drenal gland 1: 0: 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	•					-								-		-			-		
drenal gland																					C70-C7
ther Endocrine 8: 0: 1 1 1 1 0 0 0 1 0 2 0 1 0 1 0 0 0 0.2%: C odgkin disease 18: 0: 0 1 0 2 2 3 1 1 1 2 2 1 0 1 0 1 0 1: 0.4%: C odgkin disease 18: 0: 0 1 0 2 2 3 1 1 1 2 2 1 0 1 0 1 0 1: 0.4%: C ommunoproliferative dis. 0: 0: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0																					: C73
odgkin disease 18: 0: 0 1 0 2 2 3 1 1 1 2 2 1 0 1 0 1 0 1: 0.4%: CO on-Hodgkin lymphoma 191: 1: 3 3 5 4 9 5 20 20 28 22 18 13 14 9 5 12: 4.6%: CO membroof disease dis. 0: 0: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		_	-				-	-	-			-			-			-			
on-Hodgkin lymphoma 191: 1: 3 3 5 4 9 5 20 20 28 22 18 13 14 9 5 12: 4.6%: Ct mmunoproliferative dis. 0: 0: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ther Endocrine	8	: 0:	1	1	1	0	0	0	1	0	2	0	1	0	1	0	0	0:	0.2%	: C75
namumoproliferative dis. 0:0:0:0 0	odgkin disease	18	: 0:	0	1	0	2	2		1	1	1	2	2	1	0	1	0	1:	0.4%	: C81
mmunoproliferative dis. 0: 0: 0: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	on-Hodgkin lymphoma	191	: 1:	3	3	5	4	9	5	20	20	28	22	18	13	14	9	5	12:	4.6%	C82-C8
ultiple Myeloma 45: 0: 0 0 0 0 0 0 0 0 2 0 4 3 8 5 11 0 12: 1.15: C ymphoid Leukaemia 21: 0: 6 2 2 2 0 2 0 0 0 0 0 0 2 2 0 0 3: 0.5%: C yeloid Leukaemia 30: 0: 1 0 2 2 6 3 2 1 1 3 2 1 0 1 2 3: 0.7%: C eukaemia wnspec. 5: 0: 0 1 0 2 0 0 0 0 0 1 0 0 0 1: 0.15: C		. 0	: 0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	: C88
ymphoid Leukaemia 21: 0: 6 2 2 2 0 2 0 0 0 0 0 2 2 0 0 3: 0.5% : Ct yeloid Leukaemia 30: 0: 1 0 2 2 6 3 2 1 1 3 2 1 0 1 2 3: 0.7% : Ct eukaemia unspec. 5: 0: 0 1 0 2 0 0 0 0 0 1 0 0 0 0 1: 0.15% : Ct			: 0:	0		0	0	0		0		0	4	3	8		11		12:		: C90
velloid Leukaemia 30: 0: 1 0 2 2 6 3 2 1 1 3 2 1 0 1 2 3: 0.7%: Ci eukaemia unspec. 5: 0: 0 1 0 2 0 0 0 0 0 1 0 0 0 1: 0.15: Ci																					: C91
eukaemia unspec. 5:0:0 1 0 2 0 0 0 0 0 1 0 0 0 1:0.1% : C:																					: C92-C9
																			-		
		-	-						-			-	-				-		_		
LL SITES 4124 : 33 : 58 27 22 32 71 119 239 391 436 438 384 380 383 384 252 475 :100.0% :																					•

2015: Harare Blacks: Males

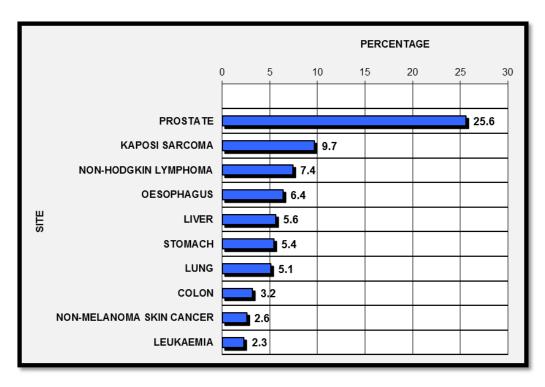


FIGURE 46

2015: Harare Blacks: Females

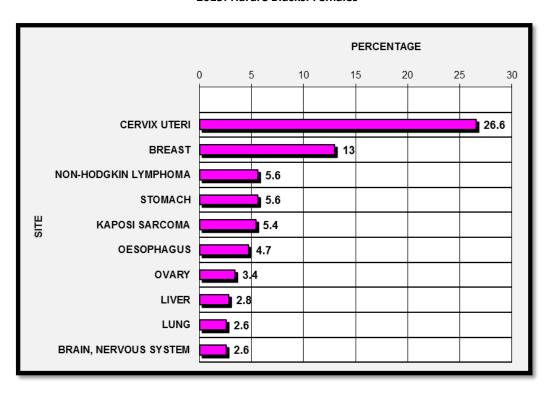


TABLE 9

AGE, SEX AND SITE DISTRIBUTION: 2015

MALE: HARARE BLACKS

SITE	All Ages		ge nk.	0- - 4	5- - 9	10- -14	15- -19	20- -24	25- -29	30- -34	35- -39	40- -44	45- -49	50- -54	55- -59	60- -64	65- -69	70- -74	75+	% of Total	ICD (10th
	1	:	0:	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0:	0.1%:	C00
Congue	2	:	0:	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0:	0.2%:	001⊣
louth	7	:	0:	0	0	0	0	0	0	0	2	0	2	0	0	0	2	1	0:	0.7%:	003-
alivary glands	1	:	0:	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0:	0.1%:	
onsil	0	:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	C09
ther Oropharynx	0	:	0:	Ó	Ó	Ó	0	Ó	0	Ó	Ó	Ó	Ó	Ó	0	Ó	0	0	0:		C10
asopharynx	9		0:	Õ	Õ	1	ŏ	1	ō	ō	i	ĭ	ō	ō	2	ì	ĭ	ō	1:	0.9%:	
ypopharynx	1	:	0:	ō	ō	0	0	0	0	ō	0	0	0	0	1	0	0	0	0:	0.1%:	
harynx unspec.	ō		0:	Ö	ŏ	ő	Ö	ŏ	ŏ	Ö	ő	ŏ	ő	ő	ō	ő	ő	Ö	0:		C14
esophagus	65	:	1:	ŏ	Ŏ	ŏ	ŏ	ŏ	1	ŏ	2	6	7	5	7	3	8	7	18:		C15
tomach	54		0:	Ö	ŏ	ŏ	ŏ	ŏ	ō	3	Õ	4	2	5	2	6	7	10	15:	5.4%:	
mall intestine	1		0:	Ö	Ö	Ö	Ô	Ö	Ö	Ö	Ö	1	Õ	Ö	Õ	Ö	ó	0	0:	0.1%	
olon	32		0:	0	0	0	1	0	3	0	Ö	1	3	0	4	2	4	2	12:	3.2%:	
ectum	20		0:	0	0	0	0	0	0	2	2	3	0	1	3	5	1	0	3:	2.0%:	
ectum nus	20 5		0:	0	0	0	0	0	0	0	1	2	0	0	0	0	1	0	1:	0.5%	
	56		0:	0	0	0	1	0	2	4	6	15	6	4	3	2	1	4			C22
iver	56 6		0:		0	0	0		0			12	0	0		0		2	-		-
allbladder etc.	-		-	0	-	-	-	0	-	0	1	-			1	-	1	_	1:		C23-C
ancreas	19		0:	0	0	0	0	0	0	1	0	0	1	2	3	4	1	3	4:	1.9%:	
ose, sinuses etc.	7		0:	0	0	0	1	0	0	0	1	0	0	1	0	1	1	1	1:	0.7%	
arynx	11		0:	0	0	0	0	0	0	0	0	0	0	1	2	1	5	0	2:		C32
achea, Bronchus, Lung	51		0:	0	0	0	0	0	0	3	2	3	1	4	6	5	8	6	13:	5.1%:	
ther Thoracic organs	8		0:	1	0	0	0	0	0	1	0	0	0	2	2	1	0	0	1:		C37-C
one	13		0:	0	0	2	1	1	2	1	0	0	1	0	1	0	2	0	2:	1.3%:	
elanoma of Skin	8		0:	0	0	0	0	0	0	0	0	0	0	1	1	0	2	1	3:	0.8%:	
her Skin	26		0:	0	0	0	3	2	2	3	0	3	1	0	1	3	2	1	5:	2.6%:	
esothelioma	0	:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	C45
aposi sarcoma	98	:	2:	0	0	2	3	1	5	18	18	19	7	7	3	4	1	3	5:	9.7%:	C46
onnective,Soft tissue	10	:	0:	0	0	0	1	0	2	2	0	1	1	1	0	0	1	1	0:	1.0%:	C47;C
reast	4	:	0:	0	0	0	0	0	0	1	0	0	0	0	0	1	0	1	1:	0.4%:	C50
enis	13	:	0:	0	0	0	0	0	0	3	1	2	0	2	1	1	1	1	1:	1.3%:	C60
rostate	258	:	0:	0	0	0	0	0	0	0	1	1	1	7	9	19	37	35	148:	25.6%:	C61
estis	2		0:	1	Ô	Ó	Ó	Ò	0	Ó	0	0	1	Ó	0	0	0	0	0:		C62
ther male genital	1		0:	ō	ŏ	Õ	ì	Ŏ	ŏ	Õ	ō	Õ	0	Õ	ò	ō	ŏ	ŏ	0:		C63
idnev	9		0:	3	1	ŏ	ō	ō	Ŏ	ŏ	ō	ō	1	ō	ō	2	ō	2	0:	0.9%	
enal Pelvis	ő		0:	Ö	Ô	ŏ	ŏ	ŏ	ŏ	ő	ő	ŏ	ō	ő	ŏ	õ	ŏ	ō	0:	0.0%	
eter	ő		0:	Ö	Ö	ő	Ö	Ö	Ö	Ö	Ö	ő	Ö	Ö	Ö	ő	Ö	ő	0:		C66
ladder	16	:	0:	0	0	0	Ö	0	0	0	2	0	0	2	1	1	3	3	4:	1.6%:	
ther Urinary organs	0		0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	
	14		0:	0	0	1	0	0	0	2	3	3	3	0	2	0	0	0	0:	1.4%:	
ye	14 15		0:	2	2	1	0	0	0	2	0	3 1	3	1	0	2	1	0	2:		C70-C
rain, Nervous system			-				_	-	_			_			_						
hyroid	3		0:	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2	0:		C73
irenal gland	1		0:	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0:	0.1%	
her Endocrine	1		0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1:	0.1%:	
dgkin disease	4		0:	0	0	1	0	2	0	0	1	0	0	0	0	0	0	0	0:	0.4%:	
n-Hodgkin lymphoma	75		1:	1	0	3	3	4	4	4	5	12	18	4	8	3	0	3	2:		C82-C
munoproliferative dis			0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	
ıltiple Mayelomma	14	:	0:	0	0	0	0	0	1	0	0	1	1	1	0	1	3	2	4:	1.4%:	C90
mphoid Leukaemia	6	:	0:	1	1	2	0	0	1	0	0	0	0	1	0	0	0	0	0:	0.6%	C91
reloid Leukaemia	12	:	0:	1	2	3	0	1	0	1	0	0	1	1	0	1	1	0	0:	1.2%:	C92-C
eukaemia unspec.	5	:	0:	0	0	0	1	0	1	2	0	0	0	0	0	0	0	1	0:	0.5%:	C95
ther & unspecified	44	:	0:	1	0	1	2	2	2	1	2	1	5	0	3	6	6	3	9:	4.4%:	0ther

TABLE 10

AGE, SEX AND SITE DISTRIBUTION: 2015

FEMALE: HARARE BLACKS

NUMBER OF CASES BY AGE GROUP

SITE	All Ages		lge Ink.	0- - 4	5- - 9	10- -14	15- -19	20- -24	25- -29	30- -34	35- -39	40- -44	45- -49	50- -54	55- -59	60- -64	65- -69	70- -74	75+	% of Total	ICD (10th)
 Lip	1	:	0:	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0:	0.1%:	= : C00
Tongue		:	0:	ō	Ō	ō	ō	ō	ō	Ō	0	ō	1	ō	1	Ō	ō	ō	ō:		C01-C02
Mouth	6		0:	i	ō	ō	ō	ō	ō	ō	ō	1	ō	1	ō	ō	ŏ	2	1:		C03-C06
Salivary glands	4		0:	ō	Ö	Ö	ŏ	Ö	1	Ö	ĭ	ō	Ö	ō	Ö	Ö	2	ō	0:		C07-C08
Tonsil	0		0:	0	Ö	Ö	Ö	Ö	Ō	Ö	ō	Ö	Ö	Ö	Ö	ő	Õ	Ö	0:	0.0%:	
Other Oropharynx		:	0:	0	0	0	Ö	0	0	0	Ö	0	Ö	0	1	0	0	0	0:	0.0%	
	_	:	0:	0	0	0	1	0	0	0	0	0	0			0	0	0	0:	0.2%	
Nasopharynx			-	-	-	-				-	-	-	-	1	1	-	-	-	-		
Hypopharynx		:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:		C12-C13
Pharynx unspec.	1		0:	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0:	0.1%:	
Desophagus	57		0:	0	0	0	0	0	0	4	0	2	2	5	8	5	16	6	9:		C15
Stomach	68		2:	0	0	0	0	0	1	1	3	2	3	7	8	7	4	8	22:	5.6%	
Small intestine	1	:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0:	0.1%:	C17
Colon	22	:	0:	0	0	0	1	0	0	1	3	0	1	2	2	3	2	4	3:	1.8%:	C18
Rectum	16	:	0:	0	0	0	0	0	0	0	4	2	2	0	0	1	0	3	4:	1.3%:	C19-C20
Anus	2	:	0:	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0:	0.2%	
Liver	34	:	0:	0	0	0	0	1	1	1	4	3	3	4	0	3	3	3	8:	2.8%:	C22
Gallbladder etc.	9	:	0:	0	Ó	Ó	Ó	0	0	0	0	1	1	0	1	Ö	2	3	1:		C23-C24
Pancreas	21		o:	ō	ō	ō	ō	ō	ō	ō	ì	ō	1	4	ō	2	2	3	8:	1.7%:	
Nose, sinuses etc.	2		0:	ō	0	Ô	ō	ō	Õ	ō	0	0	1	ō	ō	0	1	0	0:		C30-C31
Larynx	_	:	0:	Ö	Ö	ŏ	ő	Ö	ő	Ö	Ö	1	ō	Ö	Ö	ő	ō	ŏ	0:	0.1%:	
Frachea, Bronchus, Lung	31		1:	Ö	ő	ŏ	ŏ	ŏ	ŏ	0	1	3	2	1	6	3	5	5	4:	2.6%	
Other Thoracic organs	1		0:	Ö	ŏ	ŏ	ŏ	Ö	Ö	ŏ	î	Ö	Õ	ō	Ö	Ö	Ö	Ö	0:		C37-C38
one moracic organs	10		0:	0	0	0	1	3	3	0	1	0	0	1	1	0	0	0	0:		C40-C41
felanoma of Skin	10		0:	0	0	0	0	0		0	0	0	0	1	1	0	3	0	4:		C43
			-	-		-	-	-	1	•	-	-	-			-	-	-	•		
other Skin	26		0:	0	0	0	0	0	1	1	4	5	4	1	1	3	2	0	4:	2.1%:	
desothelioma	0		0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	
Kaposi sarcoma	66		0:	0	0	1	2	3	6	11	17	14	3	3	0	2	1	2	1:	5.4%:	
Connective,Soft tissue	21		1:	1	2	1	0	0	1	2	2	1	0	4	2	2	1	0	1:		C47;C49
Breast	158		0:	0	0	0	0	1	6	4	15	17	24	25	21	14	8	5		13.0%:	
<i>l</i> ulva	13	:	0:	0	0	0	0	0	0	2	2	2	2	2	1	0	0	0	2:	1.1%:	
Vagina –	1	:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1:	0.1%:	C52
Cervix Uteri	323	:	1:	0	0	0	0	0	5	16	30	43	49	38	34	25	35	21	26:	26.6%:	C53
Corpus Uteri	28	:	0:	0	0	0	0	0	2	1	0	0	1	1	3	7	5	5	3:	2.3%:	C54
Uterus unspec.	4	:	0:	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	1:	0.3%:	C55
)vary	41	:	0:	0	0	0	0	2	1	4	4	3	4	3	3	5	5	5	2:	3.4%:	C56
Other Female Genital	0		0:	Ô	Ò	Ô	Ò	0	0	Ō	0	ō	ō	ō	ō	ō	ō	ō	0:	0.0%:	
Placenta	-	:	0:	ō	ō	ō	1	ō	ō	ō	ō	Ō	ì	ō	ō	ō	ō	ō	0:	0.2%	
Kidnev	12		0:	6	3	Ö	ō	Ö	Ö	Ö	Ö	1	1	ő	Ö	1	Ö	Ö	0:	1.0%	
Renal Pelvis	0		0:	0	0	Ö	Ö	Ö	0	Ö	Ö	Ō	ō	Ö	Ö	ō	0	Ö	0:	0.0%:	
Ireter	0		0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	
Bladder	8		0:	0	0	0	0	0	0	0	1	0	0	0	1	1	3	0	2:	0.7%	
			-	-		-	-			-		-	-				3 1	-	0:		
Other Urinary organs		:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0		0	•	0.1%:	
Sye	12		0:	0	0	0	0	0	0	0	3	1	0	2	3	1	0	1	1:		
Brain, Nervous system	31		0:	2	2	0	0	2	1	2	1	4	2	1	2	2	1	1	8:	2.6%	
hyroid	10		0:	0	0	0	0	0	0	0	0	0	0	1	0	4	0	3	2:		
drenal gland		:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	
ther Endocrine	5		0:	1	1	0	0	0	0	0	0	2	0	0	0	1	0	0	0:		
odgkin disease	6	:	0:	0	0	0	0	1	2	0	1	0	0	1	0	0	0	0	1:	0.5%	C81
on-Hodgkin lymphoma	68	:	0:	1	1	2	1	2	3	9	8	13	10	6	3	2	1	1	5:	5.6%:	C82-C85
mmunoproliferative dis	. 0	:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	C88
Multiple Myeloma	18	:	0:	0	0	0	0	0	0	0	1	0	1	3	2	2	5	0	4:	1.5%:	C90
ymphoid Leukaemia		:	0:	2	0	2	1	Ō	1	0	0	Ō	0	Ō	0	0	ō	0	1:	0.6%	
yeloid Leukaemia	11		0:	ō	Ö	1	1	3	1	Õ	1	Ö	Ö	2	Ö	Ö	ŏ	ő	2:	0.9%	
eukaemia unspec.		:	0:	Ö	Ö	ō	ō	Ö	ō	ő	ō	ŏ	Ö	ō	Ö	ő	Õ	ŏ	0:		
Other & unspecified	39		0:	1	ŏ	Ö	1	3	1	2	3	2	7	5	3	2	4	2	3:		Other
vener a mapeerred	J9	_	· ·																<u> </u>	U. 2N .	Juici

2015: Harare Non-Blacks: Males

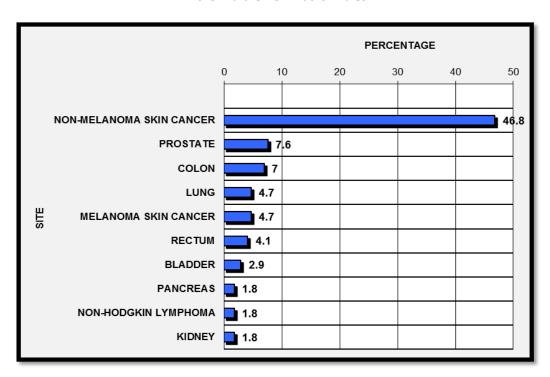


FIGURE 48

2015: Harare Non-Blacks: Females

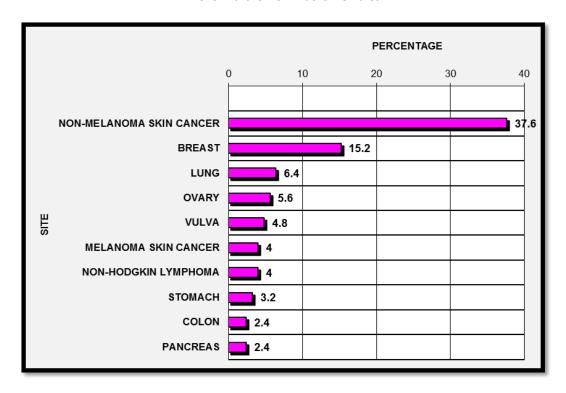


TABLE 11

AGE, SEX AND SITE DISTRIBUTION: 2015

MALE: HARARE NON-BLACKS

SITE	All Ages		Age Unk.		0- - 4	5- - 9	10- -14	15- -19	20- -24	25- -29	30- -34	35- -39	40- -44	45- -49	50- -54	55- -59	60- -64	65- -69	70- -74	75+	% of Total	ICD (10th)
		`		_																		:
ip	0	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	C00
ongue	1	:	0		0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0:	0.6%	CO1-C
louth	1	:	0	:	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0:	0.6%	C03-C
alivary glands	0	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	C07-C
onsil	1	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0:	0.6%:	C09
ther Oropharynx	0	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	C10
asopharynx	0	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	C11
ypopharynx	0	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	C12-C
narynx unspec.	1	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0:	0.6%:	C14
esophagus	3	:	0	:	0	0	0	0	0	0	0	0	0	0	0	2	0	1	0	0:	1.8%:	C15
tomach	1	:	Ō	:	ō	ō	ō	ō	ō	ō	Ō	ō	ō	ō	ō	0	Ō	0	ō	1:	0.6%:	C16
mall intestine	_	:	ō		Ö	Ŏ	ō	ō	ō	ō	ō	ō	Õ	ō	ō	ŏ	ō	ō	ō	0:	0.0%:	
olon	12		0		Ö	Ö	Õ	ŏ	Ö	Õ	Õ	ŏ	Õ	ŏ	Õ	Ö	2	3	Õ	7:	7.0%:	
ectum		:	0		0	Ö	Ö	0	0	0	0	0	0	0	0	1	1	3	Ö	2:		C19-C
nus		:	-	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0:		C21
iver		:	0		0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0:	1.2%	
iver allbladder etc.	_	:	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0:		C23-C
	_		0			0	0	0		-	-		0	0	0	-		-		_		
ancreas		:			0		0	0	0	0 1	0	0		0	0	1 0	1 0	1	0	0:	1.8%:	
ose, sinuses etc.	_	:	0		0	0			0			0	0			-		0	-	0:		C30-C
arynx	_	:	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:		C32
achea, Bronchus, Lung		:			0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	5:		C33-C
her Thoracic organs		:	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:		C37-C
ne		:	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:		C40-C
elanoma of Skin	-	:	0	:	0	0	0	1	0	0	0	0	1	0	1	2	1	0	1	1:	4.7%:	
her Skin	80		-	:	0	0	0	0	0	0	1	1	3	2	7	9	13	12	9		46.8%:	
esothelioma	0	:	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	
aposi sarcoma	1	:	0	:	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0:	0.6%	C46
onnective,Soft tissue	1	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0:	0.6%:	C47;C
east	1	:	0	:	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0:	0.6%:	C50
enis	1	:	0	:	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0:	0.6%:	C60
rostate	13	:	0	:	0	0	0	0	0	0	0	0	0	0	0	1	1	0	3	8:	7.6%:	C61
estis	1	:	0	:	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0:	0.6%:	C62
ther male genital	0	:	0	:	0	0	Ó	0	Ó	0	0	0	0	0	Ó	0	0	Ó	0	0:		C63
idnev		:	ō	:	i	Ŏ	ō	ō	Ō	ŏ	ō	Õ	ō	Õ	Ō	ō	Õ	1	ŏ	1:		C64
enal Pelvis	0		-	:	ō	Õ	Ö	ŏ	Ö	ŏ	ŏ	Ŏ	Õ	Ö	Ö	Ö	ŏ	ō	ŏ	0:		C65
reter	0		0		0	Ö	Ö	0	0	Ö	Ô	0	0	0	Ö	ő	ő	0	0	0:		C66
ladder	5		Ô		Ö	Ô	ŏ	Ö	Ö	Ö	Ö	Ö	0	ŏ	Ö	Ö	1	Ö	1	3:	2.9%:	
ther Urinary organs	-	:	Ö		Ö	Ö	0	ő	Ö	Ö	Ö	Ö	Ö	0	Ö	Ö	0	ő	ō	0:	0.0%	
ner offinary organis re		:	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	
ain, Nervous system	-	:	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1:		C70-C
	_		-		0	-	-	0				2	-	0	0				0	_		
yroid	_	:	0			0	0	-	0	0	0	_	0	-	-	0	0	0	-	0:	1.2%:	
irenal gland		:	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	
her Endocrine	-	:	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	
dgkin disease		:	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	
n-Hodgkin lymphoma	-	:	0		0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2:		C82-C
munoproliferative dis		:	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:		C88
ıltiple Mayeloma	_	:	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1:	0.6%	
mphoid Leukaemia		:	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	
eloid Leukaemia	1	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1:	0.6%:	C92-C
eukaemia unspec.	0	:	0	:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	C95
ther & unspecified	6	:	0	:	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	4:	3.5%:	Other
		_		_	_												_					•
L SITES	171	:	0	:	1	0	0	1	0	1	1	5	5	5	8	19	21	27	17	60 ∷	100.0%:	

TABLE 12 AGE, SEX AND SITE DISTRIBUTION: 2015

FEMALE: HARARE NON-BLACKS

Mesothelioma Kaposi sarcoma Connective,Soft tissue	0 0 0 0 0 0 0 0 0 1 4 0 3 1 0 1 0 1 8 0 1 1 8 0 1 1 1 8 0 0 1 1 1 1	: 0 : 0 : 1 :	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0: 0: 0: 0: 0: 0: 0: 1: 4:	0.0%: 0.0%: 0.0%: 0.0%: 0.0%: 0.0%: 0.0%: 0.0%: 0.0%: 3.2%:							
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2015: Harare All Races: Males

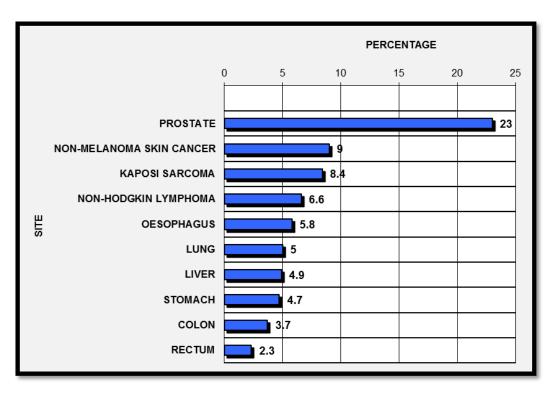


FIGURE 50

2015: Harare All Races: Females

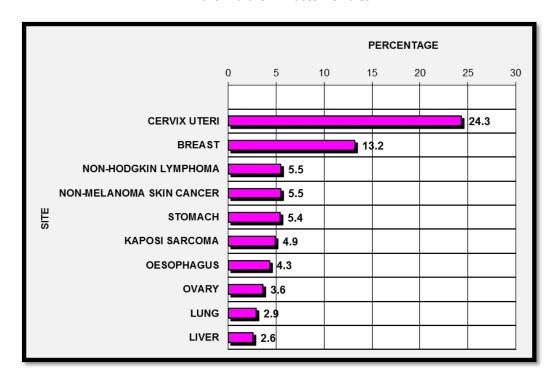


TABLE 13

AGE, SEX AND SITE DISTRIBUTION: 2015

MALE: HARARE ALL RACES

SITE	A11 Ages		Age Jnk.	0- - 4	5- - 9	10- -14	15- -19	20- -24	25- -29	30- -34	35- -39	40- -44	45- -49	50- -54	55- -59	60- -64	65- -69	70- -74	75+	% of Total	ICD (10th)
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ongue	3	:	0:	0	0	0	0	0	0	0	0	0	2	0	0	0	1	0	0:	0.3%:	CO1-CO2
louth	8	:	0:	0	0	0	0	0	0	0	2	0	2	0	1	0	2	1	0:	0.7%:	CO3-CO6
alivary glands	1	:	0:	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0:	0.1%:	CO7-CO8
onsil	1	:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0:	0.1%:	C09
ther Oropharynx	0	:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	C10
asopharynx	9	:	0:	Ö	ō	1	ō	1	Ö	ō	1	i	ō	Ö	2	1	1	Ö	1:		
ypopharynx	1	:	0:	Ó	Ó	0	0	0	0	Ó	0	0	Ó	Ó	1	0	0	0	0:		C12-C1
harynx unspec.		:	0:	Ö	Ó	Ò	Ô	Ó	Ó	Ó	Ó	Ô	Ó	Ó	0	Ô	1	Ó	0:		C14
esophagus	68		1:	ō	Ŏ	ō	ō	ō	ĭ	ō	2	6	7	5	9	3	9	7	18:		C15
tomach	55		0:	Ö	0	Ô	Ö	0	ō	3	ō	4	2	5	2	6	7	10	16:		
mall intestine		:	0:	ŏ	Ö	ő	ŏ	ŏ	ŏ	Ö	ŏ	ì	ō	Ö	ō	ŏ	ò	0	0:		
olon	44		0:	Ö	ő	Ö	1	Ö	3	Ö	Ö	î	3	Ö	4	4	7	2	19:		
ectum	27		0:	0	0	0	ō	0	0	2	2	3	0	1	4	6	4	0	5:		C19-C2
nus	6		0:	0	0	0	0	0	0	0	1	2	0	0	0	0	1	1	1:		C21
	-		0:	0	0	0		0	2	4		15	6	4				4		4.9%:	
iver	58	:	0:	0	0	0	1 0	0	0	0	6	12	0	0	3 1	3 0	2 1	3	8: 1:		
allbladder etc.			-		-	-	-		-		1	-		-					_		C23-C2
ancreas	22		0:	0	0	0	0	0	0	1	0	0	1	2	4	5	2	3	4:	1.9%:	
ose, sinuses etc.	-	:	0:	0	0	0	1	0	1	0	1	0	0	1	0	1	1	1	1:		C30-C3
arynx	11		0:	0	0	0	0	0	0	0	0	0	0	1	2	1	5	0	2:		C32
rachea, Bronchus, Lung	59		0:	0	0	0	0	0	0	3	2	3	1	4	6	5	10	7	18:		C33-C3-
ther Thoracic organs		:	0:	1	0	0	0	0	0	1	0	0	0	2	2	1	0	0	1:		C37-C38
one	13		0:	0	0	2	1	1	2	1	0	0	1	0	1	0	2	0	2:		C40-C4:
elanoma of Skin	16		0:	0	0	0	1	0	0	0	0	1	0	2	3	1	2	2	4:		C43
ther Skin	106	:	0:	0	0	0	3	2	2	4	1	6	3	7	10	16	14	10	28:	9.0%:	C44
esothelioma	0	:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	C45
aposi sarcoma	99	:	2:	0	0	2	3	1	5	18	18	19	8	7	3	4	1	3	5:	8.4%:	C46
onnective,Soft tissue	11	:	0:	0	0	0	1	0	2	2	0	1	1	1	0	0	2	1	0:	0.9%:	C47;C49
reast	5	:	0:	0	0	0	0	0	0	1	0	1	0	0	0	1	0	1	1:	0.4%:	C50
enis	14	:	0:	0	0	0	0	0	0	3	1	2	1	2	1	1	1	1	1:	1.2%:	C60
rostate	271	:	0:	0	0	0	0	0	0	0	1	1	1	7	10	20	37	38	156:	23.0%:	C61
estis	3	:	0:	1	Ö	Ō	Ö	Ö	Ö	Ö	1	0	1	Ò	0	0	0	0	0:		
ther male genital		:	0:	ō	ō	ō	1	Ö	Ō	ō	ō	ō	ō	ō	ō	Ō	Ō	ō	0:		C63
idnev	12		0:	4	1	ō	ō	Ŏ	ō	ō	Ō	ō	1	Ō	ō	2	1	2	1:		
enal Pelvis	0		0:	ō	ō	ŏ	ŏ	ŏ	ŏ	Ö	Ö	Ö	ō	ŏ	Ö	ō	ō	ō	0:		C65
reter	0		0:	Ö	0	Ô	0	Ö	0	Ö	Ö	0	Ö	0	Õ	Ö	Ö	0	0:		C66
ladder	21		0:	0	0	0	0	0	0	0	2	0	0	2	1	2	3	4	7:		
ther Urinary organs	0		0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	_,_,	
	14		0:	0	0	1	0	0	0	2	3	3	3	0	2	0	0	0	0:		C69
ye			0:	2	2	1	0	0	0	2	0	3 1	1	1	0	2	1	0	3:		C70-C72
rain, Nervous system	16		-				-		-			_			-				-	_,_,	
hyroid	-	:	0:	0	0	0	0	0	0	0	2	0	1	0	0	0	0	2	0:		C73
drenal gland	_	:	0:	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0:		
ther Endocrine	_	:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1:	0.1%:	
odgkin disease		:	0:	0	0	1	0	2	0	0	1	0	0	0	0	0	0	0	0:		
on-Hodgkin lymphoma	78		1:	1	0	3	3	4	4	4	5	12	18	4	9	3	0	3	4:		C82-C8
munoproliferative dis		:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	
ıltiple Myeloma	15	:	0:	0	0	0	0	0	1	0	0	1	1	1	0	1	3	2	5:	1.3%:	C90
ymphoid Leukaemia	6	:	0:	1	1	2	0	0	1	0	0	0	0	1	0	0	0	0	0:	0.5%:	C91
yeloid Leukaemia	13	:	0:	1	2	3	0	1	0	1	0	0	1	1	0	1	1	0	1:	1.1%:	C92-C9-
eukaemia unspec.		:	0:	0	0	0	1	0	1	2	0	0	0	0	0	0	0	1	0:	0.4%:	C95
ther & unspecified	50		0:	1	Ō	1	2	2	2	1	3	1	5	Ō	4	6	6	3	13:		
		_																			
L SITES	1179	:	4:	12	6	17	19	15	27	55	56	86	71	62	85	96	129	112	327:	100.0%:	

TABLE 14 AGE, SEX AND SITE DISTRIBUTION: 2015 FEMALE: HARARE ALL RACES

	All Ages	Age		0- - 4	5- - 9	10- -14	15- -19	20- -24	25- -29	30- -34	35- -39	40- -44	45- -49	50- -54	55- -59	60- -64	65- -69	70- -74		5+ % of Total	
	1	. ,) :	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	-	0: 0.19	= 5 : 000
Tongue	2		-	Ö	Ö	Ö	ő	Ö	Ö	Ö	ō	ő	1	0	1	0	0	Ö			: 001-002
	_		-			-	-	-		-		-		-		-	_	2			
louth	6	: (1	0	0	0	0	0	0	0	1	0	1	0	0	0				: C03-C06
Salivary glands	4) :	0	0	0	0	0	1	0	1	0	0	0	0	0	2	0			: 007-008
Consil	0	: (0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			: CO9
ther Oropharynx			-	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0			: C10
asopharynx	3	: ():	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0		0:0.29	: C11
lypopharynx	0	: ():	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0.09	: C12-C13
harynx unspec.	1	: ():	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0		0:0.19	: C14
esophagus	58	: ():	0	0	0	0	0	0	4	0	2	2	5	8	5	16	6	1	0: 4.39	: C15
Stomach	72	: 2	2:	0	0	0	0	0	1	1	3	2	3	7	8	7	4	8	2		: C16
Small intestine	1):	Ō	Ō	Ō	Ō	Ō	0	0	Ō	0	Ō	Ó	Ō	0	1	Ō			: C17
olon	25):	ŏ	Ö	ŏ	1	ő	ŏ	1	3	ŏ	1	2	2	3	3	6			: C18
ectum) :	Ö	Ö	Õ	ō	Ö	ő	ō	4	2	2	õ	õ	1	0	4			: C19-C2
nus	2	: (-	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0		0: 0.19	
	_	-					-														
iver	35):	0	0	0	0	1	1	1	4	3	3	4	0	3	3	4			: C22
allbladder etc.	-):	0	0	0	0	0	0	0	0	1	1	0	1	0	2	3		1: 0.79	
ancreas	24		0:	0	0	0	0	0	0	0	1	0	1	5	0	2	2	4		9: 1.8%	
ose, sinuses etc.	2	-):	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0			: C30-C3
arynx	2	: ():	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0			: C32
rachea, Bronchus, Lung	39	: 1	1:	0	0	0	0	0	0	0	1	3	2	2	6	5	6	6		7: 2.9%	: C33-C3
ther Thoracic organs	1	: ():	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0		0: 0.19	: C37-C3
one	11	: ():	0	0	0	1	3	3	0	1	0	0	1	1	0	0	1		0: 0.89	: C40-C4
elanoma of Skin	15	: 0):	Ó	Ó	Ó	0	Ō	1	Ó	0	Ó	2	1	1	2	3	0		5: 1.19	: C43
ther Skin	73	-) :	ŏ	ō	ō	ō	1	1	2	4	6	7	8	5	6	11	3			: C44
esothelioma	0):	Ö	Ö	Ö	ŏ	ō	ō	ō	ō	ŏ	ò	Ö	Ö	Ö	0	Ö			: C45
anosi sarcoma	66) :	0	0	1	2	3	6	11	17	14	3	3	0	2	1	2			: C46
		-	-		2	1	0	0	1	2	2		0		2	2	1	0			
onnective,Soft tissue	21		1:	1			-	-				1		4							: C47;C4
reast	177		: 0	0	0	0	0	1	6	4	15	17	25	26	23	18	13	7		2:13.29	
ulva) :	0	0	0	0	0	0	2	2	3	2	3	3	0	0	0			: C51
agina	1	-):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			: C52
ervix Uteri	326	: 1	1:	0	0	0	0	0	5	16	30	45	50	38	34	25	35	21	2	6:24.39	: C53
orpus Uteri	28	: ():	0	0	0	0	0	2	1	0	0	1	1	3	7	5	5		3: 2.19	: C54
terus unspec.	5	: ():	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2		1: 0.49	: C55
vary	48	: ():	0	0	0	0	2	1	4	4	3	5	3	3	5	7	5		6: 3.6%	: C56
ther Female Genital	0):	Ö	Ò	Ö	Ö	0	ō	Ō	0	Ō	Ö	ō	Ō	Ō	Ó	ō			: C57
lacenta	2		0:	ō	ō	ō	1	ō	Ö	ō	ō	ō	i	ō	ō	ō	ō	ō			: C58
idnev	12	_):	6	3	Ö	ō	Ö	Ö	Ö	Ö	1	1	Ö	Ö	1	Ö	Ö		0: 0.99	
enal Pelvis	0	: (0	0	Ö	ő	0	Ö	Ö	Ö	0	ō	Ö	Ö	ō	Ö	Ö		0:0.9%	
reter	0	: (0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			: C66
	_	-	-				0	_	_	_				_	_	_	-	-			
ladder	10):	0	0	0	-	0	0	0	1	0	0	0	1	1	4	1			: 067
ther Urinary organs	1):	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0			: C68
ye	13):	0	0	0	0	0	0	0	3	1	0	2	3	1	0	1			: C69
rain, Nervous system				2	2	0	0	2	1	2	1	4	2	1	2	2	1	1		9: 2.4%	
nyroid):	0	0	0	0	0	0	0	0	0	0	1	0	4	0	3			: C73
irenal gland	0	: ():	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0:0.09	: C74
ther Endocrine	5	: ():	1	1	0	0	0	0	0	0	2	0	0	0	1	0	0		0: 0.49	: C75
odgkin disease	6	: 0):	ō	ō	Ō	Ō	1	2	Ö	1	0	Ö	1	Ö	0	Ō	Ō			: C81
on-Hodgkin lymphoma):	1	1	2	1	3	3	9	8	13	10	7	3	3	2	2		5 : 5.5%	
mmunoproliferative dis.) :	Ō	ō	õ	ō	Ö	Ö	ő	Ö	0	0	ò	Ö	Ö	Õ	õ			: C88
ultiple Myeloma) :	0	Ö	Ö	Ö	0	0	Ö	1	0	1	3	2	2	5	0		5 : 1.49	
ymphoid Leukaemia	7):	2	0	2	1	0	1	0	0	0	0	0	0	0	0	0		1: 0.59	
yeloid Leukaemia	11):	0	0	1	1	3	1	0	1	0	0	2	0	0	0	0		2: 0.89	
eukaemia unspec.	0):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			: C95
ther & unspecified	43	: ():	1	0	0	1	3	1	2	3	2	7	6	3	2	4	2		6: 3.29	: Other
																			_		=
LL SITES	1339	: 5	5:	15	9	7	10	23	39	62	113	127	135	138	119	110	135	99	19	3:100.09	· :

2015: Bulawayo All Races: Males

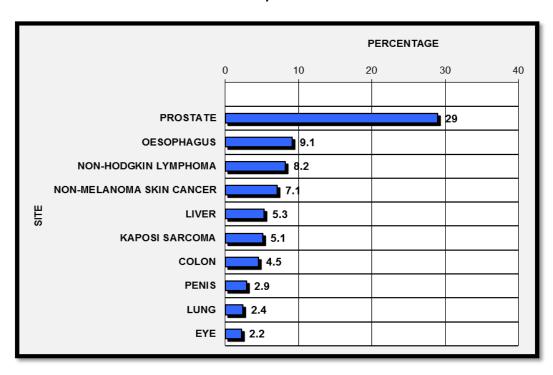


FIGURE 52

2015: Bulawayo All Races: Females

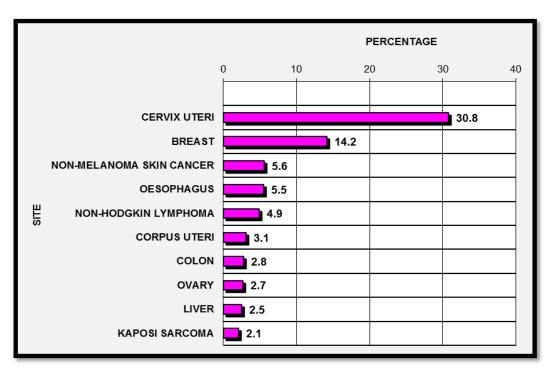


TABLE 15

AGE, SEX AND SITE DISTRIBUTION: 2015

MALE: BULAWAYO ALL RACES

SITE	A11 Ages		lge Ink.	0- - 4	5- - 9	10- -14	15- -19	20- -24	25- -29	30- -34	35- -39	40- -44	45- -49	50- -54	55- -59	60- -64	65- -69	70- -74	75+	% of Total	ICI (10t
Lip	0	:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	COO
Congue	1	:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0:	0.2%:	00:
louth	3	:	0:	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1:	0.7%:	CO3
alivary glands	2	:	0:	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1:		
onsil	1	:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1:	0.2%:	009
ther Oropharynx	0		0:	Ö	ō	ō	ō	ō	ō	Ō	Ō	Ō	ō	ō	ō	Ō	ō	ō	ō:	0.0%:	
asopharynx		:	0:	ŏ	Õ	Õ	Õ	Õ	Õ	Õ	Õ	ŏ	2	ŏ	ŏ	Õ	ŏ	ŏ	0:	0.4%	
popharynx	_	:	0:	ŏ	ō	Ö	Ö	Ö	Ö	Ö	ō	0	ō	Ö	Ö	Ö	Ö	Ö	0:	0.0%	
narynx unspec.	ő		0:	Ö	ő	Ö	ŏ	ő	ő	ŏ	ő	Ö	Ö	ő	Ö	ŏ	Ö	Ö	0:		C14
sophagus	41		1:	ŏ	ŏ	ŏ	ŏ	ŏ	2	Ö	Ö	2	4	4	5	6	5	4	8:		C15
:sopnagus :omach	6		0:	Ö	Ö	Ö	Ö	Ö	õ	Ö	Ö	1	0	0	2	1	1	ō	1:	1.3%:	
mall intestine		:	0:	0	0	0	0	0	Ö	Ö	Ö	ō	Ö	0	ő	0	ō	0	0:	0.0%:	
all intestine olon	20		0:	0	0	0	0	1	0	0	2	0	1	1	4	5	0	3	3:	4.5%:	
		:	0:	-	0	0	0	0	0	0		1	0	0	2	-	0	-	2:		
ectum			_	0	-	-	_	-	_	-	0	_	-	-		1	-	1	_	1.6%:	
nus	2		0:	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0:	0.4%:	
iver	24		0:	0	0	0	0	0	0	2	2	4	2	4	0	2	2	1	5:		C22
illbladder etc.	_	:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0:		C23
ancreas	10		0:	0	0	0	0	0	0	0	0	0	0	1	3	0	2	4	0:	2.2%:	
ose, sinuses etc.		:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	
arynx		:	0:	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	1:		C32
achea, Bronchus, Lung	11	:	0:	0	0	0	0	0	0	0	1	2	0	0	2	0	2	2	2:	2.4%:	
her Thoracic organs	2	:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1:	0.4%:	C37
ne	2	:	0:	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0:	0.4%:	C40
lanoma of Skin	2	:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2:	0.4%:	C43
her Skin	32	:	0:	0	0	0	0	1	0	0	2	3	1	3	2	5	6	3	6:	7.1%:	C44
esothelioma	0	:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	C45
posi sarcoma	23	:	0:	0	0	0	1	1	2	2	6	2	4	0	3	0	2	0	0:	5.1%:	C46
nnective,Soft tissue	5	:	0:	1	0	Ó	0	0	0	1	0	0	0	0	1	0	0	Ó	2:	1.1%:	C47
east	4	:	0:	0	0	0	0	0	0	1	0	0	0	1	1	1	0	0	0:		C50
enis	13		0:	ō	0	0	ō	ō	1	1	1	0	2	1	1	2	3	Ō	1:		C60
rostate	130		1:	ō	ō	ō	ō	ō	0	0	0	Ō	1	3	3	15	17	24	66 :	29.0%:	
estis		:	0:	ŏ	Ŏ	ŏ	ŏ	ŏ	1	Õ	ŏ	ŏ	ō	Õ	Õ	ō	0	0	0:		062
ther male genital	_	÷	0:	ŏ	0	Ô	Ô	ő	ō	Ô	Ö	ő	ő	ő	ŏ	ő	Ô	ő	1:		063
dnev	_	:	0:	0	Ö	1	Ö	Ö	0	Ö	Ö	Ö	Ö	0	Ö	Ö	0	ő	0:		
enal Pelvis		:	0:	0	0	0	Ö	Ö	Ö	0	0	0	Ö	Ö	0	0	0	0	0:		065
enzi reivis reter		:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:		066
reter ladder	7		0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7:	1.6%:	
	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	=	-			
ther Urinary organs	10		0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	
ye .	10		0:	2	0	0	0	0	1	1	3	1	1	1	0	0	0	0	0:	2.2%:	
rain, Nervous system		:	0:	1	1	0	0	0	0	1	1	0	0	0	1	0	0	0	0:	1.1%:	
yroid		:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1:	0.2%:	
irenal gland	0		0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:		C74
her Endocrine	0		0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	
dgkin disease		:	0:	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0:	0.4%:	
n-Hodgkin lymphoma	37		0:	0	1	0	1	0	3	4	3	3	6	5	4	1	1	0	5:	8.2%:	
munoproliferative dis	. 0	:	0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%:	C88
ltiple Mayeloma	9	:	0:	0	0	0	0	0	0	0	0	1	2	1	2	0	2	0	1:	2.0%:	C90
mphoid Leukaemia	3	:	0:	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0:	0.7%:	C91
eloid Leukaemia	7	:	0:	ō	Ō	Ō	1	1	2	ō	Ō	ō	ō	1	1	Ō	Ō	ō	1:	1.6%:	
eukaemia unspec.		:	0:	ŏ	Õ	Õ	ō	ō	ō	Õ	ŏ	ŏ	Ŏ	ō	ō	ŏ	Õ	ŏ	0:	0.0%:	
ther & unspecified	18		0:	1	Ö	Ö	Ö	Ö	2	1	Ö	1	ĭ	2	2	2	3	ő	3:		
		_				<u> </u>														1.0%	ЭШ
L SITES	449	:	2:	7	3	1	4	5	14	15	22	23	28	28	42	42	48	43	122 ::	100.0%:	

TABLE 16

AGE, SEX AND SITE DISTRIBUTION: 2015 FEMALE: BULAWAYO ALL RACES

SITE	All Ages	Age Unk.	0- · 4	5- - 9	10- -14	15- -19	20- -24	25- -29	30- -34	35- -39	40- -44	45- -49	50- -54	55- -59	60- -64	65- -69	70- -74	75+	% of Total	ICD (10th)
 Lip	0	: 0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	= : C00
Congue	0	: 0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	: CO1-CO2
louth	3	: 0:	0	0	0	0	1	0	0	1	0	0	0	0	0	1	0	0:	0.4%	C03-C06
Salivary glands	2	: 0:	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1:	0.3%	: 007-008
Consil	0	: 0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	
ther Oropharynx	1	: 0:	Ó	Ó	Ó	0	0	0	0	Ó	0	Ó	Ó	1	Ó	Ō	Ó	0:	0.1%	: C10
lasopharynx	ō	: 0:	ŏ	Ŏ	ō	ō	ŏ	ō	Õ	ō	ō	ō	ō	ō	Õ	ŏ	ō	o:	0.0%	
ypopharynx	ō	: 0:	Ō	Ō	0	ō	Ō	0	0	ō	0	ō	0	0	ō	0	0	0:		C12-C13
harynx unspec.	ō	: 0:	ō	ō	ō	ō	ō	ō	Ō	ō	ō	ō	ō	ō	ō	ō	ō	0:		: C14
esophagus	37	: 0:	Ó	Ó	Ô	Ô	Ó	Ó	Ó	Ó	3	5	1	1	8	3	4	12:	5.5%	: C15
tomach	12	: 0:	ò	Ò	Ō	Ô	Ö	Ö	Ö	Ò	ō	Ō	3	1	1	6	1	0:	1.8%	: C16
Small intestine	1	: 0:	Ō	0	0	0	Ō	0	0	Ō	Ō	Ō	ō	0	1	Ō	ō	0:	0.1%	
olon	19		ō	ō	Ō	ō	ō	Ō	2	ō	ō	2	2	4	3	2	1	3:	2.8%	
ectum	6	: 0:	Ô	Ô	Ô	Ô	0	Ô	1	1	Ó	1	0	ō	0	1	1	1:		: C19-C20
nus	6	: 0 :	Ō	ō	Ö	Ö	Ö	1	ō	1	Ö	ō	ō	ĭ	2	ō	ī	0:		C21
iver	17	: 0:	Ö	Õ	ŏ	Ö	ŏ	ō	1	ō	1	Ö	1	3	1	4	2	4:	2.5%	
allbladder etc.	3	: 0:	Ö	Ö	ŏ	Ö	ŏ	ŏ	ō	Ö	ō	Ö	1	1	1	ō	ō	0:		: C23-C24
ancreas	6	: 0:	Ö	ŏ	ŏ	ŏ	ŏ	ŏ	1	ŏ	ŏ	ŏ	ō	ō	î	ĭ	ĭ	2:	0.9%	
ose, sinuses etc.	0	: 0:	Ö	Ö	ŏ	Ö	Ö	Ö	ō	Ö	Ö	Ö	ő	Ö	ō	ō	ō	0:		: C30-C31
arynx	-	: 0:	Ö	Ö	Ö	Ö	Ö	ő	Ö	Ö	Ö	Ö	ŏ	Ö	Ö	Ö	ŏ	0:	0.0%	
rachea, Bronchus, Lung	7	: 0:	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	1	ŏ	ŏ	ŏ	1	1	ŏ	ŏ	ŏ	4:		: C33-C34
ther Thoracic organs	2	: 0:	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	ō	ŏ	ŏ	ŏ	ō	ō	ŏ	1	ĭ	0:		: C37-C38
one	3	: 0:	Ö	Õ	1	1	Ö	ő	1	Ö	ŏ	Ö	Ö	Ö	Ö	ō	ō	0:		: C40-C41
elanoma of Skin	-	-	Ö	ŏ	ō	ō	ŏ	ŏ	ō	Ö	ŏ	Ö	ŏ	2	3	ő	2	1:	1,2%	
ther Skin	38	-	Ö	ŏ	ŏ	Ö	2	ŏ	2	2	1	3	1	3	7	2	3	12:	5.6%	
esothelioma	0	: 0:	0	Ö	Ö	Ö	õ	Ö	Õ	Õ	ō	Ö	ō	Ö	ò	Õ	Ö	0:	0.0%	
aposi sarcoma	14	: 0:	0	Ö	Ö	0	1	2	2	2	2	2	0	1	1	0	1	0:	2.1%	
onnective,Soft tissue	5	: 0:	1	Ö	Ö	Ö	Ō	1	ő	ő	1	ő	Ö	i	1	0	ō	0:		: C47;C49
reast			ō	Ö	Ö	0	1	î	6	9	9	12	12	11	8	12	5	-		: C50
ulva	11		0	Ö	Ö	Ö	3	ō	Ö	3	1	2	0	0	0	0	Ö	2:	1.6%	
agina			0	0	Ô	0	0	ő	0	0	ō	2	0	0	0	0	0	0:	0.3%	
Cervix Uteri	_	-	0	Ö	ő	Ö	2	8	10	27	28	37	22	21	11	13	12	-	30.8%	
orpus Uteri	21	_	0	Ö	Ö	Ö	ő	0	1	0	0	2	0	1	7	2	4	4:		: C54
Iterus unspec.	0	: 0:	0	Ö	0	Ö	Ö	Ö	ō	Ö	Ö	ő	Ö	ō	ó	ő	0	0:	0.0%	
vary	18		Ö	1	ŏ	1	1	Ö	1	1	ŏ	1	3	ŏ	2	3	2	2:	2.7%	
ther Female Genital	1		0	ō	ő	ō	ō	ő	ō	ō	Ö	ō	0	ő	ő	1	õ	0:	0.1%	
lacenta	_	-	0	0	Ö	0	0	1	2	Ö	0	0	0	0	0	ō	0	0:	0.4%	
idnev	6	: 0:	3	0	0	0	0	0	0	2	0	0	0	1	0	0	0	0:		: 064
enal Pelvis	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	
renan renvis Treter	0	: 0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	
ladder	5	: 0:	0	0	0	0	0	0	0	0	1	2	0	0	0	1	0	1:	0.7%	
	0	: 0:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:		
ther Urinary organs	-	-	2	0	0	0	0	0	0					2	2	0	0		0.0% 1.9%	
ye rain Normous avatom		-	2 0		-	1	0	0	0	2 0	1 0	2 0	1 1	0	1	0	1			
rain, Nervous system	4 7		0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0: 4:	0.6% 1.0%	: C70-C72 : C73
hyroid	0	: 0:	0				0	0	0				0	0	0	0	0	0:		
drenal gland		-	-	0	0	0	-		-	0	0	0	-	-	-			-	0.0%	
ther Endocrine	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:	0.0%	
odgkin disease	5	: 0 :	0	0	0	0	0	0	1	0	0	2	1	1	0	0	0	0:		: C81
on-Hodgkin lymphoma	33		0	1	1	0	2	1	4	1	3	5	6	1	4	3	0	1:		: C82-C85
mmunoproliferative dis.		_	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0:		: C88
ultiple Myeloma	13		0	0	0	0	0	0	0	0	0	2	0	2	2	3	0	4:	1.9%	
ymphoid Leukaemia			1	1	0	0	0	1	0	0	0	0	0	0	1	0	0	1		: C91
yeloid Leukaemia	5	: 0:	1	0	0	0	1	0	1	0	0	0	0	0	0	0	1	1:		C92-C94
eukaemia unspec.	3	-	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1:	0.4%	
ther & unspecified	27 	: 0:	 0	1	0	0	1	0	1	0	2	1	4	3	2	6	1	5:	4.0%	: Other =
LL SITES	676	: 2:	8	5	2	4	15	16	38	52	53	84	61	63	70	66	45	92 :1	100.0%	•

2015: Children: All Zimbabweans: Boys

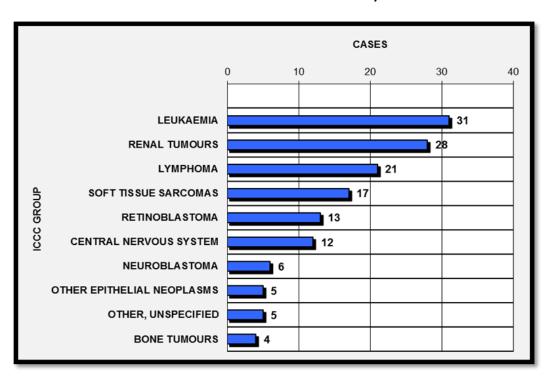


FIGURE 54 2015: Children: All Zimbabweans: Girls

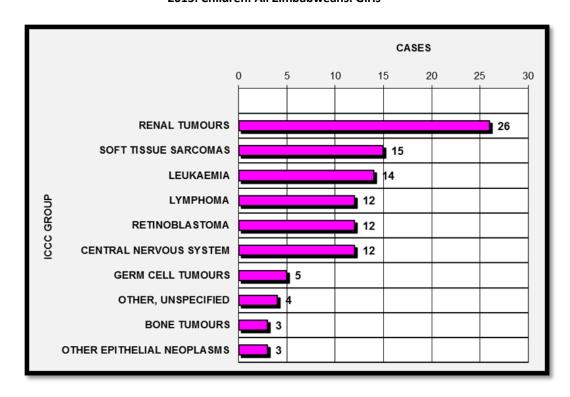


TABLE 17 Childhood cancer: distribution by ICCC groups and age: Boys: 2015.

emanoda cancer: distribution	1	, o 6, c	иро с	arra a	50. 50	7,5. =		ACE	(X/E A E	1 0)						
ICCC GROUP	<1	1	2	3	4	5	6	AGE 7	(YEAR	(S) 9	10	11	12	13	14	TOTAL
I. LEUKAEMIA	\1	1		3	7	3	U	,	0	,	10	11	12	13	17	TOTAL
(a) Lymphoid	2	2	1	1	1	3	1	3	0	0	0	2	0	1	2	19
(b) Acute Myeloid	0	1	0	0	1	1	0	0	1	0	0	0	1	0	0	5
(c) Chronic Myeloid	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	3
(d) Myelodysplastic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(e) Unspecified, Other	0	1	0	0	0	0	0	0	0	0	0	1	1	1	0	4
TOTAL	2	4	1	1	2	4	2	3	1	0	0	4	3	2	2	31
II. LYMPHOMAS (a) Hodgkins	0	0	0	0	0	0	0	0	1	1	3	1	0	0	0	6
(b) Non-Hodgkin except Burkitt	0	0	0	1	1	1	0	0	0	0	1	1	0	1	2	8
(c) Burkitt	0	0	0	0	3	0	1	0	0	0	0	0	0	0	0	4
(d) Miscellaneous	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(e) Unspecified	0	0	0	0	0	2	0	0	0	1	0	0	0	0	0	3
TOTAL	0	0	0	1	4	3	1	0	1	2	4	2	0	1	2	21
III. CENTRAL NERVOUS SYSTEM																
(a) Ependymomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(b) Astrocytomas	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	2
(c) Intracranial, Intraspinal	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	2
(d) Other Gliomas (e) Other specified	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(e) Other specified (f) Unspecified	0	0	0	2	2	0	1	0	1	0	0	0	0	0	0	6
TOTAL	0	0	0	4	2	0	1	2	1	1	0	0	0	0	1	12
IV. NEUROBLASTOMA & OTHER	,	,	,			,					,	,	,	,		
(a) Neuroblastoma	2	1	1	1	0	0	0	0	0	0	0	0	0	0	0	5
(b) Other	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
TOTAL	2	1	1	1	0	0	0	0	0	1	0	0	0	0	0	6
V. RETINOBLASTOMA																
Retinoblastoma	3	1	2	7	0	0	0	0	0	0	0	0	0	0	0	13
VI. RENAL TUMOURS															•	•
(a) Nephroblastoma	1	4	4	7	4	2	2	2	0	0	2	0	0	0	0	28
(b) Renal carcinomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(c) Unspecified TOTAL	1	4	4	7	4	2	2	2	0	0	2	0	0	0	0	28
VII. HEPATIC TUMOURS	1	-	-	,	-	4			U	U	4	U	U	U	U	20
VII. HEI ATTE TEMOCKS																
(a) Henatoblastoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(a) Hepatoblastoma (b) Hepatic carcinomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(b) Hepatic carcinomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(b) Hepatic carcinomas (c) Unspecified TOTAL VIII. BONE TUMOURS	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0	0 0	0 0	0 1 1	0 0	0 0 0	0 0	0 0	0 1 1
(b) Hepatic carcinomas (c) Unspecified TOTAL VIII. BONE TUMOURS (a) Osteosarcomas	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 1 1 1 0	0 0 0	0 0 0	0 0 0	0 0 0	0 1 1
(b) Hepatic carcinomas (c) Unspecified TOTAL VIII. BONE TUMOURS (a) Osteosarcomas (b) Chondrosarcomas	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0 0 0	0 0 0	0 0 0	0 0 0 0 0	0 1 1 0 0	0 0 0	0 0 0	0 0 0	0 0 0 0 1 0	1 1 1 0
(b) Hepatic carcinomas (c) Unspecified TOTAL VIII. BONE TUMOURS (a) Osteosarcomas (b) Chondrosarcomas (c) Ewing & Other	0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0	0 1 1 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 1 0	1 1 0 0
(b) Hepatic carcinomas (c) Unspecified TOTAL VIII. BONE TUMOURS (a) Osteosarcomas (b) Chondrosarcomas (c) Ewing & Other (d) Unspecified	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 1 1 0 0 0 0 3	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 1 0 0	1 1 0 0 3
(b) Hepatic carcinomas (c) Unspecified TOTAL VIII. BONE TUMOURS (a) Osteosarcomas (b) Chondrosarcomas (c) Ewing & Other (d) Unspecified TOTAL	0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0	0 1 1 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 1 0	1 1 0 0
(b) Hepatic carcinomas (c) Unspecified TOTAL VIII. BONE TUMOURS (a) Osteosarcomas (b) Chondrosarcomas (c) Ewing & Other (d) Unspecified TOTAL IX. SOFT TISSUE SARCOMAS	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 1 1 0 0 0 0 3	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 1 0 0	1 1 0 0 3
(b) Hepatic carcinomas (c) Unspecified TOTAL VIII. BONE TUMOURS (a) Osteosarcomas (b) Chondrosarcomas (c) Ewing & Other (d) Unspecified TOTAL	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0	0 1 1 0 0 0 0 3 3	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 1 0 0 0	0 1 1 1 0 0 3 4
(b) Hepatic carcinomas (c) Unspecified TOTAL VIII. BONE TUMOURS (a) Osteosarcomas (b) Chondrosarcomas (c) Ewing & Other (d) Unspecified TOTAL IX. SOFT TISSUE SARCOMAS (a) Rhabdomyosarcomas	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 1 1 0 0 0 3 3 3	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 1 0 0 0	0 1 1 1 0 0 0 3 4
(b) Hepatic carcinomas (c) Unspecified TOTAL VIII. BONE TUMOURS (a) Osteosarcomas (b) Chondrosarcomas (c) Ewing & Other (d) Unspecified TOTAL IX. SOFT TISSUE SARCOMAS (a) Rhabdomyosarcomas (b) Fibrosarcoma etc. (c) Kaposi Sarcoma (d) Other specified	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 1 1	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 1 1 0 0 0 0 3 3 3 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 1 0 0 0 1	0 1 1 0 0 0 3 4 7 1 4 5
(b) Hepatic carcinomas (c) Unspecified TOTAL VIII. BONE TUMOURS (a) Osteosarcomas (b) Chondrosarcomas (c) Ewing & Other (d) Unspecified TOTAL IX. SOFT TISSUE SARCOMAS (a) Rhabdomyosarcomas (b) Fibrosarcoma etc. (c) Kaposi Sarcoma (d) Other specified (e) Unspecified	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 1 1 1	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 1 0 0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 1 1 0 0 0 3 3 3 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 1 0 0 0 1	0 1 1 0 0 0 3 4 7 1 1 4 5
(b) Hepatic carcinomas (c) Unspecified TOTAL VIII. BONE TUMOURS (a) Osteosarcomas (b) Chondrosarcomas (c) Ewing & Other (d) Unspecified TOTAL IX. SOFT TISSUE SARCOMAS (a) Rhabdomyosarcomas (b) Fibrosarcoma etc. (c) Kaposi Sarcoma (d) Other specified (e) Unspecified TOTAL	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 1 1	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 1 1 0 0 0 0 3 3 3 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 1 0 0 0 1	0 1 1 0 0 0 3 4 7 1 4 5
(b) Hepatic carcinomas (c) Unspecified TOTAL VIII. BONE TUMOURS (a) Osteosarcomas (b) Chondrosarcomas (c) Ewing & Other (d) Unspecified TOTAL IX. SOFT TISSUE SARCOMAS (a) Rhabdomyosarcomas (b) Fibrosarcoma etc. (c) Kaposi Sarcoma (d) Other specified (e) Unspecified TOTAL X. GERM CELL TUMOURS ETC.	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 1 1 1 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 1 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0 1 1 0 0 0 3 3 3 0 0 0 1	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 1 0 0 0 1 0 0 2 1 0 3	0 1 1 0 0 0 3 4 7 1 4 5 0 0
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(b) Hepatic carcinomas (c) Unspecified TOTAL VIII. BONE TUMOURS (a) Osteosarcomas (b) Chondrosarcomas (c) Ewing & Other (d) Unspecified TOTAL IX. SOFT TISSUE SARCOMAS (a) Rhabdomyosarcomas (b) Fibrosarcoma etc. (c) Kaposi Sarcoma (d) Other specified (e) Unspecified TOTAL X. GERM CELL TUMOURS ETC. (a) Intracranial, Intraspinal (b) Extracranial, Extragonadal (c) Malig Gonadal (d) Gonadal carcinomas (e) Other & unspecified TOTAL XI. OTHER EPITHELIAL TUMOUR (a) Adrenocortical (b) Thyroid carcinomas (c) Nasopharyngeal (d) Malignant Melanomas (e) Skin carcinomas (f) Other & Unspecified TOTAL XII. OTHER EPITHELIAL TUMOUR	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 1 1 1 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 1 1 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 1 1 0 0 0 3 4 7 1 1 4 5 0 0 0 0 0 0 0 0 7 1 7 0 0 0 0 0 0 0 0 0

TABLE 18 Childhood cancer: distribution by ICCC groups and age: Girls: 2015.

							ACE	(YEAI	(28							
ICCC GROUP	<1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	TOTAL
I. LEUKAEMIA	<u> </u>			3	7		Ů	,	Ü	_	10	- 11	12	13	17	TOTAL
(a) Lymphoid	1	0	2	2	1	0	0	1	1	0	0	0	1	0	1	10
(b) Acute Myeloid	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	2
(c) Chronic Myeloid	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(d) Myelodysplastic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(e) Unspecified, Other	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	2
TOTAL	1	1	2	2	1	0	0	1	1	1	2	0	1	0	1	14
II. LYMPHOMAS																
(a) Hodgkins	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
(b) Non-Hodgkin except Burkitt	0	0	0	1	1	0	0	0	0	0	1	1	0	1	1	6
(c) Burkitt	1	0	0	0	0	0	0	0	1	0	0	0	0	0	1	3
(d) Miscellaneous	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(e) Unspecified	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	2
TOTAL	1	0	0	1	1	1	1	0	2	0	1	1	0	1	2	12
III. CENTRAL NERVOUS SYSTEM																
(a) Ependymomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(b) Astrocytomas	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	2
(c) Intracranial, Intraspinal	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	2
(d) Other Gliomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
(e) Other specified (f) Unspecified	0	0	<u>0</u>	1	0	<u>0</u>	2	1	0	0	0	0	0	0	1	7
(f) Unspecified TOTAL	0	1	1	1	2	1	2	1	1	1	0	0	0	0	1	12
IV. NEUROBLASTOMA & OTHER	U	1	1	1		1	4	1	1	1	U	U	U	U	1	14
(a) Neuroblastoma	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
(b) Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
V. RETINOBLASTOMA	U	Ů	Ů	U		Ů	Ů	· ·	· ·	U	Ů	Ů	Ů	Ů	U	•
Retinoblastoma	0	4	2	3	3	0	0	0	0	0	0	0	0	0	0	12
VI. RENAL TUMOURS			_				Ů	Ů	Ů	Ů		Ů		Ů	Ů	
(a) Nephroblastoma	1	2	7	5	4	4	1	1	1	0	0	0	0	0	0	26
(b) Renal carcinomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(c) Unspecified	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	1	2	7	5	4	4	1	1	1	0	0	0	0	0	0	26
VII. HEPATIC TUMOURS																
(a) Hepatoblastoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(b) Hepatic carcinomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(c) Unspecified	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VIII. BONE TUMOURS																
(a) Osteosarcomas	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
(b) Chondrosarcomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(c) Ewing & Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
(d) Unspecified TOTAL	0	0	0	0	0	0	0	0	0	0	1	0	<u>0</u>	0	0	1 2
IX. SOFT TISSUE SARCOMAS	0	U	U	U	U	0	U	U	0	U	1	U	1	U	1	3
(a) Rhabdomyosarcomas	0	1	1	1	2	1	0	1	1	0	0	0	0	0	0	8
(b) Fibrosarcoma etc.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(c) Kaposi Sarcoma	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	2
(d) Other specified	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0	3
(e) Unspecified	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
TOTAL	1	1	1	1	3	1	0	1	1	1	1	0	0	0	3	15
X. GERM CELL TUMOURS ETC.																
(a) Intracranial, Intraspinal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(b) Extracranial, Extragonadal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(c) Malig Gonadal	0	0	0	0	0	1	0	0	0	0	1	0	1	0	1	4
(d) Gonadal carcinomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(e) Other & unspecified	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
TOTAL	0	0	0	0	0	1	0	0	1	0	1	0	1	0	1	5
XI. OTHER EPITHELIALNEOPLASM																
(a) Adrenocortical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(b) Thyroid carcinomas	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
(c) Nasopharyngeal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(d) Malignant Melanomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(e) Skin carcinomas	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	2
(f) Other & Unspecified	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL VII. OTHER AND UNSPECIFIED	0	0	0	0	1	0	0	0	0	0	0	1	0	0	1	3
XII. OTHER AND UNSPECIFIED	0	O	C	0	0	C	C	0	0	0	C	C	0	C	0	0
(a) Other specified	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(b) Other unspecified	1	1	1	0	0	0	0	0	1	0	0	0	0	0	0	4
TOTAL	1	1	1	0	0	0	0	0	1	0	U	0	0	0	0	4

ZIMBABWE CANCER REGISTRY

PARIRENYATWA HOSPITAL, MAZOWE STREET, P.O.BOX A449, AVONDALE, HARARE, ZIMBABWE, TEL: 731000, 707707, 730553, 794445

CONFIDENTIAL

<u>CANCER NOTIFICATION FORM</u>
NCR 1 (2009 REVISION) REGISTRY NUMBER
1. <u>PATIENT</u>
SURNAME: OTHER NAMES:
I.D. CARD NUMBER PLACE OF BIRTH:
DATE OF BIRTH (DD/MM/YYY) AGE (1=MALE, 2=FEM,9=NK)
MARITAL STATUS (1=sing, 2=mar, 3=div, 4=sep, 5=wid, 6= cohab, 9=nk) RACE (1=afr, 2=eur, 3=col, 4=asi, 5=afr alb 6=other alb, 8=other, 9=nk)
CITIZENSHIP (1=ZIM, 8=OTHER, 9=NK)
USUAL RESIDENTIAL ADDRESS:
OTHER ADDRESS:
TELEPHONE/MOBILE NUMBER:
2. HOSPITAL
HOSPITAL: PATIENT NO WARD
REF. HOSPITAL: WARD
SOURCE OF INFORMATION:
3. <u>TUMOUR</u>
DATE OF DIAGNOSIS: DURATION OF SYMPTOMS
BASIS OF DIAGNOSIS: (0=DCO, 1=clin only,2=clin inc, x ray, uss 3 =surgery 4=biochem/immuno test 5=cytology/haematology, 6= histo of mets 7=histo prim 8=histo mets, 9=nk)

PRIMARY SITE/TOPOGRAPHY:
DIAGNOSIS/MORPHOLOGY:
EVIENT OF DISPASE
EXTENT OF DISEASE (0=IN, SITU 1=Loc 2=Local ext only 3 local ext + reg nodes 4= reg nodes 5= distant metastasis 8=not applicable 0.9 ks & haemotological malignancies 9 = not known) STAGE (0=IN SITU 1=1A 2=1B 3=2A 4=2B 5=3A 6=3B 7=4A 8=4B 9=NOT KNOWN)
STAGE (0=IN SITU 1=1A 2=1B 3=2A 4=2B 5=3A 6=3B 7=4A 8=4B 9=NOT KNOWN)
HISTOLOGY LAB: HISTOLOGY NUMBER
4. PREVIOUS CANCER
WAS CANCER OTHER THAN CURRENT ONE PREVIOUSLY DIAGNOSED? (1=YES, 2=NO, 9=NK)
IF YES, DATE OF DIAGNOSIS:
SITE/TOPOGRAPHY: C HISTOLOGY/ MORPHOLOGY: DD /
msrobodi/mokinobodi/
5. <u>INITIAL TREATMENT</u> (1=YES, 2=NO, 9=NK)
SURGERY RADIOTHERAPY CHEMOTHERAPY
HORMONE THERAPY PALLIATIVE ONLY ANTI-RETROVIRAL
OTHER TREATMENT NOT KNOWN
6. <u>FOLLOW-UP AND OTHER DISEASES</u>
VITAL STATUS (1=ALIVE, 2=DEAD, 9=NK) DATE OF DEATH/LAST CONTACT
IF DEAD, CAUSE OF DEATH:
OTHER DISEASES: PLACE OF DEATH:
HIV STATUS: HIV NUMBER:
REMARKS IF ANY:
NOTIFIED BY: DATE:

Cancer is curable if detected, diagnosed and treated in early stages.

Even in late stages when a cure may not be possible, the patient's length and quality of life can be improved with palliative care and supportive care.



Oncocare Zimbabwe is the first and only private Comprehensive Cancer facility dedicated to Cancer Treatment, Cancer screening, Cancer Research and Education in Zimbabwe.

ONCOCARE SERVICES









RADIATION THERAPY CHEMOTHERAPY CANCER SCREENING

CONTACTS

1 WALMER DRIVE, NEWLANDS, HARARE

Telephone: -268-4-776009/10 Email: info@oncodare.co.zw Web: www.oncocare.co.zw HOTLINE: 776009-10



#OncocareZw



MEDICAL AIDS ACCEPTED



Hospice and Palliative Care Association of Zimbabwe (HOSPAZ), a member based organisation, was registered in 1999 as a private voluntary organisation responsible for coordinating organisations that provide and support palliative care and home based care in Zimbabwe. Growing out of need to coordinate independent hospices, HOSPAZ has developed its membership nationwide.

VISION

Palliative Care for all

MISSION

To promote palliative care and support palliative care providers in Zimbabwe through advocacy, capacity development and membership coordination.

GOAL

To promote a comprehensive community approach to quality care from diagnosis of life threatening illness to dealing with grief and loss. Relief of pain and suffering of individuals, families and communities affected by life threatening illness through national training, support, coordination and advocacy.

SPECIFIC OBJECTIVES

- 1. To build capacity, provide training in palliative care and other educational activities.
- 2. To determine, recommend and monitor standards of care and provide technical support to member organisations for quality assurance.
- 3. To provide coordination of HOSPAZ member organisations that provide palliative care and counselling of patients, families and the bereaved.
- 4. To represent member organisations in Zimbabwe on matters of common interest in palliative care and community & home based care through advocacy and lobbying, consultation, representation, and exchange of information at national, regional and international fora.

VALUES

In carrying out its work HOSPAZ is guided by the following values:

Compassion, Humility, Integrity, Commitment, Professionalism and

Teamwork

PROGRAMMES

- · Training, Mentoring & Support
- Setting, Recommending & Monitoring of Standards of Palliative Care
 Advocacy
 - Coordination of Member Activities and Partnerships
 - Knowledge Management
 - Project Monitoring, Evaluation & Reporting
 - Research and Documentation

Hospice & Palliative Care Association of Zimbabwe (HOSPAZ)

13 Lezard Avenue, Milton Park, Harare, Zimbabwe Phone: +263 4 2900369, +263 4 2932266, +263 4 2932267

Email: information@hospaz.co.zw Website: www.hospaz.co.zw



SERVICES

1. Palliative Care:

- Total care to improve the quality of life for those with life-threatening illnesses and their family members.
- Relieves suffering from pain that could be physical, emotional, social or spiritual.
- Bereavement support to surviving family members is an integral component.
- Uses a multidisciplinary team approach.
- Delivered through home care, hospital visits, community clinics and rural outreach for adults and children.
- Office consultations

2. Bereavement Counselling & Support Services:

- One-on-one counselling
- Family counselling and support
- Trauma debriefing (including EMDR trauma therapy)
- Support groups (partner loss, bereaved parents etc)
- Bereaved children and young carers' programmes
- Guardians and foster family support

3. Capacity Building of:

- Health professionals (all professionals, all levels)
- Volunteer caregiver training
- Clergy & spiritual leaders
- Traditional and faith healers
- Alternative medicine practitioners
- Community health workers
- Community leaders

4. Healthcare Services

In 2014, Island Hospice Service changed its name to Island

Hospice & Healthcare to better communicate the expansion of its services.

In addition to providing palliative and bereavement care services, which remains Island's primary focus, the organisation operates a nursing agency as a social enterprise initiative and its clinical team are, when required, involved in campaigns. Island further offers services to clients who may have traditionally fallen outside of palliative care such as those dealing with trauma. Get in touch if you would like to use our healthcare prevention services





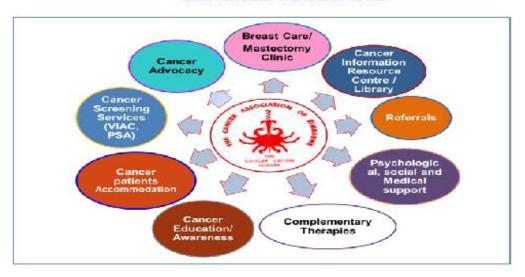
W/063/68

THE CANCER ASSOCIATION OF ZIMBABWE (CAZ)

A full member of the Union for International Cancer Control (UICC)

Supporting population based cancer registration in Zimbabwe to promote evidence based and cost effective cancer interventions

Cancer Association of Zimbabwe Services



Join the fight against cancer by partnering the Cancer Association of Zimbabwe: Together we will make a difference

For More Information Contact:

The Cancer Association of Zimbabwe

60 Livingstone Harare (Cnr 6th Street and Livingstone Avenue) Tel: +263 24 2 707444 / 2707 673 / 2705522

Email: info@cancer.co.zw, Twitter: @cancerzimbabwe, Website: www.cancerzimbabwe.org
Facebook: The Cancer Association of Zimbabwe

"Committed to cancer prevention and improving the quality of life of cancer patients, their families and communities through timeous interventions"



Savanna Pharmaceuticals Supporting Cancer Registration For Cancer Control

"Not Beyond Us"





"Cancer Registration and Surveillance for Cancer Control"

Zimbabwe National Cancer Registry
Parirenyatwa Group of Hospitals, Post Basic School of Nursing Building, Mazowe Street
P. O. Box A449, Avondale, Harare, Zimbabwe

Tel: +263-4-794445/791631 Fax: +263-4-794445

Email: cancer@ecoweb.co.zw
Website: http:// www.zimcancerregistry.co.zw