



# AORTIC NEWS

THE PULSE OF AFRICA

Volume I, Issue I

October 2004

## Special points of

### Interest:

- Profiles on Executive Members
- Article on AORTIC published in ASCO News
- AORTIC receives generous donation
- Conferences
- Books

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## FROM THE EDITOR



Welcome to this the "bumper" debut issue of *AORTIC News*. I hope you find this newsletter informative and useful. The response to article contributions when prompted was fantastic and I hope to include more articles of interest in the forthcoming quarterly edition.

Having worked at the Cancer Association of South Africa (CANSAs) for approx. 10 years, I'm privileged to be involved in the dissemination of cancer-related information. In this particular issue I have decided to experiment and have included items and eye-catching icons such as :

- books
- conferences
- interviews, and
- articles of interest

I would like to encourage everybody who is part of the AORTIC family to keep the information "pulsating" to this address:

[aortic@telkomsa.net](mailto:aortic@telkomsa.net)

Hopefully we can start a healthy dialogue in a "Letters to the Editor" column. So, without any further ado, I present to you *AORTIC News*. Enjoy!

*BRodrigues*

**Belmira Rodrigues**



## AORTIC INTERNATIONAL The Year 2003—2004 in Review

Chris K.O. Williams, MD, FRCPC  
Founding Secretary-General of AORTIC

AORTIC International accomplished in 2003 one of the goals that it charged itself with at its creation in 2000. This was the holding of the 4<sup>th</sup> International Conference on Cancer in Africa, which was held in Accra, Ghana, from the 6<sup>th</sup> to the 10<sup>th</sup> of October 2003. The conference attracted participants from all parts of Africa, Europe and North America. Another

goal of AORTIC International, the reactivation of AORTIC, was also achieved at the conference, whereby delegates were able to elect an Africa-based leadership. Accra, Ghana was identified as a tentative site of the Headquarters of AORTIC.

In 2004, AORTIC Inter-

national held two meetings. It is customary to hold these meetings in conjunction with the annual meetings of the American Association for Cancer Research, which was held in Orlando, FL, USA, 29<sup>th</sup> of March 2004, and of the American Society of Clinical Oncology (ASCO), on the 6<sup>th</sup> of June 2004 in New Orleans, LA, USA.



## UICC World Conference for Cancer Organisations

*"Working together ...reaching new horizons"*

UICC has a history of uniting global cancer control leaders, and the UICC World Conference for Cancer Organisations, hosted by the Irish Cancer Society, offers a unique opportunity to connect with an international and multi-disciplinary group.

This conference brings together researchers, educators, scientists, advocates, programme



coordinators, information officers, and communications officers from public health organisations, patient groups, the scientific community, governmental agencies, and the medical community in an unparalleled opportunity to enhance the global fight against cancer.

The UICC World Conference for Cancer Organisations will take place in Dublin, Ireland on 17 – 19 November 2004 at the Burlington Hotel. More information can be found on the conference website [www.wcco.uicc.org](http://www.wcco.uicc.org).

## DIPLOMA IN PALLIATIVE CARE (DISTANCE LEARNING)

This is an 18 month diploma programme for health professionals based and working in Africa, accredited by Makerere University

### The Aim of the Course is:

To train specialists who are competent in the care of terminally ill HIV/AIDS and

cancer patients. These are specialists who will facilitate the integration of palliative care within their own environment and cascade their new knowledge and skills to health professionals, allied professionals and carers.

**For more information about the course contact:**

**Grace Kivumbi  
Distance Learning Department  
Hospice Africa Uganda  
[gkivumbi@hospiceafrica.or.ug](mailto:gkivumbi@hospiceafrica.or.ug)**

## OPPORTUNITIES FOR FUNDING PALLIATIVE CARE PROJECTS



help the hospices

Funding is available from Help the Hospices' UK Forum for Hospice and Palliative Care World

wide. Project Grants of up to £2,000 are available to inspire and fund small and innovative projects in resource poor countries. For more information and to access the application form and guidelines, please visit the Help the Hospice website at: [www.helpthehospices.org.uk/grants](http://www.helpthehospices.org.uk/grants)

or contact Karl Benn, Help the Hospices Projects Grants Manager per e-mail: [k.benn@helpthehospices.org.uk](mailto:k.benn@helpthehospices.org.uk)

## ARTICLE ON AORTIC PUBLISHED IN ASCO NEWS

An article on AORTIC International appeared in the *ASCO News* (April – June 2004) written by Christopher Williams.

The article features the history of the organization from when it was founded in Lome, Republic of Togo in 1983 to the present. It was reported that seven important objectives were adopted by AORTIC at its inauguration.

The following are excerpts from the article as published in the *ASCO News*:

“AORTIC enjoyed early success during the 1980s, including the administration of a multicentre, multinational, randomized clinical trial to determine the efficacy of

two anthracyclines for the management of hepatocellular cancer, as well as the organization of three conferences on cancer control in Africa.”

“The challenges of creating cancer control and prevention programs,

**“AORTIC enjoyed early success during the 1980s, including the administration of a multicentre, multicentre, multinational, randomised clinical trial to determine the efficacy of two anthracyclines for the management of hepatocellular cancer ...”**

as well as raising public awareness about cancer in Africa, are daunting. AORTIC International is committed to overseeing and guiding the development of such programs

by providing access to international and domestic resources for funding and technical assistance.”

The American Society of Clinical Oncology (ASCO) is the world’s leading professional organisation representing physicians who treat people with cancer. ASCO was founded in 1964 and publishes *ASCO News* quarterly.

For copies of the entire article, as published in the *ASCO News*, please contact the Secretariat at: [aortic@telkomsa.net](mailto:aortic@telkomsa.net)

Please take note of the upcoming annual **application closing date of 1 December 2005** for the following fellowships:

- **UICC Translational Cancer Research Fellowships (TCRF)** funded by Novartis, Switzerland and the **National Cancer Institute, USA**
- **UICC ACS International Fellowships for Beginning Investigators** funded by the **American Cancer Society** to be awarded at the Spring 2005 selection.

### International Cancer Technology Transfer (ICRETT) Fellowships:

**Duration:** 1 month (extendable up to 3 months at no additional cost to UICC)

**Available:** Approx. 120 per year

**Value:** Average value for travel and stipend US\$3,000 each

**Application Closing Date:** Applications are accepted at any time

For the latest information on International Union Against Cancer (UICC) Fellowships, please consult their website at:

<http://www.uicc.org>  
E-mail: [fellows@uicc.org](mailto:fellows@uicc.org)  
Tel: (4122) 809 18 40  
Fax: (4122) 809 18 10



## FIRST THREE MEDICAL ONCOLOGISTS GRADUATE IN BRAZZAVILLE

Drs Adoubi, Nsonde and Mbra were the first to graduate as specialists of medical oncology from the medical school of the University of Marien NGouabi in Brazzaville, Congo. Congratulations to all!



**Dr Mbra**

**AORTIC NEWS – THE PULSE OF AFRICA**



## BREAST CANCER “TRAIN THE TRAINER” PROGRAM

Ms. Naomi Quartey, an oncology nurse at the University Hospital in Accra, Ghana, was selected as a participant in the International Society of Nurses in Cancer Care (ISNCC) Breast Cancer “Train the Trainer” program which was held August 7-8, 2004 in Sydney Australia. The program was held in conjunction with the ISNCC 13th International Conference on Cancer Nursing. The program was made possible by an educational grant from the Susan G. Komen Breast Cancer Foundation (based in Dallas, Texas) and was coordinated by Connie H. Yarbrow, RN, MSN, FAAN, Immediate Past President of the

ISNCC, and editor of *Seminars in Oncology Nursing*. Karen Hassey Dow, RN, PhD, FAAN, Professor, University of Central Florida School of Nursing, served as Program Director. ICEDOC provided some financial assistance to Ms. Quartey to support her participation in the conference.

The “Train the Trainer” Program includes didactic presentations on such topics as the breast cancer trajectory, risk factors, screening and early detection, clinical evaluation, work-up and diagnostic procedures, current treatment approaches, and supportive care. The program

also includes skills instruction and demonstrations, and group discussions.

This third “Train the Trainer” program's participants were selected from applicants on the basis of the ISNCC's belief in participants' potential to have an impact on breast cancer awareness and education in their country, and the ability to collaborate in interdisciplinary efforts in breast cancer care.

*PAMELA J. HAYLOCK, RN, MA  
Secretary and Executive  
Director of ICEDOC.*



## AORTIC RECEIVES GENEROUS DONATION

A special donation was received from Susan Gurney in memory of Peter Goodale who died of cancer of the pancreas two years ago. This donation will go a long way to contribute to the building of AORTIC as a major instrument for research and training in cancers in Africa to provide quality service to the many afflicted by this disease.

Thank you Susan!

*- AORTIC News*



## CERVICAL CANCER RESEARCH IN BRAZZAVILLE

More than 7694 women in early diagnosis of cervical cancer have been seen at the medical oncology department of the University of Marien Ngouabi in Brazzaville, Congo. This project is funded by the International Agency of Research in Cancer ( IARC ) in Lyon, France.



## INAUGURAL CONFERENCE OF THE AFRICAN PALLIATIVE CARE ASSOCIATION (APCA)

The inaugural conference of the African Palliative Care Association (APCA) took place in Arusha, Tanzania, from 2 – 4 June 2004. This meeting gave the palliative care practitioners across Africa the opportunity to discuss the challenges facing countries with poor resources and to share their experiences. The aim of the conference was to consolidate APCA as the organization with the responsibility of promoting palliative care, training, support and standards of care for those health care workers who provide palliative care.

On the last day of the conference

a consultative meeting was held with representatives of President Bush's Emergency Plan for AIDS Relief (PEPFAR). More than \$2.2 billion of the

\$15 billion pledged by the US government against HIV/AIDS in Africa has been set aside for palliative care.

Dr Anne Merriman, founder of the Hospice Africa Uganda and APCA's Vice Chair reported that: "It is time for palliative care to be taken seriously and given the resources it deserves. Caring for someone, managing their symp-

toms, their pain and distress, and supporting their families, from diagnosis till death, is a vital component in the continuum of care and essential in the fight against HIV/AIDS".

**"It is time for palliative care to be taken seriously and given the resources it deserves."**

Those that attended the conference included representatives who are involved in palliative care from 22 African countries as well as donors.

The first edition of the APCA journal of palliative care was launched at the meeting.

- AORTIC News

### ADDRESS BY THE ACTING PRESIDENT AT THE AORTIC EXECUTIVE COUNCIL MEETING HELD IN CAIRO ON 7TH OCTOBER 2004

Dr Ndom addressed the meeting and began by saying that traditionally there had been a lack of involvement of Africans in cancer projects. AORTIC offers us all an opportunity to redress this problem. He stressed the need for an active, functional Executive Council and that we need to prepare for the next meeting to be held in Senegal in 2005. Dr Ndom stressed the importance of advocacy to generate awareness of the

problem of cancer in Africa, including lobbying the African Union so they understand what is needed to move forward. He promised to be fully accountable to the organisation for his leadership.

Dr Ndom also indicated that he needs resources in order to function effectively as President. It was agreed that Dr Ndom will set up his own secretariat in Cameroon and will need to acquire

equipment such as a computer, a printer, internet access (he currently has to use an internet café) as well as a secretary. Dr Ndom will prepare a budget and open a bank account in the name of AORTIC. Once this is done, this will be funded by monies kept by Dr James Holland in New York

**Dr Paul Ndom**  
**Acting President: AORTIC**



### NCI SUMMER CURRICULUM IN CANCER PREVENTION

The National Cancer Institute's (NCI) 2005 Summer Curriculum will include two courses to be held in Rockville, Maryland:

- The Principles and Practice of Cancer Prevention and Control Course (tentatively scheduled for July 5-29)
- The Molecular Prevention Course (tentatively scheduled for August 1-5)

Advance registration is required and will open in January 2005. For international participants interested in financial support, the deadline is December 1, 2004

**Contact:** Mrs. Barbara Redding, Program Coordinator, NCI Summer Curriculum in Cancer Prevention, Executive Plaza North, Suite 3109, 6130 Executive Boulevard MSC 7361, Bethesda, MD 20892-7361, Phone: 301-496-8640, Fax: 301-402-4863, e-mail: [br24v@nih.gov](mailto:br24v@nih.gov)



## OVARIAN CANCER IN IBADAN

Ovarian cancer has the highest case fatality rate among gynaecological cancers worldwide because of lack of effective screening methods and non-specific early warning symptoms with late presentation. A reinvigorated study is necessary in developing countries because of a projected increase in its incidence. The decreasing fertility rate and increasing use of ovulation induction drugs are some of the reasons.

The Ovarian Cancer Service of the Department of Obstetrics and Gynaecology, University College Hospital, Ibadan, Oyo State, Nigeria commenced the first longitudinal study of this malignancy from 1 December 1998 in order to establish a regional management and research centre. It is a questionnaire survey detailing the demography, clinical and staging

laparotomy findings and histology of all confirmed cases.

Twenty-one staging laparotomy and histologically confirmed ovarian cancer cases were managed from 1 December 1998 to 31 July 2002, about

1.5% of the 1387 gynaecological admissions. It is the third most common of the gynaecological cancers, representing 9.8% of the 214 cases. More than 60% of the patients were 50 years or younger. Only 19% were nulliparous, with 47.6% having had five or more deliveries. Only two patients (9.5%) had used the oral contraceptive pill, for a maximum period of 1 month. Only one patient (4.8%) had a positive family history of cancer. Abdomi-

**It is the third most common of the gynaecological cancers, representing 9.8% of the 214 cases.**

nal swelling was the most common presenting symptom. Eighty-one per cent of the patients presented in Stages III and IV. Epithelial ovarian cancer constituted about 76.2% of the cases. Only 23.8% had adjuvant therapy, consisting of combination chemotherapy using cisplatin based regimes.

The case fatality rate 6 months after surgery was 76%. The ovarian cancer patients in this environment are younger and of higher parity than expected. The risk factors for this disease require further study.

*A. A. Odukogbe, et al Abstract from the Journal of Obstetrics and Gynaecology (April 2004) Vol. 24, No. 3, 294 – 297.*



## THE AFRICAN ONCOLOGY NURSING SOCIETY (AONS) INITIATED

The 9 nurses that attended the conference in Ghana decided to initiate the African Oncology Nursing Society (AONS). This will be a first effort to increase communication amongst nurses in Africa and I sincerely believe that this is an important step in developing cancer care in Africa.

Logistical problems with having a society in Africa are:

Nurses will only be able to afford low membership fees; Financial advantages for pharmaceutical

companies are limited in Africa; Newsletter printing and distribution because of cost and mailing might be problematic in some countries; Conferences and meetings will be challenging for nurses to provide the means of attending.

Possible solutions to drive this effort forward will be:

Funding for the committee members to have a start up meeting to discuss possible projects in African countries;

Funding for Oncology Nurse education in other African countries; Funding for an African Oncology Newsletter to improve communication.

Regardless of all the difficulties, the Oncology nurses in Africa accept the challenge to successfully grow this into a reputable society in Cancer care



## Report on “Holistic Cancer Care in SA” Conference

This conference was held in the Western Cape Province in November 2003. It was the first time that oncology nurses and social workers in this country had combined their forces to provide a single forum for the valuable exchange of information and ideas.

The conference was preceded with skills building workshops dealing with topics like Group work skills, “Train the Trainer” for Breast cancer prevention programs and pain control. During the formal

conferences delegates were able to benefit from the specialised input of foreign speakers from countries such as London, Brazil and Germany.

During networking opportunities, and discussion sessions it became apparent that the few social workers in South Africa who are committed to oncology work need support and encouragement from one another, and are certainly hungry for exposure to work done abroad.

Alongside their nursing colleagues, many local social workers presented papers at this conference, demonstrating originality in their subject matter and competence in their field. It is through meetings such as this conference that local professionals involved in cancer care can learn from one another and share their experiences, especially when attendance at the larger international conferences remain out of reach for many South Africans.

## AORTIC INTERNATIONAL

### The Year 2003—2004 in Review (continued from page 1)

The minutes of the meetings are posted on the AORTIC web site at [www.aortic.org](http://www.aortic.org).

AORTIC International continues to pursue its commitment to assist in the development of the reactivated parental body by promoting linkages with international cancer care organizations. One such organization is ASCO, which invited the AORTIC President and Secretary to attend the 2004 annual meeting in New Orleans, LA, and provided partial sponsorship for them. Unfortunately, various circumstances did not allow the Africa-based leaders to honor the invitation. ASCO continues to be very interested in the growth of AORTIC, and has recently published a profile of AORTIC in its

publication, ASCO News, which has a wide international distribution.

It has also recently proposed a joint ASCO-AORTIC multidisciplinary training course to be held in Africa in 2005. Efforts are being made to promote similar associations with the European Society of Medical Oncology (ESMO), AACR, and other similar international organizations.

The relationship between AORTIC International and the National Cancer Institute of the United States of America developed during the planning phase of the Accra 2003 conference and as a result the conference received major support from NCI-USA and has continued to grow. Dr. Joe Harford, assistant of the NCI Director, attended the

AORTIC International meeting in New Orleans and outlined ways in which NCI could help AORTIC, without taking over the latter's activities. The hope has been expressed that the NCI-AORTIC collaboration would serve as a model for similar affiliations with other major cancer care organizations in the future.



### MESSAGE FROM THE PAST PRESIDENT OF AORTIC AT THE AMERICAN SOCIETY OF CLINICAL ONCOLOGISTS MEETING

“As President, my dream is that AORTIC shall be the leading agency and advocate in effective control of cancer in Africa with major public health interventions for prevention of the disease. I would like to see Africa well endowed with cancer management teams to help those already afflicted with the disease to live in some degree of comfort and dignity and without much suffer-

ing from pain. To realize this dream we need first to have on board AORTIC all of our experts in the field and political support of all of our governments.

We need to raise the profile of AORTIC in the African Union and in major international bodies such as the United Nations, the WHO, UNICEF, World Bank as well as those organizations that

would identify with and support the cause of AORTIC.

Strategically, AORTIC should be heard at international forums of these organizations. We need to identify and court the support of those who will open such doors for us to speak loudly and clearly. But to do these effectively, we need to have the data that will convince others of the need for massive support.

**We need to raise the profile of AORTIC in the African Union and in major international bodies...**

The high prevalence of HIV/AIDS, malaria, guinea worm, onchocerciasis, leprosy, leishmaniasis, African Trypanosomiasis, Bilharziasis and of other tropical diseases has turned the attention of the world to marshal resources to control these diseases with good results in some cases. When we have a convincing message, we shall have the ears of the world and of our own communities through the international media. There is need

for massive education about cancer in Africa in order to promote the awareness of the disease and highlight its preventability. At the last meeting in Accra, the Executive made three important decisions. The first is to establish offices in South Africa and Ghana; the second is to have national and regional offices; the third is to have the next meeting in Senegal in 2005. Our greatest challenge is in the area of funding. I have no

doubt however that as we begin to generate information needed for grant proposal writing, we shall well be on our way to sourcing adequate funds for our mission. I am confident that the parent body, AORTIC International will support us fully in this”.

*Seth Ayettey*  
**Past President: AORTIC**  
**The Meeting was held on 6th June 2004, New Orleans, USA.**

## CANCER ASSOCIATION OF SOUTH AFRICA (CANSAs)

CANSAs (The Cancer Association of South Africa) is an NPO (Non-Profit Organisation) established in 1931 by a group of volunteer doctors concerned about the incidence of cancer in South Africa and the suffering caused by the disease. To this day, CANSAs remains a volunteer-driven organisation, committed to creating a Cancer Smart South Africa through health promotion and education in all communities in the country. It receives minimal State funding and relies on private and corporate donors, sponsors and its own fundraising initiatives, for funding to render its invaluable work.

In addition its on-going research programmes, CANSAs offers a large variety of community-based services, such as the facilitation of patient care; a toll-free Information Service (0800 22 66 22);

counselling; day-care centres; interim homes and volunteer services. These services are provided to cancer patients regardless of creed, affiliation or social circumstances.

Knowledge about prevention, early detection and the treatment of cancer is improving rapidly worldwide. CANSAs is committed to



putting this knowledge into action to save lives and prevent suffering.

### CANSAs in the 21<sup>st</sup> Century

Following its successful repositioning in early 2003 under the guid-

ance of a new Board of Directors, CANSAs has consolidated its position as a health promoter and educator by creating awareness of the benefits of healthy lifestyle choices such as following a balanced eating plan; exercising regularly; not smoking; limiting time in the sun; regular self-examination and having regular check-ups by medical professionals. In addition CANSAs will continue its traditional role of supporting people living with cancer and their families.

As part of its repositioning, CANSAs's corporate identity has been redesigned to reflect the organisation as modern, progressive and in keeping with ever-changing trends in South Africa and the world.

*Continued on page 9 ...*

## SOME FACTS ABOUT HOSPICE UGANDA



Hospice Uganda is the model Hospice for Hospice Africa. Hospice Uganda is a registered NGO and incorporates

Mobile Hospice Mbarara and Little Hospice Hoima. Hospice Uganda looks after cancer and/or HIV/AIDS patients by bringing the modern methods of pain and symptom control, counselling and spiritual support to the patient and family. It is estimated that

up to 60% of their cancer patients also have AIDS.

### Teaching Program in Uganda:

To bring this form of care to all in need in Uganda, it is essential that palliative care is introduced to all health professionals as well as to the community. Hospice Uganda has teaching sessions for undergraduate and postgraduate doctors and ad hoc teaching is carried out in Mulago and other hospitals in the Kampala area. Hospice Uganda teaches palliative

medicine to Pharmacy and BSc Nursing undergraduates. More recently they are working closely with other HIV/AIDS organisations by sharing knowledge and training so that palliative care is being grafted onto home care services already in the communities.

Selected health professionals are offered 9-month placement at Hospice Uganda for special training to lead palliative care

*Continued on page 9 ...*



## EDUCATIONAL GRANTS AVAILABLE

Educational Grants are available from Johnson & Johnson under the auspices of the International Gynecological Cancer Society (IGCS) for upgrading skills of doctors/nurses/ other specialties involved in care of women with cancer in Africa.

Applicants must have at least 3 years experience in their specialty, and must have the permission of the host

institution as well as a commitment to return to the host institution post training.

All specialties related to cancer care of women will be considered eligible for the grant.

The grant will range from US\$2000 to US\$10 000 depending on the nature of the training.

Interested applicants should apply to Professor Lynette Denny at: aortic@telkomsa.net

OR

Erica Bard Riley  
Operations Manager, IGCS  
PO Box 6387  
Louisville KY 40206 USA  
Tel: 502-891-4460  
Fax: 502-891-4461  
E-mail: adminoffice@igcs.org

For Fedex Delivery

4500 Bowling Boulevard,  
Suite 100  
Louisville KY 40207 USA  
Website: www.igcs.org



## Surgical Training in East Africa needs attention

The lack of basic surgical care in Africa, but particularly East Africa, is a growing concern today. WHO has researched that up to 10% of the population will die from injury, and that 5 % of pregnancies will result in maternal death, because of inadequate surgical services. The increased risk of *unnecessary* death is as a result of a number of reasons.

Firstly there is a lack of medical graduate recruitments to surgical training programmes. (There are relatively too few trained surgeons to care for more than 200 million people in the eight-country region.) Those that do choose this profession look to public health positions (NGOS and foreign agencies), where there is a higher pay rate than that of public hospitals. Remu-

neration is not the only concern of these graduates, lifestyle conditions and the risk of occupational exposure to HIV infection, also affect the individuals' decision.

Secondly, there is a general lack of trained personnel in this area. Thus, in order to improve productivity, there needs to be a greater sharing of knowledge between developed and under-developed countries. With well-organized protocols and teams, one surgeon can manage many patients safely.

Some of these problems are being

addressed by African surgeons themselves, in organizations like the College of Surgeons of East, Central and Southern Africa (COSECSA), who have addressed some of these educational needs by developing a regional curriculum and using NGOs, private and mission hospitals, as teaching institutes. The Ptolemy Project also provides east African surgeons online access to the necessary medical literature and skills development. There are many other courses to be implemented in Africa but these require money and are dependant on technology currently unavailable in African hospitals

**There are relatively too few trained surgeons to care for more than 200 million people in the eight-country region.**

*Continued on page 13 ...*



### Some facts about Hospice Uganda

#### In Africa:

Since 2001, with the assistance and formal agreement with Diana, Princess of Wales Memorial Fund, Hospice Uganda has extended their training to other African countries. This is in line with one of the objectives of Hospice Uganda and the vision of the late Diana to help cancer and AIDS patients. This includes a Resource Centre in Makindye, training in Uganda and in other

African countries and a Distance Learning Diploma in Palliative care in conjunction with Makerere University.

There are 14 residential rooms for those in training from other African countries. Other health professionals from Uganda and overseas students on electives with hospice also use this facility. In between bookings for education purposes, this residence is open to others.

**Continued from page 8**

#### Financial Support:

Hospice Uganda is entirely dependent on the goodwill of

donors. The Ministry of Health has supported Hospice in encouraging this form of care to extend to the poorest of peoples since they first came in 1993.

**Contacting Hospice:** To continue this essential work Hospice Uganda needs further financial support and volunteers. Contact Hospice Africa Uganda at [hospiceafrica.or.ug](http://hospiceafrica.or.ug)



### CANCER ASSOCIATION OF SOUTH AFRICA (CANSA)

**Continued from page 8**

#### CANSA in the African context

In order to meet the health challenges facing the peoples of developing countries on the African Continent, communication, participation and cooperation is vital between cancer related organisations in the region.

Due to its repositioning, CANSA is poised to become a major player in this process.

CANSA is striving to create a Cancer Smart South Africa and its imminent success will undoubtedly influence developments and improvements in cancer treatment and facilities throughout the African Continent in the longer term.



## AORTIC EXECUTIVE MEMBERS PROFILE



Paul Ndom

Paul Ndom, a medical oncologist, is Chief of Medical Services at the General Hospital in Yaounde, Cameroon. He is also President of SOCHIMIO (Solidarite Chimotherapie) an NGO and vice-President of AORTIC Central Africa.

Dr Paul Ndom was elected Acting President of AORTIC at the recent AORTIC Executive Council meeting that was held in Cairo in October until the next meeting in Senegal in 2005.



Lynette Denny

Lynette Denny is a gynaecological oncologist working as a senior specialist and Associate Professor in the Department of Obstetrics & Gynaecology at Groote Schuur Hospital/University of Cape Town. Her work includes clinical service, teaching, training and research. Her two main research interests have centered around prevention of cervical cancer in low resource settings and violence against women. In the former, she has collaborated with researchers from Columbia University in New York in an ongoing community-based cervical cancer screening project located in informal housing settlements outside Cape Town since 1996.

This work has been funded by Engender Health and the Bill & Melinda Gates Foundation. To date over 14 000 indigent women have been screened in this project, which has just completed a randomised trial of screening and treatment using visual inspection and HPV DNA testing as primary screening tests.

Professor Denny has received a number of awards, including being the first recipient of the Shoprite Checkers/ SABC 2 Woman of the Year award for Science and Technology in 2003. She has published in international peer reviewed journals and is a member of a number of international committees in her field of gynaecological oncology. Professor Denny has been invited to be part of the FIGO Gynaecological Oncology Committee from 2004 to 2006.

Lynette Denny is Secretary Treasurer for AORTIC Africa.



Seth Ayettey

Seth Ayettey is a Professor of Anatomy with a PhD from the University of Cambridge and a MBChB degree from the University of Ghana. His research interest lies in the study of the ultrastructure of vertebrate cardiac muscles with special reference to the transverse tubular system, innervation, cell junctions and distribution of cytoplasmic organelles. The Primary aim of these studies is to determine morphometric differences in cardiac cells of mammalian and non-mammalian vertebrate species and the possible relationship of these to design and function of the cardiac myocyte.

Professor Ayettey is a minister of the Presbyterian Church of Ghana and member of the Board of Directors of World Vision and of the Executive Committee of that Board, Chairman of the Prison Council in Ghana, Trustee of the Ghana Cancer Society.

Professor Seth Ayettey is Past-President of AORTIC Africa.



Ahmed Elzawawy

Ahmed Elzawawy is an Egyptian clinical Oncologist ( Radiation and Medical Oncologist ). He graduated from Alexandria University in Egypt and then from the University of Paris Sud, France. He is a Professor and Head of Oncology and Nuclear Medicine at the Suez Canal University in Egypt. He is currently President of ICEDOC & ICEDOC's Experts in Cancer Without Borders ,USA ( ICEDOC is The International Campaign for Establishment and Development of Oncology Centres, a non-profit organization incorporated in USA, [www.icedoc.org](http://www.icedoc.org) ), Vice President of AORTIC for North Africa and a member of the advisory board of INCTR (Belgium).



## AORTIC EXECUTIVE MEMBERS PROFILE



**James Holland**

Dr. James F. Holland met with Dr. Victor Anomah Ngu, an old friend, then Dean of the Ibadan School of Medicine, Dr. Christopher Williams, Oncologist at Ibadan, a former student of Dr. Holland's, and the late Dr. Tori Solanke, Professor of Surgery at Ibadan at the International Cancer Congress in Seattle in 1984. Out of a pleasant reunion sprang the idea for AORTIC.

Chris Williams traveled extensively in Africa to recruit physicians interested in cancer. The first meeting in Lome, Togo, was a great success. Dr. Jan Stjernsward, Chief of the WHO Cancer Program attended and WHO helped with expenses. The remainder of the history of AORTIC is told elsewhere, but the effort to help African cancer patients and doctors gain access to the world's resources, intellectual and material, has been a driving force from the start.

Dr. Holland attended Princeton University and Columbia University's College of Physicians and Surgeons. He worked at the National Cancer Institute and at Roswell Park Cancer Institute before joining the faculty of Mount Sinai School of Medicine as Director of the Cancer Center in 1973, where he still works.

He was a founder and Chairman of the Cancer and Leukemia Group B, and has been elected to the Presidency of the American Association for Cancer Research and of the American Society of Clinical Oncology. The text Holland -Frei Cancer Medicine is in its 6th Edition.

Dr. James Holland is married to Dr. Jimmie Holland. They have six children and six grandchildren.



**Christopher Williams**

Christopher Williams, MD, FRCPC, FWACP, DABIM, is a dual citizen of Nigeria and Canada and had his basic medical education at the University of Munich, Germany. He obtained his postgraduate medical training at the University of Western Ontario, London, Ontario, Canada where he trained in Internal Medicine, followed by training in Clinical Haematology at the McMaster University, Hamilton, Ontario, Canada and in Medical Oncology at the Mount Sinai School of Medicine in New York, NY, USA. He then returned to Nigeria to work at the University College Hospital, Ibadan, Nigeria and was on the faculty of the College of Medicine of the University of Ibadan from 1978 to

1986. During this period, he served the institution as the Foundation Subdean of the Faculty of Basic Science and Pharmacy. It was during this period that he teamed up with two senior African colleagues, Dr. Victor Ngu of the Cameroon, and Dr. Toriola Solanke of Nigeria, and his American mentor, James F. Holland, to found the African Organisation for Research and Training in Cancer (AORTIC), serving the

Dr. Williams, who has practiced medicine in Africa, Asia, Europe and North America, has published about 100 scientific articles in peer-reviewed journals, abstracts in international conference proceedings and chapters in books. He is the Editor-in-Chief of the book "Breast Cancer in Women of African Descent", which is about to be published by Spinger. He is a pioneer researcher in clinical retrovirology in Africa and was the first biomedical researcher to alert Africa's most populous country, Nigeria, to the earliest epidemiological data of HIV/AIDS. His work in Nigeria also encompasses the earliest attempt to establish Medical Oncology as a discipline in a major Sub-Saharan Hospital.

### **Charles Gombe-Mbalawa**

Charles Gombe-Mbalawa became a Professor of Oncology in 1992 and is Head of Department of the Medical Oncology at the University Teaching Hospital in Brazzaville. He is also the editor of the "Carcinologie Pratique en Afrique" medical journal.

*AORTIC members profiles continued on page 12*



## INTERVIEW WITH ANNE MERRIMAN FROM HOSPICE UGANDA

1) *How did you come to start a hospice in Uganda?*

In 1993, we carried out a feasibility study of those countries that had requested we help them with a service similar to the one from Nairobi Hospice, where I was the first medical Director. Having experienced the terrible suffering in Nairobi, I realised that a model African hospice with affordable medications and culturally sensitive to Africa was required, that could encourage a culturally sensitive service in other countries. Many people from Africa were going to the west for their model and the western model was too expensive and not suitable to the African way of life.

2) *How many people do you have working with you?*

There are now more than 100 Ugandans working with 3 Hos-

pices in Uganda. In April 2003, I passed over the reigns to a Ugandan Doctor, Chief Executive, Dr Ekiryia Kikule. Dr Kikule was the first to research into the needs of terminally ill patients and their carers in communities in Africa. We also feel very close to those that we train and are now working in Districts on their own. This would be a further 10 who have trained as Clinical palliative care nurses and clinical officers, now empowered by Government to prescribe morphine, and more than a thousand who have attended our training workshops for health professionals.

3) *How many patients do you reach through Hospice Uganda?*

From September up to the 1 August this year we had looked after 7140 patients and had 666 patients under our care, mainly in

their own homes.

However those we train are looking after many more.

4) *Compared to other Hospices what would you say is unique about Hospice Uganda?*

1. We commenced with very little material support, but with well defined objectives which still stand and a lot of Faith!

*Continued on page 13 ...*

## AORTIC MEMBERS PROFILE (Continued)



**Petra Fördelmann**

Petra Fördelmann has 17 years of Cancer Nursing and Palliative care experience, ranging from home based care nursing to managing a cancer care hospital. The focus of the cancer care is on Radiotherapy, specifically Neutron and Proton Therapy. She is also the President of the National Oncology nursing society of SA and a board member of the International Society for Nurses in Cancer Care, representing Africa and the Middle East. Petra lectures for the B Tech Oncology Nursing Course at the Cape Technikon and is designing a distant learning course in Cancer Nursing. Petra is Nursing service Manager of Faure Hospital, a division of iThemba LABS in Cape Town.



Sulma Mohammed earned her MS and PhD degrees from Cornell and Purdue Universities in the USA. She is a dual citizen of Sudan and the USA. Dr. Mohammed is Assistant Professor of Cancer Biology, Director of Purdue University Cancer Center for Drug Discovery Shared Resources and Adjunct Professor of Medical Microbiology at the Indiana University School of Medicine. She was a fellow of the Walther Cancer Institute and of the Cancer Research Foundation of America.

Sulma Mohammed Dr. Mohammed has a well funded laboratory (1 million US Dollars) to conduct studies on breast and bladder cancer. One of her research projects focuses on identification of models to study ER-negative (estrogen receptor) breast cancer development and progression in women, especially African-American and African women. As majority of African and African-American women develop ER-negative tumors at a young age. Up to now no specific treatment regime is available to treat ER-negative tumors as opposed to ER-positive tumors. In addition, Dr. Mohammed is working to identify biomarkers for early detection of breast cancer metastasis using proteomic-based approaches. Recently, she has developed an interest in cervical cancer in collaboration with oncologists from Nigeria and Emory University, USA.

Dr. Mohammed has received a number of awards, including the African American Institute award, African Women Leaders in Science award, and many American Association for Cancer Research travel grants. She has published her research findings in reputable journals that include Cancer Research and Molecular Cancer Therapeutics journals. She is a member of the editorial board of the Cancer Chemo Prevention journal.



# Report of the First Meeting of the AORTIC Council

## held at the Conrad Hotel, Cairo on 7 October 2004

### Introduction

Prior to the commencement of the meeting in Cairo, a new President had to be elected. Professor Ayettey, the then President of Aortic, unfortunately had to resign due to his many other commitments. He could also not attend this meeting. A new acting President however, was voted for by the Vice Presidents, and Dr Paul Ndom was elected. He will remain Acting President until the meeting in Senegal.

### NCI

Dr Joe Harford, from the National Cancer Institute (NCI), USA quoted from the global cancer databank which shows that more people die from cancer than from diseases such as AIDs, Malaria and Tuberculosis. In the USA the major causes of cancer (49%) are environmental, including tobacco use (1 in 3 tobacco users die directly due to the effects of tobacco on their health), diet and infectious diseases. The same figure for Africa is 37%

The main role of NCI is to facilitate and catalyse research and training rather than to act as a grant providing agency. Prime focus of activity for AORTIC should be the use of tobacco as it is a major threat to the health of Africans and very few countries have strategies for tobacco control. NCI strongly supports the development of African leadership of cancer organisations that will have clear aims and objectives with measurable, practical outcomes.

### Secretariat

The Secretary Treasurer, Dr Lynette Denny, reported that a secretariat had been set up in Cape Town with funding provided by Dr James Holland. The AORTIC newsletter is to be published every three months and it will contain information related to the organisation and its members, workshops, fellowships, conferences and will provide space for members to place relevant adverts or information.

### Dr Ahmed Elzawawy – North Africa

Dr Elzawawy stated that the main need in terms of cancer in Africa is training. He indicated his desire to set up an office in Cairo which would be at the disposal of the whole of AORTIC and would provide a service staffed by volunteers and no funding would be required. Egypt is relatively well resourced compared to other African countries and there are many opportunities for training in Egypt. The volunteer office will focus on finding opportunities for Africans to train in Egypt and where possi-

### Prof. S Bayo - West Africa

Prof Bayo described facilities in various West African Centres. Senegal's Institut du Cancer had existed for 30 years and currently has facilities to perform surgery, radiation and chemotherapy. In Gambia there is now a functional cancer registry, but not much else in terms of cancer prevention or treatment, although there has been a programme for vaccination against Hepatitis B running for the past 15 years, in order to reduce liver cancer. Sierra Leone and Liberia have no cancer care at all. Guinea Bissau has a cancer registry and is currently performing a visual inspection study for prevention of cervical cancer in collaboration with IARC (International Agency for Research on Cancer).

Cote D'Ivoire has a cancer registry and facilities for cancer surgery and chemotherapy, but no radiation facilities. Nigeria has facilities for radiation, surgery and chemotherapy in some centres. Niger has a cancer registry and is also involved in visual inspection studies with IARC for prevention of cervical cancer. There are no cancer management facilities in Burkina Faso. Mali has a cancer registry, has access to chemotherapy and surgery and are about to obtain a cobalt machine for radiation.

Professor Bayo indicated that the most pressing needs for West Africa were for the development of human resources, health infrastructure and information for both health professionals and the public.

### Dr Paul Ndom - Central Africa

Dr Ndom reported that an African Group of Cancer was set up in Cameroon and meetings will be held in Brazzaville and Chad in the next few months. There is also a conference to be held in Gabon in March 2005 focussing on Cancer in Africa.

Under the leadership of Professor Doh Anderson, a National Committee Against Cancer has been established in Cameroon and has designed a cancer control programme. A cancer registry has been established in the two main cities of Cameroon with the help of IARC and a doctor was sent to the IARC headquarters in Lyon for a month of training. An organisation called SOCHIMIO has been set up in Cameroon which aims to help patients afford cancer treatment, and the organisation has been able to reduce costs to the individual by 50% in some cases.

There is also a Centre for Education and Information on Cancer which is designed to provide free information to patients about cancer. The office opened in November 2003.



## Report of the First Meeting of the Executive Council of

### AORTIC held at the Conrad Hotel, Cairo on 7 October 2004 (Continued from pg 13)

#### Dr Henry Wabinga - East Africa

Dr Wabinga pointed out that the establishment of cancer registries is an important political tool for raising awareness of the magnitude of cancer in Africa. Most cancers are increasing in incidence, particularly cancer of the prostate, breast, oesophagus and Kaposi's sarcoma. Lung cancer is a major cancer in North and Southern Africa, liver cancer in West Africa, stomach cancer in Mali and bladder cancer in Egypt. There is a relatively low incidence of cervical cancer in North Africa and Kaposi's sarcoma in West Africa. Mortality from cancer is high in African countries due to very low expenditure on health, poverty, late presentation and lack of treatment facilities. Staging is often inaccurate and there is poor quality control in this area.

#### Ms Petra Fördelmann - Southern Africa

Ms Fördelmann felt the meeting had focussed too much on medical personnel and not sufficiently on other health care workers such as nurses, who, she pointed out, are at the forefront of most health care systems in Africa. The South African government has a cancer control programme for 2010.

The UICC and the Oncology Nursing Society have developed distance learning courses which will be launched in 2005. These give theoretical rather than practical training. A distance learning programme on Palliative Care has been developed by the School of Public Health at the University of Cape Town, South Africa.

The Hospice Association of SA has given the Lesotho government a large grant for setting up home based care for terminally ill people.

#### Committees

##### *Constitution and By-Laws Committee*

This committee will consist of Professor S Bayo (Chair), Dr Henry Wabinga and Dr Carrie Hunter. They will review the existing draft constitution and by-laws and circulate any changes to the Executive Council. Once approved by Council, the draft will be circulated to the membership. All responses will be incorporated into the documents and presented to the membership at the business meeting to be held at the Senegal conference in 2005.

##### Other Committees

The Standing committees should each have a chairman and four members. For the exception of the Nominating Committee, all committees shall be appointed by the President with advice from the Executive Council. The Nominating Committee shall be composed of a Vice-President, who shall serve as Chairman, and two additional members chosen by the AORTIC Executive

committees. These rules are according to the draft constitution of AORTIC which will be ratified at the next meeting in 2005.

#### Various Committees that need to be established include the following:

- Nominating Committee
- Membership Committee
- Finance Committee
- Scientific Programme Committee

#### Other committees that were suggested at the Council meeting include:

- Fundraising and Advocacy Committee
- Research and Training Committee
- Resource Committee to work with organisations such as UICC/INCTR to create greater co-ordination and synergy among the different organisations.

#### Membership Dues

Membership Dues for 2005 should be paid in January 2005 and notification of this will be sent out to all members via the Cape Town Secretariat.

#### The 5<sup>th</sup> AORTIC conference is to be held at the Hotel Meridien President, Dakar, Senegal from 14 – 16 November 2005.

#### Address:

Secretariat 5<sup>th</sup> Conference Internationale  
AORTIC (Professor JM Dangou)  
Hopital General de Grand Yoff  
P O Box 3270  
Dakar  
Senegal

Phone: + 221 839 9219

Fax: + 221 822 7052

Email: dangou@pasteur.sn



## Interview with Anne Merriman (Continued from page 12)

5) *What were the major obstacles you were faced with when you began Hospice Uganda?*

Donors were not interested in palliative care in 1993. We actually traveled to many countries in the developed world looking for support, but the finance was going into prevention (mainly condoms). Care was not on the agenda.; Difficulties in getting health professionals to accept the hospice philosophy and the need for affordable oral morphine for use in the home. Although the Minister of Health was supportive and helped us to bring in the first oral morphine, this action actually slowed down further development due to misunderstandings amongst some personnel in key positions in the Ministry of Health. Matters have improved in the last five years by actively addressing the myths and

prejudices against the use of morphine amongst those not aware of recent advances in morphine use, through our Senior Advocate in National Policy, Dr Jack Jagwe.

6) *What are the ongoing challenges to keep the project going?*

Maintaining the hospice philosophy with a rapidly growing organization; Meeting all the demands for training and care in Uganda and without; Funding will always be a problem; Sustainability cannot be assured in the changing world in Africa but we are making progress.

7) *What advice do you have for someone wanting to initiate a similar project?*

Do not be afraid to start small as long as you are working with the needs of the poorest; Make sure that you understand the cultural and holistic needs of the people

you will be working with and keep in touch with those organizations already working there; Do not introduce a Board until the structures are in place and let them be advisors initially. This is because Hospice is new and must be non bureaucratic; Keep in mind that the three foundation measures from WHO are a good place to start: Education, Drug availability (and affordability) and Government support; For a new venture to take root and to grow there needs to be a "Champion" who is prepared to carry through the hospice philosophy to all from the most Senior in the land to the poorest in the village.

*Dr Anne Merriman is Director of Medical Services & Education at Hospice Uganda.*

- AORTIC News



## SURGICAL TRAINING IN EAST AFRICA NEEDS ATTENTION (from page 9)

It is urgent to improve surgical working conditions, increase government salaries, and have access to HIV post-exposure prophylaxis. It is also important to recruit more medical graduates, and give them skills to combat the growing burden of surgical disease

in Africa. All these strategies, if well managed and maintained, could result in the increase of well-trained African surgeons and thus benefit both medical professionals and patients. Western institutions could do much to help. Now is the time to act.

*AORTIC is just one step in achieving this goal, through training and skills development in combating cancer.*

- AORTIC News



## AORTIC EXECUTIVE MEMBERS PROFILE (Continued)



Carrie Hunter

Carrie P. Hunter is a board-certified medical oncologist with broad experiences in cancer treatment, prevention, and cancer control research. Her interests include studies of breast and colorectal cancer in culturally and ethnically diverse populations and she has published in peer-reviewed journals. She is editor of a book on "Cancer in the Elderly" published by Marcel Dekker, Inc. in 2000. Dr. Hunter attended New York University School of Medicine and completed post-graduate training at the Peter Bent Brigham Hospital (now Brigham and Women's) and the Dana Farber Cancer Institute in Boston, MA. She worked at the National Cancer Institute, National Institutes of Health (NIH), USA, in implementing

National community and prevention program initiatives. She also worked with the NIH Women's Health Initiative, the largest prevention study in post-menopausal women ever to be conducted in the United States. Since 2003, she has been with the US oncology program of Pfizer Global Pharmaceuticals.

Dr. Hunter was chairperson of the AORTIC 4<sup>th</sup> International Conference on Cancer in Africa that was successfully held in Accra, Ghana, in October, 2003. She is a member of the AORTIC Africa Executive Council.



Professor Sine Bayo is General Director of Gabriel TOURE Hospital, Professor of Pathology at the Medical Faculty and Director of the Cancer Register of Mali.

Sine Bayo is Vice-President of AORTIC for West Africa.

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## BOOKS

Pain and Symptom Control in the Cancer and/or AIDS Patient in Uganda and other African Countries. 3<sup>rd</sup> Edition  
**Anne Merriman**

Published by Hospice Africa Uganda, 2002

ISBN: 9970 830 10 0 129 pages

Price: \$U6.00 Euros E8

To purchase this book please contact Roma Abenaitwe, Resource Centre, Hospice Africa Uganda, PO Box 7757, Kampala, Uganda. E-mail: educ@hospiceafrica.or.ug

Hormones, Genes and Cancer

**BE Henderson, B Ponder and RK Ross (eds)**

Published by Oxford University Press (2003)

ISBN: 0-1951-3576-8 435 pages

Management of Infection in Oncology Patients

**JR Wingard and RA Bowden**

Published by Martin Durnitz (2003)

ISBN: 1-9018-6598-3 441 pages

25th Annual Report on the Results of Treatment in Gynecological Cancer

**An Official Publication of FIGO (2003)**

**Guest editor: Professor S Pecorelli**

ISBN: 0-4445-1585-2 230 pages

To order e-mail: amstbkinfo@elsevier.com

*The African Organisation for Research and Training in Cancer is a bilingual (English/French) non-governmental and not-for-profit Organisation that was founded in Lome, Republic of Togo, West Africa in 1983. It is dedicated to the promotion of cancer control in Africa. AORTIC International, founded by expatriate African cancer care workers, scientists and their friends, is committed to the development of AORTIC in Africa.*

*We're on the web!*  
[www.aortic.org](http://www.aortic.org)



## UPCOMING CONFERENCES 2004

Oncology Nursing Society  
Institutes of Learning  
November 5 – 7, 2004  
Nashville, USA  
Contact: meetings@ons.org

Leura V International Breast  
Cancer Conference  
November 10 – 14, 2004  
Sydney, Australia  
Contact:  
nswbci@tourhosts.com.au

1<sup>st</sup> International Conference  
for Oncologists and Other  
Health Care Leaders  
November 17 – 19, 2004  
New York City, NY, USA  
Contact: cassileth@mskcc.org

90<sup>th</sup> Meeting of the  
Radiological Society of North  
America  
November 28 – December 3,  
2004  
Chicago, IL, USA  
Contact: reginfo@rsna.org

4<sup>th</sup> Symposium on Cancer  
December 2 - 4, 2004  
Brazzaville, Congo  
Contact:  
Gombcharles@yahoo.fr

American Society of  
Hematology (ASH): 46<sup>th</sup>  
Annual Meeting  
December 3 – 7, 2004  
San Diego, CA, USA  
Contact: ash@hematology.org

4<sup>th</sup> International Meeting of  
Hepatocellular Carcinoma –  
Eastern and Western  
Experiences  
December 15 – 16, 2004  
Wanchai, Hong Kong  
Contact: hccewe04@hku.hk