

SIOP AFRICA NEWS LETTER April 2020

The 3rd Annual Conference of Neurosurgery Department –Children's Cancer Hospital of Egypt (CCHE-57357) And The 1st Annual Conference of African Pediatric Neuro-Oncology Society (APNOS) – Cairo 19 – 22 March 2020.





THE CONFERENCE:

- The Meeting included a three-days conference with the attendance of 375 participants and more than 40 international experts from all over the world.
- Among the attendees, 11 African residents were sponsored by a special scholarship from CCHE-57357 and the APNOS with collaboration with the ministry of foreign affairs of Egypt, to attend the conference (scholarships covered flights, accommodation and registration).
- The main theme of the conference was:" Africa Facing the future" with special consideration towards the paediatric neurosurgery / neuro-oncology services in the African Continent.



- The subjects included:
 - The current situation of the Neurosurgery and Neuro-oncology services in Africa.
 - Paediatric tumors of the central nervous system, including different sessions focusing on the comprehensive management for each type of tumors.
 - An update on the management of congenital anomalies of the central nervous system.
 - A special session was held in collaboration with the world federation of the Neurosurgical Societies, focusing on the updates of the management of Hydrocephalus.
- The conference included 2 main workshops; each workshop included 50 participants (25 participants on two days):
 - Neuro-endoscopy workshop that included a hands-on model for trainees to train on septostomy and third ventriculostomy procedures.
 - o Intraoperative Ultrasound workshop, which included a demonstration for the use of ultrasound intraoperatively in the field of neurosurgery. The workshop included the use of Neuronavigation and real-time intraoperative imaging using integrated ultrasound.

THE FIRST MEETING OF THE APNOS (AFRICAN PEDIATRIC NEURO-ONCOLOGY SOCIETY)





In an auxiliary session, the founders of the African pediatric neuro-oncology society (APNOS)met with members from several African countries including Egypt, Ethiopia, Algeria, Tunisia, Nigeria, Morocco, Sudan, Guinea, Tanzania, Kenya and Congo. The meeting started with a brief speech for Dr. Mohamed Elbeltagy (President of the conference and the founder of the APNOS) where he described how the APNOS was founded, its vision and mission as well as its future directions. After that, each of the attendees made a brief introduction of themselves, their impressions and their expectations for the APNOS.

It was also suggested to hold an auxiliary meeting for the APNOS in conjunction with the SIOP-Africa bi-annual conference, starting with the upcoming SIOP-Africa conference on March 2021 in Uganda. This will alternate with the bi-annual meeting of APNOS so that members of the APNOS can meet every year. The 2nd APNOS meeting will be held on March 2022.

An open Discussion was then initiated regarding the following issues:

- The increased burden of the childhood cancer in Africa is probably related to the high incidence of pediatric cancers due to higher proportion of children among the African populations.
- The current situation of neurosurgery and neuro-oncology services in Africa:
 - There is Lack of trained neurosurgeons with lack of equipment.
 - Lack of trained Neuropathologists
 - Lack of trained radiation and pediatric oncologists.

Suggested solutions:

- To establish, facilitate and support the pediatric neurosurgery / neurooncology service across Africa through collaboration, continuous training and education and capacity building to help alleviate the suffering of African children with brain tumors. This can be achieved through:
 - The cooperation between different countries across Africa to help bridging the gap between different levels of care and to enhance training in less developed countries.
 - The recognition of highly specialized well-established centers in north Africa – such as the children cancer hospital of Egypt (57357)
 - as a possible training centers for Neurosurgeons,



- Neurooncologists, Radiation oncologists and Neuropathologists to help establishing parallel teams in different African Countries.
- Establishment of a website for the society to help the communication and the collaboration between different facilities in different countries.

Ongoing activities:

- APNOS is holding a semi-annual neurosurgery workshops in Egypt, Morocco and Sudan, covering different topics including hydrocephalus, endoscopic surgery and tumor surgeries. APNOS is also supervising the neurosurgical fellowship program (CCHE-57357; starting 2020).
- In the field of radiation oncology, APNOS is collaborating with the Pediatric Radiation Oncology Society (PROS) to help the implementation of the first practical radiotherapy course (CCHE-57357), the medical biophysics training program and the preparation for the pediatric medical biophysics 57357 fellowship together with the radiation oncology fellowship program (CCHE-57357; starting 2020).
- There is an ongoing Pediatric Oncology fellowship program for neurooncology training, (currently ongoing at CCHE-57357), it is a 30 months' fellowship program in collaboration with Dana Farber Cancer Institute (DFCI), including 6months' pediatric neuro-oncology subspecialty training. Through this program there are two African graduates so far from Ethiopia and Kenya.
- APNOS is currently raising funds to sponsor an annual scholarship for residents from different African countries to attend 1-3 months training in pediatric neuro-oncology starting from September this year (2020).



WHO GICC National Stakeholder Meeting on Childhood Cancer - Lusaka, Zambia 13 February 2020





Pr Alan Davidson and Ms Mariam NDAGIRE attended the National Stakeholder Workshop (NSW) on February 13 which was preceded by a Childhood Cancer Assessment and Prioritization Workshop (CCAPW) run by St Jude Global (SJG) on February 12.



Interestingly Kennedy Malama cited a figure of 1480 new cases of childhood cancer in Zambia every year. The IARCB speaker get 720 to 1215 based on a population of 18 m, 40 to 45% of whom are under 15 year with a conservative ASR of 100 cases/1m children < 15 years per year.

The WHO speakers talked about the GICC and country approaches to childhood cancer control. Based on the 6 main functions of WHO which are [1] Providing leadership [2] Shaping the research agenda [3] Setting norms and standards [4] Articulating ethical and evidence-based policy options [5] Providing technical support and [6]

Monitoring, they articulated the following priorities in country:

- Workforce training at all levels including curriculum review, technical support and capacity building
- Health Info reviewing health information systems and strengthening cancer registries
- Service Delivery all aspects
- Medicine and Technology access and provision
- Health Care Finance tracking expenditure vs household income.

The IARC representative spoke about cancer registries and the Zambian Cancer registry experience, and Kirsten Hopkins from IAEA spoke about good paediatric radiotherapy practice. **Justin Mulindwa** is the country's only paediatric oncologist (to be joined next year by a colleague being trained in India). He pointed out that the Cancer Diseases Hospital (CDH) in Lusaka saw 355 cases in 2018 and 2019¹ equating to about 165 new cases per year. 55% of these are the WHO GICC core diseases (ALL, BL, HL, Retino, WT and LGG). The situation from a survival point of view has not moved on much from the paper published in PLOS One by Slone et al.² In that experience 162 children were treated at the University Teaching Hospital (UTH) from July 2008 to June 2010 ... only 8% completed treatment, 46% dies during treatment and 46% absconded.

The CEO of CDH, Lewis Banda, described the development of cancer services in Zambia. This level 3 hospital opened in 2007 (Phase I) with a paediatric OPD while beds remained at UTH. Phase II came online in 2016 with 252 beds, including a paediatric ward (capacity for about 60 patients). The hospital is able to provide chemotherapy, radiotherapy (Cobalt and Linac), Surgery and Radioactive iodine. There are labs and there is plain film radiology, USS, CT scan



and MRI. Gaps are Linac function (often it is out of order), drug access, the lack of an ICU and less than the optimal number of funded patients. Phase III envisages an infrastructure upgrade, a second Linac machine, a PET/CT and decentralisation to Ndola and Livingstone.

Nickhill Bhakta (SJG) then reported back on the CCAPW held on February 12. A joint initiative of SJG and the MoH, the participants started off by using the PROFILE tool to map out resource availability across CDH, the Arthur Davison Children's Hospital and Livingstone Central Hospital. The results demonstrated considerable heterogeneity but also a great many opportunities for positive change. What followed were two interactive sessions. The first defined initiatives that could be implemented by looking at challenges and possible solutions. These focused on [1] Context [2] Workforce [3] Diagnostics [4] Chemotherapy and Supportive Care [5] Surgery and Radiotherapy and [6] Funding.

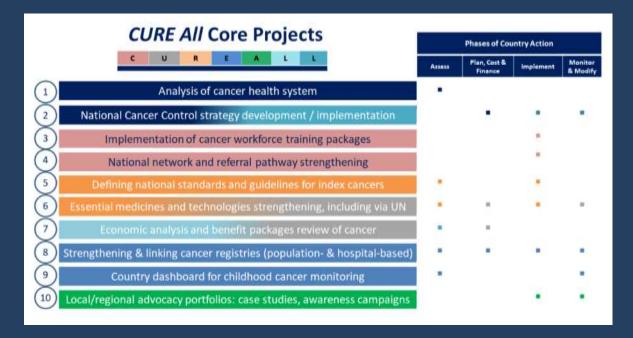
The second session looked at strengthening paediatric oncology in Zambia. Small groups were asked to prioritize three initiatives based on an impact/effort matrix and develop an implementation plan. They then had to define and label milestones to be achieved in under 2 years (green), 2-5 years (yellow) and more than 5 years (red).

Themes that emerged from this process were:

- Centralised vs Decentralised Care (integrated vs shared)
- Referral Pathways
- Access to Quality Diagnostics and Therapeutics
- Abandonment
- Registries vs Databases
- Guidelines (oncology, Surgery, supportive care)
- Training at all Levels (existingworkforce and educational infrastructure, new training programmes)

In addition, a Zambia SWOT was done looking at Policies, guidelines and tools, Infrastructure and Human Resources. And based on all this work we took time in the afternoon of the Stakeholders meeting to consider and prioritize the 10 strategic projects in the CURE ALL package ...





They consistently chose [1] A National Cancer Plan [2] National network and Referral pathway strengthening [3] Implementation of cancer workforce training packages. At the conclusion of the meeting the stakeholders were asked to pledge to the process.

On behalf of SIOP Mariam read out the following statement "We pledge on behalf of SIOP that we will take every opportunity to support the Zambian Childhood Cancer initiative through collegial interaction, education and training, information sharing and advocacy, In fulfilment of SIOP's vision that no child should die of cancer."

References

- 1.SIOP POINTE: Zambia 2020 SIOP Factsheet 17 Feb 2020
- 2. Slone JS, Chunda-Liyoka C, Perez M, et al. Pediatric Malignancies, Treatment Outcomes and Abandonment of Pediatric Cancer Treatment in Zambia. PLOS One 2014;9:e89102.



FIRST LADY HAILS EFFORTS TO TACKLE CHILDHOOD CANCER IN BOTSWANA



First Lady, Ms Neo Masisi has pleaded with the local business community to join hands with government to promote, improve and change the landscape of the health sector in the country.

Delivering a keynote address at a consultative meeting, Ms Masisi cited the commencement of the Botswana-Baylor Clinic, a collaboration formed between government and Baylor College of Medicine, Texas (USA) in 2003. It was in response to the then rampant HIV infections in Botswana, she added.

Ms Masisi said Botswana-Baylor Clinic had started seeing pediatrics cancer and blood disorder patients as far back as 2007 and had since grown substantially to become a national programme.

Full Story: http://www.dailynews.gov.bw/news-details.php?nid=54072



GLOBAL HOPE, TEVA AND DIRECT RELIEF PARTNER TO BRING MEDICINE TO HELP IMPROVE THE LIVES OF CHILDREN WITH CANCER IN AFRICA







Global HOPE (Hematology-Oncology Pediatric Excellence), a program of Texas Children's Hospital, Teva Pharmaceutical Industries Ltd. and Direct Relief announced today a donation partnership that will provide access to medications in sub-Saharan Africa—where an overwhelming majority of pediatric cancer and hematology patients do not survive.

Under this partnership, Global HOPE will determine the specific volumes and quantities of medications identified for current patient needs at its clinical sites. Teva will provide essential medications for treating cancer and blood disorders in children to Direct Relief, who will in turn ensure the efficient shipping and delivery of the donated medicines in coordination with Global HOPE facilities.

Teva will initially support the Global HOPE program in Malawi, with the potential to extend access of donated medicines to other Global HOPE sites across sub-Saharan Africa. Teva's donation of medicines through this partnership will support the treatment plans for almost 95% of all chemotherapy patients. Over the next five years, Global HOPE anticipates diagnosing and treating close to 4,000 new pediatric cancer patients in Malawi.

"This initiative with Global HOPE and Direct Relief can bring medicines to thousands of children with cancer and blood disorders in African countries," said Amalia Adler-Waxman, VP Social Impact and Responsibility at Teva. "Supporting this critical supply chain along with our partners allows us to facilitate access to pediatric oncology treatments while laying the groundwork for Global HOPE and others to also potentially treat pediatric illnesses beyond cancer and hematologic disorders."



As an organization with decades of global supply chain and logistics expertise, Direct Relief will play a leading role in the distribution of donated prescriptions product from Teva. Direct Relief's shipments of donated medicines from Teva will be shipped to one of the designated local Global HOPE-affiliated NGOs in Malawi, Botswana and Uganda.

The partnership was announced for International Childhood Cancer Day.

URGENCIES EN ONCOLOGIE PÉDIATRIQUE

A guide for **pediatric oncology emergencies** is available for French-speaking African teams. You can upload the application for android using play store or via the website www.smhop.org





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Submit your abstract

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