



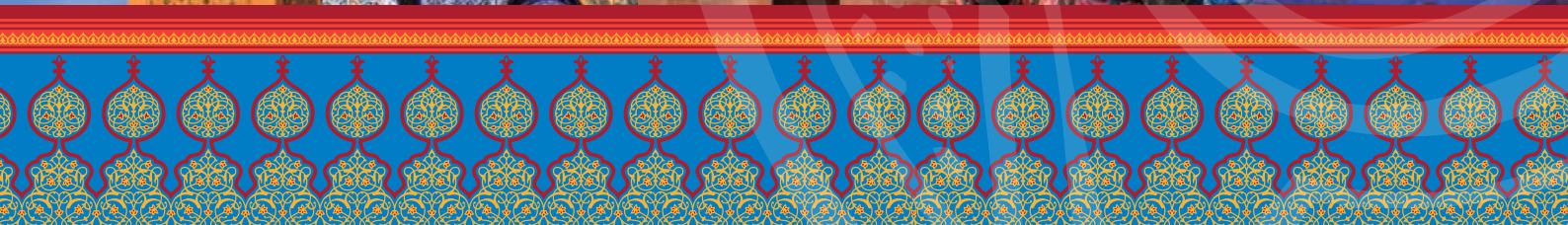
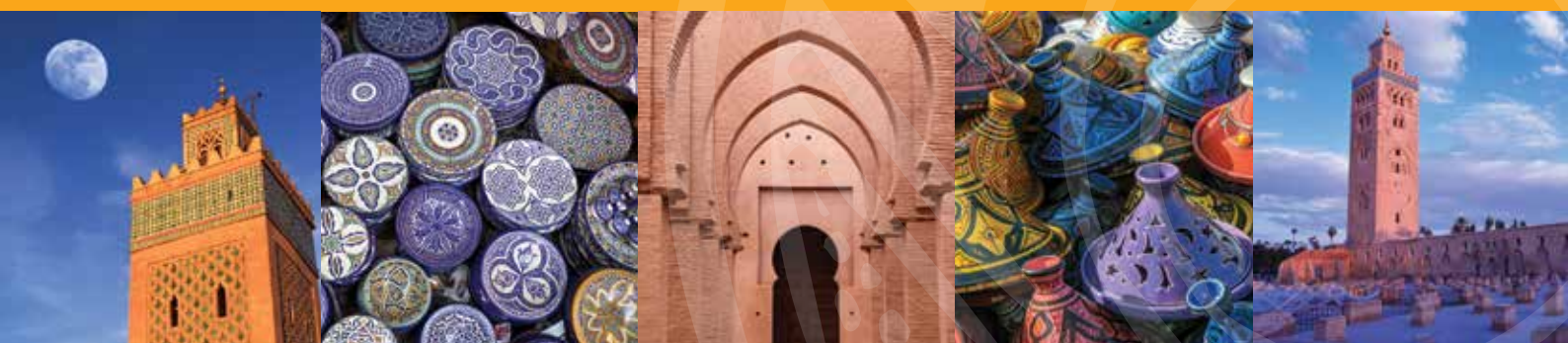
ABSTRACT PUBLICATION

AORTIC 2015

10th International Conference on Cancer in Africa
Marrakech, Morocco 18 - 22 NOVEMBER 2015

In collaboration with the Lalla Salma Foundation for Cancer Prevention & Treatment

ROADMAP TO CANCER CONTROL IN AFRICA
LA FEUILLE DE ROUTE VERS LE CONTROLE DU CANCER EN AFRIQUE



POSTER MP001

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Abbass, Fouad

LES TUMEURS LUMINALES DU CANCER DU SEIN ET LEUR PRONOSTIC: EXPERIENCE DU CHU HASSAN II DE FES APROPS DE 265 CAS

Abbass, Fouad*¹; Akasbi, Yousra²; Bennis, Sanae¹; Nejari, Chakib³; El Mesbahi, Omar²; Amarti Riffi, Afaf¹

¹Laboratoire d'Anatomie Pathologique, CHU Hassan II, Fès, Morocco;

²Service d'Oncologie Médicale, CHU Hassan II, Fès, Morocco; ³Laboratoire d'Épidémiologie, Recherche Clinique et Santé Communautaire, Fès, Morocco

Correspondance Abbass, Fouad

Email: ffabbass@yahoo.fr

Objectif La classification du cancer du sein s'est affinée grâce à l'émergence des analyses génomiques, protéomiques et de leur application en clinique. En se basant sur l'expression des récepteurs hormonaux (aux œstrogènes (RE) et à la progestérone) (RP) on peut distinguer différents groupes moléculaires: luminal A, luminal B, basal-like et Her2+. Les tumeurs du groupe luminal A et B expriment les récepteurs hormonaux, mais présentent des caractéristiques clinico-pathologiques différentes. L'objectif de cette étude est de déterminer les caractéristiques clinique, histologique et moléculaire de 256 tumeurs de cancer du sein de type luminal puis d'évaluer leur pronostic en déterminant la survie globale et la survie sans récives.

Méthode Etude rétrospective étalée sur 3 ans, comportant 265 cas de cancer du sein de type luminal diagnostiqués au service d'anatomie pathologique et suivi au service d'oncologie médicale du CHU Hassan II de Fès. Les tumeurs sont analysées histologiquement et classées après étude immunohistochimique en deux groupes: luminal A (RE positif et/ou RP positif, Her2 négatif) et luminal B (RE positif et/ou RP positif, Her2 positif). La survie globale et la survie sans progression est déterminée par la méthode de Kaplan-Meier.

Résultats 77% des tumeurs sont du groupe luminal A et 23% luminal B. 44% des patientes de type luminal B sont âgées de moins de 40 ans contre 33% des patientes de type luminal A. La taille tumorale moyenne dans le groupe luminal B (4 cm) est aussi importante que dans le groupe luminal A (3,5 cm). Par contre, 29% des tumeurs lumineales B sont de grade histologique III de SBR versus 23% pour les tumeurs lumineales A. Les patientes de type luminal B renferme des taux importants d'atteinte ganglionnaire, de métastase à distance et d'embolies vasculaire (74%; 31% et 40% respectivement) que celles de type luminal A (63%; 23% et 37% respectivement).

POSTER MP002

**Moroccan
Poster Room
Friday–Sunday
20–22
November
2015**

Abbass, Fouad

PHENOTYPE MOLECULAIRE ET PRONOSTIC DES CANCERS DU SEIN DIAGNOSTIQUES AU CHU HASSAN II, FES MAROC

Abbass, Fouad^{*1}; Akasbi, Yousra²; Bennis, Sanae³; Nejari, Chakib⁴; El Mesbahi, Omar²; Amarti Riffi, Afaf¹

¹Laboratoire d'Anatomie Pathologique, CHU Hassan II, Fès, Maroc, Morocco;

²Service d'Oncologie Médicale, CHU Hassan II, Fès, Maroc, Morocco;

³Faculté de Médecine et de Pharmacie de Fès, Maroc, Morocco; ⁴Laboratoire d'Épidémiologie, Recherche Clinique et Santé Communautaire, Fès, Morocco

Correspondance Abbass, Fouad

Email: ffabbass@yahoo.fr

Objectif L'analyse des profils d'expression des tumeurs a permis d'améliorer la classification du cancer du sein et d'identifier au moins cinq groupes des tumeurs d'évolution hétérogène. Le but de cette étude est de classer 366 tumeurs de cancer du sein invasif en cinq grands groupes selon leurs profils protéiques par immunohistochimie, de déterminer leur caractéristiques cliniques, pathologiques et pronostiques.

Méthode Il s'agit d'une étude rétrospective de 366 patientes atteintes d'un cancer du sein invasif, diagnostiqués au sein du laboratoire d'anatomie pathologique CHU Hassan II. Nous avons classé par immunohistochimie les tumeurs en cinq groupes: luminal A (ER+ et/ou PR+, HER2-, CK8/18+), luminal B (ER+ et/ou PR+, HER2+, CK8/18+), Her2+ (ER-, PR-, HER2+), basal-like (ER-, PR-, HER2-, CK 5/6+ et/ou CK14+ et/ou EGFR1+) et non classés (ER-, PR-, HER2-, CK5/6- et EGFR1- et CK14-). 181 patientes ont été suivies au service d'oncologie médicale. La survie globale (SG) et la survie sans progression (SSP) à 3 ans est estimée par la méthode de Kaplan-Meier.

Résultats 53,6% des tumeurs sont du groupe luminal A, 16,4% luminal B, 12,6% Her2+, 12,6% basal-like et 4,9% non-classées. Le groupe luminal A renferme le plus faible taux de grade III (23%), d'embols vasculaires (36%) et de métastases à distance (23%); alors que le groupe des non-classées et basal-like représentent un taux élevé de grade III (53%, 48% et 42% respectivement), une faible proportion d'embols vasculaires (22% et 28% respectivement) et d'envahissement ganglionnaire (55% et 61,5% respectivement). L'envahissement ganglionnaire est plus élevé dans les deux groupes luminal B et Her2+ (74% et 67% respectivement). 31% des patientes luminal B et 26% du groupe Her2+ ont développé des métastases à distance. Le taux de SSP à 3 ans diffère significativement ($p=0.002$) entre le groupe luminal A (59%) et les autres groupes: luminal B (41%), Her2+ (38%) et triples négatives (basal-like et non-classé).

WORK- SHOP

Free
Communication
of Abstracts 2
11:00–13:00
Friday
20 November
2015

Abdallah, Fatmah

CHALLENGES IN THE PHARMACOLOGICAL MANAGEMENT OF CHILDREN WITH NONHODGKINS LYMPHOMA IN KENYATTA NATIONAL HOSPITAL

Abdallah, Fatmah*; Mwangi, Winnie; Karimi, Peter; Githinji, Charles
University of Nairobi, Kenya

Correspondence Abdallah, Fatmah
Email: abdallahfatmah@gmail.com

Background Non Hodgkin's lymphoma is the commonest childhood cancer in equatorial Africa and Kenya. It is a chemo sensitive tumor with a five year event free survival of greater than 90% in the west and a one year survival rate of 40–50% in developing countries. There have been no documented studies done in Kenya on the various challenges faced by patients/guardians that may hinder its optimal management.

Objective To investigate the challenges faced in the management of Non Hodgkin's lymphoma in children during maintenance. **Methodology:** A hospital based cross-sectional study, on 19 children with Non Hodgkin's Lymphoma in the maintenance phase of therapy at Kenyatta National Hospital. Data was collected using structured questionnaires and from patient files and was analysed using SPSS version 17.0 and Fischer's exact test.

Results Most of the patients, 13(68.4%) were male, with a male:female ratio of 2:1. The mean age was 9.84 yrs (95% CI: 8.3, 11.3). 42.1% of the patients had missed their oral medication. The method of acquisition of oral medication, estimated expenditure on medication per month and whether the guardian was counseled on the side effects of the medication, were found to be statistically significant (p value 0.037, 0.02 and 0.037 respectively) reasons for this lack of adherence to oral medication. The most prevalent side effects of chemotherapy, were, hairloss (94.7%) and change in nail/skin pigmentation (73.7%). Most patients (63%) had cumulative doses of doxorubicin below 400mg/m², while 10% were above this.

Conclusion Overall adherence to oral chemotherapy was 57.9%. Method of acquisition of the medication, estimated expenditure on medication per month and counseling on medication and its side effects were significant barriers to optimal management.

Recommendation Oral chemotherapy should be made available and at a subsidized rate at Kenyatta National Hospital. Clinicians and pharmacists must counsel the parents on effects of chemotherapy.

WORK- SHOP

Bladder Cancer

14:30–15:45

Saturday

21 November

2015

Abdelhalim, Inas

CONCURRENT CHEMO-RADIATION FOR MUSCLE INVASIVE BLADDER CANCER

Abdelhalim, Inas

Mansoura University Hospitals, Egypt

Correspondence Abdelhalim, Inas

Email: dr_inas_ibrahim@hotmail.com

Background Bladder cancer is the 3rd most common malignancy in men & the 4th in women in Egypt. Radical cystectomy is the standard treatment for muscle invasion. CCRT is based on micrometastases are associated with muscle invasion & increased frequencies of metastases. The aim of the study is to evaluate the efficacy of CCRT for patients with muscle invasion bladder cancer. The primary end point was RR & the secondary end points were toxicities, PFS & OS.

Patients and methods 100 patients with pathologically diagnosed muscle invasive bladder cancer, clinical stage T2–3 N0 M0 were enrolled in the study. The initial therapy consisted of transurethral resection of the tumor followed by 3 cycles of weekly paclitaxel 90 mg/m² D1, D8, D15 & carboplatin AUC 5 D1 then RT with concurrent cisplatin 20 mg/m² weekly. RT consisted of 2 phases, a fractionated dose of 45Gy/4 1/2 weeks (180cGy daily in 5 consecutive days to the whole pelvis) followed by phase II in which 20Gy/ 2 weeks was given to the bladder.

Results All patients were evaluable for response & toxicities, median age was 52 years (42-65 years) males to females ratio was 3:1, ORR was 90% (CR 80%, PR 10%), 3 patients were having progressive disease, 2 patients died due to other causes & 5 patients refused to do cystoscopy & biopsy. Toxicities were G2 anemia & neutropenia (10%) during chemotherapy, (20%) experienced late GI toxicity G2 in the form of diarrhea & tenesmus & (20%) developed G2 urinary toxicity in the form of reduced bladder capacity with less voiding intervals < 2 hours. There were no grade 3&4 toxicities & no treatment related deaths. The 2 years DFS was 77.7% and the 2 years and the 5 years OS were 95% and 83%.

Conclusion CCRT after transurethral resection are therapeutic option that result in high rate of long-term survival retaining the bladder function. Even if radical cystectomy remains the standard of care for muscle invasive bladder cancer, CCRT can be an option to carefully selected patients.

POSTER P151

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Abdelkrim, Messafeur

INCIDENCE DES CANCERS DANS LA WILAYA DE SIDI BEL ABBES EN 2012-2013: DONNÉES DU REGISTRE DES CANCERS DE SIDI BEL- ABBÉS, ALGÉRIE

Abdelkrim, Messafeur*; Abdelnacer, Tou; Abdelkrim, Soulimane
Registre du Cancer, Algeria

Correspondance Abdelkrim, Messafeur
Email: abdelkrimessaf@gmail.com

Introduction Ce registre de population du cancer couvre la wilaya de sidi bel abbés qui compte jusqu'à 650 000 habitants

Objectif L'objectif principal est de fournir des données sur le cancer dans la wilaya de sidi bel abbés. Ceci permettant de dresser le profil épidémiologique des cancers de la wilaya

Matériel et méthode Le recueil actif de tous les cas incidents de 2012 et 2013 de la wilaya de sidi bel abbés à partir des dossiers médicaux des malades hospitalisés au CHU de Sidi Bel Abbés, les laboratoires d'anatomopathologie hospitalier et privés. Le codage de la localisation et la morphologie des tumeurs se fait par la CIM-O et la CIM-10. La saisie et l'analyse des données se font par le CanReg5.

Résultats Le nombre de cas incidents en 2012 et 2013 est de 1484 (sauf C44 1492) cas avec prédominance féminine (sex ratio 0.8). Chez la femme les tumeurs du sein occupent la première place avec une incidence (59,2/100 000 hts) suivie du col (7,6/100 000 hts) tandis que chez l'homme, ce sont les cancers broncho-pulmonaires (10,8/100 000 hts) suivi des cancers du colon (10,2/100 000 hts).

WORK- SHOP

**Free
Communication
of Abstracts 5**
14:30–15:45
Saturday
21 November
2015

Abdellaoui Maane, Imane

A NEW APPROACH FOR PROSTATE CANCER MOLECULAR DIAGNOSTIC (PRELIMINARY STUDY)

Abdellaoui Maane, Imane^{*1}; Sefrioui, Hassan¹; Al Bouzidi, Abderrahmane²; Bakri, Youssef³; Dakka, Nadia³; Moumen, Abdeladim¹

¹Mascir Moroccan Foundation for Advanced Sciences Innovation and Research, Morocco; ²Hôpital Militaire d'Instruction Mohammed V (HMIMV), Morocco;

³Faculté des Sciences de Rabat, Université Mohamed V, Morocco; ³Faculté des Sciences de Rabat, Université Mohamed V, Morocco

Correspondence Abdellaoui Maane, Imane

Email: i.abdellaoui@mascir.com

Prostate cancer (PCa) diagnosis has two major problems: evolutivity and over diagnosis, therefore identifying new and more specific biomarkers that allow discriminate between PCa and benign disease is an urgent requirement. The objective of this work is to develop a non-invasive diagnostic method that could replace or at least complete the serum PSA (prostate specific antigen) test to better indicate a prostate biopsy.

Method and method The analysis of the differential expression of two Prostate specific genes PCA3 (Prostate Cancer Antigen 3) and AMACR (α -methylacyl-coaracemase) was performed by RT-qPCR (Reverse Real time transcription quantitative polymerase chain reaction), on 104 paraffin embedded biopsies. The relative quantification is based on the normalization by a reference gene that has been selected by GeNorm and Normfinder software. A statistical test using XLSTAT macros was used to establish both the threshold of the target gene expression and the relevance of the quantification method were established by a statistical test using XLSTAT macros.

Results The selected reference gene was successfully amplified in all samples. XLSTAT analysis showed: For PCA3 an AUC value (Area Under Curve) of 0.735, a sensitivity 'SE' and specificity 'SP', of 72% and 71% respectively. For AMACR an AUC value of 0.871, a SE and SP of 84% and 86% respectively. The combination of AMACR with PCA3 leads to a better test performances, since the SE and SP increase to 93%, 75% respectively.

Conclusion The results of this preliminary study are very promising. The parameters studied showed the relevance and accuracy of our test, however, it remains to confirm these results using urine samples for a new non-invasive diagnostic approach.

POSTER MP003

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Abdoul Salam, Diarra

CERVICAL CANCER KNOWLEDGE, RISK FACTORS AND SCREENING AMONG ADULT MOROCCAN WOMEN IN A PRIMARY HEALTH CARE SETTING

Abdoul Salam, Diarra*¹; El Fakir, Samira¹; Abousselham, Loubna²; Belakhel, Latifa³; Bekkali, Rachid⁴; Nejari, Chakib¹

¹Dept of Epidemiology and Public Health, Fac. of Med., Univ. Sidi Mohammed Ben Abdellah, Fez, Morocco; ²Direction of Population, Rabat, Morocco;

³Directory of Epidemiology & Fight against Diseases (DELM), Ministry of Health, Rabat; ⁴Fondation Lalla Salma Prevention & Treatment of Cancers, Rabat

Correspondence Abdoul Salam, Diarra | abdoulsalamdiarra@gmail.com

Objective To describe the risk factors of cervical cancer and to investigate the factors associated with the acceptability of cervical cancer screening in Morocco.

Method It was a cross sectional study, which started in July 2011 based on consultants and eligible women for early detection programs in a primary care health center (primary level) in five prefectures of Morocco. Our target population was represented by all the consultants and consenting women from 30 to 50 years old.

Results A total 1444 women were included in the study. The mean age was 40.6 ± 10.2 years (range, 30–50 years). Only 3.1% of women reported a personal history of cancer; family history of cancer was present in 26.2% of the study population. Acceptability of cervical examination was 86.7%. 92.7% of the women had their first sexual intercourse at 16 or above. Increased accepting rates were found among married women (OR 0.42) and among women living in urban area (ORs of 0.16). The screening acceptance is associated with using of condom, using of hormonal contraceptive and nulliparous women.

Conclusion This results of survey on eligible women in cervical cancer early detection program for regions where program are being started was not still satisfactory, to show a positive attitude vis-à-vis screening. It highlighted the factors determining behaviors of women for early screening cervical.

POSTER P152

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Abdulkarim, Nura

RADIATION-FREE TREATMENTS FOR CERVICAL CANCER: LOW RESOURCE SETTING PERSPECTIVE

Abdulkarim, Nura*; Lawal, Ishak; Abdulfatah, Lukman
Federal Medical Centre Katsina, Nigeria

Correspondence Abdulkarim, Nura
Email: drnuraabdulkarim@gmail.com

Objective Radiation therapy with teletherapy and brachytherapy remains an important component of treatment for most stages of cervical cancer. However, in most developing countries radiation treatment protocols and equipment are difficult to access due to large patient turnout, electric power failure, and little number of qualified personnel, thus, a large number of patients die from the disease without having access to treatment at all, even the palliative radiation therapy. We search for effective, acceptable and affordable treatment protocols for various stages of cervical cancer within the available limited resources that are comparable to worldwide standard treatments.

Method We adopted the available facilities and treatment options in the management of various stages of cervical cancer in order to overcome some of the peculiar challenges mitigating against timely intervention in management of clinically diagnosed cervical cancer. We also conducted a literature search

Results Eight patients with different stages of cervical cancer were managed, 3 patients with stage 1b1 disease had simple total abdominal hysterectomy plus adjuvant chemotherapy, 2 with stage 1b2 disease had modified radical hysterectomy plus adjuvant chemotherapy and 3 with locally advanced disease had primary chemotherapy alone. Preliminary evaluation shows that this protocol of radiation free management of cervical cancer is acceptable alternative to radiation therapy that is not accessible.

Conclusion Cervical cancer patients, who live in developing countries with limited resources, would require newer radiation-free therapeutic options. The feasibility and therapeutic values of these potential forms of management need to be prospectively evaluated.

WORK- SHOP

**Free
Communication
of Abstracts 8**

11:00–12:00

Sunday

**22 November
2015**

Abid, Larbi

**LE PLAN CANCER ALGÉRIE 2015–2019 PR. LARBI ABID SERVICE DE
CHIRURGIE VISCÉRALE & ONCOLOGIQUE HÔPITAL BOLOGHINE,
ALGER, ALGÉRIE**

Abid, Larbi
Hôpital Bologhine, Alger, Algeria

Correspondence Abid, Larbi
Email: abidlarbi@gmail.com

Le plan cancer Algérie 2015–2019 Pr. Larbi ABID En Algérie, on comptabilise 45.000 nouveaux cas de cancers chaque année avec 24.000 décès, chiffres qui s'expliquent par le caractère particulièrement accéléré de la transition démographique. Ce fléau représente une charge particulièrement lourde par les souffrances et drames qu'il entraîne ainsi que par la charge financière particulièrement élevée et en constante augmentation risquant de déséquilibrer toute l'architecture financière de notre système de santé. Aussi un plan cancer pour les années 2015-2019 ayant pour principal objectif la réduction de la mortalité et la morbidité des patients par cancer et l'amélioration de la démarche préventive contre les facteurs de risque et de la qualité de vie pendant et après le traitement, vient d'être mis en place dans notre pays. Ce plan se décline en 8 axes stratégiques (prévention contre les facteurs de risque; amélioration du dépistage de certains cancers; amélioration du diagnostic; redynamisation du traitement; organisation de l'orientation, l'accompagnement et le suivi des patients; développement du système d'information et de communication sur les cancers; renforcement de la formation et de la recherche sur les cancers; renforcement des capacités de financement de la prise en charge des cancers), 19 objectifs, 60 actions et 239 mesures. La mise en œuvre de ces objectifs ne pourra être abordée qu'après la mise en place de procédures élaborées de manière précise. Ces procédures définissent les tâches successives à réaliser. La majorité des actions exigent des efforts pour une organisation innovante, une coordination plus importante et une exploitation plus pertinente et valorisante du capital humain. La mise en œuvre des différentes mesures a été estimée et des évaluations régulières seront réalisées afin de prendre les décisions appropriées: évaluer l'efficacité, corriger ou abandonner des mesures qui n'auraient pas atteint leur objectif.

PLENARY

Cervix

Plenary

09:10–10:30

Saturday

21 November

2015

Abousselham, Loubna

**IMPLANTATION DU PROGRAMME ORGANISÉ DE DÉTECTION
PRÉCOCE DES CANCERS DU SEIN ET DU COL DE L'UTÉRUS AU
MAROC**

Abousselham, Loubna

Ministère de La Santé, Morocco

Correspondance Abousselham, Loubna

Email: drabousselham@gmail.com

Introduction Les cancers du sein et du col de l'utérus représentent respectivement 34.3% et 13.3% des cancers de la femme. L'incidence et la mortalité élevées ont justifié la mise en place d'un programme organisé de détection précoce de ces deux cancers.

Objectif Améliorer la prise en charge des cas de cancers du sein et du col utérin en mettant en place un programme organisé de détection précoce de ces 2 cancers.

Matériel et méthode L'implantation du programme de détection précoce des cancers du sein et du col utérin été basée sur l'analyse des données épidémiologiques et de l'offre de soins existante. Ceci a permis de définir les aspects programmatiques adaptés aux spécificités du pays: populations cibles, tests de dépistage et d'adapter le circuit d'orientation et du recours et de fixer les axes d'intervention du programme.

Résultats Un grand investissement en matière de construction et d'équipements des structures. 2596 prestataires de soins sont formés en technique de détection précoce. Une campagne médiatique de sensibilisation sur le dépistage du cancer du sein est organisée annuellement par la Fondation Lalla Salma – Prévention et Traitement des Cancers (FLSC). Ainsi, 1843770 femmes âgées de 45 à 69 ans ont bénéficiées de la détection précoce du cancer du sein en 2013–2014, soit un taux de participation de 53.3%. 1544 cancers du sein diagnostiqués. Pour la détection précoce du cancer du col utérin, 107679 femmes ont bénéficiées du dépistage par IVA en 2014, 456 lésions précancéreuses du col dépistées, 107 cancers invasifs diagnostiqués.

Conclusion L'analyse des réalisations de l'expérience marocaine dans l'implantation du programme révèle:

- Rôle partenariat stratégique entre le Ministère de la Santé et FLSC;
- Importance de la mise en place de stratégie de dépistage adaptée et adaptable aux spécificités du système de soins du pays;
- Expérience marocaine transposable au niveau des pays en voie de développement.

WORK- SHOP

Free Communication of Abstracts 3

14:30–15:45

Friday

20 November
2015

Abuidris, Dafalla

INCIDENCE AND SURVIVAL RATES OF OVARIAN CANCER IN SUDAN

Abuidris, Dafalla*¹; Sidahamed Ibnoof, Rehab²; Elsanousi, Mohamed³; Eltayeb, Elgaylani¹; Elhaj, Ahmed¹; Mohamed, Sulma⁴

¹National Cancer Institute, Sudan; ²Ministry of Health, Sudan; ³University of Gezira, Sudan; ⁴Purdue University, United States

Correspondence Abuidris, Dafalla

Email: dafalla.abuidris@gmail.com

Background Ovarian cancer is the second most common gynecological cancer worldwide. Little is known about the disease in Sudan. The objectives of the study are to evaluate the incidence rate, age and stage at diagnosis, and median survival time of patients seen at the National Cancer Institute – University of Gezira.

Method Data was collected in a prospective study of women with ovarian cancer during a period of eleven (2000–2011) years of follow-up. Descriptive statistics were used to summarize the distribution of the demographics of the sample. The direct method was used to compute age-standardized rate (ASR) using 1966 and 2000 World Standard Populations (WSPs). The Kaplan-Meier method was used to estimate survival functions and median survival time. Log-rank tests were used to statistically compare between the survival functions.

Results There were steady increases in ovarian cancer incidence rates during 2000–2009, with slight decline in 2010 and 2011. Patients' age range was 9–90. The age-specific incidence rate increased greatly in women aged 55 years or older. The majority had stage III or IV disease. The annual ASR using WSPs 1966 and 2000 as standard populations were 3.3 and 3.7 per 100,000 women, respectively. The median survival time was 31 months (95% confidence interval 19–43). The 5-year cumulative survival rate was 38%.

Conclusion In Sudan, ovarian cancer affects postmenopausal women akin to what is reported in the developed world with low incidence rate. Women present with advanced stage disease that result in short survival time.

WORK- SHOP

Gynaecologic Oncologic

Pathology (2)

11:00–13:00

Wednesday

18 November
2015

Adams, Tracey Sheridan

GENETICS OF OVARIAN CANCER, AN OVERVIEW

Adams, Tracey Sheridan

Groote Schuur Hospital/University of Cape Town, South Africa

Correspondence Adams, Tracey

Email: tracey.adams@uct.ac.za

Ovarian cancer is not the commonest gynaecological malignancy in Africa but it has the highest case fatality ratio. More than 80% of women present with advanced stage 3 and 4 disease with a 5 year survival of 30%. There is currently no evidence for screening for ovarian cancer as there is no known precancerous lesion. Transvaginal ultrasound and tumour markers such as CA125 only assist with detecting established cancer. Once the diagnosis of ovarian cancer is suspected, the standard of care is cyto-reductive surgery. In the majority of cases, adjuvant platinum-based chemotherapy is required after surgery. There have been many advances in chemotherapy over the last decade, but unfortunately, this has not translated into improved survival. Approximately 90% of ovarian cancers are epithelial tumours. In the past, all ovarian cancer would be treated in the same manner. We now know that ovarian cancer is a heterogeneous disease, each with its own distinct origin, genetic alteration and clinic pathological features. We are moving towards understanding the genetic origin of disease and hence towards a more personalised approach. This could impact on tumour behaviour, chemo-sensitivity and overall prognosis. Approximately 10% of women with ovarian cancer are known to have a hereditary component. Identifying high risk women and their offspring could assist in prevention by offering risk-reducing surgery.

POSTER P002

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Adamu, Stella-Maris

CERVICAL CANCER PREVENTION: REVIEW OF A MEDICAL MISSION APPROACH TO 'SCREEN & TREAT' WOMEN IN CAMEROON

Adamu, Stella-Maris

Michael and Mauritia Patcha Foundation, United States

Correspondence Adamu, Stella-Maris

Email: stella@patchafoundation.org

Objective Cervical cancer is the second most prevalent female cancer in Cameroon, with a mortality rate of 80%. There is no country wide cervical cancer screening program. Cancer awareness is marginal and diagnosis often occurs in advanced stage of the disease. The Michael and Mauritia Patcha Foundation (MMPF) is a non-profit organization based in Maryland, USA that advocates for increased access to cancer prevention, diagnosis and treatment resources in Cameroon, Africa. The objective of this review is to evaluate the impact of the cervical cancer screening program carried out during its medical missions.

Method MMPF has organized two medical mission trips to Cameroon since 2013 during which it partners with Cameroon Baptist Convention Health Service (CBCHS) to perform cervical screening using the Visual Inspection with Acetic Acid (VIA) method. Using the 'screen and treat' guidelines women between the ages of 26 and 65 were screened. For these women this is the only opportunity to receive cancer screening. Precancerous lesions are immediately treated with cryotherapy. Those needing loop electrosurgical excision procedure (LEEP) or biopsy in the event of more advanced disease are referred back to CBCHS clinics. All participants receive valuable oral and/or written information about cancer risk factors, prevention and symptoms with emphasis on dispelling myths and stigma.

Results In two years 943 women have undergone the VIA screening procedure during the medical missions. 47 or 4.98% were diagnosed with abnormal cervical cells. 33 or 3.49% received treatment with cryotherapy and 14 or 1.48% were referred for LEEP or further diagnosis. Of those referred 4 or 28% had cancer and were referred to an oncology service for treatment.

Conclusion The MMPF cervical cancer screening campaign is making a positive impact in preventing cervical cancer, increasing awareness and reducing the cancer burden. There is benefit in continuing the cervical screening program

POSTER P003

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Adejimi, Adebola

KNOWLEDGE OF CERVICAL CANCER, HUMAN PAPILLOMAVIRUS INFECTIONS AND THEIR PREVENTIVE METHODS AMONG WOMEN IN OSOGBO, SOUTH-WESTERN NIGERIA

Adejimi, Adebola*; Sabageh, Olukemi; Egbewale, Bolaji
Ladoke Akintola University of Technology, Nigeria

Correspondence Adejimi, Adebola
Email: adebolaadejimi@yahoo.com

Objective Cervical cancer is preventable but yet the leading cause of death among women in developing countries. It is important to understand the level of awareness about cervical cancer and the preventive methods in developing the strategies for an effective intervention. The objectives of this study were to assess the awareness and knowledge of cervical cancer, Human papillomavirus (HPV) infections, their preventive methods and the screening practices among women in Osogbo, South-Western Nigeria.

Method A cross-sectional study was conducted using a multi-stage sampling technique. A pretested, semi-structured and interviewer administered questionnaire was used in data collection. Chi square statistics was used at level of significance of 5%.

Results A total of 443 women were interviewed. The mean age of the respondents was 29.8 ± 7.8 years. About 61.4% were married with 20.2% of them in polygamous marriage. Majority (81.7%) of the respondents were sexually active with 51.1% of them having multiple sexual partners. However, 151 (34.1%) had heard of cervical cancer, 70 (15.8%) had heard of the screening tests for cervical cancer, 39(8.8%) had heard of HPV infections and 28(6.3%) had heard of HPV vaccination. Of the respondents, only 15 (3.4%) of them had good knowledge of cervical cancer, HPV infections and their preventive methods. About 10(2.3%) had done Papanicolaou smear for cervical cancer screening but 341 (77.0%) of the respondents were willing to be screened for cervical cancer if the services are available and affordable. Significantly higher proportion of those who had more than twelve years of education were aware of cervical cancer, HPV infections and their preventive methods.

Conclusion There is a very low level of knowledge about cervical cancer, HPV infections and their preventive methods among this sample of women. Effective information, education and communication strategies are required to improve their knowledge about cervical cancer and HPV.

WORK- SHOP

Cancer risk assessment and genetic counselling (2)

11:00–13:00

Wednesday

18 November
2015

Adejumo, Prisca

ESTABLISHING A CANCER RISK AND PREVENTION CLINIC IN NIGERIA: LESSONS FROM THE FIELD

Adejumo, Prisca^{*1}; Oluwatosin, Abimbola¹; Ogundiran, Temidayo¹; Adedokun, Babatund¹; Ademola, Oluyinka¹; Olopade, Olufunmilayo²

¹University of Ibadan, Nigeria; ²University of Chicago, United States

Correspondence Adejumo, Prisca

Email: bisiandbayo@yahoo.com

Introduction The World Health Organization projects that cancer will be the leading cause of death globally by year 2030 unless urgent strategies are implemented to curb the rising epidemic. We sought to establish a cancer risk and prevention clinic and to determine the effects of genetic nursing education on nurses' competencies in genetic counseling of cancer patients and their relatives in selected teaching hospitals in Nigeria.

Method A 2-group quasi-experimental design was utilized using a structured questionnaire adapted from the University of Chicago Cancer Risk Clinic and multistage sampling technique to select 491 nurses, 100 cancer patients and 35 family members. Knowledge, attitude and skills were compared between intervention and control groups using paired t test and independent sample t test.

Results We have successfully delivered educational intervention in the three hospitals. The mean age of respondents in the experimental and control groups was 41.5 ± 7.6 and 39.2 ± 9.1 years respectively. Overall, less than a quarter (21.3%) of the respondents knew the difference between genetics and genomics. The mean knowledge scores between the two groups were not significantly different at baseline ($p=0.510$). However, the experimental group had higher mean scores compared to controls at 6 weeks ($p<0.001$) and 3 months ($p<0.001$) and significantly higher mean attitude scores at 6 weeks ($p<0.001$) and 3 months ($p=0.014$) compared to those in the control group ($p<0.001$). Lessons and challenges of developing a cancer risk and prevention clinic from the study include: difficulty in patient follow-up, decentralized cancer management, poor knowledge of and awareness about cancer, patient's inability to complete the family history information at home and lack of electronic health record.

Conclusion Nurses have the potential to shape delivery of high quality comprehensive cancer risk assessment and prevention services in spite of the current challenges.

POSTER P004

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Adejumo, Prisca

EFFECTS OF GENETIC NURSING EDUCATION ON NURSES' COMPETENCIES IN COUNSELLING PEOPLE WITH FAMILY HISTORY OF CANCER AND THE ESTABLISHMENT OF A COMPREHENSIVE CANCER RISK ASSESSMENT AND PREVENTION CLINIC

Adejumo, Prisca
University of Ibadan, Nigeria

Correspondence Adejumo, Prisca
Email: bisiandbayo@yahoo.com

Background The World Health Organisation, WHO, projects that about 84 million people may die by 2015 if urgent strategies are not implemented to arrest the cancer scourge. Urgent strategies are therefore highly needed to address cancer diseases. Against this background, innovations are needed to address the burden of disease such as training nurses in genetic counseling and cancer risk assessment.

Method Quasi-experimental pre and post test, control group design was employed and the study took place in three purposively selected teaching hospitals in southwest Nigeria: LUTH, Lagos State, UCH, Oyo State, and OAU, Osun State, Southwest Nigeria.

Results Preliminary data revealed lack of knowledge of genetic counseling among nurses in selected setting with participants' acceptance of gross deficiency in genetics nursing knowledge. A huge discrepancy between self reported and observational outcome of genetic counselling skill was observed and curricular assessment of nursing programmes showed lack of contents on cancer genetics generally and genetic counseling specifically.

Conclusion Cancer genetics/genetic counseling is presently missing in Nursing programmes' curriculum and comprehensive cancer care in Nigeria. Yet it is a veritable tool that can be employed by nurses to obtain appropriate family history and assess cancer risk. This can bridge the missing gap in comprehensive cancer care without necessarily training a new group of health care workers. There is urgent need to establish cancer risk clinics in University Hospitals in Nigeria as well as oncology nursing programmes.

POSTER P153

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Adejumo, Prisca

BREAST CANCER KNOWLEDGE AND AWARENESS BY FEMALES IN A NIGERIAN UNIVERSITY COMMUNITY

Adejumo, Prisca*¹; Adeniji-Sofoluwe, Adenike¹; Obajimi, Millicent¹; dafe-Oyibotha, Olubunmi²; Ukaigwe, Chinwe²; Idowu, Elizabeth²

¹University of Ibadan, Nigeria; ²University College Hospital, Nigeria

Correspondence Adejumo, Prisca

Email: bisiandbayo@yahoo.com

Objective Breast cancer in Nigeria is increasing with late presentation of the disease. This study seeks to determine the level of knowledge and awareness of females in a Nigerian University community about breast cancer.

Method A descriptive study carried out during the pink month awareness programme at the University of Ibadan in October 2014. A structured questionnaire was administered face to face to female students and staff. Data was entered into SPSS version 20 and analysed.

Results Two-hundred and twenty-four females were recruited into the study with mean age of 29 ± 11.6 years. Participants in the 18–30 years age group were the most frequent (77.0%) while the >50 year bracket was the least frequent (4.9%). Undergraduate students; 100–200 level (23.7%) and 300–400 level (43.8%) were the chief participants. Single (71.9%) marital status was preponderant. Regarding the knowledge on breast cancer, the majority (44.2%) thought the greatest risk of breast cancer occurred between 35–49 years. A family history of breast cancer (37.9%) and lumpy breasts (27.6%) were associated with diagnoses of breast cancer in 133/224. Most thought that mammographic study always finds breast cancer (53.1%) and should begin at age 40 (30.4%), 30 (32.6%) and 23.7% did not have an idea. One hundred and twenty participants (53.6%) stated that only women get breast cancer while 100 (44.6%) thought otherwise. Most women responded negatively to positive family history of breast cancer 86.1%, food preservatives 80.7%, HRT 83.7%, being overweight 83.7%, small breasts 77.7%, alcohol 77.1%, breastfeeding 74.1%, firm breast lumps 73.2%, painful breast lump 71%, genetic/inherited origin 70.1%, younger African women/ drinking coffee 62.5%, radiation from mammograms 58.5% and breast injury 57.1% as risk factors for breast cancer.

Conclusion More awareness campaign is needed within literate communities as the knowledge on the risk factors and diagnosis of breast cancer in females is quite low.

POSTER P005

**General Poster
Display**
Thursday &
Friday
19 & 20
November
2015

Adeniji-Sofoluwe, Adenike

PSYCHOLOGICAL DISTRESS AND QUALITY OF LIFE OF NIGERIAN WOMEN DIAGNOSED WITH BREAST CANCER

Adeniji-Sofoluwe, Adenike*¹; Adejumo, Prisca¹; Fagbenle, Omolara²;
Ogungbade, Dasola²

¹University of Ibadan, College of Medicine & University College Hospital,
Nigeria; ²University College Hospital, Ibadan, Nigeria

Correspondence Adeniji-Sofoluwe, Adenike

Email: om_o@hotmail.co.uk

Objective Psychosocial factors influence management and treatment response of breast cancer patients in Nigeria but little emphasis is placed on these factors. We present the level of psychological distress and quality of life of women living with breast cancer in Nigeria.

Method A prospective and descriptive questionnaire based study carried out at the University College Hospital Ibadan South West Nigeria. The WHO Quality of life questionnaire, Distress thermometer and HADs scale were utilized to evaluate the level of distress and QOL of women diagnosed with breast cancer in the sub-region.

Results Seventy four women with breast cancer were recruited into the study. The mean age, weight, height and BMI was 51.38 years \pm 9.41, 73.12 kg \pm 14.59, and 1.60 meters \pm 0.06 and 28.75 \pm 6.04 respectively. Majority of the women are traders (48.6%), teachers (29.7%) and civil servants (9.5%). Most of the women are Christians (78.4%). Half of the women had at least tertiary level of education. Seventy-eight percent are married, 9.5% widowed, others were single, divorced or separated (4.1% each). The women were predominantly domiciled in Ibadan 38.4%, and Lagos 23.3% two of the largest cities in Nigeria. The HADs score was abnormal in 68.9%, normal in 18.9% and borderline in 12.2% women. The women are faced with practical, family, emotional and physical problems. The most common practical problems are financial 25.7%, transportation 18.9%, work and treatment decisions 14.9% each. The principal family problems are dealing with partner 20.3%, family health issues 13.5%, dealing with children 4.1%, and ability to have children 6.8%. Fears and worry 64.9% each are the predominant emotional problems. The major physical problem is pain in 50% of the women; others are sexual and fatigue 37.8% each. The overall QoL was poor in 51.4% while overall distress thermometer was generally good 59.5%.

Conclusion Majority of women with breast cancer are anxious about financial and family affairs.

WORK- SHOP

Palliative Care and Pain Relief

14:30–15:45

Saturday

21 November

2015

Adenipekun, Adeniyi

ROLE OF RADIOTHERAPY IN PALLIATIVE CARE OF CANCER PATIENTS: NIGERIAN EXPERIENCE

Adenipekun, Adeniyi

Hospice & Palliative Care Association, Nigeria

Correspondence Adenipekun, Adeniyi

Email: adenipek2000@yahoo.com

Radiotherapy can be simply defined as the use of radiation in the management of tumour. There are two major categories of tumours, the malignant and the benign tumour. Radiotherapy has a role in the management of the two categories. The use of radiotherapy can be for radical treatment in cases of early and local disease while palliative radiotherapy is reserved for advanced local and metastatic diseases. In the palliative setting, care is almost impossible hence the intention is to reduce pain, stop bleeding and improve quality of life. The mechanism of action of radiotherapy has since explained through radiobiology as direct and indirect interaction of radiation with water molecules leading to production of free radicals which diffuse through the nuclear membrane to interact with the DNA molecule in the nucleus leading to breakages of the strands of DNA translating to inability of the cells to reproduce themselves. In developing countries like Nigeria where about 70% of cancer cases present in advanced stages, palliative radiotherapy is the major service rendered to these patients. This paper will discuss the common malignancies seen in Nigeria and the various conditions requiring palliative care, such as controlling bleeding, fumigation and pain. The Rt techniques used and outcomes shall be discussed. A major challenge facing radiotherapy services in Nigeria is the inadequate number of centres to care for the patients requiring the treatment. To a population of 160 million people there are presently less than 10 centres in Nigeria. This leads to longer waiting times and worsening of the condition of these patients.

POSTER MP004

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Afghar, Soukaina

LA SURVIE A 5 ANS DES PATIENTS ATTEINTS DE CANCER DU SEIN SELON LES DONNEES DU CENTRE MOHAMMED VI POUR LE TRAITEMENT DES CANCERS A CASABLANCA.

Afghar, Soukaina*¹; Bendahhou, Karima¹; Youssef, Nabila²;
Benchakroun, Nadia²; Benider, Abdellatif²

¹Registre du Cancer de la Région du Grand Casablanca – Maroc, Morocco;

²Centre Mohammed VI Pour le Traitement des Cancers, CHU Ibn Rochd
Casablanca – Maroc, Morocco

Correspondance Afghar, Soukaina

Email: soukaina.afghar@gmail.com

Objectif Calculer la survie des patients atteints d'un cancer du sein et suivis au centre Mohammed VI pour le traitement des cancers depuis 2008.

Méthode Ont été inclus dans l'étude; tous les cas de cancer du sein prise en charge en 2008 au centre. Le recueil des données a été fait à partir des dossiers des patients et complété en appelant les patients par téléphone surtout pour l'information concernant leur état à la date de point.

Résultats Durant l'année 2008, un totale de 637 patients. La majorité était du sexe féminin 98,7% des cas l'âge moyen était de 49,52 ans ($\pm 12,14$ ans) avec des extrêmes allant de 18 à 94 ans. Le type histologique le plus fréquent était le carcinome canalaire infiltrant 76,9% des cas. Le stade au moment du diagnostic était représenté dans 45,2% par le stade 2, suivie du stade 3 avec 29,9%. Le grade Scarff Bloom et Richardson SBR était de 2 dans 65,4% des cas, les récepteurs hormonaux étaient positifs dans 59,6% des cas, le Her2 était surexprimé dans 22,6% des cas. 70,3% des patients ont subi un traitement radical versus 29,1% un traitement conservateur. La survie globale après 5 ans était de 77,7%. Les résultats de cette étude ont montré que la survie varie en fonction du stade au moment du diagnostic et du profil moléculaire de la tumeur. Ce taux était de 94,9% pour le stade 1, 80,5% pour le stade 2, 65,9% pour le stade 3 et 60,2% pour le stade 4 avec ($p\text{-value} < 10^{-3}$). Elle était meilleur sur le profil luminal A avec 84,9%, suivi de 78,8% chez les triples négatifs, 75,4% chez luminal B et 71,6% pour Her2 positif avec ($p=0,01$).

Conclusion Les résultats de cette étude viennent renforcer le fait que le diagnostic précoce du cancer du sein améliore la survie des patients, ainsi des efforts sont à déployer pour sensibiliser la population marocaine pour adhérer au programme du dépistage précoce du cancer du sein dans le but de réduire la proportion des stades avancés.

POSTER MP005

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Afif, Mohammed

DOSIMETRIC COMPARISON OF CONFORMAL ISOCENTRIC AND MONOISOCENTRIC TECHNIQUES IN THE IRRADIATION OF HEAD AND NECK CANCERS

Afif, Mohammed*¹; Nourreddine, Abdelati²; Elkacemi, Hanan¹;
Kebdani, Tayeb¹; Benjaafar, Nouredine¹

¹Radiotherapy Department, National Institute of Oncology of Rabat,
Mohammed V University, Morocco; ²Physical Unit, National Institute of
Oncology of Rabat, Morocco

Correspondence Afif, Mohammed

Email: afifmed85@gmail.com

Objective The aim of this study is to perform a dosimetric comparison between the conventional method using two isocentres and mono-isocentric technique in irradiation of head and neck cancers.

Material and method 32 head and neck consecutive patients were used in this comparative planning study. Planning CT was performed in 3 mm slices, target volumes (CTV) and organs at risk were contoured by radiation oncologist, and two different treatment plans was performed by the same medical physicist with opposed lateral fields and an anterior one. XIO was used to generate treatment plans and to analyse dose-volume histogram parameters, for each plan, for CTV mean dose, maximum dose (Dmax), and OAR (spinal cord, larynx and thyroid). Statistical analysis was done using an unpaired Student's t-test, a p-value of less than 0.05 was considered significant.

Results Max dose to target volume was 51.14 ± 0.61 in isocentric technique vs 50.98 ± 0.52 in monoisocentric one ($p < 0.01$). In OAR, max dose was lower for thyroid (52.95 ± 1.42 vs 52.43 ± 1.15 , $p < 0.01$) and cord (45.33 Gy vs 44.21 Gy, $p = 0.001$) in monoisocentric technique. The results of this comparison study are significant. Mono-isocentric technique is more efficient in terms of coverage and dose homogeneity to the target volume, particularly at the junction with less overdose (59 vs 61.9 G, $p < 0.001$). The doses received at OAR, including the spinal cord were significantly lower.

Conclusion The mono-isocentric technique for head and neck presents dosimetric advantages, with better dose distribution. It reduced overdoses and underdoses. In this technique there isn't beam divergency at the junction's fields, so the homogeneity is maximal. The use of mono-isocentric technique also increases the reproducibility and reduces the duration of treatment.

POSTER P154

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Agboeze, Joseph

KNOWLEDGE, PRACTICE AND BARRIERS TOWARDS CERVICAL CANCER SCREENING AMONG FEMALE UNDERGRADUATE STUDENTS IN A NIGERIAN UNIVERSITY

Agboeze, Joseph*¹; Ezeani, Nkiruka²; Agboeze, Olachi³; Nwali, Matthew¹; Onoh, Robinson¹

¹Federal Teaching Hospital, Nigeria; ²Ebonyi State University, Nigeria;

³Wotek Care Foundation, Nigeria

Correspondence Agboeze, Joseph

Email: jagboeze2@gmail.com

Objective Cervical cancer is the second commonest cancer of females worldwide and the commonest cancer of the female genital tract in Nigeria. This study assessed the level of knowledge and barriers towards cervical cancer screening among female university students.

Method A cross-sectional design was used for 287 female students selected by stratified random sampling techniques at Ebonyi State University Abakaliki Nigeria. A pretested questionnaire was administered to the students and data were analysed with SPSS version 20 using frequencies and chi-square.

Results Participants' mean age was 22 years (SD=3). The results revealed that 70.5% had heard about cervical cancer 58.9% knew that it can be prevented while only 22.8% knew about the vaccines for prevention of cervical cancer. Seventy-two (24.2%) reported multiple sexual partners, 19.8% identified early onset of sexual intercourse as risk factors. The majority 79.5% had never heard of the Pap smear test. Only nine (3.0%) women out of 287 had had a Pap smear test. Common barriers for seeking a Pap smear test include: lack of awareness of centres where such services are obtainable and ignorance of the importance of screening. A significant association was found between institutional and personal barriers and having a Pap smear test.

Conclusion Although knowledge about cervical cancer is good there is poor awareness and utilization of cervical screening test in our environment. Comprehensive education on cervical cancer screening in the university is critical in reducing the morbidity and mortality associated with the disease.

POSTER P006

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Aggoune, Samira

COMPLICATIONS DES LEUCÉMIES AIGÜES EXPÉRIENCE D'UN SERVICE DE PÉDIATRIE

Aggoune, Samira
Pediatric's, Algeria

Correspondance Aggoune, Samira
Email: aggounesamira@hotmail.com

Introduction Les leucémies aiguës sont des affections malignes caractérisées par l'accumulation de blastes par blocage du processus normal d'hématopoïèse. Les progrès hématologiques de la réanimation, inséparables de ceux de la recherche d'une meilleure activité anti leucémique, ont permis de réduire la mortalité et la morbidité associées aux régimes intensifs et autorisent de plus en plus de patients à accéder aux thérapeutiques les plus actives.

Matériel et méthode Ils s'agit d'une étude rétrospective colligée auprès de dossiers de malades de 2010 à 2015. Le nombre de patients est de 40 (28 leucémies aiguës lymphoblastiques dont 23 type B et 5 type T, 11 étaient myéloblastiques avec une leucémie biphénotypique, il y avait une légère prédominance féminine dans les deux types. 32 complications ont été de type infectieux, deux syndrome de lyse tumorale et deux leucostases, un saignement a été retrouvé chez 11 malades dont deux cas de CIVD.

Conclusion Les progrès thérapeutiques des 20 dernières années ont essentiellement conduit à l'optimisation de la délivrance des régimes intensifs, cependant les complications restent fréquentes et leur prise en charge est le plus souvent lourde.

POSTER MP006

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Ahmadaye, Ibrahim Khalil

CANCER DU SEIN CHEZ L'HOMME: CARACTERISTIQUES EPIDEMIOLOGIQUES ET CLINICO-PATHOLOGIQUES

Ahmadaye, Ibrahim Khalil^{*1}; Bendahhou, Karima²; Saile, Rachid¹;
Mestaghanmi, Houriya¹; Benider, Abdellatif³

¹Université Hassan II Casablanca, Morocco; ²Registre du Cancer de la Région
du Grand Casablanca – Maroc, Morocco; ³Centre Mohammed VI Pour le
Traitement des Cancers, CHU Ibn Rochd Casablanca – Maroc, Morocco

Correspondance Ahmadaye, Ibrahim Khalil
Email: brahimahmadaye@yahoo.fr

Introduction Le cancer du sein est la première pathologie maligne chez la femme, mais elle est relativement rare chez l'homme. Elle représente 1% de l'ensemble des cancers du sein et moins de 1 à 2% des néoplasies masculines. Au Maroc selon le RCRC, son incidence est de 0.8/100 000 chez l'homme. Cette pathologie demeure inconnue sur le plan épidémiologique, thérapeutique et pronostique vu la rareté des séries rapportées. L'objectif de ce travail est de dégager les caractéristiques épidémiologiques et clinico-pathologiques de ce cancer chez l'homme.

Patients et méthode Il s'agit d'une étude rétrospective, menée au centre Mohamed VI pour le traitement des cancers, étalée sur une période de deux ans (2013-2014), colligeant les malades diagnostiqués pour un cancer du sein et incluant tous les hommes chez qui un diagnostic de cancer du sein invasif a été porté. Les données ont été collectées à partir des dossiers médicaux des patients et analysées grâce au logiciel SPSS version 21.

Résultats Un total de 6 cas diagnostiqués pour un cancer du sein sur 1277 cas. L'âge moyen des patients est de $63,3 \pm 9,7$ ans, la latéralité droite est de 66, % des cas et le type histologique le plus fréquent est le carcinome canalaire infiltrant (83,3%). L'extension de la tumeur est locale dans 50,0% des cas et elle est ganglionnaire dans 33,3% des cas. Le grade SBR 2 est majoritaire (66,7%), alors que celui de SBR3 est moins représenté (33,3%). Une positivité des récepteurs aux œstrogènes (66,7% des cas) et à la progestérone (50,0% des cas) a été constatée. Le récepteur HER2 était surexprimé dans 25% des cas et le profil moléculaire retrouvé est le luminal A (50,0%) et le luminal B (16,7%). Le stade II et III étaient respectivement au moment du diagnostic dans 50,0% et 50,0% des cas. Le traitement était essentiellement chirurgical (83,3%).

WORK- SHOP

**Free
Communication
of Abstracts 5**
14:30–15:45
Saturday
21 November
2015

Ibrahim Khalil, Ahmadye

CANCER DU SEIN AU MAROC: QUEL PROFIL PHENOTYPIQUE DES TUMEURS?

Ibrahim Khalil, Ahmadye^{*1}; Bendahhou, Karima²; Saile, Rachid¹;
Mestaghanmi, Houriya¹; Benider, Abdellatif³

¹Université Hassan II Casablanca, Morocco; ²Registre du Cancer de la Région
du Grand Casablanca – Maroc, Morocco; ³Centre Mohammed VI Pour le
Traitement des Cancers, CHU Ibn Rochd Casablanca – Maroc, Morocco

Correspondance Ibrahim Khalil, Ahmadye
Email: brahimahmadye@yahoo.fr

Objectif étudier le profil phénotypique du cancer du sein chez les patients pris en charge au niveau du Centre Mohammed VI pour le traitement des Cancer durant l'année 2013

Méthode Il s'agit d'une étude transversale incluant tous les cas du cancer du sein pris en charge en 2013 au niveau du centre. Le recueil des données a été fait de manière rétrospective à partir des dossiers des patients en utilisant une fiche standard. L'analyse des données a été faite par le logiciel Epi Info 7.

Résultats Un total de 622 patients atteints de cancer du sein a été pris en charge au sein de notre centre. La quasi-totalité était de sexe féminin (99,4% des cas), l'âge moyen était de 49,82 ans ($\pm 10,9$ ans). Le type histologique le plus fréquent était le carcinome canalaire infiltrant (84,6% des cas). Le stade de la maladie était précoce dans plus de la moitié des cas avec une proportion de 54,5%. Le stade IIIA, IIIB et VI ont été noté respectivement dans 17,9%, 11,9% et 7,7% des cas. Le récepteur HER2 était surexprimé dans 25,6% des cas et le phénotype le plus fréquent était le luminal A avec une proportion de 43,6% des cas. Le phénotype luminal B et le HER2 étaient noté dans respectivement 12,7% et 6,8% des cas. Les triples négatifs étaient dans 12,9% des cas. Les patients ayant un phénotype triple négatifs étaient plus jeunes que les porteurs du phénotype B et A (47,4 ans versus 48,7ans et 50,1ans respectivement, $P=0,04$). L'index de prolifération (Ki67) était étudié chez 36,5% des cas, et il était surexprimé dans 96,0% des cas.

Conclusion L'étude du phénotype de la tumeur des patients atteints du cancer du sein permet l'orientation du clinicien dans le choix du traitement, et des décideurs dans la planification de programmes de lutte contre cette pathologie, qui jusqu'actuellement pèse lourd en santé publique.

POSTER P155

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Ahmed, Hussain

ROLE OF HERPES SIMPLEX VIRUS INFECTION IN THE ETIOLOGY OF NASOPHARYNGEAL CARCINOMA

Ahmed, Hussain

College of Medicine, University of Hail, Saudi Arabia

Correspondence Ahmed, Hussain

Email: hussaingad1972@yahoo.com

Objective The aim of this study was to screen for the presence of HSV in patients with nasopharyngeal Carcinoma (NPC).

Methodology Formalin fixed paraffin wax processed NPC tissue were obtained from 150 tissue blocks and retrospectively investigated for the presence of HSV-1 and HSV-2 using polymerase Chain Reaction (PCR).

Results Of the 150 NPC tissue specimens, Herpes Simplex Virus type 2 (HSV-2) was identified in 18/150 (12%) samples. Out of the 18 samples infected with HSV-2, 15/97 (15.5%) among males and 3/53(5.7%) were among females.

Conclusion The present have shown some weak links between HSV and NPC. The great majority of samples harboring HSV were also found to harbor EBV, which suggests the potentiality of EBV over HSV.

POSTER P007

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Ahmed, Khechiba

**PROFIL EPIDEMIOLOGIQUE, CLINIQUE ET BIOLOGIQUE
DES LEUCEMIES AIGUES CHEZ L'ENFANT: A PROPOS DE 8 CAS:
ETUDE FAITE PAR LE LABORATOIRE D'HEMOBIOLOGIE
DU CHU SIDI-BELABBES ALGERIE**

Ahmed, Khechiba
CHU Sidibelabbes, Algeria

Correspondance Ahmed, Khechiba
Email: ahmedpharm@hotmail.fr

Objectif Nous avons étudié les aspects épidémiologiques, cliniques et biologiques des leucémies aigues de l'enfant chez 8 nouveaux cas diagnostiqués à notre niveau.

Patients et méthode Il s'agit d'une étude rétrospective sur une période de 1 an et demi, entre janvier 2013 et juin 2014, incluant 8 cas.

Résultats d'âge moyen était de 6 ans, avec un sexe ratio de 2.00 en faveur du sexe masculin. La leucémie aigue lymphoblastique a été évoquée chez 6 patients (75%), la leucémie aigue myéloblastique a été retrouvée dans 2 cas (25%). Sur le plan clinique, les signes d'insuffisance médullaire ont été observés chez 100% des patients, le syndrome tumoral a été retrouvé chez 6 patients tandis que 2 cas ne présentent pas ce syndrome. L'étude de l'hémogramme a montré une anémie dans 100% des cas, une thrombopénie dans 100% des cas. Une hyperleucocytose a été observée dans 6 (75%) des cas et une pancytopenie dans 2 cas (25%) avec une blastose sanguine dans 6 cas (66%).

Conclusion Nos résultats sont montrant: Une hétérogénéité essentiellement de l'aspect biologique de la leucémie aigue chez l'enfant. De la présence de certaines caractéristiques de cet aspect biologique par rapport à celui de la leucémie aigue de l'adulte.

POSTER MP007

Moroccan

Poster Room

Friday–Sunday

20–22

November 2015

Ait Benhassou, Hassan

OPTIMIZING THE DEVELOPMENT PROCESS OF EUCARYOTIC CELLS PRODUCING TRASTUZUMAB AS A HUMANIZED MONOCLONAL ANTIBODY AGAINST HER-2 OVEREXPRESSION IN BREAST CANCER

Ait Benhassou, Hassan*; Bouchoutrouch, Nadia; Amar, Youssef;
Bentaleb, El Mehdi; Sefrioui, Hassan
Moroccan Foundation for Advanced Science, Innovation & Research (MASCIR),
Morocco

Correspondence Ait Benhassou, Hassan

Email: h.aitbenhassou@mascir.com

Objective Breast cancer over-expressing Human Epidermal Growth Factor Receptor 2 (HER2) is more likely to spread and less likely to respond to treatment. Trastuzumab (Herceptin®), the principle drug prescribed for women with HER2-positive breast cancer acts by binding specifically to HER2, blocking cancer cells growth and then enhancing their effective death. The main objective of our work is to setting up a process of cell line development, production, purification and structural biosimilarity assessment of Trastuzumab.

Methodology The construction of Trastuzumab as a humanized monoclonal antibody (150 Kda) is obtained by subcloning the synthesized variable region genes of the murine monoclonal antibody into suitable expression vectors that carry, both Light (LC) and Heavy chain (HC) of IgG1 immunoglobulin constant regions. Expression of the Trastuzumab is achieved by transfecting the recombinant vectors into different mammalian cells such as Human Embryonic Kidney 293 cells (HEK293) and Hamster Ovarian Cells (CHO-K1). Positive clones are specifically selected and maintained in computer-controlled bioreactors to enable optimal and large-scale trastuzumab production. The purification of antibodies from cell supernatant is improved by using Protein-A chromatography.

Results and conclusion Bioprocess settlement steps are assessed by both structural and functional methods such as Western Blotting, MALDI-TOF sequencing, LC-MS/MS, FTIR and Raman Spectroscopy, FACS Array and controlled cell culture.

POSTER MP008

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Ait Hammou, Rahma

DEVELOPPEMENT DES BIOCAPTEURS NANOTECHNOLOGIQUES A PARTIR DES MICROARNS POUR LE DIAGNOSTIC PRECOCE DES CANCERS GYNECO-MAMMAIRES A ETIOLOGIE VIRALE AU MAROC

Ait Hammou, Rahma^{*1}; Boumba, Anicet²; Benhessou, Mustapha³;
Ennaji, Moulay Mustapha¹

¹Lab. de Virologie et Cancérologie, Faculté des Sciences et Techniques –
Mohammedia, Morocco; ²Lab. d'Agroalimentaire et Santé, Dpt. de Biologie
Appliquée, Faculté des Sciences et Techniques, Settat, Morocco; ³Service de
Gynécologie Obstétrique, Centre Hospitalier Univ. Ibn Rochd, Casablanca

Correspondance Ait Hammou, Rahma | Email: rahma.aith@gmail.com

Ennaji Resume du Subject de These Ce projet d'étude se propose de rechercher et d'identifier un profil moléculaire de miARNs (microARNs) spécifiques à chaque type de cancer gynéco-mammaire dans la population marocaine, de rechercher l'implication de l'étiologie virale dans ces cancers à partir des biopsies et de développer un nano-biocapteur dans le but d'établir un diagnostic précoce, un meilleur pronostic et un suivi thérapeutique de qualité pour les patientes. C'est dans cette vision

Objectif D'étudier différents MicroARNs comme biomarqueurs corrélatifs avec les cancers gynéco-mammaires cibles dans la population Marocaine. Etablir un profil moléculaire spécifique des miARNs. Rechercher une étiopathologie virale HBV, EBV, MMTV et HPV dans les cancers du sein et de l'ovaire. Développer par outils nanotechnologiques un nano-biocapteur, à partir des miARNs identifiés.

Méthodologie Echantillonnage: Les prélèvements seront effectués au service de gynécologie-obstétrique du CHU Ibn Rochd de Casablanca des patientes souffrant d'un des cancers gynéco-mammaires cibles (sein, col et ovaire) et des patientes saines (cas témoins). Recherche et identification des MiARNs: Extraction des MiARNs au trizol et à l'aide de kits spécifiques; Synthèse de l'ADNc par Transcription inverse (RT); Amplification de l'ADNc par PCR en temps réel; Etablissement d'un profil moléculaire de chaque MiARN. Développement d'un biocapteur à miARNs.

Résultats

- Identifier et établir un profil moléculaire des MiARNs
- Développer un biocapteur simple, rapide et accessible d'utilisation

Conclusion Ce projet permettra le développement de méthodes rapides et simples utilisables dans divers points de santé décentralisés pour un diagnostic précoce adapté de la maladie, une meilleure prise en charge thérapeutique du patient et d'établir les meilleures stratégies de prévention.

WORK- SHOP

Aitouma, Ahlam

**COORDINATION INFIRMIÈRE AU COURS DU TRAITEMENT DU
PATIENT CANCÉREUX: CAS DE L'INSTITUT NATIONAL D'ONCOLOGIE**

**Free
Communication
of Abstracts 4**

16:00–17:30

Friday

**20 November
2015**

Aitouma, Ahlam
Centre Hospitalier Ibn Sina, Morocco

Correspondance Aitouma, Ahlam
Email: ahlamorim2005@gmail.com

La présente étude se propose de décrire le rôle des infirmiers dans la coordination au cours du traitement des patients cancéreux au niveau de l'Institut National d'Oncologie (INO) Sidi Mohammed Ben Abdellah de Rabat. A partir de là, deux questions de recherche ont été formulées: Quel rôle des infirmiers dans la coordination au cours du traitement des patients cancéreux au niveau de l'Institut National d'Oncologie de Rabat? et quelle perception des patients vis-à-vis du rôle infirmier dans la coordination au cours de leur traitement? Les instruments utilisés sont un questionnaire destiné aux infirmiers et aux psychologues, ainsi qu'un guide d'entretien auprès des patients hospitalisés. Parmi les principaux résultats sont:

- (a) 76% des participants n'ont pas reçu une formation en matière de coordination,
- (b) 27% des interrogés établissent quotidiennement un diagnostic adéquat aux patients,
- (c) 48% des participants communiquent toujours l'information aux patients,
- (d) 59% des participants répondent aux besoins des patients,
- (e) 76% des intervenants réservent toujours du temps pour écouter les patients,
- (f) la majorité des patients confirment que l'information qu'ils reçoivent est insuffisante
- (g) 90% des patients ont déclaré leur insatisfaction en relation avec l'aide apportée par les infirmiers au cours de leurs hospitalisations par rapport à la coordination, l'information, l'écoute et le soutien,
- (h) 90% des patients éprouvent que leur orientation soit assurée par le médecin traitant.

Des recommandations ont été proposées qui sont axées sur les domaines suivants à savoir:

- (a) la formation;
- (b) la pratique;
- (c) la gestion et
- (d) la recherche.

POSTER P008

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Akin-Odanye, Elizabeth Oluwatoyin

BREAST CANCER-RELATED KNOWLEDGE, ATTITUDE AND SCREENING INTENTIONS AMONG FEMALE IN-SCHOOL ADOLESCENTS AND YOUNG ADULTS IN IBADAN

Akin-Odanye, Elizabeth Oluwatoyin*¹; Asuzu, Chioma²; Udaghe, Angela²

¹University College Hospital, Nigeria; ²University of Ibadan, Nigeria

Correspondence Akin-Odanye, Elizabeth Oluwatoyin

Email: toyin_akinodanye@yahoo.co.uk

Objective Breast cancer in female adolescents and young adults (FAYA) are often more aggressive and fatal. Yet there is scarcity of data on the breast cancer related knowledge, attitude and screening intentions of FAYA. This study assessed the breast cancer-related knowledge, attitude and screening intentions of FAYA and the relationship between these variables.

Method Three hundred and twenty-two (322) female adolescents and young adults (FAYA) participated in this cross sectional study. Participants were randomly sampled from amongst female senior secondary school students in Ibadan. A self-designed and validated instrument was used in assessing participants breast cancer-related knowledge ($\alpha = .82$), attitude towards breast related problem ($\alpha = .54$) and breast cancer screening intentions ($\alpha = .77$).

Results Participants had an age range of 15–25 with a mean of 16.12. Majority of the respondents have heard of breast cancer before (73.6%). The most popular source of breast cancer information was the television (45.7%), while the least source was prints (11.5%). Participants' breast cancer-related knowledge was below average, their attitude towards breast related problems was such that would make them seek prompt attention for any breast related problem. However, only (32.6%) agreed that they would allow their breasts to be surgically removed if necessary and only 28.5% would allow a male doctor to examine their breasts. A higher percentage of the respondents have intentions to screen for breast cancer regularly (55.3%) and to seek knowledge about breast cancer (67.1%) when they are older. Also, a significant linear relationships was found between FAYA breast cancer-related knowledge, attitude towards breast related problem and breast cancer screening intention ($p < 0.01$).

Conclusion FAYA should be educated about breast cancer early to enable them make informed decisions later about breast cancer screening as a road map to prevention and early detection of breast cancer.

POSTER P156

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Akinyemiju, Tomi

ADHERENCE TO CANCER PREVENTION GUIDELINES IN SUB-SAHARAN AFRICA VARIES BY COUNTRY AND ACCESS TO HEALTHCARE

Akinyemiju, Tomi

University of Alabama at Birmingham, United States

Correspondence Akinyemiju, Tomi

Email: tomiakin@uab.edu

Objective Cancer prevention guidelines were developed to improve knowledge and adherence to modifiable cancer risk factors, and adherence has been shown to significantly reduce the incidence of cancer. However, studies on the implementation of these guidelines and impact on cancer incidence has largely been focused on North American and European populations. The aim of this study was to examine variations in adherence to the World Cancer Research Fund (WCRF) cancer prevention guidelines across sub-Saharan Africa, and determine the influence of healthcare access.

Method Data from the World Health Study (WHS) was used to assess adherence to WCRF cancer prevention guidelines on alcohol, body mass index, nutrition, physical activity, and smoking. Individual adherence scores ranged from 0 (no guideline met) to 5 (all guidelines met). Health care access was defined based on several components: affordability, availability, accessibility, and accommodation. Predictors of adherence were assessed using survey adjusted multivariable linear regression models, accounting for individual and country level characteristics.

Results Overall, adherence to WCRF guidelines among adults was high for smoking (72%–99%) and alcohol (85%–100%), but low for body weight (1.8%–78%), physical activity (3.4%–84%) and nutrition (1.4%–61%). Overall adherence score ranged from 2.32 in Mali to 3.72 in Comoros. Residing in a high SES household (affordability), visiting a non-governmental healthcare facility (availability), perception of healthcare provider skills as adequate (accommodation), and lack of perception of worse treatment based on social class (acceptability) were each associated with higher levels of adherence to WCRF guidelines.

Conclusion Access to quality healthcare is associated with adherence to cancer prevention guidelines. Comprehensive cancer control strategies must include improved access to healthcare and integration of cancer prevention into primary care.

POSTER P009

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Akpan-Idiok, Paulina

**CAREGIVERS' PERCEPTIONS AND DETERMINANTS OF BURDEN
FROM CAREGIVING TO RELATIVES LIVING WITH ADVANCED CANCER
ATTENDING UNIVERSITY OF CALABAR TEACHING HOSPITAL,
CALABAR, NIGERIA**

Akpan-Idiok, Paulina^{*1}; Anarado, Agnes²

¹University of Calabar, Nigeria; ²University of Nigeria, Nigeria

Correspondence Akpan-Idiok, Paulina

Email: packleyaidiok@yahoo.com

Objective Research has reported that caregiving roles to advanced cancer patients are overly burdensome and affected by the informal caregivers' socio-demographic characteristics. The aims of the research were to investigate the caregivers' burden experiences and burden predictors from caregiving to relatives with advanced cancer attending University of Calabar Teaching Hospital, Calabar, Nigeria.

Method The study utilized a cross-sectional descriptive survey design. Two hundred and ten (210) informal caregivers aging from 18 years and above were purposively selected to provide care to advanced cancer patients. Data were collected using a researcher developed socio-demographic questionnaire and standardized Zarit Burden Interview Scale (ZBIS).

Results Data collected were analysed using descriptive and chi-square statistics with the help of SPSS 18.0 and PAS 19.0 software. The results indicated caregivers' characteristics as follows: mean age (35.9, SD \pm 18.1), female (62.9%), Christian (80.0%), married (39.6) and unemployed (62.9%). Female respondents (51.5%) expressed more distress than the male (37.2%) in their caregiving role ($P \leq 0.05$). Age accounted significantly for the perceived burden ($P \leq 0.01$). Informal caregivers (31–50) years expressed moderate to severe burden more than the older ones (above 50 years of age) in their caregiving role. Caregivers with higher level of education perceived caregiving as less burdensome ($P \leq 0.01$).

Conclusion The provision of evidence-based intervention is necessary to alleviate burden associated with cancer caregiving.

WORK- SHOP

Free
Communication
of Abstracts 5

14:30–15:45

Saturday

21 November
2015

Alaoui-Jamali, Moulay

ADVANCES IN THE DISCOVERY OF TRANSCRIPTIONAL REPROGRAMMING-BASED THERAPEUTICS FOR TRIPLE-NEGATIVE BREAST CANCER

Alaoui-Jamali, Moulay
Faculty of Medicine, McGill University, Canada

Correspondence Alaoui-Jamali, Moulay
Email: moulay.alaoui-jamali@mcgill.ca

Background Breast cancer is a highly heterogeneous disease that encompasses diverse molecular subtypes with distinct clinical manifestations, in particular in relation to metastasis incidence. Although all breast cancer subtypes can progress to metastasis, the basal-like subtype, which represents the majority of triple-negative breast cancers (TNBC), is notorious for its high incidence of metastasis and lacks targeted agents. Non-selective chemotherapy is the cornerstone therapeutics for TNBC but this approach has unpredictable clinical outcome with high rates of recurrence and marginal impact on survival.

Objective We investigated a novel approach aimed at discovery of selective agents capable of targeting TNBC enriched in stem cell and mesenchymal molecular signatures.

Results We isolated a panel of TNBC cell variants (referred to as cancer stem-like cells, SLCCs) from primary and metastatic nodules. The isolated cells express features of stem cells including self-renewal properties and the capacity to recapitulate tumor progression to metastasis at very low cell density, due to their greater plasticity and invasive potential compared to bulky tumor cells. We identified a novel class of small molecules targeting kinases involved in stem cell and epithelial-mesenchymal transition (EMT) signaling. Lead molecules were confirmed to selectively shift TNBC cells from SLCC to non-SLCC phenotype based on profiling of CD44, CD24 and ALDH1 markers, as well as transcriptional changes in genes implicated in the regulation of cell differentiation signaling. As well, these molecules prevented mammosphere formation in vitro and induced anti-metastatic activity across alternative TNBC preclinical models.

Conclusion We identified a novel class of anti-metastasis molecules targeting transcriptional programs of TNBC enriched in stem cell and EMT gene signatures. The translational potential of this experimental approach into clinical applications for TNBC will be discussed.

POSTER P157

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Alatise, Olusegun

IDENTIFYING PATIENTS AT HIGH RISK FOR COLORECTAL POLYPS AND CANCER: A PILOT STUDY OF COLONOSCOPY IN PATIENTS WITH RECTAL BLEEDING IN A LOW-INCOME COUNTRY.

Alatise, Olusegun^{*1}; Bello, Ibrahim¹; Komolafe, Akinwunmi¹; Kingham, Peter²
¹Obafemi Awolowo University, Nigeria; ²Memorial Sloan Kettering Cancer Center, Nigeria

Correspondence Alatise, Olusegun
Email: segunalatishe@gmail.com

Objective The objective of this study was to determine the percentage of patients in a high-risk cohort with rectal bleeding that have pre-malignant colorectal polyps or colorectal cancers. The long-term impact of identifying at risk patients and patients with early stage cancers is a reduction in mortality from colorectal cancer.

Method This was a prospective cross sectional study involving 100 consecutive patients age 45 years and above with rectal bleeding who underwent colonoscopy at the endoscopy unit of Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC), Ile-Ife, Osun State, Nigeria from January 2014 to December 2014.

Results The median age of the patients was 58.5 years (Range 45–95 years). There were 58 (58.0%) males. Median duration of rectal bleeding was 6 months (Range was 0.25–360 months). The majority (84%) of patients were evaluated by a medical doctor because of their symptoms. On colonoscopy, 30% had diverticulosis, 21% had colonic polyps, while 20% had colorectal cancer. Of the patients with CRC, 80% were stage 2 or 3 disease. The c-index of the predictive model drawn to assess the predictability of the symptoms for colorectal polyps and CRC was 0.710 and 0.895 respectively. Multivariate multinomial logistic regression analysis of factors associated with cancer and polyps showed weight loss and pellet like stool to significantly relate to CRC [(odds ratio 32.30; 95% CI 3.39, 268.35; $p=0.0010$) [(odds ratio 5.66; 95% CI 1.30, 24.72; $p=0.021$) respectively]. However, constipation significantly related to the occurrence of colonic polyps [(odds ratio 8.5; 95% CI 1.24, 58.14; $p=0.029$).

Conclusion This study revealed that symptoms based risk stratification may be able to identify over 40% of patients with either CRC or at risk of CRC in low income setting. Currently, these data are being validated in a multi-center study.

POSTER P010

**General Poster
Display**
Thursday &
Friday
19 & 20
November
2015

Aldea, Marta

HEALTH INEQUITIES IN GYNECOLOGICAL CANCER CARE: SITUATION IN AFRICA

Aldea, Marta^{*1}; Bruni, Laia¹; Castellsagué, Xavier¹; Bosch, Francesc Xavier¹;
De Sanjose, Silvia¹; Denny, Lynette²

¹Catalan Institute of Oncology (ICO) – Idibell, Spain; ²University of Cape Town
& Figo Gynaecology Oncology Committee, South Africa

Correspondence Aldea, Marta

Email: maldea@iconcologia.net

Objective More than 260 000 new cases of gynecological cancer are estimated to be diagnosed every year in Africa, which represents an age-standardised incidence of 72.2 cases per 100 000 women, and almost the 10% of all gynecological cancers diagnosed worldwide. 13.8% of deaths caused by gynecological cancer occur in Africa. Regarding cervical cancer, almost 19% of new cases and 23% of deaths happen in Africa. However, gynecological cancers are not high on the public health agenda in African countries. The aim of this project, promoted by FIGO, is to evaluate the resources available in institutions attending gynaecological cancer patients, to gather systematic information on its diagnosis, treatment, palliation and follow up.

Method We are conducting a survey on the availability, use and impact of cancer care facilities and resources for gynecological cancer care worldwide, with special focus on low and middle income countries (LMICs). A web-based internet questionnaire with 158 questions on services related to cancer prevention, control and clinical management was sent to all institutions and societies affiliated to FIGO. A pilot study was conducted between March and April 2014, and the study is currently underway.

Results To date, the questionnaire has been sent to 141 FIGO affiliated institutions (16 in Africa), and to more than 110 national gynaecology societies (24 in Africa). We have received 49 complete responses, 8 of them from African institutions. Partial results of African countries will be shown on AORTIC Conference.

Conclusion There is an urgent need for health ministries of LMICs to pay attention to the impact of gynaecological cancers on society and to address the needs for access to diagnosis, treatment and palliative care. The information obtained through the survey will reveal the degree of health inequity, particularly in LMICs, and will be a powerful advocacy tool that will enable to design policies and to allocate resources to address the issues.

POSTER P011

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Ali, Zipporah

WHO ARE THESE GOOD PEOPLE, WHO EVEN TALK TO ME ABOUT MY PROPERTY?

Ali, Zipporah

Kenya Hospices and Palliative Care Association, Kenya

Correspondence Ali, Zipporah

Email: zippy@kehPCA.org

Objective Empowering a community to support cancer patients among it brings a sense of responsibility, love and care in the community. More often it is assumed that this is an automatic gesture. With the hardships of a fast moving world and a dwindling economy, communities are finding it hard to support their own. Under the programme to advocate for the legal rights of palliative care patients, Kenya Hospices and Palliative Care Association (KEHPCA) is now working with communities to empower them to support cancer patients at home; address their special legal needs and improve their quality of life.

Method Through educating palliative care providers; volunteers, legal and paralegal volunteers to be able to support patients and their families to understand their legal rights and demand for them. These include the right to write a will; request for pain medication; appoint their power of attorney among others

Results Patients feel cared for and empowered to demand for their rights as well as make informed decisions about their present and future. A case of Mr X. a widower with 5 sons and one daughter, with cancer of the oesophagus, was a hospice patient. In the process of counselling the hospice learned that he had not written a will nor divided his properties among the heirs. He was booked for the legal aid clinic, where he sat with a lawyer offering pro bono services and legal aid to hospice patients. Following the session with the lawyer, Mr. John convened a family meeting, wrote a will, gave power of attorney to one of the sons in agreement with others and planned for the subdivision of his land. He divided all his properties and handed over documents to the sons and daughter. He recently reported how he has been helped by the legal aid clinic and is now at peace with self, children and God. He is a happy man now and openly says if he dies, he will not leave behind conflict in his family. He is also very happy that his pain has been addressed.

POSTER P012

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Aluko, Joel Ojo

AWARENESS, KNOWLEDGE AND PRACTICES OF BREAST CANCER SCREENING MEASURES AMONG FEMALE POSTGRADUATE STUDENTS OF A NIGERIAN FEDERAL UNIVERSITY: A CROSS-SECTIONAL STUDY

Aluko, Joel Ojo*¹; Ojelade, Mary Funmilayo²; Sowunmi, Christiana O³
Oluwatosin, O Abimbola¹

¹University of Ibadan, Nigeria; ²Lagos State Orthopaedic Hospital, Nigeria;

³Babcock University, Nigeria

Correspondence Aluko, Joel Ojo

Email: joelforfavour@hotmail.com

Objective Globally, 375,000 die yearly out of over a million new cases of breast cancer that are reported. Recently, the burden of the disease has been on the increase in Nigeria and in most cases present in hospitals late when cure becomes elusive. The postgraduate students were chosen for this study as a result of their potential to impact positively on the rest of the population by the virtue of their present or future positions. This formed the basis for this study.

Method This cross-sectional descriptive study recruited 278 female postgraduate students of the University of Ibadan, Nigeria purposively. Data were collected with the aid of a validated structured questionnaire. Both descriptive and inferential statistics were used for data analysis with the aid of Statistical Package of Social Sciences (SPSS) version 16. Ethical clearance for study was obtained from the University of Ibadan/University College Hospital (UI/UCH) Ethical Committee prior to data collection. Written informed consent was obtained from each respondent.

Results The students' mean age was 27 years \pm 5.1 Std. Most of the postgraduate students were aware of the breast self examination (BSE), clinical breast examination (CBE) and mammography through health workers. Out of 159 respondents that claimed to be practicing BSE, 118 (58.4%) used to practice it occasionally. Out of 53 postgraduate students that had CBE done, 7.4% had CBE done by nurse/midwives. Among the students, 11.4% had good knowledge of BSE, while 33.7% had good knowledge of breast cancer risk factors. Besides, the higher the level of knowledge of breast cancer, the more the possibility of BSE practice among the postgraduate students (Chi-square = 15.169, df = 4, P-value = 0.004).

Conclusion In view of the above findings, it was recommended that the postgraduate students should be equipped with relevant knowledge of breast cancer prevention through available media and campaign programmes.

POSTER P158

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Amadori, Dino

DISEASE PREVALENCE, TUMOUR STAGE, AND RESULTS OF TESTING IN THE PILOT PHASE OF A SERVICE FOR CERVICAL CANCER SCREENING AND DIAGNOSIS IN NORTHERN TANZANIA

Amadori, Dino*¹; Serra, Patrizia¹; Kiyesi, Lucas Faustine²; Bucchi, Lauro¹; Nanni, Oriana¹; Kahima, Jackson²; Solinas, Laura¹; Sued, Austin Hillary²; Botteghi, Matteo³; Masalu, Nestory²

¹IRST-IRCCS, Italy; ²Bugando Medical Center, Tanzania; ³Marche University, Italy

Correspondence Amadori, Dino

Email: dino.amadori@irst.emr.it

Background We carried out a pilot phase for cervical cancer screening in the Mwanza and Mara Regions (Tanzania), reporting on the diagnostic performance of procedure and on the association between demographic, socioeconomic and health-related characteristics of attending women and their probability of being diagnosed with high-grade cervical disease and invasive cervical carcinoma.

Method The programme was launched in 2012. Women (15–64 years) performed visual inspection of the cervix with acetic acid (VIA) and Pap smear. VIA positive patients who were ineligible for immediate cryotherapy were invited to the Bugando Medical Centre (BMC) for colposcopy.

Results We evaluated data from the first consecutive 2,500 women. Women with a clinically overt cervical cancer and with missing data were excluded. 2,342 women (median age 38 yrs) were eligible. We reported 572 (24.4%) subjects with previous diagnosis of sexually transmitted diseases and 192 (6.6%) HIV-positive subjects. Women with VIA findings suggestive of high-grade cervical disease and carcinoma were 7.3%, with positive predictive value of 64.7% and detection rate of 47.0%. The corresponding figures of the Pap smear were 6.1%, 59.2%, and 35.9%. In multivariate analysis, factors independently associated with disease prevalence included district of residence, untreated sexually transmitted diseases, parity and negative HIV test. Invasive versus a pre-invasive disease probability varied significantly between districts, and was lower in HIV-positive women and in women practicing breast self-examination – the latter being the strongest determinant.

Conclusion VIA performance compared well with Pap smear. The inverse association between breast self-examination and the probability to have an invasive versus a pre-invasive disease is probably due to a previous spontaneous cervical screening practice and confirms the potential value of cancer awareness and education for sub-Saharan women.

WORK- SHOP

**Oncology
Nursing (2)**

16:00–17:30

**Wednesday
20 November
2015**

Amagueroude, Fatima-Ezzahra

**L'INFORMATION COMMUNIQUÉE PAR LE PERSONNEL INFIRMIER
AUX FUTURES FEMMES MASTÉCTOMISÉES AU NIVEAU DU PÔLE
GYNÉCO-MAMMAIRE**

Amagueroude, Fatima-Ezzahra
Chis Rabat Institut National d'Oncologie, Morocco

Correspondance Amagueroude, Fatima-Ezzahra
Email: sun-1-shine@live.fr

L'information du patient sur la maladie, traitements, et le déroulement des examens fait partie intégrante de la prise en charge. Le but de ce travail est décrire l'information communiquée par le personnel infirmier aux futures femmes mastéctomisées et aussi faire une proposition d'un document éducatif.

LUNCH SESSION

**Cultural Issues
in Cancer
Prevention &
Management**
13:15–14:15
Wednesday
18 November
2015

Anarado, Agnes

**EXPERIENCES WITH CLIENTS AROUND CULTURAL ISSUES IN CANCER
PREVENTION AND MANAGEMENT**

Anarado, Agnes

University of Nigeria Nsukka, Enugu Campus, Nigeria

Correspondence Anarado, Agnes

Email: agnes.anarado@unn.edu.ng

Nigeria, the most populous nation in Africa, has as at July 1st 2014, a population of 178,519, 000. Similar to most other countries of the world, Nigeria over the years is experiencing an increasing prevalence of non-communicable diseases such as cancer. With an annual estimate of 250,000 new cases, cancer is an emerging health problem of the future Nigerian population. The devastating effects of the disease will overwhelm the nation in due course if decisive actions are not taken now to forestall the trend. As individuals, families and communities grapple through life threatening or limiting conditions as cancer; issues of culture come into focus. Cultural variables have been linked to human interaction with the environment across all areas of health and illness. Cultural beliefs, values and practices of a people affect their health positively or negatively, and their health seeking behaviours. Many cultural practices have helped to perpetuate and fuel the spread of certain diseases and health problems in Nigeria, while others promoted and or could be harnessed to enhance the health of the people. In this presentation, the writer shares nursing perspectives of her experiences while living and working among the Igbo ethnic group of Nigeria residing across the River Niger, particularly persons living with cancer. Some of the observed cultural beliefs, values, traditions and practices /behaviours could prevent, promote or limit the prevalence of cancers. The paper proposed that, for the African Organisation for Research and Training in Cancer (AORTIC) to achieve the goals of the Cancer Plan for African Continent 2013 to 2017, the planned actions must rest on a tripod base of culture sensitivity, competency and congruent care. Recommended approaches to address cultural issues include: appreciation, accommodation, negotiation, collaboration, integration and explanation.

WORK- SHOP

Free
Communication
of Abstracts 4
16:00–17:30
Friday
20 November
2015

Anarado, Agnes

EFFECT OF A SUPPORTIVE-EDUCATIVE NURSING INTERVENTION ON WOMEN'S SELF-CARE WHILE RECEIVING OUTPATIENT BREAST CANCER CHEMOTHERAPY IN TWO TERTIARY HOSPITALS IN SOUTH-EASTERN NIGERIA

Anarado, Agnes^{*1}; Ofi, Bola²

¹University of Nigeria, Enugu Campus, Nigeria; ²University of Ibadan, Nigeria;

Correspondence Anarado, Agnes

Email: agnes.anarado@unn.edu.ng

Objective Evaluate the effect of a supportive-educative nursing therapy (SENT) on self-care of women on outpatient breast cancer chemotherapy in two teaching hospitals in Southeastern Nigeria.

Method Quasi-experimental pre/post design, with cluster randomization of the selected hospitals to treatment and control groups. Prospectively, 58 and 31 eligible subjects were recruited into the treatment and control groups respectively over a period of 18 months. Both groups received routine clinic care, treatment group also received weekly SENT over the six primary courses of chemotherapy. Researchers' developed self-care inventory scales (SCIS) self-report was used to measure self-care pre and post intervention. Study/chemotherapy drop-outs were monitored. Data analysis used non-parametric statistical tests at alpha $p \leq .05$. Clinically significant mean scores is >2.5 .

Results At baseline, no significant differences exist between the groups' characteristics and self-care ($p > .05$). Post intervention, the treatment group reported clinical significant mean scores (>2.5) in all 13 items of the acquired self care knowledge and skills subscale, while the control had a clinical significant mean score in only one item. Statistical significant mean difference ($p = 0.000$) exists between the groups. In the exercise of self care actions' subscale, treatment group had clinical significant mean scores (>2.5), in 15, while the control group had in five of the 19 items, with a significant mean difference between the groups ($p = 0.000$). The control group had significantly ($p = .002$) higher overall study drop-outs, with more chemotherapy non-adherents (45.2%) than the treatment group (19%). Financial constraint was a major hindrance to treatment adherence in both groups.

Conclusion SENT enhanced subjects' self-care and adherence to chemotherapy. Implementation of SENT and shared economic cost of cancer therapy might enhance chemotherapy self-care and adherence in low resource settings.

POSTER P015

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Anley, Mesfin

IMPROVE THE CANCER SERVICES TO REDUCE THE WETTING TIME OF CHEMOTHERAPY AND RADIOTHERAPY

Anley, Mesfin
Addis Ababa University, Ethiopia

Correspondence Anley, Mesfin
Email: mesfin.anley@gmail.com

Objective to improve service delivery and reduce patient delays for Radiation therapy, Chemotherapy and blood transfusions.

Background Tikur Anbessa Specialized Hospital (TASH) Radiation therapy Centre, located in Addis Ababa, is the only cancer centre for Ethiopian's population of 90 million. Patients are referred from nine regions and two administrative cities; and significant numbers are transfer from TASH to RTC for treatment. Additionally some patients come from neighbouring countries, like Djibouti and Somalia. The number of patients seen is increasing about 14% a year. In 2013 the wait time for a new patient appointment was up to 8 months; for radiation therapy (RT) 6 months; for chemotherapy (CT) 5 months. These delays contribute to poor patients out comes.

Method We determine the wait time for various services from 2013, did a root cause analysis, and made improvements in staffing, training, and facilities based on our findings. Reason for long waits included insufficient numbers of physicians and nurses, and chemotherapy administration and blood transfusions; we divide a single large exam room into; we initiate a medical oncology residency program; completed repairs to radiotherapy machine; and trained an additional radiotherapist.

Results We increased the number of patients seen and treated from the fourth quarter of 2013 to the first quarter of 2014 as follows. For CT from 1,035 to 1,269; for RT from 2,760 to 3,294 and reduced wait times approximately 50% for each service.

Conclusion by systematically analyzing the cause and working to address improvements to facilities and staffing, we were able to significantly reduce and wait time, and increase number of patients treated. This will helpfully lead to improved patient outcomes.

POSTER P159

Aouras, Hayette

L' INCIDENCE DU CANCER DU SEIN CHEZ LA FEMME DANS LA WILAYA D'ANNABA

**General Poster
Display**

Saturday &
Sunday
21 & 22
November
2015

Aouras, Hayette*; Bouzbid, Sabiha
Faculty of Medicine Annaba, Algeria

Correspondance Aouras, Hayette
Email: haouras23@yahoo.fr

Objectif Déterminer l'incidence du cancer du sein chez la femme dans la wilaya d'Annaba au cours de la période 2004–2010; Décrire les caractéristiques épidémiologiques et histologique de ce cancer.

Matériel et méthode Il s'agit d'une étude à recueil rétrospectif à partir du registre du cancer d'Annaba concernant tous les cas de cancer du sein primitif et invasif survenus dans la population de femmes de la wilaya d'Annaba entre 2004 et 2010. Les variables étudiées ont été établies selon la recommandation du Centre International de Recherche sur le Cancer (CIRC). Quand au codage, du site et de la morphologie, utilisé est celui de la Classification Internationale des Maladies pour l'Oncologie 3e édition (CIM-O-3) ainsi les codes C50.0 à C50.9 ont été retenus.

Résultats 846 cas de cancers primitifs du sein ont été recensés durant la période d'étude avec un taux de vérification microscopique de 95%. L'incidence du cancer à Annaba depuis 2004 se situe autour de 43,7 cas/105 femmes avec un taux assez élevé pour l'année 2010. Ce résultat est concordant avec plusieurs données d'autres registres d'Afrique du Nord, tel que le registre de Gharbia en Egypte(2003–2006) avec un Taux Standardisé sur l'Age de 45,5 cas /105F et le registre de Tunisie.

Conclusion Les caractéristiques du cancer du sein dans la Wilaya d' Annaba ne diffèrent pas notablement de celles des pays de l'Afrique du Nord. Il est important d'améliorer l'enregistrement des variables relatives au stade de diagnostic au niveau du registre. Ces données permettront de mesurer l'impact des actions entreprises dans la lutte contre le cancer du sein (sensibilisation, dépistage, etc) et de faire des comparaisons avec d'autres registres dans un but de recherche.

POSTER P160

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Armando, António

THE EPIDEMIOLOGY PROFILE OF CANCER IN ANGOLA

Armando, António*; Miguel, Fernando; Alves, Paulo
Instituto Angolano de Controlo do Câncer, Angola

Correspondence Armando, António
Email: armandocno@yahoo.com.br

Introduction Knowledge of the epidemiological profile of cancer is a key step in planning national cancer policy

Objective The main objective of this study was to characterize the epidemiological profile of cancer in Angola based on cases of cancer registered at the Instituto Angolano de Controlo do Câncer (IACC), the only Angolan Center to specialize in cancer treatment diagnosis and prevention.

Method The study consisted of a cross-sectional historical review of cases treated at the NOC between 2012 and 2014. The following variables were analysed: tumour location, diagnostic basis, and source of referral, as well as patient age, sex, place of residence, and the stage of the disease. The IACC registered a total of 3192 patients throughout the study period, at an annual average of 1064 cases. The most commonly diagnosed cancers were breast (23%), cervical (17%), and skin (9%), followed prostate cancer (6%), lymphoma (4%) and stomach (3%). A total of 78,7% of patients were under 60 years old, and 7,3% were less than 15 years old. Of the total number of patients with cancer treated at the IACC, 64% lived in the Luanda province. Staging of the tumor showed that most of these individuals were in advanced stages of the disease.

Conclusion In the absence of a Population Based Cancer Registry in Angola, this analysis constitutes a reasonable assessment of the epidemiological profile of cancer in Angola.

POSTER MP010

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Arrad, Anas

CANCER BRONCHIQUE CHEZ LA FEMME

Arrad, Anas*; Ait Batahar, Salma; Serhane, Hind; Sajjai, Hafsa;
Amro, Lamyae
Service Pneumologie, Hôpital Arrazi, Labo PCIM, CHU Mohamed VI, FMPM,
UCA, Marrakech, Morocco

Correspondance Arrad, Anas
Email: anas.arrad@gmail.com

Introduction A risque tabagique équivalent, les femmes présentent un risque plus élevé de cancer broncho pulmonaire que l'homme. A côté du tabagisme, d'autres facteurs semblent liés au cancer bronchique chez la femme puisque 30% des femmes avec cancer bronchique sont non fumeuse. But du travail: Evaluer le profil épidémiologique, clinique et histologique du cancer bronchique chez la femme.

Patients et méthode Etude rétrospective incluant les patientes porteuses d'un cancer bronchique confirmé suivi au service de pneumologie du CHU Mohammed VI de Marrakech entre janvier 2010 et décembre 2014.

Résultats 14 cas ont été colligé dans l'étude. La moyenne d'âge de nos patientes était de 54,2 ans. Le signe révélateur principal de la maladie était la toux dans 71,4% des cas (10 cas). La radiographie thoracique standard a montré un trouble ventilatoire dans 6 cas (42,8%), une opacité hilare dans 6 cas (42,8%) et une opacité alvéolaire dans 2 cas (14,4%), une pleurésie associée dans 3 cas (21,4%). La confirmation histologique était obtenue chez 10 cas (71,4%) par biopsie bronchique, 2 cas par biopsie pleurale (14,4%), 1 cas par biopsie ganglionnaire (7,1%) et un cas par ponction biopsie transpariétale (7,1%). L'adénocarcinome était retrouvé chez 9 cas (64,3%), un carcinome épidermoïde chez 4 cas (28,6%) et carcinome à petites cellules chez un cas (7,14%).

Conclusion Il ressort de l'étude que le cancer bronchopulmonaire chez la femme dans notre contexte survient le plus souvent chez des patientes non fumeuse et le plus souvent de type adénocarcinome.

POSTER MP011

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Arrad, Anas

CANCER BRONCHIQUE CHEZ LE NON FUMEUR

Arrad, Anas*; Fikri, Ossama; Sajjai, Hafsa; Ait Batahar, Salma; Serhane, Hind; Amro, Lamyae
Service Pneumologie, Hôpital Arrazi, Labo PCIM, CHU Mohamed VI, FMPM, UCA, Marrakech, Morocco

Correspondence Arrad, Anas
Email: anas.arrad@gmail.com

Introduction Les patients non-fumeurs représentent environ 15% des patients atteints d'un cancer bronchique non à petites cellules, il est plus fréquent chez les femmes, le type histologique le plus fréquent est l'adénocarcinome. But du travail: Evaluer le profil épidémiologique, clinique et histologique du cancer bronchique du non fumeurs.

Patients et méthode Etude rétrospective incluant les patients non fumeurs porteurs d'un cancer bronchique confirmé suivi au service de pneumologie du CHU Mohammed VI de Marrakech entre janvier 2010 et décembre 2014.

Résultats 17 cas ont été colligé dans l'étude dont 64,7% de femme (11 cas) et 35,3% d'homme (6 cas). La moyenne d'âge de nos patients était de 53,4 ans avec des extrêmes de 28 et 73 ans. Le signe révélateur principal de la maladie était la toux dans 70,6% des cas (12 cas). La radiographie thoracique standard a montré un trouble ventilatoire dans 8 cas (47,1%), une opacité hilare dans 6 cas (35,3%) et une opacité alvéolaire dans 3 cas (17,6%), une pleurésie était associée dans 3 cas (17,6%). La confirmation histologique était obtenue chez 12 cas (70,6%) par biopsie bronchique, 2 cas par biopsie pleurale (11,7%), 2 cas par biopsie ganglionnaire (11,7%) et un cas par ponction biopsie transpariétale. L'adénocarcinome était retrouvé chez 12 cas (70,6%), un carcinome épidermoïde chez 4 cas (23,5%) et carcinome à petites cellules chez un cas (5,9%).

Conclusion Le cancer bronchique chez le non fumeur semble plus fréquent chez la femme et le plus souvent de type adénocarcinome.

WORK- SHOP

Ashktorab, Hassan

COLORECTAL CANCER: AFRICAN AMERICANS VERSUS NATIVE AFRICANS

**Free
Communication
of Abstracts 4**

16:00–17:30

Friday

**20 November
2015**

Ashktorab, Hassan^{*1}; Ihuoma, Nwogu¹; Irabor, D²; Brim, Hassan¹

¹Howard University, United States; ²Ibadan University, Nigeria

Correspondence Ashktorab, Hassan
Email: hashktorab@howard.edu

Background African Americans (AA) have a higher incidence of colorectal cancer (CRC) than the general US population. There is also a noticeable trend of increasing rates of CRC in Native Africans (NAs). Therefore, we analysed the features of CRC in both populations.

Method Data from CRC patients from University College Hospital, Ibadan, Nigeria and from Howard University Hospital, Washington, DC, were analysed. We also performed targeted sequencing to identify driver genes of CRC in patients of African descent.

Results 1753 AAs and 266 NAs CRC patients were included. NAs patients were more likely to be males (53.0% vs. 44.1%; $P < 0.001$) and younger [mean age (SD): 48.7 (15.1) vs. 65.5 (12.9); $P < 0.001$]. Most tumors (35.8%) in the AAs were located in the descending colon while most were rectosigmoid (71.4%) in NAs. CRC detection increased from 3.4% to 17.7% in 10 years in NAs in contrast to AAs (15.2% in 1995 to 7.0% in 2004). Exome sequencing revealed 212 deleterious variants in adenoma, 760 in advanced adenoma, and 2624 variants in tumors. Novel variants (1591 and 1363) were found in MMR genes (MSH6 and MSH3) and APC gene, respectively.

Conclusion The increased incidence of CRC in NAs might point to an increased access to healthcare, and CRC screening or to a real increase with an etiological basis in NAs' changes in lifestyle. The African population gets CRC at a much younger age, and different location pointing to environmental and/or genetic/epigenetic factors underlying these differences. Our findings of novel mutations in AAs will be very instrumental in understanding the new trends of colon carcinogenesis in patients of Africa and African descent.

POSTER MP012

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Asma, Hamri

**CANCER GASTRIQUE: EXPERIENCE DU SERVICE DE CHIRURGIE
GENERALE, CHU MOHAMED VI MARRAKECH**

Asma, Hamri*; Hicham, Kachkach; Youssef, Narjis; Khalid, Rabbani;
Abdelouahed, Louzi; Ridouan, Benelkhaïat; Bennasser, Finech
Chirurgie Generale, Morocco

Correspondance Asma, Hamri
Email: hamri.asma@hotmail.fr

Le cancer gastrique est dominé par l'adénocarcinome. Il demeure fréquent, grave et pose un problème de prise en charge thérapeutique. A travers une étude rétrospective de 150 cas colligés entre janvier 2009 et décembre 2014 nous essayons de soulever les difficultés de prise en charge de ce cancer. Il s'agit de 39 femmes et 111 hommes d'âge moyen de 56.13 ans avec des extrêmes allant de 29ans à 83ans. La symptomatologie est dominée par les épigastralgies dans 123 cas (82%) et l'hémorragie digestive dans 39 cas (26%). Le diagnostic positif est confirmé par la fibroscopie avec biopsie chez tous nos malades. La tumeur siégeait au niveau de l'antropyllore dans 46.6% des cas, au niveau fundique dans 20% des cas, au niveau de la petite courbure dans 17,3% des cas et de localisation diffuse dans 14,6% des cas. L'étude histopathologique des biopsies est en faveur d'adénocarcinome chez 90,7% des malades. Le bilan d'extension reposait sur le scanner abdominal, réalisait dans 100% des cas et a objectivé un épaississement gastrique dans 87% des cas, infiltration de la graisse de voisinage dans 40%, métastases hépatiques dans 25,2% des cas; carcinose péritonéale chez 13,3% des malades et métastases vertébrales dans un cas. La radiographie thoracique est faite chez tous nos malades objectivant des métastases pulmonaires dans 2 cas. 5% des malades ont reçu une chimiothérapie préopératoire (essai Magic). Le traitement chirurgical a été réalisé chez 138 malades. Il était curatif chez 68 malades, soit 49,2% et palliatif dans 55% des cas. Une abstention thérapeutique dans 3% des cas. La mortalité opératoire est de 2,17%. L'étude anatomopathologique des pièces opératoires objectivait: un stade I chez 16 malades (11.6%). un stade II chez 25 malades et un stade III chez 27 malades(19,5%). Le traitement adjuvant est indiqué après réunion de concertation pluridisciplinaire pour les stades II et III. La surveillance post-opératoire était indispensable. La récurrence était de 10%.

WORK- SHOP

Asuzu, Chioma

SUPPORTIVE SERVICES FOR CHILDREN AND FAMILIES WHEN A PARENT HAS CANCER

PsychoOncology:

**Children of
Parents with
Cancer (1)**

14:30–15:45

Thursday

**19 November
2015**

Asuzu, Chioma^{*1}; Lazenby, Mark²; Odiyo, Phillip³

¹University of Ibadan, Nigeria; ²Yale University, United States; ³Faraja Cancer Centre, Kenya

Correspondance Asuzu, Chioma

Email: chomasuzu20@yahoo.com

Knowing the death of a parent is imminent could place a great demand on the coping capabilities of children. While it is not uncommon to have psychosocial interventions for parents having children with childhood cancer, it is not a well grounded practice to have psychosocial interventions for children whose parents have cancer. Also, the offering of psychosocial support services for adult cancer patients/survivors is well documented. However not much is known about the availability and utilization of psychosocial support services for and by children and family members when a parent or parent-figure has cancer. This paper provides an overview of psychosocial support services available to children and families when a parent has cancer and that can be adapted across different contexts where such services are being provided. This review includes the concept, types, theories, effectiveness and barriers to assessing supportive services among the target population. An internet search of studies and reviews focusing on the psychosocial support services for children and families when a parent has cancer are the major source of information in this presentation.

POSTER P016

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Asuzu, Chioma

ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE OF PSYCHOSOCIAL CARE FOR CANCER PATIENTS AMONG DOCTORS AND NURSES IN SELECTED HOSPITALS IN IBADAN

Asuzu, Chioma*; Akin-Odanye, Elizabeth; Fawole, Omowumi
University of Ibadan, Nigeria

Correspondence Asuzu, Chioma
Email: chomasuzu20@yahoo.com

Background/Objective Caring for dying patients in an acute hospital setting has been identified as being particularly stressful and challenging for medical staff. Based on these challenges, there is need for continuous empirical assessment of psychosocial care for cancer patients. This study therefore examined the knowledge, attitude and practice of psycho-social care for cancer patients among doctors and nurses in selected hospitals within Ibadan metropolis.

Method Descriptive research design of an ex post facto type was adopted for the study. The study was carried out among nurses and doctors within the oncology departments and nursing units of the University College Hospital and Adeoyo Hospital in Ibadan. Purposive sampling was used in selecting a sample size of 297 participants from the selected hospitals used in the study. A self-developed and validated questionnaire was utilized in eliciting relevant information relating to the knowledge ($\alpha=.78$), attitude ($\alpha=.64$) and practice of psychosocial care ($\alpha=.50$) among the participants of the study. Three research questions and four hypotheses were formulated and analysed using frequency counts and percentages, Pearson's correlation and t-test.

Results Results showed that while 236 (79.5%) of the respondents indicated good knowledge of psychosocial care in oncology, 244 (82.2%) indicated positive attitude towards psychosocial care of oncology patients, only 170 (57.2%) indicated practicing psychosocial care. A significant linear relationship exists between respondents' knowledge, attitude and practice of psycho-social oncology care ($p<0.01$). Furthermore, there was a significant difference between nurses and physicians in the knowledge and practice of psycho-social oncology care ($p<0.05$). There was however no significant difference between nurses and physicians in the attitude towards psycho-social oncology care.

Conclusion It was recommended that clinicians should be better equipped to address the psychosocial.

WORK- SHOP

Free
Communication
of Abstracts 3
14:30–15:45
Friday
20 November
2015

Atassi, Mariam

ETUDE DES FACTEURS DE RISQUE PROFESSIONNELS LIES AU CANCER CHEZ LES TRAVAILLEURS EN BATIMENT ET TRAVAUX PUBLICS AU MAROC

Atassi, Mariam^{*1}; Nejari, Chakib¹; Charaka, Hafida¹; Diarra, Abdoulsalam¹; Zidouh, Ahmed²; Bennani, Maria²; El Rhazi, Karima¹

¹Faculté de Médecine et de Pharmacie de Fès, Morocco; ²Fondation Lalla Salma Prévention et Traitement des Cancers, Morocco

Correspondance Atassi, Mariam

Email: mariammarocfes@hotmail.com

Objectif Les travailleurs en bâtiment et travaux publics (BTP) sont exposés à des facteurs professionnels cancérigènes. L'objectif de cette étude était d'estimer la prévalence d'exposition aux principaux facteurs de risque professionnels liés aux cancers chez les travailleurs en bâtiment et travaux publics au Maroc.

Méthode Il s'agit d'une étude transversale réalisée en 2008 dans la ville de Fès. Les données sociodémographiques, professionnelles (description du poste et des conditions de travail), les mesures de protection, les expositions cancérigènes non professionnelles, les antécédents de cancers personnels et familiaux étaient recueillis. La classification du risque cancérigène était faite en se basant sur la monographie du centre international de la recherche sur le cancer.

Résultats Au total, 303 sujets étaient inclus. La moyenne d'âge était de $31,24 \pm 10,77$ ans [15-61]. 8,3% travaillaient sur des chantiers de travaux publics, 76,5% sur des grands bâtiments et 15,2% dans des maisons ou villas. La durée moyenne d'occupation du poste était de $10,5 \pm 9,8$ ans, la moyenne d'heures travaillées par jour était de $8,43 \pm 0,60$ heure [5–10 heures] et la moyenne de journées de travail par semaine était de $6,03 \pm 0,20$ [5–7]. L'exposition aux facteurs cancérigènes était représentée principalement par la poussière de bois (Groupe 1) (11,3%) suivie de la peinture (Groupe 1 et 3) (9,7%) et l'essence (Groupe 2A, 2B et 3) (2%). En plus de l'exposition professionnelle, 33,9% étaient des fumeurs actuels et 5,6% des sujets avaient des antécédents familiaux de cancer. L'utilisation des moyens de protection était très faible et ne dépassait pas 30%.

Conclusion L'exposition à des facteurs cancérigènes dans le secteur BTP au Maroc soulève la nécessité de la mise en place d'interventions préventives de sensibilisation au sein des travailleurs et l'importance de la restructuration de ce secteur encore informel.

POSTER MP013

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Atassi, Mariam

CARACTÉRISATION DE L'EXPOSITION DES AGRICULTEURS AUX PRODUITS CHIMIQUES CANCÉRIGÈNES AU NIVEAU DE LA RÉGION DE MEKNÈS (MAROC)

Atassi, Mariam*¹; Berni, Imane²; Nejari, Chakib¹; Zidouh, Ahmed³; El Jaafari, Samir²; El Rhazi, Karima¹

¹Lab. d'Epidémiologie, Recherche Clinique et Santé Communautaire, Faculté de Médecine et de Pharmacie, Univ. Sidi Mohamed Ben Abdelah, Morocco; ²Lab. Interactions Cellules – Environnement, Faculté des Sciences, Univ. Moulay Ismail, Meknès; ³Fond. Lalla Salma Prévention et Traitement des Cancers, Morocco

Correspondance Atassi, Mariam | Email: mariammarocfes@hotmail.com

Objectif L'utilisation des pesticides par les agriculteurs dans les communes rurales de Meknès est devenue systématique afin d'optimiser le rendement des cultures maraîchères et arboricoles. L'objectif de cette étude est d'évaluer les risques sur la santé humaine et sur l'environnement des pratiques phytosanitaires des agriculteurs ruraux de la région de Meknès.

Méthode L'étude s'est basée sur un questionnaire transversal traité auprès des 402 foyers d'agriculteurs dans 15 communes rurales.

Résultats L'enquête a révélé que 74 préparations commerciales sont utilisées, dont 14 insecticides, 23 fongicides, 26 herbicides, 3 insecticide-acaricide et 1 nématicide. Les plus fréquemment utilisés sont les formulations de lambdacyhalothrine, de chlorothalonil, de mancozèbe et de deltaméthrine. La majorité des producteurs utilise des pyréthrinoides, des organophosphorés, des organochlorés et des carbamates. Parmi ceux-ci, peu de substances classées groupe 1, 2A ou 2B dans la monographie de CIRC. Parmi ces agriculteurs utilisant les produits cancérigènes 47.3% sont déjà exposés au tabac, et très peu de ces producteurs se confrontent aux règles d'hygiène pendant le traitement phytosanitaires, seuls 6.3% portaient des gants imperméables et 2.5% ont utilisé des lunettes de protection. Tous les producteurs ont reconnu les dangers que peuvent poser les pesticides pour la santé humaine. La plupart ont rapporté qu'ils ont des irritations de la peau après l'application des pesticides, un rhume, des bouffées de chaleur ou des vertiges.

Conclusion Les agriculteurs maraîchers et arboriculteurs utilisent des insecticides non appropriés. Ils ne bénéficient ni d'encadrement ni de formation continue. Ils se procurent sur le marché local des pesticides dont ils ne connaissent ni la toxicité ni le mode d'utilisation. Les modes d'utilisation, le manque d'équipements de protection adaptés constituent des facteurs de risques aggravants pour les agriculteurs.

POSTER MP014

Atassi, Mariam

NICKEL AND CHROMIUM CONCENTRATIONS IN SERUM OF WELDERS IN MOROCCO

Moroccan

Poster Room

Friday–Sunday

20–22

November 2015

Atassi, Mariam*; Benslimane, Abdelilah; Qarmiche, Noura; Keita, Salia;
Diarra, Abdoulsalam; El Rhazi, Karima; Nejari, Chakib
Faculty of Medicine, Fez, Morocco

Correspondence Atassi, Mariam

Email: mariammarocfes@hotmail.com

Objective Artisans play an important role in Morocco's industry. A previous observational study we conducted in Fez* has shown that many artisan groups practise their trades without using appropriate protection and are at high risk for cancer and other diseases. In this study we focus on welders, a group that has not been previously studied. Specifically, our objective is to assess their daily exposure to welding fumes containing Chromium VI (CrVI) and Nickel (Ni), both known carcinogens, and to evaluate welders knowledge and awareness about the occupational risks.

Method This is a cross-sectional study of 129 individuals working in the iron and steel industry working in that occupation for >6 months randomly selected from all employed in this industry in the city of Fez, Morocco. Welders who have been working for less than 6 months will be recruited to the study as controls to compare their occupational exposure to the one of those who have been working for a longer period. Occupational exposure is assessed through questionnaires assessing protective practices, direct observations of these practices, and serum testing of Ni and Cr VI levels. The questionnaire also provides information regarding sex, age, and life-style habits (smoking and alcohol consumption), previous occupations and length of time in this industry since all these factors may contribute to variation in the heavy metals concentration. Mean levels of metal compounds as well as the potential influence of confounders (e.g., tobacco, alcohol, age and gender) on these levels are assessed by using the Mann–Whitney Wilcoxon test.

Results We will report our findings on the serum concentration of Ni and Cr VI among welders, their awareness about the risk they are exposed to, and the use of personnel protective equipments.

Conclusion This study provides much needed information regarding the working conditions of welders as well as their level of circulating carcinogenic metals.

POSTER P161

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Avery, Stephen

DEVELOPING SOLUTIONS TO CRITICAL MEDICAL PHYSICS CHALLENGES AT OCEAN ROAD CANCER INSTITUTE IN DAR ES SALAAM, TANZANIA

Avery, Stephen^{*1}; Kenton, Owen¹; Bin Dachi, Jumaa²; Ngwa, Wilfred³

¹University of Pennsylvania, United States; ²Ocean Road Cancer Institute, Tanzania; ³Harvard Medical School, Brigham and Women's Hospital

Correspondence Avery, Stephen

Email: avery@uphs.upenn.edu

Objective To increase the number of medical physicists in Tanzania and build a culture of safety for both diagnosis and radiation therapy through medical physics training

Method In September of 2013 we began working with Jumaa Bin Dachi, a therapy physicist at the Ocean Road Cancer Institute in Tanzania. We developed a bi-lateral learning partnership over the course of eight qualitative Skype meetings with Jumaa. From these meetings we have ascertained that there is a gap between the installation of new equipment and treating patients. This gap has often been overlooked by international partners attempting to improve radiation therapy access. Relationships with academic institutions abroad can fill these gaps and lead to sustained care of patients needing radiation therapy.

Results We have identified strengths and weaknesses and prioritized the needs of the medical physicist at Ocean Road Cancer Institute. Our efforts are best given in a supporting role to help develop solutions and new technology that can reduce the burden on the medical physicist. Solutions may include: training material, support for radiation therapy classes, development of appropriate local protocols and peer-review on documents being produced. New technology needs to focus around simple and easy field shaping, improved patient imaging systems and systems for patient set-up. We believe our partnership can help alleviate some of the burdens faced by medical physicists at this institute.

Conclusion While we are just in the beginning stage of this partnership, we believe there is great potential for success between both parties. We have begun plans to create a certificate program which we will eventually develop into a MSc program in Medical Physics to serve Tanzania and neighboring countries. We hope that the Ocean Road Cancer Institute will benefit from potential funding and resources by partnering with a High Income Country to develop affordable solutions to clinical problems in Tanzania.

POSTER P162

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Awolude, Olutosin

HUMAN PAPILLOMAVIRUS AND THE RISK OF CERVICAL INTRAEPITHELIAL NEOPLASIA IN IBADAN, NIGERIA

Awolude, Olutosin*; Adejumo, Prisca; Adewole, Isaac
College of Medicine, University of Ibadan, Nigeria

Correspondence Awolude, Olutosin
Email: tosinawolude@yahoo.com

Objective To determine the prevalence of high risk HPV (hrHPV) and low risk HPV (lrHPV) among patients presenting for colposcopy after abnormal cervical cancer screening by cytology

Method In this secondary analysis of data, Twenty-four cervical cytology samples results with CIN I and worse were tested for 13 high-risk and five low-risk HPV types in an MD Anderson —Mobil supported Operation Stop Cervical Cancer Program in Ibadan, Nigeria in 2006. The samples were also tested for Chlamydia trachomatis and Neisseria gonorrhea. The results were compared with the grade of cervical intraepithelial lesion.

Results The mean age of the participants in this pilot study was 40.83 years (CIN I= 38.46 years; CIN 2+ = 43.64 years). The overall hrHPV positivity rate, irrespective of the grade of cervical intraepithelial lesion was 29.16%. Sixty percent of the samples with CIN 2+ were positive for hrHPV while only 10% were positive for lrHPV. The entire seven samples positive for hrHPV had CIN2+ except for one from a HIV positive woman that had CIN I. The rate of CIN 2 or worse was 18.7% for HPV-negative women; 37.5% for low-risk HPV-positive women without concurrent high-risk HPV and 85.7% for high-risk HPV-positive women without concurrent low-risk HPV. There was no case of women with concurrent high-risk and low-risk HPV neither was there any case with Chlamydia nor Gonococcal co-infection.

Conclusion This pilot study from a resource constraint setting showed that a negative high-risk HPV test provides an assurance against CIN 2+ or worse in patients with abnormal cytology result for cervical cancer screening. However, this might not be true for HIV positive patients in which low grade CIN does not necessarily exclude infection with hrHPV.

POSTER P017

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Ayers, Leona W

MAST CELLS EFFECT KAPOSI'S SARCOMA LESION MODELING THROUGH DIFFERENTIAL TYPE 1 AND TYPE IV COLLAGEN DEPOSITION

Ayers, Leona W^{*1}; King, Christine A²

¹The Ohio State University, United States; ²Upstate Medical University, United States

Correspondence Ayers, Leona

Email: Ayers.1@osu.edu

Objective Kaposi's sarcoma (KS) skin lesions were examined for mast cell (MC) activation, degranulation and KS lesion modeling for different types of collagen deposition. The MC protease tryptase, pre-formed and released in abundance from stored MCs granules, is a potent stimulator of fibroblasts, fibroblast chemotaxis and collagen deposition.

Method Fixed KS lesions were obtained from the AIDS and Cancer Specimen Resource (ACSR/NCI) including patch, plaque and three stages of nodule development including early, intermediate and resolving KS nodules. Tryptase antibody (mouse monoclonal, clone AA1, DAKO, CA), LANA-1 antibody (HHV8 mouse monoclonal, clone 13B10, NovoCastr/Leica), and antibodies Collagen I: Abcam, ab34710, rabbit polyclonal, 1:1500, Collagen III: Abcam, ab6310, mouse monoclonal, clone FH-7a, 1:1000, Collagen IV: Dako, M0785, mouse monoclonal, clone CIV22, 1:50, Collagen V: Abcam, ab7046, rabbit polyclonal, 1:1000, Collagen VI: Abcam, ab6588, rabbit polyclonal, 1:6000, antibodies were tested by immunohistochemistry (IHC). Stained tissues were examined for mast cell activation, degranulation and collagen deposition in areas of LANA-1 positive spindle cells.

Results Early KS lesions demonstrated MC activation with degranulation and deposition of Type I collagen matrix supporting LANA-1+ spindle cells and persistently define the extent of the lesion. Tumor resolution included scavenger macrophage removal of type I collagen along with necrotic spindle cells leaving a rim of Type IV collagen to form the substance of the healing scar.

Conclusion MC specific tryptase is available and likely participates in the modeling of KS lesions such as patch, plaque or nodule/tumor through its ability to stimulate the synthesis of type I collagen by fibroblasts. KS tumor matrix composed of type I collagen is scavenged by macrophages rather than replaced by type IV collagen during KS tumor resolution and healing.

WORK- SHOP

Burkitt's Lymphoma

11:00–13:00

Saturday

21 November

2015

Ayers, Leona W.

SMALL MOLECULES FOR TREATMENT OF EBV-POSITIVE BURKITT LYMPHOMA

Ayers, Leona W

The Ohio State University, United States

Correspondence Ayers, Leona

Email: Ayers.1@osu.edu

Malignancy treatment is transitioning from harsh chemotherapy regimens to specific targeting with small molecules and antibodies. Prospects are to alter critical drivers of malignant transformation and to silence them resulting in destruction with less toxicity and damage to normal tissues. In Burkitt lymphoma (BL), malignant cells are currently destroyed by high intensity chemotherapy providing cure but with loss of too many patients due to cytotoxicity and mutagenicity. Small molecules can inhibit molecular abnormalities that shift neoplastic cell proliferation balance toward apoptosis. Epigenetic drivers of malignancy are poorly understood; so most antineoplastic small molecules or antibodies have been directed at genomic mutational targets. Epstein Barr virus (EBV) lymphocyte infection leads to epigenetic protein arginine methyltransferase 5 (PRMT-5) overexpression and global epigenetic changes essential to drive B-lymphocyte transformation. Burkitt lymphoma is an aggressive, rapidly proliferating B-cell lymphoma that upregulates PRMT-5 with accumulation in the cytoplasm of BL tumor cells. When cell lines derived from EBV+ BL are exposed to low levels of a small molecule PRMT-5 inhibitor, the malignant phenotype is reversed. *In vitro* PRMT5 inhibition leads to PTPROt transcriptional derepression and restoration of protein expression which, in turn, leads to dephosphorylation of BCR signaling kinases. PTPROt expression decreases lymphoma cell proliferation and induces apoptosis. Highly selective PRMT5 inhibitors represent novel, first-in-class drug types that restore needed regulatory checkpoints in lymphoma cells. PRMT5 is critical to EBV-driven B-cell transformation and maintenance of the malignant phenotype. PRMT5 inhibition shows promise as a novel therapeutic approach to B-cell lymphomas and EBV+ BL. Small molecule inhibitors currently under development can be used in combination for safer and more effective future BL therapy. (Blood. 2015;125(16):2530–43)

POSTER P163

**General Poster
Display**
Saturday &
Sunday
21 & 22
November
2015

Ayers, Leona W

BURKITT'S LYMPHOMA IN SMEARS & TISSUE SAMPLES COLLECTED FOR MOLECULAR STUDIES IN THE EMBLEM PROJECT IN EAST AFRICA

Ayers, Leona W^{*1}; Ogwang, Martin D²; Wekesa, Walter N³; Tenge, Constance N⁴; Kawira, Esther⁵; Masalu, Nestory⁶; Mbulaiteye, Sam M⁷
¹The Ohio State University, United States; ²St. Mary's Hospital, Lacor, Uganda;
³Moi University School of Medicine, Department of Pathology, Kenya; ⁴Moi University School of Medicine, Department of Child Health and Pediatrics, Kenya; ⁵St. Mary's Hospital, Lacor, Uganda; ⁶Bugando Medical Center, Mwanza, Tanzania; ⁷National Institutes of Health/NCI/DCEG, United States

Correspondence Ayers, Leona | Email: Ayers.1@osu.edu

Objective Epidemiology of Burkitt's Lymphoma in East-African Children and Minors (EMBLEM) is a multicountry, multiyear case-control study of childhood Burkitt's lymphoma (BL) in Uganda, Tanzania and Kenya supported by the National Cancer Institute (NCI/USA). Smears and tissue samples from suspected BL cases were examined to assure confirmed BL cases are available for high-quality molecular studies.

Method BL tissue samples and smears were examined by a pathologist (LWA) using criteria published in 2008 WHO Classification of Tumours of Haematopoietic and Lymphoid tissues. Giemsa smears were reviewed for classic BL cytomorphology; cores from formalin-fixed paraffin-embedded blocks were inserted in tissue microarray (TMA) recipient blocks. TMA sections were evaluated using H&E stain for tissue morphology, cMYC (FISH) and EBER probes, IHC for antibodies to CD3, CD20, CD10, bcl6, bcl2, CD44, CD38, CD138, MUM1 and TDT. Other antibodies, used as needed, included CD30, CD15 and AE1/AE2.

Results 61 (46%) of 133 smears and fixed tissues were confirmed as BL. 47 (77%) of confirmed BL fixed tissue samples had the phenotype of cMYC +, EBER 91%+, CD20 100%+, CD10 98%+, bcl6 95%+, CD44 100%-, CD38 100%+, MUM-1 16%+ and Ki67 >95%+. Of non-confirmed samples, 20 (27%) were other lymphoid malignancies such as Hodgkin's, diffuse large B-cell and T-lymphoblastic lymphomas, while 15 (20%) were non-lymphoid malignancies such as Wilms tumor, neuroblastoma, nasopharyngeal carcinoma, other carcinomas and sarcomas. The remaining 35 (51%) of tissues and smears represented inflammatory conditions and benign diseases or were insufficient for study.

Conclusion Review shows up to 54% of biospecimens collected from patients presenting with BL symptoms are not histologically confirmed as BL. These results highlight the value of pathology review in clinical and epidemiological studies and the importance of improving histopathology in collaborations within resource constrained medical settings.

POSTER MP015

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Azzam, Falak

ION PROTON NEXT-GENERATION SEQUENCING FOR IDENTIFICATION OF CLINICALLY RELEVANT MUTATIONS IN MOROCCAN COLORECTAL CANCER CASES

Azzam, Falak*¹; Jouali, Farah²; Marchoudi, Nabila²; Karkouri, Mehdi³; Fekkak, Jamal²; Squalli Houssaini, Driss⁴; Bakri, Youssef¹; Aboukhalid, Rachid¹; Amzazi, Saaïd¹

¹Biochemistry & Immunology Lab., Dept. Biology, Fac. Sciences, Mohammed V University; ²Lab. de Radio-Immuno-Analyse Anoual; ³Anathomo-Pathology Lab., Ibn Roch Hospital; ⁴Genome Biotechnologies, Parc d'Activité Oukacha

Correspondence Azzam, Falak | Email: falak.azzam@gmail.com

Objective The identification of gene variants plays an important role in the diagnosis of genetic diseases. In effect, diagnostic laboratories are confronted with new challenges: costs, turn-around-time and small amount of input DNA for testing will increase with the number of tests performed on a sample using semi conductor sequencing. As other solid tumors, colorectal cancer (CRC) is a genomic disorder in which various types of molecular alterations (MA) which can contribute to the initiation and progression of the disease. The aim of this study is to identify mutation variants from CRC Moroccan patients using massive-parallel sequencing for clinical analysis.

Method DNA samples were isolated from 80 solid tumors FFPE tissue biopsy specimens using the MagMax™ FFPE DNA Isolation kit (Invitrogen, Thermo Fisher Scientific). Ten ng of sample were processed using the Ion AmpliSeq Colon and Lung panel v2 developed by OncoNetwork Consortium targeting 87 hotspot regions in 22 genes that are of clinical interest for colorectal and lung cancer following the Ion AmpliSeq Library Kit (Ion Torrent, Thermo Fisher Scientific). After emulsion PCR, spheres were loaded on Ion PI Chip v2 for sequencing using Ion Proton system. Results were analysed using the Ion Reporter Software.

Results The primary results analysis of New Generation Sequencing testing, shown 81% were pre-tested for KRAS. The most frequent currently non-actionable MAs were identified in TP53 and APC. The majority of cases harbored ≥ 1 actionable MAs and the most commonly are KRAS, BRAF, PIK3CA and FBX7. Actionable MAs characterized by gene amplifications were detected in FGFR1, EGFR, and MET.

Conclusion For the most part, the availability of fast bench top sequencers such as the Ion Proton show that approach to stratify colon and lung cancer patients is feasible in a clinical setting. Results point to the potential of KRAS, BRAF, ERBB2 and EGFR targeted therapies for a significant subset of patients.

POSTER P018

**General Poster
Display**
Thursday &
Friday
19 & 20
November
2015

Babb, Chantal

SPECTRUM OF HIV-ASSOCIATED CANCERS IN A SOUTH AFRICAN BLACK POPULATION: CASE-CONTROL STUDY RESULTS, 1995–2009

Babb, Chantal^{*1}; Sengayi, Mazvita²; Urban, Margaret¹; Newton, Rob³; Egger, Sam⁴; Sitas, Freddy⁴

¹National Health Laboratory Services, National Cancer Registry, Cancer Epidemiology Research Group, Wits, South Africa; ²National Health Laboratory Services, National Cancer Registry, Cancer Epidemiology Research Group, Univ. of Bern, South Africa; ³Health Sciences, Univ. of York, UK; ⁴Cancer Council NSW, Cancer Research Division, Sydney, NSW, Australia

Correspondence Babb, Chantal | Email: chantal.babb@nhls.ac.za

Objective A high proportion of cancers in South Africa (SA) have an infectious aetiology. The Johannesburg Cancer Study (JCS) has previously reported on the impact of the evolving HIV epidemic on cancer and the relationship between HIV and cancer. This update with an additional 5 years of data allows for a 15 year overview, a more detailed examination of less common cancers and the impact of starting antiretroviral roll out.

Method The JCS recruited 14,607 black adult SA from 1995–2009 and tested them for HIV. A case control analysis was used to estimate odds ratios of selected cancer types known or suspected to be HIV-associated. The comparison group was 6,524 people with cancers not known to be HIV-associated plus 664 people with vascular disease. ORs were adjusted for age, gender, year of diagnosis, education, number of sexual partners, smoking and alcohol consumption.

Results The overall prevalence of HIV in the control group increased from 5% to 14% in the latest period for males and from 8% to 19% in females. HIV was associated with an increased risk for Kaposi sarcoma (n=768:OR=89.4,CI=61.1–130.8), cancer of the eye (n=36:OR=11.2,CI=5.1–24.3), Non Hodgkin Lymphoma (n=442:OR=9.5,CI=7.4–12.1), squamous cell carcinoma of the skin (n=93:OR=3.6,CI=2.2–5.9), cancer of the vulva and vagina (n=157:OR=3.2,CI=2.2–4.8), cervical cancer (n=2816:OR=2.1,CI=1.8–2.4), melanoma (n=76:OR=1.91,CI=1.03–3.6) and Hodgkin lymphoma (n=183:OR=2.2,CI=1.5–3.2). No associations were seen with cancer of the liver (n=130), lung and trachea (n=709), stomach (n=250), oropharynx (n=757), anal (n=60) cancer or myeloma (n=245).

Conclusion Risks for HIV-related cancers are consistent with elsewhere in Africa but lower than those observed in developed countries. We recommend that clinicians/policy makers in SA monitor and educate HIV patients on their additional risk of these cancers. The effect of the expanding antiretroviral programmes also needs further exploration as more data are collected.

POSTER P129

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Baker, Ellen

PROJECT ECHO TELEMENTORING TO IMPROVE CERVICAL CANCER PREVENTION AND TREATMENT IN MEDICALLY UNDERSERVED AREAS

Baker, Ellen*¹; Mwaba, Catherine²; Msadabwe, Citonje²; Kennedy Lishimpi, Kennedy²; Ferreira Lorenzoni, Cesaltina³; Schmeler, Kathleen¹

¹MD Anderson Cancer Center, United States; ²Cancer Diseases Hospital, Zambia; ³Mozambique Ministry of Health, Mozambique

Correspondence Baker, Ellen

Email: ebaker1@mdanderson.org

Objective Project ECHO, Extension for Community Healthcare Outcomes, is an established telementoring model proven to expand access to specialty medical care for underserved areas. ECHO uses videoconferencing and clinical tools to build capacity among clinicians via case-based learning and co-management of patients. We have adapted the ECHO model to support physicians and providers in the management and treatment of cervical dysplasia and cancer in medically underserved areas.

Method Regular multi-disciplinary videoconferences are held between specialist teams at MD Anderson Cancer Center in Houston, Texas, USA and colleagues in medically underserved areas in the US, Latin America and Africa. Partnering sites in Africa include the Cancer Diseases Hospital in Lusaka, Zambia and Maputo Central Hospital in Maputo, Mozambique. The 1-hour videoconferences are held using a free, internet-based application and include 45 minutes of case presentations by local providers with feedback and mentoring from specialists, followed by a 15 minute didactic lecture.

Results The Cervical Cancer ECHO program began in April, 2014 as a pilot project with providers in an underserved area along the Texas-Mexico border. The initial focus was screening and management of dysplasia. However, it has since expanded to include providers in Latin America (Guatemala, El Salvador, Colombia, Uruguay and Brazil) and Africa (Zambia and Mozambique). Separate sessions are now held focusing on multidisciplinary management of invasive cervical and breast cancer. To date, 32 ECHO telementoring conferences have been held, with 10–25 providers participating per session. Workshops and visits by teams in all locations supplement regular videoconferences.

Conclusion Our initial experiences suggest that Project ECHO is an effective platform to provide dissemination of best practices in the delivery of cervical cancer care and prevention in settings that lack access to oncology sub-specialists.

WORK- SHOP

**Medical
Education in
Oncology:
E-Learning**
14:30–15:45
Wednesday
18 November
2015

Banda, Lewis

CHALLENGES AND OPPORTUNITY IN CAPACITY BUILDING: PACT/IAEA VUCCNET PROJECT

Banda, Lewis
Cancer Diseases Hospital, Zambia

Correspondence Banda, Lewis
Email: bandalew@yahoo.com

The VUCCnet is an IAEA-PACT project with a vision of fostering African knowledge development, education and training capacity in order to make comprehensive cancer control sustainable through ICT. Challenges include: harmonising accreditation and quality assurance, limited internet capability, Possibility of governments failing to commit to the financial obligations, varying legal requirements, bureaucracy and lack of in-country structures. Opportunities include: availability of experts in the different countries, e-materials (IAEA), collaboration on practicum sites, creation of communities of practice, provision of International qualifications, use of mobile phones, use of available networks (AFRA, AFROG, AORTIC), growing acceptance of e-learning, and the availability of ICT policies within countries. In Zambia, the concept has been well received and there is political will. Initially access to internet was difficult but has significantly improved. The lack of an organised in-country formal structure has hampered implementation. With the ambitious plans of expansion of oncology services this vehicle (VUCCnet) is expected to drive local training. Critical success factors will include tackling the challenges identified and exploiting the opportunities. Initial indications show acceptance of concept.

WORK- SHOP

Bardelli, Alberto

**CLONAL EVOLUTION AND DRUG RESISTANCE IN COLORECTAL
CANCERS**

**Cancer Biology:
Precision**

Medicine (1)

14:30–15:45

Friday

**20 November
2015**

Bardelli, Alberto
University of Torino, Italy

Correspondence Bardelli, Alberto
Email: alberto.bardelli@ircc.it

Colorectal cancers evolve by a reiterative process of genetic diversification and clonal evolution. Tissue and liquid biopsies can be used to define CRC molecular subtypes and to monitor clonal evolution during therapy. Using these approaches, CRC patients were found to respond selectively to targeted agents interfering with oncogenic nodes of the EGFR signaling pathway. Notably, the patient-specific responses can be recapitulated and paralleled in cellular and mouse clinical proxies (CRC-avatars). The inevitable development of acquired resistance to inhibitors of the EGFR signaling axis presently limits further clinical advances. Strategies to prevent or overcome resistance are therefore essential to design the next generation of molecularly-driven clinical trials for CRC patients.

POSTER P019

General Poster
Display
Thursday &
Friday
19 & 20
November
2015

Barebwanuwe, Peter

ASSESSING HEALTH CARE PROVIDERS' PALLIATIVE CARE KNOWLEDGE, ATTITUDES, AND PRACTICES AMONG MEMBERS OF A DISTRICT PALLIATIVE CARE NETWORK INTEGRATED WITH A CANCER TREATMENT PROGRAM IN RURAL RWANDA

Barebwanuwe, Peter^{*2}; Mpanumusingo, Egide¹; Elmore, Shekinah Nefreteri³; Xu, Mary³; Tapela, Neo³; Ntizimira, Christian⁴; Muhimpundu, Marie-Aimee⁴; Krakauer, Eric L⁸

¹Rwanda Ministry of Health; ²Inshuti Mu Buzima/Partners in Health, Rwanda;

³Harvard Medical School; ⁴Rwanda Biomedical Center; ⁵Massachusetts Gen. Hosp.

Correspondence Barebwanuwe, Peter | Email: barebwa@gmail.com

Objective To describe the knowledge, attitudes, practices and further training needs of members of an innovative district palliative care (PC) network integrated into the public health care system and cancer treatment in an impoverished rural district in Rwanda.

Method In 2014, Rwanda's Ministry of Health (MOH) collaborated with partners to plan district PC networks that would be integrated into the public health system at all levels from patients' homes to district hospitals. In Burera District, whose hospital is home to Rwanda's Cancer Center of Excellence (CCE), the network was established at a one-week PC workshop for all members of the new interdisciplinary PC team at the district hospital and for one nurse from each sector's health center. After the workshop, participants completed a standardized survey on PC knowledge, attitudes, and practices.

Results In total, 38 healthcare providers (HCP) were trained and 34 (89%) completed surveys: 29 (85%) general nurses, 5 (15%) other professionals. Median time in current role was 44 months (IQR: 24–72). Oncology experience varied: health center nurses cared for 0–20 patients/month, HCP at CCE cared for 100–200, and 18 (53%) HCPs reported no previous formal training in pain management. Of 15 HCP trained at CCE where opioids are available, 6 (40%) reported barriers to opioid analgesia due to limited supply or fear of misuse. Thirty (88%) supported PC in the home, and 33 (97%) requested further training.

Conclusion Our study documents a baseline on which future trainings will build and may inform delivery of PC services in the future. Exposure to oncology care differed by health facility level, which may require targeted training for palliative care and oncology integration. Ongoing training on pain management and appropriate opioid use is needed. Given low staff turnover in this sample, integration of PC training for oncology in this HCP cohort may provide long-term benefits to the district health system.

PLENARY

Breast Cancer

09:10–10:30

Friday

20 November

2015

Baskies, Arnold

ADDRESSING THE CRISIS OF NON-COMMUNICABLE DISEASES IN LOW AND MIDDLE INCOME COUNTRIES

Baskies, Arnold

American Cancer Society, United States

Correspondence Baskies, Arnold

Email: abaskies@comcast.net

It's clear that it's going to take multi-sectoral collaboration to truly address the global NCD crisis. Working together with the public and private sectors and civil society, we can:

- Strengthen the global health workforce
- Increase access to care for those who need it most
- Build our capacity to integrate NCDs into existing care platforms
- And ultimately save lives.

The magnitude of the problems created by the NCDs, especially cancer, can be summarized in some mind boggling statistics. Here are just a few facts, according to the Lancet Commission:

- Approximately 5 billion people around the planet do not have access to safe, affordable surgical and anesthetic care. Access is worst in LMICs, where 9/10 people cannot access even the most basic of surgical care.
- An additional 143 million surgical procedures are needed in LMICs each year to save lives and prevent disability. Of the 313 million surgical procedures undertaken worldwide each year, only 6% occur in the poorest countries, where more than a third of the world's population lives. Low operative volumes are associated with high fatality rates from the commonest surgical conditions. Unmet need is greatest in eastern, western and central sub-Saharan Africa and south Asia.
- Investing in surgical and anesthetic services in LMICs is affordable, saves lives and promotes economic growth. IF LMICs were to scale up surgical services at rates achieved by the present best performing LMIC's, 2/3 of countries would be able to reach a minimum operative volume of 5,000 surgical procedures per 100,000 population by 2030.
- The most staggering statistic: Without urgent and accelerated investment to surgical scale-up, LMICs will continue to have losses in economic productivity, estimated cumulatively at \$12.3 trillion (2010 U.S. dollars, purchasing power parity) between 2015 and 2030.

POSTER MP016

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Basma, Bilal

BREAST CONSERVATIVE AND THERAPEUTIC OUTCOMES: EXPERIENCE OF RADIOTHERAPY CENTER CASABLANCA

Basma, Bilal
Centre Mohammed VI, Morocco

Correspondence Basma, Bilal
Email: basma.bilal007@gmail.com

Objective The purpose of this study was to describe the epidemiology clinical profile and treatment outcome of patients who received conservative treatment in breast cancer.

Patients and method This is a retrospective study about 319 cases of conservative treatment of breast cancer treated from January 2008 to December 2010 and followed up until November 2013. Analysis was performed with SPSS 20. We used Kaplan-Meier to calculate survival.

Results Median age was 48 years. According TNM 2009, cancers were classified after surgery highly p T2 in 56,4%. In 48,1% lymph node involvement p N+ has been reported. Regarding histological type, invasive ductal carcinoma was noted in 89,3% of cases. Grades II and III of SBR were predominant (78,8%). Hormonal receptors were positive in 72,7% of cases and the HER2 positive in 26%. Lumpectomy followed by quadrantectomy were the main types of surgery with 80% and 11% respectively. About 90,5% of patients received chemotherapy. The most commonly used protocols were AC60 and AT50 respectively 47% and 12,5%. All patients received external beam radiotherapy (46 Gy) followed by boost (15–20 Gy) to the tumor bed or brachytherapy (79,9%), electrons (11,4%) or photon (9,1%). The aesthetic results were judged by 75% of cases. Hormone therapy with tamoxifen or aromatase-inhibitors was prescribed in 57,7% of patient. The average follow-up time was 42.9 months in our study. The overall survival was 92,5% and the disease-free survival was 82,8%.

Conclusion Conservative treatment remains the most desired in the treatment on breast cancer treatment option. Oncologic and aesthetic results are encouraging in our study.

WORK- SHOP

**AORTIC-
MDACC-ASCO**

Joint Session

11:00–13:00

Wednesday

**18 November
2015**

Beadle, Beth

**QUALITY AND SAFETY IN RADIATION ONCOLOGY:
PHYSICIAN AND PHYSICIST PERSPECTIVES**

Beadle, Beth*; Court, Laurence

University of Texas MD Anderson Cancer Center, United States

Correspondence Beadle, Beth
Email: bbeadle@mdanderson.org

There are many facets to the safe delivery of quality radiation therapy. Regardless of treatment technique, there are common principles of quality and safety that are applicable to every practice. These include: (a) multidisciplinary evaluation, (b) technical quality assurance, (c) peer review, and (d) an open atmosphere. An environment that emphasizes quality and safety requires an event reporting system, a culture of multiple checks and timeouts, a willingness to “stop the line”, and an appreciation of independent audits. In this presentation, we will focus on two factors:

1. Event reporting A robust safety culture involves reporting actual clinical variances as well as issues identified prior to delivery (“near misses”). Radiation oncology-specific event reporting has been studied extensively. The IAEA supports a voluntary reporting system, SAFety in Radiation Oncology (SAFRON). The AAPM and ASTRO have sponsored the Radiation Oncology Incident Learning System (ROILS) as a model of reporting. These systems, as well as institution-specific solutions, help demystify issues within clinical practice and focus on systems-based approaches to improvement.

2. Independent audits The use of external, independent audits are extremely useful for identifying systematic errors in treatment delivery, especially those related to commissioning. There are a wide variety of approaches to auditing a clinical practice, including personal visits from an auditing body (e.g. IAEA or IROC), remote audits (e.g. output dosimeters sent by mail), virtual audits (remote evaluation of dosimetry and planning data, including comparisons with similar equipment), and voluntary “buddy visit” audits (as in the UK). Our goal is to provide guidance in the development of a strong multidisciplinary quality and safety program in a radiation oncology practice, which is applicable in virtually any clinical setting.

POSTER P164

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Beadle, Beth

DEVELOPMENT OF A NOVEL RADIATION TREATMENT CHAIR: IMPLICATIONS FOR LOW- AND MIDDLE-INCOME COUNTRIES (LMICS)

Beadle, Beth*; Balter, Peter; McCarroll, Rachel; Fullen, Danna; Court, Laurence
University of Texas MD Anderson Cancer Center, United States

Correspondence Beadle, Beth
Email: bbeadle@mdanderson.org

Objective Modern radiation therapy (RT) is largely provided with patients in the supine position on a linear accelerator with a rotating gantry. For patients with cancers of the head/neck or thorax, this treatment position is often difficult to tolerate. The rotating gantry is also the most expensive, and most likely to break, part of the machine. We report on the development and preliminary testing of a novel radiation treatment chair, which would allow for elegant RT delivery in an upright position.

Method An upright treatment chair was designed, with a patient's body angled forward and immobilized with a cradle and mask. Patients receiving RT for head/neck cancer were enrolled onto an IRB-approved protocol to evaluate the device. Patients underwent a simulation; immobilization devices were created, and chair parameters were set. Each patient returned for testing, was positioned on the chair, and orthogonal kV images were taken. The chair was then rotated, and orthogonal kV images were repeated, to mimic intra-fraction motion. The procedure was then repeated after a break, to mimic inter-fraction motion. Patients completed a questionnaire comparing positions.

Results Three patients have been enrolled in the protocol. Orthogonal kV imaging did demonstrate excellent alignment using the treatment chair. The patient questionnaires indicated that patients were comfortable in the treatment chair and preferred sitting up to lying down for treatment. Each patient provided input on improvement in the process, and the chair will be adjusted based on these responses.

Conclusion Preliminary data suggests that this novel treatment chair provides robust immobilization, consistent with the supine position. Patients report good tolerance of this system, with some preference to sitting up. This treatment chair is a key component of development of 3-D planned upright RT with a fixed gantry linear accelerator, which would be more reliable in LMICS.

WORK- SHOP

**AORTIC-
MDACC-ASCO**

Joint Session

11:00–13:00

Wednesday

**18 November
2015**

Bedi, Deepak

**COST EFFECTIVE DIAGNOSTIC IMAGING IN MANAGEMENT
OF SOFT TISSUE CANCERS: THE CASE FOR ULTRASOUND**

Bedi, Deepak

University of Texas MD Anderson Cancer Center, United States

Correspondence Bedi, Deepak

Email: dbedi@mdanderson.org

The diagnosis and management of soft tissue cancers, including those that may involve bones usually utilizes MRI or PET CT. This is not only costly and often limited in availability in many African countries, it is often of limited value due to prior surgery and the presence of metallic prostheses in many patients. Recent advances in ultrasound technology make it possible to perform high resolution imaging of soft tissues, including bone and joint surfaces, to a detail that can surpass CT, MRI or PET CT. Ultrasound, coupled with color Doppler and elastography, does characterize the nature of soft tissue masses, e.g. lipoma versus sarcoma, enough to allow further decision making. Regional lymph node metastasis in the axilla or groin, with immediate ultrasound guided fine needle biopsy in the clinic, can be demonstrated with an unsurpassable accuracy. Surveillance for recurrence around a scar after surgery is simpler, faster and more accurate in expert sonographic hands. The cost is several times lower than MRI. A scar can be reliably distinguished from a recurrent tumor and the few doubtful cases resolved by a biopsy. Ultrasound is portable and is often performed in the operating suite to guide surgeons to the extent of the tumor and demonstrate small multifocal satellite tumors. Ultrasound scanning around metallic prostheses in the limbs is possible, whereas MRI is not, making it practical to offer these patients long term follow up. Larger complex operative fields and deeper tissues are exceptions and better evaluated by MRI. Ultrasound equipment is relatively cheap compared to MRI or CT, it can be used at the bedside. Newer machines are making this imaging less operator dependent, although an accurate knowledge of anatomy is a prerequisite.

WORK- SHOP

**Cancer
Control in
Francophone
Countries**
16:00–17:30
Thursday
19 November
2015

Belakhel, Latifa

**PROGRAMME NATIONAL DE PREVENTION ET DE CONTROLE DU
CANCER 2010–2019 BILAN DE MI-PARCOURS – MAROC**

Belakhel, Latifa; Ministry of Health, Morocco

Correspondance Belakhel, Latifa
Email: belakhel@gmail.com

35 000 nouveaux cas de cancers apparaissent chaque année au Maroc. Les premiers cancers chez la femme sont les cancers du sein 36,1% et du col utérin 13%, chez les hommes sont les cancers du poumon 23,8% et de la prostate 10%. Le Plan National de Prévention et de Contrôle du Cancer (PNPCC), élaboré par le Ministère de la Santé en collaboration avec la Fondation Lalla Salma Prévention et Traitement des Cancers, est une stratégie d'action qui va de 2010 à 2019. Ce plan est structuré en 4 axes stratégiques, 74 mesures opérationnelles (prévention 30 Mesures, détection précoce des cancers 13 mesures, Prise en charge 18 Mesures et soins palliatifs 13 mesures) et 4 mesures d'accompagnement. Dans le domaine de la prévention, le Maroc a pu mettre en place un programme de lutte contre le tabagisme, la consultation d'aide au sevrage tabagique est actuellement intégrée dans les soins de santé primaires et dans certains hôpitaux. Un plan d'action multisectoriel pour la promotion des modes de vie sain a été mis en place grâce à une collaboration avec les secteurs gouvernementaux et la société civile. Le Maroc a mis en place un programme national pour le diagnostic précoce des cancers du sein basé sur l'examen clinique des seins ainsi qu'un programme de dépistage du cancer du col de l'utérus au niveau de 8 régions, basé sur l'inspection visuelle à l'acide acétique. Sur le plan prise en charge thérapeutique, depuis le lancement du PNPCC en 2010, le Maroc a pu développer les structures de prise en charge en passant de 2 centres d'oncologie à 11 centres régionaux d'oncologie et 2 centres pour les soins palliatifs. Le nombre d'accélérateurs linéaires pour la radiothérapie est passé de 1 à 13 et 3 en cours d'acq.

POSTER MP017

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Belakhel, Latifa

ETUDE D'ÉVALUATION DE MISE EN ŒUVRE DES ACTIVITÉS DU PROGRAMME COLLEGES ET LYCEES SANS TABAC AU MAROC

Belakhel, Latifa*; Mounach, Samir; Mahdaoui, Elkhansaa; Chami, Youssef;
Maaroufi, Abderrahmane; Bekkali, Rachid²
Ministry of Health, Morocco; ²Fondation Lalla Salma Prévention et Traitement
des Cancers, Morocco

Correspondance Belakhel, Latifa
Email: belakhel@gmail.com

Introduction L'objectif de l'étude était de Porter un jugement sur la mise en œuvre des activités du programme collège et lycée sans tabac (CLE), afin de fournir les éléments nécessaires pour soit consolider les activités en cours, soit pour les réorienter.

Méthode Etude transversale de type descriptif à but évaluatif, à la Région du Gharb-Chrarda-Bni-Hssen, du 09 Février au 15 Mars 2015 auprès des élèves et des cadres des collèges et Lycées. Un questionnaire administré aux élèves et aux cadres. Aucune information personnelle n'a été collectée.

Résultats 4207 élèves et 830 cadres administratifs ont participé à l'étude. Le CLE est connu par 32% (1330/4043) des élèves, et 52,1% (401/769) des cadres. La loi anti-tabac est appliquée selon 35,5% des cadres administratifs (252/713). Les directeurs ayant signé la charte de lutte antitabac sont de 15/77 soit 19,5%. Les élèves à 87% ont déjà vu un cadre fumer dans l'établissement. Des marchands ambulants sont présents dans le pourtour de 48,1% (39/81) des établissements. Des bureaux de tabac sont présents dans le pourtour de 34% (28/81 établissements). Seulement 39,3% des cadres (301/765) et 16,1% des élèves (634/3926) ont déjà participé à une activité de lutte anti-tabac dans le cadre du CLE. 85% des établissements (69/81) n'ont pas de signalétique antitabac à l'intérieur. Les directeurs ont affirmé à 31% soit 24/76 la présence de comité de lutte anti-tabac dans leurs établissements.

Conclusion Les résultats démontrent que le degré de mise en œuvre des activités du programme, n'atteint pas les résultats escomptés. Certaines activités devraient être renforcées. La signature de la charte doit être intégrée dans la prise de service des directeurs. Une campagne devrait être organisée afin de doter ou aider les établissements à se doter et installer la signalétique. un plaidoyer pour lutter contre la vente du tabac près des établissements. Une redynamisation des activités du CLE est souhaitable.

POSTER MP018

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Belhajjam, Loubna

CANCER DU SEIN CHEZ L'HOMME: CARACTÉRISTIQUE ÉPIDÉMIOLOGIQUE, THÉRAPEUTIQUE ET PRONOSTIQUES

Belhajjam, Loubna*; Aiterraisssem, M; Masbah, O; Elmazghi, A; Bouhafa, T;
Hassouni, K
Morocco

Correspondance Belhajjam, Loubna
Email: loubna.belhajjam86@gmail.com

Introduction Le cancer du sein de l'homme est rare, il représente 1 à 4% de l'ensemble des cancers du sein et moins de 1% des cancers survenant chez l'homme. Le but de notre étude était d'analyser de façon rétrospective les caractéristiques épidémiologiques, cliniques, histologiques, thérapeutiques et pronostiques du cancer du sein chez l'homme.

Méthode Etude rétrospective, colligeant les malades hommes avec un carcinome mammaire confirmé par un examen histologique, traités au service de radiothérapie Centre Hospitalier Hassan II de Fès entre janvier 2012 et janvier 2015.

Résultats Nous avons colligé 09 cas dont l'âge médian au moment du diagnostic était de 52 ans avec des extrêmes de 30 ans à 63 ans. Aucun facteur de risque n'a été retrouvé. Le délai moyen de consultation était de 12 mois. Le principal symptôme clinique était un nodule au niveau du sein (100%). Le diagnostic était confirmé histologiquement dans tous les cas. Le carcinome canalaire infiltrant était le type histologique le plus fréquent chez 8 cas (89%) et un cas présentait un dermato fibrosarcome de Darrier et Ferrand. Il s'agissait dans 44,5% stade T2 et 33% stade T4 et dans plus de 80% des cas stade N2 ou N3 et d'emblée métastatique au niveau osseux dans un cas. Une chirurgie radicale pratiquée chez tous les malades (100%) suivie d'une chimiothérapie; et une radiothérapie a la dose de 42 Gy chez 7 cas et 66 Gy chez le cas du Darrier; puis une hormonothérapie type tamoxifène chez 6 cas. Après un suivi médian de 17 mois l'évolution a été marquée par des métastases osseuses chez un cas associées à des métastases cérébrales et surrénalienne chez un autre cas après un délai médian de 2 ans; 66% des patients étaient en bon contrôle. Tous nos malades sont toujours en vie.

Conclusion C'est une pathologie rare et grave au pronostic défavorable. Ses caractéristiques sont différent de celles de la femme mais son traitement est calqué sur celui du cancer du sein chez elle.

POSTER MP019

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Belhajjam, Loubna

PARTICULARITÉS DU CANCER DU SEIN CHEZ LA FEMME ÂGÉE

Belhajjam, Loubna*; Aiterraisse, M; Masbah, O; Elmazghi, A; Bouhafa, T;
Hassouni, K
Morocco

Correspondance Belhajjam, Loubna
Email: loubna.belhajjam86@gmail.com

Introduction Le cancer du sein est le cancer le plus fréquent chez la femme et son diagnostic chez la femme âgée est tardif. Le but de notre travail est d'étudier les caractéristiques du cancer du sein chez la femme âgée.

Méthode C'est une étude rétrospective concernant 57 patientes âgées de plus de 65 ans chez qui un diagnostic de cancer invasif du sein a été porté du janvier 2012 au janvier 2015.

Résultats La fréquence du cancer du sein chez la femme âgée de plus de 65 ans était de 7,43%. L'âge moyen était de 70 ans (65–88 ans) dont 24 patientes âgées de plus de 70 ans (42%). 8,7% des patientes avaient un antécédent familial de cancer mammaire. Le délai de consultation était de 10 mois. Un nodule de sein était le signe révélateur chez toutes les patientes avec des signes inflammatoires chez 4 malades; des adénopathies axillaires ont été retrouvées chez 12 patientes. Tous les cancers ont été prouvés histologiquement. Le cancer est canalaire infiltrant dans 90% des cas. 27% des tumeurs étaient de grade Scarff-Bloom et Richardson I, 45% grade II, 28% grade III. Les récepteurs hormonaux sont exprimés chez 78% et HER positive chez 10% des patientes. 90% ont bénéficié d'une mastectomie avec curage ganglionnaire suivi d'une radiothérapie adjuvante selon le protocole hypofractionné: dose totale de 42Gy, fractionnement 2,8Gy/ Fr en 15 séances. 10% des patientes ont eu une chirurgie conservatrice associée à une radiothérapie externe adjuvante sur le sein avec boost sur le lit tumoral. Une chimiothérapie n'a été prescrite que chez 37 patientes; néoadjuvante dans 16% des cas et adjuvante dans 84% des cas. Après un suivi médian de 14 mois, une métastase pulmonaire chez une patiente, cérébrale chez une autre et une récurrence locorégionale chez une 3ème; et une rémission complète dans 94%.

Conclusion Le cancer du sein chez la femme âgée semble être moins agressif par rapport à la jeune. L'âge ne doit pas être un facteur limitant des indications thérapeutiques.

POSTER P021

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Benabaddou, Karima

CANCER DE LA PROSTATE DIAGNOSTIQUE SUR BIOPSIE PROSTATIQUE: FACTEURS HISTOPRONOSTIQUES ET CORRELATION AUX PROSTATECTOMIES RADICALES: ETUDE RETROPROSPECTIVE SUR 08 ANS

Benabaddou, Karima*; Bensaci, Sabah; Bensegueni, Afifa
EHS D'uro-Néphrologie Daksi, Algeria

Correspondance Benabaddou, Karima
Email: benabaddouk@hotmail.com

Notre travail consiste en une étude transversale descriptive, retro-prospective, réalisée dans le même laboratoire d'anatomie pathologique à l'EHS d'uro-néphrologie Daksi de Constantine. Elle a porté sur les cancers prostatiques diagnostiqués sur 1051 biopsies réalisées au service d'urologie de l'EHS Daksi et en ambulatoire sur une période de 08 ans, du 1er janvier 2005 au 31 décembre 2012 durant lesquelles, le diagnostic anatomo-pathologique a été établi:

- 201 fois durant la période rétrospective.
- 291 fois durant la période prospective.

Cette étude nous a permis d'étudier et de préciser différents caractères du cancer prostatique, les critères diagnostiques et les facteurs histopronostiques sur biopsies que nous avons corrélé à 50 pièces de prostatectomie radicale et aux données de la littérature.

WORK- SHOP

Benaicha, Nadia

EDUCATION CHEZ LES SURVIVANTS MAROCAINS D'UN CANCER DE L'ENFANCE

**Free
Communication
of Abstracts 2**

11:00–13:00

Friday

20 November
2015

Benaicha, Nadia^{*1}; Msefer Alaoui, Fouzia²; Sy, Oussmane¹; Nejari, Chakib¹

¹Faculty of Medicine, Fez, Morocco; ²Association Avenir, Morocco

Correspondance Benaicha, Nadia

Email: nadia.benaicha79@gmail.com

Objectif Au Maroc, le cancer chez l'enfant représente 3% de tous les cancers. Dans les pays développés, actuellement, près de 80% des enfants atteints de cancer y survivent et sont considérés comme guéris; il est donc essentiel de répondre à leurs besoins éducatifs. Le but de notre étude était de déterminer les répercussions des cancers de l'enfance sur la scolarisation et le niveau d'études des survivants au Maroc.

Matériel et méthode Il s'agit d'une étude transversale, exhaustive des jeunes guéris d'un cancer de l'enfance entre 1978 et 2004 à l'unité d'oncologie pédiatrique de l'Hôpital d'Enfants de Rabat. Les données ont été recueillies par des questionnaires remplis par téléphone ou par internet.

Résultats La population totale des survivants d'un cancer de l'enfance dans l'unité et la période suscitée est près de 1000. 190 parmi eux ont été contactés; nous avons eu une réponse concernant la reprise de la scolarité chez 188 sujets dont 88,9% ont repris leurs études. La réponse concernant le niveau actuel des études a été obtenue chez 170 sujets; 10% n'ont pas fait d'études ou ont un niveau primaire, 18% ont un niveau collège, 22% secondaire, et 50% ont bénéficié d'un enseignement supérieur ou technique. Le niveau actuel des études est significativement lié à l'âge initial de diagnostic ($p = 0,002$), à l'évolution de la maladie ($p = 0,026$) et à la présence de troubles cognitifs ($p = 0,018$).

Conclusion Notre étude a révélé que les jeunes marocains guéris d'un cancer d'enfance que nous avons pu interroger n'ont pas souffert de problèmes d'éducation. En effet, la majorité d'entre eux ont pu poursuivre leurs études d'une façon ou d'une autre pendant et après le traitement.

EARLY ROUND TABLES

Radiotherapy

07:15–08:20

Friday

20 November

2015

Benchakroun, Nadia

HYPOFRACTIONATED RADIOTHERAPY

Benchakroun, Nadia*; Benider, Abdellatif

Centre Mohammed VI Pour le Traitement des Cancers, Morocco

Correspondance Benchakroun, Nadia

Email: nadbenchakroun@yahoo.fr

La radiothérapie est une arme majeure dans le traitement des cancers. Le fractionnement est le plus souvent classique 2 Gy/séance et 5 séances par semaine. Le contrôle local représente l'objectif principal du traitement du cancer. En général, pour accroître l'efficacité de la radiothérapie, on a recours aux traitements combinés radiosensibilisants, les techniques modernes et des schémas de fractionnement modifié. L'hypofractionnement est un concept ancien, il était proposé par les écoles allemandes et Autrichiennes mais arrêtées du fait des complications. Il réapparaît dans les années 1970 pour des indications palliatives. Depuis une dizaine d'année l'hypofractionnement s'est développé dans certaines indications comme dans le cancer du sein pour des raisons géographiques, les préférences des patientes, et les considérations économiques et depuis peu deux autres facteurs ont encouragé son développement: les progrès de la radiobiologie permettant une estimation plus précise de la dose équivalente, et la technique de modulation d'intensité améliorant l'homogénéité de la dose dans le volume cible, c'est le cas du cancer de la prostate. Ainsi pour le cancer du sein, l'analyse des résultats d'essais cliniques s'est focalisée sur le contrôle de la maladie et la toxicité. Ces études, avec 10 ans de recul, ont démontré des taux équivalents de récurrence loco-régionale, de survie sans maladie et de survie globale. Les taux de toxicité n'ont pas été augmentés. Il y a maintenant suffisamment de preuves pour recommander la radiothérapie hypofractionnée du sein pour un pourcentage important de patients. Nous allons aborder les principes de radiobiologie de l'hypofractionnement et aussi les autres localisations où celui-ci est effectué essentiellement prostate, poumon ect.

POSTER P165

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Benchiha, Nawel Nassima

CHIMIOThERAPIE NEO-ADJUVANTE ET FACTEURS PRONOSTIQUES DE SURVIE CHEZ DES FEMMES AVEC CANCER DU SEIN OPERABLE DANS L'OUEST ALGERIEN: MODELE DE COX

Benchiha, Nawel Nassima^{*1}; Moulessehoul, Soraya²; Yekrou, Djamilia¹; Houti, Leila³

¹Université Djillali Liabès Faculté de Médecine, Algeria; ²Université Djillali Liabès Faculté des Sciences de la Vie et de la Nature, Algeria; ³Université d'Oran Faculté de Médecine, Algeria

Correspondance Benchiha, Nawel Nassima

Email: nnbenchiha@yahoo.fr

Objectif L'intérêt de cette étude est d'évaluer l'influence relative des facteurs pronostiques préalablement publiés, dans le cancer du sein opérable, sur la survie globale (SG) et à la survie sans récurrence (SSR) en réponse à la chimiothérapie néo-adjuvante (CTN).

Méthode Une étude rétrospective a été menée entre janvier 2008 et juin 2014 chez 84 femmes présentant un cancer du sein opérable, admises au service d'oncologie du CHU de Sidi Bel Abbès (Algérie), pour des cures de CTN suivies par chirurgie et traitements adjuvants. Les facteurs pronostiques ont été préalablement sélectionnés par analyse univariée. Ils ont été introduit dans une analyse multivariée de la SG et la SSR à 5 ans, pour le calcul du risque relatif (RR) avec la méthode descendante de Wald dans le modèle de cox. Les facteurs sélectionnés pour inclusion dans le modèle de Cox sont: le grade tumoral SBR, le statut des récepteurs hormonaux (RH), le statut Her2 et l'envahissement ganglionnaire (EG) en post CTN. Les résultats sont exprimés avec leurs intervalles de confiance à 95% (IC).

Résultats Les patientes ont un âge médian de 47 ans (28–75 ans), dont 56% cliniquement diagnostiqué stade III. Après un suivi médian de 30.5 mois l'analyse multivariée montrait que le facteur pronostique dans la SG était l'EG (RR [IC 95%]=3,27 [1,22–8,794], p= 0,019). Les RH positifs amélioraient significativement la SSR (RR [IC 95%]=0.328 [0.143–0.753], p= 0,009). Cependant, que le facteur grade SBR n'y influe pas (RR [IC 95%]=1.85 [0.986–3.493], p= 0,055). La variable du statut Her2 testée n'était pas corrélée à la survie.

Conclusion Le curage des ganglions après CTN est encore important dans nos services hospitaliers pour déterminer le statut de l'EG, considéré comme le principal facteur pronostique de survie. Les RH positifs améliorent la survie dans la population d'étude.

POSTER P166

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Benchiha, Nawel Nassima

REPONSE A LA CHIMIOThERAPIE NEO-ADJUVANTE ET TRAITEMENT CONSERVATEUR DU SEIN: CAS DU SOUS-TYPE MOLECULAIRE TRIPLE NEGATIF

Benchiha, Nawel Nassima^{*1}; Yekrou, Djamil¹; Moulessehou, Soraya²; Houti, Leila³

¹Université Djillali Liabès Faculté de Médecine, Algeria; ²Université Djillali Liabès Faculté des Sciences de la Vie et de la Nature, Algeria; ³Université d'Oran Faculté de Médecine, Algeria

Correspondance Benchiha, Nawel Nassima

Email: nnbenchiha@yahoo.fr

Introduction De nos jours, les femmes atteintes de cancer du sein peuvent espérer une survie prolongée et un grand nombre d'entre elles peuvent même entrevoir la guérison. La chimiothérapie néo adjuvante (CTN) est utilisée dans le traitement du cancer du sein opérable, admissible pour mastectomie, stratégie élargie, afin d'accroître le taux de conservation du sein.

Matériel Un exemple de patiente illustre l'avantage de cette approche thérapeutique chez une femme de 49 ans diagnostiquée au service d'oncologie du CHU Sidi Bel Abbès (Ouest Algérien) avec un carcinome canalaire infiltrant classé T3, N1, M0 (stade III A), de sous-type moléculaire triple négatif. Parce qu'elle désirait conserver son sein, elle a été mise sous le protocole de CTN type FEC100. Après trois cycles de traitement, la patiente présentait une progression clinique de la tumeur primaire et l'accroissement de l'atteinte axillaire. Sa chimiothérapie a été changée par 4 cures de TAC, pour laquelle il y avait une réponse clinique avec disparition complète de la tumeur. Elle a subi un traitement conservateur du sein de type quadrectomie avec curage ganglionnaire. Le rapport final histo-anatomo-pathologique ne présentait aucun signe de maladie invasive dans le sein avec absence d'envahissement ganglionnaire (7N- / 7N). La patiente est actuellement à 38 mois de survie à compté de la date de son diagnostic initial, sans signe de récidence de la maladie et en bon état général. La CTN a fourni une occasion d'évaluer l'efficacité de la chimiothérapie d'induction chez cette patiente, et de modifier le traitement par la suite, ce qui avait un effet positif sur sa maladie. Dans le cas d'une mastectomie, suivie d'une chimiothérapie adjuvante, il n'aurait pas été possible d'évaluer la progression, la malade n'aurait pas bénéficié d'autres protocoles de chimiothérapie et aurait subi une chirurgie extensive.

WORK- SHOP

Radiation and Chemotherapy (1)

14:30–15:45

Friday

20 November
2015

Benider, Abdellatif

APPROACH TO RADIOTHERAPY RESOURCE SPARING IN NORTH AFRICA

Benider, Abdellatif*¹; Benchakroun, Nadia²

¹Mohammed VI Center, Cancer Traitement, Ibn Rochd, CHU, Morocco;

²Centre Mohammed VI CHU Ibn Rochd Université Hassan II, Morocco

Correspondance Benider, Abdellatif

Email: beniderabdel54@gmail.com

Le cancer pose un problème de santé public dans le monde. En Afrique on estime à 1 million de nouveaux cas en 2020 et 21% de la population d'Afrique n'ont pas accès à la radiothérapie. L'incidence des cancers en Afrique du nord est estimée à 140 chez l'Homme et 120 chez la femme. Chez l'homme le cancer le plus fréquent est le poumon, suivi du cancer de la prostate puis les cancers rectocoliques. Chez la femme on retrouve le cancer du sein, suivi des cancers du col de l'utérus et rectocoliques. Ces pays ont connu une décentralisation de la prise en charge avec une amélioration de leurs plateaux techniques. Actuellement tous les pays disposent de plusieurs accélérateurs sauf la Libye où il existe 1 seul. Le nombre de machines par million d'habitants est estimé à 0.58 en Algérie, 0.93 en Egypte, 0.79 en Libye, 1.03 au Maroc et 1.55 en Tunisie. La technique d'irradiation dans presque tous les pays est la radiothérapie conformationnelle (3D) par contre l'irradiation avec modulation d'intensité est limitée à certains pays. Du point de vue économique, la radiothérapie conventionnelle (2D) reste une technique très abordable pour les centres non encore bien développés; vu qu'il s'agit d'une technique simple, non sophistiquée, et elle peut être réalisée par des machines de cobalt. La majorité des pays d'Afrique du nord disposent d'un équipement pour la curiethérapie haut débit. La technique à haut débit reste la plus rentable pour nos pays, vu qu'elle est réalisable en ambulatoire, elle permet d'éviter l'encombrement de l'hospitalisation et de réduire les délais de prise en charge. Les techniques innovantes doivent être limitées à des centres sélectionnés. Des projets de collaborations entre les différents pays de l'Afrique du nord sont souhaitables, en particulier dans le domaine de la formation et de la recherche.

WORK- SHOP

Curable Cervical Cancer in Africa

09:00–10:30

Wednesday

18 November
2015

Benjaafar, Noureddine

PREREQUISITES TO DELIVER CURATIVE RADIATION IN LATE STAGE DISEASE

Benjaafar, Noureddine

Institut National d'Oncologie, Morocco

Correspondence Benjaafar, Noureddine

Email: n.benjaafar@um5s.net.ma

Cervical carcinoma is the second most common cancer in women worldwide and second most frequent cause of cancer death in women from developing countries. Radiation therapy represents a very important pillar in the curative management of cervical cancer. In locally advanced stages IB2, IIA2, III, IVA according to FIGO classification, a significant improvement in local control and survival in favor of concurrent chemo-radiotherapy has been demonstrated in 5 randomized trials, then confirmed in Meta-analyses. Therefore, radiation and concurrent based cisplatin chemotherapy is the standard treatment. External beam radiation is used at a dose of 45Gy (40–50Gy) in the pelvis plus possible sidewall boost of 10–15Gy, and brachytherapy to deliver a total dose of 80–85 Gy or more to the macroscopic tumor. New radiotherapy techniques either in external beam or in brachytherapy result in good local control, overall survival and reduction in late toxicities that improves quality of life in these women.

POSTER MP020

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Benjelloun, Soumaya

MOLECULAR EPIDEMIOLOGY OF HEPATOCELLULAR CARCINOMA: NEW INSIGHTS

Rebbani, Khadija*¹; Marchio, Agnès²; Ezzikouri, Sayeh¹; Pineau, Pascal²; Benjelloun, Soumaya¹

¹Laboratoire des Hépatites Virales, Institut Pasteur du Maroc, Morocco; ²Unité d'Organisation Nucléaire et Oncogénèse, INSERM U993, Institut Pasteur, France

Correspondence Rebbani, Khadija

Email: soumaya.benjelloun@pasteur.ma

Objective Hepatocellular carcinoma (HCC) is one of the most common malignant tumors in the world and is characterized by a widespread epidemiological and molecular heterogeneity. TP53 mutations and chromosomal instability (CIN) are infrequent features in regions of low HCC incidence. Massive epigenetic changes are considered as possible surrogates to mutational processes in human cancers and represent a plausible mechanism explaining the liver tumorigenesis in absence of any mutation or CIN. We aim to characterize the tumorigenic process ongoing in low incidence areas such as North-Africa.

Method A set of 11 loci was investigated in a series of 45 tumor specimens using methylation-specific and combined-bisulfite restriction assay PCR. Results obtained on clinical samples were subsequently validated in liver cancer cell lines.

Results DNA methylation was significantly higher in tumors compared to matching non tumorous livers tissues (methylation index 44 vs 24%, $p=0.0034$). LINE demethylation was significantly associated with allelic loss at chromosome 17p where is mapping TP53 (56 vs 15%, $p=0.0067$) whereas methylation of RASSF1 was correlating with higher CIN (34 vs 17% of fractional allelic loss, $p<0.03$). Unsupervised hierarchical cluster analysis indicated that DNA methylation was increased in samples already struck by a strong CIN. More importantly, methylation index was associated with the genotype at codon 72 of the TP53 gene.

Conclusion Our data suggest that in a weakly mutagenic environment as western North Africa, TP53 codon 72 polymorphism may be the primary driver of genetic, chromosomal and epigenetic changes occurring in primary liver cancer.

POSTER P167

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Benmaarouf, Ahmed-Nouredine

**PRISE EN CHARGE DU CANCER DE LA VÉSICULE BILIAIRE EN ALGÉRIE:
EXPÉRIENCE DU SERVICE DE CHIRURGIE HEPATOBILIAIRE ET GREFFE
DU FOIE ETABLISSEMENT HOSPITALIER ET UNIVERSITAIRE
1 NOVEMBRE 1954 ORAN ALG**

Benmaarouf, Ahmed-Nouredine*; Boudjnane, Nabil; Tidjane, Anis;
Tabeti, Benali; Cherrak, Nabil; Ameur, Farid
Ehu 1Er Novembre 1954 Oran Algerie, Algeria

Correspondance Benmaarouf, Ahmed-Nouredine
Email: benmaarouf_nouredine@hotmail.com

L'incidence du cancer de la vésicule biliaire est estimé à 4.5 à 9.1 fait de l'Algérie un pays à risque élevé. Le but de cette étude est d'évaluer la prise en charge chirurgicale de ce cancer en Algérie dans le service de chirurgie hépatobiliaire et greffe du foie de l'établissement hospitalier et universitaire d'Oran. De septembre 2009 à Septembre 2014, quatre cent trente-sept (n=437) patients porteurs d'un cancer de la vésicule biliaire, ont été colligés. 206 ont été opérés dont 81 ont bénéficié d'un traitement chirurgical radical. Il s'agissait de 345 femmes (78.9%) pour 92 hommes (21.1%). La moyenne d'âge était de 63.9 ans. Le motif de consultation le plus retrouvé était la douleur de l'hypochondre droit (44,4%). La cholécystite aigue lithiasique, l'ictère de type choléstatique, une tumeur hépatovésiculaire. Deux cents six patients (n=206) ont bénéficié d'une chirurgie: Radicale chez 81 patients (39.3%), chirurgie palliative chez 78 patients (37.8%), aucun geste n'a pu malheureusement être réalisé chez 51 patients soit 24.7%. Une bisegmentectomie IVb-V associée à un curage du pédicule hépatique a été réalisée chez 75 cas (93%). Une résection selon Glen: 4 cas (5%). Une trisegmentectomie IVb-Vet VI: un cas (1%). Une cholécystectomie seule chez un patient. Une Cholangioanastomose sur le canal du segment III a été réalisée chez 28 patients. Un drainage biliaire externe percutané écho guidée chez 47 cas. Une double dérivation biliaire et digestive chez 6 cas. La morbidité post opératoire immédiate était représentée par des complications biliaires dans 35,5% des cas. La mortalité post opératoire immédiate était de 9 patients soit 4.9%. La survie globale était de 76.5% avec 62 patients vivants sans récidence à 09 mois et 5 ans. L'amélioration du pronostic du cancer de la vésicule biliaire passe obligatoirement par une prise en charge précoce, basée sur une maitrise technique chaque fois que l'opportunité d'une résection a visée curative se présente.

POSTER P013

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Bennani, Amal

LE DEVENIR DE L'ÉTAT NUTRITIONNEL AU COURS DE LA CHIMIOTHÉRAPIE DES ENFANTS ATTEINTS DE LEUCEMIE AIGÜE: EXPÉRIENCE DU CHU DE TIZI- OUZOU, ALGERIE

Bennani, Amal*; Ahmane, Hassina; Samia, Chikhi
Centre Hospitalo Universitaire Tizi Ouzou, Algeria

Correspondance Bennani, Amal
Email: ebvida_ab@live.fr

Introduction La leucémie aigue est le cancer le plus fréquent de l'enfant. Heureusement des progrès thérapeutiques permettent actuellement d'obtenir des rémissions prolongées parfois aux prix de quelques effets secondaires notamment sur la croissance

Objectif Apprécier l'évolution de l'état nutritionnel des enfants atteints de leucémie mis sous chimiothérapie.

Matériel et methode étude rétrospective descriptive sur dossiers des malades admis à l'unité hématologie pédiatrique, CHU Tizi-Ouzou, du 01 janvier 2009 au 31 décembre 2014

Résultats 42 patients, prédominance masculine sexe ratio de 0.57, moyenne d'âge de 57 mois Etat nutritionnel pré thérapeutique satisfaisant dans 80% des cas Tous les malades ont présentés en induction des troubles digestifs allant de nausées (60%) vomissements (71%) à l'anorexie tenace (09%) et mucite grave (11%) 53% des enfants ont une perte pondérale de plus de 14% en fin d'induction.

Commentaires Une vérification du statut nutritionnel est systématique en pré thérapeutique Un bon état nutritionnel antérieur est corrélé à un traitement mieux toléré et à des suites moins fâcheuses. Les besoins nutritionnels sont régulièrement évalués sous une chimiothérapie reconnue toxique et dangereuse nécessitant une collaboration multidisciplinaire (onco-pédiatre, nutritionniste, psychologue, infirmier, ...) Les conséquences de la chimiothérapie au moyen terme sont non négligeable sur l'état nutritionnel de l'enfant, bien que la majorité récupère a la fin du traitement, une surveillance prolongés de la croissance semble nécessaire.

Conclusion Il semble difficile de conserver, durant la chimiothérapie, un parfait équilibre nutritionnel, pourtant même si elle ne permet pas la guérison du cancer, l'alimentation constitue un véritable soutien thérapeutique.

POSTER P014

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Bennani, Amal

LES TUMEURS DU TRACTUS UROGÉNITAL DE L'ENFANT: EXPÉRIENCE DU CENTRE HOSPITALO-UNIVERSITAIRE DE TIZI-OUZOU, ALGÉRIE

Bennani, Amal^{*1}; Hassina, Ahmane²; Samia, Chikhi¹

¹Centre Hospitalo Universitaire Tizi Ouzou, Algeria; ²Centre Hospitalo
Universitaire de Bejaia, Algeria

Correspondance Bennani, Amal

Email: ebvida_ab@live.fr

Introduction les tumeurs du tractus urogénital constitue une part non négligeable dans le cancer de l'enfant.

Objectif décrire l'aspect épidémiologique, diagnostic, thérapeutique et évolutif de ces tumeurs chez les enfants hospitalisés en unité oncologie pédiatrique du centre hospitalo-universitaire de tizi-ouzu, Algérie.

Matériel et méthode Étude rétrospective descriptive sur dossiers des malades admis du 01 janvier 2014 au 31 mars 2015

Résultats 06 malades recensés, médiane d'âge de 2 ans et 07 mois avec des extrêmes allant de 07 mois à 5 ans et demi, nette prédominance masculine 5/1 les tumeurs identifiées sont des neuroblastomes (04 cas),néphroblastome (01 cas),tumeur de sertoli leydig (01 cas) reparties en tumeurs localisées dans 30% des cas et formes entendues métastatiques dans 70% des cas. tous les malades ont reçus une chimiothérapie intensive, 30% des malades ont subi une chirurgie(néphroblastome,neuroblastome anaplasique et la tumeur ovarienne) l'évolution au moyen terme est émaillée de complications: 100% des enfants ont fait une aplasie fébrile et des troubles digestifs; l'enfant atteint de neuroblastome anaplasique est décès commentaires: la seule fille présente un androblastome tumeur typiquement masculine, 2 tiers des enfants étaient atteint de neuroblastome et seulement moins de un tiers était une forme localisée,un seul cas a posé un problème diagnostic, enfant de 2 ans et 1/2 présentant une tumeur d'allure rénale métastatique prise pour néphroblastome alors que l'histologie à conclue à un neuroblastome anaplasique. un protocole de chimiothérapie intensive de référence est appliqué tous les cas

Conclusion Les tumeurs du tractus urogénital prennent une place importante dans les tumeurs solides de l'enfant, allant des formes les plus communes aux formes rarissime nécessitant une prise mule-desciplinaires et la collaboration des centres de références nationaux voire internationaux.

POSTER MP021

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Bennani, Bahia

KRAS MUTATIONS IN COLORECTAL CANCER: WHAT'S ASSOCIATION WITH LIFESTYLE AND NUTRITIONAL HABITS? PRELIMINARY RESULTS

El Asri, Achraf^{*1}; El Rhazi, Karima²; Karkouri, Mehdi³; Zidouh, Ahmed⁴; Fakhir, Anass⁵; El Abkari, Mohamed⁶; Bennani, Bahia¹

¹Lab. de Microbiologie et Biologie Moléculaire, Faculté de Médecine et de Pharmacie, Morocco; ²Lab. d'Épidémiologie, Recherche Clinique et Santé Communautaire, Morocco; ³Lab. d'Anatomopathologie, CHU Ibn Rochd Casablanca; ⁴Fondation Lalla Salma Prévention et Traitement des Cancers, Morocco; ⁵Lab. d'Anatomopathologie, CHU Mohamed VI Marrakech; ⁶Service de Gastro Entérologie, CHU Hassan II Fès, Morocco

Correspondence El Asri, Achraf | Email: achrafelasri@gmail.com

Objective In Morocco, we conducted a preliminary study on 62 colorectal cancer (CRC) patients to verify the implication of Kras mutations (codons 12 and 13) in this pathology in young patients (<50 years old). The results showed low rate (29%) of those mutations in this series with a higher rate in young patients. We hypothesized that Kras mutations may explain the CRC incidence observed in young Moroccan population and that those mutations may be strongly influenced by their nutritional and lifestyle habits. The objective of this study is to verify those hypotheses on a larger patient series.

Method Following approval by the Casablanca ethics committee, consenting patients from 5 Moroccan tertiary health centers with confirmed CRC were asked to answer a questionnaire on lifestyle and nutritional habits. Surgical paraffin embedded CRC samples of those patients were collected and used to isolate DNA which is amplified and analysed by high resolution melting to determine Kras status. Statistical analyses were conducted using SPSS 17.0 software; Associations between Kras mutation and nutritional and lifestyle variables were analysed using Chi2 test. Variables with $p \leq 0.20$ on univariate analysis were entered in multivariate logistic regression model to evaluate the Kras mutation and its determinants.

Results We will report preliminary results of this national multicenter study on lifestyle, nutritional habits and Kras mutations in larger series of CRC patients. The involvement of Kras mutation in CRC development in young patients will be clarified. The Kras status correlation to different nutritional and lifestyle factors will be explored to identify those associated to this mutation.

Conclusion Kras mutation rates will clarify whether anti-EGFR therapy should be part of the Moroccan CRC therapy protocol. The identification of lifestyle factors associated with Kras mutation may help establish a national CRC preventive strategy to reduce the burden of this cancer.

POSTER P168

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Bensaber, Hayette Senia

CLASSIFICATION MOLÉCULAIRE DES PATIENTES ATTEINTES DU CANCER DU SEIN A L'OUEST ALGÉRIEN

Bensaber, Hayette Senia^{*1}; Bicout, Domimique Jean²; Bensnouci, Azziz³; Chebloune, Yahia⁴; El Kébir, Fatima Zohra⁵

¹Univ. des Sciences et de la Technologie d'Oran (Ustomb), Algeria; ²Lab. Tmc – Umr 5525 Faculté de Médecine, Domaine de la Merci, Grenoble, France; ³Lab. d'Anatomopathologie de l'Hôpital Militaire Universitaire et Régional d'Oran HMRUO, Algeria; ⁴Lab. Adaptation et Pathogénèse des Micro-Organismes, Lapmo, UMR 5163 CNRS – Univ. Joseph Fourier, Institut Jean Roget, France; ⁵Univ. d'Oran, Faculté des Sciences, Lab. de Biologie du Développement et de la Différenciation Lbdd., Algeria

Correspondence: Bensaber, Hayette Senia | bensaber.hayette@yahoo.fr

Introduction La classification moléculaire des cancers du sein basée sur l'expression génique puis sur le profil protéique a permis de distinguer cinq groupes moléculaires: luminal A, luminal B, Her2/neu, basal-like et non-classées. L'objectif de cette étude réalisée à l'Hôpital Militaire Régional Universitaire d'Oran (HMRUO) est de classer 335 cancers du sein infiltrant en groupes moléculaires, puis de les corrélés avec les caractéristiques clinico-pathologiques.

Méthode Etude rétrospective étalée sur 45 mois, comportant 335 patientes colligées à l'Hôpital Militaire Régional Universitaire d'Oran (HMRUO) pour le diagnostic et le suivi. Les tumeurs sont analysées histologiquement et classées après une étude immunohistochimique en groupes: luminal A, luminal B, Her2+, basal-like et non-classées.

Résultats 54.3% des tumeurs sont du groupe luminal A, 16% luminal B, 11.3% Her2+, 11.3% basal-like et 7% non-classées. Le groupe luminal A renferme le plus faible taux de grade III, d'embolies vasculaires ainsi que de métastases; alors que le groupe des non-classées et basal-like représentent un taux élevé de grade III, une faible proportion d'embolies vasculaires et d'envahissement ganglionnaire. Ces facteurs sont significativement élevés dans les groupes luminal B et Her2+ avec un taux de survie globale de 78% et 76% respectivement. Dans le groupe luminal A, la survie globale des patientes est élevée (87%) alors qu'elle n'est que de 49% dans le groupe des triples négatifs (basal-like et non-classés).

Conclusion Le groupe luminal B est différent du luminal A et il est de pronostic péjoratif vis à vis du groupe Her2+. Les caractéristiques clinico-pathologiques concordent avec le profil moléculaire donc devraient être pris en considération comme facteurs pronostiques.

POSTER P001 (LB)

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Berkane, S

LA CHIMIOThERAPIE INTRA-PERITONEALE ADJUVANTE APRES CHIRURGIE RADICALE POUR CANCER COLIQUE CLASSE PT4

Berkane, S^{*1}; Ali Benamara, F¹; Gasmi F; Bennani, A¹; Chafi, F¹; Lachouri, A¹; Abid, L²

¹Service de Chirurgie Viscérale et Oncologique; ²Hôpital de Bologhine, Alger

Correspondance Berkane, S

Email: salahberkane07@yahoo.fr

Introduction La récurrence péritonéale est l'une des causes d'échec du traitement chirurgical du cancer colorectal localement avancé (pT4). La prévention de sa survenue est l'association d'une chimiothérapie intrapéritonéale.

Matériel et méthode Nous avons associé une chimiothérapie intrapéritonéale postopératoire immédiate (CIPPI) chez tout patient porteur d'un cancer colique classé pT4 (sérouse et/ou organe de voisinage envahis) après résection curative (R0). Cette CIPPI débute dès la fin de l'intervention et elle est poursuivie jusqu'au 5^e jour postopératoire. Le protocole utilisé est l'association de la mitomycine au J0 au 5 fluoro-uracile sur les 4 jours suivants. Le suivi moyen dans série est de 75 mois (4-174 mois).

Résultats Nous avons inclus 62 patients répartis en 32 hommes et 30 femmes, d'un âge moyen de 51,7 ans (23–80 ans). La tumeur était étendue à un ou 2 organes de voisinage chez 19 patients (30,6%). 20 patients (32,2%) présentaient une infiltration ganglionnaire (stade III). Un élargissement du geste a été nécessaire pour extirper la tumeur chez 20 patients (32,2%). Une chimiothérapie systémique a été instituée chez 50 (80,6%) malades durant les 6 mois postopératoires. La morbidité et la mortalité sont respectivement de 32,2% et de 1,6%. A distance, 10 patients (16,1%) ont récidivé avec respectivement une localisation métastatique hépatique dans 3 cas dont une associée à une localisation péritonéale, 2 localisations ganglionnaires et une localisation colique. Le taux de récurrence péritonéale est donc de 2,4%. 48 patients (77%) sont en vie sans récurrence et un patient poursuit sa chimiothérapie pour une métastase hépatique apparue au 14 mois postopératoire. 7 patients (11,3%) sont décédés suite à une récurrence. Les survies moyenne et médiane à 3 ans et 5 ans sont respectivement de 62 mois, 50 mois, et 58% et 43,5%.

Conclusion Cette approche thérapeutique préventive de la carcinose nous semble prometteuse et nous permet d'inclure un plus grand nombre de patients.

POSTER P020 (LB)

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Berkane, S

LE CANCER COLORECTAL DU SUJET JEUNE RESEQUE A LE MEME PRONOSTIC QUE CELUI DE SUJET AGE

Berkane, S*; Abid, L

Service de Chirurgie Viscérale et Oncologique; Hôpital de Bologhine; Alger

Correspondance Berkane, S

Email: salahberkane07@yahoo.fr

Introduction Le cancer colorectal du sujet jeune est classiquement de mauvais pronostic. Les progrès de la prise en charge du cancer colorectal ces vingt dernières années permettent d'associer divers thérapeutique afin de guérir le maximum de patients. Le but de ce travail est d'analyser la prise en charge de tous les cancers colorectaux du sujet jeune (40 ans et moins) ces vingt dernières années dans notre service.

Matériel et méthode Tous les patients âgés de 40 ans et moins et qui ont été traités à visée curative ont été inclus dans cette étude. Les paramètres uivants ont été étudiés: âge, sexe, stade, complication de la maladie, traitement utilisé, morbidité, mortalité, survie à 5 ans et 10 ans et récidence ou cancer métachrone à distance.

Résultats 70 cas ont été colligés. Il s'agit de 37 hommes et 33 femmes, d'un âge moyen de 31 ans (15–40 ans). La durée moyenne d'évolution avant le traitement est de 8 mois (3–36 mois). 44 patients avaient une tumeur localisée au tube digestif, 17 avec une extension locorégionale et 6 au stade métastatique. 12 patients ont été initialement traités pour une complication de la maladie. 8 traitements néoadjuvants ont débuté la séquence thérapeutique. Un élargissement du geste a été nécessaire chez 11 patients. La morbidité et la mortalité ont été respectivement de 38,8% et 2,8%. La survie globale à 5 ans est de 41%. La survie pour les résections R0 et R1+R2 est respectivement de 55% et 0%. 2 patients ont présenté un polype et une nouvelle localisation traités avec succès.

Conclusion Le cancer colorectal du sujet jeune a le même pronostic que celui du sujet âgé lorsqu'une chirurgie radicale de type R0 est appliquée. A côté des moyens thérapeutiques multiples, une reconnaissance au stade utile devrait permettre de traiter un plus grand nombre de patients et c'est une des voies à développer dans notre environnement.

POSTER P035 (LB)

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Berkane, S

PRISE EN CHARGE DES CARCINOSES PERITONEALES D'ORIGINE DIVERSES: RESULTATS IMMEDIATS ET A LONG TERME

Berkane, S*; Bennani, A; Bouazza, A; Abid, L

Service de Chirurgie Viscérale et Oncologique, Hôpital de Bologhine, Alger

Correspondance Berkane, S

Email: salahberkane07@yahoo.fr

Introduction La prise en charge de la carcinose péritonéale est un challenge pour le chirurgien. L'avancée en chimiothérapie systémique et intrapéritonéale a permis des changements tangibles. Nous avons utilisé l'association de la chirurgie à la chimiothérapie systémique et intrapéritonéale à travers 2 approches: 1 temps et 2 temps. Le but était d'obtenir une résection de type CCO. Ce travail est une analyse rétrospective de ces 2 approches.

Matériel et méthode tous les patients dont la carcinose a été réséquée en 1 ou 2 temps ont été dans cette étude.

Résultats Quarante-deux patients ont été colligés. Il s'agit de 28 femmes et 14 hommes d'un âge moyen de 51,3 ans (16–80 ans). Par ordre décroissant, il s'agissait de 21 cancers colorectaux, 10 cancers de l'ovaire, 3 cancers gastriques, 3 tumeurs stromales, 2 cancers de la vésicule biliaire, 1 pseudomyxome, 1 tumeur duodénale, 1 liposarcome. 5 patients présentaient une atteinte métastatique hépatique et 3 présentaient une métastase ovarienne. L'approche en 2 temps a été réalisée chez 15 patients (35,7%) et l'approche en 1 temps chez 27 patients (64,3%). Le nombre total d'interventions a été de 57. Trente-deux patients (76%) ont bénéficié d'une chimiothérapie intrapéritonéale associée à la chirurgie de cytoréduction. La morbidité et la mortalité sont respectivement de 23% et 12,8%. Sept patients (20,5%) ont bénéficié d'une résection itérative de leur carcinose péritonéale. Cette résection a été associée à nouveau à une chimiothérapie intrapéritonéale. La survie à 3 ans et 5 ans est respectivement 35,5% (12/34) et 23,5% (8/34). L'approche en 2 temps a permis de constater une diminution significative du PCI sans laquelle la résection n'aurait pas été possible.

Conclusion Les résultats obtenus dans notre série nous permettent d'envisager une prise en charge multimodale de la carcinose péritonéale en utilisant la chimiothérapie néoadjuvante, la chimiothérapie intrapéritonéale et une chirurgie de cytoréduction complète en 1 ou 2 temps. Le début par une chimiothérapie néoadjuvante (2 temps) semble plus intéressante que l'approche en 1 temps.

POSTER P047 (LB)

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Berkane, S

SYSTEMIC ADJUVANT CHEMOTHERAPY FOR GALLBLADDER CARCINOMA: IMMEDIATE AND LONGER TERM RESULTS OF MONOCENTRIC SERIE OF 60 PATIENTS

Berkane, S*; Ali Benamara, F; Annane, N; Abid, L
Department of General and Oncological Surgery, Bologhine, Algiers

Correspondence Berkane, S

Email: salahberkane07@yahoo.fr

Introduction Radical surgery for gallbladder carcinoma even when it is aggressive could not cure this disease. Five years for invasives tumours (above pT1) is in the optimistic view at 10%. One between several approaches is to add adjuvant therapy to the surgical treatment in the purpose to ameliorate this five years survival. The aim of this study is to report the results of association of the surgery and systemic adjuvant chemotherapy.

Material and method All the patients with gallbladder treated by the association of radical surgery and systemic adjuvant therapy were included in this retrospective study (this approach was realized prospectively). The second criterion to be included was following of at minimally 4 months of this systemic adjuvant chemotherapy. The principal purpose of this study is the survival at 5 years and the accessory purpose is the rate of complications of systemic adjuvant chemotherapy. The mean duration of follow-up is 56 months (12–141 months).

Results Of 153 patients, 60 cases (37%) respond to the criteria study. 59 (98,3%) of patients were in stages III and IV and 30 cases were metastatic (50%)... (Hepatic, and peritoneal and nodes metastases). One patient was excluded from the study following a presentation of chest angina crisis but he is included for the analysis of the rate of complications. We used 2 protocols of adjuvant chemotherapy (protocol A: association of 5 Fluorouracile-Cisplatin and protocol: Gemcitabine-Cisplatin). Two patients received others protocols. Grade IV toxicity concerned 10% of patients (haematological toxicity and chest angina). One patient was dead from a complication of chemotherapy. 70% of patients experienced grade I and II toxicity (digestive and haematological toxicity). 26 patients (43,3%) experienced a recurrence with mean time of 19 months (6–36 months). 40 patients (56,7%) free of recurrence with follow-up of 56 mois (6–141 mois). The global 3 and 5 years survival are respectively 43% and 25%.

Conclusion These results show that adjuvant systemic chemotherapy used in this study is safe and improves the results of radical surgery of advanced gallbladder carcinoma. The 5-year survival obtained in this study is high compared with the results of only surgery. There are a lot of needs to test new antimitotic drugs and/or new protocols in this aggressive disease.

POSTER P055 (LB)

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Berkane, S

TUMEURS STROMALES GASTRO-INTESTINALES: RESULTATS IMMEDIATES ET A LONG TERME CHEX 42 PATIENTS

Berkane, S*; Abid, L

Service de Chirurgie Viscérale et Oncologique, Hôpital de Bologhine, El Hammamet, Alger

Correspondance Berkane, S

Email: salahberkane07@yahoo.fr

Introduction Les tumeurs stromales gastro-intestinales ont vu leur pronostic changé par l'introduction de l'Imatinib qui a transformé l'approche thérapeutique. Cette étude rétrospective a pour d'analyser les résultats immédiats et à long terme de tous les cas traités dans notre service.

Matériel and méthode tous les patients avec le diagnostic histologique de tumeur stromale et traitée dans notre service ont été inclus dans l'étude. Les paramètres suivants ont été étudiés: âge, sexe, localisation de la tumeur, stade, histologie classique, étude en immuno-histochimie, traitement chirurgical, complications postopératoires, traitement adjuvant, récurrence, traitement de la récurrence et survie à long terme. Le suivi a été obtenu soit par le suivi continu, par le contact du médecin traitant er par téléphone. La durée du suivi est de 144 mois (9–276 mois).

Résultats 42 cas ont été colligés. Il s'agit de 28 femmes et 14 hommes avec un âge moyen de 56 ans (16–76 ans). La localisation tumorale se distribue comme suit: estomac 15cas, intestin grêle 12 cas, rectum 4 cas, duodénum et colon 2 cas chacun et divers 7 cas. Les tumeurs étaient localisées à l'organe dans 26 cas, étendues aux organes de voisinage dans 9 cas et métastatiques dans 7 cas. Le traitement chirurgical a été à visée curative chez 36 patients (85,7%) et à vise palliative chez 6 patients (4,3%). La morbidité et la mortalité ont été respectivement de 12% et 7,3%. Une récurrence tumorale a été diagnostiquée chez 14 patients (39%) et 93% de ces récurrences étaient localisées dans la cavité péritonéale. Ces récurrences on été traitées chirurgicalement dans 9 cas (64,3%) et médicalement (Imatinib) suivi par une chirurgie dans un cas. 22 patients sont en vie à l'heure actuelle et 5 sont décédés. La survie globale à 5 ans est de 24,4%. 2 patients ont été traités par une approche multimodale pour une extension péritonéale et sont vivants au delà de 5 ans.

Conclusion Nos résultats montrent qu'une approche multimodale et agressive est la meilleure voie pour la prise en charge des tumeurs stromales gastro-intestinales.

POSTER MP023

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Berni, Imane

CARCINOGENIC PESTICIDE USE PATTERN AMONG FARMERS IN RURAL REGION OF MEKNES (MOROCCO)

Berni, Imane^{*1}; Atassi, Mariam²; Nejari, Chakib²; Zidouh, Ahmed³; El Jaafari, Samir⁴; El Rhazi, Karima²

¹Lab. Interactions Cellules – Environnement, Faculté des Sciences, Univ. Moulay Ismail, Meknès, Morocco; ²Lab. d'Epidémiologie, Recherche Clinique et Santé Communautaire, Faculté de Médecine et de Pharmacie, Univ. Sidi Moh, Morocco; ³Fondation Lalla Salma Prévention et Traitement des Cancers, Morocco; ⁴Lab. Interactions Cellules – Environnement, Faculté des Sciences, Univ. Moulay Ismail, Meknès

Correspondence Berni, Imane | Email: imane.berni@gmail.com

Objective The present study was conducted to explore the pattern of pesticide use among farmers in rural region of Meknes with an attempt to identify the lacunae in their knowledge and awareness level on risks of pesticides use.

Method A cross-sectional study was conducted in farmers of a rural region of Meknes in 2008. Data analysis was performed by using descriptive statistical methods.

Results A sample of 402 individuals was included in this survey, it was found that age of farmers interviewed lie between 18 years and 72 years with absolute male dominance. The educational status of them was poor with only 35.3% illiterates, 41% had completed primary studies, 14.8% secondary. Vine and potato crops, as well as arboriculture record the most important use of insecticides or pesticides with respective frequencies as follow: 45.9%, 30.7% and 53.9%. Among survey interviewees, 75.2% have used fungicides, 76.7% for insecticides, 77.6% for herbicides, 13.6% for miticides and 20.7% don't use any chemical product. According to IARC monography, some of these products as Manebe, Malathion, Zirame and Thirame are classified as carcinogenic. Many surveyed farmers follow logic of massive pesticide treatments. 80.5% of workers making phytosanitary treatments do not wear protection. 75.9% of respondents used a spray equipment. The use of precautionary measures remains occasional or even non-existent for some respondents. Other factors that increase risk have been analysed in the target population, such as smoking. 47.3% have ever smoked cigarettes in their lives. Concerning alcohol consumption, 31.7% have already consumed. Among them, 24.4% currently consume.

Conclusion The study suggested that farmers were exposed to highly hazardous, with insufficient protection. The study establishes a diagnosis of farmers exposure to carcinogenic chemicals in Meknes and constitutes an important basis for defining preventive measures against risk factors linked to cancer in farms.

POSTER MP024

Moroccan

Poster Room

Friday–Sunday

20–22

November

2015

Berrada, Sofia

CARCINOME TRICHOBLASTIQUE DE LA FACE: A PROPOS D'UN CAS

Berrada, Sofia

Anatomie Pathologique, Morocco

Correspondance Berrada, Sofia

Email: sf.berrada@gmail.com

Le trichoblastome malin ou carcinome trichoblastique est une tumeur épithéliale annexielle maligne rare touchant habituellement le sujet âgé. Son diagnostic est toujours histologique.

Nous rapportons l'observation d'un homme âgé de 50 ans sans antécédents pathologiques particuliers qui a consulté pour une tumeur géante de la face évoluant depuis 4 ans. Une biopsie a été réalisée et l'analyse histologique a objectivé un aspect morphologique en faveur d'un carcinome trichoblastique. Le patient est donc programmé pour une exérèse chirurgicale large.

Le carcinome trichoblastique est une entité rarissime souvent confondue histologiquement avec le carcinome basocellulaire ou le carcinome sébacé. Elle n'est rapportée que sporadiquement dans la littérature et mérite d'être mieux cernée tant sur le plan anatomoclinique que thérapeutique vu le risque élevé de récurrence et de métastase. 1 sur 1.

POSTER P169

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Bettache, Ghizlane

ACÉTATE D'ABIRATERONE DANS LE TRAITEMENT DU CANCER DE PROSTATE MÉTASTATIQUE RÉSISTANT À LA CASTRATION (CPRCM) PRÉTRAITÉS PAR DOCETAXEL: À PROPOS DE 14 CAS

Bettache, Ghizlane*; Boudinar, Fatima; Belalia, Schahrazed; Betkaoui, Farida; Sadji, Nawel; Louala, Fadia; Zemmour, Amel; Rekaï, Kheira; Larbaoui, Blaha
Anti Cancer Center, Algeria

Correspondance Bettache, Ghizlane
Email: ghezlanedz@yahoo.fr

Introduction Le cancer de la prostate est le premier cancer urologique en terme de fréquence chez l'homme; cette dernière décennie a été marqué par l'avènement de nouvelles thérapies qui ont permis d'améliorer la prise en charge.

Objectif Etudier l'efficacité en termes de réponse PSA, survie sans progression et la tolérance de l'acétate d'abiraterone, un inhibiteur sélectif de la synthèse des androgènes dans le traitement du cancer de prostate métastatique et résistant à la castration(CPRCm) après échec du Docetaxel. Méthodologie: Etude rétrospective réalisée sur des patients ayant un CPRCm traités par acétate d'abiraterone à la dose de 1000mg/j + prednisone 5mg2×j après échec d'une chimiothérapie à base de Docetaxel.

Résultats Quatorze patients ont été inclus, l'âge médian était de 68ans extrême (55–82); PS 1(57%) 2 (43%); médiane PSA était de 142ng/ml extrême (37–561); médiane score de Gleason était 8 extrême (5–9); les sites métastatiques retrouvés étaient osseux chez tous les patients (100%), ganglionnaires 6 patients (42%), viscérales 4 patients (28,5%). Une chute des taux de PSA était observée chez 9 patients avec une diminution supérieure à 50%, inférieur à 50% chez 4 patients (28%) et 5 patients (36%) respectivement, 2 patients ont présenté une résistance primaire au traitement, progression 3 (21%). La médiane de survie sans progression était de 7 mois. Les principaux effets secondaires G1/G2 était hypokaliémie 2 patients, hypertension artérielle 3 patients, syndrome de rétention hydro sodé 3 patients, asthénie 2 patients, perturbation du bilan hépatique 2 patients.

Conclusion L'acétate d'abiraterone est un traitement qui a montré une efficacité chez les patients présentant un CPRCm et prétraités par Docetaxel avec un profil de tolérance acceptable.

POSTER P022

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Bey, Pierre

RETINOBLASTOMA IN SUB-SAHARAN AFRICA: A PROGRAM TO DEVELOP EARLY DIAGNOSIS, ACCESS TO TREATMENTS AND REHABILITATION.TREATMENTS AND REHABILITATION

Bey, Pierre*¹; Sylla, Fatoumata²; Traoré, Fousseyni³; Togo, Boubacar³; Traoré, Cheick⁴; Desjardins, Laurence⁵

¹Alliance Mondiale Contre le Cancer, France; ²Institut d'Ophtalmologie Tropicale de l'Afrique, Mali; ³CHU Gabriel Touré, Mali; ³CHU Gabriel Touré; ⁴CHU Point G, Mali; ⁵Institut Curie, France

Correspondence Bey, Pierre

Email: pierre.bey@curie.fr

Introduction Retinoblastoma (RB), even if it is a rare tumor, is the second solid tumor observed in units of the Groupe Franco-Africain d'Oncologie Pédiatrique (GFAOP). In sub-Saharan French speaking countries (265 million people), about 500 new cases of RB appear each year. Five years ago, at least two-thirds of the children with RB had extra-ocular extension at diagnosis, with a cure rate less than 40% (while cure rate in France as in other western countries is over 95% thanks to early diagnosis and rapid access to a competent team). In 2011, with a team in Bamako, Dr F Traore and Dr F Sylla from Institut d'Ophtalmologie Tropicale de l'Afrique (IOTA), the World Alliance against Cancer (AMCC) developed with GFAOP and Curie Institute (Paris), a programme to improve early diagnosis, access to treatments and rehabilitation of children with RB in French speaking sub-Saharan African countries.

Objective The aim of this programme was to demonstrate that it is possible in a few years to reduce mortality and to improve quality of life through rehabilitation and vision preservation for children with RB.

Results The programme included facilitating access to diagnostic exams, ophthalmic surgery, prosthesis, chemotherapy and strengthening pathology. It offered additional training in Paris for physicians and health personnel on RB. It provided information to health personnel in primary care centres and to parents on RB, with the development and broadcasting of radio and television spots. The programme was launched in Bamako in November 2011 for Mali. After this first experience, it was implemented in Democratic Republic of Congo (2012), Senegal and Ivory Coast (2013), and then Madagascar (2014). The results obtained in Mali since 2012 (slow decrease in mortality, more early diagnosis, over 80% of complete remission in intraocular unilateral cases and prosthesis in all enucleated patients) showed an improvement. Conservative treatment with laser therapy was introduced last year.

WORK- SHOP

Burkitt's Lymphoma

11:00–13:00

Saturday

21 November

2015

Bhatia, Kishor

EPSTEIN BARR VIRUS VARIANTS IN BURKITT'S LYMPHOMA

Bhatia, Kishor^{*1}; Lei, Haiyan²; Nkrumah, Francis³; Guttierrez, Marina⁴; Mbulaiteye, Sam⁵; Lo, Shyh-Ching⁶

¹NCI, United States; ²CBER, FDA, United States; ³Univ. of Ghana, Ghana;

⁴Lab. Stambouliau, Argentina; ⁵NCI, United States; ⁶CBER, FDA, United States

Correspondence Bhatia, Kishor

Email: bhatiak@mail.nih.gov

We investigated EBV genome variations in 30 BL biopsies. First, we conducted non-biased, high-throughput genomic sequencing of 12 BL biopsies from South America (Argentina and Brazil) and Africa (Ghana). The obtained reads were analysed phylogenetically and compared with 100 published EBV genomes sequenced from normal and EBV-associated tumor samples from people around the world. The 12 BL EBVs were Type 1. As compared with WT-EBV a 2.1 kb sequence stretch covering LMP-1 promoter and N-terminus of coding sequence revealed a total of 51 common nucleotide variations in our 12 BL EBVs: 19 were in the promoter region and 32 in the coding region. Importantly, 23 common nucleotide variations (12 in the promoter region and 11 in the coding region) were novel and were shared by the 11 similar BL-EBVs. Highly similar or identical changes were also found in the EBV from four lympho-proliferative disorders and three lymphoblastoid cell line from US and Australia. Among the reported EBV sequences from BL cell lines from diverse populations only one carries this LMP-1 variant. Alignment of the LMP-1 promoter and gene for the 112 EBV genomes revealed four distinct patterns, tentatively termed patterns A through D, with the novel changes discovered in our BL EBVs found in pattern A. To further confirm the association of this LMP-1 variant with BL biopsies, we separately investigated additional 18 BL biopsies using Sanger sequencing of PCR products amplified from the target region. Our results confirmed these novel sequences in 29 BL biopsy EBVs irrespective of the population from which the BL biopsies were obtained. Our results from BL biopsies reveal a strong correlation of specific EBV subtype associated with a novel LMP-1 variant and also suggest that EBV in BL cell lines may not be representative of EBV in primary BL biopsies. The association of EBV with variant LMP-1 in BL needs to be confirmed in case-control studies.

POSTER P174

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Bhiri, Hanen

BONE EWING'S SARCOMA IN ADULTS: EXPERIENCE IN CENTER OF TUNISIA

Bhiri, Hanen*; Chabchoub, Imen; Ammar, Nouha; Ezzairi, Faten; Bellemlih, Githa; Ben Fatma, Leila; Ben Ahmed, Slim
Service d'Oncologie Médicale CHU Farhat Hached, Tunisia

Correspondence Bhiri, Hanen
Email: bhirihanen@yahoo.com

Introduction Ewing's sarcoma/PNET is a disease of childhood rarely seen in adults. Accordingly, there is a relative paucity of published literature pertaining to outcome for adults with this disease.

Objective To assess outcome and prognostic factors for survival of adults with Ewing's sarcoma bone.

Patient and method We reviewed the clinical features, treatment, and outcome of 20 consecutive patients with Ewing's sarcoma treated on Farhat Hached Hospital from 2003 to 2013 according to Euro-Ewing 99 protocol.

Results The 7 male and 13 female patients had a median age of 23 years (range 18 to 28 years). Lower limb was the most common primary tumor site (50%). Primary tumor sites localized at the long bone in 12 patients (60%) and at the hipbone in 5 patients (25%). The median tumor size was 20 cm (range 2 to 56 cm). Thirteen patients (65%) had no metastasis and 7 had evidence of metastatic disease at presentation (35%). All patients were treated with chemotherapy. Surgery was performed in 65% of patients and was combined with radiotherapy in 12%. Histological good response was obtained in 54%. Three relapses (15%) have occurred (one metastatic and two local). Complete remission occurred in 6 patients (30%). The Kaplan-Meier estimate of 5-year overall survival (OS) in all patients was 46%. When patients with metastatic disease at presentation were excluded, the OS increased to 60%.

Conclusion The behavior of Ewing's sarcoma in adults is no different from its behavior in children. Adult patients with Ewing's sarcoma at highest risk for death are those who have metastatic disease. The development of novel therapies should target these high-risk groups.

POSTER P175

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Bhiri, Hanen

SARCOMES DES PARTIES MOLLES: ETUDE RETROSPECTIVE DE 60 CAS ET REVUE DE LA LITTERATURE

Bhiri, Hanen*; Ammar, Nouha; Gharbi, Olfa; Chabchoub, Imen; Ezzairi, Faten; Ben Fatma, Leila; Ben Ahmed, Slim
Service d'Oncologie Médicale CHU Farhat Hached, Tunisia

Correspondance Bhiri, Hanen

Email: bhirihanen@yahoo.com

Introduction Les sarcomes des tissus mous histologiques est une entité de sarcome qui regroupe différents types différents de grades divers. Ils peuvent affecter tous les sites anatomiques. Il s'agit d'une tumeur rare dont la chimio sensibilité est intermédiaire et les indications thérapeutiques et les facteurs pronostiques sont non consensuels. Le but de ce travail était d'analysant les caractéristiques anatomocliniques, les résultats thérapeutiques et rapporter les facteurs pronostiques de sarcome de tissu mou.

Méthode Notre travail est une étude rétrospective portant sur 60 patients atteints de sarcome des parties molles localement évoluées et métastatiques prouvées histologiquement et traitées au service de Médecine Carcinologique de CHU Farhat Hached de Sousse entre janvier 2002 et Décembre 2011. Les survies étaient analysées selon la méthode de Kaplan-Meier.

Résultats L'âge médian des nos patients était de 43.3 mois avec des extrêmes allant de 17 à 92 ans. IL n'existait pas de différence de sexe avec un sexe ratio de 30 hommes/30 femmes. Le mode de révélation principal était la tuméfaction (68.3%). Le type histologique principal était le synoviosarcome (20%). La localisation principale était le membre inférieur (43.3%). La taille moyenne était de 10.4 cm (entre 1 et 37 cm). Soixante dix sept patients ont été traités chirurgicalement d'emblée dont 65.3% par une exérèse radicale (marges saines). Le traitement était une chimiothérapie palliative à type d'adriamycine holoxan dans 70.5%. La survie à 5 ans était de 48%avec une moyenne de survie globale à 33.6 mois.

Conclusion La prise en charge des sarcomes des tissus mous est multidisciplinaire et repose avant tout sur une exérèse si possible radicale. Les efforts doivent être poursuivis pour améliorer la qualité de la prise en charge des tumeurs primitives au mieux réalisée dans des centres expérimentés.

POSTER P176

**General Poster
Display**
Saturday &
Sunday
21 & 22
November
2015

Bidoli, Ettore

OPPORTUNISTIC AND POPULATION-BASED SCREENING PROGRAMS IN THE WILAYA OF SETIF, ALGERIA

Bidoli, Ettore*¹; Serraino, Diego¹; Mahnane, Abbes²; Boukharouba, Hafida²; Virdone, Saverio¹; Birri, Silvia¹; Hamdi Cherif, Mokhtar²

¹Cro Aviano National Cancer Institute, IRCCS, Italy; ²Faculty of Medicine, University of Setif; Setif Cancer Registry, Algeria

Correspondence Bidoli, Ettore

Email: bidolie@cro.it

Objective Population-based screening programs aimed at reducing breast, colorectal, and cervical cancers will be subsidized by the Algerian National Cancer Plan 2015–19. This study intended to describe incidence rates of these three cancers in the Wilaya of Setif, Algeria, from 1986 throughout 2010.

Method Incident cases were provided by the population-based Cancer Registry of Setif, disentangled by site, morphology, age, sex, and calendar period. The general population was obtained from the Algerian Institute of Statistics. Age-standardized rates (world population) (ASR-WR) were computed by quinquennia (from 1986–90 to 2006–10). Annual Percent Changes (APCs) were computed for the period 1996–2010.

Results During 2006–10 period, colorectal cancers represented 9.6% of all cancers diagnosed in men, while colorectal, breast, and cervical cancers represented 50.9% of all cancers in women. In women, statistically significant decreasing trends were observed for cervical cancer (APC = −4.2%/year), particularly in the 45–64-year age group (−5.9%). In all age groups, a drop of the squamous cell carcinoma (SCC) histologic subtype (89% of all cervical cancer diagnoses in 1986–1990, vs. 53% in 2006–2010) was observed. Statistically significant increasing trends were displayed by both colorectal cancer (+5.4% in men, and +4.5% in women) and breast cancer (+8.2%) mostly above the age of 45 years.

Conclusion The decrease of cervical cancer can be ascribed to opportunistic early detection by cytological screening, which is more effective in detecting SCC than adenocarcinomas. The variations observed for colorectal and breast cancers can give clues about large scale changes in exposure to risk factors, and to improvements of early diagnosis. International recommendations against cancer must be strongly promoted in Setif after taking into account epidemiological transition, lifestyle, environmental changes, health education, and limited access to health care facilities.

WORK- SHOP

Free
Communication
of Abstracts 6
16:00–17:30
Saturday
21 November
2015

Bigger, Elizabeth

STRATEGIES TO IMPROVE CANCER PATIENT FOLLOWUP AND SURVIVAL OUTCOMES IN BOTSWANA: THE MULTIFACETED APPROACH OF THE BOTSWANA PROSPECTIVE CANCER COHORT

Bigger, Elizabeth^{*1}; Mapes, Abigail C.²; John, Oaitse²; Brown, Carolyn A.²; Hodgeman, Ryan²; Dryden-Peterson, Scott³

¹Massachusetts General Hospital, Harvard Medical School, United States;

²Botswana Harvard Aids Institute, Botswana; ³Brigham and Women's Hospital, Harvard Medical School, United States

Correspondence Bigger, Elizabeth

Email: e.bigger@gmail.com

Objective Reliable cancer patient followup (f/u) is essential in LMICs. The Botswana Prospective Cancer Cohort (BPCC) developed a multifaceted approach to achieve a high retention rate.

Method We enrolled consenting adult cancer patients in 3 referral hospitals. Research assistants (RAs) used mobile phones with prepaid airtime to establish vital status. RAs first called patients directly; if unsuccessful, then family members, local clinics, or village chiefs. If these efforts failed, RAs performed home visits. Current f/u is defined as either confirmed deceased or contact within 6 months if living. We reviewed the monthly airtime cost, and approximated the airtime minutes according to local rates. We evaluated patients enrolled before May 2013 for study retention status at two years. We quantified the use of different followup approaches in a random 100 patient sample.

Results Mean expense (in BWP) of airtime per month and per contacted patient was 411, 3.87 in 2013; 937, 4.04 in 2014; and 1421, 4.50 in 2015 respectively. From 2010 until May 2013, BPCC enrolled 551 patients. 534 (96.9%) had current f/u data, 5 (0.9%) were lost to short f/u (6–12 months), 11 (2%) were lost to long f/u (>12 months), and 1 was taken off study. 283 (51%) were deceased, 256 (46%) were alive with current f/u, 2 (0.4%) were alive but lost to short f/u and 11 (2%) were alive but lost to long f/u. 346 were male (63%), 292 (59%) were HIV-infected, 465 (84%) lived in villages/farms vs. city/towns, 210 had advanced stage cancer (30%, Stage 3 or 4), and 332 (60.2%) lived in districts containing or abutting Gaborone. Three-quarters of a random 100 patient selection had f/u established by personal phone contact, 84% by family phone contact, 5% by local clinic contact, and 5% by home visits.

Conclusion At low cost, the BPCC f/u system used mobile phone contacts and home visits to achieve a retention rate of 97% for cancer patients. A similar strategy can be adapted in other LMICs.

WORK- SHOP

AORTIC-
MDACC-ASCO

Joint Session

11:00–13:00

Wednesday

18 November
2015

Black, Shon

BREAST CANCER AND THE ROLE OF SURGERY: IMPROVED AXILLARY EVALUATION WITH “TARGETED AXILLARY NODE DISSECTION” AFTER PRE-OPERATIVE CHEMOTHERAPY FOR NODE POSITIVE BREAST CANCER

Black, Shon*; Caudle, AS; Mittendorf, EA; Hunt, KK; Kuerer, HM
University of Texas MD Anderson Cancer, United States

Correspondence Black, Shon
Email: DMBlack@mdanderson.org

Background Approximately 25% of breast cancer patients present with axillary lymph node metastasis diagnosed on ultrasound guided fine needle aspiration (FNA). With increasing use of neo-adjuvant chemotherapy, 40–80% of patients have no residual metastasis on pathology analysis of the axillary lymph node dissection (ALND), resulting in a large number of unnecessary axillary surgery. ALND has significant morbidity with high rates of lymphedema, pain, limited arm function and quality of life. The present study evaluated a novel technique called “targeted axillary dissection” (TAD) which selectively excises the known metastatic axillary node along with performing a sentinel lymph node dissection (SLND) to determine if it accurately reflects response to pre-operative chemotherapy.

Method Breast cancer patients with biopsy proven axillary node metastasis receiving pre-operative chemotherapy were enrolled in an IRB approved prospective study from 2011-2015 at a single institution. A marker clip was placed into the metastatic node at FNA. A radioactive I125 seed was placed into the clipped node with ultrasound guidance the day before surgery. A gamma probe was used intra-operatively to identify and selectively excise the clipped node. SLND was performed using filtered technetium sulfur colloid only or with lymphazurin. A standard ALND was also performed.

Results Seventy-seven patients underwent TAD after neo-adjuvant chemotherapy. Thirty-four patients (44%) had complete pathologic nodal response. Of the 43 patients (56%) with residual node disease, the SLN was falsely negative in 5 cases and not identified in 3 cases. The clipped metastatic node and SLN were falsely negative in only 1 of the 43 cases. The FNR for SLNB alone was 12.5%. The FNR for the clipped node only was 4.5%. The FNR for SLNB and evaluation of the clipped node (TAD) was 2.3%. The clipped node was not the SLN in 24% of cases.

Conclusion TAD, which includes removal of the clipped metastatic node.

POSTER P023

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Blaise, Nkegoum

KAPOSI'S SARCOMA IN CHILDREN IN CAMEROON BEFORE AND DURING THE HIV EPIDEMIC

Blaise, Nkegoum
University Hospital Center, Cameroon

Correspondence Blaise, Nkegoum
Email: nkegoum@yahoo.fr

Background Kaposi's sarcoma was endemic in Cameroon before the AIDS epidemic, involving lymph node, with poor prognosis. With the onset of AIDS increased frequency of Kaposi sarcoma (KS) has been reported. However, studies in sub Saharan Africa are scarce.

Patients and method This retrospective study included 78 cases of children with Kaposi sarcoma observed in Cameroon within a period of 25 years. The study analysed the demographics, clinical presentation, laboratory investigations, treatment and prognosis

Results The demographic results showed 50 males and 28 females. The mean age is 5,9 years. Lymph node is the most common site of involvement and the diagnosis of early cases is not easy. Skin lesions are found amongst 20% of the children. 4 children in this series had eyes involvement. HIV serology was performed only in 50% of the cases as the parents usually refuse testing. Out of 50% of performed tests, 20% of the children are HIV positive. The treatment for KS included chemotherapy and was based on Cyclophosphamide, anthracycline and prednisone. The chemotherapy was associated with HAART when the child is HIV positive. The prognosis of HIV negative children after treatment is better than in HIV positive children.

Conclusion Children with Kaposi sarcoma in Cameroon is a common finding before and during AIDS epidemic.

POSTER P024

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Blecher, Evan TOBACCO TAX IN AFRICA

Blecher, Evan
American Cancer Society, South Africa

Correspondence Blecher, Evan
Email: evan.blecher@cancer.org

Objective The World Health Organization's Framework Convention on Tobacco Control recently adopted Guidelines for Implementation of Article 6 (Price and tax measures to reduce the demand for tobacco). These Guidelines contain several recommendations for tobacco excise tax policy and tax administration. One specific area which the Guidelines focus on is that of tobacco tax structures. They recommend that government implement specific tax systems or mixed tax systems (i.e. including both specific and ad valorem taxes) with a tax floor. Additionally, they recommend that countries do not implement tiered tax systems.

Method Using data from the World Health Organization's Global Tobacco Control Report (GTCR), we investigate the implementation of these Guidelines in the African context and report on the status quo on the continent. Furthermore, we investigate the interaction between the Guidelines and regional economic agreements in this context.

Results We find that many different tax structures exist in Africa, including specific, ad valorem, mixed and tiered systems. Specific systems are most prevalent in Southern Africa, ad valorem systems in West Africa, and mixed and tiered systems in East Africa. Furthermore, we find a higher reliance on ad valorem systems in Africa than anywhere else in the world. These results create challenges for implementation of the FCTC in Africa, but also create real challenges for tax administration authorities which may inhibit national development goals.

Conclusion Tobacco taxes are accepted as one of the most effective tobacco tax tools. Increases in taxes which result in prices increases results in lower tobacco use through reduced initiation and increased cessation, however, poor tobacco tax structures on the African continent reduce the effectiveness of tobacco tax increases. Greater efforts need to be applied to tobacco tax structures to ensure tobacco taxes are effective in future.

POSTER P025

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Bolarinwa, Rahman A

MOLECULAR RESPONSE IN CHRONIC PHASE CHRONIC MYELOID LEUKAEMIA PATIENTS ON IMATINIB 18 MONTHS AND ABOVE: EXPERIENCE FROM A RESOURCE LIMITED COUNTRY

Bolarinwa, Rahman A*; Oyekunle, Anthony A; Salawu, Lateef;
Durosinmi, Muheez A
Dept. of Haematology and Immunology, Obafemi Awolowo University and
Teaching Hospitals Complex, Ile-Ife, Nigeria

Correspondence Bolarinwa, Rahman A
Email: bolarinwaraa@yahoo.co.uk

Background and objective The Q-PCR based bcr/abl 1 measurement is currently the best for follow-up of CML patients on TKI. Achieving MMR by 12 months is strongly predictive of CMR, associated with increased EFS and PFS. We evaluated molecular response in Nigerian CP-CML patients that have been on Imatinib for at least 18 months.

Patients and method From 2003, Nigerians with Ph and/or bcr-abl+ CML received imatinib from the OAUTHC, Ile-Ife, Nigeria under the GIPAP. All patients (n=104) in CP-CML at diagnosis that received imatinib for ≥ 18 months and had bcr-abl transcripts measured at least once at censor were evaluated. Results were presented as means (\pm SD), proportions and percentages while univariate and multivariate Cox proportional hazard models were used to predict achievement of MMR at 18-months.

Results There were 66 males and 38 females (M:F; 1.2:1) with age range from 21 to 75 {(mean (\pm SD) = 44.3 (12.7)} years. The mean (\pm SD) months on imatinib was 46.9 (25.9), with 61.5% ≤ 50 months on therapy. At diagnosis, 15 (14.4%) had high Sokal score while the rest had intermediate (51; 49.0%) and low (38; 36.6%) scores respectively. Seventy five (72.1%) patients were on standard dose (400mg daily) of imatinib. Forty one patients (39.4%) were in MMR at the time of censor. Although, more than half (56.1%) of the patients achieved haematologic remission at one month, this was not predictive of MMR at 18 months of imatinib therapy. Using univariate Cox regression model, haematologic remission at 1, 3 and 6 months into imatinib therapy, sex of the patient and long duration (≤ 50 -months) of therapy were not predictive of achieving MMR (p-value > 0.05 in all cases). However, low and intermediate Sokal score were consistently predictive of achieving MMR using univariate and multivariate Cox proportional hazard model.

Conclusion Only 39.4% of Nigerians with CP-CML achieved MMR at ≥ 18 months on imatinib, and low Sokal score remains the singular predictor in this cohort.

WORK- SHOP

Cancer Control in Lusophone Countries

14:30–15:45

Thursday

19 November
2015

Borges Spencer, Hirondina CANCER CONTROL IN CAPE VERDE

Borges Spencer, Hirondina
Hospital Agostinho Neto, Misnistério de Saúde, Cape Verde

Correspondence Borges Spencer, Hirondina
Email: hirondinaborges@yahoo.com

Cancer Control in Cape Verde Cancer is a major public health problem worldwide. In 2020 it is expected that new cancer cases reach approximately 15 million per year and 70% of them in developing countries such as Cape Verde. In Africa, infectious diseases are prevalent. However the nosological standards are changing, nowadays it is observed a significant increase in incidence of chronic disease rates such as diabetes, high blood pressure and oncologic diseases. Cape Verde, a country with half a million inhabitants cancer It is, currently, the second leading cause of death and transfer of patients for treatment abroad with a huge social, psychological and economic impact on the country and families. Therefore, it is important to define strategies and actions for the control of cancer. With regard to risk factors we have a serious problem with the tobacco and alcohol consumption. In our population, we observe, in men, high incidence of prostate and digestive tumors such as stomach cancer, liver, pancreas, and esophagus. In women, cervical cancer, breast stomach and digestive are prevalent. The mortality from cancer is also very high; most cases are diagnosed at an advanced stage of the disease.

In our cancer plan the objectives are:

- Create a cancer registry (population-based),
- Cancer prevention,
- Early diagnosis,
- Offer curative treatment,
- Free access to palliative care,
- Training human resources and encourage research
- Improve the quality of life of cancer patients
- Mobilize public and private partnerships in the fight against cancer.

POSTER P026

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Botha, Matthys

VACCINE AND CERVICAL CANCER SCREEN PROJECT 2 (VACCS 2) – HPV SELF SAMPLING UPTAKE IN WESTERN CAPE WOMEN

Botha, Matthys*¹; Van der Merwe, Haynes¹; Visser, Cathy²; Snyman, Leon²;
Dreyer, Greta²

¹Stellenbosch University, South Africa; ²Pretoria University, South Africa

Correspondence Botha, Matthys

Email: mhbotha@sun.ac.za

Objective The VACCS 2 project is a multi-centre collaborative study to assess the combination of primary prevention for cervical cancer by HPV vaccination in primary school girls and secondary prevention by screening for the female care-givers. This report will focus on the uptake of screening by HPV self-sampling.

Method Four primary schools from the urban area of Paarl were included in this phase of the study. Self-sampling kits with explanatory documentation in sealed, opaque envelopes were sent home to parents via school children. The children returned the test, again sealed in an envelope, back to school for collection by the study staff. HPV testing was performed in central laboratory and the results communicated with a phone call. All screen positive women were invited for colposcopy. The study was approved by the ethics committee of the University of Stellenbosch. Consent to conduct the study was obtained from the National Departments of Health and Education.

Results 560 self-samplers were distributed of which 126 (22.5%) were returned to school. Of the 126 returned envelopes, 78 women (61.9%) used the sampler and the rest returned the kit unopened. 58 of the screened women (74.4%) tested negative for all hrHPV types. 4 Women (5.1%) tested positive for HPV types 16 /18 while 15 women (19.2%) tested positive for other high-risk types. There was one invalid sample.

Conclusion Self-screening may reach unscreened women in a school-based programme. The majority of women will test negative and can be reassured, while those at high risk for cervical cancer can be referred for further investigation.

POSTER P027

**General Poster
Display**
Thursday &
Friday
19 & 20
November
2015

Botteghi, Matteo

"SHARE & MEET" PROJECT: AN INNOVATIVE TELEMEDICINE SOLUTION FOR REMOTIZATION OF PATHOLOGY AND E-ONCOLOGY

Botteghi, Matteo^{*1}; Masalu, Nestory²; Tumino, Rosario³; Puccetti, Maurizio⁴; Serra, Patrizia⁴; Zaccheroni, Andrea⁴; Caroli, Nicola⁴; Colamartini, Americo⁴; Khangane, Ismael⁵; Melegari, Giorgio⁶; Altini, Mattia⁴; Amadori, Dino⁴

¹Marche University, Ancona, Italy; ²Bugando Medical Center, Mwanza, Tanzania;

³Cancer Registry & Histopathology Unit, Ragusa Hospital, Italy; ⁴Istituto Scientifico Romagnolo per lo Studio e la Cura Dei Tumori IRST – IRCCS, Italy; ⁵Catholic Univ. of Health & Allied Sciences, Mwanza, Tanzania; ⁶Log80 Srl, Italy;

Correspondence Botteghi, Matteo | Email: matteo.botteghi@gmail.com

Objective The incidence of tumors in developing countries is dramatically increasing; the ability to provide early diagnosis, treatments, follow-up care has a strong impact on the cancer survival. Telemedicine is of great utility in countries lacking appropriate healthcare facilities by allowing for the performance of good level healthcare practices. There is a longstanding partnership between IRST in Italy and the Bugando Medical Centre in Mwanza-Tanzania (BMC). "Share & Meet" project includes a novel telematics platform oriented to oncology and its related branches. We are developing the project with cooperative programs including training of medical staff, remote pathology diagnosis and other e-oncology applications.

Method After some years of on-field work, we are launching the telepathology facility in BMC lab. We carried out several experimental sessions to investigate the compatibility of Menarini and Aperio telepathology applications with the platform, together with other concurrent telemedicine applications such as conference calling, LOG80 medical record, web conference for e-learning, remote radiotherapy treatment planning.

Results The analysis on the detected data confirmed the expected behavior of the platform in terms of data flow optimization, with a strong compensation of transmission defects and bandwidth enhancement. The feedback from medical pathologist performing remote diagnostic is very good in standard conditions and remains acceptable introducing strong shortage of transmission resources. The goodness of real-time audio/video streaming depends on the application used and the transmission regimen.

Conclusion We validated the system in a wide range of conditions. The pathology images remotely viewed are compliant with the diagnostic requirements in terms of definition and magnification. Share&Meet is characterized by a high level of innovation which increases efficiency and efficacy of health practices and can boost the use of telemedicine in low income countries.

POSTER P028

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Bouaziz, Hanen

AGGRESSIVE ANGIOMYXOMA: REPORT OF SEVEN CASES.

Bouaziz, Hanen*; Slimane, Maher; Hadidane, Manel; Laamouri, Boutheina;
Hechiche, Monia; Rahal, Khaled
Salah Azaiez Institute, Tunisia

Correspondence Bouaziz, Hanen
Email: bouaziz.hanen@live.fr

Introduction Aggressive angiomyxoma was identified as a distinct clinicopathologic entity in 1983 and since then fewer than 250 cases of these rare tumors have been reported in world literature. angiomyxoma is a rare tumor that affects the pelvis and perineum in women of reproductive age. However a few cases of its occurrence outside the pelvis have also been reported.

Patients and method We report a series of 7 women treated in our institute in the last 17 years from 1993 to 2014.

Results All patients were female, mean age was 34 years (16–60). Five women had pelvis and perineum localization. In two cases, angiomyxoma was localized in the left lower limb. All patients underwent primary surgical treatment. In 3 patients excision was incomplete. One patient received adjuvant radiotherapy treatment. 3 patients have recurrences after 2 years and one after four years. The last patient had excision of her recurrence associated with radiotherapy.

Conclusion Angiomyxomas are locally aggressive and extremely rare to metastasize. While surgery remains the treatment of choice. Various adjuvant treatment modalities have also been tried to reduce tumor recurrence. Radical surgery does not seem to lead to a significant lower recurrence rate of aggressive angiomyxoma when compared to incomplete resection (R1), with or without radiotherapy or arterial embolisation. This casts doubt on the necessity of extensive surgery, especially in cases where an extensive surgical procedure will lead to great morbidity.

POSTER P029

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Bouaziz, Hanen

LE CARCINOSARCOMME DU SEIN: A PROPOS DE SEPT CAS

Bouaziz, Hanen*; Slimane, Maher; Boukhris, Sabrine; Adouni, Olfa;
Bouzaïene, Hatem; Rahal, Khaled
Salah Azaiez Institute, Tunisia

Correspondance Bouaziz, Hanen
Email: bouaziz.hanen@live.fr

Introduction Les carcinosarcomes du sein sont une entité rare, représentant entre 0,08-0.2% de toutes les tumeurs malignes du sein, ils font partie du groupe hétérogène des carcinomes métaplasiques. Les carcinosarcomes sont définis par une double prolifération tumorale associant des foyers carcinomateux classiques et des zones de différenciation mésenchymateuse.

Méthode Il s'agit d'une étude rétrospective à propos de 7 cas de carcinosarcomes mammaires qui ont été colligés à l'institut Salah Azaiez depuis 2009.

Résultats La médiane d'âge était de 52 ans, toutes les tumeurs étaient de haut grade. Cliniquement 3 cas ont été classés T2, 2 cas classés Tx, un cas T4d et un cas T4b. La taille tumorale varie entre 2 cm et 14 cm. L'aspect mammographique était peu spécifique, l'échographie était parfois plus sensible montrant le caractère hétérogène de la lésion, contenant des zones kystiques. Le traitement envisagé était basé sur une chirurgie mammaire première suivie d'une chimiothérapie et une radiothérapie. Une seule patiente a eu une chimiothérapie néoadjuvante. L'envahissement ganglionnaire a été noté dans 2 cas. Les récepteurs hormonaux étaient positifs dans un seul cas et l'Her2 neu n'était pas exprimé dans tous les cas. Au cours du suivi, 3 patientes ont été perdues de vue, deux patientes ont développé des métastases; une au niveau osseux et l'autre aux niveaux pulmonaire et hépatique et deux patientes sont en cours de chimiothérapie adjuvante. Le traitement des carcinosarcomes mammaires métastatiques était basé sur une chimiothérapie palliative.

Conclusion Vu la rareté de cette tumeur et leur large spectre morphologique explique les difficultés rencontrées par le pathologiste dans leur diagnostic. On a besoin d'études en biologie moléculaire qui pourraient constituer un outil supplémentaire au diagnostic en apportant des informations sur l'histogénèse de ces tumeurs qui demeurent à nos jours peu connus.

POSTER P030

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Bouaziz, Hanen

LES TUMEURS NEUROENDOCRINES: A PROPOS DE 41 CAS

Bouaziz, Hanen*; Bouzaïene, Hatem; Hadj Yahia, Nada; Slimane, Maher;
Gadria, Selma; Rahal, Khaled
Salah Azaiez Institute, Tunisia

Correspondance Bouaziz, Hanen
Email: bouaziz.hanen@live.fr

Introduction Les tumeurs neuroendocrines peuvent survenir à un point quelconque de l'organisme avec prédilection pour les localisations digestives et pulmonaires. Elles peuvent être fonctionnelles, nécessitant alors une un traitement symptomatique, ou non fonctionnelles. Nous nous proposons à travers cette étude de mieux comprendre l'épidémiologie des ces tumeurs ainsi que de mettre l'accent sur les particularités histopathologique afin de mieux standardiser leur prise en charge.

Matériel et méthode: Nous rapportons 41 cas patients suivis pour tumeurs neuroendocrines sur une période allant de 1989 à 2014.

Résultats Sur les 41 patients recensés la moitié était de sexe masculin (21 patients). L'âge moyen était de 55. 17 années avec un écart type allant de 32 ans à 83 ans. La localisation la plus fréquente était digestive 29.26% (12 cas), suivie du poumon 17% (7 cas), puis du sein et de la peau avec une fréquence de 14% chacun (6 cas). La localisation au niveau de l'ovaire est la moins fréquente 9.7% (4 cas). Dans 14% (6 cas) des cas aucun primitif n'est retrouvé. Tous les patients étaient métastatiques. Chez 82.92% (34 cas) les patients ont présenté une métastase synchrone et 17.07% avaient une métastase métachrone. Dans notre série la localisation métastatique ganglionnaire est la plus fréquente 41% (17 cas) suivie de la localisation hépatique 34.1% (14 cas). Huit patients (soit 57%) sont en carcinose d'origine digestive. 14 patients ont eu une chirurgie radicale suivie d'une chimiothérapie adjuvant à base de VP16 et platine. Le reste des patients ont eu une chimiothérapie à visée palliative. La survie globale était de 21.53 mois avec un écart allant de 2 semaines à 216 mois.

Conclusion La rareté et l'hétérogénéité des TNE de part leurs localisations, leurs manifestations ainsi que leurs pronostic, expliquent le faible nombre d'études randomisées et le faible niveau de preuve global.

WORK- SHOP

Free Communication of Abstracts 6

16:00–17:30

Saturday

21 November
2015

Bouaziz, Hanen

CANCER DU SEIN MULTIFOCAL A PROPOS DE 223 CAS: ASPECT EPIDEMIOLOGIQUE

Bouaziz, Hanen*; Dhiab, Tarek; Mansouri, Houyem; Bouzaïene, Hatem;
Bettaieb, Ilhem; Rahal, Khaled
Salah Azaiez Institute, Tunisia

Correspondance Bouaziz, Hanen
Email: bouaziz.hanen@live.fr

Introduction: Les cancers du sein multifocal et multicentrique représentent relativement une même entité clinique avec une incidence de l'ordre de 6% à 60% et qui a augmenté avec les progrès de l'imagerie.

Matériel et méthode Notre étude a porté sur 223 cas de cancer du sein multifocal colligés à l'institut Salah Azaiez durant une période de 10 ans allant du mois de janvier 1993 jusqu'au mois de décembre 2003

Résultats L'âge moyen de nos patientes était de 46.62 ans. L'examen mammaire avait objectivé deux lésions dans 51.6% des cas et trois lésions dans 5.8%. Les adénopathies axillaires étaient présentes chez 72.2% des patientes et suspectes dans 95% des cas. La mammographie avait montré, deux lésions dans 52.9% des cas et plus que trois lésions dans 14.8% des cas. Les tumeurs étaient classées selon la classification TNM: 7.6% au stade T1, 74% au stade T2. Trois parmi nos patientes étaient métastatique lors du diagnostique. La chirurgie était radicale chez 219 patientes. Le type histologique prédominant était le carcinome canalaire infiltrant dans 85.7% suivie par le carcinome lobulaire dans 5.4%. Les ganglions étaient envahis dans 65.9%. Le grade SBRII était prédominant dans 43%. Les embolies vasculaires étaient présents dans 50% des pièces évaluées. Les récepteurs hormonaux étaient recherchés chez 137 patientes et positifs dans 62.4% des cas. Une chimiothérapie adjuvante était pratiquée dans 76.7% des cas, la radiothérapie externe était indiquée chez 79.8% des patientes et l'hormonothérapie chez 74% de nos patiente. L'évolution était marquée par la survenue de récurrences locorégionales dans 9.4% des cas et à distance dans 33.6% des cas.

Conclusion Le cancer du sein multifocal possède des particularités épidémiologique et histologique responsable d'un risque élevé d'atteinte ganglionnaire et de récurrence. la conservation mammaire est possible dans les lésions multifocales contiguës avec des marges saines.

POSTER P177

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Boudinar, Fatima Zohra

CANCER DU SEIN SECONDAIRE APRÈS TRAITEMENT DES LYMPHOMES: À PROPOS DE 4 CAS

Boudinar, Fatima Zohra*; Reкаи, Kheira; Betkaoui, Farida; Sadjji, Nawel;
Zemmour, Amel; Belalia, Schahrazed; Bettache, Ghezlane; Louala, Fadia;
Larbaoui, Blaha

Anti Cancer Center, Algeria

Correspondance Boudinar, Fatima Zohra
Email: boudinarf@yahoo.fr

Introduction Le traitement des lymphomes repose essentiellement sur l'association de la chimiothérapie et de la radiothérapie dont la médiane de survie a été nettement améliorée mais ceci au dépend de complications tardives dont la principale est le cancer du sein secondaire.

Matériel et méthode Etude rétrospective allant de 1993–2014, 4 patientes traitées pour lymphome ayant secondairement développées un cancer du sein. Le traitement avait comporté essentiellement radio-chimiothérapie avec une radiothérapie sus-diaphragmatique et cervicale.

Résultats L'âge moyen 41 ans avec extrême (29–49 ans). Délai moyen d'apparition du cancer du sein était de 204 mois, la taille tumorale clinique moyenne est de 45 mm, la tumeur classée T2 chez toutes les malades, aucun cas d'envahissement ganglionnaire n'a été noté, le carcinome canalaire infiltrant retrouvé dans 2 cas, 1 cas de carcinome canalaire polymorphe, 1 cas de carcinome papillaire. Toutes les patientes ont été traitées par mastectomie et chimiothérapie adjuvante. Aucun cas n'a bénéficié de radiothérapie. La durée médiane de survie était de 28 mois (6 à 84 mois). Les 4 patientes sont vivantes.

Conclusion Le cancer du sein représente 6,3 à 9% des cancers secondaires après traitement des lymphomes motivant une surveillance sénologique régulière et précoce. Le traitement chirurgical reste classique cependant la chimio radiothérapie sont modulées selon le traitement reçu pour le lymphome.

WORK- SHOP

Oncology

Nursing (1)

14:30–15:45

Wednesday

18 November

2015

Bouhadjari, Nacer

RISK MANAGEMENT IN THE ADMINISTRATION OF A DAY HOSPITAL

Bouhadjari, Nacer

CHU Ibn Sina INO, Morocco

Correspondence Bouhadjari, Nacer

Email: saadnacer20@yahoo.com

Objective Sharing experience of chemotherapy day hospital (National Institute of Oncology Rabat Morocco) for minimizing the risk during the administration of cytotoxic.

Materials and method The approach in the implementation of the risk minimization scheme was broken down into three parts:

- An analytical phase.
- An operational phase.
- A permanent evaluation process.

This process was conducted in a participatory philosophy and involved directly:

- The nurse team.
- The medical faculty and staff.
- The management of the National Oncology Institute.
- Patients.

Results The establishment of mechanisms and devices whose main purpose is to minimize the risk and optimize the care of patients.

Conclusion This system implemented based on inexpensive measures and reports to a local engineering work that has the merit of offering solutions adapted to our context of exercise.

POSTER MP027

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Boukir, Anwar

LE COUT PAR QALY RAPPORTE AU PIB: UN NOUVEL INDICE ECONOMIQUE ÉVALUANT L'IMPACT RÉEL DU COÛT DU BÉNÉFICE DES MOLÉCULES ONÉREUSES EN ONCOLOGIE PAR RAPPORT AUX MOYENS ÉCONOMIQUE D'UN PAYS

Boukir, Anwar*; Boutayeb, Saber; Errihani, Hassan
Institut National d'Oncologie, Morocco

Correspondance Boukir, Anwar
Email: anwar-boukir@hotmail.com

Introduction La prescription de molécules onéreuses coute cher à la société et implique un effort très important de la collectivité en faveur d'un malade. Le résultat sera donc de réduire les moyens financiers disponibles pour les autres malades. Les guidelines sont alimentés par des recommandations dont les analyses pharmaco-économiques sont réalisées dans les pays riches et sont donc inadaptées aux réalités économiques des pays en voie de développement. Le but cette étude est d'estimer l'impact réel du coût du bénéfice recherché par rapport aux moyens économiques du Maroc.

Méthode Nous avons essayé d'évaluer le surcoût engendré par l'utilisation du Bevacizumab en plus d'une chimiothérapie en première ligne pour les cancers colorectaux métastatiques. Pour mesurer l'impact réel du coût du bénéfice engendré par le Bevacizumab, nous introduisons le concept d'un nouvel indicateur économique qui prend en considération le coût total des frais en rapport avec l'utilisation du Bevacizumab, les années de vie ajustées par sa qualité (QALY) tel que c'est rapporté dans la littérature, et le PIB National par habitant selon les données de la Banque Mondiale. Soit CQP le coût par QALY rapporté au PIB. CQP est égal donc au Coût par QALY/PIB par habitant.

Résultats L'utilisation du Bevacizumab en première ligne rapporte 0,1 QALYs additionnels avec un coût de 23326 USD, soit 80716 USD/QALY. Le CQP Marocain est donc égal à 75.5, soit la part annuelle de plus de 75 habitants du produit intérieur brut. Le CQP du Bevacizumab dans cette indication est de 70 en Egypte, 43 en Algérie, 54 en Tunisie, 77 au Nigéria, 232 au Sénégal par rapport à 5.5 en France et 4.4 aux USA.

Conclusion Le CQP est un indice qui permet de calculer et quantifier l'impact réel du cout de l'utilisation d'un médicament sur une société, dans notre exemple il démontre la grande différence concernant l'impact du cout de l'utilisation du Bevacizumab.

POSTER MP028

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Boukir, Anwar

LE PRIX EQUITABLE D'UN MEDICAMENT POUR UNE SOCIETE: UTILISATION PRATIQUE DE L'INDICE DU COUT PAR QALY RAPPORTE AU PIB

Boukir, Anwar*; Azghari, Ilham; Saber, Boutayeb; Errihani, Hassan
Institut National d'Oncologie, Mozambique

Correspondance Boukir, Anwar
Email: anwar-boukir@hotmail.com

Introduction Bien qu'il a un prix, un médicament n'est pas un produit de consommation comme les autres et devrait être accessible à tous les malades dans tous les pays. Le cout par QALY rapporté au PIB par personne (CQP) est un indice économique utilisé en médecine qui vise à estimer l'impact économique sur la société d'une intervention ou d'un traitement. Cette communication a comme objectif de démontrer la grande différence de l'impact du coût d'un médicament sur les différentes sociétés et de proposer un prix équitable de ce médicament en tenant compte de la situation économique locale de chaque pays.

Méthode Le cout en rapport avec l'administration du Bevacizumab au Maroc, en première ligne, dans les cancers colorectaux métastatiques est de 233560 USD pour 1 QALY de bénéfice. Le CQP d'un médicament X dans un pays Y est calculé selon cette formule: Le Coût du médicament X pour obtenir 1 QALY \ La valeur du PIB par habitant du pays Y. Une unité du CQP représente la part annuelle d'un habitant du produit intérieur brut de son pays. Une étude publiée à l'ASCO 2015 accorde au Bevacizumab dans cette indication, au Maroc un CQP de 75.5 Versus 5.5 en France, 43 en Algérie et 232 au Sénégal. En se basant sur ces données nous avons calculé un prix 'Équitable' pour le Bevacizumab au Maroc puis dans d'autres pays en considérant la France comme pays de référence.

Résultats En tenant compte des différents paramètres: Le prix 'Equitable ' du Bevacizumab dans cette indication au Maroc devrait avoir le même CQP qu'en France soit 5.5 et sera dont de 5.5 fois le PIB par personne du Maroc = 16995 USD Vs 233560 USD pour 1 QALY supplémentaire gagné actuellement. Pour se faire une baisse du prix de 93% est nécessaire. Le prix équitable en Algérie serait 29480 (12% du prix actuel) Au Sénégal le prix équitable serait: 5758 (Seulement 2% du prix actuel).

Conclusion Il s'agit d'une vision utopique pour une économie solidaire assurant un accès universel aux soins.

WORK- SHOP

Comprehensive Cancer Control Interventions in Africa

11:00–13:00

Saturday

21 November
2015

Boutayeb, Saber

INTRODUCTION TO “PRIORITY ACTION FOR COMPREHENSIVE CANCER CONTROL INTERVENTIONS IN AFRICAN COUNTRIES”

Boutayeb, Saber*; Elghissassi, Ibrahim; Mrabti, Hind; Errihani, Hassan
National Institute of Oncology, Morocco

Correspondence Boutayeb, Saber

Email: saber.boutayeb@um5s.net.ma

Fighting cancer is very challenging. The gap between the developed and the low and middle income countries in term of human resources, drug availability and radiotherapy equipments is huge. Africa needs a real “Marshall Plan” against cancer especially in the context of increasing use of costly new drugs. To be efficient and adapted to our context, the Road Map against cancer should be designed by the Africans themselves. The session “priority action for comprehensive cancer control interventions in African countries” is an initial step in developing a dialogue among the African countries. The final goal is to find solutions that will be practical and ready to launch.

POSTER P031

General Poster

Display

Thursday &

Friday

19 & 20

November

2015

Bouterfas, Nabila

HISTIOCYTE LANGERHANSIENNE CHEZ L'ENFANT: ASPECTS CLINIQUES ET THÉRAPEUTIQUES

Bouterfas, Nabila*; Zeroual, Zoulikha; Mohand-Oussaid, Ayda; Chabni, Salima; Boukhalal, Houria; Benhela, Keltoum-Nafissa
Société Algérienne de Pédiatrie, Algeria

Correspondance Bouterfas, Nabila

Email: nabila.bouterfas@gmail.com

Introduction L'histiocytose X HX est une pathologie rare en pédiatrie, caractérisée par une infiltration par des cellules dendritiques intéressant principalement le squelette (80%), la peau (33%), les organes hématopoïétiques (15%). Le tableau clinique se distingue par un polymorphisme clinique et évolutif allant de la forme bénigne et chronique à la forme agressive rapidement fatale.

Objectif Rappeler les différents aspects de l'HX Attirer l'attention des praticiens sur les manifestations ORL Evaluer le devenir

Matériel et méthode Etude rétrospective de Janvier 2005 à Janvier 2014, 12 cas d'Histiocytose X ont été enregistrés.

Résultats L'histiocytose langerhansienne représente 2% de la pathologie tumorale Nous notons une nette prédominance masculine avec un sex-ratio à 3, l'âge varie de 16 mois à 9 ans, le délai diagnostique varie d'une semaine à 18 mois. Les signes d'appel se localisent au niveau de la tête et du cou dans 80% une tuméfaction du cuir chevelu était le motif de consultation dans 40%, une adénopathie cervicale dans 33%, des signes ORL dans 16%. Des douleurs osseuses ou une boiterie sont présentes dans 25%. Le tableau clinique est dominé par les formes multisystémiques 66%, alors que les mono-systémiques ne représentent que 33%. Tous les patients ont bénéficié d'un protocole thérapeutique associant corticoïdes, Vinblastine, Méthotrexate parfois; l'Etoposide était réservé aux formes réfractaires. L'évolution était marquée par la survenue de rechute, l'apparition d'un syndrome polyuro-polydipsique dans 33% et de deux décès. l'un par progression, l'autre suite à une leucémie secondaire.

Conclusion L'histiocytose langerhansienne est une pathologie rare, les manifestations initiales sont classiques, mais leur méconnaissance demeure à l'origine d'un retard diagnostique et thérapeutique conséquent.

POSTER P032

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Bouterfas, Nabila

TUMEURS RENALES DE L'ENFANT:DIAGNOSTIC ET PRISE EN CHARGE

Bouterfas, Nabila*; Mohand-Oussaid, Ayda; Zeroual, Zolikhha; Chabni, Salima;
Boukhelal, Houria; Benhela, Keltoum-Nafissa
Société Algérienne de Pédiatrie, Algeria

Correspondance Bouterfas, Nabila
Email: nabila.bouterfas@gmail.com

Introduction Les tumeurs rénales représentent une pathologie assez fréquente en pédiatrie. L'imagerie joue un rôle primordial aussi bien lors du diagnostic qu'au cours du suivi ultérieur. L'étiologie est dominée par le néphroblastome.

Objectif Décrire l'aspect clinique et radiologique Evaluer la prise en charge et le devenir.

Matériel et méthode Etude rétrospective de Janvier 2003 à Décembre 2014, Les données sont recueillies à partir des dossiers cliniques des patients. L'étude comporte une analyse clinique, et radiologique, et une évaluation des résultats de la prise en charge.

Résultats 73 cas de tumeurs rénales ont été enregistrés, soit 12.3% de la pathologie tumorale, comportant 70 néphroblastomes dont 14 bilatéraux, un sarcome rénal, un adénocarcinome et une tumeur de Bolande. L'âge varie de 2 mois à 11 ans, 25% des patients étaient âgés de moins d'un an, et la majorité de 1 à 5 ans. Le diagnostic est fait dans la majorité des cas à l'échographie, la radiographie du thorax est systématiquement réalisée, elle a objectivé des localisations pulmonaires dans 7 cas. Plus souvent, les patients se présentent d'emblée avec une TDM initiale, La prise en charge a comporté une chimiothérapie, une néphrectomie, et/ou une tumorectomie. Une radiothérapie était réalisée dans moins de 10%. La survie globale est de 83%.

Conclusion Le devenir des patients présentant des néphroblastomes s'est nettement amélioré grâce aux progrès de l'imagerie et de la chimiothérapie, néanmoins le risque de séquelles ultérieures justifie une surveillance prolongée.

POSTER P178

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Bouzbid, Sabiha

EPIDEMIOLOGICAL FEATURES OF BREAST CANCER DIFFERENT IN DEVELOPING COUNTRIES COMPARED TO WESTERN COUNTRIES. EXAMPLES FROM NORTH AFRICA

Bouzbid, Sabiha*¹; Corbex, Marilyns²; Aouras, Hayette¹; Paolo, Boffetta³

¹Faculty of Medicine, Annaba Badji Mokhtar University, Algeria; ²Université Libre de Bruxelles, Belgium; ³Institute for Translational Epidemiology and Tisch Cancer Institute, Icahn School of Medicine at Mount Sinai, United States

Correspondence Bouzbid, Sabiha

Email: bouzbid_sabiha@yahoo.fr

Objective Epidemiological features of breast cancer appear to be different in developing countries compared to Western countries. North African (Morocco, Algeria, Tunisia, Libya and Egypt) countries were used as an example to explore possible explanations for such differences.

Method Articles and reports published since the seventies were reviewed.

Results Breast cancer incidence in females is 2–4 times lower in North Africa than in Western countries. The incidence of aggressive forms of the disease, like inflammatory or triple negative breast cancer is not higher in North Africa than in Western countries, but their relative proportion in case series (up to 10% for inflammatory and 15–25% for triple negative) is significantly higher because of low incidence of other forms of the disease. The incidence among women aged 15–49 is lower than in Western countries, but the very low incidence among women aged more than 50, combined to the young age pyramid of North Africa, makes the relative proportions of young patients substantially higher (50–60% in North Africa versus 20% in France). The epidemiological features of breast cancer observed in North Africa result from peculiar risk factor profiles, which are typical for many developing countries and include notably rapid changes in reproductive behaviours.

Conclusion These features have important implications for breast cancer early detection and treatment.

WORK- SHOP

Cancer Registration

11:00–13:00

Thursday

19 November

2015

Bray, Freddie

LINKING DATA TO ACTION: THE GLOBAL INITIATIVE FOR CANCER REGISTRY DEVELOPMENT

Bray, Freddie
IARC, France

Correspondence Bray, Freddie
Email: brayf@iarc.fr

The Global Initiative for Cancer Registry Development (GICR, <http://gicr.iarc.fr>) is a commitment from key international organizations coordinated by the International Agency for Research on Cancer to address inequities in cancer by helping underserved countries improve cancer outcomes. To achieve this goal, the focus of the GICR is to strengthen the availability and use of cancer data in planning and evaluating national cancer control plans. Developing and sustaining population-based cancer registries has been demonstrated to be feasible, even in the most resource-challenged settings. Technical guidance matched with resources based on local political and clinical commitment are key ingredients of success. The GICR represents the first unified solution to respond to the challenges, working by creating synergies between organizations using a flexible model organized to support countries. A system of six IARC Regional Hubs including the African Cancer Registry Network (AFCRN) are directly supporting countries. Each Hub is designed to assist in the exchange of information among peers as well as deliver structured programmes. Activities include technical training, consultancies through site visits and mentorship arrangements, analysis to support locally-produced scientific and policy reports, and the formation of regional networks. The presentation will briefly review the vision, goals and current status of the GICR in both the global and African contexts.

POSTER P179

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Brim, Hassan

INVESTIGATIONS ON BACTERIAL MARKERS OF COLON CANCER IN AFRICAN AMERICANS AND RELEVANCE TO SCREENING IN AFRICA

Brim, Hassan*; Lee, Edward; Ashktorab, Hassan
Howard University, United States

Correspondence Brim, Hassan
Email: hbrim@howard.edu

Background African immigrants to the US acquire a colorectal cancer (CRC) profile similar to that in the general population within years of their arrival. Also African Americans display the highest incidence of the disease in the US. Increasing evidence points to a role of the gut microbiota in colon carcinogenesis. However, no specific bacteria have been unequivocally linked to either initiation or progression of CRC.

Objective To analyse the gut microbiota in African Americans with colorectal lesions with the goal of detecting markers of diagnostic value.

Method DNA extracts from stool samples of colon adenoma patients and healthy subjects and from CRC tumors and their adjacent normal tissues were analysed for their microbiota using Illumina MiSeq. Metagenomic Linkage Groups (MLGs) were established and those with high discriminative power between healthy and neoplastic specimens were analysed for their genetic content. Metagenomic reads from stool samples were mapped against bacterial genes from tissues and vice-versa to identify common markers with discriminative power.

Results The microbiota in both cancer vs. normal tissues and adenoma vs. normal stool samples were different at the 16S rRNA gene level. The metagenomic analysis led to 5 statistically significant MLGs in each set of samples. There was little overlap between the stool-based and tissue-based significant MLGs. Mapping stool reads to annotated tissue genes and vice-versa revealed a panel of 9 bacterial markers with statistically significant discriminative power between normal and adenoma in the stool dataset and between normal and tumor tissues.

Conclusion We defined MLGs with discriminative power among cancers vs. normal and adenomas vs. normals and identified 9 bacterial markers of diagnostic value. These findings will potentially offer new non-invasive screening alternatives that can benefit African immigrants to the US and Africans with limited access to costly screening tests.

WORK- SHOP

Breast Cancer

11:00–13:00

Saturday

20 November

2015

Brinton, Louise

RESULTS FROM THE GHANA BREAST HEALTH STUDY

Brinton, Louise^{*1}; Wiafe Addai, Beatrice²; Adjei, Ernest³; Aitpillah, Francis³; Ansong, Daniel³; Awuah, Baffour³

¹National Cancer Institute, National Institutes of Health, United States;

²Peace and Love Hospital, Ghana; ³Komfo Anoyke Teaching Hospital, Ghana

Correspondence Brinton, Louise

Email: brinton@nih.gov

Objective To identify breast cancer risk factors among women in Ghana, where many of the tumors are diagnosed among young women and/or have clinical features associated with a poor prognosis.

Method A multi-disciplinary case-control study involving incident breast cancer patients presenting to three hospitals in Accra and Kumasi and population controls identified through 2010 census and household surveys is nearing completion. To guide future analyses, which will focus on molecularly-defined subtypes of breast cancer, we assessed odds ratios (OR) and 95% confidence intervals (CI) related to established breast cancer risk factors.

Results Patients presenting with breast lesions suspicious for cancer were recruited at their initial biopsies, with the majority of enrolled subjects being diagnosed with invasive breast cancers. Questionnaire response rates in the study have been high (99% in cases, ~90% in controls), resulting in the successful enrollment to date of 2,036 cases and 2,020 controls. The median age at diagnosis of the cases is 47 years, with controls being of comparable ages. In analyses of established breast cancer risk factors, we identified substantial and often significant univariate associations of risk related to higher levels of education, early ages at menarche, nulliparity, late ages at first childbirth, and familial histories of breast cancer--confirming that risk relations among Ghanaian women are similar to those demonstrated in other populations. Updated results from multivariate analyses will be presented at the meeting for the aforementioned as well as other potential risk factors. Results will focus on variations in risk factors by age at diagnosis and clinical characteristics currently available from the study, including tumor size.

Conclusion Despite large differences in the incidence of breast cancer between women in Africa and those in westernized countries, our results support that there are common underlying risk factors.

WORK- SHOP

**AORTIC–
MDACC–ASCO
Joint Session**
11:00–13:00
Wednesday
18 November
2015

Brock, Patricia

SCREENING FOR ONCOGENIC VIRUSES IN A COMPREHENSIVE CANCER CENTER: INITIATING PRACTICE CHANGE THROUGH THE EMERGENCY CENTER

Brock, Patricia*; Granwehr, Bruno P.; Torres, Harrys; Gonzalez, Carmen;
Merriman, Kelly; Rice, Terry
MD Anderson Cancer Center, United States

Correspondence Brock, Patricia
Email: pabrock@mdanderson.org

HIV, HBV, and HCV are classified as carcinogenic viruses. Our aim is to educate providers of the relationship between these viral infections and cancer and increase the rate of HIV, HBV, and HCV testing in our cancer patients. Early diagnosis and treatment of these viruses is important to reduce infectious morbidity and mortality, avert the development of related cancers and improve cancer treatment outcomes.

A quality project was started between the departments of Emergency Medicine and Infectious Disease at MD Anderson Cancer Center to increase HIV screening of new patients in the Emergency Center (EC), as endorsed by the CDC. A policy change was initiated to add HIV testing to the institutional consent form. Institutional committees, providers, and patients were educated regarding HIV and cancer, CDC testing recommendations, and state law. An algorithm for result verification, reporting, and linkage to care was made. The electronic health records were improved to facilitate testing. HIV testing was begun July 2014 and HCV and HBV testing begun February 2015. We describe the impact of these interventions.

A total of 368 were tested for HIV representing an 8.7 fold increase compared to a prior interval (368 patients tested from July/1/2014–March/31/2015 vs. 42 patients tested from July/1/2013–March/31/2014). The HIV seropositive rate was 0.8% including two incident cases (0.5%). In February and March 2015, 115 patients were tested for HBV and HCV, 6% were positive for HCV-Ab, 11% for HBc-Ab, and 2% for HBs-Ag. HBV and HCV were both positive in 3%.

Initial steps to increase HIV testing were successful. Screening for HBV and HCV revealed a high seropositive rate and comorbidity. Discovery of two undiagnosed AIDS patients receiving cancer treatment and the high seropositive rate for hepatitis should elevate awareness. Educational encounters revealed many oncologists were unaware of the CDC guidelines for screening and its potential impact on care.

POSTER P033

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Brown, Biobele

NEPHROBLASTOMA IN IBADAN, NIGERIA: A 7-YEAR CLINICAL REVIEW

Brown, Biobele*; Ogundoyin, Olukayode; Olulana, Dare; Lawal, Taiwo; Ogun, Gabriel; Elumelu, Theresa; Atalabi, Omolola
University of Ibadan, Nigeria

Correspondence Brown, Biobele
Email: biosbrown@yahoo.com

Objective The objectives of this study were to describe the clinical presentation, treatment and outcome of Nephroblastoma in Ibadan, Nigeria.

Method This was a retrospective study of all cases of nephroblastoma seen at the University College Hospital, Ibadan between the years 2008 and 2014. Information was obtained from the database of the Paediatric Haematology-Oncology unit of the hospital.

Results A total of 25 children were seen between the years 2008 and 2014 comprising 12 males and 13 females. Their ages ranged from 1.4 to 12.0 years with a median of 4 years. The most common presenting symptom was abdominal swelling with a median duration of 8 weeks. Seventeen tumours (68%) were right sided, 5 (20%) were left sided and 3 (12%) were bilateral in location. Stages at presentation were stage II in 3 (12%), stage III in 8 (32%), stage IV in 11 (44%) and stage V in 3 (12%). Treatment modalities given were chemotherapy in 23 (92%), surgery in 13 (52%), radiotherapy in 5 (20%) and no treatment given to 2 (8%) of patients. Median survival by Kaplan-Meier estimate was 73 weeks with the longest survivor alive and disease-free at 212 weeks. At the end of the study period, 4 (16%) patients were known to be alive, 7 (28%) died and 14 (56%) abandoned treatment.

Conclusion Most patients present with advanced disease and abandonment of treatment is frequent resulting in a poor outcome.

POSTER P063 (LB)

**General Poster
Display**
Thursday &
Friday
19 & 20
November
2015

Brown, Darron

THE AMPATH-ONCOLOGY INSTITUTE: LONGITUDINAL ANALYSIS OF HPV AND CERVICAL CANCER IN WOMEN WITH HIV/AIDS

Brown D*¹; Cu-Uvin S²; Kaaria A³; Orang'o O³; Ermel A¹; Moorman A⁴; Itsura P³; and Loehrer P¹

¹Indiana University School of Medicine; ²Alpert School of Medicine,

³Brown University, Moi University School of Medicine; ⁴Kenya Medical Research Institute, Center for Global Health Research

Correspondence Brown D

Email: darbrow@gmail.com

Background Cervical cancer is the most common malignancy in women living Kenya. While HIV infection accounts for much of the high incidence and mortality of cervical cancer in Kenyan women, other modifiable cofactors are likely to be important. The AMPATH-Oncology Institute (AOI) is a part of AMPATH, a multidisciplinary collaboration of North American universities, led by Indiana University, with Moi University and Moi Teaching and Referral Hospital in Eldoret, Kenya. One goal of the AOI is to study the influence of HIV infection on the natural history of cancers, including cervical cancer.

Methods The goals of this five-year project are to enhance the research workforce in Kenya and to study the natural history of HPV infections and cervical cancer in HIV-infected women. Two projects to be conducted are 1) defining modifiable factors predicting persistence of oncogenic HPV and cervical dysplasia in HIV-infected women, and 2) evaluating the impact of VIA screening and treatment with cryotherapy or LEEP in HIV-infected women with cervical intraepithelial neoplasia (CIN).

Results and Conclusion All work will be performed in western Kenya. We expect enrollment of study participants to begin in the summer of 2015. The direct outcome of these studies will be a better understanding of the natural history of various HPV types in women with and without HIV infection, the modifiable risk factors for cervical cancer in these women, and the implications of local therapies for women with CIN lesions. Further studies are being developed, including mentored pilot projects related to the main studies.

POSTER P034

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Brown, Ewan

THE EDINBURGH MALAWI CANCER PARTNERSHIP: HELPING TO ESTABLISH MULTI-DISCIPLINARY CANCER CARE IN BLANTYRE, MALAWI

Brown, Ewan*¹; Gorman, Dermot²; Taylor, Fiona²; Jere, Yankho³; Bates, Jane³; Masamba, Leo³

¹Edinburgh Cancer Centre, United Kingdom; ²NHS Lothian, United Kingdom;

⁴Queen Elizabeth Central Hospital, Malawi

Correspondence Brown, Ewan

Email: Ewan.Brown@luht.scot.nhs.uk

Objective In response to the growing incidence of cancer in Malawi a new oncology unit has been established at Queen Elizabeth Central Hospital (QECH), Blantyre. In 2012, a healthcare partnership was formed between the oncology and palliative care unit at QECH and the Edinburgh Cancer Centre, UK. The principal objective of the partnership is to help to develop high quality multi-disciplinary cancer care in Malawi.

Method A needs assessment identified 3 priority areas for further improvement of cancer services: nurse-led treatment delivery; management of clinical data; and multi-disciplinary working. The partnership received grant funding from the Scottish Government International Development Fund in 2013 and a 3 year project plan was implemented which has been conducted through a series of reciprocal training visits.

Results A programme of oncology nursing education attended by 20 oncology nurses and other healthcare professionals in Malawi has resulted in increased experience in cancer practice and standardisation of chemotherapy delivery procedures. A clinical database has been established that enables prospective collection of a comprehensive dataset of all new patients with cancer and a retrospective audit of cases 2012–14 describing the epidemiology of 1,570 presentations has been completed. Weekly multi-disciplinary meetings involving oncology, gynaecology and surgery have been established at QECH which has enabled a cross-specialty approach to patient care. Several exchange visits have been undertaken which has led to closer working practices between oncology and palliative care teams.

Conclusion The Edinburgh Malawi Cancer Partnership is supporting the development of nursing education, data collection and cross specialty collaboration that will help to improve cancer care in Malawi. Future work will focus on the further development of multi-disciplinary breast cancer care and the development of a radiotherapy service for patients in Malawi.

LUNCH SESSION

Shifting the Radiotherapy Treatment Paradigm

13:15–14:15

Saturday

21 November
2015

Burger, Hester

A COLLABORATIVE APPROACH ON IMPLEMENTING 3DCRT TECHNIQUES ACROSS AFRICA

Burger, Hester*¹; Bruwer, Nanette¹; Wyrley-Birch, Bridget²; Valentim, Jose-Manuel³; Groll, Jens³; Parkes, Jeannette¹

¹Groote Schuur Hospital and University of Cape Town, South Africa;

²Cape Peninsula University of Technology, South Africa; ³Varian Medical Systems, Switzerland

Correspondence Burger, Hester

Email: Hester.Burger@uct.ac.za

Objective Radiotherapy training initiatives are often focused on discipline specific training, with limited exposure to the other professions involved in the Radiotherapy process. Although this approach is often sufficient in the 2D Radiotherapy environment, a deeper understanding of the roles and responsibilities of all professions involved in the process is required for 3DCRT. Training programmes in Africa also need to take into account geo-political diversity and logistical challenges experienced in developing countries. The Access to Care Cape Town 3DCRT training programme was developed to create a unique training platform to train radiation oncologists, medical physicists and radiation therapy technologists in the safe and effective use of 3D Conformal Radiotherapy.

Method A multi-party collaboration was established between the University of Cape Town, Cape Peninsula University of Technology and Varian Medical Systems to develop a training environment and curriculum to train multidisciplinary radiotherapy teams from Africa and other developing countries. The 3DCRT processes were mapped out based on professional roles and responsibilities, as well as type and level of knowledge required per profession per process. This was used to create the course material. Teaching is based on a “training by trying” approach, made possible by the use of a virtual training environment and radiotherapy treatment planning laboratory.

Results A three week programme was developed to be hosted twice a year at Groote Schuur Hospital in Cape Town. The programme includes theoretical as well as practical sessions to cover all aspects required to start a linear accelerator based 3DCRT programme.

POSTER P180

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Burger, Hester

HYPOFRACTIONATED DYNAMIC ARC THERAPY WITH MV BASED IGRT: AN ALTERNATIVE TO STEREOTACTIC RADIOSURGERY FOR ACOUSTIC NEUROMA PATIENTS?

Burger, Hester*; Parkes, Jeannette; MacGregor, Hannelie
Groote Schuur Hospital and University of Cape Town, South Africa

Correspondence Burger, Hester
Email: Hester.Burger@uct.ac.za

Objective Radiosurgery is considered the treatment of choice for patients presenting with acoustic neuromas. Until recently, patients requiring this form of treatment at Groote Schuur Hospital were treated using a cone based radiosurgery system. Due to technical problems, an alternative had to be investigated. In this study, we investigated the use of a hypofractionated IGRT protocol, using dynamic arc therapy on a Varian Unique 6MV linear accelerator with advanced MV portal imaging software.

Results Setup errors for the Advanced Imaging IGRT system was <2mm for all patients with no indication of systematic setup error. Film based quality assurance indicated a >99% Gamma pass rate. Although the Conformity Index for the PTV compares well with published data, the impact of the 2mm expansion from GTV to PTV is visible with a drop in the conformity index. The Gradient Index for the GSH DAT technique is higher than the standard radiosurgery techniques, but it is not statistically significant. The technique allows for dose to the critical organs to be kept within tolerance.

Conclusion Comparable plans can be generated. Long term clinical follow up will be required to determine whether this technique can be used in resource constrained departments as alternative to radiosurgery for the treatment of acoustic neuromas.

POSTER P181

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Burger, Hester

TAKING AFRICA FROM 2D TO 3D: CREATING THE CAPE TOWN ACCESS TO CARE RADIOTHERAPY TRAINING PROGRAMME

Burger, Hester*¹; Bruwer, Nanette¹; Wyrley-Birch, Bridget²;

Valentim, Jose-Manuel³; Groll, Jens³; Parkes, Jeannette¹

¹Groote Schuur Hospital and University of Cape Town, South Africa;

²Cape Peninsula University of Technology, South Africa; ³Varian Medical Systems, Switzerland

Correspondence Burger, Hester

Email: Hester.Burger@uct.ac.za

Objective Developing countries within Africa face continual training challenges. International training often focuses on latest technology, neglecting the practical limitations of the developing countries. The University of Cape Town, Cape Peninsula University of Technology and Varian Medical Systems collaborated to create a training programme aimed at the specific needs of Africa, to be hosted at Groote Schuur Hospital, Cape Town.

Method Two workshops were held in 2014 to develop the training platform. Delegates included radiation oncologists, radiation therapy technologists and medical physicists.

The workshops focused on:

- Radiotherapy training needs in the African context
- Legal and contractual implications of creating a multi-institutional, multi-national training platform
- Infrastructure requirements for high technology training
- Information technology requirements to allow for local and remote access to training material
- Use of technological alternatives to simulate hands-on training on high cost, high risk equipment
- < Curriculum development and learning approaches for the Millennium generation

Results A unique training programme was designed.

- Identification of key skills required for 2D to 3D conversion – one month full time training programme
- Contractual flow diagrams – multinational legal compliance and academic freedom
- Virtual Seminar Vert TM linear accelerator 3D simulation software – visualization of treatment, patient anatomy and medical physics quality assurance
- Multi-user treatment planning laboratory – fibre optic link to Switzerland to curb local hardware cost

Conclusion Contractual agreement was reached, allowing for the appointment of the resources and conversion of the classrooms. A one month full time programme was designed. The virtual software allows for learning through a “training by trying” approach, without risk of damage to the equipment. The first full course is scheduled to run in August 2015.

WORK- SHOP

Malignancies in the Setting of HIV Infection

11:00–13:00

Friday

20 November
2015

Busakhala, Naftali

LYMPHOMA IN HIV IN AFRICA, NEW PROGRESS

Busakhala, Naftali
Moi University/ NCI, Kenya

Correspondence Busakhala, Naftali
Email: nbusakhala@yahoo.com

Lymphoma is the third most common AIDS-defining cancer in sub-Saharan Africa. The prevalence of lymphoma among patients with HIV is about 2.8% while the prevalence of HIV among patients with lymphoma is about 13%. This translates to 691,600 people out of 24.7 million people living with HIV in sub-Saharan Africa. The risk of lymphoma is related to the degree of immunosuppression even in the presence of ART. Prevalence is high in Sub-Saharan Africa where patients present with advanced immunosuppression. The most common is diffuse large B-cell. Most cancer centres in Africa rely on light microscopy for diagnosis, some especially in the private sector are routinely doing immunohistochemistry. Treatment is delayed due to diagnostic shortages while initiation of chemotherapy is delayed by prolonged counselling periods, unavailability of chemotherapy and other reasons. The combination of Cyclophosphamide, Hydroxydaunorubicin, Oncovin and Prednisone (CHOP) is preferred. Some centres mainly in the private sector are able to add Rituximab to CHOP while others have the capacity to administer dose-modified EPOCH. Bone marrow suppression and infections often limit the dose and frequency of chemotherapy administration due to shortage of supportive medications. Treatment outcomes although unpublished are inferior compared to other regions of the world. Many centres have incorporated social workers in the oncology units to reduce patients lost to follow up. Approaches to improve management of HIV-related lymphoma in Africa include public private sector partnerships, advocacy, capacity building, research, expanding collaborative networks and increasing accessibility to therapeutics including oral cytotoxics. In addition, there is need for governments and other funding agencies to change their approach towards cancer care from seeing it as expenditure to conceptualising it as investment.

WORK- SHOP

Free
Communication
of Abstracts 2
11:00–13:00
Friday
20 November
2015

Campbell, Liane

CHARACTERISTICS AND OUTCOMES OF PEDIATRIC KAPOSI SARCOMA PATIENTS IN THE SOUTHERN HIGHLANDS ZONE OF TANZANIA

Campbell, Liane*; Bacha, Jason; Slone, Jeremy; El-Mallawany, Nader Kim;
Mwita, Lumumba; Mehta, Parth
Baylor International Pediatric Aids Initiative at Texas Children's Hospital,
Tanzania

Correspondence Campbell, Liane
Email: lianec@bcm.edu

Objective In 2011, a program to provide comprehensive care for pediatric Kaposi sarcoma (KS) patients was developed at the Baylor Center of Excellence in Mbeya, Tanzania. This study aims to describe characteristics and outcomes of patients in the program.

Method A retrospective chart review was conducted including HIV positive children diagnosed with KS between 1 March 2011 and 31 December 2014. Demographic, medical data, and treatment outcomes were collected and analysed.

Results The cohort included 34 patients: 35% female (12/34), median age of 11.5 years (range 2–18 years). Clinical diagnosis supported by biopsy in 50% (17/34) of cases. At time of diagnosis, 59% (20/34) had lymphadenopathy; 56% (19/34) had skin lesions; 50% (17/34) had oral lesions; 38% (13/34) had woody edema; 18% (6/34) had suspected gastrointestinal involvement; and 12% (4/34) had presumed pulmonary involvement. Severe cytopenias (Hgb < 8g/dL and/or platelets < 50,000/mm³), were present in 26% (9/34), severe acute malnutrition in 38% (13/34) and 76% (26/34) met criteria for World Health Organization severe immunosuppression. When diagnosed, 71% (24/34) were on antiretroviral therapy (ART), median time of 7 months (range 0.5–76 months). For those on ART 6 months, 62% (8/13) had virologic or immunologic evidence of treatment failure. Excluding 2 patients who died prior to receiving therapy, all patients were treated with ART and chemotherapy: 63% (20/32) received bleomycin and vincristine (BV) and 37% (12/32) were given BV and doxorubicin. Complete clinical remission was achieved in 41% (14/34) and 71% (24/34) of patients survived. Median time between diagnosis and end-of-study was 26.5 months (range 4–41 months). Ten patients (29%) died. Severe immunosuppression was present in 80% of those who died (two deaths had no CD4 data) and 90% of deaths occurred in adolescents (age > 12 years). Median age of patients who died was 14.5 years (range 4–17 years).

Conclusion Despite the resource limitations existing outside of academic hospital settings in Africa, >70% of HIV positive children with KS achieved survival with ART and chemotherapy in our clinical oncology program. In our cohort, mortality was associated with severe immunosuppression and age.

WORK- SHOP

Colposcopy

11:00–13:00

Wednesday

18 November

2015

Carcopino, Xavier

OPTIMISING EXCISIONAL TREATMENT

Carcopino, Xavier

APHM – Hôpital Nord, France

Correspondence Carcopino, Xavier

Email: xcarco@free.fr

Large loop excision of the transformation zone (LLETZ) has progressively gained widespread popularity amongst colposcopists and is nowadays by far the most popular conservative technique of treatment for women diagnosed with CIN. This preference is not motivated by higher efficacy, as existing evidence suggests that there is no obvious superior surgical technique for treating CIN in terms of operative morbidity or treatment failure. However, LLETZ allows for the combination of many other advantages such as simplicity, limited cost, the possibility of being performed as outpatient procedure under local analgesia, and of histological examination of the excised specimen with precise assessment of both the degree of abnormality and the excision margins. Finally, although excisional procedures were shown to be associated with pregnancy-related morbidity significantly increasing the risk of premature delivery, LLETZ seems to have fewer consequences on neonatal morbidity than other existing excisional techniques. The risk of subsequent premature delivery is known to be related to the depth of excision, and it is significantly increased with the cone depth. However, there is growing evidence suggesting that even more so than the depth, the volume of the specimen could particularly be associated with the risk of subsequent premature delivery. Thus, when performing a LLETZ, every effort should be made to minimize not only the depth of the specimen, but also the volume, while obtaining negative margins, in order to achieve the exact balance between the highest efficacy of treatment and minimal pregnancy-related morbidity. By allowing for the precise location of both the upper and lateral limits of the abnormal transformation zone, colposcopy is likely to be the ideal tool for the optimization of LLETZ procedure.

WORK- SHOP

Cancer Biology: Precision

Medicine (2)

16:00–17:30

Friday

20 November
2015

Carpten, John

CAN GENOME SCIENCE HELP INCREASE OUR UNDERSTANDING OF THE ROLE OF BIOLOGY IN CANCER HEALTH DISPARITIES?

Carpten, John

Translational Genomics Research Institute, United States

Correspondence Carpten, John

Email: jcarpten@tgen.org

The availability of the draft human genome sequence and significant technological advances now provide us with the opportunity to explore the genomic landscape of cancer in an unprecedented way. Here, we will describe the application of high throughput, high-resolution genomic technologies toward the interrogation of cancer genomes for discovery of molecular alterations in tumors that might be associated with clinical outcome and those that might be candidates for targeted therapeutics. We have now applied whole genome and transcriptome analysis in several tumor types towards the identification of therapeutically targetable mutations to enhance treatment decisions in the advanced setting. The platform supporting these efforts includes CLIA laboratory sample chain of custody for validation, technologies for molecular profiling, a drug-to-target knowledge engine, and the use of a Molecular Tumor Board. It is our hope that these data would one day be translated into clinical practice to improve therapeutic decision-making for more knowledge-based clinical management of cancer.

WORK- SHOP

Free Communication of Abstracts 6

16:00–17:30

Saturday

21 November
2015

Casadei Gardini, Andrea

EXPLORATORY STUDY OF HISTOPATHOLOGICAL CHARACTERISTICS OF HEPATOCELLULAR CARCINOMA (HCC) IN AFRICAN (TANZANIA) AND CAUCASIAN (ITALIAN) POPULATION

Casadei Gardini, Andrea
IRST-IRCCS, Italy

Correspondence Casadei Gardini, Andrea
Email: andrea.casadei@irst.emr.it

Background HCC is a primary malignancy of the liver. Pathogenesis of HCC is different between Caucasians (C) and African (A) population. Infection with HBV and aflatoxin are most frequent in A while HCV infection are most frequent in C. These etiological differences are reflected in a different biological behavior of HCC. The aim of the study is to evaluate different pathways among the various types of HCC. Currently we speak of HCC, clinically we know that there are different subtypes, but these differences have not been identified at the molecular level.

Case series 6 Tanzanian and 6 Caucasian patients with HCC in the Biosciences Laboratory at IRST (Meldola, Italy) as part of a global cancer control project currently being carried out in close cooperation with the Bugando Medical Center (Tanzania) were analysed.

Materials and method Immunohistochemical analyses were performed by using the Benchmark XT (Ventana Medical Systems) with Cox 2 (Cell Signaling), Hsp27 (Cell Signaling), c-fos (Thermo Fisher) antibodies diluted 1:600, 1:100, 1:300 respectively. Samples were evaluated as positive in the presence of cytoplasmatic immunopositivity for Cox2 and Hsp27 and in the presence of nuclear immunopositivity for c-fos.

Results All A cases were negative for Cox 2 expression while only one C case presented immunoreactivity 1/6 (16.6%). C-fos is expressed in 83% of C cases and only in 50% of A cases. Hsp27 is expressed in 100% of C cases and only in 50% of A.

Discussion These are the preliminary results of an ongoing study. In literature, there are few studies that evaluate differences of HCC insurgents between A population and C population. The initial data obtained show a difference in the expression of Hsp27. HCV infection could be correlated with the expression of this protein. HSP27 has also been object of research in order to elucidate its possible contribute to invasion and metastasis cascade affecting the overall survival of the patients.

POSTER MP029

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Chaddani, Wafaa

CONSULTATION MANIPULATRICE, MISE EN PLACE ET RETOUR D'EXPERIENCE AU CENTRE DE TRAITEMENT AL KINDY

Chaddani, Wafaa
Centre de Traitement Al Kindy, Morocco

Correspondance Chaddani, Wafaa
Email: lamiaa3@hotmail.com

Introduction Problème de communication et d'information du patient avant le traitement du stress, le conflit et temps de traitement plus long donc perturbation du travail des manipulatrices.

Objectif La consultation manipulatrice est un élément majeur d'accompagnement et de qualité de prise en charge. Elle a été mise en place suite aux multiples questions des patients et à la demande de l'équipe soignante. Cette consultation vient après la consultation médicale, elle offre: un temps d'écoute au patient et à son entourage pour parler de lui, de ses préoccupations, et de ses inquiétudes face au traitement de radiothérapie. Elle a comme objectif de reprendre l'information sur le traitement proposé, sur la maladie, les effets secondaires attendus et les répercussions sur sa vie quotidienne.

Méthode Mon expérience de 15 ans en radiothérapie, mon vécu, mon savoir faire et mon savoir être, m'ont poussé à créer la première consultation manipulatrice au Maroc. Idée première proposition de projet à l'équipe médicale et à la direction, acceptation du projet, préparation des protocoles de préparation des malades pour chaque localisation en collaboration avec l'équipe médicale, préparation d'une check-list, 3 réunions avec tout le service de radiothérapie pour validation du projet final.

Résultats Démarrage de la consultation prise en charge de 100 malades analysé des données. Répercussions positives sur le patient, répercussions positives sur l'équipe, répercussions négatives sur le patient, répercussions négatives sur l'équipe, réajustement du déroulement de la consultation manipulatrice.

Conclusion Cette consultation spécifique, une fois mise en place, est la meilleure adhésion du patient au projet thérapeutique, et surtout améliore la qualité de la prise en charge du patient cancéreux en oncologie.

POSTER MP030

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Charaka, Hafida

EVALUATION OF THE EARLY DETECTION PROGRAM OF BREAST CANCER IN MOROCCO

Charaka, Hafida*¹; El Fakir, Samira¹; Khalis, Mohamed¹; Bekkali, Rachid²; Chami Khazraji, Youssef²; Attassi, Mariam¹; Nejari, Chakib¹

¹Department of Epidemiology, Clinical Research and Community Health, Faculty of Medicine and Pharmacy of Fez, Morocco; ²Fondation Lalla Salma Prévention et Traitement des Cancers, Rabat, Morocco

Correspondence Charaka, Hafida

Email: hafida572010@hotmail.fr

In Morocco, breast cancer is the most prevalent cancer among women (36.1%), it is diagnosed generally at very late stages, and more than 60% cases are diagnosed at stage III or IV. Therefore, screening methods for National Cancer Prevention and Control Plan (NCPCP) could reduce the proportion of cancers that were diagnosed late.

Objective The aim of this study was to analyse the early performance indicators of the breast cancer screening program in the province of Meknes, Morocco from 2011 to 2014.

Method It was a retrospective evaluative study, to be conducted in the province of Meknes. The target population selected for this screening program was the women aged between 45 and 69 years. the study was based on process and performance indicators collected at an individual level from the various health structures, and on the data extracted from the registry and reports of the program, between 2011 and 2014.

Results During this period, a total of 69079 women participated in the screening program, and the participation rate was 44,6%. Among these participants, the palpation examination of 4048 (5,8%) came out positive, of whom 1746 (43,1%) received mammography, and among which, the histopathological results confirmed 209 cases of cancer (Cancer mean detection rate during three years was 3/1000); the most common type was the invasive ductal carcinoma with 195 cases (almost 93%), then we found two less common types: the invasive lobular carcinoma 9 cases (4,3%), the carcinoma in situ 5 cases (2,3%).

Conclusion The results of the study confirmed the efficiency of the (NCPCP) in Morocco, but this program requires both a minute and continuous monitoring and the implementation of quality assurance. Therefore, there is a need to closely monitor the performance and the procedures, with the aim of increasing both the participation rate and the proportion of women eligible to participate in the screening program.

POSTER MP031

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Chemao Elfihri, Wafa

MIS EN PLACE DU PROGRAMME DE DÉTECTION PRÉCOCE DES CANCERS DU SEIN ET DU COL DE L'UTÉRUS AU MAROC- ETUDE ÉVALUATIVE – CAS DE FÈS-BOULMANE

Chemao Elfihri, Wafa*¹; Babnou, Farida²; Nejari, Chakib¹; Babnou, Farida²

¹Ecole Nationale de Sante Publique Maroc, Morocco; ²Institut National
d'Administration Sanitaire Maro, Morocco

Correspondance Chemao Elfihri, Wafa

Email: wafachemao@gmail.com

Objectif Evaluer l'implantation du programme de détection précoce des cancers du sein et du col de l'utérus instauré en 2011 dans les structures de soins, au niveau de la seule région de Fès-Boulemane.

Méthode Eude qualitative, basée sur une étude de cas à plusieurs niveaux d'analyse avec une population à l'étude représentée par les structures de santé concernées dans le programme. Une étude transversale descriptive et analytique a été menée entre Avril et Juin 2012, basée sur une analyse documentaire, des observations sur le terrain et des entretiens semi-dirigés avec les acteurs impliqués. La mesure de la mise en œuvre du programme et l'étude des facteurs explicatifs sont faites suivant une approche systémique inspirée du modèle conceptuel de Shortell.

Résultats Le taux de participation de la population cible à la détection précoce du cancer du sein pour l'année 2011 est de 20% avec un pourcentage de référence de 9.7%. Les réalisations des 1ers trimestres 2011 et 2012 respectivement de 7.7% et 3.1% dévoilent une baisse des performances. Pour le dépistage du cancer du col de l'utérus, le taux de participation est de 2.7% soit à 26.5% de l'atteinte de l'objectif annuel 2011 avec un taux de référence à 7.4%. Par rapport au respect de la filière des soins, sur l'ensemble des femmes référées, seulement 74% sont effectivement vues au niveau II, la traçabilité sur leur prise en charge n'est pas clairement établie de même que la contre référence est faiblement opérationnelle. Ceci dénote donc d'un programme de détection précoce de ces deux cancers qui peine à être mis en œuvre. Pourquoi? Les principaux facteurs contextuels ayant freiné la mise en œuvre effective du programme de lutte contre les cancers du sein et du col de l'utérus sont, une insuffisance notoire en matériel médico technique, une mauvaise structuration à la base du niveau II de la filière de soins, aggravé par une faible coordination entre les acteurs pour une prise en cha.

WORK- SHOP

Free
Communication
of Abstracts 7

11:00–12:00

Sunday

22 November
2015

Chemao Elfihri, Wafa

LES FACTEURS DU STRESS ET LES STRATÉGIES DE “COPING” CHEZ LE PERSONNEL INFIRMIER TRAVAILLANT EN ONCOLOGIE: CAS DE L'INSTITUT NATIONAL D'ONCOLOGIE DE RABAT

Chemao Elfihri, Wafa*¹; Ibnouhsein, Moufadal¹; Nejari, Chakib²

¹ENSP Maroc, Morocco; ²Ecole Nationale de Sante Publique Maroc, Morocco

Correspondance Chemao Elfihri, Wafa

Email: wafachemao@gmail.com

Introduction Le secteur de la santé et en particulier le milieu hospitalier, est reconnu depuis longtemps pour être un milieu de travail très stressant pour ses équipes pouvant conduire au “burnout”. Le stress se répercute non seulement sur les professionnels soignant, mais également sur les patients. Pourtant nous avons constaté au niveau de l'hôpital d'oncologie de Rabat (INO). que malgré une situation de stress permanente, certains professionnels, réussissent à développer une résistance aux facteurs stressant “coping” et ne chutepas dans la dépression ou le burnout. Objectif: Identifier les facteurs de stress et les stratégies de “coping” spécifiques au personnel soignant infirmier de l'INO institut national d'oncologie de Rabat (établissement de référence en oncologie), afin d'en faire bénéficier tous les professionnels de santé en situation de stress au quotidien.

Methodologie Ce travail a été mené sur la base d'une démarche qualitative a visé exploratoire par le biais d'entretiens semi dirigés auprès de vingt infirmiers soignants.

Résultats L'étude a permis d'identifier les facteurs de risques ainsi que les stratégies de coping développés pour y faire face. Nous avons ainsi identifié neuf facteurs de stress propre à l'INO à savoir: «la nature de la pathologie à prendre en charge», «l'angoisse du patient», «la mort», L'échec thérapeutique», «Patients difficile à soigner», «la pression de la famille», «l'empathie», «la surcharge au travail», «la fatigue». Puis nous avons pu définir six stratégies de coping à savoir: «l'empathie», «faire la coupure», «se ressourcer», «la réinterprétation positive», «la verbalisation es problèmes» et «le désengagement psychologique de son travail». Le contenu de ces dimensions a été évalué au regard des études déjà menées dans le domaine. En plus des stratégies de “coping” déjà décrites dans la littérature, nous avons pu identifier chez ce personnel d'autres stratégies spécifique.

POSTER MP032

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Cherkaoui, Siham

LEUCEMIE AIGUE LYMPHOBLASTIQUE DE L'ENFANT ET L'ADOLESCENT: EXPERIENCE MONOCENTRIQUE

Cherkaoui, Siham*; Chellakhi, N; Khoubila, N; Oukkache, B; Bachir, F;
Hda, N; Madani, A; Quessar, A
Morocco

Correspondance Cherkaoui, Siham
Email: sihamc@gmail.com

Introduction La leucémie aiguë lymphoblastique (LAL) est la plus fréquente des maladies malignes de l'enfant (35%). Au Maroc, les LAL représentent 12 à 22% des cancers de l'enfant. Le but de ce travail est de décrire le profil clinique, biologique et évolutif de la LAL chez l'enfant à Casablanca.

Patientes et méthode C'est une étude descriptive étalée sur neuf ans du 25 Mai 2006 au 30 Septembre 2014, colligeant les patients âgés de 1 à 20 ans suivis pour LAL. Le diagnostic est confirmé par la cytologie et l'immunophénotypage. L'étude cytogénétique est réalisée à visée pronostique. Tous les patients étaient inclus au protocole national « MARALL 2006 ».

Résultats Deux cent quatre vingt deux patients étaient inclus. La moyenne de recrutement annuel des patients était de 32 cas/an. L'âge médian était de 11 ans allant de 1 à 20 ans avec une prédominance masculine (sex ratio: 1,70). Le taux de GB était $\geq 100.000 / \text{mm}^3$ dans 18% et $< 50000 / \text{mm}^3$ dans 72% des cas. Soixante deux pour cent des LAL étaient de phénotype B et 34% de phénotype T. Le caryotype était normal dans 30% des cas, en échec dans 20% des cas, hyperdiploïdie dans 17% des cas, hypodiploïdie dans 2% des cas. La T (9,22) était retrouvée dans 2% des cas. L'évaluation après l'induction: 65% ont une rémission complète, 4% une rémission partielle, 8% étaient en échec de traitement et 8% soit 23 cas sont décédés au cours d'induction (16 cas à domicile). Le taux de rechute était de 34%, la rémission médullaire complète était maintenue dans 44%. Le taux de décès toxique était de 16% des cas et d'abandon en rémission complète de 5% des cas. La survie globale dans notre série était de 50% et la survie sans événement (SSE) était de 33% des cas.

Conclusion On a constaté à travers ce travail l'amélioration de la survie et la réduction de l'abandon thérapeutique. En revanche il reste des points à améliorer tel que le taux de décès toxique, le taux élevé de rechute et le taux bas de la SSE.

POSTER P036

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Chia, Ngosoo Perpetua

ASSESSMENT OF KNOWLEDGE OF CERVICAL CANCER AND PAP SMEAR SCREENING IN MAKURDI METROPOLIS, BENUE STATE – NIGERIA

Chia, Ngosoo Perpetua*¹; Udzua, Francis K.²; Ugese, Iornenge Jonathan¹

¹Department of Clinical Psychology, Federal Medical Centre, Nigeria;

²Department of Psychology, Benue State University, Nigeria;

Correspondence Chia, Ngosoo Perpetua

Email: ngosoochia@gmail.com

Objective Knowledge of cervical cancer and pap smear screening in a sample population in Makurdi metropolis Benue State, Nigeria, was assessed.

Method Survey design was used where five hundred and seventy-four (574) participants aged 18–60 years, were accidentally/conveniently sampled in the town. 48.3% (N=277) were males, and 51.7% (N=297) were females. Data was collected using a standardized questionnaire, The knowledge of cervical cancer and pap smear screening scale (KCPS) with ten items. Six hypotheses were stated and tested using descriptive statistics (Frequency, Percentages, Mean and Standard Deviation) and the Independent t-test.

Results Results reveal that participants have limited knowledge on cervical cancer and pap smear screening with 35.3% (N=203) having knowledge, while 64.7% (N=371) having limited knowledge. No statistical significant difference in the knowledge of cervical cancer and pap smear screening between old and young participants $t(553) = -1.69; p > .05$, Single and Married participants $t(562) = -.97; p > .05$, low and high levels of education $t(564) = -1.83; p > .05$ was found. Surprisingly, males (mean=33.55) significantly had more knowledge of cervical cancer and pap smear screening than females (mean=32.26) $t(572) = 2.03; p < .05$ and other participants had better knowledge than health workers $t(572) = -2.43; p < .05$. Enlightenment campaigns, magazines and newspapers, television, radio, friends and schools were some of the avenues participants acquired knowledge of cervical cancer and pap smear screening.

Conclusion The findings of this study illustrate that knowledge of cervical cancer and pap smear screening is limited among the population in Makurdi metropolis, therefore a need to intensify enlightenment and awareness campaigns targeted at all groups of people.

WORK- SHOP

Chraibi, Fatima

**LA MAISON DE L'AVENIR: 20 ANS D'HEBERGEMENT DES PARENTS
D'ENFANTS ATTEINTS DE CANCER AU MAROC**

**Free
Communication
of Abstracts 2**

11:00–13:00

Friday

**20 November
2015**

Chraibi, Fatima*; Msefer Alaoui, Fouzia
Association l'Avenir, Morocco

Correspondance Chraibi, Fatima
Email: mseferalaoui@gmail.com

Introduction Au Maroc, environ 1000 nouveaux cas d'enfants atteints de cancer sont diagnostiqués chaque année. Parmi eux, 300 sont soignés à Rabat dans le Service d'Hémo-oncologie Pédiatrique, initié et soutenu par l'Association des parents et amis des enfants atteints de cancer, l'Avenir. Afin de prévenir les abandons de traitement et d'améliorer les conditions des familles nécessiteuses habitant hors de Rabat, l'association a construit la Maison de l'Avenir il y a 20 ans et la gère jusqu'à ce jour.

Description La maison est composée de 4 niveaux, 22 chambres, 54 lits, douches, salles de jeux, salons, cuisine, salle à manger, jardin. Le rez de chaussée est occupé par l'Association et comprend une salle de réunion, des bureaux, une médiathèque, une salle d'archives. C'est aussi un espace de partage, d'écoute et de rencontre avec les membres de l'association, les bénévoles et le psychologue. Quand une nouvelle famille arrive, la directrice de la maison lui explique les règlements, lui indique sa chambre et lui fournit ce dont elle a besoin. Ils sont aidés par des gouvernantes, des agents de sécurité et un chauffeur. L'accompagnateur paie le montant symbolique de 10 DHS par nuitée (1\$ US).

Résultats A côté de l'hébergement, l'association l'Avenir fournit aux familles la nourriture, des vêtements, des jouets, le transport, des prothèses, des médicaments et des loisirs, aussi longtemps que le nécessite leur traitement. En 2014, le nombre de familles hébergées a été de 641 avec un séjour moyen de 12 jours, 1 à 20 fois par an, dépendant de la maladie et du traitement. Le taux moyen d'occupation est de 75%.

Conclusion Depuis 20 ans, la Maison de l'Avenir contribue à adoucir et à améliorer les conditions sociales, médicales et psychologiques du traitement des enfants atteints de cancer rendant ainsi leur maladie et ses contraintes plus acceptables.

POSTER P037

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Christopher, Augustine

PERCEPTION OF END-OF-LIFE CARE AMONG NURSES IN A TERTIARY HOSPITAL IN SOUTH-EAST NIGERIA

Christopher, Augustine

University of Nigeria, Nsukka, Nigeria

Correspondence Christopher, Augustine

Email: augustine.christopher@unn.edu.ng

Objective Nurses play important roles in ensuring that patients receive adequate care while facing death. The provision of quality end-of-life care (EOLC) requires knowledgeable, skilled and experienced nurses who have the 'right' attitudes to death and caring for the dying. The purposes of this study were to (1) assess the knowledge of nurses about EOLC, (2) determine the attitude of nurses towards EOLC and (3) ascertain the relationship between the knowledge of EOLC and the attitude towards EOLC among nurses.

Method The study was a descriptive cross-sectional questionnaire-based study involving 161 nurses at University Nigeria Teaching Hospital, Enugu, South-East Nigeria. The Nurses' End-of-Life Care Knowledge Assessment (NECKA) and Frommelt Attitude toward Care of the Dying (FATCOD) scales were used to elicit information on knowledge of EOLC and attitudes to EOL respectively. Convenience sampling was used to select participants for the study. Data were analysed using descriptive statistics and inferential statistics (ANOVA).

Results 78.4% of the nurses had no formal training in EOLC. The mean score on NECKA scale was 53.4% (SD=12.8). Only 5% of nurses had good knowledge of EOLC. However, their attitude towards EOLC was generally positive. Statistically, there was a significant difference between the nurses' level of knowledge of and their attitude towards EOLC ($F=11.69$, $p<0.001$). Post-Hoc tests revealed a significant difference between the attitudes of nurses with low knowledge and those with fair knowledge of EOLC.

Conclusion Nurses' knowledge of EOLC was poor but they had a positive attitude. The inadequate knowledge of EOLC is most likely due to the lack of formal training on EOLC. There is need to train nurses at all levels on EOLC. Increased knowledge can lead to improved care of dying patients.

WORK- SHOP

**AORTIC-
MDACC-ASCO
Joint Session**
11:00–13:00
Wednesday
18 November
2015

Chuang, Linus

AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO) RESOURCE STRATIFIED CERVICAL CANCER TREATMENT GUIDELINE 2015

Chuang, Linus^{*1}; Temin, Sarah²; Dueñas-González, Alfonso³

¹Icahn School of Medicine at Mount Sinai, United States; ²American Society of Clinical Oncology, United States; ³Instituto Nacional de Cancerología, Mexico

Correspondance Chuang, Linus
Email: mdacc94@gmail.com

Objective This guideline will provide expert guidance to clinicians and policymakers in all resource settings on the minimum workup and treatment/supportive care/survivorship/palliative care for women with invasive cervical cancer all resource settings, including resource-limited settings.

Method ASCO convened an Expert Panel of international experts in cancer control, gynecologic, medical, and radiation oncology, health economics, obstetrics/gynecology, palliative care, and advocacy. ASCO will use a modified Delphi process. The Panel will draft recommendations and a group of other experts will join for formal ratings of the recommendations when there is a lack of evidence specific to some settings.

Results The searches for existing guidelines found guidelines from Cancer Care Ontario (CCO), the European Society for Medical Oncology (ESMO), the Japanese Society for Gynecologic Oncology (JSGO), and the National Comprehensive Cancer Network (NCCN).

Recommendations are anticipated to address the following clinical questions for each of four strata on.

1. Work-up
2. Treatment – By Stage

Additional questions regarding women with FIGO Stage IA, and IB1 cervical cancer with small tumors and women with FIGO Stage IB2 and IIA2 cervical cancer?

What is the role of NACT?

Which alternative treatment options can be offered when there is a lack of radiation machines or physics supports and/or brachytherapy?

3. Follow-up
4. Palliative Care
5. Special Populations of Women
 - HIV
 - Pregnant

It is evident to the Expert Panel that there is a lack of both resources and research on treating women with cervical cancer in resource-poor settings; efforts are urgently needed to address these issues.

WORK- SHOP

Medical Education in Oncology: E-Learning

14:30–15:45

18 November
2015

Company Serrat, Assumpta

MEDICAL EDUCATION IN ONCOLOGY: THE IMPACT OF THE E LEARNING METHODOLOGY IN AFRICAN SETTINGS

Company Serrat, Assumpta^{*1}; Banda, Lewis²; Bosch, Xavier¹; Sedano, Ana¹

¹Catalan Institute of Oncology, Spain; ²Cancer Diseases Hospital, Zambia

Correspondence Company Serrat, Assumpta
Email: acompany@iconcologia.net

One of the most important issues in the fight against cancer in Africa is the migration of human resources and access to oncological training. Calculations show that more than 20% of doctors working in USA, Australia and Canada are from sub-Saharan Africa, Asia and Pacific countries. These countries spend around 500 million US\$ every year in health professionals training who are working in developed countries. Consequences for the Global Health are very negative in these countries.

New technologies, based on the Internet, have provided unique possibilities to medical training, removing distance, time and space barriers. They have also provided wide access and the possibility to discuss with the best cancer specialists around the world.

The International Atomic Energy Agency (IAEA), in cooperation with their cancer control international partners, has developed the Virtual University for Cancer Control (VUCCnet). VUCCnet Africa was originally developed as an innovative pilot project with the aim to help resolve the access to training, adding e-learning content to traditional educative techniques.

Since its inception in 2010, e-oncología has collaborated with VUCCnet, which has developed the following activities:

- Cervical Cancer Prevention
- Cancer Skills for CHW
- Clinical Oncology Modules

During the e-learning general methodological aspects and its application in Africa will be dealt with as well as its application in two specific areas.

Particular emphasis will be put on the development methodology that has been used to ensure that contents are suitable for the target countries and can be easily adapted to be used in other countries and languages. Dissemination plans (access, accreditation, calendars and expenses) will also be presented.

Programme

- Challenges and opportunities in capacity building: the PACT/IAEA VUCCnet Project.
- E-learning as a significant option in developing countries.
- Cervical Cancer Prevention in Africa.
- Oncology Training in Africa

POSTER P038

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Coulbary, Aminata Sophie

LE DEVELOPPEMENT DES SOINS PALLIATIFS EN AFRIQUE FRANCOPHONE: CAS DU SENEGAL

Coulbary, Aminata Sophie

Association Senegalaise de Soins Palliatifs et d'Accompagnement (ASSOPA),
Senegal

Correspondance Coulbary, Aminata Sophie

Email: aminatasophie@yahoo.fr

Objectif Aider à la promotion et le développement des soins palliatifs et de l'accompagnement en Afrique francophone en général et au Sénégal en particulier.

Méthode A partir d'une enquête de proximité auprès de professionnels de la santé et des patients et de leurs proches

Résultats Chaque année, environ 912 000 personnes, dont 214 000 enfants, ont besoin de soins palliatifs en Afrique francophone. La demande de ce service de santé essentiel est susceptible d'augmenter de manière sensible au cours des prochaines années, car on estime que le pourcentage des personnes âgées de plus de 65 ans, le segment de la population le plus affecté par les maladies chroniques, devrait plus que doubler en Afrique francophone d'ici à 2050. La disponibilité de services de soins palliatifs est très limitée dans cette région. Une étude effectuée en 2012, par exemple, a permis de constater que dans 16 des 22 pays d'Afrique francophone, aucun dispensateur de services de santé n'offre de soins palliatifs. Les raisons qui expliquent le fossé existant entre les besoins en soins palliatifs et leur disponibilité sont bien documentées. Parmi les obstacles figurent la méconnaissance de la véritable signification des soins de supports, l'absence de promotion des soins palliatifs dans les politiques de santé; l'absence de formations adéquates à cette discipline pour les personnels de santé; des difficultés d'approvisionnement en médicaments utilisés en soins palliatifs; et les règles régissant les substances contrôlées qui compliquent la prescription et l'administration d'analgésiques opioïdes comme la morphine. Au Sénégal la fourniture de soins palliatifs est un défi relativement nouveau. En raison des progrès enregistrés dans le domaine des soins médicaux, de plus en plus de personnes succombent maintenant à des maladies chroniques. Un regroupement de professionnels et de membres de la société civile, au travers de l'Association Sénégalaise de Soins Palliatifs et d'Accompagnement.

POSTER P182

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Court, Laurence

LINEAR ACCELERATORS OR COBALT UNITS FOR RADIOTHERAPY IN LOW-RESOURCE SETTINGS?

Court, Laurence*; McCarroll, Rachel; Balter, Pete; Beadle, Beth
University of Texas MD Anderson Cancer Center, United States

Correspondence Court, Laurence
Email: lecourt@mdanderson.org

Objective Linacs and cobalt machines can both deliver radiotherapy treatments. The advantages/disadvantages of these machines for the delivery of cancer care in low- and middle-income countries (LMICs) are often debated, but there is a lack of quantitative data. We address one aspect of this question – which modality can treat the most patients per day?

Method The time taken to treat an individual patient depends on the time taken to set up the patient, mechanical motions (gantry, etc.), beam-on time, the frequency/length of power outages, and machine breakdown. These were input to a workflow model to determine the number of patients treated per day for linac- and cobalt-based treatments (conformal, step-and-shoot IMRT, dynamic IMRT, and VMAT). The data for this model was collected as follows: (1) The distribution of patient setup time was from observational studies. (2) Mechanical motion and beam-on time were calculated from 1000+ past patients' plans. (3) Three power-infrastructure scenarios were created based on data for countries across Africa (4) Machine downtime scenarios were created based on our own experience and published data for LMICs. Finally, the results were compared to assess relative performance.

Results Both the use of advanced treatment techniques and cobalt-60 source decay increase treatment time and therefore decrease daily throughput. We found power outage scenario to have the largest impact on relative machine performance. Considering conformal treatment techniques only, at 2.3 outage hours per 10 hour day, the two machines were predicted to achieve equal daily throughput. If there are fewer hours of outage, linac (simple treatments) throughput exceeds cobalt.

Conclusion Linacs and cobalt units are both viable options in LMICs. The most important factor to consider when deciding on treatment unit type is the power infrastructure at the facility. The availability and response of service personnel is also important.

KEY- NOTE

Cervical Cancer

08:30–09:00

Sunday

22 November

2015

Cowal, Sally

ADDRESSING CERVICAL CANCER IN AFRICA

Cowal, Sally

American Cancer Society, United States

Correspondence Cowal, Sally

Email: sally.cowal@cancer.org

Africa is at a critical point in the fight against cervical cancer. It is one of the most common cancers among African women, but despite the availability of vaccinations to prevent it and screening tools to detect it early, cervical cancer continues to have a devastating impact on women in low- and middle-income countries throughout the continent.

This presentation will discuss trends in cervical cancer incidence and mortality and underscore the urgent need to leverage best buys in an effort to bring cervical cancer under control and save lives from the disease. It will focus on strategies and tactics for increasing vaccination and screening rates, while exploring barriers and challenges in the implementation of comprehensive cervical cancer prevention and screening programs in developing countries in Africa. Additionally, the presentation will highlight civil society-led initiatives that are currently working to overcome barriers in access to vaccinations, screenings, and treatments, and detail best practices for addressing cervical cancer.

POSTER P039

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Dalia Kheira, Derkaoui Épouse Gribi

EPSTEIN-BARR VIRUS GENOME AND QUANTIFICATION OF VIRAL LOAD IN ALGERIAN FROZEN TISSUE OF BREAST CANCER

Dalia Kheira, Derkaoui Épouse Gribi*¹; Samia, Mourah²

¹Université d'Oran, Algeria; ²INSERM Hôpital Saint Louis Paris, France

Correspondence Dalia Kheira, Derkaoui Épouse Gribi
Email: derkaouidalia@yahoo.fr

Nearly all persons are infected with Epstein-Barr virus (EBV) and remain infected all their life. While almost all EBV infections are benign a small percentage of infected persons develop certain cancers. The EBV is associated with 100% of the undifferentiated nasopharynx, this type of cancer is increased in Algeria (endemic area of EBV), we can thus suppose that other forms of cancer can be bound to the EBV in this country. Recent studies suggest a link between EBV and breast cancer. Understanding this link is important, as it's provide new knowledge about breast cancer and help to identify women at risk for this type of cancer by using the virus as marker of tumoral mass. However the association of EBV with breast cancer remains controversial. In this work we studied the presence of EBV and we quantify the viral load in breast tumors (frozen biopsies) from western Algerian by using quantitative real time PCR. Our results show a presence of the EBV in more than 78% of samples, the EBV is found in the various DNA extracted in several pieces within the same tumor but with different viral load highlighting the heterogeneous character of the EBV in these tumors. The viral load is relatively low and heterogeneous from a tumor to the other one and within the same tumor with a low threshold of positivity.

POSTER P040

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Davidson, Alan

MANAGEMENT OF LOW GRADE GLIOMAS IN A MULTIDISCIPLINARY PAEDIATRIC NEURO-ONCOLOGY SERVICE IN SOUTH AFRICA

Davidson, Alan*; Figaji, Anthony; Pillay, Komala; Kilborn, Tracy;
Hendricks, Marc; Parkes, Jeannette
University of Cape Town, South Africa

Correspondence Davidson, Alan
Email: alan.davidson@uct.ac.za

Objective To review the results of multidisciplinary management of low grade gliomas by the combined neuro-oncology service of the University of Cape Town.

Method A retrospective analysis was performed using the folders of patients presenting to the Red Cross Children's and Groote Schuur Hospitals from 2001 to 2013.

Results Sixty children were diagnosed over the study period, ranging in age from 0.41 to 13.75 years [median 5.38]. Forty six children (77%) had WHO grade I tumours, and 14 had WHO grade II tumours, including 7 fibrillary astrocytomas, 4 pilomyxoid astrocytomas and one pleomorphic xanthoastrocytoma. The commonest sites were cerebellum (30%), hypothalamus (20%), cerebrum (15%) and optic tract (12%). Fourteen patients were managed expectantly, including 5 of the 8 with neurocutaneous syndromes. Thirty two patients underwent surgery at diagnosis in the form of debulking (15) or gross total resection (19), and eleven patients required surgery for recurrence or progression. Fifteen patients (25%) received radiotherapy (5 as first line treatment) and only two of these children (13%) progressed. Thirteen patients with irresectable disease (median age 2.67) were treated with chemotherapy; 11 of them with vincristine and carboplatin as the first line regimen. Eleven of these tumours (84.6%) involved the optic tracts or the hypothalamus; ten were juvenile pilocytic astrocytomas and 3 were pilomyxoid astrocytomas. One patient progressed, three showed stable disease and nine responded, reducing in volume by 40–93% (median 68%). Estimated 5-year Overall Survival (OS) was 89.2% for the whole group; 92.3% for WHO I tumours and 74.2% for WHO II tumours. Estimated 5-year Progression Free survival (PFS) for the whole group was 53.5%. The patients treated with chemotherapy had an OS of 100% and a PFS of 33%.

Conclusion Multidisciplinary management of low grade gliomas produces good results in a middle income setting.

POSTER P184

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Diagne, Ndèye Marième

EPIDEMIOLOGIE DES CANCERS DIGESTIFS A DAKAR EXTRAIT DU REGISTRE NATIONAL DES CANCERS

Diagne, Ndèye Marième
Hôpital Principal de Dakar, Senegal

Correspondance Diagne, Ndèye Marième
Email: mariemediagnegueye@hotmail.fr

Depuis une vingtaine d'années un intérêt particuliers est porté aux cancers digestifs du fait de leur fréquence croissante et de leur gravité. Le registre des cancers est un outil essentiel permettant de mesurer l'incidence des cancers digestifs et leur évolution dans le temps.

Objectif Nos objectifs étaient de recueillir tous les cancers digestifs diagnostiqués dans les structures sanitaires de la région de Dakar et d'étudier leurs caractères épidémiologiques.

Malades et méthode C'est une étude rétrospective de janvier 2010 à décembre 2013 et prospective de Janvier 2014 à Janvier 2015, ayant inclus l'ensemble des cas de cancers digestifs diagnostiqués dans les hôpitaux de la région de Dakar. La source des données était le registre national des cancers. Le diagnostic de cancer était fait sur des données histologiques, cytologiques, biologiques (marqueurs tumoraux) et morphologiques. Pour chaque cas, l'âge, le sexe, la topographie et les données permettant le diagnostic de cancer étaient recueillis.

Résultats Nous avons recueillis 3056 cas de cancers, avec une moyenne de 764 cas par an. Il y avait 894 cancers digestifs, soit 25% des cas. L'âge moyen était 57 ans et le sex ratio de 1.8. Ils étaient constitués de: 297 cancers du foie (33%) avec un âge moyen de 50 ans et un sex ratio de 3.4; 188 cas de cancers colorectaux (21%) avec un âge moyen de 51 ans et un sex ratio de 1,8; 157 cancers gastriques (17,6%) avec un âge moyen de 55 ans et un sex ratio de 1.8.

WORK- SHOP

Big CAT (1)

14:30–15:45

Saturday

21 November

2015

Dickens, Caroline

SURVIVAL FROM AND GENETIC SUSCEPTIBILITY TO INVASIVE BREAST CARCINOMA IN HIV+ AND HIV- BLACK SOUTH AFRICAN WOMEN

Dickens, Caroline^{*1}; Joffe, Maureen¹; Cubasch, Herbert¹; Dix-Peek, Therese¹; Duarte, Raquel¹; McCormack, Valerie²

¹University of the Witwatersrand, South Africa; ²International Agency for Research on Cancer, France

Correspondance Dickens, Caroline

Email: caroline.dickens@wits.ac.za

Breast cancer is the most commonly diagnosed cancer in sub-Saharan African women and, although incidence rates are less than half those of Western Europe or America, mortality rates are remarkably similar. Few studies have examined survival or genetic predisposition to known breast cancer risk factors in indigenous African populations. In a cohort of over 1000 mainly black, female patients newly diagnosed with histologically confirmed invasive breast cancer at the Chris Hani Baragwanath Academic Hospital Breast Clinic (CHBAH BC), 67% of tumors were ER and/or PR positive and 21% triple (ER, PR and Her2) negative. HIV prevalence was 18%, similar to that of the general population. In this study we aim to retrospectively examine survival from and recurrence of breast cancer in 642 women diagnosed with primary breast cancer at CHBAH BC between 2009–11 by investigating compliance and tolerance to treatment and survival outcomes by stage at diagnosis and receptor subtype and determining if these differ between HIV positive and negative patients. Numerous single nucleotide polymorphisms (SNPs) associated with breast cancer and its risk factors, have been identified in European, Asian and African American populations but these SNPs have not been investigated in indigenous African populations. As a second part of this study we aim to conduct a prospective pilot study to determine the prevalence of SNPs known to be associated with breast cancer and its associated risk factors in breast cancer patients and healthy controls with South African ancestry. For those patients with breast cancer, SNPs will also be correlated with the intrinsic breast cancer subtypes. The projected increase in breast cancer incidence rates in the coming decades especially in countries like South Africa that are becoming more Westernized means that a better understanding of disease progression and survival and genetic risk factors is imperative to improve patient management and to reduce mortality.

WORK- SHOP

Biobanks

09:00–10:30

Thursday

19 November

2015

Dillner, Joakim

**BIOBANKS, COHORTS AND REGISTRIES: ESSENTIAL RESEARCH
INFRASTRUCTURES FOR GLOBAL CANCER CONTROL**

Dillner, Joakim

Karolinska Institutet, Sweden

Correspondence Dillner, Joakim

Email: Joakim.Dillner@ki.se

Development and evaluation of effective health services for cancer control is dependent on high quality prevention research, which in turn is dependent on establishment of high quality research infrastructures.

Cohorts, biobanking facilities and cancer registries constitute key research infrastructures for research and the development and evaluation of cancer control policies.

All over the world, there is an increasing initiation of large population-based cohorts and advanced biobanking facilities. For example, IARC is operating a large international biobanking facility, serving 30 different countries in 4 continents. The necessary resources upon which cancer research is based are termed the study bases and are formed by longitudinal follow-up of cohorts and biobanks using cancer registry linkages.

International standardization and networking of research infrastructures is required to enable international research and comparability of research results. Various authorities are actively furthering large and concerted efforts towards such standardization and related measures. Major initiatives include the European Biobanking platform BBMRI-ERIC and the IARC-coordinated Low & Middle Income Countries Biobank & Cohort building network (BCNET). Major European stakeholders, including BBMRI.se, BBMRI_ERIC and BCNet are collaborating in the EU project B3 Africa that will link biobanking facilities and share resources between Europe and Africa to benefit the research and development of both regions. The building of a joint infrastructure will create a critical mass that will contribute to finding solutions for global problems.

POSTER P041

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Dina Bell, Esther Hortense Murielle

**DEPISTAGE DES ETATS PRECANCEREUX DU COL UTERIN
CHEZ LES COMMERCANTES DE LA VILLE DE DOUALA**

Dina Bell*, Esther Hortense Murielle
Douala General Hospital, Cameroon

Correspondance Dina Bell
Email: dina_bell_e@yahoo.com

Introduction Le cancer du col utérin est le résultat d'une prolifération cellulaire anarchique et incontrôlée, développée aux dépens des éléments constitutifs du col utérin. C'est le quatrième cancer dans la population féminine à l'échelle mondiale, mais le deuxième dans les pays en voie de développement. Cette différence est due à l'adoption du dépistage et du traitement systématique des états précancéreux. La prévalence des états précancéreux du col utérin est de 7%.

Objectif Le but de ce travail était de présenter le niveau de connaissances en matière de cancer du col utérin et de déterminer la prévalence des états précancéreux du col utérin dans une population de commerçantes de la ville de Douala.

Methodologie Il s'agissait d'une étude descriptive transversale allant du 1er Décembre 2013 au 20 Juin 2014. Elle a été menée sur le terrain dans 5 marchés de la ville de Douala. Nous avons procédé par le biais d'un échantillonnage au choix raisonné de manière non probabiliste, et la méthode de dépistage utilisée était l'IVA associée à l'IVL.

Results Pendant la période de l'étude, 333 patientes ont été incluses. L'âge moyen était de 40,2 \pm 11,1 ans avec des extrêmes de 21 et 70 ans. 61% de ces femmes avaient un niveau d'études secondaire, 40% étaient des femmes mariées. L'âge moyen au premier rapport sexuel était de 17,4 \pm 1,9 ans avec des extrêmes de 12 et 25 ans; et elles avaient une parité moyenne de 3 \pm 2 avec des valeurs extrêmes de 0 et 9 accouchements. Nous avons noté la présence de dix états précancéreux, soit une prévalence de 3% parmi lesquelles 70% étaient de bas grade et 30% de haut grade.

Conclusion Ce travail suggère qu'un accent devrait être mis sur le dépistage et le traitement systématique des états précancéreux du col utérin chez toutes les femmes ayant eu au moins un rapport sexuel non protégé.

POSTER P042

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Dina Bell, Esther Hortense Murielle

**LES DEFIS DE LA PRISE EN CHARGE DES ANÉMIES CHEZ LES PATIENTS
CANCÉREUX DANS UN HOPITAL DE REFERENCE A DOUALA,
CAMEROUN**

Dina Bell*, Esther Hortense Murielle
Douala General Hospital, Cameroon

Correspondance Dina Bell
Email: dina_bell_e@yahoo.com

Introduction L'anémie représente un facteur limitant dans la prise en charge des patients cancéreux car à l'origine d'une altération de la qualité de vie. L'objectif général de ce travail était d'évaluer la prise en charge de l'anémie chez les patients cancéreux reçus à l'Hôpital Général de Douala, conformément aux recommandations internationales, dans le but d'améliorer les pratiques courantes des médecins.

Patientes et méthode Il s'est agit d'une étude prospective menée du 1er septembre 2013 au 30 avril 2014 dans le service de Radiothérapie – Oncologie de l'Hôpital Général de Douala. Ont été inclus, tout patient atteint de cancer, suivis dans le service de radiothérapie-oncologie durant la période d'étude. La prise charge de l'anémie a été comparée aux standards options et recommandations (SOR) françaises 2007. Le test de comparaison utilisé était le Chi 2 de Pearson.

Résultats Au total 301 patients ont été colligés dont 228 femmes (75,74%) et 73 hommes (24,25%). L'âge médian était de 42, 5 ±15,1. La prévalence de l'anémie à l'entrée a été de 71,4% et passait à 80,7% après administration d'un traitement spécifique (un cycle de chimiothérapie ou doses totales de radiothérapie). Tous les cancers étaient pourvoyeurs d'anémie sans différence statistiquement significative. Le taux d'abstention thérapeutique était de 16,9% avant l'initiation du traitement spécifique et de 13,6% après. Les anémies légères $\geq 10g/dl$ ont été traité par fer oral. Les anémies modérées à sévères ont été traitées par transfusion sanguine. Les ASE ont été utilisées dans 2,3% des cas (5 patients). Le taux de concordance aux recommandations était de 17,5%.

Conclusion La prise en charge des anémies à l'Hôpital Général de Douala ne concorde qu'à 17,5% aux recommandations internationales. La prise en charge prophylactique des anémies légères n'est pas encore optimale.

POSTER P186

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Diop, Maimouna

EVALUATION DE L'ACTIVATION ET DE L'APOPTOSE DES LYMPHOCYTES T ET B SANGUINS DANS LE CANCER DU COL DE L'UTERUS: IMPACT DE LA CHIMIOTHERAPIE ANTICANCEREUSE

Diop, Maimouna^{*1}; Mbengue, Babacar²; Sylla Niang, Maguette²; Diop, Gora³; Dem, Ahmadou⁴; Dieye, Alioune¹

¹Institut Pasteur de Dakar, Senegal; ²Service d'Immunologie Université Cheikh Anta Diop Dakar, Senegal; ³Département de Biologie Animale Fst UCAD, Senegal; ⁴Institut Joliot Curie Hald Dakar, Senegal

Correspondence Diop, Maimouna

Email: diopparasito@outlook.com

Objectif La prise en charge du cancer du col de l'utérus (CCU) est encore difficile malgré l'existence de stratégies thérapeutiques dont la chimiothérapie. Rares sont les études portant sur les effets de la chimiothérapie sur l'immunité. En éliminant la tumeur, les anticancéreux influeraient-ils indirectement sur la fonctionnalité lymphocytaire? Pour apporter une réponse à cette question, nous avons évalué les taux de cellules T (LT) et B (LB) activées et apoptotiques chez des patientes avec CCU et des femmes témoins indemnes de tumeur.

Méthode L'étude a concerné 35 patientes et 42 femmes saines. Les niveaux d'activation précoce (CD69+) ou tardive (HLA-DR+) et d'apoptose (Apo2.7+) des LT et LB ont été évalués par cryométrie en flux avant et au cours de trois séances de chimiothérapie à Cysplatine-5-Fluorouracil.

Résultats Des 35 patientes initialement incluses, 18 sont revenues pour la 2e séance de chimiothérapie et 11 pour la 3e. Ce sont des cas de carcinomes épidermoïdes (96%) et d'adénocarcinomes (4%). Les niveaux d'activation précoce des LT CD4+ ($p < 0,001$) et LT CD8+ ($p < 0,01$) étaient plus élevés chez les patientes avant traitement que chez les témoins. Au début du traitement, les taux de cellules CD69+ augmentaient significativement ($p < 0,05$) et parallèlement aux proportions de lymphocytes Apo2.7+ au cours du traitement. Cette liaison est plus forte après la 1e cure. Toutefois, l'expression de HLA-DR par les LT diminuait au cours du traitement.

Conclusion Nos résultats démontrent l'existence d'effets indirects de la chimiothérapie anticancéreuse sur le phénotype lymphocytaire et confirment la relation entre l'activation et l'apoptose lymphocytaire dans le CCU. Ils consolident la nécessité d'une amélioration des substances anticancéreuses disponibles avant leur utilisation en chimiothérapie vectorisée.

POSTER P043

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Dlamini, Xolisile

RETROSPECTIVE ANALYSIS OF CANCERS IN SWAZILAND, 2010–2014

Dlamini, Xolisile
Swaziland Ministry of Health, Swaziland

Correspondence Dlamini, Xolisile
Email: maxolixoli@yahoo.com

Objective A retrospective analysis of cancers in Swaziland would provide empirical evidence on the extent to which the burden of cancers in the country exists as well as provide evidence of results for future cancer interventions.

Method The Health Management Information System (HMIS) database was used as the primary data source. Cancer data involves the use of facility based registers for out-patient, and discharge sheets for in-patient. In-patient data is captured using ICD9 codes at the facility level by health information officers, while out-patient data is submitted monthly as a summary sheet.

Results Coverage of screening has shown an upward trend (2064 to 4979 cases) in women since 2011 to 2013. However a decrease of the women screened is noted from 2013 to 2014, which precludes them from potential life-saving early diagnosis and treatment. Reproductive cancers are consistently most prevalent, with 141 cases of cervical cancer and 91 cases of prostate cancer in 2014. Hospital admissions due to prostate cancer increased more than fourfold, going from the 4th most common cancer in 2010 to 2nd most common in 2014. The analysis shows that most death cases were of young ages below 40. The leading cause of deaths in cancer was cervical cancer, followed by prostate cancer, liver cancer, breast cancer, and colon cancer.

Conclusion The burden of cancer has been increasing in Swaziland over the past three years in terms incidence and mortality and thus warrants greater attention within the health sector. There is sufficient evidence from the data that there is an increasing prevalence of modifiable risk factors among the Swazi population that may lead to cancers. Cervical cancer predominantly affects younger women and has been a leading cause of death, which can be averted through adequate screening.

POSTER P188

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Doh, Kwame

LE CANCER ET LE SUJET AGE A DAKAR

Doh, Kwame^{*1}; Thiam, Ibou¹; Dial, Cherif³; Gaye, Abdou Magib¹; Woto-Gaye, Gisèle¹

¹Laboratoire d'Anatomie et Cytologie Pathologique de l'Hôpital Aristide le Dantec, Senegal; ³Laboratoire d'Anatomie et Cytologie Pathologique de l'Hôpital Général de Grand Yoff, Senegal

Correspondance Doh, Kwame

Email: kwame.doh@ucad.edu.sn

Introduction La personne âgée se définit par l'OMS comme tout individu ayant un âge chronologique supérieur ou égal à 60 ans. Le nombre de personnes âgées est sans cesse croissant. La rareté des travaux concernant les cancers des personnes âgées contrastant avec la difficulté de la prise en charge ont suscitées l'intérêt de ce travail.

Matériel et méthode Nous avons étudié rétrospectivement sur une période de 5 ans (2009–2013), les comptes rendus des laboratoires d'anatomie pathologiques de Dakar. Seuls les cas de cancers histologiquement confirmés chez le sujet âgé étaient rassemblés.

Résultats Durant les cinq années de notre étude, sur 1264 cas de tumeurs des personnes âgées nous avons recensés 699 cas de cancers (55,3%). L'âge moyen des patients était de 68,82 ans avec une discrète prédominance masculine (sex ratio=1,07). Les localisations les plus fréquentes étaient la prostate (23,7%) chez l'homme, le col utérin (16,8%) et le sein (10,7%) chez la femme suivi par la peau-tissu mou (9,1%) et l'estomac (7,3%) chez les deux sexes. Certaines localisations tumorales (estomac, larynx, œsophage, ganglion, sinus, vessie, foie, poumons et bronches, vulve, œil, mandibule, pancréas, os) s'étaient toujours révélées malignes. Le cancer était primitif dans 97,6% des cas et métastatique dans 2,4%. Le type histologique des cancers primitifs rencontré était de loin les carcinomes (91,2%) suivi des lymphomes (3,8%), des sarcomes (3,6%) et enfin des mélanomes (1,4%). Tous les cas de métastase retrouvés étaient des carcinomes.

Conclusion La pathologie cancéreuse du sujet âgé est en pleine expansion au Sénégal.

WORK- SHOP

Paediatric Oncology: Childhood Cancer (2)

16:00–17:30

Saturday

21 November
2015

Dollman, Kenneth

ROLE OF PARENT GROUPS ON THE AFRICAN CONTINENT

Dollman, Kenneth

Childhood Cancer International, South Africa

Correspondence Dollman, Kenneth

Email: aps02@iafrica.com

Background In Africa treatment of childhood cancer is sadly often not a priority of Health Departments and so resources made available for the care of these patients is inadequate for effective treatment and care. Survival rates possible in resource-rich, developed countries are difficult to achieve in Africa, a situation exacerbated by late or misdiagnosis. The pressure placed upon those working in the medical facilities treating children with cancer is enormous and despite knowing what to do, many such medical professionals do not have the time to take on extra tasks and need strategic partners to assist with what is required to improve matters.

Method Existing childhood cancer parents support groups were approached to provide feedback on what they are doing to improve general awareness of childhood cancer and the care offered to patients and families. These groups shared data and information on projects and interventions initiated in their countries. An analysis of this information was conducted to inform and prioritise what are the most effective and important roles of parent groups in Africa, bearing in mind the resources available.

Results Where childhood cancer parent support groups have been welcomed into the treatment centres by medical professionals, so-called therapeutic alliances have been formed. The patient and the family is supported from the time of diagnosis until the end of treatment, whether this is a cure, or to prepare the family for the death of their child. Projects to address late and misdiagnosis, as well as awareness have been implemented to great effect. In many cases initiatives also improve the facilities and resources required by the medical professionals to save as many lives as possible.

Conclusion It is vital that in Africa, childhood cancer parent support groups are formed to help provide a voice for childhood cancer by undertaking initiatives in five key areas: access to care, awareness and education, advocacy and capacity development.

WORK- SHOP

Free
Communication
of Abstracts 6
16:00–17:30
Saturday
21 November
2015

Dorval, Michel

**INFORMER ET SOUTENIR LES FAMILLES À HAUT RISQUE DE CANCER
DU SEIN: L'EXPÉRIENCE DU CENTRE ROSE SERAIT-ELLE APPLICABLE
AU CONTEXTE NORD-AFRICAÎN?**

Dorval, Michel^{*1}; Bouchard, Karine²; Saint-Pierre, Dominique²;
Drolet, Anne-Marie²; Côté, Claudia²; Santerre-Theil, Ariane¹; Gonthier,
Catherine²; Collins, Stephanie³; El Haffaf, Zaki⁴; Chiquette, Jocelyne²
¹Université Laval, Canada; ²CHU de Québec, Canada; ³Université de Montréal,
Canada; ⁴CHUM, Canada

Correspondance Dorval, Michel

Email: michel.dorval@crchudequebec.ulaval.ca

Contexte L'implication de gènes de susceptibilité au cancer du sein dans la population nord-africaine étant documentée, les femmes ayant de forts antécédents familiaux ont désormais accès à des services d'oncogénétique en clinique spécialisée. Cependant, à l'instar des pays occidentaux, les ressources hospitalières de soutien psychosocial sont rares pour les personnes à haut risque mais non atteintes de la maladie.

Objectif Nous présenterons les activités du Centre ROSE mis en place en 2012 au CHU de Québec (Canada), en mettant l'accent sur le processus d'évaluation de celles-ci. Nous nous questionnerons aussi sur la pertinence et l'applicabilité de ces activités au contexte nord-africain.

Méthode Les activités du Centre ROSE sont regroupées en 3 volets:

- 1) Soutien psychosocial (individuel, de groupe, par les pairs);
- 2) Information (développement de matériel, centre de documentation, conférences publiques);
- 3) Formation professionnelle (formation continue, stages). Chaque activité fait l'objet d'évaluation à partir d'approches méthodologiques diverses (questionnaires, focus groups, données administratives).

Résultats L'atteinte des objectifs du Centre ROSE nécessite la collaboration des milieux clinique, scientifique et communautaire. En plus de sensibiliser la population à l'importance de connaître son histoire familiale et d'offrir du soutien aux femmes à haut risque, ce modèle de collaboration multidisciplinaire offre une plateforme favorisant la recherche appliquée ainsi que le transfert rapide de connaissances vers la clinique.

Conclusion Considérant l'importance de l'immigration maghrébine au Québec, le Centre ROSE pourrait être un partenaire des cliniques d'oncogénétique nord-africaines pour rejoindre les familles à risque, les informer et les soutenir. Des opportunités de collaborations scientifiques seront également discutées.

POSTER P044

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Drope, Jacqui

STRENGTHENING CANCER CONTROL IN NATIONAL REFERRAL HOSPITALS

Drope, Jacqui*; McComb, Kristie; O'Brien, Megan
American Cancer Society, United States

Correspondence Drope, Jacqui
Email: jacqui.drope@cancer.org

Objective As the burden of cancer shifts to low- and middle-income countries, the American Cancer Society (ACS) strives to tackle cancer in partnership with national hospitals in Kenya, Ethiopia, and Uganda. Together we are designing interventions to address the full cancer continuum including patient information and support, treatment and pain control.

Methodology The programs are built on existing partnerships with Ministries of Health in each of these countries to establish centralized local production of morphine and train health professionals through the Pain-Free Hospital Initiative (PFHI). To complement these efforts, ACS is supporting research to inform new programs including: studies to document barriers to starting treatment; patient needs assessments to understand how to support patients through treatment and care; and knowledge, attitudes and perceptions surveys for the development of information products. New projects are also underway to develop and test lower cost e-training tools for pain control and provide lodging for patients undergoing treatment.

Results In each of the countries, partnerships have been forged among key stakeholders in the national hospitals, Ministries of Health, civil society, and research organizations to support this program. All three countries have established local production of morphine and the PFHI is training health professionals to manage pain. Outcomes of the present research on barriers to treatment, patient care, and patient information, as well as e-training on pain control, will be available by the end of 2015. Plans for new patient lodging solutions will be complete, and new, locally relevant cancer information products will be available in partner hospitals by early 2016.

Conclusion While still in early stages, this innovative new program is already demonstrating that targeted technical assistance provided to public sector healthcare providers can have immediate and measurable impact.

POSTER P045

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Duncan, Kalina

JOINING FORCES TO OVERCOME CANCER: THE KENYA CANCER RESEARCH AND CONTROL STAKEHOLDER MEETING EXPERIENCE

Duncan, Kalina*¹; Galassi, Annette¹; Kocholla, Lillian²; Wangai, Mary²; Odongo, Izaq²; Williams, Makeda¹

¹National Cancer Institute, United States; ²Ministry of Health, Kenya;

Correspondence Duncan, Kalina

Email: kalina.duncan@nih.gov

Objective Cancer is the third leading cause of mortality in Kenya, accounting for 7% of annual deaths. The Kenyan Ministry of Health (MOH) is committed to reducing cancer mortality, as evidenced by policies such as the National Cancer Control Strategy (2011-2016). There are many other Kenyan and international organizations committed to this task; however, there is often a lack of coordination among stakeholders, resulting in inefficient and overlapping expenditure of resources.

Method The MOH and the NCI Center for Global Health collaboratively executed a two day workshop to improve coordination among government, NGO, and private organizations. The meeting included over 80 stakeholders from leading cancer research and control institutions in Kenya, as well as partners from the US, UK, and WHO.

Results Actionable recommendations included: the establishment of a national population-based cancer registry (PBCR); enhanced training for community health workers, nurses, researchers, pathologists, and oncology specialists; a reconfigured referral process, including leveraging of existing resources to improve access to cancer care; and coordinated community outreach and education. The MOH has formed a Technical Working Group (TWG) and elected a Board of Directors for the newly established Kenyan National Cancer Institute (KNCI), with both entities committed to advancing the cancer control work of the MOH. Since the workshop, initial steps have been taken to improve cancer registration, pathology, and community education.

Conclusion This stakeholder meeting enhanced in-country networks, identified priority needs and developed actionable proposals for coordinated improvement of cancer research and control. Active, persistent follow-up by the TWG, KNCI, and both Kenyan and international partners will be needed to turn the proposals into reality and achieve the promise of this meeting.

WORK- SHOP

Cancer Registration

11:00–13:00

Thursday

19 November

2015

Dzamalala, Charles

OESOPHAGEAL CANCER IN EASTERN AFRICA

Dzamalala, Charles^{*1}; Parkin, Donald Maxwell²; Wabinda, Henry³; Chokunonga, Eric⁴; Korir, Anne⁵

¹Malawi Cancer Registry, Malawi; ²African Cancer Registry Network, United Kingdom; ³Kampala Cancer Registry, Uganda; ⁴Zimbabwe Cancer Registry, Zimbabwe; ⁵Nairobi Cancer Registry, Kenya

Correspondence Dzamalala, Charles

Email: cdzamalala@medcol.mw

Introduction The mean worldwide age-standardized incidence rates (ASRs) for oesophageal cancer (OC) were estimated in 2012 to be 9.0 in males and 3.1 per 100,000 in females. However, this statistic does not reflect remarkable geographic variations in incidence rates. The incidence of OC varies geographically, with more than 80% of cases and deaths worldwide occurring in developing countries. However ASRs and other unique features for OC in this geographic area, with a history of extremely variable distribution of this highly fatal cancer, had not been evaluated or properly explained.

Objective The aim of this study was to characterize the disease burden and time trends of OC in four urban populations in Eastern Africa, which represented a previously undescribed high-incidence area. An attempt was also made to relate the findings with the potential factors that could be responsible for the unique pattern of this cancer in this region.

Methodology Data on all cases of OC diagnosed between 2004 and 2008 were obtained through the African Cancer Registry Network (AFCRN) from four population-based cancer registries with high quality data in: Blantyre, Malawi; Harare, Zimbabwe; Kampala, Uganda; and Nairobi, Kenya. Age-standardized incidence rates (ASRs) were calculated for each population, and descriptive statistics for incident cases were determined. Registry reports from the registries in the East African Region and those from the Western Cape Province of South Africa were also reviewed and compared with the statistics obtained.

Results Results were analysed according to patient characteristics, incidence rates, and tumour pattern and time trends. In Blantyre, 351 male (59%) and 239 (41%) female cases were reported, with ASRs of 47.2 and 30.3. In Harare, 213 male (61%) and 134 (39%) female cases were reported, with ASRs of 33.4 and 25.3, respectively. In Kampala, 196 male (59%) and 137 female (41%) cases were reported, with ASRs of 36.7 and 24.8.

POSTER P190

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Eber, Pia

CLINICAL COURSE OF 61 WOMEN WITH BREAST CANCER IN AIRA, WEST-ETHIOPIA: A PROSPECTIVE STUDY ON OVERALL-SRUVIVAL, CLINICAL AND HISTOPATHOLOGICAL PROGNOSTIC FACTORS

Eber, Pia^{*1}; Tariku, Wakuma²; Adissie, Adamu³; Thomssen, Christoph¹; Hauptmann, Steffen⁴; Kantelhardt, Eva Johanna¹

¹Martin-Luther University Halle (Saale), Germany; ²Eecmy Aira Hospital, Ethiopia; ³Addis Ababa University, School of Public Health, Ethiopia;

⁴Dueren Hospital, Department of Pathology, Germany

Correspondence Eber, Pia

Email: pia.eber@hhu.de

Objective Breast cancer (BC) has become the number one cancer in females in Africa. In rural areas of Ethiopia the only treatment is surgery; systemic treatment and radiation are not available. We explored prognostic factors and survival of women with BC in rural Ethiopia.

Method In 2010–12, BC was diagnosed in 61 females who received surgery in a small hospital in West Ethiopia with central referral pathology (Germany). Hazard Ratios (HR) are presented with 95% confidence intervals (CI).

Results The median age was 45 years (19–83 years). 54% of the patients presented with regionally advanced BC. 84% of the patients received mastectomy (49% axillary clearance). Poorly differentiated tumors dominated in 60%. Ki-67 was positive in 72% (cutoff $\geq 14\%$), 19% were HER2-positiv (DAKO 3). Triple-negative BC was present in 25%, 64% were hormone receptor positive (cutoff $\geq 1\%$). The median follow-up-time was 12.8 (0–37) months. The 2-year-survival-probability was 46%, in regionally advanced breast cancer cases median survival was 14 months. In women ≤ 35 years, the median survival was 10 months and for 35–55 years 24 months. In patients with triple-negative BC the median survival was 10 months. A tumor size $> 5\text{cm}$ (HR 3.86; 1.44–10.35; $p=0.007$), age at diagnose below 35 years (HR 4.98; 1.82–13.63; $p=0.002$) and lack of progesterone receptor (HR 5.12; 1.92–13.66; $p=0.001$) were found to be independent negative prognostic factors.

Conclusion Women in this case series from a rural area of Ethiopia are young, diagnosed in advanced stage and have mainly aggressive, poorly differentiated tumors. Two thirds show an expression of hormonal receptors. The mortality especially in young women and cases with advanced stage is high without adjuvant therapy. An awareness program is needed achieve downstaging as described in other low-resource-countries. Tamoxifen is a cheap and simple measure which could probably prolong survival in rural areas of Africa.

WORK- SHOP

Breast Cancer Workshop

11:00–13:00

Friday

20 November

2015

Edge, Jenny

RESEARCH WITH BREAST CANCER TRAINING FOR EARLY DIAGNOSIS

Edge, Jenny

South Africa

Correspondence Edge, Jenny

Email: jmedge@mweb.co.za

In high income countries (HIC), breast screening is controversial. Radiological screening is not feasible in low income countries (LIC). Six years ago, we started teaching a breast course for nurses. In 2013, the course was reviewed and the Breast Course for Nurses (BCN) joined up with the PEP foundation, which provides self-study books that can be used by health practitioners who are second language English speakers. The Breast Care book forms part of this series. The BCN combines distance teaching, using the book, with a residential course. The course has been taught in RSA, Zimbabwe, Malawi, Botswana and Namibia.

What lessons have we learnt?

1. Nurses have found these topics most useful:
 - a. Changes in the normal breast
 - b. Assessment of the breast
 - c. Palliative care
 - d. Wound management
2. Involvement of the following is critical: local doctors and nurses. local tertiary educational establishments local ministries of health
3. The course provides an excellent opportunity for networking.

What are the challenges?

1. How to make the course sustainable. At present the course is funded through sponsorship with some funding from ministries of health and academic institutions.
2. Accreditation. One of the strengths of the course is the adaptability of the course content to make it relevant to local needs. The challenge is to achieve formal accreditation without “failing” participants. The emphasis is on learning not testing.
3. Evaluation. What evidence can we provide of changes in the nurses’ practice or improvement in the stage of presentation of the women?
4. Distance communication with participants is expensive and difficult.
5. Advocacy. Funding patterns by donors are skewed towards infections not cancer. The BCN promotes opportunistic, “any time a woman is seeking health services at a health facility” clinical breast screening.

Breast cancer screening with trained volunteers in a rural area of Sudan:
a pilot study Abruidris et al. *The Lancet*

POSTER P046

**General Poster
Display**
Thursday &
Friday
19 & 20
November
2015

Effi, Ahoua Benjamin

PROFIL HISTOPATHOLOGIQUE ET IMMUNOHISTOCHIMIQUE DES CANCERS DU SEIN EN COTE D'IVOIRE

Effi, Ahoua Benjamin^{*1}; Aman, NA¹; Koffi, KD¹; Traoré, ZC¹; Kouyaté, M²

¹Service Anatomie Pathologique UFR SM Bouaké, Ivory Coast; ²Service Anatomie Pathologique CHU Treichville, Ivory Coast

Correspondance Effi, Ahoua Benjamin

Email: effiab@yahoo.fr

Objectif L'objectif de cette étude réalisée pour la première fois en Côte d'Ivoire était de déterminer le profil d'expression des récepteurs hormonaux (RO/RP) et de HER2 dans les cancers du sein afin d'améliorer le traitement des patientes.

Method Il s'agit d'une étude prospective conduite de juillet 2013 à janvier 2015. Sur chaque prélèvement, il a été réalisé un examen histologique standard complété par une étude immunohistochimique sur automate VENTANA BENCHMARK® GX. Trois anticorps ont été utilisés: RO (clone SP1), RP (clone 1E2), et HER2/neu (clone 4B5). Les variables analysées étaient l'âge, le type histologique, le grade SBR, le profil d'expression de RO, RP et HER2.

Résultats L'étude a porté sur 212 cancers du sein chez 125 patientes âgées de 24 à 84 ans avec un âge moyen de 48 ans. Le type histologique prédominant était le carcinome infiltrant de type non spécifique (167 cas, 93%). Les tumeurs de grade SBR II étaient les plus fréquentes (111 cas, 52%). Au plan immunohistochimique, 121 cas (57%) et 109 cas (51%), exprimaient respectivement RO et RP. Le profil d'expression de HER2 montrait une forte surexpression dans 30 cas (14%). La corrélation entre l'expression des récepteurs hormonaux (RH) et de HER2 a montré 110 cas (54%) RH+ et HER2- suivi de 63 cas (31%) triple négatif, 20 cas (9%) RH+ et HER2+ et 10 cas (5%) RH- HER2+.

Conclusion La détermination du profil immunohistochimique des cancers du sein depuis juillet 2013 en Côte d'Ivoire contribue à une meilleure prise en charge thérapeutique des patientes. Cette étude qui a utilisée les anticorps anti récepteurs hormonaux et anti HER2 doit être complétée par la détermination de l'index de prolifération Ki67 afin d'aboutir à la classification moléculaire de ces cancers.

WORK- SHOP

Free Communication of Abstracts 8

11:00–12:00

Sunday

22 November
2015

Eguzo, Kelechi

EXPLORING THE NEED AND PROSPECTS OF PUBLIC HEALTH ONCOLOGY IN ABIA STATE, NIGERIA: A PROPOSED MIXED METHODS STUDY

Eguzo, Kelechi*; Ramsden, Vivian
University of Saskatchewan, Canada

Correspondence Eguzo, Kelechi
Email: kelechi.eguzo@usask.ca

Background Despite a rising burden of cancers in sub-Saharan Africa, Nigeria lacks an organized cancer control (public health oncology) program. Limited access to the continuum of cancer control (prevention to palliation) has been attributed to: lack of political will; stigma associated with cancers; and poverty. Evidence suggests that practitioner-led, community-engaged research which builds on local knowledge can transform current practice related to cancer control strategies within specific health systems.

Objective This research seeks to explore the context within which public health oncology could be optimized in the State by addressing the following questions:

- What are the experiences of patients/families; physicians/nurses; health management organizations; and policy makers as it relates to cancer control?
- What strategies/policies would promote the establishment of an evidence-informed Cancer Control Program in Abia State?

Method Transformative action research methodology will be used. This mixed methods design involves doing research with individuals concerned with the issue, rather than doing research on them. We would invite patients/families; physicians/nurses; health management organizations; and policy makers in the State to participate in this project. A sample of 51 in each group is required to achieve power of 0.8 with 5% significance. Modified NCCP Core Self-assessment (WHO) and Ipsos MORI tools (UK) will be used for survey data collection, followed by semi-structured interviews. Descriptive statistics, Chi-square and ANOVA will be used as appropriate. Interviews will be analysed using inductive, thematic analysis. Data will be returned to the participants for discussion and interpretation prior to the Final Report being written.

Conclusion This study, which begins in late 2015, will be innovative in the use of mixed methods for the development of evidence-informed policy related to public health oncology in a resource-limited set.

WORK- SHOP

Cancer Registration

11:00–13:00

Thursday

19 November

2015

Ekanem, Ima-Obong

BREAST CANCER BIOLOGY STUDY INTERIM RESULTS HORMONE RECEPTORS IN WEST, EAST AND SOUTHERN AFRICA

Ekanem, Ima-Obong

University of Calabar/Calabar Cancer Registry, Nigeria

Correspondence Ekanem, Ima-Obong

Email: imaekanem2013@gmail.com

Objective The “Breast Cancer Biology Study” was initiated within the African Cancer Registry Network (AFCRN) to explore the proportion of oestrogen receptor-positive tumours within consecutive cases from different regions. The majority of investigators are unable to provide immunohistochemistry service due to financial constraints. The aim is to collect, analyse and compare specimens from 12 countries in West, East and Southern Africa.

Method A total of 60 consecutive breast cancer blocks from 12 centres in Africa will be collected. Until May 2015, 8 investigators from 7 countries participated in sending specimens for central immunohistochemistry staining in Germany. All specimens were fixed with buffered 10% formalin and locally embedded in paraffin before transport to Germany. Oestrogen-, progesterone-receptor, HER2 and Ki67 were stained by standard automatic protocols (ZytoMed Systems). Hormone receptors were considered positive when >1% cells were stained. HER2 was considered positive when staining showed 3+. Quality of stained specimen was documented.

Results Investigators from Mali, Nigeria, Congo, Ethiopia, Mauritius, Malawi and South Africa sent consecutive blocks up to May 2015. Obtaining clinical data was occasionally not possible. The majority of blocks were adequately stained. There was some variation due to quality of local paraffin and possible delay in fixation due to administrative procedures. Of 225 patients included, 44% had grade 3 carcinomas. Oestrogen receptor positive cases were seen in 50% of the specimens, 38% were progesterone-receptor positive and 17% were HER2 positive. 51% had elevated Ki67 above 14%. Details of staining and regional results will be presented.

Conclusion The proportion of hormone receptor positive cases was more than half of the cases. These preliminary results may suggest offering Tamoxifen for patients with unknown receptor status. This study from different centres in Africa shows feasibility of collaborative research efforts within a network like AFCRN.

POSTER MP033

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

El Achhab, Youness

HEALTH-PROMOTING SCHOOL AND CANCER RISK BEHAVIORS IN SCHOOLS: PROTOCOL FOR A MIXED METHODS STUDY

El Achhab, Youness*¹; El Ammari, Abdelghaffar¹; Kazdouh, Hicham¹; Lamri, Driss²; Najdi, Adil¹; El Fakir, Samira¹; Nejari, Chakib¹

¹Faculty of Medicine of Fez, Morocco; ²CRMEF-TAZA, Morocco

Correspondence El Achhab, Youness

Email: youness_elachhab@yahoo.fr

Objective Most unhealthy behaviors are adopted during childhood and adolescence, making this stage critical for interventions. Health-promoting in schools have demonstrated success in developed countries, however there is little data about the best approaches for Moroccan youth. We report here the protocol and preliminary results from a mixed methods study that set out to explore adolescents' health-risk behaviors in Morocco. Our overall goal is to design effective interventions to promote healthy lifestyles and prevent chronic diseases especially cancer.

Method Our methodological design relies on a quantitative approach followed by a qualitative. The first phase is a cross-sectional survey in which 420, 14–18 years old adolescents were selected from 6 schools of Taza city. The second phase is a qualitative study in which participants (32 adolescents, their parents and teachers) are selected from four secondary schools with different socio-economic level neighborhoods. The qualitative phase is based on data collected from focus group and interviews. It aims to clarify findings from the quantitative survey, and to explore barriers and opportunities for interventions.

Results Our preliminary findings from the quantitative study indicate that most of adolescents adopt sedentary behaviors (more than 80% spent 2–4 hours on screen time daily). Unhealthy dietary habits were also widely found among both genders. We will report on the results obtained from this mixed methods sequential explanatory study, and we will provide insights into the health behavioral factors of adolescents.

Conclusion Data from this study will help inform the best intervention among adolescents in high schools. A committee of experts composed of educators, policy makers and public health professionals has been selected and will convene to discuss these findings and review best practices in the literature in order to design and test an intervention that would promote healthy lifestyles.

POSTER MP066

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

El Attar, Hicham

CERVICAL CANCER SCREENING USING DNA ASSISTED CYTOMETRY AUTOMATE: MAY BE AN ALTERNATIVE?

S El Hallani*, El Attar Hicham
Moulay Idriss Laboratory, Casablanca, Morocco

Correspondence S El Hallani
Email: laboratoiremoulaydriss1er@gmail.com

Background Our group has developed an inexpensive and portable DNA assisted cytometry automate to assist cervical cancer screening programs in countries where there is a shortage of skilled cytotechnologists. The purpose of device is to identify only highgrade lesions with immediate clinical impact. The aim of this study is to determine the feasibility of implementing a short cycle of training in a pilot laboratory in Casablanca (Morocco) and to demonstrate the value of automation in low resources setting.

Design The local technologists enrolled in a 2-week training program which provided knowledge from slide preparation, staining and result interpretation. A total of 404 women were enrolled in the validation study. Two liquid-based slides were prepared manually from each cervical sample: one stained with Papanicolaou stain for visual cytology examination, the other with a DNA specific stain (Feulgen), which determined the relative amount of nuclear DNA. A sample was declared positive by the automate if presence of more than 3 cells with 5c DNA and/or the proliferative fraction of nuclei exceeding 10%. Follow up biopsies were performed for positive cases.

Results From 404 patients, the automate identified as: positive 33 (8%), equivocal 51 (13%), negative 218 (54%), and inadequate sampling 102 (25%). If visual cytology was to be used alone, only 11 cases would have been referred to colposcopy. Visual cytology would have missed 22 cases that were initially diagnosed as NILM (n=6), inflammation (n=6), severe atrophy (n=1), immature squamous metaplasia (n=2), condyloma (n=2) and LSIL (n=5). Follow-up biopsies confirmed CIN2-CIN3 in positive cases.

Conclusion This study suggests that affordable DNA assisted cytometry could be easily implemented with minimal training in developing countries where it is difficult to introduce population-based Pap test screening.

WORK- SHOP

Prostate Cancer (1)

09:00–10:30

Wednesday

18 November

2015

El Hassani, Lalla Kawtar

MEDICAL TREATMENT OF ADVANCED CASTRATE RESISTANT PROSTATE CANCER

El Hassani, Lalla Kawtar*; Naciri, Sarah; Ghissassi, Ibrahim; Boutayeb, Saber;
Mrabti, Hind; Errihani, Hassan
Institut National d'Oncologie, Morocco

Correspondence El Hassani, Lalla Kawtar
Email: elhassani_k@yahoo.fr

The main treatment of men with metastatic prostate cancer is androgen deprivation therapy (ADT). However, most of them eventually stop responding to traditional ADT and are categorized as castration resistant disease. Contemporary research in men with castrate-resistant prostate cancer (mCRPC) has led to the development of multiple agents that improved overall survival in phase III trials. These include novel hormonal therapy (Abiraterone, Enzalutamide), taxane chemotherapy (Docetaxel, Cabazitaxel), immunotherapy (Sipuleucel T) and a bone targeted radiopharmaceutical (Radium 223). The approval of these new therapies has altered the standard of care for patients with mCRPC. Furthermore these newer therapeutic approaches have each been evaluated in a limited segment of the potential patient population and have not been compared with each other in randomized trial. Management of men with advanced prostate cancer involves the sequential use of these and older approaches, with the goals of prolonging survival, minimizing complications, and maintaining quality of life. Little information exists regarding the sequences in which new therapies for mCRPC with evidence of survival benefits are used. Additionally, a variety of biomarkers are being studied for their ability to identify subsets of patients with advanced prostate cancer who have significantly different prognoses and different response to treatments. Finally, the management of mCRPC is now a challenge not only for physicians but also for those responsible for planning and managing healthcare systems because of the high cost of these new drugs. The purpose of this review is to summarize the recent therapeutic options and the best way to use and sequence them in the management of metastatic castrate resistant prostate cancer (mCRPC).

POSTER MP034

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

El Khadir, Mounia

ASSOCIATION BETWEEN VACA GENE OF *HELICOBACTER PYLORI* AND GASTRIC CANCER

El Khadir, Mounia^{*1}; Alaoui Boukhris, Samia¹; Benajah, Dafr-Allah¹; El Rhazi, Karima²; Ibrahimi, Sidi Adil³; El Abkari, Mohamed³; Nejari, Chakib²; Mahmoud, Mustapha⁴; Harmouch, Taoufiq⁵; Benlemlih, Mohamed⁶; Bennani, Bahia⁷

¹Lab. de Microbiologie & Biologie Moléculaire, Fac. de Médecine & Pharmacie de Fès (FMPF); ²Lab. d'Epidémiologie & Recherche Clinique, FMPF, USMBA;

³Serv. d'Hépatogastro-Entérologie CHU Hassan II de Fès, Equipe Maladies de l'Appareil Digestif, FMPF; ⁴Serv. de Bactériologie CHU Hassan II; ⁵Serv. d'Anatomie Pathologique CHU Hassan II; ⁶Lab. de Biotechnologie, Fac. des Sciences Dhar El Mehraz, USMBA; ⁷Lab. de Pathologie Humaine, Biomédecine et Environnement

Correspondence El Khadir, Mounia | mounia.elkhadir@usmba.ac.ma

Objective This work aimed to study the association between the *H.pylori vacA* polymorphism and gastric cancer in Moroccan populations.

Method Gastric biopsies were taken from consenting patients consulting at the gastroenterology department of CHU of Fez. After histological classification, two groups were retained for this study. The first one is composed of patients with gastric cancer and the second one consists on those with chronic gastritis and no sign of cancerous or precancerous lesions. This last group serves as control. The biopsies were processed by PCR to identify *H.pylori* and to determine the genotypic profile of *vacA* (*s*, *m* and *i* regions) gene directly in *H.pylori* positives biopsies. Histological profile was correlated with the *H.pylori* genotypes using SPSS software.

Results The mean age of the included population was 51.29 years (16-90 years). Sex ratio M/F was 1.22. On a total of 147 patients, 59.2% (n=87) were found *H.pylori* positives, including 66 (75.87%) and 21 (24.13%) cases from group1 and 2 respectively. *vacA* gene was detected in 95.4% (83/87) of cases with a predominance of *i1* allele (57.1%) followed by *s2* allele (54.7%) and *m1* allele (52.4%). Statistical analysis showed a significant difference between the rates of *vacA s1m1i1* in patients with gastric cancer and those with chronic gastritis. This rate is about 56.2% and 11.1% in the first and second groups respectively. A significant association has also been noted between chronic gastritis and *vacA s2m2i2*.

Conclusion Despite of the significant association between *vacA s1m1i1* and gastric cancer, the detection of *vacA s2m2i2* in cancer cases lets suggest that *vacAs1m1i1* genotype can't be used alone as a marker of carcinogenesis. In fact, other factors, including human genetic polymorphisms, diet and other virulence bacterial genes are also suspected to play a major role in the natural history of *H.pylori* infection.

POSTER MP035

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

El Khattabi, Wiam

ETUDE COMPARATIVE ENTRE LE CANCER BRONCHIQUE CHEZ LE FUMEUR ET LE NON FUMEUR

El Khattabi, Wiam*; Jabri, Hasna; Moubachir, Houda; Afif, Hicham
Service des Maladies Respiratoires, Hôpital 20 Août, CHU Ibn Rochd, Morocco

Correspondance El Khattabi, Wiam
Email: welkhattabi@yahoo.fr

Le cancer bronchique est la première cause de décès par cancer chez l'homme. Son incidence chez les non fumeurs est augmentée ces dernières années. Nous avons mené une étude rétrospective étalée sur 2 ans (2013–2014), colligée dans notre service, comportant le profil de 118 patients fumeurs (Groupe 1) et 35 patients non fumeurs (Groupe 2). Tous les patients sont de sexe masculin dans le groupe 1, et répartis en 30 Hommes et 5 Femmes dans le groupe 2. La moyenne d'âge est de 56 ans dans le groupe 1 et de 52 ans dans le groupe 2. Le tabagisme passif est noté dans 10% des cas dans le groupe 1 et dans 42% des cas dans le groupe 2 ($p<0,01$). Les symptômes sont dominés par l'altération de l'état général dans tous les cas et par la douleur thoracique dans 84% des cas. L'imagerie thoracique a montré un processus proximal dans 57% des cas dans le groupe 1 vs 44% des cas dans le groupe 2 ($p=0,1$), et un processus distal dans 43% des cas dans le groupe 1 vs 56% des cas dans le groupe 2 ($p=0,03$). La confirmation histologique a été apportée par la bronchoscopie dans 41% des cas dans le groupe 1 vs 55% des cas dans le groupe 2 ($p=0,08$), et par la biopsie d'un autre site dans 59% des cas dans le groupe 1 vs 45% dans le groupe 2 ($p=0,7$). Le carcinome épidermoïde a prédominé dans le groupe 1 (31% vs 9%) alors que l'adénocarcinome a prédominé dans le groupe 2 (36% vs 46%). Après bilan d'extension, 32% des patients ont été classé stade IV dans le groupe 1 vs 41% des cas dans le groupe 2. Le traitement a été adapté aux stades et à l'opérabilité des patients. Nous insistons sur le fait que les sujets non fumeurs peuvent faire des cancers bronchiques dus à des facteurs multiples et nous soulignons la fréquence de l'adénocarcinome.

POSTER MP036

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

El Mahfoudi, Amal

**MOLECULAR PROFILING OF BREAST CANCER: EXPERIENCE OF
UNIVERSITY HOSPITAL OF MARRAKESH**

El Mahfoudi, Amal*; Aloulou, Sofia; Khouchani, Mouna
University Hospital Mohammed VI, Morocco

Correspondence El Mahfoudi, Amal
Email: dr.amal8888@gmail.com

Breast cancer is the most common female cancer, it's the second leading cause of death worldwide. A molecular classification of this cancer has been established recently, treatment recommendations are based on it. This classification of breast cancer depend on gene expression and the protein profile has distinguished five molecular groups: luminal A, luminal B, Her2 (Human Epidermal Growth Factor), basal-like and unclassified. The objective of this study were to classify 130 cases of invasive breast cancers in molecular groups and correlate the results with clinical and pathological characteristics.

Patients and method Our retrospective study conducted in the oncology department at the university hospital of Marrakesh, over one year since January 2012 until January 2014, we collected 130 patients.

Results Tumors were analysed histologically and classified into immuno-histochemical groups: luminal A, luminal B, HER2+, basal-like and unclassified.

Findings Among the 130 tumors analysed, 9 (6.9%) were classified as luminal A type, 40 (30.8%) of luminal B, 27 (20.76%) were type Her-2, and 48 (36%) of basal. The luminal A subtype was correlated with low histological grade. The luminal B sub-type is characterized by a higher histological grade with tumor size significantly higher than the previous type. Subtype Her-2 tumor size was highest with a high rate of lymph node involvement. Finally, among the tumors basement, there was a high prevalence of histological types of poor prognosis, with a high grade SBR (scarff bloom Richardson) and a strong association with distant metastasis.

Discussion and conclusion This study confirmed the aggressive nature of the tumors and basal Her-2 compared with luminal tumors, which are characterized by morphological and clinical poor prognosis, same results are published in literature. Clinicopathological characteristics are matching with the molecular profile should therefore be considered as prognostic factor.

POSTER MP037

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

El Marnissi, Boujemaa

ETUDE DES MYCOTOXINES COUSANT LE CANCER ENQUÊTE SUR L'AFLATOXINE M1 DANS LE LAIT CRU PRODUIT DANS LA RÉGION CENTRALE DU MAROC

El Marnissi, Boujemaa^{*1}; Belkhou, Rajae²; Boudra, Hamid³; Bennani, Laila⁴

¹CHU Hassan II, Morocco; ²Ecole Supérieure de Technologie Fès, Morocco;

³INRA Saint Genès-Champanelle, France; ⁴Ispits Fès, Morocco

Correspondance El Marnissi, Boujemaa

Email: boujemaa74@hotmail.com

L'aflatoxine M1 (AFM1) apparaît dans le lait comme résultat direct de la contamination de l'alimentation des vaches laitières par l'aflatoxine B1 (AFB1). Ces métabolites peuvent être dangereux pour la santé humaine. L'AFM1 peut être responsable d'intoxications aiguës et/ou chronique chez l'homme. La palette des effets néfastes de l'AFM1 est très étendue: mutagènes, carcinogènes, tératogènes, etc. Notre objectif est de déterminer le niveau d'AFM1 et ses variations saisonnières dans le lait cru produit au Maroc. Le dosage de l'AFM1 dans le lait a été fait en utilisant une colonne d'immunoaffinité et chromatographie liquide à haute performance avec détecteur de fluorescence. Un total de 48 échantillons de lait cru ont été prélevés entre Octobre 2009 et septembre 2010 dans 8 laiteries traditionnelles appartenant à 4 secteur de la ville de Fès située au centre du Maroc. 27,08% des échantillons de lait cru contiennent l'AFM1 (0.01 à 0.1 $\mu\text{g/L}$) avec une concentration moyenne de 0,011 $\mu\text{g/L}$ et 8,33% des échantillons dépassaient le niveau maximal (0,05 $\mu\text{g/L}$) fixé par la réglementation Marocain et Européenne pour l'AFM1 dans le lait liquide. L'incidence et le niveau de contamination par l'AFM1 des échantillons du lait prélevés en automne ont été plus élevés que ceux des échantillons des autres saisons. Les résultats indiquent que des précautions nécessaires devront être prises concernant la production, le contrôle et la conservation de l'alimentation du bétail afin de minimiser la contamination par l'AFM1 dans le lait et produits laitiers Marocains.

POSTER MP038

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

El Massnaoui, Ayoub

**EXPÉRIENCE DU SERVICE DE RADIOTHÉRAPIE CHU HASSAN II DE FÈS
DANS LE TRAITEMENT DU CANCER DE L'ENDOMÈTRE**

El Massnaoui, Ayoub*; Mezzani, T.; Loukili, K; Kouadir, A; Toumir, I; Hafidi, K;
El Mazghi, A; Bouhafa, T; Hassouni, K
Morocco

Correspondance El Massnaoui, Ayoub
Email: ayoubelmassnaoui@gmail.com

Objectif Chaque année, le cancer de l'endomètre se développe dans environ 142 000 femmes dans le monde, et on estime que 42 000 femmes meurent de ce cancer. Notre but est de souligner à travers une étude rétrospective et à la lumière des données de la littérature la place de la radiothérapie dans la prise en charge de ce cancer.

Matériel et méthode Il s'agit d'une étude rétrospective ayant concerné les dossiers de patients suivis pour cancer d'endomètre dans le service de radiothérapie CHU Hassan II de Fès durant une période de 03 ans allant du Janvier 2012 au Décembre 2014.

Résultats Nous avons colligé 80 patientes d'âge moyen 60 ans (54 à 88 ans), toutes les patientes ont subi une hystérectomie totale avec (63% des cas) ou sans (37% des cas) curage ganglionnaire. Le type 1 était le type histologique le plus fréquent (96% des cas). L'invasion myométriale était supérieure à 50% dans 51% des cas, un grade III histologique dans 36% des cas, et une invasion cervicale était observé dans 16% des cas. Sur le plan thérapeutique, 6% des malades ont bénéficié d'une radiothérapie externe exclusive à la dose de 50 Gy en fractionnement et étalement classique, une RTE à la dose de 46 Gy suivie d'une curiethérapie de barrage dans 60% des cas, et 34% des malades ont bénéficié d'une curiethérapie seule. Après une durée moyenne de suivi de 24 mois, 91% des malades sont en bon contrôle locorégional, 9% des malades présentaient des métastases à distance.

Conclusion La radiothérapie garde une place importante dans la stratégie thérapeutique des cancers de l'endomètre de haut risque, ou avec des caractères histologiques défavorables, et permet ainsi la réduction de taux des récives locorégionales.

WORK- SHOP

**Free
Communication
of Abstracts 6**
16:00–17:30
Saturday
21 November
2015

Elbairi, Khalid

MEDICAL ONCOLOGY RESEARCH IN MOROCCO: A BIBLIOMETRIC ANALYSIS AND COMPARISON WITH THE MAGHREB COUNTRIES

Elbairi, Khalid^{*1}; Jadda, Hajar²; Terkmane, Chahinez³

¹Medical School of Oujda, Independent Research Team in Cancer Biology and Bioactive Compounds, Morocco; ²Laboratory of Biochemistry-Immunology, Faculty of Sciences, Mohammed V University Agdal, Rabat, Morocco;

³Abderrahmane Mira University of Bejaia (Faculty of Natural Sciences and Life) Department of Physico-Chemical Biology, Algeria

Correspondence Elbairi, Khalid

Email: elbairi.khalid@gmail.com

Objective Bibliometric data are increasingly used as a tool to measure the performance of national research systems. They even come with a high coefficient in indicators seeking to represent the quality of innovation systems. Such indicators have consequences on the recommendations of international organizations, on the direction of cooperation projects and on the representation of actions to be taken are that governments and investors.

Method Our study represents a modest attempt to assess the national medical scientific, using the SCOPUS database. The latter is known as one of the largest databases of citations. Indeed, it includes intelligent tools to analyse and visualize search results. Using this database as the main source of our study is justified by the richness of its content, availability and ease of use, and especially the fact that it reflects the visibility of domestic production in terms International.

Results Medical Sciences in Morocco is the area that has seen the largest increase in the last three periods studied compared to other areas of science (Chemistry, Engineering etc.). Medical oncology scientific production in the indexed literature has spent 4 articles from 1996 to 60 papers in 2013 with an exponential increase in the past two years.

Conclusion The comparative approach is often used in studies of qualitative evaluation. But this comparison may have more significance where the compared items include several common characteristics. Based on this principle, we make a comparison of bibliometric indicators of national output indicators related to other North African countries, including Algeria, Tunisia and Libya.

WORK- SHOP

Pathology Immunohisto- chemistry (3)

14:30–15:45

Thursday

19 November
2015

Elghetany, Tarek

APPLICATION OF IMMUNOHISTOCHEMISTRY IN THE DIAGNOSIS OF LYMPHOMAS

Elghetany, Tarek

Baylor College of Medicine, Texas Children's Hospital, United States

Correspondence Elghetany, Tarek

Email: txelghet@texaschildrens.org

Immunohistochemistry (IHC) plays a significant role in their diagnosis and classification of Hodgkin and non-Hodgkin Lymphomas (HL, NHL) as follows:

- **Reactive vs. Neoplastic Pattern:** Follicular hyperplasia (FH) may be differentiated from follicular lymphoma (FL) using BCL2, which is negative in FH. High grade FL, primary cutaneous FL, and pediatric FL tend to be BCL2 negative. Ki67 or MUM1 may be helpful. CD21, CD23, and CD35 highlight the meshwork of follicular dendritic cells, which may be destroyed in marginal zone lymphoma (MZL) with colonization, diffuse lymphomas, nodular lymphocyte predominant HL while expanded in angioimmunoblastic T cell lymphoma (AITL).
- **Clonality detection:** Cytoplasmic LC can be detected by IHC in NHL with plasmacytic differentiation, such as lymphoplasmacytic lymphoma, MZL with plasmacytic differentiation, immunoblastic lymphoma, and plasma cell neoplasms.
- **Detection of cell immaturity:** Lymphoblastic lymphomas (LBL) (both B and T) may be suspected on morphologic grounds and confirmed by IHC. Immature markers, such as CD34, TdT, and CD99 may be detected in both while CD10 for B LBL and CD1a for T LBL. CD10 is also expressed in germinal center diffuse large B cell lymphoma (DLBCL), FL, Burkitt lymphoma (BL), and AITL. Detection of aberrant markers: CD5 and CD43 are commonly expressed in small lymphocytic lymphoma and mantle cell lymphoma. DLBCL may express CD5. Peripheral T cell lymphomas may lose one or more of their surface markers, commonly CD7. Anaplastic large cell lymphoma (ALCL) kinase fusion protein (ALK) is detected in ALK+ ALCL.
- **Detection of viruses:** EBV may be seen in HL, in T cells in EBV lymphoproliferative disorders of childhood, in NK cells in extranodal NK/T lymphoma, nasal type, and in B cells in post-transplant lymphoproliferative disorders, DLBCL of the elderly, BL, lymphomatoid granulomatosis, and mucocutaneous ulcers. HHV8 is associated with primary effusion lymphoma and multicentric Castleman's disease.

POSTER P048

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Elkateb, Nagwa

TOWARD EFFECTIVE PAIN ASSESSMENT IN EGYPTIAN CANCER PATIENTS: ARE THE GLOBAL PAIN SCALES RELIABLE AND CULTURALLY RELEVANT?

Elkateb, Nagwa*; Hashem, Souad
National Cancer Institute, Cairo University, Egypt

Correspondence Elkateb, Nagwa
Email: nagwa.elkateb@gmail.com

Objective

- 1 To compare the reliability of four global pain intensity scales: Numerical rating scale (NRS 0–10), Numerical rating scale (NRS 0–20), Visual analogue scale (VAS) and Faces rating scale (FRS) for measuring pain intensity in Egyptian cancer patients.
- 2 To compare the four pain intensity scales in assessment of acute versus chronic pain.
- 3 To assess the agreement between NRS 0–10, NRS 0–20, VAS and FRS. 4. To identify the barriers to effective pain assessment

Method A convenient sample of adult and elderly cancer patients was recruited. The patients were randomly selected from the national cancer institute, Cairo university (surgical units, medical units and pain clinic). All patients were interviewed for demographic data, medical diagnosis and treatment as well as the presence of pain and its intensity, they were explained the purpose of pain scales and how to correctly score its level, then asked to score their pain intensity on the four pain scales one after the other in the same interview session. All scales were presented each in a separate printed card size white paper with clear simple Arabic language and black colored font. Illiterate patients were assisted in completing the scales either by one of the nursing staff or a relative if present. After completing all assessment patients were asked which scale they feel it meets their needs and easier to use and which scale were difficult to be understood.

Results Results showed differences between literates and illiterates regarding scoring the 4 pain scales. Also, there were significant differences in score agreement, less than 20% of the sample matched the 4 pain scales. Illiterate patients needed assistance and more time in completing the scales. Most of the sample confirmed that faces similarities in the (FRS) were difficult to understand and the numeric scales had too many numbers to choose from. Barriers to effective assessment included age, culture and level of education.

POSTER P049

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Elmore, Shekinah

DEMOGRAPHIC CHARACTERISTICS AND PRELIMINARY OUTCOMES IN A COHORT OF HIV-POSITIVE PATIENTS WITH KAPOSI'S SARCOMA IN A HIGH ART COVERAGE SETTING: A REPORT FROM BOTSWANA

Elmore, Shekinah^{*1}; Kayembe, Mukendi K. Alphonse²; Musimar, Zola³; Suneja, Gita⁴; Efstathiou, Jason⁵; Dryden-Peterson, Scott⁶

¹Brigham and Women's Hospital, USA; ²Department of Anatomical Pathology, National Health Lab., Botswana; ³Princess Marina Hospital, Botswana; ⁴Dept. of Radiation Oncology, Univ. of Utah, USA; ⁵Dept. of Radiation Oncology, Massachusetts General Hospital, USA; ⁶Botswana Harvard Aids Institute

Correspondence Elmore, Shekinah | Email: selmore@partners.org

Objective Despite antiretroviral treatment coverage exceeding 90% by government estimates, Kaposi sarcoma (KS) remains the most prevalent malignancy in Botswana. Incidence has decreased minimally over the last decade. We sought to explore reasons for persistent high incidence and describe KS outcomes.

Method Since 2010, consenting patients presenting to one of three oncology centers for KS treatment were enrolled prospectively and followed quarterly. Baseline HIV testing performed and records abstracted through April 2015.

Results 207 KS patients enrolled, 60% (125) with clinical diagnosis, 34% (71) with pathologic diagnosis, and 11 (6%) with radiologic/other diagnosis. Median age at diagnosis was 37 years (IQR: 11.9) and 63% (133) male. At presentation, 65% (134) had cutaneous and 24% (49) had disseminated disease. Revised ACTG staging was 8% (17) stage I, 54% (112) stage II, 35% (73) stage III. Nearly all, 98% (199), were HIV-infected with median nadir CD4 190 cells/ μ L (IQR: 208). Among HIV-infected patients, 68% (109) were not on ART at time of KS diagnosis and 26% (42) were diagnosed within first six months of ART. Of those not yet on ART, 72% (47) of men and 28% (18) of women had CD4 <250 cells/ μ L, $p=.0004$. Few cases, 6 (10%), developed in patients on ART for >6 months. Patients not on ART were referred to start. 71% (146) received chemotherapy and 7% (15) required radiation. After median follow-up 19 months, 21% (43) patients had died. Estimated 3-year OS was 76% (95% CI: 69–82%). Gender, ART duration, disease extent, and stage did not significantly predict survival.

Conclusion With high population ART coverage, KS development among individuals with CD4 <250 cells/ μ L accounts for majority of cases referred for oncologic treatment. ART delay, particularly among men, also contributed to persistent KS burden. Overall survival with KS in Botswana is similar to US and Europe. Initiation of ART at higher CD4 thresholds is needed to control the KS epidemic.

POSTER MP039

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Elmoudden, Loubna

ORGANISATION DE LA PRISE EN CHARGE DE LA DOULEUR DANS LES STRUCTURES D'ONCOLOGIE PEDIATRIQUE AU MAROC

Elmoudden, Loubna*¹; Khoubila, Nissrine²; Benmiloud, Sarra³; Elhoudzi, Jamila⁴; Maani, Khadija⁵; Kili, Amina⁶; Cherkaoui, Siham²; Madani, Abdellah²; Khattab, Mohamed⁶; Quessar, Asmaa²; Hachim, Jamila⁵; Harif, Mhamed⁴; Hessissen, Laila¹
¹Moroccan Society of Pediatric Hematology and Oncology – University Hospital of Rabat; ²20 Aout Hospital Casablanca; ³Hassan II University Hospital of Fès; ⁴Mohamed VI University Hospital of Marrakech; ⁵Abderrahim El Harouchi Hospital Casablanca; ⁶University Hospital of Rabat

Correspondance Elmoudden, Loubna | Email: loubna.mdn@gmail.com

Introduction L'organisation de la prise en charge de la douleur (PECDD) est un élément primordiale pour une meilleure qualité de soins et qualité de vie chez l'enfant atteint de cancer. Dans le cadre du projet d'amélioration de la PECDD financé par la Fondation Lalla Salma Prévention et Traitement des Cancers et piloté par la Société Marocaine d'Hématologie et d'Oncologie Pédiatrique, une analyse de l'état des lieux a été organisée et comprenait trois grandes phases: enquête soignant, enquête patient et audit clinique.

Matériel et méthode Nous rapportons les résultats de l'audit clinique ciblé sur le dossier patient réalisé dans les cinq structures du Maroc. Un ensemble de critères ont été recherché dans ce sens selon une grille préalablement conçue et validé par les managers des centres et le comité de pilotage du projet.

Résultats Ce travail donne les résultats qualitatives et quantitatives des cinq structures concernant la traçabilité et la notification de la douleur, la prescription des antalgiques, la communication, le suivi et la formation du personnel sur la PECDD. La notification de la douleur dans les cinq structures varie entre 22.5% et 58% et concernant la traçabilité de suivi et la prescription des antalgiques, elle varie entre 0% et 50%. L'évaluation n'est pas systématique et les outils de mesure ne sont pas adaptés; La traçabilité n'est pas respectée et les supports variables d'un centre à l'autre; Les procédures qui organisent les différents circuits de la PECDD ne sont pas formalisées; Les infirmiers ne sont pas formés à la PECDD et Les patients et les parents ne sont pas informés. Les médicaments, en particulier la morphine, ne sont pas toujours disponibles et les quantités sont souvent insuffisantes.

Conclusion Un ensemble de pistes d'améliorations ont été identifiés et ont été inscrits dans le plan d'action du projet. Les mesures correctives sont en cours et une évaluation de l'impact sera réalisée à la fin du projet.

WORK- SHOP

**Free
Communication
of Abstracts 4**
16:00–17:30
Friday
20 November
2015

Elsayem, Ahmedd

PALLIATIVE CARE IN THE UNITED STATES CANCER HOSPITALS: THE MD ANDERSON EXPERIENCE

Elsayem, Ahmedd

University of Texas, MD Anderson Cancer Center, United States

Correspondence Elsayem, Ahmedd
Email: aelsayem@mdanderson.org

Introduction Many cancer hospitals established palliative care services. Establishing PC at MD Anderson was challenging. The state of PC nationally was unknown.

Method Different challenges faced during the development of the MD Anderson PC program will be discussed. In addition, we surveyed all National Cancer Institute (NCI) comprehensive cancer centers, and an equivalent sample of non NCI cancer centers to determine the availability and degree of integration of PC services. Surveys were mailed to executive leaders and PC directors.

Results MD Anderson established state of the art PC unit. The number of referrals significantly increased.

Nationally A total of 142 and 120 surveys were sent to executives and program leaders, with response rates of 71% and 82%, respectively. National Cancer Institute cancer centers were significantly more likely to have a palliative care program (50/51 [98%] vs 39/50 [78%]; $P = .002$), at least 1 palliative care physician (46/50 [92%] vs 28/38 [74%]; $P = .04$), an inpatient palliative care consultation team (47/51 [92%] vs 28/50 [56%]; $P < .001$), and an outpatient palliative care clinic (30/51 [59%] vs 11/50 [22%]; $P < .001$). Few centers had dedicated palliative care beds (23/101 [23%]) or an institution-operated hospice (37/101 [37%]). The median (interquartile range) reported durations from referral to death were 7 (4–16), 7 (5–10), and 90 (30–120) days for inpatient consultation teams, inpatient units, and outpatient clinics, respectively. Research programs, palliative care fellowships, and mandatory rotations for oncology fellows were uncommon. Executives were supportive of stronger integration and increasing palliative care resources.

Conclusion MD Anderson established one of the largest PC programs in the United States. Most cancer centers reported a palliative care program, although the scope of services and the degree of integration varied widely.

POSTER P050

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Elshamy, Karima

DEVELOPING OUTREACH PLAN TO PROMOTE CANCER PREVENTION IN EGYPT: A PILOT STUDY

Elshamy, Karima
Mansoura University, Egypt

Correspondence Elshamy, Karima
Email: karima_elshamy2002@yahoo.com

Background Cancer is a complex disease that affects people in each city, town, and neighborhood differently. Prevention is the best way to fight cancer. This means getting people to do things that will protect their health – like get screened, quit smoking, and exercise more. It also means bringing together local leaders to support local cancer prevention efforts.

Objective Educate people on how cancer affects our community. Give people information on how to lower their cancer risk. Work with other groups and community leaders to make sure people have the information and services they need. Become a community leader in the fight against cancer.

Presentation will focus on:

PHASE I: Assessment of Community's Needs Get a clear picture of how cancer affects your community and what information people need to live healthier. Learn how to do a community assessment to Find statistics on the cancers that affect your community most. List all of the cancer screening services available in your community. Learn what people in your community do – and don't do – to keep from getting cancer. Find out how much people in your community know about cancer. Identify possible partners.

PHASE II: Planning for Community Outreach Strategy

- Define our goals.
- Identify the audience.
- Develop the messages.
- Choose the best ways to get our messages out.
- Give people a clear call to action.

PHASE III: Getting the Word Out

Learn creative ways to put your outreach plan into action by

- Adapting materials for our community.
- Working with the media in our community.
- Speaking at community events.
- Using social media like Facebook and Twitter.

PHASE IV: Building Community Partnerships Keep partnerships with other community groups and leaders so the messages reach more people, this can be done through basic information on how to form community coalitions.

PHASE V: Evaluation of activities. Learn how to review your outreach strategy.

POSTER P051

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Elshamy, Karima

EFFECT OF IMPLEMENTING SPIRITUAL CARE NURSING PROGRAM ON IMPROVING QUALITY OF LIFE OF PATIENTS WITH ADVANCED BREAST CANCER RECEIVING PALLIATIVE CARE

Elshamy, Karima
Mansoura University, Egypt

Correspondence Elshamy, Karima
Email: karima_elshamy2002@yahoo.com

Background Despite the evidence supporting spiritual care in nursing and an increased quality of life among patients, patients feel that their spiritual needs are not being supported by medical professionals. Nurses agree that the role they play is significant in addressing the needs of cancer patients. The aim of this study was to assess the effect of implementing spiritual care nursing program on improving the quality of life of patients with advanced cancer receiving palliative care

Materials and method Quasi-experimental study was conducted during 6 months at Oncology Center at Mansoura University Hospitals, Egypt. Forty six patients with advanced breast cancer receiving palliative care were randomly divided into the experiment and control groups. QLQ-C30 questionnaire was used to collect data pre- and post spiritual care program implementation.

Results There was no significant difference between the two groups before the intervention. However, after the intervention, there were improvements in some items of the quality of life of patients in the experiment group than in the control group.

Conclusion Our spiritual care program could successfully improve the quality of life of patients with advanced cancer receiving palliative. Research is needed to promote understanding of how spiritual needs and sources of support of different patient groups evolve over time and how spiritual concerns are best assessed and measured. The influence of spiritual care program on quality of life of patients with other types of cancer should be investigated.

WORK- SHOP

National Cancer Control Programme (2)

16:00–17:30

Friday

20 November
2015

Elshamy, Karima

CAN COLLABORATION BETWEEN REGIONS WORK? PALLIATIVE CARE NEEDS AMONG NORTH AFRICAN HEALTHCARE PERSONNEL

Elshamy, Karima
Mansoura University, Egypt

Correspondence Elshamy, Karima
Email: karima_elshamy2002@yahoo.com

Background Cancer is a global issue; its impact is devastating, but especially for poor, vulnerable, and socially disadvantaged people who are more often diagnosed with advanced disease and die sooner.

Objective A descriptive research study was conducted during four months to determine knowledge, beliefs, barriers, and resources regarding palliative care services among healthcare personnel of North African Countries and use findings to inform future educational and training activities.

Materials and method Subjects and setting: convenience sample of 55 healthcare personnel: 30 nurses, 15 physicians and 10 psychosocial, academic, and other health care professionals employed in varied settings, represented five North African countries

Tools Palliative care needs assessment was used, it included these areas:

- Current palliative care services,
- Satisfaction with and barriers to palliative care provision and service delivery,
- Available resources,
- Special populations requiring assistance,
- Educational program topics attended in the past two years, and
- Preferred learning methods, in addition to demographic and health care setting characteristics were also probed: work setting, city and country, professional background, years of experience, how often the respondent cares for patients with advanced illness, and approximate number of patients personally cared for in the past year who have died, and other several questions asked.

Results Lack of designated palliative care services, staff training, community awareness, access to hospice services, the nonexistence of functioning home-based and hospice services leaves families/providers unable to honor patient wishes. Respondents were least satisfied with discussions around advance directives and wish to learn more about palliative care focusing on communication techniques.

Conclusion The majority of North African patients with cancer are treated in outlying regions; the community is pivotal and must be incorporated.

LUNCH SESSION

**Brainstorming
The Future of
ACE-NET (Health
Economics)**
13:15–14:15
Thursday
19 November
2015

Elzawawy, Ahmed

VALUE AND NOT ONLY COST IS WHAT COUNTS

Elzawawy, Ahmed
AORTIC & ICEDOC & SEMCO, Egypt

Correspondence Elzawawy, Ahmed
Email: worldcooperation@gmail.com

After 40 years of uncertainties and the money spent in quality studies there is insufficient evidence about whether or how the quality of care has actually improved. Robert Brook, a pioneer quality expert, declared in 2010 “The end of the quality movement and long live improving value!” Value is defined as outcomes relative to the total costs of care. It encompasses cost-effectiveness, efficiency, safety and quality of life. Value depends on results, not inputs and it would be measured by the outcomes achieved centered at patients, not the volume of services delivered. Shifting focus from volume to value to patients on is a central challenge. Despite that measurement of quality of the procedures used in care and its improvement were considered of tremendous importance, but in value they are considered as tactics and not objectives themselves and they are not replacements for measuring outcomes and total costs of care. Economic measures like cost reduction without regard to the outcomes achieved is dangerous and self-defeating, leading to false ‘savings’ and potentially limiting effective care. The win-win scientific initiative aims at increasing the affordability of better value cancer care in the world by exploring scientific approaches that could increase the value of cancer care and resource sparing-whenver scientifically possible- without compromising the overall outcome, hence, to use the sum saved in reduction of waste to fund more appropriate, better value treatment for more patients <http://www.icedoc.org/winwin.htm>. It is win-win as it takes into consideration the interests of all stakeholders.

WORK- SHOP

Radiation and Chemotherapy

(1)

14:30–15:45

Friday

20 November
2015

Elzawawy, Ahmed

INTRODUCTION

Elzawawy, Ahmed

AORTIC & ICEDOC & SEMCO, Egypt

Correspondence Elzawawy, Ahmed

Email: worldcooperation@gmail.com

Africa and our African cancer patients are in need to unify or at least to collaborate the dispersed regional, continental and international efforts, initiatives and bodies in fields of clinical oncology – radiotherapy and chemotherapy – in Africa. Needless to say that there is a variable tragic lack of clinical oncology care across Africa. We would like to seize the occasion of the present AORTIC conference and this workshop of Radiation and Chemotherapy to start pragmatic and implementable win-win collaboration and harmonization.

POSTER P191

**General Poster
Display**
Saturday &
Sunday
21 & 22
November
2015

Erdmann, Friederike

REPORTED CHILDHOOD CANCER IN SOUTH AFRICA IN 2000–2006: DO RATES DIFFER BY POPULATION GROUPS?

Erdmann, Friederike¹; Singh, Elvira²; Schonfeld, Sara¹; Kellett, Patricia²; Kaatsch, Peter³; Schüz, Joachim¹

¹International Agency for Research on Cancer, France; ²National Cancer Registry, National Health Laboratory Service, South Africa; ³German Childhood Cancer Registry

Correspondence Erdmann, Friederike

Email: erdmannf@students.iarc.fr

Objective Higher incidence rates (particularly for leukaemia) are reported from high vs. lower income countries, especially Sub-Saharan Africa. Since reported geographical differences in childhood cancer incidence worldwide fuel hypotheses related to potential risk factors, it is important to gain insight into whether global incidence differences are true or can be attributed to under-ascertainment. For the first time, we studied childhood cancer incidence data reported to the National Cancer Registry (NCR) of South Africa (SA) and compared results to incidence data from Germany, which represents typical childhood cancer rates of high income countries.

Method Childhood cancer incidence data reported to the pathology-based NCR for 2000–2006 was analysed by using descriptive epidemiological methods.

Results With an age-standardised rate (ASR) of 45.7/ million in SA the reported ASR was more than 3-fold higher in Germany than in SA. ASRs differed substantially within SA population groups as well as between SA and German children. ASRs were about 3–5 times higher among White SA compared to Black SA for most cancer types, with ASRs for mixed ancestry and Indian/Asian children falling in between. ASRs among SA Whites were generally closer to the reported rates from Germany (1.25-fold lower), although there were marked variations between cancer types. Age-specific rates were particularly low comparing SA Whites and Blacks with German infants. Patterns across SA population groups and compared with Germany were similar for boys and girls.

Conclusion Genetic and environmental factors may only partly explain the substantial observed differences in incidence rates between population groups in SA and compared to Germany. Socio-cultural factors related to access and utilization of health care services are likely to explain at least some of the differences. More research is needed to understand the extent to which under-ascertainment may drive the observed incidence rate.

POSTER P070 (LB)

**General Poster
Display**
Thursday &
Friday
19 & 20
November
2015

Ermel, Aaron

ONCOGENIC HPV TYPES IN INVASIVE CERVICAL CANCERS FROM WOMEN LIVING IN THE UNITED STATES, KENYA, OR BOTSWANA

Ermel, Aaron^{*1}; Yan Tong¹; Omenge Orang'o²; Benson Macharia²; Doreen Ramogola-Masire³; and Darron R Brown¹

¹Indiana University School of Medicine, USA; ²Moi University Referral and Teaching Hospital, Kenya; ³Botswana–University of Pennsylvania Partnership, Botswana

Correspondence Ermel, Aaron

Email: aermel@iu.edu

Background More deaths occur in African women from invasive cervical cancer (ICC) than from any other malignancy. High quality data on the HPV types causing ICC in African women is limited. HIV co-infection is thought to influence the HPV type distribution in ICC.

Method Formalin-fixed, paraffin-embedded ICCs from women in western Kenya (n=146), Botswana (n=136), or the U.S. (n=46) were examined. DNA was extracted and HPV genotyping performed by Roche Linear Array. HIV was identified in ICCs by PCR.

Results HPV types 16 or 18 (HPV 16/18) were identified in 93.5% of HPV-positive ICCs from the U.S., 93.8% from Kenya, and 61.8% from Botswana ($p<0.0001$). Non-HPV 16/18 types were detected in 10.9% of HPV-positive cancers from the U.S., 17.2% from Kenya, and 47.8% from Botswana ($p<0.0001$). HIV was detected in 2.2%, 31.5%, and 32.4% from ICCs from the U.S., Kenya, or Botswana, respectively ($p=0.0002$). The distribution of HPV types was not significantly different between HIV-infected or HIV-uninfected women. The percentages of ICCs covered by the quadrivalent vaccine were 93.5%, 93.9%, and 61.8%, and increased to 100%, 98%, and 77.8% in ICCs from the U.S., Kenya and Botswana, respectively for the nine-valent vaccine.

Conclusion HPV 16/18 caused most ICCs from the U.S. and western Kenya. Fewer ICCs contained HPV 16/18 in Botswana. Currently available HPV vaccines should provide protection against most ICCs in women in the U.S. and Kenya. The recently developed nonavalent vaccine may be more suitable for countries where non-HPV 16/18 types are frequently detected in ICC.

POSTER P192

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Essaada, Belglaiiaa

EPIDEMIOLOGY AND GENOTYPE DISTRIBUTION OF HUMAN PAPILLOMAVIRUS (HPV) AMONG MOROCCAN WOMEN IN THE SOUSS AREA

Essaada, Belglaiiaa^{*1}; Mouaouya, Bouchra²; El Annaz, Hicham³; Mercier, Mariette⁴; Pretet, Jean-Luc⁴; Mougine, Christiane⁴; Chouham, Said⁵

¹Univ Ibn Zohr, Morocco and Univ Franche-Comte, France; ²Pathology Dept of the Hospital Hassan II, Agadir, Morocco; ³Lab of Molecular Biology of the 5th Military Hospital of Guelmim, Morocco; ⁴University of Franche-Comte, Besancon, France; ⁵Univ. Ibn Zohr, Agadir, Morocco

Correspondence Essaada, Belglaiiaa | Email: essaadabelglaiiaa@gmail.com

Objective To determine the prevalence and genotypic distribution of HPV, as well as cervical cytology results, in women from the SOUSS area of Morocco according to various risk factors.

Method 232 women aged 17–76 years were recruited at the Hospital Hassan II (Agadir). Socio-economical data (educational level, employment), sexual activity (age at first intercourse, sexual partners, contraceptive use and duration), reproductive life (age at first pregnancy, births and miscarriages, menopause), history of Pap, HIV status and smoking were recorded. HPV was detected by PCR and INNO-LiPA® Genotyping assay. Cytology was reported using the Bethesda system. Data were analysed using the logistic regression model.

Results HPV DNA was detected in 23.7% of cases, as a single infection or as multiple infections in 6.9% and 16.8% of cases respectively. HPV 16 was most prevalent type found in 27.7% of HPV positive samples, followed by HPV 53,74 (14.5% each) and HPV 18,52,54 (12.7% each). Moreover, 35.4% of HIV positive women and 13.3% of HIV negative women were HPV positive. Based on cytology results, most cervical smears were within normal limits (WNL) (82%), followed by Low Grade Squamous Intraepithelial Lesion (LSIL) (13%) and High Grade SIL (HSIL) (5%). No carcinoma was detected. The rate of HPV positivity was 17.4% in women with WNL smears, reaching 43.4% in LSIL and 75% in HSIL. In multivariate analysis, HIV was a strong risk factor independent of the usual socio-demographic and behavioral risk factors for high risk HPV infection. Moreover the grade of cytological lesions was highly associated with high risk HPV genotypes.

Conclusion In the SOUSS area, HPV infection rate is high, especially in WNL cytology samples. Furthermore HIV positive women have an overall high prevalence of hrHPV infection and precancerous lesions. Thus, they are at increased risk of cervical cancer. This highlights the need for HPV and cervical cancer prevention campaigns in Morocco.

POSTER P193

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Fadelu, Dayo

MEASURING TOXICITY AND ADVERSE EVENTS RELATED TO CHEMOTHERAPY DELIVERY IN RURAL RWANDA

Fadelu, Dayo*¹; Taylor, Kathryn²; Nzayisenga, Ignace³; Umuhizi, Dennis Gilbert⁴; Mpunga, Tharcisse⁴; Shulman, Larry N¹

¹Harvard Medical School, Partners in Health/Inshuti Mu Buzima, Brighman and Women's Hospital, United States; ²Harvard Medical School, United States;

³Partners in Health/Inshuti Mu Buzima, Rwanda; ⁴Rwanda Ministry of Health, Rwanda

Correspondence Fadelu, Dayo

Email: dfadelu@gmail.com

Objective Tracking of chemotherapy-related toxicity is essential in the delivery of high-quality cancer treatment, but challenging in low-resource settings. We developed and tested an adverse event (AE) tracking form in our patient population at the Butaro Cancer Center of Excellence (BCCOE).

Method Focus group discussions with nurses and doctors at BCCOE generated a list of commonly seen and clinically significant AEs that were then cross-referenced with expected toxicities for the chemotherapy formulary. AEs that could be captured from routinely collected laboratory values were excluded. The resulting twelve adverse events were included in a checklist on the AE form. A thirteenth generic "Other adverse event" was added for writing-in non-listed events. Each possible AE was graded on a scale of 0-4 according to Common Terminology Criteria for Adverse Events (CTCAE). The form was designed to be completed in the patients' medical chart at each administration of chemotherapy. A retrospective review of form utilization and AE frequencies was conducted after a 6-week pilot.

Results 392 chemotherapy administration events for 154 patients occurred during the pilot period and AE forms were filled for 202 (51%). Of the filled forms, 192 (96%) had 10 or more of the 13 fields completed. The most commonly recorded AEs were nausea 63 (32%), peripheral neuropathy 54 (28%), oral mucositis 35 (18%), vomiting 31 (16%), and diarrhea 29 (15%). There were 16 grade 3-4 events, primarily oral mucositis, extravasation, febrile neutropenia and vomiting.

Conclusion Assessment and documentation AEs is integral to high-quality cancer care in any setting, but particularly challenging in resource-limited settings where infrastructure and staffing can be strained. We demonstrate that assessment of toxicity in this setting is feasible, but remains sub-optimal. Additional interventions will be developed to increase compliance and effectiveness.

WORK- SHOP

Big CAT (2)

16:00–17:30

Saturday

21 November

2015

Farrant, Lindsay

**LIFE LIMITING PROGRESSIVE MALIGNANT DISEASE:
AN INVESTIGATION AMONG SOUTH AFRICANS TO DETERMINE
THE PREVALENCE AND BURDEN OF MULTIDIMENSIONAL SYMPTOMS
AND QUALITY OF LIFE**

Farrant, Lindsay

University of Cape Town, South Africa

Correspondence Farrant, Lindsay

Email: lindsayfarrant0074@yahoo.co.uk

Background The International Agency for Research on Cancer, in their World cancer report of 2008, predicted that by 2030, 70% of all cancer patients would live in the developing world. The World Health Organization identifies palliative care for patients and their families as a global human right and an essential component of a public health cancer control programme. A point-prevalence survey of patients admitted in the Cape Town metropole in 2011/2012 who had palliative care needs, showed that 16.6% had an active life-limiting disease, and 50.8% of these had a diagnosis of cancer. Appropriate palliative care requires an understanding of the unique characteristics of suffering for patients in a particular region, however for the South African population, there is very little locally generated data available. To date, no studies have measured the pain and symptom prevalence and multidimensional needs of South Africans affected by advanced cancer.

Objective This study aims to measure the seven day period prevalence of physical and psychological symptoms, the quality of life, and the risk of depression amongst South African cancer patients with a poor prognosis who are attending oncological services in Metropolitan public and private settings.

Method This is a cross-sectional survey using well-validated multidimensional outcome measures that are appropriate to the South African context. Inclusion criteria are adult oncology patients aged 18 years or older, with a cancer diagnosis, stage 3 or 4, who are clinically deemed to have a poor possibility of cure.

Results and conclusions Findings in the private sector setting will be discussed, as well as findings to date in the public sector setting. Discussion of the expansion of the project to include an intervention study will be included.

POSTER MP042

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Fatine, Charif

**EPIDEMIOLOGICAL AND THERAPEUTIC DATA RECTAL CANCER:
RADIATION ONCOLOGY DEPARTMENT OF THE UNIVERSAL
HOSPITAL MOHAMED VI MARRAKECH**

Fatine, Charif*; Khouchani, Mouna

¹Oncology Department, Universal Hospital Mohamed VI Marrakech, Morocco

Correspondence Fatine, Charif

Email: dr.charif.fatine@gmail.com

Objective Concurrent chemoradiotherapy followed by total mesorectal excision is the standard treatment of rectal tumors classified T3–T4 N0 or N1, whatever the stage T. The objective of our study is to analyse the epidemiological characteristic, histological and those of the treatment. And the therapeutic results.

Materials and method This is a retrospective study – 64 patients treated in radiotherapy oncology department of the universal hospital center Mohamed VI of Marrakech between September 2013 and December 2014.

Results A male predominance of 72% is noted, the average age of our patients is 44 years old (40–70 ans). T3 tumors represent 54.5%, 45.5% are T4. None of our patients is metastatic. 38.6% are N0, 25% N1. At the rectocoloscopy SNV distance anal lower-margin pole is 5.6cm (1cm 10cm). 78% (n = 50) of patients experienced an external radiotherapy of 46 Gy to the pelvis with capecitabine chemotherapy type, followed by surgery after 8 weeks. The remaining patients (n = 14) made a scheme 5 * 5 followed by surgery in the coming week. The anterior resection achieved in 48 persons, against 16 patients have benefited from a abdominopelvic amputation. Five patients (10%) do not have received a total mesorectal excision. She was considered microscopically complete (R0) to 91.4% of operated patients. Sterilization was observed in 6 patients (12%), a downstaging for 25 patients whether 40%. Our patients have a 15 months decline. Four patients died, recurrences in five patients, ten patients were followed during metastiques and the rest (n=45) present a good local control and remote.

Conclusion Preoperative chemoradiotherapy is now the recommended treatment before surgery by total mesorectal excision in the management of locally advanced rectal tumors.

POSTER MP043

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Fatine, Charif

LES CANCERS ORL: COMPARAISON DE TOXICITÉ DE L'IRRADIATION MATIN VERSUS APRÈS-MIDI

Fatine, Charif*; Khouchani, Mouna
Service d'Oncologie Radiothérapie Centre Hospitalier Universitaire
Mohamed VI de Marrakech Maroc, Morocco

Correspondance Fatine, Charif
Email: dr.charif.fatine@gmail.com

Objectif De récentes études ont montré que la majorité des cellules de la muqueuse de la cavité buccale sont en phase G1 le matin et en phase M radiosensible le soir, ce qui pourrait influencer la réparation tissulaire et ainsi la toxicité aigue. Le but de ce travail est de comparer la mucite aigue \geq grade 3 selon l'horaire de l'irradiation et de vérifier cette hypothèse pour les cellules cutanées.

Matériel et méthode Nous avons collecté 42 patients traités pour cancer ORL dans le service d'onco-radiothérapie à Marrakech entre Mai 2013 et Décembre 2014. Ces patients ont été reparti en groupe A traité le matin (n=22) et groupe B traité le soir (n=20).

Résultats L'âge moyen était de 52.5 années avec un sex ratio H/F de 2.5. La Localisation la plus fréquente était représentée par le cavum (57%). 75% ont reçu une chimiothérapie première, aucun patient n'a développé une mucite ≥ 3 . Trente trois patients ont reçu une radio chimiothérapie concomitante. Tous les patients ont développé une mucite, dont 36% était de $G \geq 3$ dans le groupe A et 50% dans le groupe B. La durée moyenne de la mucite était 9.5 j pour le groupe A et 11 j pour le groupe B. La durée moyenne d'arrêt du traitement était de 4.5 j chez le groupe A et 4 j chez le groupe B. Parmi ces patients, 75% de groupe A ont eu un amaigrissement ≥ 5 kg vs 100% du groupe B. 18% des patients ont développé une radiodermite ≥ 3 dans le groupe A contre 15% du groupe B, avec une durée moyenne de 10j et 11j dans les 2 groupes respectivement.

Conclusion Notre étude nous a permis d'observer que la radiothérapie réalisée le matin a été associée à beaucoup moins de mucite grade 3 que celle reçu l'après midi. Les patients ayant des cancers ORL et traités l'après-midi ont une mucite grade 3 avec une durée plus prolongée et un retentissement sur le poids plus manifeste.

POSTER MP044

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Fatine, Charif

**MANAGEMENT OF THE CERVICAL CANCER IN THE ONCOLOGY
RADIOTHERAPY DEPARTMENT OF THE UNIVERSITY HOSPITAL
OF MARRAKECH MOHAMED VI**

Fatine, Charif*; Khouchani, Mouna

Oncology Department of Universal Hospital Mohamed VI Marrakech, Morocco

Correspondence Fatine, Charif

Email: dr.charif.fatine@gmail.com

Objective The objective was to study the epidemiological, clinical and therapeutic of a series of 68 patients who were treated in our service.

Method This is a retrospective study which was carried out in our department from January 2014 to 31 December 2014, concerning 68 patients with cervical cancer at any stage but not metastatic.

Results The mean age was 40.5 years (28–65 range). Socioeconomic level was low in 45% of cases, the average age of menarche was 13 years, the average age of marriage of 20 years. In 75% of cases, patients were high parity. Vaginal bleeding has been revealing in 98% of cases. The cancers were stage IIB or III in 56% of cases and in 20% IV. This was a squamous cell carcinoma in 90% of cases. Radiotherapy conducted in all patients: 46 Gy to the pelvis followed by vaginal or utero-vaginal brachytherapy. All patients received external radiotherapy in 95% of cases, brachytherapy in 70%, 10% in brachytherapy without external radiation therapy for cancer stages I. 30% received an extended lymphadenectomy after colpohysterectomy radiotherapy. The average duration is 12 months followed. 90% of patients are in remission complète, 7% locoregional recurrence, 3% of distances relapses.

Conclusion In light of this study, we emphasize the value of establishing a screening program for early diagnosis and optimization of multidisciplinary management.

POSTER MP045

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Fatine, Charif

TASTUZUMAB CARDIOTOXICITY IN PATIENTS WITH ADJUVANT BREAST CANCER: RETROSPECTIVE STUDY THROUGH 100 COMMENTS

Fatine, Charif*; Khouchani, Mouna

Oncology Department of Universal Hospital Mohamed VI Marrakech, Morocco

Correspondence Fatine, Charif

Email: dr.charif.fatine@gmail.com

Objective Breast cancer is the most common cancer in women worldwide, its incidence is increasing but mortality has decreased in a huge way due to the growth of various cancer treatments. The protocols of targeted therapy with trastuzumab are an essential progress in oncology and cardiac toxicity is the major limiting factor for its use.

Materials and method Our work focuses on a retrospective study, conducted at the Department of Oncology and Radiotherapy in University Hospital Mohammed VI Marrakech discussing cardiotoxicity of trastuzumab in 100 patients with breast cancer adjuvant collected from February 2012 to September 2014.

Results We have included in this study all patient with breast cancer overexpressing HER2 treated by trastuzumab in the adjuvant with an initial heart function and preserved LVEF $\geq 55\%$. We excluded patients with hypersensitivity to trastuzumab, incomplete echocardiographic folder, patients who received neoadjuvant trastuzumab and patients with metastatic breast cancer. Cardiotoxicity risk factors studied in our series that are not statistically significant except for a baseline LVEF are: prior exposure to anthracyclines, radiotherapy, age, hypertension, diabetes, obesity and cardiopathy. 36% among our patients had a decrease in LVEF which 24 patients may continue treatment because their heart function which is retained (LVEF $< 50\%$ with an absolute decrease of less than 10 points), while 12 patients required an interruption of the treatment. The occurrence of heart failure grade III and IV (according to the NYHA) was noted in 3 patients who were treated by medical treatment but without improvement, hence the need to permanently stop the trastuzumab. Most patients who stopped treatment finished by restart it after an average of two and a half months.

Conclusion Trastuzumab cardiotoxicity is quite common in our series, which requires more thorough preventive measures including monitoring by echocardiography.

POSTER MP046

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Fatine, Charif

THE ACUTE COMPLICATION OF IRRADIATION OF HEAD AND NECK CANCER: EXPERIENCE OF ONCOLOGY RADIOTHERAPY DEPARTMENT IN UNIVERSITY HOSPITAL MOHAMED VI MARRAKECH

Fatine, Charif*; Khouchani, Mouna

Oncology Department of Universal Hospital Mohamed VI Marrakech, Morocco

Correspondence Fatine, Charif

Email: dr.charif.fatine@gmail.com

Objective The radiation-induced mucositis during irradiation head and neck results in patients pain, dysphagia, weight loss and asthenia. We evaluated the acute effects of patients treated with radiation chemotherapy for locally advanced head and neck cancers.

Materials and method We collected 52 patients treated for head and neck cancer in the oncology radiotherapy department at CHU Mohamed VI of Marrakech between May 2013 and December 2014.

Results The mean age was 52.5 years with a sex ratio M / F 2.5. The most frequent location was represented by the nasopharynx (57%). Followed by 28% larynx cancer. The predominant histological type is UCNT, followed by squamous cell carcinoma, one patient has malignant lymphoma hodghkinien at the nasopharynx. All patients are metastatic. The most frequently affected organs were the mucosa (83%), skin (51%) and salivary glands (42%). no myelitis is observed. One patient was T2N2M0, T3N2M0 20 patients, 14 patients T3N3M0, T4N2M0 10 patients and 7 patients T4N3M0. 75% received primary chemotherapy, the average number of first course of chemotherapy is 3 courses. During this first chemotherapy, 25% of patients (n = 36) have but no patient developed a mucite ≥ 3 . A hyposialia observed in 80% of patients. 44 patients received concomitant radio-chemotherapy. An irradiation of 70 Gy with concurrent platinum-based chemotherapy. All patients developed mucositis, 36% was $G \geq 3$. The average duration of mucositis was 9.5 j. The average dwell time of treatment was 4.5 j. Of these patients, 75% of patients had a weight loss ≥ 5 kg. Dysphagia was present in all patients, occurring on average after a dose of 44Gy. 18% of patients developed radiodermite ≥ 2 , with an average duration of 11j.

Conclusion The occurrence of toxicity during radiotherapy for head and neck cancers is inevitable, their treatment is symptomatic (prescription analgesic treatment and nutritional support) not to impede the progress of radiotherapy.

WORK-SHOP

Free
Communication
of Abstracts 5
14:30–15:45
Saturday
21 November
2015

Fernandes, Elisabete

P53 AND CANCER-ASSOCIATED SIALYLATED GLYCANS ARE SURROGATE MARKERS OF BLADDER CANCERIZATION ASSOCIATED WITH SCHISTOSOMA HAEMATOBIIUM

Fernandes, Elisabete*¹; Santos, Júlio²; Tavares, Ana³; Costa, José Manuel⁴; Ferreira, José Alexandre³; Santos, Lúcio³

¹Portuguese Institute of Oncology, Porto, Portugal; ²Girassol Clinic, Angola;

³Experimental Pathology and Therapeutics Group, Portuguese Institute of Oncology, Porto, Portugal; ⁴National Institute of Health Dr. Ricardo Jorge, Portugal

Correspondence Fernandes, Elisabete

Email: elisabete.fernandes@ua.pt

Objective Provide molecular insights about the mechanisms of cancerization associated with *Schistosoma haematobium* infection.

Method Forty-three formalin-fixed paraffin-embedded bladder biopsies of *Schistosoma haematobium*-infected patients, consisting of bladder tumours, benign/pre-malignant lesions in tumor adjacent mucosa and apparently normal urothelia. The tissue sections were screened for the oncoprotein p53, proliferation rate (Ki-67 > 17%) and cell-surface cancer-associated glycan sialyl-Tn (sTn) and sialyl-Lewis^x (sLea/sLex). Bladder tumours of non-*Schistosoma haematobium* etiology and normal urothelium were used as controls.

Results The majority of the bladder tumours were positive for p53 (84%) and sLex (74%) whereas the majority benign/pre-malignant lesions (>80%) presented p53 alterations and sLea and sLex overexpression. Similar results were observed in non-*Schistosoma haematobium* associated tumours. However, proliferative phenotypes were more frequent in lesions adjacent to bladder tumours while sLea that was more frequent in sole benign/pre-malignant lesions. A correlation was also observed between the frequency of all the biomarkers in the tumour and the corresponding adjacent mucosa, with the exception of Ki-67. The sLea antigen appears to be an early marker of bladder alterations associated with the parasite. Most of *Schistosoma haematobium* eggs embedded in the urothelium were positive for sLea and sLex.

Conclusion P53 and cancer-associated sialylated glycans are surrogate markers of bladder cancerization associated with *Schistosoma haematobium*, highlighting a missing link between infection and cancer development. Eggs of *Schistosoma haematobium* express sLea and sLex antigens in mimicry of human leukocytes glycosylation, which may play a role in the colonization and disease dissemination. These observations may help the early identification of infected patients and guide the future development of non-invasive diagnostic tests.

POSTER P194

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Fernandez, Pedro

ANALYSIS OF PROSTATE CANCER SUSCEPTIBILITY LOCI IN SOUTH AFRICAN MEN: REPLICATING ASSOCIATIONS ON CHROMOSOME 8Q24 AND 10Q11

Fernandez, Pedro^{*1}; Salie, Muneeb²; Du Toit, Danielle³; Van der Merwe, Andre¹

¹Stellenbosch University, Division of Urology and Tygerberg Hospital, South

Africa; ²Stellenbosch University, SA MRC Centre for TB Research and DST/
NRF Centre of Excellence for Biomedical Tuberculosis Research, South Africa;

³Unistel Medical Laboratories, South Africa;

Correspondence Fernandez, Pedro

Email: pf3@sun.ac.za

Objective Numerous genome-wide association studies (GWAS) in populations of African, European and Asian ancestry have implicated single nucleotide polymorphisms (SNPs) on chromosomes 2p15, 6q25, 7p15.2, 7q21, 8q24, 10q11, 10q26, 11q13, 17q12, 17q24, 19q13 and Xp11 with prostate cancer (PCa) risk and/or tumour aggressiveness. The objective of this study was to replicate these associations in South African men.

Method We performed case-control association analyses of 17 SNPs in multi-ethnic South African men with histologically confirmed PCa (cases) comprising Mixed Ancestry (n=331) and White (n=155) men, and age- and ethnically matched PCa-free controls comprising Mixed Ancestry (n=178) and White (n=145) men.

Results Of the 17 selected PCa susceptibility SNPs, six had a p-value less than 0.05 or less than 0.004 (corrected p-value threshold for population stratification in the Mixed Ancestry group). However, only three SNPs were significantly associated with PCa risk after correction for multiple testing. The three significant SNP associations for the different groups were: rs7008482 (8q24) (T-allele: OR=0.41; CI:0.26-0.62; p=2.45x10⁻⁵) and rs6983267 (8q24) (T-allele: OR=0.35; CI:0.23-0.53); p=4.48x10⁻⁷ in Mixed Ancestry men, and rs10993994 (10q11) (T-allele: OR=3.49; CI:2.28-5.54; p=1.56x10⁻⁹) in White men. The associations remained significant when the two population groups were combined. No significant associations were observed for any of the SNPs when stratifying by disease aggressiveness (based on the D'Amico classification of low or high risk of developing aggressive disease).

Conclusion The present study demonstrates that a number of reported PCa susceptibility loci may similarly contribute to disease risk in South African men, and thus supports the need to perform larger genetic studies to facilitate the identification of additional susceptibility alleles.

POSTER P197

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Flemban, Arwa

THE INVESTIGATION OF THE REGULATION OF THE PROCESS OF EPITHELIAL MESENCHYMAL TRANSITION IN TRIPLE NEGATIVE AND BASAL LIKE BREAST CANCER

Flemban, Arwa*; Rhodes, Anthony; Qualtrough, David
University of West of England, United Kingdom

Correspondence Flemban, Arwa
Email: arwaflemban@hotmail.com

Background Breast cancer is the second leading cause of death in females and accounts for 15% of female deaths in the UK. Advances in medicine and understanding the molecular pathogenesis of breast cancer has resulted in improved survival rate of women with breast cancer. Nonetheless, low survival rates remained in triple negative (TNBC) and basal-like breast cancer (BLBC) due to lack of expression molecular targets for therapy in those subtypes, highlighting the necessity for identifying new prognostic and targeted therapy markers in those subtypes, in which there is an increased rate of metastatic spread. The process of epithelial mesenchymal transition (EMT) is associated with metastasis of cancers such as melanoma and colon cancer. The study of EMT in breast cancer lacks the availability of suitable cell line in vitro models to investigate this process. This study aims to develop an in vitro model to investigate the EMT process. In addition, it aims to use this model for the investigation of the regulation of the process of epithelial mesenchymal transition (EMT) in triple negative breast cancer (TNBC), and basal-like breast cancer (BLBC).

Results Initial morphological examinations showed that there is variation of the shape of the cells associated with variation in the seeding density. Then, protein analysis were conducted on cell lysates from these densities and investigation of the expression of epithelial, basal and EMT markers showed that they vary according to the seeding density with increase in epithelial markers in the medium seeding density of TNBC and BLBC cells. The investigation of the localisation of these markers showed that there is variation in the localisation of some marker according to the seeding density.

Conclusion It can be concluded that this model provide an opportunity to study the process of EMT in breast cancer cells. Additionally, this study showed evidence that the regulation of process of EMT is altered in TNBC and BLBC.

POSTER MP047

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Fouzia, Mamouch

ENQUÊTE SUR LES FACTEURS DE RISQUE LIÉ AU CANCER DU SEIN À L'INSTITUT NATIONAL D'ONCOLOGIE

Fouzia, Mamouch; Berrada, Narjiss
National Institut of Oncologie, Morocco

Correspondance Fouzia, Mamouch
Email: fouziamamouch@gmail.com

Objectif Décrire les factures de risque du cancer du sein chez les patientes Marocaines.

Matériel et méthode Il s'agissait d'une étude observationnelle transversale avec collecte prospective des données, réalisée à l'institut national d'oncologie pendant le mois de février 2014. toutes les femmes étaient recrutées. L'analyse des données portait essentiellement sur: Age à la ménarche, Contraception orale, Grossesse antérieure, Age 1ère grossesse, Nombre de grossesses, Allaitement, Ménopause; antécédents familiaux (sein, ovaire), Habitude toxique, et indice de masse corporel.

Résultats femmes sur 91 ont été recrutées; 61.53% femmes étaient âgées entre 35 et 50 ans. Les antécédents de cancer du sein dans la famille étaient retrouvés chez femmes 8 (8,79%). l'indice de masse corporelle étaient supérieur a 30 chez 46% de nous patientes. 53% des femme avait un âge inférieur a 13 ans a la ménarche. 52% étaient pas ménopausique.

Conclusion En raison du risque potentiel élevé de cancer du sein dans notre population, nous recommandons un suivi régulier des patientes présentant des facteurs de risque élevés.

POSTER P052

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Freeman, Esther

BARRIERS TO RETENTION IN CARE AFTER DIAGNOSIS OF KAPOSI'S SARCOMA AMONG HIV-INFECTED ADULTS IN EAST AFRICA IN THE ERA OF ANTIRETROVIRAL THERAPY

Freeman, Esther*¹; Semeere, Aggrey²; Wenger, Megan³; Busakhala, Naftali⁴; Asirwa, F. Chite⁵; Bwana, Mwebesa⁶; Martin, Jeffrey³

¹Massachusetts General Hosp./Harvard Medical School, USA; ²Infectious Diseases Inst., Makerere Univ. College of Health Sciences, Uganda; ³Univ. of California, USA; ⁴Moi Univ. Teaching and Referral Hospital (Ampath), Kenya; ⁵Indiana Univ., Indianapolis, USA, & Academic Model Providing Access to Healthcare (Ampath), Kenya; ⁶Mbarara Univ. of Science and Tech., Uganda

Correspondence Freeman, Esther | Email: efreeman@mg.harvard.edu

Objective Kaposi's sarcoma is one of the most common HIV-associated cancers in sub-Saharan Africa. To improve KS survival, retention in care and continuous antiretroviral therapy (ART) are critical. In view of high defaults from clinic, we explored reasons why KS patients become lost to follow-up.

Method We searched for HIV-infected adults receiving primary care in Mbarara, Uganda or the AMPATH network in Kenya diagnosed with KS between 2009 and 2012 who subsequently became lost to follow-up (>3 months late for last appointment). These "lost" KS patients were interviewed regarding reasons for disengagement from care at the original facility, including "silent transfer" to another facility. Reasons for disengagement were classified into structural, psychosocial, and clinic-based domains.

Results Of 840 patients diagnosed with KS in this period, 302 were lost to follow-up, and 286 (95%) were successfully tracked. Of the KS patients found, 75 (26%) were alive, and 211 (74%) had died. Of living patients interviewed in person, 53/60 (88%) were in care; 51/60 "silently transferred" to another facility. Reasons for silent transfer were primarily structural (71% easier/cheaper transport, 61% new clinic closer to home, 43% moved, 12% new clinic cheaper) followed by psychosocial (63% family obligations, 8% family conflict), and then clinic factors (33% spent less time at the new clinic, 10% care was better). Only 7 living KS patients completely disengaged from care, most commonly because transportation was too difficult/expensive.

Conclusion The majority of KS patients lost to care in the ART era in Kenya and Uganda have died. Of lost KS patients still alive, most silently transferred to another facility rather than dropping out of care. Such transfers may lead to discontinuous medical care and worsening of KS. Structural barriers to retention in the original clinic may be challenging to fix, but can be compensated for by improvement in transfers to other facilities.

POSTER P198

General Poster
Display
Saturday &
Sunday
21 & 22
November
2015

Fye, Haddy

ULTRA-PERFORMANCE LIQUID CHROMATOGRAPHY TANDEM QUADRUPOLE MASS SPECTROMETRY (UPLC TQ-MS) AS A METABONOMICS BIOMARKER VALIDATION TOOL FOR HEPATOCELLULAR CARCINOMA PATIENTS IN SUB-SAHARAN AFRICA

Fye, Haddy^{*1}; Gomez-Romero, Maria²; Ladep, Nimzing²; Lewis, Matthew²; Holmes, Elaine²; Njie, Ramou³; Taylor-Robinson, Simon²

¹Medical Research Council (UK) The Gambia, Gambia; ²Imperial College London, United Kingdom; ³MRC (UK) The Gambia Unit, Gambia

Correspondence Fye, Haddy

Email: haddy.fye@oxfordalumni.org

Objective HCC is the third most common cause of cancer related death worldwide. One of the main reasons for its high mortality apart from limited treatment options are the difficulties faced in obtaining an early and accurate diagnosis.

Method Our study utilizes urine samples collected within the Prevention of Liver Fibrosis and Cancer in Africa FP7 funded project being run in West Africa. Urine from 139 study participants with stages of liver disease ranging from chronic HBV infection, fibrosis, cirrhosis and HCC were selected for the discovery phase with an additional 200 cases utilized as a validation set. Using Ultra Performance Liquid Chromatography coupled Electrospray Ionization Quadrupole Time-of-flight (UPLC-ESI-QTOF) MS; discovery experiments were run under reversed phase conditions in positive and negative polarities. MS, Data Dependent Analysis and MSⁿ acquisitions were made from pooled and single subject injections. Resultant data was processed using a published R script and analysed via Principal Component Analysis and logistical regression. To obtain tentative IDs for the shortlisted features, mass-to-charge ratios of unknown metabolites along with characteristics such as modifications and preferred ionization polarity were searched on the METLIN and Human Metabolite databases. Commercially available standards from this selection were purchased and run by MS to obtain fragmentation data allowing ID confirmation. Quantitative Multiple Reaction Monitoring transitions were developed on a UPLC ESI coupled Tandem Quadrupole MS for all confirmed targets using the Intellistart™ software.

Results 27 discriminant features were recognized, 11 have had conclusive IDs attributed and form a highly sensitive discriminatory panel of metabolites for CLDs.

Conclusion This work provides the first *in-situ* validation of metabonomics biomarkers in an African population and has potential to allow significantly earlier diagnoses of HCC and end stage liver disease.

WORK- SHOP

Free
Communication
of Abstracts 8
11:00–12:00
Sunday
22 November
2015

Gakunga, Robai

EXPLORING INTEGRATION OF EDUCATION AND SCREENING FOR CANCER AND OTHER NON-COMMUNICABLE DISEASES INTO HIV TESTING AND COUNSELING SERVICES IN NAIROBI, KENYA: RESULTS FROM A SWOT ANALYSIS

Gakunga, Robai*¹; Korir, Anne²; Oduor Omogi, Jarim¹; Muniu, Erastus²;
Njeru, Mercy²; Kaduka, Lydia²

¹Kenya Cancer Association, Kenya; ²Kenya Medical Research Institute

Correspondence Gakunga, Robai¹
Email: robaigakunga@yahoo.com

Objective The rising incidence of cancer and other Non-Communicable Diseases (NCDs) in developing countries threatens socio-economic development by negatively impacting poverty eradication through loss of ability to work and high healthcare costs. In Kenya, NCDs account for 27% of deaths, equivalent to almost 100,000 people per year of which an estimated 28,500 are due to cancer. There is need to mitigate this trend by finding suitable economical and sustainable ways of combating the diseases. One option is to integrate services that show synergy either in terms of clientele, infrastructure, sectoral positioning or service provision. This study's objective was to develop an evidence based integration strategy to enhance uptake of screening services while educating clients on NCDs.

Method A concurrent triangulation mixed methods study employing both quantitative and qualitative methods of data collection was carried out in 15 HIV Testing and Counseling (HTC) centers using structured, semi-structured and unstructured questions for 468 stakeholders (HTC clients, staff and policy makers).

Results 397 clients (male: 38.3%; female: 61.7%) from stand alone, workplace, co-located and hospital/health clinics' HTC centers participated. Up to 97% of the clients agreed to inclusion of education and screening services of cancer, hypertension and diabetes at their facilities, while an average of 65.1% had little or no understanding of the diseases. 10.4% were aware of cultural beliefs related to NCDs. An average of 49.5% of the clients knew where to find screening for the diseases. Partner's influence, costs, and distance to the service center did not influence seeking for screening services for 51.5%, 43.7% and 67% of the clients respectively.

Conclusion These findings will inform development of national strategies to expand and improve uptake of the NCDs education and screening services in Kenya with HTC structures as a potential platform for the integration.

WORK- SHOP

Breast Cancer

11:00–13:00

Friday

20 November

2015

Gakwaya, Antony

NON GENETIC BREAST CANCER RISK FACTORS

Gakwaya, Antony

Makerere College of Health Sciences, Uganda

Correspondence Gakwaya, Antony

Email: gakwayaantony@yahoo.com

Breast cancer is the commonest cancer of females above the age of 18 years in the world. The incidence per 100,000 women vary widely across the globe. In Africa the incidence is: Uganda 36.2, Kenya 34, South Africa 34, Nigeria 34, Morocco 40, Egypt 44. In Europe the incidence is 89.7. In United States of America it is 120 and in Japan it is 44.

There is data to show that the incidence has been rising with time, for example in Japan in 1975 the incidence was 17 per 100,000 and in Uganda in 1961 it was 11 per 100,000.

The Africans and the Japans who migrated to United States of America many years ago have a higher incidence than those who remained in their original continents.

There are a number of breast cancer risk factors that have been identified. They are broadly divided into two groups: “genetic and non-genetic”.

The presentation discusses “non-genetic” breast cancer risk factors which include: age, sex, reproductive related issues, proliferative benign tumours of the breast, life style, night shift work, radiation and chemicals in the environment.

It also presents some controversial or disproved breast cancer risk factors which include: Antiperspirants, bras, induced abortion and breast implants.

What is yet to be proven is how some of these risk factors interact at “molecular” level with the genes and themselves to either initiate, promote or sustain the breast cancer in an individual.

In conclusion if some of these risk factors are controlled, breast cancer incidence would be reduced.

POSTER P071 (LB)

**General Poster
Display**
Thursday &
Friday
19 & 20
November
2015

Gallagher, KE

LESSONS LEARNT FROM HUMAN PAPILLOMAVIRUS VACCINE DELIVERY IN LOW AND MIDDLE INCOME COUNTRIES

Gallagher, KE^{*1,2}; Griffiths, UK³; Howard, N³; Mounier-Jack, S¹;
LaMontagne, DS³; Watson-Jones, D^{1,2}

¹London School of Hygiene and Tropical Medicine, United Kingdom;

²Mwanza Intervention Trials Unit, National Institute for Medical Research,
Tanzania; ³PATH, United States of America

Correspondence Gallagher, KE

Email: Natasha.Howard@lshtm.ac.uk

Objective To synthesize lessons learnt and identify determinants of success from human papillomavirus (HPV) vaccine demonstration projects and national programmes in low and middle-income countries.

Method In a systematic literature review 1301 abstracts from five databases were screened; 41 full texts were included. Relevant grey literature, including internal programme evaluation reports, was solicited from country representatives; 124 reports were received. Key informant interviews were conducted to fill data gaps in 23 countries. Data were extracted into a matrix informed by WHO guidelines for new vaccine introduction. Results were synthesised thematically.

Results Data were analysed from eight national programmes and 55 demonstration projects in 37 countries. Among demonstration projects, 29 were supported by the GARDASIL Access Program, nine by the Gavi Alliance, and 17 by other means. School-based alongside health clinic-based vaccine delivery attained higher coverage than school or clinic-only strategies. However, information and evaluation of strategies to reach out-of-school girls was limited. Early engagement of teachers as partners in social mobilisation, consent, vaccination day coordination and follow-up of adverse events and non-completers was considered invaluable. Micro-planning, using school/clinic registers, most effectively enumerated target populations (other estimates proved inaccurate, leading to vaccine stock-outs or over-estimation). Refresher training on adverse events and safe injection procedures was necessary in most programmes. Integration of HPV vaccine delivery with existing outreach services or school health programmes reduced implementation costs.

Conclusion Considerable experience in HPV vaccine delivery is available from many contexts. Key recommendations need broad dissemination to improve HPV vaccine introduction, delivery, and scale-up.

WORK- SHOP

Gelband, Hellen

DISEASE CONTROL PRIORITIES IN DEVELOPING COUNTRIES: CANCER

Disease Control Priorities in Developing Countries

16:00–17:30

Wednesday

**18 November
2015**

Gelband, Hellen ^{*1}; Gupta, Sumit²; Denny, Lynette³; Sankaranarayanan, Rengaswamy⁴; Trimble, Ted⁵; Horton, Sue⁶

¹Center for Disease Dynamics, Economics & Policy, United States;

²Hospital for Sick Children, Canada; ³University of Cape Town, South Africa;

⁴International Agency for Research on Cancer, France; ⁵US National Cancer Institute, United States; ⁶University of Waterloo, Canada

Correspondence Gelband, Hellen

Email: gelband@cddep.org

The just-released Disease Control Priorities 3rd edition volume on Cancer provides a roadmap for cancer control development and/or expansion for low- and middle-income countries (LMICs). Recognizing that LMICs span a wide range in the cancer services they already offer, the emphasis is on the methods for evaluating next steps and added services, considering effectiveness, cost, cost-effectiveness, and feasibility. DCP3 also emphasizes the distribution of costs and benefits among income groups, including consideration of protection against impoverishment by tying services to universal health coverage or insurance. The volume develops an “essential” package, offered as a starting point for long-term country plans to be customized according to existing services and resources and projected cancer burdens.

In this session co-authors of chapters on childhood cancer, cervical cancer, surveillance and registries, and economic considerations used to define the essential package, will summarize their findings and discuss relevant examples from Africa and from LMICs in other areas.

H Gelband (USA): Introduction to Disease Control Priorities and recommendations from DCP3
Volume 3: Cancer

S Gupta (Canada): Curing childhood cancer in low- and middle-income countries

L Denny (South Africa): Cervical cancer prevention and screening

E Luyirika (Uganda): Essential palliative care

R Sankaranarayanan (France): Cancer registries and surveillance

SE Horton (Canada): Cost and cost-effectiveness of essential cancer package elements

POSTER P199

**General Poster
Display**
Saturday &
Sunday
21 & 22
November
2015

Gnangnon, Freddy Houehanou Rodrigue

ASPECTS ÉPIDÉMIOLOGIQUES ET CLINIQUES DU CANCER DE LA THYROÏDE EN MILIEU HOSPITALIER AU BÉNIN (2009–2013)

Gnangnon, Freddy Houehanou Rodrigue*¹; Allodji, Rodrigue Sètchéou²;
Zomahoun, Peguy Michelle³; Xhaard, Constance²; Diallo, Ibrahima²;
De Vathaire, Florent²; Houinato, Stephan Dismand¹

¹Programme National de Lutte Contre les Maladies Non Transmissibles, Benin;

²INSERM, Cesp Centre for Research in Epidemiology and Population Health,
U1018, France; ³Programme National de Lutte Contre les MNT, Benin

Correspondance Gnangnon, Freddy Houehanou Rodrigue
Email: fredgnang@yahoo.fr

Objectif Notre objectif était d'étudier les aspects épidémiologiques et cliniques des cancers thyroïdiens au Bénin

Matériel et méthode Il s'est agi d'une étude rétrospective descriptive sur une période de 5 ans. Etaient incluses toutes les observations médicales de patients, pris en charge dans un centre hospitalier du Bénin pour un cancer de la thyroïde et dont le diagnostic avait été confirmé par un examen anatomopathologique. Les logiciels Epidata et SPSS ont été utilisés pour la saisie et l'analyse

Résultats Nous avons colligé 37 observations médicales de patients atteints de cancers de la thyroïde confirmés par un examen anatomo-pathologique au Bénin. Nous avons noté une nette prédominance du sexe féminin (75,68%), avec une sex-ratio de 3,11. La moyenne d'âge a été de 42,48 ans. La tumeur était majoritairement située au niveau du lobe gauche (30%); la lésion était bilatérale dans 20% des cas. Dans 36,67% des cas, il s'agissait d'un goitre multi nodulaire. La majorité de nos patients soit 66,67% avaient présenté une adénopathie cervicale. Le carcinome papillaire était le type le plus représenté, avec une proportion de 51,35%.

Conclusion Il y a une nette prédominance féminine. Le carcinome papillaire est la forme histologique la plus fréquente.

POSTER P200

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Gnangnon, Freddy Houehanou Rodrigue

GIANT GASTRO INTESTINAL STROMAL TUMOR TREATED BY SORAFENIB WITH SPECTACULAR RESPONSE: CASE REPORT AND LITERATURE REVIEW

Gnangnon, Freddy Houehanou Rodrigue*; Gbessi, Gaspard; Lawani, Ismail; Kpossou, A. Raimi; Imorou Souaibou, Yacoubou; Olory Togbe, Jean Leon
National Teaching Hospital, Benin

Correspondence Gnangnon, Freddy Houehanou Rodrigue
Email: fredgnang@yahoo.fr

Introduction Gastrointestinal stromal tumour (GIST) a rare cancer. Tyrosine kinase inhibitors improve the outcome of patients with advanced GIST. Small trials in this setting suggested activity for sorafenib. We report a case of giant GIST treated with sorafenib with a spectacular response.

Case report A female patient in her 50s presented with an ulcerative, necrotic and burgeoning mass (40 centimeters) of the abdomen associated with pain. She has history of surgery for an hepatic tumor and the previous pathology report (without Immunohistochemistry) suspected a carcinoma of the liver. General condition was very poor. Computed topography (CT) scan revealed a large tumor involving the stomach and the liver. The tumor was unresectable. A biopsy was performed and sent aboard for more investigation (Immunohistochemistry). Sorafenib treatment was started. The response was spectacular estimated to more than 75% in 3 months. Final pathology report with Immunohistochemistry confirmed a GIST. Sorafenib treatment has been stopped and Imatinib treatment has been started. Currently, nine months after the beginning of the treatment, she is alive and continues on imatinib therapy.

Discussion Sorafenib targets both angiogenesis-related kinases (VEGFR) and the pathogenetic kinases found in GIST (KIT or PDGFRA), the molecular basis for sorafenib efficacy in this setting remains unknown. There is few data about Sorafenib as first-line treatment for GIST. Sorafenib has substantial clinical activity as third- or fourth-line treatment of imatinib- and sunitinib-resistant gastrointestinal stromal tumors (GIST).

Conclusion We conclude that sorafenib is active in GIST. More investigations of sorafenib in GIST should be performed.

WORK- SHOP

Malignancies in the Setting of HIV

11:00–13:00

Friday

20 November
2015

Gopal, Satish

CHOP IS FEASIBLE FOR HIV-ASSOCIATED NON-HODGKIN LYMPHOMA IN THE ART ERA IN MALAWI

Gopal, Satish*; Kaimila, Bongani; Kasonkanji, Edwards; Chikasema, Maria;
Makwakwa, Victor; Itimu, Salama; Liomba, George
UNC Project Malawi, Malawi

Correspondence Gopal, Satish
Email: gopal@med.unc.edu

Objective Describe use of CHOP for adult aggressive NHL in Malawi in the ART era.

Method We describe a prospective adult NHL cohort receiving CHOP in Malawi June 2013–August 2014. Chemotherapy and supportive care are standardized. HIV+ patients receive concurrent ART. Patients are actively followed with transport reimbursements to promote retention.

Results 35 NHL patients (19 HIV+, 16 HIV-) received CHOP, with median age 48 years (range 22–77), 26 (74%) male, and 20 (57%) with stage III/IV disease. Characteristics were overall similar between HIV+ and HIV- patients. 17 HIV+ patients (90%) were on ART for a median 18.9 months (range 0.2–98.8) at NHL diagnosis. Median CD4 count among HIV+ patients was 138 cells/ μ L (range 32–1,013), and 10 (53%) had suppressed HIV RNA. HIV+ patients experienced greater leukopenia and neutropenia during CHOP, with similar hemoglobin and platelet counts. However, median ANC remained $\geq 1 \times 10^9$ / μ L even for HIV+ individuals. Among HIV+ patients completing CHOP, WBC and ANC levels returned to values similar to HIV- patients by 6 months. Grade 3/4 neutropenia occurred in more HIV+ than HIV- patients (83% vs 31%, $p=0.015$). Of 32 grade 3/4 neutropenia events, 29 were grade 3 and three were grade 4. For HIV+ patients, median CD4 count increased to 180 cells/ μ L (range 44–369) at 6 months. Cumulative dose and dose intensity were similar for HIV+ and HIV- patients, as assessed by CHOP cycles per patient (median 5 HIV+ vs 4 HIV-, $p=0.43$), days between cycles (median 21 vs 21, $p=0.15$), cyclophosphamide dose (mg/m²) per cycle (median 723 vs 710, $p=0.48$), and doxorubicin dose (mg/m²) per cycle (median 49 vs 49, $p=0.38$). 12-month overall survival was 45% (95% CI 25–64%) with no differences between HIV+ and HIV- patients. 9/15 deaths were attributed to disease (1 HIV+, 8 HIV-), and 6 to treatment (4 HIV+, 2 HIV-).

Conclusion In the current ART era, CHOP can be safe and effective for aggressive NHL patients in Malawi with and without HIV.

POSTER P053

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Gordon-Maclean, Cristin

ASSESSING CAPACITY TO CONDUCT MULTI-PHASE TRANSLATIONAL CLINICAL TRIALS IN PEDIATRIC ONCOLOGY IN LOW- AND MIDDLE-INCOME COUNTRIES

Gordon-Maclean, Cristin^{*1}; Emmanuel-Fabula, Mira¹; Sessle, Erica²; Mcgoldrick, Suzanne¹; Ndoh, Kingsley¹; Casper, Corey¹

¹Fred Hutchinson Cancer Research Center, United States;

²US Department of State, United States

Correspondence Gordon-Maclean, Cristin

Email: cgordonm@fredhutch.org

To evaluate sites' capacities in low- and middle-income countries (LMIC) to participate in a new global research network for Burkitt Lymphoma (BL) – Burkitt Lymphoma Trials Network (BLTN). We reviewed medical literature and conference proceedings to identify sites where BL patients are treated and/or BL research had been conducted in the preceding ten years (n=59), as well as interviewed researchers with expertise in BL and pediatric cancer research. A questionnaire was disseminated to a sub-set of the sites (n=31) to gather preliminary data. Those clinics that completed the survey were sent a more detailed survey (n=14) to characterize their cancer care, research capacity and disease burden. Finally, we visited sites (n=12) and assessed them using a standardized tool. Sites were ranked corresponding to a three-tiered system assessing care, research and disease burden. Seven sites were deemed to have sufficient capacity to conduct clinical and translational research within the BLTN. Three sites in Latin America can conduct all planned activities, including high-intensity chemotherapeutic intervention trials. The remaining sites are in Africa; all which have high volume of patients and extensive experience in clinical and observational research. However, three of the African sites lack sufficient capacity to conduct high-intensity chemotherapeutic trials and the fourth has only minimal capacity to support patients undergoing care. We used systematic methods to evaluate sites' capacity to participate in the BLTN. Despite disease burden observed and the experience of many sites, significant gaps in cancer care, research infrastructure, or a lack of interest limited the number of sites that could participate. Coordinated and centralized efforts to build pediatric cancer care and research capacity to conduct network studies will improve the selected sites, as well as generate new knowledge on the prevention and treatment of BL.

WORK- SHOP

**Free
Communication
of Abstracts 7**
11:00–13:00
Sunday
22 November
2015

Gutnik, Lily

DISSEMINATING BREAST CANCER KNOWLEDGE AND AWARENESS IN LILONGWE, MALAWI USING LAYWOMEN

Gutnik, Lily^{*1}; Msosa, Vanessa²; Moses, Agnes¹; Lee, Clara³; Gopal, Satish¹

¹UNC Project Malawi, Malawi; ²Kamuzu Central Hospital, Malawi;

³UNC School of Medicine, United States

Correspondence Gutnik, Lily¹

Email: lily.gutnik@mail.harvard.edu

Objective Breast cancer awareness in Malawi is low, with fewer than half of women in Lilongwe district demonstrating any knowledge about breast cancer. We aimed to capitalize on clinic wait time and educate patients in waiting rooms on breast cancer utilizing trained laywomen.

Method As part of a clinical breast exam screening study, we trained four laywomen to become Breast Health Workers (BHWs). They learned to conduct screening clinical breast exams and deliver standardized educational talks in outpatient clinic waiting rooms in Lilongwe. Three independent Malawian evaluators unaffiliated with the study evaluated each BHW during 12 talks, using a 5-point scale for 22 discrete topics grouped into four main areas: introduction, delivery, knowledge, and interactiveness. In clinics, we collected data on the number of attendees and coded their questions/comments for emerging themes.

Results The mean rating of BHW talks was 4.4 out of 5 (standard deviation 0.7). Over four months, 2860 women and 1435 men attended 175 talks in 4 clinics (general medicine, colposcopy, family planning/antenatal, sexually transmitted diseases). The talks lasted approximately 30 minutes including discussion and were given daily. 178 questions or comments were raised in 93 (53%) talks, with 146 (82%) questions related to breast cancer facts and beliefs. In 30 (17%) talks, attendees expressed a desire to learn about cervical cancer and to combine breast and cervical cancer screening. Talks were generally well received by patients and clinic staff and did not significantly interfere with routine clinic operations.

Conclusion Delivering standardized talks to patients and their companions in waiting rooms is a simple and easily implementable strategy to improve breast cancer awareness in Malawi. Trained laywomen successfully completed this task. Audience questions reflected poor breast cancer knowledge overall, and suggested integrated female cancer screening services as an implementation programme.

POSTER P054

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Gwaram, Baffa

CLINICAL PRESENTATION AND TREATMENT OUTCOME OF HIV ASSOCIATED KAPOSI SARCOMA IN A TERTIARY HEALTH CENTRE IN NIGERIA

Gwaram, Baffa*¹; Yusuf, Shehu¹; Hamza, Mohammad¹; Abdullahi, Musbahu²
¹Bayero University Kano, Nigeria; ²Aminu Kano Teaching Hospital, Nigeria

Correspondence Gwaram, Baffa
Email: dr_baffaeasy@yahoo.com

Objective Kaposi sarcoma (KS) is the most common tumour among AIDS patients and is considered as an AIDS defining illness. However, the introduction of HAART has led to a decline in the incidence of the disease among these patients. The objective of this study is to review the clinical presentation, treatment and outcome of HIV associated KS in a tertiary health facility in Nigeria

Method Records of all patients that were managed with HIV associated KS from January 2012 to December 2014 at Aminu Kano Teaching Hospital were reviewed and data obtained was analysed using a computer statistical software.

Results Between January 2012 and December 2014, 3705 patients were recruited in the ART clinic out of which 24 were found to have HIV associated KS giving a period prevalence of 0.65%. The male to female ratio was 2.4:1. The mean age of the patients was 39.46 (± 8.75) years. Five cases (20.8%) were diagnosed to have HIV as a result of KS. The remaining 79.2% were all on 1st line ARVs. Nine patients (37.5%) had treatment for Tuberculosis before they were diagnosed with KS. Based on the ACTG classification, 58.3% were poor risk group. Treatments given to the patients include HAART for 2 patients and now on follow up. Four patients absconded before commencement of therapy. The remaining 18 patients had chemotherapy in the form of combination of Adriamycin, Bleomycin and Vincristine (ABV) with variable outcomes. Ten (55.6%) are in remission. Five (27.8%) failed ABV and had Palitaxel given. Three patients (16.7%) died while on ABV treatment and all of them had KS lesions in the lungs. There is no statistically significant difference between CD4 count before and after chemotherapy ($P > 0.05$).

Conclusion Majority of our patients are classified poor risk. Patients with KS affecting the lungs have poor outcome. Treatment of KS does not improve CD4 count in patients with HIV. There is need to clinically identify patients with KS early in ART centre in order to improve outcomes.

POSTER P201

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Gwede, Clement

INCREASING ACCESS TO COLORECTAL CANCER TESTING (I-ACT): RECRUITMENT AND SCREENING UPTAKE IN A COMMUNITY-BASED STUDY AMONG ADULTS OF AFRICAN ANCESTRY IN THE UNITED STATES

Gwede, Clement*; Davis, Stacy; Williams, Kimberly; Govindaraju, Swapomthi; Schadrac, Daniel; Shibata, David; Meade, Cathy
Moffitt Cancer Center, United States

Correspondence Gwede, Clement

Email: clement.gwede@moffitt.org

Objective Disparities in colorectal cancer (CRC) mortality and screening are greatest among US Blacks, including immigrants from the Caribbean, Africa, and South America. This paper reports recruitment and uptake of the simple, non-invasive and less expensive fecal immunochemical test (FIT) among adults of African ancestry in limited resource settings in the US.

Method The I-ACT study is a community-based study conducted among average risk US Blacks aged 50–75 years in southwest Florida using a culturally targeted educational intervention and FIT. Recruitment strategies included: passive (i.e., community flyers, mailings, ads in Black newspapers); active (i.e., face-to-face intercepts, health events) and snowball (i.e., peer nominations) to enroll a diverse sample of Blacks. Enrollment yield and FIT uptake were evaluated by gender and foreign born status.

Results 559 subjects were evaluated for eligibility: 394 were eligible and 330 were enrolled. Active recruitment required more personnel resources but yielded the highest number of enrolled participants (146), compared to passive (129) and snowball (55). Enrollment efficiency (number of enrolled participants over number screened for eligibility), was highest for snowball (73%), followed by passive (58%) and active (56%). Roughly half (52%) of enrolled participants were male and 6% foreign born (national average, 8%). Males were more likely to be recruited actively than the other two recruitment methods ($p=.02$). Majority of enrolled foreign born persons (74%) were actively recruited ($p=.03$). Overall FIT screening uptake was 89%; no gender differences. Significant differences were found in FIT screening rates ($p=.001$) with 74% for snowball recruitment compared to 86% and 96% for active and passive, respectively.

Conclusion The recruitment experiences and high FIT screening uptake may have direct implications for adoption of FIT screening interventions in underserved communities in the US and Africa.

WORK- SHOP

Oncology Nursing (2)

16:00–17:30

Friday

20 November

2015

Hababa, Hanane

**LE ROLE DE LA FORMATION INFIRMIERE EN ONCOLOGIE POUR
ETABLIR LE PONT ENTRE LA PRATIQUE ET LA RECHERCHE**

Hababa, Hanane

Association Marocaine des Infirmiers en Oncologie, Morocco

Correspondance Hababa, Hanane

Email: hananehababa@hotmail.fr

Les infirmiers (ères) surtout ceux qui travaillent dans un domaine en perpétuel changement tel que l'oncologie, contribuent dans plusieurs pays à l'amélioration de la qualité des soins, surtout lorsque leurs prestations sont basées sur des résultats probants. Il s'agit d'intégrer des résultats issus de recherches à l'expertise clinique, aux préférences des personnes et aux conditions du milieu de soins. Les décisions cliniques éclairées par des données de recherche ne sont pas encore un comportement systématiquement ancré lors de prestations de soins infirmiers en oncologie. Le développement d'un esprit critique dans l'implantation, l'amélioration et l'évaluation des interventions de soins et enfin, l'analyse de résultats probants sont des compétences à acquérir pendant la formation. De façon générale, les infirmiers, étant peu préparés au cours de leurs trajectoires scolaire et professionnelle à se documenter, à porter un jugement critique sur leurs pratiques de soins et à argumenter en ayant recours à des données scientifiques, n'ont que peu développé ce réflexe de considérer les données probantes pour améliorer leur pratique des soins. S'inscrivant dans les préoccupations d'amélioration de la qualité des soins à la population dans le domaine d'oncologie, il devient incontournable de réfléchir aux compétences et aux stratégies qui permettraient à tout soignant, dès sa formation de base et avant même de contribuer effectivement à l'avancement des connaissances dans sa discipline et de considérer les résultats probants. Dans le but d'implanter une certaine 'culture' de prise en compte de résultats probants en soins, au niveau d'une institution de formation, en partenariat avec le milieu clinique, notre étude se propose de: Décrire les compétences à développer chez des étudiants infirmiers dans le cadre de leur formation et de décrire des stratégies pédagogiques.

POSTER MP025

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Haddou Rahou, Bouchra

DOES MARITAL STATUS AFFECT THE QUALITY OF LIFE OF MOROCCAN PATIENTS WITH BREAST CANCER?

Haddou Rahou, Bouchra*¹; Karima, El Rhazi²; Chakib, Nejari²; Fatima, Ouasmani¹; Zaki, El Hanchi³; Abdelhalem, Mesfioui¹

¹Faculty of Sciences, Ibn Tofail University, Morocco; ²Faculty of Medicine and Pharmacy, Fès, Morocco; ³The National Oncology Institute, Rabat, Morocco

Correspondence Haddou Rahou, Bouchra
Email: hrahoubouchra@yahoo.fr

Objective The aim of the present study was to investigate the effect of marital status on quality of life of Moroccan patients with breast cancer.

Method A cross-sectional study was carried out from June to December 2014 at the National Institute of Oncology in Rabat. The sample consisted of 200 patients with breast cancer recruited for face-to-face interviews. The agreement of the ethics committee for biomedical research and the patients consent were obtained. Data were collected using a questionnaire addressing personal, medical characteristics and the Moroccan versions of EORTC C30 and QLQ-BR23 to measure quality of life. Descriptive analysis and multiple regression analysis were performed for statistical assessment. For all statistical analysis, p value of less than 0.05 was considered statistically significant.

Results The mean age of participants was 48.27 (SD=11.42). The majority of them were uneducated, unemployed (79%; 80% respectively). The mean global health status score was 72, 06 (SD=18.2). Social functioning scored the highest with a Mean of 89.1 on a scale of 100 whereas emotional functioning scored the lowest (56.26). For the BR-23, the most degraded dimensions were body image and future perspective. The analysis showed that patients who were married had better quality of life than those living without a partner ($p < 0.05$). There was a positive association between being married and emotional functioning ($P = 0.011$) and a negative association between living without a partner and financial difficulties ($P = 0.033$). A negative association was observed also between living without a partner and emotional functioning ($P = 0.021$).

Conclusion Patients living without a partner were more likely to experience psychosocial and financial problems than those married. Psychological and financial support for these women may improve their quality of life.

POSTER MP026

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Haddou Rahou, Bouchra

QUALITY OF LIFE AND COMPLEMENTARY AND ALTERNATIVE MEDICINE USE AMONG MOROCCAN WOMEN WITH BREAST CANCER

Haddou Rahou, Bouchra*¹; Karima, El Rhazi²; Chakib, Nejari²;
Fatima, Ouasmani¹; Zaki, El Hanchi³; Abdelhalem, Mesfioui¹

¹Faculty of Sciences, Ibn Tofail University, Morocco; ²Faculty of Medicine and
Pharmacy, Fès, Morocco; ³The National Oncology Institute, Rabat, Morocco

Correspondence Haddou Rahou, Bouchra
Email: hrahoubouchra@yahoo.fr

Objective The purpose of this study was to assess the relationship between Quality of Life (QOL) and the use of complementary and alternative medicine (CAM) among Moroccan women with breast cancer.

Method Cross-sectional study was conducted from June to December 2014 at the National Institute of Oncology in Rabat. The sample consisted of 200 patients with breast cancer recruited for face-to-face interviews. The agreement of the ethics committee for biomedical research and the patients consent were obtained. Data were collected using a questionnaire addressing personal, medical characteristics and the use of CAM. Categories of CAM were defined according to the National Center for Complementary and Alternative Medicine guidelines. The Moroccan versions of EORTC C30 was used to measure QOL. Descriptive analysis and multiple regression analysis were performed for statistical assessment. For all statistical analysis, p value of less than 0.05 was considered to be statistically significant.

Results The mean global health score for the QLQ-C30 was 70 ± 29.4 SD. Among functional scales, social functioning scored the highest (mean = 80.1 ± 28.6 SD), whereas role functioning scored the lowest (mean = 59.0 ± 30.5 SD). A majority of patients (80%) used at least one CAM therapy. More than one-third of them began to use CAM after appearance of symptoms. Mind-body medicine and biologically based practices were noted as the types of CAM most used. Among users of CAM, 9% stopped conventional treatment while using CAM. The analyses showed that the religious coping predicted better emotional functioning ($p < 0.01$) while the use of herbs showed an association with a worse physical functioning ($p = 0.04$) and fatigue ($p = 0.02$).

Conclusion The findings indicated that Moroccan women with breast cancer use CAM widely and also demonstrated a positive relationship between the religious coping and QOL. Interventions should be focused on integrating this type of MAC in breast cancer care.

LUNCH SESSION

Cultural Issues in Cancer Prevention and Management

13:15–14:15

Wednesday

18 November
2015

Halima, Abahssain

EXPERIENCES WITH CLIENTS AROUND CULTURAL ISSUES IN CANCER PREVENTION AND MANAGEMENT

Halima, Abahssain*; M'rabti, Hind; El Ghissassi, Ibrahim; Boutayeb, Saber;
Errihani, Hassan
National Institute of Oncology, Morocco

Correspondence Halima, Abahssain
Email: abahssainhalima@yahoo.fr

The occurrence of cancer is an event that affects patients' lives. The impact is variable according to the sociocultural issue, specific to each context and each area. In order to determine the psychosocial and cultural profile of Moroccan patients that have developed cancers, we analyse studies and presentations performed at the National institute of oncology in Rabat and published between 2005 and 2011. These studies were prospective, included between 125 and 1,600 patients and were based on questionnaires developed by a medical oncologist, a psychologist and a sociologist. These studies and presentations were focused on the psychosocial and cultural characteristics of the Moroccan cancer occurrence on patients, the impact of cancer on the religious practice, sexuality, family life, young and older patients. Finally, poverty and low income, high rates of illiteracy and the couple separation have a negative impact; however, the family support and religion belief have a positive impact. The Foundation Lalla Salma for Prevention and Treatments of Cancer has played an important role in improving the psycho-social and economic impact of our patients.

WORK- SHOP

Germline Genetics and Cancers

11:00–12:00

Sunday

22 November
2015

Hamdi, Yosr

GENETICS OF BREAST CANCER AMONGST NORTH AFRICA POPULATIONS

Hamdi, Yosr

Institut Pasteur de Tunis, Tunisia

Correspondence Hamdi, Yosr

Email: yosr.hamdi.82@gmail.com

Worldwide, breast cancer is the most common and the most deadly cancer in women. An estimate of 50% of breast cancer familial risk has been so far explained by known susceptibility alleles. Actually, the major challenge of breast cancer molecular genetics is to identify causative variants. Indeed, association studies and haplotype analysis in different populations can help to overcome this challenge. However, despite its genetic wealth, North African populations have not been studied by the HapMap project and few breast cancer association studies were performed on these populations. Using data generated by the Affymetrix 6.0 array, we undertook a Genome-Wide-Haplotype-Study in a set of 135 subjects representing the general Tunisian population. Our main goal was to characterize breast cancer genetic architecture in Tunisian population as a part of the North African populations. We also compared the breast cancer genetic pattern in Tunisians with all HapMap populations. Furthermore, we performed a comprehensive assessment of the potential functional impact of some selected variations. Based on haplotypes construction and frequencies, our data indicated that the Tunisian population is more predisposed to the 2p24, 4q21, 6q25, 9q31, 10q26, 11q13, 14q32 breast cancer loci. Our Principle Component Analysis and LD-blocks showed that Tunisians and so probably North-Africans constitute an intermediate population between Sub-Saharan Africans and Europeans. Moreover, our study led to the identification of a putative causal modifier SNP, rs9911630, on BRCA1 gene known to be involved in the modification of breast cancer risk in BRCA1 mutation carriers from Caucasian origins. Thus we illustrated the utility of combining association analysis in different ethnic groups with functional experiments to identify breast cancer causal variants. Results presented in this study may help to establish baseline database for futur breast cancer genetic studies in North Africa.

POSTER P202

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Hamdi Cherif, Mokhtar

CANCER IN SETIF, ALGERIA: INCIDENCE, TREND AND SURVIVAL 1986–2014

Hamdi Cherif, Mokhtar*¹; Mahnane, Abbes¹; Kara, Lamia¹; Atoui, Saïda¹; Bidoli, Ettore²; Serraino, Diego²; Kara, Lamia¹; Boukharouba, Hafida³; Virdone, Saverino²

¹Setif Cancer Registry, Algeria; ²CRO Aviano, Italy; ³Algeria

Correspondence Hamdi Cherif, Mokhtar

Email: hamdicherifm@ennour.org

Background Cancer is one of the major public health problems in Algeria. In the last 28 years, a significant increase in the incidence of the major cancer sites was observed in both sexes, and it is likely associated to an epidemiological transition. The 5-year survival is low for the main tumors due to a difficult access to cancer care and to an incomplete health care framework for cancer patients.

Method Cancer Registry of Setif, Algeria, has been recording cancer incidence, mortality, and survival since 1986 in collaboration with International Agency for Research on Cancer (IARC). Epidemiological studies and trend incidence cancer are carried out in collaboration with CRO National Cancer Institute Aviano, Italia. Setif Cancer registry has participated in the two Concord international survival studies. Data are recorded by CanReg 5 software provided by the International Agency for Research on Cancer (IARC). SEER-STAT and JOIN Point are used for trend cancer.

Results In men the incidence of lung, colorectal, bladder, prostate, and laryngeal cancers has significantly and steadily increased in the most recent decades. In women, the incidence of breast, colorectal, thyroid, and lung cancers has also increased significantly. Survival rates of stomach, colon, rectum, liver, lung, breast, cervix, ovary, and prostate in adults, and childhood leukemia are relatively low compared with other countries.

Conclusion The incidence increasing is due to the increase of the life expectancy, the change of life style, the change of environment, and the epidemiologic and demographic transition. Cancer estimation in Algeria of incidence, trend and survival is very important for surveillance, control, and planning. In addition Cancer Registry of Setif is being a source of information for cancer planning and corresponding surveillance in the National Cancer Plan 2015–2019, starting in January 2015.

POSTER MP054

Moroccan

Poster Room

Friday–Sunday

20–22

November

2015

Hassani Idrissi, Hind

ETUDE DE L'IMPLICATION DU POLYMORPHISME C677T DU GÈNE MTHFR DANS LA SURVENUE DE LA LEUCÉMIE MYÉLOÏDE CHEZ DES SUJETS MAROCAINS

Hassani Idrissi, Hind*; Kasugue, Yaya; Dehbi, Hind; Nadifi, Sellama
Faculté de Médecine et de Pharmacie, Morocco

Correspondance Hassani Idrissi, Hind

Email: hassani-idrissi-hind@hotmail.fr

Introduction et objectif La leucémie est une maladie hétérogène, multicausale, dans laquelle les cellules souches de la moelle osseuse acquièrent des lésions génétiques conduisant à une augmentation de l'auto-renouvellement, ainsi qu'une prolifération réglementée. Dans le présent travail, nous étudions la part de l'origine génétique dans la survenue de la leucémie myéloïde aigue (LAM) et chronique (LMC) à travers l'étude du polymorphisme C677T du gène de la MTHFR (méthylène tétrahydrofolate réductase), impliqué dans le métabolisme des folates; chez un échantillon de 40 patients de la population marocaine.

Matériel et méthode La population d'étude est composée de 40 patients atteints d'une leucémie chronique; 20 de ces sujets ont une leucémie myéloïde chronique (LMC), tandis que les 20 restants ont une leucémie aigüe myéloïde (LAM). L'ADN extrait est analysé par PCR-RFLP, utilisant l'enzyme de restriction HinfI.

Resultats Nos résultats montrent que la fréquence des génotypes CC, CT et TT était de 60%, 30% et 10% respectivement chez les patients LAM; et de 55%, 40% et 5% respectivement chez les patients LMC. La fréquence de l'allèle 677T était de 25% chez les deux populations d'étude LAM et LMC, contre 75% pour l'allèle normal 677C.

Conclusion Plusieurs facteurs, notamment la taille de l'échantillon, l'origine ethnique de la population d'étude, la prédisposition génétique et les facteurs environnementaux tels que l'apport en folate, influencent la relation entre polymorphismes du gène MTHFR et survenue de la leucémie, et sont à l'origine des différences de fréquences des génotypes de son polymorphisme C677T.

POSTER MP055

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Hazmiri, Fatima Ezzahra

A PROPOS D'UN CAS RARE DE MEDULLO-EPITHELIOME

Hazmiri, Fatima Ezzahra¹; Ait Ben Ali, Said²; Jalal, Hicham³; Oumghar, Nezha⁴; Elomrani, Abdelhamid⁴; Khouchani, Mouna⁴; Rais, Hanane¹

¹Anatomie Pathologique, Morocco; ²Neurochirurgie, Morocco; ³Radiologie Pédiatrique, Morocco; ⁴Radiothérapie, Morocco

Correspondance Hazmiri, Fatima Ezzahra

Email: f.hazm@yahoo.fr

Le médullo-épendymome est une tumeur neuroectodermique primitive (PNET) rare du système nerveux central, de localisation essentiellement supratentorielle. Elle survient chez l'enfant et l'adolescent et pose de véritables problèmes de diagnostic différentiel et de prise en charge. Nous rapportons le cas d'un médullo-épendymome infratentorial chez une fillette de 3 ans qui s'est présentée à la consultation de Neurochirurgie pour un syndrome d'hypertension intracrânienne avec des troubles de la marche. L'examen Clinique a noté des troubles de la coordination avec un ptosis et une exotropie de l'œil droit. L'IRM préopératoire a révélé un large processus vermien hypointense en T1, hétérogène en T2 se réhaussant après injection du produit de contraste avec foyers de nécrose. Une biopsie exérèse de la tumeur a été réalisée. L'examen macroscopique a porté sur un matériel fragmenté mesurant entre 0,2 et 1 cm. L'étude morpho-immunohistochimique a conclu à un médulloépendymome et l'enfant fût adressée au service de radiothérapie pour un complément thérapeutique. L'évolution a été marquée par l'aggravation de la symptomatologie malgré les séances de radiothérapie entreprises et l'enfant est décédée sept mois plus tard. Le médullo-épendymome est la tumeur maligne la plus indifférenciée et agressive des PNET du système nerveux central du jeune enfant. Le tableau clinico-radiologique n'est pas spécifique et la confirmation diagnostique reste anatomopathologique. Le traitement se base sur l'exérèse chirurgicale complète. Une radio-chimiothérapie complémentaire est souvent indiquée mais le pronostic reste sombre.

POSTER MP056

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Hazmiri, Fatima Ezzahra **LE CARCINOSARCOMME DU CORPS UTERIN:** **A PROPOS DE DEUX OBSERVATIONS**

Hazmiri, Fatima Ezzahra¹; Fakhri, Anass¹; Belbachir, Anass¹;
Cherif Idrissi Elganouni, Najat²; Soummami, Abderraouf³; Rais, Hanane¹
¹Anatomie Pathologique, Morocco; ²Radiologie, Morocco;
³Gynecology, Morocco

Correspondance Hazmiri, Fatima Ezzahra
Email: f.hazm@yahoo.fr

Le carcinosarcome est une tumeur biphasique à double contingent; carcinomateux et sarcomateux de haut grade (OMS 2014). C'est une tumeur agressive représentant moins de 5% de l'ensemble des tumeurs malignes du corps utérin. Nous rapportons deux observations à travers lesquelles nous précisons les caractéristiques épidémiolo-cliniques et anatomopathologiques de ces tumeurs. Nos patientes étaient respectivement âgées de 60 et 74 ans et présentaient une obésité. Le symptôme révélateur était des métrorragies postménopausiques. L'échographie pelvienne a montré une image intracavitaire échohétérogène vascularisée mal limitée et infiltrant le myomètre par endroits. Une hystéroscopie avec biopsie ont été réalisées. L'histologie préopératoire a diagnostiqué un carcinosarcome et un traitement chirurgical de première intention a été entrepris chez les 2 patientes. Le matériel d'étude a donc porté sur des pièces d'hystérectomie totale sans conservation annexielle. L'examen macroscopique avait noté un néoplasme intracavitaire solide mesurant respectivement 10 et 16 cm et envahissant le col utérin dans les 2 cas avec la découverte fortuite d'un néoplasme ovarien gauche de 5.5 cm chez la 2ème patiente. L'étude histopathologique du néoplasme intracavitaire était en faveur d'un carcinosarcome chez les 2 patientes avec invasion myométriale supérieure à 50% dans le 2ème cas. Les 2 trompes et l'ovaire gauche étaient envahis dans le 1er cas. Le néoplasme ovarien gauche de la 2ème patiente correspondait à une tumeur de la Granulosa mature. Les 2 patientes ont été adressées au service d'oncologie pour un complément de prise en charge. Le diagnostic préopératoire des carcinosarcomes est primordial afin d'optimiser le traitement chirurgical. Il repose sur une biopsie de l'endomètre, guidée par hystéroscopie. La chirurgie reste le traitement de base pour les carcinosarcomes non métastatiques. Le pronostic dépend du stade chirurgical de la tumeur, souvent diagnostiquée à un stade avancé.

WORK- SHOP

Biobanks

09:00–10:30

Thursday

19 November

2015

Henderson, Marianne

SUSTAINABILITY IN BIOBANKING: HOW PLANNING FOR QUALITY AND USE INCREASES THE VALUE OF YOUR BIOBANK TO THE COMMUNITY

Henderson, Marianne

Center for Global Health and Division of Cancer Epidemiology and Genetics,
NCI, NIH, DHHS, United States

Correspondence Henderson, Marianne

Email: hendersm@mail.nih.gov

Across the world, there is a clear understanding for the need of high quality biospecimens to support research and clinical care. Sustainability can be described in three dimensions: Social, Operational and Financial. Social sustainability focuses on the acceptability of the biobank and its activities at large by the major stakeholders including the community of patient/participant donors, the clinical staff, funders and governments. Operational sustainability covers different aspects of efficiency including whether the biobank is managed professionally, its environmental footprint and also whether the biobank collects the biospecimens and data that the potential end-user will eventually need (fit for purpose). The third dimension of financial sustainability is a struggle across the world in most sectors and in countries at all economic levels. Tight economic realities in clinical and research operations have spurred the need to re-examine financial models that support the building and maintaining the biobanking infrastructure. All three pillars of sustainability can only be approached through quality processes and management in biobanking. This talk will introduce how a focus on collection, processing, storing and sharing high-quality biospecimens leads toward financial, operational and importantly, social sustainability in biobanking.

POSTER MP057

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Hicham, Hilali

RÔLE INFIRMIER DANS LE DÉVELOPPEMENT DE L'AUTOSOIN CHEZ LA PERSONNE COLOSTOMISÉE SUITE À UN CANCER DU COLON. CAS DE L'INSTITUT NATIONAL D'ONCOLOGIE DE RABAT

Hicham, Hilali
CHU Ibn Sina de Rabat, Morocco

Correspondance Hicham, Hilali
Email: anas_dok@hotmail.com

Apprendre la nécessité d'une Stomie digestive crée chez le patient un choc psychologique, car cela a une connotation de gravité, c'est-à-dire qu'il n'y a pas d'autres solutions, ce qui engendre chez le sujet un sentiment de stress et d'anxiété à cause des préjugés que la Stomie soulève à l'égard de l'hygiène. L'idée de mener cette recherche émane d'abord de l'expérience professionnelle qui a permis de constater la souffrance que vivent les personnes colostomisées en absence d'une stratégie de leur prise en charge au niveau des unités de soins à l'Ino de Rabat. Les écrits recensés ont permis d'élaborer un cadre de référence pour l'étude, en s'inspirant des conceptions et des théories en soins infirmiers en l'occurrence celle de l'autosoin de Dorthea Orem, la théorie du Caring basée sur la dimension humaine du soin de Jean Watson et celle de l'adaptation de Callista Roy. Les données ont été collectées moyennant un questionnaire auto-administré à la population infirmière dont l'échantillon est de 28 participants et des entretiens semi-structurés avec des patients colostomisés n=10. Cette étude a révélé plusieurs lacunes en matière de l'accompagnement infirmier des patients colostomisés, dont les principales sont (a) des insuffisances dans la formation initiale: 61% des infirmiers participants n'ont pas été formés en matière de soins aux patients colostomisés pendant leur cursus de formation de base, (b) la formation continue reste quasi absente pour les infirmiers des unités lieu de l'étude, (c) l'absence de conceptions et de démarches de soins adaptées ou élaborées en consensus avec les partenaires des soins et (d) l'insuffisance en matière d'information des patients colostomisés.

POSTER P074 (LB)

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Hill, Andrew

POTENTIAL PRICES OF GENERIC TYROSINE KINASE INHIBITORS FOR EXPANDED ACCESS TO CANCER TREATMENT

Hill, Andrew*¹; Gotham, Dzintars²; Meldrum, Jonathan⁴; Erbacher, Isabelle²; Martin, Manuel²; Fortunak, Joseph³

¹Department of Pharmacology and Therapeutics, Liverpool University, UK;

²Faculty of Medicine, Imperial College London, London, UK; ³Department of Medicine, University College Hospital, London, UK

Correspondence Hill, Andrew

Email: microhaart@aol.com

Objective Tyrosine kinase inhibitors (TKIs) have proven survival benefits in the treatment of several cancers, including CML, breast, liver, renal, and lung cancers. Current high prices remain a barrier to treatment. Mass production of low-cost generic antiretrovirals has led to over 13 million people being treated for HIV/AIDS worldwide. This analysis estimated target prices of TKIs, assuming similar methods of mass production.

Method Seven TKIs with patent expiry dates in the next 10 years were selected for analysis: imatinib, erlotinib, dasatinib, gefitinib, sorafenib, pazopanib, and lapatinib. Chemistry, dosing, regimens, and data on per-kilogram pricing of shipments of active pharmaceutical ingredient (API) were used to estimate costs of generic production, including costs of excipients, formulation, packaging, and shipping. A 50% profit margin was added to estimate a sustainable market price. These target prices were compared with current prices per person per year (pppy) in the USA and other countries.

Results API prices were imatinib \$746/kg, erlotinib \$2,470/kg, dasatinib \$5,478/kg, gefitinib \$2,240/kg, sorafenib \$3,000/kg, pazopanib \$3,284/kg, lapatinib \$4671/kg. Current global prices and our calculated target generic prices per patient per year [lowest market price in the USA/lowest global price/calculated target generic price] were: imatinib [\$132,000/\$401/\$216], erlotinib [\$88,000/\$1,932/\$240], dasatinib [\$136,000/\$15,423/\$333], gefitinib [\$88,000/\$1,815/\$340], sorafenib [\$172,000/\$1,332/\$1,407], pazopanib [\$110,000/\$19,067/\$1,472], lapatinib [\$75,000/\$17,724/\$4,001].

Conclusion The mass generic production of several tyrosine kinase inhibitors could achieve treatment prices in the range of \$172 to \$4,001 per person-year, versus current US prices of \$75,000 to \$172,000 per person-year. Global lowest prices are 0.3%-24% of the US lowest price. Mass production of generic TKIs could allow significant savings and scaling-up of cancer treatment globally.

POSTER P056

**General Poster
Display**
Thursday &
Friday
19 & 20
November
2015

Hmissa, Sihem

LE MYÉLOME MULTIPLE DANS LE CENTRE TUNISIEN

Hmissa, Sihem^{*1}; Missaoui, Nabiha²; Abdessayed, Nihed¹; Bouslema, Sirine¹; Mhamdi, Nozha¹; Guerfalla, Marwa¹; Ben Abdelkrim, Soumaya¹; Mokni, Moncef¹

¹Laboratoire d'Anatomie et de Cytologie Pathologiques, CHU Farhet Hached, Tunisia; ²Unité de Recherche UR14ES17, Epidémiologie et Cytopathologie du Cancer dans le Centre Tunisien, Faculté de Médecine, Tunisia

Correspondance Hmissa, Sihem

Email: missaouinabiha@live.fr

Objectif Il s'agit d'étudier les particularités épidémiologiques, cliniques, biologiques, et évolutives du myélome multiple (MM) dans le Centre Tunisien et d'évaluer la place de l'examen anatomopathologique dans le diagnostic et le pronostic.

Méthode Nous avons mené une étude rétrospective portant sur 170 patients colligés dans le Registre du Cancer du Centre Tunisien, CHU Farhat Hached, Sousse.

Résultats L'âge moyen était de 61,6 ans (sex-ratio=1,1). Les douleurs osseuses constituent le motif de consultation le plus fréquent. Le recours à l'examen anatomopathologique était nécessaire chez 66 patients. Il s'agissait de 58 biopsies ostéomédullaires et 8 biopsies viscérales. 42 patients avaient une plasmocytose comprise entre 10% et 30% de la cellularité médullaire. L'infiltration plasmocytaire était de densité moyenne dans 65,6% des cas. L'infiltration était focale dans 27,3% des cas et diffuse 60,6% des cas. Chez 27 patients, la population cellulaire était monomorphe comportant des plasmocytes matures. Des corps de Russel étaient observés dans 5 cas. La fibrose a été notée chez 15 patients. Le CD138 était positif dans 65% des cas confirmant le diagnostic de MM. Les CD20 et le LCA étaient positifs dans respectivement 20% et 25% des cas. Il y avait 8 biopsies viscérales indiquées devant une symptomatologie atypique avec 3 localisations exceptionnelles: laryngée, cardiaque et pancréatique. 157 patients étaient classés au stade III. La médiane de survie était estimée à 17 mois. Nous avons trouvé une médiane de survie de 64 mois pour les patients LCA+ contre 17 mois chez les LCA- ($p<0,0001$). L'infiltration étendue, le mode massif d'infiltration, les cellules blastiques, la fibrose et l'amylose étaient des facteurs défavorables influençant de manière significative la survie globale des patients.

Conclusion L'étude anatomopathologique représente une étape décisive dans la démarche aussi bien diagnostique que pronostique du myélome multiple.

POSTER P203

**General Poster
Display**
Saturday &
Sunday
21 & 22
November
2015

Hmissa, Sihem

LES FACTEURS PRONOSTIQUES DU CANCER DE LA PROSTATE EN TUNISIE

Hmissa, Sihem^{*1}; Missaoui, Nabiha²; Ben Abdelkrim, Soumaya³; Korbi, Skander³; Abdessayed, Nihed³; Mokni, Moncef³

¹Laboratoire d'Anatomie et de Cytologie Pathologiques, CHU Farhet Hached, Sousse, Tunisia; ²Unité de Recherche UR14ES17, Epidémiologie et Cytopathologie du Cancer dans le Centre Tunisien, Faculté de Médecine, Tunisia; ³Laboratoire d'Anatomie et de Cytologie Pathologiques, CHU Farhet Hached, Sousse, Tunisia

Correspondance Hmissa, Sihem | Email: hmissa_s@yahoo.fr

Objectif Le cancer de la prostate constitue un problème de santé publique. L'hétérogénéité concernant son évolution rend compte de l'insuffisance des facteurs pronostiques classiques d'ou l'intérêt de nouveaux marqueurs génétiques et moléculaires. Dans ce travail, il s'agit d'étudier l'expression de 9 gènes incluant Ki-67, Bcl2, PSA, p53, HER2, E-cadhérine, p16ink4a, p21WAF1/Cip1 et p27Kip1 et d'évaluer son intérêt pronostique dans le cancer de la prostate.

Méthode Nous avons effectué une étude rétrospective de 50 adénocarcinomes prostatiques colligés au Service d'Urologie, Hôpital Sahloul, Service de Radiothérapie et Laboratoire d'Anatomie et de Cytologie Pathologiques, Hôpital Farhet Hached, Sousse (Tunisie) durant une période de 12 mois. L'expression des gènes a été analysée par immunohistochimie sur matériel archivé.

Résultats L'expression des gènes Ki-67, Bcl2, PSA, p53, HER2, E-cadhérine, p16ink4a, p21WAF1/Cip1 et p27Kip1 a été observée dans 68%, 32%, 78%, 24%, 12%, 90%, 56%, 20% et 44% des cas respectivement. La survie globale à 5 ans était de 68%. Une corrélation statistiquement significative a été observée entre la survenue de décès et l'âge ($p=0,018$), le degré de différenciation de la tumeur ($p=0,0001$), l'engainement périnerveux ($p=0,016$) et la survenue de métastase ($p=0,05$). La survenue de décès était corrélée significativement avec l'expression de p53 ($p=0,007$), Bcl2 ($p=0,02$), Ki-67 ($p=0,05$) et p27Kip1 ($p=0,04$).

Conclusion L'expression des protéines p53, Bcl2, Ki-67 et p27Kip1 pourraient aider dans la prise en charge du cancer de la prostate permettant une meilleure prédiction du pronostic. Cependant, le degré de différenciation de la tumeur reste le facteur le plus fiable dans la prédiction de ce cancer.

POSTER P204

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Hodgeman, Ryan

IMPACT OF HUMAN IMMUNODEFICIENCY VIRUS ON INCIDENCE & STAGE OF BREAST CANCER, A PROSPECTIVE COHORT IN BOTSWANA

Hodgeman, Ryan^{*1}; Mak, Kimberley²; Bvochora-Nsingo, Memory³; Kayembe, Mukendi¹; Efstathiou, Jason⁴; Dryden-Peterson, Scott⁵

¹Botswana Harvard Partnership, Botswana; ²Massachusetts General Hospital, United States; ³Gaborone Private Hospital, Botswana; ⁴Botswana Harvard Partnership, Massachusetts General Hospital, Botswana; Botswana Harvard Partnership, Massachusetts General Hospital, Harvard School of Public Health, Brigham and Women's Hospital, Botswana

Correspondence Hodgeman, Ryan | Email: hodgeman.r@gmail.com

Objective The impact of HIV on non-AIDS defining cancers is poorly understood. We aimed to examine the impact of HIV on breast cancer incidence and outcomes in Botswana.

Method We enrolled patients presenting for breast cancer care at the three largest oncology centers in Botswana beginning in 2010. HIV and cancer characteristics were obtained and subjects were followed quarterly.

Results We enrolled 210 patients with breast cancer through March 2015. Fifty-two (24.8%) were HIV-infected, 123 (58.6%) were HIV-uninfected, and 35 (17%) had unknown HIV status. Median follow-up was 24.3 months. Median age at diagnosis was 51.3 years (IQR: 42.7-63.7). Most women (81%; n=169) presented with a lump or mass, and over half were diagnosed with T3 or T4 disease. Out of the 52 HIV-infected subjects 27 (52%) were on ART for a median of 19.7 months prior to diagnosis and 9 subjects initiated ART a median of 0.5 months after diagnosis. Median CD4 count was 455 cells/ μ L (IQR: 268-657). HIV-infected patients were diagnosed with breast cancer at a younger age than HIV-uninfected patients (median 45 vs. 51.9 years, $p<0.001$). HIV-infected patients presented with advanced (stage 3 or 4) breast cancer in 65% of cases, vs. 60% of HIV-uninfected patients ($p=0.6$). The age-standardized incidence ratio for HIV infection was 0.94 (95% CI 0.67 to 1.31). Median survival for the cohort was 3.7 years (95% CI: 2.2-6.7). There was no difference in OS by HIV status on univariate analysis ($p=0.37$) or multivariate analysis adjusting for age and stage (HR 1.3, 95% CI 0.4-1.5, $p=0.4$). Advanced stage was associated with worsened OS on MVA (HR 2.24, 95% CI 1.13-4.4, $p=0.02$).

Conclusion We detected no differences in incidence, stage, or OS by HIV status. The majority of breast cancers in Botswana are diagnosed at advanced stage, and survival is poor. Effective early cancer detection strategies are urgently needed to improve outcomes.

POSTER P205

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Horner, Marie-Josephe

RECEIPT OF CANCER CARE AT KAMUZU CENTRAL HOSPITAL IN MALAWI: A HOSPITAL-BASED CANCER REGISTRY STUDY

Horner, Marie-Josephe^{*1}; Chilima, Chrissie²; Salima, Ande White²;
Kumwenda, Wiza²; Gopal, Satish¹

¹University of North Carolina, United States; ²UNC–Project Malawi/ Kamuzu
Central Hospital, Malawi

Correspondence Horner, Marie-Josephe

Email: mjhorner@live.unc.edu

Objective Information on receipt of cancer care is limited in cancer registries from Sub-Saharan Africa. Kamuzu Central Hospital (KCH) in Lilongwe, Malawi maintains a hospital-based registry of all patients with newly diagnosed cancer. We conducted a descriptive analysis of receipt of cancer care at a national teaching hospital.

Method The KCH Cancer Registry collects demographic, pathology, laboratory, and treatment information. Receipt of palliative care, surgery, and chemotherapy are included. Radiotherapy is not available in Malawi. For these analyses, clinically suspected and confirmed cancers from June 2014–May 2015 were examined.

Results 530 cancer cases were recorded over the study period. Women represented 46% of cases; mean age was 43 years. 44% of referrals occurred from outside the District of Lilongwe. Kaposi sarcoma (20%), esophageal cancer (28%), lymphoma (7%), breast cancer (6%), and cervical cancer (8%) were the most commonly identified malignancies. 35% of cases were pathologically confirmed and the remainder clinically diagnosed. Among cases with recorded HIV status, 63% were HIV-infected of whom 65% were receiving antiretroviral therapy (ART). 43% of cases received chemotherapy, 12% received surgical intervention, 17% received no treatment, and 29% had unknown treatment status.

Conclusion Despite a mature national ART scale-up program, HIV remains a major contributor to the cancer burden at KCH. Most HIV-infected individuals newly diagnosed with cancer were already receiving ART. Chemotherapy is the major treatment modality, and surgery is infrequently applied. This likely represents frequent occurrence of systemic tumors not amenable to surgery, as well as advanced solid tumors not amenable to curative resection. Our hospital-based registry provides descriptive data regarding cancer care at a national teaching hospital in Malawi to inform the national cancer control agenda.

LUNCH SESSION

**Brainstorming
the Future of
ACE-NET**
13:15–14:15
Thursday
19 November
2015

Horton, Susan

ESSENTIAL PACKAGE FOR CANCER AND ITS COST: FINDINGS FROM THE DISEASE CONTROL PRIORITIES PROJECT

Horton, Susan*¹; Gelband, Hellen²; Sankaranarayanan, R³; Gauvreau, Cindy⁴; Jha, Prabhat⁴

¹University of Waterloo, Canada; ²Centre for Disease Dynamics, Economics and Policy, United States; ³IARC, France; ⁴Centre for Global Health Research, Canada

Correspondence Horton, Susan
Email: sehorton@uwaterloo.ca

The World Health Organization has recommended a package of cancer “Best Buys” which includes tobacco control, Hepatitis B vaccination, and screening and treatment of precancerous lesions for cervical cancer. In the Disease Control Priorities Cancer Volume (forthcoming in early fall 2015) we recommend expanding this package, using information on what is feasible, cost-effective, and appropriate in various resource settings. We add five additional components to an essential cancer package, including HPV vaccination, treatment of early stage cervical cancer, diagnosis and treatment of early stage breast cancer, diagnosis and treatment of selected highly curable childhood cancers, and pain control for all cancers. We estimate the costs of this essential package for low, lower-middle, and upper-middle income countries. The package is affordable in middle-income countries (with anticipated growth of per capita income) but funding for low income countries will take time.

POSTER P206

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Hummeida, Moawia

SAFETY AND ACCEPTABILITY OF CRYOTHERAPY TREATMENT OF PRECANCEROUS LESIONS OF UTERINE CERVIX USING SINGLE VISIT METHOD

Hummeida, Moawia

School of Medicine, Alneelain University, Sudan

Correspondence Hummeida, Moawia

Email: abuawa25@gmail.com

Background Cervical cancer can successfully be prevented if screening of precancerous lesions is followed by treatment. In developing countries treatments are unavailable, inaccessible or inadequately linked to screening. The proportion of those who do not return for treatment after screening can be as high as 85%, seriously jeopardizing the effectiveness of screening programs. To increase treatment coverage innovative approaches are being investigated.

Objective To assess the safety and acceptability of single-visit approach, using visual inspection of the cervix with acetic acid (VIA) as screening test, and immediate treatment of precancerous lesions with Cryotherapy.

Method The study was non-controlled trial. Five doctors and eight nurses provided the services. The study was carried out in four health centers in North Kordofan state, Sudan. Women were tested by VIA. Positive cases were offered Cryotherapy immediately. Data measuring safety, acceptability were collected.

Results VIA test-positive rate was 8% (108), 95% received Cryotherapy, and 85% returned for follow-up visits. No major complications were recorded, 4*4% of those treated returned for a perceived problem. Both VIA and Cryotherapy were highly acceptable, and 95% expressed satisfaction with their experience. At one year follow-up visit, VIA test-negative rate was 94%.

Conclusion Single-visit intervention with VIA and Cryotherapy seems to be safe, and acceptable, and is a potentially efficient and suitable method for cervical-cancer prevention in under resourced settings.

WORK- SHOP

Resource Mobilisation for Cancer Control in Francophone

Africa (1)

09:00–17:30

Thursday
19 Nov 2015

IAEA/Programme of Action for Cancer Therapy PRE-CONFERENCE WORKSHOP ON RESOURCE MOBILIZATION FOR CANCER CONTROL IN FRANCOPHONE AFRICAN COUNTRIES

Nitzsche-Bell, Anja

IAEA/Programme of Action for Cancer Therapy, Austria

Correspondence Nitzsche-Bell, Anja

Email: a.nitzsche-bell@iaea.org

Focusing on infectious diseases and maternal and child health, international donor funding for health has increased substantially in Africa, particularly since the formation of the Millennium Development Goals (MDGs) in 2000. However, non-communicable diseases (NCDs), including cancer, have not benefited from the same momentum. As cancer emerges as a major public health threat in Africa, countries need to urgently build up capacities for mobilizing substantive resources to respond to the growing demand for cancer prevention, treatment and care services.

The “Pre-Conference Workshop on Resource Mobilization for Cancer Control in Francophone African Countries” aims to strengthen participant’s skills and knowledge of resource mobilization for comprehensive cancer control. It will introduce latest funding trends and their implications, resource mobilization principles, tools, and potential partners and donors. Participants will also identify next steps and mechanisms for future partner collaboration to strengthen national cancer control resource mobilization capacities.

About the organisers This workshop is organized by IAEA/PACT. Acting on its mandate to accelerate and enlarge the contribution of atomic energy to peace, health and prosperity throughout the world, the International Atomic Energy Agency (IAEA) has been supporting its member states to fight cancer for over 40 years. In 2004, the IAEA launched its Programme of Action for Cancer Therapy (PACT) to support low and middle income countries in establishing and expanding effective national cancer control programmes. Additionally, PACT supports countries in mobilizing resources to address identified priorities for cancer control.

WORK- SHOP

**Cancer Biology:
Precision**

Medicine (1)

16:00–17:30

Friday

**20 November
2015**

Ibrahim, Muntaser E

**INSIGHTS INTO THE MOLECULAR ETIOLOGY OF SOME COMMON
CANCERS IN EAST AFRICA FROM HOST AND VIRAL GENOME DATA**

Ibrahim, Muntaser E
University of Khartoum, Sudan

Correspondence Ibrahim, Muntaser E
Email: muntaser26@hotmail.com

The observation of certain common human malignancies having well defined ethnic and geographic clusters, insinuates the presence of genetic determinants or specific patterns of gene-environment interactions reflected in the incidence and distribution of these tumours. We aim to focus particularly on the genetic background of susceptible populations in eastern Africa i.e. populations displaying higher frequencies of particular cancers in an attempt to understand the role of genetic and epigenetic changes of major tumor suppressors and oncogenes that could also be utilized as diagnostic and therapeutic markers in future clinical genomes interventions. Employing various data sets of exomes, methylome and viral genomes, we encountered EBV viral specific signatures in breast cancer nasopharyngeal and colorectal carcinomas. Genome wide epigenetic modification (aberrant DNA methylation) that has been suggested earlier in breast cancer as accounting for the dearth of disease causing mutations in tumour suppressor genes, was established in our breast cancer tissues. In colorectal cancer, network analysis revealed hub proteins of centrality which were mostly viral partners (e.g. ELAVL1/HuR, NFKB). We thus view cancer as a complex system phenomenon and propose a model that encompasses oncogenic viruses as key in the etiology of common cancers in this part of Africa.

POSTER P057

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Idowu, Oluwaseyi Kayode

THE DEVELOPMENT OF A COMMUNAL TUMOUR BOARD IN SOUTH WEST NIGERIA

Idowu, Oluwaseyi Kayode*¹; Eyesan, Samuel Uwale²; Nnodu, OE³; Giwa, SO⁴; Abdulkareem, FB⁴

¹National Orthopaedic Hospital Lagos, Nigeria; ²Bowen University Ogbomosho, Nigeria; ³University of Abuja, Nigeria; ⁴Lagos State University, Nigeria

Correspondence Idowu, Oluwaseyi Kayode

Email: ashikoashiko@yahoo.com

Introduction There are numerous challenges hindering the development of multidisciplinary teams in resource constrained environments such as the West African sub-region. Communal tumour boards through networking could be a suitable option for effective management of musculoskeletal tumours. This study described the development of an integrated care pathway for patients with musculoskeletal tumours via multi institutional networking in Lagos metropolis.

Methodology Musculoskeletal tumours managed in different institutions in the Lagos metropolis were included for discussion at monthly meetings, under the aegis of the Lagos Musculoskeletal Oncology Network [LAMON]. The meetings ensured adherence as much as possible to agreed national and international guide lines in the management of musculoskeletal tumours. Decisions about surgery, chemotherapy, radiotherapy and timing of the modalities, were planned at the meetings.

Results The network extended to 26 specialists the city. In the first 18 months, 117 cases were reviewed of which 81 patients had definitive histological diagnoses. The common histological diagnoses include metastatic bone disease, osteosarcoma and soft tissue sarcoma.

Discussion The network has so far contributed to the care of over a hundred patients within the first year of inception. With appropriate social and corporate support, communal tumour boards like LAMON may translate into model for multidisciplinary cancer care in resource poor environment like the west-African sub-region.

POSTER P207

**General Poster
Display**
Saturday &
Sunday
21 & 22
November
2015

Idowu, Oluwaseyi

EARLY OUTCOME OF ENDOPROSTHETIC REPLACEMENT FOR TUMOURS AROUND THE KNEE IN NIGERIA: A CASE SERIES

Idowu, Oluwaseyi*¹; Eyesan, SU²; Giwa, SO³; Badmus, H⁴; Abdulkareem, FB⁵;
Badmos, KB⁵

¹National Orthopaedic Hospital, Nigeria; ²Bowen University Ogbomoso,
Nigeria; ³Lagos State University, Nigeria; ⁴Cedarcrest Hospital Lagos, Nigeria;

⁵University of Lagos, Nigeria

Correspondence Idowu, Oluwaseyi

Email: ashikoashiko@yahoo.com

Background and aim Endoprosthetic replacement has become a standard option of treatment of benign, primary malignant or metastatic lesions in modern day orthopaedic oncology. This is however a rare option for patients being treated for musculoskeletal tumours in sub-Saharan Africa due to various factors. The aim of this case series is to present the early experience of an indigenous multidisciplinary team in the endoprosthetic replacement for bone tumours.

Method Four consecutive patients who were treated for tumours around the knee using endoprosthetic replacement between June 2013 and April 2015 were studied. The patients were within the ages of 20–47 years at the time of surgery. The histopathological diagnosis was Giant Cell Tumour (GCT) in two patients, plasmacytoma and osteosarcoma in the other patients. The patients underwent wide local resection with modular endoprosthetic reconstruction and were evaluated using the Musculoskeletal Tumour Society (MSTS) Scoring System.

Results and conclusions The MSTS functional scores range from 52% to 78%. Early outcome of Endoprosthetic replacement around the knee appears to be favourable in spite of its complications and the challenges in the West African sub-region.

WORK- SHOP

**Free
Communication
of Abstracts 8**
11:00–12:00
Sunday
22 November
2015

Idowu, Oluwaseyi

THE IMPACT OF A COMMUNAL TUMOUR BOARD ON LIMB SALVAGE FOR MUSCULOSKELETAL TUMOURS IN LAGOS, NIGERIA

Idowu, Oluwaseyi*¹; Eyesan, SU²; Giwa, SO³; Nnodu, OE⁴; Abdulkareem, FB⁵; Habeebu, MYM⁵

¹National Orthopaedic Hospital Lagos, Nigeria; ²Bowen University Ogbomosho, Nigeria; ³Lagos State University, Nigeria; ⁴University of Abuja, Nigeria;

⁵University of Lagos, Nigeria

Correspondence Idowu, Oluwaseyi

Email: ashikoashiko@yahoo.com

Introduction There are numerous challenges hindering limb salvage for musculoskeletal tumours in low to medium income countries. Communal tumour boards through networking could be a viable option for effective management of musculoskeletal tumours. This study highlights the development of an integrated care pathway for patients with musculoskeletal tumours via multi institutional networking in the Lagos metropolis.

Methodology Patients from different institutions in the Lagos metropolis were included for discussion at monthly meetings, under the aegis of the Lagos Musculoskeletal Oncology Network [LAMON]. The meetings ensured adherence as much as possible to agreed national and international guide lines in the management of musculoskeletal tumours. Decisions about surgery, chemotherapy, radiotherapy and timing of the modalities, were planned at the meetings.

Results The network extended to 26 specialists within the city. In the first 30 months, 212 patients were reviewed, of whom 192 (91%) patients had definitive histological diagnoses. The age range of the patients was 3–95 years. Limb salvage was achievable in 142 (67%) patients. The common histological diagnoses include osteosarcoma 22%, giant cell tumour 13%, soft tissue sarcoma 11%, and metastatic bone disease 8%.

Discussion The network resulted in improvement in time to diagnoses, limb salvage rate, and follow up care for musculoskeletal tumours. Perhaps, with appropriate social and corporate support, communal tumour boards like LAMON may translate into model for multidisciplinary cancer care in resource poor environment like the west-African sub-region.

POSTER MP059

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Igala, Marielle

EVALUATION DES RESULTATS DU PROTOCOLE ACUTE MYELOID LEUKEMIA 03 CHEZ LES PATIENTS DE 20 A 60 ANS TRAITES ENTRE 2003 ET 2010 AU SERVICE D'HEMATOLOGIE ET ONCOLOGIE PEDIATRIQUE DE CASABLANCA

Igala, Marielle*; Lamchahab, Mouna; Cherkaoui, Siham; Khoubila, Nisrine;
Qachouh, Meryem; Madani, Abdellah; Rachid, Mohamed; Quessar, Asmaa
Service d'Hématologie et Oncologie Pédiatrique Hôpital du 20 Aout, Morocco

Correspondance Igala, Marielle
Email: marielgalase@yahoo.fr

Introduction La leucémie aiguë myéloblastique est une hémopathie maligne dont le traitement n'est pas aisé et doit se faire en milieu spécialisé. L'objectif de l'étude était d'évaluer la réponse et la tolérance du traitement selon le protocole AML03.

Patients et méthode Il s'agissait d'une étude prospective et descriptive réalisé de 2003 et 2010 au service d'hématologie et oncologie pédiatrique du centre hospitalier universitaire de Casablanca. Les patients inclus, âgés de 20 à 60 ans, avaient un diagnostic de LAM de novo. Les patients de plus de 60 ans avec un diagnostic de leucémie aiguë promyélocytaire (FAB M3), de transformation aiguë de syndrome myéloprolifératif ou de syndrome myélodysplasique, de LAM secondaires à une néoplasie étaient exclus. L'analyse statistique a été effectuée à partir du logiciel SPSS.

Résultats Sur 962 patients 438 (69,1%) étaient évaluable. Il s'agissait de 48,4% de femmes et de 51,6% d'hommes avec un ratio H/F de 1,06. La LAM 1 (37,2%) et la LAM 2 (27,9%) étaient les plus diagnostiquées. L'immunophénotypage était réalisé chez 33,1% des patients et le caryotype dans 88,1% des cas permettait de déterminer leur pronostic: intermédiaire 58,4%, 16,9% bon et 13,1% mauvais. La pré-induction par l'hydroxyurée reçue par 36,1% des patients était marquée par 2,7% décès. L'induction 1 faite 95,9% des cas enregistrait 40,2% de rémission complète et 13,5% de décès alors que 13,5% des patients passaient en phase d'intensification et 2,3% décédait durant cette phase. Deux cent soixante (60,7%) patients recevait l'induction 2, 1,8% décédaient et 59,5% ont reçu la consolidation 1, 43,7% la consolidation 2 et 40,4% l'entretien. En définitive la survie à 5 ans était de 31,6% et la survie sans événement de 17,1%.

Conclusion Les résultats de notre étude illustre la difficulté de traitement des patients atteints de LAM par des nouveaux protocoles même si ces derniers utilisent les drogues habituelles.

POSTER P058

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Igbende, Dorothy Aumbur

IMPACT OF CARE BURDEN ON THE PSYCHOLOGICAL WELL-BEING OF CARE-GIVERS OF CANCER PATIENTS AT THE FEDERAL MEDICAL CENTRE MAKURDI, BENUE STATE

Igbende, Dorothy Aumbur*; Terwase, Joyce M; Anhange, Samuel Terzungwe;
Akpegi, Mercy Onahi
Benue State University, Makurdi, Nigeria

Correspondence Igbende, Dorothy Aumbur
Email: abelladorothy@gmail.com

This study investigated the impact of care burden on the psychological well-being of care-givers of cancer patients at Federal Medical Centre Makurdi. The study employed a cross-sectional survey method where 200 participants (39=19.5% males and 159=79.5% females) were randomly selected and used as sample for the study. Their age range was 18–60 years with the mean age of 34.01 (SD=7.48). The reliability coefficient of the self developed Psychological well-being questionnaire was .65 Cronbach's alpha while the care-giver burden questionnaire had a Cronbach's alpha of .86. Data was obtained by administering questionnaires and the percentages of the care-givers were computed using t-test and Pearson correlation analysis. The result revealed that there was no significant difference between male and female care-givers of cancer patients on their psychological well-being, ($t(194) = .594, P < 0.05$), there was a significant relationship between care burden and psychological well-being ($r(175) = .186, P. 0.05$), there was no significant influence of age on the psychological well-being among care-givers of cancer patients ($t(196) = .186, P < 0.05$). The researcher therefore, recommended that the government should create a relaxation centre within the hospital and also sporting activities so that the care-givers can ease themselves from burden and stress in Benue State and Nigeria.

POSTER MP060

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Imane, Bourhafour

OUTCOMES OF ELDERLY PATIENTS WITH MUSCLE-INVASIVE BLADDER CANCER TREATED WITH DEFINITIVE BLADDER PRESERVATION THERAPY

Imane, Bourhafour*; Omar, Elallam; Sanae, Elmajjaoui; Tayeb, Kebdani;
Nouredine, Benjaafar
National Institute of Oncology, Rabat, Morocco

Correspondence Imane, Bourhafour
Email: bourhafour.imane@yahoo.fr

Background Elderly bladder cancer patients with significant comorbidities are often not recommended for aggressive therapy. The purpose of this retrospective review is to examine the success of definitive bladder preservation therapy for muscle-invasive bladder cancer in the elderly patients.

Method Between January 2007 and January 2013, 30 selected patients, older than 68 years, with non metastatic muscle-invasive bladder cancer were treated with maximal transurethral resection of bladder tumor (TURBT) followed by definitive radiation therapy. Twenty one patients (70%) received concurrent chemoradiationtherapy (Cisplatin alone in 19 patients and Cisplatin with Gemcitabine in 2 patients), while 9 patients were treated with radiation therapy alone. Data of oncological and functional outcomes were prospectively collected. The primary end points were local recurrence-free survival and overall survival.

Results Median age was 69 years (range, 68–92 years). Nineteen patients (91%) were able to complete therapy and 2 (9%) were admitted at some point during radiation therapy, 1 for infection, 1 for hematuria and urinary retention. The median follow-up at the time of analysis was 36 months (range, 11–92 months). Local recurrence-free survival (LRFS) was 62% and 12% at 2 and 5 years, respectively. The 2- and 5-year overall survival (OS) was 79% and 17%. The distant metastases free survival (MFS) was 60% and 20% at 2 and 5 years, respectively.

Conclusion In elderly patients with muscle-invasive bladder cancer, chemoradiation is effective in terms of response rates and LRFS. These results indicate that clinicians should not deny patients potentially curative therapies based on age alone, although more cohorts of elderly patients are warranted.

WORK- SHOP

Sexuality and Cancer

11:00–13:00

Saturday

21 November

2015

Incrocci, Luca

DEALING WITH SEXUAL ISSUES AFTER RADIOTHERAPY FOR UROLOGIC MALIGNANCIES

Incrocci, Luca

Erasmus MC Cancer Institute, Netherlands

Correspondence Incrocci, Luca

Email: l.incrocci@erasmusmc.nl

The occurrence of cancer is increasing due to the growth and aging of the population, and to well-known risk factors (smoking, overweight, urbanization). Due to modern surgical techniques, improved chemotherapeutical drugs and sophisticated radiation techniques cancer is slowly becoming a chronic disease. More people live longer or are cured. Therefore quality of life in general and sexual functioning in particular have become very important for cancer patients. Despite the life-threatening nature of cancer might result in the assumption that sexual activity is not important to patients and their partners this is not true. The number of patients diagnosed with early stage prostate cancer has greatly increased because of routine prostate specific antigen testing. Radiation therapy is together with radical prostatectomy the most effective treatment for localized disease. Although the incidence of erectile dysfunction after radiotherapy is lower than after surgery, percentages reported in the literature vary from 6 to 80% after external-beam radiotherapy to 2–61% after brachytherapy. Ejaculation problems and a decrease in libido occur in up to 80% after radiotherapy. The etiology of erectile dysfunction after radiotherapy for prostate cancer is multi-factorial. Vascular, neurogenic and psychogenic factors are equally reported. Time since radiation is very relevant, at least 18–24 months are needed before drawing final conclusions on the prevalence of post-radiation erectile dysfunction. Bladder cancer is treated by surgery or radiation, eventually in combination with brachytherapy. There is small data available on the sexual toxicity of bladder cancer treatment, but erectile dysfunction has been reported in up to 91% after surgery and 50% after radiotherapy. Testicular cancer affects mostly young men in their fertile and sexually active life. Seminoma is treated by orchiectomy followed by infradiaphragmatic radiotherapy. In our survey about 20% reported less sexual interest, pleasure and activity since treatment; this was not significantly correlated with age. Fifteen per cent of the patients had erectile dysfunction. Sixty-two per cent found their body had changed after treatment. Effective medical treatments are available today for sexual dysfunction after treatment of cancer. A multidisciplinary approach is strongly recommended. The great majority of oncology professionals are scared to address sexuality and the great majority of sexological professionals are scared by cancer. It is time that cancer specialists and sexologists better understand each other.

POSTER P059

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Ingwu, Justin

EFFECT OF NURSE-LED EDUCATIONAL PROGRAMME ON KNOWLEDGE AND UTILISATION OF EARLY DETECTION MEASURES OF PROSTATE CANCER AMONG MEN IN SELECTED HOSPITALS IN CROSS RIVER STATE

Ingwu, Justin
University of Nigeria, Nsukka, Nigeria

Correspondence Ingwu, Justin
Email: justin.ingwu@unn.edu.ng

Objective The rising incidence of Prostate Cancer (PC) in developing countries and the increasing mortality from the disease are major health concerns. Nigeria being the most populous country in Africa with the highest older person's population is anticipated in the years ahead to have an increased incidence of PC as most studies conducted report poor knowledge of PC and negative attitude towards its prevention. This study investigated the effect of nurse-led educational programme on knowledge and utilisation of early detection measures of PC among men in four selected hospitals in Cross River State, Nigeria.

Method Using quasi experimental pre- post tests design, a sample of 420 men who met the inclusion criteria were randomly recruited and assigned to the experimental and comparison groups. The instruments used for data collection were Knowledge of Prostate Cancer Screening (KPCS) Scale and researcher's developed structured questionnaire. Data was analysed using descriptive statistics and ANOVA.

Results The results showed an increase in knowledge from pre-test ($\bar{X} = 1.64$), to post-test 1 ($\bar{X} = 2.10$), post-test 2 ($\bar{X} = 2.13$) and finally post-test 3 ($\bar{X} = 2.16$). This result is significant ($F=105.25$, $p < 0.05$). Also, the results revealed that nurse led educational programme improves the utilisation of early detection measures of PC among men in the study group. It showed an increase in utilisation from pre-test ($\bar{X} = 1.34$) to post-test 1 ($\bar{X} = 1.36$), post-test 2 ($\bar{X} = 1.18$) and finally post-test 3 ($\bar{X} = 1.19$). The result is deemed significant ($F = 22.36$, $p < 0.05$).

Conclusion The educational intervention led to increased acceptance of PC screening. Men should be appropriately educated and exposed to PC guidelines, benefits and barriers of PC screening to enable individuals make informed decisions concerning PC health promotion activities.

POSTER P208

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Inyang, Imeobong

HISTOCHEMICAL LOCALIZATION OF HEPATITIS B SURFACE ANTIGEN IN HEPATOCELLULAR CARCINOMA; AN EVALUATION OF TWO STAINING TECHNIQUES IN A TERTIARY HOSPITAL IN CALABAR, NIGERIA

Inyang, Imeobong
University of Calabar, Nigeria

Correspondence Inyang, Imeobong
Email: onyx294@gmail.com

Background Hepatitis B virus (HBV) is one of the known human carcinogens. The prescence of HBsAg in liver tissues indicates active viral application. More than 85% hepatocellular carcinoma (HCC) cases occur in countries with increased rates of chronic HBV infection. An evaluation study to determine the relationship between positivity for HBsAg and development of HCC and its distribution between age and gender of subjects was done.

Method Shikata Orcein and haematoxylin and eosin staining techniques were performed on liver sections.

Results A total of 50 liver tissue specimens comprising 38 biopsy and 12 post mortem specimens were processed. Thirty-five of the 50 specimens were positive for HBsAg with orcein stain whereas only 16 were positive with H&E stain, and these were also positive with orcein stain, giving an HBsAg prevalence of 70.0% (35/50). The prevalence of HCC in the study was 56.0% (28/50), of which 21 (75.0%) cases were positive for HbsAg, 18 (64.3%) were males while 10 (35.7%) were females distributed within the age range of 20–70 years. The highest number of HbSag positive HCC cases, 7/21 (33.3%) occurred in the age group 40–49 years. There was no relationship in the pattern of distribution of HCC between age and gender using the pearson correlation coefficient ($r=0.0474$; $P<0.05$).

Conclusion HBV infection predisposed to HCC. Orcein technique was more specific and is therefore recommended for screening of liver tissue where facilities for immunohistochemistry are inaccessible.

WORK- SHOP

Bladder Cancer

14:30–15:45

Saturday

21 November

2015

Ismaili, Nabil

NEOADJUVANT CHEMOTHERAPY FOR BLADDER CANCER TUMOURS

Ismaili, Nabil

Mohammed VI University Hospital, Morocco

Correspondence Ismaili, Nabil

Email: nabilismaili@yahoo.fr

Bladder cancer is the seventh most common cancer and the ninth most common cause of cancer deaths for men worldwide. Urothelial carcinoma is the most predominant histological type. Cystectomy with pelvic lymph nodes dissection is the standard local treatment of muscle invasive bladder cancer (T2–T4). Bladder cancer is highly sensitive to chemotherapy. In the last decade, the chemotherapy was introduced as part of the management of the disease. Randomized trials and meta-analyses confirmed the survival benefit of neoadjuvant chemotherapy before local treatment (surgery and/or radiotherapy). Consequently, this sequence should be considered as standard treatment of choice, for patients with good performance status (0–1) and good renal function. The benefit of adjuvant chemotherapy is not clear for patients treated with primary surgery. A systematic study has been undertaken of the role of neoadjuvant chemotherapy in the treatment of invasive bladder cancer (localized).

POSTER P209

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Iweala, Emeka

ANTI-PROLIFERATIVE EFFECTS OF ETHANOLIC EXTRACTS OF *XYLOPIA AETHIOPICA* ON PROSTATE AND BREAST CANCER CELL LINES IN VITRO

Iweala, Emeka¹; Bankole, Eunice¹; Yates, Clayton²

¹Covenant University, Nigeria; ²Tuskegee University, United States

Correspondence Iweala, Emeka

Email: emeka.iweala@covenantuniversity.edu.ng

Objective *Xylopia aethiopica* (African Pepper), a plant found throughout West Africa, has both nutritional and medicinal uses. The aim of this research was to study the anti-proliferative effects of ethanolic extracts of *Xylopia aethiopica* on prostate and breast cancer cell lines.

Method The dried *X. aethiopica* fruits were extracted with 70% ethanol and tested against prostate (LNCaP) and breast cancer (MCF7 and MDA-MB231) cells' viability in vitro using the MTT ((3-(4,5-Dimethylthiazol-2-yl)-2,5- diphenyl tetrazolium bromide) assay. The IC₅₀ values for the extract were determined through linear regression using GraphPad Prism 6 software. The effects of the plant extract on cell cycle was also determined using flow cytometry. Statistical analysis was carried out by one-way ANOVA followed by Dunnet's test ($\alpha = 0.05$) to compare experimental means with controls.

Results The data generated indicates that *X. aethiopica* fruits extract showed a dose-dependent anti-proliferative activity against LNCaP, MDA-MB231 and MCF7 cancer cell lines after treatment for 48 and 72 hours. The extract induced a 16.96% and 93.5% inhibition on MDA-MB231 cells, 29.76% and 94.03% on the MCF7 cells and a 9.15% and 94.61% inhibition on the LNCaP cells at the lowest (1 μ g/ml) and highest (100 μ g/ml) dose respectively after 48 hours. The extract induced a 12.26% and 91.8% cell growth inhibition on the MDA-MB231 cells, 3.35% and 87.36% growth inhibition on the MCF7 cells and 2.28% and 92.42% cell growth inhibition on the LNCaP cells at the lowest (1 μ g/ml) and highest (100 μ g/ml) dose respectively after 72 hours. The IC₅₀ was estimated to be 3.408 μ g/ml, 2.064 μ g/ml, 3.371 μ g/ml for MDA-MB231, MCF7 and LNCaP cells respectively.

Conclusion The data indicates the anti-proliferative effects of ethanolic extract of *X. aethiopica* fruits on breast and prostate cancer cells based on its inhibition of cell growth thus highlighting its potential as a therapy against breast and prostate cancer.

WORK- SHOP

Nutrition and Cancer

11:00–12:00

Sunday

22 November

2015

Jackson, Alan

**RECENT FINDINGS ON DIET, NUTRITION, PHYSICAL ACTIVITY
AND CANCER FROM THE CONTINUOUS UPDATE PROJECT**

Jackson, Alan

University of Southampton, United Kingdom

Correspondence Jackson, Alan

Email: A.A.Jackson@soton.ac.uk

The burden of cancer worldwide is projected to double by 2030 to around 23 million cases annually. The major increase will be in economically emergent countries, where access to expensive medical, surgical and radiotherapeutic interventions is of limited availability. This emergent pattern of change places increasing importance and greater emphasis on the need to establish effective approaches to prevention, as outlined in the declaration from the United Nations High Level Meeting on non-communicable diseases in 2011. World Cancer Research Fund (WCRF) has estimated that as much as a quarter to a third of the most common cancers are attributable to excess body weight, physical inactivity and poor diet, making nutrition related variables the most common preventable causes of cancer after smoking. Most regions of Africa are expected to have an increased incidence of cancer because of increasing numbers of people reaching middle and older ages, increasing urbanisation of the population with the nutritional transition from traditional diets to a less healthy pattern of convenience and processed foods, and increased sedentariness with a decrease in usual patterns of physical activity. The pattern of cancers is expected to shift to those directly related to obesity, poor dietary choices and smoking. Recent findings from the WCRF Continuous Update Project (CUP) will be presented and discussed. The CUP is an ongoing project in which the world literature is systematically and critically reviewed to ensure that the best available evidence informs our understanding of the relationships amongst diet, nutrition, physical activity, the risk of cancer and survival. The findings for cancers of the prostate and liver and for survivors of breast cancer will be presented. The available information indicates the extensive opportunities across Africa for further research in this area to better enable experience from the region to contribute to the evidence accumulating within the CUP.

WORK- SHOP

**Pathology
Immunohisto-
chemistry (1)**
09:00–10:30
Thursday
19 November
2015

Jackson, Peter

ESSENTIALS OF TISSUE FIXATION AND PROCESSING FOR IMMUNOHISTOCHEMISTRY

Jackson, Peter

Leeds Teaching Hospitals Trust, United Kingdom

Correspondence Jackson, Peter
Email: nessandpete@hotmail.co.uk

A prerequisite for all histological and immunohistochemical investigations is to ensure preservation of tissue architecture and cell morphology by adequate and appropriate fixation. An ideal fixative should stabilise and protect tissues and cells from the damaging effects associated with subsequent treatment. Fixatives used for this purpose may significantly diminish antibody binding capabilities. For immunohistochemistry prompt fixation is essential to achieve consistent results. Poor fixation or delay in fixation causes loss of antigenicity or diffusion of antigens into surrounding tissues. There is no one fixative that is ideal for the demonstration of all antigens. However, in general, many antigens can be successfully demonstrated in formalin fixed paraffin embedded tissues. The most widely used fixative in diagnostic hospital laboratories are formalin based neutral buffered formalin, formal saline or 10% formalin in tap water being the three most commonly employed for general use. In cases where antigen demonstration is poor, improved immunohistochemical staining may be achieved by the use of specially formulated fixatives. In this presentation advice will be given which may ensure the production of high quality immunocytochemistry in diagnostic hospital laboratories using formaldehyde based fixatives.

WORK- SHOP

Pathology
Immunohisto-
chemistry (1)
09:00–10:30
Thursday
19 November
2015

Jackson, Peter

PRETREATMENT AND PRINCIPLES OF ANTIGEN RETRIEVAL

Jackson, Peter

Leeds Teaching Hospitals Trust, United Kingdom

Correspondence Jackson, Peter
Email: nessandpete@hotmail.co.uk

Formalin is a non coagulant additive fixative and fixes by producing inter and intra molecular cross linkages with certain protein groups. For high quality immunostaining using formalin fixed tissue, the cross linkages must be removed to allow antibody access to their intended antigen. Proteolytic enzyme pre-treatment of formalin fixed paraffin sections was the original tissue unmasking technique. Heat mediated antigen retrieval methods using the microwave oven, pressure cooker and water bath followed subsequently. More recently on board antigen retrieval is performed by many automated immunostaining machines. This presentation will describe antigen retrieval methods and the theories associated with the rationale.

WORK- SHOP

**Pathology
Immunohisto-
chemistry (2)**
11:00–13:00
Thursday
19 November
2015

Jackson, Peter

**PRACTICAL HANDS ON PATHOLOGY IMMUNOCYTOCHEMISTRY
WORKSHOP**

Jackson, Peter

Leeds Teaching Hospitals Trust, United Kingdom

Correspondence Jackson, Peter

Email: nessandpete@hotmail.co.uk Leeds

This workshop will give participants the chance to carry out immunohistochemical staining on paraffin sections using a variety of antigen retrieval methods. The detection method will utilise polymer labelled antibodies and the full session will be “hands on”.

POSTER P060

General Poster

Display

Thursday &

Friday

19 & 20

November

2015

Jacobson, Mark

CHALLENGES IN ESTABLISHING A COMPREHENSIVE CANCER CONTROL AND TREATMENT PROGRAM IN NORTHERN TANZANIA

Jacobson, Mark*¹; Kinabo, Grace²

¹Foundation for Cancer Care in Tanzania, Tanzania; ²Kilimanjaro Christian Medical Centre, Tanzania

Correspondence Jacobson, Mark

Email: mjacobsontz@gmail.com

Objective The Foundation for Cancer Care in Tanzania (FCCT) and the Kilimanjaro Christian Medical Center (KCMC) are cooperating in the development of a comprehensive cancer control and treatment program serving a population of 12 million in the northern zone of the United Republic of Tanzania. The objective of this paper is to share the extensive challenges – cultural, economic, political, anthropological, medical, and managerial, faced in establishing such a program and some of the successful creative solutions found.

Method A multidisciplinary committee was established with FCCT and leadership at the KCMC hospital to:

- unite various departments of the hospital already involved in some cancer care, into a team to lead the creation of a Cancer Care Institute.
- assure that there is a wide spectrum of cancer control including prevention, early detection and treatment, palliative care, and capacity building
- guide the development of the physical campus for the Cancer Institute.
- develop creative mixtures of private, public, and donor resources for ongoing sustainability of the program.

Results The challenges faced in creating a comprehensive cancer institute have been myriad. This addresses these challenges and the teams' approaches to overcoming the challenges. Of particular note are the challenges:

1. Lack of awareness concerning cancer among health care providers at all levels.
2. Limitations in financial support at the government level.
3. Lack of human resource capacity to run a cancer institute.
4. Need for infrastructure.
5. Limited access to palliative care.

Conclusion The FCCT and KCMC team are two years into this process. Much progress has been made and some of the challenges have been addressed. The story of this process will be shared in depth through this presentation.

POSTER P210

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Jalloh, Mohamed

CANCERS DE VESSIE: PARTICULARITES AU SENEGAL

Jalloh, Mohamed*; Niang, Lamine; Ndoye, Medina; Labou, Issa; Diaw, Jane J;
Gueye, Serigne
Hopital General de Grand Yoff, Senegal

Correspondance Jalloh, Mohamed
Email: jmohamed60@yahoo.fr

Resume Décrire le profil épidémiologique et clinique des cancers de vessie au Sénégal.

Matériel et méthodes Il s'agit d'une étude rétrospective, descriptive de tous les cas de cancers de vessie au niveau des services d'urologie de l'hôpital principal et de l'hôpital général de Grand Yoff de janvier 2009 à Janvier 2012.

Résultats Nous avons colligé 133 cas de cancers de vessie dont 97 diagnostiqués à des stades avancés soit 72%. L'âge moyen était de 47 ans (25; 80). Les motifs de consultation étaient dominés par l'hématurie (60,8%) et une masse pelvienne (19,2%). Les antécédents étaient dominés par la bilharziose. Nous avons noté des adénopathies inguinales (6 patients), une hépatomégalie (5 patients), des douleurs osseuses (15 patients). La résection trans urétrale de la vessie était réalisée chez 77 patients dans un délai moyen de 4 mois. L'histologie avait conclu à un carcinome épidermoïde dans 42% des cas, un carcinome urothélial dans 28% des cas et un adénocarcinome dans 9% des cas. La TDM objectivait un envahissement loco-régional chez 18 patients, et des métastases viscérales dans 25 cas.

Conclusion le diagnostic tardif du cancer de vessie est la règle en Afrique avec une mortalité importante. Une meilleure prise en charge passe par l'accessibilité à l'endoscopie pour permettre un diagnostic et prise en charge précoces.

POSTER P061

General Poster

Display

Thursday &

Friday

19 & 20

November

2015

Jalloh, Mohamed

PROSTATECTOMIE RADICALE: RESULTATS FONCTIONNELS ET CARCINOLOGIQUES AU SENEGAL

Jalloh, Mohamed*; Niang, Lamine; Ndoye, Medina; Hounasso, Christian;
Labou, Issa; Gueye, Serigne
Hopital General de Grand Yoff, Senegal

Correspondance Jalloh, Mohamed

Email: jmohamed60@yahoo.fr

Resume Evaluer les résultats fonctionnels et carcinologiques de la prostatectomie radicale por cancer de la prostate, et ressortir les principaux facteurs de risque de récurrence biologique.

Matériel et méthode Nous avons réalisé une étude rétrospective entre 2004 et 2014 sur 64 cas de prostatectomie radicale, parmi lesquelles 31 patients avaient eu un suivi d'au moins 9 mois avec 2 dosages de PSA au minimum. La récurrence biologique a été définie par un taux de PSA supérieur à 0,2ng/ml confirmé par un second dosage. Les facteurs pronostiques de récurrence biologique ont été étudiés en analyse univariée. L'évaluation du résultat fonctionnel a été faite par un interrogatoire sur l'état mictionnel et des érections.

Résultats L'âge moyen de nos patientes était de 61,9 ans (53; 69). Le PSA moyen au moment du diagnostic était de 22,53ng/ml (0,25; 143,1) et le suivi moyen de 52,7 mois (9; 124 mois). Dix patients (32,2%) étaient classés pT3; 9 (29%) avaient une effraction capsulaire et 4 (12,9%) avaient un envahissement ganglionnaire. Une récurrence biologique a été notée chez 11 patients (35,5%) et la récurrence clinique chez 4 patients (12,9%). Le PSA pré thérapeutique, le Gleason sur pièce opératoire, le stade pathologique, l'effraction capsulaire et l'envahissement des vésicules séminales étaient les facteurs pronostiques associés de façon significative à la récurrence biologique. Sur le plan fonctionnel une DE a été rapportée chez 51,6% des patients et 38,7% des patients ne souffraient d'aucun handicap urinaire.

Conclusion Avec un recul moyen de 52,7 mois, une récurrence biologique a été retrouvée chez 35,5% des patients; la DE a été notée chez 51,6% et 38,7% de nos patients n'avaient pas de troubles urinaires.

POSTER P062

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Jamous, Houda

NON-SMALL CELL LUNG CANCER IN NEVER SMOKERS, THE EXPERIENCE OF AN ALGERIAN CANCER CARE CENTER

Jamous, Houda*; Filali, Taha
Cancer Care Center, HUC Ben Badis Constantine

Correspondence Jamous, Houda
Email: dr.h.jamous@gmail.com

Objective To illustrate the presentation, management and outcome of patients with non-small cell lung cancer (NSCLC) among never smokers in our population.

Method A retrospective study of all non-smoker lung cancer patients, managed at the Medical Oncology Service-Constantine, Algeria, between Jan 2005 and Dec 2012, with feedback of one year.

Results We identified 581 patient with NSCLC, 102 (17.6%) have never smoked. Male:Female ratio was 1.76, Median age was 60 years (21–81), Median time to diagnosis was 6 months (1 months–2 years). The most common presenting symptoms were cough (43%), chest pain (36%), dyspnea (25%). Chest scanner performed and positive in 98% of our patients. 30% of specimens were obtained by bronchoscopy, 58% by CT scan guided biopsy, 7% were surgical biopsies. Adenocarcinoma represented 51%, squamous carcinoma 42%, large cell carcinoma 4% and 3% unknown subtype. 58.8% of the patients had stage IV disease, 8.8% stage IIIB, 14.7% stage IIIA, 6.8% stage IIB, 1% stage IIA, 2% stage IB. 10 patients underwent surgical therapy. First line chemotherapy was administered to 88.2% of the patients, with an appropriate PS, and no medical contra-indication. Second line was used in 13.7% and third line in 4.9%. During 2005, 2006 chemotherapy in lung cancer was limited to the etoposid-cisplatin in our center. In 2007 occurred Gemcitabine, in 2008 Taxanes, in 2009 Carboplatin. With Navelbine they became the most used in first, second, and third line. Pemetrexed and Bevacizumab became standard of care in adenocarcinoma subtype in 2012. Mediantime to follow up was 6.8 months: 3.5 years in stage I, 2 years in stage II, 10.5 months in stage III, and 6 months in stage IV. One year survival was 15.7%, survival to 2 years was 5%.

Conclusion Non smokers with lung cancer are no more a minority, adenocarcinoma is the most frequent histological subtype, young females are especially affected. Diagnosis is obtained after a long delay at a late stage. NSCLC is treated similarly in smokers and non-smokers

WORK- SHOP

**Free
Communication
of Abstracts 1**
11:00–13:00
Friday
20 November
2015

Jedy-Agba, Elima E

STAGE AT PRESENTATION OF BREAST CANCER IN SUB-SAHARAN AFRICA- A SYSTEMATIC REVIEW AND META-ANALYSIS

Jedy-Agba, Elima E^{*1}; Dos Santos Silva, Isabel¹; Adebamowo, Clement²; McCormack, Valerie⁴

¹Dept of Non-Communicable Disease Epidemiology, London School of Hygiene and Tropical Medicine, UK; ²Dept of Epidemiology and Public Health, University of Maryland School of Medicine, US; ⁴Section of Environment and Radiation, International Agency for Research on Cancer, France

Correspondence Jedy-Agba, Elima E
Email: elima.jedyagba@gmail.com

Objective Sub-Saharan African (SSA) countries have lower breast cancer (BC) incidence rates than westernised countries, yet they have nearly as high mortality rates from BC owing to poor survival. A systematic review was conducted to examine stage at presentation of BC patients in SSA, and help to make appropriate setting-specific recommendations.

Method We searched MEDLINE, EMBASE, Africa-Wide Information and Web of Knowledge. Studies were eligible if they reported on the distribution of stage at presentation of female BC in SSA, and were published prior to 31 December 2013. Random effects models and meta-regression analyses were used to examine sources of between-study heterogeneity in the proportion of patients presenting with late stage (stages III/IV).

Results 1,255 abstracts were retrieved and 170 identified for full text review; of these, 75 were eligible for the review, comprising 22,4188 women from 17 SSA countries. Information on stage at presentation, predominantly assessed clinically using TNM or Manchester staging criteria, was available for 18,175 (82%) patients. There was wide between-study heterogeneity ($I^2=98\%$; $P<0.001$) in the prevalence of late stage presentation ranging from 34% to 98%, with 57% studies yielding estimates $>70\%$. Meta-regression analysis identified ethnicity, hospital type and mean age as independent determinants of between-study heterogeneity. The reported median tumour sizes were consistent with delays in presentation of 7–24 months after a tumour reached 3cm assuming the average tumour growth rate seen in westernised countries, or with delays of 6–12 months after a tumour is 2cm assuming a faster tumour growth rate in line with the younger age at diagnosis in SSA.

Conclusion Some 70% of BC patients in SSA are diagnosed at late stage, but in certain public sector settings this proportion is as low as 35% in the absence of screening, thus representing a realistic target for BC down-staging and survival improvements in SSA.

LUNCH SESSION

Cultural Issues in Cancer Prevention

13:15–14:15

Wednesday

18 November
2015

Jegede, Ayodele

A MEDICAL SOCIOLOGIST'S PERSPECTIVE AROUND CULTURAL ISSUES IN CANCER PREVENTION AND MANAGEMENT

Jegede, Ayodele
University of Ibadan, Nigeria

Correspondence Jegede, Ayodele
Email: sayjegede@gmail.com

Background Cancer is the second most common cause of death in developed countries with up to 80% of the general cancer toll associated with external factors. Of about 24.6 million people living with cancer (PLWC) worldwide, about 16 million new cases are estimated to be diagnosed yearly by 2020, and 70% of this will occur in developing countries. The pace and process of cancer epidemic varies cross-culturally. Beliefs and values influence perceptions of the meaning, types of treatment, and the likely outcome of prevention and management strategies. Cultural consideration is important for a comprehensive package of primary prevention, effective leadership or governance, health-care interventions, and enhanced surveillance. Generally, little is known about this aspect. This paper examines the social and cultural factors influencing cancer prevention and management.

Method A systematic review of online and print books, journals articles and research reports obtained through PubMed, Africa Journal Online (AJOL), JSTOR, libraries and personal contacts taking into consideration the place, period and focus of the publications. Data were organized and analysed contextually and thematically.

Results People are socialized to a way of life which influence their perception of cancer including the role they play as patients, caregivers and care providers. Also, gender role, communication, care and support, social networking and lifestyle affect cancer prevention and management. Beliefs, taboos, spiritual, myths about cancer, nutritional practices, harmful traditional practices, marriage practices (early marriage especially), patriarchy, and heredity (genetic factor) are cultural factors identified in the literature.

Conclusion Effective prevention and management of cancer is rooted in the cultural context of care provision and care seeking for the disease.

POSTER P211

**General Poster
Display**
Saturday &
Sunday
21 & 22
November
2015

Jerónimo, Jose

DEPTH OF CIN3 LESIONS TREATED IN DEVELOPING COUNTRIES: HOW MUCH ABLATION IS REQUIRED FOR SECURING CURE?

Jerónimo, Jose^{*1}; Taxa, Luis²; Alvarez, Manuel²; Cremer, Miriam³; Felix, Juan⁴

¹PATH, United States; ²Instituto Nacional de Enfermedades Neoplásicas – INEN, Peru; ³Basic Health International, United States; ⁴University of Southern California, United States

Correspondence Jerónimo, Jose

Email: jjeronimo@path.org

Objective Treatment of precancerous lesions of the uterine cervix is evolving from surgical excisional treatments to local ablative procedures. The advantages of ablative treatments are their simplicity, very low rate of complications, and ambulatory provision, even in remote locations. A few studies from developed countries show that the average depth of CIN3 lesions is between 1.24 and 1.35 mm; however, there is a lack of data from cases diagnosed in developing countries where CIN3 is detected late in patients and therefore, the lesions could extend deeper in the epithelium.

Method One hundred diagnosed CIN3 cases treated with conization in the Peruvian Cancer Institute during 2013 and 2014 were randomly selected. The number of histological slides per cone ranged from 8 to 20. Each case was reviewed by a local pathologist and a pathologist from United States. The deepest measurement from each case was recorded.

Results The evaluations will be completed in June 2015 when the two pathologists will meet to evaluate all the cases and discuss any discrepancy. Average depth of the lesions will be calculated in addition to the standard deviation in order to calculate the deepest lesion (mean \pm 3SD). The results will be compared to studies completed in developed countries.

Conclusion Due to the lack of or insufficient population-based screening programs in developing countries, it is expected that CIN3 lesions diagnosed in those countries are larger in extension than lesions diagnosed in developed countries; however, since the basal membrane and the extension of the glands would be equivalent, we do not expect significant difference in the depth of the CIN3 lesions. Complete data will be presented at the AORTIC meeting.

PLENARY

Liver and GIT Cancer

09:10–10:30

Sunday

22 November

2015

Ka, Mamadou Mourtalla

IS ULTRASOUND SURVEILLANCE RELEVANT IN AFRICA?

Ka, Mamadou Mourtalla*¹; Diop, Magatte Madoky²; Toure, Papa Souleymane²; Daveiga, Joao Armindo²

¹Medical Faculty, Thies University Senegal, Senegal; ²UFR Sante Universite de Thies Senegal

Correspondance Ka, Mamadou Mourtalla

Email: mmka@refer.sn

La prévalence du carcinome hépatocellulaire (CHC) est particulièrement élevée en Afrique subsaharienne. Son pronostic est jugé peu favorable avec moins de 5% de survie à 5 ans. L'une des raisons fondamentales de ce mauvais pronostic en est la découverte tardive, alors qu'il est connu pour survenir préférentiellement au cours des hépatites virales chroniques B ou C actives ainsi que les cirrhoses. Dès lors, une surveillance de ces états cliniques par des moyens non invasifs apparaît opportun. Elle est généralement effectuée en couplant l'échographie au dosage de l'Alphafoetoprotéine (AFP). L'objectif de cette surveillance est de détecter des tumeurs de petite taille, accessible à un traitement curatif. Au cours des études de cohortes avec des patients suivis, l'amélioration de la survie ou la réduction de la mortalité pour CHC a été notable et évaluée entre 30 et 60% des séries. La pratique de l'échographie en Afrique est largement répandue. Il s'agit d'un examen simple de réalisation, anodin, et à ce titre peut être répété plusieurs fois sans aucun incident. Il est généralement bien accepté des patients. Cependant, il s'agit d'un examen opérateur dépendant, et est largement tributaire de la qualité de l'appareillage et de la résolution des sondes utilisées. La sensibilité d'un appareillage convenable à détecter une tumeur de 3 cm de diamètre est généralement voisine de 90%. Et, ceci est appréciable. A la question de savoir si le suivi échographique est pertinent en Afrique? La réponse est affirmative, si les conditions suivantes sont remplies.

- Un appareillage de bonne qualité,
- Une formation adéquate des praticiens à la pratique de l'échographie hépatique,
- Un couplage au dosage de l'AFP,
- Une régularité du suivi, à au moins tous les 6 mois.

Le coût de cette surveillance n'a pas été évaluée à notre connaissance dans les populations Africaines à risque. Cependant il nous semble nécessaire de le recommander chaque fois que les conditions le permettent.

WORK- SHOP

**Free
Communication
of Abstracts 4**
16:00–17:30
Friday
20 November
2015

Ka, Sidy

CANCER DU SEIN CHEZ LES FEMMES SENEGALAISES: CORRELATION ENTRE LE POLYMORPHISME DES LOCI BAT-25 ET BAT-26 ET LA SURVIE

Ka, Sidy*; Mbaye, Fatimata; Dem, Ahmadou; Sembene, Mbacke

¹Cheikh Anta Diop University, Senegal

Correspondance Ka, Sidy

Email: sidy.ka@ucad.edu.sn

Objectif déterminer l'impact du phénotype MSI (instabilité des microsatellites) dans les cancers du sein par l'utilisation de deux marqueurs mono-nucléotidiques BAT-25 et BAT-26.

Méthode Soixante (60) patientes atteintes d'un cancer du sein et prises en charge à l'institut de cancérologie de l'hôpital Aristide Le Dantec ont fait l'objet de cette étude. L'extraction d'ADN, la PCR et le séquençage des loci ont été effectués à partir des prélèvements chirurgicaux de tissus cancéreux et du sang total issu des témoins. Les séquences obtenues ont été corrigées et alignées grâce à BioEdit. Une différence de taille ou de motif des loci entre tissus cancéreux et témoins est considérée comme une instabilité. Les tumeurs présentant une instabilité simultanée dans les deux marqueurs sont définies comme MSI-H (MSI-High). Une analyse de corrélation entre l'instabilité des loci et les paramètres clinico-pathologiques a été réalisée avec le test exact de Fisher. Une corrélation entre la durée de survie post-opératoire et le polymorphisme des loci est recherchée avec le test de Kaplan Meir associé au test de log-rank.

Résultats Les patientes présentent un taux de polymorphisme de 89.47% chez BAT-25 et de 70.58% chez BAT-26. Le phénotype MSI-H est retrouvé chez 60.71% des tumeurs. L'analyse corrélatrice de l'impact du polymorphisme des loci révèle que l'instabilité de BAT-25, qui n'est associée à aucun paramètre clinico-pathologique, confère un avantage à une survie post-opératoire; ce qui est également le cas de BAT-26 ($P=0.004$), associée à l'âge des patientes ($P=0.020$; Od: 15.47; IC: 1.08–974.19) mais de manière plus marquée.

Conclusion Cette étude met en exergue, pour la première fois, le rôle prépondérant de la stabilité du marqueur BAT-25 du proto-oncogène c-kit et de l'instabilité du marqueur BAT-26 du gène MSH2, suppresseur de tumeur qui code pour une protéine de réparation des mésappariements, dans la carcinogenèse mammaire.

POSTER P076 (LB)

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Kaabouch, Meryem

INCIDENCE DES CANCERS DE LA THYROÏDE ET EVALUATION DE LA FREQUENCE DE LA MUTATION BRAFV600E DANS LES CANCERS DE LA THYROÏDE A L'HMIMV – RABAT

Kaabouch, Meryem^{*1,2}; Naima Azouzi²; Amélie Boichard⁴; Sifedinne Al Kandry³; Mohammed El Mzimbrî²; Corinne Dupuy⁴; Rabii Ameziane El Hassani^{2,4}; Abderrahmane Al Bouzidi¹

¹Equipe de Recherche en Pathologie Tumorale, Fac. de Médecine et de Pharmacie, Univ. Mohammed V, Souissi, Rabat, et Ser. Anatomie Pathologique, HMIMV, Maroc; ²Unité de Biologie et Recherche Médicale (UBRM), Centre Nat. de l'Energie, des Sc. et Tech. Nucléaires (CNESTEN) Rabat, Maroc; ³Ser. de Chirurgie Viscérale, Hôp. Militaire d'Instr. Mohamed V, Maroc; ⁴UMR 8200, CNRS, Inst. Gustave Roussy, France

Correspondance Kaabouch, Meryem | Email: k.meryem87@gmail.com

Introduction Le Cancer de la thyroïde est le cancer endocrinien le plus fréquent. Son incidence ne cesse d'augmenter dans les dernières années et l'évolution technologique pour détecter des microcarcinomes ne peut pas à elle seule expliquer cette augmentation. Les cancers de la thyroïde sont associés à des altérations génétiques et épigénétiques.

Le gène BRAF (codant pour une sérine thréonine kinase) est fréquemment muté dans les cancers de la thyroïde. 98% des mutations de ce gène concernent le même nucléotide en position 1796 (T1796A). Cette mutation se traduit au niveau de la protéine par le remplacement d'une valine par un acide glutamique en position 600 (V600E). En plus de son rôle dans le diagnostic, la mutation BRAFV600E offre un meilleur pronostic des cancers de la thyroïde. En effet, la mutation BRAFV600E est associée à un caractère agressif. Sa présence est associée à une extension extra thyroïdienne, un stade avancé de la tumeur, des métastases distantes et la présence de nodules lymphatiques.

Objectif L'objet de ce travail est d'évaluer la fréquence des cancers de la thyroïde dans le service d'anatomopathologie de l'Hôpital Militaire d'Instructions Mohammed V (HMIMV) Rabat et d'évaluer la fréquence de la mutation BRAFV600E qui joue un rôle primordial dans le diagnostic et le traitement des cancers de la thyroïde.

L'amélioration de la prise en charge des cancers de la thyroïde doit prendre en considération le diagnostic clinique, histologique et moléculaire. En effet, la thérapie des cancers au niveau international est en train de s'orienter vers une thérapie personnalisée. Une tumeur peut évoluer et répondre différemment aux traitements anticancéreux en fonction de son statut génétique.

Les patients ayant la mutation BRAFV600E peuvent présenter une radiorésistance à la thérapie métabolique et l'introduction de ce biomarqueur génétique dans le diagnostic des cancers de la thyroïde est primordiale pour le choix du traitement approprié à chaque patient.

Matériels et méthode Dans cette étude, nous avons choisi 211 patients à partir des registres et des fiches cliniques disponibles « goitre multinodulaire, inflammations, hyperplasies, adénomes et cancers de la thyroïde) entre Janvier 2009 et Décembre 2012.

POSTER MP061

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Kabbassi, Ibtissam

INTRODUCTION IL A ÉTÉ CONSTATÉ À L'INSTITUT NATIONAL D'ONCOLOGIE UNE AUGMENTATION DU NOMBRE D'EFFETS INDÉSIRABLES CUTANÉS ET RESPIRATOIRES LIÉS AU DOCETAXEL GÉNÉRIQUE

Kabbassi, Ibtissam
Institut Nationale d'Oncologie, Morocco

Correspondence Kabbassi, Ibtissam

Email: ibtissam0580@gmail.com

Introduction Il a été constaté à l'institut national d'oncologie une augmentation du nombre d'effets indésirables cutanés et respiratoires liés au docetaxel générique. En effet en 2014, les génériques du docetaxel ont été introduits au niveau de notre institut. Une moyenne de 75 patients/mois sont traités par docetaxel au département d'oncologie médicale. Etudier les cas d'el cutanés sévères liés au docetaxel à l'institut national d'oncologie.

Matériel et méthode Il s'agit d'une étude prospective observationnelle sur une période de trois mois de 01/06/2015 au 31/08/2015. Incluant tous les patients recevant le docetaxel générique sur la période sélectionnée. L'objectif primaire: Calcul du taux de toxicité cutanée chez les patients recevant le docetaxel à l'INO.

Résultats Seront discutés lors du congrès de l'AORTIC.

POSTER MP048

Moroccan

Poster Room

Friday–Sunday

20–22

November

2015

Kachkach, H; Ejrhom, Y

CANCER DU CANCER A PROPOS DE 258 CAS

Kachkach, H*; Ejrhom, Y*²; Najis, Y; Rabbani, K; Finech, B
Service Chirurgie Generale, Morocco

Correspondance Kachkach, H; Ejrhom, Y

Email: ejrhom.yassine@gmail.com

Le cancer du colon demeure fréquent et grave, il pose un problème de pris en charge thérapeutique. A travers une étude rétrospective, portant sur 258 cas de cancers coliques, nous avons essayé de soulever les difficultés de prise en charge. La période d'étude s'est étalée sur 9 ans, de Janvier 2005 à Décembre 2014. Il s'agit de 168 hommes et 90 femmes avec un sex-ratio de 1,86, l'âge variait entre 16 à 90 ans avec une moyenne de 54 ans. Le délai moyen entre les premiers symptômes et le diagnostic était de 7 mois. Les douleurs abdominales, les hémorragies digestives basses, les troubles de transit et l'altération de l'état général ont constitué les signes les plus fréquents. 96 patients ont été admis dans un tableau d'occlusion aigue (37%). La coloscopie avec biopsies a constitué le premier examen diagnostique (70%). Le colon sigmoïde a constitué la localisation tumorale la plus fréquente avec 150 cas (58%). Tous nos patients présentaient un adénocarcinome. Le bilan d'extension a objectivé 33 cas de métastase hépatique. Le traitement chirurgical a été pratiqué chez 210 malades (81%). Les patients admis dans un tableau d'occlusion, ont subi une colostomie de décharge, parmi ceux (48 cas) ont subi d'une colostomie et chimiothérapie palliative. La chirurgie était considérée curative chez 168 malades. Hémi colectomie gauche: Elle a été réalisée chez 147 malades soit 70%. Dans 42 cas la chirurgie n'était pas curative. Le stade évolutif des tumeurs selon la classification TNM est représenté par: 48 cas de stade I (23%), 51 cas de stade II (24%), 45 cas de stade III (22%) et 66 cas de stade IV (31%). La chimiothérapie a but curatif a été indiquée chez 111 patients (52%) et palliatif dans 90 cas. La durée de surveillance de nos malades a été comprise entre 6 et 36 mois. 234 malades ont pu être suivie en postopératoire (90%). La survie à un an été de 72%. À 3 ans 54%.

Conclusion Le cancer du colon est très fréquente les pays occidentaux.

PLENARY

Pathology

09:10–10:30

Sunday

22 November

2015

Kagan, Jeremy

TELEPATHOLOGY AND EMERGING TECHNOLOGY FOR RESOURCE CHALLENGED ENVIRONMENTS: IMPROVING CANCER TREATMENT OUTCOMES WITH A REMOTE TELEPATHOLOGY TECHNOLOGY FOR AFRICA

Kagan, Jeremy

MMT Diagnostics, United States

Correspondence Kagan, Jeremy

Email: jeremy.kagan@mmtiagnostics.com

This talk will present an innovative technology that enables physicians to connect with each other and reach consensus on difficult diagnoses in minutes rather than days or weeks, so that they can get patients started on correct treatment plans in a timely manner and improve outcomes.

This real-time digital pathology technology is web based and provides access via any web capable device- including smartphones- in bandwidth challenged environments. For resource challenged environments, the technology facilitates cost effective anatomic pathology services through an online network of pathologists that raises the level of medical care and improves local medical training and education.

This technology address the expanding acute shortage of pathologists worldwide. With cancer rates rising in step with life expectancies among growing populations, this is a unique tool to help improve treatment outcomes.

Case studies and a live demonstration of the system (www.pathx.net) will be presented together with opportunities for conference attendees to register as users for trial accounts. Conference attendees can also sign-up for trial account prior to the conference at www.mmtiagnostics.com.

POSTER P064

**General Poster
Display**
Thursday &
Friday
19 & 20
November
2015

Kaimila, Bongani

CHARACTERISTICS AND SURVIVAL FOR HIV-ASSOCIATED MULTICENTRIC CASTLEMAN DISEASE IN MALAWI

Kaimila, Bongani^{*1}; Liomba, George N.¹; Kampani, Coxcilly¹; Krysiak, Robert¹; Fedoriw, Yuri²; Gopal, Satish³

¹University of North Carolina Lilongwe Project, Malawi; ²University of North Carolina, United States; ³Lineberger Comprehensive Cancer Center, Chapel Hill, United States

Correspondence Kaimila, Bongani

Email: bkaimila@unclilongwe.org

Objective Reports of multicentric Castleman disease (MCD) from sub-Saharan Africa (SSA) are scarce despite high prevalence of HIV and Kaposi sarcoma-associated herpes virus (KSHV). To our knowledge, this is the first HIV-associated MCD case series from the region.

Method We describe characteristics and survival for HIV-infected patients with MCD in Lilongwe, Malawi, and compare to HIV-associated lymph node Kaposi sarcoma (KS) and non-Hodgkin lymphoma (NHL). All patients were enrolled into a prospective longitudinal cohort study at a cancer referral center serving half of Malawi's 16 million people. We included adult patients ≥ 18 years with HIV-associated MCD (n=6), lymph node KS (n=5), or NHL (n=31) enrolled between June 1, 2013 and January 31, 2015.

Results MCD patients had a median age of 42.4 years (range 37.2–51.8). All had diffuse lymphadenopathy and five had hepatosplenomegaly. Concurrent KS was present for one MCD patient, and four had performance status ≥ 3 . MCD patients had lower median hemoglobin (6.4 g/dL, range 3.6–9.3) than KS (11.0 g/dL, range 9.1–12.0, $p=0.011$) or NHL (11.2 g/dL, range 4.5–15.1, $p=0.0007$). Median serum albumin was also lower for MCD (2.1 g/dL, range 1.7–3.2) than KS (3.7 g/dL, range 3.2–3.9, $p=0.013$) or NHL (3.4 g/dL, range 1.8–4.8, $p=0.003$). All six MCD patients were on ART with median CD4 count 208 cells/ μ L (range 108–1146), and all with HIV RNA <400 copies/mL. Most KS and NHL patients were also on ART, although ART duration was longer for MCD (56.4 months, range 18.2–105.3) than KS (14.2 months, range 6.8–21.9, $p=0.039$) or NHL (13.8 months, range 0.2–98.8, $p=0.017$). Survival was poorer for MCD patients than lymph node KS or NHL with Kaplan-Meier 6-month survival estimates of 30%, 100%, and 62% respectively ($p=0.074$).

Conclusion HIV-associated MCD occurs in Malawi, is diagnosed late, and associated with high mortality. Improvements in awareness, diagnostic facilities, treatment, and supportive care are needed to address this.

WORK- SHOP

**Free
Communication
of Abstracts 7**
11:00–12:00
Sunday
22 November
2015

Kale, Pheladi

THE RESEARCH NURSE EXPERIENCE; REASONS FOR DELAYED PRESENTATION

Kale, Pheladi*; Mokwatle, Gloria
National Health Laboratory Services, National Cancer Registry,
Cancer Epidemiology Research Group, South Africa

Correspondence Kale, Pheladi
Email: pheladi.kale@nhls.ac.za

Objective Patients with cancer often have a delayed presentation at oncology centers. A better understanding of the reasons was sought at an oncology setting of a tertiary hospital in South Africa.

Method Nurses participating in cancer research were able to report on their personal experiences from having interviewed cancer patients at Charlotte Maxeke Johannesburg Academic Hospital (CMJAH). This experience was gained from having interviewed over 10,000 cancer patients for a separate case control study.

Results The most common factor reported to the interviewing nurses for late presentation was that they were being turned back at local clinics at their first complaints. The next reason reported for delayed presentation was not being able to afford to attend clinic/hospital as regularly as advised. There were a number of patients that believed in initially following cultural/traditional methods of cancer treatment. Another factor that contributed was patients did not acknowledge the seriousness of the disease and denial, such that patients did not take the diagnoses seriously. Sometimes there is denial of a cancer diagnosis where there had been no previous cancer diagnosis in the family. A few patients were not given a follow-up date after investigations or were told that their tests results were lost.

Conclusion We recommend that patients should be encouraged to attend regular information sessions and find health support groups near their places of residence. Community awareness, outreach and education should be carried out even though there are still challenges. Media could play an important role in dissemination of health issues. A formal project and structured interview designed to understand the degree each of these variables influence diagnostic delay in cancer patients is required. The input from the research nurses on the questionnaire design will be vital.

POSTER P212

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Kamate, Bakarou

STATUT HORMONAL ET PRONOSTIC DES CANCERS DU SEIN DIAGNOSTIQUES A BAMAKO

Kamate, Bakarou*; Traore, Cheick B; Kéita, Mamadou L; Coulibaly, Bourama; Mallé, Bréhima; Ly, Madani

¹CHU du Point G, Anatomie et Cytologie Pathologique, Mali

Correspondance Kamate, Bakarou

Email: kamatebak@yahoo.fr

Objectif Notre étude avait pour but de décrire les aspects épidémiologiques, histopathologiques et hormonaux des cancers du sein à Bamako.

Méthode Nous avons mené une étude transversale portant sur 273 cancers du sein. L'étude a été faite de 2012 à 2014 dans le service d'anatomie et de cytologie pathologiques du C.H.U. du Point G. Le diagnostic de cancer du sein a été fait à l'histologie standard. Les récepteurs oestrogéniques (RE), progestéroniques (RP), et Her2 ont été détectés par méthode immunohistochimique. Les données ont été analysées à l'aide du logiciel SPSS 17.0.

Résultats La moyenne d'âge des patients était de $46,72 \pm 12,67$ ans, avec des âges extrêmes de 8 et 85 ans. Le sexe masculin représentait 2%. La mastectomie avec curage ganglionnaire a été réalisée dans 45,6% des cas. Dans les autres cas, il s'agissait de tumorectomie, de mastectomie simple ou de simple biopsie pour la confirmation du diagnostic des cas métastatiques. Le carcinome canalaire infiltrant était prédominant avec un taux de 87%. Le grade II selon SBR était le plus représenté (65,28%). La majorité des patients (80%) avait un envahissement ganglionnaire. La positivité des récepteurs RE, RP et Her2 était respectivement de 53,8%, 50% et 15,4%. Le sous-type histologique RE+/RP+/Her2- était majoritaire (34,6%), suivi du triple négatif avec un taux de 15,4% des cas.

Conclusion Cette étude confirme l'âge jeune des patients atteints de cancer du sein. Le stade tardif du diagnostic et le statut hormonal (triple négatif) élevé, constituent des facteurs de mauvais pronostic. Une sensibilisation doit être faite pour améliorer le diagnostic précoce.

WORK- SHOP

**Free
Communication
of Abstracts 6
16:00–17:30
Saturday
21 November
2015**

Kampani, Coxcilly

COLLABORATIVE TELEPATHOLOGY ENHANCES DIAGNOSIS OF LYMPHOPROLIFERATIVE DISEASES IN MALAWI

Kampani, Coxcilly*¹; Liomba, George¹; Krysiak, Robert¹; Montgomery, Nathan²; Fedoriw, Yuri²; Gopal, Satish¹

¹UNC Project, Malawi; ²UNC Chapel Hill, United States

Correspondence Kampani, Coxcilly

Email: ckampani@unclilongwe.org

Objective Lymphoproliferative diseases are increasing in sub-Saharan Africa (SSA). Diagnosis and research have been hindered by few laboratory resources and trained pathologists. We describe our experience using collaborative telepathology to enhance diagnostic services in Lilongwe, Malawi.

Method In July 2011, a pathology laboratory staffed by a senior Malawian pathologist was established in Lilongwe to support clinical care and research. The laboratory performs routine histopathology, cytology, and a limited immunohistochemistry (IHC) panel (CD3, CD20, CD30, CD138, Ki67, p16 ER, PR, Synaptophysin, TdT, LANA). Since 2013, a weekly telepathology conference using a whole slide scanned imaging system has been conducted between clinicians and pathologists in Malawi and the US to arrive at consensus “real-time” diagnoses. Direct smears and tissue blocks are then shipped to the US for secondary review and further immunophenotypic and molecular characterization.

Results Fifty-one lymphoproliferative disorders diagnosed by tissue biopsy in real-time have undergone secondary review. Minor discordances were diagnostic revisions of diagnosis that would not change treatment in Malawi, and major discordances were revisions that would lead to change in treatment. Using this framework, 90% of real-time diagnoses in Malawi were concordant with the diagnosis rendered on final US review. Minor (4%) and major (6%) discordances were uncommon. Among adult cases with final diagnoses rendered in the US, 56% of patients were HIV+ and 44% HIV-. Mean age (46.6 vs. 41.7, $p = 0.26$) and male:female ratio (3.0:1 vs 1.8:1, $p = 0.43$) were similar between HIV+ and HIV- patients. Lymphoproliferative disorders in HIV+ patients were more likely high grade B-lineage lymphomas (80% vs 36%, $p = 0.015$) and less likely NK- and T-cell lymphomas (0% vs 25%, $p = 0.008$).

POSTER P065

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Kane, Racine

PARTICULARITES CLINIQUES ET LIMITES THERAPEUTIQUES DU CANCER DU TESTICULE AU SENEGAL

Kane, Racine
Hopital Principal Dakar, Senegal

Correspondance Kane, Racine
Email: donekane2008@yahoo.fr

Etudier les particularités cliniques et les limites thérapeutiques de la prise en charge du cancer du testicule au Sénégal.

Patients et méthode Cette étude, rétrospective, était menée sur une période de 15 ans de Janvier 1997 à Janvier 2012. Vingt-deux dossiers étaient colligés mais 17 étaient exploitables.

Résultats L'incidence annuelle moyenne était de 1,13 cas par an. L'âge moyen des patients était de $27 \text{ ans} \pm 9,5$. La tranche d'âge la plus concernée était celle de 21 à 40 ans. Les circonstances de découverte étaient dominées par la grosse bourse (10 cas) et en cas de vacuité scrotale, la masse abdominale ou pelvienne (7 cas). L'orchidectomie a été le principal geste thérapeutique. Elle a été réalisée par voie inguinale haute (8 patients) et par voie trans-péritonéale (7 patients). Sur le plan histologique, nous avons noté une prédominance des tumeurs germinales non séminomateuses avec 10 cas de carcinome embryonnaire dont un cas de type infantile. En post opératoire, 7 cas de progression avaient été notés dans le suivi: 3 cas de carcinose péritonéale, 3 cas d'envahissement locorégionale avec des adénopathies rétropéritonéale et 1 cas de métastase pulmonaire. Avec un recul moyen de 6 mois, 9 patients étaient décédés, 4 étaient perdus de vue et les 4 autres étaient vivants.

Conclusion Notre étude permet de voir que le diagnostic en Afrique du cancer du testicule est encore posé à des stades très évolués et que les localisations abdomino-pelviennes y occupent une place non négligeable. Il s'agit de formes cliniques qui nécessitent un recours à la chimiothérapie dont le coût est hors de portée des patients. L'absence de radiothérapie, assombrit encore le pronostic de ce cancer.

WORK- SHOP

**Free
Communication
of Abstracts 8
11:00–12:00
Sunday
22 November
2015**

Kapambwe, Sharon

PROCESS OF SCALING UP CERVICAL CANCER SCREENING SERVICES TO NATIONAL LEVEL IN ZAMBIA

Kapambwe, Sharon*¹; Mwanahamuntu, Mulindi²; Mkumba, Gracilia²; Chisele, Samson²; Parham, Groesbeck³; Chizema, Elizabeth⁴

¹Centre for Infectious Disease Research in Zambia, Zambia;

²University Teaching Hospital, Zambia; ³University of North Carolina, Zambia;

⁴Ministry of Health, Zambia

Correspondence Kapambwe, Sharon

Email: skapambwe@yahoo.com

Objective To scale up the see and treat cervical cancer screening programme from project to a national programme

Methods The operations of the cervical cancer screening programme in Zambia having been reported in previous manuscripts. The first phase of scaling up was a multi stakeholder consultative meeting. The meeting aimed at discussing scale up plans of cervical cancer screening service. Scaling up started in tertiary, provincial and selected district hospitals in all provinces to ensure good referral system. Site assessment visits were conducted at least one month prior to opening of a new site. Partners were responsible for training, mentoring and purchase of startup equipment and supplies.

Results Over 200,000 women screened cumulatively, 236 nurses trained in public sector, 40 screening clinics in the public sector and 25 referral clinics for management of complex cervical lesions. Each province has a cervical cancer focal point person. HPV vaccination demonstration project and National Cancer Control Strategic Plan have had the foundation in the screening programme. MoH plans to establish the office of coordinator for cancer prevention currently a seconded position, to spearhead cancer prevention services.

Conclusion caling up cervical cancer screening is feasible in a developing country. It requires coordination, sustainability built in from the start and consultation with the implementing teams on the ground as well as the national level leadership for ownership.

WORK- SHOP

Colposcopy

11:00–13:00

Wednesday

18 November

2015

Keita, Namory

CHALLENGES AND OPPORTUNITIES FOR CERVICAL CANCER SCREENING, COLPOSCOPY AND TREATMENT IN AFRICA

Keita, Namory

Université de Conakry, Guinée

Correspondence Keita, Namor

Email: namoryk2010@yahoo.fr

Résumé Le cancer du col est et demeure en Afrique et dans la plupart des pays en développement un problème majeur de santé publique. Quatre-vingt-trois pour cent des cas dans le monde s'y produisent. De plus le cancer du col Y représente 15% des cancers féminins, comparativement à seulement 3,6% dans les pays développés. En 2010, l'Organisation mondiale de la Santé a estimé que près de 75 000 femmes ont été diagnostiquées avec un cancer du col utérin dans la région Africaine, avec plus de 50 000 qui en sont mortes. Malgré ce lourd fardeau de la maladie en Afrique, très peu de mesures de santé publique coordonnées ont été mises en place pour lutter contre la maladie de façon organisée. Les défis face au contrôle du cancer sont multiples: difficulté de mesurer dans les pays l'ampleur réelle du problème, difficulté d'assurer le diagnostic, insuffisance d'accès au traitement très important. L'une des raisons majeures de toutes ses difficultés est l'insuffisance notoire de personnels formés à la prise en charge du cancer. Des études récentes montrent que Les nouvelles stratégies de dépistage du cancer du col utérin: ADN HPV testing, et d'inspection visuelle suivi ou non de colposcopie moins onéreuses et qui produisent des résultats plus rapides, avec référence appropriée des femmes requérant des traitements et soins plus complexes, pourraient bien, pour la première fois, rendre possible le dépistage à grande échelle dans la plupart des pays Africains qui vont en exprimé la volonté.

POSTER MP062

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Khalil, Jihane

FIVE YEARS' EXPERIENCE TREATING LOCALLY ADVANCED CERVICAL CANCER WITH CONCURRENT CHEMORADIOTHERAPY: RESULTS FROM A SINGLE INSTITUTION

Khalil, Jihane*; Elkacemi, Hanan; Bnoulaïd, Meryem; Kebdani, Taib;
Benjaafar, Noureddine
National Institute of Oncology, Morocco

Correspondence Khalil, Jihane
Email: jihane.khalil@gmail.com

Objective In Morocco, cervical cancer is the second most common gynecological cancer. Our department recruits more than 500 patients each year and proximally half of the cases are diagnosed at an advanced stage. The main objective of our work was to evaluate outcomes of locally advanced cervical cancer treated with concurrent chemoradiation.

Patients and methods Between January 2008 and December 2008, all patients diagnosed with locally advanced cervical cancer and treated with concurrent chemoradiotherapy in the national institute of oncology in Rabat were retrieved. We analysed overall survival, local control, treatment related toxicities and prognostic factors influencing outcomes for this population.

Results Mean age was 47.7 (range 26–78 years). The most common presenting symptom was vaginal bleeding (298 patients, 98.3%). 28% of the patients were staged as IIB, and stages IIIA, IIIB, IVA were found in 20%, 45% and 7% of the cases. Radiotherapy was delivered either as a combination of external beam radiation therapy (EBRT) and brachytherapy or as EBRT alone when Brachytherapy was not feasible. 58% of the studied cohort ended up receiving a total dose of 70 Gy with the combination of EBRT and brachytherapy, while 42% received the same dose with EBRT alone. The overall survival rate for the cohort was 68% at 2 years, and reached 47% at 5 years. The overall LC rate was 71% at 2 years and 58% at 5 years. The most important prognostic factors for OS and LC were the pretreatment hemoglobin, tumor size, total duration of treatment, and the use of brachytherapy. For OS, the presence of enlarged lymph nodes was also important. While, the number of chemotherapy's courses had a significant impact on LC.

Conclusion The results of our study have shown that despite the available treatment strategies, locally advanced cervical cancer is associated with low outcomes. The best approach in the management of cervical cancer would be its early diagnosis.

POSTER MP063

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Khalis, Mohamed

LES CARACTÉRISTIQUES BIOLOGIQUES DU CANCER DU SEIN CHEZ LES FEMMES DE LA RÉGION DE FÈS-MAROC: ÉTUDE RÉTROSPECTIVE

Khalis, Mohamed*¹; Abbass, Fouad¹; Charaka, Hafida¹; Benslimane, Abdelilah¹; Mellas, Nawfel²; El Rhazi, Karima¹; Nejari, Chakib¹

¹Laboratoire d'Épidémiologie, Santé Communautaire et Recherche Clinique, Faculté de Médecine et de Pharmacie, Fès, Morocco; ²Service d'Oncologie Médicale, CHU Hassan II de Fès, Morocco

Correspondance Khalis, Mohamed

Email: khalis.mohamed79@gmail.com

Objectif Dans de nombreux pays, y compris dans les pays en développement, le cancer du sein devient un problème croissant de santé publique. Dans les pays en développement, il présente en outre des caractéristiques épidémiologiques qui diffèrent de celles observées dans les pays occidentaux: l'âge d'apparition est plus jeune, la maladie est plus agressive et certaines formes rares du cancer du sein sont plus fréquentes. L'objectif de cette étude était de décrire le profil biologique du cancer du sein dans la région de Fès-Maroc.

Méthode Il s'agit d'une étude rétrospective réalisée au CHU Hassan II de Fès. Les données étaient extraites des registres médicaux pour 358 patientes admises pour un cancer du sein au centre de consultation d'oncologie entre février 2014 et avril 2015. Pour chaque cas les données suivantes ont été relevées: âge, type histologique, grade histopronostique de Scarff, Bloom et Richardson (SBR), taille tumorale et statut des récepteurs hormonaux (RE et RP), et l'oncoprotéine HER2. Nous avons distingué 4 groupes moléculaires: luminal A, luminal B, Her2-positif et triple négatifs.

Résultats L'âge moyen des patientes était de 50,1 ($\pm 11,4$) ans. La taille tumorale moyenne était de 2,9 ($\pm 2,5$) cm. Le carcinome canalaire infiltrant était le type histologique le plus fréquent (88,2%), suivi du carcinome lobulaire infiltrant (3,6%) et du carcinome métaplasique (2,2%). Les tumeurs étaient de grade II de SBR dans 53,6% des cas, et de grade III de SBR dans 27,9% des cas. Pour la classification moléculaire, 52,7% des tumeurs étaient du groupe luminal A, 18,47% étaient du groupe luminal B, 11,4% étaient du groupe Her2 positif et 17,9% étaient du groupe triple négatifs.

Conclusion Les résultats de cette étude permettraient de mieux orienter les politiques de dépistage et de prise en charge du cancer du sein au Maroc. Des recherches complémentaires sont nécessaires pour bien déterminer la spécificité du profil de cancer du sein au Maroc.

POSTER P066

**General Poster
Display**
Thursday &
Friday
19 & 20
November
2015

Khan, Shiraz

UTILISATION OF FINE NEEDLE ASPIRATION AT KAMUZU CENTRAL HOSPITAL

Khan, Shiraz^{*1}; Liomba, George²; Stanley, Christopher²; Hosseinpour, Mina²; Rosenberg, Nora²; Mukunda, Bal³

¹UNC Project Malawi, Malawi; ²University of North Carolina Project Malawi;

³Kamuzu Central Hospital, Bhutan

Correspondence Khan, Shiraz

Email: skhan@unclilongwe.org

Objective Fine Needle Aspiration Cytology (FNAC) has been widely accepted to be a safe, accurate, prompt and inexpensive procedure for diagnosis of both neoplastic and infectious diseases in both the adult and pediatric population. Despite its value for diagnosis, FNAC is underutilized in resource limited countries and understanding factors associated with its limited use are vital in encouraging its widespread use.

Method A retrospective review of all FNAC performed at KCH laboratory during the period of January 2012 to July 2014 using an electronic database from KCH laboratory. Odds ratios for diagnostic test were calculated using logistic regression.

Results 751 FNAC were reviewed from 722 patients: 56.9% were adults >15 years and 53% were female. Most samples (75%) were diagnostic. The number of FNAB increased annually from 56 (2012) to 380 (2013) to 315 (in the first half of 2014). Of 751 FNAC, 56% were performed by non-pathologists. The most common sites were lymph nodes (38.1%), abdomen (25.8%), breast (16.3%), and head & neck (16.3%). FNABs performed by pathologists were more likely to be diagnostic than if performed by non-pathologists (OR 1.7, 95% CI 0.9–12.5). FNABs were more likely to be diagnostic in 2014 than 2012 (OR=2.3, 95% CI 1.2–4.3). When a FNAB was performed on a deep lesion a diagnostic result was more likely than on subcutaneous lesion (OR 1.7, 95% CI 1.1–2.5). The odds of a diagnostic test were not different between genders, HIV status or age groups.

Conclusion Most FNABs performed were successfully able to diagnose disease. However, better training is needed for non-pathologists.

POSTER P216

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Kheira, Rekai

HER 2-POSITIVE METASTATIC BREAST CANCER RESISTANT TO TRASTUZUMAB: A RETROSPECTIVE STUDY

Kheira, Rekai*¹; Djamila, Yekrou²; Fatima Zohra, Boudinar³; Amel, Zemmour³; Blaha, Larbaoui³

¹Faculty of Medicine, Algeria; ²Medical Oncology Department CHU Sidi Bel Abbes, Algeria; ³Anticancer Center Medical Oncology Department, Algeria

Correspondence Kheira, Rekai

Email: rekai kheira@yahoo.fr

Introduction Lapatinib (L) is the standard treatment for HER2-positive MBC in combination with chemotherapy capecitabine, and in combination with endocrine therapy aromatase inhibitor (AI) letrozole. The aim in this study to analyse progression free survival, objective response and to evaluate effectiveness safety and tolerance of Lapatinib in MBC HER2.

Method We retrospectively reviewed all patients with HER2+ MBC or locally advanced breast cancer who received Lapatinib with chemotherapy or endocrine therapy (more than 03 cycles) between January 2010 and December 2013.

Results We identified 18 patients treated from January 2010 and December 2013. Median age was 55 years (range 40–71). All patients had invasive ductal histology. All tumours were HER2+ by immunohistochemistry and 45% were HR positive. Other patients' characteristics were: no prior trastuzumab 45% (n=8), Lapatinib in first line 33% (n=6), visceral involvement 44%, combination Lapatinib with capecitabine 50% (n=9). Median time of Lapatinib administration was 7 months (range 4–35). Adverse events: G1/2: neutropenia 16%, diarrhoea G2 17%, asthenia G2 22%, Rash G1/2 22%, hand-foot syndrome G1/2 39%, LVEF "decline 10%" 11% (n=2). Efficacy: objective response rate 22%, CR 0%, PR 22%, SD 39%, PD 39%. Median progression-free survival was 13 months (95% CI: 6–19)

Conclusion Combination Lapatinib with CET improved PFS, and control disease.

Discussion Our experience is a retrospective study with a small sample. Lapatinib with different combinations were made disease control in 61% No severe toxicity (G3 and G4).

POSTER P217

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Khoali, Lerato

PRIMARY SITE UNKNOWN IN SOUTH AFRICAN PATHOLOGY BASED NATIONAL CANCER REGISTRY

Khoali, Lerato^{*1}; Kellett, Patricia²; Rasoaisi, Dikeledi²; Singh, Elvira²

¹National Health Laboratory Services, South Africa; ²National Cancer Registry, South Africa

Correspondence Khoali, Lerato

Email: lerato.khoali@nioh.nhls.ac.za

Objective Primary Site Unknown (PSU) is a case where malignancy is detected, but the site of origin cannot be determined. In the South African Pathology based National Cancer Registry (NCR) PSUs account for about 5–6% of cancers reported. The aim of this study was to determine the reasons for the high PSU rate in the NCR database.

Method A sample of 183 NCR PSU histology reports for 2007 were assessed. Cytology reports were excluded due to lack of patient follow-up reports and inadequate detail on reports. The remaining reports were categorized according to ICD-O major morphology groups. The reports were then reviewed to allocate primary site to as many reports as possible. For reports that remained as PSU reasons were allocated such as:

1. Metastatic site biopsied.
2. Pathologist usage of uncertain terms.
3. Inadequate specimen or biopsy.

Results Of the 183 PSUs, 6% could be allocated specific primary sites. These reports were previously assigned PSU due to coding errors. 172 reports remained as PSU. Of these, 24% were due to pathologist uncertain terms; 1% due to inadequate specimen biopsied and 69% were due to a biopsy of poorly differentiated cancer cells found at metastatic sites such as lung, brain, lymph nodes, bones or other metastatic sites.

Conclusion This study showed that over 90% (172/183) of PSU cancers were poorly differentiated cancers that were biopsied at metastatic sites and therefore correctly classified as PSU. Presently, NCR is in a process of establishing a population based registry which could decrease PSU numbers, as clinical reports can be linked to data of patients with PSU, assisting to locate primary site of the cancer. The NCR could also raise the impact and concerns around the use of ICD-O and ambiguous terminology to pathologists as part of ongoing roadshows.

WORK- SHOP

**Free
Communication
of Abstracts 2**
11:00–13:00
Friday
20 November
2015

Khoubila, Nisrine

PAIN MANAGEMENT IN CHILDREN WITH CANCER IN MOROCCO: PARENT AND PATIENT SURVEY

Khoubila, Nisrine*¹; Hessissen, Laila²; Elmoudden, Loubna²; Maani, Khadija³; Benmiloud, Sara⁴; Elhoudzi, Jamila⁵; Khattab, Mohammed⁷; Khattab, Mohammed²

¹CHU Ibn Rochd, Casablanca, Morocco; ²Pediatric Oncology, Rabat, Morocco;

³Pediatric Oncology, Casablanca, Morocco; ⁴Pediatric Oncology, Fès, Morocco;

⁵Pediatric Oncology, Marrakech, Morocco

Correspondence Khoubila, Nisrine

Email: khoubilaniss@yahoo.fr

Objective To improve the quality of pain management in Moroccan pediatric oncology, a first program was developed in 2005 through the My Child Matters (MCM) initiative. To consolidate the achievements and to roll out the program to other PO units, a new project has been initiated on 2014 by The Moroccan Society of Pediatric Hematology/Oncology with the support of the Lalla Salma Foundation for Prevention and Treatment of Cancer.

Method To assess the current situation of pain management in Moroccan pediatric oncology a parent/patient and healthcare providers surveys were conducted.

Results Eighty one caregivers were assessed. Seventy nine (90%) of them were using morphine, 17 (20%) have protocols and policies of pain management, 13 (17%) documented pain management in chart, 71 (88%) were poorly satisfied of pain management in their unit and all of them requested training. The second survey covered 156 children with cancer from the five Moroccan pediatric oncology units. Among them 150 suffered from pain (96%), 85 related to the disease, 46 related to procedure and treatment and 19 related to both. Pain was severe in 82 cases (55%) and the majority reported to doctors about pain. Procedural pain was mainly related to lumbar puncture and bone marrow aspirate. Sixty-seven patients (48%) received medication to prevent procedural pain. Majority of patient/ parents reported an impact on their emotional, physical and social functioning. Majority of parents requested information and communication about pain management.

Conclusion The MCM program allowed us to develop educational materiel and to overcome our reluctance to prescribe morphine. The ongoing project includes continuous education, training, policies and procedure development. We will reconduct the same surveys after the full implementation of the program to assess its impact.

POSTER MP064

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Khoubila, Nisrine

CYTOGENETIC PROFILE OF ACUTE MYÉLOBLASTIC LEUKAEMIA IN YOUNG ADULTS [20–60 YEARS], TREATED ON A UNIFORM PROTOCOL ON CASABLANCA, MOROCCO

Khoubila, Nisrine*¹; Hda, Nezha²; Lamchaheb, Mouna²; Quessar, Asmaa²
¹CHU Ibn Rochd, Casablanca, Morocco; ²Laboratoire Hda, Morocco

Correspondence Khoubila, Nisrine
Email: khoubilaniss@yahoo.fr

Objective We analysed the cytogenetic characteristics of a large population of adults with de novo AML in Casablanca who had a cytogenetic study.

Method From 25/1/04 to 1/12/10, eligible patients aged between 21 and 60 years old with de novo AML were included on the AML-MA2003 protocol at a single centre. Were excluded patients with APL, secondary AML and AML with Myé lodysplasia. AML was classified into seven subtypes M1 to M7 by the FAB classification. Cytogenetic analysis was done at diagnosis. Twenty cells should be analysed, although examination of lower numbers of metaphases was also acceptable if the abnormal clone or clones are detected. We separate our cytogenetic findings into three broad prognostic categories: favourable, intermediate and adverse.

Results 914 patients with AML were followed in our department. 583 patients were aged between 21 and 60 years. Seventy patients were excluded, 35 of them had APL. 513 patients aged between 21 and 60 years old, with de novo AML, were included to the AML-MA protocol. There were 273 (53%) male and 240 (47%) female. Sex ratio M/F was at 1,1. The mean of age was 40 years old. AML subtype 1 was the most frequent in 179 (35%) patients. Karyotype was done in 435 (85%) patients and cytogenetic analysis failed in 14 cases (3%). Seventy eight (15%) patients didn't had a cytogenetic study because of the cost of this laboratory test. 421 patients with cytogenetic analysis results were eligible. 75 (18%) were classified in the favourable group, 65 (15%) had t(8;21) and 10 (2%) had inv16. 285 were in the intermediate group, 40% had a normal caryotype and 66 (15%) were in the adverse group.

Conclusion The data highlights the importance of caryotype as an independent prognostic factor in AML, which is necessary for stratified treatment approach. Our cytogenetic profile reveals some particularities: The high range of t(8,21) at 15% probably due to the age of our patients and a majority of intermediate group (67%).

WORK- SHOP

Radiation and Chemotherapy

(2)

16:00–17:30

Friday

20 November
2015

Kigula-Mugambe, Joseph

AFROG: STRATEGIES TO IMPROVE RADIOTHERAPY IN AFRICA

Kigula-Mugambe, Joseph

AFROG: African Radiation Oncology Group, Uganda

Correspondence Kigula-Mugambe, Joseph

Email: jbkigula@yahoo.com

Introduction The African Radiation Oncology Group (AFROG) is a “not-for-profit” health professionals association of professionals in radiation oncology (RO) in Africa with the 1st scientific conference was in 2001 and every 2 years since then. Initially only for ROs and medical physicists (MPs) but since 2012 other professionals in RO including RTTs, technicians, oncology nurses and radiotherapy engineers have attended.

Objective The aim is to promote all the professions dealing with RO on the African continent through:

4. Promotion of co-operation and communication between Professionals in RO in the region
5. Promotion and improvement of the training of professionals in RO and MP.
6. Promotion of research and development in the field of RO, MP and RTT techniques and associated practices.
7. Organization and/or sponsorship of international conferences, regional and other meetings or courses
8. Collaboration and/or affiliation with other scientific organisations with similar or related objectives.

Achievements Seven regional conferences have been held bringing together 50–100 ROs and MPs in Africa. They have shared original research carried out in Africa and a platform for continuous professional development. Through these an important bridge has been built between the RO professionals, health care clients and policy makers leading to an improvement in the standards of care and research in RO. A newsletter and website www.theafrog.com have improved on the networking of members.

Challenges The main challenge is competing priorities of the members and limited time that the members can invest in AFROG due to the busy schedules of the members. It provides a critical component in the development of radiotherapy in Africa by providing networking for cancer specialists and offering a platform to share scientific research and continuous professional education in the discipline of radiotherapy.

POSTER P218

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Kingham, T. Peter

DEVELOPING A PROSPECTIVE CANCER DATA COLLECTION CONSORTIUM IN NIGERIA

Kingham, T. Peter^{*1}; Alatise, Olusegun²; Katung, Aba³; Olatoke, Samuel⁴;
Adeyeye, Adenika⁴; Olaofe, Olajejinde⁵

¹Memorial Sloan Kettering Cancer Center, United States; ²Obafemi Awolowo
University Hospital, Nigeria; ³Federal Medical Center Owo, Nigeria;

⁴University of Ilorin, Nigeria; ⁵LTH Osogbo, Nigeria

Correspondence Kingham, T. Peter

Email: kinghamt@mskcc.org

Objective Colorectal cancer is a growing problem in low- and middle-income countries. In sub-Saharan Africa there are few prospective databases with demographics, presentation, and clinical outcomes of patients with colorectal cancer. The goal of the African coloRectal cancer GrOup (ARGO) consortium is to develop a data collection infrastructure for both demographic and tissue to begin defining the problem of colorectal cancer.

Method Memorial Sloan Kettering Cancer Center (MSKCC) and Obafemi Awolowo University (OAU) have a prior research collaboration. Using a pilot grant from the NCI Center for Global Health this was expanded to 4 other Nigerian hospitals to form ARGO. A research coordinator, nurse, and physician were hired as staff in Nigeria and linked to research staff at MSKCC.

Results Two prospective studies were initiated. First, all 4 hospitals in Nigeria prospectively capture all clinical data concerning patients with colorectal cancer along with blood and tissue. A -80 freezer is used to store fresh frozen tissue and formalin blocks are also banked. 88 patients have already been accrued to this study. The second study was initiated to determine if colonoscopy can identify patients with early stage colorectal cancer in patients over 45 years old with rectal bleeding. 78 of an anticipated 100 patients have been accrued. 19% of patients in this study have been diagnosed with colorectal cancer. Clinical data and tissue for these patients are also stored in a database. Quality assurance is performed biweekly by research staff at MSKCC and OAU to consistently improve data collection accuracy and completeness.

Conclusion The ARGO Consortium has proven in its first year that it is possible to prospectively collect accurate data and tissue. This will allow ARGO to make definitive statements about the course of patients with colorectal cancer in Nigeria. In addition, ARGO will then be able to expand to therapeutic trials and studying other cancer types.

POSTER P219

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Kirira, Peter

FIGHTING CANCER USING GREEN BULLETS IN KENYA

Kirira, Peter^{*1}; Moga, Dorothy²; Matu, Esther³

¹Mount Kenya University, Kenya; ²Institute of Tropical Medicine and Infectious Diseases, Kenya; ³Kenya Medical Research Institute, Kenya

Correspondence Kirira, Peter

Email: pkirira@mku.ac.ke

Background In Kenya, cancer currently ranks third as a cause of death after infectious and cardiovascular diseases with over 82,000 new cases of cancer occurring every year. Plants have a long history of use in the management of cancer. In fact, over 60% of currently used anticancer agents are derived in one way or another from natural sources. It is for this reason that the study focused on local natural products.

Objective The study had the following main objectives; i) To determine the *in vitro* anti-proliferative activity of extracts from plants used in the management of cancer in Kenya using cervical and prostate human cancer cell lines, and ii) To determine the safety of the bioactive extracts in animal models.

Method The study identified six plants used in ethno-medicine to manage tumors. The plant materials were collected, processed and macerated to yield extracts. The anti-proliferative (anti-cancer) properties were determined by subjecting different concentrations of extracts to cervical and prostate human cancer cell lines with etoposide and paclitaxel as positive controls. Safety of the extracts was determined using Organization for Economic Co-operation and Development (OECD) guidelines for the testing of chemicals in animals.

Results In general, the results obtained in this study vindicate the surge of interest in natural products for the management of prostate and cervical cancer. Specifically, two extracts obtained from a Meliaceae species have demonstrated safety (LD > 1000 mg/kg body weight) and high potential (IC₅₀ < 5 μ g/mL) for further investigation, a step towards their development into commercial products. These and other results will be presented.

Conclusions and recommendations Slaying the cancer dragon requires multi-sectoral approach and natural products should be embraced as a viable alternative in the fight against the menace. Favorable government policies and incentives in production of alternative medicine.

POSTER P220

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Kohler, Racquel

BREAST CANCER KNOWLEDGE AND PREFERENCES IN MALAWI: IMPLICATIONS FOR EARLY DETECTION INTERVENTIONS FROM A DISCRETE CHOICE EXPERIMENT

Kohler, Racquel*¹; Reeve, Bryce¹; Gopal, Satish²; Lee, Clara¹; Weiner, Bryan¹; Wheeler, Stephanie¹

¹UNC Chapel Hill, United States; ²UNC Project Malawi, Malawi

Correspondence Kohler, Racquel

Email: rkohler@email.unc.edu

Objective The breast cancer burden in African countries is increasing, yet many countries lack sufficient early detection services. In Malawi, one of the most resource-limited countries in the world, mammography is not widely available and no national early detection program exists. The objective of this study was to explore knowledge and preferences about breast cancer and early detection among Malawian women to design future interventions.

Method We conducted a cross-sectional survey with a discrete choice experiment (DCE) and surveyed a random sample of household coordinates in urban and rural areas of Lilongwe district. Bivariate and multivariate analyses determined factors associated with knowledge. We used a hierarchical Bayesian approach to estimate preferences for early detection interventions and the most important characteristics of an intervention.

Results Of 213 women recruited, we found that less than half (44%) were aware of breast cancer; age, electricity at home, and knowing someone with cancer increased the odds of breast cancer awareness. Among those who were aware, women were more knowledgeable about symptoms than treatment options or risk factors. Seventeen percent (36) were aware of breast self-exam and 20% (43) were aware of clinical breast exam (CBE), however few reported doing a self-exam or ever receiving a CBE. DCE results indicate that the detection strategy offered (breast health awareness, CBE, or both) was the most important attribute of an intervention. The type of health encounter where early detection services were available and travel time were also important.

Conclusion Integrating health beliefs into public health messages and engaging survivors to promote early detection may help improve breast cancer knowledge and behaviors in Malawi. The findings suggest potential benefits from early detection interventions tailored to women's preferences, including breast health education and CBEs promoted in convenient settings.

POSTER P067

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Kotschan, Noelene

GENDER CANCER AWARENESS DRIVE: PROMOTING "EARLY DETECTION" SAVES LIVES

Kotschan, Noelene

Cause Marketing Fundraisers NPC (PinkDrive), South Africa

Correspondence Kotschan, Noelene
Email: elsie@pinkdrive.co.za

Objective Ascertain the extremes of awareness, testing, screening and education to South African Citizens within remote/rural areas who receive the PinkDrive Mobile Unit experience within their clinics or communities. This also includes how many referrals from PinkDrive visits and testing brought real life cases to Public Health Hospitals.

Method Quantitative research done through visits whereby screening was done and the information received from patients recorded and then weighted.

Focused groups (communities & wellness days) which allowed high educational set forum sessions to be conducted at respective community centres. Telephonic surveys conducted with contracted hospitals where backlogs were reduced from a PinkDrive experience. Pilot studies held with respective Medical Institutions and their Breast Cancer medical units. DOH and Government hosted events within rural communities which attracted the public at large. Tests & screening done which also included Podium talks. Media drives through usage of community radio stations and newspaper publications. Provinces' drive earmarked due to capacity and human resource management availability and actively working in these provinces. It would also make the exercise more valuable, bring about realistic information and create real life situations simultaneously whilst conducting such a study.

Results PinkDrive has drawn the following conclusive results from this study/experience which supports its primary mandate for existence:

- 7,637 mammograms completed. Clinical breast examinations completed.
- 148,841 women educated.
- 1,200 hospitals assisted to clear backlogs of approximately 200–300 patients on waiting lists.
- 2m population reached coming from media held campaigns.

Conclusion PinkDrive is reaching the remote/rural areas and with the inclusion of another mobile unit, PinkDrive can reach the full nine provinces in South Africa. PinkDrive is now able to offer testicular and prostate awareness services as well.

POSTER MP065

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Kouhen, Fadila

RADIATION THERAPY IN MANAGEMENT OF ENDOMETRIAL CARCINOMA: THE RESULTS OF A SINGLE INSTITUTION

Kouhen, Fadila*; Afif, Mohammed; Benhmidou, Naoal; Rais, Fadoua;
El Majjaoui, Sanaa; Kebdani, Tayeb; Benjaafar, Nouredine
Radiotherapy Department, National Institute of Oncology, Morocco

Correspondence Kouhen, Fadila
Email: fadila10m@hotmail.com

Objective We report the results of retrospective analysis of 50 cases of endometrial carcinoma treated by radiation therapy at the national institute of oncology of Rabat in Morocco.

Patients and method Between January 2011 and December 2012, all patients with endometrial carcinoma who have benefited from radiation therapy were retrieved. All patients were treated by conformational 3D radiotherapy. We analysed clinical, histological characteristics, and treatment outcomes. Statistical analysis was performed using SPSS software; version 10.0.

Results Median age of patients was 58 years (54.5–65.5). Sixteen patients had risk factors such as arterial hypertension and diabetes and only one patient had history of taking tamoxifen for breast cancer. Main symptoms were metrorrhagia in all patients, pelvic pain in 42%, and vaginal discharge in 28%. The histological type was respectively: endometrioid adenocarcinoma in 70% (35 cases), sarcoma in 26% (13 cases), and clear cell carcinoma in 4% (2 cases). The FIGO stages were respectively: IA 20% (10 cases), IB in 56% (28 cases), II in 12% (6 cases), IIIa in 4% (2 cases), IIIB in 2% (1 case) and IIIC in 6% (3 cases). Histological grade was low grade in 32%, intermediate in 47% (24 cases), and high grade in 21% (8 cases). The lymph-vascular space invasion was present in 31.1% of cases (14 patients). Tumors were staged high risk in 64% of cases (32 patients), intermediate in 36% of cases (18 patients). All patients underwent surgery. The iliac lymphadenectomy was performed in 66% of cases (33 patients). Adjuvant radiation therapy was delivered at a mean dose of 47 Gy (45–50, 4 Gy). All patients were treated by 3D radiotherapy. HDR brachytherapy was delivered in 65% of patients at a dose of 10 Gy (5x2 Gy). The median total treatment duration was 50 days. Main acute toxicity was diarrhea (60% of patients), and the late toxicity was vaginal synechiae (35% of patients).

WORK- SHOP

Paediatric Oncology: Childhood Cancer (1)

14:30–15:45

Saturday

21 November
2015

Kutluk, Tezer

GLOBAL PEDIATRIC CANCER CONTROL

Kutluk, Tezer

UICC, Union for International Cancer Control & Hacettepe University Cancer Institute, Turkey

Correspondence Kutluk, Tezer

Email: tezerkutluk@gmail.com

Each year, more than 180,000 children are newly diagnosed with cancer in the world. The exact number of new cases is not known as the number of children with cancer is not registered in many countries. The cure rates increased up to 80% in the developed countries. On the other hand it could be as low as 10–20% in countries with low resource settings. Global average for childhood cancer survival is around 50%. Comparing the number of new cancer cases in children with annual global number cancers which is more than 14 million, childhood cancer can be defined as a rare cancer and not represented enough in global cancer control plans. After United Nations accepted the resolution on non-communicable diseases at a high level meeting in its general assembly in 2011, the big opportunity is the increasing priority of cancer as a non-communicable disease. World Health Organization was able to brought the Global Action plan against non-communicable disease, set the targets to achieve the 25x25 overarching goal. United Nations then reviewed the work of past three years in its general assembly in July 2014. While we have the know-how to treat childhood cancer, with over 80% success, the inequity experienced in those living in low- and middle-income countries is still a major issue on the management of childhood cancers. The main challenges is only a fraction of children are being diagnosed and treated in many settings, and often with high rates of treatment abandonment and no access to treatment and palliative care. We have to urge the governments, civil societies and other stakeholders to include childhood cancer on cancer control plans.

WORK- SHOP

Biobanks

09:00–10:30

Thursday

19 November

2015

Kyobe, Samuel

TRANSFORMATION OF BIOBANKING IN LMIC: A UGANDAN PERSPECTIVE

Kyobe, Samuel*; Joloba, Moses; Wayengera, Misaki
Makerere University, Uganda

Correspondence Kyobe, Samuel

Email: samuelkyobe@gmail.com

Background Enhancing the capacity of African researchers to conduct genomic studies addressing problems of African disease and health requires provision of adequate state-of-the-art infrastructure. The concept of genomic studies and biobanking are relatively new fields in Africa. Several issues will affect successful establishment of these concepts such as infrastructure development, access to well-trained human resource, ethical and governance frameworks and availability of funding for sustainability. Africa faces an acute scarcity of well-established biorepositories developed on international tenets of biobanking; no African biorepository is listed in the Global Directory of Biobanks. We proposed to establish a state-of-the-art biorepository in Uganda – The Makerere University Biorepository – BioReMU.

Method The Departments of Pathology and Microbiology evaluated the available biobanking activities and resources and a needs assessment for biobanking.

Results Six laboratories conduct biobanking activities, no fresh tissue repositing and specimen management below international standards. International and national demand for well-annotated stored biospecimens is high.

Recommendations

1. (a) Develop a governance and organization structure,
(b) Examine national and international laws governing biobanking,
2. Perform benchmarking of international biobanks to establish industry standards,
3. Train personnel in biorepository management and science to equip them with the necessary skills and knowledge,
4. Develop centralized biobanking, a cost effective measure, and
5. Improve the existing infrastructure for the biorepository,
6. Develop protocols for sample receipt, processing, storage and distribution, with rigorous quality assurance and control procedures as established by international standards, and
7. Identify sources and advocate for funding towards biobanking such as H3Africa Initiative. To date we are on course to implement this initiative.

WORK- SHOP

Free
Communication
of Abstracts 3
14:30–15:45
Friday
20 November
2015

Ladner, Joel

EXPÉRIENCES ET LEÇONS APPRISSES DE LA MISE EN ŒUVRE DE 29 PROGRAMMES DE VACCINATION CONTRE LES INFECTIONS À PAPILLOMA VIRUS HUMAINS (HPV) DANS 19 PAYS À REVENU FAIBLE: UNE ÉVALUATION QUALITATIVE, 200

Ladner, Joel^{*1}; Marie Helene, Besson²; Audureau, Etienne³; Rodrigues, Mariana⁴; Saba, Joseph⁴

¹School of Medicine, University of Rouen, France; ²Axios International, France;

³Paris-Est University, Hôpital Henri Mondor Hospital, Public Health, Assistance Publique Hôpitaux de Paris, France; ⁴Axios International, France

Correspondance Ladner, Joel | Email: joel.ladner@univ-rouen.fr

Objectif L'objectif était d'identifier les stratégies et obstacles, d'analyser les expériences et principales leçons apprises de programmes de vaccination contre le HPV mis en œuvre dans des pays bénéficiaires du «Gardasil Access Program» (GAP).

Méthode GAP est un programme de don du vaccin Gardasil mis en place en 2007 destiné aux organisations des pays à revenu faible. L'approche méthodologique de cette recherche a été mixte, qualitative et quantitative. Les administrateurs des programmes GAP dans différentes institutions ont été invités à répondre à un questionnaire en ligne. Le questionnaire recueillait des informations sur la gestion des programmes, les stratégies déployées pour suivre les filles vaccinées et les obstacles rencontrés

Résultats 29 programmes ciblant près de 400 000 filles mis en œuvre par 23 institutions dans 19 pays ont été inclus, avec une couverture vaccinale moyenne de 87%, 14 institutions étaient publiques (Ministère de la Santé) et 9 étaient des ONG. 18 programmes ont été mis en place en milieu scolaire en collaboration avec le Ministère de l'Éducation, 5 dans des structures de santé. 95,7% des institutions ont développé des stratégies de sensibilisation avant le lancement des programmes. Les principaux obstacles identifiés étaient l'insuffisance et la désinformation des parents sur le vaccin, les difficultés logistiques pour le suivi. Tous les programmes ont mis en place des stratégies de suivi des filles perdues du vue. 56,5% des programmes ont couplé la vaccination avec d'autres interventions de santé publique. La majorité des institutions a établi des partenariats (logistiques, formation, financières) avec des organisations nationales et internationales.

Conclusion Nos résultats ont permis d'identifier des stratégies de mise en œuvre de tels programmes ciblant une population d'adolescents. Ces enseignements peuvent être aussi utilisés pour inciter à développer d'autres interventions de santé publique.

POSTER P221

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Laiyemo, Adeyinka

COMPARISON OF THE PREVALENCE OF COLONIC DIVERTICULOSIS AMONG AFRICANS VERSUS AFRICAN AMERICANS

Laiyemo, Adeyinka*; Brim, Hassan; Lee, Edward; Adenuga, Babafemi;
Idowu, Kolapo; Ashktorab, Hassan
Howard University, United States

Correspondence Laiyemo, Adeyinka
Email: adeyinka.laiyemo@howard.edu

Objective The burden of diverticular disease is low in Africa but high in the United States among blacks. It is unknown if the risk of diverticulosis increases among blacks within the same generation following migration. We compared the prevalence of diverticulosis among African immigrants to the United States and United States born blacks (African Americans).

Method We reviewed the colonoscopy reports of patients who underwent colonoscopy at Howard University Hospital in Washington DC from January 2009 to September 2010 and identified 708 self-identified black patients who indicated their places of birth. We used logistic regression models to compare the prevalence of diverticulosis among those who were African immigrants versus those born in the United States (African Americans) and calculated odds ratios (OR) and 95% confidence intervals (CI). Our full models included age, sex, use of non steroidal anti-inflammatory drugs and body mass index.

Results There were 124 (17.5%) African immigrants (mean age=60.1 years; 64.5% female) and 584 (82.5%) African Americans (mean age=60.3 years; 60.5% female). Overall, when compared to US-born African Americans, African immigrants have similar prevalence of diverticulosis (44.2% versus 40.3%, OR=0.87; 95%CI: 0.58–1.31). There was no difference in the prevalence of diverticulosis by place of birth whether the procedures were performed for diagnostic (49.3% versus 37.7%, OR=0.61; 95% CI: 0.35–1.06) or screening purposes (35.8% versus 43.6%, OR=1.48; 95% CI: 0.79–2.76).

Conclusion African immigrants have similar risk of diverticulosis as US-born African Americans, suggesting an environmental etiology for diverticular diseases burden.

POSTER P222

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Lakhdar, Sarra

EVALUATION OF CHEMOTHERAPY IN LOCALIZED AND ADVANCED PANCREATIC CANCER: A MONOCENTRIC TUNISIAN EXPERIENCE

Lakhdar, Sarra*; Mabrouk, Manel; El Benna, Houda; Ben Romdhane, Yosr;
Meganem, Heyfa; Afrit, Mehdi; Labidi, Soumaya; Bousenn, Hammouda
Hopital Abderrahmen Mami, Tunisia

Correspondence Lakhdar, Sarra

Email: sarah.rn@live.fr

Background Pancreatic cancer, all stages combined confers poor prognosis and treatment advancement has been slow. The comparative benefits of available combination chemotherapy treatments are not clear.

Method From 2012 to 2015, 23 patients with localized or advanced pancreatic cancer were treated in our department. All patients received chemotherapy with different regimens: Gemcitabine alone, gemcitabine+oxaliplatin, 5fu+irinotecan+oxaliplatin. We compared efficacy and safety of these different regimens

Results Our study included 16 males and 7 females. The median age was of 61.6 years (range: 36–73). Sixteen patients had metastatic pancreatic cancer, 4 patients had locally advanced disease and only three patients have had complete surgery. Among patients with metastatic disease, 7 patients received Folfirinox regimen; progression was observed in 4 patients, with a median OS of 3.6 months. Three patients received Gemox regimen: two patients had progressive disease with a median OS of 7 months. Two patients received Gemcitabine-cisplatin regimen one patient showed a progressive disease and the other discontinued treatment because of grade 4 hematological toxicity, Four patients received Gemcitabine alone 3 patients had partial response and one had progressive disease with a median OS of 4 months. Three patients had locally advanced disease all received gemcitabine alone with a median OS of 5.3 months. Four patients had complete surgery and adjuvant chemotherapy (two patients received gemcitabine – cisplatin, one received Gemox and one received gemcitabine alone), three had relapsed with a median OS of 11.25 months.

Conclusion In our study the combinations therapies particularly the Folfirinox did not show any benefit in the OS. Some studies have shown the efficacy of combination: nab paclitaxel-gemcitabine that yielded statistically significant and clinically meaningful improvements in PFS and OS and became a new standard of treatment.

POSTER P223

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Lakhdar, Sarra

INTÉRÊT PRONOSTIQUE DU RATIO NEUTROPHILES/LYMPHOCYTES INITIAL DANS LE CANCER DU SEIN MÉTASTATIQUE

Lakhdar, Sarra*¹; Mabrouk, Manel; Labidi, Soumaya; Ben Romdhane, Yosr;
Zribi, Aref; Afrit, Mehdi; El Benna, Houda; Bousenn, Hammouda
Hopital Abderrahmen Mami, Tunisia

Correspondance Lakhdar, Sarra
Email: sarah.rn@live.fr

Introduction Le ratio neutrophiles/lymphocytes (NLR) semble être un facteur prédictif de mortalité dans le cancer du sein métastatique (CSM). Certains suggèrent qu'un taux élevé de neutrophiles pourrait stimuler la croissance tumorale et l'apparition de métastases et inhiber l'activité antitumorale des lymphocytes. L'objectif de notre travail était d'étudier l'impact du NLR sur la survie globale dans le CSM.

Méthode Nous avons réalisé une étude rétrospective incluant 40 patientes suivies pour un cancer du sein d'emblée métastatique ou en rechute métastatique dans le service d'oncologie médicale de l'Ariana de 2011 à 2014. Le NLR était défini par la division des taux sériques de neutrophiles et des lymphocytes. Nos patientes ont été réparties dans deux groupes (groupe 1 avec $NLR < 2,5$ et le groupe 2 avec $NLR \geq 2,5$), nous avons comparé les courbes de survie des deux groupes, les courbes de survie étaient calculées par la méthode Kaplan Meier.

Résultats L'âge moyen de nos patientes était de 49,9 ans [22–65]. Les tumeurs étaient classées T4 dans 42,5% des cas et T2–T3 dans 30% des cas, l'atteinte ganglionnaire était présente dans 40% des cas. La maladie était d'emblée métastatique dans 55% des cas avec essentiellement des métastases pulmonaires (57,7%) et osseuses (37,5%), Quarante cinq pour cent des patientes étaient en rechute métastatique après un délai moyen de 45 mois [3–216]. Pour les patientes d'emblée métastatique après un suivi moyen de 17,65 mois [5–36] la survie globale à 3 ans était de 35%. Pour les patientes en rechute métastatique après un suivi moyen de 64,4 mois [7–229] la survie globale à 3 ans était de 68% et à 5 ans de 40%. L'analyse de survie en fonction du NLR a montré une meilleure survie chez les patients avec $NLR < 2,5$ 69,8% vs 50% chez les patients avec $NLR \geq 2,5$ sans différence statistiquement significative ($p=0,364$).

Conclusion Le NLR pourrait devenir un facteur pronostic additionnel influençant le choix thérapeutique dans le CSM.

POSTER MP067

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Lamchahab, Mouna

LEUCÉMIE AIGUË MYELOBLASTIQUE DE L'ADULTE: ÉVALUATION DU PROTOCOLE NATIONALE MAROCAIN AML/MA

Lamchahab, Mouna*¹; Khoubila, Nisrine¹; Cherkaoui, Siham¹;

Oukkache, Bouchra²; Hda, Nezha³; Quessar, Asmaa¹

¹Service d'Hématologie et Oncologie Pédiatrique CHU Ibn Rochd Casablanca, Morocco; ²Laboratoire d'Hématologie, CHU Ibn Rochd, Casablanca, Morocco;

³Laboratoire Hda, Casablanca, Morocco

Correspondance Lamchahab, Mouna

Email: mlamchahab@hotmail.fr

Introduction Dans les pays développés, la survie globale de la leucémie myéloïde aiguë (LAM) représente plus de 50–60%. Dans les pays à ressources limitées la LAM est toujours associé à un mauvais pronostic.

Objectif Evaluer les résultats d'un nouveau protocole national en évaluant la rémission complète (RC), les décès toxiques et la survie globale et sans événement.

Patientes et méthode Une étude prospective de tous les adultes de ≥ 18 ans, colligés de janvier 2012 à décembre 2014. Le diagnostic de LAM est confirmé par l'étude cytologique avec MPO et par immunophénotypage. Le pronostic est évaluée par l'étude cytogénétique conventionnelle +/- biologie moléculaire. Le protocole AML/MA 2011 se compose d'une préphase basée sur Hydroxy-urée si $GB \geq 50.000$ éléments/mm³ pendant 4 jours, deux inductions fait de daunorubicine et de cytarabine (3+10) avec ajout à la 2ème induction de l'étoposide (5j) et deux consolidations avec forte dose de cytarabine (18g/m²).

Résultats 371 patients étaient colligés. 152 patients étaient exclus. 219 patients étaient inclus avec un âge médian de 40 ans, un sex-ratio H/F à 1,037. Le taux de GB médian était de 8070 elmts/mm³ [1100, 362.000] et un taux de $GB \geq 100.000$ elmts/mm³ dans 9,5% des cas. Le myélogramme retrouvait un aspect de M1 dans 34% M2 dans 28% et M4eosino dans 4,5%. L'immunophénotypage était réalisé dans 81%. Le caryotype conventionnel fait dans 95% des cas retrouvant un groupe favorable dans 23%, un groupe intermédiaire dans 65,5% et un groupe défavorable dans 12%. La réponse après première induction était une RC dans 45,5% et un échec chez 28% des patients. Seulement 39% des patients avaient reçu les 2 consolidations avec une RC maintenue dans 67%.

Conclusion Ce protocole reste prometteur mais reste à amélioré les soins de support.

POSTER P068

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Lamia, Boublenza

IDENTIFICATION DES PAPILLOMAVIRUS HUMAIN À HAUT RISQUE POUR UNE MEILLEURE PRÉVENTION CONTRE LE CANCER DU COL DE L'UTÉRUS

Lamia, Boublenza*; Amira, Nahet
Tlemcen University – Algeria

Correspondance Lamia, Boublenza
Email: boublenzalamia@gmail.com

Objectif Le papillomavirus humain (HPV) est l'agent étiologique du cancer du col de l'utérus, deuxième cancer de la femme en Algérie, ce qui constitue un véritable problème de santé publique au moment où son incidence diminue dans les pays développés. L'objectif de ce travail est d'effectuer une étude prospective préliminaire pour la détection des infections à HPV à haut risque (HR) au niveau de la wilaya de Tlemcen, où le dépistage repose exclusivement sur la cytologie.

Méthode Cent trente (130) prélèvements cervicaux ont fait l'objet de cette étude dont 32 patientes séropositives. La détection d'HPV a été réalisée par le test Cobas 4800® au niveau du laboratoire d'analyses médicales Ibn Sina (Constantine) utilisant une technique de PCR. Ce test identifie spécifiquement les types HPV16 et HPV18, et détecte simultanément le reste des types HPV HR: 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66 et 68.

Résultats Un taux de 21,5% représente les prélèvements positifs en HPV HR (28/130) avec 5 infections multiples (HPV16 associés) et 23 infections simples. Le taux d'infection par HPV16 (seul ou associé) était de 28,6% (8/28) seulement. Les facteurs de risques qui semblent être liés à l'infection à HPV ont été, outre la séropositivité (56,5%), l'absence de dépistage précoce et régulier où la majorité des patientes ont réalisé leurs frottis pour la première fois à un âge tardif dont le motif principal des consultations gynécologiques était des saignements au contact, ajouté à cela l'utilisation importante de la contraception orale et l'âge précoce au mariage.

Conclusion Ces résultats préliminaires nous incitent à mettre en place une étude portant sur un échantillonnage plus large de patientes, incluant l'examen cytologique et le test HPV; ce qui pourra être utile pour évaluer le rapport coût-efficacité du vaccin contre l'HPV et son utilisation lors d'un programme national de prévention contre le cancer du col.

POSTER P224

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Lamia, Boublenza

PROFIL ÉPIDÉMIOLOGIQUE DU CANCER DU COL DE L'UTÉRUS DANS UNE RÉGION DE L'OUEST ALGÉRIEN ENTRE 2006 ET 2010

Lamia, Boublenza*¹; Kaouel, Meguenni²

¹Tlemcen University, Algeria; ²CHU Tlemcen

Correspondance Lamia, Boublenza

Email: boublenzalamia@gmail.com

Objectif Le cancer du col de l'utérus est le deuxième cancer féminin en Algérie, son incidence est de 10,4 pour 100 000 femmes selon Globocan, 2008. La majorité des cas de ce cancer sont invasifs avec une prise en charge très coûteuse. C'est un véritable problème de santé publique.

Méthode Une analyse rétrospective descriptive visant à déterminer les cas incidents de cancer du col utérin sur une période de cinq ans (2006–2010) a été effectuée au niveau du service d'épidémiologie et de médecine préventive du CHU-Tlemcen à partir du registre du cancer.

Résultats Cent quatre vingt seize (196) cas du cancer utérin ont été enregistrés durant les cinq années, soit un taux de 13% des cancers gynécologiques. Il représente le quatrième cancer féminin au niveau de la wilaya de Tlemcen avec une incidence de 8.3 pour 100 000 femmes. La tranche d'âge la plus représentée dans cette étude est celle de 45 à 49 avec 21,4%, suivie de celle de 50 à 54 avec 18,9%, dont l'âge moyen de survenu du cancer invasif du col dans la wilaya est de 54,9 ans. Un taux de 32.7% de cas de cancers de col à été enregistré en 2006 suivi d'une diminution dans les années suivantes. Néanmoins, le nombre de cas du cancer utérin dans la wilaya de Tlemcen reste assez important sur les cinq années (196 cas) avec 41 cas enregistrés en 2010, soit un taux de 20.9%. Le carcinome épidermoïde représente 70.6% des cas contre 8.2% d'adénocarcinome. Un taux de 22.3% représente les cas de cancer ayant atteint des stades métastatiques, faute de patientes, qui consultent à des stades très tardifs, au moment où la prise en charge adéquate nécessite un traitement palliatif.

Conclusion La réduction de la mortalité liée à cette pathologie devra passer par la lutte contre les facteurs favorisants, par la détection précoce de ce cancer où les pouvoirs publics sont interpellés pour mettre en place une politique de dépistage organisé et par un traitement adapté au stade.

POSTER P069

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Lara Santos, Lucio

ROAD MAP FOR HANDLING HAZARDOUS DRUGS IN ANGOLA: ONCOLOGY PHARMACY CHEMOTHERAPY UNITS, A STEP FOR CANCER CONTROL

Lara Santos, Lucio^{*1}; Barrocas Bernardo, Dora²; Vaz Conceição, Ana³;
Vieira Lopes, Lygia⁴; Miguel, Fernando⁵

¹Portuguese Institute of Oncology, Portugal; ONCOCIR – Education and Care
in Oncology, Angola; ²Portuguese Institute of Oncology, Portugal; ³Girassol
Clinic, Angola; ⁴Sagrada Esperança Clinic, Angola; ⁵Angolan Institute of Cancer
Control, Angola

Correspondence Lara Santos, Lucio | Email: llarasantos@gmail.com

Objective In African countries, higher rates of late-stage cancers at the time of first diagnosis have been documented. In this context, hazardous drugs (HDs), like chemotherapy, play an important role and have great benefit for patient's treatment. The aim of this poster is to describe the Angolan experience with regard to the development of Oncology Pharmacy Chemotherapy Units (OPCU)

Method Between January 2012 and March 2015, using Cancer Units Assessment Checklist for low or middle income African countries, we evaluate the needs of Girassol Clinic (GC), Sagrada Esperança Clinic (SE) and Angolan Institute of Cancer Control (IACC). We also defined an action plan and the implementation of OPCU according international guidelines.

Results A new certified clean room was built in GC. This new facility has an anteroom and a buffer room where the Biological Safety Cabinet (BSC) Class II Type B2 is located. It was also implemented the use of closed system transfer device. Clean room performance testing certification program was performed by an independent and international company. In order to assemble an OPCU, a dedicated building is currently in construction in SEC, where the sterile compounding and infusion chemotherapy rooms will be hosted. SEC acquired the appropriate technology resources. SEC also developed a cytotoxic waste management unit, and helps all cancer units in Luanda, in this field. IACC was the only active oncology pharmacy in Luanda and have a BSC but this one is located in a normal room without confinement. With the construction of two new oncology pharmacies in Luanda, providing a backup for preparation, the head of IACC, considered to build a new OPCU. This facility may include compounding aseptic containment isolators, clean rooms, and anterooms according with the evidence based international guidelines in handling HDs and related wastes.

Conclusion Angola is carrying out the necessary effort to handle HDs according to international guidelines.

POSTER P225

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Lara Santos, Lucio

UNRAVELING THE MOLECULAR BASIS OF SCHISTOSOMA HAEMATOBIIUM-INDUCED BLADDER CANCER THROUGH URINARY PROTEOMICS

Lara Santos, Lucio*¹; Claudia Cunha, Maria²; Ferreira, Rita²; Vitorino, Rui²; Amado, Francisco²; Livramento Santos, Julio³

¹Portuguese Institute of Oncology, Portugal; ONCOCIR – Education and Care in Oncology, Angola; ²University of Aveiro, Aveiro, Portugal; ³Américo Boavida Hospital, Luanda, Angola

Correspondence Lara Santos, Lucio

Email: lllarasantos@gmail.com

Objective In order to increase the knowledge on *S. haematobium*-induced bladder cancer and identify potential biomarkers for its diagnosis, an exploratory proteome profiling of urine from patients with schistosomiasis or/and bladder cancer was performed.

Method Urine samples were centrifuged at 1000g for 10min (4°C) and the supernatant was passed through filters to concentrate protein content. The final retentate was characterized by GeLC-MS/MS.

Results Proteome analysis retrieved 535 proteins, from which 17 proteins were unique to patients with schistosomiasis (S group), 42 were unique to patients with *S. haematobium*-induced bladder cancer (S+T group), 25 were unique to subjects with urothelial carcinoma (T group), 27 were common to groups S and S+T and 8 were common to S+T and T. Protein-protein interaction analysis retrieved oxidative stress and immune defense system responsible for microbicide activity as the most representative clusters for the S group. Proteins involved in immunity, negative regulation of endopeptidase activity, and inflammation were found more prevalent in S+T group, whereas the ones involved in renal system process, proteins involved in sensory perception of taste and gas and oxygen transport were more abundant in T group.

Conclusion Data highlight a Th2 type immune response induced by *S. hematobium*, which seems to be mediated by host antimicrobial peptides. This immune response seems to be further modulated by tumorigenesis, resulting in high-grade bladder cancer characterized by an inflammatory response and complement activation alternative pathway.

POSTER P226

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Lasebikan, Nwamaka

MAXILLARY SINUS MALIGNANCY IN A SINGLE INSTITUTION IN SOUTH WESTERN NIGERIA

Lasebikan, Nwamaka¹; Oboh, Evaristus²; Fatiregun, Omolara³;

Campbell, Oladapo⁴

¹University of Nigeria Teaching Hospital, Nigeria; ²University of Benin Teaching Hospital, Nigeria; ³Lagos State University Teaching Hospital, Lagos, Nigeria;

⁴University College Hospital, Ibadan, Nigeria

Correspondence Lasebikan, Nwamaka

Email: amakalasebikan@gmail.com

Objective To characterize the clinical features of maxillary sinus malignancy and review its pattern of presentation and management at the University College Hospital Ibadan.

Method A retrospective study of 108 patients with histological confirmation of maxillary sinus malignancies seen at the Radiotherapy clinic of University College hospital Ibadan between the years 1995–2009. The relevant data obtained was obtained using the prescribed forms and was analysed using the statistical package for social science (SPSS). Analysis was done using percentages, frequency charts, chart representation and inferential statistics of chi-square at 5% level of significance.

Results The mean age of the patients was 50.3 ± 2.8 years. The sex distribution showed 65 (58.3%) males and 45 (41.7%) females. The commonest presenting complaint was facial swelling seen in 96 (88.9%) patients. The onset of signs and symptoms ranged from 3–60 months with a mean of 11.3 ± 2.1 months. The left maxilla was more affected in 69 (68.5%) patients. Squamous cell carcinoma was the commonest histological type seen in 72 (66.7%) patients. Majority of the patients were traders, 28 (25.9%). Most patients presented at stage IVA, 53 (49.1%) and stage III, 37 (34.3%). 94.4% had radiotherapy either in combination with surgery or with chemotherapy. 89 (82.4%) had radical radiotherapy either as neoadjuvant, concurrent or adjuvant therapy, while 13 (12%) had palliative radiotherapy. Only 3.6% had radiotherapy as the primary treatment. Follow up was poor after 12 months during which time 35 patients (32.4%) had treatment failure, of which 60% had local recurrence, 34.3% regional recurrence while only 5.7% had evidence of distant metastases at one year.

Conclusion Most patients presented with locally advanced disease highlighting the pattern of late presentation which is often associated with this disease. Combined modality treatment remains the mainstay of the management.

POSTER P227

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Lawal, Ishak

CIRCUMVENTING THE CHALLENGES OF CERVICAL CANCER MANAGEMENT IN DEVELOPING COUNTRY: LESSON FROM EVOLUTION IN THE MANAGEMENT OF OBSTETRIC FISTULA

Lawal, Ishak*¹; Abdulkarim, Nura²

¹Federal Medical Centre Birnin-Kebbi, Nigeria; ²Federal Medical Centre Katsina, Nigeria

Correspondence Lawal, Ishak

Email: ishaklawal@gmail.com

Objective Both Vesico-Vaginal Fistula (VVF) and cervical cancer are common conditions in developing countries. Surgical management of VVF has evolved overtime, some of these evolution can be adapted for management of cervical cancer in developing countries. We therefore document our challenges in providing care for cervical cancer patients and ways we are circumventing these challenges using our experience from management of obstetric fistula patients.

Method We adopted the evolution in the management of obstetric fistula to our management of cervical cancer in order to overcome some of the peculiar challenges mitigating against timely intervention in management of clinically diagnosed cervical cancer in our institutions and projected the impact on cervical cancer morbidity and mortality. We also conducted a literature search.

Results Late presentation is typical in our institution for well documented reasons of poverty, ignorance and socio-cultural factors. Current diagnostic and pre-treatment evaluation and over reliance on a virtually non available radiotherapy are causes of delay in management. Learning from the evolution in the management of VVF where examination under anaesthesia (EUA) as a standalone procedure has virtually been abandoned, we stopped performing routine EUA plus biopsy for our patients as a standalone procedure and we adopted the principles of radiation sparing surgery. Consequently we were able to reduce presentation-intervention interval to less than 2 weeks.

Conclusion There is need to promote less technologically advance ways of managing cervical cancer in developing countries as was done for cervical cancer screening. Otherwise the method of choice for management of cervical cancer will be out of reach to over 80% of cervical cancer patients in the not too distant future.

WORK- SHOP

Free
Communication
of Abstracts 3
14:30–15:45
Friday
20 November
2015

Lawler-Heavner, Janet

EPIDEMIOLOGY OF BURKITT LYMPHOMA IN EAST-AFRICAN CHILDREN AND MINORS STUDY BUILDS RESEARCH CAPACITY IN EAST AFRICA

Lawler-Heavner, Janet^{*1}; Masalu, Nestory²; Ogwang, Martin³; Robinson, Detra⁴; Rosenthal, Jeanne⁴; Tenge, Constance⁵; Mbulaiteye, Sam⁶
¹Westat, United States; ²Bugando Medical Center, Tanzania; ³St Mary's Lacor Hospital, Uganda; ⁴Westat, United States; ⁵Moi University Medical School, Kenya; ⁶National Cancer Institute, United States

Correspondence Lawler-Heavner, Janet
Email: janetlawler-heavner@westat.com

Objective Burkitt lymphoma (BL) is an aggressive non-Hodgkin lymphoma described in 1958 in African children. Studies conducted in the 1960s and 1970s demonstrated a link between Epstein Barr Virus (EBV) and BL. Because BL in Africa remained relatively unstudied over the next 40 years, original findings were not replicated and co-factors for BL in Africa are poorly understood. We describe research capacity-building through management of a study addressing longstanding BL questions with new technologies.

Method In 2010, the National Cancer Institute (NCI) launched Epidemiology of Burkitt Lymphoma in East African Children and Minors (EMBLEM) in six sites in Uganda, Kenya, and Tanzania to enroll 1500 cases and 3000 controls. Through standardized protocols, technical training, weekly study-wide conference calls, bi-annual in-person meetings, and cross-site mentoring, field staff have met study goals and obtained valuable research and leadership experience.

Results Of 1656 cases spotted to date, 757 were eligible and 674 were enrolled: Uganda (n=347), Kenya (n=215), and Tanzania (n=112). In addition 950 population-based, 184 local health-center, and 1,020 matched population controls have been enrolled in Uganda. In Kenya, 104 matched population controls have been enrolled. Also, 31992 biospecimens have been collected, including plasma (n=10577), buffy coat (n=5814), red blood cells (n=5270), saliva (n=9249), slides (n=479), tissue blocks (n=391), and frozen tissue (n=212).

Conclusion EMBLEM demonstrates feasibility of collaboration involving multiple institutions in multiple countries in Africa. The study design enables overall and sub-regional analyses of both environmental and biological exposures like malaria and EBV variants. Study management and technical support provides opportunities for leadership and learning within regional teams, promoting research sustainability.

PLENARY

Liver and GIT Cancer

09:10–10:30

Sunday

22 November

2015

Lemoine, Maud

CONTROL OF HEPATITIS C VIRUS (HCV) TRANSMISSION

Lemoine, Maud

Imperial College London, United Kingdom

Correspondence Lemoine, Maud

Email: m.lemoine@imperial.ac.uk

The hepatitis C virus (HCV) epidemic is a major health issue worldwide and significantly contributes to the global burden of disease. In the absence of vaccine, the control of HCV transmission represents a critical part of the reduction of the epidemic. Although unsafe medical procedures and blood transfusion remain the main routes of transmission particularly in resource-limited countries, people who inject drug (PWID) also represent a large contributor to the epidemic. In developing countries as well as developed countries, the vast majority of infected subjects are unaware of their infection and hence contribute to spread the virus. In order to reduce the HCV transmission, priority should be given to education, blood and medical safety and screening with a special focus on at risk populations (PWID, prisoners and men who have sex with men). Therefore, simple and inexpensive strategies should be urgently implemented. However, primary prevention alone is unlikely to reduce the epidemic. Based on several modelling studies, 'treatment as prevention' has now emerged as an important intervention especially in the new directly acting antiviral agents (DAAs) era. This should be now confirmed by interventional studies in developed countries as well as low- and middle-income settings. This requires increasing awareness, stronger mobilization of the international health agencies and urgent reductions in the cost of laboratory testing and drugs. This will finally make HCV global eradication a realistic global health objective.

WORK- SHOP

**Free
Communication
of Abstracts 3**
14:30–15:45
Friday
20 November
2015

Leon, Maria

A PILOT STUDY OF LIFESTYLE FACTORS AND OESOPHAGEAL CANCER IN ADDIS ABABA, ETHIOPIA

Leon, Maria^{*1}; Assefa, Mathewos²; Gamechu, Tufa²; Bani, Abate²;
Aseffa, Abraham³; Jamal, Ahmedin⁴

¹IARC, France; ²Addis Ababa University, Ethiopia; ³AHRI, Ethiopia;

⁴ACS, United States

Correspondence Leon, Maria
Email: leonrouxm@iarc.fr

Objective This study aimed to assess the feasibility for a multi-center case-control study of upper-digestive cancers in Addis Ababa, and to generate preliminary risk estimates for oesophageal cancer (OC) in association with suspected (qat use) and established risk factors (tobacco and alcohol use).

Method All consenting OC cancer patients seeking cancer treatment in Addis Ababa University Teaching Hospital or diagnostic services in two endoscopy clinics in the city between May 2012 and 2013 were enrolled. Controls were matched to cases on sex, age (± 5 years) and place of residence. A face-to-face structured questionnaire (cases and controls) was administered and biological specimens were obtained from ≥ 18 years old adults with strong OC clinical suspicion and respective controls. Odds ratios (OR) with 95% confidence intervals (95% CI) were calculated using unconditional and conditional logistic regression.

Results Findings are reported on a total of 206 participants, with 73 of them confirmed OC cases, and 133 controls (40 hospital and 93 healthy). The age distribution of the total sample was 7% under 40 years, 18% 40–49, 37% 50–59 and 38% ≥ 60 years of age. Only 8% of OC cases enrolled resided in Addis Ababa, while 56%, 19%, 12%, and 4% lived in Oromiya, Southern Nations, Nationalities and People's (SNNP), Somali and Afar regions respectively. Squamous cell carcinoma was the main diagnosis among OC cases (74%) in cases with known morphology ($n=71$). Ever tobacco use was associated with an almost 3-fold risk of OC as compared to never users in a fully adjusted model (OR: 2.77, 95% CI: 1.12, 6.88). The sex and age-adjusted elevated OR for ever versus never qat use (1.86, CI: 0.93, 3.71) decreased after full adjustment (OR: 0.92, 0.36, 2.35). Other factors associated with increased risk of OC included low consumption of green vegetables and high salt intake in reference to one year prior to enrolment, after adjusting for education and other variables.

PLENARY

Haematology

09:10–10:30

Friday

20 November

2015

Leoncini, Lorenzo

IMMUNOPHENOTYPING OF LYMPHOID NEOPLASMS IN AFRICA: HOW SUCCESSFUL IS IT, AND HOW CAN IT BE STRENGTHENED?

Leoncini, Lorenzo

University of Siena, Italy

Correspondence Leoncini, Lorenzo

Email: lorenzo.leoncini@dbm.unisi.it

Although in the developed world the importance of the correct diagnosis is appreciated as a critical issue, this is still an evolving concept in some of the developing countries, especially in Africa. In particular, there are striking differences in the turnaround time for histopathological diagnosis, in the accuracy of diagnosis that has a profound impact on patients' management and ultimate outcome. The current problems in practice of lymphoid/lymphoma diagnosis include: basing treatment decisions on fine needle aspiration cytology in a large proportion of cases, poor quality histology in a minority of cases where biopsies are performed, limited immunohistochemistry and other supportive investigations, and lack of an update on the current criteria for diagnosis of various lymphoid pathologies. In Africa, a majority of the laboratories still use the Working Formulation for Clinical Usage, a lymphoma classification from the early 1980s, which is based on morphology alone and does not include many entities recognized in the last 20 years. Without accurate diagnosis, any research project and effective patient management cannot be instituted. Though there are no magic answers for an issue of this magnitude, on which other aspects are critically dependent, twinning between institutions in the developed countries and developing countries seems to be the most likely long-term approach. Examples of twinning approach to childhood cancer diagnosis and treatment have been settled in Africa. These programmes have led to improvements in the diagnostic accuracy through capacity building, joint research projects with both direct and indirect technology transfer.

WORK- SHOP

Burkitt's Lymphoma

11:00–13:00

Saturday

21 November

2015

Leoncini, Lorenzo

DISTINCT VIRAL AND MUTATIONAL SPECTRUM OF ENDEMIC BURKITT LYMPHOMA

Leoncini, Lorenzo^{*1}; Abate, Francesco²; Mundo, Lucia²; Gazaneo, Sara²;
Ambrosio, Maria Raffaella²; Rabadan, Raul²

¹University of Siena, Italy; ²Columbia University, United States

Correspondence Leoncini, Lorenzo

Email: lorenzo.leoncini@dbm.unisi.it

Burkitt lymphoma is endemic in countries of sub Saharan region and affects primarily African children aged 4–7 years. Historically, it was one of the first tumors associated with a virus (EBV) and bearing a translocation involving an oncogene (i.e. MYC). There are three distinct clinical variants of Burkitt lymphoma according to the World Health Organization: sporadic, endemic and immunodeficiency-related. Although there has been some recent work on the molecular characterization of sporadic Burkitt lymphomas, little is known about the pathogenesis of endemic cases. In this work, we analysed 20 samples of RNASeq from Burkitt lymphoma collected in Lacor Hospital (Uganda, Africa) and validated in an extension panel of 73 samples from Uganda and Kenya. We identify the presence in the adjacent non neoplastic tissue of other herpesviridae family members in 60% of the cases (namely cytomegalovirus – CMV and Kaposi sarcoma herpes virus – KSHV). We show also expression of EBV lytic genes in primary tumor samples and demonstrate an inverse association between the EBV expression and TCF3 activity. When studying the mutational profile of endemic Burkitt tumors, we find recurrent alterations in genes rarely mutated in sporadic Burkitt lymphomas (i.e. ARID1A, CCNF and RHOA) and lower number of mutations in genes previously reported to be commonly mutated in sporadic cases (i.e. MYC, ID3, TCF3, TP53). Together, these results suggest a distinct genetic and viral profile of endemic Burkitt lymphoma, suggesting a dual mechanism of transformation (mutational versus microbial driven in sBL and eBL respectively).

POSTER P228

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Letaief Ksontini, Feryel

COMPLETE CLINICAL RESPONSE AFTER INDUCTION CHEMOTHERAPY FOLLOWED BY CHEMORADIOTHERAPY IN NASOPHARYNGEAL CARCINOMA: IMPACT ON ONCOLOGIC OUTCOMES

Letaief Ksontini, Feryel*; Lakhdhar, Sarra; Ayadi, Mouna; Meddeb, Khadija; Rais, Henda; Mezlini, Amel
Salah Azaiz Institute, Tunisia

Correspondence Letaief Ksontini, Feryel
Email: feryel.ksontini@gmail.com

Objective Concomitant chemoradiation (CRT) represents the standard of care for locally-advanced nasopharyngeal carcinoma (NPC). Nevertheless induction CT followed by CRT is currently an attractive approach. The aim of this study was to analyse complete clinical response (CCR) after induction CT and to assess its impact on disease control and survival.

Method From January 2008 to December 2012, 40 patients with locally advanced NPC were treated in our institute. All patients received induction chemotherapy with fluorouracyl-cisplatin (5 FU-CDDP) or fluorouracyl-cisplatin-Docetaxel (TPF) or Adriamycin-cisplatin (AD-CDDP). After chemotherapy, clinical response was evaluated, CCR was defined by a normal clinical and computed tomography examination. Then, 19 patients received concurrent chemoradiotherapy (CRT), 20 patients received radiotherapy (RT) alone.

Results Our study included 25 men and 15 women with a median age of 41years. Tumor was classified T1 in 5% of patients, T2 in 27%, T3 in 20% and T4 in 48%. 80% of patients had involved nodes (N+). Twenty patients received 5FU-CDDP, 16 received TPF and 4 received AD-CDDP. The occurrence of leucopenia were higher in the 5FU-CDDP ($p < 0.05$) group. Gastrointestinal toxicity was higher in the TPF group ($p < 0.05$). Anemia and thrombopenia were similar in the three groups. After induction chemotherapy, 18 patients (45%) achieved CCR, 11 of them had RCT and 7 had RT alone. 21 patients (52%) achieved partial clinical response (PCR) and 1 patient developed metastases. The CCR was higher in (5FU-CDDP) group ($p > 0.05$). CCR followed by CRT was associated with better local control than RT alone. Expected 5-year-OS was 65%. However, there was no benefit of overall survival in the CCR group compared to PCR.

Conclusion Complete clinical response after induction CT followed by RCT in locally-advanced nasopharyngeal carcinoma is associated to a better local disease control without impact on survival.

POSTER P229

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Letaief Ksontini, Feryel

EVALUATION OF CLINICAL RESPONSE AFTER NEOADJUVANT CHEMORADIATION IN LOCALLY ADVANCED RECTAL CANCER: A MONOCENTRIC RETROSPECTIVE STUDY

Letaief Ksontini, Feryel*; Ayadi, Mouna; Rais, Henda; Meddeb, Khadija;
Mokrani, Amina; Mezlini, Amel
Salah Azaiz Institute, Tunisia

Correspondence Letaief Ksontini, Feryel
Email: feryel.ksontini@gmail.com

Objective Chemoradiotherapy (CRT) followed by proctectomy remains the standard of care in patients with locally advanced rectal cancer (LARC). Nevertheless, some surgeons suggest a conservative treatment for good responders after CRT. Our aim was to assess the clinical response after neoadjuvant therapy and its impact on pathologic response and surgical treatment.

Method This is a retrospective study of 64 patients (pts) with locally advanced cancer of the lower and middle rectum (T3,T4 and /or N+) treated with neoadjuvant radiotherapy (RT) or RCT. Clinical response was evaluated after 3 to 4 weeks and was based on digital rectal exam (DRE) and pelvic computed tomography (CT). Then, all patients performed surgery with evaluation of the pathologic response.

Results Our study included 36 men and 28 women. Median age was 57 years. Tumors were classified T2 in 14 (pts), T3 in 38 (pts) and T4 in 12 (pts). 47 pts were considered (cN +). 24 pts had neoadjuvant RCT and 40 had RT alone. DRE after neoadjuvant therapy revealed partial tumor regression in 38 pts (60%) and complete regression in 5 pts (8%). In pelvic CT, there was a tumor downstaging in 36 patients (56%). An abdominoperineal resection was performed in 29 pts (45%) among whom 4 achieved complete pathologic response (pCR). Anterior resection with TME was performed in 34 pts (53%) with 7 pCR. One patient had local resection with pCR. Clinical response was more frequent after CRT than RT alone. After neoadjuvant therapy, tumor regression in rectal examination ($p = 0.002$) and tumor downstaging in imaging ($p = 0.001$) were correlated with histological regression in univariate examination. Multivariate analysis showed that CRT and tumor regression on imaging were predictors of pCR.

Conclusion Clinical response after neoadjuvant therapy in LARC seems to be a predictor of pCR. Based on these data, we could select good-responder patients to whom we could propose conservative treatment and even surveillance.

POSTER P230

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Letaief Ksontini, Feryel

PRIMARY BONE LYMPHOMA: SALAH AZAIZ INSTITUTE EXPERIENCE

Belfkih, Houda*; Letaief Ksontini, Feryel; Ayadi, Mouna; Mokrani, Amina;
Rais, Henda; Mezlini, Amel
Salah Azaiz Institute, Tunisia

Correspondence Belfkih, Houda
Email: feryel.ksontini@gmail.com

Objective Primary bone lymphomas account for less than 1% of all malignant lymphomas, 7% of malignant bone tumors, and 4% to 5% of extra nodal lymphomas. By definition, primary bone lymphoma (PBL) consists of a clonal lymphoid infiltrate within the bone, with possible cortical invasion or soft-tissue extension, and always without concurrent involvement of regional lymph nodes or distant viscera.

Method Between January 2001 and January 2011, 12 patients were treated for primary bone lymphoma in Salah Azaiz Institute. Treatment was decided regarding to the age of the patient, his performance status, stage of the disease, and lactate dehydrogenase (LDH). There was a clinical, biological and radiological follow-up.

Results The patients' ages ranged from 30 to 89 years (mean = 57.6 years) and the M/F sex-ratio was 0.71. Three patients had B symptoms. All patients complained of bone pain. All patients had non-Hodgkin's lymphoma B, which was multifocal in 2 cases and unifocal in ten. The sites involved: mandible (n = 5), long bone (n = 2), vertebrae (n = 2), iliac bone (n = 2), sternum (n = 1). Lytic processes were found in all cases. Cortical breach was noted in five cases and pathological fracture in two cases. Soft tissue infiltration was noted in 10 patients. Only three patients had elevated lactate dehydrogenase serum levels. Complete staging workup was performed for all patients. 9 patients were stage I, 2 patients were stage II and only one patient was stage IV (bone marrow infiltration). Only one patient received chemotherapy alone, 3 patients received radiotherapy alone, and 8 patients received both treatments. 7 patients were alive with complete remission after a mean follow-up of 36 months.

Conclusion Primitive bone lymphoma is rare disease with favorable prognosis, contrasting with secondary bone lymphoma. The treatment is based on a combination of chemotherapy (with or without anti-CD20) and radiotherapy.

POSTER P084 (LB)

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Lin, Kwang-Huei

A NOVEL SMALL-FORM OF E3-LIGASE-RELATED GENE REGULATES CELL INVASIVENESS AND APOPTOSIS TO PROMOTE TUMOR METASTASIS

Lin, Kwang-Huei*; Liao; Chia-Jung
Department of Biochemistry, Chang-Gung University, Taiwan

Correspondence Lin, Kwang-Huei
Email: khlin@mail.cgu.edu.tw

Objective Despite numerous investigations on metastasis, the determinants of metastatic processes remain unclear. We aimed to identify the metastasis-associated genes in hepatocellular carcinoma (HCC).

Method Potent metastatic SK-hep-1 (SK) cells, designated 'SKM', were generated using Transwell assay followed by selection in a mouse model. Genes expressed differentially in SKM and SK cells were identified via microarray analyses. A small form of E3-ligase-related gene (sE3LRG) was identified to be overexpressed in SKM cells, which was confirmed as a novel transcript using liquid chromatography-mass spectrometry (LC-MS/MS).

Results In clinical specimens, sE3LRG was significantly overexpressed in tumors and serves as a poor prognostic factor for male patients with HCC ($P=0.035$). Upon subcutaneous introduction of sE3LRG -overexpressing SK cells into flanks of nude mice, tumors grew faster than those of the control group. Furthermore, sE3LRG-mediated promotion of tumor metastasis was demonstrated in the orthotopic mouse model. Overexpression of sE3LRG increased the invasive ability of SK cells through upregulation of matrix metalloproteinase 9 and inhibited serum deprivation-induced apoptosis via upregulation of myeloid cell leukemia 1 (Mcl-1).

Conclusion sE3LRG is a novel metastasis-associated gene, which prevents apoptosis under nutrient restriction conditions. The present findings clearly support the prognostic potential of sE3LRG for HCC.

WORK- SHOP

Free
Communication
of Abstracts 4
16:00–17:30
Friday
20 November
2015

Lombardo, Katharine

DETECTION OF THE AFRICAN BURKITT LYMPHOMA TUMOR-ASSOCIATED IMMUNOGLOBULIN IN THE BLOOD IS A STRONG PROGNOSTIC INDICATOR

Lombardo, Katharine*¹; Gerdts, Sarah¹; Orem, Jackson²; Casper, Corey¹; Warren, Edus H¹

¹Fred Hutchinson Cancer Research Center, United States;

²Uganda Cancer Institute, Uganda

Correspondence Lombardo, Katharine

Email: klombard@fredhutch.org

Objective Perform a comprehensive analysis of the African Burkitt Lymphoma (BL) B cell receptor (BCR) to provide insights into pathogenesis, and investigate the unique tumor-associated (TA) immunoglobulin (Ig) rearrangement as a biomarker.

Method Tumor and peripheral blood mononuclear cell (PBMC) samples were obtained from 21 patients who presented to the Uganda Cancer Institute with histologically confirmed BL. Deep sequencing of the Ig heavy (IGH) and light chain loci in tumor cells was performed. Identification of dominant Ig rearrangements facilitated PCR-based assessment of Ig expression, isotype, and somatic hypermutation (SHM). Deep sequencing of the IGH locus in DNA from PBMC was also performed to determine whether the TA Ig rearrangement was detectable in blood at diagnosis.

Results Deep sequencing revealed clonal heavy and light chain Ig rearrangements in 17 of 21 tumor samples, 2 of which contained a non-productive IGH rearrangement. The 4 remaining samples contained a polyclonal Ig repertoire. Only 4 samples demonstrated evidence of 2 rearranged IGH DJ alleles, suggesting that the t(8;14) translocation may occur early in BL development. RNA analysis revealed that the isotype of the TA BCR was IgM+IgD+ in 13 of 21 cases. SHM analysis demonstrated evidence for antigenic selection in the majority of tumors. By PCR, 16 of the 21 tumor samples contained EBV DNA and RNA. The TA Ig rearrangement was detected in the diagnostic PBMC sample in 10/15 cases. Detection of the TA Ig rearrangement in blood at the time of diagnosis was strongly inversely correlated with one-year survival.

Conclusion These studies reveal significant molecular heterogeneity within BL based on EBV status, BCR functionality, isotype, and level of SHM that may influence patient response to therapy. Furthermore, the detection of TA Ig rearrangements in blood, and the strong correlation with survival, suggest a novel method for identifying high-risk BL patients.

WORK- SHOP

Burkitt's Lymphoma

11:00–13:00

Saturday

21 November

2015

Lombardo, Katharine

DISSECTING THE ROLE OF THE B-CELL RECEPTOR IN AFRICAN BURKITT LYMPHOMA

Lombardo, Katharine

Fred Hutchinson Cancer Research Center, United States

Correspondence Lombardo, Katharine

Email: klombard@fredhutch.org

Like most mature B-lineage non-Hodgkin lymphomas, the tumor cells of African Burkitt lymphoma (BL) express heterodimeric antigen receptors, termed B cell receptors (BCRs), on their cell surface. The nucleotide sequences that encode the BCRs expressed in both normal and malignant B cells are not encoded in the germline, but are generated by the combinatorial rearrangement of numerous BCR gene segments that are non-contiguously encoded in the genome. The process of BCR gene rearrangement generates a DNA sequence that is unique to every B cell, and makes possible a repertoire of BCRs with sufficient diversity to recognize the universe of potential pathogens. The uniquely rearranged sequences that encode the variable region of BCR heavy chains can serve as a molecular barcode for every B cell. These barcodes can be detected with exquisite sensitivity and specificity using next-generation DNA sequencing platforms, thereby allowing detection of tumor DNA or RNA in virtually any tissue. Thus, the sequences encoding the tumor-specific BCR have enormous potential for use as a biomarker, as demonstrated by our studies of BL cases from Uganda. BCR expression and signaling is required for the development, survival, and proliferation of normal B lymphocytes. Many B cell malignancies also require expression of a functional BCR and its downstream signaling pathways for viability. Evidence suggests that this is also true for Burkitt lymphoma. Next generation sequencing of genomic DNA from African BL tumor cells shows a clonotypic BCR rearrangement in the vast majority of cases, signaling through which may contribute to tumor cell survival. The evidence for BCR signaling in African BL cells raises the exciting prospect that inhibitors of BCR signaling, several of which are now available for clinical use, might have therapeutic activity against BL, the most common pediatric cancer in sub-Saharan Africa.

POSTER P231

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Lombe, Dorothy

TREATMENT OF PAROTID GLAND MALIGNANCIES WITH NEUTRON RADIOTHERAPY – TYGERBERG EXPERIENCE

Lombe, Dorothy*¹; Sinske, Sandra²; Akudugu, John³

¹Stellenbosch University, Tygerberg Hospital, South Africa; ²Stellenbosch

University, Ithembu Labs, South Africa; ³Stellenbosch University, South Africa

Correspondence Lombe, Dorothy

Email: dotchillo@yahoo.com

Objective To review the outcomes of treatment of parotid gland malignancies with neutron radiotherapy at Tygerberg Hospital, and compare the results with published studies which include both minor and major salivary glands. We hypothesize that the results will compare favourably and help us refine indications for neutron radiotherapy to a particular sub-site of salivary gland malignancies.

Design and method This is a retrospective observational descriptive study and will be conducted by file review. Patients with parotid gland malignancies will be identified from the Tygerberg Hospital registry and National Health Laboratory Services database. Sampling will be conducted as per set inclusion and exclusion criteria. Briefly, all patients above 18 years within the Tygerberg Hospital service area with histologically proven parotid gland malignancies and treated with neutron radiotherapy during the period January 1990 to January 2014 will be included. Patients with incomplete or illegible chart information and those previously treated with photon radiotherapy in the head and neck region will be excluded. As this is a relatively rare disease entity, a sample size of at least 30 patients is expected and power analysis will be conducted. Local control will be used as the primary endpoint. Secondary endpoints will include overall survival, disease-specific survival, and acute and chronic toxicity.

Results and conclusion Preliminary findings highlighting the significance of sub-site analyses following neutron radiotherapy of salivary gland malignancies will be discussed.

WORK- SHOP

Cancer Control in Lusophone Countries

14:30–15:45

Thursday

19 November
2015

Lorenzoni, Cesaltina CANCER PLAN OF MOZAMBIQUE

Lorenzoni, Cesaltina^{*1}; Tulsidas, Satish²; Carrilho, Carla²; Amodo, Faizana²; Esmail, Ridwaan³; Isse, Ussene³

¹Ministry of Health, Faculty of Medicine (Eduardo Mondlane University), Mozambique; ²Maputo Central Hospital, Mozambique; ³Ministry of Health, Mozambique

Correspondence Lorenzoni, Cesaltina
Email: ferreira.cesaltina@gmail.com

Background The National Cancer Programme of Mozambique (NCCP) is a programme designed to reduce the number of cases and deaths and improve the quality of life of patients through the systematic and equitable implementation of evidence-based strategies for prevention, early detection, diagnosis, treatment and care palliative, making the best use of available resources.

Objective

General:

- Decrease morbidity and mortality from cancer;

Specific:

- Increase knowledge and awareness of the general public about cancer
- Reduce exposure to modifiable risk factors;
- Promote access to early diagnosis and treatment
- Define best practices for diagnosis and treatment;
- Improve the availability and organization of healthcare resources in the country
- Provide multidisciplinary care
- Ensuring access to palliative care and psychosocial support to patients and their families
- Encourage scientific research in order to provide contribution to improve quality care; Improve surveillance system cancer in the country
- Monitor and evaluate the measures implemented and the results
- To support vocational training to ensure the existence of human resources needed to implement the plan.

Expected results Programs to promote healthy lifestyles established; Programs of prevention and early detection of major cancers established; Early and Cancer Diagnosis quality established in country; Access in time to treatment; Coordination mechanisms between the services and oncologic disease programme created; Epidemiological surveillance system and Cancer Registration deployed based on international standards and working.

POSTER P072

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Lorenzoni, Cesaltina

SPECTRUM OF PEDIATRIC CANCERS IN MOZAMBIQUE: AN ANALYSIS OF HOSPITAL AND POPULATION-BASED DATA

Lorenzoni, Cesaltina*¹; Carrilho, Carla²; Carreira, Helena³; Ferro, Josefo⁴; Amod, Faizana⁵; Lunet, Nuno³

¹Ministry of Health, Mozambique; ²Eduardo Mondlane University, Mozambique; ³Univesity of Porto, Portugal; ⁴Beira Central Hospital, Mozambique; ⁵Maputo Central Hospital, Mozambique

Correspondence Lorenzoni, Cesaltina

Email: ferreira.cesaltina@gmail.com

Objective As the existing data provide little detail about the epidemiology of pediatric cancers in Mozambique, we aimed at characterizing the spectrum of pediatric cancers (0-14 years) diagnosed in Mozambique in two different calendar periods.

Method The present study reports on data from the Pathology Department of the Maputo Central Hospital (DP-HCM) (1999–2000 and 2009–2010), which includes histopathological diagnoses among the population of Maputo, the capital city of Mozambique, as well as from the Cancer Registry of Beira (2009–2010), a population-based cancer registry covering the population of Beira, the second largest city in the country. Each record was revised for a posteriori classification of the diagnosis according to the 3rd edition of the International Classification of Childhood Cancer (ICCC-3).

Results In 1999–2000, the DP-HCM diagnosed 61 cancers. Burkitt lymphoma, malignant bone tumors, and rhabdomyosarcomas accounted for 24.6%, 11.5%, and 9.8% of all cases, respectively. In 2009–2010, the number of cancers increased to 150, reflecting a two-to threefold increase in the proportion of Kaposi sarcomas, non-Hodgkin lymphomas, nephroblastomas, and neuroblastomas. In 2009–2010, the Cancer Registry of Beira registered 34 cases, corresponding to an incidence rate of 9.7/100,000 inhabitants in this age group; Kaposi sarcomas, lymphomas, retinoblastomas, and nephroblastomas accounted for 29.4%, 23.5%, 8.8%, and 8.8% of all cases, respectively.

Conclusion This data show that pediatric cancers account for an appreciable burden in Mozambique, probably reflecting a high frequency of HIV-associated cancers and improved access to diagnosis, and highlight the potential for improving surveillance in this low resource setting.

POSTER P232

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Louala, Fadia

ADÉNOCARCINOME DU PANCRÉAS: EXPÉRIENCE DU SERVICE D'ONCOLOGIE MÉDICALE CENTRE ANTI CANCER D'ORAN

Louala, Fadia

Centre Anti-Cancer (CAC), Oran, Algeria

Correspondance Louala, Fadia

Email: d-louala@hotmail.fr

Introduction l'adénocarcinome pancréatique représente 90% des tumeurs solides du pancréas avec un sex ratio de 2 et un âge moyen de 55 ans, 85% des lésions sont considérées comme non résécables au moment du diagnostic, son pronostic est mauvais avec une survie à 5 ans inférieure à 5%.

Matériel et méthode Il s'agit d'une étude rétrospective de 20 cas d'adénocarcinome du pancréas traités au service d'oncologie médicale CAC d'oran. L'objectif de cette étude est de préciser les caractéristiques épidémiologiques et d'évaluer le profile de tolérance et la réponse tumorale à la gemcitabine comme chimiothérapie palliative de 1 ère ligne dans cette indication.

Résultats l'âge moyen de nos malades était de 60,1 ans, ils s'agissait de 11 hommes et 09 femmes La douleur abdominale était présente dans 14 cas et un ictère cholestatique dans 4 cas 7 malades ont été opérés dont 3 seulement ont eu une chirurgie curative et 4 autres une simple dérivation a été réalisée Une chimiothérapie palliative à base de gemcitabine reçues chez 17 malades avec une toxicité hematologique grade 3/4 chez 5 patients et digestive grade 3/4 chez 6 patients L'évolution était défavorable marqué par une progression dans la majorité des cas

Conclusion pronostic du cancer du pancréas demeure sombre malgré les progrès thérapeutiques actuels avec une survie globale très limitée.

WORK- SHOP

**Free
Communication
of Abstracts 5**
14:30–15:45
Saturday
21 November
2015

Louati, Sara

SENSIBILITÉ ET SPÉCIFICITÉ DU COUPLE CD99/EWS DANS LE DIAGNOSTIC DES TUMEURS DU GROUPE PNET/EWING

Louati, Sara*¹; Senhaji, Nadia¹; Amrani Joutei, Khalid¹; Bennis, Sanae²; Chbani, Laila²

¹Faculté des Sciences et Techniques de Fès: Laboratoire des Molécules Bioactives, Morocco; ²CHU Hassan II de Fès: Laboratoire de Recherche Biomédicale et Translationnelle (Anatomie Pathologique – Pathologie Moléculaire), Morocco

Correspondance Louati, Sara

Email: sara.louati@yahoo.fr

Objective L'objectif de ce travail est d'étudier la spécificité et la sensibilité du réarrangement chromosomique *EWS* par rapport à l'immunomarquage de l'anticorps anti-CD99 dans les tumeurs du groupe PNET/Ewing des patients colligés dans le service d'anapath du CHU Hassan II de Fès.

Méthode Il s'agit d'une étude rétrospective étalée entre février 2008 et avril 2015 portant sur 37 cas des tumeurs du groupe PNET/Ewing. Le diagnostic repose sur l'étude morphologique qui est confirmée par l'étude immunohistochimique (utilisation de l'anticorps anti CD99). Le réarrangement chromosomique du gène *EWS* a été recherché par la technique d'hybridation in situ fluorescente (FISH).

Résultats L'âge moyen des patients est de 20 ans avec des extrêmes allant de 3 à 62 ans et une prédominance masculine. Plus de 90% des cas sont de grade III selon la FNCLCC (Fédération Nationale des Centres de Lutte Contre le Cancer) avec une localisation fréquente au niveau des membres inférieurs. Les tumeurs du groupe PNET/Ewing sont composées d'une prolifération de petites cellules rondes. 88% d'entre elles montrent une positivité intense, membranaire et diffuse de l'anticorps anti CD99. Le réarrangement du gène *EWS* a été noté dans 63% des cas confirmant le diagnostic d'une tumeur du groupe PNET/Ewing.

Le complément de l'étude (FISH) est toujours en cours permettant ainsi de détecter la spécificité de la FISH vis-à-vis de l'immunohistochimie.

L'intensité du marquage, le caractère diffus et membranaire et le pourcentage des cellules positives seront corrélés au réarrangement du gène *EWS*.

Conclusion La cytogénétique moléculaire (FISH) est une technique plus sensible et plus spécifique par rapport à l'immunohistochimie dans le diagnostic des sarcomes.

L'association du CD99/*EWS* constitue un couple intéressant pour porter le diagnostic des tumeurs du groupe PNET/Ewing.

La recherche des transcrits de fusion sera consacrée aux cas douteux vu la lourdeur et le coût élevé de la technique.

POSTER P073

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Louni, Cherifa

**TUMEURS CEREBRALES DU NOURRISSON, EXPERIENCE DE L'UNITE
D'ONCOLOGIE PEDIATRIQUE DU CENTRE PIERRE & MARIE CURIE,
ALGER**

Louni, Cherifa*; Gachi, Fatiha
Centre Pierre & Marie Curie, Algeria

Correspondance Louni, Cherifa
Email: louniche73@yahoo.com

Introduction 10 à 20% des tumeurs cérébrales de l'enfant surviennent avant l'âge de 3 ans. Le traitement est souvent agressif consistant en une chirurgie suivie de radiothérapie source de séquelles neurologiques, endocriniennes et neuropsychiques. Le but de la chimiothérapie est de retarder ou éviter l'irradiation chez ces jeunes enfants.

Matériel et méthode Etude rétrospective par analyse de dossiers portant sur 39 enfants âgés de moins de 36 mois porteurs de tumeurs cérébrales traités entre Janvier 2008 et Décembre 2013. Le diagnostic a été porté par histologie après chirurgie ou BST ou par imagerie (tumeurs inaccessibles). Le traitement consistait en une chirurgie première sauf si la situation anatomique expose à des séquelles inacceptables suivie de chimiothérapie selon le protocole BEBE SFOP.

Résultats 34% des patients étaient âgés de moins de 18 mois, avec une prédominance masculine (sex ratio: 2/3). Le tableau clinique dominé par un syndrome d'HIC. A l'imagerie, de volumineuses tumeurs et la chirurgie était souvent incomplète. Selon le type histologique (médulloblastome 34%, astrocytome de haut grade 17%, gliomes de bas grade 16%, épendymome 15% et tumeurs neuroectodermiques 13%). Tous ont reçu une chimiothérapie selon le protocole BEBE SFOP. 02 enfants ont été irradiés à l'âge de 03 ans. 24 enfants sont décédés. Les 15 survivants n'ont pas été irradiés, mais présentent des séquelles neurologiques dues à la chirurgie.

Discussion Le diagnostic est souvent tardif, au stade où les tumeurs sont très volumineuses rendant la chirurgie difficile et incomplète.

Conclusion Le pronostic des tumeurs cérébrales de l'enfant de moins de trois ans est plus mauvais par rapport aux plus âgés. La chimiothérapie conventionnelle n'est pas toujours efficace, l'utilisation de la chimiothérapie intensive, de la radiothérapie conformationnelle ainsi que le développement de protocoles spécifiques à chaque tumeur permettra d'améliorer les résultats chez ces enf.

POSTER P085 (LB)

**General Poster
Display**
Thursday &
Friday
19 & 20
November
2015

Lounsbury, David W

ATTITUDES TOWARD PARTICIPATION IN RESEARCH IN NIGERIAN MEN

Lounsbury, DW*¹; Asuzu, C²; Adedimeji, A¹; Agalliu, I¹; Rohan, T¹; Adebisi, A²
¹Albert Einstein College of Medicine, USA; ²University College Hospital, School of Medicine, University of Ibadan, Nigeria

Correspondence Lounsbury, DW

Email: david.lounsbury@einstein.yu.edu

Background As part of a feasibility study of risk factors for PrCa, attitudes about participating in research and about health professionals were assessed in a sample of Nigerian men receiving care at the University College Hospital (UCH), Ibadan. Understanding such perceptions is needed to inform effective recruitment strategies and to mitigate study selection biases.

Methods A case-control study (50 cases/50 controls) was conducted at UCH between October 2011 and December 2012. Men aged 40 to 80 years were approached for the study and asked to provide informed consent and complete the research protocol, which included items that assessed attitudes toward participation in clinical research.

Principal Components Analysis was used to derive psychometrically reliable scores, using 18 Likert-type scaled items (5=strongly agree, 1=strongly disagree). Eight scores characterized attitudes toward participation in research. Two scores assessed attitudes toward health professionals. Mean scores of cases and controls were compared.

Results The participation rate among cases and controls was 98% and 93%, respectively. All participants completed a questionnaire and 99% (50 cases/49 controls) provided blood samples. Compared to cases, controls perceived:

- (1) research to be more burdensome ($M_{\text{controls}} = 2.59$, $M_{\text{cases}} = 2.11$, $p < .05$);
- (2) researchers to not fully inform participants about study risks ($M_{\text{controls}} = 3.34$, $M_{\text{cases}} = 3.90$, $p < .05$); and to be
- (3) more mistrusting of health professionals ($M_{\text{controls}} = 2.68$, $M_{\text{cases}} = 2.29$, $p < .05$).

Conclusion This study demonstrated the ability to ascertain and recruit Nigerian male patients for clinical research at UCH. Assessment of participants' attitudes about research and about health professionals were strongly positive, with somewhat more negative attitudes attributed to serving as a study control. One explanation of these results is that controls were non-PrCa patients and therefore less vested in the current study's purpose and content.

POSTER MP068

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Loutfi, Abdelouahid

CONNAISSANCES ET ATTITUDES DES FEMMES PARTICIPANTES AU PROGRAMME DE DETECTION PRECOCE DU CANCER DU SEIN: RESULTATS D'UNE ETUDE SOCOI-ANTHROPOLOGIQUE DANS LA REGION DE MEKNES TAFILALT

Loutfi, Abdelouahid*¹; Nejari, Chakib²; Zidouh, Ahmed³; Ababo, Mohammed¹; Elrhazi, Karima²

¹Lab. Sociologie de Développement. Fac. des Lettres et des Sciences Humaines Dhar Mehraz, Fès, Morocco; ²Lab. d'Épidémiologie, Recherche Clinique et Santé Communautaire. Fac. de Médecine et de Pharmacie, Fès. Univ. Sid, Morocco;

³Fond. Lalla Salma Prévention et Traitement des Cancers, Morocco

Correspondance Loutfi, Abdelouahid | Email: aloutfi@live.fr

Objectif Le programme de détection précoce du cancer du sein (PDPCS) représente un moyen pour éviter le diagnostic tardif du cancer du sein (CS) chez la population marocaine cible (femmes de 45 à 69 ans). L'étude vise à décrire les connaissances et attitudes des participantes au PDPCS dans la région de Meknès Tafilalet (MT).

Méthode Une enquête socio-anthropologique a été menée dans six centres de santé de la région MT. Des entretiens individuels ont été réalisés auprès des femmes dans les milieux urbain et rural, en utilisant un guide d'entretien semi-directif incluant des questions sur les caractéristiques socioéconomiques, connaissances sur le CS et la perception du programme.

Résultats Au total, 43 entretiens ont été réalisés; la population étudiée est caractérisée par un taux élevé d'analphabétisme 59% dans le milieu urbain (MU) et 66% dans le milieu rural (MR). 86% des femmes au MU et 95% au MR étaient sans profession. 54% des femmes en MU et 76% en MR appartenaient au niveau socioéconomique bas. 53% ne connaissaient pas les facteurs de risque du CS, 49% croyaient qu'il s'agit d'une compagne et 30% d'un programme régulier. Les femmes ignoraient la tranche d'âge cible par le programme, 97% ne connaissaient pas le rythme de DPCS. Les raisons de participation au PDPCS étaient: proposition de participation par les personnels de santé au centre de santé (35%), journées de compagne (23%) et la peur du CS (14%). Les femmes étaient satisfaites du programme dans 93%; Alors que 42% considéraient que la DPCS par palpation n'est pas suffisante pour détecter le CS.

Conclusion L'étude a mis le point sur le niveau de connaissances et attitudes des femmes cibles du programme qui n'était pas toujours satisfaisant. Ceci pourrait être expliqué en partie par toutes les formes de vulnérabilité auxquelles ces femmes sont confrontées ce qui influe aussi sur leur perception du PDPCS et réduit leur participation au PDPCS.

POSTER P233

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Lui, Tracey

THE GLOBAL TASK FORCE ON RADIOTHERAPY FOR CANCER CONTROL WORKING GROUP #2: THE NEEDS AND COSTS FOR GLOBAL RADIOTHERAPY

Lui, Tracey

Techna Institute, University Health Network, Canada

Correspondence Lui, Tracey

Email: tracey.lui@uhn.ca

Objective To estimate the necessary additional infrastructure and the associated costs to meet the global demand for radiotherapy (RT) by 2035.

Method An RT cost calculator and an activity-based staffing estimator, developed by the International Atomic Energy Agency, were modified to estimate the: (1) operating cost per fraction (OpEx), which describes the cost to deliver an existing fraction and (2) capital cost/fraction (CapEx), which describes the cost to establish the infrastructure required to deliver a new fraction of RT. The OpEx and CapEx were calculated for four country groups stratified by gross national income (GNI) as defined by the World Bank. Existing infrastructure and personnel, salary, and construction costs were estimated using relevant databases, published literature, and surveys. The Global Task Force on Radiotherapy for Cancer Control (GTRCC) Working Group #1 predicted the demand for RT in 2035. A start-up department consisting of two megavoltage devices and associated equipment to deliver 3-D conformal treatment and brachytherapy, as needed, was modeled. Sensitivity analysis of inputs into the calculations was conducted.

Results The total number of additional RT departments required for low to middle income countries (LMICs) is 6270, together with 29930 radiation oncologists, 21990 medical physicists, and 78225 radiation therapists. The average OpEx and CapEx for LMICs are \$70 and \$353 USD respectively. The sensitivity analysis revealed the OpEx could be reduced by about 50% for LMICs when more efficient models of operation and procurement are practiced.

Conclusion The activity-based costing methodology using the modified cost/staffing calculator provides a basis for region/country specific estimations of RT needs and is adaptable for changing circumstances. The resulting data have then been used for the investment framework calculations performed by another group of the GTRCC.

POSTER P234

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Ly, Awa

EVOLUTION DU PROFIL PHÉNOTYPE DES LYMPHOCYTES T ET B SANGUINS DANS LE CANCER DU SEIN:

INFLUENCE DE LA CHIMIOTHÉRAPIE ANTICANCÉREUSE

Ly, Awa^{*1}; Mbengue, Babacar²; Sylla Niang, Maguette²; Ndiaye Diallo, Rokhaya¹; Dem, Ahmadou³; Dieye, Alioune¹

¹Institut Pasteur de Dakar, Senegal; ²Service d'Immunologie Université Cheikh Anta Diop Dakar, Senegal; ³Institut Joliot Curie Hald Dakar, Senegal

Correspondance Ly, Awa

Email: evaly7@gmail.com

Contexte Malgré les progrès en matière de traitement avec la mise en place des thérapies dites ciblées, le cancer du sein reste la première cause de mortalité par cancer chez la femme. Le rôle de la réponse immunitaire n'est pas entièrement élucidé et plusieurs constats suggèrent que la chimiothérapie anticancéreuse pourrait affecter l'immunité anti-tumorale.

Méthode Au total 34 patientes atteintes de cancer du sein et 42 femmes témoins indemnes de tumeur connue ont été étudiées. Isolées à partir du sang recueilli sur tube EDTA, les PBMC ont été marquées avec des Ac anti-CD3-APC, anti-CD19 Cy5, anti-CD69-FITC, anti-HLA-DR-PerCP et anti-Apo2.7 PE. Une lecture au cytomètre en flux puis l'analyse par Flow Jo ® et Statview 5.1® ont permis de déterminer les proportions de cellules chez les patientes avant les trois séances de chimiothérapie soit P1-P2-P3 et chez les témoins.

Résultats Un âge moyen de 30 ans a été retrouvé dans les deux groupes de femmes et chez les niveaux d'expression de CD3+CD69+ ($p < 0,001$) et CD3+HLA-DR+ ($p < 0,01$) étaient plus forts chez les malades à P1. Les cellules CD19+CD69+ ont été plus retrouvées chez les patientes à P1 que témoins ($p = 0,001$). Ces cellules continuaient d'augmenter à P2 et P3. Une forte apoptose des cellules CD3+et CD19+ a été notée chez les patientes à P1 comparées aux témoins ($p < 0,001$). Chez les patientes, les proportions de lymphocytes Apo2.7 + augmentaient de P1 à P2 ($p < 0,05$) puis sont restées invariables entre P2-P3 ($p < 0,05$). L'activation et l'apoptose lymphocytaires ne sont pas apparues corrélées et ceci tous au long du traitement.

Conclusion Notre étude démontre l'influence des anticancéreux sur le phénotype des lymphocytes, avec une absence de liaison entre apoptose et activation. Ces données doivent être prises en compte dans les futures stratégies de traitement du cancer mammaire.

POSTER P235

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Lyn-Cook, Beverly

ATP-BINDING CASSETTE (ABC) GENES GENOTYPES AND EXPRESSION: A POTENTIAL ASSOCIATED WITH PANCREATIC CANCER DEVELOPMENT AND CHEMORESISTANCE?

Lyn-Cook, Beverly*; Pang, Li; Hammons, George
FDA/National Center for Toxicological Research, United States

Correspondence Lyn-Cook, Beverly
Email: beverly.lyn-cook@fda.hhs.gov

Objective To determine genetic polymorphisms in ATP-Binding Cassette (ABC) transporter genes and associate these SNPs to different responses to chemotherapy in pancreatic cancer.

Method Polymorphisms were detected with TaqMan SNP genotyping assays (Applied Biosystems). Expressions of ABC transporters were analysed by real-time RT-PCR. MTS assay were conducted for functional studies.

Results The TT genotypes of G2677T and C3435T in ABCB1 gene were associated with lower risk of developing pancreatic cancer in the investigated populations ($p=0.013$, $OR=0.35$ and $p=0.015$, $OR=0.29$, respectively). To our knowledge, this is the first report of the common polymorphisms in ABCB1 gene affecting the genetic risk of developing pancreatic cancer. Moreover, compared to ABCB1 G2677T and C3435T wild-type homozygotes and heterozygotes, the expression of ABCB1 in mutant-type homozygotes (2677TT and 3435TT) was lower in normal pancreatic tissue (64.3% and 68.9%, respectively, $p<0.05$), and the same trend was also found in pancreatic cancer specimens. Cell viability assay revealed that these three cell lines were much more sensitive to gemcitabine than PANC1, SU86.86, PL-45, and ASPC1, which are either ABCB1 G2677T-C3435T wild type homozygotes or heterozygotes.

Conclusion These results are consistent with the clinical observation that for patients receiving post-operative gemcitabine chemotherapy, the overall survival is tended to be longer in the ABCB1 2677TT and 3435TT carriers. Polymorphisms in ABCB1 G2677T and G3435T were associated with different susceptibility to pancreatic cancer and may predict responses to chemotherapy.

WORK- SHOP

Free Communication of Abstracts 1

11:00–13:00

Friday

20 November
2015

Magaji, Bello Arkilla

**PATTERN AND PREDICTORS OF HEALTH-RELATED QUALITY OF LIFE
AMONG COLORECTAL CANCER PATIENTS IN UNIVERSITY MALAYA
MEDICAL CENTRE**

Magaji, Bello Arkilla
University of Malaya, Malaysia

Correspondence Magaji, Bello Arkilla
Email: drmagaji@siswa.um.edu.my

Objective In Malaysia, colorectal cancer ranked the second most frequent cancer among men and women. Despite that research on patient-reported outcomes in colorectal cancer are scarce. This study aimed to determine the pattern and predictors of health-related quality of life (HRQOL) among colorectal cancer patients treated at the University Malaya Medical Centre (UMMC), Malaysia.

Method This is a cross sectional study of 324 patients with colorectal cancer. Data were drawn from patient's records and interviews. Research tools included the Malaysian versions of the EORTC core (QLQ-C30) and colorectal cancer (QLQ-CR29) questionnaires. Statistical analyses included descriptive and stepwise multiple linear regression models.

Results The mean age of participant was 62.5 ± 13.6 years. Majority were Chinese (62.3%). Cancer of the colon accounted for 87%. Majority of patients were Dukes' C (38%). Surgical intervention was received by 84% of patients. Mean duration since diagnosis was 63 months. Our patients rated their Global Health Status/Quality of Life (GHS/QOL) and functional wellbeing higher than EORTC reference values and report less symptoms. Ethnicity though associated with the GHS/QOL but is not an independent predictor of GHS/QOL. Role and social/family functioning scales were the two independent predictors of GHS/QOL and both are modifiable.

Conclusion Early identification and prompt interventions for the modifiable predictors of HRQOL should be considered. These interventions should include public awareness, service provision (screening/early diagnosis, treatment) and proactive engagement of patients to share their experience with colorectal cancer with emphasis on role, social and family functions which are found to be proxies for the overall HRQOL. Future research should focus on the socio-cultural aspects of the HRQOL in a population based setting and the use QLQ-C30/QLQ-CR29 as screening tools for HRQOL.

POSTER P236

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Maison Mayeh, Anne Marthe

**ETAT DES LIEUX DE LA RADIOTHERAPIE EXTERNE DANS UN PAYS EN
VOIE DE DEVELOPPEMENT: CAS DU CANCER DU COL UTERIN AU
CAMEROUN**

Maison Mayeh, Anne Marthe*; Yomi, Jean; Mouelle Sone, Albert;
Essomba Biwole, Martin
Hopital General Douala Cameroon, Cameroon

Correspondance Maison Mayeh, Anne Marthe
Email: madichrys@yahoo.com

Objectif Décrire les étapes actuelles cliniques et techniques de la planification d'une radiothérapie des cancers du col utérin afin d'identifier et de corriger les limites des techniques actuelles et de servir de guide à l'évolution vers des techniques de traitement plus modernes

Méthode Il s'agit d'une étude rétrospective, descriptive sur 5 ans allant de Janvier 2005 à Décembre 2009 dans les services de radiothérapie des hôpitaux généraux de Douala et Yaoundé incluant les dossiers des patientes ayant été traitées pour un cancer du col de l'utérus par radiothérapie pendant la période d'étude. L'analyse des données ont été effectuées grâce au logiciel Epi info version 7.0. Le test statistique utilisé était le test de Khi2 pour comparer nos résultats qui étaient significatifs pour une probabilité $p < 0,05$.

Résultats Au total, 134 dossiers ont été collectés. La planification clinique était limitée par l'absence de diagnostic histologique chez 14,18% patientes, par l'inexistence d'un bilan d'extension ganglionnaire et à distance dans 41,79% et 22,39% cas respectivement. Les stades localement évolués représentaient 52,94%. La radiothérapie externe exclusive chez 78,03% patientes. La technique de radiothérapie externe était conventionnelle, par deux faisceaux antéro-postérieurs délivrant une dose moyenne de $58,15 \pm 12,46$ Gy dans le pelvis en totalité. On notait 37% d'interruptions de traitement notamment pour des effets secondaires et pour des pannes de machine. La réponse globale au traitement était à 70,68% complète. Le taux de survie était de 37,59% à 1 an.

Conclusion Les limites actuelles de la radiothérapie des cancers du col utérin reposent sur l'imprécision dans la planification clinique: diagnostic, bilan d'extension et dans la planification technique: détermination imprécise du volume cible et autres paramètres d'irradiation. L'amélioration de ces limites est nécessaire pour passer à des techniques plus modernes d'irradiation.

WORK- SHOP

Oncology Nursing (2)

16:00–17:30

Friday

20 November

2015

Makumi, David

NURSING ONCOLOGY CURRICULUM DEVELOPMENT FOR AFRICAN NURSES: THE PROGRESS SO FAR

Makumi, David

Aga Khan University Hospital / Kenya Cancer Association, Kenya

Correspondence Makumi, David

Email: dkmakumi@gmail.com

Background Specialized training for qualified nurses in most of Africa mainly follows demand and supply dictated by disease patterns and availability of resources. Majority of nurses learn to deal complexities of cancer treatment on the job. Lack of training is compounded by competing healthcare priorities. Opportunities for post basic education in cancer nursing are few and far apart in spite of the growing cancer burden.

Objective Review the developments and setbacks in cancer nursing curriculum in Africa.

Method A desk review of literature and interviews of key stakeholders from across Africa on the state of post basic cancer nursing education as well as a review of country cancer reports.

Findings Several African countries are at various stages of developing their country specific cancer nursing curricula. Majority do not have this on their priority list. Kenya has oncology programs offered at Masters Level and a curriculum for post basic diploma. Several initiatives where visiting cancer nursing scholars provide quick education interventions were identified. Pilot projects on virtual and online programs have been undertaken with varying degrees of success. These pilot projects include the International Atomic Energy Agency (IAEA) led Virtual University of Cancer Control covering Uganda, Tanzania, Ghana and Zambia and the OncoLink e-learning cancer nursing education program piloted in Tanzania. South Africa has robust formal cancer nursing education programs offered by several of its universities. Egypt among other North African countries have also made steps in developing cancer nursing education.

Conclusion There are small but tangible advances in cancer nursing education in sub-Saharan Africa. But there is an urgent need to increase funding to facilitate the development of formal, accessible, relevant and effective specialist cancer nursing training programs.

WORK- SHOP

Free Communication of Abstracts 1

11:00–13:00

Friday

20 November
2015

Makunike-Mutasa, Rudo

IS THE ROUTINE TESTING OF PROGESTERONE RECEPTOR ON BREAST CANCERS ON INDIGENOUS WOMEN COST EFFECTIVE

Makunike-Mutasa, Rudo
University of Zimbabwe, Zimbabwe

Correspondence Makunike-Mutasa, Rudo
Email: rmutasa@hotmail.com

Objective To critically assess the cost effectiveness of performing all three receptors (ER (Estrogen), PR, (Progesterone), Her 2 neu (Epidermal Growth factor) as routine, in breast cancers in Zimbabwe, a resource poor setting.

Method The study population consists of consecutive patients diagnosed with primary breast cancer in one laboratory from January 2014 to April 2015, on whom we routinely performed ER, PR, and Her 2 neu.

Results Of the 154 patients tested, 120 were indigenous blacks and 34 were other races. 2 (0.01%) were PR only +ve, 11 (7.1%) were ER+ve yet PR –ve and 25 (16%) were Triple negative, while 106 (68.8%) were ER positive. There was no significant race difference except in the percentage of triple negative patients. (18.33% for blacks vs 8.8% for non blacks).

Conclusion The significantly low rate of PR only positivity or PR –ve in the face of ER +ve versus its significance as an independent prognostic factor as well as the cost of the test in Zimbabwe (USD\$50), suggests that, we need to come up with an algorithm for the use of PR. We recommend that PR is requested only when Her 2neu and ER are both positive or both negative to predict two distinct groups:

1) good prognostic, luminal A cancers (ER, PR, Her 2 neu +ve) or

2) poor prognostic triple negative, basal cancers (ER, PR, Her 2 neu -ve) respectively.

The cost of the PR receptor antibody is equivalent to 3 months supply of Tamoxifen and its value in the other seven subtypes cannot justify the cost.

POSTER P237

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Mane, Maimouna

LA PRISE EN CHARGE DES MÉTASTASES CÉRÉBRALES DES CANCERS SOLIDES À L'INSTITUT JOLIOT-CURIE DE DAKAR: À PROPOS DE 50 CAS

Mane, Maimouna*; Dieng, Mamadou Moustapha; Gaye, Papa Macoumba;
Diop, Mamadou; Dem, Ahmadou
Institut du Cancer de Dakar, Senegal

Correspondance Mane, Maimouna
Email: maimouna.mane@hotmail.fr

Objectif Vingt à quarante pour cent des patients atteints de cancer vont développer des métastases cérébrales (MC) au cours de l'évolution de leur maladie. L'objectif de notre étude était de décrire le profil épidémiologique des malades, et d'étudier les aspects cliniques, paracliniques, thérapeutiques, et évolutifs de leur maladie.

Patientes et méthode Nous avons réalisé une étude rétrospective descriptive, entre juin 1991 et janvier 2012, incluant 50 patients pris en charge pour des MC à l'institut Joliot-Curie de Dakar.

Résultats Les 42 femmes et 8 hommes (Sex Ratio: 0,19) étaient âgés en moyenne de 45,88 ans. Le cancer primitif était mammaire dans 70%, et pulmonaire dans 14%. Il était évolutif dans 54%, contrôlé dans 22%, et en rémission dans 24%. De manière générale, la MC était métachrone dans 82%, synchrone dans 6% et révélatrice dans 12%. Elle apparaissait en moyenne au bout de 75,26 semaines, après le diagnostic du cancer primitif. La MC de cancer mammaire était plutôt métachrone dans 88,6%, et survenait au bout de 84,8 semaines en moyenne. La MC de cancer pulmonaire était plutôt révélatrice dans 71,4%, avec un délai moyen de survenue de 19,43 semaines. Vingt-huit patients ont eu une irradiation encéphalique totale à la dose de 30 Grays en 10 fractions, et trois à la dose de 20 Grays en 5 fractions. La chimiothérapie a été délivrée dans 21,5%. Quatre patients ont eu une réponse objective, et cinq une mauvaise réponse. Au cours de ce suivi qui a duré en moyenne 12,3 semaines, 80% des patients étaient décédés, 8% vivants, et 12% perdus de vue.

Conclusion Les MC sont fréquentes, et de pronostic sombre malgré les multiples innovations thérapeutiques.

WORK- SHOP

**Cancer
Registration**
11:00–13:00
Thursday
19 November
2015

Manraj, Shyam Shunker

STUDYING CANCER SURVIVAL IN AFRICAN POPULATIONS

Manraj, Shyam Shunker*¹; Fauzee, Nilufer Jasmine S²; Sewsum, Sashi³; Mohith, Anil³; Sewpaul-Sungkur, Rina²; Parkin, Donald Maxwell⁴

¹Central Health Laboratory, Mauritius; ²Central Health Laboratory, Mauritius;

³Radiotherapy Centre, Victoria Hospital, Mauritius; ⁴Clinical Trial Services Unit and Epidemiological Studies, United Kingdom

Correspondence Manraj, Shyam Shunker
Email: ssmanraj@gmail.com

Cancer survival studies in African populations have up till now been scarce mainly due to follow-up reasons. This presentation on cancer survival studies in Africa is divided into three parts. The first part will concern basic information on cancer survival studies as regards to definition, conduct and presentation of survival data. This will be followed by a review of recently published scientific articles on cancer survival studies involving African registries namely an International Agency for Research on Cancer (IARC) initiated study on cancer survival across several continents including Africa, Asia, and Central America. The other major international cancer survival study is CONCORD-2 published in 2014 where nine African cancer registries participated in this global exercise. The last part of the presentation is devoted to ongoing cancer survival studies conducted by the African Cancer Registry Network (AFCRN). This includes a study on esophageal and cervical cancer survival from four Eastern Africa cancer registries. Finally, we will also present preliminary results of a five year population-based cancer survival study for several prevalent sites in the Republic of Mauritius.

LUNCH SESSION

African Regional Meeting on NCCP

13:15–14:15

Friday

20 November
2015

Manraj, Shyam Shunker

MAURITIUS: WHAT WORKS AND WHAT DOESN'T

Manraj, Shyam Shunker^{*1}; Fauzee, Nilufer Jasmine S¹; Pauvaday, Keyvoobalan²; Deelchand, Anil²; Sewurn, Sashi²; Mohith, Anil³; Hemoo, Tanuja³

¹Central Health Laboratory, Mauritius; ²Ministry of Health & Quality of Life, Mauritius; ³Radiotherapy Centre, Victoria Hospital, Mauritius

Correspondence Manraj, Shyam Shunker

Email: ssmanraj@gmail.com

The first National Cancer Action Plan (NCAP) 2010–2014 for the Republic of Mauritius has been completed and we are presently embarking on the second plan for the period 2015–2019. It is the right time to reflect upon the achievements and shortcomings covering the various components of the cancer control program; bearing in mind the specificities of Small Island Developing State (SIDS) status of the Republic of Mauritius and our cancer epidemiology pattern which is different from that on the African continent. Progress has been accomplished in the following fields namely the implementation of breast cancer care program and cervical cancer screening programs, childhood cancer management as well as improvement of laboratory diagnosis, radiotherapy along with medical imaging facilities. Moreover, Mauritius National Cancer Registry (MNCR) has become an active member of the African Cancer Registry Network (AFCRN) with scaling up of its activities, publication of model reports and participation in various multi country cancer studies. Somehow, shortcomings have been noted in the form of delay to implement the palliative care and the nationwide human papilloma virus (HPV) vaccination programs along with lack of multi-disciplinary team approach. However for the future, lessons have been drawn to develop and implement a second National Cancer Control Program (NCCP 2015–2019) one of the pillars of which will lead to the design and creation of a National Cancer Centre.

POSTER P238

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Manraj, Shyam Shunker

EPIDEMIOLOGICAL TRENDS IN PANCREATIC CANCER IN THE REPUBLIC OF MAURITIUS FROM 2002 TO 2013

Manraj, Shyam Shunker*¹; Fauzee, Nilufer Jasmine S¹; Jankee, Nishta²; Manraj, Meera²; Mohith, Anil³; Eddoo, Reshad¹

¹Central Health Laboratory, Mauritius; ²University of Mauritius, Mauritius;

³Radiotherapy Centre, Victoria Hospital, Mauritius

Correspondence Manraj, Shyam Shunker

Email: ssmanraj@gmail.com

Objective Pancreatic cancer (PaC) is one of the most fatal cancers worldwide and its incidence is on the rise in developed countries. Our aim is to analyse, for the first time, its trends in incidence and mortality in the Republic of Mauritius. We also carried out a population based one-year PC survival study.

Method Data on PaC incidence and mortality from the period 2002 to 2013 were retrieved from the National Cancer Registry (NCR) of Mauritius which attained population-based level since 2000. Analysis by 3-year periods were conducted on variables such as age, gender, district of residence and ethnicity. The survival study included PaC patients registered from 2005 to 2007 and followed up till end 2008. Data from the NCR were cross checked with a list of all deaths obtained from the Civil Status Office of Mauritius for the latter.

Results 242 new PaC cases (148 men and 94 women) were registered over the 2002–2013 period, out of total of 18 600 cancer cases registered. ASR(W)/105 incidence rates raised from 1.4 (2002–2004) to 2.3 (2011–2013) in males and from 0.7 to 1.1 for the corresponding periods in females. PaC was more prevalent in urban areas compared to rural ones ($p=0.02$) PaC deaths increased from 55 to 89 in males and from 44 to 61 in females during the corresponding 3-year periods. Mortality to Incidence (MI) ratio was consistently greater than 1, probably due to under-registration following over-emphasis on histologically proven cases. The overall 1-year survival rate for patients diagnosed with PaC from 2005–2007 ($N=55$) was 63.1%. A decreasing survival rate with growing age was observed ($p=0.004$).

Conclusion Incidence and mortality rates for PaC are increasing in Mauritius. Further studies are warranted to explore the possible association of PaC with diabetes which is very prevalent in Mauritius.

POSTER P239

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Manraj, Shyam Shunker

EPIDEMIOLOGICAL TRENDS OF PROSTATE CANCER IN THE REPUBLIC OF MAURITIUS OVER PAST TWO DECADES

Manraj, Shyam Shunker*¹; Fauzee, Nilufer Jasmine S¹; Dustagheer, Nawsheen²;

Manraj, Meera²; Mohith, Anil³

¹Central Health Laboratory, Mauritius; ²University of Mauritius, Mauritius;

³Radiotherapy Centre, Victoria Hospital, Mauritius

Correspondence Manraj, Shyam Shunker

Email: ssmanraj@gmail.com

Objective Prostate Cancer (PC) is the commonest cancer in males in developed countries and its incidence in Mauritius is rising due to ageing of the population. Our aim was to analyse data on PC incidence, mortality from 1989 till 2013 and conduct a population based five-year survival study. The Mauritius National Cancer Registry (MNCR) is operational for more than two decades and has reached a population-based level (PBCR) since 2000.

Method Data from 1989 till 2013 was retrieved from the NCR and analysed by four-year periods. Sources of data are multiple including radiotherapy, laboratory and health records, and deaths list was obtained from civil status office. A five-year survival study for PC registered cases in 2005 was also carried out.

Results From 1989 till 2013, 1373 new cases of PC have been registered out of a total of 13,878 cancer cases in males and ASR(W)/105 rates have increased from 5.9 for 1989-1992 to 15.2 for 2009-2013. For period 2009-2013, it represents the second most common site in males 12.4% just behind colorectal cancer 13.1%. As regards to ethnic distribution, PC was found to be more common in the General population which is mainly of African origin compared to those of Asian origin ($p=0.001$). Also PC was more prevalent in urban areas compared to rural ones ($p=0.088$). The MI ratio (Mortality/Incidence) is 0.67, while the absolute overall 5-year survival rate for PC registered in 2005-2009 was 57.3% (where $N=351$). Besides for PC cases registered in 2005, patients with PSA level (Prostatic Serum Antigen) <50 ng/mL had better prognosis (76%) compared with PSA level ≥ 50 ng/mL (42%) ($p=0.005$).

Conclusion PC incidence in Mauritius shows a very significant increase over last two decades mimicking trends of female breast cancer, endometrial and colorectal cancer. This situation warrants adequate preventive and curative strategies in the near future for the benefit of cancer patients.

POSTER P213

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Manraj, Shyam

PRELIMINARY RESULTS THE BREAST CANCER BIOLOGY STUDY TO DETERMINE REGIONAL DIFFERENCES OF HORMONE RECEPTOR EXPRESSION IN AFRICA

Manraj, Shyam*¹; Ilunga, Julien²; Dzamalala, Charles³; Cubasch, Herbert⁴; Ogunbiyi, Olufemi⁵; Kantelhardt, Eva Johanna⁶

¹Pathology Service, Mauritius; ²Universite Lubumbashi, Democratic Republic of the Congo; ³Pathology Department, Blantyre, Malawi; ⁴University of the Witwatersrand, South Africa; ⁵University College Hospital, Ibadan, Nigeria;

⁶Martin-Luther-University Halle (Saale), Germany

Correspondence Manraj, Shyam | Email: ssmanraj@gmail.com

Objective Often breast cancer in the African setting is described aggressive with high grading and negative hormone-receptor status. American immigrants from East Africa show more hormone-receptor positive disease than West-African patients. This study aims to investigate proportions of hormone-receptor (HR) positive disease from cases of different regions in Africa.

Method This study is a collaborative project within the African Cancer Registry network (AFCRN) to collect 60 consecutive breast cancer blocks from 12 centers in Africa. Until May 2015, 8 investigators from 7 countries participated in sending specimen to central pathology in Germany. All specimens were fixed with buffered formalin and locally embedded in paraffin. Estrogen-, progesterone-receptor, HER2 and Ki67 were stained by standard automatic protocols in Germany (Zytomed Systems). HRs were considered positive when >1% cells were stained. HER2 was considered positive when staining showed 3+.

Results Blocks were received from Mali, Nigeria, Congo, Ethiopia, Mauritius, Malawi and South Africa. There was some variation due to quality of local paraffin and possible delay in fixation due to administrative procedures. Obtaining clinical data was occasionally difficult. The majority of blocks were sufficiently stained. Until May 2015, of 225 patients included 45% had grade 2 and 44% grade 3 carcinomas. 50% of the specimen were estrogen-receptor positive, 38% were progesterone-receptor positive and 17% were HER2 positive. 51% had elevated Ki67 above 14%. Regional results will be presented.

Conclusion This study from different centers in Africa shows feasibility of collaborative research efforts within a network like AFCRN. Main obstacles are access to clinical data for pathologists and availability of high quality chemicals on the local market. Centralized pathology assessment assures standardization of immunohistochemistry procedures and reading.

POSTER P075

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Maree, Johanna

AN INTEGRATIVE REVIEW OF AFRICA CANCER NURSING RESEARCH PUBLISHED FROM 2005 TO 2014

Maree, Johanna*; Herbert, Vivienne; Huiskamp, Agnes
University of the Witwatersrand, South Africa

Correspondence Maree, Johanna
Email: lize.maree@wits.ac.za

Objective The study aimed to quantify the cancer nursing research papers published by Africa nurses the past decade, describe the publication outputs in terms of the country of origin, foci, settings, participants and methodologies and identify research gaps.

Method An integrative review was conducted of all published papers between 2005 and 2014 using the key words 'cancer nursing', 'oncology nursing', 'Africa' or the name of the specific African countries that had external beam radiotherapy machines in 2010. Data bases searched were Pubmed, Web of Science, SA e-publications, CINAHL and Scopus.

Results A total of 515 papers for potential inclusion was found, 56 met the inclusion criteria and were reviewed by 3 researchers. The papers represented 10 African countries; most originating from South Africa (57%), followed by Nigeria (21%) and Kenya (5%). Women (51%), cervical cancer (54%), knowledge, attitudes and practices (80%) and primary and secondary prevention of cancer (57%) were the main foci of the papers. A quantitative approach (39%) and survey design (30%) were mainly used whilst 27% of the work was qualitative. Only 8 papers (14%) implemented and evaluated/validated some strategy to improve cancer outcomes.

Conclusion Africa cancer nurses added to the body of knowledge of cancer in terms of primary and secondary prevention. The field of knowledge, attitudes and practices has reached maturity and resulted in an urgent need for innovative and influential work to find solutions to the identified challenges. There is a dearth of research focusing on the most prevalent cancers, the patient, family and care givers and disease and treatment related symptoms. It is essential for cancer nurses to combine their efforts with the rest of the multidisciplinary team and international experts to find appropriate solutions for Africa; not only for the prevention and early detection of cancer, but also for people living with cancer, their families and care give

WORK- SHOP

Oncology Nursing (1)

14:30–15:45

Friday

20 November

2015

Maree, Johanna

RANGE OF SKILLS REQUIRED BY ONCOLOGY TRAINED NURSES

Maree, Johanna

University of the Witwatersrand, South Africa

Correspondence Maree, Johanna

Email: Lize.maree@wits.ac.za

Introduction Africa faces unique challenges in terms of cancer prevention and care which require a specific range of skills from oncology trained nurses.

Objective The objectives this presentation will address is the range of skills required by nurses practising in the field of oncology nursing in Africa.

Method An internet search was conducted in July 2015 to identify the range of skills required by oncology nurses and to assess whether these skills would be appropriate for the African context.

Findings Various skills sets are available. The skills sets found focus on the skills needed for the nursing management of the patient diagnosed with cancer and the family throughout the trajectory of the disease in various care settings. None of the skills sets evaluated included skills related to cancer prevention and early detection.

Conclusion The range of skills for oncology nurses practising in the African context should include applicable skills outlined in the available skills sets as well as skills focusing on the primary and secondary prevention of cancer, research and practice development.

WORK- SHOP

**Free
Communication
of Abstracts 4**
16:00–17:30
Friday
20 November
2015

Maree, Johanna

WOMEN'S EXPERIENCES OF BRACHYTHERAPY FOR CERVICAL CANCER: A QUALITATIVE INQUIRY

Maree, Johanna*; Dzaka, Alberta
University of the Witwatersrand, South Africa

Correspondence Maree, Johanna
Email: lize.maree@wits.ac.za

Objective The objective of our study was to present a descriptive summary of women's experiences of brachytherapy.

Method We selected a qualitative descriptive design and conducted unstructured interviews with 16 women between the ages of 32 and 54 years receiving brachytherapy. One question, 'Please tell me what it is like for you to get brachytherapy,' was asked. Data gathering and analyses were done concurrently and thematic analyses analysed the data. Data saturation determined the sample size.

Results Two themes arose from the data: the treatment experience and experiencing emotional distress. The participants agreed brachytherapy was a terrible experience and had feared the procedure even before having it. Participants experienced severe pain; some could not help but cry out whilst others preferred to die rather than having to undergo another treatment. Some experienced pain for several days after the treatment and passing urine added to their suffering. Having to open their legs was a humiliating experience and not having the same doctor and observers present added to their humiliation. Some participants felt uninformed and unprepared. Some experienced the health care professionals as rude and uncaring, whilst others had felt supported by the health care professionals. Participants trusted God to get them through the treatment.

Conclusion The study demonstrated that being treated with brachytherapy is a negative experience riddled with fear, pain and humiliation solaced by God and caring staff.

Recommendations Nurses should assess the level of pain women experience before, during and after receiving brachytherapy and lobby for the revision of pain management protocols. Non-drug options used in pain management could be implemented and the rotation of doctors and observers minimized.

WORK- SHOP

Malignancies in the Setting of HIV Infection

11:00–13:00

Friday

20 November
2015

Martin, Jeffrey

KAPOSI'S SARCOMA IN AFRICA: PROGRESS AND CHALLENGES

Martin, Jeffrey

University of California, San Francisco, United States

Correspondence Martin, Jeffrey

Email: martin@psg.ucsf.edu

In sub-Saharan Africa, the intersection between the epidemic of HIV infection – starting in the 1980s – and underlying endemic infection with Kaposi sarcoma-associated herpesvirus (KSHV) has resulted in Kaposi sarcoma (KS) becoming one of the most common malignancies reported in registries. Despite the high nominal tally of KS cases, there is a striking lack of definitive data in Africa regarding basic elements of KS incidence, therapy, and survivorship. Regarding diagnosis, much of KS in Africa is documented solely on clinical grounds without pathologic confirmation; this results in substantial overdiagnosis and may also lead to underdiagnosis. Additionally, calculation of incidence rates has been limited by difficulties in ascertainment of at-risk population bases. In the realm of therapy, the evidence base has virtually all been derived from resource-rich settings (e.g., the U.S.). This is despite differences between Africa and other settings in the human host, viral pathogen, and local environment, all of which may alter treatment response. Regarding survivorship, very frequent losses to follow-up from care venues have precluded accurate estimation of population-based survival, leaving us uncertain about the fate of newly diagnosed patients with KS. Collectively, this lack of definitive data has likely been a critical factor in hindering efforts to attract attention from domestic and international policymakers to improve KS-related prevention and therapy as well as funders to support activities. Fortunately, several new HIV-related research consortia have recently taken root in Africa that hold promise for deriving the data needed to understand the magnitude of KS and improve outcomes. Also promising are ongoing massive efforts to increase coverage of HIV therapy in Africa; they provide hope that KS can revert to the state it would be without HIV. To what extent this becomes reality will require continued investment in research platforms to monitor progress.

POSTER P241

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Masamba, Leo

TUBERCULOSIS DIAGNOSIS DELAYING TREATMENT OF CANCER: EXPERIENCE FROM QUEEN ELIZABETH CENTRAL HOSPITAL, BLANTYRE, MALAWI

Masamba, Leo^{*1}; Jere, Yankho¹; Brown, Ewan²; Gorman, Dermot²

¹Queen Elizabeth Central Hospital, Malawi; ²NHS Lothian, United Kingdom

Correspondence Masamba, Leo

Email: leomasamba@yahoo.co.uk

Objective In Malawi most healthcare outside main hospitals is delivered by nursing and clinical officer staff. Tuberculosis is common and at times diagnosed on clinical grounds without support from laboratory or other investigations. The oncology team has prospectively recorded information about new cancer patients who have previously been diagnosed and treated as tuberculosis. We analyse these data and draw out lessons for the Malawian healthcare system.

Method Patients who had an erroneous tuberculosis diagnosis 2010–14 before their cancer diagnosis were identified by Clinical Officer (YJ) or Consultant Oncologist (LM). Demographic and clinical data were extracted and entered onto an excel spreadsheet.

Results 34 patients were identified as misdiagnosed: 23 males (average age 32.7 and 26% HIV+ve) and 11 females (mean age 36.8 and 73% HIV+ve). Mean duration of Tuberculosis treatment before oncology presentation was 3.6 months. The mean delay in cancer diagnosis resulting from this was 5.4 months – slightly longer for men (5.9 months), than women (4.5 months). On presentation many patients had a constellation of signs and symptoms. Pulmonary tuberculosis or TB lymphadenitis were the most common misinterpreted signs and diagnoses were predominantly clinical (17 instances) but often supported by chest x-ray (7) and other investigation. Most malignancies were lymphomas (Non Hodgkin's 11, Hodgkin's 10 and Burkitt's 2). Chemotherapy was offered to 26 patients.

Conclusion creating patients with cancer as presumed tuberculosis is an important clinical problem in Malawi affecting approximately 1% of new cancer diagnoses in the oncology unit. Many of the patients here had poor outcomes which may be attributable to this misdiagnosis and delayed cancer treatment. Malawi has very limited resources (particularly in rural areas) with few staff and limited investigative capacity.

POSTER P214

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Mathewos, Assefa

TREATMENT PATTERNS AND OUTCOME OF 364 CERVICAL CANCER PATIENTS IN ADDIS ABABA BASED ON A POPULATION BASED CANCER REGISTRY, 2011–2013

Mathewos, Assefa^{*1}; Timotewos, Genebo¹; Solomon, Asmare¹; Addissie, Adamu¹; Kantelhardt, Eva Johanna²; Jemal, Ahmedin³

¹Addis Ababa University, Ethiopia; ²Martin-Luther-University Halle (Saale), Germany; ³American Cancer Society, United States

Correspondence Mathewos, Assefa

Email: mathewosassefa80@hotmail.com

Objective To determine treatment patterns and outcome of cervical cancer (CC) patients diagnosed from 2011–2013 in Addis Ababa using the Addis Ababa city population based cancer registry (AACCR).

Method A telephone survey of newly diagnosed CC patients in Addis Ababa from 2011–2013 (total 476 patients) or of their families at the end of 2014 for vital status and receipt of any form of treatment (surgery, radiation, and chemotherapy) was conducted. For patients with known vital status information, we used Kaplan-Meier to estimate survival and cox proportional hazard model (HR) to assess the effect of therapy on mortality after adjusting for age.

Results Of the 476 total CC patients, survey for vital status and treatment was successfully completed for 364 of them (77%). About 28% of these patients with information on treatment received surgery, 56% received radiotherapy and 33% received chemotherapy. Two year and three year overall survival probabilities were 54.7% (95%CI 51.9–57.5%) and 28.4% (95%CI 23.7–33.1%). The overall survival was better for patients who received surgery with adjusted HR=0.49 (95% CI 0.34–0.72 $p<0.01$); radiotherapy with adjusted HR=0.68 (95%CI 0.49–0.93 $p=0.02$) and chemotherapy with HR=0.58 (95%CI 0.41–0.84 $p<0.01$). Note that the information about therapy is simply about any form of applied therapy; no details on schedule, duration, extend or discontinuation was available. Also the lack of important information on stage in the majority of cases limits the interpretation of our findings. Age had no influence on survival. Stage at admission was only known in $n=175$ (37%): FIGO stage I/II was seen in 42%, FIGO stage III in 54% and FIGO stage IV in 4%.

Conclusion Receipt of treatment is suboptimal in cervical cancer patients from Addis Ababa. Overall survival in our cohort was comparable to data from the 90ies Zimbabwe and Uganda. Surgery, radiotherapy and chemotherapy had significant positive influence on survival.

POSTER MP069

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Mazouz, Aicha

METASTATIC BREAST CANCER IN YOUNG WOMEN

Mazouz, Aicha*; Boudahna, Lamiae; Baggar, Soufiane; M'rabet, Fatema Zohra;
M'rabet, Fatema Zohra; Arifi, Samia; Mellas, Nawfel
Morocco

Correspondence Mazouz, Aicha
Email: draicha.mazouz@gmail.com

Background Breast cancer is one of the most common malignancies among women in the world and it is on the rise among young women in 25–39-year-old, which had higher morbidity and mortality compared to older women. However there are no screening guidelines in place for young women. The aim of this study was to review our experience on treating metastatic breast cancer (MBC) in younger.

Patients and method A retrospective study was conducted from January 2009 to December 2013 in our department. Eligible women patients had MBC and were younger than 40 years old. We report the epidemiological, diagnostic, therapeutic and evolutionary characteristics of MBC in these patients.

Results 60 patients were collected. The average age of these patients was 36 years-old [23–40]. 10% of patients had a family history of breast cancer. The tumor was classified T3–T4 in 80% of cases with lymph node involvement in 50% of cases. The disease was metastatic at diagnosis in 80% of cases. Overall, the most common sites of metastasis were the bone, the liver, the pleura and the brain respectively. The breast cancer was ductal histologic and undifferentiated type in 90% and 50% of cases respectively. The expression of hormonal receptor (HR) was noted in 50% of cases. The human epidermal growth factor-2 (HER2) was over expressed in 30% of cases. Chemotherapy was given as a first line in 85% of cases with sequential regimen (anthracycline followed by taxanes) in 60% of these cases. Endocrine therapy was given as consolidation after response to chemotherapy in 30% of cases. Trastuzumab was given in 20% of patients. After a median follow up of 19 months, the median of PFS and OS were 8 months and 18 months respectively.

Conclusion Our retrospective study confirms that MBC in young women is associated with an aggressive clinical and molecular subtype. Furthermore, our data shows an increase in HR negative suggesting a possible shift in tumor biology as well.

POSTER P242

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Mazouzi, Khaoula

INDUCTION CHEMOTHERAPY FOR UNDIFFERENTIATED CARCINOMA OF THE NASOPHARYNGEAL TYPE IN ALGERIAN CHILDREN AND TEENAGERS

Mazouzi, Khaoula*; Filali, Taha
CHU Ibn Badis – Constantine, Algeria

Correspondence Mazouzi, Khaoula
Email: mouna30feddaoui@live.fr

Background Undifferentiated Carcinoma of the nasopharyngeal type (UCNT) is an endemic disease in some regions in the world such South-Eastern Asia, around Mediterranean Sea and Alaska. At the opposite of adults, UNCT in children and teenagers remains unfamiliar especially the treatment of advanced disease.

Method An epidemiologic retrospective study, held in our center, studying the response profile of patients aged less than 21 years diagnosed with UCNT, treated by chemotherapy followed by external radiotherapy, between 2000 and 2013.

Results In our center, nasopharyngeal carcinoma represents 10% of all cancer types and 41.1% of head and neck cancers, with sex ratio of 2.1 and average age of 44 years. Undifferentiated Carcinoma (UCNT) represents 88.9% Patients treated for nasopharyngeal carcinoma and aged less than 21 years represent 13.2% with sex ratio of 1.5 and average age of 17 years. UCNT was found in 97% and DC in 3%. For UCNT patients, 70% of patients were stage IV and Induction chemotherapy was indicated in 88.3% of patients After chemotherapy, complete response was obtained in 23.3%, partial response in 43.3%, progression in 10.0% and 23.3% of patients died because of uncontrolled disease. 33.9% of patients received second line of chemotherapy because of their progressive disease, recurrent disease or metastatic evolution. 36.9% of patients obtained a complete remission after their sequential treatment and are still alive. 20.8% had never returned back to our center for active surveillance, and overall survival could not be calculated.

Conclusion UCNT is an aggressive and endemic subtype of head and neck cancer in Algeria, It occurs in adults but it does not save children or teenagers. It is diagnosed lately because of its rapid onset but responds well to chemotherapy and radiotherapy, and despite its advanced stage at diagnosis, it has a good prognosis. Diagnosed earlier and well managed it can be completely cured.

WORK- SHOP

Curable Cervical Cancer in Africa

09:00–10:30

Wednesday

18 November
2015

Mbatani, Nomonde

THE BEST METHOD OF EARLY DETECTION OF CERVICAL CANCER FOR AFRICA

Mbatani, Nomonde

University of Cape Town, South Africa

Correspondence Mbatani, Nomonde

Email: nomonde.mbatani@uct.ac.za

More women in less developed countries die from cervical cancer than anywhere in the world. In Africa, the Sub-Saharan parts are most affected. Africa lacks reliable incidence: mortality statistics. About 20 HPV subtypes result in cervical cancer, with HPV 16 and 18 being the predominant subtypes in almost 70% of squamous cell, adeno and adenosquamous carcinomas of the cervix. Various screening tests have been developed. The accuracy of direct visual inspection techniques (VIA, VILI and VIAM) varies, depending on the skill of the operator. HPV DNA tests tend to give consistent results but the cost prohibits their use in low resourced countries. An ideal cervical cancer screening test for Africa would be one that is cheap, reliable and requiring minimal screening infrastructure.

WORK- SHOP

Science of Global Cancer Disparities (1)

14:30–15:45

Wednesday

18 November
2015

Mbulaiteye, Sam M

BURKITT'S LYMPHOMA IN THE 21ST CENTURY

Mbulaiteye, Sam M

National Cancer Institute, United States

Correspondence Mbulaiteye, Sam M

Email: mbulaits@mail.nih.gov

The description of Burkitt lymphoma (BL) in African children by Dennis Burkitt in 1958 ushered in an era of scientific discovery with dramatic impacts in viral oncology, tumor biology and chemotherapy. Within the first decade, Study of BL yielded seminal discoveries, including of Epstein-Barr virus, the first human virus linked to a human cancer, the linkage of BL to *Plasmodium falciparum* malaria, chromosomal translocations involving c-myc and immunoglobulin promoter elements, and, most importantly for patients, the demonstration of rapid and curative response to chemotherapy. Dubbed the Rosetta stone of cancer, BL became a complex model for carcinogenesis involving poly-microbes, immunity and host-genetics. Fifty years later, many questions remain unanswered. Although, chemotherapy cures about 90 percent of patients, this is possible only if they are diagnosed early and treated in time, but this is rarely the case in resource-strapped health systems in Africa. Epidemiologically, we lack tools to predict BL in people chronically exposed to malaria and/or EBV, lack sensitive tests to diagnose early BL and molecular treatments to reverse genetic instability associated with BL. The renewed interest in BL in the 21st century provides new opportunities to harness genomic and proteomic technologies to develop sensitive tools to predict, diagnose, interrupt and provide universal treatment for BL. I will discuss BL as a complex model for carcinogenesis and highlight the critical nature of multidisciplinary and international collaboration to engage and build capacity for pediatric oncology research in developing countries where BL is endemic. Universal treatment for BL in Africa in the 21st century could pave the way for building nascent pediatric oncology programs to support efficient and effective treatment for BL and other childhood cancers in Africa.

WORK- SHOP

Burkitt's Lymphoma

11:00–13:00

Saturday

21 November

2015

Mbulaiteye, Sam M

MALARIA INFECTION IS PROTECTIVE FOR BURKITT LYMPHOMA: REFORMULATION OF THE MALARIA DOGMA

Kinyera, Tobias*¹; Ogwang, Martin D¹; Kerchan, Patrick¹; Joloba, Moses³; Kirmunda, Samuel³; Bhatia, Kishor⁴; Mbulaiteye, Sam M⁴

¹Emblem Study, Lacor, Uganda; ²Emblem Study, Kuluva, Uganda; ³Makerere University, Uganda; ⁴National Cancer Institute, United States

Correspondence Kinyera, Tobias

Email: mbulaits@mail.nih.gov

Whether children with endemic Burkitt lymphoma (eBL) possess protective immunity for clinical malaria and parasite infestation is currently unknown. Current dogma posits that uncontrolled malaria infection drives, indirectly or directly, B cell expansion and triggers c-MYC translocation in B cells from which eBL arises. Alternatively, since eBL occurs in children heavily exposed to malaria, eBL might be a rare complication of a strong and effective immune response to malaria infection. If so, we would predict that compared to children of the same age and sex from the same area without eBL, those with eBL are less likely to have current or recent Pf malaria infection. As part of a large National Cancer Institute (NCI) sponsored EMBLEM Study investigating genetic, viral and parasitic causes of BL, we are studying the link between recent or current malaria infection and BL, controlling for prior malaria history and treatment. Cases are children with eBL aged 0–15 years presenting to six hospitals in Uganda, Kenya, and Tanzania with histologically proven untreated eBL. Controls are children with similar malaria exposure in the region enrolled at home in 300 randomly selected villages with matching for the age- and sex-distribution of eBL cases (matched population controls [MPCs]). Cases and controls provide a venous blood sample and questionnaire information on exposure to Pf malaria parasites (mosquito bed net use, insecticide sprays, proximity to a river/swamp, history of treatment for malaria). Blood-stage malaria is evaluated microscopically with giemsa-stained thin and thick blood films and with commercially available histidine-rich protein (HRPII) antibody-antigen capture rapid diagnostic tests. Here, I will provide preliminary data to challenge the dogma that eBL occurs in children who are vulnerable to malaria infection and propose that eBL appears to occur in children with established effective immunity against clinical malaria and malaria parasitemia.

WORK- SHOP

Free
Communication
of Abstracts 2
11:00–13:00
Friday
20 November
2015

McGoldrick, Suzanne

DIAGNOSTIC DISCORDANCE IN A COHORT OF CHILDREN WITH SUSPECTED ENDEMIC BURKITT LYMPHOMA AT THE UGANDA CANCER INSTITUTE

McGoldrick, Suzanne*¹; Geriga, Fadhil²; Mutyaba, Innocent²; Krantz, Elizabeth¹; Kambugu, Joyce²; Casper, Corey¹

¹Fred Hutchinson Cancer Research Center, United States; ²Uganda Cancer Institute, Uganda

Correspondence McGoldrick, Suzanne
Email: smcgoldr@fredhutch.org

Objective To determine the frequency of and factors associated with diagnostic discordance in a cohort of children with suspected Burkitt Lymphoma (BL) presenting to the Uganda Cancer Institute (UCI), we conducted a retrospective analysis.

Method Children presenting to the UCI with suspected BL from July 2012–July 2014 who were followed by the BL project, a clinical care project, and had 2 pathologic diagnoses of their initial tumor biopsy were included in the analysis. For each local pathology lab, a diagnosis was based on core biopsies stained with Hematoxylin and Eosin. Discordant diagnosis was defined as a BL diagnosis by one lab but not the other. We described the level of agreement in diagnoses using the kappa statistic and used logistic regression to determine factors associated with discordance.

Results Among 57 eligible children, the median age at enrollment was 7 years (range 1–19) and 61% were male. Most (67%) presented with early stage disease. Tumors were present in the jaw only for 80%; other sites involved included abdomen, skull and extremities. A total of 18 children (32%) had discordant diagnoses, giving a kappa value of 0.32. Among these children with only 1 BL diagnosis, the non-BL diagnoses at the other lab included rhabdomyosarcoma (n=4) lymphoblastic lymphoma (n=4), PNET (n=2) and various malignant (n=4) and benign tumors (n=4). In unadjusted models, older age (OR=1.2 per year older, 95% CI 1.0–1.3, p=0.06), CNS involvement (OR=4.4, 95% CI 0.9–20.9, p=0.07), and elevated LDH (OR=5.3, 95% CI 0.9–29.8, p=0.06) were linked to discordance, though not statistically significant. These estimates were attenuated in age-adjusted models.

Conclusion Diagnosing BL remains challenging in resource limited areas, particularly for older children, those with CNS involvement, and those with elevated LDH. More work in this area is needed to improve diagnostic tools and examine whether diagnostic uncertainty is associated with poorer survival.

POSTER P243

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

McKenzie, Fiona

A PROSPECTIVE MULTI-COUNTRY M-HEALTH BREAST CANCER SURVIVAL STUDY IN AFRICA

McKenzie, Fiona; ABC-DO, Study Group
International Agency for Research on Cancer (IARC), France

Correspondence McKenzie, Fiona
Email: mckenzief@iarc.fr

Objective Breast cancer (BC) survival rates in sub-Saharan Africa (SSA) are estimated to be low, yet in other settings BC has a good prognosis. The African Breast Cancer – Disparities in Outcomes (ABC-DO) study aims to use a within-Africa framework to measure BC survival and identify determinants in different SSA settings by implementing active follow-up via mobile phone and real-time m-Health technologies.

Method Newly BC diagnosed women at ABC-DO sites are invited to participate over a 2-year period. Baseline interviews are conducted at first hospital visit to obtain data on risk, culture, care access and beliefs. Clinical data are obtained during the period of treatment. Prompts to check completeness of data are automated within the m-Health system. At 3-monthly intervals for up to 3 years, the women (or their next-of-kin) are phoned to obtain data on vital status, side-effects, compliance, health status and possible barriers. A specific effort is being made to reduce losses to follow-up as this has been a major drawback of previous studies. Therefore an integral methodological component is the use of mobile technologies for data capture at diagnosis, during clinical care, and for follow-up.

Results Recruitment commenced in September 2014 and was staggered across sites. Up to May 2015, 390 women were enrolled (Namibia n=195; Nigeria n=86; Uganda n=109), with an overall response rate of 98%. In Namibia, the first participating site, 91% of enrolled women have completed their first scheduled follow-up. Preliminary results show time from first BC symptom to initial presentation to a health care provider (including traditional healers) was a median of 9 weeks (25–75%: 1 to 30 weeks). The time between first symptom and BC diagnosis was a median of 36 weeks (25–75%: 19 to 98 weeks).

Conclusion M-Health technology is proving to be a useful tool to reduce losses to follow-up and allow immediate use of collected data.

LUNCH SESSION

Cancer Survivors Forum

13:15–14:15

Friday

20 November
2015

McMikel, Ann CANCER SURVIVORS FORUM

McMikel, Ann^{*1}; Korir, Ann²; Chapman, Bob²; James, Funmilola³

¹American Cancer Society, United States; ²Kenya Cancer Association, Kenya;

³Breast Without Spot, Nigeria

Correspondence McMikel, Ann
Email: ann.mcmikel@cancer.org

Cancer is an emerging public health problem in Africa that has not yet been appropriately prioritized on the region's agenda, according to the World Health Organization. However, there is growing momentum to make cancer a global priority within the post-2015 Development framework of priorities. The WHO Regional Director for Africa has called upon African governments to scale up access to vaccines for cancer prevention, screening services for early detection of cancer and treatment, and palliative care services and urged development partners to align their efforts and support governments to achieve their national cancer control objectives by supporting improved access to health care services and provision of adequate resources.

In Africa, civil society has the unique opportunity to mobilize a grassroots, patient-led movement for changing the face and pace of cancer prevention, detection and treatment. Through its successful capacity-building program in Africa, the American Cancer Society works with a broad coalition of global and regional partners to catalyze political will, resources and knowledge to combat this disease. When cancer patients and caregivers are empowered with accurate cancer information, they are critical and unique advocates for putting a human face on the cancer threat in Africa and the need to respond with multisectoral urgency. The main objective of this session is to highlight advocacy best practices, projects and campaigns that support cancer patient-informed grassroots initiatives for breast and cervical cancer control, community awareness and resource mobilization opportunities in Africa, including:

- Meet The Targets, which supports national advocacy efforts to include cancer and NCD targets and indicators in government policies.
- Global Scholars which mentors high-achieving young professionals to hone their advocacy skills.
- Global Relay For Life, which enables cancer leagues to increase awareness, outreach, and income.

POSTER P077

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Meacham, Elizabeth

EXPLORING STIGMA AS A BARRIER TO CANCER SERVICE ENGAGEMENT: ILLNESS NARRATIVES AND SCALE DEVELOPMENT WITH BREAST CANCER SURVIVORS IN KAMPALA, UGANDA

Meacham, Elizabeth*¹; Orem, Jackson²; Nakigudde, Gertrude³;
Zujewski, Jo Anne⁴; Rao, Deepa¹

¹University of Washington, United States; ²Uganda Cancer Institute, Uganda;

³Uganda Women's Cancer Support Organization, Uganda; ⁴NCI, United States

Correspondence Meacham, Elizabeth

Email: elizabeth.meacham@gmail.com

Objective The purpose of this study is to understand the role of stigma in delaying cancer service engagement for women with breast cancer in Kampala, Uganda and adapt a stigma measurement tool for breast cancer.

Background Women in African countries are twice as likely to die from cancer as women in high-income countries. While access to care is limited, the high case fatality is largely attributable to late diagnosis; most women in sub-Saharan Africa are diagnosed in stage 3 and 4. Stigma associated with breast cancer has been identified by previous studies in sub-Saharan Africa, however there is limited research focused on how this stigma impacts the behavior of breast cancer patients in Uganda.

Method This mixed-methods study used a grounded theory approach to examine illness narratives from 20 breast cancer survivors in Uganda, gathered through in-depth semi-structured interviews. We also conducted cognitive interviews to gather feedback on adapting a stigma questionnaire. We administered the adapted questionnaire to 45 women to determine its initial psychometric properties.

Findings Results showed that perceived and internalized stigma associated with breast cancer influenced care engagement throughout the illness experience for survivors in Uganda. The thematic analysis results demonstrated that stigma not only delayed women from early engaging in care, but also discouraged them from remaining in care through treatment completion. Women identified that key factors for overcoming stigma and engaging in care included acceptance of diagnosis, strong social support, and knowledge of breast cancer. Further, exploratory psychometric analyses suggested the adapted scale fits a two factor scale with two items in each factor.

Conclusion The growing burden of mortality associated with breast cancer worldwide can be stemmed by improving early detection through evidence-based interventions, which include accounting for key psychosocial barriers such as stigma.

POSTER P078

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Meganem, Heyfa

NIVEAU SOCIO-ECONOMIQUE DU PATIENT ET IMPACT SUR LE TRAITEMENT ANTICANCEREUX EN TUNISIE: ETUDE DESCRIPTIVE TRANSVERSALE DE 76 MALADES TUNISIENS

Meganem, Heyfa*; Timoumi, Abir; Oueslati, Feten; Smida, Marwen;
Labidi, Soumaya; Boussen, Hamouda
Abderrahman Mami Hospital, Ariana, Tunisia

Correspondance Meganem, Heyfa

Email: megaheyfa@hotmail.fr

Objectif Le coût croissant des traitements médicaux du cancer pose un problème majeur de prise en charge dans les pays émergents en particulier Africains, où les budgets nationaux consacrés à la santé restent faibles. Notre travail se propose de décrire le profil socio-économique des patients Tunisiens, leur contribution financière personnelle et son impact sur l'adhésion au protocole thérapeutique et sur le budget familial.

Méthode Etude transversale durant le mois de mai 2015, parmi les patients traités en ambulatoire à l'hôpital du jour.

Résultats 76 patients (30H/46F), ayant un âge médian de 51,7 ans, traités à visée curative dans 32 cas et palliative dans 44 cas. La majorité avaient une couverture sociale (70%) ou un statut d'indigent (30%). Ils avaient un revenu équivalent au SMIG (320 DT/mois=146 euro) dans 18 cas et de l'ordre de 600DT/mois (274 euro) dans 53 cas. La distance domicile-hôpital était ≥ 100 km dans 23 cas, avec un coût du transport ≥ 30 DT (10% du SMIG, 14 euro) dans 25 cas. Les frais de l'hospitalisation du jour sont de 10DT (3% du SMIG= 4,5euro) et ceux de l'ordonnance de sortie de 15DT (5% du SMIG=6,85euro). Les coûts indirects étaient liés à l'absentéisme des accompagnants de leur travail. Par ailleurs, nos patients ont eu recours à la médecine parallèle dans 27 cas, engendrant des dépenses supplémentaires de l'ordre de 50DT/mois (23 euro), le recours à ces pratiques étant plus fréquent chez les patients de niveau scolaire bas ($p=0.001$)

Conclusion En Tunisie, les ménages contribuent à la hauteur de plus de 18% du SMIG pour chaque cure de traitement, sans que ceci n'altère l'adhésion au protocole thérapeutique. Des mesures de soutien social doivent être mises en place par les autorités de tutelle pour couvrir ces frais. La famille proche contribue par sa présence quasi-constante, élément favorable des sociétés arabo-musulmanes où le tissu familial joue un rôle important dans la prise en charge thérapeutique de ce type de malades lour.

WORK- SHOP

Biobanks

09:00–10:30

Thursday

19 November

2015

Mendy, Maimuna

BCNET – THE LOW AND MIDDLE INCOME COUNTRIES BIOBANK NETWORK: OPPORTUNITY TO BUILD BIOBANK INFRASTRUCTURE IN AFRICA

Mendy, Maimuna*¹; on behalf of BCnet, Members and Partners²

¹International Agency for Research on Cancer, Lyon, France; ²BCnet, WHO/IARC, France

Correspondence Mendy, Maimuna

Email: mendym@iarc.fr

A Biobank or Biological resource centre is a collection of biological material and the associated data stored in an organized system, for a population or a subset of a population. As medicine evolves, researchers are identifying increasing numbers of molecular analytes and biomarkers that characterize both healthy and medical conditions. Careful identification of the presence and levels of such biomarkers is crucial in diagnostic and treatment decisions and the study of cancer etiology and cancer control.

Key to the operations of a biobank is its infrastructure, facilities, processes, data management, policies and personnel. The investments in biobank infrastructure in high income countries (HIC) have enabled scientific progress, for effective cancer control measures. In particular, several population cohorts have established their own biobanking facilities for collecting, managing and storing biological resources. Despite the developments in HICs, population cohorts and biobanking facilities are either underdeveloped or non-existent in low and middle income countries (LMIC). In addition, many African countries are yet to develop standard guidelines and protocols regulating the collection, processing, storing and sharing of biological samples for future unspecified use. The complexity of diseases, largely due to multifactorial risk factors including environmental and genetic factors has meant that global approach is necessary to address public health concerns. With the cancer burden projected to increase 70% over the next two decades in LMIC, it is timely to establish infrastructures to ensure the availability of biological resources for research to contribute to cancer control and public health.

In response to this need, the IARC in collaboration with other international organisations established BCNet in 2013. Through BCNet, IARC is committed to addressing the shortfall of biological resources available for research within the next decade.

POSTER P079

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Merdin, Atilla

YOUTH – THE NEGLECTED POPULATION IN SOCIETY

Merdin, Atilla*; Kittony, Martin
Youth Against Cancer, Kenya

Correspondence Merdin, Atilla
Email: atilla@yackenya.org

Objective The current perception in most of the world and especially Africa, is that cancer is an “old man’s disease”/ the “rich man’s disease. However this is not a reflection of the situation in Africa. Youth often think they are immune to cancer and do not have adequate information on risk factors that lead to developing cancer in later ages. Many youth have fallen victim of various types of cancer. With a significant number of families affected it has become evident that something needs to be done to change the current situation. With no known youth associated groups and no one to appeal to them, they are less conscience about the reality of cancer. Tackling this problem at youth level could also reduce the cancer rate in the old age. YACK aims to Advocate and create awareness about cancer prevention among the youth in Kenya and beyond.

Method This is being done through using modern technology and innovations like facebook, blogs, twitter, SMS text messages well as public fun events which are all very popular among the youth. Through these strategies, the youth are becoming more aware of: cancer and other NCDs; causes of cancer (NCDs); prevention and where to go for treatment or send their sick friend/ family member for treatment. They are being empowered to become great ambassadors among their peers and older members of the community, taking messages to the youth and to the family members.

Conclusion YACK’s vision is to create a cancer conscious society that consequently will reduce the prevalence of cancer among the aging population by creating awareness about the risk of cancer among the youth using social media advocacy; changing behaviours by directing the youth to a healthier life style by encouraging them to participate in outdoor activities; regular excise; healthier dies and low consumption of alcohol and no tobacco use.

POSTER P080

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Meriem, Benguella-Benmansour

APPORT DE LA MUTATION JANUS KINASE 2 AU DIAGNOSTIC DES NEOPLASMES MYELOPROLIFERATIFS DANS UNE REGION DE L'OUEST ALGERIEN

Meriem, Benguella-Benmansour*¹; Kebir, Boucherit¹; Nasreddine, Benchikh²; Marie-Joelle, Mozziconacci³

¹Laboratoire Antibiotiques, Antifongiques: Physicochimie, Synthèse et Activité Biologiques, Algeria; ²Service de Biochimie, EHU Oran, Algeria; ³Laboratoire de Biopathologie, Institut Paoli-Calmette, France

Correspondance Meriem, Benguella-Benmansour

Email: b_meriem74@yahoo.fr

Introduction L'identification des marqueurs moléculaires est indispensable pour établir le diagnostic d'une hémopathie maligne et sa classification, affiner le pronostic et suivre l'efficacité de la thérapeutique. La mutation ponctuelle JAK2V617F est maintenant bien connue chez les patients présentant des néoplasmes myéloprolifératifs (NMP). Cependant, sa fréquence chez les patients algériens est encore inconnue.

Méthode Nous avons déterminé la mutation JAK2V617F sur des échantillons sanguins prélevés de 344 patients admis aux services d'hématologie de différents centres de l'Ouest d'Algérie. Cette mutation a été détectée par une réaction de polymérisation en chaîne PCR ARMS (amplification refractory mutation system).

Résultats La mutation JAK2V617F a été identifiée dans 157/344 patients (45,63%), dont 80/98 patients atteints de polyglobulie de Vaquez (81,6%), 44/75 patients atteints de thrombocytemie essentielle (58,6%), 6/13 patients atteints de myélofibrose primitive (46,2%), 21/87 avec suspicion NMP (12,9%) et 2/32 patients atteints de thrombocytose secondaire (6,2%), mais n'a pas été détecté chez 28 patients avec polyglobulie secondaire.

Conclusion La détection de la mutation JAK2 V617F est un outil moléculaire essentiel pour établir un diagnostic de néoplasmes myéloprolifératifs, ce qui nous a permis d'ajuster le diagnostic pour 6 patients et devrait être incluse systématiquement dans l'évaluation initiale des patients suspectés d'un néoplasme myéloprolifératif en Algérie.

POSTER P244

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Meriem, Benguella-Benmansour

EPIDEMIOLOGIE DES NEOPLASMES MYELOPROLIFERATIFS DANS UNE REGION DE L'OUEST ALGERIEN

Meriem, Benguella-Benmansour*¹; Kebir, Boucherit¹; Nafissa, Chabni²

¹Laboratoire Antibiotiques, Antifongiques: Physicochimie, Synthèse et Activité Biologiques, Algeria; ²Service d'Épidémiologie, CHU de Tlemecen, Algeria

Correspondence Meriem, Benguella-Benmansour

Email: b_meriem74@yahoo.fr

Objectif Les néoplasmes myéloprolifératifs (NPM), en dehors de la leucémie myéloïde chronique, font parties des cancers rares (incidence inférieur à 6/100 000 habitants/an). Cependant peu de données épidémiologiques sur ces pathologies sont disponibles sur le continent Africain, et plus précisément en Algérie. L'objectif de cette étude est de décrire le profil épidémiologique des NPM dans une région de l'Ouest de l'Algérie.

Méthode Entre Mars 2009 et Septembre 2012, une étude multicentrique, descriptive, analytique et transversale exhaustive est portée sur 246 individus avec un néoplasme myéloprolifératif diagnostiqué. Les caractéristiques de la population étudiée sont recueillies à partir des dossiers et des fiches médicales des malades au niveau des services d'hématologie des différents centres hospitaliers. Le logiciel EPI Info a été utilisé pour la saisie, la correction et l'analyse des données.

Results Ce travail montre que l'incidence de ces pathologies augmente en selon les années. La stratification de la population d'étude selon les tranches d'âge montre que près de la moitié de la cohorte (123) a un âge compris entre 60 et 80 ans. Le sexe ratio est 1,16 en faveur du sexe masculin. Classé selon les différents entités de NPM, la polyglobulie de Vaquez représentait le plus grand pourcentage (51,22%), suivie de la thrombocytemie esentielle (43,5%) et enfin la myélofibrose primitive (5,28%).

Conclusion Définir le profil épidémiologique des néoplasmes myéloprolifératifs à des fins préventifs peut être une bonne stratégie de lutte contre ces pathologies particulièrement avec les progrès thérapeutiques de ces dernières années.

POSTER P081

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Meyer, Salomé

ADVOCACY FOR A BREAST HEALTH POLICY IN SOUTH AFRICA – A FIRST FOR AFRICA: A CASE STUDY

Meyer, Salomé

Advocates for Breast Cancer, South Africa

Correspondence Meyer, Salomé

Email: meyernaude@telkomsa.net

Breast cancer in South Africa as with many other African countries remains the highest cancer killer amongst women. In South Africa the disease is largely under reported 6219 women were diagnosed in 2009. More than 85% of women have to access health services through public sector. More than 50% of women in public sector mainly present with late stage disease and often choose not to have treatment due to access. This can be attributed to lack of knowledge, stigma, health professionals that are not adequately trained at primary health care facilities, long waiting times from primary healthcare facilities to secondary and tertiary treatment centres, lack of clear policy guidelines. Specialized breast diagnostic services are limited to secondary hospitals in all provinces for patients from public sector as opposed in the private sector where it is far more accessible.

SA has many non-governmental organisations that provide a direct service to breast cancer patients. These services are rendered across the cancer continuum. All of these organisations work throughout the country and essentially do not duplicate services, but rather attempt to compliment each other and ensure that breast awareness and education is conducted and survivors are supported. In 2014 these breast focussed NGOs formed the Advocates for Breast Cancer (ABC) as a coalition to advocate and lobby for a breast health policy.

A three pronged strategy was developed focussing on training of advocates, communicating the specific needs and educating public around these needs. Most of the work is done through social media and a dedicated blog. Dedicated lobbying with the National Department resulted in a firm commitment for the development of a breast health policy that is equitable and sustainable. A stakeholder meeting will be held to garner support and information for this and to establish a dedicated task team for policy development. This process should take 3–5 years. This could serve as a blueprint.

POSTER P082

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Meyer, Salomé

THE CANCER ADVOCACY ROADMAP FOR AFRICA: REALITIES OF FICTION

Meyer, Salomé

African Cancer Advocacy Consortium, South Africa

Correspondence Meyer, Salomé

Email: meyernaude@telkomsa.net

Setting the cancer advocacy agenda in any low and middle income country is not an easy task as it has the unenviable position of competing with major political, socio-economic conditions and other diseases such as HIV/Aids, TB, Malaria and other non-communicable diseases and even conflict. It is fact that cancer incidence is on the increase in Africa. The question however remains how does one leverage government(s) or the regional bodies such as the African Union to acknowledge the growing burden of cancer disease on this continent.

A desk top Study of GLOBOCAN 2012 data reveals interesting data and may very well provide cancer survivors, specialists and researchers with a common thread that can be woven in the making of this custom made cloth. There are distinct differences between the different regions for both sexes. 11 of the 61 countries show higher than normal incidence rates for women than men. Types of cancer have a common thread amongst most countries however there are the 3 countries stand out for the lower than norm cervix uteri cancer amongst women (Egypt, Tunisia, Algeria) and Oesophagial Cancer high in men in 20 countries. Both Cameroon and Maldives have a different top 5 cancer profile.

To effectively turn the tide on the cancer epidemic we need to determine what are the obvious points of collaboration for research, what are the regional leverage possibilities based on regional cancer profiles and what are the main continent issues. What will it take to work together to combat the epidemic of cancer together as Africans or will every country have to fight their own battle and face the possibility of defeat. Will the AU be receptive? What can the African Cancer Advocacy Consortium (ACAC) bring to the table to develop a collaborative strategy for advocacy? Are we going to walk the talk or only talk and listen?

A critical question for the success of any advocacy programme – where there should be synergy between the patient, public, private sector.

WORK- SHOP

National Cancer Control Programme (1)

14:30–15:45

Friday

20 November
2015

Meyer, Salomé

STATUS ON ONCOLOGY IN SOUTH AFRICA:

WHAT SHOULD THE PRIORITIES BE IN ESTABLISHING AN NCCP?

Meyer, Salomé
South Africa

Correspondence Meyer, Salomé
Email: meyernaude@telkomsa.net

The cancer burden is hugely under-reported in SA despite the National Cancer Regulation published in 2011. The current data available from the National Cancer Registry, a pathology-based register, is the data set from 2009. Excluding Basal Cell Carcinoma and Squamous Cell Carcinoma, breast and cervix cancer in females remains the highest reported for all population groups and prostate cancer for males. Kaposi Sarcoma incidence has increased to the 5th most common cancer in the last couple of years, in the black population that accounts for 79,2% of the total population. The incidence of this HIV related malignancy is now even higher than oesophageal cancer which dominated the tumor registry in the African population till 2007.

It is widely accepted that a National Cancer Control Plan (NCCP) should focus on prevention, early detection, diagnosis, treatment and palliative care for all members of the population. How far is SA with the planning of the NCCP? SA has the following in place: major Primary and Secondary Prevention activities are in place with the exception of breast and prostate. Dedicated cancer diagnostic services are primarily based at tertiary institutions in 6 of the 9 provinces. Many centres are however crippled as a result of budget constraints for equipment and human resources.

Cancer is not regarded as a national priority disease and according to the National Statistic is not under the first 10 causes of death. Closer investigation and cumulation of all types of cancer together proves this incorrect with cancer as high as second cause of death in the population. The health budget does not take in consideration the real burden. This is in strong contrast to the private sector where even a palliation policy is in place. Support programmes are mainly driven by NGOs and do not reach every one.

In this context the focus should be on finding the gaps in the health systems and promote effective equitable service delivery to all.

POSTER P083

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Migliore, Antonio

PRIORITY MEDICAL DEVICES FOR CANCER: A WHO PROJECT FOR LOW- AND MIDDLE-INCOME COUNTRIES

Migliore, Antonio*; Mikhail Lette, Miriam; Velazquez Berumen, Adriana;
Jimenez Moyao, Gabriela; Rodriguez Rodriguez, Daniela
WHO – World Health Organization, Switzerland

Correspondence Migliore, Antonio
Email: ing.migliore@gmail.com

Objective Cancer management in low- and middle-income (LMI) countries faces extremely limited resources (both economic and human) and, once funds become available, device allocation and procurement may be challenging due to contextual variables. Courtesy of a grant provided by the OPEC Fund for International Development, the WHO is conducting a project which aims to provide tools for assisting decision-making in procurement of medical devices. The major project deliverables will include a priority list of medical devices and a database.

Method Six types of cancer have been selected as case-studies: breast, cervical, colorectal, leukaemia, lung, and prostate cancer. For each type of cancer, evidence-based clinical guidelines (CGL) from different organisations have been consulted to define all interventions needed for the entire continuum of care (prevention, diagnosis, treatment, follow-up, and palliative care). Medical devices and commodities associated with each intervention have been identified, using several databases and technical handbooks, and assigned to one of four healthcare facility levels: health post, health centre (outpatient care), district/general hospital, national/specialised hospital.

Results A total of 35 clinical guidelines (CGL) from 7 different organisations have been included. A list of clinical interventions has been created and stratified by type of cancer, continuum of care, and level of healthcare facility. All associated medical devices and commodities have been compiled in a database for facile consultation and information retrieval.

Conclusion The project will end in 2016. Cooperation with UN agencies, NGOs, collaborating centres, professional societies, and academic institutions is ongoing. Expert groups will be formed to assist in validation and implementation of project deliverables. Further anticipated steps will include definition of which low- and middle-income countries to involve and eventual in-country workshops.

WORK- SHOP

**Oncology
Nursing (2)**
16:00–17:30
Wednesday
18 November
2015

Mimouni, Hind

THE RELATIONSHIP BETWEEN THE NURSE ACCOMPANYING MASTECTOMY WOMEN AND ACCEPTANCE OF THE NEW BODY IMAGE

Mimouni, Hind

National Institute of Oncology Sidi Med Ben Abdillah, Morocco

Correspondence Mimouni, Hind

Email: hind_mimouni@yahoo.fr

Objective

- Describe the nurse accompanying the benefit of women mastectomy at the gynéco-mmaire pole to the National Oncology Institute Rabat.
- Describe the acceptance of the new body image for women mastectomy at the gynécommaire pole to the National Oncology Institute Rabat.
- Explain the relationship between the nurse accompanying mastectomy women and acceptance of the new body image at the gynécommaire pole to the National Oncology Institute Rabat.

Hypothesis There is a relationship between the nurse accompanying mastectomy women and acceptance of the new body image at the gynécommaire pole to the National Oncology Institute Rabat.

Method

- Type of study: descriptive correlational type transversable.
- Study population: the target of the study population consists of patients mastectomy at the PGM and are present during the study period – The procedure used is the exhaustive sampling
- Data collection instruments: questionnaire
- Descriptive and bivariate analysis.

Results All of the patients surveyed agreed the lack of information and explanation of the impact of mastectomy on the physical (body image) and social/most of the patients said that the nurse did not their spoken of the existence of cancer care support (dietetics, physiotherapy, psychology, aesthetics and social assistance)/all respondents showed that they have never received education sessions relating to body acceptance/all surveyed showed that the nurse never gave their proposals to fit the new body image/96% reported that the mirror therapy and feel they constitute a way for the acceptance of body image and half of surveyed announcement that they are much disturbed by the new physical appearance hence the importance of personalized accompaniment nurse.

Conclusion The level of patient satisfaction compared to their body image is unfortunately low, the acceptance is difficult and the need for support is more important.

POSTER P245

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Missaoui, Nabiha

P16INK4A EXPRESSION IN SQUAMOUS CELL CARCINOMAS OF THE VAGINA AND THE VULVA IN TUNISIAN WOMEN

Missaoui, Nabiha*¹; Landolsi, Hanene¹; Ben Abdelkrim, Soumaya²; Hmissa, Sihem²

¹Unité de Recherche UR14ES17, Epidémiologie et Cytopathologie du Cancer dans le Centre Tunisien, Faculté de Médecine; ²Laboratoire d'Anatomie et de Cytologie Pathologiques, CHU Farhet Hached, Sousse, Tunisia

Correspondence Missaoui, Nabiha

Email: missaouinabiha@live.fr

Objective The role of p16INK4A expression in uterine cervix cancer is well established. In the remaining female lower genital tract cancers, the p16INK4A up-regulation is less clear. In our study, we analysed the role of p16INK4A expression and HPV infection in carcinomas of the vulva and the vagina in Tunisian women.

Method We conducted a retrospective study of 30 carcinomas including 15 vulvar squamous cell carcinomas (SCCs) and 15 vaginal SCCs. Immunohistochemistry was used to find p16INK4A expression. HPV detection and typing was analysed by in situ hybridization.

Results p16INK4A expression was detected in 86.7% of vaginal SCCs with a strong and diffuse immunostaining in 60% of cases. However, p16INK4A expression was observed in 73.3% of vulvar SCCs with focal immunoreactivity in 53.3% of cases. The association between p16INK4A expression and HPV infection was significant in vaginal SCCs ($p=0.001$). No significant association between p16INK4A expression and HPV infection was observed among vulvar SCCs ($p>0.05$).

Conclusion p16INK4A expression could be used as a useful marker for HPV positivity in vaginal SCCs similar to that described in uterine cervix cancers. However, we supported the presence of 2 different mechanisms for p16INK4A expression in HPV-related and HPV-unrelated vulvar carcinomas.

WORK-SHOP

Free
Communication
of Abstracts 5
14:30–15:45
Saturday
21 November
2015

Moelle, Ulrike

EXTERNAL BEAM RADIOTHERAPY BY COBALT-60 FOR CERVICAL CANCER IN ETHIOPIA: ADHERENCE TO THERAPY, ADVERSE EFFECTS AND SURVIVAL OF 1009 PATIENTS 2008–2012

Moelle, Ulrike^{*1}; Begoihn, Matthias¹; Aynalem, Abreha²; Tausjoe, Johan³; Jemal, Ahmedin⁴; Kantelhardt, Eva¹

¹Martin-Luther-University Halle (Saale), Germany; ²Addis Ababa University, Ethiopia; ³University Hospital Oslo, Norway; ⁴American Cancer Society, United States

Correspondence Moelle, Ulrike

Email: ulrike.moelle@gmail.com

Background Cervical cancer (CC) is the second most commonly diagnosed cancer among females in Ethiopia. Data on outcome of radiotherapy (RT) for CC in Ethiopia and other parts of Sub-Saharan Africa are limited. In Ethiopia, RT is only available in the University Hospital in Addis Ababa.

Method All patients (pts) with CC (2008–2012) who received RT were included. Brachytherapy was not available, therefore all pts received external beam RT by Cobalt-60 according to guidelines based on stage of FIGO. Data on adverse effects and survival were obtained from clinical records and telephone interviews. We used multivariable Cox proportional hazards regression to estimate hazard ratios (HRs). Adjustment was done for total dose of RT, HIV-status, estimated glomerular filtration rate, ECOG score and grade of anemia.

Results Out of 1009 cases, 788 patients were scheduled for RT according to guidelines. Adverse effects were common (e.g., proctitis and incontinence in 29% and 22% respectively). After guideline-conform assignment, pts who completed RT had better outcome than those who discontinued. One-year overall survival (OS) after radical RT (n=180) for FIGO stage IIA-IIIa was 89% and 96% (HR, 1.3 95% CI 0.5–3.3) for discontinuation (<72 Gy) and completion (≥72 Gy) respectively. OS after non-radical RT (n=389) for FIGO stage IIIB and IVA was 71% if discontinued compared to 88% after minimum recommended dose of 44 Gy (HR 3, 95% CI 1.4–6.7). OS after monthly single fractions of 10 Gy (SF) for FIGO IVB (n=219) was 14% after 1 and 76% after 2 SF (HR 5.4, 95% CI 1.8–16).

Conclusion This study provides the first data on outcome of pts with CC receiving RT in Ethiopia. Completion of guideline-conform RT resulted in more favourable OS. This may reflect a true dose-effect or possibly a selection of fitter patients with less aggressive tumors who did not discontinue. Better supportive care, higher adherence to protocols, radical RT for patients with FIGO IIIB and IVA, brachytherapy services, a second RT machine to secure availability and socio-economic support would probably add lifetime to the pts.

POSTER P246

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Mohamed, Kamal Eldein Hamed

BREAST CANCER DURING PREGNANCY, OUR EXPERIENCE IN SUDAN

Mohamed, Kamal Eldein Hamed

Faculty of Medicine, University of Khartoum, Sudan

Correspondence Mohamed, Kamal Eldein Hamed

Email: kamaleldein4@yahoo.com

Introduction This is a retrospective study of 45 cases of breast cancer during pregnancy, treated at the Radiation and Isotopes Center of Khartoum, RICK, the main oncology center in Sudan, between 1993 and 2010.

Method 45 patients records were analysed, age distribution was ranged between 23 and 42 years. Mean age 33. The TNM Stage distribution was stage 1 = 8 = 17.8%, stage 2 was 9 = 20%, stage 3 = 25 = 55.6%, stage 4 was = 3 = 6.6%, gestational age distribution was first trimester = 7 = 15.6%, second trimester = 34 = 75.6%, and third trimester = 4 = 8.8%. 40 patients had neoadjuvant chemotherapy during the second and third trimesters of pregnancy, 22 = 48.3% were given CEF, 15 CAF, and 3 TC, a total of 3–6 cycles were given, median of 4 before delivery, and more chemotherapy to complete 6–8 cycles. Radiotherapy and hormonal treatment were given after delivery according to stage, performance status and receptors. The type of surgery performed was conservative surgery 5 = 11.1%, simple mastectomy, 5 = 11.1%, modified radical mastectomy = 32 = 71.2%, toilet mastectomy 2, biopsy only 1.

Outcome of treatment 23 patients survived for 5 years and more without evidence of disease, 5 patients survived for 3–4 years with evidence of disease and had second line treatments, 9 patients died within 6 months after delivery with metastatic disease, 4 patients died with metastatic disease within 2 years after delivery, 2 patients disappeared after chemotherapy and delivery – we couldn't trace them, one still birth, 3 premature labours, 37 normal deliveries, 4 caeserian sections, one newborn with congenital abnormality of the toes.

Conclusion In Sudan like many African countries breast cancer occurs at a younger age compared to Europeans and Americans. This reflects the population young pyramid, most patients present with locally advanced or metastatic disease.

POSTER P247

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Mohamed, Kamal Eldein Hamed CANCER OF THE CERVIX OUR EXPERIENCE IN SUDAN

Mohamed, Kamal Eldein Hamed
Faculty of Medicine, University of Khartoum, Sudan

Correspondence Mohamed, Kamal Eldein Hamed
Email: kamaleldein4@yahoo.com

Introduction Cervical cancer is the second commonest cancer after breast cancer in Sudanese women, breast cancer forms 34.4% and cancer of the cervix forms 16.4% of all female cancers. Most cases present with locally advanced disease.

Method This is a retrospective study of 810 cases of ca cervix, treated during the period between 2000 and 2010,

Results The age distribution was < 40 years = 9%, 41–50 =23.5%, 51–60 =34.8%, 61–70 =12.7%, > 70 =10%.

Residence: Central Sudan =56.4%, western = 41.2%, north = 12.8%, south =1.6%. FIGO stage distribution: stage 1 = 6%, stage 2A =13%, stage 2 B =23%, stage 3 A =17%, stage 3 B =34% and stage 4 A, B = 7%. Most women present with advanced disease, due to poverty, illiteracy, lack of awareness and screening.

Pathology: 38% poorly differentiated squamous cell cancers, 26% moderately differentiate squamous, 25% well diferentiated squamous cell, 9% adenocarcinomas.

Treatment: None had surgery, they were all treated with external radiotherapy, 45–50 GY in 20–25 fractions, using box technique or 2 or 3 field, according to patient size, cobalt 60 or lineacs 6 and 9 Mv were used, concurrent chemo radiotherapy was given using weekly Cisplatinum 40 mg /m², in stages 2B, 3 and 4 A, brachytherapy LDR or HDR was given after external irradiation, low dose manual after loading with caesium source, 35 GY to point A, in one session, used 9 patients and high dose rate HDR, cobalt source, 29 patients, 2 sessions, 9 Gy each to point A, 7 patients were not given brachy, due to advanced disease and co-morbidities. Morbidity of both types of brachy were similar stage for stage. It's difficult to know the overall survival rates, as a lot of them don't come for regular follow up after treatment, 328 had regular follow up and 174 were traced by telephone calls, in general stages one and 2 survived longer, 124 patient were died after treatment.

Conclusion Most patients present with advanced disease, hence the need for health education and screening in the primary health service.

POSTER MP072

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Mohamed, Lakhel

ÉVALUATION DES COÛTS DIRECTS DE PRISE EN CHARGE DES PRINCIPAUX CANCERS AU MAROC

Mohamed, Lakhel

Faculté de Médecine et de Pharmacie de Fès, Morocco

Correspondance Mohamed, Lakhel

Email: mohamed.lakhel5@usmba.ac.ma

Objectif Évaluation des coûts directs médicaux et des coûts directs non médicaux de prise en charge des principaux cancers au Maroc par pathologie et par stade.

Méthode Un total de 348 patients admis pour cancer du Col, du Sein, du Colorectal, du Poumon et de la Prostate ont été suivis, de manière rétrospective, la première année suivant le diagnostic au sein du centre d'Oncologie du CHU Hassan II de Fès pour l'année 2013. Ces données ont été extrapolées à la population générale afin d'estimer le coût annuel direct de la prise en charge hospitalière des principaux cancers au Maroc. L'estimation des coûts directs médicaux et des coûts directs non médicaux, est basée principalement sur une la méthode de micro-costing de type ascendante «bottom up» suivant une approche épidémiologique de l'incidence. L'analyse statistique à été réalisée par le logiciel SPSS.

Résultats Le cas du cancer de la Prostate se place en premier lieu avec un âge moyen de 70,45 ans et un maximum allant jusqu'à 85 ans. Nous constatons également qu'il y a des sujets jeunes se présentant avec un cancer du colorectal et du cancer su sein. Le minimum d'âge moyen a été observé dans la pathologie du cancer du sein soit 50,05 ans avec un minimum de 27 ans et un maximum de 85 ans. Les cinq pathologies objets de l'étude génèrent pour le système de santé au Maroc un coût direct global de l'ordre de 367.238.971 Dhs. Le cancer du sein occupe la première place avec 29,49% suivi respectivement par le cancer du poumon 28,39%, le colorectal 21,16%, la prostate 12,03% et le cancer du col avec seulement 8,94%. Le tableau suivant présente l'âge moyen et le coût moyen annuel de prise en charge des principaux cancers au Maroc: Tableau 1: coût annuel moyen de la prise en charge des cancers au Maroc en 2013:

Pathologie Âge moyen (Min-Max) Coût Moyen en (Dhs) Cancer du Sein 50,05 (27–85) 16278,46 Cancer du col 55,12 (37–74) 14535,41 Cancer du colorectal 53,71(25–88) 31287,95 Cancer du poumo 56,72 (39–79) 265.

WORK- SHOP

African Diaspora

Leaders'

Symposium

09:00–10:30

Wednesday

18 November

2015

Mohammed, Sulma DIASPORA SYMPOSIUM

Mohammed, Sulma
Purdue University, United States

Correspondence Mohammed, Sulma
Email: mohammes@purdue.edu

The latest World Health Organization Cancer Report describes the growing global burden of cancer as alarming, a major obstacle to human development and well-being, with a rising annual economic cost of ca. US\$ 1.16 trillion. In particular, the report highlights major global cancer disparities, with over 60% of 14 million new cases and 70% of 8.2 million deaths per year occurring in low and middle income countries like those in Africa which, sadly, are the least capable of dealing with cancer. To make matters worse, most of Africa's over 2,000 languages have no word for cancer, which means many die of cancer without even knowing what killed them. This also makes it extra difficult to deal with the emerging cancer epidemic. It is now well established that Africans in Diaspora have tremendous potential and could be powerful partners in the fight to conquer this silent killer, especially if they work together. The African Diaspora being currently considered the sixth sub-region of the continent by the African Union, it constitute a critical resource in addressing Africa's health dilemma. Partnering with them in cancer education/awareness, research, care or outreach to their communities could significantly benefit cancer prevention efforts in Africa, but also African Diaspora populations themselves who still face major cancer health disparities.

WORK- SHOP

Prostate Cancer (2)

11:00–13:00

Wednesday

18 November

2015

Moningo, Dieudonné Molamba

PREVALENCE, CARACTERISTIQUES ET FACTEURS DE RISQUE DU CANCER DE LA PROSTATE A KINSHASA

Moningo, Dieudonné Molamba*¹; Laurent, Brureau²; Luc, Multigner³

¹Université de Kinshasa, Faculté de Médecine, Democratic Republic of the Congo; ²Service d'Urologie, CHU de Pointe à Pitre, F-Pointe à Pitre, Guadeloupe (French); ³Université de Rennes 1, F-35700 Rennes, France

Correspondance Moningo, Dieudonné Molamba

Email: dmoningo@yahoo.fr

Contexte Le cancer de la prostate (CaP) est l'un des cancers les plus fréquents chez les hommes et constitue un problème majeur de santé publique à travers le globe. Il affecte de manière disproportionnée les personnes d'ascendance africaine, quelque soit l'endroit où elles vivent dans le monde. Son ampleur et ses particularités en milieu africain ne sont pas bien connues.

Objectif L'objectif du présent travail est de cerner les particularités épidémiologiques et génétiques du cancer de la prostate du sujet congolais permettant d'élaborer les stratégies de prévention et de détection en vue d'une prise en charge précoce.

Méthode Le présent travail fait la synthèse de 3 études menées à Kinshasa et en Guadeloupe:

- Une étude prospective transversale du cancer de la prostate a été menée chez 162 hommes âgés de 40 à 70 ans au sein de l'entreprise Regideso à Kinshasa de septembre 2004 à décembre 2005 en vue de déterminer la prévalence du CaP et décrire les caractéristiques sociodémographiques de la population atteinte.
- Une étude Cas-Témoins a comparé 162 nouveaux Cas de CaP et 144 sujets sans CaP à Kinshasa de 2010 à 2013 pour décrire les caractéristiques cliniques des Cas de CaP et d'en évaluer les facteurs de risque.
- Une deuxième étude Cas- Témoins a comparé, 498 Cas de CaP et 565 Témoins issus de l'étude Karuprostate en Guadeloupe (2005 à 2007) à 162 Cas et 144 Témoins hospitaliers de Kinshasa (2010 à 2013). Le génotypage des loci CYP17, CYP1B1 et COMT a été effectué selon la méthode « SNaPshot », celui des gènes CYP19 et UGT1A1, par l'analyse de la taille des produits de PCR à l'aide d'un séquenceur automatique d'ADN pour étudier leur association au risque du CaP.

Résultats L'étude prospective transversale à montré:

Un taux de prévalence du CaP de 2,5%. Deux patients ont eu un régime alimentaire riche en graisses animales et deux ont eu des antécédents familiaux du CaP.

POSTER P248

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Moodley, Jennifer

UNDERSTANDING PATHWAYS TO BREAST CANCER DIAGNOSIS

Moodley, Jennifer*; Cairncross, Lydia; Naiker, Thurandrie
University of Cape Town, South Africa

Correspondence Moodley, Jennifer
Email: jennifer.moodley@uct.ac.za

Objective Appropriate recognition of breast symptoms, improved access to health facilities and accurate investigation of symptomatic women are essential to down stage breast cancer. The aim of this study was to explore and understand women's pathway to breast cancer diagnosis and factors influencing this journey.

Method In-depth interviews were conducted with 20 newly diagnosed clients at a tertiary level breast cancer clinic in Cape Town, South Africa. The enquiry was guided by the Model of Pathways to Treatment framework. Interviews were digitally recorded, translated, and transcribed. Data were entered into QSR NVivo 10 and analysed using a thematic approach.

Results The average time between discovery of breast changes to presentation at a health facility was 5.5 months and from presentation to diagnosis was 3.2 months. Deficits in breast self awareness and knowledge of breast cancer symptoms delayed women's interpretation of bodily changes as being abnormal. All women first noticed breast lumps, however many did not perceive it as abnormal until additional symptoms were present. General good health, attribution of symptoms to ageing and past benign breast disease resulted in women being complacent about bodily changes. For some this was reinforced by downplaying of symptoms by health care providers. Disclosure to family members served as a trigger to seek health care. The initial type of primary level care services (public clinics or private general practitioners) women accessed was influenced by perceptions of care each provided, finances, structural factors, and personal safety related to the physical location of services. There was some evidence of initial misdiagnosis by public and private sector practitioners.

Conclusion Symptom appraisal and interpretation contribute significantly to delayed presentation. Early detection interventions must promote greater symptom awareness among women, the general population and primary health care providers.

POSTER P249

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Moodley, Jennifer

USING MOBILE TECHNOLOGY TO IMPROVE MANAGEMENT AND FOLLOW-UP OF CLIENTS WITH CERVICAL CANCER PRECURSOR LESIONS

Moodley, Jennifer*; Botha, Hennie; Constant, Deborah; Van der Merwe, Haynes; Momberg, Mariette; Daskilewicz, Kristen
University of Cape Town, South Africa

Correspondence Moodley, Jennifer
Email: jennifer.moodley@uct.ac.za

Objective To determine: (1) cell phone use by clients eligible for a Pap smear and interest in receiving results and colposcopy appointment reminders via SMS-text; and (2) pilot test text messages to inform clients of Pap smear results and colposcopy appointments.

Method Phase 1 of the study included: a cross sectional survey of 364 women attending primary care clinics; in depth interviews with 10 primary level providers and focus group discussions with 27 colposcopy clinic clients. Phase 1 results are being used to develop SMS-text interventions (content, number of messages and timing). The SMS intervention will undergo pilot feasibility testing among 40 Pap smear clients. Participants and provider understanding and views on the SMS-text intervention will be ascertained. Colposcopy records will be reviewed to determine appointment adherence for those with abnormal Pap smears.

Results The majority of women owned a cell phone (98%), with 48% reporting cell phone loss in the past year. Interest in SMS interventions were as follows: 72% were interested in receiving Pap results, 77% in receiving appointment reminders and 93% in receiving health messages although 56% did not want HIV-related messages. Women expressed concerns about privacy and HIV associated stigma. HIV positive women were significantly less likely to want an SMS appointment reminder (OR 0.3, 95% CI 0.13–0.72). Providers were in favour of SMS interventions but had concerns about messages reaching intended recipients. Both clients and providers felt it would be acceptable to convey normal results, but that clients with abnormal results should receive a message to return to the clinic to discuss results. Outcomes of the SMS pilot intervention will be available at the time of the conference.

Conclusion Results indicate interest and potential for mobile health in improving follow-up of clients with abnormal Pap smears.

POSTER P087 (LB)

**General Poster
Display**
Thursday &
Friday
19 & 20
November
2015

Moretti, Robert

IMPLEMENTING A CERVICAL CANCER SCREENING PROGRAM IN KINSHASA (RDC) WHAT ARE WE LEARNING FROM THE FIELD?

Moretti, Roberto*¹; Lutumba, Pascal²; Tanzi, Elisabetta³; Bauma, Ngoy¹; Ali-Risasi, Cathy²; Arnaud, Sergio⁴
¹CESVI; ²Universite de Kinshasa; ³Universita Degli Studi di Milano; ⁴APOF Patologi Oltre Frontiera

Correspondence Moretti, Roberto
Email: rmoretti@asl.bergamo.it

Introduction Cervical Cancer mortality in the DRC is estimated at 27,8%. In DRC there is a high HPV/HR infection rate and a lack of vaccinations and screening programs.

Objective To implement a screening program, in a study controlled setting and in four real clinical settings, in order to understand strengths, weakness and feasibility.

Method The study involved women aged 30 to 50. IVA-IVLI, PAP Smear, dried urine HPV testing, followed by cytology, colposcopy, histology and eventually cryotherapy and LEEP were practised. Colposcopy and Biopsy for all positive women and to one every five negatives was performed. Histology was the gold standard. In the 4 health centres PAP smear and IVA are used in order identify organisational bottlenecks.

Results Study enrolled up to now (partials data) 875 women (avg. age 38) positivity to VIA, VILI and pap-smear was 7,8%, 12,5% and 7,3%. On 384 dried urinary samples for HPV, 20,4% of women were positive HR group 1. In the screening activity in real setting, since April 2015, we tested 512 women for PAP smear and IVA. Positives pap smear were 8,2% and IVA were 27,2%.

Conclusion To scale up the program, high prevalence of positive tests with IVA or HPV test would need a high number of colposcopies /or eventually direct cryotherapies, inducing a risk of overtreatment. Overtreatment and its physical and legal consequences should be an issue to consider in a very attentive way. Even tough cryotherapy seems to have a low rate of adverse effects, when inviting thousands of persons it could become relevant and maybe if the women concerned is particularly influent, (or just a lawyer) the program could suffer about this. The main issues we can learn from the experience is that there is a huge need of training, standardization, quality control and materials procurement should be standardized, communication about adherence, results, the pathway to follow if positive, and last but not least the costs coverage should be clearly defined.

POSTER P086

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Moses, Agnes

PREDICTORS AND DISTRIBUTION OF COMMON CANCERS AT KAMUZU CENTRAL HOSPITAL, LILONGWE, MALAWI

Moses, Agnes^{*1}; Satish, Gopal²; Stanely, Christopher¹; Bigger, Elizabeth³; Rosenberg, Nora²; Hosseinipour, Mina²

¹UNC Project-Malawi; ²UNC Project; University of North Carolina at Chapel Hill, United States; ³Massachusetts General Hospital, United States

Correspondence Moses, Agnes

Email: amoses@unclilongwe.org

Objective Little is known about risk factors for different cancers in Malawi. Comprehensive data on cancer burden are also lacking. The aims of this study were to assess risk factors and distribution for common cancers at Kamuzu Central Hospital (KCH), a national teaching hospital in Lilongwe.

Method We analysed data from the hospital-based KCH Cancer Registry from June 2009 to September 2011, including data collected for a nested sub-study specifically focused on co-infections among cancer patients. We assessed HIV prevalence across cancer types and antiretroviral therapy (ART) status for HIV-infected cancer patients. Cancer cases were identified by registrars through review of departmental registers and weekly attendance at specialty clinics. Demographics and risk factors including smoking, alcohol use, and HIV infection, were collected through personal interviews with patients. Medical records were reviewed to verify prior chemotherapy use. Prevalence of cancer types was reported overall and by gender. Logistic regression was used to assess risk factors associated with common cancer types.

Results Data from 504 registered cancer patients were included. 300 (59.5%) were female and 204 (40.5%) were male. Mean age was 49 (SD=16) years. 343 (71.2%) were HIV-negative and 139 (28.8%) were HIV-positive. The common cancers were esophageal (172, 34.5%), cervical (109, 21.9%), Kaposi sarcoma (KS, 52, 10.4%) and breast cancer (37, 7.4%). Due to limited pathology services in Lilongwe during the study period, only 18% of cancer cases were pathologically confirmed. The odds of having esophageal cancer were high in patients >50 years (OR=2.22, $p<0.01$), male (OR=1.47, $p=0.10$) and smokers (OR=2.02, $p=0.01$). Higher odds of having KS were associated with HIV-positive (OR 54.4, $p<0.001$), male (OR=6.02, $p<0.01$). The odds of Cervical cancer were high in patients HIV positive patients compared to HIV negative patients. (OR 2.21, $p=0.009$).

POSTER MP073

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Moufid, Fatima Zohra

A CLINICOPATHOLOGICAL AND GENETIC STUDY OF LYNCH SYNDROME IN MOROCCO

Moufid, Fatima Zohra
CHU Hassan II of Fez, Morocco

Correspondence Moufid, Fatima Zohra
Email: moufid_fatima@hotmail.fr

Introduction Hereditary non polyposis colorectal cancer is an inherited disease with deleterious germline mutations in the DNA mismatch genes causing the development of colon cancer and other malignancies.

Objective Identification of mutations in the mismatch repair genes of hereditary non-polyposis colorectal cancer (HNPCC) families can lead to improved management and screening of affected family members. This study aimed to characterise the mutation profile of MLH1 and MSH2 in Moroccan colorectal cancer cohort. This is the first study in Morocco screening the population of our colorectal cancer patients in order to identify the prevalence of the disease.

Method From January 2010, 214 newly diagnosed colorectal cancer tumors received immunohistochemical staining for MLH1 and MSH2. If any stain was absent, the medical genetics service were alerted for a genetic consultation, and a Sequencing of corresponding MMR genes (mlh1 and msh2) was performed using the sanger method.

Results There were 21 (9.8%) cases with abnormal immunohistochemical results. Genetics was able to contact 19 (90.4%) of these patients, only 16 (76.1%) of them made an appointment. All the cases underwent the genetic testing of mlh1 and msh2 genes, which was informative in four (25%) of the patients. The diagnosis of lynch syndrome were confirmed among two (0.9%) patients harbouring deleterious mutations, however, the other two cases were found to have mutations with uncertain significance.

Conclusion This study attempted to define the frequency of lynch syndrome among Moroccan population. The preliminary results of the study showed that 0.9% were found to carry germline mutations of the mlh1 msh2 genes.

POSTER MP074

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Moumen, Abdeladim

EVALUATION OF A NOVEL MULTIPLEX RT-QPCR ASSAY FOR THE QUANTIFICATION OF LEUKEMIA ASSOCIATED BCR-ABL1 TRANSLOCATION

Moumen, Abdeladim*¹; Elhadi, Hicham¹; Kottwitz, Denise¹; El Amrani, Manale¹; Colomer, Dolors²; Nadifi, Sellama³; Sefrioui, Hassan¹

¹MASCIr, Morocco; ²Hematopathology Unit, Hospital Clinic, Barcelona, Spain; ³Human Genetics Laboratory, Faculty of Medicine, University Hassan II, Casablanca, Morocco

Correspondence Moumen, Abdeladim

Email: a.moumen@mascir.com

Objective Although monitoring of BCR-ABL1 translocation has become established practice in the management of chronic myeloid leukemia (CML) and acute lymphoblastic leukemia (ALL), the detection limit of the BCR-ABL1 transcripts, particularly after treatment, needs more standardization. The aim of the present study was to evaluate the clinical performances of a novel, assay for the quantification of BCR-ABL1 fusion transcripts (e13a2 and e14a2) and ABL1 in a single reaction.

Method This assay is based on the real time reverse transcription polymerase chain reaction (RT-qPCR) in multiplex format and has been developed by the medical biotechnology centre of MASCIr (Moroccan Foundation for Science, Innovation & Research). In a retrospective comparative clinical study performed in an international reference laboratory, RNA was extracted from a group of selected 48 CML patient blood samples with various BCR-ABL1/ABL1 ratios (0.01%-10%) and RT-qPCR was performed using either MASCIr multiplex test or the RT-qPCR simplex reference assay used in routine clinical testing by the European Treatment and Outcomes Study centre (EUTOS)

Results After conversion to international scale (IS), the comparative clinical results revealed high qualitative and quantitative concordance rate (correlation coefficient >0.95) between MASCIr and the reference assays.

Conclusion The present study illustrates the utility of MASCIr assay as a sensitive, rapid and cost effective quantitative device to monitor the BCR-ABL1 ratios by RT-qPCR on whole blood of diagnosed Philadelphia chromosome positive (Ph+) leukemia patients with e13a2 or e14a2 fusion transcripts. The test could be used as an aid in the assessment of molecular response to available treatments.

WORK- SHOP

Free
Communication
of Abstracts 7
11:00–12:00
Sunday
22 November
2015

Moumen, Abdeladim

MOLECULAR DIAGNOSTIC: AN RT-QPCR BASED PROTOTYPE KIT FOR AN ACCURATE QUANTIFICATION OF HER2 GENE EXPRESSION IN BREAST CANCER

Moumen, Abdeladim^{*1}; El Hadi, Hicham¹; Abdellaoui-Maane, Imane¹; Qmichou, Zineb¹; Errihani, Hassasn²; Sefrioui, Hassan¹

¹MASCIR, Morocco; ²National Institute of Oncology, Ibnou Sina Hospital Rabat, Morocco

Correspondence Moumen, Abdeladim
Email: a.moumen@mascir.com

Objective Accurate measurement of HER2 gene expression is central for breast cancer therapy orientation and prognosis. Currently, the standards testing methods for HER2 expression are Immunohistochemistry (IHC) and fluorescence in situ hybridization (FISH). We are exploring the innovative quantitative real time reverse transcription-PCR (RT-QPCR) as a potential method for the relative quantification of the HER2 gene in multiplex reaction.

Method RT-qPCR was performed for the quantification of HER2 gene expression using mRNA extracted from formalin-fixed paraffin-embedded (FFPE) tissue of breast cancer patients. 200 FFPE samples were used in this relative quantification using two reference genes (RG) and the HER2 normal expressing cell MCF7 as a calibrator. A comparison between IHC, FISH and RT-qPCR was performed and statistically reinforced.

Results A high concordance between our developed RT-qPCR test and both IHC (95%) and FISH (86%) has been obtained in our conditions. In addition to our internal validation, our developed test has also been validated by an anatomopathology centre of expertise recognized in Europe.

WORK- SHOP

Moumsi, Abdellah

LE RÔLE INFIRMIER DANS L'ANNONCE DU CANCER

Moumsi, Abdellah
INO de Rabat, Morocco

**Free
Communication
of Abstracts 6**

16:00–17:30

Saturday

21 November
2015

Correspondance Moumsi, Abdellah
Email: moumsi68@live.fr

Objectif L'annonce du cancer est un processus qui permet au patient d'être pris en charge et accompagné par une équipe inter-pluridisciplinaire, associant médecins, professionnels des soins de support et infirmiers. C'est dans cette optique que le présent travail se propose d'étudier le rôle de l'infirmier dans l'annonce du cancer au niveau de l'Institut National d'Oncologie (INO) de Rabat.

Méthode Un devis descriptif de niveau I a été retenu afin de mieux répondre à la question de recherche. L'étude a porté sur un échantillon aléatoire stratifié non proportionnel de 27 infirmiers diplômés d'état (IDE) polyvalents chez lesquels un questionnaire auto-administré a été utilisé. En complément, des entretiens semi-structurés ont été effectués auprès d'un échantillon accidentel de patients, la saturation des données a été atteinte à 10 patients.

Résultats L'exploitation des données recueillies a révélé les résultats suivants:

- a) presque la moitié des IDE disent soutenir et accompagner les patients dans l'annonce,
- b) 55% des IDE prévoient un temps d'écoute du patients et/ou ses proches et 45% affirment évaluer les besoins et ressources du patient,
- c) les 2/3 reconnaissent ne pas répondre aux attentes du patient en matière d'information et d'enseignement,
- d) 67% des infirmiers disent mobiliser les forces des patients pour favoriser leur empowerment et
- e) 77% disent avoir toujours assurer la coordination en faveur de leurs patients.

Cependant, la quasi-totalité des patients n'entérinent pas ces résultats et disent avoir reçu l'annonce par un médecin en l'absence d'un infirmier, dans des conditions déplorables et qu'ils l'ont vécu comme un traumatisme.

Conclusion La présente étude a révélé de grands écarts entre le rôle que disent assumer les infirmiers et le vécu des patients. La nécessité donc d'impliquer l'infirmier dans le processus d'annonce est apparue d'emblée afin d'assurer la prise en charge globale et personnalisée du patient.

POSTER MP075

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Mounach, Samir

ETUDE DESCRIPTIVE DU COMPORTEMENT TABAGIQUE CHEZ LES ELEVES DES COLLEGES ET LYCEES DE LA REGION DU GHARB CHRRADA BNI HSEN, MAROC

Mounach, Samir^{*1}; Mahdaoui, Elkhansaa²; Elberri, Hicham²; Youssef, Chami³;
Maaroufi, Abderrahmane²; Bekkali, Rachid³

¹Directorate of Epidemiology, Morocco; ²Ministry of Health, Morocco;

³Fondation Lalla Salma Prévention et Traitement des Cancers, Morocco

Correspondance Mounach, Samir

Email: samirmounach@yahoo.fr

Introduction Cette étude vise le suivi du comportement tabagique chez une population de collégiens et Lycéen dans une région du Maroc.

Méthode Etude transversale de type descriptif, à la Région de Gharb-Chrarda-Bni-Hssen, du 09 Février au 15 Mars 2015 auprès des élèves des collèges et Lycées. L'échantillonnage était en en grappe. Un questionnaire administré aux élèves. Aucune information personnelle n'a été collectée. Une enquête pilote a été réalisée.

Résultats Au total 4207 élèves ont participé à l'étude. L'âge moyen des élèves est de 16 ± 4 ans. La majorité des élèves ont été informé sur le tabac et ses méfaits (94%: 3882/4129). La télévision et la radio sont les moyens le plus important d'information (83%). La moitié des élèves sont informés sur le tabac dans les écoles. Les élèves sont exposés à la fumée dans leur entourage familial ou auprès de leurs meilleurs amis dans les 2/3 des cas (2784/4124). Les élèves ayant fumé régulièrement une cigarette par jour dans les six derniers mois sont au nombre de 121 (2,9%). On note que différentes formes de tabagisme sont consommés à la fois. Il est également à souligner que plus de 80% des fumeurs réguliers actuels envisagent d'arrêter de fumer, et ceux ayant arrêté de fumer sont au nombre de 128. Les associations statistiquement significatives du statut tabagique étaient avec le sexe, l'âge, le milieu de résidence, l'école comme source d'information et l'entourage fumeur des enfants.

Conclusion L'environnement des élèves est propice au tabagisme. Des actions de sensibilisation devraient être menées pour sensibiliser les citoyens quant aux dangers du tabagisme passif et actif. Les fumeurs désirent d'arrêter de fumer dans un avenir proche. C'est un changement positif de comportement. Les non-fumeurs avaient plus accès à l'information sur le tabagisme à l'école. Un plaidoyer auprès du ministère de l'éducation à introduire un programme ou des cours pédagogiques est souhaitable.

POSTER P088

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Mowla, Shaheen

HIV-1 NEF INDUCES EXPRESSION OF C-MYC AND ACTIVATION-INDUCED CYTIDINE DEAMINASE IN HIV-ASSOCIATED NON-HODGKIN'S LYMPHOMA

Mowla, Shaheen*; Mdletshe, Nontlantla
University of Cape Town, South Africa

Correspondence Mowla, Shaheen
Email: shaheen.mowla@uct.ac.za

Objective In South Africa, HIV-associated Non-Hodgkin's Lymphomas (HIV-NHLs) is a major cause of morbidity among HIV positive individuals. An expanding ART program and the advent of combination ART has improved the overall outcome of these patients, however, certain subtypes, such as Burkitt's lymphoma (BL), remain difficult to manage. Understanding the molecular pathogenesis of HIV-NHLs is therefore important as it opens up avenues for future explorable pathways in managing this cancer. Emerging data indicate that HIV encoded proteins may enhance the pathogenesis of HIV-associated cancers. Therefore in this study, we investigate the impact of HIV Nef on NHL development.

Method Recombinant Nef was produced in a bacterial system and used to treat two cell lines, a normal lymphoblastoid cell line (L1439A) and a BL cell line (Ramos), over a time course. Changes in expressions of oncogenes c-MYC and AID were measured by qPCR and western blotting. Promoter regulation of these genes by Nef was determined by luciferase reporter assays. Genomic integrity was assessed using confocal microscopy and γH2AX foci formation.

Results A general decrease in c-MYC and AID expression was observed in L1439A cells. After 1 and 3 hrs of exposure to Nef both c-MYC and AID mRNA levels were reduced by half. In contrast, the expressions of both genes increased significantly in the lymphoma cells: after 3 hrs of exposure, c-MYC mRNA levels increased by ~1.9-fold, and AID increased up to 4.6-fold. Protein expression followed a similar pattern. Nef has been reported to modulate promoter activity, and we demonstrated 3-fold increase in c-MYC promoter activity by Nef. Furthermore, Nef induced translocation of c-MYC into the nucleus, and caused genomic instability due to AID overexpression.

Conclusion HIV Nef enhances the expression of oncogenes in lymphoma cells and promotes genomic lesions, indicating that it contributes to the pathogenesis of NHLs in HIV positive individuals.

WORK- SHOP

Prostate Cancer (1)

09:00–10:30

Wednesday

18 November

2015

Mrabti, Hind

TREATMENT OF HORMONONAIVE METASTATIC PROSTATE CANCER

Mrabti, Hind*; El Hassani, Kawtar; Abahssain, Halima; Boutayeb, Saber;
Elghissassi, Ibrahim; Errihani, Hassan
Institut National d'Oncologie Sidi Mohamed ben Abdellah, Morocco

Correspondence Mrabti, Hind

Email: mrabti_h@yahoo.fr

In African countries, and also in Morocco, the incidence of de novo metastatic prostate cancer is relatively high in comparison with western countries. The standard treatment of hormononaive metastatic prostate cancer is an immediate and continuous androgen deprivation therapy. There were some trials assessing the role of intermittent or delayed castration, suggesting that immediate and continuous castration is the preferred option. The combined androgen blockade didn't demonstrate a significant survival advantage. Three recent trials have raised the question of the combination of docetaxel to castration in patients presenting with metastatic prostate cancer, suggesting a survival benefit in patients presenting with high volume disease. All these literature data will be discussed during the presentation.

WORK- SHOP

Prostate Cancer (1)

09:00–10:30

Wednesday

18 November

2015

Mrabti, Hind INTRODUCTION

Mrabti, Hind*; Berrada, Narjiss; Naciri, Sarah; Boutayeb, Saber;
Elghissassi, Ibrahim; Errihani, Hassan
Institut National d'Oncologie Sidi Mohamed ben Abdellah, Morocco

Correspondence

Email: mrabti_h@yahoo.fr

Prostate cancer is the second most frequent cancer in men worldwide. The incidence of de novo metastatic prostate cancer is relatively high in comparison with western countries. The long natural history of this disease makes the finding of new treatments of real importance. In the last 5 years there was lot of advances in the treatment of metastatic prostate cancer, with no less than 5 drugs that were approved in this setting; thanks to the better understanding of the role of androgen pathway and receptors in this disease. In fact, androgen receptor signaling remains essential for many prostate cancers that have progressed despite androgen deprivation therapy. The “castration resistant prostate cancer” entity emerged and can be considered now as a chronic disease with many therapeutic options. In localized prostate cancer, given the long natural history of the disease, it is a big challenge to select the right candidates for local treatment. Radical treatment should be discussed mainly with intermediate and high-risk patients.

WORK- SHOP

**Free
Communication
of Abstracts 2**
11:00–13:00
Friday
20 November
2015

Msefer Alaoui, Fouzia

JEUNES MAROCAINS GUERIS DE TUMEURS OSSEUSES DE L'ENFANCE DEVENIR ET SUIVI A LONG TERME

Msefer Alaoui, Fouzia*¹; Benaïcha, Nadia²

¹Association l'Avenir, Morocco; ²Service d'Epidémiologie CHU de Fès, Morocco

Correspondence Msefer Alaoui, Fouzia
Email: mseferalaoui@gmail.com

Objectif Le cancer de l'enfant est curable mais les survivants connaissent souvent des séquelles ou des difficultés tardives. Parmi les malades traités pour cancer de 1978 à 2004 à l'Hôpital d'Enfants de Rabat, 1000 étaient considérés guéris dont 46 tumeurs osseuses. La présente étude a pour objectif d'établir une base de données de ces jeunes survivants d'une tumeur maligne de l'os et de proposer une stratégie de suivi à long terme, afin d'améliorer leur devenir.

Méthode L'étude est transversale, exhaustive et descriptive; les données collectées sont médicales et sociodémographiques, initiales et actuelles; le recueil de données a fait appel à divers moyens. Le questionnaire a été rempli par le malade lui-même, ses parents ou son médecin.

Résultats Parmi les 46 patients atteints de tumeurs osseuses enregistrés comme guéris, seuls 17 ont pu être contactés. Les données sociodémographiques initiales montrent que 60% des enfants étaient des garçons, 76% âgés de plus de 10 ans, 80% diagnostiqués de 1995 à 2004, 75% d'origine urbaine, et 94% scolarisés. Cliniquement, le sarcome d'Ewing était plus fréquent que l'ostéosarcome, les os longs plus atteints, surtout le fémur. Tous les malades ont reçu de la chimiothérapie, 30% de la Radiothérapie et 88% de la chirurgie, souvent conservatrice. Actuellement, les survivants sont âgés de 20 à 44 ans, dont 72% de 20 à 30 ans, 57% ont un niveau bac ou plus, 60% habitent avec leurs parents, 50% n'ont pas d'emploi, 70% sont célibataires et seuls 23% ont une activité physique. Les données médicales actuelles sont dominées par les problèmes physiques, notamment orthopédiques allant d'une boiterie au névrome du moignon et scoliose. Deux seconds cancers et 2 décès sont notés.

Conclusion Cette étude, en mettant en évidence des problèmes médicaux parfois très graves, constitue une première étape d'une stratégie de suivi à long terme, incluant des référentiels destinés aux jeunes guéris et aux soignants

POSTER P089

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Mtonga, Petani

ESTIMATING THE CANCER HISTOLOGY RESULT TURNAROUND TIME AT QUEEN ELIZABETH CENTRAL HOSPITAL THE LARGEST REFERRAL HOSPITAL IN MALAWI

Mtonga, Petani*; Masamba, Leo
Queen Elizabeth Central Hospital, Malawi

Correspondence Mtonga, Petani
Email: pemtonga@gmail.com

Objective This is a study which estimated turnaround time (TAT) of histological samples for cancer patients at Queen Elizabeth Central Hospital (QECH). It also looked into the difference between TAT of paid for (PF) and non-paid for (NPF) samples.

Method The study population was 544 which were all suspected cancer patients who had excision biopsies done in the year 2010 at QECH in the following departments: paediatric oncology, oncology unit and surgery. People of all ages were included in this study. Data was collected from the pathology request forms, final histology report copies, laboratory registries and patient files. All relevant information concerning TAT was recorded using a standardized questionnaire developed specifically for the study.

Results The median TAT for the 544 specimens was 71 days Inter Quartile Range (IQR= 39–118 days). Biopsy of PF samples took 20 days (IQR= 12–31) from biopsy to reporting. However, NPF biopsies took a median of 51 days (IQR=35–82). The median TAT from results reporting by pathologist to results transmittal to the ordering physician varied between 16 and 17 days (IQR=7–47) for NPF and PF samples respectively. There was more contribution to the delay of TAT at processing time and transmittal time.

Conclusion The TAT at QECH within the time of study was significantly long compared to other selected places in Africa and the West referred to in our paper. This was due to challenges at all steps from sample collection to result transmittal.

POSTER P090

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Muganyizi, Elias Johansen

PALLIATIVE CARE IN TANZANIA: CURRENT PROGRESS AND SUSTAINABILITY

Muganyizi, Elias Johansen

Tanzania Palliative Care Association, Tanzania

Correspondence Muganyizi, Elias Johansen

Email: elymuganyizi@gmail.com

Despite its limited coverage, palliative care has been present in Tanzania for about 15 years. Obstacles in the growth of palliative care in Tanzania are too many and not only include factors like poverty, poor accessibility of opioid, limited knowledge and skills of palliative care among health care providers, but also limited resources for palliative care service implementation. Nonetheless we have reasons to be proud in that we have overcome several hurdles and in the last five years have seen palpable changes in the mindset of health care providers and policy makers with respect to need of palliative care in Tanzania. Ministry of Health and Social Welfare of Tanzania has put palliative care policy guideline and national palliative care strategy as tools that will enhance wide implementation of palliative care services in the country. Systematic and continuous education for medical staff is mandatory. Major break-through for achieving this purpose would be to increase the number of universities integrating palliative care modules into their respective curricula at different levels, fully integration of palliative care service into health care system and have functioning communication and referrals from home based palliative care to health facilities and strategies for sustainable palliative care services.

WORK- SHOP

Malignancies in the Setting of HIV Infection

11:00–13:00

Friday

20 November
2015

Mugisha, Noleb

PREDICTORS OF LATE STAGE PRESENTATION OF CERVICAL CANCER IN HIV INFECTED UGANDAN WOMEN

Mugisha, Noleb^{*1}; Phipps, Warren²; Orem, Jackson³; Casper, Corey²

¹Uganda Cancer Institute/Makerere University, Uganda; ²Fred Hutchinson Cancer Research Center/University of Washington, United States; ³Uganda Cancer Institute, Uganda

Correspondence Mugisha, Noleb

Email: nmugisha@fredhutch.org

Objective We sought to identify predictors of late-stage Cervical Cancer (CC) in HIV-positive women, and to determine barriers perceived by providers to implementation of CC screening in HIV care in Uganda.

Method We conducted a cross-sectional study of HIV-positive women presenting with invasive CC to Mulago Hospital in Kampala. Demographics, HIV history, CD4+ T-cell count, and CC stage at diagnosis were obtained by patient interview or chart review and focus group discussions were conducted with 21 providers across three high volume HIV clinics.

Results We enrolled 86 women with median age of 40 years (range 25–68). Of 79 with full CC staging, 41 (52%) had late stage (FIGO stage III and IV); of these 36 (88%) were enrolled in HIV care and 28 (68%) were on ART. Bivariate analyses revealed that women with later onset of sexual debut were less likely to present with late-stage CC (debut ≥ 17 years; OR = 0.377, $p = 0.034$) and women with >3 lifetime sexual partners tended to present with late stage disease (OR=1.980, $p=0.065$). Importantly, CD4+ T-cell counts were not associated with CC stage at presentation. Focus groups revealed that HIV care providers know that HIV-positive women are at high risk of CC but there is lack of awareness of CC risks among HIV-positive patients.

Conclusion Our study confirms the high prevalence of late-stage CC in HIV-positive women, despite regular care in HIV clinics where practitioners understand their risk for CC. This finding suggests missed opportunities to diagnose these women earlier. Women who are younger at sexual debut and those with many lifetime sexual partners (>3) should be selected for cervical screening where resources are limited. HIV care guidelines in Uganda should be updated to include CC screening. The cost and feasibility of integrating cancer screening in ongoing HIV care has not been determined but the impact on patient morbidity and mortality may offset perceived barriers to such an intervention.

POSTER P250

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Mukhtar, Aisha

PSYCHOSOCIAL BARRIERS TO BREAST AND CERVICAL CANCERS PREVENTION IN NORTHERN NIGERIA

Mukhtar, Aisha

Cardiff Metropolitan University, United Kingdom

Correspondence Mukhtar, Aisha

Email: aidodo@cardiffmet.ac.uk

Background Breast and cervical cancers are major causes of female cancer deaths. Prevention, early detection and treatment increase survival rates. Various demographic, economic and sociocultural factors influence knowledge, attitude and practice of preventive methods in developing countries.

Objective To explore the level of awareness, perception and attitude towards breast and cervical cancers in Kaduna, a state in Northern Nigeria.

Method A cross sectional study was conducted using self-administered questionnaires to assess the level of knowledge on breast and cervical cancers' risk factors, attitude, and practice of prevention and treatment options among 180 adult women, visiting a National eye centre in Kaduna state. Purposive non-random sampling was adopted. Chi-square test was employed to test for association between knowledge, attitude and practice with certain demographic variables. Findings were represented as frequencies and percentages.

Results Higher proportions of the respondents (53.6%) have good knowledge on breast cancer signs, symptoms and preventive options, compared to that of cervical cancer (33.3%). Poor preventive practices were found for breast and cervical cancers (62.1%; 61.9%) respectively. Common barriers to screening include lack of interest, gender of doctors/nurses, absence of cancer symptoms, and belief in divine treatment. Women reported intentions of screening provided their families and spouses were supportive.

Conclusion There is an urgent need for cancer programmes that address the sociocultural beliefs and practices in the developing world. These are anticipated to improve health behaviours, and cancer prognosis. Findings from this study would be explored further in a future qualitative study. The overall impact of this research is to provide insight to cancer management in Kaduna state, and similar populations.

POSTER P052

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Mumbengegwi, Davis

AN INVESTIGATION OF THE IN VITRO ANTI-CANCER PROPERTIES OF *ACANTHOSICYOS NAUDINIANUS*

Mumbengegwi, Davis*; Stuurmann, Hatago
University of Namibia, Namibia

Correspondence Mumbengegwi, Davis
Email: dmumbengegwi@unam.na

Objective Cancer is increasing as a public health burden in resource poor developing countries. There is a need for new affordable medicines to meet healthcare needs. Cancer patients in rural Namibia use medicinal plants as a treatment for cancer. However, there is a lack of scientific evidence on the safety and efficacy of such treatments. The objective was to determine the anti-cancer and cytotoxic properties of *Acanthosicyos naudinianus* through phytochemical screening and in vitro assays.

Method Ethanol and aqueous extracts of *A. naudinianus* were screened for in vitro anticancer activity against renal cancer (TK10), breast cancer (MCF-7), melanoma (UACC-62) cell lines and cytotoxicity using the Sulforhodamine B assay. A fibroblast cell line (WI38) was used for the cytotoxicity assay. Thin Layer Chromatography and DPPH radical scavenging assay were employed for phytochemical profiling, and to determine the antioxidant activity of the plant extracts.

Results The aqueous root extract of *A. naudinianus*, had saponins whilst the ethanol extract had flavanoids, coumarins and saponins. The aqueous extract exhibited potent in vitro anticancer activity IC₅₀ (6.25 µg/ml 16.41 µg/ml and 48.85 µg/ml) against MCF-7, UACC-62 and TK-10 respectively, cytotoxicity was moderate (IC₅₀ 12 µg/ml). However the ethanol extract of *A. naudinianus* exhibited low in vitro anticancer activity IC₅₀ (56.52 µg/ml 76.77 µg/ml and 95.71 µg/ml) against MCF-7, UACC-62 and TK-10 respectively. The ethanol extracts had low cytotoxicity (IC₅₀ 83.34 µg/ml). The anticancer activities of the plant extracts may be attributed to the presence of phytochemicals, and antioxidants.

Conclusion The use of *A. naudinianus* in traditional settings is rational based on observed anticancer activity and its phytochemistry. Further studies should be conducted to determine safety and efficacy in vivo, and analytical chemistry to determine sources of activity and toxicity for potential development as a medicine.

POSTER P251

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Mumuni, Tolulope

DELAY IN DIAGNOSIS OF BREAST CANCER: SURVEY OF HEALTH WORKERS IN IBADAN SOUTHWESTERN NIGERIA

Pruitt, Liese*¹; Mumuni, Tolulope²; Odedina, Stella³; Agwai, Imaria³; Morhason-Bello, Imran²; Olopade, Olufunmilayo⁴

¹Pritzker School of Medicine, University of Chicago, United States; ²Centre for Population and Reproductive Health, University College Hospital, Nigeria;

³Healthy Life for all Foundation, Nigeria; ⁴Center for Global Health, University of Chicago, United States

Correspondence Pruitt, Liese

Email: tolumumuni@yahoo.com

Objective The burden of cancer in low- to middle-income countries (LMIC) is increasing with poorer survival rates than those seen in high-income nations. In Nigeria, advanced stage diagnosis and delayed treatment represent a significant problem. Knowledge of reasons for delays in diagnosis among breast cancer patients is essential to planning.

Method This was a cross-sectional survey involving seven hundred and twenty seven health care workers consisting of doctors, nurses, pharmacists, PHC health care workers and student nurses at various levels of the health care system in Ibadan, South Western Nigeria. The questionnaire was self administered by respondents following pre-testing and expert review. Descriptive analysis was done using Stata version 13.

Results Majority were Christians (79.5%) and Yoruba's (90.7%) and less than half (43.6%) had more than 10 years professional experience. Reasons given for delayed breast cancer patient diagnosis can be classified as Individual and institutional barriers. They include lack of knowledge of breast cancer by patients (88.2%) followed by seeking spiritual (76.1%) and herbal treatment (75.1%). Inappropriate medical care (76.4%), delays in specialist hospitals referral (58.1%), test results (53.2%) and difficulty in raising funds for transportation to appropriate health facilities (36.9%) were also identified barriers to attaining prompt medical care.

Conclusion There is a need for increased breast cancer education among health care professionals and the general population with emphasis laid on strengthening the health systems to refer patients seeking care to appropriate health facilities. Health facilities also need to improve on service delivery to encourage increased patronage by patients.

WORK- SHOP

**Free
Communication
of Abstracts 1**
11:00–13:00
Friday
20 November
2015

Munishi, Oresto

PIPING HOT MILKY TEA IN THE TANZANIAN OESOPHAGEAL CANCER HOTSPOT: A CROSS-SECTIONAL STUDY

Munishi, Oresto^{*1}; Hanisch, Rachel²; Hanisch, Rachel²; McCormack, Valerie²; Schuz, Joachim²; Kibiki, Gibson³; Ndyetabura, Theonist³; Mapunda, Oscar⁴; Ndaro, Anold³

¹Kilimanjaro Christian Medical Center, Tanzania; ²IARC, France; ³KCRI, Tanzania; ⁴KCMCO, Tanzania

Correspondence Munishi, Oresto
Email: godhappyus@yahoo.com

Objective Oesophageal cancer is a devastating disease with poor prognosis. In East Africa, it ranks amongst the top 4 most common cancers and its histology is mainly oesophageal squamous cell cancer (ESCC). Causal factors in this area are not well identified. As hot beverage drinking has been strongly linked with ESCC in the high risk area of Iran, we measured population-level hot beverage drinking habits in the oesophageal cancer hotspot of North Tanzania.

Method We conducted a cross-sectional study of established and putative ESCC risk factors in 188 participants from the general-population in Kilimanjaro, North Tanzania. Temperature of and time taken to drink tea were measured. A questionnaire on regular tea habits was also administered. We examined these measurements in relation to external international means and to tea type ("milky tea" = up to 50% milk and water boiled together; "black tea" = no milk at all) and socio-demographic factors.

Results In tea preparation, 62% of participants added milk before boiling. Participants started drinking tea at a mean of 70.6°C (standard deviation 3.9), which was higher than in all previous studies worldwide ($p \leq 0.01$), in particular it was much higher than in Golestan, Iran. The strongest determinant of tea drinking temperature was the type of tea. Milky tea (milk and water boiled together) was drunk 3.2°C (95% confidence interval: 2.1, 4.3) hotter than black tea. Men drank their tea hotter and faster than women. The prevalence of reported tongue burning was high and agreed with measured tea temperatures.

Conclusion Repeated thermal injury to the oesophageal mucosa may be implicated in carcinogenesis, by damaging the mucosa's repair mechanisms leaving it vulnerable to carcinogenic insults such as from alcohol, tobacco and polycyclic aromatic hydrocarbon. Akin to the deeper dermatological scald burns caused by hot milk than by hot water, piping hot milky tea drinking may be a significant risk factor for EC.

POSTER P252

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Munishi, Oresto

MOST COMMON MALIGNANCIES IN A TERTIARY HOSPITAL CANCER REGISTRY IN NORTHERN TANZANIA: AUGUST 2013–FEB 2015

Munishi, Oresto*¹; Theresia, Namwai¹; Nyindo, Pilli¹; Mapunda, Oscar¹; Mmbaga, Blandina²; Israel, Imani³; Karia, Francis¹; Bartlett, John³; Nyindo, Pilli¹; Zullig, Leah³

¹Kilimanjaro Christian Medical Center, Tanzania; ²KCMC-Duke University Collaboration, Tanzania; ³Duke Global Health Institute

Correspondence Munishi, Oresto
Email: godhappyus@yahoo.com

Objective Cancer is recognized as a serious public health problem in Tanzania. Although much has been done to improve cancer services in the country, cancer incidence and mortality have remained largely under estimated due to significant limitations in cancer registration in the country. To counter these limitations; Kilimanjaro Christian Medical Center (KCMC) re-established its cancer registry activities in 2013 in the Kilimanjaro region.

Method Kilimanjaro Christian Medical Center (KCMC) is a tertiary hospital situated in the Northern part of Tanzania. It serves an approximate population of 12 million people. Last year, the hospital strengthened its 10-year-old Cancer Registry to ensure a more rigorous data collection system. Part of strengthening strategy has involved advancing to a population-based registry. The registry records all cancers diagnosed at the center or referred from the peripheral hospitals. Variables recorded include patient demographic information, tumor stage at diagnosis, tumor morphology, and metastasis and follow up.

Results A total of 1502 tumors were recorded from 1 August 2013 to 30 February 2015. Out of these, 68% represent only ten types of all cancer types in the registry. The ten most common cancers are cervix, prostate, breast, skin, urinary bladder, oesophagus, conjunctiva, lymph node, gastric and endometrium. The remaining 32% includes all other cancer types diagnosed at KCMC. The most common five cancer types make up 50% of all cancers diagnosed and recorded at KCMC. When compared to the Cancer Treatment Registry at the Ocean Road Cancer Institute (ORCI), cervical cancer is the most commonly diagnosed and treated malignancy, standing at 18% and 40% at KCMC and ORCI, respectively.

Conclusion Just as indicated in other National Cancer reports, most commonly recorded cancers at KCMC, as in other parts of Tanzania are cancer of the cervix, skin cancers (mostly related to AIDS), cancers of the oesophagus and breast.

POSTER P093

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Murgor, Mellany

A MOBILE PHONE-BASED SURVEY ON KNOWLEDGE OF CERVICAL CANCER AND HPV VACCINATION IN KENYA

Murgor, Mellany

Young Professionals Chronic Disease Network, Kenya

Correspondence Murgor, Mellany

Email: murgormellany@gmail.com

Introduction Cervical cancer is a major global health problem, with a high prevalence in developing countries due to inadequate screening programs and awareness. A survey was therefore conducted find out the awareness and knowledge on cervical cancer, its risk factors and HPV vaccination in Kenya.

Method A random cross-sectional, mobile phone-based survey was employed. Calls were made through social media and interested participants sent the code “ccv” to the number 0700040030, after which they received the instructions about the survey. A total of 10 sequential questions about their age, gender, source of information, the causes of cervical cancer, knowledge on HPV vaccination, the age group to be vaccinated and recommendations for vaccination. Data was collected and analysed using m-surveys DIY platform.

Results There were 200 respondents, 70% women and 30% men of the age group of 17–30 years. Only 28% correctly knew that HPV was the virus associated with cervical cancer, as well as associated with poor hygiene, diet, alcohol intake and genetics. 55% were aware of the HPV vaccine, but 8% could identify the correct target group. 38% of the participants obtained information from friends and relatives, while 20% obtained from medical personnel and 6% from social media. Despite only 20% having been vaccinated or knowing anyone who had been, a majority were willing to be vaccinated or would recommend the vaccination to others.

Discussion It was noted that many people had heard of cervical cancer but did not know any further details regarding the disease entity. With many of the respondents attributing various risk factors to cervical cancer, and not knowing the exact cause means they will not be able to take necessary preventive measures and/ or undergo the recommended screening. If substantial impact is to be made in the fight against cervical cancer, it is important a form of disseminating correct and accurate information should be established.

POSTER P094

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Murthy, Shilpa

A RANDOMIZED CROSS-OVER TRIAL FOCUSED ON CLINICAL BREAST EXAM SKILL ACQUISITION USING HIGH FIDELITY VERSUS LOW FIDELITY SIMULATION MODELS IN RWANDA

Murthy, Shilpa^{*1}; Ntakiyiruta, Georges²; Ntirenganya, Faustin²; Ingabire, Allen²; Riviello, Robert¹; Dunnington, Gary³

¹Center for Surgery and Public Health, Brigham and Women's Hospital; Indiana University, United States; ²University of Rwanda, Rwanda; ³Indiana University, United States

Correspondence Murthy, Shilpa

Email: shilpamurthy.murthy@gmail.com

Objective Breast cancer is the most common cancer diagnosed in Rwanda. It is critical to increase the number of physicians who perform clinical breast exam (CBE). We developed a comprehensive CBE training course using high fidelity (HF) and low fidelity (LF) simulation models to determine whether training on LF models confers similar skill acquisition and confidence as training on HF models. We also investigated whether lecture and simulation together improve CBE performance versus lecture alone.

Method Participants were randomized to HF or LF simulators and CBE performance was assessed using video-analysis at four different time-points during the course. Baseline, post-lecture (PL), post-lecture plus post-simulation training (PLPS), and crossover to the other model CBE performances were assessed. A previously published evaluation tool was modified and used by a blinded evaluator to assess CBE skill. Wilcoxon rank sum and sign rank tests were utilized to compare exam scores.

Results 213 individuals (180 medical students and 33 residents) enrolled in the study. There was a significant 7-point increase in scores in PLPS versus lecture alone (23.87, 16.85 $p=0.00$). There was a significant 18-point improvement in scores when baseline performance was compared to PLPS (5.57, 23.87, $p=0.00$). When comparing HF and LF group's baseline, PLPS, and crossover scores there was no significant difference between groups (5.50, 5.63 $p=0.35$; 23.91, 23.83 $p=0.98$; 23.82, 23.93 $p=0.25$)

Conclusion Focused CBE simulation training courses can improve CBE performance. CBE skill acquisition was similar between HF and LF groups. Hands on training improved CBE performance compared to lecture alone. Adding simulation training to an educational intervention seems to improve technical performance. LF models are equitable, locally made low cost teaching tools that are potentially replicable in other resource poor settings.

POSTER P095

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Mutebi, Miriam

THE ONE STOP BREAST CLINIC: AN ADAPTATION OF THE MULTIDISCIPLINARY BREAST CANCER MANAGEMENT MODEL TO LOW RESOURCE SETTINGS

Mutebi, Miriam*; Malherbe, Francois; Cairncross, Lydia; Panieri, Eugenio;
Galmiedien, Galima
Groote Schuur Hospital, South Africa

Correspondence Mutebi, Miriam
Email: mcmutebi@yahoo.com

Introduction Delays between the initial clinical presentation and definitive management of breast cancers are frequent in low resource settings. Some factors that contribute to delays within the system are a lack of a clear referral pathways, lack of pathology services and the distances patients may have to cover, to reach the few tertiary units that offer specialized care. These may result in losses to follow up.

Objective To decrease delays in the referral and diagnosis of breast cancers at a single tertiary referral centre in the western cape.

Method A clear referral pathway was developed and circulated to the surrounding facilities and a specialized breast team was developed to run a one stop breast clinic. This was made up of 1 breast coordinator, 9 clinicians (2 surgical consultants, 2 surgical registrars, 6 locum physicians and 1 oncology doctor/registrar), 3 nurses and 5 nursing assistants, 2 radiographers and 2 radiologists and 3 cyto-technicians and 1 social worker.

Results Between March 2013 and March 2015, the breast clinic saw an average of about 4000 new patients a year (2012 to 2013 – 4094 new patients, 2013 to 2014 – 3995 new patients and 2014 to 2015 – 3895 new patients. Similar numbers of follow up patients were seen in this period. (3928, 2920 and 2778 patients respectively). Patients presenting with lumps underwent triple assessment with both fine needle cytology and histology and imaging. Patients with positive cytology were seen by the oncologist at the same initial visit. They were subsequently reviewed with their final histology at a combined multi disciplinary breast clinic within 1 week. 463 patients (2013) and 492 patients (2014) were diagnosed with breast cancer.

Conclusion The one stop model ensures that all patients who are likely to have a breast cancer leave the clinic with a working management plan. This model helps to mitigate delays in diagnosis and the potential loss to follow up. A well established referral system remains key.

WORK- SHOP

**Free
Communication
of Abstracts 2**
11:00–13:00
Friday
20 November
2015

Mutyaba, Innocent

A NOVEL PATIENT-ORIENTED APPROACH TO ENDEMIC BURKITT LYMPHOMA AND ITS IMPACT ON OUTCOMES

Mutyaba, Innocent^{*1}; Krantz, Elizabeth²; Gerdts, Sarah²; Omoding, Abrahams³; Orem, Jackson³; Casper, Corey²

¹UCI/Fred Hutchinson Center Cancer Alliance, Uganda; ²Fred Hutchinson Cancer Research Center, United States; ³Uganda Cancer Institute, Uganda

Correspondence Mutyaba, Innocent
Email: imutyaba@fredhutch.org

Objective Through the implementation of a comprehensive clinical care project we sought to improve access to care and overall survival for children with endemic Burkitt Lymphoma (eBL) at The Uganda Cancer Institute (UCI).

Méthode The Burkitt Lymphoma project at UCI was initiated in July 2012 with the aim of addressing specific areas of clinical care including: adherence support, nutritional support, filling treatment gaps, improved diagnostics and quality control through data collection. We used proportions to summarize key project outputs and Kaplan-Meier methodology to estimate 1-year survival.

Results Between July 2012 and July 2014 we enrolled 173 children with suspected BL of whom 121 were confirmed BL and followed by this project. All patients received adherence support during treatment and follow up, and transport reimbursement for clinic visits. Most (81%) patients with confirmed BL completed first-line treatment (cyclophosphamide, vincristine, and methotrexate). Half (49%) of planned follow-up visits were completed. Only 3% of patients were lost to follow up. Nutritional status was assessed for each patient at initial presentation and at every treatment visit. Among 22 patients with moderate or severe malnutrition, 16 (73%) received special feeds. A total of 184 chemotherapy doses were supplied during shortages. The project supported 88 (49%) of 178 total histopathology examinations. One year overall survival was 51%, 95% CI (37%, 64%).

Conclusion Addressing gaps in the existing treatment infrastructure for BL at UCI resulted in an improved level of adherence and decreased number of patients lost to follow-up compared to previous findings. Survival outcomes were poor likely in part due to inferior treatment regimens and late presentation. Having reliable patient information has helped guide treatment decisions. Methods used in the BL project may be applied to other resource-limited settings to address treatment gaps and adherence.

POSTER P253

**General Poster
Display**
Saturday &
Sunday
21 & 22
November
2015

Mutyaba, Innocent

CYTOKINE PROFILE DURING ASYMPTOMATIC AND SYMPTOMATIC MALARIA PARASITEMIA IN CHILDREN IN UGANDA

Mutyaba, Innocent^{*1}; Byakika-Kibwika, Pauline²; Phipps, Warren³; Casper, Corey³; Kanya, Moses²

¹UCI/Fred Hutchinson Center Cancer Alliance, Uganda; ²Makerere University College of Health Sciences, Uganda; ³Fred Hutchinson Cancer Research Center, United States

Correspondence Mutyaba, Innocent
Email: imutyaba@fredhutch.org

Background Malaria has been associated with endemic Burkitt lymphoma (BL). The inflammatory responses to malaria may cause chronic B-cell hyper-stimulation that leads to DNA mutations and malignant transformation to BL.

Objective We sought to characterize the biomarkers of inflammation during malaria infection in Ugandan children.

Method We studied children participating in a prospective malaria cohort in Uganda (Program for Resistance, Immunology, Surveillance and Modeling of Malaria in Uganda). Plasma cytokines were assessed in each child at 3 time points representing 3 disease states: no malaria, asymptomatic malaria, and symptomatic malaria. We tested for equality of median cytokine distribution at the 3 time points using Kruskal-Wallis test, and used generalized estimating equations to assess association of cytokine expression with clinical and demographic characteristics.

Results Among the 41 children, median age was 5.0 (0.8–10.3) years when normal, 5.9 (0.8–10.6) years during asymptomatic malaria, and 5.7 (0.5–10.8) years during symptomatic malaria; 39% (16/41) participants were female. There was a significant increase for IL-10 ($p < 0.001$), IL-6 ($p = 0.04$) and IP-10 ($p = 0.002$) during malaria parasitemia compared to no malaria; there was no difference for IL-13 ($p = 0.7$), IL-5 ($p = 0.2$), IL-8 ($p = 0.7$), MIP-1 α ($p = 0.5$), MIP-1 β ($p = 0.6$), and TNF α ($p = 0.2$). In the adjusted models, for every one log increase in the parasite density, the odds of high IL10 expression increased by 80% (OR=1.8, 95% CI: 1.3–2.6, $P = < 0.001$), the odds of high IL6 by 30% (OR=1.3, 95% CI: 1.0–1.7, $p = 0.04$), and the odds of high TNF α by 40% (OR=1.4, 95% CI: 1.1–1.8, $p = 0.01$). Younger children (0–4.9 years) had 400% (OR=5, 95% CI=1.7–25, $p = 0.001$) increase in the odds of high IL10 expression compared to older counterparts (5–11 years).

Conclusion Infection with malaria parasites is associated with an immunological response characterized by elevated B-cell stimulatory cytokines including: IL10, IL6, TNF α and IP10. These cytokines may mediate B-cell stimulation and related oncogenic DNA changes that lead to BL.

POSTER P254

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Muwonge, Richard

CERVICAL CANCER INCIDENCE AND MORTALITY IN WOMEN 10 YEARS AFTER BEING SCREENED NEGATIVE WITH CYTOLOGY, HUMAN PAPILLOMA VIRUS TESTING OR VISUAL INSPECTION WITH ACETIC ACID

Muwonge, Richard^{*1}; Jayant, Kasturi²; Malvi, Sylla G²; Shastri, Surendra³; Nene, Bhagwan M²; Sankaranarayanan, Rengaswamy¹

¹Screening Group, International Agency for Research on Cancer, France; ²Nargis Dutt Memorial Cancer Hospital, India; ³Tata Memorial Hospital & Cancer Research Institute, India

Correspondence Muwonge, Richard | Email: muwonger@iarc.fr

Objective Compare cervical cancers (CC) incidence and mortality rates after a negative result in a single round of screening using cytology or human papilloma virus (HPV) testing or visual inspection with acetic acid (VIA).

Method Women aged 30–59 were randomized and offered one of the three screening methods in the CC screening trial in Osmanabad District, India. Screen-positive women were advised confirmatory investigations using colposcopy and/or histology. Those with cervical precancers and CC were offered appropriate treatment. CC incidence during the follow-up was obtained by linking the trial dataset with that of the Barshi population-based cancer registry. Mortality information was collected from the district death registration offices, hospital records, and annual house visits. We used Cox Proportional regression analysis to compare the 10-year follow-up incidence and mortality rates between screening groups.

Results Women screened negative in the cytology, HPV testing and VIA groups were 23,762, 24,380 and 23,032, respectively. Seventy-eight CC were diagnosed in screen-negative women; 36 (46%) were in stages I–II and 38 (49%) in stage III. In the cytology group, 27 CC and 13 CC deaths were recorded, while in the HPV testing group these numbers were 11 and 2, respectively. Thus a significantly reduced incidence and mortality in the HPV testing (hazard ratio (HR) = 0.40; 95% confidence interval (CI): 0.20–0.80, and HR = 0.15; 95% CI: 0.04–0.60, respectively) compared to the cytology group. In the VIA screened group 40 cases of and 16 deaths from CC were recorded; a non-significant increase either in incidence or mortality compared to the cytology group.

Conclusion HPV testing resulted in a negative predictive value for future CC. A significantly higher proportion of early-stage CC was reported than usually observed in the general population (around 15%), due to increased health awareness attained through the screening programme.

POSTER P255

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Muwonge, Richard

TRIPLE DIAGNOSIS IN THE DETECTION OF INVASIVE BREAST CANCER IN WOMEN FOUND WITH BREAST LUMPS AT SCREENING

Muwonge, Richard*¹; Sankaranarayanan, Rengaswamy¹; Thara, Somanathan²; Mathew, Beela Sara²; Venugopal, Muraleedharan²; Ramadas, Kunnambath²

¹Screening Group, International Agency for Research on Cancer, Lyon, France;

²Regional Cancer Center, Trivandrum, Kerala State, India

Correspondence Muwonge, Richard

Email: muwonger@iarc.fr

Objective Triple-diagnosis is used to maximize cancer diagnosis among women who have been clinically detected with breast lumps. It combines clinical breast examination (CBE); breast imaging using mammography and/or ultrasonography; and tissue sampling using fine-needle aspiration cytology (FNAC), core-needle or excision. We evaluate invasive breast cancers (BC) detection among women non-compliant with confirmatory diagnosis, those who had confirmatory doctors' CBE (DrCBE) alone and those who received triple-diagnosis process.

Method Women aged 30–69 years detected with breast lumps after CBE by health workers (HW) in the Trivandrum Breast Cancer Screening trial. Frequencies by detection mode and stage distribution of the BC detected are presented. Cumulative curves of BC incidence among the diagnostic investigations are also presented.

Results Lumps were detected in 3,352 women on CBE by HW, of whom 850 underwent triple-diagnosis, 803 had diagnostic confirmation by DrCBE alone, and 1,699 in those non-compliant. Of the 41 BC diagnosed in women who underwent the triple-diagnosis process, 34 (4.0 per 100 women detected with lumps) were screen-detected, while 7 (0.8 per 100) were symptomatically detected later during follow-up. All 8 BC diagnosed among the women who only had DrCBE confirmation were symptomatically detected. Thirteen BC were diagnosed among the women non-compliant. A higher proportion of early-stage (I-II) BC were diagnosed among those screen-detected than those symptomatically detected (74% versus 63% and 54%). The cumulative incidence of the BC diagnosed through the triple-diagnosis process was significantly higher than that of women with DrCBE confirmation alone or non-compliant.

Conclusion Triple-diagnosis was useful in detecting most of the BC and down-staging cancer diagnosis in women with lumps. Facilities for triple assessment in health services are critically important for early diagnosis in low- and middle-income countries.

POSTER P256

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Mwachiro, Michael

ESOPHAGECTOMY IN PATIENTS WITH HIV/AIDS: A VIABLE OPTION

Mwachiro, Michael*; Mitchell, Eric; White, Russ
Tenwek Hospital, Kenya

Correspondence Mwachiro, Michael
Email: deche2002@yahoo.com

Objective To evaluate the outcomes in patients with HIV who have undergone esophagectomy for benign and malignant conditions.

Method We performed a retrospective chart review of all HIV positive patients who underwent esophagectomy at our institution between the years of 2009–2014. All the procedures were performed with RW as the main surgeon assisted by the other authors MM, EM and other surgical staff. We reviewed patient demographics, preoperative workup including HIV specific parameters, HAART use, operation type, perioperative complications, duration of hospital stay, and 30 day mortality.

Results 9 patients with HIV disease had a planned esophagectomy by a single surgeon (RW). 2 had severe stricture disease secondary to caustic ingestion and 7 had squamous cell carcinoma. 1 patient had an unresectable T4 tumor, and got a SEMS stent placed in the operating room. The other 8 patients underwent radical esophagectomy via a standard three field two stage esophagectomy. Four patients had pre-operative stenting for nutritional support and these were resected en-bloc with the tumor. Mean stent duration was 61 days. Pre-operative CD4 counts were known in 7 of the 9 patients. 1 patient had a CD4 count below 200, 3 patients had CD4 counts between 200–400, and 3 patients had CD4 counts above 400. Only 3 patients were on pre-operative HAART treatment. HIV staging of the patients with malignancy were: 4 were > stage III and 3 were < stage II. Mean tumor length was 6cm. There was 11% (1/9) 30 day mortality with good long term follow up for the other 8 patients.

Conclusion HIV positivity is not a contraindication to surgery, but careful patient evaluation and preoperative planning has to be done. Good nutrition, ARV use and overall CD4 counts remain important parameters in affecting outcomes for these patients. Esophagectomy in this setting is feasible with equally good outcomes.

POSTER P096

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Mwebesa, Eddie

ASCERTAINING THE NEED FOR PALLIATIVE CARE SERVICES FOR CHILDREN SUFFERING FROM ADVANCED CANCER IN WESTERN UGANDA: FINDINGS OF A BASELINE SURVEY

Mwebesa, Eddie*; Ndibarema, Elias; Kamate, Antonia; Mucunguzi, Jackson; Masereka, Mackay; Kimbowa, Musa
Hospice Africa Uganda, Uganda

Correspondence Mwebesa, Eddie

Email: emwebesa@hospiceafrica.or.ug

This situation analysis was conducted in June 2014 for a UK Department for International Development (DFID) project to expand access and scope of paediatric Palliative Care (PPC) services in Western Uganda. The study established a baseline against which the project is benchmarked, and guided how needs of children with cancer seeking PC services would be met. The cross-sectional study employed mixed methods. The study covering 3 districts met Organization for Economic Co-operation and Development and Development Assistance Committee (OECD/DAC) and DFID Evaluation policy guidelines for objectivity, impartiality and transparency. Respondents included 16 children with cancer and their families, 2 officials of the Health Ministry, faculty from 2 medical schools, 10 managers from 6 partner institutions and 17 Community Volunteer Workers (CVWs). There are 3,779 children in Western Uganda with cancer in need of PPC services in a setting where very few health facilities are offering only a limited PPC service. 2.6% of children suffering from cancer are accessing PPC services. The curriculum for medical students did not have PPC components within it and doctors were graduating without knowledge and skills managing the needs of children suffering from cancer. The CVW curriculum was deficient in PPC topics. 17 CVWs completed self-administered questionnaires which highlighted they needed to be trained to become competent in identification of PPC needs, basic nursing, counselling, and Children's Rights and Protection issues. PPC for children with cancer is not integrated into the general health services of hospitals at district level. Western Uganda has a huge unmet need for PPC services for children with cancer. Curriculums of university students and CVWs need to be revised so that professionals emerging from these institutions are competent in PPC. District health services have not integrated PPC into their health services delivery.

WORK- SHOP

**Free
Communication
of Abstracts 6**
16:00–17:30
Saturday
21 November
2015

Mwebesa, Eddie

LOWERING THE COST OF PHARMACEUTICAL MANUFACTURE OF ORAL LIQUID MORPHINE FOR THE MANAGEMENT OF CANCER PAIN IN UGANDA

Mwebesa, Eddie*; Ntege, Christopher; Ochan, Clifford; Nakyanzi, Sarah
Hospice Africa Uganda, Uganda

Correspondence Mwebesa, Eddie
Email: emwebesa@hospiceafrica.or.ug

Globally cancer patients suffering with severe pain require opioid pharmaceutical formulations to manage the pain. Over 69,000 patients in Uganda require morphine annually for the management of moderate to severe pain. A 500mL bottle of oral liquid morphine 20mg/5mL in many Western countries costs over 38 US dollars. These formulations are therefore unaffordable in resource limited settings like sub-Saharan Africa where disease prevalence is highest and patients are impoverished by their illnesses. The Treat the Pain Program of the American Cancer Society and Hospice Africa Uganda (HAU) undertook to study the factors which influence the cost of oral liquid morphine and develop a model through which the cost could be kept affordable for Uganda's Ministry of Health. The model included the use of a simple formula to reconstitute morphine powder into an aqueous solution preserved with bronopol and coloured with confectionery dyes to differentiate strengths. Morphine powder is imported without unbudgeted profits levied by middlemen and made into solutions using locally trained pharmacy technicians using Standard Operating Procedures agreed by the National Drugs Authority. Morphine is bottled in locally manufactured plastic vessels onto which pre-printed labels are affixed. With a weekly average production of 1,500 bottles HAU is able to optimally utilize its human resource to cover both the dispensing and the production pharmacies and therefore save costs. The morphine production unit focuses on only two formulations 5mg/5mL and 50mg/5mL which cost 2.9 and 10.5 US Dollars per 500mL respectively. This model allowed Uganda to triple its morphine consumption between 2011 and 2014, and the Government to afford free oral liquid morphine for all citizens who need it.

WORK- SHOP

Cancer Registration

11:00–13:00

Thursday

19 November

2015

N'da, Guy

TRENDS IN THE INCIDENCE OF CANCER IN AFRICA

N'da, Guy^{*1}; Parkin, DM²

¹AFCRN/Abidjan Cancer Registry, Ivory Coast (Côte d'Ivoire);

²AFCRN, United Kingdom

Correspondence N'da, Guy

Email: ndaguy2008@yahoo.fr

Although population based cancer registration has been established in Africa since the 1960s, very few registries have been able to produce high quality, accurate, statistics on cancer incidence, over long periods of time (15 or more years), to allow the study of time trends in cancer incidence. As a consequence, estimates of changes over time – such as those prepared for the Global Burden of Disease (GBD) study – rely heavily upon modelling of likely effects, based on assumed changes in disease “correlates”. However, the actual results observed may be at variance with those based on such modelling.

The cancer registries in Kampala (Uganda), Harare (Zimbabwe) and Eastern Cape of South Africa have recently published results of time trend analyses. In Cote d'Ivoire, we were able to study changes in incidence between rates in Abidjan in 2012–2013, with those published 17 years earlier (1995–1997).

Some of the findings observed might have been anticipated from changing lifestyles; in particular, the rising incidence of prostate cancer, and cancer of the breast. For breast cancer, the changes are largely confined to post menopausal women in successive birth cohorts. There have also been increases, although less consistent, in cancers of the colon and rectum.

In contrast, the incidence rates of cancer of the cervix – at least in east and southern Africa, continues to rise, whilst there has been little change in tobacco-associated cancers, notable lung cancer. Cancers traditionally associated with Africa (liver cancer, oesophagus cancer in East Africa) do not appear to be declining.

POSTER P258

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Nafissa, Belkessam

L'IMPACT DE L'ALIMENTATION DANS LE PRÉVENTIF ET LE CURATIF DES CANCERS

Nafissa, Belkessam^{*1}; Abdelkrim, Messafeur²

¹Département de Pharmacie, Algeria; ²Registre du Cancer, Algeria

Correspondance Nafissa, Belkessam

Email: nbelkessam@yahoo.fr

En Algérie, le cancer est un véritable problème de sante publique puisque 35 000 nouveaux cas apparaissent par an et 20 000 décès dus au cancer. Seule une petite proportion de cancer est héréditaire et la plus part est liée à des facteurs essentiellement environnementaux dont l'alimentation. Une alimentation riche en acide gras saturés et pauvres en fruits et légumes est associée à un risque accru de cancer de sein, prostate, colon-rectum et ovaire.

Objectif et méthode L'objectif de ce travail est d'informer sur le lien entre alimentation, nutrition et prévention du cancer après une synthèse des preuves scientifiques solides ainsi que les conclusions et recommandations qui en découlent.

Résultats β carotène, lycopene, folates, hesperidine, limonene, glucosinolates, allylsulfides sont des microconstituants qui ont démontré leur efficacité préventive et curative de certains cancers. Nous citerons: les sulforaphanes du brocoli qui diminuent les tumeurs mammaires, les flavonoïdes des pommes qui diminuent aussi les tumeurs hépatiques, épigallocatechine gallate (ECGC) et caféine du the vert et les anthocyanes des myrtilles qui réduisent les tumeurs du colon et prostate, le Calcium qui diminue de 15% la récidence des polypes intestinaux, la quercetine et kaempferol du raisin qui inhibent les inducteurs carcinogènes du cancer de l'ovaire.

Conclusion La prévention du cancer au niveau mondial est l'un des problèmes les plus pressants auxquels sont confrontés les scientifiques et les pouvoirs publics. Ce défi peut être relevé si une politique nutritionnelle de mode de vie sain sera mise en place.

POSTER P259

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Naidoo, Horacia

RISKING CARDIAC FAILURE TO CURE CANCER: IDENTIFYING THE RISK FACTORS FOR ADVERSE DRUG EVENTS

Naidoo, Horacia*¹; Simonds, Hannah²; Ramesar, Raj²

¹University of Cape Town, South Africa; ²Tygerberg Hospital/University of Stellenbosch, South Africa

Correspondence Naidoo, Horacia

Email: horacian@gmail.com

Introduction Breast cancer occurs in 11% of cancer diagnoses worldwide. Despite the increased incidence, there has been a significant decrease in mortality due to early diagnosis and treatment advances. Anthracycline-based chemotherapy is highly effective, increasing survival from 30% to >80%. However, treatment efficacy is marred by the increased risk of anthracycline-induced cardiotoxicity (ACT) – estimated at 10–26%. Currently in SA, there is no information on ACT in breast cancer patients and survivors. Our recruitment sites in Cape Town – Groote Schuur Hospital (GSH) and Tygerberg Hospital (TBH) routinely treat patients with anthracycline-based therapy.

Objective To provide insight into the clinical management of breast cancer patients on anthracycline-based treatment focusing on ACT. To provide an index of genetic susceptibility to ACT and potentially allow for a personalized medicine approach.

Methodology Retrospective patient analysis found that it was difficult to clinically stratify those at high risk of developing ACT. Recurring variability in individual response indicated a genetic predisposition to ACT which has been confirmed by several studies. A retrospective patient review was conducted for the period 2011–2014 at GSH. Compelling findings prompted the design of a prospective laboratory based study. Recruited patients' blood samples are analysed for genetic variants, expression and cardiac injury utilising a biomarker. Demographics, clinical risk factors, left ventricular ejection fraction (LVEF%) as a surrogate measure of cardiac function and chemotherapeutic regimen data are also assessed.

Preliminary results Retrospective findings indicated a significant trend for diminished cardiac function after 3 cycles of anthracycline-based chemotherapy. Recruited patients are currently being genotyped for specific variants.

Next steps The preliminary study motivated the prospective study as ACT is a significant adverse effect.

POSTER MP077

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Najdi, Adil

AWARENESS OF CERVICAL CANCER RISK FACTORS, SCREENING PRACTICES AND ATTITUDES AMONG NURSES IN A PRIMARY HEALTH CARE SETTING OF MOROCCO: A CROSS-SECTIONAL STUDY

Najdi, Adil^{*1}; El Fakir, Samira²; Chami Khazraji, Youssef³; Belakhel, Latifa⁴; Abousselham, Loubna⁵; Bekkali, Rachid³; Nejari, Chakib²

¹School of Medicine, Fez, Morocco; ²Univ. Sidi Mohammed Ben Abdellah, Morocco; ³Foundation Lalla Salma for Prevention and Treatment of Cancer;

⁴Directory of Epidemiology and Fight Against Diseases (DELM), Ministry of Health, Morocco; ⁵Direction of Population, Ministry of Health, Rabat, Morocco

Correspondence Najdi, Adil | Email: najdi.adil2011@gmail.com

The effectiveness of the cervical cancer screening activities depends on physicians and nurses' level of awareness and their adherence to the program.

Objective To characterize nurse's awareness, attitude and practice on cervical cancer screening in Morocco.

Method A national cross sectional study conducted on July 2011 in a representative sample of nurses carrying out in Moroccan health care facilities. Five Moroccan regions were selected and 22 centers were included with a total of 306 nurses. A self-administered questionnaire was used to collect data on socio demographic characteristics, awareness about cervical cancer's risk factors, HPV's vaccination, and attitude regarding cervical cancer screening using the VIA test.

Results A total of 306 nurses were included in the survey, the mean age was $45,15 \pm 10,66$ years, the majority of them (95, 5%) were females and carrying out in urban health care facilities (83, 4%). When we asked nurses about their daily screening activities, 90% of them admitted they provide occasionally tests for cervical cancer screening for their patients but not regularly and not for all eligible patients. Univariate analysis of the data showed that nurses who work in rural areas ($p < 0,02$), who had less seniority in the public service ($p < 0,05$) and who were younger ($p < 0,04$), were less likely to perform cervical cancer screening in order to meet the targeted program's objectives. After adjustment on confounding factors, working in the rural area remained the only associated factor with low screening practice among nurses ($OR = 2,9$; $p < 0,02$).

Conclusion This study showed certain weaknesses regarding the functioning of the early detection program for cervical cancer at the primary health care level; mainly it shown the non-adherence of nurses at the rural area.

POSTER MP078

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Najoua, Bouayad

**CANCER DU NASOPHARYNX: EXPERIENCE DU SERVICE
DE RADIOTHERAPIE DU CHU HASSAN II DE FES**

Najoua, Bouayad*¹; Zakia, Idir²; Abderrahmane, Elmazghi²; Touria, Bouhafa²; Khalid, Hassouni²

¹Resident, Morocco; ²Radiotherapy, Morocco

Correspondance Najoua, Bouayad
Email: bouayadnajoua@gmail.com

Objectif Le carcinome du nasopharynx est une maladie d'évolution locorégionale avec potentiel de dissémination métastatique élevé. C'est une tumeur chimiosensible et radiocurable. Dans notre service, c'est le premier cancer de la sphère ORL, nous exposons, à travers cette série, les aspects épidémiologiques, cliniques, thérapeutiques et évolutifs de cette pathologie.

Patients et méthode Etude rétrospective des dossiers de 230 patients pris en charge dans le service de Radiothérapie du CHU Hassan II de Fès sur une période de 3 ans.

Résultats: La médiane d'âge des patients était de 45 ans et 64% était de sexe masculin. Le délai de consultation était de 8 mois, 80% des patients étaient atteints d'adénopathies cervicales. Il s'agissait d'un carcinome indifférencié de type nasopharyngé dans 90% des cas. Après bilan d'extension, 18% ont été classé T1, 36% T2, 27% T3 et 19% T4. Sur le plan thérapeutique, 190 patients ont reçu une chimiothérapie néoadjuvante suivie d'une radio-chimiothérapie concomittante. Cependant, 5% ont reçu un traitement palliatif. L'évaluation a montré que 60% des patients traités étaient en situation de réponse complète et 12% de réponse partielle. L'évolution a été marqué par 15 cas de récidence nasopharyngée et/ou ganglionnaire, 13 cas de métastases à distance. Le recul moyen était de 23 mois et 46% des patients sont toujours suivis et en situation de contrôle de leur maladie.

Conclusion Les progrès de la balistique en radiothérapie et l'association à une chimiothérapie néoadjuvante et/ou concomittante ont permis une amélioration des taux de contrôle locale et de survie chez des patients atteints de cancers du nasopharynx.

POSTER P098

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Nasri, Meher

LE CARCINOME INDIFFERENCIE DU NASOPHARYNX CHEZ L'ENFANT: À PROPOS DE 13 CAS

Nasri, Meher*; Chabchoub, Imene; Najla, Said; Gharbi, Olfa; Ben Ahmed, Slim
CHU Farhat Hached Sousse, Tunisia

Correspondence Nasri, Meher
Email: mehernasri352@yahoo.fr

Objectif Etudier les particularités épidémiologiques, cliniques, thérapeutiques ainsi qu'évolutives du carcinome indifférencié du nasopharynx chez l'enfant tunisien

Matériel et méthode Etude rétrospective colligeant 13 enfants d'âge inférieur à 16 ans, atteints d'UCNT du cavum prouvé histologiquement et traités dans le service de médecine carcinologique au CHU Farhat Hached Sousse durant une période étendue de 1995–2010.

Résultats Notre série comportait 7 garçons et 6 filles. L'âge moyen était de 12 ans. Le délai moyen de consultation était de 3 mois. Les ADP cervicales représentent la circonstance de découverte la plus fréquente (11 cas) dont la taille moyenne était de 4 cm (1 à 10 cm). La majorité était classée T4 au moment du diagnostic (53.8%) et 46.2% était classé N2. Le stade prédominant était stade IVa (38%). Un seul enfant était métastatique d'emblée au niveau de l'os. 12 enfants ont été traités par chimiothérapie première dont 8 ont reçu de l'adriamycine associée au cisplatine. Les effets indésirables étaient d'ordre hématologique et digestif grade 1 et 2. Cette chimiothérapie a été suivie d'une radiothérapie locorégionale dans 9 cas avec un délai moyen de 35 jours. Aucun cas de récurrence locale n'a été noté. 3 enfants ont présenté des métastases osseuses avec un délai moyen de 3 mois après la fin de la chimiothérapie. La chimiothérapie utilisée au stade métastatique était 5FU associé au cisplatine et à la bléomycine (3 cas). Après suivi, 9 enfants sont actuellement en rémission complète et 4 décédés par leur maladie. La survie globale à 5 ans est estimée à 69%.

Conclusion L'UCNT du cavum est une tumeur caractérisée par son haut potentiel métastatique et sa relation étiologique avec l'EBV. Un standard thérapeutique pour les enfants n'est pas encore établi, néanmoins la chimiothérapie neo-adjuvante a prouvé son intérêt en terme de survie sans récurrence et survie globale.

POSTER P097

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Nasri, Meher

PRIMARY BREAST ANGIOSARCOMA: RETROSPECTIVE STUDY OF THIRTEEN CASES

Nasri, Meher*; El Amine El Hadj, Olfa; Bel Hadj, Yassine; Goucha, Aida
Salah Azaiz Institute, Tunisia

Correspondence Nasri, Meher
Email: mehernasri352@yahoo.fr

Objective The breast angiosarcoma is a rare vascular tumor; its prevalence is about 0.05% of all malignant breast tumors, and 3 to 9% of mammary sarcomas. We aim to characterize the clinicopathological features of breast angiosarcoma and to propose an optimal treatment scheme.

Method We conduct a retrospective study interesting 13 cases of primary breast angiosarcoma collected over 10 years from 1 January 2004 to 31 December 2013.

Results The mean age of our patients was 41.85 years ranging from 9 to 62 years. All the patients presented with a palpable and painless nodule of the breast. The tumor size ranged from 1.5 to 14 cm (mean 3.25 cm). Mammography showed a well limited rounded dense opacity in six cases. Ten patients underwent a radical mastectomy associated in six cases to radiotherapy and in two cases to chemotherapy. Three cases were managed with lumpectomy. By microscopic exam, the tumor was graded as well differentiated angiosarcoma in ten cases. Tumors were organized in vascular and papillary structures lined by atypical cells with hyperchromatic nucleus and eosinophilic cytoplasm. High mitotic index was observed. There were solid areas made of spindle cell mostly devoid of vascular formations. Areas of hemorrhage, known as "blood lakes" and necrosis are also seen. The surgical margins were free of tumor. Follow-up was available in nine cases, varied from 4 months to 13 years, two patients showed evidence of local recurrence within 8 to 18 months (median 13) after diagnosis. One patient has developed bone metastases after 29 months. Five patients have no evidence of recurrent disease.

Conclusion Breast angiosarcoma remains a rare disease and often misdiagnosed with a poor prognosis. Indeed, these rare tumors are usually diagnosed as hemangiomas. Therefore, a close and regular monitoring is required for vascular tumors.

WORK- SHOP

Free

Communication
of Abstracts 1

11:00–13:00

Friday

20 November
2015

Nasri, Meher

**SARCOMES PRIMITIFS DU SEIN: À PROPOS D'UNE SÉRIE
RÉTROSPECTIVE DE 39 CAS TRAITÉS À L'INSTITUT SALAH AZAIZ
SUR UNE PÉRIODE DE 10 ANS**

Nasri, Meher*; El Amine El Hadj, Olfa; Neji, Mohamed; Goucha, Aida
Salah Azaiz Institute, Tunisia

Correspondance Nasri, Meher
Email: mehernasri352@yahoo.fr

Objectif Le Sarcome primitif du sein est une maladie extrêmement rare et hétérogène, qui représente moins de 1% de tous les cancers du sein. Notre objectif est d'analyser les cas de sarcomes primitifs du sein de l'Institut Salah Azaiz, évaluer les traitements, les facteurs pronostiques, la survie globale et la survie sans récurrence.

Méthode Il s'agit d'une étude rétrospective de 39 cas de sarcomes primitifs du sein opérés à l'Institut Salah Azaiz de cancérologie en Tunisie de 2004 à 2013. Les données des patients, de la maladie, du traitement et du suivi ont été analysées. Le calcul des survies globales et sans récurrence a été réalisé selon la formule de Kaplan Meier.

Résultats L'âge moyen au moment du diagnostic était de 51 ans (extrêmes: 19–87). Les sarcomes post irradiation ont été exclus. 10 tumeurs (33,3% des cas) ont été décrites comme bien circonscrites, 7 (23,3% des cas) comme infiltrantes, dont deux angiosarcomes. La taille tumorale était précisée chez 25 patients, et la taille moyenne était de 5,5 cm (intervalle: 0,5 à 11 cm). Les diagnostics histopathologiques étaient: 10 cas d'angiosarcome (25.6%), 10 cas de liposarcome (25.6%) et 19 cas de sarcome phyllode (48.7%). Vingt trois tumeurs avaient des marges de type « pushing » alors que les 16 autres avaient des marges de type infiltratif. Le traitement chirurgical était conservateur (Tumorectomie) dans 7 cas (17,9%) et radical (mastectomie) dans 32 cas (82%). La radiothérapie adjuvante a été administrée dans 30 cas (76,9%) et la chimiothérapie adjuvante dans 22 cas (56,4%).

Conclusion Trois facteurs pronostiques semblent essentiels: le grade histologique, les marges de résection après chirurgie et la taille histologique. Le traitement optimal est la chirurgie par mastectomie simple sans curage axillaire. En fonction des cas, une discussion sur l'adjonction d'un traitement complémentaire par radiothérapie ou chimiothérapie semble importante.

POSTER P260

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Nasri, Meher

DISCORDANCE OF HUMAN EPIDERMAL RECEPTOR-2 STATUS BETWEEN CORE NEEDLE BIOPSY AND SURGICAL SPECIMENS IN BREAST CANCER

Nasri, Meher*; El Amine El Hadj, Olfa; Neji, Mohamed; Goucha, Aida; Gabsi, Azza; Addouni, Olfa
Salah Azaiz Institute, Tunisia

Correspondence Nasri, Meher
Email: mehernasri352@yahoo.fr

Objective Breast cancer is a molecularly heterogeneous disease. Human epidermal receptor-2 (HER2) is considered as a prognostic factor useful to stratify patients for appropriate target therapies. However, evaluation of this oncoprotein showed heterogeneity between biopsy and surgical specimens. Our aim is to compare HER2 expression between core needle biopsy (CNB) and surgical specimens in 78 breast carcinomas.

Method Comparative retrospective study of HER2 status, determined by immuno histo chemistry, in the CNB and surgical specimens in 78 patients collected over a year (2014) in the department of Pathology at the oncological Institute Salah Azaiz of Tunisia.

Results The age of our patients ranged from 29 to 87 years old with an average of 41 years. Pathological examination revealed an invasive ductal carcinoma not otherwise specified in 67 (85,9%) cases, a micropapillary carcinoma in 6 (7,7%) cases, an invasive lobular carcinoma in 3(3,8%) cases and a mixed carcinoma in 2 (2,5%) cases. Concordant results in HER2 status between biopsy and surgical specimens were observed in 71 cases (91%). Discordant results were observed in only 7 cases (9%).

Conclusion CNB can reliably provide useful preoperative prognostic and predictive information in breast cancer patients which can play a major role in planning treatment strategies. Assessment of prognostic and predictive biomarkers such as HER2 can be performed and gives highly accurate results. There are several reasons which may contribute to the discordance in receptor testing: Tumor heterogeneity, variable specimen fixation, intra observer variability and small sample size are amongst many causes. Evidently, this will have therapeutic implications. We therefore propose that all patients who are HER2 negative should have their samples retested.

POSTER P099

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Nazziwa Evelyn, Octivia

EXPLORING HEALTH PROFESSIONAL'S EXPERIENCES IN ASSESSING SEXUALITY NEEDS OF CANCER PATIENTS AT HOSPICE AFRICA UGANDA

Nazziwa Evelyn, Octivia
Hospice Africa Uganda, Uganda

Correspondence Nazziwa Evelyn, Octivia
Email: octivias@yahoo.co.uk

Background One of the primary goals of palliative care is improving quality of life. As quality of life includes sexuality, it follows that palliative care should address this aspect of human experience, even at the end of life. Sexuality is as relevant and important to inquire about as it is about bowel action, sleep and pain. It is an important issue for some patients nearing end of their life as well as their sexual partners and yet this is a subject that health professionals often do not address.

Problem statement Sexuality is crucial to patients and their partners and this is ignored within the context of people facing life limiting illnesses, yet other aspects of holistic care are normally assessed with ease. Those patients that take the opportunity to ask about sexuality are confronted with embarrassed health professionals who are uncomfortable with the topic. Many patients search for practical strategies and emotional support about how to come to terms with their altered sense of intimate self and in most times health professionals rarely anticipate such changes and potential problems and when they arise, patients and their partners are left to struggle in silence.

Methodology This was a qualitative study to explore health professionals experience in assessing sexuality needs in cancer and HIV/AIDS. Face to face interviews were conducted with 12 health professionals working in the clinical department that deals directly with patients care. Several themes emerged; the topic being too hard to handle, cultural backgrounds affected health professionals from assessing sexually needs, age and knowledge deficit and the language used by patients were among other themes that emerged.

Conclusion Sexuality with all its dimensions must be included in out holistic care. Overcoming the fears and embarrassment of talking about sexuality can be satisfying and enlightening both professionally and personally.

POSTER P100

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Ndakidemi, Elizabeth

INCREASING ACCESS TO INFORMATION AND DEMAND FOR CERVICAL CANCER SCREENING SERVICES IN MWANZA, TANZANIA UTILIZING MOBILE TECHNOLOGY

Ndakidemi, Elizabeth^{*1}; Masika, Peter¹; Luvanda, Benedicto¹; Oluwole, Doyin²; Olateju, Adetoun²; Asante, Erica²

¹Tanzania Youth Alliance, Tanzania; ²Pink Ribbon Red Ribbon, United States

Correspondence Ndakidemi, Elizabeth
Email: ndakidemi@tayoa.org

Background Cervical cancer is the leading cause of cancer-related morbidity and mortality in Tanzanian women. Eighty-percent of patients diagnosed with cervical cancer succumb within five years of diagnosis due to advanced-stage of disease at presentation and limited access to treatment services. Lack of information about the disease resulting in stigmatization is one of the primary barriers for women to access cancer screening and treatment.

Objective Leverage the widespread reach and rapid development of mobile technology in Tanzania to reduce late presentation of cervical cancer in the Mwanza Region. The Tanzania Youth Alliance (TAYOA) with support from Pink Ribbon Red Ribbon uses the widespread telecommunications networks to spread knowledge and increase demand for cervical cancer screening. The project began in 2014 and is ongoing.

Method In collaboration with the Ministry of Health and Social Welfare (MoHSW) and partners, TAYOA uses short messaging (SMS) and toll-free helpline services to raise awareness, clear misconceptions, dispel myths, create demand and provide the list of facilities with cervical cancer services in the Region. SMS subscription cards are distributed to the population free of charge, the phone numbers of registrants are included in a secure database and SMSs are sent. Each subscriber receives 20 text messages for the period of 20 days.

Results Preliminary results (January 2014 to March 2015)

Number of subscribers to the SMS service 39,844

Number of text messages sent 796,888

Number of callers to the helpline 18,623

Number of women who had a screening visit as a result of receiving a text message 9, 247

Cost of SMS per recipient 0.5 US\$

Conclusion Mobile phone technology is a low-cost and effective means of increasing awareness, improving knowledge and care-seeking attitudes towards cervical cancer in Tanzania and across the developing world.

POSTER P261

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Ndiaye, Ramatoulaye

IMPACT DE LA CHIMIOThERAPIE ANTICANCEREUSE SUR L'ACTIVATION PRECOCE DES LYMPHOCYTES T DANS LE CANCER DU SEIN

Ndiaye, Ramatoulaye^{*1}; Mbengue, Babacar²; Diouf, Doudou³; Diallo, Rockaya
Ndiaye¹; Dem, Amadou³; Dieye, Alioune¹

¹Institut Pasteur de Dakar, Senegal; ²Service d'Immunologie, University Cheikh
Anta Diop Dakar, Senegal; ³Hôpital Aristide le Dantec, Institut Curie, Dakar,
Senegal

Correspondance Ndiaye, Ramatoulaye

Email: ramsesse2006@yahoo.fr

Introduction Le cancer du sein malgré les progrès thérapeutiques reste le 2e cancer dans le monde en termes de fréquence. C'est la principale cause de décès par cancer dans les pays sous-développés. Au Sénégal, il est au 2e rang des cancers gynécologiques et mammaires. Le rôle de la réponse immunitaire y est mal connu et certaines observations suggèrent qu'elle serait influencée par la chimiothérapie. De nouvelles stratégies thérapeutiques associant chimiothérapie et immunothérapie sont en cours d'étude et elles nécessitent ainsi une meilleure connaissance des probables interactions.

Objectif Cette étude a permis d'évaluer le profil d'activation lymphocytaire chez les patientes traitées avec l'association 5-Fluorouracile-Doxorubicine-Endoxane.

Methodologie L'étude a concerné 34 patientes avec un âge moyen 47 ans (24–78 ans) et 42 femmes témoins, indemnes de toute tumeur, appariées sur l'âge. Un prélèvement de sang a été fait sur tube EDTA avant les trois cures de chimiothérapie. L'isolement et le marquage des cellules mononuclées du sang par les Ac anti-CD3-PE, anti-CD4-APC, anti-CD8-PerCP, anti-HLA-DR-PerCP et anti-CD69-FITC ont permis d'évaluer par cytométrie des proportions de LT activés.

Résultats Nos résultats ont montré que la 1ère cure de chimiothérapie s'accompagnait d'une augmentation significative des proportions de lymphocytes TCD3+CD4+CD69+ et TCD3+TCD8+CD69+. Cette hausse concerne aussi les LB CD19+CD69+, mais n'a pas été observée pour l'activation tardive (HLA-DR), qui diminuait au cours des séances de chimiothérapie. L'activation précoce des lymphocytes TCD4+ augmente après la 2e cure tandis qu'elle diminue pour les cellules TCD8+ et CD3.

Conclusion Nos résultats montrent une augmentation de l'activation lymphocytaire avec le traitement. Toutefois, il convient d'évaluer le niveau apoptotique et la production cytokinique des lymphocytes.

POSTER P262

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Ndiaye Diallo, Rokhaya

BRCA1 AND BRCA2 MUTATIONS IN FAMILIAL BREAST CANCER IN SENEGAL

Ndiaye Diallo, Rokhaya*¹; Diop, Jean Pascal Demba¹; Bourdon/Huguenin Virchaux, Violaine¹; Dem, Ahmadou²; Mbengue, Babacar¹; Dieye, Alioune³

¹University Cheikh Anta Diop, Senegal; ²Institut Joliot Curie, Dakar, Senegal;

³Institut Pasteur de Dakar, Senegal

Correspondence Ndiaye Diallo, Rokhaya

Email: dabafr@yahoo.fr

Objective The objective of this study was to investigate BRCA1 and BRCA2 mutations in susceptibility to familial breast cancer in Senegal.

Method Three probands with familial history of breast cancer followed by the Joliot Curie Cancer Institute at Dakar, were recruited after informed consent. Pedigree were drawn for each proband after family survey. DNA was extracted from blood samples for probands and related females. BRCA1 and BRCA2 mutations were screened by whole gene sequencing in collaboration with Paoli-Calmette Institute at Marseille.

Results Sequencing of the BRCA1 and BRCA2 genes revealed 2 frameshift mutations: a duplication of 10bp in exon 11(934_943dup) of the BRCA1 gene in two probands and a missense mutation 5447T>G in exon 11 of the BRCA2 gene in one proband. These mutations have also been identified in related females of each proband and co-segregate with breast cancer.

Conclusion Our results show that mutation screening for BRCA1 and BRCA2 in probands with family history of breast cancer is important for cancer prevention in related females by medical follow up. These results will certainly open new perspectives in prevention and medical management of breast cancer in Senegal.

POSTER P101

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Ndour, Oumar

ASPECTS CHIRURGICAUX DU NÉPHROBLASTOME AU SERVICE DE CHIRURGIE PÉDIATRIQUE DE L'HÔPITAL ARISTIDE LE DANTEC DE DAKAR: A PROPOS DE 60 CAS

Ndour, Oumar*; Ndiaye Badiane, Dior; Ngom, Gabriel; Mbaye, Pape Alassane;
Moreira, Claude; Ndoeye, Mamadou
Service de Chirurgie Pédiatrique, Senegal

Correspondance Ndour, Oumar

Email: roundrouma@yahoo.fr

Objectif Rapporter les aspects chirurgicaux et évolutifs de la prise en charge du néphroblastome à Dakar.

Patients et méthode C'est une étude rétrospective concernant 60 dossiers d'enfants opérés de néphroblastome entre le 1er janvier 2005 et le 1er janvier 2010. Les aspects chirurgicaux ont été étudiés sur la base des protocoles opératoires disponibles. Les patients avaient un âge moyen de 42 mois. Le sexe ratio était de 0,7. Le diagnostic était évoqué cliniquement devant une masse abdominale dont le siège rénal était précisé à l'échographie. L'étude de la régression de la masse avant et après chimiothérapie confortait la suspicion diagnostique. Le diagnostic de néphroblastome a été retenu sur l'examen anatomopathologique de la pièce opératoire.

Résultats L'abord chirurgical était une laparotomie transversale sous-costale dans 86,7% des cas et une médiane xypho-pubienne dans 13,3% des cas. Une néphrectomie totale a été réalisée dans tous les cas. Dans 44,2% des cas la tumeur présentait des adhérences serrées avec des organes. Nous avons 5% de cas de thrombose de la veine cave non visualisées à l'échographie. Dans 18,7% des cas la tumeur était rompue en per-opératoire. La résection tumorale était complète dans 68% des cas. Le poids moyen de la tumeur réséquée était de 710g [100g-3374g]. L'histologie était à risque intermédiaire dans 73,1% des cas. Le stade III prédominait (50% des cas). Deux enfants sont décédés. Après un recul moyen de 30mois nous avons une survie à 70%.

Conclusion Les tumeurs sont volumineuses avec des adhérences multiples et serrées rendant l'acte chirurgical difficile et risqué.

POSTER P102

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Ngoma, Twalib

DETERMINANTS OF ACCEPTANCE OF CERVICAL CANCER SCREENING IN DAR ES SALAAM, TANZANIA

Ngoma, Twalib

Muhimbili University of Health and Allied Sciences, Tanzania

Correspondence Ngoma, Twalib

Email: ngoma_tan@yahoo.com

Objective To describe how demographic characteristics and knowledge of cervical cancer influence screening acceptance among women living in Dar es Salaam, Tanzania.

Method Multistage cluster sampling was carried out in 45 randomly selected streets in Dar es Salaam. Women between the ages of 25–59 who lived in the sampled streets were invited to a cervical cancer screening; 804 women accepted and 313 rejected the invitation. Information on demographic characteristics and knowledge of cervical cancer were obtained through structured questionnaire interviews.

Results Women aged 35–44 and women aged 45–59 had increased ORs of 3.52 and 7.09, respectively, for accepting screening. Increased accepting rates were also found among single women (OR 2.43) and among women who had attended primary or secondary school (ORs of 1.81 and 1.94). Women who had 0–2 children were also more prone to accept screening in comparison with women who had five or more children (OR 3.21). Finally, knowledge of cervical cancer and awareness of the existing screening program were also associated with increased acceptance rates (ORs of 5.90 and 4.20).

Conclusion There are identifiable subgroups where cervical cancer screening can be increased in Dar es Salaam. Special attention should be paid to women of low education and women of high parity. In addition, knowledge and awareness raising campaigns that goes hand in hand with culturally acceptable screening services will likely lead to an increased uptake of cervical cancer screening.

WORK- SHOP

Free
Communication
of Abstracts 2
11:00–13:00
Friday
20 November
2015

Ngoma, Twalib

TREATMENT OF BURKITT LYMPHOMA IN EQUATORIAL AFRICA USING A SIMPLE THREE-DRUG COMBINATION FOLLOWED BY A SALVAGE REGIMEN FOR PATIENTS WITH PERSISTENT OR RECURRENT DISEASE

Ngoma, T*; Adde, M; Durosinmi, M; Githang'a, J; Aken'Ova; Y, Kaijage, J;
Adeodou, O; Rajab, J; Brown, BJ; Leoncini, L; Naresh, K; Raphael M;
Hurwitz, N; Scanlan, P; Rohatiner, A; Venzon, D; Magrath, I
Muhimbili University of Health and Allied Sciences, Tanzania

Correspondence Ngoma, T

Email: ngoma_tan@yahoo.com

Prior to the introduction of the International Network for Cancer Treatment and Research (INCTR) protocol INCTR 03–06, survival of patients with Burkitt lymphoma at four tertiary care centres in equatorial Africa was probably no more than 10–20%. The results reported here for 356 patients have demonstrated marked improvement in survival through the use of a uniform treatment protocol consisting of cyclophosphamide, methotrexate, vincristine, and intrathecal therapy, and the introduction of non-cross resistant second-line (salvage) therapy, consisting of ifosfamide, mesna, etoposide and cytarabine, when patients failed to achieve a complete response to first-line therapy or relapsed early. Overall survival rates of 67% and 62% were observed at 1 and 2 years (relapse is rare after 1 year of remission). Of interest was the small impact of cerebrospinal fluid (CSF) and bone marrow involvement on outcome. However, the presence or absence of abdominal involvement clearly defined two prognostic groups. An additional finding was the association between CSF pleocytosis and orbital tumours, suggesting that spread of tumour cells to the central nervous system may sometimes occur via direct involvement of cranial nerves in the orbit. Survival rates may be increased in patients with abdominal involvement by combining first- and second-line therapy, but verification will require a further clinical study.

WORK- SHOP

**Free
Communication
of Abstracts 6**
16:00–17:30
Saturday
21 November
2015

Ngoma, Twalib **DOWNSTAGING CANCER IN RURAL AFRICA**

Ngoma, Twalib
Muhimbili University of Health and Allied Sciences, Tanzania

Correspondence Ngoma, Twalib
Email: ngoma_tan@yahoo.com

Cancer is usually diagnosed late in rural Africa leading to incurability and abbreviated survival. Many curable cancers present on the body surface, often recognizable early by laymen as suspicious, justifying professional referral. Cancer diagnoses in two randomly chosen Tanzanian villages were compared after conventional dispensary self-referral vs. proactive visits in the home. Village navigators organized trips for professional consultation. In the control village 21% were self-referred, 20% of them were sent on as suspicious, 78% had cancer (8% in men) 0.9% of the village population. In the intervention village 99% were screened, 14% were referred for professional opinion, 93% had cancer (32% in men) 1.6% ($p < 0.01$ compared with control village). In the second and third years similar activity yielded 0.5% cancer annually in the control village for a 3 year total of 1.86% whereas interventional villagers had 1.4% and 0.6% cancer for a 3 year total of 3.56% ($p < 0.001$). Downstaging was recognized in the second and third years of intervention from 23 to 51 to 74% Stages I and II ($p < 0.001$) but in the control village Stages I and II changed from 11% to 22% to 37% ($p = \text{NS}$). The greatest downstaging occurred in breast and cervix cancers.

POSTER P263

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Ngunjiri, Phyllis

BREAST CANCER IN KENYA: RECENT EPIDEMIOLOGICAL DATA

Ngunjiri, Phyllis^{*1}; Winkel, Renate¹; Korir, Anne²; Musibi, Alice³; Mwangura, Blaise¹; Muniu, Erastus²; Okerosi, Nathan²; Mwangi, Alice⁴; Opiyo, Anselmy⁵; Kampman, Ellen¹

¹Wageningen University, Netherlands; ²Kenya Medical Research Institute, Kenya; ³Aga Khan University Hospital, Kenya; ⁴University of Nairobi, Kenya;

⁵Kenyatta National Hospital, Kenya

Correspondence Ngunjiri, Phyllis

Email: Phyllis.Ngunjiri@wur.nl

Objective In Kenya, breast cancer is the second most diagnosed cancer among women, representing 10.9% of all cancer cases and 6.9% of all cancer deaths in 2012. High proportion of triple negative disease, occurring at a younger age and an aggressive form of breast cancer, have been reported. Late diagnosis of majority of cases at stages III and IV has also been suggested. There are, however, very little recent epidemiology data on breast cancer in Kenya. The objective of the study was to describe the epidemiology of breast cancer in Kenya with emphasis on staging, grading, hormone receptor status and treatment.

Method Breast cancer data for years 2011 and 2012 were obtained in all health institutions in four counties in Kenya (Nairobi, Nyeri, Uasin Gishu and Kisumu). Cancer registrars visited the health institutions in these counties and abstracted the data from patients' files and pathology laboratory reports and entered the data in Canreg 5 database. Data were analysed using SAS (9.3).

Results Data from 1,037 women were obtained. The age range was 15–89 years with a mean of 49.4 (± 13.1). About 70% of cases presented at stages II (36.9%) and III (32.8%). Over 90% of cases were diagnosed at grades 2 (46.7%) and 3 (45.5%). Tumours of 361 patients (60%) were classified as ER+, 330 (55.6%) were PR+ while 137 (24%) were HER2+. Triple negative breast cancer constituted 22.3% of the cases. Simple mastectomy was the most common mode of surgery (49.0%; n=811). Most cases (77.0%; n=683) received chemotherapy after surgery (adjuvant). From 187 women with hormone receptor status information 179 (95.7%) were given Tamoxifen.

Conclusion Majority of breast cancer cases are diagnosed in stages II and III. Late presentation makes most of them (88.7%) to undergo mastectomy. The proportion of triple negative breast cancer is higher than what has been reported for Caucasian populations (10–15%) but agrees with what is reported for black women living in Europe and America.

POSTER P103

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Nguyen, Jenn

eHEALTH LITERACY AND ITS ROLE TO ADDRESS CANCER DISPARITIES: AN EXPLORATORY STUDY

Nguyen, Jenn*; Islam, Sabrina; Christie, Juliette; Odedina, Folakemi
University of Florida, College of Pharmacy, United States

Correspondence Nguyen, Jenn
Email: jennifernguyen@cop.ufl.edu

Background mHealth has proved to be an effective technological tool to increase cancer advocacy and prevention in Africa. As Internet access and Internet-capable devices market grow, understand the eHealth literacy of the African population is vital to increase cancer prevention and further cancer advocacy efforts. The only tool available to measure eHealth literacy is the eHEALS, the eHealth literacy scale. Its validity and reliability has yet to be established among an African population or African-American population. This study explored the feasibility of using an Internet based recruitment strategy to examine the eHealth literacy of African-Americans.

Method Using Amazon's Mechanical Turk, interested individuals were asked to complete a short survey for a compensation of \$0.50 USD.

Results 24 individuals self-identified as Black, African-American, or African descent. The average time spent online is approximately 8 hours. The average eHEALS score was 14, indicating medium self-efficacy with regards to their eHealth literacy.

Implications Lower than anticipated self-reported eHealth literacy levels. Identifying eHealth levels will allow tailored interventions to target specific populations and increase the reach of cancer advocacy efforts, especially in a technological context.

WORK- SHOP

**Free
Communication
of Abstracts 5**

14:30–15:45

Saturday

**21 November
2015**

Ngwa, Wilfred

REDUCING MEDICAL ERRORS IN CANCER DIAGNOSIS AND TREATMENT IN AFRICA

Ngwa, Wilfred

Dana Farber/Harvard Cancer Center and University of Massachusetts,
United States

Correspondence Ngwa, Wilfred

Email: wngwa@lroc.harvard.edu

Objective The great benefits of new radiation technologies in modern medicine have lead to their growing use for cancer diagnosis and treatment in Africa. Unfortunately, in most African countries, there is a critical dearth of infrastructure, human capacity and accessible knowledge needed to ensure the safe use of these technologies. This inevitably results in preventable and deadly medical errors. This study investigates the magnitude of the problem and proposed approaches for reducing these medical errors.

Method Findings at a recent workshop in Tanzania, and reports from incidences in the USA and Africa were analysed to estimate the magnitude of the medical error crises in Africa. A list of low cost and novel approaches that can help reduce medical errors appropriate for African settings was also developed.

Results Over 80% of African countries have inadequate or no policy for ensuring patient safety in the use of radiation technologies. Over 60% have inadequate protocols and trained personnel in the use of such technologies. Low cost Information and Communication Technologies, including mobile phones relatively ubiquitous in African countries, present unique opportunities and tools for helping African countries to significantly reduce medical errors in the use of radiation technologies for cancer diagnosis, and treatment. Other approaches include: increased access for both healthcare professionals and patients to safety checklist, better advocacy and education of policy makers on the magnitude of the problem and ways to address it.

Conclusion Substantial harm, including death, is ostensibly being caused to most patients in Africa, when radiation technologies are employed, without them even knowing it. This silent healthcare crisis needs to be urgently addressed given the increasing use of radiation medicine in African countries. Low cost approaches exist, which can be rapidly adopted to reduce such potentially deadly medical errors.

WORK- SHOP

**Free
Communication
of Abstracts 1**
11:00–13:00
Friday
20 November
2015

Njama-Meya, Denise

EVALUATION OF CRYOTHERAPY AVAILABILITY IN FACILITIES EQUIPPED WITH CRYOTHERAPY DEVICES IN UGANDA

Njama-Meya, Denise^{*1}; Tsu, Vivien²; Mugisha, Emmanuel¹; McGoldrick, Suzanne³; Jeronimo, Jose²

¹PATH, Uganda; ²PATH, United States; ³Fred Hutchinson Cancer Research Centre, United States

Correspondence Njama-Meya, Denise¹
Email: dnjama@path.org

Objective The introduction of cervical cancer screening paired with effective and affordable precancer treatment has potential for reducing the cervical cancer burden in developing countries. However appropriate supply of refrigerant gas is required; otherwise, women with precancerous lesions never receive cryotherapy treatment. The objective of this study was to understand the supply, availability, price, procurement mechanisms, and distribution of gas for treatment of precancerous lesions in health facilities in Uganda.

Method Identification of health facilities equipped with cryotherapy devices was done in consultation with the Ministry of Health (MOH) and expert stakeholders. We conducted semi-structured interviews with health facility staff and program administrators involved in the cervical cancer prevention programs in those health facilities.

Results Overall 26 health facilities were assessed. In 26% (7) cryotherapy was not operational at the time of the assessment. Fifty percent (13) of the facilities reported periods during which they were not offering cryotherapy services in the last 12 months, due to lack of gas or faulty cryo-equipment. In 21 facilities the staff available to provide cryotherapy was considered inadequate due to understaffing or transfer of trained providers. Of the 26 facilities that offered cervical cancer screening, only 27% of them had a backup cryotherapy unit. All government funded facilities reported that they experienced either delayed supply or lack of gas due to challenges in the MOH procurement system, and those government facilities that did not report lack of gas were procuring the gas using funds from partners.

Conclusion While progress has been made in establishing cervical cancer screening and early treatment services in Uganda, the availability of cryogas continues to be a limiting factor in ensuring adequate completion of preventive treatment of precancerous lesions.

POSTER P264

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Njama-Meya, Denise

ESTABLISHMENT OF AN AFRICAN REGIONAL CERVICAL CANCER PREVENTION TECHNICAL CENTER, IN UGANDA

Njama-Meya, Denise*¹; Tsu, Vivien²; Mugisha, Emmanuel¹; Orem, Jackson³; Jeronimo, Jose²

¹PATH, Uganda; ²PATH, United States; ³Uganda Cancer Institute, Uganda

Correspondence Njama-Meya, Denise

Email: dnjama@path.org

Objective To establish an African Regional Cervical Cancer Prevention Technical Center to provide ongoing and sustainable technical support for screening programs across the continent, and to build a cadre of leaders and master trainers to create national resource centers in other countries in the region.

Method A team of national master trainers has been established at the Uganda Cancer Institute (UCI). UCI with support from PATH offers countries a visual inspection with acetic acid (VIA) and cryotherapy course designed to establish certified master trainers who can build national capacity for cervical cancer screening services. Inclusion criteria for countries to be selected is evidence that the training will lead to sustainable, high-quality cervical cancer screening and precancer treatment programs. UCI provides a one-week in-country clinical training by UCI master trainers using a validated curriculum for VIA and cryotherapy. The course comprises both clinical and training skills modules. Additional support includes: a monitoring visit after training; a training of trainers (TOT) course at UCI; supervision and mentoring during initial training courses; and a follow up visit after a year.

Results The master trainers have led training courses in Uganda for providers of both Ministry of Health and nonprofit organizations. A total of 69 health workers in Uganda have been trained on cervical cancer screening. Development of a record system to report screening and treatment numbers at UCI is ongoing.

Conclusion Countries have limited resources with competing interests making it difficult to commit adequate resources to roll out the training after the initial investment provided by the project. Active collaboration with AFRO and other cervical cancer prevention initiatives can leverage existing resources, but new national and global resources must also be mobilized if we are to build clinical capacity and reap the full benefits of the UCI training program.

PLENARY

Liver and GIT Cancer

09:10–10:30

Sunday

22 November

2015

Njie, Ramou

EPIDEMIOLOGY OF HCC IN AFRICA: ROLE OF VIRAL HEPATITIS

Njie, Ramou

WHO-IARC, MRC, Gambia

Correspondence Njie, Ramou

Email: NjieR@iarc.fr

Hepatocellular carcinoma (HCC) is a major cause of cancer-related mortality worldwide, especially in Africa. Previous studies have highlighted global variations in the incidence of HCC, related to the prevalence of different risk factors, mainly hepatitis B virus (HBV) and hepatitis C virus (HCV). There is strong evidence that some 70% of HCC in sub-Saharan Africa is due to chronic infection with HBV. HCC is the commonest cancer in males and the second commonest in females in The Gambia. In Egypt, HCC is a major health problem and its incidence is increasing, linked to the high prevalence of HCV infection. Other factors that contribute to the aetiology of HCC in Africa include dietary exposure to aflatoxins, a group of mycotoxins that are natural contaminants of maize and groundnuts, which form the staple diet in many parts of Sub-Saharan Africa. The global burden of disease and injury study estimated that out of 235 causes of death, liver cirrhosis ranked 12th and liver cancer ranked 16th in 2010. Even though HBV vaccination has been taken up by many countries, individuals infected before the introduction of the vaccine continue to suffer from the consequences of chronic carriage, namely liver cirrhosis and HCC. It is projected that there will be increasing numbers of HCC cases over the next five to six decades in countries where HBV is endemic. Routine collection and analysis of epidemiological data on HCC is lacking in many parts of Africa yet this data is urgently needed and will play a critical role in guiding future disease prevention strategies and optimizing patient management. Current data are fragmented and are from studies performed at different times, using varying methodologies, and with diverse patient populations. A unified approach to the study of HCC epidemiology is required, using standardized methods of data collection and analysis. The African cancer registry network will play an important role in this.

POSTER P104

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Nsonde Malanda, Judith

MALIGNANT MELANOMA PALM-PLANTER CHU BRAZZAVILLE

Nsonde Malanda, Judith^{*1}; Kimpamboudi, AV²; Mbalawa Gombe, CH²

¹Oncology and Radiotherapy Service of the University Hospital of Brazzaville BP32, Republic of Congo; ²Survery Service Hospital Makélékélé Brazzaville, Republic of Congo

Correspondence Nsonde Malanda, Judith

Email: drjmalandam@yahoo.fr

Summary Malignant melanoma palms and soles is a malignant tumor of melanocytes depends developed in the plantar and palmar region. It is deemed surgically curable when the diagnosis is made early.

Objective To evaluate the clinical features and treatment outcomes of malignant melanomas palmo plantar in Brazzaville.

Patients and methods This is a descriptive cross-sectional study of thirteen years (January 1998–December 2011). It involved 121 patients with malignant melanoma palmo plantar in which it was established three types of treatment: surgery, chemotherapy and surgery and chemotherapy. The evaluation was made at the 3rd and 6th cure. Data analysis was done with Stata 10.0 software. The survival was calculated by the Kaplan-Meier method.

Results We noted a female predominance (65 versus 56). The overall mean age was 61.20 ± 10.78 years with extremes of 27 and 90 years. Malignant melanoma palmar-plantar reached farmers and housewives. The pain was the symptom master motivating consultation. The average time of consultation was 16.46 ± 30.31 . Achieving the support points represented 81.7%. The forms and nodular ulcerative budding in 43.8%, the Clark level experienced in 50% of patients were classified T4 68.5%. The response was complete in 61 patients and overall survival at 49 months was 50%. Disease-free survival at 95 months was 50%.

Conclusion Malignant melanoma palms and soles is a rare malignant tumor in aggressive metastatic potential. The wide surgical resection at an early stage has the only potentially curative treatment, which is difficult to achieve because of the advanced stage at diagnosis. The awareness is useful to change behavior “at risk” and detection of suspicious lesions remain the basis of prevention.

WORK- SHOP

**National
Cancer Control
Programme (2)**
16:00–17:30
Friday
20 November
2015

Nsonde Malanda, Judith

CAN COLLABORATION BETWEEN REGIONS WORK?

DISCUSSION BETWEEN REGIONAL VICE-PRESIDENTS OF AORTIC

Nsonde Malanda, Judith

CHU/Universite Marien Ngouabi, Congo

Correspondence Nsonde Malanda, Judith

Email: drjmalandam@yahoo.fr

To achieve the objectives of the AORTIC interregional collaboration is necessary and imperative. In the interests of our patients, thus collaboration is useful to fill the shortcomings of the various African regions AORTIC. This collaboration can be organized in three (03) points:

1. Especially: Staff training medical specialists with DES (Special Study Diploma in Medical Oncology) created in Brazzaville since 1998, a total of 27 specialists of African origin already formed until days. Training also a radiation therapist abroad; then paramedics with training abroad, and other specialists take care patients with cancer.
2. Complement care different diagnostic and therapeutic method in different localities: the GFAOP such for improving the therapeutic management of children with cancer; Membership of Congo GIPAP project for the treatment of CML and intestinal stromal tumors. Evacuation of patients for further investigations (scintigraphy bones, PET-scan) and also radiotherapy treatments such conformation it. All this cases can give motivation to the policy against cancer.
3. Research in prospects to make multi-center comparative studies to explain features in the selected localities. To globalized and make reference to the African context especially adapted for the most common cancers extension for other cancer sites. The collaboration inter region is welcome to support diagnosis and therapy with cancer patients. This attitude may advance technical facilities, and the creation of national cancer plans in some countries.

LUNCH SESSION

**Brainstorming
the Future of
ACE-NET (Health
Economics)**
13:15–14:15
Thursday
19 November
2015

Ntaganda, Fabien

CANCER SURVIVAL DETERMINED BY INCOME

Fabien, Ntaganda
Rwanda Military Hospital, Rwanda

Correspondence Fabien, Ntaganda
Email: fabienntaganda@gmail.com

Introduction The cost of cancer is increasingly in all aspects involved in cancer management. The new diagnostic methods and the new molecules available on the market are very expensive and not affordable to the majority of the population especially from resource limited countries. This situation increase serious questions and concerns in patients and health care policy makers as it affect critically economy of our population. Resource limited countries and Rwanda in particular are worried about the increasingly cancer cost. In 2014 the Gross Domestic Product (GDP) per capita in Rwanda was 652\$, Morocco the GDP per capita is 3146\$, while the management of a cancer patient is estimated to 50,000\$ using the new technologies. Hence the expenses in health increase dramatically and affect the budget of our nation. In this article I am trying to inform the concerns of health policy on the increasing cost of cancer.

Autologus stem cell transplantation is the current therapy for multiple myeloma patients. In India this modern therapy is estimated to 20,000 US\$. Excluded other taxes like air flight ticket, accommodation, and upkeeping. With a population of a GDP estimated to 600 US\$ this amount is not affordable to normal citizen. Molecular targeted therapy for CML is estimated to a monthly cost of 5000 US\$ with a lifetime therapy. This amount of money is not reasonable even for the countries with a high GDP. This situation has to change.

It is impossible and unfeasible for limited resources countries to afford the current cost of cancer therapy with the new costly evolving technology. I would like to suggest the following alternative to be able to tackle cancer in resource limited countries.

- a) Prices for new molecules have to be reviewed,
- b) A relocation of industries should be encourage to be implanted in the low limited countries.
- c) Non-governmental organisation like GIPAP should support low limited countries.
- d) Preferential tariff have to be applied.

WORK- SHOP

**Masters
Cancer
Advocacy (2)**
16:00–17:30
Wednesday
18 November
2015

Nwabukwu, Ifeanyi

COMMUNITY OUTREACH ADVOCACY: THE AFRICAN WOMEN'S CANCER AWARENESS ASSOCIATION (AWCAA) ORGANIZATIONAL MODEL

Nwabukwu, Ifeanyi*¹; Sheppard, Vanessa²; Hurtado de Mendoza, Alejandra²;
Dasi, Sylvia¹; Ngewa, Rebekah¹

¹African Women's Cancer Awareness Association, United States; ²George Town
University, United States

Correspondence Nwabukwu, Ifeanyi
Email: ify@awcaa.org

Objective African immigrants in the US have limited cancer awareness, low cancer screening rates, and face challenges to access healthcare. This presentation describes the accomplishments and the organizational model of a non-profit organization "The African Women's Cancer Awareness Association (AWCAA)" that has been working on reducing the burden of cancer on African immigrants and on eliminating disparities in awareness, prevention, and treatment of cancer for Africans since 2004.

Method AWCAA's multifaceted model includes an advocacy role at the State and Federal level for equal access to healthcare and the provision of instrumental support (e.g. patient navigation, medical care), educational support (e.g. workshops, health fairs, education materials, scholarships), and emotional/spiritual support (e.g. group prayers, patient counseling) to low-income under/uninsured African immigrants across the cancer prevention and control continuum (i.e. outreach, screening, diagnosis, treatment, recovery, survivorship). AWCAA's capacity to partner with local hospitals, community organizations, and academic institutions has been key to accomplish the organizations' mission and goals.

Results Each year AWCAA outreach to approximately 2,000 African immigrants and provides intensive cancer navigation services to around 100 women per year. AWCAA has trained 40 lay health workers and published cultural competent educational materials in 7 languages. Additionally, AWCAA has partnered with eight universities to conduct community-based participatory research resulting in several published manuscripts and 16 grants funded by federal, private, and individual donors.

Conclusion The presentation will discuss AWCAA's organization model and will provide valuable insights for other organizations regarding the challenges that AWCAA faced as well as the successful strategies developed to create the appropriate mechanisms and infrastructures to serve the African immigrant population.

WORK- SHOP

**Masters
Cancer
Advocacy
Workshop (3)**
09:00–10:30
Thursday
19 November
2015

Nwabukwu, Ifeanyi

COMMUNITY OUTREACH ADVOCACY: WILLINGNESS OF WEST AFRICAN IMMIGRANT WOMEN TO SHARE FAMILY HEALTH HISTORY

Nwabukwu, Ifeanyi*¹; Marie M. St. George, Diane²; Dasi, Sylvia¹

¹African Women's Cancer Awareness Association, United States; ²University of Maryland School of Medicine, Baltimore MD, United States

Correspondence Nwabukwu, Ifeanyi
Email: ify@awcaa.org

Objective Family history is an important risk factor for breast cancer. However, there is limited research on the prevalence of sharing of family health history among Africans in their home countries or those who have migrated to the US. This study evaluated the impact of an intervention designed to increase willingness to share family health history among West African immigrants in the US.

Method West African immigrant women were recruited through churches and word-of-mouth. Questionnaires were administered pre- and post-delivery of a presentation on breast cancer in which we discussed disease etiology, the role of family history and the barriers to sharing family history.

Results There were 77 questionnaires respondents representing seven African nations. At baseline, an overwhelming majority of the women (94%) believed that knowledge of family history of breast cancer was important. However, only 63% of women responded that they knew what diseases “run in their families”. When asked about whether they had spoken with others about diseases that ran in their families, approximately half (52%) of the respondents indicated that they had spoken with their elders and 57% of those with siblings or children reported that they had spoken with their siblings or children. Women who had not solicited family health history from their elders but were planning to do so soon increased from 25% before the presentation to 29% after the presentation. Similarly, intention to share family health history soon with their children increased from 23% before to 31% after the presentation.

Conclusion Continued efforts to address the barriers to sharing of family health history among this population are warranted.

POSTER P105

**General Poster
Display**
Thursday &
Friday
19 & 20
November
2015

Nwankwo, Kenneth

ATTITUDES OF PHYSICIANS TO THE POLICY OF MANDATORY USE OF CHAPERONE IN CLINICAL ONCOLOGY PRACTICE IN NIGERIA

Nwankwo, Kenneth*¹; Onyiaorah, Igwebuike²; Eleje, George³;
Ikechebelu, Joseph³

¹University of Nigeria Teaching Hospital, Nigeria; ²Department of
Histopathology, Nnamdi Azikiwe University Nnewi Campus, Nigeria;

³Department of Obstetrics & Gynecology, Faculty of Medicine, College of
Health Sciences, Nnamdi Azikiwe University, Nigeria

Correspondence Nwankwo, Kenneth

Email: chimaken@yahoo.com

Objective This study is to determine attitudes and current practices of physicians regarding the use of chaperones in consulting cancer patients in the clinics in Nigeria.

Method A multi-centered self-administered questionnaire of physicians that attend to cancer patients was done in three tertiary hospitals in south-east Nigeria. The main outcome measures included the frequency of chaperone use, views on mandatory chaperone use policy, preferred gender for the role of chaperone and main factors influencing the physicians' attitude.

Results Of the 200 questionnaires distributed, 150 were returned accounting for response rate of 75.0%. Majority, 74.4% (93/125) of the respondents recommended mandatory chaperone policy. Most, 73.6% (92/125) of the respondents had never or occasionally used chaperone in their practice. The use of chaperones correlated with physicians' age ($p < 0.05$) but gender and years of practice had no correlation. Although majority, 73.6% (92/125) preferred gender-specific chaperone, cross gender policy 47.5% (59/125) was preferred in most of them followed by male doctor to female patient policy in 34.5% (43/125) of respondents. Breast and pelvic examination were the parts of the body most of the respondents, 94.4% (118/125) believed require mandatory chaperone policy implementation. The clinic nurse was the preferred chaperone.

Conclusion Although, majority of physicians either had never or occasionally used a chaperone in their practice, most agreed that the presence of a chaperone is necessary in their practice with higher predilection to cross gender policy. Though further study involving a national group is needed, it is recommended that the use of chaperones be considered in clinical practice. The attitude and preference of the cancer patients towards the use of chaperone must be assessed.

POSTER P265

**General Poster
Display**
Saturday &
Sunday
21 & 22
November
2015

O'Callaghan-Gordo, Cristina

ENDEMIC BURKITT LYMPHOMA IN MOZAMBIQUE: EPIDEMIOLOGICAL CHARACTERISTICS AND GEOGRAPHICAL DISTRIBUTION

O'Callaghan-Gordo, Cristina*¹; Carrilho, Carla²; Lorenzoni, Cesaltina²
Ferro, Josefo³; Zaqueu, Clésio⁴; Casabonne, Delphine⁵

¹Centre for Research in Environmental Epidemiology (CREAL), Spain; ²Hospital Central do Maputo, Serviço de Anatomia Patológica, Mozambique; ³Hospital Central da Beira, Serviço de Anatomia Patológica, Moz.; ⁴Hospital Central do Nampula, Serviço de Anatomia Patológica, Moz.; ⁵Unit of Infections and Cancer (UNIC), Idibell, Institut Català d'Oncologia, l'Hospitalet de Llobregat, Spain

Correspondence O'Callaghan-Gordo, Cristina | Email: cocallaghan@creal.cat

Objective The burden of endemic Burkitt lymphoma (eBL) in Mozambique is unknown. The aim of this study was to examine the prevalence and characteristics of eBL in three different regions of Mozambique with diverse geographical and malaria exposure characteristics.

Method Retrospective pathological records from 2004 to 2014 were reviewed in the three main hospitals in Mozambique (Nampula, north; Beira, central; and Maputo, south). Data on sex, age, diagnostic methods and anatomic site distribution were collected. Detailed information on full residential history of cases diagnosed after 2015 is currently being collected and mapped.

Results Overall, data on 466 eBL cases with less than 15 year old were retrieved. Diagnostic procedures were performed by fine-needle aspiration cytology [81.6% (367/450)], histology [18.2% (82/450)] and clinically [0.2% (1/450)]. Information on methods of diagnosis was unknown for 16 cases [3.4% (16/466)]. Mean age at diagnosis was 6.9 years (standard deviation: 2.8 years) and 64% of cases were males. Facial presentation [84.4% (358/424)] was the most common site involved followed by abdominal [9.4% (40/424)] and other locations [6.1% (26/424)]. The anatomic site was missing for 42 children [9% (42/466)]. For the year 2013–2014, 80 new cases were reported of whom 49 [61.2% (49/80)] were from northern Mozambique (Nampula).

Conclusion This work provides novel data on the burden and characteristics of eBL in Mozambique. Distribution by sex, age and anatomical location were in line with the published literature. Our study suggests higher prevalence of eBL in northern Mozambique, where malaria transmission intensity is higher. The detailed map of new eBL cases currently in process will give important information on the case distribution across the country.

POSTER P106

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Obajimi, Millicent

MAMMOGRAPHIC BREAST PATTERN IN POSTMENOPAUSAL WOMEN IN IBADAN, SOUTHWESTERN NIGERIA

Bassey, Oku*¹; Obajimi, Millicent²; Soyemi, Temitope¹; Oluwasola, Abideen²; Adeniji-Sofoluwe, Adenike²; Olopade, Olufunmilayo³

¹University College Hospital, Nigeria; ²University of Ibadan, College of Medicine & University College Hospital, Nigeria; ³University of Chicago, United States

Correspondence Bassey, Oku

Email: tetebaby_tl@yahoo.co.uk

Objective Mammographic density is a strong predictor of breast cancer. Menopause has a significant effect on breast pattern and has been documented to have more important influence on the decline in mammographic densities than age. The aim of this study was to describe the breast parenchymal density patterns in postmenopausal women in Ibadan and correlate these with their socio-demographic and anthropometric characteristics.

Method This cross-sectional and descriptive study of 196 postmenopausal women was carried out in the Radiology Department of the University College Hospital Ibadan. Two screening views and additional views when necessary were done on each breast. Participants completed an administered questionnaire which was used to obtain data on their socio-demographic characteristics. The report of the mammograms were matched with patients' socio-demographic characteristics and entered into R statistical package for analysis.

Results The mean age of the women was 55.0 ± 6.8 years while their mean age at menopause was 48.4 ± 4.6 years. The combined BI-RADS 1 and 2 breast parenchymal patterns which are associated with low risk of breast cancer, were found in 82.1% of the women. The mean difference in age at first birth between women with BI-RADS 1 and 2 and BI-RADS 3 and 4 was statistically significant. Body mass index, family and personal history of breast cancer also showed significant correlation with breast parenchymal pattern.

Conclusion The low prevalence of dense breast pattern in this study is consistent with previous findings of relatively lower prevalence of breast cancer in African women. The clustering of low mean age at birth of first child, low mean age at menopause and multiparity, in association with the low mammographic density in majority of the women in this study further corroborates the relatively reduced risk of breast cancer in our studied population.

WORK- SHOP

Workshop Oncology Nursing (1)

14:30–15:45

Friday

20 November
2015

Obba, Mohammed El Amine

L'UNIVERSITARISATION DE LA FORMATION INFIRMIÈRE EN AFRIQUE: LES ENJEUX DE LA GESTION DES SOINS INFIRMIER EN CANCÉROLOGIE

Obba, Mohammed El Amine

Association Marocaine des Infirmiers en Cancerologie, Morocco

Correspondance Obba, Mohammed El Amine

Email: obbaamine@yahoo.fr

L'évolution du contexte de la santé en Afrique en générale, des maladies non transmissibles telles que le cancer et de la cancérologie en particulier avec les différentes réformes des plans cancer, oblige les professionnels de la santé à réajusté leur actes, face à la complexité et intensité des besoins en soins des patients et de leurs familles. L'activité des infirmier(e)s en cancérologie nécessite des compétences spécifiques afin de prodiguer des soins infirmiers efficaces et de qualité, qui exigent un niveau plus profond de connaissances et de compétences. La réforme de la formation des infirmiers est rendue nécessaire dans la réorganisation du système de santé pour répondre aux nouvelles exigences L'universitarisation de la formation infirmière implique des efforts soutenus à fin de répondre aux enjeux de la société, organisationnels, et professionnels. Le développement de l'exercice infirmier en oncologie, c'est répondre à ces enjeux actuels, notamment, l'instauration d'un système d'enseignement universitaire couvrant les premier, deuxième et troisième cycles d'études en sciences infirmières, statuant sur un niveau universitaire de bachelier/bachelor ou de licence en sciences infirmières comme condition d'entrée à la profession d'infirmier pour un titre unique de master en soins infirmiers en oncologie.

POSTER P107

**General Poster
Display**
Thursday &
Friday
19 & 20
November
2015

Odafe-Oyibotha, Olubunmi

CLINICAL BREAST EXAMINATION AS A SCREENING TOOL FOR BREAST DISEASES WITHIN A UNIVERSITY COMMUNITY IN NIGERIA

Odafe-Oyibotha*, Olubunmi; Obajimi, Millicent; Adeniji-Sofoluwe, Adenike; Ukaigwe, Chiwendu; Idowu, Ayooluwa
University College Hospital, Nigeria

Correspondence Odafe-Oyibotha, Olubunmi
Email: orogbemi2001@yahoo.com

Objective Clinical breast examination (CBE) is an established screening method for breast cancer worldwide and is particularly useful in areas that lack the availability of screening mammography. This study was carried out to determine the role of CBE in early detection of asymptomatic breast diseases.

Method This study was a one-day cross-sectional survey carried out amongst students and staff of a tertiary institution in Nigeria during the 2014 annual breast cancer awareness programme. CBE was carried out on 227 respondents by trained health practitioners. Clinical history and demographic data were obtained. The patients that had positive findings on CBE also had breast ultrasonography (US) done at the same time. The data generated was analysed using the statistical package for social sciences (version 20).

Results There were 227 participants (age range 15-64 years, mean 29.1 ± 11.6 years). Majority (43.8%) were in the 21–30 year age group. Twenty-four people (10.6%) had complaints, of which 16 (66.7%) had pain, 5 (20.8%) had lump and 3 (12.5%) had nipple discharge. Out of the people with pain, only one had an abnormal finding on CBE which was also correlated with US. Three (60%) out of the people with lump had the lump confirmed on CBE as well as on US while the remaining two were negative on CBE and US. Ten people (4.4%) had no complaints but had positive findings on CBE and four (40%) out of these were confirmed with US. Of the 227 respondents that had CBE, only 14 (6.17%) had abnormal findings. The remaining 213 (93.83%) had normal CBE. Out of the 14 respondents that had abnormal CBE, 8 (57.14%) had corresponding anomaly on breast US while 6 (42.85%) had normal breast US findings. The breast US findings ranged from normal to benign to suspicious findings (Birads 1–4).

Conclusion CBE is beneficial in the screening of breast diseases as breast lesions were discovered in respondents without any breast complaints or abnormal findings on self breast examina

POSTER P266

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Odedina, Stella

BREAST HEALTH KNOWLEDGE AND SCREENING PRACTICES AMONG FEMALE HEALTH CARE WORKERS IN IBADAN, SOUTHWESTERN NIGERIA

Pruitt, Liese*¹; Odedina, Stella²; Agwai, Imaria²; Mumuni, Tolulope³; Ojengbade, Oladosu³; Olopade, Olufunmilayo⁴

¹Pritzker School of Medicine, University of Chicago, United States; ²Healthy Life for All Foundation, Nigeria; ³Centre for Population and Reproductive Health, University College Hospital, Nigeria; ⁴Center for Global Health, University of Chicago, United States

Correspondence Pruitt, Liese | Email: lcpruitt@uchicago.edu

Objective Regular performance and correct application of Breast Self Examination (BSE), Clinical Breast Examination (CBE) and mammography have been noted to be effective and reliable methods for early detection of breast cancer in Western countries. However, there is paucity of data to inform policy in Sub-Saharan Africa. We investigated breast screening practices among female health care workers due to their key role in educating female patients.

Method This was a cross-sectional survey of five hundred and sixty-six female health care workers. This sample included doctors, nurses, pharmacists, primary health center workers and student nurses at multiple levels of health care system in Ibadan, southwestern Nigeria. The questionnaire was pre-tested, underwent expert review and was self-administered by study participants. Analysis was done using Stata 13.

Results Approximately half of the respondents 294 (51.9%) were 35 years and above, 254 (44.87%) had completed tertiary education and 324 (57.25%) had six or more years of work experience. 208 (36.8%) have had one or more patients present to them with a breast problem in the last six months. Of the 542 participants who said they were aware of BSE, 94.8% of them practiced it. Of those who practiced BSE, 313 (60.9%) do it monthly and 226 (44.1%) use a standard pattern for palpating their breasts. 209 (36.9%) had a CBE in the past 12 months as routine examination and 67 (22.8%) of participants' aged 35 years and above reported having ever had a mammogram. The majority of study participants 416 (73.5%) indicated their interest in having a mammogram for screening.

Conclusion Findings from this study show sub-optimal breast health knowledge and screening practices by most female health care workers. These data underscore the need for innovative approaches to improve knowledge about breast health and breast cancer screening among female health care workers.

POSTER P267

**General Poster
Display**
Saturday &
Sunday
21 & 22
November
2015

Odetunde, Abayomi

GENETIC LANDSCAPE OF BREAST CANCER FROM WOMEN IN SOUTHWESTERN NIGERIA

Odetunde, Abayomi^{*1}; Labrot, Emma²; Riester, Markus²; Obafunwa, John³; Ojengbede, Oladosu⁴; Barretina, Jordi²; Olopade, Olufunmilayo⁵

¹Institute for Advanced Medical Research and Training, College of Medicine, The University of Ibadan, Nigeria; ²Novartis Institutes for Biomedical Research, United States; ³Lagos State University Teaching Hospital, Nigeria; ⁴University College Hospital, University of Ibadan, Nigeria; ⁵The University of Chicago, United States

Correspondence Odetunde, Abayomi | abayomiodetunde@gmail.com

Objective In order to better understand the genetic landscape of breast cancer in Nigerian women, we sought to study the type and frequency of genetic variations in 100 breast tumors from patients in Nigeria and compare with those observed in Caucasians (CA) and African-Americans (AA).

Method DNA and RNA were extracted from breast cancer tissue at the Novartis Institutes for Biomedical Research (NIBR) and in Nigeria. Nigerian researchers were trained in sample processing and nucleic acid extraction in order to extract good quality nucleic material. To date, DNA from 130 tumors and their matched peripheral blood, and RNA from 25 tumors have been obtained. Whole-exome sequence (WES) and transcriptome (RNA-seq) sequencing were performed at NIBR. Our observations were compared against public databases, including The Cancer Genome Atlas (TCGA). ER, PR and HER2 status were determined by IHC at UI.

Results Preliminary data analysis from 50 samples show somatic alterations in genes commonly mutated in breast cancer. However, for some genes, the mutational frequencies in the WABCS samples differ from the ones observed in CA and AA breast cancers. For example, *TP53* shows significantly higher mutational frequency in the Nigerian patients, while lower mutational frequencies have been found for *PIK3CA* and *CDH1*. This is consistent with the gene expression signature of triple negative breast cancers which is more prevalent among Africans as was observed in TCGA project. Interestingly, a trend towards a higher frequency of *MLL3* mutations has been observed in the WABCS and the AA cohorts.

Conclusion Our ongoing sequencing efforts are uncovering known and novel events in Nigerian breast cancer patients. These results will generate a comprehensive catalogue of genomic alterations in this patient population. Furthermore, continued training of personnel at UI and LASUTH will help develop a sustainable translational research infrastructure in Nigeria.

POSTER P268

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Odhiambo, Andrew

SERUM VITAMIN D PROFILE IN BLACK AFRICAN MEN WITH PROSTATE CANCER AT TERTIARY REFERRAL FACILITY IN SUB-SAHARAN AFRICA

Odhiambo, Andrew*; Ngugi, Mungai; Gladwell, Kiarie; Joshi, Mark
University of Nairobi, Kenya

Correspondence Odhiambo, Andrew
Email: andrewodhiambo@gmail.com

Objective Considerable epidemiological, in vitro, in vivo and clinical data support an association between vitamin D deficiency and prostate cancer risk and outcome. Few studies have examined this association in African men with prostate cancer. The vitamin D status in patients with prostate cancer in Kenya is unknown. This study aimed to determine the profile of vitamin D levels in patients with prostate cancer and to correlate this to patient and disease characteristics.

Method Hospital-based cross-sectional study that evaluated black African men with incident or 3-month prevalent histologically confirmed prostate cancer seeking ambulatory care at Kenyatta National Hospital (KNH). Medical history was obtained by direct interview and the information recorded in questionnaires. Treatment history, pre-diagnostic serum PSA and Gleason score were abstracted from patient records. Every participant had their anthropometric measurements taken and plasma samples drawn for 25-hydroxyvitamin D (25-VD) concentrations using the LIAISON® 25-OH automated chemiluminescent immunoassay method. The relationship between age, body mass index, pre-diagnostic serum PSA and Gleason score on vitamin D status was evaluated using bivariate and multivariate analysis.

Results 162 black African men were evaluated. The mean 25-VD was 19.15 ng/ml and 144 (88.9%) men had vitamin D deficiency (25-VD < 30ng/ml). 29 (17.9%) were severely deficient (25-VD < 10ng/ml), 115 (71%) were moderately deficient (10–<30 ng/ml) and 18 (11.1%) were normal (30–100ng/ml). Gleason scores > 7 (OR 2.9; 95% CI 1.5–5.5, $p = 0.001$) and serum PSA ≥ 50 ng/ml (OR 2.2; 95% CI 1.7–5.1, $p = 0.014$) were associated with vitamin D deficiency (25-VD < 20ng/ml) whereas age and BMI were not. Adjusted for age, BMI and serum PSA levels, having Gleason scores > 7 was independently associated with vitamin D deficiency (OR 2.5; 95% CI 1.2–4.9, $p = 0.01$).

Conclusion Vitamin D deficiency is very common in black African men with prostate cancer, particularly in those with higher Gleason scores.

WORK- SHOP

Big CAT (1)

14:30–15:45

Saturday

21 November

2015

Ogun, Gabriel

NASOPHARYNGEAL CARCINOMAS IN NIGERIANS

Ogun, Gabriel

University of Ibadan/University College Hospital, Nigeria

Correspondence Ogun, Gabriel

Email: olabiyiogun@yahoo.com

Background Specific biomarkers in Nasopharyngeal carcinomas (NPC) have proven to be important in predicting the prognosis of the disease. These biomarkers also represent different pathologic pathways in the pathogenesis and progression of NPC.

Method Formalin fixed paraffin embedded (FFPE) tumour tissue from patients with NPC and control tissue were stained using immunohistochemistry (IHC) for selected biomarkers testing different pathologic pathways in the pathogenesis and progression of NPC. The pathways and the pathway molecules tested included: Cell Cycle: Cyclin D1, p27, Ki-67; Migration and Invasion: nm23-H1, E-Cadherin; Tumour Microenvironment: MMP2; TIMP2, VEGF, CD34, and CD45RO; CD8 Apoptosis and Autophagy: Bcl-2; EBV related molecule LMP1; β Catenin and p16. Specific clinical and histologic parameters like stage of presentation and histologic type were correlated.

Results Sixty two patients were included in the analysis for this study. Age range from 17–67 years with a mean age of 48 years. About 70% of our cases had TNM stage III disease while the rest had stage IV disease at presentation. Also all our cases were either WHO histologic type II or III tumours. LMP-1 was positive in over 90% of cases with intense positivity in greater than 70% of tumour cells which was significantly different when compared with control tissue ($p < 0.01$). β catenin expression was present in a little over 50% of patients. E-cadherin expression was present in all cases in about 50–60% of tumour cells. Cyclin-D1 was also present in all cases in 20–30% of tumour cells. EGFR expression was strong and in a minimum of 70% of tumour cells in all cases. Increased MMP-2 and TIMP-2 expression was present in all cases when compared with control tissue with significant difference ($p < 0.01$).

Conclusion The expression pattern of E-cadherin, β catenin, EGFR, Cyclin D1, MMP-2 and TIMP-2 in this study correlates with accelerated progression, early metastasis, advanced disease.

WORK- SHOP

Cancer Registration

11:00–13:00

Thursday

19 November

2015

Ogunbiyi, Olufemi

“CANCER IN AFRICA”: IARC/AFCRN MONOGRAPH

Ogunbiyi, Olufemi*¹; Parkin, Maxwell D²

¹Ibadan Cancer Registry/AFCRN, Nigeria; ²AFCRN UK / University of Oxford, United Kingdom

Correspondence Ogunbiyi, Olufemi

Email: fogunbiyi@gmail.com

Background Our knowledge of the geographic and ethnic patterns of cancer in sub Saharan African (SSA) has been improving since the last edition of “Cancer in Africa, 2003”, but it is still limited. The genetic diversity within the African continent is relatively large, and there are wide differences in environmental exposures, both external (climate, vegetation, micro-organisms) and in the rapidly changing social culture (e.g., diet, alcohol). Study of cancer risk in Africa, in relation to such factors, should therefore provide valuable clues to understanding the aetiology of human cancer.

Method The AFCRN maintains a database, with contributions from all member registries (26 working population-based cancer registries (PBCR) in 20 sub Saharan African countries), comprising, for each registry, an anonymous case listing of 16 key variables for the entire period of registration, together with estimates of the population at risk (by age group and sex). For Cancer in Africa, tabulations of incidence by sex and site for recent periods (ranging from 2–10 years) were prepared, along with indicators of data quality, to evaluate the validity of the results from each.

Results The monograph “Cancer in Africa” presents the results from 25 general registries. Tables of cancer incidence, by site, are accompanied by a characterization of the registry i.e. population covered, methods of data collection and management. For each, there is a commentary on the results, especially if there are any outstanding features, and potential problems in the accuracy of the calculated rates, given the results of quality indicators, such as MV%, DCO% and M:I ratio. In addition, a summary of crude, cumulative, and age standardized incidence rates for each major cancer is included, permitting a comparison of incidence rates, by site. These data were used in the preparation of GLOBOCAN–2012.

WORK-SHOP

Free
Communication
of Abstracts 1
Friday
20 November
2015

Ogunbiyi, Olufemi

CANCER INCIDENCE AND PATTERN OVER TWO TIME PERIODS (2004–2008 AND 2009–2012) AT THE IBADAN CANCER REGISTRY: A COMPARISON AND INFERENCE DERIVED FROM THE TWO PERIODS

Ogun, Olabiyi*¹; Bodunwa, Oluwatoyin²; Adebisi, Akintade²; Adeyemi, Adebisi²; Fabowale, Agnes²; Oluwasola, Abideen¹; Ogunbiyi, Olufemi³

¹College of Medicine University of Ibadan/University College Hospital, Nigeria;

²Ibadan Cancer Registry, Nigeria; ³University of Ibadan/University College Hospital, Nigeria

Correspondence Ogun, Olabiyi

Email: olabiyiogun@yahoo.com

Background The Ibadan Cancer Registry (IBCR) is a population-based registry in Southwest, Nigeria. Reports of the registry covering the periods 2004–2008 and 2009–2012, form a nine year uninterrupted reporting of tumours in the registry. A comparison of the spectrum, trend and some characteristics of the tumours registered over the two time periods is undertaken in this study.

Method Tumours registered over the two study periods were retrieved and included in this study, The tumour types and some demographic characteristics were retrieved and analysed using CanReg4.

Results A total of 9,090 cancers (Male – 3126, Female – 5964, annual average 1820) for the period 2004–2008 compared with 6855 cancers (Male – 2306 and Female – 4549; annual average 1717) for the period 2009–2012. The median age and peak age group of occurrence of tumours was 50 years and 50–59 yrs respectively. The top 5 ranking cancers in both gender over both time periods were similar namely breast, cervix uteri, prostate, colo-rectum, and lymphomas. In males the top 5 ranking tumours were prostate, colorectal, hepatic cancers, lymphomas and skin cancers (excluding melanomas) with Lymphomas moved to the third position during the second time period. In females, the top 5 ranking cancers were breast, cervical cancer, colorectal cancer, ovarian cancers and lymphomas but ovarian cancer moved to third position during the second time period. In children, in both time periods, retinoblastomas, Burkitt's lymphoma, brain tumours, nephroblastomas and bone cancers were the top five ranking tumours in descending order.

Conclusion The frequency of prostate cancers in males appear to be increasing while ovarian cancers appears to be on the increase thereby making the top three tumours in women to be gender specific. This is without prejudice to screening programmes that are yet to be established in this population. In children there is affirmation of the prime position of retinoblastoma.

WORK- SHOP

Free Communication of Abstracts 3

14:30–15:45

Friday

21 November
2015

Oguntayo, Adekunle

PATTERN OF OVARIAN CANCER IN ZARIA NORTHERN NIGERIA

Oguntayo, Adekunle*¹; Zayan, Marliya²; Kolawole, Abimbola²;
Koledade, Afolabi²

¹Abu Amadu Bello Uniching Hospital, Shika, Nigeria; ²Abu Teaching Hospital,
Nigeria

Correspondence Oguntayo, Adekunle

Email: fayokunmi@yahoo.co.uk

Objective Ovarian cancers have remained a big challenge and dilemma to the gynea-oncologist worldwide, because of lack of appropriate screening method and late presentation. Our aim is to study the pattern of the disease in our environment.

Methodology It is a ten years retrospective study of all histologically diagnosed cases of primary ovarian cancers from 2005 to 2014. The patient's records were retrieved from our gynea-oncology register, histopathology laboratory, cancer registry of the hospital and the health management information departments of the hospital. Descriptive statistics were used to analyse the findings using rates, ratio and proportion.

Results A total of 996 histologically diagnosed gynea-oncology cases were managed during the study period. Ovarian cancers accounted for 167 cases (16.7%). The age range was 10 and 78 years with a mean age of 46.3 years. The Hausa/Fulana ethnic extraction accounts for the majority. Majority of them were multiparous, parity greater than 5 accounts for 48% with a range of 0 & 14. Epithelia tumours account for 70% of the cases of ovarian cancer with late presentation stages 3 & 4 accounting for more than 92% of cases, for the period under study. Majority of the patients had more than one modality of treatment, but virtually all of them had surgery, either staging laparotomy or total abdominal hysterectomy and bilateral salpingoophorectomy. Other treatment modality used was chemotherapy. The five year survival rate was less than 5%.

Conclusion Ovarian cancer pattern in our settings is that of a disease of women in the prime of life who are multiparous. Epithelia tumour subtype was the commonest with late presentation, which may have accounted for the poor 5 year survival rate.

POSTER P269

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Ohene Oti, Naomi Oyoe

THE CHALLENGES OF SETTING UP A POPULATION-BASED CANCER REGISTRY: THE EXPERIENCE OF KORLE BU TEACHING HOSPITAL CANCER REGISTRY

Ohene Oti, Naomi Oyoe*¹; Yarney, Joel¹; Calys-Tagoe, Benedict²

¹Korle Bu Teaching Hospital, Ghana; ²University of Ghana Medical School, Ghana

Correspondence Ohene Oti

Email: naaoyoe2000@yahoo.com

Objective All over the regions of the world cancer registration is improving but in Africa there are only a few population-based registries which do not give the actual burden of cancer. Ghana is no exception with only one existing population-based registry which is based on frequency data. The Korle Bu Teaching Hospital Cancer Registry is a hospital-based registry with the hospital cases reported from all over the country and aims to be a population-based registry.

Method To be upgraded to a population-based registry the following criteria have to be met: establishment of a well-defined population, availability of data sources, Collection and registration, coding and entry, storage of data and the use and release of data. In view of this a consultant from the African Cancer Registry Network (AFCRN) came on a two-day working visit to the registry to assess the Registry.

Results As of 2000, data available was only from the National Centre for Radiotherapy. Since 2012, the registry expanded to include cases from other departments in the Hospital. It operates on the CanReg 5 software. A technical advisory committee oversees the activities of the Registry and it employs the active form of case finding and a framework had been developed to guide the registry. Also other data sources like the reporting pathology labs and the various health facilities had been identified. The findings from the visit was that data sources were readily available, data entry and coding very impressive and that the hospital authorities and the Ministry of Health were behind the Registry but there is a need for a proper storage area for data, need to have more trained personnel for data management and have a well-defined population to work with.

Conclusion It was hoped that the findings and the information gained from such an assessment would provide a basis for future determinations in setting up other registries.

PLENARY

Haematology

09:10–10:30

Friday

20 November

2015

Okpala, Iheanyi

MOLECULAR BASIS OF UNDERSTANDING AND OVERCOMING RESISTANCE TO TYROSINE KINASE INHIBITORS

Okpala, Iheanyi

University of Nigeria, Nigeria

Correspondence Okpala, Iheanyi

Email: iheanyi.okpala@unn.edu.ng

Response to tyrosine kinase inhibitors is affected by biological variables dependent or independent on the molecular structure of the tyrosine kinase. Variables not dependent on the molecular structure of the tyrosine kinase include activities of the Organic Cation Transporter-1 (Oct-1 which carries imatinib, for example, into cells) and the cell drug efflux pump MDR1 (ABCB1). Variables dependent on the molecular structure of tyrosine kinases include various mutations of the enzymes that confer resistance to their inhibitors. Not surprisingly, rational design of inhibitors to overcome the effects of structural variation (mutations) of the tyrosine kinases ameliorates or overcomes resistance to the inhibitors. The story of resistance to tyrosine kinase inhibitors reminds one of bacterial resistance to antibiotics; and the sobering observation that, despite the intense therapeutic war humans wage against pathogenic bacteria, antibiotic-resistant bugs have not been vanquished! So, we have had first, second, third, and even fifth generation cephalosporins! With reports of resistance to ponatinib, one of the most recently developed tyrosine kinase inhibitors, it is obvious we are travelling along that familiar road of drug resistance. Therefore, there is need for alternative strategies to reduce or overcome resistance to tyrosine kinase inhibitors. Instead of developing more and more tyrosine kinase inhibitors modeled after the prototype imatinib, alternative strategies to address resistance to these drugs are being investigated. These include combining allosteric inhibitors of tyrosine kinases with drugs such as imatinib which occupy the ATP-binding sites (or kinase domains) of these enzymes, destroying the tyrosine kinase oncoproteins (such as bcr-abl) by unleashing their natural enemy protein phosphatase 2A, and engineering disruptive mutations of the coiled-coil domain of bcr-abl required for dimerization and activity of this enzyme. Details of these novel approaches, and the molecular basis of understanding and overcoming resistance to tyrosine kinase inhibitors, will be discussed.

POSTER P112

General Poster
Display
Thursday &
Friday
19 & 20
November
2015

Okuku, Fred

TELE-ONCOLOGY: A JOINT, WEB-BASED, CLINICAL CONFERENCE BETWEEN THE UGANDA CANCER INSTITUTE (UCI: KAMPALA, UGANDA) AND THE FRED HUTCH CANCER RESEARCH CENTER (FHCRC: SEATTLE, USA)

Okuku, Fred*¹; Menon, Manoj²; Barrett, Jason²; Niyonzima, Nixon²; Phipps, Warren²; Casper, Corey²; Orem, Jackson¹

¹Uganda Cancer Institute, Uganda; ²Fred Hutchinson Cancer Research Center, United States

Correspondence Okuku, Fred

Email: fokuku@fredhutch.org

Background The increasing incidence of cancer in sub-Saharan Africa has highlighted gaps in access to quality cancer care and subsequent poor outcomes. Two of the factors responsible for this disparity are the limited availability of diagnostic methods and the lack of trained oncologists. Here we describe our 3 year experience linking resources between the FHCRC and the UCI via a monthly conference.

Method We created a monthly teleconference to provide a clinical treatment and research forum between the UCI and FHCRC. Clinicians in Uganda present clinical, laboratory, and radiographic data. Case presentations and supporting documents are provided and loaded on a central site. Faculty members from the FHCRC (medical oncology, radiation oncology, surgery, pathology, and radiology as applicable) are identified in advance and serve as discussants and assist in interpreting data as well as provide guidance on clinical decision making. Web conferencing is performed utilizing the Cisco WebEx platform.

Results To date, we have held 36 case conferences and have discussed the following malignancies: leukemia (6), gastrointestinal (5), head/neck/lung (5), genitourinary (3), gynecologic (3), lymphoma (2), breast (2), plasma cell dyscrasia (1), soft tissue sarcoma (1), central nervous system (1) and other (5). Two conferences have focused specifically on palliative care. Two locally relevant treatment guidelines, co-authored by colleagues from Uganda and Seattle, have been published for HIV-associated non-Hodgkin lymphoma and cutaneous T-cell lymphoma as a direct result of this conference.

Conclusion The monthly teleconference has enhanced education, clinical practice, and collaboration between colleagues in Uganda and Seattle. Future opportunities include the initiation of a core oncology teaching curriculum as well as video conferencing capabilities. Similar twinning programs between institutions in resource-rich and resource-limited countries are recommended.

WORK- SHOP

Okuku, Fred

IMPACT OF CLINICAL GUIDELINES FOR KAPOSI SARCOMA IN UGANDA

Big CAT (1)

14:30–15:45

Saturday

21 November

2015

Okuku, Fred^{*1}; Phipps, Warren²; Casper, Corey²; Orem, Jackson¹

¹Uganda Cancer Institute, Uganda; ²Fred Hutchinson Cancer Research Center, United States

Correspondence Okuku, Fred

Email: fokuku@fhcrc.org

Objective Clinical practice guidelines are a valuable tool used by oncologists to improve cancer outcomes and reduce costs of care. We sought to develop guidelines for Kaposi sarcoma (KS) specifically tailored to resource-limited setting and to evaluate their impact on clinical outcomes and their acceptance among clinicians.

Method A multidisciplinary panel of oncologists, infectious disease specialists and pharmacists at the Uganda Cancer Institute (UCI), in Kampala, Uganda and the Fred Hutchinson Cancer Research Center (FHCRC) in Seattle, Washington was convened to develop new evidence-based guidelines for KS care in Uganda. To evaluate impact of the guidelines on patient outcomes, we will compare clinical response and 1-year survival among patients treated in the 6-month periods before and after guideline implementation. Clinician satisfaction with the guideline development and implementation process will be assessed using focus group discussions and surveys.

Results KS guidelines developed to date include diagnosis and staging, selection of primary and secondary treatment regimens, and measurement of response. Data will be presented to describe the impact of guideline implementation on care processes and patient outcomes as well as clinician acceptance of and adherence to guideline recommendations.

Conclusion Clinical care guidelines specifically developed for resource-limited settings may provide an important strategy to guide use of resources, generate local data on effective care practices, and ultimately improve outcomes.

POSTER P109

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Olet, Dorothy

THE ROLE OF MENTORSHIP TO PALLIATIVE CARE TRAINED HEALTH PROFESSIONALS. THE HOSPICE AFRICA UGANDA INSTITUTE OF HOSPICE AND PALLIATIVE CARE IN AFRICA EXPERIENCE

Olet, Dorothy*; Birakurataki, Jerith
Hospice Africa Uganda, Institute of Hospice and Palliative Care in Africa, Uganda

Correspondence Olet, Dorothy
Email: dadong@hospiceafrica.or.ug

Objective The objective of the mentorship was to consolidate and sustain palliative care competences of trained health workers.

Methods/study design In 2011, Hospice Africa Uganda trained health workers from Strengthening TB/HIV-AIDS responses in Eastern, East Central and South Western (STAR E, EC & SW) Uganda, Northern Uganda Health Integration to Enhance Services (NUHITES) and Baylor Uganda supported health facilities in Eastern, Eastern Central, South Western, Northern and West Nile region respectively. The aim of the training was to equip health workers with knowledge and skills to enable them integrate palliative care in to existing services at their health facilities. On re-engagement in 2013, HAUIHPCA and the United States Government partners agreed on selecting health facilities to be provided with further technical support and mentorship to become model palliative care centres in their respective regions.

Results and discussion The selected model palliative care health facilities were 4, 4, 7, 5 and 5 in STAR E, EC & SW, NUHITES and Baylor Uganda respectively. During the mentorship, it was noted that the trainees were integrating palliative care in the already existing HIV/AIDS and health care services. It was also noted that health workers who were trained in the integration program, rapid prescription and Diploma in Clinical Palliative Care had understood what palliative care is and its impact on their communities. This was evidenced by the model palliative care health facilities having 84% morphine prescribers, 64% morphine availability, 56% formed palliative care teams, 72% delivered CMES, 96% had PC registers, 52% had class A drug registers, 48% had standard double locked cupboards for morphine storage, and 100% the facility & 100% district administration was supportive.

Conclusion Mentorship is a motivation to the PC trained health workers who continue with palliative care service provision to improve the quality of life of their patients.

PLENARY

Breast Cancer

09:10–10:30

Friday

20 November

2015

Oluwasola, A. Olayiwola

MOLECULAR SUBTYPES OF BREAST CANCER IN NIGERIA

Oluwasola, A. Olayiwola

Consultant Pathologist, Nigeria

Correspondence Oluwasola, A. Olayiwola

Email: oluwasol@yahoo.com

Breast cancer is a genetically and clinically heterogeneous disease. It is the most common cancer among women both in the Africa and across the world including Nigeria. The incidence and mortality rate of breast cancer is increasing in many populations in the world. The availability of increasingly complex treatment strategies, including combination chemotherapy regimens and targeted biologic therapeutics, necessitates stratification of patients to the most appropriate treatment regimen. Microarray-based gene expression profiling has brought a paradigm shift to the diagnosis, classification, prognostication and treatment of breast cancer worldwide. This presentation intends to highlight the current data available in literature on the molecular subtypes of breast cancer in Nigeria.

Immunohistochemical studies with hierarchical cluster analysis have identified 5 molecular subtypes of breast cancer among Nigerian women. Triple negativity for molecular biomarkers was predominant, including basal-like (23–37%) and unclassified subtype (1–27%). Other subtypes were luminal A (20–33%), luminal B (3–11%), and HER2 positive/ER negative (14–19%).

These data suggest an over-representation of triple-negative tumours, including basal-like and unclassified subtypes in Nigerian breast cancer patients. These findings partly explain the poor prognosis of breast cancer in Nigerian women as in other African women and it has important clinical and policy implications for breast cancer control in Nigeria and in Africa as a whole. There are current efforts at further interrogating these molecular subtypes, particularly the triple-negative category, using high throughput genome technologies with a view to refining the classification, understanding their biology and developing targeted therapies for effective control.

POSTER P110

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Oluwatosin, O. Abimbola

KNOWLEDGE OF BREAST CANCER, ITS EARLY DETECTION MEASURES AND CURRICULUM PREPARATION AMONG STUDENT NURSES AND MIDWIVES IN IBADAN, NIGERIA

Oluwatosin, O. Abimbola*; Jimoh, Esther; Ilesanmi, Ekama
University of Ibadan, Nigeria

Correspondence Oluwatosin, O. Abimbola
Email: aoluwatosin@yahoo.com

Objective Nurses with basic nursing education are mostly responsible for oncology nursing care in Nigeria because specialized oncology nursing training is not available. It is vital that these nurses are well prepared in screening for breast cancer. The study assessed student nurses' (SN) and student midwives' (SM) knowledge of breast cancer, its early detection measures and their curriculum preparation.

Method Two hundred and six final year SN and SM participated in the study. A structured questionnaire with Cronbach alpha of 0.75 was used to evaluate knowledge of breast cancer (BC), early detection measures (EDM) and curriculum preparation (CP). Knowledge score for BC and EDM were calculated with maximum obtainable score of 17 and 10 respectively. Mean scores + SD were calculated. Using independent t-test, difference between nursing and midwifery students' mean scores for Knowledge of BC and EDM were computed. Frequency was used for curriculum evaluation and observation of client teaching of EDM in the clinics.

Results The mean + SD knowledge score for BC for SN and SM were 11.7 + 3.3 and 11.0 + 2.9 respectively while for EDM 6.3 + 3.1 and 6.1 + 2.2 respectively, $p > 0.05$ for both. Formal teaching of BSE only was indicated by 65.3% and 50% of SN and SM respectively while 24.6% SN and 39.8% SM had formal teaching of combination of BSE, CBE and Mammography. Most observed EDM client teaching during clinical experience was BSE (83.7%), only 2.7% have observed teaching of the combination of BSE, CBE and Mammogram.

Conclusion There is need to intensify formal teaching of early detection measures of breast cancer if these professionals are to make impact on early detection of breast cancer. It is of concern that emphasis is more on BSE rather than mammography.

WORK- SHOP

Science of Global Cancer Advocacy (1)

11:00–13:00

Thursday

19 November
2015

Oluwole, Doyin

PUBLIC-PRIVATE PARTNERSHIPS FOR SUCCESSFUL ADVOCACY PROGRAMS

Oluwole, Doyin

George W Bush Institute, United States

Correspondence Oluwole, Doyin

Email: doluwole@bushcenter.org

Over 50,000 women of productive age in sub-Saharan Africa die from cervical and breast cancer every year. Over 85 percent of the global burden of cervical cancer occurs in developing countries where approximately 444,000 cases, and over 230,000 deaths occur annually. Breast cancer in younger women (ages 15–49) makes up 44.1 percent of the overall number of cases in developing countries. Developing implementation models for effective cancer advocacy, prevention and control programs while strengthening country ownership and sustainability is vital to meeting this challenge. Public-private partnerships in global health have proven to be sustainable models; and Pink Ribbon Red Ribbon is the leading public-private partnership catalyzing the global community to reduce deaths from breast and cervical cancer. Comprising over 20 members, including governmental organizations, corporations, foundations and nonprofits, Pink Ribbon Red Ribbon works across sector lines to tackle some factors contributing to the high incidence and mortality associated with women's cancers in sub-Saharan Africa. In this session Oluwole will explore ways to build a successful public-private partnership by uniting diverse partners around a shared vision; emphasize the importance of choosing partners not only for the resources they offer but for the long-term value they bring to the partnership; explain the science of building a partnership across the continuum of care and the art of engaging and keeping their involvement relevant to their business and organizational needs; and share success stories on how a united partnership, which grew from 12 to 23 members, has leveraged specific platforms in Zambia, Ethiopia and Tanzania and contributed to life-saving advocacy efforts. With over 180,000 women screened in Zambia, Botswana and Tanzania, over 42,000 girls in Zambia and Botswana vaccinated against the human papillomavirus, the PRRR-public-private partnership model is replicable to combat cancer.

POSTER P111

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Oluwole, Doyin

PARTNERSHIPS IN INTERNATIONAL DEVELOPMENT: THE PINK RIBBON RED RIBBON MODEL

Oluwole, Doyin*; Steiger, William; Asante, Erica; Olateju, Adetoun
Pink Ribbon Red Ribbon, George W Bush Institute, United States

Correspondence Oluwole, Doyin
Email: doluwole@bushcenter.org

Background Annually, cervical and breast cancers kill over 85,000 women of productive age in sub-Saharan Africa. HIV-positive women are more susceptible to cervical cancer. Weak health systems limit availability and access to prevention, detection and treatment for women's cancer. Developing cancer control models like PRRR that strengthen health systems, country ownership and sustainability is vital to reducing morbidity and mortality.

Objective Leverage existing global health platforms and apply diagonal approaches to improve access to women's cancer control services in developing countries.

Method PRRR leverages existing HIV, women's health and First Ladies platforms to improve access to single-visit VIA/cryotherapy services among high risk populations. PRRR aligns with national strategies, promotes country ownership and fills gaps in national plans to rapidly scale cancer control. Diagonal approaches that build from this toward a complete continuum of care are necessary to tackle women's cancers. Engaging private sector partners accelerates provision of services.

Results PRRR supports Botswana, Zambia, Tanzania, Ethiopia and Namibia to expand cervical cancer prevention, screening and treatment coverage. HPV vaccination reached 42090 girls in Zambia and Botswana with doses donated by PRRR partners; and 17638 in Tanzania. Botswana Government launched nationwide rollout of HPV vaccination with its own resources. 176,664 women were screened by 347 providers at 102 sites in Zambia, Botswana and Tanzania; 15,195 received cryotherapy/LEEP. 6,254 women were screened for breast cancer in Tanzania and Zambia, and capacity was strengthened for advanced cancer care. \$7.8m raised for Ethiopia to fund implementation starting in 2015.

Conclusion Progress against women's cancers can be accelerated by leveraging the strengths and resources of the public and private sectors, employing innovative approaches that improve processes, increase access and create efficiencies.

WORK- SHOP

Comprehensive Cancer Control Interventions in Africa

11:00–13:00

Saturday

21 November
2015

Oluwole, Doyin

INTEGRATED STRATEGIES FOR PREVENTION AND EARLY DETECTION OF WOMEN CANCERS

Oluwole, Doyin

George W Bush Institute, United States

Correspondence Oluwole, Doyin

Email: doluwole@bushcenter.org

The inequitable incidence and mortality associated with women's cancer in developing countries demand urgent, timely intervention strategies to reduce and reverse the course of the disease. Globally, the number of deaths from breast and cervical cancers annually now exceeds pregnancy-related mortality. Severely limited or lack of cancer care resources in Africa requires creative, integrated cost-effective preventative and treatment strategies that leverage existing, successful disease control and service delivery platforms. Such integration must capitalize on economies of scale and occur across the life-cycle, at every level of the health system, along the continuum of cancer care and across sectors. Pink Ribbon Red Ribbon, the leading public-private partnership catalyzes the global community to reduce deaths from breast and cervical cancer, supports countries to implement integrated, diagonal approaches to the continuum of cancer control. HIV service-delivery, family planning, maternal and child health programs provide ideal platforms for integrating women's cancer control and providing longitudinal care. Oluwole will expound how Pink Ribbon Red Ribbon leverages the existing disease-specific programs and supports countries to integrate cervical and breast cancer prevention and screening services by identifying entry points for program integration along the continuum of cancer care based on overlapping health services or patient populations; adopting holistic methods to women's health based on the life-cycle approach; and developing strategies for broader health systems strengthening. PRRR-supported countries have implemented integrated low-cost, effective interventions, by mobilizing communities and strengthening health systems including human and financial capital. Results indicate that over 180,000 women were screened for cervical cancer, over 6,000 for breast cancer and over 42,000 girls vaccinated against human papillomavirus in Zambia, Botswana and Tanzania.

POSTER P115

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Onibokun, Adenike

IMPACTING CULTURAL ATTITUDES AND RELIGIOUS BELIEFS IN NIGERIAN WOMEN TO DECREASE BREAST CANCER MORTALITY: IMPLICATION TO NURSING

Onibokun, Adenike*; Adenipekun, Adeniyi
University of Ibadan/ University College Hospital, Nigeria

Correspondence Onibokun, Adenike
Email: nike1955@yahoo.com

Objective Breast cancer remains a disease of public health importance and concern in Nigeria in spite of reported efforts at providing interventions for its prevention, early diagnosis and treatment. Cultural factors and religious beliefs have been reported to influence screening practice in few studies carried out in developed countries. However, little is known about the role of cultural factors and religious beliefs in breast cancer screening, and treatment decisions among Nigerian women living with breast cancer. The purpose of this study is to fill the identified gap.

Method This pilot study included 150 women aged 30 and above from three major Nigerian tribes; namely Yoruba, Ibo and Hausa. The women were interviewed at the oncology clinics on the cultural factors and religious beliefs that influenced their breast cancer screening practices and treatment-seeking pathway after diagnosis of breast cancer.

Results Principal components factor analysis results suggested that a majority of the women believed they needed to combine prayers with medical treatment for cancer. We referred to this dimension as “religious intervention with scientific treatment”. Few of them believed that medical treatment was not necessary because only God can cure breast cancer. We labeled this dimension as “religious intervention in place of scientific treatment.”

Conclusion Health professionals, especially community health nurses could work with faith-based organizations to promote breast health and to instill in women a belief that their faith can complement breast health and breast cancer treatment. Findings from this study will serve as a launching pad for a larger community-based study, which will guide stakeholders to know what to change and the direction of the desired change.

POSTER P114

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Onibokun, Adenike

PALLIATIVE AND END-OF-LIFE CARE NURSING IN NIGERIA: CURRENT REALITY AND THE WAY FORWARD

Onibokun, Adenike

University of Ibadan/ University College Hospital Nigeria

Correspondence Onibokun, Adenike

Email: nike1955@yahoo.com

Objective Palliative and end-of-life (EoL) care nursing are very important and relevant nursing practice and education. In developing countries, studies have shown that nurses and other healthcare professionals are not always adequately prepared to provide palliative and EoL care for patients that are in need of such specialized care. Very few studies have focused mainly on nurses in Nigeria. This study explored the knowledge and practice of palliative care nursing by Nigerian nurses, to inform where gap in knowledge or barriers to practice may exist.

Material and method With the aid of a validated semi-structured questionnaire, information was elicited on demographic variables, education and training profile, and contents of nursing education curricula, among others. On a 5-point Likert scale, their knowledge and principles of palliative and EoL care were assessed.

Results and discussion The sample of 650 nurses was made up of 155 university graduates and 495 diploma-prepared nurses. 32% of the participants had component of palliative care in their curricula, 84.4% had courses on pain management while 50.3% had components of pain management and palliative care. 4.7% had formal palliative care training post-qualification. 81.2% of the respondents claimed they apply the knowledge and principles of palliative care in their current practice. Reasons given by 14.9% for non-application of the principles include: "Am not interested", "No knowledge about palliative care nursing", "No hospital policy on palliative care", "Nurses don't admit or refer patients". 59.2% had good knowledge of palliative care. However, the practice of 40% of them was poor, and many (29.2%), had poor attitude towards provision of palliative care to patients.

Conclusion The study identified current gaps in nursing knowledge as it relates to palliative care nursing in the management of life-limiting diseases and its associated symptoms. This calls for advocacy.

WORK- SHOP

Big CAT (2)

16:00–17:30

Friday

20 November

2015

Onwudiwe, Elijah

COLD COAGULATION VERSUS CRYOTHERAPY FOR IMMEDIATE TREATMENT OF WOMEN WHO TEST POSITIVE TO VIA AND VILI IN RURAL AFRICAN SETTINGS

Onwudiwe, Elijah^{*1}; Chigbu, Chibuike²; Iwuji, Stella³; Nnakenyi, Emeka²; Onyebuchi, Azubuike⁴

¹University of Nigeria Teaching Hospital, Nigeria; ²University of Nigeria Nsukka, Nigeria; ³Imo State University Owerri, Nigeria; ⁴Federal Teaching Hospital Abakaliki, Nigeria

Correspondence Onwudiwe, Elijah

Email: elijahonwudiwe@yahoo.com

Background Cryotherapy and cold coagulation are ablative methods of treatment of pre-malignant lesions of the cervix. Both methods hold good prospects for immediate treatment of VIA-positive women in low-resource settings. Scientific evaluations of both treatment methods in immediate treatment of women who test positive to VIA and VILI are needed.

Objective To compare effectiveness of cryotherapy with that of cold coagulation in single visit 'see and treat' management of cervical premalignant lesions detected by VIA and VILI.

Research goals To evaluate the method effectiveness, cost effectiveness, and acceptability of cryotherapy and cold coagulation in single visit 'see and treat' management of cervical premalignant lesions detected by VIA and VILI.

Study method Communities in south eastern Nigeria were randomly selected to participate. Women residing in the participating communities were screened for cervical premalignant lesions with 5% acetic acid and Lugol's iodine (VIA & VILI respectively). Eligible VIA- and VILI-positive women were randomised to receive either cryotherapy or cold coagulation at same clinic visit. Cervical biopsies were taken prior to treatment.

Major outcome measures Method cure rates, treatment-cost per patient, and complication rates.

Preliminary results Study is still in progress. However the following results were from analysis of available data: 9,114 women have been screened. The VIA positivity rate was 8.9% (809/9,114). Cryotherapy cure rate was 89.1% (359/403) while cold coagulation cure rate was 96.1% (390/406) at 6 months follow-up ($P = 0.0001$). Cold coagulation was significantly more cost-effective than cryotherapy. Patient acceptability was similar for both methods. There was no difference in occurrence of major side effects between the two methods. Final results will be published at the end of the study.

WORK- SHOP

Free Communication of Abstracts 1

11:00–13:00

Friday

20 November
2015

Oodit, Ravi

IMPROVING PATIENT OUTCOMES AFTER ELECTIVE COLORECTAL CANCER SURGERY

Oodit, Ravi

Groote Schuur Hospital/University of Cape Town, South Africa

Correspondence Oodit, Ravi

Email: ravio@surgcare.co.za

Objective Colorectal cancer is the third leading cause of cancer worldwide. Enhanced Recovery After Surgery (ERAS) is an evidence based, patient centred team approach that has been used in the management of colorectal cancer patients in developed countries, resulting in a 50% reduction in hospital stay and reduced complications rates. The aim of this project is to determine the feasibility of implementing ERAS in South Africa.

Method The study is being conducted at a public sector tertiary hospital and a private sector general surgery specialist practice in Cape Town, South Africa. The project is being implemented over a 1 year period and will be evaluated using an input, process and output framework. Process measures include adherence to ERAS guidelines. Key output measures are complication rates, length of hospital stay and date the patient meets discharge criteria.

Results Pre-intervention study site preparation has been completed. Participant enrollment commenced in mid-April 2015. To date ten patients have been recruited and early results show no complications and a 50% reduction in hospital stay. Discharge planning is influenced by patient's social circumstances. By September 2015 results from 50 patients will be available for presentation and discussion.

Conclusion ERAS has the potential to significantly improve the management of patients with colorectal cancer in developing countries.

POSTER P116

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Opare-Lokko, Edwina A HISTORY OF PALLIATIVE CARE IN GHANA

Gyakobo, Mawuli*¹; Opare-Lokko, Edwina A²; Vanderpuye, Verna²; Renner, Lorna²; Nortey, David²; Lawson, Henry³; Essuman, Akye³

¹Tetteh Quarshie Memorial Hospital, Ghana; ²Korle Bu Teaching Hospital, Ghana; ³Family Medicine Unit, Community Health Department, School of Public Health, University of Ghana, Ghana

Correspondence Gyakobo, Mawuli
Email: mawuligyakobo@gmail.com

Objective The need for palliative care (PC) in Ghana has become increasingly apparent in the past 2 decades, as the prevalence of patients living with NCDs like cancer, or chronic infections like HIV/AIDS soared. This paper illustrates the history of the development of PC services in Ghana.

Method The authors have all been personally involved in the development of PC in Ghana. They reviewed efforts made to institutionalise or provide pain and symptom management, supportive, spiritual and psychosocial care in Ghana in the last 50 years, by conducting online searches and key informant interviews.

Results Early efforts in PC included Prof Konotey-Ahulu's work among sickle cell patients in the 1960s. The setting up of HIV clinics followed in the late 1990s. Several individuals, including Rev. Fr. Bobby Benson, Mary Opare, Drs Yarney, Vanderpuye, Renner and Gyakobo, among others, spearheaded PC provision through their work among patients with HIV, cancer, and debilitating conditions in both the private and public sectors. Between 2002 and 2011, two national PC workshops were held, PC was included in nursing curricula, and a PC association was founded. In 2011, Dr Gyakobo, led the development of a proposal to integrate Palliative Care into the health system, including a Fellowship in Palliative Medicine under the Faculty of Family Medicine, Ghana College of Physicians and Surgeons (GCPS). This obtained support from the Ghana Health Service, GCPS and Korle Bu Teaching Hospital (KBTH). Following a national ASCO/AFROX Palliative Care Workshop in May 2012, KBTH formed the first active PC team. Tamale and Kumasi Teaching Hospitals also building teams. The National Cancer Control Strategy launched in 2015, calls for PC integration into routine health services at all levels.

Conclusion PC in Ghana is gradually gaining grounds. Our strategy involves including PC in all healthcare worker training curricula and integrating PC services into all levels of routine health care.

POSTER P117

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Orah, Nnamdi

THE USE OF SPECIAL STAINS IN LIVER BIOPSY INTERPRETATION – IMPLICATIONS FOR TROPICAL AFRICA

Orah, Nnamdi*¹; Rotimi, Olorunda²

¹Lagos University Teaching Hospital, Nigeria; ²St James' University Hospital, United Kingdom

Correspondence Orah, Nnamdi

Email: orah.nnamdi@gmail.com

Objective In most Nigerian histopathology departments, special stains are not routinely performed on liver biopsies and diagnosis is made purely based on Hematoxylin and Eosin (H&E). This study aims to re-evaluate a set of liver biopsies which has been diagnosed solely on H&E stains by performing a standard set of special stains on them.

Method The formalin fixed paraffin embedded (FFPE) blocks of liver biopsies reported in two large histopathology laboratories in Lagos between 2008 and 2013 were retrieved. These were stained with H&E and the following standard special stains – Perl's Prussian Blue, Reticulin, Sirius Red, Shikata Orcein and PAS with Diastase. The stained slides were re-analysed.

Results 74 liver biopsy paraffin blocks were received in the laboratories. 53 (71.6%) were suitable for analysis out of which 51 (68.9%) had their clinical details retrievable. In 29 cases (56.9%), Perl's stain was positive for iron pigment within the hepatocytes with 17 (58.6%) of these being Grade 1; 7 (24.1%) Grade 2 and 5 (17.2%) Grade 3. Shikata orcein revealed hepatitis B viral surface antigen in 15 (29.4%) of the cases while copper-associated protein was demonstrable in 6 (11.8%) of the cases. Shikata orcein was positive in 3 (5.9%) of the hepatocellular carcinoma cases. These findings were not recognised on routine H&E.

Conclusion This study highlights that reporting liver biopsies with just H&E stain leads to improper analysis. We suggest that liver biopsies should not be reported without the use of special stains as this does not help fully investigate and manage the patient. Doing such special stains will also help to improve pathology practice and the understanding of liver diseases in the community.

WORK- SHOP

**Gynaecologic
Oncologic
Pathology 4**
16:00–17:30
Wednesday
18 November
2015

Othieno-Abinya, Nicholas Anthony **PATHOLOGY AND CLINICAL ONCOLOGY DIVIDE: BRIDGING THE GAP, A CLINICAL ONCOLOGIST'S PERSPECTIVE**

Othieno-Abinya, Nicholas Anthony
University of Nairobi, Kenya

Correspondence Othieno-Abinya, Nicholas Anthony
Email: naoabinya@hurlinghamoncology.co.ke

Background Appropriate pathologic diagnosis of cancer is key to effective treatment decision.

Method *Clinical case 1:* A 51 year old male had grossly swollen lymph nodes in the groins, axillae and neck; fevers, and night sweats after 3 years on HIV therapy. There were also multiple abdominal masses. Tuberculous lymphadenitis was diagnosed on fine needle aspiration cytology and he started anti-TB therapy. Eight months later there was added bilateral pitting leg oedema, gross scrotal and penile swellings. Neck node biopsy revealed diffuse large B cell lymphoma and he was treated with CHOP X1 then R-CHOP. After 4 courses there are no more swellings.

Clinical case 2: A 26 year old male felt body weakness for 2 years and left sided abdominal swelling for 4 months. He appeared plethoric with bilateral finger clubbing, had generalized lymphadenopathy and splenomegaly of 11 cm, chest was clear. Haemoglobin was 18.8 g/dl, haematocrit 60, wbc 34.6x10⁹/l, mainly myeloid, platelets 546 x 10⁹/litre. Bone marrow aspirate suggested a myeloproliferative neoplasm (CML, CNL, Primary polycythaemia). BCR-ABL fusion was undetected. Lymph node biopsy showed NHL, but treatment was deferred. A year later haemoglobin is 22 g/dl, JAK2V 617 F mutation report is pending.

Discussion The pathologist needs clear clinical background for proper interpretation of biopsy material. Bringing pathologists and clinical oncologists together in a multidisciplinary tumour board should be encouraged. The two cases presented signify various levels of failure, ie poor clinical judgement, lack of communication between the pathologist and the primary physician, and shaky pathologic evaluation. However, tissue diagnosis of cancer can be very challenging and some cases are not straightforward, especially the second if adequate information is lacking.

Conclusion The clinical oncologist and pathologists should always consult for optimal cancer care.

PLENARY

Haematology

09:10–10:30

Friday

20 November

2015

Othieno-Abinya, Nicholas Anthony

IS TARGETING CANCER STEM CELLS THE BEGINNING OF THE END OR THE END OF THE BEGINNING?

Othieno-Abinya, Nicholas Anthony

University of Nairobi, Kenya

Correspondence Othieno-Abinya, Nicholas Anthony

Email: naoabinya@hurlinghamoncology.co.ke

Cancer stem cells (CSCs), like normal tissue stem cells (NTSCs) self-renew and replicate, constituting 0.1–10% of tumour cells. AML stem cells were shown to be CD34+CD38-, similar to nonhaematopoietic stem cells. NTSCs recover after chemotherapy/radiotherapy, hence relapses. They reside in hypoxic, supportive niches with poor vascularity and poor drug perfusion. Termite 'queens' and 'kings' reside in similar 'bunkers' in ant hills. Curing breast cancer without surgery is difficult, the way termite eradication is impossible without removal of the king and queen. Leukaemia stem cells too could largely be tucked away in supportive bunkers in the bone marrow, with only small proportions in circulation. CSCs are also resistant to anti-cancer therapies due to slow cell cycling, lower proliferation and increased overexpression of DNA repair and antiapoptotic genes. They contain higher levels of DNA repair pathways like DNA checkpoint kinases (chk). Small molecule inhibition of chk-1/–2 kinases could reverse this, rendering cells more sensitive. ATP-binding cassette (ABC) drug transporters are membrane-efflux protein pumps which are highly expressed in normal SCs providing protection from xenobiotic molecules. The ABC-B1/MDR1 and ABC-G2 pumps are also expressed in many tumours. This may protect many tumour cells, and even normal tissue cells from noxious insults. Because CSCs likely arise out of NSCs or their progenitors, they are closely related to normal cells biologically and behaviorally. This is the concept for development of small molecule tyrosine kinase inhibitors and monoclonal antibodies targeting CSCs. Conclusion: The similarities between CSCs and NTCs imply that agents that dismantle the former could also dismantle the latter, marking the beginning of the end for the patient.

POSTER P118

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Othieno-Abinya, Nicholas A

COMPLEX LEUKAEMIA FACTORS MAY BE AS IMPORTANT AS SHEER NUMBERS OF BLOOD CELLS IN CIRCULATION IN CLINICAL MANIFESTATIONS OF CHRONIC MYELOID LEUKAEMIA

Othieno-Abinya, Nicholas A^{*1}; Mwanda, Walter Otieno¹; Maina, Joseph²; Odhiambo, Andrew¹; Mwanzi, Sitna A³; Oyiro, Peter¹

¹University of Nairobi, Kenya; ²Kenyatta National Hospital, Kenya;

³Aga Khan University Hospital, Kenya

Correspondence Othieno-Abinya, Nicholas A

Email: naoabinya@hurlinghamoncology.co.ke

Objective Chronic myeloid leukaemia (CML) patients commonly have abdominal symptoms. Rare presentations like hearing loss, visual impairment and priapism are poorly understood. We aimed to relate clinical presentations with haematologic parameters and BCR-ABL/ABL ratios at diagnosis.

Method Patients with CML treated at the Nairobi Hospital were studied. We analysed demographic, physical examination, and laboratory values. Absolute, range and median/mean counts for white blood cells (wbc x109/l), neutrophils (ANCx109/l), platelets (pltx109/l) and haemoglobin (hgb, g/dl) were tested against each of the clinical presentations. Bone marrow blasts and BCR-ABL/ABL ratios at diagnosis were excluded from analysis.

Results Total of 380 patients were included and 450 symptoms analysed. Abdominal complaints were 207 (46%), nonspecific systemic symptoms 118 (26.2%), subcutaneous nodules 29 (6.4%), joint pains 26 (5.8%) leg swellings 24 (5.3%), bleeding tendency 14 (3.1%), impaired hearing 8 (1.8%), impaired vision 6 (1.3%), priapism 6 (1.3%), tinnitus 2 (0.4%). For abdominal presentations, total wbc (x109/litre) range was 28–703, median 230.5, ANC 17–608, median 160; plt 5–1705, median 348; hgb 2.5–18.5, median 9.7. For vague systemic symptoms wbc was 21–693, median 177; ANC 12–645, median 124; plt 29–2778, median 289; hgb 2.8–16.1, median 9.7. Patients with impaired vision/hearing/CNS manifestations had significantly higher mean total wbc counts ($p=0.03$). Mean platelet counts were highest among patients with vague systemic symptoms, but not statistically significant ($p>0.05$). There was a trend for patients with high/normal platelet counts to have bleeding tendency compared with those with low/normal counts but not statistically significant ($p>0.05$). Conclusion: Clinical presentations of CML cannot be easily explained by the mass of circulating blood cells, most probably by complex biologic factors.

POSTER P119

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Othieno-Abinya, Nicholas A IN SEARCH FOR FAMILIAL AND OCCUPATIONAL PREDISPOSITIONS TO CHRONIC MYELOID LEUKAEMIA

Othieno-Abinya, Nicholas A^{*1}; Mwanda, Walter Otieno¹; Maina, Joseph²; Odhiambo, Andrew¹; Mwanzi, Sitna A³; Oyiro, Peter¹

¹University of Nairobi, Kenya; ²Kenyatta National Hospital, Kenya;

³Aga Khan University Hospital, Kenya

Correspondence Othieno-Abinya, Nicholas A
Email: naoabinya@hurlinghamoncology.co.ke

Objective BCR-ABL fusion gene encoding the p210 kd tyrosine kinase involved in downstream signaling drives the malignant process in chronic myeloid leukaemia (CML). Its presence in some normal, healthy individuals complicates the picture, but still, these cells require PI3K activity for proliferation. Other than exposure to atomic weapon radiation, carcinogenic insults responsible for BCR-ABL fusion are unclear. The intention was to show association between personal/family history of cancer, and patients' occupation with occurrence of CML.

Method Patients with CML had details of occupation, personal/family history of cancer of cancer taken. The latter included degree of relationship, cancer type, and date of diagnosis.

Results Family history was verifiable from 267 patients, and 41 (15.4%) had positive history of cancer. Eight (3%) were oesophageal (5 among first degree relatives, 1 second, 2 third). Eight (3%) were prostatic (4 first-degree, 1 second, 3 third); 5 (1.9%) were breast cancer (1 self, 1 first degree, 3 second). Others were 4 (1.5%) myeloid leukaemia, 3 (1.1%) cervical, 2 (0.7%) lung, 2 (0.7%) colon, 2 (0.7%) nasopharynx. Stomach, uterine body, melanoma, non-melanoma skin, each had 1 (0.4%). Two were poorly defined. Of 350 occupations, farmers were 69 (19.7%), carpenters/builders/painters/masons/drivers 55 (15.7%), students 44 (12.6%), teachers 30 (8.6%), housewives 30 (8.6%), business 26 (7.4%), casual labourers 24 (6.9%), pastors/administrators 23 (6.6%), college graduates 16 (4.6%).

Conclusion Association with oesophageal, prostate, and breast cancers could be epidemiological, since they are the most common cancers locally. Possible germ-line mutation linking them with BCR-ABL signaling either directly or indirectly by epigenetic modifications should be sought. Occupational profiles, including low numbers of the affluent class reflect the local position. However, the affluent could unknowingly be avoiding risky exposures.

POSTER MP040

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Ouasmani, Fatima

INFLUENCE OF KNOWLEDGE AND PRACTICE ON DELAY IN DIAGNOSIS AND TREATMENT AMONG MOROCCAN WOMEN WITH CERVICAL CANCER

Ouasmani, Fatima^{*1}; Zaki, Hanchi²; Bouchra, Haddou Rahou¹;
Abdelhalem, Mesfioui¹

¹Faculty of Sciences, Ibn Tofail University, Morocco; ²The National Oncology
Institute, Morocco

Correspondence Ouasmani, Fatima
Email: fatouasmani@hotmail.com

Objective This study aimed to determine if knowledge and practice are associated with delays in diagnosis and treatment in cervical cancer.

Method Cross-sectional study from June to December 2014 at the National Institute of Oncology in Rabat. Data were collected using a structured and pre-tested questionnaire among women with cervical cancer locally advanced or metastatic (stage IIa-IV). Medical records were carried out to complete clinical information. Delay in diagnosis and treatment was defined as an interval longer than 4 months between symptoms discovery and the onset of treatment. Multivariate binary logistic regression analysis was performed to measure the association using SPSS 10.0 version. The agreement of the ethics committee for biomedical research and the patient consent were obtained.

Results A total of 200 women agreed to take part in the study. Multiple logistic regression analysis showed that patient with no knowledge about cervical cancer (adjusted OR=1.121, CI:1.030–3.571) (P-value<0.02), symptoms (adjusted OR=3.150, CI: 1.047–4.734) (P-value< 0.03), etiology (adjusted OR=1.401, CI: 1.162–15.69) (P-value<0.01) and transmission mode, (adjusted OR=3.272, CI: 1.130–17.470) (P-value<0.05) were more likely to delayed more than four months. Furthermore all the women who participated in this study were unaware of the anti HPV vaccine. Results indicated also that irregular gynecological examination, irregular Pap smear, the no practice of screening test (pap smear, VIA) were found associated with late diagnosis and treatment in bivariate analysis, but after multivariate analysis significant statistical association was not observed between those variables and delay in diagnosis and treatment.

Conclusion The results showed that for reducing the burden of late diagnosis and treatment, the prevention interventions should be focused on targeted women to raise awareness about cervical cancer.

POSTER MP041

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Ouasmani, Fatima

PREDICTORS OF DELAY IN DIAGNOSIS AND TREATMENT OF CERVICAL CANCER IN MOROCCO

Ouasmani, Fatima*¹; Zaki, Hanchi²; Bouchra, Haddou Rahou¹;
Abdelhalem, Mesfioui¹

¹Faculty of Sciences, Ibn Tofail University, Morocco; ²The National Oncology
Institute, Morocco

Correspondence Ouasmani, Fatima
Email: fatouasmani@hotmail.com

Objective The purpose of this research was to investigate the relationship between, age, marital status, socioeconomic level, education level and residence in an urban vs a rural setting and delay in diagnosis and treatment of cervical cancer.

Method Cross-sectional study from 15 June to 15 December 2014 at the National Institute of Oncology in Rabat which cater the most of the cancer diagnosis and treatment. Data were collected using a structured and pre-tested questionnaire among women with cervical cancer locally advanced or metastatic (stage IIa-IV). Medical records were carried out to complete clinical information. The time period longer than 4 months from the onset of symptoms and the start of treatment was considered as a delay. The relationship between predictor variables and delay in diagnosis and treatment was examined using multivariate logistic regression.

Results A total of 200 women agreed to take part in the study after the agreement of the ethics committee for biomedical research and the patient consent. Multiple logistic regression analysis showed an association between low Socio economic level (Odds ratio [OR]: 1.03, 95% confidence interval [CI]: 1.01–1.05), illiterates women (OR: 1.13, 95% CI: 1.78–5.50) and delay in diagnosis and treatment. Older age, marital status, residence in urban vs a rural setting was not associated with delay in diagnosis and treatment of cervical cancer.

Conclusion The results showed that knowledge of predictors of delay in diagnosis and treatment of cervical cancer could be useful in establishing comprehensive preventative strategies. Women at risk for delay should be targeted and encouraged for early screening program.

POSTER P120

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Oumar, Ba

MANAGEMENT OF LUNG CANCERS AT GRAND YOFF GENERAL HOSPITAL DAKAR SENEGAL

Oumar, Ba*; Dia, Daouda; Balde, Salif; Boye, Awa; Mbengue, Mouhamadou
Hopital General Grand Yoff, Senegal

Correspondence Oumar, Ba
Email: oumarbadiom@yahoo.fr

Objective Determine the aspects of lung cancers.

Method We underwent a descriptive and prospective study from January 2012 to December 2014: For each case we collected epidemiologic, clinical, pathological and outcomes aspects.

Results 235 patients included of whom 89% were men with a mean age of 55 years. Cigarette smoking was found in 85% of cases with an early start of 15 years old and a mean consumption of 33 packets-years. Pathology examination found adenocarcinoma in 46% of cases, squamous cell carcinoma in 39% cases, small cells (10%), undifferentiated (2%). The mean time to diagnosis was one month. Seventy percent of patients were stage IV at the time of diagnosis. Thirty percent of patients underwent chemotherapy.

Conclusion Lung cancers are diagnosed at very advanced stage where therapeutic possibilities are limited. Early start of smoking constant. It is therefore necessary to struggle against tobacco abuse and sensitize the practitioners to the necessity of an early referral of suspicious cases of bronchial cancers.

WORK- SHOP

An African Surgical Network

16:00–17:30

Saturday

21 November
2015

Ousadden, Abdelmalek

**CHALLENGES IN SURGICAL ONCOLOGY TRAINING IN AFRICA:
WHERE WE ARE AND WHERE WE NEED TO BE (DEFIS EN MATIERE DE
FORMATION EN ONCOLOGIE CHIRURGICALE EN AFRIQUE:
OU SOMMES-NOUS ET OU DEVRIONS NOUS ETRE)**

Ousadden, Abdelmalek*; Ait Taleb, Khalid
CHU Hassan II – Fès, Morocco

Correspondance Ousadden, Abdelmalek
Email: ousadden@gmail.com

En Afrique, la fréquence des cancers augmente et leur type évolue. Les thérapeutiques évoluent elles aussi pour non seulement prolonger la vie du patient, mais aussi d'améliorer sa qualité. La formation des chirurgiens a, par conséquent, également évolué avec l'intégration des nouvelles connaissances et l'apport des nouvelles technologies pour l'enseignement.

En Afrique, la formation en oncologie chirurgicale, est confrontée au défi de s'adapter aux changements, de les accompagner et de les intégrer, tout en s'accordant avec les politiques publiques en matière de santé et d'offre de soins. Cette formation s'intègre actuellement dans les différents cursus de formation en chirurgie au niveau des plates-formes hospitalo-universitaires. Des pôles d'excellence favorisant la spécialisation par organe ou appareil émergent.

Au Maroc et en l'espace d'une décennie, l'expérience de la Fondation Lalla Salma a considérablement révolutionné la prise en charge des cancers dans un cadre global et intégré: prévention, traitement, amélioration des conditions d'accueil des patients (maison de vie), formation (des médecins, des infirmiers, formation continue), recherche (Institut de Recherche sur le cancer, Programme de recherche, appels à projets, registre du cancer ...)

Le cas marocain va dans le sens de l'amélioration de la formation en oncologie chirurgicale qui nécessite donc le développement d'axes tel que: l'ouverture sur des expériences et programmes de formation à l'international et à d'autres expériences pour le transfert de compétences et d'expertise; le développement de partenariats stratégiques et de formations dédiées à la chirurgie oncologique; la mutualisation des programmes de formation et le réseautage des expériences et des savoirs en matière de formation entre les différents pays africains.

Les défis avenir imposent le développement de la formation en chirurgie oncologique, tout en s'intégrant dans l'approche multidisciplinaire du patient.

WORK-SHOP

**Free
Communication
of Abstracts 2**
11:00–13:00
Friday
21 November
2015

Oyekunle, Anthony

HAEMATOLOGICAL COMPLICATIONS OF IMATINIB IN PATIENTS WITH CHRONIC MYELOID LEUKAEMIA

Oyekunle, Anthony*¹; Ogbaro, Daniel²; Bolarinwa, Rahman¹; Salawu, Lateef¹; Akinola, Norah¹; Durosinmi, Muheez¹

¹Obafemi Awolowo University, Nigeria; ²Obafemi Awolowo University Teaching Hospitals Complex, Nigeria

Correspondence Oyekunle, Anthony
Email: oyekunleaa@yahoo.co.uk

Objective The tyrosine kinase inhibitor, imatinib, is the treatment of choice for patients with chronic myeloid leukaemia (CML). In most patients, it is well-tolerated. However, a several haematological complications have been noted. This study prospectively investigated the spectrum and severity of haematologic anomalies associated with the use of imatinib in a cohort of Nigerian CML patients.

Method 70 consenting Ph/BCR-ABL1 positive CML patients seen in chronic and accelerated phases, managed on imatinib 400–600 mg daily, were recruited. Full blood count at 0, 3 and 6 months after commencing imatinib, were used to assess the effect of the drug on haemoglobin concentration (Hb), platelet count and absolute neutrophil count (ANC). Twelve patients who developed transfusion-dependent, imatinib-related anaemia had bone marrow studies.

Results At 3 and 6 months respectively, 50% and 26% of the patients had anaemia, 20% and 59% had neutropenia, while 7% and 15% had thrombocytopenia. Grade 3/4 cytopenia were found in 21 patients; 10 at 3 months and 11 at 6 months. Bicytopenia was found in 12 and 6 patients at 3 and 6 months respectively; with combination of anaemia and neutropenia being the most common. Pancytopenia was found in 3 patients. Although there was no significant difference between the mean Hb concentration at 0 and 3 months, it had increased significantly at 6 months ($p < 0.001$). Compared to the starting mean platelet count ($429 \pm 277 \times 10^9/l$), there was a significant drop at 3 and 6 months respectively (269 ± 160 and $214 \pm 141 \times 10^9/l$; $p < 0.001$). Similarly and expectedly, the mean neutrophil count at 3 and 6 months respectively (11.0 ± 17.2 and $4.1 \pm 10.6 \times 10^9/l$; $p < 0.001$) were significantly lower than the starting value ($62.8 \pm 83.2 \times 10^9/l$).

Conclusion This study has shown that imatinib, even though well-tolerated in most CML patients, is associated with cytopenias in a significant number, some severe enough to cause transfusion dependence.

POSTER P121

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Oyetunde, Modupe O

INFLUENCE OF CANCER INFORMATION ON CANCER EXPERIENCE IN NIGERIA

Oyetunde, Modupe O
University of Ibadan, Nigeria

Correspondence Oyetunde, Modupe O
Email: modupeoyetunde@gmail.com

Objective Information is key to taking actions in health and illness. Many studies have shown the paucity of information on cancer diagnosis and management. Anecdotal experience showed that people living with cancer (PLWC) skip chemotherapy regimen and other appointments. It is against this background that the study was designed to explore the information practice of health care providers and its effects on PLWC.

Method In-depth interviews were conducted to elicit information practice on cancer diagnosis, management and the effects on coping from consented adults (45) living with cancer at the University College Hospital, Ibadan, Nigeria. Information about the study was provided. Participants were recruited based on their willingness; health status, socio-economic and cultural backgrounds. Data collection spanned six weeks and stopped when no new information was produced. Ethical issues were duly considered at individual and institutional levels. Data analysis involved transcription of recorded tape, comparison of recorded note and tape, coding of data and grouping based on themes. Quantification of result was employed to present findings.

Results Out of the 45 PLWC, 35 (77.8%) were females while 10 (22.2%) males. The age range was 20–67 years with a mean age of 42.5 years. About 65% claimed they were not told of their diagnosis but got to know during the illness trajectory. All the respondents reported not having information about the cost and course of management. They claimed that they were always anxious of what next. Most participants (85%) reported inability to live normal life since they started treatment. Almost all (95%) claimed that health care providers never explained the complications of the treatment. Few (15%) reported helpful information from the web. Inadequate information was linked to non-compliance, burden of cancer, caregiver burden and present state of health.

Conclusion Healthcare providers should be more proactive on information.

PLENARY

Pathology

09:10–10:30

Sunday

22 November

2015

Paner, Gladell

DIAGNOSTIC ISSUES AND RECENT ADVANCES IN PROSTATE CARCINOMA

Paner, Gladell

University of Chicago, United States

Correspondence Paner, Gladell

Email: gladell.paner@uchospitals.edu

The histologic spectrum of prostate carcinoma is uniquely diverse that it can be mimicked by benign processes and non-prostatic neoplasms. The difficulties in the pathologic diagnosis of prostate cancer are usually in the situations of small focus or undersampled tumors in needle biopsies, unusual subtypes and morphological variations, and poorly differentiated forms in the prostate or at metastatic sites. Intraductal carcinoma, which is usually associated with higher grade prostate cancers, may morphologically resemble the putative cancer precursor, prostatic intraepithelial neoplasia, and distinction between these two lesions can sometimes be challenging. Use of immunohistochemistry as an ancillary tool in prostate cancer diagnosis has some limitations and recognizing its pitfalls is critically important to avoid a misdiagnosis. Advances in our understanding of the morphology and behavior of prostate cancer engendered new proposals to its grading approach and classification. These grading modifications are in step with the advancements in prostate cancer therapy, particularly the shift in paradigm in the management of low grade low volume and clinically insignificant tumors. Several novel markers have also been introduced that may improve the diagnostic and prognostic accuracies in prostate cancer. Newly characterized molecular alterations in prostate cancer may provide better understanding of its tumor biology that may have potential to be translated into clinically meaningful information. This session, designed for pathologists, clinical and surgical oncologists, researchers and allied health professionals, provides a broad overview of the recent developments and innovations in the diagnosis of prostate carcinoma.

POSTER P272

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Pannen, Ann-Katrin

THE PREVALENCE OF GENITAL HUMAN PAPILLOMAVIRUS INFECTION IN 784 PREGNANT WOMEN OF EIGHT DIFFERENT REGIONS IN ETHIOPIA

Pannen, Ann-Katrin*¹; Runge, Isabel¹; Addisie, Adamu²; Wakuma, Tariku³; Holzinger, Dana⁴; Kantelhardt, Eva¹

¹Department of Gynecology, Martin Luther University Halle Saale, Germany;

²Institut of Public Health, Addis Ababa University, Ethiopia; ³Aira Hospital, Ethiopia; ⁴Division of Molecular Diagnostics of Oncogenic Infections, German Cancer Research Center, Germany

Correspondence Pannen, Ann-Katrin | Ann.Katrin.Pannen@online.de

Objective Cervical cancer is the second most common cancer in African women and is associated with persisting human papilloma virus (HPV) infection. A cross-sectional study was conducted to estimate the prevalence of genital HPV infection in pregnant women of eight different regions in Ethiopia (Addis, Harar, Ginir, Soddo, Aira, Bahir Dar, Mekelle, Wukro).

Method In 2013 and 2014 healthy pregnant women attending antenatal care clinics were asked about their socio-demographic background and certain risk factors for infections with HPV. Vaginal lavage samples were collected with the *Delphi Screener* device (*Delphi Bioscience BV*, Scherpenzeel; Netherlands). Samples were analysed at the German Cancer Research Center (DKFZ) with a bead-based multiplex HPV genotyping assay [Schmidt et al 2006, 2008]. Crude prevalences of HPV types were calculated.

Results The study population included 784 women with a median age of 25 years (range 18–45). Multiparous women (54.1%) had between one and eight births. Hormonal contraceptives were used for more than 5 years by 19.1% of the women. HIV-infection was known in 3.6% of the women (information available for n=436). DNA of any mucosal HPV type was detected in the vaginal lavage of 33.2% of the women, 15.7% had multiple infections. The most common HPV types were 16, 52, 53, 51 and 39 (10.0%, 6.6%, 5.4%, 4.6%, 4.4%, respectively). The prevalence appears to be higher in urban than rural areas.

Conclusion In Ethiopia the prevalence of HPV infections in the normal population seems to be higher (33.3%) than estimated for other Sub-Saharan countries (24.4%) [Bruni et al., 2010]. Two studies from Attat found an overall prevalence of 15.9% [Ruland 2006] and 17.5% [Leyh-Bannurah 2014]. The strength of this study is that the study population is from various areas of Ethiopia. The apparently high prevalence of oncogenic HPV types and consequently the high burden of cervical cancer in Ethiopia could be reduced by vaccination.

POSTER P122

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Parkes, Jeannette

SIOP PODC ADAPTED TREATMENT RECOMMENDATIONS FOR STANDARD-RISK MEDULLOBLASTOMA IN LOW AND MIDDLE INCOME SETTINGS

Parkes, Jeannette*; Hendricks, Mark; Mugamba, John; Molyneux, Elizabeth;
Schouten-van Meteren, Antoinette

¹Groote Schuur Hospital and University of Cape Town, South Africa

Correspondence Parkes, Jeannette

Email: jeannette.parkes@uct.ac.za

Objective Effective treatment of children with medulloblastoma requires a functioning multi-disciplinary team with adequate neurosurgical, neuroradiological, pathological, radiotherapy and chemotherapy facilities and personnel. In addition, the treating centre should have the capacity to effectively screen and manage any tumour or treatment associated toxicity. These requirements have made it difficult for many low and middle-income countries (LMIC) centres to offer curative treatment. This presentation will describe management recommendations for children with standard risk medulloblastoma (localised and over the age of 3–5 years) according to the level of facilities (settings) available.

Method Under the auspices of the SIOP PODC group a multidisciplinary writing group composed of equal numbers from the LMIC and developed countries was established to produce guidelines to assist professionals working in LMIC to treat children with standard risk medulloblastoma. A survey was conducted amongst doctors in LMIC to establish what difficulties they encountered or would likely encounter in treating children with medulloblastoma. There were 104 respondents from 47 countries. Following a number of web conferences, guidelines based on the best available evidence and appropriate for the different settings (graded 0–4) were drawn up. These were then circulated to professionals in LMIC for comments on its usefulness. Further enhancements were made following these comments.

Outline The guideline used standard settings developed by the overall SIOP PODC group with modifications appropriate to treatment of medulloblastoma. Those in settings 0 and 1 are not recommended to treat children with medulloblastoma. Surgical, radiotherapy and chemotherapy options appropriate to the settings are included in the guideline. In addition, suggestions for investigation and management of potential toxicities are included. The importance of a functioning multidisciplinary team is emphasised.

POSTER P123

**General Poster
Display**
Thursday &
Friday
19 & 20
November
2015

Parkes, Jeannette

TAKING AFRICA FROM 2D TO 3D: DEVELOPING AN EFFECTIVE ACCESS TO CARE CLINICAL RADIOTHERAPY TRAINING PROGRAMME

Parkes, Jeannette*¹; Bruwer, Nanette¹; Wyrley-Birch, Bridget²; Valentim, Jose-Manuel³; Groll, Jens³; Burger, Hester²

¹Groote Schuur Hospital and University of Cape Town, South Africa;

²Cape Peninsula University of Technology, South Africa; ³Varian Medical Systems, Switzerland

Correspondence Parkes, Jeannette

Email: jeannette.parkes@uct.ac.za

Objective The University of Cape Town (UCT), Cape Peninsula University of Technology (CPUT) and Varian Medical Systems have joined to collaboratively create a training programme and training environment aimed at the specific needs of improving radiotherapy techniques and practice in Africa. The objective of this study is to determine whether the training program is successful in terms of improving the skill sets of teams of radiotherapy professionals in Africa. Initial course material and curriculum development will be discussed. Course development was done by a dedicated multi-disciplinary team with input from all 3 project partners. Course assessment tools were part of the course development.

Method A pre and post course assessment of delegate knowledge and skills will be performed. The teaching course “dry run” will be hosted at Groote Schuur Hospital in June 2015. Attendees will be assessed pre- and post-course to determine skill improvement in specific areas. Delegates at the dry run will also be given the opportunity to give feedback to the teachers on potential improvements for the live course. The revised course material will be used for the first live course for African delegates, due in August 2015. The pre and post course assessment of the live course will be available at the time of the AORTIC conference.

Results The curriculum development and improvement processes will be discussed, as well as the skills improvement outcome, and evaluation of course material and teaching skills.

Conclusion This program has the potential to improve radiotherapy skills in Africa, with a potential positive impact on cancer care on the continent.

LUNCH SESSION

Shifting the Radiotherapy Treatment Paradigm

13:15–14:15

Saturday

21 November
2015

Parkes, Jeannette

CURRENT STATE OF RADIOTHERAPY TEACHING AND TRAINING IN AFRICA

Parkes, Jeannette¹; Burger, Hester¹; Wyrley-Birch, Bridget²;
Valentim, Jose³; Groll, Jens³

¹Groote Schuur Hospital and University of Cape Town, South Africa;

²Cape Peninsula University of Technology, South Africa; ³Varian, Switzerland

Correspondence Parkes, Jeannette

Email: jeannette.parkes@uct.ac.za

Africa has the sparsest distribution of radiotherapy machines in the world. Despite housing one seventh of the world's rapidly rising population, and 24% of the disease burden, only 3% of the world's health workers, and only 1% of the world's health expenditure happens in Africa. Access to radiotherapy machines, and trained staff to run them remain a continental problem.

28/48 countries have radiotherapy services available and 20 countries have no facilities at all. About 40% of machine are cobalt units, and <50% of units have 3-D planning capability. Very few countries in Sub-Saharan Africa have training facilities available to train radiation oncologists, medical physicists and/or therapy radiographers.

South Africa has become the major centralised training centre in Sub-Saharan Africa. Groote Schuur Hospital, Cape Town, has been training super-numerary registrars since 2000. Since that time 12 specialists and x RTTs have been trained from centres across Africa. These trainees experience unique challenges during the training period. We discuss challenges, tribulations and lessons learnt.

LUNCH SESSION

**Shifting the
Radiotherapy
Treatment
Paradigm**
13:15–14:15
Saturday
21 November
2015

Parkes, Jeannette

**LESSONS AND EXPERIENCE FROM THE FIRST CLINICAL COURSE.
SHIFTING THE RADIOTHERAPY TREATMENT PARADIGM IN AFRICA:
PRACTICAL IMPLEMENTATION OF VARIAN'S ACCESS TO CARE
PROGRAM**

Parkes, Jeannette¹; Burger, Hester¹; Wyrley-Birch, Bridget²;

Valentim, Jose-Manuel³; Groll, Jens³

¹Groote Schuur Hospital and University of Cape Town, South Africa;

²Cape Peninsula University of Technology, South Africa; ³Varian, Switzerland

Correspondence Parkes, Jeannette

Email: jeannette.parkes@uct.ac.za

Background The first access to care course was preceded by a “dry run” course. This consisted of 4 teams of 2–3 participants, who attended a 2 week physics course (physicists and RTTs) followed by a 2-week clinical course (including Rad Onc). All participants completed a pre-course survey and were invited to comment on all modules at the end of each day. Consent was given to use this information.

Results There were a total of 14 participants in most sessions. 50% of participants were RTTs. Most participants had between 3 and 10 years of experience prior to the course. 6/13 participants had no prior 3-D planning experience, 4/13 had some experience and 3 indicated regular use of 3-D planning equipment.

All aspects of the course were evaluated. Strongest criticism was that additional time was required for practical planning. Strongest criticism was that all candidates needed to attend both courses with emphasis on procurement. 80% of candidates felt that they had learnt new knowledge.

The most valuable sessions were: procurement, 2D to 3D planning on Eclipse and evaluation of a treatment plan; clinical protocols and the application thereof; team worth ethic; quality assurance protocols; ethics and informed consent and radiobiology.

In view of this, the physics course and clinical course were integrated into a combined team 3-week course. Several aspects of the course were modified for the first “live” course and assessments were again undertaken. These results will be discussed.

WORK- SHOP

Priority Actions for Comprehensive Cancer Control

11:00–13:00

Saturday

21 November
2015

Parkin, Donald Maxwell

THE CANCER REGISTRATION SITUATION IN AFRICA

Parkin, Donald Maxwell
University of Oxford, United Kingdom

Correspondence Parkin, Donald Maxwell
Email: max.parkin@ndph.ox.ac.uk

Cancer registries are an essential component of cancer control programmes aiming for the most efficient use of limited resources to combat the rising impact of cancer in low- and middle-income countries. A registry covering a limited sample of the national population costs little, but in low-income countries there are multiple technical and structural barriers to overcome. In Africa, the first cancer registries were established in the 1950s and 60s, but proved difficult to sustain.

The African Cancer Registry Network (AFCRN) was founded in 2013, and brings together all of the functioning population based cancer registries in Sub Saharan Africa. AFCRN provides the role of “Regional Hub” for the Global Initiative on Cancer Registration of IARC. Currently, the membership comprises 27 cancer registries, in 21 countries – all population-based registries meeting minimum agreed criteria of quality. Together, they cover some 11–12% of the population of sub-Saharan Africa, much more than the often cited 1%, which refers to the contributors to “Cancer Incidence in Five Continents”. A recent survey has shown that direct costs are modest – some \$8-9 per case registered.

The results from these registries have been recently published, and provide important insights into the geography of cancer on the African continent. Time trends from the longer established registries show the evolution of the incidence of different cancers over time, as a consequence of epidemics (of HIV/AIDS) and rapidly changing lifestyles.

Cancer registry data are widely used to inform cancer control planning; almost all of the data upon which the national estimates of cancer incidence, mortality and prevalence in Globocan 2012 were based were derived from members of the registry network.

WORK- SHOP

**PsychoOncology
When a Child or
Adolescent has
Cancer (1)**
09:00–10:30
Thursday
19 November
2015

Patenaude, Andrea

PSYCHOSOCIAL AND BEHAVIORAL ASPECTS OF CANCER CARE IN AFRICA: SPECIAL ISSUES FOR CHILDREN, ADOLESCENTS AND YOUNG ADULTS

Patenaude, Andrea^{*1}; Asuzu, Chioma²; Holland, Jimmie³; Watson, Maggie⁴
¹Dana-Farber Cancer Institute, United States; ²University of Ibadan, University
Hospital Ibadan, Nigeria; ³Memorial Sloan Kettering Cancer Center, United
States; ⁴Royal Marsden Hospital and University College London, United
Kingdom

Correspondence Patenaude, Andrea
Email: andrea_patenaude@dfci.harvard.edu

Cancer affects children in a multitude of ways. Over the past 30 years, psycho-oncology has provided children with cancer and their family members with much-needed psychosocial support at diagnosis, during treatment and into survivorship. Interventions to reduce pain and suffering, to help children reintegrate into school and to manage the late effects of childhood cancer have helped reduce the adverse emotional impact of cancer and encourage resilience in survivors. There has been recognition, too, of the associated burden on siblings, parents and grandparents and targeted support programs have been developed. Technological advances can help keep physicians and pediatric and adolescent cancer patients in touch about psychological status and improve communication on this important aspect of pediatric cancer care. Stigma regarding cancer and discrimination must be faced in many countries, but some research also supports positive outcomes of the cancer experience.

Children whose parents have cancer have many unnamed fears. Parents with cancer have deep fears about how their illness and possible death will impact their children. Many desire help in knowing how to approach discussion of cancer with children and how to elicit children's fears so they can be addressed. Helping children to be active participants in the care of the family member with cancer, to find peers who have similar concerns and to voice their affection, worries and questions can reduce distress on all family members.

Our one-day Workshop brings together international experts on the impact of cancer on children. Goals are to:

1. share the accumulated research and clinical experience and to consider adaptations for 21st century cancer care in Africa and
2. build networks of interested psycho-oncology providers. Medical, nursing and mental health providers interested in working together to develop psychosocial services for children in Africa are welcome.

POSTER P124

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Phipps, Warren

BUILDING CAPACITY FOR CANCER CARE AND RESEARCH IN UGANDA: A MODEL CAREER DEVELOPMENT PROGRAM FOR CLINICIAN SCIENTISTS

Phipps, Warren*¹; Orem, Jackson²; Kansime, Rachel³; Barrett, Jason¹; Casper, Corey¹; Morrow, Rhoda¹

¹Fred Hutchinson Cancer Research Center, United States; ²Uganda Cancer Institute, Uganda; ³Hutchinson Center Research Institute, Uganda, United States

Correspondence Phipps, Warren

Email: wtphipps@fredhutch.com

Objective Address the limited availability of senior mentors for early career clinician-scientists, the Uganda Cancer Institute-Hutchinson Center Alliance ("UCI/HCCA") developed a peer-based career development program that supports trainee-led research, builds skills, and provides access to mentors.

Method A peer mentoring group of ≈ 30 medical officers and research nurses from the UCI/HCCA meets weekly for facilitated research-in-progress ("RIP") discussions and peer support. This meeting provides a hub for three added components:

- 1) A monthly consultant program that engages experts (N=56) nominated by deans of Makerere University College of Health Sciences for advanced skills building in research methods, scientific writing, and career management
- 2) A monthly Journal Club started by the peer group
- 3) Quarterly case-based discussions to address professional ethics topics.

Results Consultant presentations on scientific literature (searches, reading, evaluating statistics, reference management); manuscript writing, clinical trials design, mentoring, and work-life balance have increased peer skills. A scaled survey of those in the program < 6 months (N=20) or > 6 months (N=19) revealed increased confidence to interpret scientific literature, find a mentor, and participate in scientific exchange ($P < 0.05$; t-tests) while 100% of the 28 in the program > 3 months considered peer meetings a good use of time. Importantly, 3 of 15 original RIP members have assumed mentor/facilitator roles; a fourth leads Journal Club.

Conclusion A weekly meeting of junior investigators to discuss active research provided a hub for expanded peer-directed training activities to build skills and confidence, and to provide settings for more experienced peer group members to practice as leaders and mentors. This career development model can be used in other African settings to leverage the limited time of local mentors and expand the cadre of leaders in research and clinical oncology.

WORK- SHOP

Malignancies in the Setting of HIV Infection

11:00–13:00

Friday

20 November
2015

Phipps, Warren

FREQUENCY AND PREDICTORS OF EARLY MORTALITY AMONG PATIENTS TREATED FOR HIV-ASSOCIATED KAPOSI SARCOMA IN UGANDA

Phipps, Warren^{*1}; Krantz, Elizabeth¹; Kafeero, James²; Orem, Jackson²; Casper, Corey¹

¹Fred Hutchinson Cancer Research Center, United States; ²Uganda Cancer Institute, Uganda

Correspondance Phipps, Warren

Email: wtphipps@fredhutch.com

Objective To characterize outcomes among patients with HIV-associated Kaposi sarcoma (KS) in Uganda and to identify factors associated with survival.

Method We enrolled adult patients with histologically-confirmed HIV-associated KS initiating treatment at the Uganda Cancer Institute in Kampala, Uganda between October 2012 and March 2015. Participants were followed prospectively for up to one year from starting treatment with antiretroviral therapy (ART) and chemotherapy with combination bleomycin and vincristine. Participants were staged using AIDS Clinical Trials Group (ACTG) criteria. Survival estimates used Kaplan-Meier (KM) method, and Cox proportional hazards models were used to estimate associations of baseline variables with survival.

Results 140 patients with HIV and histologically-confirmed KS enrolled in the study. 30 (21%) participants were women, and the median age was 32 years (range 18–75 years). The median baseline CD4 T-cell count was 171 cells/mm³ (IQR 45, 341 cells/mm³), and the median baseline plasma HIV-1 RNA level was 5.4 log₁₀ copies/mL (IQR 5.0, 5.8 log₁₀ copies/mL). 122 patients (87%) had poor risk and tumor stage (T1), 107 (76%) had systemic symptoms meeting poor risk criteria (S1), and 38 (27%) had a Karnofsky performance score under 70.

The overall 1-year survival was 52%. Among those who died, 57% (31/54) died within the first 4 months of initiating treatment. In multivariate analysis, risk of death within 4 months of starting treatment was significantly related to CD4 count <200 (HR=2.2, p=0.07) and Karnofsky score < 70 (HR=3.1, p<0.001).

Conclusion Provision of chemotherapy was associated with early mortality in a subset of patients with HIV-associated KS, suggesting a need to improve support during treatment and to identify alternative therapeutic approaches to managing KS.

POSTER MP097

Moroccan

Poster Room

Friday–Sunday

20–22

November

2015

Pinault, Sylvia

DEMARCHE DE SOINS FACE A UNE PLAIE CANCEREUSE

Pinault, Sylvia

Centre de Traitement Al Kindy, Morocco

Correspondance Pinault, Sylvia

Email: sylvia.pinault@centrealkindy.ma

Objectif L'infirmière en oncologie est souvent démunie face à une plaie cancéreuse surtout quand elle n'a pas tous les moyens techniques et modernes dans son environnement professionnel. Cependant en intégrant une démarche de soins qui est un outil intellectuel, l'infirmière en oncologie se donne les moyens de prendre en charge correctement la plaie cancéreuse de son patient.

Méthode A travers mon expérience de 25 années en oncologie au Maroc appuyée sur la littérature existante. Sollicitations d'échantillons de pansements modernes, demande de commercialisation auprès des laboratoires des pansements modernes suivi de patients avec photos des plaies, mise en place de la prise en charge infirmière des plaies en oncologie, mise en place en interne de la formation infirmière.

Résultats 1ère partie: recueil des données analyse de la situation. Définition des objectifs action / soins transmissions. 2ème partie: prise en charge multi-factorielle douleur image de soi, odeur, risque infectieux, risque hémorragique, gestion des Exsudatspeau péri lésionnelle. 3ème partie: différentes types de plaies cancéreuses cavitaire externalise superficiel étendu fistulise. 4ème partie: la prise en charge est globale multidisciplinaire, soin technique, et surtout relationnel, l'infirmière doit de se comporter face à la plaie cancéreuse avec ce qu'elle sait mais aussi avec ce qu'elle est.

Conclusion Les bonnes questions que doit se poser une infirmière face à une plaie en oncologie lui permettent de prendre les bonnes décisions et donc d'apporter une prise en charge appropriée à des patients atteints d'une maladie souvent longue, handicapante et invalidante. C'est un travail intellectuel derrière lequel les incompétences ne peuvent se cacher mais au contraire il permet de révéler les compétences infirmières.

WORK- SHOP

Free
Communication
of Abstracts 2
11:00–13:00
Friday
20 November
2015

Pondy, Angèle

EVALUATION DE L'ETAT NUTRITIONNEL DES ENFANTS ATTEINTS DE CANCER HOSPITALISES AU CENTRE MERE ENFANT DE LA FONDATION CHANTAL BIYA- YAOUNDE

Pondy, Angèle^{*1}; Koki Ndombo, Paul¹; Kamgain, Nelly²

¹Chantal Biya Foundation/Mother and Child Centre; Faculty of Medicine and Biomedical Sciences of the University of Yaounde I, Cameroon; ³Chantal Biya Foundation/Mother and Child Centre, Cameroon

Correspondance Pondy, Angèle
Email: pondyangele@yahoo.fr

Objectif Le cancer est associé à un risque accru de développer la malnutrition, et l'état nutritionnel affecte négativement les résultats des traitements. L'objectif de cette étude est d'évaluer l'état nutritionnel des enfants atteints de cancer par des outils simples et disponibles.

Methodologie C'est une étude prospective sur 45 patients âgés de 0–15 ans et hospitalisés pendant la période de janvier-juin 2014. L'évaluation clinique s'est faite en utilisant les courbes poids/taille, taille/âge, poids/âge, l'IMC/âge, le Z score et le périmètre brachial. Pour l'évaluation biologique l'albuminémie a été dosé. Les données ont été analysées par Epi. Info.3.5.4, WHO Anthro3.2.2, WHO Anthro plus1.0.4. Les variables qualitatives et quantitatives étudiées ont été exprimées sous forme de fréquences, pourcentages, taux, moyennes et ratio. Les relations ont été établies à l'aide du risque relatif et du test exact de Fischer.

Résultats Notre échantillon est composé de 64% de garçons et 36% de filles avec un sexe ratio de 1,77/1. L'âge est compris entre 2–14 ans avec une moyenne de $8,2 \pm 3,5$ ans. Les cancers les plus représentés sont: lymphome de Burkitt 44,44%, leucémie aigüe lymphoblastique 13,33% et néphroblastome 11,11%. La malnutrition par défaut est retrouvée chez 54,6% de patients de 0-5 ans, et 28,1% de +5 ans. Dans la tranche des +5 ans, 34% présentent un retard de croissance et 8% une insuffisance pondérale. Dans les hémopathies malignes, 31% présentaient une malnutrition par défaut au début des traitements qui était réduite à 12,5% après l'induction. Dans les tumeurs solides, la malnutrition par défaut est passée de 50% au diagnostique à 100% au cours du traitement. 100% des patients présentaient une hypoalbuminémie.

Conclusion L'évaluation de la malnutrition chez les enfants atteints de cancer par les paramètres cliniques sous-estime l'ampleur du problème, particulièrement en cas de tumeurs solides ou de lymphomes présentant de volumineuses masses.

POSTER P273

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Prince, Sharon

THE T-BOX TRANSCRIPTION FACTOR 3 IS A PROMISING BIOMARKER AND THERAPEUTIC TARGET IN A DIVERSE RANGE OF SARCOMA SUBTYPES

Prince, Sharon*; Willmer, Tarryn; Smuts, Danica; Peres, Jade; Parkes, Jeannette; Govender, Dhiren
University of Cape Town, South Africa

Correspondence Prince, Sharon
Email: sharon.prince@uct.ac.za

Sarcomas are heterogeneous neoplasms of mesenchymal origin whose clinical management is compromised due to inadequate diagnostic markers and limited therapeutic options. While the incidence rates for sarcomas in Africa remain uncertain, there is a widely held view that they are common in black African children and adolescents. Indeed, a Nigerian study has reported that soft tissue sarcomas make up as much as 11.3% of all childhood cancers. The transcription factor, TBX3, is overexpressed in several epithelial derived cancers where it plays a direct oncogenic role and it has been proposed as a novel target for their treatments. However, the status of TBX3 in sarcomas is not known and whether it has an oncogenic function in these cancers has not been reported.

Objective To identify the status and role of TBX3 in a range of sarcoma subtypes.

Method TBX3 expression was analysed in a panel of sarcoma cell lines (fibro-, rhabdomyo-, chondro-, lipo- and synovial- sarcomas) by western blotting and in patient-derived sarcoma sections by immunohistochemistry. TBX3 was either silenced by shRNA or overexpressed in sarcoma cells and the impact on the cancer phenotype assessed using growth curves, cell cycle analyses, western blotting with antibodies to cell cycle regulators (c-Myc, p53, p21, p14ARF), soft agar and motility assays and injection into nude mice. To determine the mechanism by which TBX3 promotes sarcoma cell proliferation, cells were co-transfected with either a c-Myc expression vector and TBX3 reporter or a TBX3 expression vector and a p21 reporter and luciferase activity measured.

Results We show that TBX3:

- (1) is overexpressed in all sarcoma cell lines and tissues tested;
- (2) contributes directly to sarcomagenesis;
- (3) promotes proliferation through a mechanism involving c-Myc and p21.

Conclusion TBX3 may be:

- (1) a biomarker for the diagnosis of heterogeneous sarcoma subtypes and
- (2) useful in single targeted therapies to treat these aggressive cancers.

POSTER P274

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Pritchett, Natalie

IMPLEMENTATION AND VALIDATION OF A TELEPATHOLOGY TRIAGING SYSTEM IN RURAL RWANDA

Mpunga, Tharcisse*¹; Pritchett, Natalie²; Nshimiyimana, Irene³;
Muvugabigwi, Gaspard³; Shulman, Lawrence⁴; Milner, Dan⁵

¹Ministry of Health, University of Rwanda College of Medicine and Health Sciences; ²Partners in Health/Inshuti Mu Buzima, Rwanda; ³Ministry of Health, Rwanda; ⁴Dana-Farber Cancer Institute, United States; ⁵Brigham and Women's Hospital, United States

Correspondence Mpunga, Tharcisse
Email: dmpunga537@gmail.com

Objective The use of Telepathology (TP) in cancer diagnosis is a valuable tool when there is a shortage of pathologists; accordingly, the Butaro Cancer Center of Excellence (BCCOE), a cancer care facility located in rural Rwanda, and its partners implemented a TP program to facilitate timely and high-quality pathology diagnoses.

Method This report describes the validation of the TP system at BCCOE from January to September 2014. The pathology program at BCCOE is a collaboration with Brigham and Women's Hospital (BWH) and Dana-Farber Cancer Institute in Boston. Lab technicians at BCCOE prepare glass pathology slides, which are shipped to BWH for review by a pathologist. Lab technicians were taught by pathologists from BWH to photograph key areas of pathology slides and upload the images onto an electronic software program (ipath), which are then reviewed remotely by a pathologist. Pathology was independently read and compared between TP and expert review. Results are evaluated for accuracy in triaging by assessing when standard slide review returned malignant results and diagnosis via TP was appropriate, conclusive, and concordant.

Results Agreement of malignant slide cases was compared to confirmed TP outcomes across three project implementation phases of Training (January–March), Testing (April–May), and Validation (June–September). Of 766 total cases reviewed, 416 cases were found to be malignant on slide review. TP was able to confirm 355 total cases, and 175 confirmed cases were malignant. For malignant cases triaged as appropriate for TP, agreement between slide and confirmed TP cases was 96.9%. There was no difference in agreement between Training and Validation phases of implementation.

Conclusion The TP system has been shown to have a high accuracy rate, and is now the standard procedure for pathology diagnosis at BCCOE with backup consultations as needed. Monitoring will continue for turn-around-times and accuracy.

WORK- SHOP

Burkitt's Lymphoma

11:00–13:00

Friday

20 November

2015

Prokunina-Olsson, Ludmila

**NOVEL GENETIC RISK FACTORS OF BL: PROVIDING NEW
DIRECTIONS FOR BURKITT'S LYMPHOMA RESEARCH**

Prokunina-Olsson, Ludmila

National Cancer Institute, United States

Correspondence Prokunina-Olsson, Ludmila

Email: prokuninal@mail.nih.gov

Susceptibility to or protection from Burkitt's Lymphoma (BL) might be affected by heritable genetic factors. I will present our ongoing efforts to explore the complex interplay between genetic and other relevant factors such as malaria, sickle cell disease and EBV loads on the susceptibility to BL. The results of this research may lead to better understanding of molecular mechanisms of this pediatric cancer and inform further efforts on BL prevention and treatment.

POSTER MP080

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Qmichou, Zineb

MASCIR MOLECULAR DIAGNOSTIC ASSAY TO DETECT HER-2 STATUS IN FFPE BREAST CARCINOMA

Qmichou, Zineb^{*1}; El Hadi, Hicham¹; Abdellaoui Maane, Imane¹;
Luis Fernandez, Pedro²; Sefrioui, Hassan¹; Moumen, Abdeladim¹
¹MASCIR, Morocco; ²Clinic Barcelona Hospital Universitari, Spain

Correspondence Qmichou, Zineb
Email: z.qmichou@mascir.com

Objective Human epidermal growth factor receptor (HER2) status is an important prognostic factor in breast cancer. The standards testing methods for HER2 expression are immunohistochemistry (IHC) and in situ hybridization (FISH/SISH).

Method In the present retrospective study, the MASCIR Assay (Morocco), which is based on a quantitative reverse transcription-PCR (RT-qPCR) method that detects HER2 mRNA overexpression, was evaluated in a total of 192 formalin-fixed paraffin-embedded (FFPE) tissue samples from breast cancer patients. The results were compared with IHC and FISH/SISH provided data.

Results Two RGs (Reference gene) were successfully identified using geNorm and NormFinder software programs, as the most stable and reliable RGs. In addition to internal validations, an external validation of this assay was performed in a recognised anatomopathology center in Europe (Clinic Barcelona Hospital Universitari, Spain) using 70 FFPE breast cancer tissue samples. The concordance between RT-qPCR, IHC results and FISH/SISH was 95% and 82%, respectively with an overall concordance of 85%.

Conclusion Conclusively, MASCIR assay constitute a valid and complementary test to assess HER2 expression. Therefore, further clinical validations are needed for the patients for efficient use of trastuzumab.

POSTER MP082

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Quessar, Asma

MANAGEMENT DE LA LEUCEMIE AIGUË PROMYELOCYTAIRE AU MAROC: PARTICULARITES EPIDEMIOLOGIQUES, CLINICO- BIOLOGIQUES ET THERAPEUTIQUES A TRAVERS 47 CAS

Quessar, Asma^{*1}; Sentoufi, Zineb¹; Khoubila, Nisrine¹; Hda, Nazha²;
Cherkaoui, Siham¹; Lamchaheb, Mouna¹

¹Service d'Hématologie et d'Oncologie Pédiatrique CHU Ibn Rochd, Morocco;

²Laboratoire Hda, Morocco

Correspondance Quessar, Asma

Email: quessar.a@gmail.com

Introduction La leucémie aiguë promyélocytaire (LAP) est rare, 5 à 10% de l'ensemble des leucémies aiguës myéloïdes (LAM). L'introduction de l'acide tout-trans rétinoïque (ATRA) dans le traitement a révolutionné le pronostic et les résultats thérapeutiques. La prise en charge de la LAP dans les pays à ressources limitées, constitue un véritable challenge.

Objectif L'objectif est de décrire le profil épidémiologique, clinico-biologique et évolutif des LAP diagnostiquées dans le service d'hémo-oncologie pédiatrique de l'Hôpital 20 Août 1953 – CHU Ibn Rochd – Casablanca.

Patientes et méthode Cette étude rétrospective a inclus tous les patients ayant une LAP, pris en charge dans un seul centre, le service d'hématologie et d'oncologie pédiatrique-Casablanca durant la période allant de juillet 2003 à décembre 2014. Le diagnostic a été retenu selon les critères de l'OMS 2008, tous les cas retenus après recherche de la t(15;17) sur le caryotype et/ ou PML-RARA par biologie moléculaire. Le bilan d'hémostase a été réalisé au diagnostic systématiquement. Le score pronostique considéré était le GIMEMA/PETHEMA. Tous les patients éligibles avaient été traités selon le protocole APL2000 (bras avec aracytine). L'ATRA avait été administré selon la dose 45 mg/m², chimiothérapie avec 2 cycles induction et consolidation (Daunorubicine 60 mg/m² x 3 jours, Aracytine 200 mg/m² x 7 jours). La 2ème consolidation variable suivant le groupe pronostique (Aracytine à 1g/m²/12h dans le groupe favorable et 2g/m²/12h si groupe défavorable). Le traitement d'entretien (Mercaptopurine, Methotrexate et ATRA) a été administré pendant 24 mois. La survie globale et la survie sans événements ont été calculées selon la méthode Kaplan-Meier.

Résultats Quarante sept patients ont été inclus soit 2,6% de l'ensemble des LAM. L'âge médian a été de 30 ans (extrêmes entre 2 et 60 ans). Le sexe féminin a été prédominant avec un sex-ratio de 1,7.

WORK- SHOP

Oncology Nursing (2)

16:00–17:30

Friday

20 November

2015

Rakibi, Latifa

DÉVELOPPEMENT DE LA RECHERCHE EN SOINS INFIRMIERS EN ONCOLOGIE

Rakibi, Latifa

Institut National d'Oncologie My Abedellah Rabat, Morocco

Correspondance Rakibi, Latifa

Email: rakibil@yahoo.fr

Evolution de la cancérologie la prise en charge thérapeutique des pathologies cancéreuses a beaucoup évolué ces dix dernières années; thérapies ciblées; développement du mode ambulatoire; chimiothérapie orale. Cette évolution s'accompagne de plusieurs enjeux: répondre aux exigences de qualité des soins. Garantir la satisfaction par rapport aux soins.

L'évolution de la pratique infirmière s'impose pour permettre à la profession de suivre les progrès qui sont en cours.

Changement de «culture» d'une vision morcelée et technique à une prise en compte globale des besoins de la personne atteinte de cancer, émergence de nouveaux rôles professionnels infirmiers. Le projet de développement de la recherche infirmière en oncologie initié par la Fondation Lalla Salma Prévention et Traitement des Cancers, inscrit dans le cadre de la dynamisation de la recherche en soins infirmiers en oncologie et le développement des recherches dans le domaine de la pratique infirmière en oncologie à l'ino. L'objectif est amélioré la qualité de la prise en charge des patients atteint de cancer par le développement de la recherche infirmière. La population cible été les infirmiers opérationnels au niveau de l'ino.

La stratégie de la mise en oeuvre du projet:

- 1Ere phase: formation des candidats en méthodologie de recherche; revue de la littérature.
- 2Eme phase: phase empirique
- 3Eme phase: rédaction des articles en anglais.

Les theme de recherche retenus la relation entre l'accompagnement infirmier et l'acceptation de la nouvelle image corporelle prise en charge infirmière des patients porteurs d'une plaie tumorale. La relation d'aide infirmière-patiente. La pratique d'hygiène corporelle en préopératoire au niveau des services de chirurgie la satisfaction des patientes atteintes d'un cancer du sein porteuses d'une chambre implantable l'éducation thérapeutique des patients sous chimiothérapie orale. L'information transmise par le personnel infirmier aux futures femmes mastectomis.

WORK- SHOP

Curable Cervical Cancer in Africa

09:00–10:30

Wednesday

18 November
2015

Ramondetta, Lois

THE VALUE OF CHEMOTHERAPY IN TREATMENT OF CERVICAL CANCER

Ramondetta, Lois

MD Anderson Cancer Center, United States

Correspondence Ramondetta, Lois

Email: lramonde@mdanderson.org

Cervical cancer is the fourth most common cancer among women globally but the second most common in Africa. Survival from cancer in Africa is very poor due to late presentation and lack of access to effective treatment. Radiation, chemotherapy, and surgical oncology are not available for initial treatment of women with cervix cancer in many parts of SSA. The costly combination of Bevacizumab, Paclitaxel, and Platinum has emerged as standard of care for recurrent cervix cancer in western countries. Second line recurrences are treated with a variety of agents that have not been tested against best supportive care/placebo in order to show either improved quality of life or overall survival. During this session we will review effectiveness of treatment used in the palliative setting (recurrence) for cervix cancer.

PLENARY

Cervix Plenary

09:10–10:30

Saturday

21 November

2015

Ramondetta, Lois

TARGETED LYMPH NODE DISSECTION: IMAGING AND SAMPLING SUSPICIOUS LYMPH NODES

Ramondetta, Lois

MD Anderson Cancer Center, United States

Correspondence Ramondetta, Lois

Email: lramonde@mdanderson.org

Lymph node status is the most important prognosticator of survival in women cervical cancer. It is still unclear if lymph nodes should be evaluated solely with radiologic means, radiologic means + biopsy, or surgical staging. The answer is not clear and depends on a factors including imaging availability, skills of radiologist, safety or procedures, and access to interventional radiologists or surgeons. Para-aortic lymph node metastases are present in 18% (range 8%–42%) of all patients with cervical cancer stage IB to IVA.

Lymphatic mapping using can detect sentinel nodes outside of routine lymphadenectomy areas may provide additional information and thus improve staging accuracy. Use of the sentinel lymph node technique has the potential to decrease morbidity by increase chance of effective treatment planning. Multiple studies have suggested that sentinel lymph node mapping in these patients is feasible, with excellent detection rates and sensitivity. New sentinel lymph node detection techniques require additional experience and training. New detection dyes may require equipment not available in every hospital or country.

Clinical benefit of surgical staging in locally advanced cervical cancer has not yet been proven. However, the proportions of histologically proven PALN metastasis with normal findings on imaging are unacceptably high – 9%–35% for CT scan and MRI, 4%–1% for PET, and 6%–15% for PET-CT. Research in the near future will be necessary to determine whether this technology has additional value and cost effective in order to facilitate the surgical procedure, reduce morbidity and improve disease-free and overall survival.

Presently there is an international study based at MDACC with the objective of determining whether pretherapeutic laparoscopic surgical staging in women with women with stages IB2-IVA cervical cancer followed by tailored chemoradiation improves survival as compared with PET/CT radiologic staging alone followed by chemoradiation.

WORK- SHOP

Sexuality and Cancer

11:00–13:00

Saturday

21 November

2015

Ramondetta, Lois

CHALLENGES IN THE TREATMENT OF SEXUAL FUNCTION IN PATIENTS WITH GYNAECOLOGICAL CANCERS

Ramondetta, Lois

MD Anderson Cancer Center, United States

Correspondence Ramondetta, Lois

Email: lramonde@mdanderson.org

Whether cancer treatment requires surgery, radiation, or chemotherapy; there are undeniable effects on quality of life. Due to the location of gynecologic cancers, patients are at high risk for sexual dysfunction during the course of their disease and survivorship. Reasons for compromised sexual functioning after a diagnosis of gynecologic cancer include lack of sexual desire, dyspareunia, difficulty with lubrication, physical changes making intercourse difficult, incontinence, and lack of sensation in the genital area. The etiology of these disturbances may have physical causes, such as hormonal deprivation, scarring from surgery or radiation or even fatigue. Dysfunction may also be the result of anxiety and depression or psychological distress that the patient and/or her partner experiences during diagnosis and treatment of malignancy. One abstract presented at ASCO 2015 showed an overall decrease in sexual frequency after cancer treatment in women with gynecologic cancer and further that younger, premenopausal women are at higher risk for sexual dysfunction.

Failure to address these symptoms or the causes may decrease quality of life, can effect satisfaction with her care, and may have adverse impact on patient outcome. Unfortunately, data suggest that providers infrequently discuss these issues. Reasons for lack of attention to the topic may include, provider discomfort, lack of time, lack of education on communication and assessment tools, or lack of provider interest. Furthermore, due to the sensitivity of the subject, patients may also be unwilling to discuss their concerns with their clinicians. As with any sensitive psychological, spiritual, or physical dysfunction, providers must be prepared to assess, triage, and address basic patient concerns and then be able to refer to consultants that have the resources to diagnose and treat sexual dysfunction in this specialized population.

EARLY ROUND TABLES

**Pain
Management
in Cancer Care**
07:15–08:20
Sunday
22 November
2015

Ramondetta, Lois

PAIN MANAGEMENT IN CANCER CARE – EARLY MORNING ROUND TABLE DISCUSSION

Ramondetta, Lois^{*1}; Kibel, Shelley²; Luyirika, Emmanuel³; Obrien, Meg⁴; Zakaria, Belkhadir⁵

¹MD Anderson Cancer Center, United States; ²St Luke's Hospice, South Africa;

³African Palliative Care Association, Uganda; ⁴American Cancer Society, United States; ⁵National Cancer Institute, Morocco

Correspondence Ramondetta, Lois

Email: lramonde@mdanderson.org

Join us for an informal discussion regarding issues related to pain management in cancer care. In 2002, African palliative care experts produced the Cape Town Declaration, which holds palliative care, and pain and symptom control, as a human right for every adult and child with life-limiting illnesses. Unfortunately, achieving adequate pain control in patients is difficult due to multiple reasons including provider education, access to narcotics, access to providers, as well as many other difficulties. This round table discussion will informally cover issues related to pain control and interventions and specialists specifically as they related to Africa. At the table will be Dr Shelley Kibel, St Luke's Hospice, Cape Town SA; Dr Emmanuel Luyirika, Executive Director of the African Palliative Care Association, Uganda; Dr Belkhadir Zakaria Housain of the National Oncology Institute, Morocco; Dr Meg O'Brian Director of Treat the Pain, American Cancer Society, US, and Dr Lois Ramondetta, from MD Anderson Cancer Center, USA.

WORK-SHOP

Free
Communication
of Abstracts 1
11:00–13:00
Friday
20 November
2015

Rayne, Sarah

DIRECT TO IMPLANT RECONSTRUCTION AFTER MASTECTOMY IS POSSIBLE WITHOUT AN ACELLULAR DERMAL MATRIX: SAVING TIME, SAVING COST IN JOHANNESBURG, SOUTH AFRICA

Serrurier, Charles*¹; Rayne, Sarah*²; Venter, Marisse¹; Benn, Carol²

¹Netcare Breast Care Centre, South Africa; ²University of the Witwatersrand, South Africa

Correspondence Rayne, Sarah
Email: rayne.sarah@gmail.com

Objective Direct to implant (DTI) breast reconstruction is emerging internationally as a predictable and reliable reconstructive method. It decreases the time and costs of multiple reconstructive procedures and inflation of expander-prostheses reconstruction, however most series recommend the use of an acellular dermal matrix (ADM) to reinforce the lower pole. This is associated with a considerable cost increase. This study aims to describe a large series of DTI without ADM and without increased complications.

Method A retrospective review of all patients offered a DTI without ADM was considered from two hospitals from February 2010 to December 2012. Only patients who would not require radiation post-operative were considered for this procedure. Outcomes and complications were compared to international published series which used an ADM.

Results Over a 34 month period, 272 consecutive patients (488 breasts) who underwent mastectomy and reconstruction with DTI were included. The mean follow up was 35 months (Range 24–58 months). The incision choice was based on size preference of the patient with a lateral Lazy-S used for similar post-operative size in 407 breasts and type 4 (Wise pattern) used for a smaller post-operative size in 81 breasts. Complications occurred in 49 breasts (10.0%); major complications in 19 (3.9%) included surgical debridement and haematoma; minor complications (30, 6.1%) were seroma, minor wound healing problems and cellulitis. There were two implants lost (0.4%). The complication rate in two recent similarly-sized international studies were 14.1% (Boston, USA) and 3.9% (New York, USA) with implant loss rates of 1.5% and 1.3% respectively.

Conclusion When carried out in specialist breast reconstructive units, DTI breast reconstruction without an ADM confers a similar or reduced complication rate when compared to comparable series internationally, with the additional benefit of reduced costs for patients and healthcare providers.

WORK- SHOP

An African Surgical Network

16:00–17:30

Saturday

21 November
2015

Rayne, Sarah

GROWING AFRICAN RESEARCH AND TRAINING NETWORKS: WHAT ARE THE POSSIBILITIES AND MODELS FOR INTRA- CONTINENTAL COLLABORATION?

Rayne, Sarah*¹; Smith, Martin*²

¹Department of Surgery, South Africa; ²University of the Witwatersrand, South Africa

Correspondence Rayne, Sarah

Email: rayne.sarah@gmail.com

Countries with the highest burdens of surgical disease and the greatest unmet need are poorly represented in surgical research and literature, and have limited availability for specialist training opportunities. In the last decade there has been a growing interest internationally in “global surgery” including efforts to assess capacity and workforce and build effective partnerships. However the data is sparse and relies on complex modeling that needs to be tested in the real life situation.

Traditional partnerships have been between academic facilities in high income countries and partners in LMICs providing excellent opportunities for diverse training and research collaborations. However efforts have been largely uncoordinated and often not sustainable. Intra-continental collaborations have been less well-documented and practised, often due to high clinical workloads; limited research capacity, training or resources; and a shortage of platforms for exchange and networking.

New thought should be given to a dynamic model for intra-continental training and research collaboration that capitalizes on specialty training and facilities available in Africa improving access to cross border training in regions through intergovernmental collaboration. This will allow surgeons to learn new techniques, management systems and research training within the context of similar resources, populations and hospital environments to their own, for easier and more realistic implementation.

In addition, improved web-based technology allows for multi-centre, diverse population studies. Models of central study administration but diverse data-collection and non-hierarchical inclusive involvement to allow time-poor experience-rich clinicians and early career researchers to engage together looking for similarities and local variances in this diverse continent.

Greater collaborations in training and research will provide the skills and expertise required to address gaps in surgery in Africa.

POSTER P275

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Rayne, Sarah

UNDERSTANDING THE FEARS EXPRESSED BY PATIENTS WITH A BREAST CANCER DIAGNOSIS IN URBAN SOUTH AFRICA

Rayne, Sarah*¹; Schnippel, Kathryn²; Firnhaber, Cindy²; Wright, Kathryn¹; Benn, Carol¹

¹University of the Witwatersrand, South Africa; ²Right to Care, South Africa

Correspondence Rayne, Sarah

Email: rayne.sarah@gmail.com

Objective Understanding the fears associated with a breast cancer diagnosis enables health care providers to improve support for patients, and identify areas where education will ensure better care provision. This study's aim was to determine the characteristics of fears associated with a breast cancer diagnosis.

Method This dual centre pilot study accessed patients undergoing breast cancer treatment, with and without medical insurance. A questionnaire asked about demographics, socioeconomic and educational background and a series of questions related to fears around breast cancer diagnosis and treatment with summative scale response from 0 (not fearful at all) to 10 (very strong).

Results Of the 158 patients participating (55.1% public hospital; 44.9% private), ages ranged from 23 to 79 years with a median of 52 years (IQR:44-62) and 31 patients <40 years (19.6%).

Fear about treatments were highest (mean score of 6.0; 62.6% of patients significantly affected) particularly for chemotherapy side-effects and radiation. Surgery was significantly feared in 54.5%. On regression, although fear of losing one's hair was significant in 46.5%, black race mitigated this except in young women. Public hospital attendance protected against fear of dying, more present in black women and those with dependents.

Only 12.9 and 16.0% of women had significant concern over transport and financial difficulties respectively. Fears over inability to attend appointments due to work commitments, family commitments and transport problems were also low (mean score of 2.9, 2.2 and 2.1 respectively).

Conclusion Fear is universal after a breast cancer diagnosis, and most were not related to demographic and social differences. Fears related to treatments and side-effects are more prevalent and intense than those concerning physical barriers to care. Improved post-diagnosis support would be beneficial to women facing breast cancer treatments.

WORK- SHOP

**Free
Communication
of Abstracts 7**
11:00–12:00
Sunday
22 November
2015

Rayne, Sarah

FACTORS AFFECTING ADHERENCE TO ENDOCRINE THERAPY IN HORMONE-RECEPTOR POSITIVE BREAST CANCER

Rayne, Sarah*¹; Schnippel, Kathryn²; Mapunda, Patience¹; Firnhaber, Cindy²; Benn, Carol¹

¹University of the Witwatersrand, South Africa; ²Right to Care, South Africa

Correspondence Rayne, Sarah
Email: rayne.sarah@gmail.com

Objective Internationally non-adherence to endocrine therapy in breast cancer can vary from 15–60% and is associated with increased all-cause mortality. There are no studies assessing adherence rates or describing side-effects (SE) in an African country. This study is describing SE and other factors which impact on adherence in an urban South African breast cancer population.

Method A descriptive, survey based study of a convenience sample of breast cancer survivors at a government breast care clinic in Johannesburg was carried out. All patients had ER+ tumours. Questions were about their background, compliance to Tamoxifen, and medication cost and SE. Relative risk was analysed using Poisson regression with robust standard errors to produce incidence rate ratios for common outcomes.

Results Of the 59 patients completing the questionnaire, age ranged from 27 to 80 years (mean 55.4; IQR 43–66) and 22 were pre-menopausal, 36 post-menopausal and 1 unknown. 21 (35.6%) respondents had stopped or been tempted to stop (average length of treatment 30 months). Reasons to stop were bad side-effects (7), doctor's advice (6), inability to refill prescription (5) and recurrence (3). 45 patients (76.3%) experienced SE. The most common were flushing (30; 50.9%), weight gain (11; 18.6%), anxiety (10, 16.9%) and dry vagina (9, 15.3%). Most SE did not motivate cessation, however patients experiencing anxiety were 2.94 times more likely to find Tamoxifen was not worth SE [95% CI: 0.83 to 10.47] and 1.96 times more likely to stop [95% CI: 1.01 to 3.81]. Most patient felt the benefits were worth SE. Belief that Tamoxifen was effective for reducing recurrence halved the risk of stopping [RR: 2.08, 95% CI: 1.10 to 3.93].

Conclusion At least one-third of patients eligible for Tamoxifen have stopped or considered stopping. Given the improved mortality conferred by it on breast cancer, it is imperative better education and support is available to help women to continue treatment.

WORK- SHOP

**Free
Communication
of Abstracts 3**
14:30–15:45
Friday
20 November
2015

Reams, R. Renee

IMPACT OF ABCD3 GENETIC VARIANTS ON PROSTATE CANCER RISK/SUSCEPTIBILITY IN MEN OF AFRICAN DESCENT

Reams, R. Renee^{*1}; Ragin, Camille²; Kittles, Rick³; Gerke, Travis⁴;
Consortium, Practical⁵; Park, Jong⁶

¹Florida A&M University, United States; ²Fox Chase Cancer Center, Temple Health, United States; ³University of Arizona, Tuscon, United States; ⁴University of Florida, United States; ⁵Institute of Cancer Research, United Kingdom;

⁶Cancer Epidemiology, Moffitt Cancer Center, United States

Correspondence Reams, R. Renee

Email: reneereams.famu@gmail.com

Objective Contributions of ABCD3 single nucleotide polymorphisms (SNPs) to prostate cancer risk has not been explored. In this case/control association study, we probed the contribution of ABCD3 variants to prostate cancer risk in African American prostate cancer patients. The ABCD3 gene, which encodes for PMP70, a peroxisome membrane protein, was previously identified as important in prostate tumors from African Americans in a cDNA microarray study done in our laboratory. Here, we evaluated the impact of ABCD3 variants on prostate cancer risk for men of African descent.

Method ABCD3 variants (rs16946 and rs229638) SNPs were evaluated in 174 African-American prostate cancer cases and 170 healthy African American controls using Taqman SNP genotyping assays. Individual SNP effects were evaluated using logistic regression analysis.

Results Neither of the two ABCD3 SNPs (rs16946; OR 1.08, $p = 0.67$ and rs229638; OR 1.08, $p = 0.67$) were associated with prostate cancer risk after adjusting for age. However, accessing large prostate cancer GWAS data sets, of 5,000 African American cases and 5,000 African American controls revealed that two ABCD3 variants, rs4148045 and rs6683092 were significantly associated with prostate cancer risk in African Americans. GWAS data also, found that five SNPs in the F3 gene (rs1324214, rs3917643, rs1144300, rs762484 and particularly, rs696619) located in close proximity to the ABCD3 gene is strongly (OR = 0.57; CI: 0.40-0.82; $p = 0.0019$) associated with prostate cancer risk in African American Men. ABCD3 and F3 SNPs do not appear to be in linkage disequilibrium; and TCGA and oncomine data show that both genes are expressed in prostate cancer tissue. The genotyping data from practical studies which has 20,000 cases and 20,000 controls; of these numbers, 600 were AA cases and 600 AA controls, identified two intergenic SNPs between ABCD3 and F3; namely, rs1146512 and rs2762509.

POSTER P276

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Rhoda, Shaheeda

**ESTABLISHING A FORMALISED CLINICAL SKILLS TRAINING
PROGRAMME FOR CAPE PENINSULA UNIVERSITY OF TECHNOLOGY
(CPUT) BSC. RADIATION THERAPY (RT) STUDENTS AT ITHEMBA LABS**

Rhoda, Shaheeda*; Du Plessis, Peter; Hudson, Lizel
Ithemba Labs, South Africa

Correspondence Rhoda, Shaheeda
Email: srhoda@tlabs.ac.za

Objective To show the efficacy of establishing a clinical skills training programme for undergraduate radiation therapists at an existing operational facility.

Materials and method Two clinical lecturers developed a formal clinical skills training programme for radiation therapists in 2014 at iThemba LABS. Thirteen registered students for the new BSc RT degree at CPUT were by default the participants. Set guidelines were followed to align the clinical skills with the academic curriculum. These skills matched the anticipated competency level of the students. Teaching and learning was facilitated through various activities; student/lecturer contact ranged from one-on-one to full group sessions. Availability of existing equipment such as a Linear Accelerator, CT scanner and Immobilization devices ensured that students were exposed to a variety of simulated clinical scenarios. Both formative and summative assessment methods were used, including an objective clinical skills examination (OSCE) at the end of the predetermined period.

Results Students could engage with the equipment and learn to operate the various devices at their own pace. This is not always possible at the affiliated tertiary hospitals due to staff constraints, leaving little room for proper student skills training. Students are exposed to and learn how to operate the equipment and devices through structured lectures, tutorials, demonstrations and practical exercises. OSCE delivered an average mark of 84.5%. Students evaluated the quality and impact of the intervention in a survey and found this training highly beneficial. With limited clinical exposure there is a need for skills to be developed through a focused training programme.

Conclusion This highly successful output echoes the need for the continuation of this initiative. Ultimately it would ensure excellently trained professionals who can contribute meaningfully to society. A MOU (Memorandum of Understanding) was agreed upon and duly signed.

POSTER P277

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Rhoda, Shaheeda

REPAIR OF CELLULAR DAMAGE IN THE PLATEAU- AND THE FALL-OFF REGION OF A 200 MEV PROTON BEAM

Rhoda, Shaheeda*; Slabbert, JP; Sebeela, T; Symons, J
Ithemba Labs, South Africa

Correspondence Rhoda, Shaheeda
Email: srhoda@tlabs.ac.za

Objective To compare the repair of cellular damage in the plateau region and at the distal edge of a 200 MeV proton beam.

Materials and method Cultured cells from Chinese hamster ovarian epithelial tissue (CHO-K1 cells) were irradiated in vitro at iThemba LABS in the 200 MeV Proton beam at two different positions along the Bragg curve. Of particular interests are the flat plateau region and the steep distal edge of the beam. Measurements have been done in a modulated proton beam with a spread-out Bragg peak (SOBP) of 5cm and incident energy of 200 MeV. A 10 cm diameter collimator was used in this experiment. Plateau irradiations acted as reference measurements since the quality of the radiation at the entrance level is very similar to ^{60}Co γ -rays. The cells were irradiated twice with intervals of 3 hours between fractions of 5 Gy each to allow full expression of repair of any sub-lethal damage. As a control measurement, the total dose has been given in a single exposure of 10 Gy (acute dose). During successive exposures the cell cultures were kept at 37 degrees Celsius. The repair capacity has been assessed by counting the remaining colonies that reflects cellular survival after one week of incubation after the proton irradiation.

Results Results indicate the importance of proton energy on cellular repair and are of direct interest to radiation therapy as more patients are being considered for fractionated proton radiation treatment compared to single dose proton radiosurgery treatments.

Conclusion This pilot study is an indication that further investigation is necessary to ascertain the extent of the significant differences in the biological effect that exists between the repair of cellular damage in the plateau region and the distal edge of a clinical proton beam.

POSTER P278

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Ridouh, Mokhtar

CARCINOME THYROÏDIEN CHEZ L'ENFANT: EXPÉRIENCE DU SERVICE DE MÉDECINE NUCLÉAIRE TLEMCEM ALGÉRIE

Ridouh, Mokhtar^{*1}; Zemallache Megueni, Asma²; Kherbouche, Fatema Zohra²; Berber, Necib²

¹Université Abou Bekr Belkaid, Algeria; ²CHU Dr Damerджи Tlemcen – Service de Médecine Nucléaire et Imagerie Moléculaire, Algeria

Correspondence Ridouh, Mokhtar

Email: ridouh.mnt@gmail.com

Introduction L'incidence du cancer thyroïdien est en augmentation linéaire. Le cancer de la thyroïde chez l'enfant représente 0,5 à 1,5% de tous les cancers pédiatriques. Le but de notre travail est d'étudier les particularités du cancer de la thyroïde chez l'enfant, essentiellement d'un point de vue thérapeutique et pronostique.

Matériel et méthode Notre travail consiste en une analyse rétrospective de cancers différenciés de la thyroïde chez l'enfant, suivis au service de médecine nucléaire du CHU Tlemcen sur une période de 22 ans (1993–2015). Nos paramètres d'évaluation concernaient: l'incidence des cancers thyroïdiens, l'influence de l'âge et du sexe sur cette incidence, sur la variété histologique et le pronostic de la maladie.

Résultats Les observations sont colligées sur une période de 22 ans, 40 cas ont été recensés. 30 fille et 10 garçons; le sexe ratio est de 3,33, l'âge moyen à 11,3 ans. Le motif de consultation: adénopathie cervicale dans 20% cas, un cas d'antécédent familiaux de carcinome thyroïdien et 8 cas de pathologie thyroïdienne bénigne, le reste pour goitre thyroïdien. Une thyroïdectomie totale a été pratiquée pour tous les malades avec curage ganglionnaire dans 51% des cas. L'examen anatomopathologique: carcinome papillaire dans 71%, 7 cas un carcinome vésiculaire et 4 moyennement différencié. Nous avons objectivé dans 35% de cas des métastases ganglionnaires, 2 cas des métastases pulmonaires et dans 1 cas des métastases osseuses et cérébrales. L'irathérapie et l'hormonothérapie frénatrice ont été instituées pour tous les patients, 24 enfants sont en rémission, 10 enfants présentent une maladie résiduelle, 6 perdus de vue.

Conclusion Le cancer thyroïdien chez l'enfant présente un potentiel agressif, avec plus de métastases ganglionnaires et à distance que dans la population adulte. Seul un geste thérapeutique adapté au staging de la tumeur permet d'obtenir des taux de rémission élevés.

WORK- SHOP

Nutrition and Cancer

11:00–12:00

Sunday

22 November
2015

Rinaldi, Sabina

INFLUENCE OF DIET, PHYSICAL ACTIVITY, BODY SIZE ON BREAST CANCER IN SOUTH AFRICA: A STUDY OF WOMEN IN TRANSITION

Rinaldi, Sabina*¹; Joffe, Maureen²; Norris, Shane A²; Vorster, Este³;
Cubasch, Herbert⁴; Romieu, Isabelle¹

¹International Agency for Research on Cancer, France; ²MRC/Wits
Developmental Pathways for Health Research Unit, University of the
Witwatersrand, South Africa; ³Faculty of Health Sciences, North-West University
(Potchefstroom Campus), South Africa; ⁴Batho Pele Breast Unit, Chris Hani
Baragwanath Academic Hospital, South Africa

Correspondence Rinaldi, Sabina | Email: rinaldis@iarc.fr

The World Cancer Research Fund Continuous Update Project on breast cancer concluded that there is a strong influence of lifestyle on breast cancer etiology. In particular, there is convincing evidence that alcoholic drinks are a cause of breast cancer at all ages, physical activity probably protects against postmenopausal breast cancer, and that body fatness is a cause of breast cancer in post-menopausal women, while it probably protects in premenopausal women. However, these associations are mainly based on evidence from Caucasian women. There are suggestions of a different epidemiology of breast cancer in women of African ethnicity, a burden that is younger and has a higher proportion of ER-cases. Influences of diet, body fatness and physical activity on breast cancer need to be investigated in African women in Africa because of the uniqueness of this population in lifestyle transition. Large differences between urban and rural populations in terms of dietary intake upon urbanisation, and lack of physical activity leading to obesity have been shown in South Africa, and prevalence of overweight and obesity is high. Breast cancer has become the most common incident cancer in women, outnumbering cervix uteri. With the support of the World Cancer Research Fund, we have set up a population-based case-control study at the Baragwanath Hospital in Soweto, South Africa (The SABC study). Questionnaire data on lifestyle, reproductive factors, physical activity/inactivity, and diet are collected from all women, as well as biological samples (serum, plasma, red blood cells, buffy coat and urine), which are stored at –80C. Anthropometry is measured for all women, who also undergo dual-energy X-ray absorptiometry and computed tomography. To date, 105 cases and 157 population controls have been recruited in the study. Preliminary descriptive analyses of the population, and major breast cancer risk factors will be presented.

POSTER P279

**General Poster
Display**
Saturday &
Sunday
21 & 22
November
2015

Rochford, Rosemary

ESTABLISHMENT OF A POPULATION BASED CANCER REGISTRY IN KISUMU COUNTY, KENYA

Rochford, Rosemary^{*1}; Gakunga, Robai²; Okerosi, Nathan²; Remick, Scot³; Dawsey, Sandy⁴; Korir, Anne²

¹University of Colorado, United States; ²Kenya Medical Research Institute, Kenya; ³West Virginia University, United States; ⁴National Cancer Institute, United States

Correspondence

Email: rochfordrosemary@gmail.com

Objective Although various types of cancer have been reported in Kenya, the country-wide incidence of cancer is unknown. It is also difficult to define the most common types of cancer prevalent in different parts of the country since most health facilities do not have cancer registries. Due to lack of this information, it is difficult for both national and county governments to plan and implement effective cancer prevention, control, management and care programs. A key goal for Kenya's National Cancer Control Strategy developed by the Ministry of Health is to develop and enhance cancer surveillance systems.

Method In 2010, the Kisumu Cancer Registry was started. This is a population-based registry capturing cancer cases for Kisumu County, with a population of 968,909 (2009 census). Kisumu County is situated within the boundaries of the former Kisumu District and lies along Lake Victoria. Our data sources are hospitals, oncology clinics, labs and death registers in Kisumu County. Cancer registry data is inputted into CanReg5 Software. This is the same software used by the other 2 Kenyan population based cancer registries (Nairobi and Eldoret) allowing cancer incidence to be compared between regions within Kenya.

Results A preliminary analysis indicated that the most frequent cancer in females was cervical cancer, followed by oesophageal cancer. The most frequent cancer in males was Kaposi's sarcoma, followed by oesophageal cancer. Limitations of the data from this cancer registry are predominantly inadequate case capture based on poor quality medical records and lack of pathology diagnosis to substantiate case finding.

Conclusion The unexpected high incidence of oesophageal cancer in women highlights the importance of regional population based cancer registries. Development of enhanced cancer surveillance capacity in Kenya will provide the reliable data needed for deployment of resources and interventions for cancer control and prevention.

POSTER P126

**General Poster
Display**
Thursday &
Friday
19 & 20
November
2015

Rohner, Eliane

CLINICAL STAGE AND TREATMENT OF HIV-RELATED KAPOSI SARCOMA IN SOUTH AFRICA AND ZAMBIA

Rohner, Eliane*¹; Kasaro, Margaret²; Msadabwe-Chikuni, Susan Citonje³; Stinson, Kathryn⁴; Mohamed, Zainab⁵; Bohlius, Julia¹

¹Institute of Social and Preventive Medicine, University of Bern, Switzerland;

²Centre for Infectious Disease Research in Zambia (CIDRZ), Zambia; ³Cancer Diseases Hospital, Zambia; ⁴Khayelitsha Art Program, Médecins Sans Frontières, South Africa; ⁵Radiation Oncology, Groote Schuur Hospital, Cape South Africa

Correspondence Rohner, Eliane

Email: eliane.rohner@ispm.unibe.ch

Objective To assess patterns of care in patients with AIDS-Kaposi Sarcoma (KS) attending antiretroviral therapy (ART) programs in South Africa and Zambia.

Method We identified consecutive patients aged ≥ 16 years diagnosed with AIDS-KS before starting ART at two ART programs in Cape Town, South Africa, and Lusaka, Zambia from 03/2011 backwards. We assessed methods of cancer diagnosis, tumor (T) and systemic illness (S) stage, referral to oncology clinics, treatment and survival. Data were retrieved from the International Epidemiologic Databases to Evaluate AIDS Southern Africa and through review of medical charts at HIV and oncology clinics.

Results We included a total of 40 patients, 20 at each ART program. Median age at KS diagnosis was 34 years in patients in South Africa (40% men) and Zambia (60% men). KS diagnosis was histologically confirmed in 2 patients (10%) in South Africa and none of the patients in Zambia. Nine patients (45%) in Zambia and 5 patients (25%) in South Africa presented with poor risk KS (T1S1). Referral to an oncology clinic was more common in South Africa (90%) than in Zambia (5%). All patients started ART after KS diagnosis with 65% of first-line regimens including a protease-inhibitor in Zambia and none in South Africa. One patient (5%) in Zambia and 18 patients (90%) in South Africa received chemotherapy. The patient in Zambia received Vincristine/Actinomycin, whereas the most common regimen in South Africa (67%) was Vincristine/Bleomycin. Six patients (30%) in South Africa and none in Zambia received radiotherapy. One year after KS diagnosis 10 patients (50%) in Zambia and 15 patients (75%) in South Africa were known to be alive.

Conclusion AIDS-KS patients in Zambia were mainly managed by the HIV clinic and treated with ART only, whereas most AIDS-KS patients in South Africa were referred to an oncology department for treatment. Prospective studies are needed to better understand outcomes across different standards of care.

WORK- SHOP

Malignancies in the Setting of HIV Infection

11:00–13:00

Friday

20 November
2015

Rohner, Eliane

KAPOSI SARCOMA INCIDENCE RATE IN HIV-INFECTED CHILDREN ON ANTIRETROVIRAL THERAPY FROM SOUTHERN AFRICA, EUROPE AND ASIA/PACIFIC

Rohner, Eliane*; Bohlius, Julia

Institute of Social and Preventive Medicine, University of Bern, Switzerland
On behalf of COHERE in EuroCoord, Denmark; leDEA Southern Africa,
Switzerland; TApHOD, leDEA Asia-Pacific, Thailand

Correspondence Rohner, Eliane

Email: eliane.rohner@ispm.unibe.ch

Objective Epidemic Kaposi sarcoma (KS) is caused by human herpesvirus 8 (HHV-8) infection and HIV-induced immunosuppression. We examined KS incidence rates in HIV-infected children on antiretroviral therapy (ART) from Southern Africa, Europe, and Asia/Pacific.

Method We analysed cohort data of the International Epidemiologic Databases to Evaluate AIDS Southern Africa (leDEA-SA), the Collaboration of Observational HIV Epidemiological Research in Europe (COHERE) in EuroCoord, and the TREAT Asia Pediatric HIV Observational Database (TApHOD). We included HIV-infected children aged <16 years who started ART between 1996 and 2014. We calculated KS incidence rates and hazard ratios (HR) from Cox regression adjusted for sex, age at ART start, ART regimen, and ART start year stratified by region. We used CD4 cell counts and CD4% to define degree of immunodeficiency at ART start according to WHO criteria.

Results We included 19,605 children from 15 countries in Southern Africa ($n=15,288$), Europe ($n=1,650$) and Asia/Pacific ($n=2,667$). Median age at ART start was 5.2 years (interquartile range 1.8–9.4) and similar across regions. Most children (55%) started ART with advanced or severe immunodeficiency; CD4 measurements were missing for 22% of children. 25 children developed incident KS on ART (68% boys; median age at KS diagnosis: 10.5 years). KS incidence rate was high in Southern Africa (67/100,000 person-years [pys], 95% confidence interval [CI] 44–102) and in children of sub-Saharan African origin in Europe (82/100,000 pys, 95% CI 26–253). No incident KS was observed in children in Europe not stemming from sub-Saharan Africa and in Asia/Pacific. In multivariable analyses the risk for developing KS increased with higher age at ART start (10–15 years versus 0–2 years, HR 6.8, 95% CI 1.5–32.0).

Conclusion KS incidence rates are high in children of sub-Saharan African origin which might be explained by higher HHV-8 prevalence in these children. Higher HHV-8 prevalence and longer duration of HIV-infection may contribute to the increase of KS risk with higher age.

POSTER P280

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Rosenblatt, Eduardo

AFRICA RADIATION ONCOLOGY NETWORK (AFRONET): AN IAEA TELEMEDICINE CONSULTATION FORUM

Rosenblatt, Eduardo*¹; Prasad, Rajiv¹; Hopkins, Kirsten¹; Zaghloul, Mohamed²; Ndlovu, Ntokozo³; Abdel-Wahab, May¹

¹International Atomic Energy Agency, Austria; ²Radiation Oncology Department; Children's Cancer Hospital, Egypt; ³College of Health Sciences, University of Zimbabwe, Zimbabwe

Correspondence Rosenblatt, Eduardo
Email: e.rosenblatt@iaea.org

Objective To establish a telemedicine network of consultation among radiation oncologists from centres in Anglophone African countries

Method The kick-off meeting for establishment of the network, the protocol and the operating procedures were implemented in June 2012. The group uses WebEx as an online teleconference tool. Online meetings have been taking place monthly since June 2012. The online meetings are coordinated and scheduled from Vienna and the centres in Africa then connect, share and present their cases using a standard Power Point template. Each patient is presented anonymously and recorded using a coding system. Documents such as imaging studies, pathology slides and reports, dose plans and Dose-Volume-Histograms (DVH) can be shared on screen. Each case discussion is closed with a recommendation or consensus statement on its specific clinical management.

Results Between June 2012 and April 2015, a total of 32 online meetings took place. 10 radiotherapy centres regularly participated. Experts from the USA and Canada participated occasionally. A total of 87 patients have been discussed. The mean age of the patients was 34 years of age (range 2–83). Seven patients (8%) were HIV positive most common sites were sarcomas (15), genitourinary tumours (15), breast tumours (10), brain tumours (9), gynaecological 9 (cervix 7), head-and-neck (8) and miscellaneous (21). The patient database reveals that most patients presented for discussion were complex. Many were young, and some presented the combined challenge of cancer and HIV disease or cancer and pregnancy. Some patients posed general management or medical oncology questions as opposed to strictly radiotherapy questions.

Conclusion The AFRONET Project is a pilot experience that has proved to be a useful and practical resource for a group of radiotherapy centres in Africa, as a platform to discuss their patients with international colleagues taking advantage of modern telemedicine resources.

WORK- SHOP

Free
Communication
of Abstracts 4
16:00–17:30
Friday
20 November
2015

Rositch, Anne F

USE OF HEALTH OUTCOMES MODELING TO ESTIMATE THE SHORT-TERM IMPACT OF CERVICAL CANCER SCREENING PROGRAMMES IN SUB-SAHARAN AFRICA

Rositch, Anne F¹, Doyin Oluwole², Cody Ramin¹, William Steiger², Adetoun Olateju²

¹Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, USA; ²Pink Ribbon Red Ribbon Secretariat, George W. Bush Institute; USA

Correspondence Rositch, Anne F
Email: arositch@jhu.edu

Objective The goal of this project was to develop a method to estimate the reduction in the incidence and mortality of cervical cancer (CC) attributable to screening and treatment programs in Botswana, Tanzania and Zambia supported by Pink Ribbon Red Ribbon (PRRR).

Method Markov microsimulation model of the PRRR program, which combined true population demographics and region-, age-, and HIV-specific CC epidemiology and natural history parameters, was developed with a ten-year time horizon. The modelled programme targeted women aged 30–49 years, and annual screening coverage varied across years and countries (1.3–9.3%), as did treatment rates (49–88%). Additional analyses that varied these parameters were conducted to highlight their relative impact on mortality. The final model was programmed in TreeAge Software, and was internally and externally validated.

Results The current programmes will likely reduce CC mortality over the next ten years by 0–12%, and reduce CC incidence by 0–13%, or avert approximately 22,000 deaths and 56,000 incident cases. Reductions in incidence and mortality were greater in HIV-positive women, and greater when restricted to women in the targeted age group. The model suggests that to reduce mortality by 25% within five years of screening, 50% of the target population would need to be screened annually. Achieving a national target of 70% screening with 90% treatment could reduce CC mortality by more than 40%, even over the limited 10-year timeframe.

Conclusion Five years of the current PRRR screening and treatment programs will result in slight reductions in CC mortality and incidence over the next ten years. Scaling up screening and treatment coverage will result in the greatest impact. Modeling approaches are useful in cancer-prevention programme implementation: from comparing the effect of programme designs and algorithms on cost-effectiveness in the pre-implementation phase to assessing final impact on health outcomes post-implementation.

POSTER P127

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Rudd, Pandora

CERVICAL CANCER IN SOUTHERN MALAWI: PRESENTATION, MANAGEMENT AND OUTCOMES

Rudd, Pandora^{*1}; Meja, Samuel²; Chidothe, Irene¹; Gorman, Dermot³; Brown, Ewan⁴; Masamba, Leo¹

¹Oncology Department, Queen Elizabeth Central Hospital, Malawi;

²Gynaecology Department, Queen Elizabeth Central Hospital, Malawi; ³Public Health, Western General Hospital, United Kingdom; ⁴Oncology Department, Western General Hospital, United Kingdom

Correspondence Rudd, Pandora

Email: pandorarudd@gmail.com

Objective Cervical Cancer (CaCx) is the most common cancer in women in Malawi. Malawi has the highest age standardized rate of CaCx in the world. Queen Elizabeth Central Hospital (QECH) is the tertiary referral Centre in Southern Malawi. We describe the presentation, management and outcomes of patients with newly diagnosed CaCx at QECH over a 3-month period from January-March 2015.

Method All patients with a new diagnosis of CaCx presenting to QECH were included. A structured questionnaire including demographics, referral pathway, FIGO stage, histology and management was prospectively recorded at 0, 1 and 2 months from initial presentation.

Results 160 women (mean age 45.1 years, range 20–80) presented January to March 2015. 44.7% were HIV positive (mean age 41.5 years) and 44% HIV negative (mean age 46.8 years). HIV positive patients were 5.3 years younger ($p < 0.001$). 98.1% (157) presented with symptoms, and 1.8% (3) presented via screening (asymptomatic) using Visual Inspection with Acetic Acid. Mean time from first symptom to health professional presentation was 6.5 months, and then 2.9 months to QECH attendance. Patients had a median of 2 (range 0–6) healthcare appointments before QECH. 53% (85) were treated for sexually transmitted infections or irregular menses prior to referral, of which 80% (68) did not have a speculum examination. 46.2% (74) presented with CIN I–III or stage 1 cervical cancer, and 53.8% (86) stage II–IV disease. 49% (79) had a biopsy of which 18.9% (15) were reported within 2 months. 27% (43) were scheduled for surgery; 2% (3) received chemotherapy; and 22% (35) were referred for palliative care.

Conclusion More than half of CaCx patients present to QECH with late stage, mostly incurable disease. Many are HIV positive, and are presenting at a younger age than those without HIV. Radiotherapy would be a valuable treatment for the majority but is unavailable in Malawi. Awareness of and participation in screening was low. Almost all patients presented with symptoms, often after considerable delay. This was due to a combination of patient delay and misdiagnosis as a result of lack of speculum examination. Educating women and community staff about CaCx and screening, improving pathology, and developing radiotherapy services are priorities in CaCx care in Malawi.

POSTER P091 (LB)

**General Poster
Display**
Thursday &
Friday
19 & 20
November
2015

Saidu, Rakiya

THE CLINICO-PATHOLOGICAL FEATURES AND OUTCOMES IN VULVAR CANCER

Saidu, Rakiya*¹; van Wijk, L²; Rogers, L¹; Hue-Tsi, Wu⁴; Passmore, JA³; Denny, LA¹

¹Department of Obstetrics and Gynaecology, University of Cape Town,

²Department of Radiation Oncology, Groote Schuur Hospital, Cape Town,

³Division of Medical Virology, University of Cape Town, ⁴Anatomical Pathology, University of Cape Town

Correspondence Saidu, Rakiya

Email: rakiyasaid@gmail.com

Objective To describe the clinic-pathological features and outcomes of vulvar cancer.

Method All patients diagnosed and treated with vulvar cancer at the Gynaecology Oncology Unit of Groote Schuur Hospital over a 10-year period (2000–2009) were retrospectively analysed. Descriptive statistics was used to give an overview of the data. Survival analysis was done by Kaplan-Meier method, log-rank test and cox regression methods using STATA 13.

Results There were 111 cases identified of whom 104 (93.6%) were Squamous cell carcinomas (SCCs) of the vulva. Non-SCC were not included in the analysis. The mean age was 56.8 ± 14.97 and median age was 55 (range 27.9–91.4). HIV status was known in 75 (72%) of the patients where 67 were HIV negative and 8 were HIV positive. The primary modality of treatment was surgery in 60 women (57.7%); chemo-radiation 31 (29.8%); radiation 4 (3.9%); chemotherapy in 6 (5.8%) and 3 (2.9%) palliative care only. Thirty-three (31.7%) patients had stage I disease; 28 (26.9%) stage II; 25 (24%) stage III and 18 (17.2%) stage 4. Lymph node involvement was evaluated in 71 (68%) patients. Complete response was achieved in 80 (76.9%), There were 23 treatment failures, 16 were local, 4 groin and 3 distant recurrences. The 5-year disease free survival was 77%; 79% in those who had surgery, and 75% in those who had chemo-radiation and radiation, respectively. Lymph node status was the main prognostic factor for recurrence in these patients. The 5-year survival was 57%, 79% for those with stage I, 74% for stage II, 40% for stage III and 18% for stage IV. Stage of the disease, lymph node status and initial response to treatment were independent prognostic factors for survival.

Conclusion The profile of these patients fits the global trend of increasing vulvar cancer in younger women. The role of HIV infection in vulvar cancer is yet to be clarified. Lymph node status, stage of disease at diagnosis and initial response to treatment are important to prognosis in vulvar cancer. Even though there were more patients with advanced disease in the chemo-radiation group, the DFS was similar between the two groups.

WORK- SHOP

The Power of Partnerships in Breast & Cervical Cancer Control

11:00–13:00

Saturday

21 November
2015

Salerno, Judy

THE POWER OF PARTNERSHIPS IN BREAST AND CERVICAL CANCER CONTROL

Salerno, Judy

Susan G. Komen, United States

Correspondence Salerno, Judy

Email: acabanek@komen.org

Advances in scientific research show that solutions to control cancer exist and are achievable, and this is surely true in high income countries, where cancer death rates have fallen significantly in the last 25 years. However, advances in low and middle income countries have not kept pace with those of high income nations, not even for preventable or treatable diseases such as cervical and breast cancer. Early detection and comprehensive cancer treatment play synergistic roles in improving breast and cervical cancer outcomes. For breast cancer, for example, most women diagnosed with early stage disease and properly treated will have a good prognosis with overall 5-year survival rates of 80-90%. Education, prompt access to referral services, and having health workers capable of conducting clinical exams are fundamental for early detection of breast or cervical cancer. However, we must ensure that women have access to competent diagnosis and treatment in order to make a significant contribution to save lives. Cancer care requires that prevention, early detection, diagnosis, treatment and palliation are integrated and equally developed. Evidence-based resource stratified guidelines can provide alternative frameworks for cancer control planning tailored to specific economic and epidemiological contexts. Still, collaboration among all health sectors and stakeholders, including government, private sector and civil society, is essential to address cancer care delivery. This session will discuss the role of partnerships in women's cancer control. We will present examples of innovative partnerships designed to leverage public and private investments in various diseases; academic alliances to develop translational research capacity and skills to meet growing health needs; and collaborative clinical research to study the epidemiology and socio-cultural factors that contribute to disparities in outcomes. The session will outline the approach, key elements and lessons learned.

POSTER MP083

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Salmi, Fatiha

ETUDE DES FACTEURS DE RISQUE DU CANCER DE LA PROSTATE CHEZ UNE POPULATION MAROCAINE

Salmi, Fatiha^{*1}; Nadifi, Sellama¹; Jouhadi, Hassan²

¹Faculté de Médecine et de Pharmacie, Laboratoire Génétique et Pathologie Moléculaire, Morocco; ²Centre Mohammed VI Pour le Traitement des Cancers, CHU Ibn Rochd 1, Casablanca, Morocco

Correspondence Salmi, Fatiha

Email: salmi_fatiha@hotmail.com

Objectif Il s'agit d'une étude prospective dont l'objectif est de déterminer les facteurs de risque du cancer de la prostate.

Méthode Notre étude a porté sur 107 cas au centre Mohamed VI de Casablanca pour le traitement des cancers. Les patients sont admis au service d'oncologie de CHU Ibn Rochd de Casablanca, pour un cancer de prostate diagnostiqué et confirmé par un examen histologique et biologique (Antigène Prostatique Spécifique (PSA)). Le recueil des données s'est fait à partir des dossiers de patients et à l'aide d'un questionnaire comportant plusieurs informations: situation socio-économique, histoire familiale, histoire médicale ... élaboré et rempli lors d'une enquête préliminaire. La gestion et l'analyse statistique des données épidémiologiques ont été faites à l'aide du logiciel SPSS version 20.

Résultats L'âge moyen des patients était de 75,43 ans avec un écart type de 10,24 ans; la plupart d'entre eux sont mariés, résident au milieu urbain (94,4%), généralement analphabètes et presque 36,44% de nos patients ont des antécédents familiaux de cancers. Le type histologique le plus dominant chez nos patients était représenté par l'adénocarcinome prostatique (98% des cas) avec un taux de PSA moyen de 209,74 ng/ml. Par ailleurs, environ 36,9% de nos patients souffrent d'obésité. De plus l'intoxication tabagique est notée chez 50,46% des malades. En revanche, L'analyse a montré que 32,7% des patients consommaient l'alcool.

Conclusion Des études complémentaires sont cependant nécessaires pour pouvoir conclure à l'existence d'une association étroite entre les habitudes alimentaires, les facteurs hormonaux, le mode de vie des patients marocains et le risque de cancer prostatique.

POSTER P108 (LB)

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Saman, Khalid M. Abu

EVALUATION OF 5 YEAR SURVIVAL AFTER A DIAGNOSIS OF BREAST OR COLON CANCER IN GAZA STRIP

Saman, Khalid M. Abu^{*1}, Diego Serraino², Fouad A. Issawi¹, Ettore Bidoli²

¹Training and development department, Primary Health Care Directorate, Ministry of Health, Gaza; ²Unit of Epidemiology and Biostatistics, Centro di Riferimento Oncologico, IRCCS, Italy

Correspondence Saman, Khalid M. Abu

Email: khalid_saman@yahoo.com

Objective Data on cancer survival among the population living in the Gaza Strip are scarce. This international collaborative study intended to assess the probability of 5-year survival after a diagnosis of breast (BC) or colon (CC) cancer in Gaza Strip.

Method All incident cases diagnosed between 2004 and 2005 were provided by the population-based Cancer Registry of Gaza. Inclusion criteria were the residence in Gaza provinces. In addition to the standard information collected by cancers registries, clinical characteristics, and types of treatment were gathered while vital status was checked up to December 2014. Log-rank tests and Cox hazard models were applied for studying overall survival (OS). Adjusted hazard ratios (HR) were computed.

Results BC and CC cases were 180 and 81 respectively. Concerning BC cases, women' median age at diagnosis was 52 years, 47% had a poorly differentiated cancer, 24% had a localized disease, 78% underwent chemotherapy and 53% radiotherapy. Median survival was 7.5 years, with 5-year survival of 60%, and a 10-year survival of 39%. Surgery (HR=0.39, for yes vs. no), chemotherapy (HR=0.64), and hormone therapy (HR=0.51) increased significantly OS. Concerning CC cases, the median age at diagnosis was 58 years (56 for women, and 60 for men), 29% had a poorly differentiated cancer, 35% had a localized disease, 89% underwent surgery, and 88% chemotherapy. Median survival was nearly 3.6 years, with 5-year survival of 41%, and a 10-year survival of 15%. Surgery (HR=0.29 for yes vs. no) and chemotherapy (HR=0.46) increased significantly OS.

Discussion International recommendations for cancer treatment must be strongly promoted in Gaza after taking into account limited access to health care facilities and geopolitical situation.

POSTER MP084

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Sami Aziz, Brahmi

**LES SOINS PALLIATIFS: PRIORITE DE SANTE PUBLIC DES PAYS EN VOIE
DE DÉVELOPPEMENT**

Sami Aziz, Brahmi*; Youssef, Seddik; Said, Afqir
CHU Mohammed VI Oujda, Morocco

Correspondence Sami Aziz, Brahmi
Email: brahmi2007@gmail.com

Introduction Dans de nombreux pays en voie de développement, les patients atteints de cancer consultent à un stade avancé de la maladie. Le traitement du cancer dans les pays en voie de développement a connu des progrès considérables surtout en matière de prise en charge spécifique de la maladie, mais de grandes insuffisances relatifs aux soins palliatifs est relevé.

Objectif Les soins palliatifs englobent le soutien et les traitements médicaux apportés aux personnes souffrant de maladies incurables. L'objectif de ce travail est d'évaluer l'état des lieux et l'intérêt porté aux soins palliatifs dans les pays en voie de développement.

Méthode Une recherche bibliographique a été réalisée portant sur les données épidémiologiques et les études réalisées en matière de soins palliatifs et politique de santé au niveau des pays en voie de développement et en particulier au Afrique.

Résultats On estime que, dans le monde, le nombre de patients ayant besoin de soins palliatifs est de 20,4 millions, un tiers sont atteints de cancer et 78% habitent dans des pays à revenu moyen ou faible. En Afrique, plus de 300000 patients atteints de cancer ont besoins de soins palliatifs. Néanmoins, seulement 6% des services de soins palliatifs sont situés en Asie et en Afrique, les régions les plus peuplées au Monde. Au Maroc, les soins palliatifs constituent le troisième axe du Plan National de Prévention et de Contrôle du cancer. Quatre actions déclinées en 13 mesures sont prévues avec notamment le développement et l'extension des soins palliatifs.

Conclusion Il n'est certes pas évident de concevoir une démarche de soins palliatifs dans des pays où l'ensemble de la population n'accède pas encore aux soins de santé de base. Pourtant, l'Organisation mondiale de la santé a déclaré que les soins palliatifs sont un besoin humanitaire urgent partout dans le monde.

POSTER MP085

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Samia, Alaoui Boukhris

MOLECULAR CHARACTERIZATION OF EPSTEIN BARR VIRUS ASSOCIATED TO NASOPHARYNGEAL DISEASES IN ADULT MOROCCAN POPULATION: PRELIMINARY PROSPECTIVE STUDY

Samia, Alaoui Boukhris^{*1}; Elamine Elalami, Mohamed Noureddine²;
Hermouch, Taoufik²; Bennani, Bahia¹

¹Faculte de Medecine et de Pharmacie de Fez, Morocco; ²Centre Hospitalier
Universitaire Hassan II, Fez, Morocco

Correspondence Samia, Alaoui Boukhris

Email: samia13alaoui@hotmail.com

Objective The aim of this study is to determine the prevalence of *Epstein Barr Virus (EBV)* infection and its genotype diversity in patients with nasopharyngeal diseases.

Method A prospective study was conducted in the otorhinolaryngology department of University Hospital Hassan II of Fez on consenting patients for whom a biopsy was prescribed after clinical examination. For each patient, one biopsy (nasopharynx, cervicotomy or laryngeal) was examined by Polymerase Chain Reaction (PCR) to detect BamW gene of EBV. The genotyping consisted on the determination of the *EBV* type (A/B), the Xho (Xho+/Xho-), the BamH (F/f) and BamW (I/i) types and also the *LMP1* gene status (30bp deletion or not). Statistical analysis was done using SPSS software to study the EBV association to the determined diseases.

Results We recruited 136 patients with mean age of 40 years. About half of patients (47.7%) were with carcinoma, 6.3% were with lymphoma and 45.9% with a non-malignant pathology. The PCR results showed that *EBV* infection occurs in 56.6% of the cases and that type A is the most predominant type (98.6%) in the studied population. Genotypic analysis of the *EBV* positives samples showed that *BamH* and *BamW* genes are present in 76.3% and 64.5% cases respectively. The BamH (F/f) and BamW (I/i) variants profile was determined. The 30pb *LMP1* deletion was detected in 77.5% cases and the XhoI site was detected in 87.5% of cases. A significant association ($p < 0.05$) has been detected between *EBV* infection and carcinoma. In fact, 88.7% of patients with carcinoma are *EBV* positive versus 71.4% of patients with lymphoma. However, no signification association has been detected between *EBV* genotypes and studied pathologies.

Conclusion The obtained results showed that 56.6% of studied population were *EBV* infected with a predominance of type A. *EBV* infection is significantly associated to carcinoma. A larger series must be studied to determine the *EBV* genotype association with pathologies.

POSTER MP086

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Sanaa, Azouzi

**ETUDE DESCRIPTIVE DE PRISE EN CHARGE INFIRMIÈRE D'UN
PATIENT PORTEUR D'UNE PLAIE TUMORALE OU CANCÉREUSE
AU SEIN DE L'INSTITUT NATIONAL D'ONCOLOGIE**

Sanaa, Azouzi
Institut National d'Oncologie, Morocco

Correspondance Sanaa, Azouzi
Email: tabiai.rim@gmail.com

La présence d'une plaie tumorale peut faire souffrir, jusqu'au modifier la perception de la douleur dans un sens ou dans l'autre (majoration -dénier), elle constitue un inconfort majeur pour le patient, son entourage et le soignant par sa symptomatologie et sa chronicité. Une prise en charge infirmière avec un choix du pansement adapté peut satisfaire le patient en termes de confort et de qualité de vie.

POSTER MP087

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Sarra, Bensallam

IRRADIATION GANGLIONNAIRE CHEZ LES PATIENTES INDEMNES D'ENVAHISSEMENT GANGLIONNAIRE APRES CHIMIOTHERAPIE NEOADJUVANTE POUR UN CANCER DU SEIN

Sarra, Bensallam*; Nezha, Oumghar; Abdel Hamid, El Omrani;
Mouna, Khouchani
Department Oncology CHU Mohammed VI, Morocco

Correspondence Sarra, Bensallam
Email: sarra-bensallam@hotmail.fr

Introduction le down-staging tumoral après chimiothérapie néoadjuvante pourrait modifier les indications d'irradiation adjuvante des aires ganglionnaires.

Objectif Evaluer l'intérêt de l'irradiation ganglionnaire chez les patientes atteintes d'un cancer du sein sans envahissement ganglionnaire (p N0) après chimiothérapie néoadjuvante et chirurgie conservatrice.

Méthode 48 patientes prises en charge entre Décembre 2008 et Janvier 2012 par chimiothérapie néoadjuvante pour un cancer du sein, 10 patientes étaient indemnes d'envahissement ganglionnaire après chimiothérapie néoadjuvante et chirurgie mammaire conservatrice. Les survies sans récurrence locorégionale, sans maladie et globale ont été analysées en fonctions de l'irradiation ou non des aires ganglionnaires.

Résultats 48 patientes ont reçu une irradiation mammaire, associée pour 20 patientes à une irradiation ganglionnaire adjuvante. Elles étaient suivies jusqu'au mois d'avril 2015. après une analyse multifactorielle, l'absence de réponse histologique complète de la tumeur et le statut c N–c N2 lors du diagnostic étaient associés à une diminution de la survie globale. L'absence d'irradiation adjuvante des aires ganglionnaires n'avait d'effet délétère ni sur la survie sans maladie ni sur la survie globale.

Conclusion nos résultats suggèrent que l'irradiation mammaire seule ne serait pas associée à un risque plus élevé de récurrence locorégionale ou de décès chez les patientes atteintes d'un cancer du sein classé p N0 après chimiothérapie néoadjuvante.

POSTER MP088

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Sarra, Bensallam

PLACE DU TRAITEMENT CONSERVATEUR DANS LE CANCER DU SEIN DE LA FEMME JEUNE DANS LA RÉGION DE MARRAKECH: APROPOS DE 272 CAS

Sarra, Bensallam*; Nezha, Oumghar; Abdel Hamid, El Omrani
CHU Mohamed VI Marrakech, Morocco

Correspondance Sarra, Bensallam
Email: sarra-bensallam@hotmail.fr

Introduction Cancer du sein est peu fréquent chez les femmes jeunes avec des caractéristiques épidémiologiques, diagnostiques et pronostiques propres. Souvent lié à une prédisposition génétique par rapport à son homologue survenant chez les femmes plus âgées et corrélé à une survie inférieure et à des taux de récurrence supérieurs.

Objectif Analyse de l'évolution des patientes âgées de moins de 40 ans atteintes du cancer du sein après un traitement conservateur par comparaison à un traitement radical.

Méthode Étude rétrospective sur une période de 5 ans (Janvier 2008–Décembre 2012), concernant 272 patientes âgées de 40 ans et moins, 21% des patientes avaient reçu un traitement conservateur, colligés au centre d'oncologie Marrakech.

Résultats Fréquence du cancer du sein chez la femme jeune était de 24, 42%, âge moyen 35,62 ans, 22 patientes avaient un ATCD familial de cancer mammaire. Les tumeurs classées T1-T2 N0-1 M0 étaient les plus fréquentes (107cas). Le statut ganglionnaire était N0 dans 77 cas, et N1 dans 57 cas. A l'étude anatomopathologique, il s'agissait de carcinome canalaire infiltrant dans 78,68% des cas. Un traitement conservateur a été réalisé dans 21% des cas. Après traitement conservateur, l'analyse de la pièce opératoire a noté une taille tumorale moyenne de 0,6 cm. Un grade SBR II/III dans respectivement 69% et 27% des cas. Les marges chirurgicales étaient saines dans tous les cas. Un envahissement ganglionnaire dans 66% des cas. La présence d'embolies vasculaires dans 60,2% des cas. Les récepteurs hormonaux étaient positifs dans 54,89% des cas, 51% des cas surexprimaient HER 2. 21% des tumeurs étaient de phénotype basal-like. Toutes nos malades ont reçu après la chirurgie une chimiothérapie, une radiothérapie de 50gy avec un boost de 10 à 12 gy. Taux de survie globale à 3ans était de 70% et la survie sans maladie de 62%.

Conclusion Cancer du sein chez la femme jeune se distingue dans notre contexte par un retard diagnostic, et des caractéristiques biologique plus agressive.

POSTER MP089

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Sarra, Bensallam

**RADIOTHÉRAPIE POST-OPÉATOIRE DES CANCERS LARYNGÉS:
EXPÉRIENCE DU SERVICE D'ONCO-RADIOTHÉRAPIE,
CHU MOHAMMED VI MARRAKECH**

Sarra, Bensallam*; Nezha, Oumghar; Abdel Hamid, El Omrani;
Mouna, Khouchani
Department Oncology CHU Mohammed VI, Morocco

Correspondance Sarra, Bensallam
Email: sarra-bensallam@hotmail.fr

Introduction Cancer du larynx est une localisation favorable de cancer ORL avec une fréquence d'envahissement ganglionnaire faible et un taux de contrôle local important pour les tumeurs localisées supraglottiques et glottiques. L'attitude thérapeutique actuelle tend à limiter les indications de la radiothérapie post-opératoire hors la présence de facteurs pronostiques péjoratifs.

Objectif Étude rétrospective effectuée dans le but de réévaluer les indications de la radiothérapie cervicale post-opératoire dans les carcinomes épidermoïdes laryngés.

Méthode Quarante patients ont été traité entre janvier 2013 et décembre 2014 par laryngectomie totale plus ou moins curage ganglionnaire. La chirurgie a été complétée par radiothérapie externe délivrant 45 à 65 Gy sur le lit tumoral et 45 à 50 Gy dans les aires ganglionnaires.

Résultats L'analyse a montré quatre situations à risque statistiquement significatif de rechute locorégionale: la nécessité d'une trachéotomie d'emblée pour compression, l'envahissement sous-glottique, l'envahissement des trois étages laryngés, la présence d'embolies lymphatiques. Aucune différence significative n'a été retrouvée entre les patients ayant eu un curage et ceux n'ayant pas eu de curage. Un second cancer a été observé chez un seul patient, situé dans la cavité buccale. Les complications tardives étaient représentées par une fibrose cervicale, une sténose œsophagienne, une radiomucite, une radiodermite, et une hypothyroïdie.

Conclusion La radiothérapie post-opératoire permet surtout dans les cancers localement évolués du larynx d'améliorer le taux de contrôle locorégional. L'identification des facteurs pronostiques de rechute permet de sélectionner un sous-groupe de patients à haut risque ou l'intensification thérapeutique pourrait améliorer les résultats.

POSTER MP090

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Seddik, Youssef

GASTRIC SIGNET RING CELL IN A MOROCCAN MEDICAL ONCOLOGY UNIT: A RETROSPECTIVE STUDY ABOUT 32 CASES

Seddik, Youssef*; Brahmi, Sami Aziz; Afqir, Said
Mohammed VI University Hospital, Morocco

Correspondence Seddik, Youssef
Email: seddiky2@gmail.com

Objective The gastric signet-ring cells carcinoma (GSRCC) are little or undifferentiated epithelial cancer, made up by cells isolated or clustered in small groups, dispersed in an intense fibrous or noted stroma-reaction within a classic gastric adenocarcinoma. The GSRCC are characterized by their poor prognosis, and by their capacity to infiltrate the gastric wall. The goal of our study is to evaluate the epidemiologic, clinicopathological, therapeutic and prognostic characteristics of the GSRCC in the Moroccan eastern region.

Method We report in this retrospective study, 32 cases of GSRCC collected at the Department of Medical Oncology, University Hospital Mohammed VI, Oujda-Morocco, from January 2007 to December 2011.

Results The GSRCC accounted for 27.8% of gastric cancers and 7,8% of digestive cancers. The average age at diagnosis of the patients was 52 years, 60% were female. The clinical symptoms were mainly epigastralgia (78%), vomiting (65%) and deterioration of Performans Status (85%). The tumors were mainly antro-pyloric (68.75%). Stage IV was the most represented (70%) and especially in metastatic situation from the start (65.6%) where the elective site of metastases was the peritoneum (50%). Among the 32 patients, 12 received a curative therapeutic strategy whether through an extended gastrectomy followed by a concomitant radio-chemotherapy (n=4), or an adjuvant chemotherapy (n=6). For the metastatic patients from the start, a palliative chemotherapy of 1st line containing ECF (n=16), ECX (n=5), Capecitabine alone (n= 7), EOX (n=1) CDDP- 5FU for 3 cases. Whereas 4 of our patients received supportive care alone considering the deterioration of their general state. The evolution was marked by the death of 13 cases; while 31.25% of our patients were out of sight and 9 patients are still alive.

Conclusion Our results are consistent with those of the literature concerning the epidemiological finding and diagnosis aspects.

POSTER MP092

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Seddik, Youssef

INCIDENCE OF CHEMOTHERAPY-INDUCED AMENORRHEA IN YOUNG WOMEN WITH EARLY BREAST CANCER: A RETROSPECTIVE STUDY ABOUT 104 CASES

Seddik, Youssef*; Brahmi, Sami Aziz; Afqir, Said
Mohammed VI University Hospital, Morocco

Correspondence Seddik, Youssef
Email: seddiky2@gmail.com

Objective Adjuvant chemotherapy prolongs survival in patients with breast cancer, but it also causes side effects such as ovarian-function suppression. The incidence of chemotherapy-induced amenorrhea (CIA) varies depending on the patients' age, dose and the type of chemotherapy that they receive. The goal of our study is to assess the incidence of chemotherapy-induced amenorrhea and the predictive factors for its installation.

Method In this retrospective study, we report a total of 104 cases of young women under 45 years old, who received chemotherapy for early breast cancer, collected at the Department of Medical Oncology – University Hospital Mohammed VI – Oujda, Morocco, from January 2009 to December 2011. Data collected included patient age, tumor stage, lymph node involvement, histological grade, hormonal receptor and HER2 status. Details of the therapy administered and menstrual history of each patient were also retrieved. We had to call patients to detail the characteristics of CIA. In our study, patient was considered to have a CIA if menses disappeared for at least six months from the first treatment cycle.

Results 74% of patients had chemotherapy induced amenorrhea, which was permanent in 35 patients (33.7%) and menses returned in 66, 3%. Women with age over 40 years were more likely to have amenorrhea than those with an age below 40 with a percentage of 95.7% vs 56.1% ($p < 0,05$). CIA was present in 58.9% of patients treated by anthracycline based regimen (AC60 or FEC100) and in 39% of patients treated by sequential chemotherapy (taxanes after AC60 or FEC100). This difference did not reach statistical significance ($p = 0.145$). No statistically significant difference in CIA's incidence was found in patients with hormone-sensitive tumors treated with tamoxifen: 77, 9% (Tam) vs 22, 1% (No Tam) ($p = 0,683$).

Conclusion In our study, age was found to be the main predictive factor for chemotherapy-induced amenorrhea.

WORK- SHOP

Masters

Cancer

Advocacy (1)

14:30–15:45

Wednesday

18 November
2015

Segal, Rich

EVALUATING YOUR ADVOCACY PROGRAMME

Segal, Rich

University of Florida, United States

Correspondence Segal, Rich

Email: segal@cop.ufl.edu

Advocacy defined as “a wide range of activities conducted to influence decision makers at various levels” requires careful and at least periodic evaluation to assist advocates in understanding their progress toward their goals. It further generates information that may be used to make adjustments in the pathway originally planned for reaching advocacy goals. Unlike policy analysis which looks at the results of policy or program evaluation which assess whether programs are successful, advocacy evaluation seeks to evaluate the influence of advocates rather than the results of that influence. This session examines the following steps associated with advocacy evaluation intended for use by the cancer advocates:

1. Evaluation purpose
2. Roles and responsibilities of funders, advocates, and evaluators
3. Describing the goals of the advocacy initiative and what are the outcomes along the path to the intended goals
4. What to measure
5. Methodology and data collection
6. Analysis
7. Reporting findings; and
8. Using what is learned to make adjustments in advocacy strategies.

Measuring the impact of advocacy strategies is challenging. The presentation will address these challenges.

POSTER P282

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Sekumade, Adebayo

HYSTERECTOMY IN GYNAECOLOGY AT THE LAGOS UNIVERSITY TEACHING HOSPITAL: A FIVE YEAR REVIEW

Sekumade, Adebayo*; Anorlu, Rose; Adefemi, Ayodeji; Okunade, Kehinde;
Okunowo, Yemi; Daramola, Ebun
Lagos University Teaching Hospital, Nigeria

Correspondence Sekumade, Adebayo
Email: sekumadeadebayo@gmail.com

Background Studies on trends in hysterectomy have shown an overall downward trend, however, the incidence of premalignant and malignant gynaecological diseases appear to be increasing in our environment.

Objective Determine the current indications, types and complications of gynaecological hysterectomies at Lagos University Teaching Hospital (LUTH).

Design A 5-year retrospective study of women managed at LUTH between January 1, 2008 and December 31, 2012 who had hysterectomies for gynaecological indications.

Method The clinical, surgical and histopathology records of women who had hysterectomy from 2008 to 2012 were retrieved and the data on sociodemographics, indications, and complications, were retrieved using a structured pro forma. Data analysis was done with Excel (version 2007). The results were presented as frequencies, means and figure.

Results Hysterectomy accounted for 181 (9.4%) of 1963 gynaecological surgical procedures. There was a 24% increase in the number of hysterectomy from 31 in 2008 to 41 in 2012. The most common indication was fibroids 74 (44.9%). Other common indications include ovarian tumour 34 (22.4%) and uterovaginal prolapse 19 (11.5%). There was increasing trend in the number of gynaecological malignancies from 18% to 30%. The overall mean age of patients was 49.9 ± 12.03 years while the mean age of the patients who were HIV infected was 31.3 ± 7.38 years. Post operative complications occurred in 84 (50.9%) of the patients with febrile morbidity being the commonest 30 (35%).

Conclusion There was an increase in the annual rate of hysterectomy. There was also an increase in the number of hysterectomy done for gynaecological malignancies. A wider scope of premalignant disease screening programs and overall health seeking behavior in the study population might be responsible for increasing trend of hysterectomy for gynaecological malignancies.

POSTER MP093

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Selmouni, Farida

EVALUATION OF THE IMPLEMENTATION OF THE NATIONAL CERVICAL CANCER SCREENING PROGRAM OF MOROCCO AT MEKNES-TAFILALET REGION

Selmouni, Farida*¹; Alvarez Plaza, Consuelo²; Zidouh, Ahmed³;
Chami Khazraji, Youssef³; El Rhazi, Karima⁴

¹Ministry of Health, Morocco; ²Complutense University of Madrid, Spain;

³Lalla Salma Foundation, Cancer Prevention and Treatment, Rabat, Morocco;

⁴Laboratory of Epidemiology, Clinical Research and Community Health,
Sidi Mohamed Ben Abdillah University, Morocco

Correspondence Selmouni, Farida | Email: faridaselmouni@gmail.com

Objective The cervical cancer screening based on Visual inspection with acetic acid testing was implemented progressively in Morocco in 2010-11 to reduce the morbidity and the mortality related to cervical cancer. The main objective of this study is to evaluate the implementation of this program in the Meknes-Tafilalet Region.

Method A combination of qualitative and quantitative methods was used. To collect data, we visited different primary health centers in the region, observed the providers performing VIA testing using a standard checklist, interviewed the service providers and the eligible women, and held discussions with the program managers. The women's records and the program register data from 2011 to 2013 were reviewed.

Results The coverage of the target population was very low (6%), the loss of screened positive women after referral was noted (30%), and the Loop Electrosurgical Excision Procedure was only infrequently used to treat the precancerous lesions (18,4%). No strategy for internal monitoring and quality assurance was built into the program and there were no mass campaigns to advertise the availability of the program. There was low coordination between the facilities and little staff involvement in proactive recruitment of the women. Regarding the performance of providers, 85% of the providers counselled VIA negative women and 79% of them advised VIA positive women appropriately. The target population had a favorable attitude toward the VIA testing program and appreciated well the care provided.

Conclusion This evaluation highlights the considerable challenges that need to be addressed to successfully extend the national screening program.

WORK- SHOP

Free
Communication
of Abstracts 8
11:00–12:00
Sunday
22 November
2015

Semeere, Aggrey

MORTALITY AFTER DIAGNOSIS OF KAPOSI'S SARCOMA AMONG HIV- INFECTED ADULTS IN EAST AFRICA IN THE ERA OF ANTIRETROVIRAL THERAPY

Semeere, Aggrey*¹; Freeman, Esther²; Busakhala, Naftali³; Asirwa, Chite⁴; Mwebesa, Bosco⁵; Martin, Jeffrey⁶

¹Infectious Diseases Institute, Makerere Univ. College of Health Sciences, Uganda; ²Massachusetts General Hospital, Harvard Medical School, USA;

³Academic Model providing Access to Healthcare (AMPATH), Moi Univ. Teaching and Referral Hospital, Kenya; ⁴Indiana Univ. USA; ⁵Mbarara Univ. of Science and Technology, Uganda; ⁶Univ. of California, USA

Correspondence Semeere, Aggrey | Email: asemeere@gmail.com

Objective In sub-Saharan Africa, Kaposi's sarcoma (KS) is not only among the most common malignancies in HIV-infected persons, it is – because of high HIV prevalence in the region – among the commonest cancers at the population level. Prior to the availability of antiretroviral therapy (ART), survival after HIV-related KS in Africa was poor (60–70% 1-year mortality). As ART is now available, it is important to understand contemporary survival of KS, but research has been hindered by frequent disappearance of patients with KS from care with subsequent unknown disposition, a phenomenon known as loss to follow-up (LTFU).

Method We identified all HIV-infected adults diagnosed with KS at two large primary care clinics in Uganda and Kenya from 2009–2012. We compared mortality after KS diagnosis to HIV-infected patients with either: a) tuberculosis or cryptococcosis (“Serious Opportunistic Infections (OI)”); or b) those meeting eligibility for ART by CD4 count alone (“CD4 group”). We accounted for LTFU by tracking the lost in the community.

Results We studied 839 patients with KS, 3797 with Serious OI, and 11,516 in the CD4 group. Of those with KS, 38% became LTFU compared to 32% of the Serious OI and 22% of the CD4 groups. We tracked 750 LTFU patients and updated vital status in 93%. Using updated vital status of those LTFU, “corrected” mortality among those with KS was 46% at 1 year and 54% at 3 years. After adjusting for age, sex, hemoglobin, and CD4 count, KS was associated with much higher mortality than Serious OI (hazard ratio 4.2; $p < 0.001$) or becoming ART eligible by CD4 count (hazard ratio 3.5; $p < 0.001$).

Conclusion Despite growing ART availability, mortality after KS in East Africa is still high in absolute terms and substantially higher than in other HIV-infected patients. This suggests the need for more complete ART access and more effective interventions beyond ART for persons with KS.

POSTER MP094

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Senhaji, Nadia

ASPECTS MOLECULAIRES DES TUMEURS GLIALES

Senhaji, Nadia^{*1}; Louati, Sara¹; El Bardai, Sanae²; Chbani, Laila²; Bennis, Sanae³

¹Laboratoire des Molécules Bioactives: Structure et Fonctions, Morocco;

²Laboratoire de Recherche Biomédicales et Translationnelles, Centre Hospitalier Universitaire Hassan II de Fès, Morocco; ³Laboratoire de Biologie Moléculaire et Cellulaire. Faculté de Médecine et de Pharmacie de Fès., Morocco

Correspondance Senhaji, Nadia

Email: senhajinadia85@yahoo.fr

Objectif Le diagnostic des tumeurs gliales repose sur un ensemble de critères hétérogènes. L'intégration de données moléculaires est donc primordiale pour une meilleure classification des gliomes et une meilleure prise en charge thérapeutique des patients. Le but de cette étude est d'évaluer la présence et la fréquence de certains biomarqueurs génétiques dans les gliomes.

Matériel et méthode Il s'agit d'une étude rétrospective sur une période de 5 ans entre Janvier 2010 et Décembre 2014. 132 tumeurs gliales ont été incluses dans cette étude. L'immunohistochimie a été réalisée en utilisant un panel d'anticorps (Ki67, P53, Olig2, INA, anti R132H IDH1...) à visée diagnostique ou comme marqueur de substitution d'altérations moléculaires connues. L'ADN a été extrait pour analyses moléculaires. L'identification des amplifications des gènes EGFR et MDM2 a été réalisée à l'aide des techniques de Q-PCR, alors que les mutations IDH ont été révélées par les techniques de séquençage classique. L'identification de la mutation V600E du gène BRAF dans les astrocytomes pilocytiques est en cours de réalisation.

Résultats 132 patients ont été recensés et répartis selon les critères de l'OMS 2007. L'âge médian est de 37ans avec des extrêmes allant de 2 et 90 ans. 57% des patients sont de sexe masculin et 43% de sexe féminin. 46.5% des tumeurs gliales sont des glioblastomes. Nous avons identifié la mutation IDH1 dans 45 cas tandis que la mutation IDH2 n'a été détectée que dans un seul cas d'oligodendrogliome anaplasique. La détection de l'amplification des gènes EGFR / MDM2 réalisée avec des techniques de Q-PCR est toujours en cours avec la mise en évidence de 7 cas d'amplifications jusqu'à présent.

Conclusion L'identification d'altérations moléculaires clés dans les gliomes a permis d'améliorer d'une part la classification actuelle des gliomes et réduire ses défauts majeurs de reproductibilité et d'autre part améliorer la prise en charge médicale des patients.

POSTER P283

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Sharma, Vinay

IMPACT OF MOUTH WASH ON RADIATION INDUCED ORAL MUCOSITIS AND QUALITY OF LIFE IN HEAD AND NECK CANCER

Sharma, Vinay*; Ndlovu, Nozisiwe; Patel, Mrudula; Owen, C
University of Witwatersrand, South Africa

Correspondence Sharma, Vinay
Email: vinay.sharma@wits.ac.za

Introduction Oral mucositis is a significant problem for cancer patients and is seen in 85–100% patients receiving radical chemo-radiation for head and neck cancers. It is associated with pain and treatment interruptions. Mouth rinses containing either antimicrobial or anti-inflammatory compounds are used to minimize oral mucositis.

Objective To compare the effect of 2 mouth washes on the mucositis of patients receiving chemoradiation for the treatment of head and neck cancers.

Material and method Forty-six patients accepted for radical curative chemoradiation therapy protocol gave consent for the study. They all received 66–70Gy in 33–35 daily fractions. They were randomly assigned to receive one of the mouth washes which was to be taken 4 times daily throughout the treatment. They had intra oral examination, photographs. Saliva collection once a week.

Results The mucositis was significantly lower with experimental mouth wash (B) as compared to the standard mouth wash (A) on the tongue at week 3 ($p=0.023$), week 4 ($p=0.00$) and week 5 ($p=0.00$). No significant difference was found in quality of life between 2 mouth washes.

Conclusion The experimental mouth wash (B) was significantly better in reducing mucositis as compared to mouth wash A.

POSTER MP095

Moroccan
Poster Room
Friday–Sunday
20–22
November
2015

Siham, Abdelaoui

**INSTAURATION DE LA CONSULTATION INFIRMIERE AU CENTRE
DE RADIOTHERAPIE ONCOLOGIE DE L' HOPITAL UNIVERSITAIRE
IBN ROCHD**

Siham, Abdelaoui*; Abdellatif, Benider
Centre Mohamed VI Pour le Traitement des Cancers, Morocco

Correspondance Siham, Abdelaoui
Email: abdellaoui.siham@yahoo.fr

Le cancer au Maroc représente un problème de santé public. La lutte contre le cancer est un enjeu majeur pour l'Association Lalla Salma et le Ministère de la santé publique. Le patient cancéreux n'est pas uniquement un être à soigner mais une personne nécessitant une prise en charge holistique. Des lacunes et des contraintes importantes ont été constatées lors de la prise en charge de ces personnes au niveau de notre centre. Cela est dû au recrutement important des patients au niveau du centre et au temps court de la consultation d'annonce du diagnostic. Un entretien semis structuré avec 40 patientes a révélé une insuffisance d'information, d'écoute, d'accompagnement et d'orientation. Par conséquent les patients sont livrés à eux-mêmes après l'annonce du diagnostic. Certains abandonnent le traitement, envisagent la médecine traditionnelle et reviennent consulter quand leur cancer est plus avancé.

Un stage effectuée au centre hospitalier Universitaire Vaudois de Lausanne en Suisse m'a permis de participer à des réunions d'instauration de la consultation infirmière. Encouragée par mon chef de service, j'ai décidé de mettre en expérience ce projet d'innovation au Maroc. J'ai commencé par l'expérimenter pour une durée de trois mois pour les patientes atteintes du cancer du sein.

Résultats De cette étude ont confirmé la nécessité d'une prise en charge holistique et des soins de qualité axés sur la satisfaction, le soutien du patient et de son entourage. La consultation infirmière s'inscrit dans la continuité des soins pour s'intéresser à la qualité de vie des personnes

POSTER P130

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Simbiri, Kenneth

DETECTION OF MULTIPLE ONCOGENIC VIRUSES IN ANAL CANCER PATIENTS SEEN IN A METROPOLITAN HOSPITAL

Simbiri, Kenneth
Upstate Medical University, United States

Correspondence Simbiri, Kenneth
Email: simbirik@upstate.edu

Objective It has been reported that greater than 15% of human cancers are currently associated with viruses that are major contributors to disease. The oncogenic viruses have very different genomes, life cycles, and represent a number of virus families. Virus infection also is generally not sufficient for cancer initiation, and additional epigenetic events and host factors, such as immunosuppression, somatic mutations, and genetic predisposition may play a role. In sub-Saharan Africa and most of the developing countries viral associated cancers have increased in incidence in HIV infected patients. Oncoviruses such as HPV, KSHV, and EBV have been reported in patients with HIV/AIDS. How oncovirus-associated cancers rise in AIDS patients is not fully established. We highlight anal cancer samples that were screened for some known oncoviruses in HIV/AIDS patients. The objective of this study was to identify the oncogenic herpesviruses in anal cancer tissues from patients from Pennsylvania Hospital, Philadelphia, USA showing that oncogenic viruses may be involved in the pathogenesis of the cancer, and that the viruses are similar to the ones we have identified in other cancers from sub-Saharan Africa.

Method Tissues were obtained from 9 anal cancer patients. DNA was extracted from the tissues and used in PCR assays to identify the oncoviruses. Immunohistochemical assays were performed on slides using specific antibodies.

Results Using PCR we detected HPV-16, HPV-45, HPV-31, HPV-33, EBV and KSHV which were statistically significantly different,. Using immunohistochemistry, the samples were statistically significantly different in HPV-16 E6, HPV-16 E7, EBV, and KSHV.

Conclusion The findings show that oncogenic papilloma and herpesviruses are present in anal cancer tissues. Their role in contributing to the cancer may have implications for long-term pathogenesis.

POSTER P131

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Simbiri, Kenneth

GENETIC VARIATION OF EPSTEIN: BARR VIRUS IN LYMPHOBLASTOID CELL LINES DERIVED FROM CHILDREN IN A KENYAN CLINIC

Simbiri, Kenneth
Upstate Medical University, United States

Correspondence Simbiri, Kenneth
Email: simbirik@upstate.org

Objective Epstein-Barr virus (EBV) is a ubiquitous human gammaherpesvirus that infects more than 95% of the human population and has been associated with malignant diseases such as Burkitt's lymphoma (BL), nasopharyngeal carcinoma (NPC), Hodgkin's disease, B and T-cell lymphomas, and nonmalignant diseases such as infectious mononucleosis. In regions of sub-Saharan Africa where endemic BL is common, both the EBV Type 1 (EBV-1) and EBV Type 2 strains (EBV-2) are found. Little is known about genetic variation of EBV strains in areas of sub-Saharan Africa and their contribution to the lymphoma. Our objective in this study was to determine the genetic variation in EBV genomes based on alignment to the two EBV strains, EBV-1 and EBV-2, and to assess genetic differences that may be significant to EBV pathogenesis.

Method In the present study, spontaneous lymphoblastoid cell lines (LCLs) were generated from samples obtained from Kenyan children. Polymerase chain reaction (PCR) amplification of the EBV genome was done using multiple primers and sequenced by next-generation sequencing (NGS).

Results Phylogenetic analyses against the published EBV-1 and EBV-2 strains indicated that one sample, LCL10 was closely related to EBV-2, while the remaining 3 LCL samples were more closely related to EBV-1. Moreover, single nucleotide polymorphism (SNP) analyses showed clustering of LCL variants. We further show by analysis of EBNA-1, BLLF1, BPLF1, and BRRF2 that latent genes are less conserved than lytic genes in these LCLs from a single geographic region.

Conclusion In this study we have shown that NGS is highly useful for deciphering detailed inter and intra-variations in EBV genomes and that within a geographic region different EBV genetic variations can co-exist, the implications of which warrant further investigation. The findings will enhance our understanding of potential pathogenic variants critical to the development and maintenance of EBV-associated malignancies

WORK- SHOP

Radiation and Chemotherapy

(1)

14:30–15:45

Friday

20 November
2015

Simonds, Hannah

ONLINE TOOLS TO ADD DECISION-MAKING IN CHEMOTHERAPY

Simonds, Hannah

Stellenbosch University/Tygerberg Hospital, South Africa

Correspondence Simonds, Hannah

Email: hsimonds@sun.ac.za

Introduction Clinical staging has long been the guide for oncologists to offer advice to patients regarding adjuvant chemotherapy treatment. However, with the advent of increasingly complex pathological staging new factors come into play in this decision-making pathway.

Discussion Many online tools are now available to aid decision-making by using either sparse information or the more detailed molecular make-up of individual tumours. The information is often presented in a graphical report. This allows for both a reassured doctor and patient when the final decision is made. Details and the use of different online tools will be discussed.

WORK- SHOP

Masters Cancer

Advocacy (3)

09:00–10:30

Thursday

19 November
2015

Simons, Virgil

FUNDRAISING ADVOCACY: THOUGHTS ON SUSTAINABLE HEALTHCARE IN A PATIENT CENTRIC SOCIETY

Simons, Virgil
The Prostate Net, United States

Correspondence Simons, Virgil
Email: virgil@prostatenet.org

The concept of greater patient involvement is driving much of the conversation relative to how healthcare is understood and how access to that care is delivered. True sustainable patient-centered care must begin before care is necessary. The concept of “sustainability” immediately questions “What are we sustaining?” The argument can be made that we consume health entitlements through social security programs through government funded education, research and treatment initiatives. But do these activities devolve from the patient needs analysis or from the establishment’s (pharma, healthcare systems, etc. interpretation of, and provisions for, it. The United States IOM (Institute of Medicine) defines patient-centered care as: “Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.” Given that non-consumer stakeholders (medical centers, pharmaceutical manufacturers, public health agencies, healthcare professionals) often don’t know what matters most to patients regarding care. Truly patient-centered cannot be achieved without active, and on-going, patient engagement at every level of care design and implementation. Consumers must engage with the legislative and health establishment to set priorities for government expenditures on preventive education and intervention, research funding priorities, restructuring of government payments for therapeutic care, prioritizing pharmaceutical drug development, and creating healthier environments. We see much of this new mandate for engagement in the inclusion of patient advocates as part of research advisory panels, institutional review boards (IRBs), industry and advocate collaborative groups, community oversight councils and the like. Yet, despite outward manifestations of support, there continues a belief that patients are something to be dealt with as revenue sources, markets to be exploited and not as partners.

WORK- SHOP

Cancer Registration

11:00–13:00

Thursday

19 November

2015

Singh, Elvira

CANCER REGISTRATION IN AFRICA 2015

Singh, Elvira^{*1}; Parkin, Donald Maxwell²

¹National Health Laboratory Service, South Africa; ²AFCRN & University of Oxford, United Kingdom

Correspondence Singh, Elvira

Email: elvira.singh@nioh.nhls.ac.za

Background Cancer is not rare in Africa. The importance of cancer as a health problem underlines the need for systematic cancer control programmes maximising scarce resources. Cancer registry data are essential components in planning and monitoring of such programmes.

Method All of the functioning Population Based Cancer Registries (PBCR) in sub Saharan Africa (SSA) collaborate within the African Cancer Registry Network (AFCRN). AFCRN aims to improve the effectiveness of cancer surveillance by providing consultations and technical support to remedy identified barriers, with long-term goals of strengthening health systems. AFCRN is a partner of IARC, within the framework of its Global Initiative for Cancer Registry Development (GICR), to provide the activities of a “Regional Hub” in SSA.

Results AFCRN, now in its fourth year, has 26 members in 20 countries. An AFCRN database has been used to construct national estimates of cancer incidence, mortality and prevalence as Globocan2012. The results will also be published as “Cancer in Africa” in 2015. Technical and scientific support is provided through visits of expert consultants. Tailored courses have trained more than 70 registry staff from 28 countries. Collaborative research projects have focused on cancer survival, oesophageal and breast cancer. Registry results were published in journals and as registry reports using the standard AFCRN template. AFCRN collaborated with UICC and IARC to:

- a) produce guidelines for establishing and maintaining PBCR (UICC booklet, IARC technical report);
- b) remit basic staging of Essential TNM codes.

A PBCR standard procedure manual was also produced.

Conclusion The AFCRN has made enormous contributions in improving the quality of the data from the PBCR. The need for quality data for cancer control has been gradually recognized by policy makers. Acting as a platform, the Network enhanced the relationship among and opened many more research collaboration opportunities for PBCR in SSA.

WORK- SHOP

Free
Communication
of Abstracts 1
11:00–13:00
Friday
20 November
2015

Singh, Elvira

A REVIEW OF HOT DECK IMPUTATION FOR SURVEY NON-RESPONSE: THE EXAMPLE OF POPULATION GROUP IN THE NATIONAL CANCER REGISTRY DATABASE

Singh, Elvira*¹; Greyling, Mike²

¹National Health Laboratory Service, South Africa; ²University of Witwatersrand, South Africa

Correspondence Singh, Elvira

Email: elvira.singh@nioh.nhls.ac.za

Introduction The South African National Cancer Registry (NCR) calculates pathology based cancer incidence from private and public health care laboratories. A large percentage of cancer cases are missing population group. A hot-deck imputation method was developed to impute population group, using surnames. This study aims to review this imputation method.

Method The NCR dataset for 1986 to 2008 was studied. To examine the predictive value of the hot-deck imputation model, a cross tabulation of predicted and actual values was generated. To control for over fitting, the same analysis was performed using a “hold-out” sample. Longitudinal analysis examined how missing data related to non-missing data to establish bias. Finally the study examined key assumptions of the imputation process, notably the “missing at random” assumption.

Results Cross-tabulation indicated 94% of cases were correctly classified. In the hold out analysis, this dropped to 90%. Longitudinal analysis showed no substantial change in the miss-classification rate over the years, but the proportion of missing data increased substantially. The percentage of missing race values which could not be classified by the algorithm was initially 25% but stabilised at 7% after 1998. The “missing at random” assumption is difficult to test. The significant concern is raised whether population group itself is predictive of missing status. The strong relationship between surname and population group, as evidenced by the results, mitigates against this concern.

Conclusion Although there is an increased proportion of missing data over the years, the percentage of correctly classified individuals remains high across the sample. The classification rate could be improved by adding first names and residence to the hot deck process, and by using fuzzy matching to map surnames not currently in the database. Overall, the imputation model appears to be performing well and providing consistent data.

WORK- SHOP

Free Communication of Abstracts 2

11:00–13:00

Friday

20 November
2015

Sissolak, Gerhard

TREATMENT OUTCOMES IN CML PATIENTS TREATED WITH TYROSINE KINASE INHIBITORS AT A TERTIARY TEACHING HOSPITAL IN SOUTH AFRICA

Sissolak, Gerhard
University of Stellenbosch, South Africa

Correspondence Sissolak, Gerhard
Email: sissolak1@telkomsa.net

Treatment with tyrosine kinase inhibitors (TKI) has become the standard therapy for chronic myeloid leukemia (CML). In a retrospective analysis 58 newly diagnosed untreated adult CML patients in chronic phase (CML-CP) were treated with TKI at a tertiary teaching hospital in Cape Town, South Africa between 2003 and 2012. Twenty four percent were of caucasian, 21% of black African and 55% of mixed ancestry. Median follow-up was 60.5 months. Overall survival (OS) at 60 and 96 months was 92.9% and 83.6%, respectively. Progression Free Survival (PFS) at 60 and 96 months was 79.98% and 68.4%, respectively. Progression from CP to BP at 60 months showed a significant higher mortality ($p = 0.0002$) but this was not the case in those developing AP ($p = 0.1456$). There was no differences in OS between patients (7) who achieved CCR at 12 months ($p = 0.28$) or those (7) who achieved MMR at 18 months ($p = 0.268$). At 2 years, 94.8% of patients had achieved complete hematological response (CHR), 62.3% complete cytogenetic response (CCR) and 34.1% major molecular response (MMR). At 8 years this was 100%, 87.3% and 73.9%, respectively. There was a highly significant difference in OS between patients having BCR-ABL1 kinase domain (KD) mutations compared to those without ($p < 0.001$). Patients without a mutation lived beyond 96 months. Survival probability of those with mutations was 47.5% at 96 months. Despite the delays in achieving the target responses defined by loss of CCR, MMR or disease progression the systematic management and use of IM as first line treatment can still result in an overall good treatment outcome comparable to published results from European or American treatment centres. Overall success could be even higher by studying patient's adherence or having uninterrupted access to salvage options such as second generation or new TKI in future.

LUNCH SESSION

Implementation

Science

13:15–14:15

Saturday

21 November

2015

Sivaram, Sudha

DISSEMINATION AND IMPLEMENTATION RESEARCH FOR CANCER CONTROL: ADDRESSING DISPARITIES IN LOW AND MIDDLE- INCOME COUNTRIES

Sivaram, Sudha^{*1}; McCree, Renicha²; Vinson, Cynthia²

¹Center for Global Health, US National Cancer Institute, United States;

²National Cancer Institute, US National Institutes of Health, United States

Correspondence Sivaram, Sudha

Email: sudha.sivaram@nih.gov

The following questions often emerge in a discussion about cancer control: Why is there a disparity in cancer prevalence between high income and low-income countries? Why do some countries succeed in delivering vaccines as part of expanded program of immunization (EPI), or even launch national HIV control programs even as they struggle to address cancer? What lessons can we learn from public health success stories in other diseases in order to inform cancer control?

This session will address some of these questions while offering a broad framework of dissemination and implementation (D&I) research. D&I research focuses on methods and strategies that help bring evidence from cancer research to public health practice. It considers various levels of influence – individual, social and structural – as evidence is translated and also focuses on understanding process and outcomes of implementing programs. We will examine a few examples and cases of disseminating and implementing research in cancer control and other disease areas. We will also discuss how D&I research can be utilized to strengthen cancer control programs.

WORK- SHOP

Curable Cervical Cancer in Africa

09:00–10:30

Wednesday

18 November
2015

Snyman, Leon Cornelius

METHOD, LIMITATIONS AND INDICATIONS OF SENTINEL LYMPH NODE DISSECTION

Snyman, Leon Cornelius
University of Pretoria, South Africa

Correspondence Snyman, Leon Cornelius
Email: leon.snyman@up.ac.za

The surgical treatment for early stage cervical cancer is radical hysterectomy, pelvic lymph adenectomy with or without para-aortic lymph adenectomy. This procedure can be performed through open surgery or laparoscopically. In women with stage IB1 disease, up to 85% will not have metastatic disease in the pelvic lymph nodes, and this group of women will not benefit from pelvic lymph adenectomy with its associated morbidity. The concept of sentinel lymph nodes is well established in breast cancer and early stage vulva cancer. In recent years, data has become available on sentinel nodes in endometrial and cervical cancer. The sentinel lymph node algorithm has been described and this is an option that can be used in the individualised tailored treatment for selected women treated surgically for cervical cancer. In this presentation the indications, the method and the limitations of sentinel lymph nodes in operable cervical cancer will be discussed and demonstrated. The sentinel lymph node algorithm will also be discussed and the published data around sentinel lymph nodes in cervical cancer will be reviewed. The different ways of detecting sentinel nodes will also be described and discussed.

POSTER P132

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Soko, Udie

BREAKING THE SILENCE ON CANCER IN ZAMBIA THROUGH THE SPREADING OF PERSONAL STORIES

Soko, Udie*; Banda-Aaku, Ellen
Zambian Cancer Society, Zambia

Correspondence Soko, Udie
Email: zambiancancersociety@gmail.com

Objective The aim of compiling personal stories into a book is to encourage and give hope to people affected by cancer, to raise awareness about the disease as a major health issue and to inspire concerted action.

Method Through various methods including social media, email, print and word of mouth, a call for stories was sent out worldwide to Zambian adults affected by cancer either as a patient, survivor, caregiver or medical personnel. 23 contributors eventually shared their stories. Each contributor was interviewed privately in English or vernacular by author Ellen Banda-Aaku either face-to-face or via Skype. Every contributor approved their story prior to printing. There was no financial inducement but each contributor was entitled to a free copy of the book when published. The book, titled *Nthano Zathu: Breaking The Silence On Cancer In Zambia* was published in 2015.

Results A common thread running through the stories is the statement by the contributors that a major challenge they faced was the lack of cancer counselling services. In response, the Zambian Cancer Society has developed Zambia's first psycho-social cancer counselling curriculum which has been approved by the Ministry of Health.

Conclusion That most of the stories in the book are about cervical cancer is perhaps not surprising as Zambia has one of the world's highest rates of cervical cancer. However, the high incidence can also be attributed to the fact that countrywide cervical cancer screening and cancer awareness programmes are producing positive results and so more people are coming forward for screening and treatment. In the process of producing the book, it became apparent that men were less likely to talk about their fight with cancer than women. A fact reflected in the reality that only three men came forward to share their cancer stories.

POSTER P284

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Somdyala, Nontuthuzelo

A STUDY TO DESCRIBE TREATMENT MODALITIES OFFERED IN AN ONCOLOGY PUBLIC HOSPITAL IN SOUTH AFRICA

Somdyala, Nontuthuzelo*¹; Bradshaw, Debbie¹; Gwebushe, Nomonde¹; Lombard, Carl¹; Pokharel, Bishnu²

¹South African Medical Research Council, South Africa; ²Frere Hospital Oncology Radiation Unit, South Africa

Correspondence Somdyala, Nontuthuzelo

Email: ntuthu.somdyala@mrc.ac.za

Objective The aim of the study is to describe the treatment for breast and cervix cancers received in a public hospital with oncology services during the first year of disease diagnosis. Specific objectives of this study are to generate information for each patient included in the study on number of visits, treatment provided, compliance to treatment and local or metastatic recurrences during the first year of treatment, and the treatment fall-out rate. Furthermore, information on supportive care received by these patients will be checked.

Method A retrospective review of treatment records for all patients included in the study was done. Other supportive care information that includes psychological, social and spiritual care was checked using records of social worker from Cancer Association of South Africa.

Preliminary results A total of 429 breast cancer patients and 403 cervix cancer patients were identified and data were obtained from 87% and 100%, respectively. First line option treatment offered to majority breast cancers was surgery (59.7%); 13% did not qualify for surgery as the disease was too advanced to operate, and the remaining 40.3% were either offered chemotherapy or radiotherapy or both or palliation. For cervix cancer patients; radiotherapy was mainly offered as first line treatment (83.8%) and only 16.2% underwent surgery. Other important findings identified were treatment default by patients; 43.1% (breast cancer) and 61.3% (cervix cancer). Notably, only 41% from the total patients received supportive care in the form of counselling.

Conclusion These results describe treatment modalities offered in this population and further highlight challenges experienced while treating these patients. To a shocking disease such as cancer; documented supportive care is worrisome.

POSTER P134

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Soneye, Mayowa

CLINICAL BREAST EXAMINATION FINDINGS IN FEMALES IN A LOCAL GOVERNMENT IN IBADAN SOUTHWEST NIGERIA

Soneye, Mayowa*; Obajimi, Millicent; Adeniji-Sofoluwe, Adenike
University College Hospital Ibadan, Nigeria

Correspondence

Email: mayowa.soneye@gmail.com

Objective Clinical breast examination is an important component of the three pronged approach to the early detection of breast diseases. The aim of this study was to determine how findings of clinical breast examination help in detection of breast diseases in a rural community

Method This is a prospective- descriptive and community based study that was carried out among 786 rural based women in December 2013 at the Akinyele local government headquarters in Moniya on the outskirts of Ibadan southwest Nigeria. The medical officer of health and the community leaders were approached for ease of entry into the community and for full cooperation of the participants. Seven hundred and eighty six women (786) were recruited into the study after obtaining informed consent, they all underwent clinical breast examination which was done by resident doctors and members of Ibadan multidisciplinary breast tumour board. Socio demographic factors like age, weight, height, body mass index and blood pressure were also documented. The data was analysed using SPSS analytical package

Results A total of 786 women were recruited in the study and their age ranged between 14–92 years (mean 42.49 ± 14.16). The mean height and weight of the participants was $1.60\text{m} \pm 0.55$ and $64\text{ kg} \pm 13.93$ respectively. The clinical breast examination was found to be normal in 82% (640/786) of the females and 18% (146/786) had abnormalities ranging from skin changes, lumps, nipple discharge and axillary lymphadenopathy. Twenty-six percent (37/146) of these abnormalities were found to in the 31–40 age brackets (4% of the total study population). Body mass index was found to be abnormal in 28% of the females (obese – 8%, overweight – 20%).

Conclusion Clinical breast examination was found to be positive in 1 out of 5 patients however its sensitivity can be explored by combining it with ultrasound and mammography in a follow up study.

POSTER P285

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Sopannahalli Narasimhamurthy, Mohan

IMMUNOHISTOCHEMICAL PROFILE OF BREAST CANCER PATIENTS IN BOTSWANA

Sopannahalli Narasimhamurthy, Mohan^{*1}; Kayembe, M²; Ambarishan, Menaka³; Mathew, Tanko¹; Igentious, M³

¹University of Botswana, Botswana; ²National Health Laboratory, PMH, Botswana; ³Diagnofirm Medical Laboratories, Botswana

Correspondence Sopannahalli Narasimhamurthy, Mohan
Email: mohansn@yahoo.com

Objective To evaluate the estrogen receptor (ER), progesterone receptor (PR) and Her-2 /neu expression in invasive breast carcinomas by immunohistochemistry and 2) to compare the pattern of expression with clinico-pathological parameters like patient's age, tumor size, histological type and grade and lymph node metastasis.

Method This is a retrospective study of 171 female invasive breast carcinomas diagnosed in the Department of Histopathology, Princess Marina Hospital, Bokamoso Hospital and Diagnofirm medical laboratories from January 2010 to decemeber 2014. 111 patients had hormone receptors study results.

Results The age of the patients ranged from 28 to 87 years, with a mean of 55.8, and the majority of the tumors were T2 (83.8% in range of 2–5 cms), predominantly histological grade 2 (57.3%), followed by grade 3 (33.3%). ER, PR and Her-2/neu expression was seen in 74.8, 58.5 and 21.6% of cases respectively. Triple-negative breast cancers constituted 17% of our cases. We also found characteristic associations between hormonal receptor and Her-2/ neu expression and various clinico-pathological parameters.

Conclusion The hormonal receptor expression appears to be similar in the Botswanian population compared to the West. A significant proportion of tumors in our study with Her2/neu over expression also showed ER and PR positivity. Triple-negative breast tumors were most commonly grade 3, in women aged more than 50 years.

EARLY ROUND TABLES

Radiotherapy

07:15–08:20

Friday

20 November

2015

Souha, Sahraoui

PAEDIATRIC RADIATION THERAPY IN MOROCCO

Souha, Sahraoui

Centre Mohammed VI Traitement des Cancers, Morocco

Correspondence Souha, Sahraoui

Email: sahraouisouha@gmail.com

In Morocco, through the finding of the Casablanca population-based registry, all cancers are estimated at 35 000 new cases per year and 3.2% are aged less or equal 20 years. In our centre, we treat patient from Casablanca region and the half south of Morocco and we treated children and adults in the same unit. During ten years (2004–2014), we've irradiated 5 510 children that represented 4% of all patients. The most frequent tumour were the CNS tumours (20%) followed by lymphoma (20%) specially Hodgkin disease in 75% of all lymphoma. The bone sarcoma was noted in 17.9% and the carcinoma and the epithelial tumours were 16%. We needed anaesthesia for the simulation and the treatment (for all the sessions) in 1% of all cases. We started using conformational radiation therapy since 2008. The locally stages were noted in 75% correlated with the delay of diagnosis. All children were treated by the 2 linear accelerators during all the day especially during the morning. The median time to start radiation was more than 1 month in 68% and 12% more than 3 months. We used the SIOP recommendations and all cases were discussed during the multidisciplinary paediatric oncology committee of the hospital. More time was necessary for the treatment planification since the CT simulation, dosimetry and given radiation. To improve our results, we'll have to reduce the delay of diagnosis, identify a staff with radiotherapist, dosimeters, technicians and an unit to treat this population who is special.

POSTER MP096

**Moroccan
Poster Room
Friday–Sunday
20–22
November
2015**

Souho, Tiatou

DISTRIBUTION OF CERVICAL CARCINOGENIC HUMAN PAPILLOMAVIRUS GENOTYPES IN FEZ REGION OF MOROCCO

Souho, Tiatou*¹; El Fatemi, Hind²; Karim, Safae³; Benlemlih, Mohamed³; Bennani, Bahia⁴

¹Laboratoire de Microbiologie et de Biologie Moléculaire, Faculté de Médecine et de Pharmacie de Fès (FMPF), Morocco; ²Laboratoire Central d'Analyse Médicale, CHU Hassan II, Morocco; ³Laboratoire de Biotechnologies, Faculté des Sciences Dhar el Mahraz, Université Sidi Mohamed Ben Abdellah, Morocco; ⁴Micro-Organismes, Génomique et Facteurs Oncogènes, Laboratoire de Pathologie Humaine, Biomédecine et Environnement, FMPF, Morocco

Correspondence Souho, Tiatou | Email: souhotia@yahoo.fr

Objective Persistent infections by high-risk human papillomavirus (HPV) are responsible for cellular lesions that can evolve to invasive cervical cancer. More epidemiological data on HPV infections are required to elaborate HPV vaccination programs in Morocco. The aim of this study was to determine the distribution of HPV genotypes among women in the region of Fez (Morocco).

Method This study was approved by the ethics committee of Hassan II University Hospital of Fez. Cervical samples were collected from consenting women attending the University Hospital of Fez. The DNA from these samples was extracted and subjected to HPV detection using GP5+/GP6+ and MY11/MY09 primers. HPV positive samples were then subjected to HPV genotyping using a newly developed method. The method is based on multiplex PCR with fluorescently labeled type-specific primers and fragment analysis. It allows the specific identification of sixteen genotypes (HPV 16, 18, 31, 33, 35, 39, 45, 51, 52, 53, 56, 58, 59, 68, 73 and 82).

Results A total of 633 cervical samples were collected from women coming from Fez and its neighborhood. They were aged 20 to 85 years old with a mean age of 46.5 (\pm 10.8) years. HPV DNA detection was performed for all samples. The rate of HPV infections in the studied population was 43.1%. Most of infections were linked to low-risk HPV types. However, the most prevalent high-risk types identified were HPV 53, 16, 35, 51 and 56.

Conclusion HPV is an important public health concern in the Moroccan population because of its high prevalence. The distribution of carcinogenic types in the studied population is particular. Investigations on a higher population sample are recommended but the results in this preliminary study already show that future cervical cancer prevention programs in Morocco should pay more attention to HPV 35, 53 and 56.

POSTER P135

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Stanley, Christopher

PREDICTORS OF ONE YEAR SURVIVAL AMONG CHOP-TREATED CHILDREN WITH ENDEMIC BURKITT LYMPHOMA IN LILONGWE, MALAWI

Stanley, Christopher^{*1}; Heimlich, Brett¹; Mtete, Idah²; Butia, Mercy²; El-Mallawany, Nader³; Gopal, Satish⁴

¹UNC Project–Malawi, Malawi; ²Baylor College of Medicine Children's Foundation Malawi; ³New York Medical College, United States; ⁴UNC Project–Malawi; Univ. of Malawi College of Medicine, Univ. of North Carolina, Malawi

Correspondence Stanley, Christopher

Email: cstanley@unclilongwe.org

Objective To describe 12-month overall survival (OS) for endemic Burkitt lymphoma (eBL) treated with CHOP in Lilongwe; and examine risk factors associated with 12-month OS.

Method Children ≤ 18 years with newly diagnosed, pathologically confirmed eBL were enrolled in June 2013–March 2015 in the prospective Kamuzu Central Hospital (KCH) Lymphoma Study. During this period, staging and supportive care were standardized, as was treatment with COP prephase followed by CHOP for 6 cycles as tolerated. Children were actively traced when lost. We assessed 12-month Kaplan-Meier OS, and risk factors for mortality using adjusted Cox proportional hazards. Follow-up was calculated from enrollment until death or loss to follow-up.

Results Sixty-two children with eBL were treated with CHOP between June 1, 2013 and March 31, 2015. Median age was 8.7 years (IQR 6.8–11.3), 40 (65%) were male, and 1 was HIV-infected. Forty-nine (79%) presented with stage III/IV disease, 27 (44%) with abdominal disease, 51 (81%) had Lansky performance score ≤ 70 , and 19 (31%) weight-for-age z-score < -2 . Baseline median white blood cells were $8.6 \times 103/\mu\text{L}$ (IQR 6.6–12.5), absolute neutrophils $4.2 \times 103/\mu\text{L}$ (IQR 2.7–6.8), hemoglobin 9.9 g/dL (IQR 8.6–11.3), platelets $448 \times 103/\mu\text{L}$ (IQR 310–599), albumin 3.4 g/dL (IQR 2.9–3.9) and lactate dehydrogenase (LDH) 696 IU/L (IQR 381–1415). As of March 31, 2015, 6 (9.7%) patients were lost to follow-up and estimated 12-month OS was 35% (95% CI 22–51%). Mortality was associated with age $>$ median (HR 2.1, $p=0.04$), weight-for-age z-score < -2 (HR 2.0, $p=0.06$), LDH $>$ median (HR 2.3, $p=0.03$), and performance status ≤ 70 (HR 3.2, $p=0.05$). Of 32 deaths, 17 were attributed to disease progression, 11 treatment, and 4 uncertain causes.

Conclusion Compared to published experience using less intense regimens, CHOP did not clearly improve outcomes for mostly advanced eBL in Lilongwe. However, CHOP may be appropriate for some children, and adjudicated deaths were more often due to disease than treatment. Older age, low weight, and higher LDH were associated with worse 12-month OS. Better risk stratification to more appropriately match higher treatment intensity to higher-risk children would likely improve outcomes.

POSTER P136

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Steven, Luboyera

IMPORTANCE OF FAMILY MEETINGS IN PALLIATIVE CARE: A HOLISTIC PATIENT CARE APPROACH

Steven, Luboyera
Hospice Africa Uganda, Uganda

Correspondence Steven, Luboyera
Email: luboyerast@yahoo.com

Background Palliative care involves holistic approach to caring for the sick with pain and life limiting illness, mainly cancer. A family meeting involves the patient, family and carers sitting together with health care professionals to plan on ways of better patient management, discussing diagnosis, and prognosis to develop a care plan together. A family is a basic social unit consisting of parents and their children, but to some extent other people with whom they live with, though not extending to biological ties.

Importance Family meetings provide a platform for the family members, patients and carers to address their concerns about patients' disease condition and know what the expected outcomes are. Family support is a core function of palliative care, putting the patient and family at the center. Preparing for a family meeting: The health professional introduces the purpose of the family meeting. This should focus the role of palliative care in supporting families as well as patients. Ask patient to confirm one or two key family carers to be involved in the medical care and planning. A good meeting place that ensures privacy should be used. Experience at Hospice Africa Uganda: Hospice Africa Uganda has been carrying out family meetings, and has yielded positivity in patient management, from the different clinical cases.

Conclusion Palliative care providers need to understand the importance of having family meetings in management of patients and how well such meetings should be conducted.

POSTER P137

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Stracca, Vincenzo

TAILORED APPROACHES OF THE PROJECTS CARRIED ON BY THE ITALIAN NON-GOVERNATIVE ORGANIZATION "PATOLOGI OLTRE FRONTIERA" (PATHOLOGISTS BEYOND BORDERS) IN SUB-SAHARAN AFRICA: AN OVERVIEW

Stracca, Vincenzo*; Giovenali, Paolo; Baccarini, Paola; Guzzetti, Stefano;
Monaco, Roberto; Viberti, Laura; Simonazzi, Stefano
NGO Patologi Oltre Frontiera, Italy

Correspondence Stracca, Vincenzo

Email: v.stracca@gmail.com

Introduction In recent years cancer control in Africa has received special attention as health priority. Pathology, despite its crucial role in the management of cancer patients, suffers a tremendous shortage of pathologists, technicians and equipment.

Objective To retrospectively evaluate the different ways in which projects were carried out and gain new insights for future cooperation programmes.

Method Patologi oltre Frontiera NGO has the mission to strengthen or build ex novo anatomical pathology labs, including training of local personnel until a complete autonomy is reached. Since 2001 the NGO carried out a number of projects, mainly in sub-Saharan Countries. For each one a careful study was done considering many variables: available resources in funds and voluntaries, actual needs, personnel to train, requests by local medical, administrative and political counterpart.

Results Two main different approaches characterized the programs. The first focused on prevention, training technicians for screening cytological specimens (pap smears) in order to detect cervical cancer cells. The use of telepathology for quality control was implemented. This is the case of the projects carried out in Chirundu (Zambia), Owerri, IMO State (Nigeria), Mungbere (RD Congo), Fianaransoa (Madagascar). The second was oriented to start a complete pathology lab, providing new or refurbished equipment, and the presence of voluntaries, which trained local staff, either in loco or in Italian medical structures. In addition volunteer pathologists were performing histological and cytological diagnosis. This approach, certainly more resources demanding, characterized the projects in large hospitals, as Bugando (Mwanza, Tanzania), Lacor (Gulu, Uganda), and Balbala (Gibuti).

Conclusion From this retrospective overview on 15 years of activity clearly emerges that flexibility is mandatory when approaching programs of cooperation in the field of pathology.

POSTER MP098

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Tachfouti, Nabil

LUNG CANCER MORTALITY ATTRIBUTABLE TO SECOND HAND SMOKING IN MOROCCO, 2012

Tachfouti, Nabil*; Najdi, Adil; Nejari, Chakib
Laboratory of Epidemiology, Clinical Research and Community Health,
Morocco

Correspondence Tachfouti, Nabil
Email: nabil.tachfouti@usmba.ac.ma

Background Exposure to second hand smoking (SHS) is associated with a variety of health effects, such as lung cancer. The objective of this work was to estimate the number of lung cancer deaths attributable to SHS among non-smokers in Morocco during the year 2012.

Method Prevalence of SHS among never smokers was gathered from a national cross sectional survey on tobacco. The relative risk of lung cancer mortality related to SHS was selected from two meta-analyses. Population attributable fraction (PAF) was then estimated. The number of deaths attributable to SHS was calculated by applying PAF to mortality. The analyses were stratified by sex, age and source of exposure (home, workplace and both combined).

Results Proportion of exposure to of SHS Among men aged 35–64 years ranged from 20.0% at home to 57.4% at work. Among women aged 35–64 years, it was higher at home then at work (38.4% versus 25.5%). In 2012, 1851 deaths among Moroccan aged 35 years and over were from lung cancer. Among them, 281 occurred in non smokers. PAF for lung cancer deaths in men aged 35–64 years varied from 0.06 for persons exposed at home to 0.12 for those exposed at work. In women at the same age category and exposed at home, it was 0.08. Overall 51 lung cancer deaths were attributable to SHS; 19 in men and 32 in women. 21 deaths would be caused by exposure only at home, 19 were caused by exposure only at work place and 11 by exposure both at home and work places.

Conclusion These data confirm that passive smoking is an important public health problem in Morocco that needs urgent attention.

POSTER MP099

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Taghzout, Hasna

**LES TUMEURS RARES DE LA PROSTATE (A PROPOS DE 5 CAS)
CHU HASSAN II DE FÈS**

Taghzout, Hasna

Hopital d'Oncologie CHU Hassan II Fès, Morocco

Correspondance Taghzout, Hasna

Email: hasna.mkn@gmail.com

Objectif Les tumeurs rares de la prostate représentent dans l'ensemble < 10% des tumeurs de la prostate et englobent des entités diverses; qui du fait de leur rareté; posent parfois des problèmes diagnostique et de prise en charge thérapeutique. L'objectif essentiel est de faire une mise au point sur cette entité rare et contribuer à améliorer sa PEC.

Methodologie Notre travail est une étude rétrospective étalée sur une période de 05ans, entre 2009 et 2014, concernant 5 cas de tumeurs rares de la prostate, diagnostiquées, traitées et suivies au CHU Hassan II de Fès. Ces cas sont repartis comme suit: Tumeur bénigne: un léiomyome; Tumeurs malignes: un lymphome type B; un rhabdomyosarcome embryonnaire primaire; une tumeur neuroendocrine; un leiomyosarcome.

Résultats Il s'agissait de 05 patients, dont l'âge variait de 35ans à 74 ans avec une moyenne d'âge de 59 ans. Le syndrome urinaire obstructif ou irritatif était le mode de révélation chez tous les patients. Les explorations para cliniques: le PSA sérique était augmenté dans un seul cas; Dans le cadre du bilan d'extension: TDM a été réalisé chez 02 de nos patients; L'IRM chez les 03 autres patients. Les techniques histo-pathologiques utilisés: la résection trans-urétrale de la prostate et une biopsie prostatique écho guidée. L'examen anatomopathologique et immuno histochimique de ces substrats étaient la clé du diagnostic de certitude. La prise en charge thérapeutique était différente selon le type histologique et le stade de la maladie: résection endoscopique; chirurgie; radiothérapie; chimiothérapie; hormonothérapie. L'évolution était favorable sans récidence locale ou à distance chez 03 patients et défavorable avec décès chez 02 patients.

Conclusion A la lumière de nos 5 observations et d'une revue de la littérature, nous avons essayé de faire une mise au point sur ces types histologiques rares et contribuer à l'amélioration de leurs prise en charge.

POSTER P138

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Tchounga, Boris Kevin

ASSESSING KNOWLEDGE ON BREAST AND CERVICAL CANCER AMONG HEALTHCARE WORKERS AND WOMEN IN THREE RURAL DISTRICTS OF CÔTE D'IVOIRE: A STEP TOWARDS PREVENTION

Tchounga, Boris Kevin^{*1}; Jaquet, Antoine²; Horo, Apollinaire³; Comoe, Jean-Claude⁴; Ekouévi, Didier K⁵; The leDEA West Africa, Collaboration⁶

¹Pacci Research Center/ Univ. of Abidjan, Ivory Coast; ² Univ. Bordeaux, France; INSERM, ISPED, Centre Inse, France; ³Univ. Félix Houphouët Boigny; CHU de Yopougon, Ivory Coast; ⁴Programme National de Lutte Contre le Cancer, Ivory Coast; ⁵Pacci Research Center/ Département de Santé Publique, Univ. de Lomé, Ivory Coast; ⁶NIH, Ivory Coast

Correspondence Tchounga, Boris Kevin | Email: boris.tchounga@yahoo.fr

Objective Evaluate knowledge of healthcare workers (HCW) and women of child-bearing age, towards breast and cervical cancers in rural area of Côte d'Ivoire.

Method A cross sectional survey was conducted with the national cancer control program in three semi-rural districts of Côte d'Ivoire, from September to November 2014. Dedicated questionnaires were administered to all HCW of the districts and to a random sample of women. Answers to questions about symptoms, risk factors, screening, and breast self examination were marked and summed in a score. A total score $\geq 50\%$ was considered as "acceptable knowledge". Logistic regression models were performed to identify factors associated with acceptable knowledge.

Results A total of 647 women and 130 HCW participated in this survey. Women had 35 years [Interquartile range (IQR) 28–46], and 40% of them had completed their secondary school level. Among women, 231 (36%) and 245 (38%) had acceptable knowledge on cervical cancer and breast cancer, respectively. Factors associated with acceptable knowledge on both cancers were previous participation to awareness activity (adjusted Odd Ratio (aOR)=1.9; 95% CI– [1.1–3.4]; $p=0.01$) and previous information on cancer provided by a healthcare worker (aOR=2.9; 95% CI– [2.8–4.9]; $p=0.01$). The HCW were doctors (14%), midwives (16%), and nurses (70%). Among them, 57 (44%) had acceptable knowledge on cervical cancer, while only 43 (33%) had acceptable knowledge on breast cancer ($p<0.01$). Factors associated with acceptable knowledge on these two cancers were "being a doctor or a midwife" (aOR=2.8; 95% CI– [1.8–9.2]; $p<0.02$) and previous training on these cancers (aOR=3.0; 95%CI– [1.6–8.2]; $p<0.01$). Less than 39% and 31% of HCW usually recommend cervical cancer screening and breast self examination.

Conclusion Knowledge on breast and cervical cancer are limited among HCW and women in this semi-rural area. Reshaped awareness strategies targeting both HCW and women are needed.

POSTER P139

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Terwase, Joyce Mcivir

KNOWLEDGE AND ATTITUDE OF BENUE STATE UNIVERSITY FEMALE STUDENTS TOWARDS BREAST AND CERVICAL CANCER SCREENING

Terwase, Joyce Mcivir^{*1}; Asuzu, Chioma C.²; Aho, Aumbur Josephine²

¹Benue State University, Makurdi, Nigeria; ²University of Ibadan, Nigeria

Correspondence Terwase, Joyce Mcivir

Email: terwasejm@gmail.com

This study examined knowledge and attitude of Benue State University female students towards breast and cervical cancer screening. The participants were 306 female undergraduates within the age range of 17–38 years with mean age of 24.89 (SD=6.32). Data were collected using Cervical Cancer Awareness Measure (CAM) and the Thomas Jefferson University Prostate Cancer Screening Survey. These were adapted and renamed Breast and Cervical Cancer Knowledge, Attitude and Screening Practice Questionnaire (KASPQ)". The instrument was subjected to a reliability test which yielded a coefficient alpha of .74 for the Cervical Cancer knowledge, Attitude and Screening Practice Questionnaire and .77 for the Breast Cancer Knowledge, Attitude and Screening Practice Survey respectively. Four hypotheses were tested using simple linear regression analysis. The results revealed that knowledge about breast cancer has a significant influence on breast cancer screening practice among female undergraduates $R^2=.033$, $F(1, 304)=10.53$, $p<.05$. Likewise, knowledge about cervical cancer has a significant influence on cervical cancer screening practice among female undergraduates $R^2=.062$, $F(1, 304)=20.19$, $p<.05$. Also, attitude towards breast cancer found a significant influence on breast cancer screening practice among female undergraduates $R^2=.014$, $F(1, 304)=4.35$, $p<.05$. Finally, it was equally found that attitude towards cervical cancer has a significant influence on cervical cancer screening practice among female undergraduates $R^2=.147$, $F(1, 304)=6.705$, $p<.05$. The study concluded that knowledge of/and attitude towards breast and cervical cancers are key determinants of screening practice for breast and cervical cancers among not just female undergraduates but all other vulnerable groups. Based on the findings, the introduction of compulsory breast and cervical cancer screening services for females in all hospitals across the country was recommended.

WORK- SHOP

Free
Communication
of Abstracts 1
11:00–13:00
Friday
20 November
2015

Thakare, Niyukta

TRANSPERINEAL TEMPLATE BIOPSY FOR PROSTATE CANCER DETECTION AFTER NEGATIVE TRANSRECTAL BIOPSY: DOES ETHNICITY MATTER?

Thakare, Niyukta*; Berney, Daniel; Chinegwundoh, Frank
Barts Health NHS Trust, United Kingdom

Correspondence Thakare, Niyukta
Email: niyukta.thakare@bartshealth.nhs.uk

Objective Transperineal prostate biopsies have a higher cancer detection rate compared to the transrectal technique in men undergoing repeat biopsies. Although ethnicity is a known risk factor for prostate cancer, on repeat transrectal biopsies, the detection rates for African-Caribbean men are similar to Caucasian men. We compared prostate cancer detection rates on transperineal template biopsy after negative TRUS biopsies in a group of men with diverse ethnic origins.

Method Men who underwent transperineal prostate biopsies at a single institution were retrospectively included in the study. All men had at least 1 previous transrectal biopsy. Age, ethnic origin, pre-biopsy PSA and number of previous TRUS biopsies were assessed. Men were divided into three groups – ‘African Caribbean’ (AC), ‘Caucasian/White’ (WH) and ‘Other’. Transperineal biopsy results were recorded. Statistical analyses were undertaken to compare the groups.

Results Amongst 270 men included in the study, 145 (55%) were White/Caucasian, 62 (23%) were African-Caribbean and 59 (22%) were other ethnic category. Median age was 66 years, PSA 11 ng/ml, number of cores 38 and prostate volume 64cc. Using Kruskal-Wallis test, there no difference in age, PSA, prostate volume, number of previous TRUS biopsies and number of template cores between the three ethnic groups. Cancer was detected in 44/149 (29.5%) men in the WH group and in 25/62 (40.3%) men in the AC group. On Chi-square test, the difference was not statistically significant ($p > 0.05$). African-Caribbean men did not have an increased risk of cancer detection in comparison to white men [OR = 1.61 (95% CI = 0.87 to 2.9) and RR = 1.36 (95% CI = 0.92 to 2.02)].

Conclusion Ethnic origin does not influence detection of cancer on repeat biopsies using the transperineal technique. Men with multiple negative TRUS biopsies should be offered transperineal biopsy irrespective of their ethnicity.

POSTER P286

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Thiam, Fatou Sira

CANCER AT THE HOSPITAL AGOSTINHO NETO IN CAPE VERDE: A DESCRIPTIVE STUDY

Thiam, Fatou Sira^{*1}; Sériné, Magali²; Diallo, Abdourahamane³; Adeola Awoyale, Florence⁴; Diallo, Abdoulaye⁴; Vaz Borges Spencer, Hirondina⁵
¹University of Maryland School of Medicine, United States; ²Hospital do Dia, Hospital Agostinho Neto, Praia, Cape Verde; ³Institut de Nutrition et de la Santé de L'enfant, Guinea; ⁴West African Health Organization, Burkina Faso; ⁵Ministerio da Saude de Cabo Verde, Cape Verde

Correspondence Thiam, Fatou Sira
Email: fsirathiam@gmail.com

Objective Cancer is a growing problem in Africa with a great lack of data. There has been very little data on cancer in Cape Verde. This is a descriptive retrospective study of cancer in the Hospital Agostinho Neto in Praia, Cape Verde.

Method Data was collected from the Hospital Agostinho Neto which is the only hospital in the country with a cancer department. We collected information from all patient files with a clinical or histological cancer diagnosis including: sex, age of diagnosis, location of cancer, pathology report and type of treatment.

Results We went through all the patient records which consisted of over 600 files spanning 25 years from January 1990 to November 2014. There were 556 cancer cases of which 264 (47%) had histologic confirmation of diagnosis. There were 398 females (71.6%) and 158 males (28.4%) were male. The average age of diagnosis was 57.7 years of age with extremes of 12 and 94 years. In general, the most common cancers are breast cancer (29.9%), gastrointestinal cancers (16.6%), cervical cancer (13.8%), prostate cancer (8.1%), sarcomas (4%), lung cancer (2.5%) and ovarian cancer (2.3%). Among men, the most common cancers were gastrointestinal cancers, prostate cancer and sarcomas. Among females, the most common cancers were breast cancer, cervical cancer and gastrointestinal cancers. The most common treatment method was surgery (46.4%) followed by chemotherapy (45.5%) then radiation therapy (17.8%) and hormone therapy (15.5%).

Conclusion This study shows that the most common cancers are breast cancer, gastrointestinal cancers, cervical cancer and prostate cancer and the most available and accessible treatment is surgery. The incidence of certain cancers cannot truly be known because of a lack of equipment for biopsies for histologic confirmation. This is a first attempt at a hospital based cancer registry in Cape Verde and the first step toward a National Cancer Registry and a National Cancer Control Plan.

WORKSHOP

Pathology Immunohistochemistry (2)

11:00–13:00

Thursday

19 November
2015

Thomas, Jaiyeola

APPLICATION OF IMMUNOHISTOCHEMISTRY IN THE DIAGNOSIS OF UNDIFFERENTIATED EPITHELIAL TUMORS

Thomas, Jaiyeola

Louisiana State University Health Sciences Center, United States

Correspondence Thomas, Jaiyeola

Email: jtho19@lsuhsc.edu

Undifferentiated epithelial tumor (UET) defines a group of heterogenous epithelial tumors with no morphological features of type-specific lineage differentiation on routine H&E light microscopy. For therapeutic management epithelial, mesenchymal, hematolymphoid and melanocytic tumors must be distinguished.

Most UET present as metastases of unknown primary, often as poorly differentiated, high-grade carcinomas. IHC has proven to be extremely useful in separating tumors of different lineages and in defining UET into site subtypes. Subtle morphologic features that suggest epithelial lineage include round, oval, epithelioid or polygonal cellular appearance with nests, clusters and attempts at gland formation. Though spindle cells, suggest mesenchymal origin these features do overlap e.g sarcomatoid carcinomas and epithelioid sarcoma. Small round blue cell tumors may belong to any lineage.

Broad spectrum antibodies, combined low-and high molecular weight cytokeratins (CK), are recommended for identifying UET, as these do express variable CK. Poorly differentiated carcinomas may lose CK antigenicity and stain negative, while some mesenchymal tumors express aberrant CK. EMA, though non-specific can be used as supplement to CK for detection of epithelial detection.

Approach to investigating UET:

- Gather patient history, presentation and clinical findings
- Evaluate H&E tumor morphology
- Generate differential differential diagnoses
- Determine relevant investigative IHC antibody panel
- Consider the sensitivity and specificity of selected antibodies.
- For cost-effectiveness, avoid use of non-contributory antibodies; keep the IHC panel relevant to the differential diagnoses.
- Analyse CK profile of tumors, using CK7/CK20, CK5/6 and vimentin-CK co-expression, as indicated.
- Use tumor-specific markers, e.g PSA, thyroglobulin, GCDPF-15, mammoglobin, TTF-1, Hepar-1 for definitive site diagnosis.
- Use tumor-subset markers, as needed, e.g CEA, p40, ER/PR, CDX-2 to determine epithelial type.
- Know the expected antibody staining pattern to accurately define positive or negative reactivity; membrane, cytoplasmic or nuclear pattern.

In conclusion, IHC is most effective when used in conjunction with patient's information, tumor morphology, to investigate the generated differential diagnoses.

PLENARY

Liver and GIT Cancer

09:10–10:30

Sunday

22 November

2015

Thursz, Mark

ROLE OF VACCINATION AND TREATMENT OF HBV IN HCC PREVENTION

Thursz, Mark
Imperial College, United Kingdom

Correspondence Thursz, Mark
Email: m.thursz@imperial.ac.uk

According to WHO Hepatitis B virus (HBV) infection affects 250 million people worldwide of whom approximately 650,000 per year die from hepatocellular carcinoma (HCC) which is the commonest cause of cancer mortality in males. Transmission of HBV occurs either through mother-to-child (vertical) transmission at birth or child-to-child transmission (horizontal) between the ages of 2 and 5. Since the 1990s WHO have recommended infant vaccination and more recently have recommended birth dose vaccine. Infant vaccination has been integrated with the Expanded Programme of Immunisation in most countries in SSA and has already made a substantial impact on the prevalence of chronic HBV. Vaccine coverage of infant vaccination is high but the WHO recommendation on birth dose vaccine has not been implemented and consequently the risk of vertical transmission persists. In Asia antenatal screening for HBV has been implemented with birth dose vaccine administered to children born to HBsAg positive mothers and hyperimmune globulin (HBIG) administered to children born to mothers who have high viral load. In SSA it is estimated that 15% of transmission is vertical but, as the success of infant vaccination takes effect, vertical transmission will take precedence making the prevention of mother-to-child transmission (PMTCT) a public health priority.

Barriers to PMCTC include:

1. Lack of antenatal screening for HBV.
2. Cost and temperature control requirements for HBIG.
3. The majority of births occur outside of healthcare facilities.
4. GAVI does not supply monovalent birth dose vaccine.

The implementation of antenatal screening, use of birth dose vaccine and treatment with antiviral drugs in the third trimester of pregnancy would make a major impact on vertical transmission. Comprehensive vaccination programmes have been shown to reduce the incidence of childhood HCC in Alaska, China and Taiwan. With strengthening of the public health systems similar benefits could also be seen in SSA.

POSTER P140

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Towlerton, Andrea

MOLECULAR DETECTION OF CNS DISEASE IN AFRICAN CHILDREN WITH BURKITT LYMPHOMA

Towlerton, Andrea*¹; Mbulaiteye, Sam²; Bhatia, Kishor²; Lombardo, Katharine¹; Carlson, Christopher¹; Coffey, David¹; Lim, Andrea¹; Warren, Edus H¹

¹Fred Hutchinson Cancer Research Center, United States;

²National Cancer Institute, United States

Correspondence Towlerton, Andrea

Email: atowlert@fredhutch.org

Objective To assess the relative performance of 3 assays for detecting CNS involvement in children with African Burkitt lymphoma (BL):

- (1) polymerase chain reaction (PCR) with primers specific for the lymphoma-associated immunoglobulin heavy (IGH) chain variable region,
- (2) PCR with primers specific for Epstein-Barr virus (EBV) DNA, and
- (3) ELISA for soluble CD19.

Method Cryopreserved tumor biopsies and aliquots of cerebrospinal fluid (CSF) and serum obtained at the time of diagnosis from 9 children with histologically confirmed BL were acquired from the NCI Ghana Burkitt Tumor repository. High-throughput sequencing of the IGH locus on genomic DNA from each tumor was performed to identify the tumor-associated IGH variable region. This unique molecular “signature” can be used to detect tumor DNA in any tissue compartment with exquisite sensitivity and specificity. PCR analysis of tumor DNA with EBV-specific primers was performed to identify which tumors carry EBV. Primers that specifically amplify the tumor-associated IGH signature are being used to evaluate the presence of tumor DNA in CSF and serum by PCR. Two alternative assays – detection of EBV DNA by PCR and ELISA for soluble CD19 (Muñiz et al, Blood 2014) – are being performed in parallel to determine the relative sensitivity and specificity of these approaches for detecting the presence of tumor cells in the CSF.

Results to date High-throughput sequencing of the IGH locus in tumor genomic DNA revealed clonal IGH rearrangements in all BL tumor samples. EBV DNA was detected in 7 of 9 tumor samples.

Conclusion Current technologies for detection of CNS disease in resource-limited settings have low sensitivity and specificity. The development of an assay for sensitive and specific detection of CNS disease that can be readily implemented in African centers will enable timely identification of patients requiring intensive CNS therapy and monitoring.

POSTER P141

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Traore, Cheick Bougadari PROFILS ÉPIDÉMIOLOGIQUE ET HISTOPATHOLOGIQUE DES RÉTINOBLASTOMES AU MALI

Traore, Cheick Bougadari*; Coulibaly, Bourama; Malle, Brahima;
Kamate, Bakarou; Keita, Mamadou
¹CHU du Point G, Mali

Correspondance Traore, Cheick Bougadari
Email: cheickbtraore@yahoo.fr

Objectif Le rétinoblastome (RB) est une tumeur maligne intraoculaire qui touche le nourrisson et le jeune enfant (95% avant quatre ans). Au Mali, il représentait entre 2005 et 2007, 33% des 166 tumeurs solides vues dans le même temps à l'unité d'oncologie pédiatrique de l'hôpital universitaire Gabriel Touré. Cette étude avait pour but de décrire le profil épidémiologique et histopathologique des RB au Mali.

Méthodologie Il s'agissait d'une étude rétro prospective et descriptive de Janvier 2010 à Décembre 2014. Tous les patients ont fait un examen histopathologique. Le logiciel SPSS 20.0 a été utilisé pour la saisie et l'analyse des données.

Résultats L'âge moyen de nos patients était de 2,95 ans avec des extrêmes allant de 1 an à 10 ans. La répartition par rapport au sexe était égale avec 22 cas chacun. L'Œil droit était atteint dans 56,8% de l'effectif. La leucocorie était présente dans 52,3% des cas et la forme clinique intra-oculaire représentait 63,6%. À la macroscopie, le RB était endophytique dans 70,5% et unifocal dans 61,4%. À l'histologie, on notait le RB moyennement différencié dans 68,2% et le RB bien différencié (rosettes ou fleurettes) dans 22,7%. La choroïde était infiltrée dans 34,1% et le nerf optique dans 11,4%.

Conclusion Le RB est une pathologie fréquente chez l'enfant au Mali avec une moyenne d'âge de 2,95 ans. Le type histologique prédominant est le RB moyennement différencié. Un diagnostic précoce permet d'améliorer la prise en charge.

POSTER P287

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Traore, Cheick Bougadari

MODE DE VIE ET CANCER DE L'ESTOMAC AU MALI: ÉTUDE CAS TÉMOINS

Traore, Cheick Bougadari*; Coulibaly, Bourama; Malle, Brahima;
Kamate, Bakarou; Keita, Mamadou
CHU du Point G, Mali

Correspondance Traore, Cheick Bougadari

Email: cheickbtraore@yahoo.fr

Objectif Le cancer de l'estomac reste un problème de santé publique, il est de plus en plus constaté dans nos régions, probablement du fait de notre mode de vie. Le but de ce travail était de décrire les aspects épidémiologiques morphologiques et comportementaux des cancers de l'estomac au Mali.

Methodologie Il s'agissait d'une étude transversale de type cas-témoins s'étendant sur une période de 16 mois d'octobre 2012 à janvier 2014, incluant 228 patients dont 114 cas et 114 témoins. Le logiciel SPSS 20.0 a été utilisé pour la saisie et l'analyse des données.

Résultats L'âge moyen de survenue des cas était de $57,14 \pm 13,40$ ans, touchant plus les hommes que les femmes avec des âges extrêmes de 18 ans à 83 ans. Les couches socioéconomiques défavorisées étaient les plus touchées avec 67,5% des cas. Selon l'aspect macroscopique, la localisation antrale et la forme ulcero-bourgeonnante étaient prédominantes avec respectivement 42,1% et 77,2%. L'adénocarcinome représentait le type histologique le plus fréquent avec 98,2%. Comme facteurs favorisants, la consommation de poisson fumé ($\chi^2=12,9$ et $p=0,02$) et la consommation du tô avec potasse ($\chi^2 = 14,07$ et une $p=0,02$) selon la fréquence et la quantité par repas sont significativement associés à la survenue de cancer de l'estomac.

Conclusion Le cancer de l'estomac est un problème de santé publique au Mali. Certaines habitudes alimentaires sont incriminées dans la genèse de ces cancers.

POSTER P142

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Tripathi, Neha

INTRODUCTION TO PALLIATIVE CARE

Tripathi, Neha*; Gupta, Piyush
Cancer Aid Society, India

Correspondence Tripathi, Neha

Email: nehatripathi@canceraidssocietyindia.org

Objective To generate awareness about the Palliative Care so as to integrate it from the time of early treatment in Cancer.

Introduction Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness like Cancer, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Cancer Aid Society address the issue effectively since 2007 changing the scenario in India.

Methodology We organized more than 22 workshops and trainings on Palliative Care in Uttar Pradesh, Madhya Pradesh, Bihar, Chhatisgarh, Jharkhand, Tamilnadu, Punjab & Assam in Government Medical Colleges so as to reach out the maximum needy population. Workshop included components of Palliative Care, Oral Morphine and Adjuvants. After Workshop we ensure to establish a Pain Clinic in Hospital and make availability of Oral Morphine. Through these pain clinics patients suffering from critical illnesses get relief in terms of physical and psychological and by counselling of their family they get comfortable in Social aspects also. We announced Annual Award for Excellence & Leadership in Palliative Care for SAARC Countries in 2011 to motivate the Leaders of Palliative Care. Award includes INR One Lac, a Plaque & Certificate.

Results Establishment of pain clinics in maximum covered hospitals, easy availability of oral morphine, Palliative Care was introduced in medical curriculum, drafted first ever Palliative Care Declaration, Amendment in NDPS Act due to effective advocacy.

POSTER P143

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Troy, Paul

DELIVERING CANCER NURSE EDUCATION IN MALAWI

Troy, Paul*; Clodagh, Mc Hugh
Beaumont Hospital, Ireland

Correspondence Troy, Paul
Email: paultroy@beaumont.ie

Objective The objective of this project was to develop and deliver an oncology education programme for nurses working at an oncology unit in Malawi.

Background In January 2013, we delivered our first 4 week cancer nursing education programme. On return to Ireland we continued to foster education links with our nursing colleagues in Malawi. In January 2014 we delivered another 4 week education programme. On evaluation of this training program participants highlighted the need for further training. We enrolled 4 nurses in a distance learning education cancer nursing programme with Alberta Cancer Centre, Canada.

Method Prior to our departure, we liaised with the Charge Nurse and the Medical Oncologist to identify the education and training needs of the nurses within the oncology unit. Drawing on this and our previous years' experience, we further developed the 4 week programme. It consisted of daily lectures, practical demonstrations, role play and working alongside individual nurses as they engaged in their clinical duties. The programme was tailored to meet the specific local requirements. We used local professionals to deliver lectures in their area of expertise which included palliative care and communication. The programme focused on equipping the nursing staff with the practical skills and knowledge to deliver safe and effective care to their cancer patients. On completion of the programme, the participants undertook a written exam and completed an evaluation of the programme's content and delivery.

Conclusion There is an urgent need for further training and education for nurses working within oncology in Malawi in order to ensure cancer patients receive safe and effective care. This education must be tailored to meet the needs of the nursing staff there. An online education programme is a feasible method of delivering such training in the absence of available local programme.

POSTER P144

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Tsabedze, Lindiwe

THE PREVALENCE OF TOBACCO USE IN SWAZILAND AS A RISK FACTOR FOR CANCER

Tsabedze, Lindiwe
Ministry of Health, Swaziland

Correspondence Tsabedze, Lindiwe
Email: lindiwetsabedze@yahoo.co.uk

Objective To estimate the prevalence, socioeconomic and consumption of assess the prevalence and magnitude of modifiable risk factors for non-communicable diseases such as tobacco consumption in Swaziland.

Design Cross sectional, nationally representative population based household survey. Subjects: individuals 15–69 years from, were sampled in a Survey 2014. Data on tobacco consumption were elicited from respondents.

Measures and method Prevalence of current smoking and current chewing of tobacco were used as outcome measures. Data was analysed using Epi Info, version 3.5.1. 95% Confidence Intervals (CI) was used as a measure of precision on the estimated population.

Results Overall, the prevalence of the study population currently smoking was six percent (95% CI: 4.8–7.3). There was also a notable significant difference between men and women, where prevalence of currently smoking men was 11.7 percent (95% CI: 9.3–14.2) and 1.2 percent (95% CI: 0.7–1.7) for women. Men age 45–69 years had a high current smoking prevalence of 21.2 percent (95% CI: 14.8–27.7). Thirty per cent of the population 15 years or older – 47% men and 14% of women – either smoked or chewed tobacco.

Conclusion The findings of the study highlight that an agenda to improve health outcomes among the poor in Swaziland must include effective interventions to control tobacco use. Failure to do so would most likely result in increasing cancer mortality and morbidity in the population. There is a need for urgent preventative action among the age group 15–25 years because they are still school-going and are our tomorrow.

LUNCH SESSION

Shifting the Radiotherapy Treatment Paradigm

13:15–14:15

Saturday

21 November
2015

Valentim, José-Manuel

SHIFTING THE RADIOTHERAPY TREATMENT PARADIGM IN AFRICA: PRACTICAL IMPLEMENTATION OF VARIAN'S ACCESS TO CARE PROGRAM

Valentim, José-Manuel

Varian Medical Systems, Switzerland

Correspondence Valentim, José-Manuel

Email: jose-manuel.valentim@varian.com

Globally, the number of cancer patients is increasing with a dramatic increase in emerging countries. Among the three major treatment modalities, surgery, chemo therapy and radiation therapy, the latter becomes more and more important due to the rapid technological development and comparable low treatment costs. Unfortunately, state of the art radiation therapy is not available in many of the world's growing and emerging countries as a result of high investment costs, high resource demand, and complex technical and clinical use. Varian Medical Systems recognizes the challenge faced in these geographies and has designed the Access to Care program, hosted by Varian University, to bring a solution to these parts of the world. The charter Access to Care is to create partnerships between world class oncology care givers, world renowned oncology institutions and these developing geographies with a goal to share expertise, bridge knowledge gaps and establish learning channels. Access to Care is also equipping these global partners with the needed learning tools to facilitate that transfer of knowledge and continued learning relationship. Access to Care shall facilitate design and built-up of self-contained national training courses and programs which are incorporated in and are part of the local education programs of radiation professionals.

A concrete example of implementation The University of Cape Town (UCT), Cape Peninsula University of Technology (CPUT) and Varian Medical Systems have joined to collaboratively create a training program and training environment aimed at the specific needs of improving radiotherapy techniques and practice in Africa. The program maps the identified core and support competencies of Radiation Therapists, Medical Physicists and Radiation Oncologists which are needed to achieve the safe and effective implementation of 3D-CRT treatments.

POSTER P288

**General Poster
Display**
Saturday &
Sunday
21 & 22
November
2015

Van Loon, Katherine

A CASE-CONTROL STUDY TO EVALUATE THE ETIOLOGY OF OESOPHAGEAL CANCER IN TANZANIA

Deardorff, Katrina^{*1}; Mmbaga, Elia²; Mushi, Beatrice²; Mgisha, William²; Parikh, Aparna¹; Van Loon, Katherine¹

¹University of California, San Francisco, United States; ²Muhimbili University of Health and Allied Sciences, Tanzania

Correspondence Deardorff, Katrina
Email: katherine.vanloon@ucsf.edu

Objective East Africa has been previously reported as a geographic area with a disproportionately high incidence of squamous cell oesophageal cancer (OC). In the setting of an apparent geographic cluster, we sought to identify population-specific etiologic factors contributing to the high incidence of OC in Tanzania (TZ).

Method We performed a case-control study to examine possible associations between OC and selected environmental, dietary, and lifestyle factors. New histopathologically confirmed or clinically diagnosed OC cases were recruited at Muhimbili National Hospital and Ocean Road Cancer Institute during 2014–2015. Controls were identified from patients with non-malignant conditions and matched 1:1 for gender and age ± 10 years. The study team conducted oral interviews. A case-control analysis was performed with Mantel-Haenszel estimates applied to matched pair data.

Results 151 cases and 151 controls provided informed consent. All cases and controls were ethnically African. 71% of all participants were male. Among cases of OC, squamous cell carcinoma was the most common histology (72%). Patients originating from Dar es Salaam (29%), Morogoro (11%), and Tanga (10%) regions were most represented amongst cases. 50% of cases reported an agricultural occupation (vs. 27% of controls). Liquor (viroba) consumption [odds ratio (OR) 3.60, 95% CI: 1.34–9.70, $p = 0.01$], exposure to smoking in the household [OR 1.67, 95% CI: 1.03–2.69, $p = 0.05$], and prior farm work [OR 2.18, 95% CI: 1.23–3.87, $p = 0.01$] were associated with increased risk of OC.

Conclusion Region of origin, alcohol consumption, smoke exposure, and farming merit further investigation as potential etiologic factors contributing to high OC incidence in TZ. Accrual to this case-control study is ongoing; a larger sample size will strengthen the preliminary estimates. Future research will include a genome-wide analysis study of DNA extracted from saliva specimens obtained from cases and controls.

POSTER P289

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Van Loon, Katherine

CHARACTERISTICS OF OESOPHAGEAL CANCER (OC) CASES PRESENTING IN DAR ES SALAAM, TANZANIA (TZ): A RETROSPECTIVE CHART REVIEW

Mushi, Beatrice^{*1}; Mwaiselage, Julius²; Deardorff, Katrina³; Mgisha, William¹; Mmbaga, Elia¹; Van Loon, Katherine¹

¹Muhimbili University of Health and Allied Sciences; ²Ocean Road Cancer Institute, Tanzania; ³University of California, San Francisco, United States

Correspondence Mushi, Beatrice¹

Email: katherine.vanloon@ucsf.edu

Objective Age standardized incidence rates for OC in East Africa have been previously reported as high as 47.2, compared to the world-wide incidence of 9.0 per 100,000. This study aimed to characterize the OC cases seen at Muhimbili National Hospital (MNH) and Ocean Road Cancer Institute (ORCI) in Dar es Salaam, TZ.

Method Available charts were reviewed for all cases of OC seen at MNH or ORCI in 2011-2013. Demographic, clinical, and treatment variables were abstracted. Categorical data were summarized as frequency counts and percentages. Continuous data were presented as medians and ranges. To compare males and females, Pearson chi-square and two-sample t tests were applied.

Results 738 unique cases of OC from TZ were identified. 68% of cases were male, and median age at diagnosis was 60 years (range 19–95). 78 cases were under age 40 at diagnosis. 82% of cases were squamous cell carcinoma. Diagnosis was based on endoscopy with biopsy for 85% and 95% of cases presenting to MNH and ORCI, respectively. Median distance from primary residence to MNH and ORCI was 194 km (3.1–1416 km) and 455 km (4.4–1416 km), respectively. Median delay between onset of symptoms and presentation was 3 months. Common findings at presentation included dysphagia to solids (100%), dysphagia to liquids (59%), and weight loss (74%). Staging data was incomplete. Of 430 cases who received treatment at ORCI, 42% received chemoradiation, 33% received radiation only, 2% chemotherapy only, 3% underwent surgery, and 9% received palliative care only. Half of these cases did not complete therapy. Median overall survival at both institutions was 7 months.

Conclusion During 2011–2013, OC represented a large clinical care burden at both MNH and ORCI and many cases were remarkably young. Patients travelled long distances to seek care and often presented with advanced disease. Our ongoing research will investigate possible etiologies and opportunities for improving access to appropriate care.

WORK- SHOP

Radiation and Chemotherapy

(2)

16:00–17:30

Friday

20 November
2015

Vanderpuye, Verna

MODERN CHEMOTHERAPY GUIDELINES IN A RESOURCE LIMITED SETTING

Vanderpuye, Verna^{*1}; Ayreeteey, Naa Adorkor²

¹Korlebu Teaching Hospital, Ghana; ²Ghana

Correspondence Vanderpuye, Verna

Email: vanaglat@yahoo.com

Management of cancers now involves the use of advanced forms of chemotherapeutic agents. Consequentially, the cost of treatments have escalated enormously.

International guidelines recommend the use of newer therapies based on molecular profiling without suggestions of alternative options for low resource setting. Implying that there must be regional / adaptation of international guidelines by oncologist who understand the peculiarities of the sub region. The true state of affairs for of sub-Saharan Africa is overshadowed by data from northern and southern Africa with regard to cancer drug availability, pathology services, human resource capabilities and radiotherapy equipment.

How do our patients benefit from the measurable improvements in outcomes with these newer therapies?

Paucity medical oncologist in most parts of Africa has been blamed for the poor oncology practices. Improved medical oncology content and hands on training of readily existing radiation oncologist may be a more cost effective and immediate short term measure without losing out on quality.

Generics have improved the availability of cancer drugs in poorer countries, however the final cost to the patient are relatively high due to high government taxes, complicated procurement processes and greed to maximize profit. The influx of substandard drugs is another major setback.

Oncologist in resource-constrained countries can be conversant with current management options through multidisciplinary boards and international and regional conferences. Continuous education through self-learning by physicians and nurses will improve oncology services. The adoption of new information into clinical practice in less privileged situations is an art that needs to be mastered.

To ensure global equity, sub-Saharan Africa should develop realistic adaptable treatment guidelines, collaboration between medical disciplines, improved availability and affordability of new essential treatments

POSTER P290

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Vieira Lopes, Lygia

WOMEN BREAST CANCER IN ANGOLA: MOLECULAR SUBTYPES – PROJECT (PRELIMINARY RESULTS)

Vieira Lopes, Lygia*¹; Salamanca, Paulo²; Miguel, Fernando²;
Bettencourt, Vanessa³; Ferreira, Eduardo⁴; Lara Santos, Lucio⁵

¹Sagrada Esperança Clinic, Angola; ²Angolan Institute of Cancer Control,
Angola; ³ONCOCIR, Angola; ⁴Eduardo Ferreira Pathology Laboratory, Portugal;

⁵Portuguese Institute of Oncology, Portugal

Correspondence Vieira Lopes, Lygia

Email: lygiavieiralopes@hotmail.com

Objective Molecular subtypes and its surrogate immunohistochemistry (IHC) markers classified breast cancer into four distinct molecular subtypes, which have different targeted therapies and prognoses. We conduct a preliminary study, to correlate the clinical pathological profiles and molecular subtypes of breast cancer in Luanda, Angola. Methods. From Jan. 2011 to Dec. 30, 2014, 58 consecutive cases of microscopically confirmed invasive breast carcinoma that were evaluable for histology and IHC (ER, PR, HER2, and Cytokeratin 5/6) were classified.

Results All patients were female, the median age was 48 years (29–84 years). 98% were ductal invasive carcinoma and histological grade 2 was prevalent (78%), 75,8% was locally advanced breast cancer. The molecular subtypes were luminal A (36%), luminal B (8%), HER2 (16%), basal-like (33%), and unclassified (7%).

Conclusion Women breast carcinoma in Luanda-Angola, presents at a younger age and with an advanced stage. The two predominant molecular subtypes are luminal A and triple negative. Determining the molecular subtype using surrogate IHC markers has important treatment and prognostic implications for Angola women with breast cancer. It is however need a prospective study with adequate sampling in order to establish the molecular profile of female breast cancer in Angola.

POSTER P291

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Vuhahula, Edda

THE USEFULNESS OF PTAH STAIN IN THE DIAGNOSIS OF RHABDOMYOSARCOMA IN LOW RESOURCE SETTING IN REFERENCE TO MYOGENIN IMMUNOREACTIVITY

Vuhahula, Edda*; Ruhangaza, Deogratias
MUHAS, Tanzania

Correspondence Vuhahula, Edda
Email: evuhahula@yahoo.co.uk

Background Rhabdomyosarcomas (RMS) are a unique group of soft tissue tumors that share a propensity to undergo myogenesis. They present a wide range of differential diagnoses which renders them difficult to diagnose using routine H&E stain alone. Immunohistochemistry (IHC) method with myogenic markers is highly sensitive and specific in the diagnosis of RMS, but expensive. On the other hand, Phosphotungstic Acid Hematoxylin (PTAH) stain is a relatively cheaper and easy method to use but whose accuracy has not adequately been studied.

Objective To ascertain the diagnostic value of PTAH histochemistry method in RMS diagnosed by routine H&E stain with reference to myogenin IHC method.

Method A cross-sectional retrospective hospital based study was conducted at MNH from January 2010 up to April 2014. All cases diagnosed as RMS and cases suspected to be RMS were retrieved and stained with myogenin IHC to confirm the diagnosis then all positive cases were subjected to PTAH stain to determine its accuracy and usefulness.

Results There were 36 cases of RMS confirmed by IHC. The age range was 2 to 72 with median age of 16 years. The male to female ratio was 1.2:1. Children (<18 years) were 52.8% and adults (≥18 years) were 47.2%. Head and neck tumors were more predominant in children compared to adult (P value= 0.006) and embryonal RMS type was more predominant in children compared to adults (P value= 0.000). PTAH stain was positive in only 8 cases (22.2%) and the positivity was not associated to any particular histological type of RMS.

Conclusion This study reveals that PTAH stain to confirm the diagnosis of RMS does not have any added value. Therefore, IHC with myogenin should be routinely used as a confirmation test for all cases suspected to be RMS.

POSTER P145

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Wang, Jing Jing (JJ)

LAUNCHING AN INTERACTIVE CANCER PROJECTS MAP: A COLLABORATIVE APPROACH TO GLOBAL CANCER RESEARCH AND PROGRAM DEVELOPMENT

Wang, Jing Jing (JJ)^{*1}; Craycroft, Jane²; Gupta, Manaswi³; Williams, Makeda⁴; Sivaram, Sudha⁴; Bhatt, Ami⁵; Huang, Franklin²

¹Global Oncology, Inc. & Partners in Health, United States; ²Global Oncology, Inc. & Dana-Farber Cancer Institute, United States; ³Global Oncology, Inc. & Broad Institute, United States; ⁴National Cancer Institute: Center for Global Health, United States; ⁵Global Oncology, Inc. & Stanford University, USA

Correspondence Wang, Jing Jing (JJ) | Email: jjwang@pih.org

Objective Only 5% of the world's cancer care resources are allocated to 60% of new cancer cases occurring in low- and middle-income countries. This discrepancy necessitates a web tool that catalyzes research collaboration. On March 25th, 2015, Global Oncology, Inc. and the National Cancer Institute's (NCI) Center for Global Health launched an online interactive tool called the Global Cancer Project Map (GCPM: <http://gcpm.globalonc.org/map>) that allows researchers, policy makers, program directors and civil society to search a central repository of cancer-related, internationally-focused projects. GCPM's goal is to foster collaboration between users and allow upload of cancer control projects to be shared with the global community.

Method Publicly available data from NCI was curated and cleaned to facilitate visualization. The GCPM has three key features:

- 1) search cancer projects by country, cancer type, organization, funding source, and project type;
- 2) visualize data against key statistics such as human development index, disability-adjusted life year, and cancer prevalence, incidence, and mortality;
- 3) upload projects for inclusion on the map.

Results Over 750 cancer projects and 1,397 project sites are currently on the map. Of these, 79% are based in the Americas and Europe and 3.1% are based in Africa. Between March 25th and April 24th, a total of 2,230 users accessed the map and visited an average of 4 pages per session. Of the 2,778 sessions during this time period, 70% and 1.7% of the sessions were accessed from within the United States and Africa, respectively. Continued data quality improvements are underway.

Conclusion The majority of cancer projects displayed on GCPM are based in high-income countries reflecting the nature of data used to develop the first phase of this tool. Increased efforts to include cancer projects in low- and middle-income countries are necessary to ensure that global cancer control efforts are truly global and collaborative.

WORK- SHOP

Burkitt's Lymphoma

11:00–13:00

Saturday

21 November

2015

Warren, Edus H

PATHOGENESIS OF AFRICAN BURKITT LYMPHOMA: CONFRONTING THE ENIGMA

Warren, Edus H

Fred Hutchinson Cancer Research Center, United States

Correspondence Warren, Edus H

Email: ehwarren@u.washington.edu

Although a close association of African Burkitt lymphoma (BL) with *P. falciparum* malaria and Epstein-Barr virus (EBV) was compellingly demonstrated a half-century ago, the pathogenesis of this disease remains frustratingly obscure. The advent of next-generation DNA sequencing has enabled the development of powerful new tools that are transforming the study of African BL and defining its molecular characteristics with unprecedented resolution. Research in our laboratory is exploiting next-generation sequencing to profile the transcriptome of African BL, the immunoglobulin gene rearrangements that generate the clonotypic B cell receptor (BCR) expressed in BL tumor cells, and the repertoire of T lymphocytes that infiltrate BL. RNA-seq provides a comprehensive portrait of the human and EBV genes expressed in BL. Although most African BL samples express a small subset of lytic EBV genes in addition to the prototypic latent gene *EBNA1*, no EBV gene expression, and no EBV DNA, can be detected in 15–20% of cases. Comprehensive expression analysis with RNA-seq also identifies tumors classified histologically as BL whose transcriptional profiles are distinct from the germinal center B cell-like phenotype typical of most BL, suggesting that these tumors represent a unique pathologic entity. High-throughput sequencing of the BCR loci in African BL confirms that the BCRs expressed in most BL tumors comprise a single tumor-specific heavy and light chain. Sequencing of the BCR loci also provides support for the concept that the chromosomal translocations that juxtapose *MYC* with immunoglobulin loci may occur at an early stage in the development of the B cell that undergoes transformation in BL. Finally, deep sequencing of the T-cell receptor loci in genomic DNA extracted from BL tumors demonstrates that most tumors are infiltrated with a surprisingly diverse population of T cells, raising the prospect of a robust – and heretofore unappreciated – T cell response to the tumor.

POSTER P146

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Were, Hesbon

DIGITAL TECHNOLOGIES: A SUSTAINABLE MODEL OF TOBACCO CONTROL ADVOCACY IN RURAL KENYA

Were, Hesbon*; Obuya, Sarah; Ayoo, Elizabeth; Were, Pamela
Tobacco Alcohol Free Initiative (TAFI), Kenya

Correspondence Were, Hesbon
Email: hayoowere@yahoo.com

Objective Tobacco is a single major contributor to morbidity and mortality worldwide among the youth and adults causing many deaths each year. Tobacco usage is the single most preventable cause of death and serious health problems in our society. Kenya like other developing countries has not been spared by this hazard. Although Kenya enacted the Tobacco Control Act in 2007, prosecution of the offenders still remains a major challenge.

Method To create awareness on the dangers related to use of tobacco by sending short text messages using mobile phones as effective, personalized and sustainable tools of passing information in this digital age.

Results Tobacco and Alcohol Free initiative (TAFI), a community based organization in Western Kenya region established a network of 15 youth groups, faith based organizations and Community health workers who could work as channels of passing information. The groups were sensitized in a one day workshop. Text messages with specific messages on dangers of tobacco use and exposure were formulated jointly. Weekly to Community Health workers, youth leaders, and faith based leaders. These messages are sent on the days that they meet so that they can be shared during the meetings with those who do not have telephones. Over 3000 people have been reached with different messages.

Conclusion These activities are still going on, over 3000 people have been reached with different messages, however, the reports we have is that people are getting to know the dangers. This has been an effective personalized method of Tobacco Control advocacy and implementation of the Tobacco Control Act. It has also come out clearly that many people are yet to be sensitized for its impacts to be realized in the community. Collaboration and networking should be strengthened as a way of improving the advocacy wing on the dangers of Tobacco.

POSTER P147

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Were, Pamela

USE OF MOBILE TECHNOLOGY TO ENHANCE PEDIATRIC PALLIATIVE CARE AWARENESS IN WESTERN KENYA REGION: THE EMBLEM EXPERIENCE

Were, Pamela

Moi Teaching & Referral Hospital, Kenya

Correspondence Were, Pamela

Email: akiotieno@gmail.com

Introduction Over 12 million Kenyans own cellular phones, popularly referred to as mobile phones. A lot of surveys have been done on the impacts of mobile phone technology in Kenya, MPesa, a money transfer platform being the most celebrated invention pioneered in Kenya. The latest additions to the benefits of mobile phones include information about various issues including health, education, entertainment, to mention but a few. This technology has been embraced as a method of texting away ignorance and increasing awareness on pediatric palliative care in Western Kenya Region through Epidemiology of Burkitt Lymphoma in East African Children and Minors (EMBLEM) Study.

Objective To demonstrate how use of modern technology in a resource limited set up is a powerful tool to disseminate health information To unearth the underlying dilemma whether there is conspiracy of silence on childhood cancer stigma or whether cases are on the increase.

Method Selection of text recipients was done using the attendance sheets and the contact lists generated during the outreach activities that were being conducted during sensitization of EMBLEM activities. Text messages indicating disease symptoms were sent to the recipients.

Result 1000 text messages are sent to different recipients every week. About 500 responses received at least 2–4 cases are referred for care every month through the community health workers. Since the introduction of this method of communication, more people are engaging on the platform and still more showing up for diagnosis and treatment.

Conclusion We cannot treat unless we diagnose, we cannot diagnose unless we spot. Together we can make a difference.

POSTER P148

General Poster

Display

Thursday &
Friday
19 & 20
November
2015

Wiafe, Seth

IMPACT OF SOCIOCULTURAL FACTORS ON PATHWAYS TO BREAST CANCER DIAGNOSIS IN GHANAIAN WOMEN WITH SELF-DISCOVERED SYMPTOMS

Wiafe, Seth*; Lathlean, Judith; Wagland, Richard
University of Southampton, United Kingdom

Correspondence Wiafe, Seth
Email: swiafe@llu.edu

Objective Breast cancer is the most common malignancy and a major cause of death among women worldwide. With approximately 1.7 million new cases diagnosed annually, it constitutes 25% of all women cancers. In Ghana, breast cancer is a leading cause of death among women, with an estimated 60% of newly diagnosed women reporting late for medical consultation with advanced stages of the disease. Although it is acknowledged that delayed diagnosis and treatment of breast cancer result in poorer survival, insight into why women present late is limited. To help develop a deeper understanding of the help seeking behaviour of women, this study is investigating the influence of sociocultural factors on women's choice of healthcare utilization.

Method A qualitative design was used involving purposive sampling of two hospitals in Ghana where symptomatic women attended. Data collection involved in-depth semi-structured interviews with 35 women, 27 members of their social network such as relatives and friends, and 8 healthcare professionals. The audiotaped interviews were transcribed and analysed thematically with data being managed using NVivo 10 software. This paper will present data from 14 of the women interviewees.

Results Preliminary results illustrate that pathways to diagnosis involve choosing to disregard the symptoms, using known treatment modalities, taking advice of relatives or friends, or deciding to use services of either or both traditional and modern medical systems.

Conclusion These findings demonstrate how sociocultural rather than patient or provider influences delayed presentation and utilization of current services that could lead to successful implementation of cancer programmes to aid early diagnosis.

WORK- SHOP

Big CAT (2)

16:00–17:30

Saturday

21 November

2015

Wiafe, Seth

KNOWLEDGE, ATTITUDES AND PRACTICES: EARLY DETECTION OF BREAST CANCER

Wiafe, Seth^{*1}; Wiafe Addai, Beatrice²; Ansong, Thomas³

¹Loma Linda University, United States; ²Breast Care International, Ghana;

³Kwame Nkrumah University of Science and Technology

Correspondence Wiafe, Seth

Email: swiafe@llu.edu

Objective Breast cancer is an increasing public health problem especially in low and middle-income countries. In Ghana, late presentation is usually reported in 70% of newly diagnosed women who have stayed with symptoms for at least ten months before seeking any medical intervention. Although it is acknowledged that delayed treatment results in poorer survival, reasons for the delay are currently unclear. Available studies from Western countries suggest that prompt medical consultation may be influenced by a woman's knowledge of the disease. This paper presents how breast health education could lead to early detection of the disease in Ghana.

Method Seven hundred seventy seven community-dwelling women comprising 332 experimental and 445 controls from a semi-urban Ghanaian neighborhood were recruited for the study using pretest-posttest nonequivalent control group design to elicit knowledge, attitude, and practices (KAPs) of these women on breast cancer. The experimental group received breast health education by specialized trained health professionals and subjected to pretest and posttest on the day of the programme. At six months post education, participant's KAPs were evaluated. Although controls did not receive any education, participants were evaluated. Data analysis was done using Statistical Package for the Social Sciences (SPSS) software to determine the mean differences between the experimental and control groups.

Results Women in the control group had poor knowledge on breast cancer risk factors and screening practices especially breast self-examination (BSE) and Clinical Breast Examination (CBE). Women who received education did not only demonstrated greater knowledge of risk factors and detection methods, their attitude towards early detection was indicated by increase in the performance of BSE and CBE.

Conclusion A systematic continuous education in a way to remind communities of the importance to perform monthly BSE and yearly CBE is needed.

EARLY ROUND TABLES

**Pan African
Women's
Association of
Surgeons**

07:15–08:20

Saturday

21 Nov 2015

Wiafe Addai, Beatrice

STRENGTHENING CAPACITY FOR WOMEN'S HEALTH RESEARCH IN AFRICA

Wiafe Addai, Beatrice

Breast Care International, Ghana

Correspondence Wiafe Addai, Beatrice

Email: drwiafe@gmail.com

Objective In Africa premature deaths among women accounts for high maternal and cancer related mortality. While many of these causes are amenable to surgical intervention, there is an increasing burden of neglected surgical disease with approximately 143 million additional surgical procedures needed yearly to save lives and prevent disability especially in Low and Middle Income Countries (LMICs). Although several current initiatives have contributed to capacity strengthening of health research in LMICs, enormous challenges remain for developing a common framework for a sustainable health research capacity in Africa. This paper presents strategies for strengthening capacity for conducting high quality women's health research in Africa.

Method A multifactorial approach requiring analysing gaps and needs for research in women's health, agenda setting in research, capacity building, and improving access to knowledge, are necessary to address this public health need. Additionally, increasing research and analytical capacity, high-profile advocacy of health research with policy makers, the media, and local populations to ensure that research receives its fair share of the national budgetary allocation for infrastructure, management, and technical services, while attracting additional external funding must be implemented.

Results By fulfilling the necessary requirements for improving health-research capacity and providing adequate support for individual researchers and institutions, the women's health research capacity is expected to provide high quality results and promote inclusiveness through partnerships with other health researchers.

Conclusion Funds allocated for research are a good investment; therefore more appreciation of the benefits of health research would lead to greater commitment to providing dedicated funding for extending research into women's health.

POSTER P292

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Williams, Christopher

CANCER RISK AND ENVIRONMENTAL PRESSURES: GLOBAL EPIDEMIOLOGY OF CHILDHOOD LEUKEMIA LYMPHOMA OFFERS RESEARCH OPPORTUNITIES.

Williams, Christopher

University College Hospital, Nigeria; Hematology Oncology Consultancy, United States; Fred Hutchinson Cancer Research Center and University of Washington Center for Aids Research, United States

Correspondence Williams, Christopher

Email: cwilliam@nisa.net

Background Recent research confirms that 65% of cancers occur through random and stochastic effects of DNA mutations, while 35% are related to environmental factors or inherited predisposition (5%–10%). The observation of high prevalence of childhood acute lymphoblastic leukemia(ALL)in affluent populations, and predominance of Burkitt's lymphoma (BL) and chloroma associated acute myelogenous leukemia (CA-AML) among poor African children (chd) populations suggests that these are examples of environmentally influenced disease patterns.

Objective To determine lifestyle associated leukemia/lymphoma (LL) incidence (inc) in Nigerian (N) chd and compare it with global patterns.

Method and results In an international study in 1978–83 using first-generation monoclonal antibodies to characterize hematological malignancies of chd in the city of Ibadan, Nigeria (IBN) (population: 1–2x106), inc (x10–5) of common ALL (c-ALL) was determined as 0.86, with more frequent occurrence in families (F) of high socio-economic status (HSES) (0.75–1.51) than in low SES (LSES)(0.25–0.50), while BL inc was 0.00 in HSES vs 1.81–3.62 in LSES chd. Evaluation of lifestyle influence with surrogate markers of environmental factors (EF) including hepatitis A seroprevalence and/or infant mortality on inc of leukemia in 2–4 year-olds (a surrogate marker of c-ALL), between 1921 and 1992 in 8 countries of Africa, Asia, Europe and the Americas revealed the following pairing: Nigeria 1982–84: 91.4/0.8; Okinawa, Japan (OJ) before 1960: 90.0/2.3; United Kingdom 1983–89: 28.0/6.9; OJ 1980–84: 67.5/5.1; US Caucasians (USC) 1921–25: 80.0/1.9; USC 1956–60: 50.0/5.9; USC 1976–80: 38.0/6.7; US Non-Caucasians (USNC) 1946–50: 67.0/2.0; Bangalore, India 1988–92: 84.0/3.0; Manila, Philippines 1988–92: 56.3/5.8; Cali, Colombia 1987–91: 70.0/5.5; Lima, Peru: 1990–91: 70.0/4.3. (Pearson r: –0.8565; 95% confidence interval: –0.9590 to –0.5559; p [two-tailed]: 0.00040).

POSTER P293

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Williams, Christopher

THREE DECADES OF STALLED PROGRESS IN THE MANAGEMENT OF BURKITT'S LYMPHOMA IN NIGERIA: TIME TO MOVE FORWARD

Williams, Christopher

Hematology Oncology Consultancy; Fred Hutchinson Cancer Center and
University of Washington Center for Aids Research, United States

Correspondence Williams, Christopher

Email: cwilliam@nisa.net

Background Historically, Nigeria (N) has lagged behind Uganda, where a collaborative effort with the National Cancer Institute of the US in the 1960s–1970s had led to cure rates for Burkitt's lymphoma (BL) of $\approx 50\%$. Similar outcomes were achieved from late 1970s to mid-1980s in Ibadan, N (IBN).

Objective To develop an innovative treatment regimen to overcome biological impediments to curability of BL.

Method Jan.1984 to Dec. 1985, a study of tolerability and practicability of a high-dose cytosine arabinoside (AC) regimen was initiated at the University College Hospital IBN. Included were children with a diagnosis of BL of Ziegler's Stage C or D with or without CNS involvement, and life expectancy of at least one month, whose parents or guardians were willing to give oral consent. Sixty children were to be assigned randomly to either the standard treatment (R-II) or the investigational (R-I) protocol. R-I was: Cyclophosphamide (CTX) 1000mg/m² IV day 1, Vincristine (VCR) 2.0mg/m² IV day 1, AC 50mg/m² q12hr x 6 doses in cycles 1 and 4, and 1000mg/m² q12hr x 4 doses and 50mg/m² q12hr x 2 doses for cycles 2 and 3 cycles q14 days x 4cycles. R-II was: CTX 1000mg/m² IV day 1, VCR 2.0mg/m² IV day 1, AC 50mg/m² q12hr x 6 doses q14 days x 4 cycles. AC 50mg/m² was given intrathecally on days 1 and 5 of each cycle. A review of 8 published reports of management of BL from six academic centers from 1984 to 2014 was undertaken to evaluate outcomes, the mean (where evaluable) of which are referred to as N30 outcomes below.

Results Due to various challenges, <20 patients could be assigned to each treatment arm. R-I was well tolerated, with more effective control of systemic and central nervous system disease compared to R-II, with superior outcomes, including complete remission rate (CR) of ([9/9 – 100%] vs [6/12 – 50%]) and probability of overall survival (OS) of 64% vs 19.6%. N30 reports with CR of 26% and OS of < 5% compare adversely to pre mid-1980 outcomes.

WORK- SHOP

Nutrition and Cancer

11:00–12:00

Sunday

22 November

2015

Wiseman, Martin

INTRODUCTION TO THE WORLD CANCER RESEARCH FUND AND THE CONTINUOUS UPDATE PROJECT

Wiseman, Martin

WCRF International, United Kingdom

Correspondence Wiseman, Martin

Email: m.wiseman@wcrf.org

The remarkable variation in cancer incidence around the world and its plasticity when populations migrate or over time within countries demonstrates a strong environmental component to cancer patterns. Both epidemiologic and laboratory evidence point to food, nutrition and physical activity as key environmental determinants of cancer risk. To better explore their role in cancer, the World Cancer Research Fund/American Institute for Cancer Research (WCRF/AICR) commissioned an expert report (Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective) using the most rigorous systematic approaches. Published in 2007, this report is the most authoritative review of this area. Recognising the ongoing accumulation of evidence, WCRF has commissioned from Imperial College London a continuous update of the evidence, which is judged by an independent expert panel. Since its inception in 2007, updated reviews of the evidence linking diet, nutrition including body composition, and physical activity to risk of several cancers, as well as the impact in breast cancer survivors, have been published as part of the Continuous Update Project. These reviews continue to emphasise the important role of nutrition and physical activity as determinants of cancer risk.

WORK- SHOP

Free
Communication
of Abstracts 1
11:00–13:00
Friday
22 November
2015

Wishahi, Mohamed

QUALITY OF LIFE IN WOMEN UNDERWENT RADICAL CYSTECTOMY FOR CARCINOMA OF THE BLADDER AND NEOBLADDER WITH AND WITHOUT GENITAL SPARING PROCEDURE: THE CASE IN AFRICAN COUNTRY

Wishahi, Mohamed
Theodor Bilharz Research Institute, Egypt

Correspondence Wishahi, Mohamed
Email: moh.weshahy@gmail.com

Objective Carcinoma of the bladder in female patient in African countries is of a particular aspect as surgery will affects body image and quality of life. Standard treatment for invasive carcinoma of the bladder is anterior pelvic excentration including the bladder, anterior vagina, uterus, ovaries, fallopian tubes, and pelvic lymph nodes. In case the tumour is not in the bladder neck area or urethra, it was indicated to preserve the urethra and to perform orthotopic neobladder. There are cumulative data of genital sparing surgery in female cystectomy. This study is aiming at examining the quality of life, survival, cancer progression in two groups of female cystectomy and neobladder with and without genital soaring surgery.

Material and method Study included 63 women patients with invasive carcinoma of the bladder treated with standard cystectomy (45 Patient) and with genital sparring cystectomy (18 patients) during the period from 1995 to 2010. Follow-up included recurrence-free survival, overall survival, continence, and sexual function.

Results In standard procedure the overall survival up 5–10 ys was (61.53%), and 73% in genital sparing technique. In standard technique group, continence was 73%, hypercontinence was 27% with need to perform clean intermittent catheterisation (CIC), these women had no sexual life as the anterior vaginal wall, uterus, and ovaries had been removed during the standard systectomy. Quality of life were excellent in the genital sparing cystectomy group, continence was 92%, the need for CIC was 7%, sexual function tested by FSFI over <20–30 was (89%).

Conclusion The study provides evidence of safety and efficacy of radical cystectomy with sparing of genital organs in women. Oncological outcome for 5–10 years was good; continence and sexual function were very good. This procedure should be considered over the standard procedure particularly in developing countries in Africa as the quality of life of these women would be affected.

POSTER P294

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Wishahi, Mohamed

EXPRESSION OF CYTOKERATIN 7, 20, 14 IN UROTHELIAL CARCINOMA AND SQUAMOUS CELL CARCINOMA OF THE URINARY BLADDER CANCER

Wishahi, Mohamed
Theodor Bilharz Research Institute, Egypt

Correspondence Wishahi, Mohamed
Email: moh.weshahy@gmail.com

Objective The study was conducted to estimate the over expression of cytokeratin (CK)-7, CK14, and CK-20 protein in urothelial carcinoma (UC) and squamous cell carcinoma (SCC) of the bladder. Expressin of CK7, CK14, and CK20 was correlated and to the clinico-pathologic parameters of grads and stage, and the possible significance with schisosomiasis associated bladder carcinoma. Objectives of the study were to evaluate the value of expression of cytokeratin 14 to detect early squamous metaplasia in bladder biopsies and in association with UC.

Method We evaluated the bladder tissues of 200 patients with bladder carcinoma, 150 patients had UC, and 50 patients had SCC. Immunohistochemical technique was used for detection of CK7, CK14 and CK20 monoclonal antibodies.

Results The mean age of the patients was 55 years (range 51–70 years). The UC were classified according to grades into grade I, II and III in 20, 40 and 90 cases, respectively. Stages of UC were: Ta in 10, T1 in 60 and 90 patients with muscle-invasive T2–3. In UC cases 105 /150 (70%) were positive for over expression of CK20. In the same group of UC 120/150 (80) were positive for over expression of CK7. Negative expression was found in SCC cases. A High grades of the UC were associated with decrease expression of CK 20, there were 20 (100%) in GI, 35 (87.5%) in GII, 50 (68.6%) in GIII (P <0.01), and an increase expression of CK7 (20%) in GI, 24 (70%) in GII, 90 (100%) in GIII (P <0.01), while CK20 expression decreased as the tumor stages increased, it was 15 (100%) in Ta, 50 (83.3%) in T1, 40 (50%) in T2–3 (P <0.01). CK7 showed increase expression in 2 cases with Ta tumour (20%), 38 (47.5%).

POSTER P295

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Wishahi, Mohamed

PRECISE MEASUREMENT OF SCHISTOSOMAL ANTIGEN REACTION IN URINARY BLADDER TISSUE AS AN ONCOGENIC MARKER FOR CANCER INITIATION AND PROGRESSION

Wishahi, Mohamed

Theodor Bilharz Research Institute, Egypt

Correspondence Wishahi, Mohamed

Email: moh.weshahy@gmail.com

Objective Schistosomiasis of the urinary bladder leads to ova deposition in the tissue that will either pass out with urine or trapped in the tissue, in either case it will induce an antigen antibody reaction specific to schistosoma ova antigen. This antigen antibody reaction will be fixed or legned to the tissue leading to variety of tissue reaction that will be fibrosis, calcification, squamous metaplasia with or without keranenization, glandular metaplasia. These metaplastic changes and tissue reaction will lead to urothelial carcinoma, adenocarcinoma, and squamous cell carcinoma. These schistosomal egg tissue reaction (SETR) will cause schistosomal polyposis in the colon, and liver cirrhosis with different types of fibrosis that will lead to liver failure. The schistosomal egg tissue reaction would be minimal, moderate, or intense, in certain situation the tissues shows a negative reaction. These SETR is fixed to the tissues leading to subsequent complications. There is no described method to detect these fixed SERT. Present study is to describe the detection of SERT using an immunohistochemical methods applied to tissue samples.

Patients and method We analysed 580 tissue samples from 580 patients age ranged 14–73 (Mean 56.8), these archival samples had been collected from 190–2014, from surgical specimens of different surgical procedures for diagnosis and treatment of different urological diseases, these procedures include: cystoscopic biopsy, transurethral resection (TUR) of urinary bladder granuloma, papilloma, tumours, TUR for intravesical part of the ureter for fibrosis and/or stone retrieval, surgical excision of stenosed segment of the ureter whether upper ureter or lower third. Cystectomy specimens for treatment of invasive carcinoma of the bladder. Immunohistochemical detection tissue reaction against schistosomal antigen was done according to Wishahi (2014).

WORK- SHOP

AORTIC- MDACC-ASCO

Joint Session

11:00–13:00

Wednesday

18 November
2015

Yadiny, Janis

DEVELOPING 21ST CENTURY HEALTH CARE LEADERS

Yadiny, Janis*; Bogler, Oliver

University of Texas MD Anderson Cancer Center, United States

Correspondence Yadiny, Janis

Email: japted@mdanderson.org

Lack of effective leaders is a major challenge in health care. The health care enterprise is vast and growing in complexity across all its multiple public and private sectors including, but not limited to, education, research, clinical operations and care.

The knowledge and skills needed by a leader in health care today are different from those acquired in medical or graduate science education. But frequently, it continues to be the accomplished clinician or researcher who is selected for leadership.

Because leadership is about “doing” and not just “knowing,” the University of Texas MD Anderson Cancer Center, an academic medical center with 20,000 employees, launched skill-building leadership development programs for faculty in 2002. Over 800 clinical and research science faculty have participated in a range of tiered courses, from basic supervision and management to chair and executive level programs.

What do effective health care leaders need to be able to do? They must understand their own perceptions, values, and motivations so they can accommodate and work with the differences of others. They need a wide repertoire of interpersonal and enhanced communication skills to manage performance of staff and faculty, build high-performance teams, and work collaboratively across areas in competitive and political environments. They need to understand complex, adaptive organizational systems, how to align their department or team with institutional goals and priorities, and how to initiate and execute change. They need to understand how to develop effective strategies, adapt to new technologies, and have sufficient business acumen to lead financially sound research and clinical enterprises. All this needs to be done within the context of the wider socio-economic health care environment.

To succeed in a VUCA world (volatile, uncertain, complex and ambiguous), we must ensure that we develop our health care leaders.

WORK- SHOP

Paediatric Oncology: Childhood Cancer (2)

16:00–17:30

Saturday

21 November
2015

Yao, Atteby Jean-Jacques

LE CANCER DE L'ENFANT EN AFRIQUE DE L'OUEST

Yao, Atteby Jean-Jacques*¹; Couitchere, Line¹; Traore, Fousseyni²; Kaboret, Sonia³; Akonde, Fatou⁴; Guedenon, Jules⁵

¹GFAOP, Ivory Coast (Côte d'Ivoire); ²CHU Gabriel Touré, Mali; ³CHU Yagaldo, Burkina Faso; ⁴CHU Aristide Ledantec, Senegal; ⁵CHU Sylvanus Olympio, Togo

Correspondance Yao, Atteby Jean-Jacques

Email: attebyjj@yahoo.fr

Le cancer de l'enfant est relativement peu fréquent. En occident, il représente 1% des cancers et constitue la 2ème cause de mortalité. En Afrique par contre, ce sont les maladies infectieuses (Paludisme, diarrhées, malnutrition, infections respiratoires aigües basses, le VIH, etc...) qui dominent. Le cancer demeure cependant une affection émergente. L'absence de registre du cancer dans la plupart des pays subsahariens fait que les données épidémiologiques disponibles ne sont que celles des centres de prise en charge qui ont par ailleurs un caractère national. Ces centres ont un plateau technique insuffisant d'où les problèmes suivants régulièrement rencontrés: diagnostic difficile ou tardif, médicaments de chimiothérapie inaccessibles ou indisponibles, radiothérapie inexistante, équipe de soins en nombre insuffisant. Par ailleurs, la découverte tardive des cas fini par impacter négativement la survie de l'enfant atteint de cancer en Afrique et en particulier en Afrique de l'Ouest. Depuis une quinzaine d'année, le Groupe Franco-Africain d'Oncologie Pédiatrique (GFAOP) s'est implanté en Afrique francophone à travers une quinzaine d'unités pilotes. D'important progrès ont ainsi été réalisé sur plusieurs plans: formations des équipes de soins pluridisciplinaires, fourniture de médicaments et de petit matériel. Cela constitue un véritable model de développement et d'intégration sous régionale.

POSTER P297

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Yap, Mei Ling

THE BENEFITS OF ACHIEVING EQUITABLE ACCESS TO RADIOTHERAPY IN AFRICA: STUDY AS PART OF THE GLOBAL TASK FORCE IN RADIOTHERAPY FOR CANCER CONTROL (GTRCC)

Yap, Mei Ling^{*1}; Hanna, Timothy²; Shafiq, Jesmin¹; Wong, Karen¹;
Ferlay, Jacques³; Barton, Michael¹

¹Liverpool Hospital, Australia; ²Queen's Cancer Research Institute, Canada;

³International Agency for Research on Cancer, France

Correspondence Yap, Mei Ling

Email: meilingyap1@yahoo.com.au

Purpose The incidence of cancer in Africa is projected to rise to 1.6 million cases in 2035. Despite radiotherapy (RT) being a vital component of a cancer service, the majority of African countries have no access to RT. Our aims were to estimate for each country in Africa: the number of patients that have an indication for RT, the optimal number of RT fractions that are required, and the outcome benefits that would result from optimal access to RT. We also performed projections of RT demand and outcome benefits to 2035.

Method The CCORE evidence-based model was used to determine radiotherapy demand. GLOBOCAN data on cancer incidence and projections were used to calculate the number of cases with an indication for RT from 2012 to 2035. The estimate of RT fractions was calculated by applying the optimal fractionation per cancer type to each country's unique cancer case mix. 5-year overall survival and local control benefits were calculated by systematic review and meta-analysis for each radiotherapy indication.

Results In majority of African countries, over half of cancer patients have an indication for RT. In 2012, the RT fractions that would be required for optimal access to RT ranged from 1300 fractions in Cape Verde to over 1million in Nigeria. If patients in Africa with the 10 most common cancers were treated according to guidelines in 2012, >90,000 cancer cases would derive a 5Y local control benefit and >36,000 a 5Y survival benefit due to RT. By 2035, >860,000 cases will have an indication for RT, corresponding to a potential improvement in local control for >180,000 cancer cases and improved survival for >64,000 cases.

Conclusion The provision of equitable access to RT services in Africa would, for patients diagnosed with cancer in 2035, result in >64,000 cancer cures. The current major shortfall in RT services within Africa is resulting in significant loss in local control and survival.

WORK- SHOP

**Free
Communication
of Abstracts 7**
11:00–12:00
Sunday
22 November
2015

Yap, Mei Ling

GLOBALRT: AN ONLINE PLATFORM TURNING RADIOTHERAPY ACCESS INTO A GLOBAL HEALTH PRIORITY

Yap, Mei Ling^{*1}; Rodin, Danielle²

¹Liverpool Hospital, Australia; ²University of Toronto, Canada; Harvard School of Public Health, United States

Correspondence Yap, Mei Ling¹
Email: meilingyap1@yahoo.com.au

Background The global burden of cancer is rising, the steepest rise being in low and middle-income countries, such as in the African continent. Despite this, there is a marked deficit in radiotherapy (RT) services in Africa, with majority of countries having no RT services available at all. GlobalRT, an initiative of the Young Leaders Program of the Global Taskforce on Radiotherapy for Cancer Control (GTRFCC), aims to provide a virtual platform for education and action around the issue of equitable access to RT services in cancer care.

Method The GlobalRT website (<http://globalrt.org>) and social media platforms were launched in June 2014. The website provides education to patients, policy workers and health care providers on the issues concerning RT provision globally. Regional representatives report to an executive committee to create a local voice for RT advocacy. The GlobalRT website features videos of patient and health care workers' accounts, infographics explaining the implications of the shortfall in RT, and a database featuring global partner organization and sites of available global medical electives.

Results GlobalRT has been in operation for one year, attracting 3,301 users to the site, with significant usage from 66 countries. GlobalRT has been featured at international conferences, advocacy forums and non-governmental organizations, and peer-reviewed literature. Blog posts have highlighted fieldwork testimonials including that of medical volunteers working in RT in Uganda and Rwanda. Since its launch, we have recruited hundreds of members, Facebook and social media followers, including a number of health care practitioners from Africa.

Conclusion We have demonstrated the effectiveness of a web-based, social network approach in engaging young leaders in the movement for global access to RT. The importance of local advocacy and grassroots initiatives within GlobalRT will be essential as we build its presence on the African continent.

WORK- SHOP

Sexuality and Cancer

11:00–13:00

Saturday

21 November

2015

Yassir, Sbitti

BREAST CANCER TREATMENT AND SEXUAL DYSFUNCTION: MOROCCAN WOMEN'S PERCEPTION

Yassir, Sbitti

Teaching University Military Hospital Rabat, Morocco

Correspondence Yassir, Sbitti

Email: sbittiyassir@yahoo.fr

Background This exploratory prospective study evaluated women's responses to questions that asked them to describe how their body image and sexual functioning had changed since their breast cancer diagnosis to treatment.

Method A questionnaire concerning body image scale and various sexual problems experienced after diagnosis and treatment was anonymously completed by 120 women in the outpatient clinic of our hospital's Division of Medical Oncology. To be eligible, subjects had to be sexually active and had histology proven breast cancer. They also had to have received treatment for breast cancer.

Results 100% of participants have never spoken with their doctor about this subject. 84% of the participants continued sexual activity after treatment, but there was an increase in the incidence of sexual functioning problems which resulted in a slight reduction in the quality of their sex lives. 65% of the women experienced dyspareunia followed by lubrication difficulties (54%) and the absence or reduction of sexual desire (48% and 64%, respectively) while, 37% had lack of satisfaction (37%). Female orgasmic disorder and brief intercourse and arousal were reported respectively by 40% and 38% of the subjects. The sexual dysfunctions were absent before diagnosis and management of breast cancer in 91.5% subjects and of these 100% subjects complained of a deterioration of the symptomatology after the various treatments. 90% of the dysfunctions were observed after chemotherapy, 9% after surgery and 3% after radiotherapy; none of the subjects indicated the onset of dysfunctions to have been associated with hormonotherapy. 100% expressed not having received sufficient information about how the disease and treatment (including surgery) might affect their sexual life.

Conclusion Breast cancer and its treatment may result in significant difficulties with sexual functioning and sexual life. Addressing these problems is essential to improve the quality of life.

WORK- SHOP

**Burkitt's
Lymphoma**
11:00–13:00
Saturday
21 November
2015

Yeager, Meredith

POPULATION GENETICS AND MALARIA-RESISTANCE GENES: UNCOVERING THE GENETIC RISK FACTORS OF BURKITT LYMPHOMA IN AFRICA

Yeager, Meredith*¹; Bhatia, Kishor¹; Yeboah, Edward²; Hsing, Ann¹;
Pfeiffer, Ruth¹; Chanock, Stephen¹; Mbulaiteye, Sam¹

¹NCI, United States; ²Korle Bu University, Ghana

Correspondence Yeager, Meredith

Email: yeagerm@mail.nih.gov

Burkitt lymphoma (BL) is an aggressive childhood non-Hodgkin lymphoma (NHL) that is endemic in sub-Saharan Africa. Previous studies have suggested a link between *Plasmodium falciparum* malaria (Pf. malaria) and BL, however, these findings have not been conclusively shown in epidemiologic studies. In order to investigate this further, we are conducting a population-based case-control study (called EMBLEM) to examine the link between Pf. malaria and BL in Uganda, Kenya, Tanzania and Ghana, which are areas where malaria is holoendemic. Since the inheritance of genetic resistance to malaria follows Mendel's laws and EMBLEM is being conducted in holoendemic malaria areas, we will use the carriage of malaria resistance SNPs as surrogates for malaria exposure. We will conduct a genome-wide association study (GWAS) using data from EMBLEM to obtain the data needed to link Pf. malaria and BL genetically, both using a candidate gene as well as genome-wide approaches, which will aid in the identification of novel variants at disease susceptibility loci. Additionally, we are investigating population genetic substructure in Eastern/Southern Africa using a subset of data from EMBLEM and a population-based sample from Ghana. Here, I will provide preliminary data from these efforts and discuss future plans for this project.

POSTER P298

General Poster

Display

Saturday &
Sunday
21 & 22
November
2015

Yeates, Karen

THE EVALUATION OF A SMARTPHONE-BASED TRAINING STRATEGY AMONG NON-PHYSICIAN HEALTH WORKERS SCREENING FOR CERVICAL CANCER IN TANZANIA

Yeates, Karen*¹; Sleeth, Jessica¹; Hopman, Wilma¹; Ginsburg, Ophira²; Macheku, Godfrey³; Oneko, Olola⁴

¹Queen's University, Canada; ²Women's College Research Institute, Canada;

³Mawenzi Government Hospital, Tanzania; ⁴Kilimanjaro Christian Medical College, Tanzania

Correspondence Yeates, Karen

Email: yeatesk@queensu.ca

Objective Every year, almost 500,000 women develop cervical cancer and 274,000 die from the disease worldwide – majority in LMICs. Visual Inspection with Acetic acid (VIA) is the most common method for cervical cancer screening (CCS) in LMICs and saves lives when offered through programs that maintain skills among non-physician health workers (NPHW). VIA can be supplemented with digital cervicography (DC) to provide ongoing training and quality assurance. Traditional DC is not mobile and requires an electricity source. We evaluated a smartphone-based digital cervicography (SBDC) platform enhanced by SMS image transfer through a closed user group (CUG) to provide ongoing mentorship for CCS providers.

Method An expert DC team from a Tanzanian referral hospital trained a NPHW team at a semi-rural hospital in VIA and SBDC. The NPHW team recruited clients through a hospital-based and mobile clinics in 2014-2015. 1072 clients were recruited and underwent the following procedure.

1. NPHW performs VIA and SBDC and records diagnosis
2. NPHW sends digital image via SMS in CUG to expert reviewer
3. Expert reviewer confirms diagnosis and treatment plan
4. Treatment plan is communicated to the client by the NPHW and cryotherapy offered on site or referral for LEEP excision or routine care.

Results Within one month of training there was 96.8% agreement between the NPHW and the expert reviewers. A significantly higher number of women with abnormal cervical lesions were HIV positive. Overall, 10.6% were positive with VIA, and 0.2% were suspicious for cancer. When SBDC was added, 10.9% were SBDC positive, and 0.4% were suspicious for cancer.

Conclusion SBDC and SMS image transfer provides a reliable and sustainable strategy for training and maintaining skills among NPHWs to accurately diagnose abnormal cervical lesions. The NPHW-run SBDC team had overwhelmingly positive feedback about the use of the mHealth-based system for capacity building and quality assurance.

WORK- SHOP

Oncology Nursing (1)

14:30–15:45

Friday

20 November

2015

Young, Annie

DEFINING THE ROLE OF ONCOLOGY NURSES IN ADVANCING CANCER CONTROL IN AFRICA

Young, Annie

The University of Warwick, United Kingdom

Correspondence Young, Annie

Email: annie.young@warwick.ac.uk

Nursing science and practice in Africa is driven by patients' needs. Many skilled oncology nurses in Africa already participate dynamically as part of interdisciplinary teams, not only encompassing health and social care professionals, but also Ministries of Health, Non-Governmental Organisations and cancer patients and their carers.

Optimal cancer control – increasing awareness, disseminating prevention, screening and early detection programmes, improving access to and safe delivery of treatments, identifying and actively managing side effects of therapies, and optimising supportive and palliative care – is underpinned by education and research. In order to advance cancer control in Africa, capacity-building of the nursing workforce is necessary to deliver the programmes above. Many successful components of cancer control programmes stem from nurse leaders within Africa and not always supported by nurses from high resource countries, some of whom struggle to coordinate efforts and deliver on their promises.

Poverty hinders progress in each area of practice. However, African cancer nurses working in the community, in the hospital clinic and bedside, are key to implementing tobacco control and cervical cancer prevention programmes, early detection programmes, dispelling the stigma of cancer, identifying treatment side effects; providing patient, family, and community education, providing supportive and palliative care and collaborating in clinical research. Cancer nurses in Africa who are leading this work continue to inspire their colleagues.

POSTER MP100

**Moroccan
Poster Room**
Friday–Sunday
20–22
November
2015

Youssef, Aghlallou

**REGISTRE HOSPITALIER DES CANCERS CHU FÈS: RÉSULTATS
PRÉLIMINAIRES: 2014**

Youssef, Aghlallou^{*1}; Karima, El Rhazi¹; Nawfel, Mellass²; Ahmed, Zidouh³; Mohammed, Bouzakri²; Abdelfettah, Oulaika²; Chakib, Nejjar¹

¹Laboratoire d'Épidémiologie Recherche Clinique et Santé Communautaire, Faculté de Médecine et de Pharmacie, Université Sidi Moha, Morocco; ²Centre Hospitalier Universitaire Hassan II Fès, Morocco; ³Fondation Lalla Salma Prévention et Traitement des Cancers, Morocco

Correspondence Youssef, Aghlallou

Email: youssefaghallou@gmail.com

Objectif Le registre hospitalier des cancers du CHU de Fès représente potentiellement une source d'information importante permettant de répondre aux besoins de l'administration hospitalière et des programmes de lutte contre le cancer des hôpitaux, mais aussi aux besoins d'évaluation de la prise en charge. L'objectif de cette étude était de décrire pour la première fois les nouveaux cas de cancer colligés au niveau du CHU Hassan II de Fès.

Méthode Les cas de tumeurs inclus sont tous les tumeurs malignes et aussi les tumeurs bénignes du Système Nerveux Central chez tout patient diagnostiqué en 2014. Les informations sur l'identification des cas et les caractéristiques des tumeurs ont été recueillies à partir du système d'information HOSIX et complété par la consultation des dossiers médicaux. Les diagnostics ont été codés selon la classification Internationale des Maladies (CIM-10).

Résultats En 2014, le registre hospitalier a enregistré 1981 nouveaux cas de cancers, toutes localisations confondues, dont 891 cas chez l'homme et 1090 cas chez la femme. Les principales localisations cancéreuses chez l'homme sont les cancers du poumon (13,7%) suivi du cancer de la vessie (6,8%) et de la prostate (6,8%) puis le cancer du Nasopharynx (6,7%). Chez la femme les cancers gynécomammaires représentent à eux seuls plus de la moitié des cancers de la femme (51,7%).

Conclusion Bien que les informations contenues dans le registre hospitalier des cancers soient généralement précises, des différences importantes ont été révélées à la suite d'interprétations des données recueillies. L'analyse de ces données doit être faite avec beaucoup d'attention notamment les patients inclus, la date d'enregistrement et la date d'anapath.

POSTER P149

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Zanchetta, Margareth

FRENCH MEDIA ANALYSIS AND IDEAS OF PROSTATE CANCER: IMPLICATIONS TO CULTURALLY SENSITIVE PRACTICE

Zanchetta, Margareth*¹; Cognet, Marguerite²; Desgrandchamps, Francois³; Rhéaume, Jacques⁴; Renaud, Lise⁵; Lam-Kim-Teng, Mary Rachel¹; Dumitriu, Marie¹

¹Ryerson University, Canada; ²Universite de Paris 7, France; ³Hopital Saint Louis, Universite de Paris 7, France; ⁴CSSS de la Montagne, Canada; ⁵Universite du Quebec A Montreal, Canada

Correspondence Zanchetta, Margareth
Email: mzanchet@ryerson.ca

Objective As part of the exploratory phase of an ethnographic study to assess a representation of prostate cancer (PC) within a French cultural context, we searched for ideas disseminated by the local media that could influence men's attitudes toward PC prevention, treatment and rehabilitation. This study aimed to analyse the French media written and audio-visual production.

Method In the national library archives, we retrieved and watched 15 television programs and listened to 14 radio programs producing narrative. We also reviewed 45 newspapers. Narrative texts and newspaper texts were coded assisted by the software Atlas ti and analysed following a method of media content analysis.

Results The lack of medical consensus about PC screening, as well as the complexity and multiplicity of scientific information about PC research may reinforce men's ideas that decoding such information would be an overwhelming, unsafe task. Professional experts interacted with patients and target audience directly and indirectly through websites and phone calls, which provided clarification and demystification of existing ideas. Media presented three major forms of discourse: clinical/medical, scientific/research and experiential/personal. They may reinforce the inequities and disparities to access urology health services caused by misinformation, misinterpretation of political issues in medical approach, low science literacy, undervalued role of health professionals other than physicians as promoters of urological health and PC screening, and overrepresentation of medical discourse about PC and technological care.

Conclusion Future production of socially, culturally, gender sensitive educational materials for patients and public education should address the inner diversity of the masculine population. Health professionals should advocate for media production of mass education material within a more inclusive perspective.

POSTER P299

General Poster Display

Saturday &
Sunday
21 & 22
November
2015

Zanchetta, Margareth

A TRANSCULTURAL REPRESENTATION OF PROSTATE CANCER AMONG FRANCOPHONE AND FRANCOPHILE MEN

Zanchetta, Margareth*¹; Cognet, Marguerite²; Desgrandchamps, Francois³; Sabri, Ahmed⁴; Lam-Kim-Teng, Mary Rachel¹; Dumitriu, Marie¹; Boudabous, Hanene⁴

¹Ryerson University, Canada; ²Universite de Paris 7, France; ³Hopital Saint Louis, Universite de Paris 7, France; ⁴Hopital Gonesse, France

Correspondence Zanchetta, Margareth
Email: mzanchet@ryerson.ca

Objective This ethnography study explored a representation of prostate cancer (PC) among Francophone and Francophile men in the cities of Paris and Gonesse. Three objectives guided this study: Identify ideas regarding PC expressed by men's experience with PC, to analyse similarities existing between reported ideas and then, delineate a representation of PC within a French cultural context.

Method Fieldwork involved 8 visits to 4 patients in their pre, post-prostatectomy hospital stay; 2 interviews with hospitalized men due to PC clinical-related complications, as well as, with 17 men who had undergone medical treatments for PC. Visits and interviews were audio-recorded, verbatim transcribed, coded with support of Atlas ti 7.0, and analysed using the thematic analysis method. Four participants verified the findings' interpretation.

Results Despite no previous knowledge about PC, surprise with PC diagnosis did not undermine men's self-determination towards cure. Social disparities explained the inconsistent patient-physicians open dialogue as reported mainly by poor, immigrant men. Men from both samples reported a silence among men about PC. Physicians' teaching attitude influenced most participants to report similar favourable state of mind to react to uncertainties, difficulties and emotional needs. The major disturbance during treatment was their urinary incontinence provoking physical-social embarrassment due its visibility by leaking and odours. Despite their compromised sexual life, participants' sense of masculinity remained preserved. The resulting PC representation is of a disease that has neither a positive nor a negative image offering opportunities to self-value men's life and rebuild their future under realistic grounds.

Conclusion Men justified that all healthcare professionals contributed equally to the construction of a positive representation due to their willingness to explain and teach about PC-r-related evolution and procedures.

POSTER P300

General Poster

Display

Saturday &

Sunday

21 & 22

November

2015

Zanchetta, Margareth

TESTIMONIES OF FRENCH SURVIVORS IN A PUBLIC BLOG: IMPACTS ON QUALITY OF LIFE AS COMPONENTS OF PROSTATE CANCER REPRESENTATION

Zanchetta, Margareth*¹; Cognet, Marguerite²; Renaud, Lise³;
Xenocostas, Spiridoula⁴; Rhéaume, Jacques⁴; Lam-Kim-Teng, Mary Rachel¹;
Dumitriu, Marie¹

¹Ryerson University, Canada; ²Universite de Paris 7, Canada; ³Universite du
Quebec A Montreal, Canada; ⁴CSSS de la Montagne, Canada

Correspondence Zanchetta, Margareth

Email: mzanchet@ryerson.ca

Objective This exploration had a two-fold aim: first, to identify the empirical indicators of lived experience of PC and quality of life (QOL) grounded from 237 posted testimonies about prostate cancer (PC). Second, to analyse the ideas about PC from a multiplicity of lived situations from diverse clinical perspectives. We explored testimonies posted in public blog hosted by a French national patients' association.

Method Men (n=196) posted testimonies (years 2008–2013) that were submitted to coding supported by Atlas ti 7.0 and analysed by applying the media content analysis method. Verbatim were arranged and classified in the following categories: exams, type de treatment, medication, secondary effects/complications, message meaning, message topic, message reason or objective, and posting frequency.

Results Testimonies about PSA results (n=135) and prostatectomy (n=123) were more frequent and acted as a double form of men's social identification. Shared experiences about erectile dysfunction (n=100) and urinary incontinence (n=83) defined a "brotherhood of disgrace". The intention of sharing experience (n=215) used a cautious tone reporting situations, denunciation and recommendation even about professionals to be avoided. Despite the positive tone of the message meaning (n=111), bloggers neglected the opportunity to build a learning, advocacy and mutual help online community as evident by the high frequency of one-time posting (n=179). Political, educative and compassionate discourses created a complex representation of QOL.

Conclusion A PC representation concerns an isolated experience that might be alleviated by mutual support, encouragement, education, and guidance amongst anonymous bloggers to face PC-related challenges. Personal engagement and a critical attitude towards decision-making and health consumer's rights is needed. This representation may be influential to Francophone men in other countries who explore PC in bloggers.

WORK- SHOP

Oncology Nursing(1)

14:30–15:45

Wednesday

18 November

2015

Zeddou, Abdeslam

LES BONNES PRATIQUES D'ADMINISTRATION DES ANTICANCEREUX INJECTABLES

Zeddou, Abdeslam

Association Marocain des Infirmiers en Cancerologie, Morocco

Correspondance Zeddou, Abdeslam

Email: abdouzed69@yahoo.com

Les traitements par chimiothérapie anticancéreuse consistent à administrer, le plus souvent par voie intraveineuse, des substances chimiques à activité thérapeutique anticancéreuse. Son but est d'enrayer ou de ralentir l'évolution de la prolifération des cellules tumorales. Les médicaments employés doivent être préparés selon une procédure rigoureuse d'asepsie et de qualité satisfaisante. Ainsi, l'infirmier est l'acteur final dans le circuit de la chimiothérapie, qui veille au respect des bonnes pratiques de l'administration des médicaments, et ce par le faite de:

- Garantir la qualité et la sécurité de l'acte d'administration des médicaments pour éviter les erreurs d'administration,
- Vérifier la concordance entre la prescription médicale, la fiche de retranscription et le médicament à administrer,
- Surveiller l'état du patient sur le plan clinique, thérapeutique, socio-psychologique...
- Informer le patient de ses médications et lui apprendre à les reconnaître afin qu'il devienne un partenaire actif de soins Par ailleurs, ce travail sera le focus sur les bonnes pratiques de l'administration des anticancéreux injectables en expliquant l'ensemble des processus, les règles de travail et les points de contrôle, à mettre en place au niveau des unités de soin, afin d'assurer une qualité de la prise en charge thérapeutique des patients.

WORK- SHOP

Oncology Nursing (2)

16:00–17:30

Wednesday

18 November

2015

Zineb, Chahdi El Ouazani

LA FAMILLE DU MALADE AU CŒUR DU SOINS EN ONCOLOGIE

Zineb, Chahdi el Ouazani

Institut National d'Oncologie Sidi Mohamed ben Abdellah, Morocco

Correspondance Zineb, Chahdi El Ouazani

Email: ouazanizineb@gmail.com

Le cancer induit dans le système familial un choc et une détresse psychologique, c'est un temps de crise qui déclenche des différents changements tant sur le plan du fonctionnement familial qu'au plan émotif, l'adaptation émotionnelle à un cancer constitue un obstacle et une gêne pour la famille, ce qui exige de cette dernière une énergie importante afin de pouvoir s'adapter. Dans le but de contribuer à l'amélioration du vécu de la famille et de la qualité de vie des patients atteints de cancer en général. L'objectif de ce sujet est d'évaluer les besoins réels de la famille afin de mieux les accompagner. Au cours de six mois cinquante entretiens directifs ont été réalisés avec les familles des patients qui viennent pour la première fois à l'Institut National d'Oncologie, Rabat. A cet effet, le recours à l'entretien directif tel qu'il est utilisé en psychologie clinique, est une technique qui s'est basée sur la réalisation d'un guide sous forme de questionnaire qui permet aux membres de la famille des patients de répondre à des questions précises. Cette démarche d'évaluation nous a permis de mettre en évidence les besoins suivants: l'information sur la maladie et sur le malade, l'information sur les modalités du processus thérapeutique, les différents effets secondaires, le soutien psychologique avec une aide spécifique pour gérer les moments difficiles, une aide sociale pour l'obtention de certains médicaments... Le soutien de la famille (des aidants naturels) est une nécessité qui doit être encadrée, structurée et orientée par une équipe pluridisciplinaire de l'hôpital (médecin traitant, infirmiers, psychologue, assistante sociale), et cela pour atténuer le retentissement de la maladie sur le vécu familial et par – là les amener à mieux participer à l'amélioration de la qualité de vie des patients.

WORK- SHOP

Oncology Nursing (2)

16:00–17:30

Wednesday

18 November

2015

Zineb, Mokrim

**LA PRISE EN CHARGE SOCIALE DES PERSONNES ATTEINTES
DU CANCER TOUT AU LONG DU PARCOURS DES SOINS**

Zineb, Mokrim

Institut National d'Oncologie, Morocco

Correspondance Zineb, Mokrim

Email: zinebmok@gmail.com

La prise en charge sociale est d'une importance incontournable dans la prise en charge globale des personnes atteintes du cancer, vues les répercussions familiales et sociales de la maladie. L'assistant social en tant que professionnel de la santé intervient dans la prise en charge sociale des personnes atteintes du cancer à travers notamment l'évaluation de la situation sociale de la personne. Cette évaluation permet à l'assistant social de connaître la situation professionnelle de la personne, sa situation financière, sa couverture médicale et son réseau familial et de répondre ainsi aux besoins de la personne et de tracer les actions à entreprendre tout au long du parcours thérapeutique.

Au début du parcours des soins, l'assistant social intervient dans l'information du patient. Il répond à ses questionnements et à ses soucis, le soutient et l'oriente en cas de besoin. Pendant le parcours thérapeutique, l'assistant social accompagne le patient dans la constitution des dossiers et dans les démarches administratives. Il l'aide selon le besoin et intervient auprès de sa famille en cas de nécessité. Après le parcours, l'assistant social intervient dans la réinsertion sociale de la personne en difficulté, la met en contact avec les associations de soutien et les assistants sociaux de sa ville.

La prise en charge sociale se fait en concertation avec le patient et en collaboration avec l'équipe soignante. L'efficacité de cette prise en charge dépend largement de la coordination entre les différents acteurs, du dynamisme des associations de soutien et de l'existence des relais de prise en charge de proximité.

POSTER P150

General Poster Display

Thursday &
Friday
19 & 20
November
2015

Zirimenya, Ludoviko

SYMPTOM PREVALENCE AND BURDEN IN CANCER PATIENTS: ARE THEY AFFECTED BY HIV/AIDS?

Zirimenya, Ludoviko*¹; Hutt, Evelyn²; Musoke, Charles¹; Mwebesa, Eddie¹
¹Hospice Africa Uganda, Uganda; ²University of Colorado Health Science Center, United States

Correspondence Zirimenya, Ludoviko
Email: ludovikoz@yahoo.co.uk

Objective The prevalence of cancer and that of HIV/AIDS is increasing in Uganda and throughout sub Saharan Africa. Unfortunately, little is known about the prevalence and burden of symptoms in patients with AIDS–Cancer and Cancer alone at first referral to a palliative care service. This study set out to compare the prevalence and symptom burden between patients with AIDS–Cancer and those with Cancer only referred to a palliative care setting.

Method Retrospective point prevalence survey of 150 randomly selected charts of patients referred to Hospice Africa Uganda (HAU) as per 2013. Of the 471 eligible patients' charts, 168 were randomly selected and only 150 were included in the study. A chart review instrument was used to extract information from the charts. Data were entered into Epidata version 3.1, cleaned and analysed using Epidata Analysis and Excel

Results Of the 150 patients' records: 78 (52%) had Cancer only diagnosis and 72 (48%) AIDS–Cancer diagnosis. Pain was most prevalent at 91.7% in the AIDS–Cancer group and 100% in the cancer only group. Three quarters reported pain as moderate to severe in both groups of patients. The five most prevalent symptoms in the AIDS–Cancer group were pain (91.7%), social distresses (38.9%), body swelling (27.8%), Anorexia (22.2%) and skin eruption (16.7%) while in the Cancer alone group were pain (100%), body swelling (25.6%), Anorexia (23.1%), social distresses (20.9%) and fatigue (17.9%) The average number of symptoms was 4.8 (2.3) in the Cancer group and 4.7 (2.3) in the AIDS–Cancer group.

Conclusion Pain is highly prevalent in both Cancer only and AIDS–Cancer patients. The four most prevalent symptoms namely pain, social distresses, body swelling and anorexia are similar in both groups of patients. Social distresses occur highly in AIDS–Cancer patients. The mean symptom burden is similar across both groups of patients.

WORK- SHOP

**National
Cancer Control
Programme (2)**
16:00–17:30
Friday
20 November
2015

Zouak, Mohcine

**L'INSTITUT DE RECHERCHE SUR LE CANCER, UN NOUVEAU OUTIL
AU SERVICE DE L'AFRIQUE**

Zouak, Mohcine*; El Rhazi, Karima; Ait Taleb, Khalid
Cancer Research Institute, Morocco

Correspondance Zouak, Mohcine
Email: mohcine_zouak@yahoo.fr

L'Institut de Recherche sur le Cancer (IRC), est un Groupement d'Intérêt Public (GIP) doté de la personnalité morale et de l'autonomie financière. De par la loi N° 08.00, l'objet d'un GIP est de mener des activités d'enseignement, de formation et/ou de recherche et/ou de développement technologique ou de gérer des équipements d'intérêt commun nécessaires à ces activités. Pour le GIP-IRC il s'agit de la lutte contre le cancer par le développement de la recherche contre le cancer. L'IRC est le fruit d'un Partenariat Public-Privé piloté par la Fondation Lalla Salma Prévention et Traitement des Cancers, le CHU Hassan II et l'Université Sidi Mohammed Ben Abdellah. Par ses missions, l'IRC œuvre pour devenir:

- Un acteur majeur de la recherche sur le cancer au Maroc.
- Un vecteur de coopération internationale et un acteur de rapprochement entre les pays et régions de l'Afrique. Dans cette intervention nous présenterons le contexte de développement de la recherche et de lutte contre le cancer au Maroc ainsi que les attentes que le Maroc et l'Afrique sont en droit d'attendre de l'IRC sur les niveaux de:
- L'orientation et de la coordination de la recherche sur le cancer.
- La coopération régionale et internationale.
- Le soutien à la recherche sur le cancer: Programmation, Financement, optimisation des ressources, formation par la recherche, développement de bases de données, élaboration de registres, gestion de plateformes technologiques et ouverture sur l'industrie. Des projections et des pistes de coopération pour le contrôle du cancer en Afrique seront discutées.