

INTRODUCTION

- Lung cancer is the leading cause of cancer morbidity and mortality globally.
- Lung cancer accounts for approximately 12% of new cancer cases and 20% of cancer-related deaths.
- The leading modifiable risk factor for lung cancer is tobacco exposure and approximately 1 in 5 adult men report current tobacco use in Zimbabwe which is one of the leading producers of tobacco.
- Globally, lung cancer incidence is postulated to increase by about 85% between 2022 and 2050.

METHODS

Objective

Characterize the national lung cancer trends in Zimbabwe between 2010 and 2019

Design:

A retrospective study was undertaken over a 10-year period, starting from 1 January 2010 to 31 December 2019.

Basic demographic data on incidence and mortality for recorded lung cancer cases was collected and analysed from annual cancer registry reports.

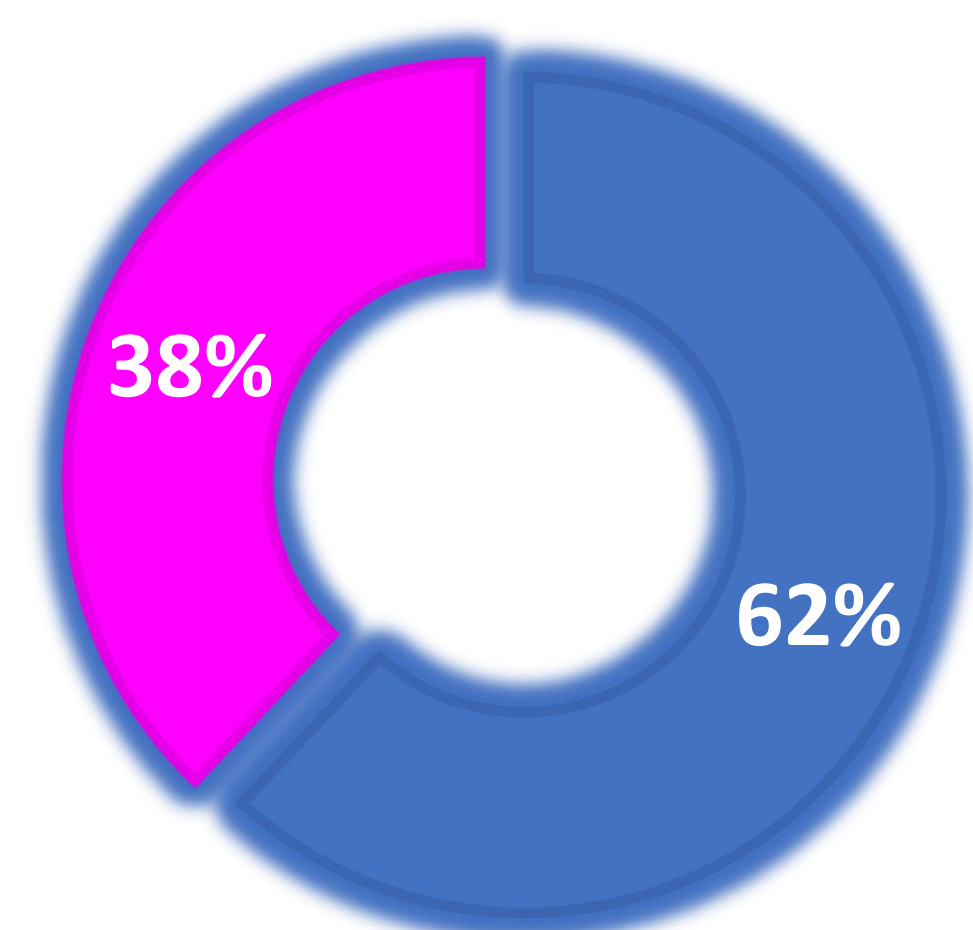
Age-standardized rates were calculated and simple trend analysis performed over the 10-year study period. Annual percentage change and female: male incidence-rate ratio.

RESULTS

1,532 RECORDED LUNG CANCER DIAGNOSES ANNUAL RECORDED CASES +153% AGE-STANDARDIZED INCIDENCE, 2010 → 2019

BURDEN AND SEX DISTRIBUTION

■ male ■ female

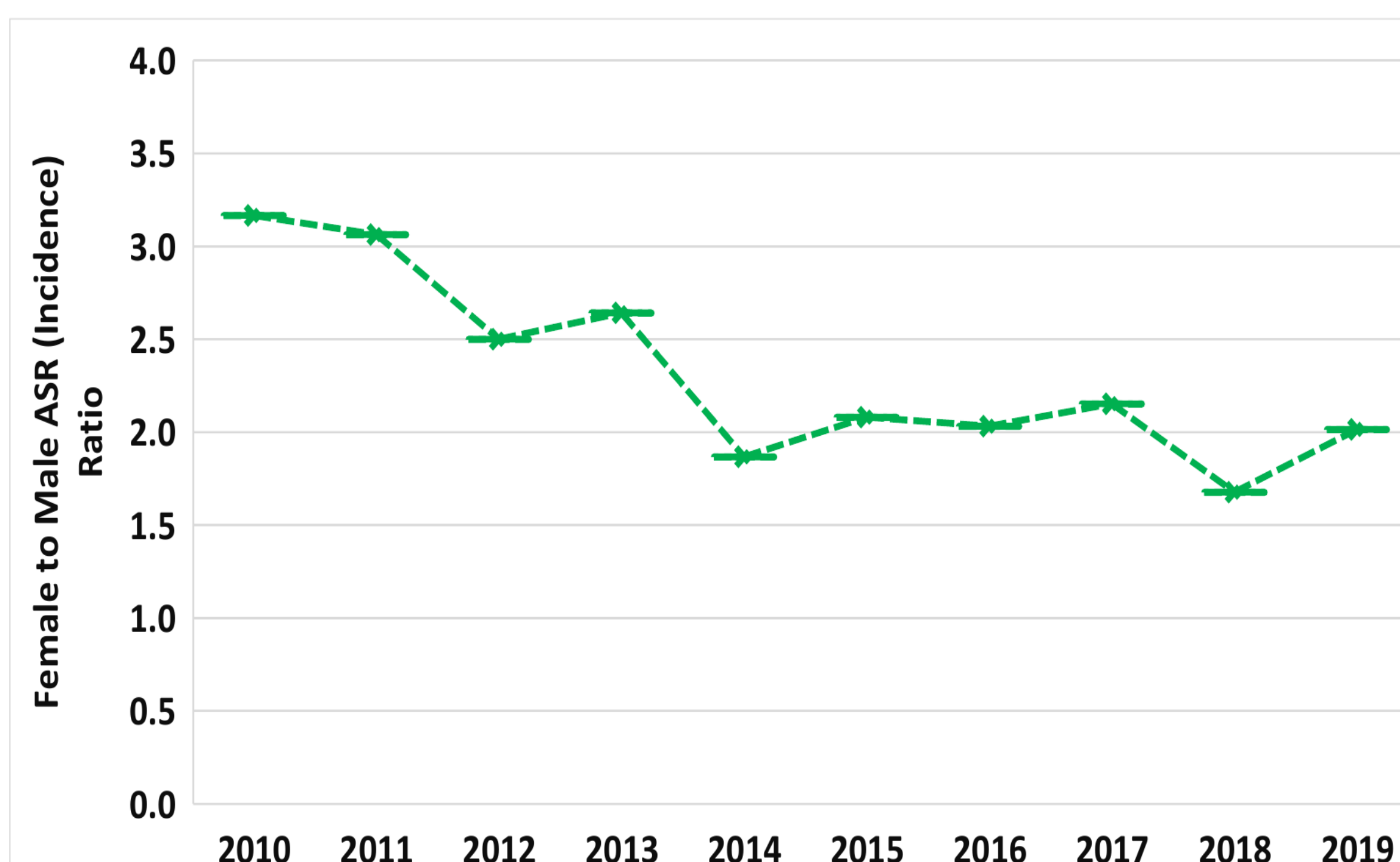
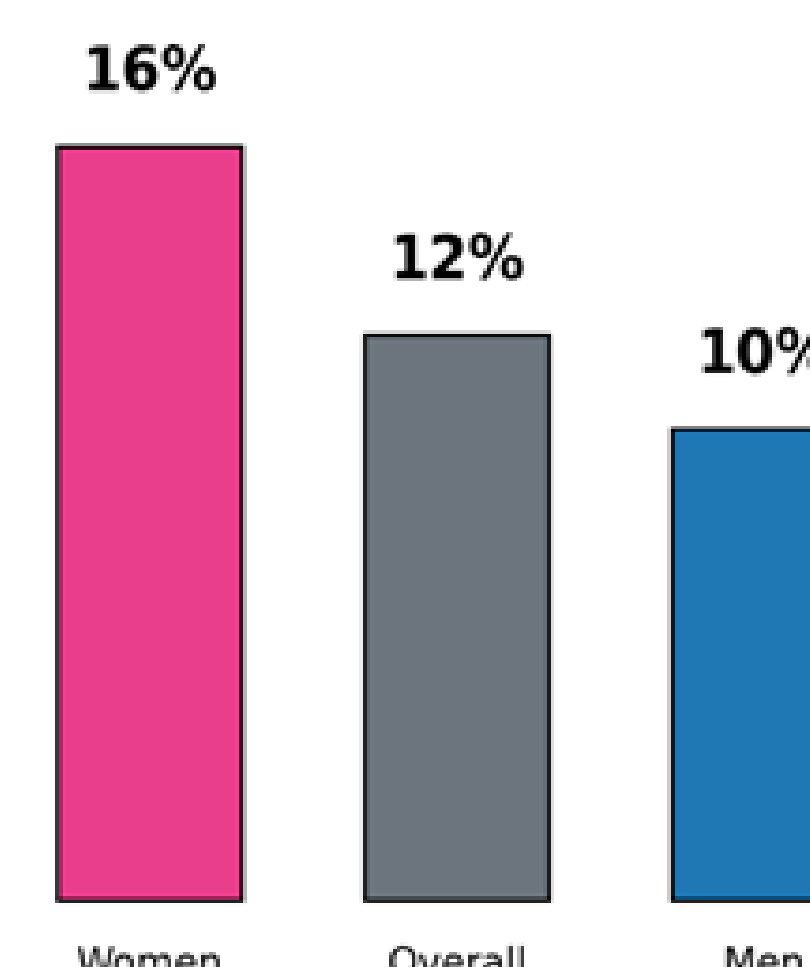


Change in Age-Standardized Incidence

MEN
1.9 → 4.1 per 100,000
+115%

WOMEN
0.6 → 2.0 per 100,000
+233%

Average Annual Percentage Change



**SEX GAP
NARROWED**
Female: male
incidence ratio
1:3.2 → 1:2.0

**DISEASE
RANK SHIFT**
Overall: 8th →
7th
Women: 17th
→ 11th

DISCUSSION AND CONCLUSION

Actionable Take Away Message

- Lung cancer incidence increased, tripling among women.
 - The narrowing sex gap suggests that prevention strategies must address tobacco exposure and locally relevant non-tobacco risks.
 - Lung cancer should be prioritised within national cancer surveillance, early detection and health-system planning.
- ### Future Direction for Research
- Characterise locally relevant, sex-specific risk factors.
 - Investigate the rapid increase among women.
 - Strengthen prospective studies.
 - Inform risk-stratified education, and locally targeted interventions

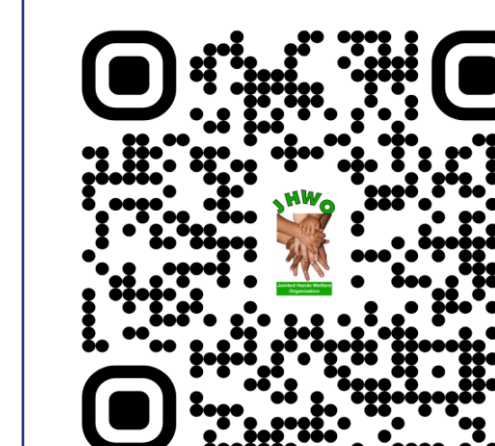
Clinical and Policy Implications

- Establish a resource-stratified early-detection and referral policy.
- Integrate risk assessment into TB, HIV, occupational and respiratory care.
- Strengthen cancer registration, mortality surveillance and diagnostic capacity.
- Target health education to high-risk populations.

REFERENCES & ACKNOWLEDGEMENTS

KEY REFERENCES

1. Zimbabwe Cancer Registry. Annual reports, 2010-2019.
2. Bray F, et al. CA Cancer J Clin. 2024;74:229-263.
3. Zimbabwe Demographic and Health Survey 2015



AI USE DISCLOSURE
Microsoft Copilot was used to support language refinement. All data, scientific statements and interpretations were checked against the accepted abstract and source manuscript and remain the responsibility of the authors.

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