

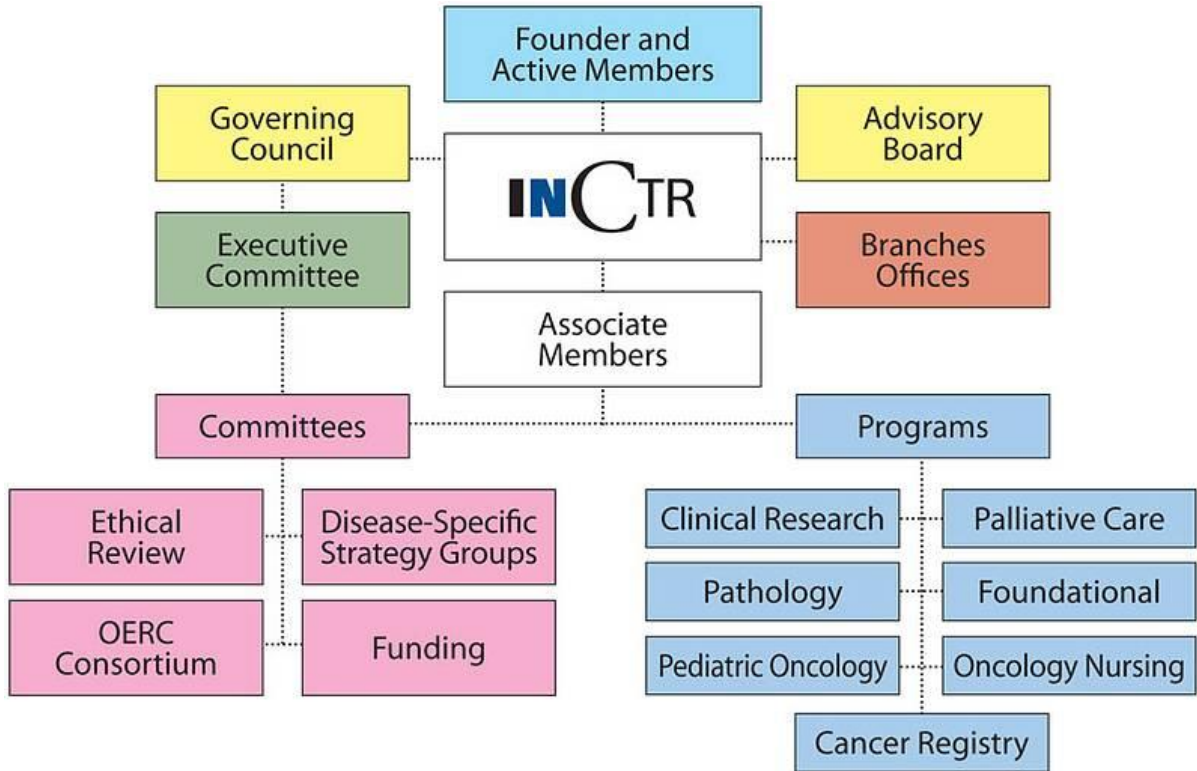
INCTR Progress Report 2010

Governing Council Meeting (5th February 2011)

General Assembly of Active Members (6th April 2011)

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INCTR Progress Report 2010

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TABLE OF CONTENTS

2010 in Brief	5
Major Events that Occurred in 2010	5
Meetings Held in 2010	9
Publications, Communications and Additional Web-Based Educational Materials ...	11
Network - INCTR's Magazine	11
Newsflash.....	11
INCTR's Web Site	11
Branches and Offices	12
Alliance Mondiale Contre le Cancer (AMCC), INCTR's French Branch	12
INCTR Brazil	14
INCTR Canada.....	15
INCTR Egypt	16
INCTR Tanzania.....	17
NNCTR/INCTR Nepal.....	18
INCTR UK	21
INCTR Challenge Fund	22
INCTR USA Branch	23
Programs and Projects.....	23

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium –Web site: www.inctr.org

Cancer Registration Program	24
Clinical Research Program	25
African Burkitt Lymphoma Strategy Group	25
Foundational Program	28
Oncology Nursing	31
Palliative Access (PAX)	32
PAX India, Department of Palliative Care in MNJ Institute of Oncology, Hyderabad	32
Palliative Care in Nepal	35
Palliative Care in Brazil	39
Palliative Care in Pakistan	41
Pathology Program.....	42
Pediatric Oncology	45
Psychosocial Program.....	47
Funding - Sponsorships, Donations and Grants	48
Publications in 2010	49
INCTR in the Press in 2010	50

2010 in Brief

The year 2010 was a special year for INCTR since it marked the 10th anniversary of the opening of the office in Brussels and was both a year of expansion and reflection. Ten years would seem an appropriate time for a full review of INCTR's activities and approaches as well as its accomplishments. This process continues in 2011, during which considerable attention will be given to identifying mechanisms to increase the organization's financial base, while consolidating its credibility. It is apparent that INCTR has been successful to date, measured in part by the lives saved or improved through its programs and projects, which are described in this report, and the development of relationships with other major organizations and institutions. These include, but are not limited to, the World Health Organization (during 2010, INCTR achieved the status of an NGO in official relations with WHO); the Program of Action for Cancer Therapy (PACT), with which INCTR is working with in the areas of palliative care, as well as the development of a virtual University in sub-Saharan Africa, the Union for International Cancer Control (UICC) with which INCTR has developed a strategic alliance, the European School of Oncology, with which it works on several educational projects, and the French National Cancer Institute, with which it works (especially through the French Branch, AMCC) in pathology training in Francophone Africa. INCTR also works with a number of NGOs, including Children in Crossfire, Pallium, Tucca and has contributed to various meetings and documents relating to preparations for the UN "High Level Meeting" on non-communicable diseases that will take place in September and which will be devoted exclusively to non-communicable diseases (NCDs). INCTR has also continued to conduct a number of clinical and other projects, which are gradually expanding, has added cancer registration to its programs and continues to assist in the preparation of various WHO and other publications (e.g., WHO guidelines on the control of cervical cancer, a prioritized research agenda for prevention and control of non-communicable disease research (also produced by WHO), G20 Health, and the Commonwealth Health Minister's booklet on NCDs, a Priority for the Commonwealth). It has undergone significant reorganization of its branches and is in the process of creating several new branches.

Major Events that Occurred in 2010

January 2010

The year began with a visit of the pathology team to Nigeria and Cameroon to assess the quality of pathology in these countries, particularly with respect to INCTR's on-going study on HIV-related B cell lymphomas. Two additional centers, one in Senegal and one in Tanzania, have agreed to participate. In addition to the assessment visit, a one day workshop coordinated by

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

Dr Nina Hurwitz was held at Obafemi Owolowo University Teaching Hospitals Complex in Ile-Ife on 26th January.

March 2010

INCTR's special 10th Anniversary Meeting was held from 26th to 28th March. This took place in Latour de Freins, a rather beautiful convalescent hospital opposite INCTR's Brussels Office that boasts attractive meeting rooms. The meeting was attended by some 80 people, and provided an opportunity for INCTR to ensure that its staff and members were updated with respect to its ongoing projects, as well as a number of discussions regarding its successes to date with respect to the achievement of its mission to build capacity for cancer treatment and research in developing countries.

May 2010

An important workshop was held in Siena, Italy on May 7-8th. This workshop was organized by Lorenzo Leoncini with the help of the several members of the pathology team. This meeting, called, "What can we learn from Africa" was specifically designed to update African pathologists - particularly those whose laboratories had participated in the review process that took place in East Africa in 2009 and Nigeria and Cameroon in 2010.

June 2010

On 11th June, Dr Magrath gave a special lecture on Hematology in Developing countries for the European Hematology Association-American Society of Hematology joint symposium. This was attended by some 9000 people.

For in excess of a year, INCTR has been supporting two cancer registries in Africa (Kampala, Uganda and Nairobi, Kenya). On June 20-22nd Dr Max Parkin undertook a site visit of these two centers to assess quality and to document progress made in the past year.

July 2010

On July 9th, Dr Magrath and Dr July Torode of UICC visited the University of Ghent whose pediatric department, along with a local foundation for children with cancer had expressed a strong interest in developing a partnership with the INCTR pediatric oncology program in Tanzania, and developing a twinning program relating to pediatric oncology. Discussions were positive and it was decided to arrange a meeting for selected members of the group in Ghent to

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

visit the program in Tanzania.

August 2010

On August 25th a live demonstration of iPath was conducted by Nina Hurwitz for the benefit of the branches and offices. This included voice (using SKYPE) and image transmission that are regularly used for teaching purposes.

September 2010

On Sept 10th, Dr Magrath visited the Cancer Institute (W.I.A) in Chennai, India to give a special lecture in honor of Dr Krishnamurthi's birthday. Dr Krishnamurthi, who along with Dr Shanta had founded the Cancer Institute, had died a few months before. Because of Dr Krishnamurthi's interest in this area, the lecture focused on ethical and philosophical issues, particularly in the context of Eastern religions. It was entitled Science, Religion and Humanity.

October 2010

On October 5th, Dr Trish Scanlan spoke on the INCTR program for pediatric oncology in Tanzania at a special meeting held at the Crumlin Hospital, Dublin, which has been assisting with the project in Tanzania. This also provided an opportunity to meet Richard Moore, founder of Children in Crossfire (CiC), an organization that has been working closely with Dr Scanlan in Dar-es-Salaam. It was clear that Dr Scanlan's work in Tanzania was highly thought of by her former colleagues at Crumlin Hospital. Discussions took place about forming a more formal relationship with CiC and continuing to work more closely in Tanzania, for example, with respect to the construction of a hostel for families whose children do not need to be admitted overnight that would be located not too far away from the children's ward. Abbott had pledged funding for renovation of this property and also the new Children's Pediatric Cancer ward at Muhimbili National Hospital, where the ORCI children will be moved in 2011.

On 12th October, a meeting was held with Dr Yves Debaille, a surgeon who has spent many years in the Democratic Republic of Congo and has assembled a group of experts from Belgium to design and develop a cancer center in Kinshasa.

November 2010

Members of the newly formed Oncology Nursing Program - Julia Challinor, Linda Krebs, Ann Syme, and Savitri Singh-Carlson - met in November 4th through the 6th in Denver, Colorado to

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

discuss the scope and activities of the new program. It had been agreed in advance that the first task would be the development of an oncology nursing curriculum suitable for developing countries and during the meeting, the modules prepared independently by the group members were discussed. The curriculum is likely to be field-tested in Ethiopia.

On November 6th, INCTR's upgraded and modernized web site went live.

Mark Lodge, Director of INCTR's UK office attended a meeting on NCDs in the Commonwealth of Nations on November 9th.

A palliative care workshop was held in Rio de Janeiro on November 11th, which included INCTR's Brazilian Branch, the PAX Program, INCTR Canada and the National Cancer Institute, Brazil. This was followed on November 16-17th by a Colloquium entitled "Expanding Palliative Care in Brazil".

A meeting on palliative care was held in Pakistan on November 26th and was attended by the head of INCTR's Palliative Access (PAX) Program, Dr Stuart Brown, and the President of INCTR USA and Director of the Pediatric Oncology Program, Dr Aziza Shad.

On November 30th, a meeting was held in Ramallah, Palestine, with Dr Moghli, Palestinian Health Minister, Dr Sidnei Epelman, President of INCTR Brazil, Dr Michael Silberman, Director of MECC, Dr Michael Weintraub, Director, Pediatric Oncology at Hadassah Hospital in Jerusalem and Tony Lawrence, Head, WHO country office. The purpose of the meeting was to discuss a project designed to improve access to care and quality of care for Arab children in Palestine and Israel. There was considerable agreement regarding the way forward, but it was recognized that many political and other obstacles need to be overcome in order to make this program a reality.

December 2010

On December 1-2nd Dr Pierre Bey visited Mali to discuss the establishment of an early detection and treatment program for retinoblastoma. The Institut Curie, where Dr Bey was the Medical Director for some years is the major reference center in France for retinoblastoma and will participate in the program in Mali.

For some time, oncologists from Lund University have been interested in working more closely with INCTR and perhaps establishing a branch in Sweden. On 2nd December, Dr Magrath attended the annual meeting of the Swedish Oncology Society at the invitation of Dr Eva Brun

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

to introduce INCTR to interested parties there. Further discussions on this topic will take place in 2011, but in the meantime, Dr Brun, who spent 3 months at the Cancer Institute (WIA), Chennai, in 2009, has been running a course for 11 radiotherapists in Chennai using a part on-line, part face-to-face meetings. To date, this appears to be proceeding very well.

Meetings Held in 2010

(Not all meeting in which INCTR members participated are included; non-INCTR meetings are included when INCTR played a significant role in the meeting organization or presented information or data relevant to its own programs and projects)

January 12-14	INCTR USA – Site visit to Black Lion Hospital, Ethiopia
January 19-23	Pathology visit in Cameroon
January 24-30	Pathology visit in Nigeria, including a workshop on telepathology
March 26-27	INCTR’s 10 th Anniversary Meeting, Brussels, Belgium
March 29-30	Forum International “Tabac et Santé”, Sétif, Algérie.
March 30 – April 12	PAX visit to India and Nepal
April 8-9	Journées Francophones de Cancérologie, Montpellier, France
May 6-9	Pathology meeting in Sienna, Italy – « What can we learn from Africa? New insights into lymphoma classification, heterogeneity, molecular epidemiology & biology »
May 14-15	Mission in Dakar, Senegal – Lymphoma working group – Martine Raphael
May 16	Mark Lodge - Meeting with the leadership of the NCD Alliance in Geneva
May 17-19	Mark Lodge – 63 rd World Health Assembly in Geneva
June 18-19	Participation of Pierre Bey and Sabine Perrier-Bonnet in the forum “NGOs and cancer: challenges and opportunities” organized by the Eastern Regional Alliance of NGOs, Marrakech, Morocco
June 20-30	Max Parkin – Cancer registries in Kampala and Nairobi
July 11-17	Sabine Perrier-Bonnet’s participation in the imPact mission in Mauritania and Niger.
August 1-31	One Month Certificate Course in Pain and Palliative Care, Hyderabad,

INCTR Progress Report 2010

INCTR Aisbl – 642 rue England – B-1180 Brussels – Belgium –Web site: www.inctr.org

	India
August	INCTR PAX visit to India – Stuart Brown
August 1-6	INCTR USA – Site visit to Ethiopia
August 18	Mark Lodge – UICC meeting, Shenzhen, China
September 20	Update of “Comprehensive Cervical Cancer Control: A Guide to Essential Practice.?”
September 27 – October 1	Aziza Shad and Sidnei Epelman – SOBOPE meeting in Brasil & launch of the Portuguese version of the INCTR Palliative Care Handbook
October 5	Seminar on Pediatric Oncology in Tanzania, Dublin, Ireland
October 20	A Prioritized Research Agenda for Prevention and Control of Non-Communicable Diseases, Geneva, WHO
October 19 – November 11	Nanaimo Bhaktapur Hospice Palliative Care Twinning Project – Site Visit in Nepal.
October 26-29	Dr Gayatri Palat’s participation in an imPact mission in Indonesia
October 26-30	Sabine Perrier-Bonnet – Mission in Kampala, Uganda – Hospice Africa Uganda
November 1	Dr Magrath’s attendance of the WHO meeting “Informal dialogue with non-governmental organizations in preparation of the UN High-Level meeting of the general assembly on non communicable diseases”
November 6-7	Oncology nursing meeting in Denver
November 9	Mark Lodge – Inaugural meeting of the UK NCD Task Force, London
November 16-17	Expansion of Palliative Care in Brazil - Colloquium, Rio de Janeiro
November 26-28	Participation of Dr Stuart Brown and Dr Aziza Shad in the 9th Shaukat Khanum Memorial Hospital Cancer Symposium, Nov. 26-28, 2010 Lahore, Pakistan
November 29-30	Participation of Pierre Bay and Sabine Perrier-Bonnet in the AORTIC Strategic Meeting, Dakar, Senegal
November 30	Sidnei Epelman – Meeting in Ramallah, Palestine, with the Palestinian Health Minister
December 1	Pediatric Oncology meeting in Jerusalem

INCTR Progress Report 2010

INCTR Aisbl – 642 rue England – B-1180 Brussels – Belgium –Web site: www.inctr.org

December 10	Oncology nursing meeting in Brussels
December 15-20	Aziza Shad – Palliative care meeting in Turkey
December 6 – January 1, 2011	One Month Certificate Course in Pain and Palliative Care, Hyderabad, India

Publications, Communications and Additional Web-Based Educational Materials

Network – INCTR’s Magazine

The INCTR newsletter has now been made into a magazine, although it retains its name, “Network” and it continues to be published in print and on INCTR’s website. All back issues are available in pdf format, and the current issue is also circulated by e mail as a pdf file to those who have requested it in this format (some 3000 people). Although it contains a broad range of materials relevant to cancer in low and middle income countries, the news content of NETWORK has been reduced since selected events are now described in more detail in the upgraded Newsflash.

Newsflash

INCTR’s NewsFlash provides reports on events taking place throughout the network on a monthly basis. Each article consists of the first few sentences of a more detailed article on the particular event, which is available via INCTR’s News Wiki site (<http://inctr-news.wikidot.com/>). The NewsFlash is sent by e mail to almost 6000 people.

INCTR’s Web Site

INCTR’s web site was upgraded in 2010. The site was given a more modern design and was re-organized to make navigation easier for site users. New sections were added to the web site such as Media Center and Resources which contain a wealth of information and useful links for site users. Helping INCTR was expanded to offer donors and sponsors more suggestions about ways in which they can support INCTR programs and activities.

Branches and Offices

Alliance Mondiale Contre le Cancer (AMCC), INCTR's French Branch

AMCC's New Board of Directors

L'Alliance Mondiale Contre le Cancer (AMCC), INCTR's French Branch, held elections for the officers of its Board of Directors on April 7th, 2010 in Montpellier. Prof. Pierre Bey, a radiation oncologist, who was the former Director of the Medical Section of the Institut Curie in Paris, was elected President. Prof. Bey has succeeded AMCC's first President, Prof. Guy de Thé who will now serve as the Honorary President of AMCC. Prof. Martine Raphaël, presently Head of the Hematology-Immunology Department at the Bicêtre Hospital in Paris, was elected Vice President. The board also appointed Prof. Raphaël as the Medical Director for AMCC. Prof. Jacques Rouëssé, the former Director of the René Huguenin Cancer Center in Saint Cloud, was elected Treasurer. Elisabeth Dupont, the Administrator Officer for INCTR in Brussels, was elected as the Secretary General for the organization.

AMCC is now headquartered at the Institut Curie in Paris and projects are coordinated by Sabine Perrier-Bonnet from the project office in Montpellier.

A Regional Event for a Global Challenge: AMCC's 3rd Meeting Devoted to Cancer Control in French-speaking Developing Countries, Montpellier, April 8-9th 2010

The Alliance Mondiale Contre le Cancer (AMCC)¹ held its third meeting on cancer control in French-speaking developing countries on the 8th and 9th of April in Epidaure at the Val d'Aurelle Regional Cancer Center located in Montpellier (France). Ninety-five participants representing several institutions and organizations from industrialized countries³ as well as doctors and other health professionals from 11 French-speaking developing countries in Africa and Asia attended the meeting.

Information about cancer control in the French-speaking developing countries was shared and discussed. Potential programs, based upon the needs and the existing resources reported by the participants from the developing countries were identified. The main objectives of this meeting were to give the doctors and health care

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

professionals from Africa and Asia an opportunity to discuss the increasing cancer burden and to present information about how cancer care is delivered in their countries. The establishment of cancer registries and the improvement of access to treatments that are feasible to deliver in these countries were identified as priority needs. AMCC and INCTR also gave presentations about their respective projects and activities that were initiated in 2009.

Selected Projects of AMCC

Establishment of a Telepathology Network in Sub-Saharan Africa: Diagnosis, Pedagogic and Research Support (especially for lymphomas); Coordinator: Prof. Martine Raphaël.
In the first stage of this project, the target countries are the Democratic Republic of Congo (DRC) (Lubumbashi and Kinshasa), Cameroun (Yaoundé), Ivory Coast (Abidjan), Senegal (Dakar) and Mali (Bamako). An "Agreement for pathology support for cancer care in Sub-Saharan Africa " was signed on September 27th 2010 between the French National Cancer Institute (INCa), INCTR and AMCC. The other partners involved in this project are the Pathologie, Cytologie et Développement (PCD) Association and the Groupe Franco-Africain d'Oncologie Pédiatrique (GFAOP).

Retinoblastoma Diagnosis and Treatment Support Program. Coordinator: Prof. Pierre Bey.

This project is run in partnership with the GFAOP and benefits from the expertise of some Institut Curie team members as well as from the experience of other INCTR Branches and Offices. The aims of this project are to improve early diagnosis and each aspect of patient care in order to increase cure rates - currently lower than 50% - to more than 80% through the development of research projects. This program will be first developed in Mali, in coordination with the Institut d'Ophtalmologie Tropicale de l'Afrique (IOTA) and the GFAOP Pilot Unit that coordinates chemotherapy protocols for retinoblastoma, as well as in Sudan, Congo Brazzaville and the Democratic Republic of the Congo. A 2011-2015 Action Plan focusing on Mali was recently drafted.

Training/Information/Documentation: Creation and Diffusion of Reference Documents in French on Cancer Control in Countries with Limited Resources. Coordinator: Prof. Jacques Rouëssé.

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

Documents will be made available through various means, including the Open Educational Resources for Cancer (OERC) on-line repository led by INCTR and other partners.

Pain/Palliative Care: Coordinator: Sabine Perrier-Bonnet.

It includes support for the creation of centers of excellence and centers for training in the fields of pain management and supportive care - including palliative care - in sub-Saharan Africa. The target countries for this project are Congo (Brazzaville), Mali (Bamako) and, as soon as possible, Ivory Coast (Abidjan).

Partnerships

Several partnerships have been developed or are in the process of being developed and/or formalized for the various AMCC projects. These partnerships are with French National Cancer Institute (INCa), the International Cooperation Network on Cancer (RCCI) which is coordinated by INCa, the GFAOP, the PCD Association, Women and Health Alliance International, the Lalla Salma Cancer Control Association in Morocco, the Pierre Fabre Foundation, and the ONCOMALI as well as the RETINOSTOP associations.

INCTR Brazil

The Brazilian Branch of INCTR is working to help coordinate programs in Latin America, particularly in pediatric oncology and palliative care. The branch has a major role in training and education in clinical trials management and also in fostering the development of health care professionals involved in the psychological/multidisciplinary support of cancer patients.

Reorganization of the Board of Directors

INCTR Brazil's Board of Directors was reorganized in 2010 to include representatives of INCA (The Brazilian National Cancer Institute), the Santa Marcelina Hospital Oncology Department, ANVISA - The National Health Surveillance Agency, the pharmaceutical industry and other strategic health and governmental organizations.

On-going Projects

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

INCTR Brasil is coordinating or participating in a number of projects including:

- Development of a Centre of Excellence in Pediatric Oncology at the Santa Marcelina Hospital
- Access to Accurate Cancer Diagnosis
- Improving Care for Palestinian Children with Cancer (in collaboration with the Israeli Society of Pediatric Oncology and the Middle East Cancer Consortium)
- Development of a Global Psychosocial Survey
- Clinical Trials Management Accreditation Program for Centers (16 centers have been accredited to date)
- Retinoblastoma Early Diagnosis Campaign, including a proposal to the Brazilian Senate to create a "Retinoblastoma Day"
- Translation of a film showing leukocoria, the most frequently noted early sign of retinoblastoma, into 10 languages, the latest being German.
- Palliative Care:
 - Establishment of a palliative care program, with a focal point for training and institutional care at Santa Marcelina, and training of primary care physicians in this region of 4-5 million poor people.
 - Translation of the INCTR Palliative Care Handbook into Portuguese which was launched during the XII Brazilian Congress of Pediatric Oncology - SOBOPE
- Development of a pediatric oncology fellowship program for Portuguese-speaking countries in Africa. A fellow from Angola is presently undergoing a 3 year training program at Santa Marcelina Hospital
- Fund raising activities that have generated support for the branch's office and support for projects, such as the translation of the INCTR Palliative Care Handbook into Portuguese.

INCTR Canada

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

INCTR Canada was established as a non-profit society in Canada in January 2010. It is seeking status as a registered charity in 2011. It supports the central mission of INCTR through engaging oncologists and cancer control professionals in Canada to support activities in three priority areas: palliative, supportive and end-of-life care (adult and pediatric); pediatric cancer and population-based cancer control. It participates and supports INCTR's palliative care program (INCTR-PAX); is establishing the direction of its activities in pediatric cancer (during 2011) and is actively engaged in cancer control activities with INCA (the Brazilian National Cancer Institute).

In the first year of operation, it has supported:

- November/December 2010: INCTR-PAX on-site training in palliative care in Hyderabad, India. This has included a photo-journalism initiative in India and Nepal to illustrate INCTR's activities.
- November 2010: INCTR-PAX/Canada - Palliative Care Strategic Planning meeting in Rio de Janeiro to develop a networked palliative care program in Brazil.

INCTR Canada has decided to utilize various fund-raising strategies, including focusing on public relations and communications (e.g., photo-journalism, web-site development), focusing on branding and becoming more known to the Canadian public, and ensuring that strategic, business and executive statements and relevant materials are developed and distributed.

INCTR Egypt

INCTR Egypt has been mainly involved in the development of a bibliography designed to quantify scientific output in selected cancers, and to provide a resource that can be used to answer questions of particular relevance to Egypt through systematic review. Papers and manuscripts are drawn from a variety of sources, including international and local journals as well as MD/PhD theses. The metrics of scientific output are represented by the number of papers published in scientific journals, as well as the number of theses. The University of Cairo is involved, and the possibility of including the Library in Alexandria is being explored. This project is further discussed under "Foundational Projects."

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

INCTR Tanzania

INCTR Tanzania was established in 2004 as an office and at present is not registered as an NGO in Tanzania. The office supports the central mission of INCTR to help to build capacity for cancer control in Tanzania. INCTR Tanzania has a special interest in pediatric oncology, palliative care and supportive care as well as cervical cancer screening. It participates in the INCTR Burkitt Lymphoma study and palliative care programs. Discussions are on-going to develop the Office into a Branch.

Activities and Achievements

The Treatment and Characterization of Burkitt's Lymphoma in Africa

INCTR Tanzania continues to enroll patients on this study and has registered over 200 patients on this study to date. Cure rates for Burkitt Lymphoma (BL) have improved over time and are now in the region of 70% - an excellent result for patients in Africa where resources are so limited. Patient follow up has also improved by utilizing the services of a "tracking officer" who visits patients at home when necessary, usually those who live far from Dar es Salaam. In 2010, there has been success in tracking patients who had not returned for follow up for several years (see picture below).



Before treatment in 2007

After 4cycles- 2007

After 3years (Nov 2010)

Although patient accrual for 2010 has not been at the rate of enrollment in previous years, this has been attributed to more hospitals treating children with BL than in the past, due to the development of national guidelines and also diminished support from

INCTR Progress Report 2010

INCTR Aisbl – 642 rue England – B-1180 Brussels – Belgium – Web site: www.inctr.org

various organizations that provided transportation costs to families to reach the hospital. However, cure rates and patient follow up have improved and there is continued effort to minimize treatment abandonments prior to the completion of treatment. A questionnaire will be produced to explore the impact of the national guidelines on referral patterns and quality of care.

PAX - Palliative Care Program

The office's involvement in PAX has raised the visibility of palliative care in Tanzania. During 2010, several training courses for health care professionals in the delivery of palliative care have been held at the Ocean Road Cancer Institute (ORCI). See the adjacent picture of one such course held in 2010.



Cervical Cancer Screening

Cervical cancer screening using VIA/VILLI continues and to date, more than 50,000 women have been screened. Training of health professionals in the use of these techniques also continues.

NNCTR/INCTR Nepal



At the beginning of March 2010, NNCTR/INCTR Nepal moved its offices to a newly constructed building (see picture). This new building serves as a center for cervical cancer screening and provides referrals for the necessary follow up tests and treatment for non-malignant abnormalities detected during screening. The center holds a clinic for the administration of HPV vaccine and clinical

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

breast cancer screening is also offered. General information about cancer is made available to the public. In addition, the center offers training for health personnel in the organization of cervical and breast cancer screening programs. A community-based palliative care program will be established there in the near future.

The NNCTR team, which currently includes 4 full time staff members, occupies 233.50 square meters of space within the building. Additional office space is rented to local shopkeepers in order to collect funds to support the costs of the expansion of the building as well as the maintenance costs.

Activities and Achievements

1. Cancer Education

- a. *Cancer Educational Session for Training the Trainers (TOT)* was conducted from September 30th to October 6th, 2010. The participants represented 10 districts in Nepal and included 20 individuals involved with health care from 17 NGOs.
- b. *Cancer Education TOT Refresher Training:* A one day refresher training course was held for local cancer trainers on October 5th, 2010 in which 19 trainers from 7 districts took part.
- c. *District Level Coordination Meeting and Networking:* On October 6th, 2010, NNCTR/ INCTR Nepal held a meeting for representatives of Nepalese districts who coordinate NNCTR activities and cancer education trainees in order to review progress in present activities and future activities of NNCTR. This was considered necessary in order to mobilize local resources and facilities and to coordinate efforts supporting cancer prevention, treatment and research programs conducted by local governmental organizations, NGOs and hospitals.
- d. *School and Community Level Cancer Education program:* During the year, 28,095 individuals from 138 schools and 168 communities have benefited from community based cancer education programs in various districts.
- e. *Certificate in Palliative Nursing Training:* Four nurses went to Hyderabad for 4 weeks training and received a certificate in palliative nursing care. Support was provided by the Victoria Hospice and Nanaimo Regional General Hospital

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

2. *Cervical And Breast Cancer Screening and Prevention*

- a) This program, supported by the Direct Aid small grant program (DAP), the Australian Embassy in Nepal, and the Australian Himalayan Foundation, NSW Australia, has the goal of screening 3000 healthy married women between the age of 30 and 60 years for cervical cancer and 1500 women for breast cancer. Screen positive women are referred to appropriate hospitals for follow up. The program was also designed to undertake cervical and breast cancer awareness and cancer education for at least 3,000 individuals in the targeted areas.
- b) Between December 2009 and Dec 2010, NNCTR, in collaboration with the Nepal Australian Cervical Cancer Foundation (NACCF) provided cancer education and cervical and breast screening to 3,783 individuals. In addition, 32 nurses received specialist training in screening practices of cervical or breast cancer. A total of 1750 individuals from 16 communities participated in the NNCTR community orientation program, which provides cancer awareness education and also explains to the public the importance of prevention and treatment of cervical and breast cancer.
- c) NNCTR organized two technical skill transfer workshops to provide nurses with specialist training in cervical cancer and breast cancer screening. A total of 21 nurses received specialist cervical cancer screening training, and 11 nurses were trained in the technique of breast cancer screening, including training in breast self examination, which the nurses teach to individuals attending the screening camps.

3. *HPV Vaccination Programme.* This program is supported by the Australian Cervical Cancer Foundation (ACCF), Brisbane, Australia (operating costs) and the Axios Gardasil Access Program (provision of vaccine). The program has been implemented, by the Nepal Australian Cervical Cancer Foundation (NACCF), and NNCTR/INCTR. The Nepalese Ministry of Health and Population (MoHP) has given permission to NNCTR to vaccinate young girls and requested Health and Education offices at district levels to provide support for delivering the vaccine.

- a) In 2010, NNCTR and NACCF received 9,618 vials of Gardasil vaccine under this program, which is sufficient to vaccinate over 3000 11-13 year old girls (schoolgirls in grades 6-8) in Kathmandu, Lalitpur, Bhaktapur and Kabhre.

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

Working together, NNCTR and NACCF have delivered two doses of vaccine, to date, to 3,206 girls in 54 schools of those districts and the third dose is now being delivered. The cost of the vaccine was quoted as US \$ 1,243,411.00. Cold storage facilities for the vaccine were provided free of charge by Yetichem Distributors Pvt. Ltd of Kathmandu.

- b) NNCTR, and CREAPA, a well established research organization, have agreed to work together to undertake a research project funded by PATH in the course of a year (April 15, 2010 to April 14, 2011). The objective of the project is to identify attitudes towards cervical vaccination. Three tiers of stakeholders, national, district and community levels have been identified as target groups. Six districts, based on geographical and community have been identified, two from the Himalayan area, two from mid-hilly areas and two from lowland areas (Terai). Semi-structured questionnaires were designed for interviewing the national and district levels stakeholders and consensus-building workshops organized at the national level and also at the district level have been held. It is anticipated that the findings will lead to the development of educational programs that should be provided prior to the initiation of future vaccination programs in other parts of the country.

INCTR UK

INCTR UK encourages greater participation in INCTR programs by maintaining contact with UK cancer research centers and promoting INCTR membership at meetings and through business contacts. INCTR UK continues to develop links with the Commonwealth Secretariat at Marlborough House, London. In 2010 the Office provided assistance to Tim Spruell a young medical student at Birmingham University, enabling him to secure a 2,800 pounds sterling fieldwork grant from Birmingham University and the Sir Arthur Thomson Charitable Trust. INCTR UK also provided material support to Laura Stewart preceding her visit to Tanzania, helping her develop sponsorships for her ascent of Mount Kilimanjaro in order to raise funds.

Activities and Achievements

INCTR Progress Report 2010

INCTR Aisbl – 642 rue England – B-1180 Brussels – Belgium – Web site: www.inctr.org

Advocacy

INCTR UK continued its role as an advocate for the inclusion of cancer in the global development agenda. Supported by INCTR Brussels, INCTR UK provided the lead role for INCTR's contribution to the global campaign for a special session of the United Nations General Assembly on non-communicable diseases (NCD). INCTR UK Executive Director Mark Lodge represented INCTR at the 63rd World Health Assembly (Geneva 17-19 May 2010), the UICC World Cancer Conference (Shenzhen, 18-21 August), and the Lancet Chronic Disease Series III launch (London, 10 November 2010). INCTR UK is a member of the UK Chronic Disease Task Force and a Common Interest Group Member of the NCD Alliance.

The Evidence Base for Cancer Control

INCTR UK has a special responsibility to support one of INCTR's major Foundational Programs - the Evidence Base Project. 2010 saw the conclusion of the Egyptian Pilot study with INCTR Egypt overseeing the uploading of all the identified Egyptian studies published between 2000 and 2008 onto the University of Cairo website. Elsevier has provided two years part funding (50,000 USD) to enable the pilot study to be expanded to include all areas of Egyptian cancer control research. Also in 2010, the results of INCTR's retrospective search of indexed breast cancer control literature were uploaded to the *BHGI-INCTR Breast Cancer Control Library*. A report of the INCTR literature search project will shortly be published in a supplement to the April 2011 issue of *Breast*.

INCTR Challenge Fund

INCTR UK raises funds for INCTR programs by providing executive and administrative support to the INCTR Challenge Fund (Charity no. 1079181). In 2010 the charity raised £18,568. It provided £8000 for the purchase of chemotherapy drugs for patients enrolled on the INCTR Burkitt Lymphoma study and £3000 for the INCTR Palliative Care Access (PAX) Program. Two meetings of the charity's Board of Trustees were held during 2010 - in May and December. The charity continues to benefit from the support of the Christopher Niblett Memorial Fund which provides funding for drugs for children with Burkitt lymphoma in Africa. The charity recruited eight runners for UK Marathon and Half Marathon events in 2011.

INCTR Progress Report 2010

INCTR Aisbl – 642 rue England – B-1180 Brussels – Belgium – Web site: www.inctr.org

INCTR USA Branch

INCTR USA has undergone some significant changes in the last year. A new Board of Directors was elected at the end of 2009 and in collaboration with the Division of Pediatric Hematology Oncology, Blood and Marrow Transplantation Program at the Lombardi Comprehensive Cancer Center, Georgetown University Hospital in Washington, DC, recently launched a major initiative to build capacity to treat childhood cancer in Ethiopia. This collaborative project, led by Dr. Aziza Shad, President, INCTR USA, is a 3-year pilot program to improve pediatric cancer survival rates in Ethiopia. A country with 83 million people, Ethiopia has no trained pediatric oncologists and its cancer survival rates are estimated to be less than 10%.



Rhabdo Patient Tikur Anbessa (Black Lion) Hospital Pediatric Ward, Addis Ababa, Ethiopia Aug 6th 2010 (Credits ML Cohen)

The program seeks to improve pediatric cancer survival rates through the training of health care professionals to deliver protocol-based treatment for children with highly curable cancers and by ensuring the availability of drugs and equipment necessary for the treatment of these cancers. The program will also include the development of appropriate palliative care and pain management services for pediatric cancer patients.

Programs and Projects

As of the end of 2010, INCTR Programs included Cancer Registration, Clinical Research, Foundational, Oncology Nursing, Palliative Access (PAX), Pathology, Pediatric Oncology, and Psychosocial. The Cancer Registration, Oncology Nursing, Pathology and Psychosocial programs began in early 2010. An Adult Oncology program is being planned for 2011. Brief reports are provided below:

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

Cancer Registration Program

Since 2009, INCTR has been supporting two registries in East Africa - one in Kampala, Uganda and the other in Nairobi, Kenya. In 2010, INCTR decided to initiate a formal Cancer Registration Program, under the leadership of Dr. D. Maxwell Parkin.

The initial focus of the program has been to improve the effectiveness of cancer surveillance in East Africa.

Activities and Accomplishments

Site visits were made to the Kampala Cancer Registry (KCR) which is a population-based cancer registry and to the Nairobi Cancer Registry in June 2010. The purpose of the visits was to evaluate progress made during 2009 following the provision of funds to improve cancer registry data collection. The KCR continues to collect data on patients with cancer residing in Kyadondo County Uganda. Data was collected from all of the major hospitals in the county. Cancer registrars traveled regularly to these hospitals to collect data from the records' clerks in various units of these hospitals. From the evaluation done, 858 cases of cancer were registered. The Nairobi Cancer Registry was re-structured such that its main aim would be to register only cancer cases among Nairobi residents whereas in the past it had aimed to collect data for the population of the entire Nairobi Province, which proved to be a difficult task given the lack of resources. Data from hospitals - both governmental and private, oncology centers, including diagnostic and treatment centers, death certificates and hospices contribute data to the registry. There is only one hospital that will not work in collaboration with the registry. Although there is a back log of data entry to be performed, it is anticipated that with more resources available during 2011 that the registry data will be up-to-date.

The cancer registry of Rwanda is a new project that began in 2010. The initiative to restart cancer registration in this country came from the partnership of local researchers and a team from Montefiore Medical Center and Albert Einstein College of Medicine, USA.

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

In order to improve cancer registration, an East African Registry Network (EARN) was formed. The members are the registries of Nairobi (Kenya), Blantyre (Malawi), Kigali (Rwanda), Kampala (Uganda) and Harare (Zimbabwe).

A project grant entitled, "Enhancing Cancer Registration in East Africa" was obtained from the Doris Duke Cancer Foundation in December, 2010 with the project work scheduled to begin on January 1, 2011.

Clinical Research Program

The overall goal of the Clinical Research Program is the improvement of survival of patients with cancer in LMIC. It is managed by the INCTR Clinical Trials Office (CTO) in Brussels and is responsible for the management of disease-specific strategy groups that lead to development of relevant clinical research studies. The CTO assists the strategy groups to develop protocol documents, to develop data management systems and procedures for the studies and provides monitoring for data quality assurance and protocol adherence, particularly for treatment studies. The Clinical Research program works closely with INCTR's Ethical Review Committee to ensure that all clinical studies undergo ethical review prior to implementation at study sites in LMIC.

Activities and Accomplishments

African Burkitt Lymphoma Strategy Group

The African Burkitt Lymphoma (BL) Strategy Group is comprised of investigators from 6 institutions in four sub-Saharan African countries. The group is conducting a protocol entitled, "The Treatment and Characterization of BL in Africa". The study has been on-going since 2004 at the Obafemi Awolowu University Teaching Hospitals Complex (OAUTHC) in Ile-Ife, Nigeria, the University College Hospital (UCH) in Ibadan, Nigeria, the Kenyatta National Hospital (KNH) in Nairobi, Kenya and the Ocean Road Cancer Institute (ORCI) in Dar es Salaam, Tanzania. In 2010, St Mary's Hospital Lacor in Gulu, Uganda began enrolling patients onto the protocol. At the end of 2010, a total of 454 eligible patients have been enrolled on the protocol. Discussions were held with three new institutions - another in Tanzania, one in Senegal and another in the Democratic Republic of Congo. It is hoped that these centers will join the study in

[INCTR Progress Report 2010](#)

2011.

The results of the study are promising - the overall survival (OS) for all patients entered on the protocol through the end of December, 2009 is 61% at 24 months. There are differences in OS among the institutions with ORCI and KNH having better survival rates at 2 years than the two Nigerian centers. The differences in survival may be related to the fact that families bear the burden of all aspects of care in Nigeria when compared to families in Kenya and Tanzania. This survival analysis does not include the data for the Ugandan patients enrolled since the spring of 2010 as it is still too early to include them in such an analysis. It is also encouraging that the second-line treatment has resulted in the cure of many patients in the setting of early relapse or partial response to the first line treatment regimen. A manuscript of the results from the initial four centers is being prepared.

The group collaborates closely with the Pathology Program. The use of iPath has been introduced at several sites such that there can be on-line consultation and the majority of cases have been reviewed by the members of the Pathology Program for confirmation of diagnosis.

In April 2010, a new database system was implemented such that the site data managers can enter data "off-line" and upload entered data to the central server by performing a simple "synchronization" procedure that requires minimal internet connection time. By storing data on the central server, system upgrades are transparent to the users and the data is stored securely and virus-protected.

In January 2010, monitoring visits of the two sites in Nigeria - OAUTHC and UCH took place and in November 2010, monitoring visits of St Mary's Hospital Lacor and ORCI.

Leukemia Study Group of India

The Leukemia Study Group of India is comprised of investigators representing four institutions - the All India Institute of Medical Sciences (AIIMS) in Delhi, the Cancer Institute (CI), Chennai, the Tata Memorial Hospital (TMH) in Mumbai and the Jaslok Hospital in Mumbai. In 2004, a protocol entitled, "The Treatment and Characterization

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium –Web site: www.inctr.org

of Acute Lymphoblastic Leukemia (ALL) in Children, Adolescents and Young Adults" was implemented. A total of 473 patients were enrolled on the study, but due to protocol violations and incomplete data from one center, only the data for 387 patients from AIIMS, CI and TMH has been analyzed. Of those 387 patients, 92% achieved a complete response. Patients enrolled at CI were older, had more T cell disease, were of lower socioeconomic status and were from rural regions than the other two centers. For all patients, OS is 66% at 3 years. When comparing the centers, TMH had a better OS than the other two institutions and also had a significantly lower rate of relapse. Approximately 77% of patients who died during remission of toxicity were of lower socioeconomic status. This raised the question that when such patients are at home, access to care for febrile neutropenia or other acute problems may be a major factor that has contributed to their deaths. The results should be considered preliminary as patients enrolled in late 2009 have not yet completed treatment and it must be kept in mind that very few patients with T cell ALL were enrolled at TMH.

Retinoblastoma Strategy Group

Members of the Retinoblastoma Strategy Group are assisting with efforts to improve the earlier detection of this curable cancer in sub-Saharan African countries by providing materials utilized in campaigns to increase public awareness and by supporting initiatives led by other INCTR branches, such as AMCC in these countries. In Tanzania, emphasis is being given to educating health care professionals about this disease.

Nasopharyngeal Cancer (NPC) Strategy Group

A questionnaire study was designed and piloted by investigators treating both pediatric and adult patients with NPC in 2009. The protocol entitled, "A Descriptive Study of NPC in LMIC: Part I, Determinants of Delays in Diagnosis and Treatment in NPC and Part II, Consanguinity and Familial History was approved by INCTR's ERC in March 2010. Of the 17 institutions that agreed to participate in this study, 7 institutions have obtained local ethical approval and submission of questionnaires began in late 2010.

Wilms' Tumor Strategy Group

Members of the Wilms Tumor Strategy Group, led by Dr. Sameer Bakhshi of AIIMS, have drafted a protocol entitled, "The Treatment of Wilms Tumor in LMIC". The objectives of the study are to characterize the clinical and pathologic features of this disease in different LMIC and to assess EFS and OS of a uniform treatment protocol. The treatment utilizes an approach similar to that used in SIOP studies - with pre-operative chemotherapy to decrease the size of the tumor, since the majority of children in developing countries present with very large tumors which in turn, makes up-front surgery more difficult and subject to tumor spillage, which has adverse effects on the overall prognosis. It is anticipated that the protocol will be completed in 2011 and undergo ethical review.

Clinical Trials Education and Training

The CTO continues to provide support as needed to the efforts of INCTR Brazil in their on-going clinical trials accreditation program.

Foundational Program

The Foundational Program is a series of projects that includes those that are directed towards capacity and infrastructure building in the absence of a specific clinical research project.

Measuring Scientific Output in the form Of Publications in Developing Countries

One of INCTR's goals is to ensure that all aspects of cancer control with which it is involved are conducted in the context of the available evidence. All too often, such evidence is not available. INCTR is conducting an exploratory program designed to examine the output of scientific publications in selected countries and/or selected diseases. In many countries, there is no professional pressure to publish in order to ascend the academic ladder, no training in the scientific method, and often very poor quality publications. Thus a numeric assessment of scientific output, although useful, needs to be supplemented by training in the assessment of the quality of available publications.

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium –Web site: www.inctr.org

This program, therefore, has two components - the first, the derivation of a simple numerical metric regarding scientific publications, and the second, the provision of training for scientists and health providers in the process of systematic review of available evidence relating to a particular medical or scientific question. Not only does this permit the assessment of quality but may provide an answer (in the form of evidence of the validity of a particular approach or method) to questions of importance to effective national or regional cancer control. This program is particularly designed to emphasize the importance of local research in controlling cancer and to help create a research ethos. It will also help to identify gaps in existing research results, and thus assist investigators and funding bodies to decide upon research priorities.

2010 saw the conclusion the pilot study, "Cancer in Egypt" that was jointly undertaken by INCTR UK, INCTR Egypt, The European School of Oncology and the National Cancer Institute, Cairo, Egypt. The initial phase of this study entailed creating the database of published reports of original research in breast cancer, bladder cancer, lymphoma, pediatric cancer and palliative care conducted in Egypt in the years 2000-2008. The pilot database has been made freely available through the University of Cairo web site. This study was supported by the European School of Oncology, European Society of Medical Oncology and the Egyptian Foundation for Cancer Research.

In 2010, Elsevier agreed to provide two years of funding to enable the pilot study to be expanded to include all areas of Egyptian cancer control research.

The second initiative, "Breast Cancer in Low and Middle Income Countries" was the development of a comprehensive catalogue of breast cancer studies relevant to LMIC that identified 4,871 papers. In 2010, these studies were uploaded to the Breast Health Global Initiative (BHGI)-INCTR Breast Cancer Control Library. A report of the INCTR breast cancer literature search project will be published in 2011 in a supplement to an edition of Breast.

Clinical Trials Accreditation Program for Centers in Brazil

The project led by INCTR Brazil and supported by Novartis Oncology, Brazil has been initiated. So far, 16 institutions in Brazil have been accredited as being competent to

INCTR Progress Report 2010

INCTR Aisbl – 642 rue England – B-1180 Brussels – Belgium – Web site: www.inctr.org

carry out clinical studies in observance of the tenets of "Good Clinical Practice." The next step will be to monitor performance while actually conducting clinical trials - an essential part of maintaining accreditation.

Catalyzing and Coordinating Institutional Partnerships

University of Lund, Sweden and the Cancer Institute (WIA), Chennai, India

The primary activity is the conduct of an advanced training course in radiation therapy (CI has the latest intensity modulated radiation therapy equipment) and is essentially the same as the course used in Sweden. Twelve radiation therapists from Chennai participated in the course, and will undergo examinations to assess their knowledge acquisition from the course.

Partners in Compassion - Nanaimo's Mid Island Hospice, Canada with Bhaktapur Cancer Care Hospital, Nepal

As part of this twinning program between Nanaimo's Mid Island Hospice and Bhaktapur Cancer Care Hospital (BCCH), the Nanaimo team, led by Dr Robin Love, consultant to INCTR's PAX program Canada visited BCCH from mid October 2010 to mid November 2010. The major purpose of the visit was to conduct a two week course in palliative care. For more details about a report of this site visit, see PAX - Nepal.

Victoria Hospice, Canada and B.P.Koirala Memorial Cancer Hospital (BPKMCH)

In 2007, the twinning program between Victoria Hospice and BPKMCH was established. In early April 2010, Dr Fraser Black and Mr Doug Ennals visited BPKMCH where they gave presentations, participated in ward rounds and discussed the expansion of the palliative care team, its facilities and the twinning program.

Creating Open Educational Resources for Cancer (OERC)

INCTR is the lead organization for a consortium of organizations and cancer professionals in the development of a cancer-specific (with emphasis on low and middle income countries) freely accessible, web-based resource for information and educational tools. The demonstration site powered by MERLOT continues its growth (<http://teachingcommons.cdl.edu/oerc/>). Material can be made available to this site from anywhere in the Web, or by uploading documents, presentations etc. to the

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

INCTR repository on the INCTR Portal (all that is required is that the materials can be reached by a URL - the site does not duplicate material, but simply provides an advanced search engine that can identify high quality materials on the web in a structured manner).

This project supplements more active programs in training and education. One of its major purposes is to provide readily available teaching materials that can be used anywhere in the world by teachers who find the material (much of which is in the form of PowerPoint documents) useful.

Oncology Nursing

In early 2010, INCTR formed the Oncology Nursing Program for LMIC to focus exclusively on education and training for nurses caring for patients in these countries. The overall goal of the program is to improve the quality of care that cancer patients receive in LMIC. Priority for training is given to institutions associated with INCTR's Branches and Offices and/or those participating in on-going INCTR programs. The program is being developed by a committee of nurses called the Oncology Nurse Education and Advocacy Committee (ONEAC) which is comprised of experts in aspects of cancer nursing in LMIC as well as nursing education.

Activities and Accomplishments

During 2010, the committee members met twice. It has outlined the contents of a core curriculum, prepared curriculum modules, designed a baseline survey of institutional needs for nurse training, and developed guidelines for performing on-site situational analyses, including an assessment of training needs identified by nurses working with cancer patients in selected institutions.

The Tikur Anbessa Hospital (Black Lion Hospital) in Addis Ababa, Ethiopia was selected as the first institution in which the approach to providing training would be field-tested for nurses caring for children with cancer at the hospital. The team identified additional nursing faculty members- familiar not only with the hospital itself, but also with expertise in pediatric oncology. A baseline institutional survey was undertaken

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

and provided to the nurses, which enabled them to prepare for their visit in January, 2011.

Palliative Access (PAX)

The palliative care program, led by co-directors Stuart Brown and Fraser Black, has programs in Africa, Asia and Latin America. It works by establishing centers where palliative care can be provided, along with the training of health staff. It also attempts to link with any locally existing palliative care societies and is in the process of improving its ability to measure its impact, while continuing to expand via its approach of building centers of excellence in palliative care.

Activities and Accomplishments

PAX India, Department of Palliative Care in MNJ Institute of Oncology, Hyderabad

The department of palliative care of the MNJ Institute of Oncology (MNJIO) was formed in 2006 with the support of INCTR, the American Cancer Society and Pallium India. The department now cares for approximately 7,000 patients per year and it is the focal point in the Indian state of Andhra Pradesh (AP) for quality clinical palliative care, as well as training and research. It is also widely recognized as a centre of excellence for palliative care in India. INCTR continues to provide essential funding and Dr. Fraser Black, Co-Director of INCTR's Palliative Access (PAX) Program, acts as a regional mentor for India.

The core missions of the department are training and education of healthcare workers, as well as palliative care advocacy at the regional and national levels. The department has evolved to become a center for practical training in palliative care for nurses, oncologists, other residents and the students of College of Roda Mistry for Social Work.

The department of palliative care currently has a staff of three doctors, four nurses and three social workers. It offers outpatient and in-patient services; home-based care of sick patients in the twin cities of Hyderabad and Secundrabad in partnership with an

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

NGO, and pediatric palliative care services. The pediatric services are unique in that palliative care is integrated into cancer care in parallel to curative treatment from the start. The care team offers painless intervention to children for diagnosis and treatment, regular support-group meetings for the family and the children, active supportive care and end-of-life care, and psychosocial and bereavement support. In 2010, the team made 2,922 community visits. The successful outcomes of the pediatric program have been almost all children receiving cancer treatment and their families are receiving adequate symptom control and psychosocial support during curative treatment along with a smooth transition of end-of-life care, if required. There has been a reduction in the drop-out rate during treatment and there is good implementation of procedure-related pain relief protocols.

Palliative Care Leadership Development

Dr. Black and Dr. Gayatri Palat, Director of INCTR's PAX Program in India, participated in the first International Palliative Care Leadership Development Initiative (LDI), founded by the Diana Princess of Wales Memorial Fund. This took place at San Diego Hospice from January 23-31st 2010, which was supported primarily by NCI and the Open Society Institute. The program aims to develop global leaders from LMIC to advance palliative care through skill-building.

In April 2010, Dr. Fraser Black and Doug Ennals, Social Worker Consultant to INCTR PAX visited the Cipla Centre in Pune as a part of the LDI. Dr. Priyadarshini Kulkhani, Medical Director, Cipla Centre, Dr Black and Mr Ennals participated in the LDI held in San Diego in February, 2010 to assist in the center's objective of grooming a team to become national, regional and global leaders in palliative care.

Department's Work with Andhra Pradesh (AP) Government to Improve Palliative Care

The department continues to advocate for the development of palliative care in AP. Advocacy activities have included, a collaborative initiative with the NTR University in the development of a post-doctoral fellowship in palliative medicine that will start at MNJ in the coming academic year and on-going discussions with the Andhra Pradesh State AIDS Control (APSAC) Program about the inclusion of palliative care training and

services for people living with HIV and AIDS.

Partnership with Other NGOs

1. The department is working with a variety of NGOs to improve availability of palliative care for patients with all life-limiting illnesses. We have developed partnerships with organizations such as Pain Relief and Palliative Care Society (PRPCS), Hyderabad, Alzheimer's and Related Disorders of India, MV foundation and Catholic Health Association of India.
2. We are implementing, jointly with the PRPCS and MV Foundation, a community-based palliative care program for the chronically ill in two villages in Chevalla Mandal. We have conducted a needs assessment in these villages, organized a network of volunteers, and have started providing palliative care services to those in need.
3. MNJ IO-INCTR PAX India worked with the WHO-India office and the Ministry of Health to develop guidelines on Setting up of Palliative Care Services and Procuring Oral Morphine.
4. The Indian Association of Palliative Care has identified MNJIO as one of the regional centers for training.
5. MNJIO-INCTR PAX India has adopted a consultative and advisory role, guiding centers in other states like Maharashtra on how to develop similar nodal palliative care centers.
6. Dr Gayatri Palat was elected to the Board of Directors of the International Association for Hospice and Palliative Care in 2010.

Presentations

The team has presented posters and given papers at national and international conferences. At the 18th International AIDS Conference held in Vienna in July, 2010, INCTR PAX India, along with Human Rights Watch, St John's College and Hospital and the Hyderabad Pain Relief and Palliative Care Society, presented a poster entitled, "Unnecessary Suffering: Lack of Palliative Care in India". The poster highlighted the lack of palliative care for people living with HIV in India and was one of a growing number of palliative care presentations at the conference.

INCTR Progress Report 2010

INCTR Aisbl – 642 rue England – B-1180 Brussels – Belgium – Web site: www.inctr.org

One Month Certificate Courses in Pain and Palliative Care, MNJ Institute of Oncology and Regional Cancer Center, Hyderabad, India

These one month courses were conducted by MNJ in collaboration with INCTR and PALLIUM India. Their goal is to provide doctors, nurses, social workers and volunteers with practical "hands-on" training in palliative care supplemented by theoretical background information. The courses were held in August, October and December in 2010. Dr. Stuart Brown, Director of INCTR's PAX Program, was part of the external faculty in August.

INCTR PAX Faculty Visits

In 2010, Fraser Black and Doug Ennals visited the MNJ Palliative Care center from March 30 until April 6. This included meetings with the pediatric oncology team, department heads and the Chairman of MNJ, Dr Mandapal to discuss the pediatric palliative care program, data collection and the establishment of a pediatric palliative care program at Nilifour Children's Hospital. The establishment of a pediatric palliative care fellowship and the training of palliative care social workers were also discussed. A visit was made to a rural community based palliative care program.

Palliative Care in Nepal

Nepalese Association of Palliative Care (NAPCare)

NAPCare was officially registered as an association in December, 2009. INCTR PAX in collaboration with other health workers involved in palliative care initiatives in Nepal promoted the formation of NAPCare and has continued to play a vital role in its establishment and continued development and activities. The objectives of NAPCare are to provide support, education and networking opportunities to its members. NAPCare aims to support patients and family members, and to inform and educate the community about palliative care and will help to develop a national palliative care policy. Several training programs have been undertaken by NAPCare members. In February 2010, a six week palliative care training program was offered to nurses. The association is also planning to develop national guidelines regarding practical problems that include cancer pain.

INCTR PAX Faculty Visits

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

Several visits to Nepal are made by the PAX team each year. In early April 2010, Dr Fraser Black, Dr Gayatri Palat, and Mr Doug Ennals visited several of the palliative care sites in Nepal, including BPKMCH in Bharatpur, where, in addition to presentations and ward rounds, they discussed the expansion of the palliative care team, and its facilities, the addition of a psychosocial element, training (some of which will take place in Hyderabad, India) and collaboration with NAPcare and NNCTR. The twinning program with Victoria Hospice was also discussed. In a meeting with Dr. Bishnu Paudel, a recent graduate of the Pain and Policy Study Group Fellowship program in Madison, a review of current opioid use and availability in Nepal was undertaken. Plans to expand the program at Bhaktapur Cancer Center, including training, facilities and the establishment of a referral process were also discussed. A visit to Kanti Children's Hospital was made to review opioid availability and usage, to discuss opportunities for trainees at Kanti in order to establish a palliative care team at Kanti.

Nanaimo Bhaktapur Hospice Palliative Care Twinning Project

A palliative care team from Nanaimo, Canada, led by Dr. Robin Love who serves as a consultant to INCTR's PAX program, made their 4th site visit to Bhaktapur Cancer Center (BCC), Nepal from mid October to mid November in 2010. This visit was made as part of the Partners in Compassion Project - also known as the Nanaimo Bhaktapur Hospice Palliative Care Twinning Project. The primary focus of the trip was to assist in teaching a palliative care course hosted by BCC's Palliative Care Program.



Dr. Robin Love teaches at the bedside with Nepali Doctors, and Nepali and Canadian nurses. Photo Credits: Richard Tran Venetia Mah

The major purpose of the visit was to conduct a two week course in palliative care. It was attended by 47 participants, including seven physicians and many nurses from the Kathmandu region. The comprehensive course including a variety of topics: challenges in palliative care, ethics, pain and symptom

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

management, palliation in cancer and non-malignant diseases, psychosocial aspects of care, development of a palliative care service including home care, care of the caregiver, and the roles of surgery, chemotherapy and radiotherapy in palliative care. Practical workshops and bedside clinical teaching were an important part of the course.

Separate workshops related to patient handling, transferring and positioning were held - not only during the course given at BCC, but also at 4 other hospices and cancer care programs. This is both to ensure that patients are as comfortable as possible, but also for teaching the staff safe patient handling to reduce the risk of injury to nurses and family members. It was very well received, and the team made the workshop fun and entertaining as well as useful. It is a goal to develop an online module for teaching these skills.



2 A comfortable patient in the palliative care unit at Bhaktapur Cancer Hospital - Photo Credits: Richara Tran Venetia Mah, Partners in Compassion

Another new initiative is a research project that consists of a qualitative study designed to explore the impact of the Partners in Compassion project. It consists of a series of structured interviews with some of the partners including Nepali

physicians, nurses, patients and families, and some partners in Canada, including physician, nurses, administrators and

nursing students. The main objectives of the project are to explore how this partnership has shaped end-of-life care in the host community, to determine whether the goals and vision of this project are being achieved, to document the experiences and outcomes of the friendship built between Nanaimo and Bhaktapur, and to identify the potential needs and barriers that still exist to the dying and their families in accessing quality and compassionate comfort care at BCC. The information obtained will be utilized as a learning tool for improvement and refinement of current and future hospice twinning projects and to develop a tool to increase awareness in the medical and general community of the concept of twinning and its utility in meeting global needs, in particular the development of palliative care internationally. It will be used to encourage and raise interest in other hospices for future implementation of hospice twinning partnerships and palliative care initiatives. The information will be presented as a documentary film.

The visiting team spent time working alongside medical and nursing colleagues in the palliative care unit at BCC in order to continue mentoring and teaching at the bedside and to continue to provide support for their work. It is envisioned that ongoing dialogue and education can continue through a shared Facebook page.

Discussions about the development of a palliative home care nursing service that will be part of the BCC program have been held and will continue. The team was encouraged by

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

the progress made in the further development of the Palliative Care program at BCC. The Medical Director, Dr. Sudip Shrestha, remains very supportive and committed to improvement, and Dr. Chadani Vaidya has been designated as the palliative physician for the unit. Laxmi Shrestha is the Matron of the Hospital and Nursing Leader of the PCU. Her leadership and commitment remain key features of the program. The PCU staff remains very dedicated to their work and they are more comfortable with the use of morphine and other medications and techniques for symptom management. Their role in developing and hosting the two week course helped to increase their sense of identity and responsibility as a "center of excellence" for palliative care in the Kathmandu Valley.

Palliative Care in Brazil

Palliative Care Handbook - Manual de Cuidados Paliativos INCTR Brasil

The official launch of Manual de Cuidados Paliativos INCTR Brasil took place during the Multidisciplinary Symposium and the Palliative Care Session, XII Brazilian Congress of Pediatric Oncology - SOBOPE, held in Curitiba, Brazil on October 1st. Many copies of the handbook were sold during the congress. The handbook will be advertised during palliative care symposiums, congresses and meetings. Individuals on INCTR Brazil's mailing list, including participants of the 41st Congress of SIOP who expressed an interest in the Portuguese version of the INCTR Palliative Care Handbook will be informed that it is now available. One thousand copies of the Portuguese version of the handbook have been printed. The price of the handbook is approximately 13 euros.

National Palliative Care Program Planning in Brazil: Nov 16-17, 2010: Rio de Janeiro

Ninety-five participants from all regions of Brazil, representing all disciplines providing palliative care services, met in Rio, Nov 16-17, 2010 to develop a national palliative care strategy. Notwithstanding substantial expertise, innovation and commitment within institutional and/or local programs, participants identified the variation in levels of service, patient outcomes and care-giver support as well as the difficulties of access to evaluation, care and opioids as major factors contributing to Brazil's relatively poor performance compared to many other nations (see *Economist Intelligence Unit Report, 2010*).

Following an opening welcome from INCA (Dr Luis Antonio Santini) and INCTR (Dr Simon Sutcliffe), brief presentations were made on global palliative care (Dr Stuart Brown: INCTR-PAX), Canadian palliative care (Dr Fraser Black: INCTR-PAX), Brazilian palliative care (Dr Claudia Naylor: INCA), family and community palliative care in Northern B.C. (Dr Biz Bastian: INCTR-Canada), opioid availability and dispensing in Brazil (Ms Maria Barbosa: Brazil), caring for the care-giver (Doug Ennals: INCTR-PAX), the global cancer control challenge (Dr Simon Sutcliffe ; INCTR-Canada). Dr. Carlos Gill (INCTR-Brazil), Renata Lucia Guisti Bruno and Dr. Angelica reported on progress in palliative care at the Santa Marcelina Hospital system.

Nine palliative care programs from across Brazil were presented, each reflecting the approaches by inter-disciplinary teams to provide institutional, community and home-based palliative services for patients, families and care-givers. Presenters high-lighted challenges of access to care, drugs, human resources, transportation, educational levels, awareness and socio-economic constraints, whilst reflecting the opportunities for improvement, the evident benefits of the care provided and the commitment of the teams to achieve their best level of service within prevailing contexts and resources.



Café Format Discussions on palliative care in Brazil

A Discussion Cafe format allowed participants to work in small groups on pre-selected areas (Opioid Availability: Palliative Care Services: Pediatric Palliative Care: Palliative Care Education: Evaluation Tools: Rural and Urban Palliative Care: Psychosocial Care and Bereavement), encouraging networking, relationship-building, identification and exchange of ideas and common purpose to achieve solutions. Large group discussion encouraged further exchange, "strengths and weaknesses"

and identification of priorities for action.

The final afternoon addressed the compelling case for a national program— "levelling the bar" to reduce inappropriate variation to establish commonly achievable "best" practices" and "raising the bar" to achieve more effective and efficient systems to enhance palliative care outcomes. The national plan must be seen to "add value", and

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium –Web site: www.inctr.org

not compete with, or detract from good work already on-going through institutional and state-funded services. Issues of governance of a national palliative care program (the concept of a commonly developed and operated plan by "shareholders" within the palliative care system as opposed to a plan owned and managed by a single stakeholder), the role and nature of leadership of multi-stakeholder programs, and the distinction of "advocacy" from program and system change through a collaborative endeavor involving all stakeholders (public, patient, provider and politics) were discussed in plenary.

There was a strong sense that "the time was right" and that a "tipping point" had been reached for national program development. In the closing comments by Dr Luis Antonio Santini (Director, INCA), complemented the participants on their 2 days of work, recognized their commitment to responsible change through collaborative and strategic endeavor, and offered the support of INCA to assist the process of strategic plan development and "navigation" within the context of cancer control and health service planning.

The meeting was organized by Dr Claudia Naylor (INCA); sponsored by Fundacao Do Cancer (Rio,Brazil) and INCTR-PAX and was supported by INCA (Institute Nacional de Cancer), SUS (Systema Unico de Saude) and Ministry of Health (Fed. Govt. of Brazil).

Palliative Care in Pakistan

The Shaukat Khanum Memorial Cancer Hospital & Research Centre (SKMCH&RC) in Lahore, Pakistan held an international symposium in November, 2010 as part of its commitment to advance cancer education and research in Pakistan. Because palliative care is still in its infancy in Pakistan, a day of the symposium was dedicated to palliative care in order to promote its development and to improve access to palliative care for patients in need.

Dr. Stuart Brown, Director of INCTR's PAX Program and Dr. Aziza Shad, President of INCTR USA, attended the symposium and shared their thoughts on ways to advance palliative care in Pakistan. Dr Brown shared the experience related to the development of INCTR's palliative care program in India. He also spoke about INCTR's initiatives to promote and develop palliative care in other countries. Dr Shad gave a presentation

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium –Web site: www.inctr.org

about the issues related to opioid availability and how advocacy may help to improve services in Pakistan. Dr Haroon Hafeez spoke on the development of palliative care in SKMCH&RC and shared his views about how to expand services nationwide. The formation of a National Association of Palliative Care was felt to be important by many. Both Drs Shad and Brown offered their support and provided advice about the steps that should be taken to improve access to palliative care in Pakistan.

Pathology Program



Burkitt Lymphoma patient, Hematology Department, Obafemi Awolowo University Teaching Hospitals Complex, Ile Ife, Nigeria (Photo: Dr. Udo Bode)

INCTR, with the support of the NCI Office of HIV and AIDS Malignancies, is working to establish improved pathological diagnosis in the context of the African Burkitt lymphoma (BL) Strategy Group study entitled, "The Treatment and Characterization of BL in Africa" which seeks to compare the presentation features and outcomes of HIV+ and HIV-BL patients in equatorial Africa. The program's goal is to achieve central pathology review for the treatment study and to improve pathology services in participating countries.

Visit to Africa by INCTR's Pathology Team - January, 2010

In January 2010, a team of experienced hematopathologists visited histopathology departments in Cameroon and Nigeria. The objectives of the visit were to determine to concordance between the original diagnosis of lymphoid malignancies made by the local pathology teams and an expert consensus review diagnosis, to assess the available histopathology resources, including infrastructure, staff and technical resources for the purposes of establishing basic immunohistochemistry to facilitate lymphoma diagnosis and to determine whether the departments could support iPath for the purposes of training and consultation. At the two Nigerian centers visited, diagnostic

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

material from cases of BL entered onto the INCTR protocol in addition to other cases of lymphomas and reactive or atypical lymph nodes were reviewed. Independent review by two expert hematopathologists was performed and responses were analyzed for consensus. Discordant cases were further discussed to arrive at a consensus diagnosis. Discussions were held with the host institution pathology teams - for discrepant cases and for more complex cases. As the reviewers encountered problems related to the quality of the fine needle aspirates, they provided practical demonstrations of this technique in addition to non-aspiration cytology techniques. These practical sessions were attended by hematologists, histopathologists and trainees. It was learned that individuals in both of the Nigerian centers had had some exposure to immunohistochemistry and this was considered encouraging since it would ease the introduction of performing this on a more routine basis. A limited panel of monoclonal antibodies to distinguish lymphoid and non-lymphoid malignancies could be developed and training provided through regional workshops, coordinated faculty visits and the introduction of telepathology for continuous support in diagnosis and education.

One of the pathologists, Dr. Nina Hurwitz also visited Kenya and Tanzania to move the implementation of the iPath telepathology program forward in these two countries. Institutions included in these visits included the Kenyatta National Hospital, University of Nairobi, Aga Khan University, the Kenya Wellcome Trust Research Program at Kalifi in Kenya and the Muhimbili University Hospital. In each University visited, equipment and technical services were assessed. Cases were reviewed by the expert pathology team as was done in the prior visit to E Africa, and difficult cases or particularly interesting cases were sent for further studies in the laboratories of the visiting pathology team. These cases will be discussed at a workshop to be held in Paris in early 2011 and a "Tutorial in Pathology" will take place later in 2011. The latter will focus on practical hematopathology, including procedures and basic interpretational skills.

The INCTR Program for Online Consultation and Continuing Education Using iPath

INCTR's program for web-based case consultations, iPath, continues to grow as more members submit cases and the program is used for a broader range of diseases (it was initiated with hematopathology) and oncology as well as pathology, and is used

increasingly for teaching purposes. The program is directed by Dr. Nina Hurwitz, assisted by Monika Hubler.

The iPath program was introduced to the pathology teams at the two Nigerian centers at the time of the January 2010 visit and also to other pathologists from surrounding areas. Representatives from the Ministry of Health also attended this introductory meeting and expressed an interest in expanding iPath to many other institutions throughout the country in order to improve pathology services.

The program was presented by Dr Hurwitz, Dr Jessie Githang'a, Chairman of the Department of Human Pathology at the Kenyatta National Hospital (KNH) and Dr. E Walong, a pathology resident at KNH at the meeting of the East and South African Pathologists at the 10th Biennial Conference of Pathologists from East, Central and Southern Africa (APECSA) Kampala, Uganda September 13th -17th 2010. This conference was focused on "Repositioning pathology practice in sub-Sahara Africa; opportunities and challenges". Pre-conference meetings were held on the 13th through the 15th and addressed hematopathology and the role of pathology in cancer diagnosis and care - two key components of INCTR's Pathology Program.

Pathology Workshop in Siena "What can we learn from Africa? New insights to lymphoma classification, heterogeneity, molecular epidemiology & biology

The Siena workshop took place in May 2010 and was designed to provide a platform to illustrate pitfalls in lymphoma diagnoses, and to identify measures to counter the diagnostic difficulties. The aim was to share the experience of the visiting hematopathologists with pathologists from different backgrounds and different sites across the globe, and also include discussions of more recent developments in the field - e.g., modification of the WHO Classification system for lymphoid neoplasms. The meeting was also intended to provide an opportunity to plan future clinical and research studies in lymphomas in Africa, and to support twinning programs in hematopathology between the developed and the developing countries.

The meeting included some 80 people, about a third from various sub-Saharan African countries, and several members of the AIDS Malignancy Consortium as well as Dr

Mostafa Nokta, Director of the Office of HIV and AIDS malignancies at the NCI. In all, the meeting, held in the beautiful monastery of Certosa di Pontignano belonging at the time to the University of Siena, was a great success. A report of the meeting was published in the September edition of NETWORK Magazine.

Pediatric Oncology

The goal of the Pediatric Oncology Program is to improve the quality of care for children and adolescents with cancer in LMIC. The specific aims of the program are to provide education and training in pediatric cancer and its management, including supportive care, psychosocial support and palliative care, to establish relevant programs addressing aspects of pediatric cancer care within institutions or settings where there are identified needs and to establish centers of excellence in the delivery of pediatric cancer care.

Establishment of a Comprehensive Pediatric Oncology Program for Tikur Anbessa Hospital (Black Lion Hospital) in Addis Ababa, Ethiopia

INCTR USA, in collaboration with the Division of Pediatric Hematology/Oncology, Blood and Marrow Transplantation Program at the Lombardi Cancer Center, Georgetown University launched a 3 year pilot program to improve pediatric cancer survival rates at Tikur Anbessa Hospital through the training of health care professionals to deliver protocol-based treatment for children with highly curable cancers. The program will include the development of appropriate palliative care and pain management services for these patients. Tikur Anbessa Hospital sees 400 to 600 new cases of pediatric cancer each year.

In late 2010, plans were made to hold a meeting entitled, "1st International Symposium in Pediatric and Adolescent Oncology in Ethiopia". The meeting is intended to be a four day symposium and is being organized in partnership with the Addis Ababa University, Tikur Anbessa Hospital, Georgetown University Hospital and INCTR, USA. Pediatricians, medical residents and interns, nurses and pharmacists from Ethiopia have been invited to attend this meeting. An international faculty, including other LMIC that have faced similar challenges confronting Ethiopia when establishing pediatric

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

cancer care programs have been invited along with Ethiopian physicians have been invited to provide the lectures for the symposium. An educational workshop for Ethiopian nurses caring for children with cancer was planned to be held during the initial two days of the symposium.

A formal curriculum for a pediatric oncology fellowship for residents interested in specializing in pediatric oncology is in the process of being drafted and has entailed discussions with the University of Addis Ababa.

Establishment of Centers of Excellence in Pediatric Oncology

The Ocean Road Cancer Institute (ORCI) has been expanding and developing its comprehensive pediatric oncology program through the efforts of Dr. Trish Scanlan, who is INCTR's Coordinator for East Africa. Many more pediatric patients (in excess of 300) were referred to ORCI in 2010 for treatment than in years past. Treatment protocols for curable childhood cancers have been introduced gradually such that the approach to treatment has been standardized and made as uniform as possible. ORCI continues to participate in the INCTR study of the treatment and characterization of BL in Africa. A ward at the Muhimbili National Hospital was renovated for the children at ORCI to serve as their base while new facilities are being constructed at ORCI and their move was planned for early 2011.

Retinoblastoma

Because retinoblastoma is one of the more common malignancies seen at ORCI, it was considered essential to try to educate health professionals about the early signs of retinoblastoma and where to refer children with a possible diagnosis of this disease. Plans to develop an early diagnosis program are being developed, with input from other elements of INCTR with experience in this area.

Other services for children and their families have been secured through a partnership with Children in Crossfire, an Irish charity. By combining forces, funds have been developed to support the costs of treatment, the salary of a teacher so that children can undergo schooling during treatment and in-between treatments when distances prevent them from returning home, the provision of food for children and their

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

families, and the development of a parents' support group. Facilities for a "hostel" for children and families not requiring "in-patient" care have been identified and plans for the renovation of this building have been made with the ensurance of sustainability a high priority.

In addition to these activities, Dr Scanlan and Dr Udo Bode who is one of the directors of the Pediatric Oncology Program have developed a formal curriculum to train pediatricians in pediatric oncology. This curriculum is designed to be relevant to the setting in which the doctors will practice pediatric oncology. In addition to this, they have worked in collaboration with nurses from Crumlin Hospital on a training program for pediatric oncology nurses.

Psychosocial Program

In order to help develop the important discipline of psychosocial support in the care of the child/adolescent with cancer, Claudia Lancman Epelman from INCTR Brasil and Doug Ennals, Social Work Consultant to PAX proposed the constitution, in 2010, of an INCTR Working Committee on Psychosocial Issues in Pediatric Oncology to promote a series of initiatives aiming at the integration of psychosocial intervention as a part of the therapeutic strategy in Pediatric Oncology Centers.

One of the initiatives carried out in 2010 was the preparation and distribution of a questionnaire to all INCTR members to gather information about the extent and type of psychosocial services available to children and adolescents with cancer and their families. A total of 1228 members were contacted and requested to complete the on-line survey (<http://www.surveymoneky.com/s/6MW7GZ2>). Seventy-five respondents clicked on the link to the survey, but only 32 questionnaires were completed. Fourteen LMIC were represented. The majority of respondents were doctors (69%) followed by nurses and social workers - 6% respectively. The most common psychosocial issues that impacted patients and families were stress, anxiety and depression, the uncertainty and fear of death, denial and anger, financial burden and stigma of having cancer. There was economic support available to patients and their families such as self-care kits (53%), transportation (44%), food (41%), housing (25%) and clothing (19%). The providers of psychosocial services included social workers, volunteer,

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

spiritual providers, counselors, psychologists, psychiatrists, play therapists and others. The most common psychosocial programs available included individual/family counseling followed by palliative care programs, patient support groups, play therapy programs, family support groups, psycho-educational programs, school/education programs. Units tended to have a children's playroom/classroom (66%), family caregiver lounge (47%), family/caregiver sleeping accommodations (31%), and cooking facilities (28%). If funding and resources were available, respondents indicated that an increased number of psychologists/social workers, an expansion of the multi-disciplinary team, the strengthening of bereavement support and the development of training and educational programs would be provided. It is planned to distribute the questionnaire to INCTR members in 2011 and to push for a greater return.

A video illustrating the impact of cancer from time of first symptom through treatment on the life of a child was supported by TUCCA.

The goals for 2011 are to develop documents, recommendations and guidelines for psychosocial management and support, to invite professionals who may be interested to participate in some collaborative studies related to psychosocial issues in pediatric oncology, and to develop a plan to extend the program for adult cancer patients.

Funding - Sponsorships, Donations and Grants

The NCI, Bethesda, MD, USA continues to assist INCTR to achieve its goals by providing financial, technical and intellectual support. In addition, NCI provides salaries, benefits, and travel costs for Melissa Adde and Dr Ian Magrath to enable them to perform the work of INCTR. The Office of HIV/AIDS Malignancy (OHAM) provides support for the African BL study through a task order.

INCTR continues to receive financial support from corporate sponsors such as sanofi-aventis and Roche through membership fees. Associate members also provided additional funds to INCTR.

In 2010, INCTR received support from Open Society Institute and the Jiv Daya Foundation - the former for palliative care and the latter to support the on-going efforts in pediatric oncology at ORCI.

INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

The INCTR Challenge Fund (UK) raised funds to support the African BL project and to support initiatives in palliative care in Nepal. INCTR UK applied for a grant from Elsevier to enable INCTR UK to further develop its evidence-base project with INCTR Egypt.

INCTR USA received a grant from the Doris Duke Cancer Foundation to support INCTR's Cancer Registration Program.

INCTR Brazil raised funds to support the translation of the INCTR Palliative Care Handbook into Portuguese.

INCTR Canada was able to raise funds for palliative care initiatives in Brazil (?)

NNCTR/INCTR Nepal raised funds for local projects and received an in-kind donation of the Gardasil vaccine against HPV which was estimated to have a commercial value of over 1 million USD.

AMCC raised funds to support various AMCC educational projects and obtained valuable financial support for AMCC's role in the INCTR Pathology Program, largely being carried out in sub-Saharan Africa.

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Refresher course in palliative care

Care Beyond Cure, December 2010

The World Cancer Declaration: is the world catching up?

Cary Adams, Nathan Grey, Ian Magrath, Andy Miller, Julie Torode, The Lancet Oncology, Early Online Publication, 22 September 2010

Ethical Principles Necessary for the Well Being of All

Live Chennai

Ancient Eastern Philosophy Has Great Contemporary Value

Tamil Nadu The Hindu September 12 2010

Palliative Care Goes Beyond Medication

The Week, 10/09/2010

Improving Cancer Care in Resource-Poor Countries

Roxanne Nelson, Medscape Medical News 27/08/2010

Yes we can treat cancer, even in the poorest countries

Cancer World, Number 37, July-August 2010

Dr Black's visit to boost efforts of Cipla Centre to teach and reach palliative care

Care Beyond Cure, June 2010

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INCTR Progress Report 2010

INCTR Aisbl – 642 rue Engeland – B-1180 Brussels – Belgium – Web site: www.inctr.org

Les Spécialistes, Number 34, 18 mai 2010

Kanker kent geen grenzen

De Specialisten, no 34, 18 mei 2010

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European Journal of Cancer, Issue 4, 2010

INCTR Progress Report 2010

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