EDITION 1

CONFERENCE NEWSLETTER

AORTIC 2007—6TH INTERNATIONAL CANCER CONFERENCE

CANCER IN AFRICA: CHALLENGES AND OPPORTUNITIES

"Ignorance is the real disease", says Ndom

Dr Paul Ndom, the President of AORTIC, points to this as the central message in a discussion around the role and challenges of cancer treatment in Africa. In a continent where cancer kills more people than AIDS, malaria and tuberculosis put together and where 12.5% of all deaths are due to cancer, awareness and advocacy are some of the most important tools in ensuring proper care and management of the disease. This is the context in which African doctors operate, and the setting for the work of GIPAP (Glivec International Patient Assistance Programme) in Africa. Glivec, manufactured by Novartis, is used in the treatment of chronic myelogenous leukemia (CML) and gastrointestinal stromal tumours (GIST) and has become part of a pioneering programme to give Africans the opportunity to access medicines they would otherwise have to live without.

Through the programme local physicians in several African countries are encouraged to identify eligible patients and apply for assistance on their behalf. Glivec is then donated directly through the doctor to the patient, and a treatment programme is started. Dr Ndom and Prof Odiena of Kenya are emphatic about the success of GIPAP in their countries. Currently there are 1200 people in the GIPAP programme in Africa and the treatment has shown some real success, with some patients able to resume their normal, working lives. The side effects were not dose-limiting and could be controlled, said Prof Odiena, but stressed that although GIPAP had the ability to help drastically, diagnostic procedures remained expensive and placed constraints on the treatment process.

General consensus amongst African physicians is that having a patient programme like GIPAP is one thing, while accessing is another entirely. Discussions centred around ways for Africa to successfully extend GIPAP in ways that would take into account the lack of resources, infrastructure and trained healthcare professionals that Africa suffers from. All agree that there is a dire need for fund for oncology in Africa; a review of the Kenyan

Ministry of Health priority list showing no resources allocated to cancer programmes, despite cancer's status as one of the primary killer's on the African continent. Accurate, timely diagnosis remains the single biggest barrier to successful treatment, with diagnostic resources such as molecular cytogenetic diagnosis being unavailable in many African countries.

In order to bridge these gaps, physicians, NGOs and patients need to work together. Patients need to be helped to navigate local health-care systems and overcome barriers to such as isolation and stigmatisation as well as cultural and religious practices that conflict with proper disease management and treatment. NGOs and doctors need to work to bring a greater awareness of cancer in their home countries. There is also hope that GIPAP could be used as a model to be emulated and applied to the effective treatment of other types of cancer, and that other pharmaceutical companies would follow Novartis in making medicines accessible to Africans.

By Charles Human

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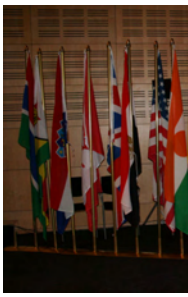


PAEDIATRIC ONCOLOGY

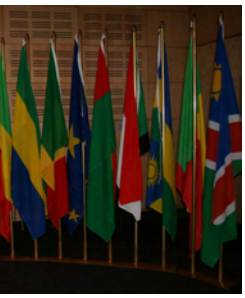
My Child Matters

The *My Child* Matters is a programme aimed at improving paediatric cancer care in developing countries and has proved that limited funds can show vast improvements in childhood cancer treatment and care. The initiative boasts 26 programmes in 16 countries worldwide. Most childhood cancers can be cured with early detection and treatment. However, *My Child Matters(MCM)* recognises that while in developed countries nearly 80 percent of children treated for cancer will survive, this survival rate drops to as low as 10 percent in developing countries where access to information, early detection, and adequate treatment are often not available.

This largely noticeable discrepancy in survival rates between developed and developing nations clearly highlights the need for programmes like *My Child Matters*. Dr Ngoma reports that on the realisation that very little money can make a difference in childhood cancers, in 2005 the UICC launched the *My Child Matters* cancer campaign. With its limited funding, the programme aims to expand effective care to as many children with Burkitt's lymphoma (BL) as possible in a number of different ways. This is done through the improvement in patient care infrastructure, public and professional education, early detection and access to care, and increase patient follow-up rates. In his discussion on *My Child Matters in Senegal,* Professor Claude Moreira comments on how beneficial the programme has proved to be especially on optimising existing resources for cancer treatment and care.

The session on *Paediatric Oncology*, presented on Thursday afternoon, saw many speakers highlighting the programmes developments in meeting its aims of early diagnosis, treatment follow-up, pain management, and qualitative care. Moreira stressed that the need for quality healthcare and the training of healthcare professionals in paediatric oncology was significant and that programmes like MCM, helped both practitioners and patients to effectively organise the management of these cancers.

By Crystal Espin




THE BURDEN OF CANCER IN AFRICA

Bridging the gap

In the developing world, poor access to cancer causes more deaths than the tsunami which hit Asia in 2004. This was the chilling reminder made by Dr Joe Harford of the National Cancer Institute (NCI), in Thursday's opening ceremony.

With an easy, playful delivery despite the sombre task at hand, Holdford led his audience through a compelling talk on the global burden of cancer. For Holford, the key to improving cancer care in the developing world lies in correlating "what we know" with "how we implement". This means bridging the gap between research and practice.

Most cancer deaths occur in the developing world. Yet Harford explains, "Africa will battle to get cancer on the radar". Globally, cancer has pride of place on the health agenda, claiming more lives than AIDS, tuberculosis and malaria combined. "Yet this is not the case in Africa," warned Hartford: With those three diseases so prominent in the theatre of the developing world, cancer's burden on Africa is easily sidelined.

It would be a mistake to underestimate cancer's future in Africa. With an ironic smile, Harford described cancer as "a growing industry", with 10.3 million global cancer deaths per year expected by 2020 -– 70 percent coming from the developing world.

Harford stressed the importance of early detection in screenable cancers. He pointed to trends of late presentation in African cancer care, often occurring in the third and even fourth stage of illness. According to "what we know", better services in detection and prevention could provide countless people with better quality of life.

At the same time, Harford pointed out that infection is the major cause of cancer in Sub-Saharan Africa, causing about 25 percent of cases. Some of the major culprits a re the Epstein-Barr virus, Kaposi's sarcoma-associated herpesvirus, Hepatitis B, and Human papillomavirus. The latter two, which cause liver cancer and cervical cancer respectively, come with preventative vaccines. Yet these vaccines are out-of-reach and – as Harford points out – cervical cancer is the cause of death for many Africans.

This leads to what Harford calls the "Have versus the Have-not Survival Gap" of cancer care. Comparing the five-year survival rates of breast cancer patients in developed and underdeveloped countries, he highlights a gap as wide as 50 percent between those who have (proper cancer care) and those who don't.

For that reason, Harford calls for a bridging of the gap between research in the developed world, and practice in the developing world. "Discovery in itself is useless.- Unless we can develop that discovery and implement it into practice, it goes nowhere."

As a fitting end to the discussion, Dr Carrie Hunter concluded the ceremony by pledging AORTIC's support of the World Cancer Declaration.

By Murray Hunter

AORTIC'S 25TH SILVER JUBILEE 1982 – 2007

AORTIC was formed at the 1982 UICC meeting in Seattle, USA, by Dr James Holland, Dr Chris Williams, Dr Toriola Solande and Dr Victor Ngu, who agreed to found the organizations. The name African Organisation for Research and Training in Cancer (AORTIC) was coined at that crucial meeting which lasted some 3 hours. It was then that it was decided that the organization would be bilingual. The inaugural meeting of AORTIC was held in 1983 in Lome, Togo.
There were smiles all around on Thursday evening with the celebration of AORTIC's Silver 25th Jubilee. Dsix Ghoema Minstrels entertained the crowd with their unique Cape Town flair and the rest of the programme included presentations from the Cancer Association of South Africa and a personal story of a cancer survivor.

Art for Health Project

Rationale:
Greater advocacy and support for sexual and reproductive health interventions, and more generally progress towards the achievement of Maternal and Child related Millennium Development /Goals (MDGs) 4&5, including information-based campaigns could lead to significant changes in the dire conditions many women and their newborns currently endure.

Description:
The intent of the 'Art for Health' project is to contribute to these efforts in an innovative way. Specifically, the 'Art for Health' project uses contemporary art as a medium for increasing people's awareness of sexual and reproductive health issues prevalent around the world, particularly those that negatively impact the lives of women and their families. The paintings currently being produced for this project depict women from diverse ethnic and social backgrounds. Inscribed within them are messages spoken by the women themselves that call upon the viewer to join them in a unified effort to better their lives and the lives of future generations. women's sexual and reproductive health.
The positive and appealing images of women created for the `Art for Health' project stimulate the viewers to reconsider stereotypical notions of underprivileged women as hapless victims, asking them instead to regard them as willing partners in the advancement of women's sexual and reproductive health. *The Lancet* recently covered the project with the publication of a comment on 'Art for women's health'**.** The paintings are being exhibited in several cities during 2007 (Kuala Lumpur, Milan, Dar es Salaam, Rome, Oslo, London, Paris) and will be sold at a public event organized in collaboration with a major auction house. More exhibits of the artwork created for the 'Art for Health' project are scheduled to occur in additional cities in 2008 (New York, Los Angeles, Boston, Philadelphia, San Francisco, Rio de Janeiro, Buenos Aires).

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