

AORTIC NEWS

The Pulse of Cancer
Care in Africa



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AORTIC is dedicated
to the promotion
of cancer control
in Africa

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FROM THE EDITOR



Dear Readers,
With the AORTIC 2009 conference a mere 7 months away we encourage you to register online if you have not already done so. We have a very exciting scientific programme lined up for our conference not the least of which includes 2 live surgical workshops. The programme and on-line registration information is available on our conference website at www.aortic2009.org. To qualify for reduced conference registration fees for the AORTIC 2009 conference we propose you become a member of AORTIC. In-

formation on how to become a member is available on our official website at www.aortic.org (Africa site section) or e-mail me at aortic@telkomsa.net and I will send you the necessary documentation. In the following issues leading up to the AORTIC 2009 conference we will be featuring articles that focus on East Africa and we hope you find these informative and helpful.

As always you are most welcome to share your thoughts with us which you can send to me at aortic@telkomsa.net I look forward to hearing from you!

Belmira Rodrigues

WORLD CANCER DAY—4TH FEBRUARY COMPETITION

To commemorate World Cancer Day, AORTIC held a competition for a slogan to be written to raise awareness about cancer in Africa. We are pleased to announce that the overall winner is Clare Manicom with her winning entry:

Cancer—Talk about it, Treat it, Survive!

Congratulations Clare, you have won free AORTIC membership for 1 year!

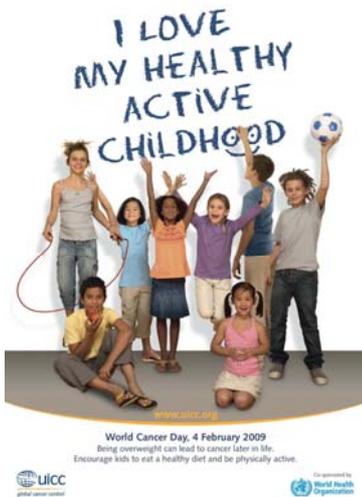
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WORLD CANCER DAY— 4TH FEBRUARY 2008



On World Cancer Day, the International Union Against Cancer (UICC) launched "I love my healthy active childhood", the second full-year theme in their "Today's children, tomorrow's world" cancer prevention campaign.

World Cancer Day 2009 marked the start of a year-long campaign, where the UICC will work with parents, teachers and decision-makers around the world to encourage kids to eat a healthy diet, be physically active and maintain a healthy body weight.

For more information about World Cancer Day and the World Cancer Campaign, please contact the UICC at: wcc@uicc.org

REPORT ISSUED ON WORLD CANCER DAY

The new report issued on World Cancer Day (4 Feb) that showed that deaths attributed to cancer in developing countries have increased to alarming levels should be a wake up call for Africa to address meaningfully this devastating chronic disease and include cancer firmly on the African health agenda.

At the African Organisation for Research and Training in Cancer (AORTIC), we are dedicated to supporting the management of training programs in oncology for health care workers, dealing with the challenges of creating cancer control and prevention programs, and raising public awareness of cancer in Africa. But so much more needs to be done.

While resources are often scarce, this report should underscore for all of us that addressing cancer cannot be ignored in developing nations. We need to take action, internationally in Africa and worldwide, to find ways to increase access to cancer prevention, management and treatment programs and to enhance patient understanding of this disease.

We simply cannot afford to not address the urgent and devastating rise in cancer prevalence and deaths in Africa.

*Professor Lynette Denny
Secretary Treasurer, AORTIC*

CANCER FACTS!

Cancer affects everyone – the young and old, the rich and poor, men, women and children – and represents a tremendous burden on patients, families and societies.

Cancer is one of the leading causes of death in the world, particularly in developing countries.

Yet, many of these deaths can be avoided. Over 30% of all cancers can be prevented. Others can be detected early, treated and cured. Even with late stage cancer, the suffering of patients can be relieved with good palliative care.

- WHO



"I LOVE MY HEALTHY ACTIVE CHILDHOOD" Walk Program News

The "I LOVE MY HEALTHY ACTIVE CHILDHOOD" walk program in support of World Cancer Day and World Childhood Cancer Day was held on Sunday, February 15, 2009 at Meskel Square, in Addis Ababa, Ethiopia. Nearly one thousand people of whom half of them were young students from various schools in Addis Ababa, Ethiopia took part. 800 T-shirts were printed for the day along with banners and posters.

Mr. Tsegaye Bedane representing the Ministry of Health of the Federal Democratic Republic of Ethiopia was a Guest of Honour. Representatives from different Government and Non-Government Offices including the WHO, Country Office here in Ethiopia also took part and actively participated in the program. Briefing on cancer in general and Childhood Cancer in particular by Dr. Bogale Solomon, the only Senior Oncologist here in Ethiopia and question and answers program on cancer and childhood cancer that followed afterwards helped to transform the program into one of the most inspirational and educational events of its kind.



Students from various schools in Addis Ababa actively participated in the program and raised more than Birr 50,000 (More than USD 5,000 to be donated to children with cancer at the Black Lion Hospital). As per our plan and promise together with students representatives we handed over the whole Birr 50,000 in cash and the USD 2,000 worth of cancer medicines donated by friends of our society on Friday March 20, 2008 to the Black Lion Hospital.

One of the two Departments responsible for cancer treatment in the Black Lion Hospital, the only cancer treating hospital in Ethiopia, is the Pediatric Department, which treats children under the age of 12. The Department is responsible for all kinds of treatment, including cancer. The two wards under the Department have no dedicated rooms intended for cancer and have no permanent specialists, instead the treatment is supervised by undergraduate and post-graduate students of the Medical Faculty of the Addis Ababa University. Both wards do not have sufficient treatment options and medicines available. Due to these problems and constraints, the paediatric wards of the hospital are in a very bad condition.

With this meager facility and medical support provision, the number of patients is increasing beyond expectation every day. The department service cannot fully satisfy the overwhelming demand. In addition to the poorly organized service delivery, insufficient supply of cancer medicines is one major problem. Drugs are not available in variety and as needed.

The paediatric ward is currently in a very bad shape and desperately looking for every kind of assistance. Our Society being young and financially weak hasn't made a difference so far but still thanks to our concerted efforts in organizing different fund raising programs and our partners managed to donate Birr 81,000 (USD 9,031) worth of cancer medicines to the hospital in 2008.

It will take a whole lot of money and time to restructure the ward in order to offer proper cancer treatment. Together with the ward we have been trying to improve the below standard conditions and to this end we have developed a project proposal, the first phase of which is estimated to cost USD 50,000.

Continued on next page ...

"I LOVE MY HEALTHY ACTIVE CHILDHOOD" Walk Program News (Cont.)

Cancer is preventable and curable if detected at an early stage. In Ethiopia, advocacy work is almost non-existent regarding cancer. People are not aware about the disease, and it is a gap that has to be filled by all concerned stakeholders. Government, physicians, health education promoters and the media could do much more to make people aware and to change their behavior to avoid preventable cancers.

In general, Ethiopia lacks sufficient facility and personnel to treat cancer patients. Cancer patients are flocking to the Black Lion Hospital from all over the country. This trend must be resolved in the future and a concerted effort must be geared toward ensuring adequate treatment for cancer patients at their nearest location within their regions.

Mathiwos Wondu- YeEthiopia Cancer Society (MWECS) is committing itself to take part in the national effort of providing amicable health service to its people by filling the gap that the government alone is not in a position to provide.

Guidelines focusing on how to prevent cancer and live a healthy good life was developed. Proper briefing was given on how to use the guidelines and benefit out of it and finally the guideline was given to each participant of the walk program.

World Child Cancer is dedicated to improving cancer diagnosis, treatment and palliative care for children in the developing world. Over the last 30 years survival rates for childhood cancer have more than doubled to around 80%. However, this success is limited to developed countries and is available to only one in five of the world's children. In developing countries the survival rate for children with cancer is typically less than 20%. The result is that 100,000 children die needlessly every year because of lack of treatment. World Child Cancer was established in 2007 by an international team of experts in paediatric

oncology and business determined to redress this global inequality in cancer care for children

According to the World Cancer Report, over two-third of cancers worldwide are due to known risk factors and potentially avoidable. These modifiable risk factors include infectious agents, tobacco and alcohol use, unhealthy diet, and physical inactivity. Therefore, there is clear scientific evidence that public health actions that promote healthy lifestyles could prevent a large proportion of cancer cases and deaths. However, most people remain unaware of how they can reduce their risk of developing cancer and very little has been done to change this by public health agencies in most developing countries, including Ethiopia. In this respect, our Society is convinced that cancer is preventable and curable if detected early and treated properly.

This wonderful event, the overall objective of which will be to enhance the awareness of the Society of cancer in general and childhood cancer in particular, believed to be very effective in reducing the overall cancer burden, has been properly reported by the Ethiopian media.



*Wondu Bekele
General Manager
Mathiwos Wondu-YeEthiopia Cancer Society*





TANZANIA ONCOLOGY NURSING

By Sr Mary Haule

Nurse Manager, Ocean Road Cancer Institute, Tanzania

Tanzania is in East Africa and has a population of about 38 million inhabitants. It has approx. 22500 nurses who are already registered with the Tanzania Nurses and Midwife council, and more than 80000 nurses have not been registered.

The Ocean Road Cancer Institute (ORCI) has 64 trained nurses. About 10 nurses have attended International Oncology Nursing Fellowship (IONF) courses and one nurse has attended a 3 month short course on oncology, sponsored by the IAEA in the UK. Three nurses have attended a full diploma course in Palliative care. The remaining nurses have not attended any specialty courses in oncology nursing.

Oncology nursing specialty is one of the new fields in our setup. Up to now we have no specialised Oncology nurses due to lack of oncology nursing schools. Nurses are playing a big role in improving care to cancer patients and their families. Nurses are eager to learn more about oncology but due to limited funds, they do not progress in the field and in most cases they use their general nursing experience. The Ocean Road Cancer Institute nursing division works in collaboration with differ-

Nurses are playing a big role in improving care to cancer patients and their families.

ent hospitals and NGO's so as to improve care to cancer patients. In order to learn or understand new technologies in cancer nursing, nurses have been able to organise workshops by collaborating with international associations such as Nurses from the Children Hospital Boston, who were sponsored by Dana Farber.

ORCI nurses are the back bone of care at the institute, as other nurse's worldwide in their hospitals are too. They play a big role in breast and cervical cancer screening and teaching within and outside the Institute, and providing some cancer information and counseling.



Photo above: A facilitator explaining about nursing care to the participants during the workshop organized at ORCI.

One of the functions of the nursing division is to educate the patients, family and public as a whole. During world cancer day 2007, nurses participated fully in cancer screening activities and health information to Dar es Salaam clients.



Photo above: An ORCI nurse, providing health education to women during World Cancer Day 2007.

In 2009, we commemorated World Cancer Day with children from the ward and from the nearby primary school. The event was marked by cleaning the hospital environment and later holding a picnic with the children.



Tanzania Oncology Nursing (Cont.)

by

Sr Mary Haule

Nurse Manager, Ocean Road Cancer Institute, Tanzania

Chemotherapy administration is one of the biggest activities performed by the nurses. In order to improve knowledge on chemotherapy administration and safety, we are collaborating with other nurses world wide so as to acquire more knowledge and skills.



Photo above: Nurses Michelle (left) from USA and Chapchap (right) from ORCI preparing cytotoxic drugs for patients.

The Majority of our patients are reporting very late, thus palliative care is the only option for them. Nurses play a big role in providing holistic care to patients and families in hospital and home based palliative care.

Challenges

Nurses are facing challenges due to the large number of patients in the wards, our capacity is 103 beds, but now the average number of patients is 180-200. This causes difficulties in provision of high quality nursing care to all the patients.

We are however happy that cancer awareness is increasing in the country that is probably why the number of patients is increasing.

There is not enough support for cancer patients while in the wards, as most of them come from far away. Thus, they are facing a lot of problems such as psychological and social issues.

Despite these challenges, the Ocean Road Cancer Institute is working close with other cancer institutes in Africa to combat cancer and we are collaborating in many cancer control activities.

Effort is being made by the ORCI and Government to train more nurses in oncology through distance learning or full time courses in overseas universities/colleges.



Photo above: ORCI nurse talking to a cancer patient and her family during a home visit



Breast Cancer Systemic Therapy: The Need for More Economically Sustainable Scientific Strategies in the World

By Ahmed Elzawawy

Summary

The world-wide incidence of cancer is expected to increase to 20 million by 2020. 70% of new cases occur in countries with 5% of the global cancer control resources. Breast cancer is the most common malignancy among women in high income, as well as low and middle income countries (LMCs). For the leading pharmaceutical companies, the current market for breast cancer systemic therapy (BCST) in LMCs is likely to decline in the future due to increasing costs of novel drugs. Breast cancer provides a strong example for multiple drug management of solid tumors. Development of economically sustainable scientific strategies for BCST in LMCs could improve affordability of therapy for other cancers throughout the world.

Examples of recent and ongoing studies using protocols that could decrease costs of treatment without compromising outcomes are reviewed. The Win-Win initiative proposed by ICEDOC's (International Campaign for Establishment and Development of Oncology Centers) Experts in Cancer without Borders starts with small pilot meetings for oncologists with key stakeholders, including leading pharmaceutical companies. The participants would develop a roadmap for actionable strategies for crafting affordable BCST tailored to regional conditions and the diverse populations of women with breast cancer.

Published in: Breast Care 2008; 3: 434-438

IAHPC Special Announcement

Grants for the 11th World Congress of Psycho-Oncology 21 - 25 June 2009, in Vienna, Austria

IAHPC is proud to announce that it will provide five scholarships of US\$1,500 each to help individuals from developing countries cover their cost of travel and stay for the next congress of the International Psycho-Oncology Society (IPOS) in Vienna, Austria, 21-25 June 2009. IPOS will waive the congress registration fees of the selected applicants.

Applicants must be living in a developing country, be active members both of IPOS or any of its affiliates as well as of IAHPC and actively working in palliative care. Applications from physicians, nurses, psychologists and other disciplines are welcome. Preference will be given to individuals who have not received an IAHPC grant in the past three years and individuals with accepted poster or oral presentations in the Congress.

Applications are available through the IAHPC website at:

<http://www.hospicecare.com/Travellscholars/>.

Deadline to apply is April 20th 2009. Results will be announced by April 30th.

Additional information about the IPOS Congress can be found at:

<http://www.ipos-society.org/ipos2009/>.

Walking on Onions, Surviving Ovarian Cancer An African-American Woman's Cancer Journey

by Mary ("Dicey") Jackson Scroggins

I am a daydreamer, a reformed worrier, an optimistic realist, a "what-iffier," a writer. I am a mother and a wife, a storyteller and a writing mentor, a slow but constant reader and a quick study. I am also an ovarian cancer survivor. It is the least of who I am but once attempted to dominate my life, to occupy a disproportionate share of my thoughts, my breathing space, my living quarters.

Placing "I" and "cancer" in the same sentence continues to be disorienting. *But I am an ovarian cancer survivor.* I typed the sentence four times, trying to make sure, perhaps, that all words belonged. They do. The word that makes it possible for me to type or utter the others is "survivor." It is the word that also makes me laugh out loud "just because."

Although my cancer journey has been traveled mostly in the United States, a high-resource country literally a world apart (in terms of norms, cultural aspects, resource levels, and health priorities) from the journey likely experienced on the African continent, it is one focused both on my personal survival and on something larger—that is, on health advocacy with an emphasis on the most needy and the least well served. And this emphasis, coupled with ancestry, naturally links me to Africa and fosters a concern for geographically and generationally removed aunts and uncles, cousins and strangers. This is my story.

In 1996, I had a hysterectomy to remove fibroid tumors and an ovarian cyst. Although I'd had a persistent pattern of symptoms—abdominal pressure and slight bloating, weight gain, frequent urination, and abnormal bleeding—that could have suggested ovarian cancer, it was neither in my awareness bank nor on my gynecologist's radar scope. Going into surgery, my greatest

concerns—aside from the general uncertainty associated with major surgery—were whether I'd have estrogen replacement therapy afterward and whether my sex life would be diminished, quantitatively or qualitatively. (Mention of the latter concern embarrasses my three daughters, who regularly and with great affection refer to their father—Kwame—and me as "the perverts." I am happy to report that the term of endearment still fits.)

By telephone, six days after surgery, I received a pathology report confirming that I had had ovarian cancer, the most deadly gynecologic cancer. My gynecologic oncologist—a specialist trained to stage and treat cancers of the female reproductive organs—said that he had good news and bad news. The good news—an incongruity, I thought, with such a diagnosis—was that the cancer was detected at Stage IA, the earliest and most curable stage, which has over a 90% five-year survival rate.

Even so, at first, I thought he didn't have a clear understanding of the concept of "good" and "news" in the same sentence. In fact, he did. Stage of the disease at diagnosis is a key indicator of survival; however, only one in four ovarian cancers is detected at Stage 1, when the cancer is confined to the ovaries.

I was lucky. A pattern of reliance on chance and good fortune has emerged among women diagnosed at Stage 1. And one's survival should not depend so heavily on luck although it is a worthy sidekick when combined with education, awareness, medical training, appropriate care, and technology.

Continued on next page ...



Walking on Onions, Surviving Ovarian Cancer An African-American Woman's Cancer Journey (Cont.)

The bad news was that my tumor was Clear Cell, the most aggressive, least well understood, and most unpredictable type. Now, *clearly*, he had a grasp of that "bad news" thing.

A series of events and acts of love combined to strengthen me for survival.

For example, after discovering the tumorous ovary during surgery, my gynecologist wisely contacted a gynecologic oncologist to complete the surgery.

Next came an outpouring of love, well wishes, prayers, support, e-mailed jokes, and healing thoughts from family, friends, acquaintances, and strangers. I cultivated a survival garden made up of plants that I received, and as the garden flourished, so did my faith in the future and the power of positive thinking, especially when girded by early detection and appropriate care.

When I first discussed chemotherapy with my gynecologic oncologist, he told me about a patient with a similar diagnosis—Clear Cell Stage IA. The story began not to sound like a survival story, so I interrupted him and asked, "Have any of your patients with a similar diagnosis lived?" I needed to know. I couldn't waste my time or risk my life with a novice, a pessimist, an inexperienced practitioner, or anyone with a bad track record. So, thus my chemotherapy began—at least the decision to have it. And thus it continued and ended, with laughter and good humor sprinkled with neuropathy, loss of all sense of taste, and occasional bouts of constipation with a capital C. "The chemo made me do it" became my excuse for any misdeed, misstatement, or awkward moment. I still try occasionally to use it... with very little success.

My family helped me to laugh—not to forget to live while struggling to survive—through surgery, the diagnosis, two hospital stays, six two-day chemotherapy sessions, weekly

anxious waits for CA-125 tumor marker results, and the uncertainty and sense of mortality that is always, *always* a part of life after cancer. Fortunately, for me and for my health, my family is funny; that is, it is both peculiar and prone to find the lighter side of anything, even chemotherapy.

My family laughs easily and a lot. It filled my hospital rooms with laughter that sometimes pulled me unwillingly and unwittingly into the real world, alive and still full of joy.

I woke up after surgery to the sound of two of my five sisters softly arguing over which soap opera to watch and another espousing the magnificent sleep induced by anesthetization. (I did not have as much fun under anesthesia as she had apparently had.) One night, one sister had a school fund-raiser selling frenzy in my hospital room, and one afternoon, another assembled a prayer circle around my bed. I imaged a satanic rite was taking place and was afraid to open my eyes until I heard a familiar voice. (*Drugs, even prescription ones, and a bunch of chanting strangers will have that effect on you.*)

When I returned home after the surgery, my daughters, all in their twenties, had prepared an empty bedroom for my husband—their father—and informed him that he would not be sleeping with me until I was better.

He helped them prepare the room and then ignored the request—completely. They also placed baby monitors throughout our home so that I could call them from any room.

Continued on next page ...



Walking on Onions, Surviving Ovarian Cancer An African-American Woman's Cancer Journey (Cont.)

How can I not survive for a family that had me walking around a hospital room on onions? My mother had put onions in my socks—a variation on a nontraditional home remedy—to break a persistent high fever. (The smell of onions, which I hate, filled the room and baffled the nursing staff.) I have to survive to see what my family will do next. It is always with me providing unconditional support and laugh therapy.

I often remind my daughters that they are never alone, never without me, because they are not, will never be. That is inconceivable. And, no other ovarian cancer patient-survivor will ever be alone. My thoughts will always be with them, sending healing vibes, strengthening them and drawing strength, speaking out for them, praying for and with them.

My daughters—who are at increased risk for ovarian cancer because I am their mother—accuse me of advertising, telling anyone who will listen that I am an ovarian cancer survivor. I say I'm just giving a healthy, activist, joy-filled face to the disease, especially for African-American women and other women of color, who were often first told that they don't have to worry about ovarian cancer because they don't get it and then confronted with the fact that, when they do, they are more likely to die from it. Along with family and friends, the Ovarian Cancer National Alliance—an umbrella organization of groups and individuals united in a movement to overcome ovarian cancer—became my after-chemo lifeline. I intend to be that for other women, particularly the most needy and the least well served, and thus co-founded In My Sister's Care (with Renae Plummer, Nyrvah Richard, and LaTrisha Wilson), an organization dedicated to medical equity and eliminating health disparities.

The formation of a network of advocacy organizations throughout Africa, actively and collaboratively working together, can change the cancer landscape. I intend to try to assist in making such a network a reality and in helping to usher in an era of greater hope, enhanced quality of life, and improved survival.

As I stand poised to celebrate my 13th Survival Anniversary, with a life altered but still joy filled, I also stand ready to share the challenge of advocacy group and network formation.

I am a daydreamer, still.

Editors's note:

Mary Scroggins will be chairing the "Creating an African advocacy network" session at the AORTIC 2009 conference.

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EGYPT: RISING COSTS OF CARE

The National Cancer Institute of Egypt is the largest comprehensive cancer centre in the South and East Mediterranean region. Ahmed M. Elzawawy, MD, President of the International Campaign for Establishment and Development of Oncology Centres (ICEDOC) and Director of the South and East Mediterranean College of Oncology (SEMCO) shares a snapshot of the state of cancer care in his country.

AN&F: What are the most prevalent cancers in your region?

Dr Elzawawy: Egypt (78 million inhabitants) is classified as a country of low-middle income, and countries designated as such have the highest population of patients with cancer. Cancer is the second leading cause of death after cardiovascular diseases. The three most common cancers encountered in Egypt are urinary bladder cancer in men, breast cancer in women, and lymphoma and leukemia in children.

AN&F: What are some of the biggest challenges to providing cancer care in Egypt?

Dr Elzawawy: Egypt has an increasing number of patients with cancer due to population growth and aging: advances in detection, treatment, and survival: and epidemiologic transition and increasing chronic diseases. Egyptian patients with cancer usually present at a relatively advanced stage in their disease, which has a negative effect on treatment results. However, the last 15 years have seen improvement in different regions of patients. The percentage of patients who are candidates for curative treatment, with its increasing costs, are increasing rapidly. This stimulates enormously an increase in the quantity and quality of cancer services and centres developed in the last 10 years.

A limited health care budget that depends on the governmental budget, insurance, donations, and private sector funding.

Challenges that we must address in the immediate future are the rising cost of chemotherapy and coping with technological advances in research, prevention, and education.

AN&F: How are ASCO and local organisations working to address these challenges?

Dr Elzawawy: First, with continuing cancer education programmes. At present, there is co-operation between ASCO and SEMCO in holding regional ASCO-SEMCO Educational conferences. Multi-disciplinary Cancer Management Courses (MCMC), and Advanced Cancer Courses.

Second, with scientific co-operation and collaboration in fields of research, SEMCO has launched an initiative to enhance publication in international peer reviewed journals for professionals in different cancer specialties in the region.

Third, with the development of short-term visiting residences and fellowships with colleagues from Egypt and the South and East Mediterranean regions who serve in various health care sectors.

There is also ongoing co-operation between ASCO, as the largest international cancer society, ICEDOC's Experts in Cancer Without Borders, and SEMCO.

Source: ASCO News & Forum: 25

(Prof Elzawawy is also Vice-President of AORTIC, North Africa).



Cancer in Africa needs a local approach Science Development Network

Twalib Ngoma

23 July 2008 | EN | FR

Cancer care in Africa faces the same challenges as general healthcare, but also needs local data and targeted solutions, says *Twalib Ngoma*.

African countries face many challenges when providing health services in general, and care of cancer patients in particular. Financial constraints are one obvious barrier. But many others exist, and need to be understood by anyone seeking to improve the situation.

For example, all African countries suffer from insufficient scientific and epidemiological information (required to guide resource planning), as well as a shortage of professionals trained to provide the necessary clinical care.

In addition, many face competing health and other social priorities, as well as political insecurity and even wars, which can each divert attention from long-term healthcare issues. Finally, social and cultural factors frequently obstruct the timely and effective delivery of care.

All these hurdles apply across the board to healthcare. In addition, however, others are specific to cancer. In particular, misconceptions about cancer can impede efforts aimed at early detection and make patients reluctant or unwilling to seek care when they notice early symptoms.

Inadequate infrastructure

Overburdened and underfunded healthcare systems are at the root of many of the health problems in Africa. Inefficient health management, together with disorganised governmental structures, further contribute to the financial burdens facing healthcare.

As a result, financial allocations for healthcare are mostly driven by crisis management rather than long- or even mid-term

strategic planning.

On top of all this, African countries face the fact that resources are often allocated based on bureaucratic procedures or political goals, rather than coherent public health policy.

This makes it virtually impossible for patients – particularly cancer patients – to receive appropriate care in a timely fashion, as major components of healthcare infrastructure, as well as the resources needed to implement improved care, are lacking.

Appreciating the problem

An additional problem is that the developed world has demonstrated that most cancers are curable if detected and treated in the early stages. But this does not apply in Africa, where about 80 per cent of all cancer patients have advanced-staged disease when they first see a doctor.

Furthermore, in many African countries, cancer is not an explicit priority for spending on healthcare, and cancer awareness is very low. To tackle cancer, African politicians must recognise that the disease is a major public health issue.

One reason that the challenge of cancer in Africa is underappreciated is the lack of population-based incidence and mortality data.

Too much reliance is placed on data from the West. These data are often not useful when trying to generate compelling evidence-based guidance on how cancer in African countries can best be addressed.



*Photo: A Nigerian girl with Burkitt's lymphoma
Flickr/MikeBlyth*



Cancer in Africa needs a local approach (Cont.)

Healthcare brain drain

Recruiting, training and retaining healthcare professionals are another problem. Qualified physicians, nurses, and allied healthcare personnel are scarce in Africa, partly because there are insufficient funds to fully equip hospitals and provide either competitive salaries or opportunities for career development.

The situation is exacerbated when healthcare professionals migrate from rural to urban areas, move from public to private health sectors, and emigrate from Africa to richer countries. Africa has to come up with solutions to address this brain drain if it is to improve cancer services in the continent. Even those who do take on appointments can become frustrated and disenchanted when the infrastructure they need to carry out their work is lacking. For example, more than 20 African countries do not have any radiotherapy treatment facilities, despite their important role in cancer treatment.

Africa-specific research needed

Three types of research — basic, epidemiologic and interventional — are relevant to caring for cancer patients, and each can, at least in principle, be carried out in Africa. Yet research is still considered a luxury in many African countries.

For epidemiological research, Africa needs cancer data registries, whether these are broad regional and national cancer registries, or more limited study-specific registries intended to measure the outcomes and effects of specific interventions.

Africa also requires better 'needs assessments' in both the general and the medical communities, asking the public and healthcare professionals respectively what their needs are, and what problems they face.

Assessing needs is essential for tailoring treatment to specific healthcare settings. Importantly, most cancers seen in Africa have different causes, epidemiology and biological behaviour compared with those seen in the western world. So Africa cannot just extrapolate knowledge and experience from the West.

For example, more than 20 African countries do not have any radiotherapy treatment facilities, despite their important role in cancer treatment.

Instead, Africa needs local, effective and sustainable research. If this research is not relevant to rich countries, it may be unrealistic

to expect them to finance it.

Positive outlook

Researchers must also remember that, since African countries have different levels of resources, populations, prevalence of disease and other factors, each country will require different solutions for the same cancer problems.

The good news is that the commonest cancers in Africa are caused by viruses, against which new interventions — namely vaccines — are being developed. But the high costs of these vaccines mean that most African countries cannot afford to buy them.

Africa needs concerted efforts by the donor and international community to make these vaccines accessible to those Africans who need them most.

If the obstacles outlined above were to be properly addressed, Africa could improve its cancer services, even without much additional funding from the rest of the world.

Twalib Ngoma is Executive Director of the Ocean Road Cancer Institute, Dar es Salaam, Tanzania & President of AORTIC.



Psycho-Social Oncology Care in Africa?

Africa has many challenges in terms of material resources and practical frustrations. The people of Africa, in general, are accustomed to struggle and hardship. They often tell of their worries and burdens in story and song – who is there to listen to the stories, to share the tales of pain and disappointment, or to share the excitement of hope?

The role of Listener, Companion and Counsellor may be played by a social worker, pastoral care worker or psychologist. These aspects of cancer care are essential and should be included when considering medical treatment for the patient as a Whole Person, not simply a body requiring investigations or interventions.

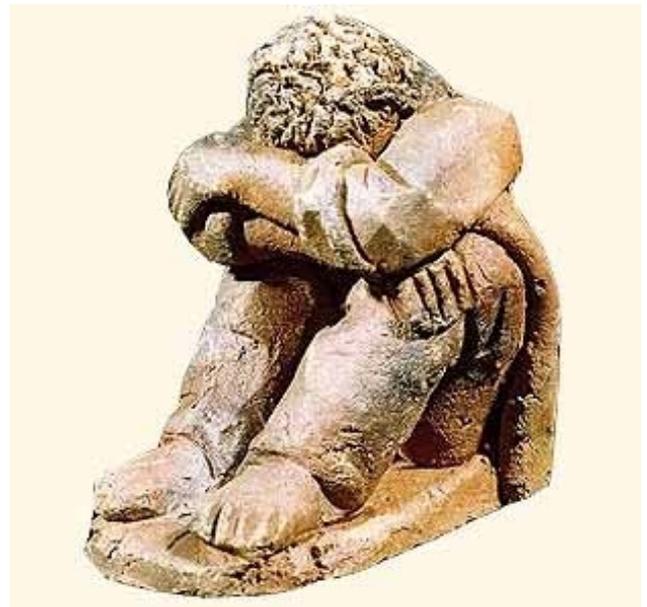
No longer do social workers simply attend to very real practical needs, but they have a range of additional skills that fit well into oncology settings:

- * Experienced practitioners are able to provide supportive spaces where patients and families can talk about their emotions, and prepare for what lies ahead.
- * The Oncology Social Worker can assist medical colleagues with a better understanding of patients' needs and fears, at various stages in the treatment or illness process.
- * Staff can be assisted to cope with the despair and frustration they face, in order to prevent burnout or compassion fatigue.

Developed Countries offer specialised training courses in aspects of psycho-social oncology for professionals. This is not the case in Africa. Very few Social Work Schools in South Africa offer undergraduate courses in coping with chronic conditions such as cancer, or equip students to assist with loss and grief.

The South African Oncology Social Work Association seeks to promote the psycho-social care of people with cancer, their families and care givers, through educating and training professionals in the field, and encouraging networking and the sharing of expertise wherever there is an opportunity.

(For more information about the S A Oncology Social Work Association, contact Clare Manicom, National Chairperson at: clare.manicom@cancercare.co.za or



WHO offers valuable free training resource in 26 languages

Supercourse is a repository of lectures on global health and prevention designed to improve the teaching of prevention. Supercourse has a network of over 64,000 scientists in 174 countries who are sharing for free a library of 3,623 lectures in 26 languages. The Supercourse has been produced at the World Health Organization Collaborating Center University of Pittsburgh, with core developers Ronald LaPorte, Ph.D., Faina Linkov, Ph.D., Mita Lovalekar, M.D., Ph.D. and Eugene Shubnikov M.D.

For more information please contact: super1@pitt.edu





FIVE-COUNTRY INITIATIVE UNDER WAY TO ADVANCE CANCER CONTROL AND ADVOCACY IN AFRICA

Africa's increasing cancer burden underscores the need to redouble global efforts that advance cancer control and heighten awareness and advocacy in the region. The American Cancer Society is pleased to work with key partners like the African Organization for Research and Training in Cancer to advance critical cancer control and advocacy goals outlined in a two-year grant it received from the Oracle Corporation. The grant-funded Africa Cancer Information and Advocacy Initiative is designed to expand evidence, improve planning, and promote action for cancer control in Ghana, Nigeria, Senegal, South Africa, and Tanzania. At the foundation of the Initiative is researching intervention best practices and cancer-related perceptions that will inform training, grants, and advocacy opportunities to mobilize cancer civil society in the countries engaged. The ultimate goal of the Initiative is to increase public awareness of cancer and reduce the overall burden of disease in Africa.

As part of this Initiative, there will be trainings held in Accra, Ghana, and Dar es Salaam, Tanzania. These trainings will help voluntary organizations from the five countries improve their capacity to plan and implement cancer control initiatives such as

information dissemination and advocacy activities.

These trainings are being informed by cancer control assessments and research on knowledge, attitudes, and practices that are being conducted in the target countries. To date, key interviews or focus group discussions have been held with close to 100 stakeholders. In addition, an advisory committee comprised of experts in nonprofit leadership and management, public health, research, oncology, advocacy and communications, is providing strategic support and counsel for this initiative.

The training in Accra, Ghana, took place from March 26-29, 2009, and focussed on sharing global evidence and emerging national or regional cancer control data, presenting findings from stakeholder research, and facilitating discussions between organizations to plan collaborative activities. The training in Dar es Salaam, Tanzania, will take place in advance of the AORTIC conference in November and will focus on cancer advocacy, project reports and media outreach. For more information about this initiative, please contact Ann McMikel at the American Cancer Society at ann.mcmikel@cancer.org.



WE WELCOME OUR NEW MEMBERS!

Charles A Adisa— Nigeria
Clare Manicom—South Africa
George J Hammons— USA

Join now and enjoy the benefits of being a member of AORTIC:

- * The right to vote
- * Reduced registration fees for AORTIC's biennial conference
- * Access to cancer news alerts such as conferences and training opportunities
- * Access to AORTIC's quarterly newsletter

To join please send an e-mail to aortic@telkomsa.net and we will send you the application forms or alternatively visit www.aortic.org.

We look forward to welcoming you to our organisation.



The Max Foundation
Serving the worldwide leukemia community
www.themaxfoundation.org



Maximize Life with The Max Foundation's Annual Art Project

Since 2006, The Max Foundation has organized an Annual Art Project for people living with blood cancer or rare cancer, their caregivers and local patient support groups around the world. Through this project we aim to:

- * Empower participants by helping them share their personal journey with cancer
- * Facilitate peer-to-peer support to re-energize patients
- * Help patients become part of a global network of survivors
- * Increase awareness of cancer in local communities and reduce cancer-related stigma
- * Recognize the abundant talent amongst the patients and caregivers.

Past participants have reported that the contest touched them immensely by giving them the chance to think beyond their illness and feel empowered to make a difference in their communities. This enthusiasm has been conveyed throughout the artwork and by the increasing participation worldwide.

With over 500 entries from 11 countries in 2008, we are hoping for a greater representation of artworks from Africa this year, in search of our first regional winner from the African continent.

In 2009 there will be 4 Regional Awards: Asia, Africa, Europe, Americas. This year's theme is "Maximize Life". We would like participants to depict how a cancer diagnosis has helped

people living with blood cancer or rare cancers, and those close to them, live their lives to the maximum.

The artists who win the regional categories will be awarded **\$250 USD**. If the winner is affiliated to a local patient support group, the affiliated patient group will receive a grant of **\$1,000 USD** to support local patient group initiatives.

Additionally, all entries will be considered for a worldwide Holiday Card category, with a prize of **\$250 USD** for the piece chosen as the 2009 The Max Foundation's Holiday Card.

Any medium will be considered and no previous art experience is necessary. Please send all artwork electronically or through postal mail to the addresses below by **August 1st, 2009**. Please include name of artist, patient group (if applicable), address, phone number, email address and title of the artwork on each submission.

Please send submissions to:
The Max Foundation
110 W. Dayton St. Suite 205
Edmonds, WA 98020
USA

To send submissions via email or for more information please contact:
info@themaxfoundation.org





Tobacco Control Training Workshop Focuses on Policy and Advocacy Promotion for Anglophone Africa



Initiative Régionale pour la lutte Contre le Tabac en Afrique
Africa Tobacco Control Regional Initiative

Building Africa's Capacity for Tobacco Control



In November 2008, international leaders in cancer and tobacco control announced the launch of the Africa Tobacco Control Regional Initiative (ATCRI), an unprecedented multinational effort to promote more aggressive tobacco control measures across sub-Saharan Africa. The effort is the first tobacco control programme of its kind on the continent that will be planned by Africans involving fellow Africans who are committed to strengthening the tobacco control movement, which is still in its early stages in most African countries. ATCRI seeks to promote the adoption, implementation and enforcement of effective in-country tobacco control policies, legislation and programmes. ATCRI had its first training on tobacco control in Africa at the Milkin Hotel in Accra, Ghana from 17 - 20, Feb, 2009.

The overall objective of the meeting was to strengthen the knowledge base of tobacco control advocates and empower them to initiate actions to advance effective tobacco control policies in their countries. Core issues relating to challenges of tobacco control in Africa were discussed during the workshop. Tobacco control advocates, health practitioners, government delegates, and journalists with interest in health and

development issues rallied to seek solutions to the emerging tobacco epidemic that has plagued the continent for too long.

Fourteen delegates from twelve African countries participated in the training programme. The delegates were from West, East, Central and Southern Africa. The workshop consisted of a blend of didactic lectures and facilitation methods with presentations on the objectives of ATCRI, health effects of tobacco, the epidemiology of tobacco on the African continent, the Framework Convention on Tobacco Control (FCTC), media involvement in tobacco control advocacy, key issues in policy and advocacy among other issues. There were also group practical sessions in which advocates worked together to share and proffer solutions to peculiar challenges with the implementation of the FCTC in their countries.

ATCRI is supported by Cancer Research U.K and the American Cancer Society and is being hosted by Environmental Rights Action/ Friends of the Earth Nigeria (ERA/ FoEN). For more information, visit the ATCRI website at www.atcri.org.



Tobacco products are products made entirely or partly of leaf tobacco as raw material, which are intended to be smoked, sucked, chewed or snuffed. All contain the highly addictive psychoactive ingredient, nicotine.

Tobacco use is one of the main risk factors for a number of chronic diseases, including cancer, lung diseases, and cardiovascular diseases. Despite this, it is common throughout the world. A number of countries have legislation restricting tobacco advertising, and regulating who can buy and use tobacco products, and where people can smoke.

- WHO



CANCER CARE TREATMENT IN DEVELOPING COUNTRIES

THE CHALLENGES

Cancer is a low priority in the developing world where health services are generally set up to treat infectious diseases, which are the greatest burden, rather than to manage chronic conditions. A 2002 survey by the World Health Organization (WHO) of 167 countries showed that less than half – and only 15% in sub-Saharan Africa – had cancer policies or plans in place. And everywhere except Europe and the Americas implementation of such plans as did exist was poor, with less than a third of countries in Africa and less than half in South-East Asia having national guidelines for prevention and management of cancer (27).

Only 5% of global resources for cancer are spent in the developing world (28).

Most countries have very poor understanding of the nature and extent of the problem they face, since precious few maintain registers of cancer patients or have surveillance and epidemiological research programmes in place to guide decision-making. In sub-Saharan Africa, for example, cancer registries cover only 8% of the

population, while coverage in Asia and Latin America is 7% and 10% respectively.

Other challenges in responding to the cancer epidemic include:

- * *Poor health infrastructure.* Though the picture varies considerably from one country to another, many people in the developing world – especially those living in remote rural areas -- have limited access to clinics and health centre, and the number of doctors and nurses to serve populations is woefully inadequate (*see table 1*). There are acute shortages of laboratory facilities, equipment and technicians to provide screening programmes; and radiotherapy services for treating cancers fall far short of need, with some African countries lacking such services altogether.

Table 1: Health professionals per 100,000 people in selected countries

TABLE 1

COUNTRY	DOCTORS	NURSES
Lesotho	5	62.6
Malawi	2	56.4
Mozambique	2.6	20
South Africa ²	74.3	393
Rwanda	5	42
Sierra Leone	3	23
USA	247	901
UK	222	1,170
WHO minimum	20	100

Table 1: Source: World Development Indicators, 2007, World Bank. World Health Report 2006



CANCER CARE TREATMENT IN DEVELOPING COUNTRIES (Cont.)

- * *Scarcity of specialist skills.* Ethiopia, for instance, had only one oncologist for a population of 60 million in 2005, and Cambodia only one haematologist (a specialist in blood disorders) in 2006 (31). Everywhere, pathologists able to provide accurate diagnoses and staging of cancers are in short supply.
- * *The high cost of drugs and diagnostics.* Cancer therapies, especially the newer and more effective drugs, can be extremely expensive. These therapies are currently beyond the reach of public health systems in low- and middle-income countries, and are unaffordable to all but the very richest individuals in these countries. The high cost of cancer drugs and diagnostics is one of the most important reasons why less than half of those in need of cancer treatment in the developing world have access to it (32). To date, there have been only small and very limited efforts to make these lifesaving therapies available, through drug access initiatives similar to those that have
- * *The need for personalised treatment regimens and long-term follow-up of patients,* which may require considerable reorientation of health services, education of health staff, and changes in how records are kept.
- * *Lack of awareness and knowledge about cancer* among the general public. People need education to encourage them to go for screening if available, to seek timely treatment for signs and symptoms, and to overcome fear and stigma associated with the disease. The healthcare community also needs to be educated about cancer, as many health workers have little knowledge or experience of working with this and other chronic diseases.

Source: Extract from Axios International (2009). Issues Paper: Cancer Treatment and Care In Developing Countries.



Global burden of cancer

Cancer is a leading cause of death worldwide. The disease accounted for 7.4 million deaths (or around 13% of all deaths worldwide) in 2004. The main types of cancer leading to overall cancer mortality each year are:

- * lung (1.3 million deaths/year)
- * stomach (803 000 deaths)
- * colorectal (639 000 deaths)
- * liver (610 000 deaths)
- * breast (519 000 deaths)

More than 70% of all cancer deaths occurred in low- and middle-income countries. Deaths from cancer worldwide are projected to continue rising, with an estimated 12 million deaths in 2030.

- WHO

CANCER INSTITUTE PROFILE

The Ocean Road Cancer Institute (ORCI)

The Ocean Road Cancer Institute (ORCI) in Dar es Salaam was established as the National Cancer Institute for Tanzania by an Act of Parliament in 1996.

It is the only specialised cancer centre in the country that offers cancer treatment, training, research, surveillance and cancer prevention. Since its establishment, ORCI was designated as the National Co-ordinator for Cancer Control in Tanzania and given a mandate to formulate and ensure the development of cancer control actions in Tanzania.

During its 10 years of existence, the ORCI has been a leader in terms of cancer control in Tanzania, implementing actions in strategic areas such as cancer prevention, early detection, cancer treatment, human resources development, research, surveillance, information and palliative care through the referral system of the Ministry of Health of Tanzania.

Currently ORCI has 160 beds and 200 staff members including 5 senior professionals with Academic status with the Muhimbili University of Health and Allied Sciences.

As a renowned tertiary care centre, it accepts 3000 inpatients and 10 000 outpatients each year from all over Tanzania and neighbouring countries such as Malawi, Zambia and the Democratic Republic of Congo.

In 2006, following the endorsement of recommendations from the IAEA Programme of Action for Cancer Therapy (PACT) for strengthening cancer control capabilities by the government of Tanzania, the ORCI formed a secretariat for a Steering Committee appointed by the Minister of Health. The main tasks of the steering committee are to focus on formulating and strengthening each component of national cancer control system and develop action plans for the National Cancer Control programme.



Photo: Ocean Road Cancer Institute (ORCI)

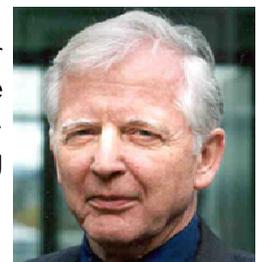


UICC CERVICAL CANCER INITIATIVE

The rapidly changing landscape of cervical cancer prevention and control demands the development of comprehensive, effective and appropriate strategies to support continuing global and country-level efforts.

The UICC cervical cancer initiative advisory group, chaired by Professor Harald zur Hausen, 2008 Nobel Prize recipient (above), has identified the following priorities for action: a pilot project in a developing country, professional education, advocacy, and public information. Over the coming four years, UICC will

- * pilot a comprehensive prevention project with partners in Tanzania and Nicaragua;
- * provide educational resources and training to health professionals and policymakers
- * raise awareness through public information, education and campaigns; and
- * advocate for affordable and appropriate cervical cancer prevention and control.



Prof Harald Zur Hausen



AORTIC 2009 CONFERENCE



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



CONFERENCES ●●●

**15th UICC
Reach to Recovery
International Breast Cancer Support Conference**
May 13 to 15, 2009 "Brisbane Convention and Exhibition Centre", Brisbane, Australia



In May 2009, delegates from around the world will converge on Brisbane, Australia, for the 15th UICC Reach to Recovery International Breast Cancer Support Conference. The conference will connect women from around the world to focus on supportive care for those diagnosed with breast cancer. Particular emphasis will be given to the key areas of survivorship, capacity building, and peer support. It will be the first truly global forum for women affected by breast cancer.

If you or your colleagues or friends have a special interest in breast cancer supportive care, then this conference is for you.

The conference theme is "One Journey, Many People". The dates are 13-15 May 2009.

International speakers, world-class programme

The conference features an innovative and vibrant programme of international speakers, unique case studies, and detailed presentations and workshops.

Our world-class keynote speakers include Dr Annette Stanton from the UCLA's Jonsson Comprehensive Cancer Centre, Ann Steyn, president of Reach to Recovery International, and Mollie Williams, director of community health programmes for Susan G Komen for the Cure.

Pre-conference workshops and training will include international collaborations with organizations such as the Lance Armstrong Foundation.

View the full **conference programme** on the conference website:

<http://www.cancerqld.org.au/reachtorecovery2009/home.html>

Join in a Celebration of Hope!

The Celebration of Hope is a two-week festival of events planned around the conference. The Celebration of Hope will showcase community support for breast cancer and includes dragon boating, a community fun-run with 10,000 participants, and a Harley Davidson motorcycle adventure from Brisbane to Sydney.

The festival will harness a uniquely Australian spirit of adventure, inspiring delegates to embrace new ideas for the future. Delegates will get a taste of the diverse environment that characterizes the Australian way of life, enjoying the chance to bond with other women in a journey of exploration and discovery.




IPOS 11TH WORLD CONGRESS
OF PSYCHO-ONCOLOGY
21 - 25 June 2009
Vienna, Austria

Multi-disciplinary Perspectives in Psycho-oncology:
INTERACTION AND INTEGRATION

**Grants for the 11th World Congress of Psycho-Oncology,
21 - 25 June 2009, in Vienna, Austria.**

The International Association for Hospice and Palliative Care (IAHPC) is proud to announce that it will provide five scholarships of US\$1,500 each to help individuals from developing countries cover their cost of travel and stay for the next congress of the International Psycho-Oncology Society (IPOS) in Vienna, Austria, 21-25 June 2009. IPOS will waive the congress registration fees of the selected applicants.

Applicants must be living in a developing country, be active members both of IPOS or any of its affiliates as well as of IAHPC and actively working in palliative care. Applications from physicians, nurses, psychologists and other disciplines are welcome. Preference will be given to individuals who have not received an IAHPC grant in the past three years and individuals with accepted poster or oral presentations in the Congress.

Applications are available through the IAHPC website at <http://www.hospicecare.com/Travellscholars/>. When applicable, please send proof of acceptance of the poster or oral presentation, along with a copy of your current CV.

Deadline to apply is April 20th 2009. Results will be announced by April 30th.

Additional information about the IPOS Congress can be found at:
<http://www.ipos-society.org/ipos2009/>.



**SEMCO-ASCO Palliative integrated
Oncology advanced EPEC-O course and Conference**

15-17 April, 2009 ,Cairo, Egypt

The Course is accredited by the University of California , and it is a combined SEMCO-ASCO Educational meeting.

Please visit www.semco-oncology.info & www.icedoc.org regularly for updates.



South and East Mediterranean College of Oncology (SEMCO) is a non governmental and non profit initiative that aims at the enhancement of Professional and public education in all fields of cancer and relevant researches in the region of South and East Mediterranean.



**SECOND
ANNOUNCEMENT!!**



3RD STOP CERVICAL CANCER IN AFRICA

Conference:

***Improve Access to Cervical Cancer
Prevention through Vaccination,
Pre - Cancer Screening & Treatment***

@

Lord Charles Hotel, Somerset, Cape Town, South Africa

July, 19th - 21st, 2009.

FACULTY

Prof. Mike Chirenje
University of Zimbabwe

Prof. Gerhard Lindeque
University of Pretoria, South Africa

Prof. Lynette Denny
University of Cape Town, South Africa

Prof. Isaac Adewole
University College Hospital, Ibadan, Nigeria

Conference Organiser

Princess Nikky Onyeri
Founder/Executive Director

PRINCESS NIKKY BREAST CANCER FOUNDATION

Abuja - Nigeria.

FOR ABSTRACT, REGISTRATION & ACCOMMODATION

Please Contact:

nikkybcfoundation@yahoo.com. nikkybc@hotmail.com



15th UICC *Reach to Recovery* International Breast Cancer Support Conference May 13 to 15, 2009 - Brisbane Convention and Exhibition Centre, Brisbane, Australia

Join a Riverlife Adventure!

All conference delegates are invited to join in our Adventure Workshops on the spectacular Brisbane River, to be held on the first afternoon of the conference. Your adventure will begin with a short boat ride down the Brisbane River to our destination point, Riverlife, at

Log on to www.qldcancer.com.au/reachtorecovery2009/conference/adventure.html to choose an adventure that suits you!

Message Stick Relay – the Journey of Hope continues!

The Message Stick has found its way from Lisbon, in Portugal, to Nigeria and Ghana, in Africa, increasing community awareness of breast cancer on its journey.

In Portugal, more than 200 breast cancer survivors, their family members and friends gathered to celebrate the Message Stick's Journey of Hope.

"I think that this event and the Message Stick Relay will be spoken of for some time... to call attention to survivorship and the fight against breast cancer." Maria Matos - Movimento Vencer e Viver, Lisbon, Portugal



Log on to join the at: www.themessagestick.com/

Pink Ribbon Day Firebirds Event

Enjoy a world-class sporting contest on Monday May 11 when the Queensland Firebirds netball team takes on rival team, the West Coast Fever. As a conference delegate, you're eligible for a 15 per cent discount on ticket prices! In recognition of breast cancer survivors gathered for the conference, the game will be a special Pink Ribbon Day event.

Don't miss out – buy your tickets online at:
www.qldcancer.com.au/reachtorecovery2009/celebration_of_hope_Netball.html

One Journey, Many People

The 15th UICC Reach to Recovery International Breast Cancer Support Conference will connect women from around the world to focus on survivorship, capacity building, and peer support. It will be the first global forum for women affected by breast cancer.

For more information please visit: www.reachtorecovery2009.org



PUBLICATIONS ●●●



Description

afrocancer

The African Journal of Cancer / Le Journal africain du cancer (JAC), established under the auspices of the association Afrocancer is an international journal of scientific and medical information and education on cancer. It aims to foster and promote tumoral pathology control in the African continent.

The journal publishes both basic and clinical research works, mainly in French but equally in English. It presents and analyzes individual and collective prevention strategies, as well as medical and therapeutic approaches from diagnosis to palliative care.

The JAC opens up to all aspects of oncology - from epidemiology to biotechnological innovations, and human, social and environmental sciences - and highlights the regional disparities, cultural influences and socio-economic realities on the disease control in Africa. In a didactic way, the journal presents information on cancer in Africa to make them profitable to its readers.

Being a real point of exchange to build bridges of cooperation between actors from the North and South, the journal aims to meet, together, the numerous cancer challenges.

The African Journal of Cancer (JAC) publishes original articles, synthesis articles (focused articles and general reviews) and clinical cases. The texts must be written in French and include a summary in English.

The editors reserve, however, the right to publish some of the works issued from non-French speaking countries directly in English. The manuscripts submitted to the JAC are not allowed to have been published or have been sent at the same time to another medical journal. Manuscripts received are subject to an evaluation (refereeing) by two independent readers who agree to return the text and their comments within 30 days. The comments are collected by the editor, who in turn forwards them to the authors.

Sending manuscripts

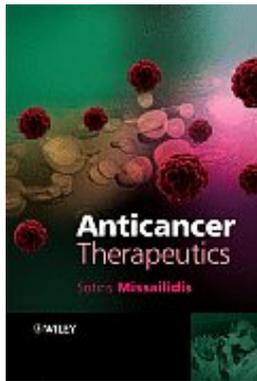
Manuscripts should be sent directly to the editor in chief, Dr Adama Ly, at: adamaly@gmail.com

Please download full authors' instructions at:

www.springer.com/12558/



PUBLICATIONS ●●●



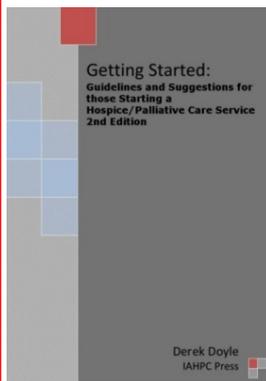
Anticancer Therapeutics

Written by Sotiris Missailidis (*Winner of the 2008 Mike Price Fellowship*)

ISBN13: 9780470723036

ISBN10: 0470723033

Anticancer Therapeutics provides a comprehensive overview of the wealth of information now available in this important and fast-moving subject. The book provides a clear introduction to the area, with an overview of the various drug design and development approaches for cancer therapeutics and their progress in today's multidisciplinary approach to cancer treatment.



Getting Started: Guidelines for those starting a hospice and palliative care program

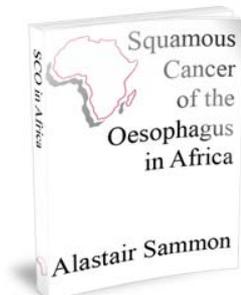
Written by Derek Doyle

ISBN: 0-9758525-7-4

This new edition is revised, has additional chapters and is also now available in a pdf file for those who wish to download and print it.

The book may be downloaded from:

www.hospicecare.com/gs/book/start.htm



Squamous Cancer of the Oesophagus in Africa

Written by Alastair Sammon

The cause of cancer of the oesophagus in Africa has often been seen as a mystery. Alastair Sammon reviews the evidence at www.scoafrika.org and explores the well-known associations with maize and poverty. He argues that the evidence is clear and the causal agents identifiable.

At www.scoafrika.org there is a *free* pdf download of his book *Squamous Cancer of the Oesophagus in Africa* and a forum where you can add your own information and views on the subject.

Alastair worked for many years in Transkei, South Africa, one of the world's hotspots for oesophageal cancer. He hopes to stimulate debate, encourage research, and through a common understanding of the causes of the disease, make it possible to develop ways of prevention.

