COLLABORATION BUGANDO MEDICAL CENTRE –IRST

Dr Nestory Masalu Oncologist –BMC
Cancer in the World

- **World wide incidence**
  - Globocan – Today -------- 14 millions
  - Globocan projections 2030------ 22 millions

- **Worldwide Mortality**
  - Today--------- 8 Million
  - Mortality 2030--------- 30 Million

**Developing Countries**

- Incidence Today--------- 8 Million (8/14)
- Incidence 2030--------- 13 Million (13/22)
- Mortality Today--------- 5 Million (5/8)
- Mortality 2030--------- 9 Million (9/30)
TANZANIA
ESTIMATED AGE-STANDARDISED INCIDENCE AND MORTALITY RATES: WOMEN AND MEN
Outline

- Bugando Pathology
- Bugando Oncology
- Growth of the oncology services
- Training.
- Screening
- Drug supply
- Palliative care
- Instrumentation.
- Meetings
- Re–Training
- Research
- The fruit of the Collaboration with IRST
WHAT HAD THE COLLABORATION DONE

- Prior to the year 2000, there was nothing.
- The collaboration paid the school of the first pathologist—Uganda.
- While he was in Uganda, the collaborators paid the presence of the pathologists and technicians to stay and work at Bugando.
- The laboratory was inaugurated in 2000 and it bears the name Vittorio Tison.
- In 2008, the laboratory was handled over to Bugando Medical centre.
Today we have 3 Pathologists,
TAT for histopathology 2 weeks
TAT for Cytopathology 2 Days
Path–Hematology–on training and will be back july 2017.
We have 12 Technicians
Reagents–Supply from Italy.
IHC???
Laboratory Technicians
This is fundamental prior to the establishment of the Oncology services.

In Africa we lack human resources and Reagents and Materials for Pathology.

In Tanzania we have less than 10 pathologists per the population estimated at 50Mllions.

Bugando Medical Centre we are Luck ----3 Pathologists.
Oncology Services

- 2000  Idea was there that after pathology department,
Under the Collaboration
- In 2004, I arrived in Italy, During winter.
- In 2005 I joined the school of Oncology.
- Collaborators paid for this
Me

- In 2008,
- 3 Months after the handing over of the Laboratory.
The Mwanza Cancer Pro training programme was signed between the BMC and the Italian partners.

To Task The Commitment of the Government
Bugando Oncology Services—2009
In 2009 we saw 320 new cases.
In 2010 we saw 3x the cases above.
It was imperative that we could not handle that,
Of these cases 60% were late and needed only palliative care—then not present.
We discussed this Collaboratively.........Palliative,Screening,
Visiting Italians oncologist,Training others.
In 2010 April,

- We met the Ministerial officials,
- The power of Data—Played its Role.
- Palliative care ….Use of Morphine June 2010.
- Government commitment …Build oncology Wing at Bugando.
- Collaborators agreed to Train Others.
- Rotation of Italian Drs started.
The first Italian volunteer oncologist arrived in the BMC Medical Oncology Unit. Since then, dozens of medical oncologists, pharmacists, nurses, and data managers have offered their services for varying time periods to train local staff.
The Tanzanian Government committed to the construction – within 24 months – of a US $7 million radiotherapy facility with six bunkers.
In 2012

- Lucas was in Italy.—IOR
- Valerie and Heronima were in Italy—Perrugia.—IOR
- Edgar was in India for studying Gynae –Oncology—Duke
- Godfrey was in Padova for Surgical Oncology—IOV
- Beda was in India for Radiation oncology.—GOT
- Patrick and Bernard were in South Africa for Nuclear Medicine training.—GOT
Screening
BMC CECAP ACTIVITIES 2015–2016

Chato – Geita
Trained staff – 16
Screened ind – 1362
VIA + 4.19%, Cacx susp 0.37

Bugando – Mwanza
Trained staff – 16
Screened ind – 65
VIA + 1.5%, Cacx 1

Katoro – Geita
Screened ind – 2784
VIA + 2.16, Cacx susp 0.83

Sumve – Kwimba
Trained staff 16
Screened ind – 425
VIA + 1.18%, Cacx susp 0.01

Tinde – Shinyanga
Trained staff 15
Screened ind 910
VIA + 1.65%, Cacx susp 0

Ukerewe – Mwanza
Trained staff – 16
Screened ind – 1007
VIA + 3.6%, Cacx susp 0.01

Nyamongo – Mara
Screened ind – 1278
VIA + 3.07%, Cacx susp 1.5

Sengerema – Mwanza
Trained staff – 16
Screened ind – 574
VIA + 3.8%, Cacx susp 0.37

Bariadi – Simiyu
Screened ind 1128
VIA + 4.88%, Cacx susp 0
Drug Assistance

Pay for Life?
Treatment of cancer in sub-Saharan Africa

- Diagnosis – Difficulties
- Staging – Difficulties
- Absence of MDT
- Absence of Treatment options for all pathologies.
- Personalized treatment actually imaginable.
- Bucket Treatment is the Rule.

Panel: Availability of anticancer drugs in sub-Saharan Africa, subject to ability of patients to pay

**Often available**
- Doxorubicin, cisplatin, fluorouracil, capecitabine, folinic acid, steroids, dactinomycin, vincristine, methotrexate, etoposide, hydroxyurea, melphalan, cytarabine, mercaptopurine, L-asparaginase, daunorubicin, and thioguanine

**Available on request**
- Irinotecan, oxaliplatin, carboplatin, vinorelbine, gemcitabine, fludarabine, interferon alfa, epirubicin, topotecan, taxanes, dacarbazine, ifosfamide, bleomycin, pamidronic acid, zoledronic acid, metoclopramide, dexamethasone, ondansetron, and lorazepam

**Rarely available**
- Trastuzumab, bevacizumab, rituximab, erlotinib, sunitinib, imatinib, temozolomide, ibandronic acid, domperidone, granisetron, erythropoietin, and granulocyte colony-stimulating factor

*Available on request means that if a doctor orders a drug specifically and the patient is able to pay, it can often be procured. †Supportive drugs.
Improving access to analgesic drugs for patients with cancer in sub-Saharan Africa

Panel 1: Barriers to access to opioids in sub-Saharan Africa

Political
- Little political will within health ministries
- Outdated policies and legislation
- Dysfunctional national and international bureaucracies

Clinical
- Little knowledge of pain assessment and management
- Fear of opioids
- Poor training
- Little interest in palliative care
- No reimbursement for palliative care services by insurance schemes

Facilities
- Absence of secure storage capability
- Inadequate connection to drug distribution system
- Absence of skilled professionals
The Mwanza Cancer Project 2013

The radiotherapy building was inaugurated.

Inauguration of the Oncology Wing
Major Instrumentation-2015
Machines installation
Machine Installation
The Mwanza Cancer Project 2013

The electronic clinical record system in use at the IRST was modified, translated into English, and installed in the computers of the Medical Oncology Unit.

Management software for Oncology department (Oncology and antiblastic drugs laboratory)

0. Introduction

This document relates all the specific objects the digitalization of the clinical process of the pharmaceutical treatment, starting from the creation of treatment schemes to the administration of the treatment.

The access to the operation (Doctor, Nurse, Phenomena) to the program takes place by creating login and password. The administration of the program, clinical management, oncology management, and the rights associated with each are controlled by the system.

The intervention on single events of treatment and on the granting of “critical data” will be possible only after the authorization by the operator and the assigned rights will be revoked and therefore only associated to the operator who has done them.

To access the program you have to login using a password. Once you log in, you get to a panel with one or more buttons, clicking on one of them you get to the desired program.

0.1 Search patient

1. Insert the number in the client search field and click on the search button, through the window that you can see the personal data listed.
PROGETTO SHARE&MEET

PIATTAFORMA DI TELEMEDICINA, E-LEARNING E TELEPATOLOGIA
Meeting 2012

General information

Location
Gold Crest Hotel
PFP Plaza, Chyulu Road Mwanza (Tanzania)
Phone: +255 28 4024026
E-mail: info@goldcresthotel.com
www.goldcresthotel.com

How to register
Registration is free and include: participation to the scientific session, attendees certificate, welcome cocktail, lunches, coffee breaks

To register: e-mail the Organizing Committee: pu.vena@restorn.it
Providing the following information:
Name, Last Name, Country, Profession

Attendance certificate
A certificate will be given to all participants at the end of the Conference

Language
The Conference will be in English

With an unrestricted grant of:
Novartis Oncology
Istituto Oncologico Romagnolo

Under the Auspices of:

International Conference
“Infections & Cancer”

Presidents: D. Amadori, N. Masuku, C. Majinge


Organizing Committee: V. Conogno, H. J. Kasungu, L. F. Kyessi, O. Nangh, V. K. Ntimba, P. Serra

Sept. 17th - 18th - 19th 2012
Gold Crest Hotel
Mwanza - Tanzania
CANCER CONTROL PROJECT AND INTERVENTION MODEL IN THE MWANZA REGION– JUNE 2015
The Mwanza Cancer Project
Faculty
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THEORETICAL AND PRACTICAL COURSE IN ONCOLOGY
October 3–5, 2016
Research

- Breast Cancer
- Hepatic Cancer Different Pathways
- Vitamin D – Role in Carcinogenesis
- Toxicity study
- Pharmacodynamic study
Are there Other fruits of the IRST and Bugando?

Yes….Yes……Yes

- Duke University
- Radiation Hope
- Pink Ribbon Red Ribbon
Duke University

- Mentorship Program.
- Co-Sponsor School of Heronima–Paed–Oncology.
- Permanent Paed–Oncology–Dr Kristin
- Pediatric Treatment protocols Development.
- Research.
- Instrumentation.
- Together here today
Radiation Hope

- 2\textsuperscript{nd} linear Accelerator.
- Brachytherapy Machine.
- 3\textsuperscript{rd} International meeting in Mwanza June 2016.
- Together here today
Pink Ribbon Red Ribbon

- Hostel for Patients with Cancer in Mwanza.
Cancer Hostel in Mwanza
Cancer Hostel in Mwanza
Thank you for your Attention and Support