

INSIDE THIS ISSUE:

The Well Woman Clinic

Page

2

Haematology & Oncology
Society of Africa

3

World Cancer Day Observed
in Ethiopia

4

AORTIC Executive Council
Members

5–6

Sudan First International
Conference on Breast Cancer

7–8

Palliative Care in Cameroon

9

SA Doc Awarded for Fight
Against Tobacco in SA

10–11

Breast Cancer Awareness in
Rural Ghana

12–13

Paediatric Oncology Corner

13

Bone Marrow Registry in
Nigeria

14

Welcome to Our New
Organisational Members!

15

eCancermedicalscience Call
for Papers

16

Conferences

17–22

Books

23



Dear Readers

Welcome to the first edition of “AORTIC News” for 2012.

We have introduced a Paediatric Cancer corner on page 13, edited by Professor Cristina Stefan, that will be featured in future editions of our newsletter as well.

Congratulations to our newly elected AORTIC Council Members who will serve for a term of two years, 2011–2013. See pages 5–6.

Following the very successful AORTIC 2011 in Cairo, Egypt, we are pleased to announce that the next AORTIC conference will be held in Durban, South Africa, from 20–24 November 2013. Save the date now!

Please send us your news to: admin@aortic-africa.org. We look forward to hearing from you!

Follow us on facebook at:

<http://www.facebook.com/pages/AORTIC/106461149394208>

Signing off

Belmira Rodrigues

THE WELL WOMAN CLINIC IN SIERRA LEONE

Melvine Edith Patricia Stuart (MEPS) Trust



THE WELL WOMAN CLINIC

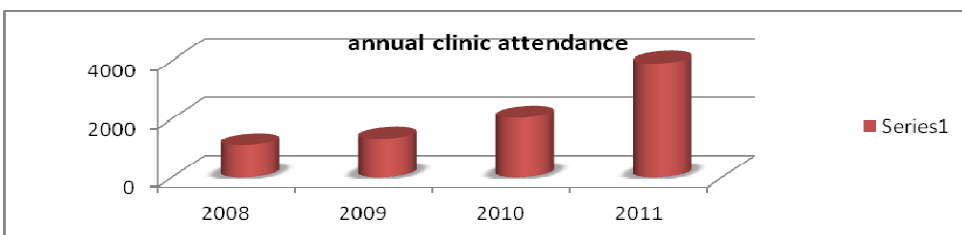
The Melvine Edith Patricia Stuart (MEPS) Trust Well Woman Clinic is a registered non profit organisation in Sierra Leone that promotes health in general and welcomes women from all walks of life for screening for early detection of breast cancer and teaching of breast self-examination. It was first established in 1978, three years before the death of Melvine Stuart who died from breast cancer in March 1981. The original objective of the trust was to ease the burden of suffering experienced from cancer sufferers and their loved ones, through the development of a convalescent home. However due to the increasingly high incidence of death from cancers affecting women’s reproductive health, especially breast and cervical cancer, coupled with the lack of knowledge and awareness, together with the need to assist the GoSL in promoting women’s health, the trustees saw it fit not to change the remit of the original trust but to pursue its wider objective which has been translated into the MEPS vision. Taking into account the status of the health service delivery in the country especially in the area of cancer care, the vision is focussed on raising awareness of cancers affecting the reproductive health of women (including prostate cancer for men). This service includes educating women on risk factors of breast cancer, early detection and prevention, teaching of breast self-examination, clinical breast examination (CBE) and counselling.

The Clinic is poised to commence a cervical screening programme in collaboration with GOSL and a leading laboratory in the country. Currently it runs a wellness programme which includes screening for diabetes, hypertension, obesity, pregnancy and STI in addition to teaching lifestyle health influences. It works in collaboration with other healthcare providers to provide diagnostic results and treatment especially in the area of breast cancer. Where possible the Clinic will undertake or subsidize the cost of diagnostic tests and medical treatment for breast cancer sufferers especially women in the lower income bracket. It offers free breast ultrasound for women under age 40years with signs of breast cancer and collaborates with other healthcare in assisting underprivileged women with the cost of a mammogram.

In the area of antenatal care, the Clinic offers 2-3 free ultrasound screening to pregnant women from the lower income bracket that might otherwise not have accessed the service due to cost or lack of awareness about the benefits of ultrasound screening during pregnancy. Results of monitoring of women with complications indicate no maternal deaths. Women are encouraged to register for the wellness and breast cancer screening after delivery which has proved successful as most women return to the Clinic for these services.

In March 2006, the Minister of Health and Sanitation launched the Trust’s first initiative of the Well Woman Clinic. Its vision is to provide an affordable one stop clinic for women, aiming at improving their wellbeing, reducing the death rate from cancers affecting women’s reproductive health (including prostate cancer for men) and reducing the incidence of maternal and neonatal mortality. As a result of its early detection message and awareness raising campaigns, the clinic attendance has grown significantly over the years.

Programme delivery activities on awareness and education about cancers affecting women’s reproductive health especially breast cancer include monthly radio discussions, visits to schools, institutions of higher learning, commercial institutions and various communities in the western area. The most successful outreach activities have been the free community health and treatment outreach at the Clinic and in various communities in the western rural areas where under privileged women are targeted.



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THE WELL WOMAN CLINIC IN SIERRA LEONE

The Clinic has expanded its education and awareness activities to three districts in the provinces (Bo, Kenema, Bombali) and two areas in the western rural district (Sussex and Waterloo) where peer educators, traditional birth attendants and stakeholders are trained on breast self examination, risk factors and possible prevention methods.

Current Limitations

Lack of adequate diagnostic screening equipments

Although the Clinic has an ultrasound machine for clinical breast examination (CBE) yet the lack of a functioning mammogram machine limits the number of women with access to affordable mammogram screening for early detection of breast cancer.

Lack of qualified technicians

The lack of qualified technicians in the country has made it difficult to repair the Clinic's mammogram machine

Lack of a national comprehensive treatment programme for cancer sufferers

Treatment is limited to the administration of Tamoxifen and generic chemotherapy to a limited number of the public with radiotherapy not being an option. This has impacted greatly on the survival rate of women diagnosed with breast cancer.

Limited finance

Lack of funding has delayed the commencement of the cervical awareness and screening program.

HAEMATOLOGY & ONCOLOGY SOCIETY OF AFRICA

The Haematology and Oncology Society of Africa is a scientific, educational and charitable nonprofit organization in the process of being established. The objectives are:

A: to promote understanding and treatment of diseases of the blood or bone marrow, and cancers; primarily in Africa, and also the rest of the world.

B: to provide hematologists and oncologists a collaborative platform in Africa for exchange of scientific information and other types of cooperation that make for progress in haematology and oncology.

C: to facilitate and harmonise the training of haematologists and oncologists in Africa, and encourage the integration of emerging advances in science and technology into the practice of haematology and oncology.

D: to cooperate with national and international societies of haematology and oncology in and outside Africa in order to advance the study and treatment of diseases of the blood and bone marrow as well as cancers in general.

E: to take such other actions that will further the above objectives.

To achieve these objectives, HOSA shall be engaged in the following activities:

- 1) identify and examine issues of mutual interest in Africa for developing proposals for action by related agencies and international bodies,
- 2) obtain and disseminate information needed for all activities of the HOSA,
- 3) establish funds for achieving scientific programs according to HOSA objectives,
- 4) provide expert opinion/informed advice on scientific issues,
- 5) convene regular business meetings, annual scientific meetings and symposia as required for the smooth operation of HOSA programmes.

Prof Ifeoma Okoye
Professor of Radiology, College of Medicine,



Photo: Participants at the meeting held on 22 February 2012

WORLD CANCER DAY OBSERVED IN ETHIOPIA FOR THE 5TH TIME RUNNING

A panel discussion on World Cancer Day was held on Saturday February 4, 2012 at the Ethiopian National Theatre. Several senior cancer specialists and oncologists presented briefings on different cancer related topics and question and answer session followed afterwards transformed the program in to one of inspirational one of its kind.

The panel discussion was well presented by local media including ETV, different FM radio stations and print media. Mr. Wondu Bekele, General Manager of Mathiwos Wondu-YeEthiopia Cancer Society welcomed the participants on behalf of his society and himself. He briefed the audience on how World Cancer Day was initially approved in 2000 by the World Cancer Congress held in Paris, France.

He gave a summarized briefing on UN political declaration on Non-Communicable Diseases (NCDs). He outlined, unless addressed, the mortality and disease burden from NCDs in general and cancer in particular will continue to increase and will become a double burden to the national health care system where communicable diseases are the major health problems and imposing a heavy burden on socioeconomic development. Quoting WHO and UICC, he confirmed that Cancer kills 21,800 people around the globe every day and ending cancer should be on the global health and development agendas. He familiarized the campaign statement for this year "Together it is possible" selected because it is only by every person, organization, government individually doing their part that the world will be able to reduce premature deaths from cancer and other NCDs by 25% by 2025.

According to Mr. Wondu Bekele, lack of awareness is another big problem in Ethiopia. There is lack of awareness about the magnitude of the problem. There are also stigma and misconceptions about cancer; that all cancers are incurable.



Photo: Mr. Wondu Bekele, General Manager of Mathiwos Wondu-YeEthiopia Cancer Society during his welcome speech.

There is little work done, to date, to promote the awareness that most cancers can be prevented, can be cured if diagnosed early, and quality of life of patients can be improved even if the disease is diagnosed in advanced stage.

There are also stigma and misconceptions about cancer; that all cancers are incurable. There is little work done, to date, to promote the awareness that most cancers can be prevented, can be cured if diagnosed early, and quality of life of patients can be improved even if the disease is diagnosed in advanced stage. He finally invited all to join his society in awareness creation and prevention activities, the overall objective of which will be to enhance the awareness of the society of cancer and its prevention and treatment possibilities, believed to be very effective in reducing the overall cancer burden.



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AORTIC EXECUTIVE COUNCIL MEMBERS



PRESIDENT

Professor Isaac Adewole

Professor Isaac Adewole is currently Vice-Chancellor of the University of Ibadan, Nigeria. Professor Adewole's research interests include evaluating strategies for promoting cervical cancer prevention in developing countries.



PRESIDENT-ELECT

Professor Ahmed Elzawawy

Chairman & Professor of Clinical Oncology (Radiation and Medical Oncology) and Nuclear Medicine department, Faculty of Medicine, Suez Canal University Hospital, Ismailia, Egypt.



IMMEDIATE PAST-PRESIDENT

Professor Serigne Magueye Gueye

Professor of Urology at University Cheikh Anta DIOP in Dakar, Senegal and Chair and consultant Urologist – Andrologist at Grand Yoff General Hospital.



SECRETARY-TREASURER

Professor Lynette Denny

Lynette Denny is a gynaecological oncologist working as a principal specialist and Head of Department of Obstetrics & Gynaecology at Groote Schuur Hospital/University of Cape Town, South Africa.



VICE-PRESIDENT: SOUTHERN AFRICA

Dr Anna Nyakabau

Dr Anna Mary Nyakabau completed her Bachelor of Medicine and Bachelor of Surgery (MBChB) degree from the University of Zimbabwe in 1985 and graduated with honours in pathology, biochemistry, and obstetrics and gynaecology.



VICE-PRESIDENT: CENTRAL AFRICA

Professor Jean-Marie Kabongo Mpolesha

Professor Jean-Marie Kabongo Mpolesha was born in Mikalayi, Democratic Republic of Congo. He has published many articles in peer-reviewed journals and is a member of the Académie Internationale de Pathologie (AIP), Division Française et Division d'Afrique Francophone (DAF); Association Panafricaine des Pathologistes and the Association des Professeurs de l'Université de Kinshasa APUKIN).

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AORTIC EXECUTIVE COUNCIL MEMBERS (Cont.)**Vice-President: North Africa****Dr Kamal Mohammed**

Associate Professor of Oncology, Faculty of Medicine, University of Khartoum, Khartoum , SUDAN .

Senior Consultant of Oncology and Nuclear Medicine, the Radiation and Isotopes Centre of Khartoum , RICK.

**Vice-President: West Africa****Dr Beatrice Wiafe Addai**

Beatrice Wiafe Addai is the Chief Executive Officer of the Peace and Love Hospitals in Ghana (based in Accra and Kumasi); and the President of Breast Care International, a Non- Governmental Organization in Ghana.

**Vice-President: East Africa****Professor Nicholas Othieno Abinya**

Nicholas Anthony Othieno-Abinya is Associate Professor of Medicine, head of section of Haematology/Oncology, Department of Clinical Medicine and Therapeutics, University of Nairobi.

**Vice-President: North America****Professor Folakemi Odedina**

Prof. Folakemi T. Odedina, PhD is Professor of Pharmacy, Director of the Prostate Disease Center Outreach Program, and Associate Director of Health Disparities for Shands Cancer Center at the University of Florida.

**Nurse Representative****Dr Karima ElShamy**

Dr. Karima Elshamy is a Lecturer of Adult Nursing – Faculty of Nursing, Mansoura University, Egypt and has more than ten years in teaching experience for under and postgraduate.

Complete profiles and list of AORTIC Council Members is available at:

<http://www.aortic-africa.org/index.php/about/council-members/>

SUDAN FIRST INTERNATIONAL CONFERENCE ON BREAST CANCER

Mohammed S¹, Hamad K², Almobarak A³, and Elhoweris M³

¹Purdue University Cancer Center for Research, West Lafayette IN, USA; ²Radiation and Isotope Center, Khartoum; ^{3,4}University of Medical Sciences and Technology, Sudan.

Abstract: The first International Conference on Breast Cancer titled "All together Against Breast Cancer" was held in Friendship Hall, Khartoum, Sudan, December 5th-7th, 2011. The meeting was organized by the University of Medical Sciences and Technology (UMST) in collaboration with African Organization for Research and Training in Cancer (AORTIC). Topic discussed during the meeting included an update on breast cancer epidemiology, introduction of the Sudan cancer control strategy and the newly established cancer registry, status of mammography utilization and early detection, prognostic and predictive makers of breast cancer as well as biomarkers of triple negative tumors. Furthermore, the meeting covered the current surgical and therapeutic interventions practiced in Sudan as well as palliative care and role of media in cancer awareness and advocacy. About 800 physicians, scientists, pathologists, nurses, students and media representatives attended the meeting. The third day, four workshops were conducted and about 220 health care professionals were trained. The conference succeeded in bringing ten health care institutions to come together to discuss the cancer problems in Sudan. At the end of the meeting the following recommendations were drafted and included standardization of diagnosis and treatment of breast cancer: campaigns to advocate for breast cancer early detection and the importance of yearly breast examinations; call for the government and private sectors to provide breast cancer detection and treatment with reasonable cost; establishment of Cancer Centers in different regions of the Sudan; better the radiological services and train the necessary cadre; and finally and importantly the encouragement and support of cancer research.

Overview of breast cancer in the Sudan: In Sudan, breast cancer is the most common malignancy in women. From the few, limited sources we can indicate that breast cancer in Sudanese women is in the rise. Unfortunately, 80-85% of these women present with a late stage. Superstition, local healers, poverty, illiteracy and ignorance, lack of an effective health education and screening system, and poor distribution of the limited medical resources contribute to this late presentation and death. The high mortality as a result of late diagnosis gives the disease and the medical institutions a bad reputation that in turn deters others from seeking medical help early. Dr. Kamal Eldein Hammed,

chair of the scientific committee, presented breast cancer statistics and characteristics of breast cancer in women that were seen at the Radiology and Isotope Center of Khartoum (RICK).

Breast cancer constitutes 29-34.5% of all the cancers seen at RICK. Most are women of a young age; with about 40% below the age of 45 years (mean age of 50). Most presented with late advanced disease, only 5-7% presented with stage 1 and 13-15% presented with stage II diseases. Invasive Ductal Carcinoma comprises about 82% of all breast cancer cases. The majority are moderately to poorly differentiated carcinoma with high incidence of vascular and lymphatic invasion.



With regard to the hormonal status majority of breast cancer seen in women in the Sudan are estrogen receptors negative (68%), progesterone receptors negative (70%). Her-2 receptors examination is not done routinely at RICK. However, results obtained from women traveled aboard or who afford the cost of private laboratory showed that 25-30% of women are positive for Her-2 protein. On other hand male cancer constitutes only 3.5-4% of all breast cancer seen at RICK.

Breast cancer status in Gezira state was described by Dr. Dafalla Abu Idris, Associate Professor of Radiation Oncology. Geographically, El Gezira State is south of Khartoum State. At El Gezira State a population-based cancer registry was established in 2007. Sources for the registry are mainly histopathology data obtained from laboratories and the teaching hospital.

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SUDAN FIRST INTERNATIONAL CONFERENCE ON BREAST CANCER (CONT.)

Mohammed S¹, Hamad K², Almobarak A³, and Elhoweris M³

All cases had lived in Gezira State for at least 15 years or more. The data indicates that breast cancer is the most common cancer among women and it constitutes more than 30% of women malignancies. In the population of Gezira, breast cancer incidences were 13.5 for every 100,000 women and showed an increase from 2007-2010. The median age of women with breast cancer is 50 years and most cases are from the state capital, Wadmadani (30%), followed by southern Gezira and Elhassahisa localities 15.5% and 14.2%, respectively. Roughly 90% of cancers were ductal carcinoma. At Gezira State, similar to women seen at RICK, most cases present with stage IV tumors (33.3%),

followed by stage III (31.95%). Only about 3% of all breast cancer cases present with stage I disease, and 3.6% have unknown stages. Dr. Abu Idris pointed to the fact that the data presented are from patients who only reached the hospitals and therefore they may not accurately represent the cancer burden in the Gezira State. The hope is that the registry will capture all breast cancer cases in Gezira with the initiation of Breast Cancer Control Organization. The organization goal is to raise cancer awareness and advocate early detection at the very least through breast cancer self-examinations.

*For the complete article please go to:
www.aortic-africa.org/resources*

WHEN IS BREAST CANCER NOT CANCER?



Where do cancer cells go when you no longer have cancer? Where do they come from when you are told it has returned? What makes them halt their coercion of other cells and allow them to normalize their growth, forgetting their frantic haste to replicate?

These questions may be of some relevance to a researcher: to someone who has trodden the path of diagnosis before, the questions always remain, to one day challenge one's best efforts to "beat this thing". Is it only fear - of treatments, of the disease itself - that makes women ask for a perfectly good breast to be removed, "in case"? Is this a small price to pay to avoid future torment of when, where or if it will return? How does one decide with surety, when all one has is a moving target, or perhaps no target at all?

These may seem like many unnecessary questions, and for years they may lie dormant - possibly like cancer cells - only to be instantly resurrected when reminded of our vulnerability. This may come from a hint of recurrence that seemed so unlikely the moment before. In that instant all is changed and all options challenged.

The pragmatic thing to do at this point is assess the situation, diagnose and compare it to the prior relevant data, and come up with a plan of action. Most women, at this moment, just panic. And the possibilities and probabilities that cloud the cancer's whereabouts mimic the fog that clouds one's thinking.

Considering the high incidence of breast cancer, it is ironic that many women consider augmenting their existing breasts, rather than having them removed. Then there are those who want one, or both, removed and replaced by safer, cell-free versions that will only suffer the normal wear and tear of cohesive substances, no rogue runaway growth. To all women who face these questions, may you find peace in not knowing all the answers, and strength in making your decision.



*By Dr Alex de la Rouviere
Durban, South Africa*

PALLIATIVE CARE IN CAMEROON

Palliative Care, the holistic care of patients with life limiting diseases, is little known in many Sub-Saharan African countries and can be a difficult concept to introduce. Historically health professionals have been reticent to use morphine due to unfounded fears about addiction. Many African governments still do not allow access to morphine in their countries due to similar fears. Alongside this, many health workers see terminal patients as a failure to cure and have little time to give them. This sadly leaves patients who have incurable diseases to fend for themselves without access to symptom control medications which could extend their lives and offer relief from the terrible suffering which can accompany diseases such as cancer.

It is a pleasure therefore to report that in Cameroon, excellent Palliative Care services are being offered to patients. The program was introduced to Cameroon under the auspices of the Cameroon Baptist Convention in 2006 after a visit from a Hospice Africa Uganda team, headed by Professor Anne Merriman. From humble beginnings, hospice units have sprung up



throughout Cameroon. The growing number of units led to the foundation of a national association, spearheaded by Dr Jonah Wefuan to foster Palliative Care in Cameroon.

It is a joy to work to alleviate suffering and see the smiles from patients and family when pain is relieved, often for the first time for many months. I have walked into houses where a patient has been screaming in pain, unable to get to hospital or even out of bed, disillusioned with hospitals and traditional healers alike. What a pleasure to leave the same houses in peace.

Care is ideally given to patients in their own homes. This reduces uncomfortable and costly visits to hospitals, makes the patient more relaxed and involves the family in the care.

The hospice teams in Cameroon make regular home visits as well as providing outpatient services and

visiting patients in the hospital wards. The visits combine a review of physical symptoms whilst assessing the social, psychological and spiritual problems that can accompany life limiting illnesses. The impact of this different approach is immediate, a patient's carer once said to me 'before your team came we felt like outcasts. No one in the village wanted to be near us, no one cared. I don't think my brother would be alive today if it wasn't for you people. Your support and encouragement has kept us going. The most important thing that we now have is hope.'

It is difficult to pick one patient's story to tell, as there are so many that tell of the difference made by the holistic care given by the Palliative Care teams in Cameroon to the terminally ill and their families.

Emmerencia's story:

I first met Emmerencia in her home after a long and bumpy car journey. A volunteer had asked us to go to the house to see a young lady in a remote village with a leg that had 'gone rotten'. As we approached her room, towards the back of the compound we could hear groans as Emmerencia's mother was assisting her to move in bed. Seeing this young lady in so much pain affected us all, the whole team were quiet. We quickly gave Emmerencia a dose of morphine to lift the pain and listened to her story. She had been diagnosed with HIV around a year ago and started on Anti Retroviral Treatment. She had had some marks on her legs at the time but hadn't mentioned it. As she lived so far away she had sent relatives to collect her medication. The marks had grown larger and larger, become more and more painful and had begun to weep leading to her whole leg and groin being covered with the Kaposi's sarcoma lesions. Believing she was on the maximum medication, and hospital being a long and painful journey away, Emmerencia had stayed at home.

As she told her story her discomfort grew less and as she came to the end she realised the pain had gone. Her family were amazed, the traditional healer had not managed to dull this pain and now the daughter was pain free; a miracle had occurred. Emmerencia was able to move about and in time got to the hospital for more appropriate treatment of her cancer. Over time Emmerencia was able to move around the compound freely and become part of daily life. Her mother, previously unable to leave her side, was able to go to the farm to sustain the family. The worry on all their faces began to lift.

As doctors we cannot and will never be able to cure every patient we meet. If we cannot cure a patient they still have the same rights for care as those we can cure. There is so much which can be done to relieve suffering and bring quality to the lives of those with terminal diseases if we have the right tools available and know how to use them.

By Dr Catherine D'Souza

SA DOC AWARDED FOR FIGHT AGAINST TOBACCO

South Africa's foremost anti-tobacco activist Dr Yussuf Saloojee has been recognised for his work with the prestigious Luther L Terry Award.

Saloojee, Executive Director of South Africa's National Council Against Smoking (NCAS) was presented with the award by the American Cancer Society (ACS) for his outstanding efforts in the fight against smoking and the tobacco industry.

Named for the late United States Surgeon General Luther L Terry, whose groundbreaking work established the foundation for public health scrutiny of the dangers of tobacco use, the award honours outstanding leadership and accomplishment and is synonymous with excellence. Saloojee took the lauder in the category for "Outstanding Individual Leadership".

"The recipients of the Luther L Terry Awards are among the very best in the world at what they do," reads a letter by the ACS announcing Saloojee's nomination. "An enemy as fierce as tobacco demands a force of dedicated leaders who are equally as relentless in their pursuit of victory against this growing global pandemic. We are so pleased to honour you among this group".

The award ceremony takes place at the 15th World Conference on Tobacco or Health in Singapore in March this year.

Inspiration

Speaking to *Health-e*, Saloojee said he was pleased with the recognition for his achievement, but noted that his successes can not be attributed to his efforts alone, and is the work of a group of dedicated people. He made special mention of the South African government's commitment to the fight against tobacco, and the support from civil society, and the many South Africans who "stand up for their right for clean air."

His passion for tobacco control was sparked when he went to work in the late 1970s at St Bartholomew's Hospital Medical School in London, England, where he obtained his PhD. There he collaborated with, and was inspired by Prof Michael Hamilton Russell, of the Institute of Psychiatry in London, who was the world's foremost expert on nicotine addiction. Russell's work demonstrated that nicotine was a highly addictive substance which played a central role in maintaining smoking behaviour.

Saloojee began his career as a scientific researcher but then broadened his activities to become a skilled and passionate advocate, policy advisor, and educator, playing an essential role in ensuring that comprehensive tobacco control legislation was adopted and effectively implemented in South Africa, allowing the coun-

'Irresponsible industry'

He explained that he moved from the science of tobacco control to advocacy because at that time science had already proved that smoking was harmful, and that he wanted to know how to change people's behaviour when it comes to tobacco.

"Tobacco use is a problem not only because it kills 44 400 South Africans and 6 million people globally every year, but because of the outrageous behaviour of the tobacco industry" said Saloojee. "The industry has put its own profits before the health and welfare of its customers". The courts have found the industry guilty of lying about the dangers of smoking; of marketing to children while publicly claiming that it does not want minors to smoke; of participating in the illegal trade in tobacco and a host of other illegal and deceptive practices.

Legislation only became necessary because of the irresponsible behaviour of the industry. Tobacco control laws are intended not to take choice away from people but to "make healthy choices easier and unhealthy choices more difficult".

Increasing the tax on tobacco products makes them less affordable to youngsters. Outlawing tobacco advertising stops the industry from promoting a deadly addiction as a smart, glamorous activity to youth. Making public places smoke-free not only protects non-smokers from tobacco smoke pollution but makes it easier for smokers to quit. South Africa has seen a tidal change in societal attitudes towards tobacco because the public generally recognises that these laws are just and sensible.

Anti-tobacco champion

With the advent, in the late 1990's, of the World Health Organisation's (WHO) plans to develop a global tobacco treaty, Saloojee took on additional responsibilities by making invaluable contributions to the structure and strength of the Framework Convention of Tobacco Control (FCTC).



Photo: Dr Yussuf Saloojee

Continued on next page ...

SA DOC AWARDED FOR FIGHT AGAINST TOBACCO (CONT.)

Committed to building capacity and promoting healthy policies, programmes and research, he has served on the boards of several international organisations including the African Tobacco Control Alliance, the Framework Convention Alliance, the Union for International Cancer Control and the WHO Tobacco Free Initiative, as well as taking part in government consultations and training in more than 20 countries.

His role as co-chair of the 2006 World Conference on policies, programmes and research, he has served on the boards of several international organisations including the African Tobacco Control Alliance, the Framework Convention Alliance, the Union for International Cancer Control and the WHO Tobacco Free Initiative, as well as taking part in government consultations and training in more than 20 countries.

His role as co-chair of the 2006 World Conference on x The Luther L Terry Awards are held in honour of the pioneering US Surgeon General by the same name who, in 1964, published a landmark report linking smoking to lung cancer and other serious health issues. Although he released a storm of controversy with this report, Dr Terry's determination to pursue this groundbreaking work that established the foundation for tobacco control is commendable. With this award the ACS honour those who follow in his footsteps in the fight against tobacco, having given the award to such leaders as Drs. Kjell Bjartveit, Nigel Gray, Judith Mackay, Prakit Vateesatokit, the Non-Smokers' Rights Association of Canada, and the South African Ministry of Health.

Source:

<http://www.health-e.org.za/news/article.php?>

CANCER OF THE CERVIX IN ZARIA, NORTHERN NIGERIA

AO Oguntayo, M Zayyan, AOD Kolawole, SA Adewuyi, H Ismail, K Koledade

Objective: Carcinoma of the cervix is still the most common gynecological malignancy among women in the developing nations. The purpose of this study is to review the pattern of carcinoma of the cervix in Zaria, Northern Nigeria.

Method: This is a retrospective study of patients seen at the Gynecologic oncology unit of Ahmadu Bello University Teaching Hospital, Zaria, Nigeria between November 2005 and November 2009.

Results: A total of 406 gynecological cancers were identified during the period under review. Carcinoma of the cervix accounted for 65.7 % (267) of histologically confirmed gynecological cancers. Most of the patients were married 265 (99.2 %) and 40% were in the second order of marriage; 57.1% of these women were in a polygamous setting. Two hundred and two (75.6 %) patients fell in the 40–69 year age bracket, with a mean

The disease appears to be associated with high parity (range of 0–14); grand multiparous patients constituted 145 (68.3%) of the cases. Abnormal vaginal bleeding (219 patients: 82 %), offensive vaginal discharge (120 patients: 44.9%) and post-coital bleeding (56 patients: 20.9%) were the most common symptoms. About 78% of the patients had advanced disease, stage III disease being the commonest stage accounting for 159 (59.5 %). Fifty-six (21%) of these patients presented with vesico-vaginal fistula.

Conclusion: This study demonstrates that in the northern part of Nigeria 65.7% of all gynecological cancers are carcinoma of the cervix. This high percentage appears to be connected with some detrimental sociocultural practices, such as early onset of sexual activity, which should be addressed. More emphasis should be given to screening programs for women in under-developed countries

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Or

E-mail: info@aortic-africa.org

BREAST CANCER AWARENESS IN RURAL GHANA

Beatrice Wiafe Addai¹ and Edward D. Wiafe²

¹Consultant Breast Surgeon; President, Breast Care International, C.E.O. Peace and Love Hospitals, Ghana.

²Department of Environmental and Natural Resources Management, Presbyterian University College, Ghana.

Cancer is considered to be one of the main causes of death in the world today; it accounts for over 7 million deaths per year - more than HIV/AIDS, Tuberculosis and Malaria put together. It has been predicted that the figure will be increased by over 30% within the next five years (Cancer Society of Ghana, 2009). According to Global Cancer Statistics of 2002, the most prevalent cancer in the world is breast cancer where 4.4 million patients survive up to five years following diagnosis.

In Ghana, the majority of the population live in rural communities, (about 70%), that are deprived of basic live necessities like good accessible roads, health care facilities, basic education, but endowed with diversity of beliefs and religious set ups. Moreover, as a cause of morbidity and mortality little attention has been paid to breast cancer in comparison with other diseases like malaria, tuberculosis, AIDS etc .



The main cause of breast cancer is not yet known but has been associated with family history, life styles, Parity, long menstrual cycle, previous history of lumpectomy, etc.

Other very important issues that militate against breast cancer in the country include, ignorance, illiteracy and poverty, and these contribute to compound the problem among the people of rural areas in Ghana. This lack of awareness of the disease, lack of appropriate infrastructure (like roads and hospitals), bad treatment of the disease coupled with bad attitude of some health personnel and long distance to health facilities; tend to ward off patients to seek early treatment and counseling. The last stroke that broke the camel's back so far as breast cancer detection and treatment is concerned is the proliferation of prayer centers in the rural areas of Ghana. Many people have associated the ailment to the curse of gods as a result of the sins of their parents or themselves. It is against this background that Breast Care International (BCI) was formed in 2002 as a Non-governmental Organization (NGO) to promote breast cancer awareness throughout the country, especially the rural communities, with extension to the developing world.

The mode of information dissemination is based on community outreach programs where lectures on breast cancer are given to the general public (Figure 1). Basic breast examination skills are also taught during the community outreach programs as well as conducting clinical breast screening for any abnormalities to facilitate early detection of any breast diseases especially breast cancer for early treatment .

Moreover, BCI conduct general public awareness creation through mass education on radio programs by using local FM stations, Television programs through national and regional TV stations. Group teaching method has also been employed to educate the public on the breast cancer disease through community based organized groups, schools, and churches. The advantage here is that participants get the opportunity to ask questions and clarify doubts. The NGO also gives out their telephone numbers and addresses where individuals contact them for more education on the disease.

BCI has been able to visit all the 10 regions in Ghana and has reached more than 500,000 women so far but there is more work to be done. One of the most important issues is the many myths and misconceptions, associated with breast cancer, which are far from the realities. BCI has begun a research on the people's perceptions about the disease and how to clarify them. It is also collaborating with research institutions and universities, both local and international to research into factors that contribute to the development of the disease, as well as those that influence the trend and Tumor Biology of Breast Cancer, especially in our part of the world.

BCI is working towards the objectives of creating breast cancer awareness among the population of both poor and rich in both rural and urban centers. It also works towards the improvement of the diagnosis and treatment of breast cancer, advocating for acceptable screening modalities for the country, promoting early detection measures; improved treatment modes, improve Breast cancer survival rates (Figure 5), reduce morbidity and mortality and establish a database for breast cancer, through research. BCI cannot achieve these objectives without collaborating with other organizations, groups and individuals in the fight against breast cancer. Breast cancer can be considered as a social problem, even, more than a medical problem; for when the breast is diseased, it affects the baby, the husband, the immediate and extended family, the community, the society and the nation at large.

Continued on next page ...

BREAST CANCER AWARENESS IN RURAL GHANA (CONT.)



CONCLUSION:

Hitherto the rural outreach program breast cancer was a taboo disease to discuss in homes or among peers, but now some cross section of the population do discuss about the disease and are aware of its repercussion if not detected early. Some breast related diseases and/or cancer from the rural communities in Ghana do report cases voluntarily to the hospital on time.



PEDIATRIC ONCOLOGY CORNER

INTERNATIONAL CHILDHOOD CANCER DAY: 15 FEBRUARY 2012

“Together it is possible”

Cancer in children is curable!

More than 50.000 cancers in children would be reported each year in Africa, should all of them be diagnosed and recorded. Out of those, more than 40.000 could be cured, as indicated by data from developed countries.

The reality however is totally different on our continent; most of children are diagnosed late or never diagnosed. The cure rate is low in most African countries; treatment of cancer is expensive and unaffordable, rate of abandonment very high.

As 15 February 2012 is the **International Childhood Cancer Day**, our Pediatric Oncology Group at AORTIC launches a call to all involved in any way in the care or treatment of children with cancer in Africa to systematically inform the public on the warning signs for cancer in children. Delayed diagnosis diminishes survival rate.

Warning signs for cancer in children:

Seek medical help early for persistent symptoms such as:

- White spot in the eye, new squint, blindness, bulging eyeball.
- Lump in abdomen/pelvis, head and neck, in limbs, testes, glands.
- Unexplained prolonged fever over 2 weeks.
- Loss of weight, pallor, fatigue, easy bruising or bleeding.
- Aching bones, joints, back, and easy fractures.
- Neurological signs: change or deterioration in walk, balance, or speech, regression of milestones, headache for more than two weeks with or without vomiting, enlarging head.

The challenges in Africa are similar between the different countries on the continent. Cancer is a low priority for the health services, which are set up to address more stringent needs such as infectious diseases, malnutrition and tuberculosis.

There is an urgent need to improve the performance of the paediatric cancer services, as the estimated survival rate of our children is presently less than 25% in most countries in Africa, while in resource-rich countries it has attained 80%.

“Together it is possible” to move forward with the teaching and training of all African colleagues. “Together it is possible” to share experiences related to patients, share knowledge and skills. Our dedicated pediatric oncology group is growing continuously, adding more members each day. Our vision is to improve the survival and the quality of life of children with cancer in Africa.

International Childhood Cancer Day is a special day as the world is made aware of this threat to children’s lives and of the progress made in overcoming it. Let us work together and make every day a step further towards overcoming this disease.

*D. Cristina Stefan MD, PhD
Pediatric oncologist (South Africa)*



DEPARTMENT OF HAEMATOLOGY AND IMMUNOLOGY
UNIVERSITY OF NIGERIA TEACHING HOSPITAL
ITUKU – OZALLA, P.M.B. 01129, ENUGU, NIGERIA
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Dr. Anne C. NDU, MBBS, MPH, FWACP
Chairman, Medical Advisory Committee

Head of Department: Dr. O. G. Ibegbulam BM, FWACP (Lab Med)

The University of Enugu Teaching Hospital in Nigeria recently reached a milestone in its efforts to treat cancer patients by launching a bone marrow donor registry, only the second such registry in Africa. Millions of Nigerians suffer from blood disorders that can be successfully treated through stem cell transplants. Yet, they were forced to travel abroad to find matching donors, an obstacle which restricted stem cell treatments to an affluent minority. With the new registry, however, Nigerian patients will finally be able to look within their own country for possible donors.

“Nigeria is home to over 150 million people and almost 400 distinct ethnic groups. Its sheer size and diversity make it an ideal location for a new registry,” explained the registry’s co-directors, Professor Ifeoma Okoye and Dr. Sunday Ocheni. “The African diaspora is vast and its genetic diversity makes it challenging for individuals of African ancestry to find matches for a life-saving transplant,” added Dr. Funmi Olopade, professor of medicine and human genetics at the University of Chicago. “By establishing this bone marrow registry in Nigeria, we are improving the odds that a patient desperately in need of transplant will find a donor.”

The Nigerian registry is only the first step in an ambitious effort to improve cancer treatment across Africa and the world. Research has shown that donors of African descent are vital to increasing the number of stem cell transplants for patients of all races. However, black donors remain greatly under-represented in the international donor pool. “We hope to assist other AORTIC member institutions in launching their own registries,” said Mr. Seun Adebisi, who played an important role in launching the registry and is training to become Nigeria’s first Winter Olympic athlete. “There are many benefits to collaborating. We should all work together to beat cancer.”

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 the leading oncology channel



ecancermedalscience: Call for Papers

Exciting things have been happening over the past few months for ecancermedalscience; we have launched a new more user-friendly website <http://ecancer.org/ecms/> and the full text of all of our articles is now available in PubMed <http://www.ncbi.nlm.nih.gov/pmc/journals/899/>. Now, we would like to invite you, the members of AORTIC, to submit your latest work in cancer research to ecancermedalscience.

The journal is fully peer reviewed and has no author or subscription charges. Our submission to publication time is two months or less and we accept articles on all aspects of research relating to cancer, including molecular biology, genetics, pathophysiology, epidemiology, clinical reports, controlled trials and cancer policy. In addition, we now consider articles reporting negative clinical trial results if the study design was of high quality.

The journal offers high visibility with each paper being indexed in Embase, Scopus, EBSCO and Google Scholar in addition to PubMed. As ecancermedalscience is open access this will ensure that your paper is immediately available to as many readers as possible; at the moment over 35,000 visitors per month log on to the website to view journal articles and watch ecancer.tv.

WELCOME TO OUR NEW ORGANISATIONAL MEMBERS!



**European School of Oncology
Learning to Care®**

The European School of Oncology (ESO) was founded by Umberto Veronesi and Laudomia Del Drago in 1982, with the aim of contributing to the reduction of deaths from cancer due to late diagnosis and/or inadequate treatment. ESO’s mission is reflected in its motto “Learning to Care”, which stresses the concept of studying and learning and also of caring for the patient in a global sense. By improving the skills of all health professionals dealing with cancer patients, ESO shortens the length of time needed to transfer knowledge from research centres to daily practice, combining advanced technology with humanism in care.

‘Learning to Care’ is the motto of the School. The European School of Oncology has always given great importance to the learning process. Since its attention is focused on the clinical aspects of the cancer problem, care is the ultimate goal of its commitment to improve the oncology skills of health professionals. Care and not only treatment is of paramount importance to us because ESO believes in the holistic approach to the cancer patient.



United Against Cancer

UPCID is a joint research effort by Uganda Cancer Institute and the Fred Hutchinson Cancer Research Center.

Together, we work to:

- Support cutting-edge research of infectious disease and cancer
- Improve patients' access to clinical care
- Train the next generation of researchers to combat infection-associated cancers

Our Work:

Six of the ten most common cancers in Uganda are caused by infectious diseases. The Uganda Program on Cancer and Infectious Diseases (UPCID) studies the etiology, biology, treatment and prevention of these infection-associated cancers.

JOIN AORTIC AND RECEIVE FREE MEMBERSHIP TO THE UICC!



AORTIC has partnered with the UICC (International Union for Cancer Control) to bring together organisations within Africa, that are members of AORTIC, to join the UICC Global Network Membership (GNM) for free!

Is your organisation a member of AORTIC? Sign up to AORTIC and you will receive membership to the UICC GNM for one year, free of charge. In addition, AORTIC is offering organisations within Africa a discounted rate of \$250 for organisations joining AORTIC.



Visit: www.aortic-africa.org
Or
E-mail: info@aortic-africa.org





SAVE THE DATE

AORTIC's 9th International Cancer Conference

20 – 24 November 2013

Durban, South Africa

We are pleased to announce that the AORTIC 2013 International Cancer Conference will be held at the Durban International Convention Centre in South Africa.

e-mail: info@aortic-africa.org

"Working together to prevent, control & care for cancer in Africa"



2012 Science of Global Prostate Cancer Disparities Conference

The Global Burden of Prostate Cancer: Economic, Clinical and Humanistic Outcomes

November 1–4, 2012
Nassau, The Bahamas



Prostate cancer continues to be a major public health problem in both industrialized (developed) and developing countries worldwide. While significant progress has been made in understanding the genetics, behavioral and environmental risk factors for prostate cancer, there is limited progress in closing the prostate cancer disparity gap for black men within and outside the US.

The ***Biennial Science of Global Prostate Cancer Disparities conference*** is an international conference organized to address the global public health problem of prostate cancer among black men.

The goals of this conference are to:

- [1] Provide opportunities for mutual learning, knowledge transfer, and collaborations among prostate cancer scientists, clinicians, survivors and advocates;
- [2] Promote trans-disciplinary and multidisciplinary prostate cancer research globally;
- [3] Facilitate networking among individuals involved in all aspects of prostate cancer control, education and research in black men;
- [4] Facilitate the development of a global community of practice to address common challenges in prostate cancer, including prevention, detection, diagnosis, treatment and survivorship; and
- [5] Contribute to a global impact against prostate cancer through research, training, education, and advocacy programs for low-resource countries.

<http://cancer.ufl.edu/research/symposia-and-conferences-2/symposia-and-conferences/>

Environmental Mutagens in Human Populations

Sixth International Conference

26 - 29 March 2012,
Qatar National Convention Center, Doha, Qatar



Qatar Foundation for Education, Science and Community Development,
Environmental Mutagens Society, and International Association for
Environmental Mutagen Societies

**INVITE YOU TO REGISTER FOR THE
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EVENT BROUGHT TO QATAR FOR THE FIRST TIME:**

Symposia will focus on many topics among which are:
environmental health concerns, epigenetics, disease prevention and
ethical issues in environmental health



Collaborating Partners



For a list of the conference symposia and information
on how to register, visit our website at
www.icemhp-2012.org



Dear Colleagues and Friends

It is my privilege and enormous pleasure to invite you to the XX FIGO World Congress to be held in the Eternal city of Rome. Please think positively about coming to Rome during the period October 7th-12th 2012 and block the dates in you diaries for this event.

With Prof. William Dunlop, the Chairman of International Scientific Committee we can guarantee that the Congress will be a rewarding scientific exchange in many aspects of women's health from the basics to the cutting edge science. The programme is broad and varied in content with subspecialty societies, regional federations and member societies sessions to meet the needs of all levels of expertise around the Globe.

In addition to the traditional FIGO Reproductive and sexual health pre-Congress workshop there will be a number of pre-Congress courses and hands on workshops organised by FIGO Committee for Capacity Building in Education and Training chaired by Prof. Luis Cabero offering a wide range of educational activity.

Rome, a major world centre for Renaissance, will witness Renaissance in women's and newborn's health with this unique gathering of International experts, finest scientists and speakers sharing leading edge knowledge on technology, innovation, preventive measures in all aspects of women's health. This Congress also attracts leaders from partnership and UN organisations and Policy and decision makers.

The scientific and industrial exhibits will present the latest information within our specialty. With Prof. Jacques Milliez the Chairman of the Congress Organising Committee (FIGO) and Prof. Giovanni Scambia who followed Prof. Giorgio Vittori as the Chairman of Local Organising Committee (SIGO) we can guarantee great socialising and opportunities to be inspired by centuries of culture and pioneering history of the ancient city of Rome with its Museums, Heritages, Art and elegance.

FIGO in collaboration with SIGO and all our Italian Colleagues are determined to make this XX FIGO Congress, which is held in Europe every fifteen years, a memorable scientific event.

Please do not miss the opportunity and I do look forward to welcoming you all in Rome 2012.

Sincerely yours,

Gamal Serour
President of FIGO

www.figo2012.org



The 17th ICCN will be held at the Hilton Prague Hotel, from September 9 - 13th, 2012, in the historical city of Prague, Czech Republic. ISNCC is looking forward to its 17th highly successful nursing conference – the longest running international conference for our profession. The 17th ICCN will offer the unique opportunity to meet with international cancer nursing leaders from all over the world, in one place at one time. The ISNCC Scientific Planning Committee (SPC) is pleased to announce that the theme of the 17th ICCN will be: ‘Enhancing Patient Safety through Quality Cancer Nursing Practice’.

Prague is the capital and the largest city in Czech Republic. Situated on the Vltava River in central Bohemia, Prague has been the political, cultural and economic centre of the Czech state for more than 1100 years. For many decades during the Gothic and Renaissance eras, Prague was the permanent seat of two Holy Roman Emperors and thus was also the capital of the Holy Roman Empire.

Presently, the city is home to about 1.3 million people, while its metropolitan area is estimated to have a population of over 1.9 million. Since 1992, the extensive historic centre of Prague has been included in the UNESCO list of World Heritage Sites, making the city one of the most popular tourist destinations in Europe, receiving more than 4.1 million international visitors annually, as of 2009.

The theme for this conference is “**Enhancing Patient Safety through Quality Cancer Nursing Practice**”.

KETNOTE PRESENTATION

SULTAN KAV, RN, PhD
Past - President of European Oncology Nursing society (EONS)
Professor at Baskent University, Turkey

PLENARY PRESENTATIONS

Dana Tomanová, Czech Republic

Delat Delalibera Mota, Brazil

Wendy Wood, Australia

Marise Dutra Souto, Brazil

Trish Joyce, Australia

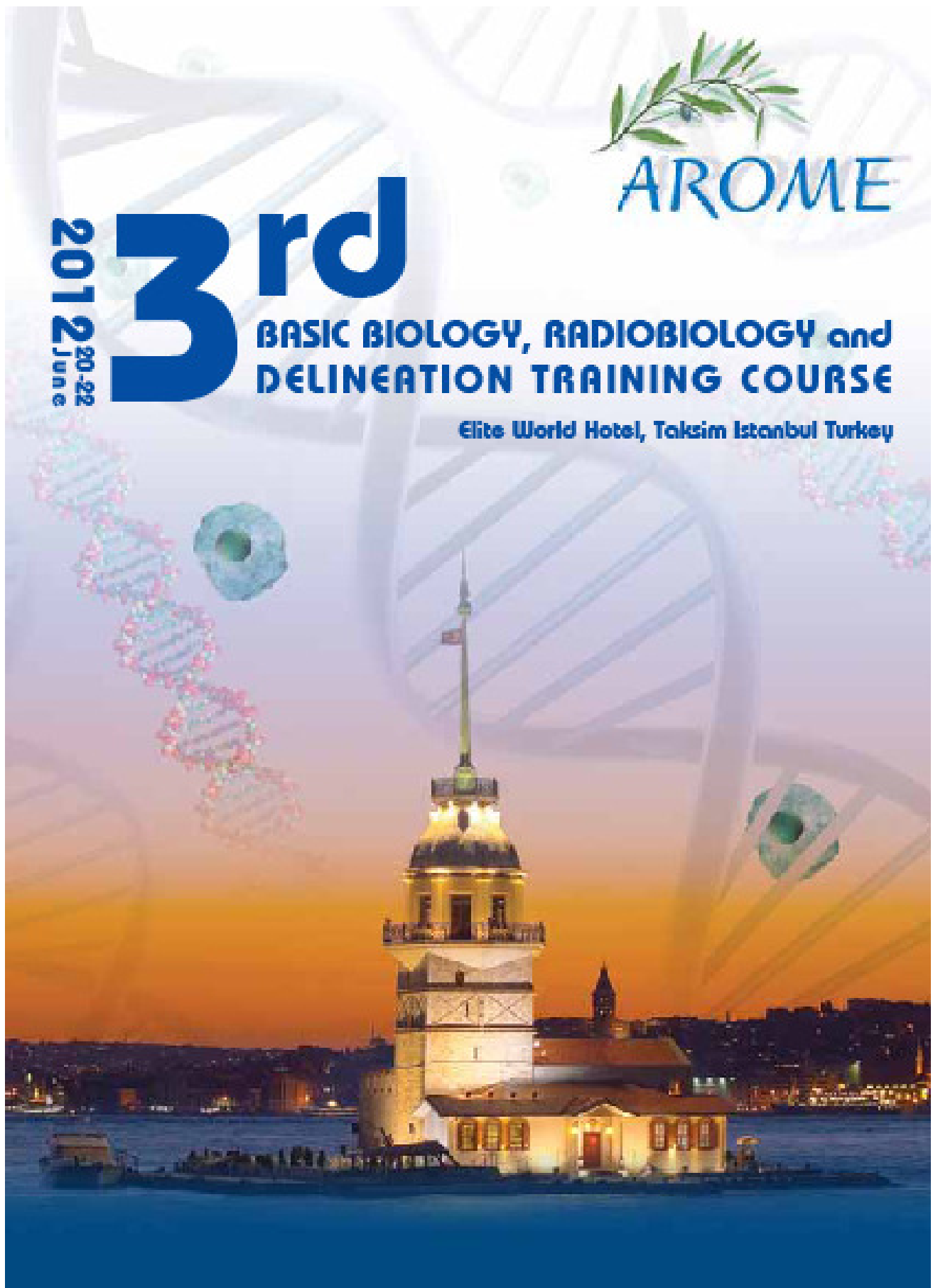
Helen Langton, UK

Carenx Leung, Hong Kong

Suzanne Mak, Hong Kong,

And many more.

http://www.isncc.org/conference/17th_iccn/



Persons interested in registering and attending this course should contact
AROME President Prof. Yazid Belkacemi (yazid.belkacemi@hmn.aphp.fr)



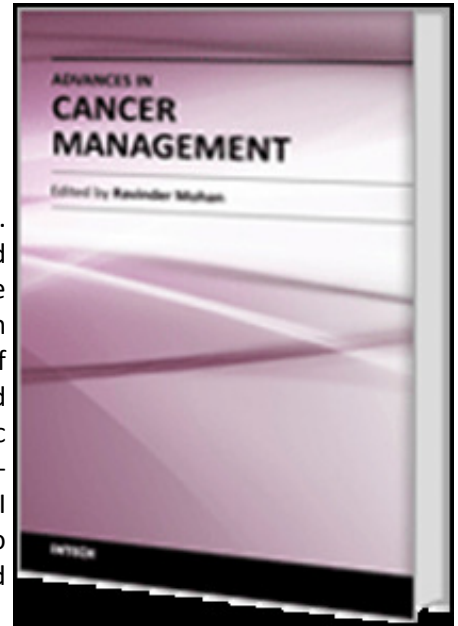
Advances in Cancer Management

Edited by: Ravinder Mohan

Publisher: InTech

ISBN 978-953-307-870-0, Hard cover, 278 pages

Cancer is now the most common cause of death in the world. However, because of early diagnosis, better treatment, and advanced life expectancy, many cancer patients frequently live a long, happy, and healthy life after the diagnosis- and often live as long as patients who eventually do not die because of cancer. This book presents newer advances in diagnosis and treatment of specific cancers, an evidence-based and realistic approach to the selection of cancer treatment, and cutting-edge laboratory developments such as the use of the MALDI technique and computational methods that can be used to detect newer protein biomarkers of cancers in diagnosis and to evaluate the success of treatment.



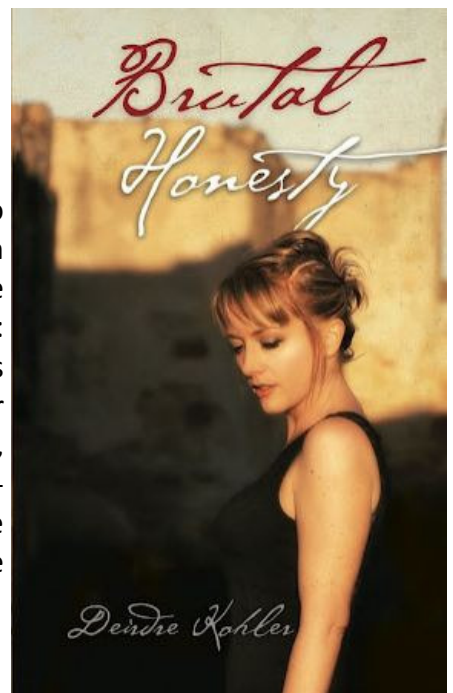
The chapter entitled "**Science and Affordability of Cancer Drugs and Radiotherapy in the World - Win-Win Scenarios**" in the book is available for download on AORTIC's website at: www.aortic-africa.org under the "Resources" section.

Brutal Honesty

Written by: Deidre Kohler (2010)

ISBN 978-0-620-48799-3 , Paperback, 216 pages

Deidre Kohler is a young woman from South Africa who at 31 years of age in 2006 was diagnosed with a brain tumour. She is the mother of three children and the wife of James, who is an architect. As she writes at the start: "This book is about a journey ... It is not a lesson". It is the story of Deidre's journey with her brain tumour, her treatments, her relationships with friends and family, told through extracts from her web blog and email exchanges with an on-line friend Dan O'Connor who she connected with through the Internet and whose wife Sandy travelled for seven years with her brain tumour.



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