AFRICAN ORGANISATION FOR RESEARCH AND TRAINING IN CANCER

AORTIC NEWS

The Pulse of Cancer Care in Africa

Volume 13, Issue 13 November 2008

AORTIC is dedicated to the promotion of cancer control in Africa

Inside this issue:

FROM THE EDITOR

Dear Readers,

AORTIC is very proud to have been involved at the UICC World Cancer Congress held in Geneva, Switzerland from 27-31 August 2008. Dr Twalib Ngoma, President of AORTIC and Dr Mike Chirenje, Vice-President of AORTIC, Southern Africa, were both guest speakers and presented at this conference.

AORTIC also had a presence at the conference, alongside other prominent international cancer organisations, with a modest stand sporting posters, informational pamphlets about AORTIC and information about the upcoming AORTIC 2009 conference. I was most fortunate to have been able to host the stand and there was much interest generated at the exhibition, with people signing up as members, and entering our competition.

AORTIC is also proud to be a registered member of the UICC, and hope this membership becomes a point of collaboration in the future.

Please send your comments, news and views, as these are always welcome, to:

aortic@telkomsa.net.

Signing off.

BRodrigues

Belmira Rodrigues

Photo above: AORTIC Stand at the UICC World Cancer Conference in Geneva

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Tanzania celebrates new radiotherapy unit

Tanzania will remember 14 May 2008 as a pivotal date in its cancer control efforts. On that day, high-level political support for tackling cancer in the years ahead was clearly demonstrated in Dar es Salaam.

President Jakaya Kikwete of Tanzania, who is also Patron of AORTIC and current Chairman of the African Union, was guest of honour at a special ceremony at the Ocean Road Cancer Institute (ORCI) to launch a new radiotherapy unit, donated through the International Atomic Energy Agency (IAEA) "We in Tanzania consider this event as one of the milestones in cancer control in our country," said President Kikwete. "For us it is a great leap forward in our fight against this dreaded disease."

The equipment donation was the result of efforts made by the IAEA's Programme of Action for Cancer Therapy (PACT) to help Tanzania advance its national cancer control plans. PACT and its partners are working with Tanzania to build capacity and mobilize resources towards a cancer strategy which, for the first time, includes not only curative treatment but also surveillance, prevention, early detection and palliation.
IAEA Deputy Director General Werner Burkart, who attended the ceremony, acknowledged the importance of international partnerships. "Only by working together can we prevent the cancers that can be prevented, treat and cure those that can be cured, and ease the suffering that cancer causes," he said. Echoing the optimism of the day, Dr. Burkart continued: "This ceremony marks a celebration of hope in what must be a sustained and collaborative effort to control the burden of cancer in this country."

The colourful, well-coordinated launching ceremony attracted a large audience of local dignitaries, officials, international organizations and the press, as well as hospital staff and dozens of cancer patients currently under treatment at ORCI.

AORTIC President Dr Twalib Ngoma, who is Executive Director, ORCI and Secretary of the Tanzanian National Cancer Control Steering Committee, gave opening remarks at the ceremony. "Today's event demonstrates the ability of international partnerships to raise Tanzania's capacity to treat cancer today and in the future," he said.

He was followed by speeches from Aisha Kigoda, Deputy Minister of Health and Social Welfare, Janet Siddall, Canadian High Commissioner, and Jag Uppal, General Manager of Best Theratronics, a U.S.-based firm that recently purchased the radiotherapy division of Canada's MDS Nordion. It was MDS Nordion that originally made the donation of the radiotherapy unit to Tanzania, through the PACT initiative.

Tanzania is one of the six PACT Model Demonstration Sites (PMDS), along with Albania, Nicaragua, Sri Lanka, Vietnam and Yemen. In each PMDS country, PACT works together with international partners including the World Health Organization (WHO) and its regional offices, the International Agency for Research on Cancer (IARC), the International Union Against Cancer (UICC) and several others to help national authorities prepare comprehensive, sustainable cancer control strategies and plans. PACT takes advantage of the

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President Kikwete (Patron of AORTIC) & Dr Twalib Ngoma (President of AORTIC)

Tanzania celebrates new radiotherapy unit (Cont.)

IAEA's years of experience and technical capacity in providing equipment and training in radiation medicine to low and middle income countries.

Even with its newly bolstered treatment capacity and the heroic efforts of its staff, ORCI still can meet only a small part of Tanzania's cancer burden, currently in the region of 35,000 new cases a year. In other parts of the African continent, the situation is even worse, with 40 percent of countries having no radiotherapy facilities at all. "This is very disturbing because cancer diagnosis in such a situation is synonymous to a slow and painful death sentence," said President Kikwete. Appealing for continued international support, he promised that in his capacity as current Chairman of the African Union he would do his utmost to place cancer high on the African agenda.

Yet despite the many challenges, a sense of optimism and determination to win the fight was palpable at the launching ceremony. "The expectant faces of the patients listening to their President's remarks left a lasting impression on everyone present at this august ceremony," said Massoud Samiei, Head of the PACT Programme Office. "It was a powerful reminder of the great opportunity we have to think and work globally in partnership with WHO and others to help developing countries fight cancer."

Society of International Humanitarian Surgeons

By Peter Kingham

By 2020 it is estimated that 70% of all cancer-related deaths will occur in developing countries. Survival rates in these areas are generally 20-30%. Breast, lung, cervical, esophageal, stomach, prostate, and liver cancers are all diseases that have a high incidence in Africa. All of these solid organ cancers are optimally treated with surgery if diagnosed early enough, or with palliative surgery if the patient is in a late stage of disease. As cancer centers are developed throughout Africa, and radiation and chemotherapy are available at an increasing rate, one question is how to best incorporate surgeons into the multi-modality care of patients. The introduction of radiation and chemotherapy changes the surgical management of many diseases.

Surgical oncologists in the west are keen to assist with developing a training protocol in partnership with surgeons in Africa that would be applicable to countries that are forming cancer centers. The curriculum could have three arms: palliative surgery, surgery in combination with chemotherapy and radiation therapy, and techniques for clinical oncology research. Palliative surgery is a vital part of caring for cancer patients, especially when many cancers present at late stages. Included in this would be techniques such as esophageal stenting for palliative esophageal cancer therapy. Surgical treatment in combination with radiation and chemotherapy would also be a central aspect of the curriculum, both in broadening treatment algorithms and in treating patients who are receiving chemotherapy and radiation. The clinical research aspect of the curriculum would be important to try to help link African surgeons with their colleagues in the west, not simply as a source of tissue or patients, but as a collaborator to assist in trying to understand similarities and differences in cancer patients in different parts of the world. This curriculum should be developed in tandem between African surgeons and western surgical oncologists if it is going to be useful and practical. Surgeons at Memorial Sloan-Kettering Cancer Center and the Society of International Humanitarian Surgeons (www.humanitariansurgery.org) are interested in participating in this process. Please contact peter@humanitariansurgery.org if interested in participating.

"SPEAKING YOUR HEALING INTO EXISTENCE"

Interview with Eunice Saunders – Cancer Survivor

Belmira: When were you first diagnosed with cancer?

Eunice: I was 17 years old when I was diagnosed with breast cancer.

Belmira: That is a very young age - it must have been quite a shock for you.

Eunice: It was quite shocking for the doctors as well and they said breast cancer normally affects women from the age of 25 years and older. There was a huge lump in my breast. At the time I had terrible pain and all I wanted was to remove the lump as it was so painful especially after menstruation. My parents even thought it was just part of growing up. The mammogram did not show anything suspicious but my breast became bigger and more painful and I insisted that the lump be removed. After the operation it was discovered that the lump was indeed cancerous. I underwent chemotherapy and radiotherapy treatment. I was in Matric at the time and I lost all my hair but it didn't bother me at all. I thought it was a lot of fun not to have any hair as I didn't have to worry about washing and blow-drying my hair.

Belmira: How did your friends react when you told them that you had breast cancer?

Eunice: They were quite shocked. I sensed a bit of distance from them and they did not know how to handle me or what to say. Ten years ago, when I was diagnosed, it was thought that a cancer diagnosis is a death sentence. There were a lot of misconceptions. They didn't have much knowledge about cancer and weren't very aware and that was the scary part but I kept my head up high and never gave in.

Belmira: Describe what happened next.

Eunice: After my treatment I was cleared of my cancer for about 6 months. I was working for 3 months and then started getting symptoms such as pins and needles in my hands and severe back pain. I was rushed to hospital one night and had a scan and found out that the cancer was in the vertebra between my spine. The doctors could not believe it and neither could my family and I. It was very hard for my family to accept. I went into a deep depression. My family was notified about the severity of the cancer and the doctors didn't know whether I was going to make it. I felt like giving up but the support from my family and people from my congregation played a big role in my mind set and overcoming this cancer diagnosis. My 21st birthday was coming up and I didn't want to go for a bone marrow transplant as I would be in hospital for a long time. There was no bone marrow match available for me but eventually I did not need to have a BMT. I was extremely happy that I didn't have to go for the BMT and could enjoy my 21st. Three years down the line the cancer appeared again this time in my brain. I started getting severe headaches. I was working at the time and one day I had a blackout and was rushed to hospital. The doctors thought it was due to stress. I eventually went for more tests and it was discovered that I had 2 tumours in my brain as big as golf balls.

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"SPEAKING YOUR HEALING INTO EXISTENCE"

Interview with Eunice Saunders—Cancer Survivor (Cont.)

Belmira: What sort of treatment did you undergo this time?

Eunice: I was advised to undergo chemotherapy to the brain with lumbar punctures. The tumours could not be removed due to where it was located. After the 3rd chemotherapy the tumours shrunk and could hardly be seen. This was a great relief. I handled the treatment very well and had very little side-effects compared to the previous 2 cancer treatments. I was able to help other patients in hospital and people couldn't believe that I was sick during this period. I believe the word of God and that what you say carries a lot of power so I never spoke about it negatively. I believe on keeping my eyes on the light and not the darkness that I was in during my treatment. I was asked to testify at churches to encourage other people who may be going through the same thing. I believe that this is what God wants me to do.

Belmira: How did you become involved with CANSA?

Eunice: A friend of mine who is also a brain cancer survivor first introduced me to CANSA and encouraged me to get involved.

Belmira: What words of advice would you give to cancer patients and their family members?

Eunice: Support from family plays a big role and if there are family members that don't know how to help the cancer patient to get support themselves. There was a time that I felt that I was a burden to my family but after speaking to my parents and was assured by them I felt much better. I would therefore encourage patients to be open and to speak to their family members or caregivers and to thank them for what they are doing. Don't think that you are a burden, after all you did not ask for the cancer to appear. There are two things that I always say to patients. Accept it and fight back or accept the cancer and say I am going to die and give up. Accept the cancer and keep positive. It's a psychological thing and its up to you on how you handle your situation. "Speaking your healing into existence, for me that is the most important thing, speaking."

Belmira: How are you feeling now?

Eunice: I'm feeling very good and go for checkups every six months. I am very involved with the cancer patients at Eikehof (CANSA's interim home) and with the Relay for Life events in the Western Cape. Where I am now, is what I want to do, need to do and to be able to speak to people and to change their view about what they are going through during their cancer treatment. A cancer diagnosis is a life-changing experience, gives you the opportunity to look at people differently and to enjoy life.

Eunice Saunders being interviewed

Greetings from the Cancer Nurses Society of Australia

The Cancer Nurses Society of Australia (CNSA) is a membership based organisation that has been developed to serve cancer nurses in Australia. It is governed by a National Executive Committee that comprises elected representatives from all states and territories, and a nationally elected Chairperson.

The organisation was founded in 1998 under the umbrella of the Clinical Oncological Society of Australia (COSA). We have grown to be the largest member organisation of COSA with over 800 members throughout Australia.
As an organisation CNSA is committed to our mission of achieving and promoting excellence in cancer care through the professional contributions of nurses. Our members are registered or enrolled nurses dedicated to patient care, research, and education in cancer nursing.

To achieve our mission, the CNSA acts as a resource to cancer nurses around Australia, no matter what their geographical location or area of practice. Our dedication is apparent with both our widespread presence and representation by our Regional Groups currently established in Sydney, Hunter Region (NSW), Melbourne, Perth, Adelaide and Brisbane and with our focussed Special Interest Groups for Radiation Oncology and Breast Care Nurses.

These regional and specialised outlets offer many ways for cancer nurses to become involved with the CNSA and enjoy the many benefits and rewards of being a member.
Regular newsletters are published by the CNSA and our activities culminate with our annual Winter Congress. This two or three day scientific meeting gives nurses an opportunity to hear about research and practice issues related to cancer nursing, from beginning to advanced practice level. It is a wonderful opportunity to catch up with old friends and meet new ones. We encourage nurses from near-by countries to join us – such as New Zealand, just as much as we encourage any nurse with an interest in cancer to join us.

We are very active at the international level through the ISNCC – we have a member who is the Australasia/Pacific regional representative, and the current President and Treasurer/ Secretary are Australia cancer nurses.

Gabrielle Prest
Chair, CNSA

CANCER FACTS!

About 25 million people worldwide are living with cancer. It is the second leading cause of death worldwide, accounting for about 13% of all deaths. Last year, cancer killed about 7.9 million people, about 72% of whom were in developing countries. The World Health Organisation (WHO) forecasts that by 2030, the annual global death toll will rise to about 11.5 million.

Lung cancer is the most common cause of death from cancer in the world
Tobacco use is the single largest preventable cause of cancer in the world. In developing countries, smoking is responsible for more than 80% of all lung cancers.

- WHO

Cervical cancer test poised to be a boon in developing world

by AFP,

Yahoo! News

Paris, 9/22/2008 - A simple test for cervical cancer, designed to be used in developing countries, could strike a massive blow against the disease notorious as a "silent killer" of women, doctors said on Sunday.

Screening for cervical cancer is routinely done in rich countries and has helped cut mortality from this disease in advanced economies by between 50 and 80 percent.

But the technique requires access to sophisticated labs, which makes it unsuitable for countries that lack financial resources and medical infrastructure and may not even have electricity in remote areas.

Researchers said a prototype of a straightforward, affordable test had been tested in trials among nearly 2,400 women in rural China and proved to be highly accurate.

Pap smears identified as pre-cancerous by lab screening were spotted by the device 90 percent of the time. It was also 84.2 percent accurate in identifying samples that were not precancerous.

The gadget, called careHPV, amplifies telltale strands of DNA found in the human papillomavirus (HPV) which causes cervical cancer. It is a spinoff of a lab technology called Hybrid Capture 2.

Able to detect 14 high-risk types of HPV, the mini-lab needs an area of clean benchtop workspace that is about the size of a tabloid newspaper.

It does not require mains electricity or running water and can be used by non-technical support staff.

The test results come in around two and a half hours, which means a woman can be screened and given help in the same visit if need be.

The study is published online by the British journal The Lancet Oncology.

One of the authors, John Sellors of McMaster University in Hamilton, Ontario, said the results were "very promising."

"If women 30 years and older could be screened at least once in their lifetimes with such a test, and appropriate treatment administered at the same visit, public-health programmes would be affordable and deaths from cervical cancer would be reduced by a third," he said.

Echoes from Africa

Dr. Anne Merriman
AORTIC Vice-President, East Africa

Palliative care is alive, well and moving in the African sub continent. However, the needs are far greater than what is presently available or in progress. HIV/AIDS has brought finances to cover palliative and support care to HIV patients. However, the proportion of funds allocated to palliative care is reduced because support care covers nearly all persons and includes food, mosquito nets and other supportive needs, whereas palliative care, which is care intensive, covers only those who are critically ill or at the end of life.
Cancer has been neglected in the era of AIDS except for those lucky(?) enough to have AIDS as well!

By 2020, there will be more than 1 million deaths from cancer in Africa representing 10% of the world's cancer deaths_. There is a great deal of suffering in Africa where few countries have access to any radio or chemo therapy, and when, and where, it is available less than 5% will access or take advantage of these modalities because of late presentations. This is unlike HIV where there is tremendous physical suffering during intercurrent infections as well as the total suffering experienced by families and orphans left behind.

Palliative care is now present in varying degrees in 16 out of 48 African countries, but only 12 of these have affordable morphine available. Many countries declare that they have palliative care, but when visited it may be nonexistent or very small, serving a tiny population. The African Palliative Care Association (APCA) and Hospice Africa are trying to improve and move frontiers in order to provide care for more and more of our suffering friends.
Hospice Africa was founded in 1993, with a mission to support palliative care throughout sub-Saharan Africa by means of a "model". Hospice Africa Uganda was chosen as the model a year later following a feasibility study of 4 countries. Hospice Africa Uganda is now a model and teaching centre for Uganda and other African countries. In May, 2007, Hospice Africa started a new initiative. An experienced Ugandan palliative care Nurse, Catherine Nawangi, is now our Clinical Trainer for International Programmes. She spends a month with a palliative care service, where she shares experiences and discusses standards, explains the holistic approach to care, and provides training in clinical palliative care to the team. She later keeps in touch with the teams through text messages as many are not able to access email.
This innovative approach initiated by Catherine, is working very well. The teams feel, and know, they are supported after she leaves. Since November 2007, she has assisted four teams in West and Central Africa (Cameroon, Nigeria and Malawi).

The idea of providing a model for Francophone and Luciphone Africa is now being explored. There is no model of palliative care service in either of these countries. This is a challenge to be taken up by Hospice Africa and APCA, and we are seeking the support also of IAHPC and others (including donors) who care.

Most cancer patients in Africa suffer terrible pain. The lucky ones in Uganda are reached by a Hospice team. This is urgently needed throughout SSA.

1. Jones SB, Cancer in the developing world: a call to action, BMJ 1999;319;505-508
2. Lingwood J et al, The Challenge of cancer control in Africa Nature Reviews (Cancer) Volume 8 (May 2008)

ZAMBIA'S CANCER DISEASES HOSPITAL
A First Birthday Full of Promise

It's now more than a year since the opening in Lusaka of Zambia's first specialized cancer treatment and radiotherapy centre, the Cancer Diseases Hospital (CDH). At the official opening on 19 July 2007, a day filled with celebrations, music and dance, the late President Levy Patrick Mwanawasa proclaimed the hospital "the culmination of a vision".

For Zambia's thousands of cancer patients, the opening of the hospital certainly was a dream come true. Until then, they had been placed on lists, waiting to be sent to neighbouring South Africa or Zimbabwe for treatment. But the high costs involved—up to $10,000 per patient—meant that rarely happened. In the period 1995-2004, the Zambian Ministry of Health was able to pay for only 350 of the 5000 patients needing radiotherapy to be sent abroad. For the rest, there was little hope. "They were left to endure the pain while the disease ravaged their bodies relentlessly until they died," President Mwanawasa said in his address at the opening ceremony.

Today, that bleak picture has changed. The CDH's bright, cheerful waiting areas throng with people and its new diagnostic and treatment machines handle up to 100 patients a day. Recently, three radiation oncologists returned from completing four years of training in South Africa. And the government is now funding the hospital—paying for salaries, equipment and supplies—from a separate budget.

Treatment at the CDH is currently free-of-charge for all Zambians but a cost sharing scheme is being designed to try and meet the high cost of providing cancer treatment. Says CDH Acting Executive Director, Dr. Kennedy Lishimpi: "The establishment and operationalization of the Cancer Diseases Hospital has brought equity of access to cost effective cancer treatment for all Zambians seeking radiotherapy and chemotherapy. It offers improved quality for cancer patients, as close as possible to the family."

But the cancer situation is still urgent. Estimates suggest that more than 7000 new cases are diagnosed each year in Zambia, which has a population of 11.6 million. The most common form in women is cancer of the cervix, with an estimated 54 cases for every 100,000 women—one of the highest rates in the world. Of these, more than 80% end in death, mainly because the disease is diagnosed at an advanced stage and is therefore very difficult to treat. Tragically, with early detection and appropriate treatment, cervical cancer is preventable and curable.

Estimates suggest that more than 7000 new cases are diagnosed each year in Zambia, which has a population of 11.6 million.

Many cancers in Zambia are infection-related. Experts say the high rates of cervical cancer are linked to widespread HPV (Human Papilloma Virus). In addition, HIV (Human Immunodeficiency Virus) is prevalent in nearly one million of the adult population, leading to increasing numbers of Kaposi's Sarcoma, an HIV-related skin cancer.

CANCER DISEASES HOSPITAL—LUSAKA

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ZAMBIA'S CANCER DISEASES HOSPITAL
A First Birthday Full of Promise (Cont.)

The International Atomic Energy Agency (IAEA) played a key role in helping Zambia to realize its vision of building a cancer hospital. In 2002, the Agency's Technical Cooperation (TC) department helped the country secure a US$ 5.6 million loan from the OPEC Fund for International Development (OFID). IAEA experts provided the Zambian government with support and advice through the years of planning, constructing and equipping the hospital. And IAEA funds were used to help train key health professionals such as radiation oncologists, radiotherapists and medical physicists. Just as importantly, Zambia can count on the Agency's continued support for at least the next two to four years of consolidation.

"The IAEA remains committed to helping Zambia strengthen the delivery of quality cancer treatment," says Lameen Abdul-Malik, Technical Programme Officer, TC Africa. "Particular importance will be given to helping the country provide a sustainable service through the development of a national programme on training radiotherapists, and upgrading the skills of key staff in oncology and medical physics."

Many challenges remain for Zambia as it strives to achieve excellence in cancer care and control for its people. Currently, human resources shortages at the CDH are of particular concern. At the same time, poor economic performance means that government funding to the health sector is declining and there are increasing concerns over meeting the CDH's estimated nearly $5 million direct and indirect annual operating costs.

Still, all stakeholders understand the importance of carrying the dream forward. As well as funding and staff shortages, all agree that emphasis must also be placed on building an effective, sustainable national programme of cancer care and control. During the opening of the CDH, President Mwanawasa underscored this point, saying: "Now that the Zambian people have access to radiation treatment for cancer, public awareness of cancer and its treatment should be made part and parcel of the goals of health education. National programmes for cancer control, sound policies and projects will be required in support of radiotherapy to address the needs of the people."

In part that has already started to happen. The opening of this state-of-the-art hospital has placed cancer squarely in the public eye. Today, more Zambians are aware of the extent of the disease in the country and the urgent need for preventive efforts.

Photo below:

The late President of the Republic of Zambia, Levy Patrick Mwanawasa, is welcomed on arrival at the hospital by cancer patient Chiti Kampamba, amid intense media interest.

BRAIN TUMOURS

Primary brain tumours are a highly malignant cancer with a poor prognosis of less than twelve months in some instances. Even the so-called benign brain tumours may kill a person because they can be responsible for swelling in the fixed area of the skull. There are about 200,000 people worldwide who develop a primary malignant brain tumour each year. 70% are in the developing countries. Some might never be diagnosed and slip rapidly into a terminal situation.

The International Brain Tumour Alliance (IBTA), which was established in 2005 at the World Federation of Neuro Oncology conference, seeks to raise awareness about the special challenges of brain tumours and has attracted support from 147 brain tumour specific and cancer organisations for its 2008 projects of the Walk Around the World for Brain Tumours and the International Brain Tumour Awareness Week (26 October – 1 November).

The causes of brain tumours are basically unknown. They cannot be screened for or detected early and no lifestyle options can prevent them. They are among the less common, or rare cancers, which are often difficult to manage.

One of the IBTA projects commenced this year is to identify the standard of care available to brain tumour patients in a selection of low to middle income countries. It wants to identify what treatment options they have.

IBTA Chair Denis Strangman (Australia) suspects that many patients in these countries do not have access to the basic treatment of neurosurgery, radiation therapy and chemotherapy and that there are urgent needs in the area of palliative care, particularly as regards access to dexamethasone for brain swelling, anti seizure medications and opioids for pain control.

Those with an interest in this project or who wish to receive further information about the IBTA's awareness-raising activities should contact the IBTA Chair at: chair@theibta.org

Photo on right:
Kathy Oliver (UK), Secretary IBTA, and
Denis Strangman (Australia), Chair IBTA

WORLD CANCER DECLARATION

A summit of more than 60 high-level policymakers, leaders and health experts have adopted a global plan aimed at tackling the growing cancer crisis in developing countries.

The plan, contained in the World Cancer Declaration, recommends a set of 11 cancer-busting targets for 2020 and outlines priority steps that need to be taken in order to meet them. It was presented Sunday at the close of the World Cancer Congress in Geneva and offered as a global template for governments and other groups to tailor as they devise their own plans to guide local efforts.

“The rise of cancer in less affluent countries is an impending disaster,” WHO director-general Dr Margaret Chan told delegates at the opening of the congress this week. “The time is right to make cancer control a development priority.”

Chan said she believed that several recent trends in public health make the international community especially receptive to the arguments made in the declaration and responsive to its call to action.

Former UN commissioner for human rights Mary Robinson, who chaired the summit, said cancer control is a human rights issue, tied to the right to health through access to an effective health system.

“Ultimately, it is a question of human rights and above all, it is a question of human dignity. Adoption of the World Cancer Declaration is another step in a real commitment - a vision - of how to tackle this huge world health issue,” said Robinson, who is now president of Realizing Rights, a New York-based human rights organization.

Much can be done to tackle cancer in the developing world, the experts said. About one-third of cancer cases can be prevented and another third can be cured if detected early and treated properly.

Targets recommended in the declaration include significant drops in global tobacco consumption, obesity and alcohol intake; universal vaccination programmes for hepatitis B and human papilloma virus to prevent liver and cervical cancer; dramatic reduction in the emigration of health workers with specialist cancer training; universal availability of effective pain medication and the dispelling of myths and misconceptions about the disease.

During the summit, participants made several suggestions for how to meet the targets in the declaration and emphasized certain priorities. The importance of myth reduction and proper pain relief for cancer patients were emphasized. The idea of a global fund for cancer, similar to the Global Fund to fight AIDS, tuberculosis and malaria, was tabled as a possible goal, given that cancer kills more people than those three diseases combined.

WHO proposes strategy for prevention and control of cancer in the African region

The World Health Organisation (WHO) has proposed a strategy to prevent and control cancer, 582 000 cases of which were recorded in the Region in 2002.

Cancer of the cervix, breast, liver and prostate as well as Kaposi's sarcoma and non-Hodgkin's lymphoma are the most common forms of cancer in the African Region. Incidence of these cancers are projected to double by 2020 if effective interventions are not intensified.

The priority interventions outlined in the strategy include development of policies, legislation and regulations; mobilisation and allocation of adequate resources; partnerships and coordination; training of health personnel; and acquisition of adequate infrastructure and equipment for primary, secondary and tertiary prevention.

Others are strategic information management and the undertaking of surveillance and research for cancer prevention and control.

Details of the strategy are contained in a report presented Tuesday by WHO Regional Director for Africa, Dr Luis Sambo, to the fifty-eighth session of the WHO Regional Committee for Africa taking place in Yaounde, Cameroon.

Dr Sambo stated that current knowledge and evidence could be used to prevent one third of all cancers, provide effective treatment for another third, and provide pain relief and palliative care for all cases.

Principles that should guide the implementation of these interventions include country ownership and leadership; equity and accessibility of services; partnerships, team building and coordination; innovation, creativity and accountability; and a systematic and integrated step-by-step implementation of interventions as part of a national cancer action plan.

The main factors contributing to the increasing cases of cancer in the African Region are growing tobacco and alcohol use, unhealthy diet, physical inactivity, environmental pollution and action of infectious agents.

Most cancer patients in the Region have no access to screening, early diagnosis, treatment or palliative care as the health systems of countries are not sufficiently equipped to provide cancer services.

Source: World Health Organisation (WHO)

2009 ASCO IDEA Award

The IDEA Program enables early-career oncologists in countries in select countries to attend the ASCO Annual Meeting, and to visit a cancer center in the United States or Canada.

The list of eligible countries can be found on our website, and it includes many African countries such as Algeria, Botswana, Cameroon, Central African Republic, Chad, Congo, Egypt, Ethiopia, Ghana, Kenya, Nigeria, Senegal, South Africa, Zambia, and Zimbabwe. Recipients also receive a complimentary three-year ASCO membership, which includes a subscription to the Journal of Clinical Oncology.

Participants are given the opportunity to expand their current knowledge, earn continuing medical education, share their learning experiences at the Meeting with colleagues in their home countries—and ultimately enhance the quality of cancer care around the world. The program also helps recipients to establish strong relationships with ASCO members who serve as scientific mentors.

The 2009 Annual Meeting will be held May 29 to June 2, 2009 in Orlando, Florida.

Materials must be submitted by January 14, 2009, and applicants will be notified of their status in late February 2009.

For more information on the IDEA program, to see the criteria, or to apply, please visit: www.asco.org/idea.

International Implementation of Breast Health Guidelines for Developing Countries

published by CANCER

A special supplement of the Oct. 15 journal Cancer for the first time details guidelines for low- and middle-income countries to implement breast cancer programs to detect and treat the most common disease among women worldwide. “Guidelines for International Breast Health and Cancer Control – Implementation” developed by the Breast Health Global Initiative (BHGI) outlines a tiered system of resource allocation - based on countries’ overall economic status and availability of resources – toward early detection, diagnosis, treatment, and developing an overall breast health program. Other papers contained in the supplement outline how countries implement programs in breast pathology, radiation treatment, surgery and treatment of locally-advanced cancer. BHGI, an alliance comprised of a strategic mix of internationally-focused health care organizations, was founded by Fred Hutchinson Cancer Research Center and Susan G. Komen for the Cure (www.bhgi.info).

The “Guidelines for International Breast Health and Cancer Control – Implementation” is available online here: http://www3.interscience.wiley.com/cgi-bin/fulltext/121417905/HTMLSTART

Call for projects
Burkina Faso, Colombia, Ivory Coast, Pakistan, Paraguay

Up to 10 projects selected to start in 2009
Up to € 50,000 awarded to each project in the first year
Support may be extended for a second year

Deadline for applications: 25 November 2008

For more information please contact mychildmatters@uicc.org

Because every child matters, the *"My child matters*" initiative aims to encourage all relevant organizations and institutions (hospitals, NGOs...) to demonstrate innovative and synergetic approaches to early detection, treatment, care and support of children with cancer in resource-constrained settings.

Although childhood cancers represent a small percentage of all cancers, the gap in the survival rate between industrialised and developing countries remains the most marked and it is in these resource-constrained countries where 80% of children with cancer live. Each year, more than 160,000 children are diagnosed with cancer and approximately 90,000 will die. In industrialised countries, nearly 80% of children being treated for cancer will survive. Unfortunately, this survival rate drops to 20% and even 10% in developing countries where access to information, early detection, effective care and treatment are often not available. This indeed is unfortunate as most children with cancer can be cured if prompt and essential treatment is accessible.

UICC American Cancer Society International Fellowships for Beginning Investigators (ACSBI)

APPLICATION CLOSING DATE 1 December

Target candidates	Investigators, clinicians, epidemiologists, public health professionals. Priority will be given to applications from low-, lower-middle- and upper-middle-income countries, as defined by the World Bank, candidates from all countries are welcome to apply
Duration	12 months
Extension	up to 12 months with funding secured by the fellow from other sources and at no cost to the UICC
Available	6-8 per year
Value	US$ 45,000 each for travel and stipend
Application closing date	1 December
Notification of result	April the following year

For more information please contact fellows@uicc.org

Scholarships for African palliative care workers

Applications are invited for these new scholarships to enable high calibre students from Africa to study for the MSc in Palliative Care at King's College London. The MSc course is part-time over two years, commencing January 2009. These scholarships will benefit students who for financial reasons would otherwise be unable to attend. Each scholarship will fund the course tuition fees, travel, accommodation and living expenses.

The MSc in Palliative Care is open to doctors, nurses, and health and social care professionals working with patients with advanced disease who have an upper second class honours degree or equivalent.

The deadline for receipt of applications is 16 November 2008.

For more information please visit:

http://www.kcl.ac.uk/schools/medicine/depts/palliative/spc/hst.html

Cervical Cancer Prevention Small Grants Program

PATH
A catalyst for global health

Cervical cancer vaccine project

In June 2006, PATH initiated its cervical cancer vaccine project, with a focus on generating evidence for decision-making about public-sector introduction of human papillomavirus (HPV) vaccines. A significant aspect of the project involves demonstration projects in four countries—India, Peru, Uganda, and Vietnam. This operational research seeks to understand and address questions relevant to introducing cervical cancer vaccination into public-sector programs.

To complement the information derived from the demonstration projects, **PATH is sponsoring a small grants program to broaden the evidence base for decision-making about cervical cancer prevention in Asia, Africa, and Latin America.** The program has been divided into four areas to best address high priority questions:

- Socio-cultural research
- Health system assessment for vaccine delivery strategy design
- Evaluating HPV vaccine delivery strategies
- Cervical cancer screening

A description of each area and examples of research questions that could be addressed are attached as Appendices A–D.

PATH will provide small grants to developing-country governments, universities, and non-governmental organizations working in the areas of cervical cancer prevention, vaccination, adolescent/reproductive health, or related areas. Applicant organizations should be located in Asia, Africa, or Latin America and outside of the demonstration project areas (i.e., applications will not be accepted from organizations based in the Indian states of Gujarat or Andhra Pradesh, or from Peru, Uganda, or Vietnam). Preference will be given to applicants in low- and lower-middle income countries (as defined by the World Bank at http://go.worldbank.org/K2CKM78CC0) and countries with a significant burden of cervical cancer.

Interested organizations may submit a letter of inquiry (LOI) to Christina Smith (csmith@path.org). If your LOI is accepted, you will be notified and invited to submit a grant proposal. A request for a full proposal does not guarantee funding. LOIs are reviewed throughout the year; proposals will be reviewed and evaluated twice a year.

About PATH

PATH is an international, nonprofit organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health. By collaborating with diverse public- and private-sector partners, PATH helps provide appropriate health technologies and vital strategies that strengthen health systems and encourage healthy behaviors. PATH's work contributes to improving global health and well-being.

For more information about PATH, please visit www.path.org.

AORTIC 2009 CONFERENCE

2009
AORTIC | OAREC
11-14 NOVEMBER 2009
DAR ES SALAAM TANZANIA

CANCER IN AFRICA - THE NEW REALITY

THE AFRICAN ORGANISATION FOR RESEARCH AND TRAINING IN CANCER (AORTIC) IS PLEASED TO ANNOUNCE ITS SEVENTH INTERNATIONAL CONFERENCE ON THE BURDEN OF CANCER IN AFRICA. IT WILL TAKE PLACE IN DAR ES SALAAM, TANZANIA FROM 11-14 NOVEMBER 2009 AT THE KUNDUCHI BEACH HOTEL AND RESORT.

AORTIC 2009 PROGRAMME HIGHLIGHTS

- "Meet the Experts" breakfast sessions
- Interactive workshops
- National Cancer Control Programmes (NCCPs)
- Management of specific cancers
- Radiation
- Chemotherapy
- Palliation
- Breast cancer in Africa
- Tobacco-related cancers
- Paediatric oncology
- Cancer and HIV in Africa
- Ethical research in Africa
- Nutrition and cancer
- Cancer of the cervix in Africa
- Urological malignancies
- Colorectal cancer in Africa
- Methodology of clinical trials
- Cancer registries in Africa
- Oncology nursing
- Haematological malignancies in Africa
- Working with alternative health care systems
- Psycho-social aspects of cancer
- How to write a grant

AORTIC - AFRICAN ORGANISATION FOR RESEARCH AND TRAINING IN CANCER

DEDICATED TO THE PROMOTION OF CANCER CONTROL IN AFRICA

AORTIC is an international non-profit organisation focusing on cancer in Africa. Our key objectives are to further research relating to cancers prevalent in Africa, facilitate and support training initiatives in oncology for health care workers, create cancer prevention and control programmes, and to raise public awareness of cancer on the continent.

We strive to unite the African continent in achieving its goal of a cancer-free Africa, and seek to make a positive impact throughout the region through collaboration with health ministries and global cancer organisations.

One way in which AORTIC achieves this is by hosting its biennial cancer conferences in various African countries so as to raise awareness about cancer and create an impact in those regions. In 2007, AORTIC held its sixth international cancer conference in Cape Town, South Africa, with over 400 participants from 46 countries, including 33 African countries, in attendance. These conferences have become the definitive event on the African health calendar, enabling the exchange of ideas and the opportunity to meet oncology leaders from all over the world.

This time in East Africa, AORTIC looks forward to hosting AORTIC 2009 in Dar es Salaam, Tanzania, with the theme "Cancer in Africa - the New Reality".

For more information about AORTIC please visit: www.aortic.org

AORTIC 2009 INVITATION

It gives me great pleasure to personally invite you to AORTIC's seventh international cancer conference in November 2009.

Cancer is an African as well as a global issue; it respects no borders and affects us all directly and indirectly. To fight it, all countries must have plans aiming at improving prevention, early detection, treatment and palliative care based on their level of resources.

The AORTIC 2009 conference will have a strong focus on cancer control. The main themes will be cancer treatment, research and capacity building, but as in previous conferences, public health, the role of nurses and advocacy, prevention, including tobacco control, supportive care and palliative care, will also be part of the main themes.

To make a difference, AORTIC invites you, as a committed member of the international cancer control community, to contribute to and listen to world-renowned speakers, to share experiences with colleagues, to gain advice from experts, to make contacts, and to acquire new stimuli and fresh ideas at AORTIC 2009. The conference will be held in Dar es Salaam, the capital town of Tanzania, the land of Kilimanjaro and the spice islands of Zanzibar, from 11-14 November 2009.

I trust that by joining us, together we can move the cancer control agenda forward in Africa and bring hope to millions. Therefore do register for AORTIC 2009. We look forward to seeing you then.

Twalib A Ngoma
AORTIC PRESIDENT AND CHAIR:
SCIENTIFIC PROGRAMME COMMITTEE

AORTIC 2009 | T: +27 (0)21 683 2934 | F: +27 (0)21 683 0816 | E: info@aortic2009.org

www.aortic2009.org

CONFERENCES ●●●

SEMCO
South & East Mediterranean College of Oncology

South & East Mediterranean College of Oncology and Princess Nikky Breast Cancer Foundation

in collaboration with

Ain Shams Clinical Oncology Department

Ain Shams University
Clinical Oncology Department
ASCOD

2nd ANNUAL AFRICA BREAST CANCER CONFERENCE

17-18 March 2009
Cairo - Egypt

Under Patronage of

Prof. Ahmed Zaki Badr
President of Ain Shams University

Prof. Mahmoud El Tayeb
Vise Presidemt of Ain Shams University

Prof. Ahmed Nassar
Dean of Faculty of Medicine
Ain Shams University

Collaborators

African Organization for Research & Training in Cancer
Egyptian Council for African Affairs
NCI - Cairo University
ICEDOC & ICEDOC's Experts in Cancer Without Borders
Breast Health Egyptian Initiative (BHEI)
Egyptian Society of Women's Imaging and Healthcare

AORTIC
OAREC

For registration, accommodation and abstract submission contact:
Organizer: semcoalex@gmail.com & atefbadran@hotmail.com
Conference Coordinator: Princess Nikky Breast Cancer Foundation
Fax: + 20 2 25 32 82 86

CONFERENCES ●●●

Ministry of Health, Social Affairs and Family
Ministry of Higher Education
Ministry of Scientific Research and Technological Innovation
University Teaching Hospital of Brazzaville
Marien Ngouabi University
General Delegation of Scientific Research
Congolese Union against Cancer (UCC)
Patient Support Association of Congo (ACA)

International Committee for the Renaissance of Africa

Under the auspices of the Medical Society of Congo

5th Symposium on Oncology in Brazzaville

Brazzaville from 4 to 5 December 2008, Phenotype Amphitheatre

Topics:

Virus-induced Cancer
Urogenital cancer
Nursing session
Supportive care to cancer patients
Free presentations

Scientific President: Prof Claude Maylin (Paris)

President of the Organizing Committee
Prof AG JB Nkoua Mbon
(njean_bernard@yahoo.fr

Scientific Secretary
Doctor Judith Nsondé Malanda
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Promoter
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Address: Service de Médecine et Carcinologie CHU BP 32 Brazzaville Congo

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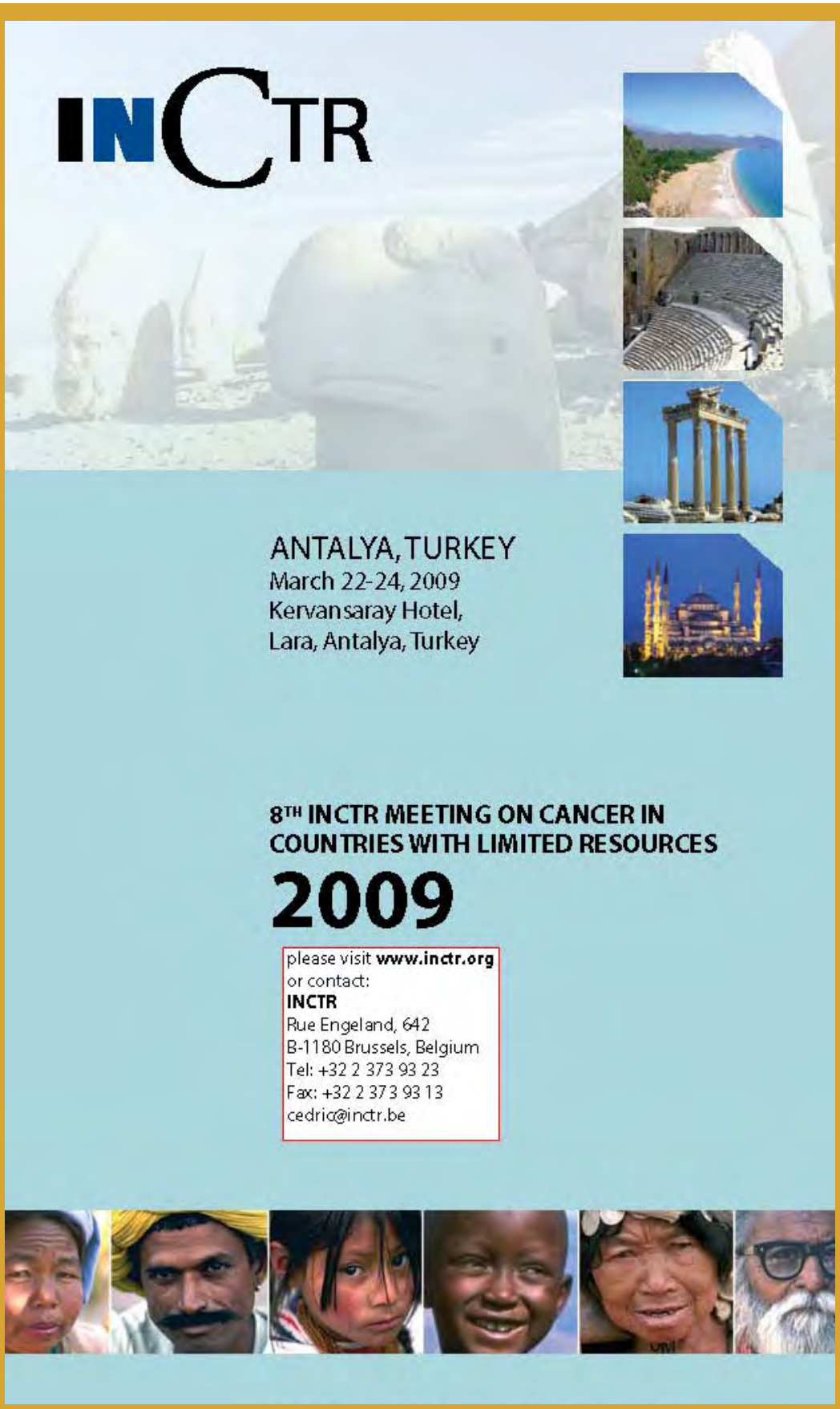
INCTR
ANTALYA, TURKEY
March 22-24, 2009
Kervansaray Hotel,
Lara, Antalya, Turkey
8TH INCTR MEETING ON CANCER IN COUNTRIES WITH LIMITED RESOURCES
2009
please visit www.inctr.org
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Tel: +32 2 373 93 23
Fax: +32 2 373 93 13
cedric@inctr.be

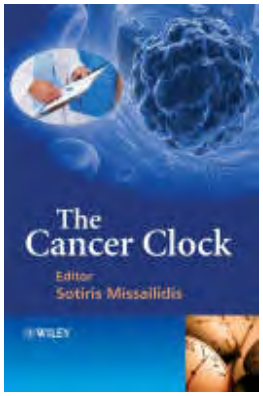
PUBLICATIONS

International Implementation of breast health guidelines for developing countries
published by CANCER

A special supplement of the Oct. 15 journal Cancer for the first time details guidelines for low- and middle-income countries to implement breast cancer programs to detect and treat the most common disease among women worldwide. “Guidelines for International Breast Health and Cancer Control – Implementation” developed by the Breast Health Global Initiative (BHGI) outlines a tiered system of resource allocation - based on countries’ overall economic status and availability of resources – toward early detection, diagnosis, treatment, and developing an overall breast health program. Other papers contained in the supplement outline how countries implement programs in breast pathology, radiation treatment, surgery and treatment of locally-advanced cancer. BHGI, an alliance comprised of a strategic mix of internationally-focused health care organizations, was founded by Fred Hutchinson Cancer Research Center and Susan G. Komen for the Cure (www.bhgi.info).

The “Guidelines for International Breast Health and Cancer Control – Implementation” is available online at:

http://www3.interscience.wiley.com/cgi-bin/fulltext/121417905/HTMLSTART



The Cancer Clock
published by John Wiley and Sons, 2007

ISBN 0470061510, 9780470061510
320 pages
Edited by Sotiris Missailidis
Winner of the 2008 Mike Price Fellowship

A comprehensive overview of cancer as a single topic and provides an all-encompassing account of the key aspects related to the disease from its causes and initial diagnosis through to treatment and care and the different support mechanisms available.

Oncology Nursing Review
(Rev) by Connie Henke Yarbro

ISBN-13: 9780763750305
January 2007
294pp

Annotated Q&As disc. Quality of life, symptom management, basic body function changes, emergencies & practice standards.