



Cancer in Africa
IMPLEMENTATION, WORKFORCE, OPPORTUNITIES

**AORTIC 2023
ABSTRACT PUBLICATION**



INTRODUCTION

ORAL AND POSTER ABSTRACTS

This publication contains the abstracts that were accepted for presentation at AORTIC 2023 – the African Organisation for Research and Training in Cancer’s International Conference on Cancer in Africa. The theme of the conference was “Cancer in Africa: Implementation, Workforce, Opportunities” and it took place in Dakar, Senegal from 2 to 6 November 2023.

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DECENTRALIZING AND OPTIMIZING EARLY DETECTION OF BREAST CANCER IN ETHIOPIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE

The government of Ethiopia has decentralized treatment of breast cancer to 20 hospitals around the country. One continuing challenge is that most women are diagnosed at late stages, when their prognosis is poor. The objective of this project is to improve early detection of breast cancer by strengthening clinical screening and diagnostic capacity at the primary level.

METHODS

The Ministry of Health selected 3 regional hospitals and 52 referring primary level facilities to pilot the project. To improve early detection, 207 medical staff (doctors, nurses, midwives and others) were trained during a 2-week workshop on integrated comprehensive breast cancer care and clinical breast examination (CBE).

To improve timely diagnosis, the team carried out an assessment of the diagnostics capacity at 20 primary hospitals, which informed the training design, patient referral and tracking mechanism. One general practitioner (GP) in each of 12 primary hospitals where pathology services were not available received a training on tissue sampling with fine needle aspiration (FNA) and slide preparation. Samples are transported to the comprehensive referral hospital where they are assessed by a trained pathologist. Results are shared back with the primary hospital within 3 to 5 days and communicated to the patient.

RESULTS

Over the first 18 months of the project, 17,988 CBE had been performed, leading to 692 women who were referred for further tests and 33 confirmed cases of breast cancer. Out of the 33 confirmed cases, 8 diagnoses came from the 96 FNA samples collected by the GPs at the primary hospitals following the training.

CONCLUSIONS

Decentralizing CBE and FNA to primary hospitals is possible at low cost and ensures women have timely access to screening and diagnostic services. We are collecting further data to further assess the program effectiveness, including the impact on time to diagnosis.

LA COMPLEXITE DU PARCOURS DE SOINS DES FEMMES ATTEINTES DE CANCER DU SEIN AU MALI

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIF

Le but de ce travail est de contribuer à une meilleure compréhension du vécu des femmes atteintes de cancer du sein. L'objectif est de décrire la façon dont les parcours de soins des femmes atteintes de cancer du sein au Mali se construisent au quotidien.

METHODES

Nous avons réalisé 25 entretiens semi – structurés en deux séquences (octobre 2021 et avril 2022). Nous avons fait le choix de nous intéresser aux parcours en lien avec le système de soins conventionnel. Les femmes interrogées étaient majoritairement les membres des associations de lutte contre le cancer du sein. L'analyse des résultats s'est basée sur la démarche de l'analyse de contenu.

RESULTATS

Les premiers recours donnent lieu à des prescriptions peu adaptées qui sont à l'origine de multiples retards des soins. Les mobilités thérapeutiques constituent un phénomène répandu et les destinations souvent citées sont le Maghreb, la France. La raison qui pousse à partir est l'espoir d'accéder à des soins d'une meilleure qualité. Certains soignants à l'étranger mais également les soignants maliens plaident pour des soins locaux tout en soulignant que beaucoup de progrès ont été réalisés dans ce domaine. C'est pour cela que certaines femmes de retour de l'étranger ont décidé de poursuivre leurs soins au Mali.

CONCLUSION

Cette étude nous a permis d'expliquer comment les parcours de soins se construisent au gré des événements et des rencontres. L'analyse de ces parcours singuliers nous a permis d'expliquer le retard des soins et le rôle des habitudes locales dans l'explication de ce phénomène.

THE NIGERIAN CANCER RESEARCH TRAINING PROGRAM: FIRST YEAR RESULTS

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ORAL ABSTRACTS | DAY 4, SESSION 1, SESSION ROOM 205, November 5, 2023, 9:00 AM - 10:00 AM

OBJECTIVE: The Nigerian Cancer Research Training (NCAT) Program was established to increase cancer research capacity to address the rising cancer incidence in Nigeria and dearth of specialists capable of multidisciplinary oncology research.

METHODS: Leveraging the African Research Group for Oncology (ARGO) network and collaboration between Memorial Sloan Kettering Cancer Centre (MSK) USA, Obafemi Awolowo University Teaching Hospital, and the Lagos University Teaching Hospital, Nigeria, we received funding from Oak foundation and NIH to run a 5-year research training program. We plan to recruit 36 clinical research scholars (mainly physicians, nurses), postdoctoral training for 7 PhDs over 3years and support building institutional research infrastructure.

RESULTS: The 1st cohort of 11 NCAT fellows were selected in 2021 through a competitive application process. They consisted of 6 females and 5 males representing 3 Nigerian geopolitical zones and included surgeons (3), oby/gyn (2), radiologists (2), histopathologists (2) and nurses (2). 6/11 (54.5%) had no prior experience in clinical oncology research. Each was paired with research mentors; one from Nigeria and one from the USA. They all successfully completed an intensive program consisting of fundamentals of clinical research course work, research seminars and the Harvard School Principles and Practice of Clinical Research course. They had 6 on-site workshops with brain-storming sessions and monthly research seminars. Gained research knowledge was evident from improved average post-test score from 56.7% to 77.3%. During the first year, they submitted 10 manuscripts, 12 grant applications, and 7 successful grants. All participants, 11/11 (100%) expressed satisfaction with their research mentors with 10/11 (90.9%) stating their mentor played a significant/very significant career development role.

CONCLUSIONS: The NCAT programme improved research capacities of the first cohort. Future directions include additional cohorts and training in team science. The program impact will be monitored via regular meetings with the scholars.

SOCIOECONOMIC INEQUALITIES IN PROSTATE CANCER SCREENING IN LOW- AND MIDDLE-INCOME COUNTRIES: AN ANALYSIS OF THE DEMOGRAPHIC AND HEALTH SURVEYS

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Introduction:

Prostate cancer screening is a valuable public health tool in the early detection of prostate cancer. In this study, we aimed to determine the socioeconomic inequalities in the coverage of prostate cancer screening in Low and Middle-Income Countries (LMICs).

Methods:

This was a retrospective analysis of men's recode data files that were collected by the Demographic and Health Surveys (DHS) in LMICs (Armenia, Colombia, Honduras, Kenya, Namibia, Dominican Republic, and the Philippines). We included surveys conducted from 2010 to 2020 and measured the coverage of prostate cancer screening; the study population was men aged 40 years or older. Socioeconomic inequality was measured using the Concertation Index (CIX) and the Slope Index of Inequality (SII).

Results:

Eight surveys from seven countries were included in the study with a total of 47,863 men. The coverage of prostate cancer screening was below 50% in all the countries with lower rates in the rural areas compared to the urban areas. The pooled estimate for the coverage of screening was 10.4% [95% CI, 7.9–12.9%]. Inequalities in the coverage of prostate cancer screening between the wealth quintiles were observed in the Democratic Republic, Honduras, and Namibia. Great variation in inequalities in the coverage of prostate cancer screening between rural and urban residents was observed in Colombia and Namibia.

Conclusion:

The coverage of prostate cancer screening was low in LMICs with variations in the coverage by the quintile of wealth (pro-rich) and type of place of residence (pro-urban). To achieve the desired impact of prostate cancer screening services in LMICs, it is important that the coverage of screening programs targets men living in rural areas and those in low-wealth quintiles.

BREAST CANCER IN MOROCCAN WOMEN: INSIGHTS FROM A COMPREHENSIVE HISTOLOGICAL AND RADIOLOGICAL STUDY

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: This study aimed to provide a comprehensive description of the histological types and radiological aspects of breast cancer in Morocco.

Methods: This retrospective study analyzed all women diagnosed with breast cancer at the Reference Center for Reproductive Health in Kenitra between 2013 and 2018. The study investigated both the histological and radiological aspects of the patients.

Results: The study included 877 women diagnosed with breast cancer, with a mean age of 51 years (ranging from 22 to 95 years). The majority of patients were from Kenitra (68%), married (67%), and lived in urban areas (64%). Only 10% of the cases had a family history of breast cancer. The left breast was more commonly affected (52%). Invasive ductal carcinoma was the most prevalent histological type (88%), with SBRII grade tumors being the most common (64%). Radiological examination showed that 34% of cases had a density of type 3 and 4 in the right breast, while 33% had it in the left breast. The mean tumor size was 30 ± 17.68 mm, and ACR 4 and 5 were identified in 98% of cases.

Conclusion: The histological and radiological aspects of breast cancer are critical not only for diagnosing the disease but also for developing an effective management protocol for patients.

HOW EASY IS BREAST CANCER TO COMMUNICATE WITH BREAST CANCER PATIENTS AND THEIR LOVED ONES IN ETHIOPIA:A MIXED STUDY DESIGN

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: Open communication is crucial for early help seeking and adherence to breast cancer therapy. However, evidence about this issue is lacking in Ethiopia. Hence, we conducted this study to investigate how easy is to communicate breast cancer.

Methods: A mixed study design was carried out. The quantitative analysis comprised a total of 441 newly diagnosed cases of breast cancer from seven Addis Ababa municipal health facilities. Also, 23 in-depth interviews with purposefully chosen breast cancer patients, family members, and medical professionals were done. Stata software was used for the descriptive analysis of the quantitative data, while NVivo was used for the thematic analysis of the qualitative data.

Results: The patients' and families' astonishment at the cancer diagnosis was evident. To hide the emotional suffering and loss of hope in the patients' or their families' lives, the majority of patients or attendants do not wish to announce the diagnosis. As a result, 13.7% of breast cancer patients receiving therapy for the disease were unaware of their diagnosis. Only 44% of the participants cited "breast cancer" as the reason they had visited the medical facility. Some survivors avoid discussing cancer diagnosis and treatment with others. This results from the notion that cancer is a fatal and incurable disease. Avoiding disclosure to avoid self- or social stigma was also observed, despite the fact that it was not mentioned by the majority of respondents. Health professionals frequently use your disease or illness without mentioning cancer as a copying mechanism. This is preventing patients, families, and healthcare professionals from having an open discussion that is necessary.

Conclusions: Promoting open communication between patients, families, and medical professionals on cancer, especially breast cancer, is crucial to reduce perceived fatalism and promote effective treatment plans.

“IF I DON’T SMOKE SHISHA, I WON’T BE ABLE TO SLEEP”: LIVED EXPERIENCES OF HIGH SCHOOL STUDENTS IN ETHIOPIA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Background

Shisha smoking predisposes users to cardiovascular diseases, cancer, and infections, such as tuberculosis, hepatitis, and herpes. In Ethiopia, there is little data on the adolescents’ shisha smoking experience.

Methods

This study was conducted in Addis Ababa and Adama cities in Ethiopia. Twenty-five secondary school students aged 15-22 years who had shisha smoking experience participated in this study. A topic guide was used to facilitate the in-depth interviews (IDIs) and a digital audio recorder recorded the interviews. Interviews varied between 40-90 minutes and were conducted in private open-air spaces where only the interviewee and researcher were present. The analytical approach was iterative, with interview transcripts analyzed at the time of coding and re-analyzed after a preliminary result was drafted to search for additional themes.

Results

Students described two key factors that influenced their decision to initiate shisha smoking: peer influence and perceiving it as a means to release stress. After initiating shisha use students maintained the behaviour because of: peer influence, khat chewing, enjoyment of shisha smoking, having prolonged leisure time, and accessibility to shisha. Students regretted the impact shisha use had on their lives, such as conflict with their families, poor academic performance, and spending money on shisha smoking. Female students were also concerned about reproductive health risks related to shisha use.

Conclusions

Peer influence played a major role both in initiating and maintaining shisha use. However, students admitted concern over the impact of shisha smoking on academic performance and their relationship with their families. Since shisha use is associated with khat chewing; shisha smoking control programs cannot be successful without controlling khat. Especially young girls had worries about the reproductive health risks associated with shisha use. This suggests that targeted awareness-raising programs highlighting the dangers of shisha use ; especially for young women are required.

PREVALENCE AND RISK FACTORS FOR TOBACCO, KHAT, AND ALCOHOL CONSUMPTION AMONG HIGH SCHOOL STUDENTS IN ETHIOPIA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Background

Tobacco, khat, alcohol, and marijuana are the main risk factors for non-communicable diseases. There are limited studies on substance use in Ethiopia, especially among secondary school students. This study aims to determine the epidemiology of substance use among secondary school students in Ethiopia.

Methods

This cross-sectional study was conducted in March 2020 in four large regions of Ethiopia and the capital Addis Ababa. We collected data from 3,355 grade 9 and grade 10 students in 36 randomly selected high schools. Mixed effect logistic regression models were fitted to determine the predictors of cigarette smoking.

Results

157 (4.7%) of the participants ever smoked cigarettes and 81 (2.4%) were current smokers. 1,342 (41.8%) had ever drunk alcohol, 290 (8.7%) ever used khat, and 137 (4.8%) chewed khat regularly. There was a significant regional variation in substance use patterns; cigarette and khat use was the highest in southern regions, whereas alcohol use was highest in the northern areas. Availability of cigarette and khat shops within a 100-meter radius of the school compound was reported by 1,229 (37.5%) and 816 (25%) students, respectively. Ever use of shisha (AOR = 8, 95% CI: 3.9–16.3), ever use of khat (AOR = 4.1, 95%CI: 2.5–6.8), ever use of alcohol (AOR = 2.3, 95%CI: 1.4–3.7), having a friend who smoked a cigarette (AOR = 2, 95%CI: 1.2–3.5), were associated with ever use of cigarettes.

Conclusion

Substance use prevalence in Ethiopia has regional variations and prevention strategies should be tailored to the needs of the regions. Although this study reported a lower prevalence of cigarette smoking, students could access cigarettes and khat in nearby school areas. The existing tobacco control laws that prohibit selling tobacco products to children and adolescents under 21 years of age and ban establishing tobacco shops close to school compounds should be enforced.

DIFFERENCES IN TUMOUR AGGRESSIVENESS BASED ON MOLECULAR SUBTYPE AND RACE MEASURED BY [18F]FDG PET METABOLIC METRICS IN PATIENTS BREAST CARCINOMA.

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: To assess [18F]FDG PET/CT semi-quantitative parameters in locally advanced invasive ductal carcinoma (IDC) of the breast and the differences in these parameters based on molecular subtype and race.

Methods: [18F]FDG PET/CT images of women with treatment-naïve locally advanced IDC of the breast were reviewed. Qualitative reading of the scans was done to determine presence of regional and distant metastases. Semi-quantitatively, the maximum standardised uptake value (SUVmax), metabolic tumor volume (MTV) and total lesion glycolysis (TLG) of the primary breast lesion were obtained. The hormone receptor status, HER2 status and biodata including self-identified race were retrieved from their medical records. Statistical analysis for differences in the parameters based on race and molecular subtype was done.

Results: A total of 127 staging [18F]FDG PET/CT were included comprising of 81(63.8%) Mixed ancestry, 40(31.5%) Black and 6(4.7%) White patients. Mean age was 51.5 years (SD 12.7) and there was no significant difference in age between the various groups. In the IDC group as a whole, the primary tumour SUVmax, MTV and TLG as well as presence of distant metastases was significantly higher in black patients ($p= 0.004, 0.04, 0.005, 0.002$ respectively). The primary tumour SUVmax, MTV and TLG were significantly higher in basal subgroup ($p < 0.001$ in all). The primary tumour SUVmax and presence of distant metastases were significantly higher in Black patients in the luminal subgroup ($p= 0.012$ and 0.006 respectively), the SUVmax and TLG were significantly higher in Black patients in the basal subgroup ($p= 0.057$ and 0.007 respectively).

Conclusion: Significant differences in [18F]FDG PET/CT parameters were seen in molecular subtype of IDC corresponding to known aggressiveness. The significantly higher parameters in Black patients in IDC as a whole and in luminal and basal subtypes is suggestive and supportive of a more aggressive disease.

A COMPARATIVE STUDY OF DIGIT-GUIDED VERSUS ECHO-GUIDED PROSTATEBIOPSIES IN DIAGNOSING PROSTATE CANCER AT YAOUNDE-CENTRAL-HOSPITAL AND AT LE CENTREMÉDICAL-LA-CATHEDRALE – CAMEROON

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Introduction: Prostate cancer is a hormone-depending malignancy with slow evolution. Biopsy for histopathology of samples enables us to assert the diagnosis. Nowadays EGPB is the standard. Is DGPB as effective as EGPB? **Goal:** Comparing DGPB with EGPB in diagnosing prostate cancer in Yaounde **Methods:** This is a 5 years descriptive, cross-sectional, retrospective study. The settings were Yaounde Central Hospital and le Centre Médical La Cathedral. We collected sociodemographic data, past history, signs and symptoms of prostate cancer, and work-up's results. Patients had an indication for prostate biopsy based on: suspicious rectal exam and PSA above 4ng/ml. **Results:** We selected 106 files: 51 ultrasound-guided, 55 digit-guided. Patient age range was 47-85 years with a mean age of 65.02 years. We had 68 cases of cancer (64.15%): 42 (61.76%) echo-guided and 26 (38.25%) digit-guided.. Among the 51 with nodules on rectal exam, 43 (84.3%) had cancer. For a PSA <10ng/ml, between 10 to 50ng/ml, between 50 to 100ng/ml and >100ng/ml were respectively numbered 5,20,7 and 10 EGPB cancers versus 1,5,8 and 12 DGPB. We sampled 6-14 carrots by echo-guidance versus 2-6 by digit-guidance. Another tissue instead of the prostate was often sampled. These were striated muscle and rectal mucosa. This was in 7.3% of echo-guided versus 13.7% of digit-guided. Biopsy complications were hemorrhage and infection. Six on 55 patients had post-biopsy bleeding in the echo-guided group versus 11 on 51 in the digit-guided group. 3.6% of echo-guided versus 11.8% of digit-guided had post-biopsy infection. Gleason score varied from 5 to 9. Sixteen patients had a Gleason lower than the average (6.39). **Conclusion:** EGPB yields more reliable results than DGPB. It improves detection of prostate cancer, provides core samples purely prostatic and yields lesser complications. EGPB is the standard for prostate-sampling and for proper follow-up. **Keywords:** Prostate Cancer; Echo-Guided Prostate Biopsy; Digit-Guided Prostate Biopsy; Prostate Specific Antigen; Complications

MYC TRANSLOCATIONS FROM LIQUID BIOPSY IS CONSISTENT WITH BEST CONVENTIONAL PATHOLOGY FOR BURKITT LYMPHOMA DIAGNOSIS IN CHILDREN.

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objectives

Inadequate diagnosis reduces the chance of cure in Equatorial Africa children with Burkitt lymphoma (BL). Moreover, difficulty in obtaining tissue from deep-seated tumors complicate diagnostic pathology. Therefore, we set out to (1) determine the utility of the BL diagnostic algorithm by Naresh et al (2011) and its updated version (2021) together called “best conventional pathology” and (2) the correlation between “best conventional pathology” and liquid biopsy for diagnosing BL.

Methods

The study was conducted in pathology and molecular laboratories in Uganda and Tanzania with harmonized Standard Operating Procedures (SOPs) and automated immunostainers. Pathologists used the algorithmic approach to diagnose 58 children with BL; CD45+/CD20+ tumors with morphology suggestive of BL were sequentially stained for BCL2, CD10, Ki67, and MYC immunohistochemistry for phases 1 and 2. In addition, we compared circulating tumor DNA (ctDNA) sequencing results of liquid biopsies from the same children. The presence of myc mutations at t(8:14), t(2:8), t(8:22) in ctDNA was deemed diagnostic of BL.

Results

Of the 58 cases, 8 (14%) could not be assessed due to inadequacy. 90% (45/50) of evaluable samples showed typical BL morphology; in 48/50 (98%), the diagnosis was established at phase 1; two cases required additional markers at phase 2 for diagnosis, 15/18 (90%) showed MYC positivity in more than 80% of tumor cells. The 32 cases with liquid biopsies showed 100% concordance between best conventional pathology and presence of myc mutations and/or translocation in liquid biopsy.

Conclusions

The updated Naresh algorithm is an established way to diagnose BL but cannot be used in situations where either tissue and/or IHC/FISH is not available or inadequate. We propose that demonstrating myc translocation/mutations from liquid biopsies could become an alternative to IHC in those cases with the added advantage of avoiding waiting times to biopsy and a faster turn-around time.

ANALYSE DE LA JUSTIFICATION DES TOMODENSITOMÉTRIES CRÂNIO-ENCÉPHALIQUES AU TOGO.

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objectif :

Analyser la justification des TDM crânio-encéphaliques réalisées au Togo.

Matériel et Méthode :

Etude prospective descriptive portant sur les examens tomodensitométriques crânio-encéphaliques réalisés 01 Juin au 31 Aout 2021. L'analyse de la justification était faite sur la formulation de l'indication clinique, la cohérence de l'indication clinique avec la TDM demandée et la conformité de l'indication clinique avec le Guide de Bon Usage (GBU) de la SFR et de la SFMN.

Résultats :

Notre série comportait 1974 examens tomodensitométriques crânio-encéphaliques dont 1197 TDM cérébrales sans injection de produit de contraste (60,64%), 701 TDM cérébrale sans et avec injection de produit de contraste (35,51%), 53 TDM des sinus (2,68%), 16 angioscanners cérébraux (0,81%) et 7 TDM des rochers (0,35%).

L'âge moyen des patients était de 46,41 ans avec une prédominance masculine (H/F=1,19). En moins de 7 jours inclus, 95,5% des patients réalisaient l'examen prescrit. Les demandeurs étaient les spécialistes (35,76%), les médecins généralistes (30,90%), les internes (20,11%), les paramédicaux (6,23%). Dans 3% des cas l'examen TDM était précédé d'un examen non ou moins irradiant.

L'indication clinique était présente dans 99,9% des cas et sa formulation était bonne dans 70,11% des cas, acceptable dans 25,73% des cas et mauvaise dans 4,05% des cas. Ces indications étaient cohérentes avec l'examen demandé dans 99,7% des cas et conformes au GBU dans 93,82% des cas. Les demandes étaient à priori non justifiées dans 18,56% des cas. Les résultats étaient pathologiques dans 73,56% des cas. Plus la formulation de l'indication était bonne, plus les indications étaient conformes au GBU et plus les résultats étaient pathologiques.

Conclusion :

Un nombre non négligeable (1 examen sur 5) d'examens scanographiques crânio-encéphaliques réalisés au Togo n'étaient à priori pas justifiés. Des efforts doivent être faits par les demandeurs en vue garantir une irradiation médicale justifiée au Togo.

ROLE OF NON GOVERNMENTAL ORGANIZATIONS IN REDUCING THE BURDEN OF ADVANCED BREAST CANCER IN NIGERIA

Adamu A¹

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE :

The aim of this study is to explore the role of the Nigerian Cancer Society(NCS) and its member cancer Non governmental organizations (NGOs) in reducing the burden of Advanced metastatic breast Cancer in Nigeria.

METHODS:

The Nigerian Cancer Society (NCS) was established in 1960 and it serves as the umbrella body for all cancer-related NGOs in Nigeria. This present study used a qualitative descriptive approach and semi-structured interviews with 20 NGO leaders in Nigeria. Inductive thematic analysis was used to analyze the data.

RESULTS:

The preliminary study findings show that many cancer NGOs are reducing the burden of Advanced Metastatic breast cancer through diverse interventions, closing the gaps in support and care for Breast Cancer patients in Nigeria. Five themes were identified, such as 1.) Awareness on ABC, 2.) Improving access to supportive and palliative care, 3.) Psychological support, 4.) Addressing the financial burden for ABC patients, and 5.) ABC advocacy for government policies.

CONCLUSIONS:

Overall knowledge about early symptoms of breast cancer is improving, however, there is an urgent need to improve access and treatment modalities for the Advanced Metastatic Breast Cancer patients in Nigeria.

CONNAISSANCES, ATTITUDES ET PRATIQUES DES ETUDIANTS INFIRMIERS DU TOGO SUR LE DEPISTAGE DU CANCER DU COL ET DU SEIN

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIFS

Evaluer les connaissances, attitudes et pratiques des étudiants infirmiers du Togo sur le dépistage du cancer du sein et du col de l'utérus.

METHODS

Il s'est agi d'une étude transversale portant sur les étudiants en 2ème et 3ème année de licence à l'Ecole Nationale des Auxiliaires Médicaux de Lomé qui s'est déroulée du 1er au 30 Juin 2021.

RESULTATS

Au total, 209 étudiants ont été enrôlés. L'âge moyen des étudiants était de 22,2 ans avec des extrêmes de 18 et 37 ans. La tranche d'âge la plus représentée était celle de [18-22[ans avec un pourcentage de 67,4%. Il y'avait 121 hommes (58,2%) et 87 femmes (41,8%). La majorité des étudiants (81,9%) avaient donné une bonne définition du cancer du col et 89,2 % parmi eux avait une connaissance des facteurs de risque. La majorité des étudiants (72,9%) n'avait jamais communiqué avec leur entourage sur le dépistage et les moyens de prévention du cancer du col ; l'IEC sur le dépistage et la prévention du cancer du col était pratiquée par 27,1% des étudiants enquêtés. La principale source d'information des étudiants (83,7%) sur le cancer du sein était les médias. Plus des deux-tiers des étudiants (69,8%) avait une connaissance des facteurs de risque du cancer du sein et plus de la moitié (59,6%) avait une connaissance des moyens de dépistage. La plupart des étudiants (62,8%) n'avait jamais pratiqué l'examen des seins et seulement 35,5% parmi eux avaient réalisé une IEC à des proches sur le cancer du sein.

Conclusion : Le cancer du col de l'utérus et du sein sont suffisamment connus par les étudiants.

Cependant leur attitude et pratique face à ces deux affections doivent être améliorées

Mots clé : Connaissance, attitude, pratique, infirmier, cancer, dépistage, Togo

PERCEPTION OF DEATH AND PREFERRED PLACE OF DEATH AMONG CANCER PATIENTS IN TOGO

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE

Each year many people die in Togo from advanced cancer. However palliative care services are not well-established in the country. Dying in the preferred place of death is considered an indicator of high-quality palliative care. The aim of this study was to explore the perception of death and preferred place of death in cancer patients to improve the quality of care at the end of life.

METHODS

This was a hospital-based cross-sectional study conducted in the oncology unit at Sylvanus Olympio Teaching Hospital of Lomé from June to December 2022. A questionnaire was used for data collection in patients with advanced cancer.

RESULTS

A total of 81 patients participated in the study. There were forty-seven women (58%) and thirty-four men (42%). The mean age of patients was 53.3 years ranging from 28 to 77 years. The most common cancers were breast (n=35;43.2%) prostate (n=11; 13.6%) and digestive cancers (n=11;13.6%). One-third of patients (n=27; 33.3%) were afraid of dying. The main fears expressed were the fear of leaving children and family (38%) and the suffering and pain associated with death (14.3%). The preferred place of death was home in 30.9% of cases (n=25) and the hospital in 24.7% (n=20). Thirty-six patients (44.4%) could not express a choice of death place. Patients wish for the end of life were the relief of pain and met of their spiritual needs.

CONCLUSION

This study provided information about the perception of death and end life needs in patients with cancer in our country. This will well to improve their care and end-life experience

Keywords: palliative care, place of death, patient, cancer, Togo

DESIGN AND OPTIMIZATION OF POOLED gRNAs USING COMPUTATIONAL TECHNIQUES FOR CRISPR-BASED THERAPY IN COLON CANCER

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: Colon cancer remains a major global health problem affecting millions of people worldwide and high mortality in Africa. Despite recent advances in therapy, current treatment options are still limited and often associated with significant side effects. CRISPR technology, a revolutionary gene-editing technique, has emerged as a potential breakthrough in the treatment of cancer. In this study, we aimed to design a pooled guideRNA (gRNA) from multiple genes implicated in colon cancer computationally as the first research approach towards crispr-based therapeutic development.

METHODS: Highly differentially expressed and mutated genes were screened based on exploratory analysis of The Cancer Genome Atlas (TCGA) database using “colon cancer” as the search string. The gRNA of these individual genes was designed using the crisprDesign package. Different gRNA’s obtained from these genes were searched for similarity, and a pooled of the similar gRNA’s were predicted for off-target, on-target and indel prediction analysis using crisprScore package for optimization. The visualisation of the CRISPR gRNAs using genomic tracks was also carried out using crisprViz, all from the crisprVerse R package ecosystem.

RESULTS: The results of this study shows that five genes APC, TP53, KRAS, PI3KCA, and titin from 387 samples were found to be the most upregulated and highly mutated genes, and the gRNA designed from these genes showed promising results following the off-target, on-target and Indel screen analysis by specifically binding and knocking-down these genes and silencing their expression, indicating their potential to be used as a CRISPR-based therapeutic for colon cancer.

CONCLUSIONS: This research provides a foundation for further studies to be conducted via CRISPR screening and its analysis for the development of CRISPR-based therapeutics for colon cancer. The development of such therapeutics could provide a more effective treatment option for patients suffering from this disease, with fewer side effects compared to existing therapies.

CAUSES, TIMING AND EFFECTS OF RADIOTHERAPY TREATMENT BREAKS IN NSIA-LUTH CANCER CENTRE

Adegboyega B¹, Habeebu M^{1,2}, Alabi A^{1,2}, Bashir M^{1,2}, Adegbolagun E¹, Adebayo D¹, Bello N¹, Olufisayo E¹, Fashola T¹, Omomila J¹, Afekhai T¹, Jimeta-Tuko D³, Sowunmi A^{1,2}

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE : RADIOTHERAPY AS A VITAL PART OF MANAGING CANCER DEMANDS THAT OVERALL TIME BE KEPT AS SHORT AS POSSIBLE TO IMPROVE TREATMENT OUTCOME. THIS STUDY HIGHLIGHTS THE CAUSES, TIMING, AND PATIENTS' ATTITUDE TO BREAKS DURING RADIOTHERAPY TREATMENT

METHODS: CROSS-SECTIONAL STUDY CONDUCTED AT NSIA-LUTH CANCER CENTRE, NIGERIA, OVER 6 MONTHS AMONG PATIENTS ON CURATIVE RADIOTHERAPY. PATIENTS WERE ENROLLED USING CONVENIENCE SAMPLING. DATA WAS RETRIEVED USING A QUESTIONNAIRE FROM THE ELECTRONIC MEDICAL RECORD AND PHONE CALLS AND ANALYZED USING STATA 16.

RESULTS: 217 PATIENTS HAD TREATMENT BREAKS DURING THIS PERIOD WITH A MEAN AGE OF 53 ± 13.7 YEARS. THE PREVALENT REASONS FOR MISSING TREATMENT INCLUDED PUBLIC HOLIDAY (82%), SIDE EFFECTS (SE) (27.2%) AND MACHINE BREAKDOWN (11.1%). WHILE 8.5% DID NOT FINISH THEIR TREATMENT. PUBLIC HOLIDAYS AFFECTED 42% OF PATIENT 2 TO 3 TIMES, 40 % HAD BREAKS DUE TO SE FOR > 5 DAYS, AND 45.5% MISSED TREATMENTS DUE TO MACHINE BREAKDOWNS FOR >5 DAYS TOO. TREATMENT BREAK PEAK WAS BY 4TH WEEK IN GYNAECOLOGIC AND HEAD AND NECK CANCERS WHILE 2ND WEEK IN BREAST CANCERS. ALL PATIENTS BELIEVED THAT RADIOTHERAPY COULD CURE CANCER, 91.2% WERE SCARED OF THE SE AND 91.7% KNEW THAT TREATMENT BREAKS COULD AFFECT TREATMENT RESPONSE. PATIENTS WITH GYNAECOLOGIC CANCER WERE MORE LIKELY TO HAVE MORE MISSED TREATMENT DAYS (B=0.257 P=0.028).

THERE WAS NO STATISTICALLY SIGNIFICANT ASSOCIATION BETWEEN GENDER, COEXISTING HYPERTENSION AND THE MISSED NUMBER OF TREATMENT DAYS.

INCREASING AGE PREDICTED A DECREASE IN NUMBER OF MISSED TREATMENT DAYS (B= -0.035, P=0.078), THOUGH NOT STATISTICALLY SIGNIFICANT HOWEVER SHOWED A TREND TOWARDS SIGNIFICANCE. CONCURRENT CHEMOTHERAPY WAS ALSO RELATED TO A DECREASE IN NUMBER OF MISSED TREATMENT DAYS (B= -0.240 = 0.004).

CONCLUSION: PATIENT EDUCATION, PROPER CARE OF SIDE EFFECTS, AND PLANNING AROUND PUBLIC HOLIDAYS BEFORE COMMENCING TREATMENT CAN PROVE TO BE VERY VITAL TO SEAMLESS TREATMENT.

CLINICAL OUTCOMES OF 3D CERVICAL CANCER BRACHYTHERAPY IN NSIA – LUTH CANCER CENTRE

Adegboyega B¹, Alabi A^{1,2}, Joseph A¹, Ojebun E^{1,2}, Andero E¹, Uwagba G¹, Bashir M^{1,2}, Oshinkalu B^{1,2}, Njoku C^{1,2}, Alaba J^{1,2}, Oluyede G^{1,2}, Isibor V^{1,2}, Soyinka O^{1,2}, Ikem R^{1,2}, Ibeleme O^{1,2}, Aforika L^{1,2}, Ariyo I¹, Adedewe N¹, Abe A^{1,2}, Adeneye S¹, Saba S¹, Oladoye A¹, Ajose A¹, Oladipo A¹, Afekhai T¹, Habeebu M^{1,2}, Balogun O³, Youbi Z⁴, Sowunmi A^{1,2}

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: CERVICAL CANCER IS THE SECOND MOST COMMON CANCER IN WOMEN IN NIGERIA. BRACHYTHERAPY IS A NECESSARY TREATMENT MODALITY FOR THE CURATIVE TREATMENT OF CERVICAL CANCER, THERE HAVE BEEN SIGNIFICANT ADVANCES IN THE DELIVERY OF HIGH DOSE RATE (HDR) BRACHYTHERAPY IN THE LAST DECADES. 3D HDR BRACHYTHERAPY WAS PREVIOUSLY UNAVAILABLE AND, OR INACCESSIBLE IN NIGERIA. PRESENTLY, SEVEN CENTERS IN THE COUNTRY OFFERS BRACHYTHERAPY SERVICES WITH THE NSIA-LUTH CANCER CENTRE (NLCC) BEING THE ONLY ONE WITH 3D BRACHYTHERAPY CAPABILITY. THIS STUDY AIMS TO PRESENT DATA ON 3D BRACHYTHERAPY PRACTICES AND TREATMENT OUTCOMES, OF CERVICAL CANCER PATIENTS.

METHODS: A RETROSPECTIVE ANALYSIS OF 66 HISTOLOGICALLY DIAGNOSED CERVICAL CANCER PATIENTS TREATED WITH 3D BRACHYTHERAPY IN NLCC. DATA WAS EXTRACTED FROM THE HOSPITAL'S ELECTRONIC MEDICAL RECORD SYSTEM AND PATIENTS THAT WERE AT LEAST 1 YEAR POST TREATMENT, WERE CONTACTED VIA PHONE CALLS TO ASSESS THEIR OUTCOMES.

RESULTS: THE MEAN AGE OF PATIENTS IN THIS STUDY IS 55.1(RANGE: 32-79 YEARS). FIFTY PERCENT OF THE PATIENTS PRESENTED AFTER 12 MONTHS OF FIRST SYMPTOM (RANGE: 1-60 MONTHS). PRESENTING STAGES WERE 1B (16%) ,2(34%), 3(17%) AND 4(23%). EIGHTY-SIX PERCENT % OF THEM COMMENCED TREATMENT WITHIN 3 MONTHS OF PRESENTATION (RANGE: 0-8MONTHS). THE MEAN OVERALL TREATMENT TIME WAS 75.09 DAYS, AND ONLY 26.56% MET THE STANDARD ≤56 DAYS
MEAN BRACHYTHERAPY DOSE WAS 21.15GY, MEAN TOTAL DOSE TO D90 HIGH RISK CTV(HRCTV) WAS 81.04GY COMPARABLE TO GUIDELINE DOSE OF >80-90GY. THE MEAN DOSES TO THE ORGANS AT RISK INCLUDE D2CC BLADDER 73.75GY (<90), RECTUM 70.75GY (<75), SIGMOID 55.8GY AND BOWELS; 58.63GY (<75). TWO YEARS OVERALL SURVIVAL IS 92%.

CONCLUSION: BRACHYTHERAPY REMAINS A CRUCIAL PART OF THE MANAGEMENT OF CERVICAL CANCER. ALTHOUGH 3D BRACHYTHERAPY IS AT ITS INFANCY IN SUB-SAHARAN AFRICA, MEASURABLE IMPACT HAS BEEN MADE SO FAR FROM THIS STUDY AND MORE RESEARCH SHOULD TO BE DONE TO ASSESS TOXICITY PROFILES.

DOSIMETRIC EVALUATION OF 3D BRACHYTHERAPY TREATMENT PLANNING OF LOCALLY ADVANCED CERVICAL CANCER IN ZAMBIA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: TO EVALUATE THE DOSIMETRIC PARAMETERS AND OUTCOME OF CERVICAL CANCER BRACHYTHERAPY (BT) AT CANCER DISEASES HOSPITAL (CDH), ZAMBIA.

METHODS: RETROSPECTIVE ANALYSIS OF 158 2D AND 3D HIGH DOSE RATE (HDR)-BT CERVICAL CANCER CASES TREATED BETWEEN OCTOBER 2019 AND OCTOBER 2022.

DATA WAS RETRIEVED FROM CASE NOTES AND THE TREATMENT PLANNING SYSTEM (TPS).

REFERENCE DOSES WERE DOCUMENTED INCLUDING DOSES TO POINT A, BLADDER POINT, RECTAL POINT, HIGH-RISK CTV, AND D2CC DOSES TO BLADDER, RECTUM, SIGMOID, AND SMALL BOWEL. AT THE END OF THE STUDY PERIOD, THE STATUS OF PATIENTS, WHETHER ALIVE, DECEASED, OR LOST TO FOLLOW-UP, WAS RECORDED.

RESULTS:

MEAN AGE AND TIME TO PRESENTATION WAS 51.47 YEARS AND 6.8 MONTHS RESPECTIVELY.

PREDOMINANT CHARACTERISTICS INCLUDED: STAGE IIB DISEASE (31.0%), SQUAMOUS HISTOLOGY (90.5%), GOOD ECOG PERFORMANCE OF 1 (84.8%) AND ASSOCIATED HIV COMORBIDITY (45%). THE MOST COMMON BRACHYTHERAPY TREATMENT REGIMEN WAS 8GY X 3, USED IN 97 CASES, THE MAIN APPLICATOR USED WAS TANDEM AND RING AND A FEW INTERSTITIAL NEEDLES.

2D BRACHYTHERAPY WAS USED IN 131(82.9%) OF THE PATIENTS, 3D IN 23 (14.6%) PATIENTS, AND A COMBINATION OF 2D/3D WAS USED FOR 4 PATIENTS. FOR 2D, THE MEAN TOTAL DOSE WAS 86.1GY WHILE IN 3D, IT WAS 84.9GY. DOSES TO THE BLADDER, RECTUM AND SIGMOID WERE WITHIN ACCEPTABLE LIMITS.

AT THE END OF THE STUDY PERIOD, 65.8% OF PATIENTS WERE ALIVE, 8.9% HAD PASSED AWAY, AND 25.3% WERE LOST TO FOLLOW-UP, WITH SIMILAR PROPORTIONS OBSERVED IN BOTH TREATMENT GROUPS.

CONCLUSION:

OUR EXPERIENCE WITH 2D AND 3D BRACHYTHERAPY HIGHLIGHTS DOSIMETRIC PARAMETERS CONSISTENT WITH ICRU 38 AND 89, AND THE DOSES TO OARS WERE BELOW THE RECOMMENDED LIMITS. 3D PLANNING IS FEASIBLE AND EFFECTIVE IN RESOURCE-LIMITED SETTINGS SUCH AS ZAMBIA DESPITE THE CHALLENGES INCLUDING INADEQUATE MANPOWER. MORE RESEARCH IS NECESSARY TO ELUCIDATE THE COMPARATIVE ADVANTAGE OF 3D BRACHYTHERAPY IN SUCH SETTINGS

IMPROVING BRACHYTHERAPY PRACTICES IN NIGERIA: IMPACT OF A COLLABORATIVE BRACHYTHERAPY TRAINING SUMMIT

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¹NSIA-LUTH Cancer Centre, ²Lagos University Teaching Hospital, ³Federal Teaching Hospital Gombe, ⁴Gombe State University

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE

IN NIGERIA, BRACHYTHERAPY AS A TREATMENT MODALITY FOR CANCER HAS BEEN NEAR NON-EXISTENT AND SOLELY AS 2D MODALITY IN 1 OR 2 CENTERS IN THE COUNTRY FOR NEAR A DECADE. HOWEVER, ACCESS DRASTICALLY IMPROVED SINCE 2020 WITH 7 FACILITIES NOW OFFERING BRACHYTHERAPY SERVICES BUT ONLY THE NSIA-LUTH CANCER CENTRE OFFERING 3D BRACHYTHERAPY SERVICES. THE BRACHYTHERAPY SUMMIT SERVED AS A FIRST OF ITS KIND AVENUE FOR SPECIALISTS TO DELIBERATE, ASSESS THE PRACTICES IN DIFFERENT CENTERS, TO REVIEW, ADOPT ACCEPTABLE AND PRACTICABLE TREATMENT PROTOCOL ACROSS THE COUNTRY IN VIEW OF RESOURCE CONSTRAINTS.

METHODS

THE SUMMIT, A ONE-DAY 8-HOURS HYBRID EVENT, HAD 70 VIRTUAL PARTICIPANTS AND 78 ONSITE ATTENDEES. SURVEY QUESTIONNAIRES WERE DISTRIBUTED AMONGST THE ONSITE PARTICIPANTS ASSESSING FOR KNOWLEDGE OF BRACHYTHERAPY PROTOCOLS, TREATMENT DOSING AND ROLE OF SURGERY IN TREATMENT. THE SURVEY ALSO ASSESSED FOR CHALLENGES IN IMPLEMENTING ADEQUATE BRACHYTHERAPY SERVICES.

RESULTS

50 PARTICIPANTS COMPLETED SURVEYS; 24% CLINICAL AND RADIATION ONCOLOGISTS, 24% RESIDENT DOCTORS, 8% RADIATION THERAPISTS, 4% SURGEONS, 4% NURSES, AND 2% MEDICAL PHYSICISTS. PRACTICE OF RESPONDENTS WAS MOSTLY PUBLIC (90%).

34% OF PARTICIPANTS HAD POOR KNOWLEDGE IN ALL AREAS ASSESSED USING A LIKERT SCALE KNOWLEDGE ASSESSMENT TOOL PRE-TRAINING. SIGNIFICANT IMPROVEMENT IN KNOWLEDGE WAS NOTED POST ASSESSMENT WITH 79.5% SHOWING GOOD KNOWLEDGE OF SAME KEY KNOWLEDGE AREAS OF BRACHYTHERAPY PRACTICE AFTER ACCOUNTING FOR AN INSIGNIFICANT POST-SUMMIT ATTRITION. MEAN KNOWLEDGE SCORE WAS SIGNIFICANTLY HIGHER IN THE POST-TEST ASSESSMENT COMPARED TO PRETEST. (T= -2.135; P-VALUE <0.036).

CONCLUSION

THE TRAINING HAD POSITIVE IMPACT ON THE OVERALL KNOWLEDGE OF BRACHYTHERAPY PRACTICES ESPECIALLY 3D MODALITY. THUS, WE RECOMMEND THAT SUCH TRAINING SHOULD BE ONGOING TO ENSURE THAT ITS EFFECT ON IMPROVING BRACHYTHERAPY PRACTICE IS SUSTAINED AND FOR FUTURE DEVELOPMENT OF A NATIONAL PROTOCOLS.

PATTERN OF BRACHYTHERAPY CARE IN NIGERIA - A MULTICENTRE SURVEY

Alabi A^{1,2}, Joseph A¹, Adegboyega B¹, Sowunmi A^{1,2}, Ibeleme O¹, Bashir M¹, Jimoh M³, Laosebikan N⁴, Aruah C⁵, Ikhile M⁶, Ntekim A³, Agbakwuru C¹, Ali Gombe A⁷, Adeneye S^{1,2}, Adeyemi F⁶, Okwor V⁴, Adewuyi S⁸

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Teaching Hospital, Benin City, ⁷Federal Medical Centre, Gombe, ⁸Ahmadu Bello University Teaching Hospital, Zaria

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

PATTERN OF BRACHYTHERAPY CARE IN NIGERIA - A MULTICENTRE SURVEY

Objective:

Radiation treatment plays a significant role in ensuring better local disease control of cancer. In low- and middle-income countries (LMICs), the availability of radiotherapy services generally, and brachytherapy facilities specifically faces a myriad of challenges. The rising incidence of malignancies presents a significant burden in LMICs who are ill-equipped to address this growing burden of cancer. With more than 50% and up to 90% of cancer patients requiring radiation services but unable to access the same. This study aims to determine the current practice patterns with regard to brachytherapy in cancer centres in Nigeria.

Methods

A 60-item survey was developed requesting information on brachytherapy practice. A google survey was sent to 8 cancer centres in different geopolitical regions of the country offering brachytherapy services via an email providing background information, purpose of the survey, and a web page link for easy retrieval of the survey. Radiation oncologists and Medical physicists' were asked to take part in the survey in May 2023.

Results

A total of 16 responses from 8 centres were analyzed. Majority (62.5%) are public institutions, two centres (25%) use Iridium 192 while others (75%) use cobalt 60 source. All respondents utilized HDR brachytherapy, Only 2 centres (25%) offered HDR prostate and breast brachytherapy. Three (37.5%) centres use 3D planning of which 1 centre offers interstitial brachytherapy. Four centres have External beam radiotherapy and deliver an average dose of 45Gy in 22-25fractions for Stage IB-IIA cervical cancer. The two most common HDR brachytherapy fractionation regimens for Stage IB-IVA cervical cancer patients were 8Gy for 3 fractions and 7 Gy for 3 fractions.

Conclusion

Brachytherapy practice in Nigeria has seen a slow progression from two to three dimensional. The adoption of image guided brachytherapy will improve treatment outcomes.

PATHOLOGY REPORTING OF COLECTOMY SPECIMENS; MAKING A CASE FOR SYNOPTIC REPORTING TO IMPROVE PROGNOSTICATION

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: Most patients with colorectal cancer undergo surgery. The utility of the pathology report to surgeons and oncologists hinges on inclusion of key and prognostically significant information. **Methods;** A review of pathology reports for colectomies done for colorectal cancer was carried out. Information deemed important for interpretation and prognosis were analysed for inclusion and completeness.

Results: 22 consecutive histology reports issued at the pathology department of University College Hospital, Ibadan were reviewed. The nature of specimen was reported in only 9 cases(41%). The particular location of the tumour was reported in 8 cases(36%) and the size of the tumour in 17 cases(77%). The distance of the tumour from the resection margins was reported in 9 cases(41%), distance from only one margin in 5 cases(23%) and not reported in 8 cases(36%). Margin status was reported in 18 cases(82%), although this was limited to only the proximal and distal margins with no mention of the radial and mesenteric margins. Lymph nodes were noted in 17 cases(77%), however 12 of these had lymph node counts less than the recommended 12. The presence/absence of lymphovascular invasion was included in only 2 cases(9%) while staging(TNM) and histologic type were included in all 22 reports reviewed.

Conclusion: Pathology reports for colectomies in Nigeria have improved over the years as shown by this review where the TNM stage was included in all reviewed reports, however other prognostic factors such as lymphovascular invasion and margin status as well as features that aid interpretation such as location of tumour continue to be omitted from reports. Lymph node counts also fall below the recommended number. Utilising a synoptic reporting system is one way to ensure that important components of the pathology report are not left out and this should be encouraged in pathology practice across Nigeria.

GENETIC COUNSELING TRAINING IMPACT ON KNOWLEDGE, ATTITUDE AND PERCEPTION OF READINESS AMONG HEALTH PROFESSION GRADUATE STUDENTS, UNIVERSITY OF IBADAN, NIGERIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Genetic counseling services are in a fledgling state in Nigeria which has a population with a high prevalence of inherited cancers that have not yet been adequately addressed. A training was conducted for health professional students to help enhance their counselling skills. This study evaluated the feasibility and effectiveness of the training program.

Training of 235 graduate students undertaking health professional courses was conducted virtually over five weeks having laboratory appreciation and genetic counselling clinical hands-on exposure in the sixth week. Pre-and post-training feedback was collected using a semi-structured questionnaire developed through literature review, research instruments, and content from the adapted modules from City of Hope, USA, after obtaining due permissions. The questionnaire categorized knowledge questions as poor (<50th) percentile, fair (50th – 70th) or good (>70th percentile), attitude as negative (mean <50th) or positive and perception of their readiness as poor <75.0% or good ≥75.0%.

The pre-test results showed knowledge of cancer genetics and genetic counseling to be good (6.8%), fair (49.4%) and poor (43.8%). About a quarter (24.7%) held negative attitudes towards the effectiveness of genetic counseling and testing. Over half (55.7%) felt equipped to provide genetic services, despite low percentage of adequate knowledge. The post-test results showed significant improvement with an average of 41.8% increase in knowledge after the 6-week training program consisting of 30 hours of instructional time. All respondents showed positive attitudes for learning (65.3%), 88.3% of the participants felt prepared to aid in genetic counseling services after the training.

Improvement in knowledge, attitude, and perception is evident in the post-test results. The training has proved to be a successful and feasible way to provide supplemental education and training about cancer genetics and genetic counseling. This programme should be implemented where genetic counseling services are absent to decrease the deleterious impact of inherited cancers.

HEALTH PROFESSION GRADUATE STUDENTS' TRAINING TO ENHANCE CANCER GENETIC COUNSELLING CAPACITY IN UNIVERSITY OF IBADAN, NIGERIA: PROCEEDINGS OF WORKSHOP

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Genetics in cancer is a complex issue requiring a skilled healthcare workforce to provide cancer risk assessment and services to patients and populations. This has the potential to enhance the prevention, early detection, treatment, and management of hereditary cancers, and reduce the burden of cancer-related morbidity and mortality. The lack of a skilled workforce has been a challenge in expanding genetic oncology care, necessitating a growing need to address this gap. In line with this, a workshop was organised to improve the competencies of diverse healthcare workers on cancer risk assessment and genetics counselling. The overarching goal of the study was to adapt and disseminate best practices to the next line of healthcare professionals and related fields in the University of Ibadan, Nigeria, teach fundamental skills of genetic counselling to guide clinicians who are involved in oncology care, education and research in Nigeria and motivate a cadre of next line clinicians to support cancer genetics and genetic counselling in oncology care in Nigeria.

The virtual (zoom) component of the training was for a total of 20 hours over a 5-week period with a 6th week physical interactions with patients in a bed-side setting and laboratory appreciation of genetic samples handling prior to shipment for processing. The training curriculum was the adapted version of the City of Hope Clinical Cancer Genomics Intensive Course in cancer risk assessment. Study participants were postgraduate students of health-related professions of Health Psychology, Medical Social Work, Medicine, Nursing, Pharmacy and Public Health.

In all, 276 participants registered for the training, 235 participated in the pre-intervention assessment, while 179 completed the post-intervention assessment. There was improvement in knowledge and skills of genetic counselling, pedigree construction and referral.

Participants provided feedbacks on motivations for enrolment and experiences after the training.

RISK FACTOR IN THE SUSCEPTIBILITY TO CERVICAL HPV INFECTION AMONG SEXUALLY ACTIVE WOMEN IN NIGERIA

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ORAL ABSTRACTS | DAY 3, SESSION 2, SESSION ROOM 203, November 4, 2023, 9:00 AM - 10:00 AM

Objective: Prevention of human papilloma virus (HPV) infection, particularly in the cervix, is of public health concern because of its propensity to cause cervical cancer. It is important to identify factors which are sufficient in the susceptibility to the infection.

Methods: This was a secondary analysis from the Sexual Behavior and HPV Infections in Nigerians in Ibadan (SHINI) that included sexually active women aged 18–45 years. Cervical samples were collected from participants and tested by the Anyplex II 28 HPV assay. Hierarchical multivariable logistic regression was used to determine the risk factors associated with HPV infections, which was set at $p < 0.05$

Results: All 310 respondents ever engaged in vaginal sex. Mean age of respondents was 28 (± 7) years. Number of lifetime sexual partner was associated with HPV infection on the first level of hierarchical logistic regression ($p = 0.001$). Sexual factors such as age at first sexual intercourse, condom use at last vaginal intercourse and current multiple sexual partners were included at the second level model; sociodemographic characteristics (age, level of education, occupation, income, marital status, ethnicity, religion) were included at the third level model. In both models the number of lifetime sexual partners remained associated with HPV infection ($p = 0.02$ and $p = 0.012$ respectively) after adjusting for levels 2 and 3 factors. In the final model (4th level) where intravaginal practices were added, only the number of lifetime sexual partner ($p = 0.09$) and mutual masturbation ($p = 0.027$) were associated with HPV infection.

Conclusions: An increasing number of lifetime multiple sexual partners is sufficiently associated with susceptibility to HPV infection. Awareness through continuous education should be intensified to curb HPV infection. Longitudinal studies may be necessary to further establish a causal relationship between multiple sexual partners and cervical HPV infection.

SURVIVORSHIP THROUGH BEAUTY AND MENTAL WELLNESS: THE BEAUTIFUL, BOLD & STRONG PROGRAM AS A CASE STUDY

Adewumi O

¹TamBo Foundation

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: We need more focused and holistic programs to aid in the overall survivorship and mental wellness rate of breast cancer patients on the continent. Programs like Project BBS (Beautiful, Bold & Strong Program) have proven to help patients address the mental wellness aspect of cancer care treatment.

Methods: Recipients of the program were sent questionnaires to ascertain the impact of the program. Through a series of questions, we gauged the effectiveness of the program.

Results: Over 90 percents of program recipients felt "seen", experienced elevated mood levels and felt more hopeful about their situation.

Conclusion: More integrated and holistic programs are needed to assist patients going through active cancer treatment or nearing end of active treatment. Given that one in three cancer patients will be prone to depression and or anxiety, psychosocial services like Project BBS are needed in larger scale.

ASSOCIATION OF ABDOMINAL OBESITY WITH PROSTATE CANCER RISK AND AGGRESSIVENESS IN NIGERIAN MEN

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: Though prostate cancer (PCa) is the most common cancer and the leading cause of cancer death among Nigerian men, its relationship with abdominal obesity, measurable by waist circumference and waist-hip ratio, has not been explored among Nigerian men. Hence, this study aimed to determine the association of abdominal obesity with PCa risk and aggressiveness.

METHOD: A case-control study carried out at University College Hospital, Ibadan, Nigeria. The cases were PCa patients aged 50-75 years and recently diagnosed, while the controls were age-matched healthy men with confirmed normal PSA. Participants with uncontrolled comorbidities, poor performance status, and weight loss in the past month were not eligible for either group. An interviewer-administered questionnaire was employed to collect sociodemographic data and clinical data. Waist circumference (WC), hip circumference (HC), and waist-hip ratio (WHR) were measured using standard procedures. Analysis of the variables was on SPSS version 23.

RESULT: Seventy-four cases and seventy-four controls participated in the study. The mean age was 65.0 years for the cases and 63.0 years for the controls. A majority of the case group (75.7%) had a late presentation (Stages III and IV), with 35.2% at Stage IV. A high proportion (39.2%) of the cases had a high-grade disease (GS \geq 8). The case group had a significantly higher mean level of the WC ($p=0.007$) than the controls. The high (95-101.9cm) and the very high (\geq 102cm) WC categories were significantly higher ($p=0.015$) in the case group. The mean WC was significantly higher in the cases with stage III disease than those with stage II ($p=0.005$). The mean WC significantly increased with worsening PCa grade ($p=0.048$).

CONCLUSION: WC, a reliable indicator of abdominal obesity, was a consistent risk factor for PCa. As the WC increased, the risk for PCa, high-grade disease, and presentation at an advanced stage increased.

EVALUATION OF SOME SERUM BIOMAKERS IN PATIENTS WITH HBV-RELATED HEPATOCELLULAR CARCINOMA LIVING IN LAGOS, NIGERIA

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¹College Of Medicine of University Of Lagos, ²Lagos University Teaching Hospital, ³Lagos State University Teaching Hospital

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: Hepatocellular carcinoma (HCC) is a deadly disease usually diagnosed at late stage when the chances of survival are very slim. This study aimed at assessing the levels of glypican 3 (GPC3), survivin, alpha fetoprotein (AFP) and lactate dehydrogenase (LDH) in hepatitis B (HBV), cirrhosis and HCC in patients living in Lagos, Nigeria and the possible establishment of their roles as biomarkers for HCC diagnosis and prognosis.

METHODS: 100 HCC, 100 cirrhosis and 200 HBV patients from the two teaching hospitals in Lagos State, Nigeria were recruited into the study between July 2018 and January 2023 after obtaining ethical approval from the hospitals. 100 healthy controls were age and sex matched. Protein expression was quantified by ELISA assays while data analysis was performed using Graph pad Prism 8.0 and Statistical Package for Social Science (SPSS v.20) software. Categorical variables were tested for statistical significance with Pearson Chi-square test. Comparison of means among two or more groups of variables was done using unpaired student's t-test and analysis of variance (ANOVA) test where appropriate P-values <0.05 was considered statistically significant.

RESULTS: AFP levels increased significantly across the groups, the highest being observed in the HCC group. There was no significant difference in the levels of expression of LDH between the control and HBV, and between the cirrhosis and HCC groups ($P > 0.05$). However, significant increases were observed in the cirrhosis and HCC groups compared to control ($P < 0.0001$). GPC3 and survivin expression were significantly different across all the groups. Levels of AFP and LDH differed significantly, respectively between males and females and among the various age groups.

CONCLUSIONS: Survivin and GPC3 have different expression patterns suggesting its possible use in discriminating among the groups. The similar lactate dehydrogenase activity in cirrhosis indicates the onset of hepatocyte membrane degradation that progresses into HCC phase.

MITOCHONDRIAL DNA CONTENT QUANTIFICATION IN PERIPHERAL BLOOD MONONUCLEAR CELLS FROM PATIENTS WITH HIV INFECTION ASSOCIATED HEPATOCELLULAR CARCINOMA.

Adisa R^{1,3}, Onawoga F², Wang J³, Adeyemo L², Abdulkareem F¹, U54 TEAM N^{1,3}

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: Recent reports have shown that the risk of Hepatocellular carcinoma (HCC) is 7 folds higher in HIV-infected than in HIV-uninfected patients resulting in increased morbidity and mortality. Some studies have also demonstrated a potential relationship between mitochondrial DNA (mtDNA) content and cancers but there is no investigation yet comparing the peripheral blood mononuclear cells (PBMCs) mtDNA content of HIV infection associated HCC to that in HCC without HIV infection and HIV infected individuals in Africa population.

METHODS: We conducted a cross sectional cohort study at LUTH adult HIV and Gastroenterology clinics among HIV-associated HCC (HIV+/HCC+, n = 7), only HIV infected (HIV+/HCC-, n= 30), and HCC cases without HIV infection (HIV-/HCC+, n=27) and compared with control healthy Nigerians of both sexes age matched. We quantified the mtDNA content in their PBMCs using q-PCR. Association between mtDNA content and risk factors/predictors of HCC and HIV infection was determined using multiple regression analysis.

RESULTS: The mtDNA content were significantly higher ($p < 0.05$) in HIV+/HCC-, HIV-/HCC+, and HIV+/HCC+ when compared to healthy control by 22, 49 and 53%, respectively. Similarly, mtDNA content in PBMC of HIV+/HCC+ and HIV-/HCC+ was significantly higher than in HIV+/HCC-. However, there was no significant difference ($p > 0.05$) in mtDNA content of HIV-/HCC+, and HIV+/HCC+; as well as between HIV+/HCC- and control individuals. Plasma CD4 count, ALT, and AST were significantly associated with mtDNA content as risk factors/predictors in HIV+/HCC-, HIV-/HCC+, and HIV+/HCC+ persons.

CONCLUSION: This study revealed that PBMC mtDNA content is significantly higher in HIV infected, HIV-associated HCC and HCC cases without HIV infection compared to healthy controls. It is the first evidence that mtDNA content in PBMC is associated with HIV related HCC cases in Nigeria and shows that mtDNA content has associations with risk factors/predictors (plasma CD4+ counts, ALT and AST) of HCC in HIV infection.

EFFICACY OF ZINC SULPHATE IN MANAGEMENT OF MUCOSITIS OF CHEMORADIOTHERAPY IN ORAL/PHARYNGEAL/SINO-NASAL CANCERS: A CASE CONTROL STUDY

Agbakwuru C¹

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objectives:

- Evaluating the efficacy of prophylaxis of oral mucositis in patients receiving chemoradiation for head and neck malignancies using Zinc Sulphate supplementation over 6 weeks

Methods

104 patients with primary malignancies in the head and neck region were prospectively studied with an evaluation of oral mucositis recorded during weekly reaction clinics. Patients were randomized prior to treatment to either receive 20mg of Zinc Sulphate thrice daily or belong to the control arm who received nothing at all.

Oral Mucositis was graded using the WHO gradation scale (see Appendix) which graded alimention, dysgeusia, salivation and mucosal integrity.

These and related complaints were assessed weekly with visual inspection at the commencement and during the course of the treatment.

Results:

Among the studied population, most of the patients were above 45 years in the test and control groups and the male gender was predominant. 27.88% of patients had a first degree relative with a history of cancer. The most prevalent primary tumor site among the studied population was the nasopharynx (32.69%) followed by the larynx (20.19%) and the salivary glands (16.35%). Oral mucosites had greater incidence in the control group until the 3rd week of treatment after which it resembled the test group. Severity/grade of mucosites also increased among both groups as treatment progressed. However higher grades were eventually found among the control group who did not receive zinc sulphate.

Conclusion:

Zinc sulphate did not seem to reduce the incidence of oral mucositis, but it slowed the progression of severity of oral mucositis across the grades. Perhaps timely commencement of zinc sulphate prophylaxis might mitigate the severity of oral mucositis. It was also found that men were more predisposed to head and neck cancers and naso-pharyngeal cancers were most common among the studied sample.

Keywords: Zinc, radiation, oral mucositis, prophylaxis, chemotherapy

ANALYSIS OF EVIDENCE SUPPORTING NCCN HARMONIZED GUIDELINESTM FOR BREAST CANCER IN SUB-SAHARAN AFRICA

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ORAL ABSTRACTS | DAY 4, SESSION 1, SESSION ROOM 205, November 5, 2023, 9:00 AM - 10:00 AM

Objective: To examine the evidence cited in support of the NCCN Harmonized Guidelines for Breast Cancer in Sub-Saharan Africa (SSA), with specific interest in the population characteristics in evidentiary sources and generalizability of evidence to SSA settings.

Methods: We sought to identify all citations within the NCCN Harmonized Guidelines for Breast Cancer in SSA (V4.2021) that: (i) supported a recommendation for treatment or management of breast cancer; and (ii) reported patient-level data. Two reviewers (S.A. and G.B.) independently evaluated the guidelines to identify relevant citations. For each study reporting patient-level data, details on study location(s) (i.e., recruitment sites) and study participants (i.e., age, gender, race/ethnicity) were abstracted using a standardized REDCAP data collection form. If details regarding study location(s) were not reported, data was abstracted from the ClinicalTrials.gov registry if available. Data were analyzed using STATA.

Results: A total of 608 citations pertaining to a recommendation for treatment or management of breast cancer were identified. Of these, 473 citations with patient-level data were included in the analysis. Only 123 (26%) reported data on race. In 75% of studies, the proportion of Black study participants was < 10%. A total of 260 of 472 (55%) studies reported geographic information about study sites; of these, most studies recruited study participants in Americas (67%), Europe (59%) and West pacific (26%) regions and only 10% recruited from Africa (all multinational studies recruited within South Africa, n=25).

Conclusions: Black participants were strikingly underrepresented in cited studies. Most studies cited in the guidelines were conducted in non-SSA countries. These findings highlight that the evidence underlying the NCCN guidelines for Breast Cancer in SSA is based upon study populations that differ substantially from breast cancer patients in SSA. Overall, our findings highlight a critical need for context-specific data from SSA to inform policy and practice.

CANCER DE L'ENFANT : EXPERIENCE DU SERVICE D'HEMATO-ONCOLOGIE PEDIATRIQUE EN NOUAKCHOTT MAURITANIE

Ahmed A¹, Cheyakh M¹, Mohameden S¹, Mohamed S¹, Oumar H¹, Zein E¹

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

LE CANCER DE L'ENFANT : EXPERIENCE DU SERVICE D'HEMATO-ONCOLOGIE PEDIATRIQUE A NOUAKCHOTT /MAURITANIA.

Résumé:

Introduction:

Le cancer de l'enfant en Mauritanie représente 5% des cancers enregistrés au centre national d'oncologie (structure de référence au niveau national pour la prise en charge du cancer).

Méthodologie:

Étude epidemiologique rétrospective des dossiers des enfants atteints de cancer enregistrés au service d'hemato-oncologie pédiatrique durant la période janvier 2009- avril 2023.

Résultats:

De janvier 2009 à Avril 2023, 840 enfants ont été enregistrés au service d'hemato-oncologie pédiatrique dont 614 ont un cancer. L'âge moyen était 7ans,les leucémies occupaient la première place avec 116 cas, suivis du néphroblastome 105 cas et du rétinoblastome 75 cas. Les lymphomes étaient au 4ème rang avec 39 cas.

L'évolution révèle une rémission chez 43% de nos patients, 32% de décès, 23% d'abandon de traitement.

Conclusion:

La prise en charge du cancer de l'enfant est en amélioration grâce à l'engagement du gouvernement dans la lutte contre le cancer, la coordination de l'équipe médicale multidisciplinaire et le soutien du GFAOP.

CD70 EXPRESSION IN RENAL CELL CARCINOMA USING IMMUNOHISTOCHEMISTRY: A TEN YEAR RETROSPECTIVE STUDY AT THE LAGOS UNIVERSITY TEACHING HOSPITAL

Ajayi O¹, Demetter P², Abdulkareem F¹, Odubanjo O¹

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⁴Lagos University Teaching Hospital

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective

CD70 has been associated with lymphocyte apoptosis and is one of the ways tumour cells escape the immune system. Most renal cell carcinoma (RCC) patients in Nigeria present late with inoperable tumours and non surgical treatment is preferred. This study aims to determine the expression pattern of CD70 in the different subtypes of RCC by immunohistochemistry.

Materials and Methods

53 formalin fixed RCC cases and 25 normal renal tissues harvested at autopsy were evaluated by immunohistochemistry for CD70. The data obtained were analysed using SPSS26.

Results

There was almost an equal number of papillary and clear cell RCC subtypes, while the chromophobe subtype was the least common (Papillary RCC, 47.2%; Clear cell RCC, 45.2%; Chromophobe RCC, 7.5%. Sarcomatoid differentiation was observed in 7.5% of all RCC cases and it occurred only in the clear cell and papillary subtypes of RCC. The overall CD70 expression rate was 32% of all RCC cases. It was expressed in 50% of all clear cell RCC cases, 25% of papillary RCC in this study, and all the cases of RCC with sarcomatoid differentiation. Most cases of clear cell RCC showed moderate expression of CD70 while cases of chromophobe RCC did not express CD70. There was no relationship between CD70 expression and the Fuhrman nuclear grade of RCC.

Most (76%) of the normal renal tissue obtained at autopsy in this study had some form of CD70 expression.

Conclusion

Sarcomatoid differentiation in RCC, though not common, is associated with increased CD70 expression. The clear cell RCC subtype had the most frequent expression of CD70. There was no relationship between CD70 expression and the Fuhrman nuclear grade of RCC.

Anti-CD70 immunotherapy may be of benefit in the treatment of clear cell RCC and RCC with sarcomatoid differentiation.

CD70 EXPRESSION IN RENAL CELL CARCINOMA USING IMMUNOHISTOCHEMISTRY: A TEN YEAR RETROSPECTIVE STUDY AT THE LAGOS UNIVERSITY TEACHING HOSPITAL

Ajayi O¹

¹Lagos University Teaching Hospital

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

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Anti-CD70 immunotherapy may be of benefit in the treatment of clear cell RCC and RCC with sarcomatoid differentiation.

ASSOCIATION OF VITAMIN D AND VITAMIN D RECEPTOR POLYMORPHISMS WITH PROSTATE AND COLORECTAL CANCER IN NIGERIA

Aje E¹, Sowunmi A, Alabi A, Rotimi O, Onyia A, Rotimi S

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

ASSOCIATION OF VITAMIN D AND VITAMIN D RECEPTOR POLYMORPHISMS WITH PROSTATE AND COLORECTAL CANCER IN NIGERIA

ABSTRACT

OBJECTIVE: Emerging evidence suggests the functional importance of vitamin D in preventing or slowing down the progression of different cancers. Vitamin D receptor (VDR) helps to regulate the expression of genes that mediate the biological activity of vitamin D via binding to a metabolite of vitamin D, 1, 25-dihydroxy vitamin D. It has been hypothesized that polymorphisms in the VDR gene are associated with risks of different cancer types including prostate (CAP) and colorectal cancers (CRC). This study examined the association between vitamin D level and VDR polymorphisms Apal, Bsml, Taql and Fokl with CAP and CRC in Nigeria.

METHODS: 90 CAP and 52 CRC cases, with healthy volunteers served as the control group were recruited for this study. Samples were obtained from participants, and plasma vitamin D level was determined using ELISA. The frequencies of Apal, Bsml, Taql and Fokl were determined using RFLP-PCR.

RESULTS: Study showed that the mean plasma levels of vitamin D for CAP (32.7ng/ml) and CRC (35.9ng/ml) were significantly ($p < 0.05$) lower than that of the control (37.6ng/ml) and that the homozygous (FF) and mutants genotypes (aa) of rs222857 and rs7975232, respectively, have higher allelic frequencies that were significantly associated ($p < 0.001$) with CAP and CRC cases when compared to the control. The heterozygous genotype (Tt) of rs731236 was also significantly associated with CAP ($p < 0.001$) when compared to the control.

CONCLUSION: The findings from this study highlight the role of vitamin D and specific VDR polymorphism in CAP and CRC among Nigerians.

STUDY ON PSYCHOLOGICAL DISTRESS, CAREGIVER BURDEN AND COPING METHODS AMONGST CAREGIVERS IN A CANCER CENTRE IN NIGERIA

Aje E¹, Sowunmi A, Alabi A

¹Nsia-luth Cancer Centre Lagos Nigeria

ORAL ABSTRACTS | DAY 4, SESSION 1, SESSION ROOM 205, November 5, 2023, 9:00 AM - 10:00 AM

INTRODUCTION

Caregivers experience severe distress in taking care of cancer patients. Available evidence has confirmed that the care of chronically ill relatives can be very challenging. This study evaluates the psychological distress and the burden amongst caregivers of cancer patients correlated it with the socio-demographics of the patient, stage of the disease, treatment received and its impacts in Lagos University Teaching Hospital.

METHODOLOGY

Cross-sectional study of 368 caregivers providing services to cancer patients. A structured questionnaire, a 22-item standardized validated Zarit Burden Interview (ZBI), a modified 17-item Coping Orientation to Problems Experienced (COPE) Inventory and distress thermometer were used. Data were processed using Statistical Package for Social Sciences (SPSS version 23.0) software. Chi-square showed the association between categorical variables at the 0.05 level of significance.

RESULTS

Caregivers were females 220 (59.8%) with 43.8% within the 31-50 age bracket with an overall mean age of 38.1 ± 13.0 years, 55.2% married and 84.8% employed. Majority of caregivers were parents and partners with 25.3% and 23.9%.

Transportation and disruption of school/work schedules were the most practical problems. Worry was 66.3% of the emotional problems while fatigue was for 63.9% of physical problems. Religious, planning and active coping at 14.6%, 13.2% and 13.1% were the most engaged coping mechanisms. There is significant association between age $p=0.009$, marital status $p=0.027$ and those receiving support in patients care $p=0.01$. There was a strong association between caregivers' level of burden ($p<0.001$), cancer stage ($p<0.001$) and their distress level ($p<0.001$).

CONCLUSION.

Caregivers suffer distress, depressive and anxiety symptoms, indicating the need for psychological support for caregivers. Several socio-demographic and care-related risk-factors influence mental burden of caregivers which should be part of the holistic care cancer patient receives.

PREDICTORS AND BARRIERS TOWARDS FERTILITY PRESERVATION INTENTION AMONG CANCER PATIENTS OF REPRODUCTIVE AGE GROUP IN NIGERIA

Ajose A¹, Oladipo A¹, Mangongolo M¹, Fagbemide F¹, Joseph A¹

¹NSIA-LUTH Cancer Center

ORAL ABSTRACTS | DAY 5, SESSION 1, HALL 3, November 6, 2023, 9:00 AM - 10:00 AM

Objectives: The remarkable progress in oncology treatment has enhanced long-term survival rates, rendering fertility preservation a consequential aspect for cancer patients in their reproductive years. This study aims to report the predictors, self-reported influencing factors and barriers related to the intention to adopt fertility preservation methods among cancer patients in a tertiary hospital in Lagos, Nigeria.

Methods: This cross-sectional study was conducted at NSIA-LUTH Cancer Center, Lagos from January to March 2023 among a convenience sample of 323 cancer patients. A structured questionnaire was administered to collect data, and statistical analysis was performed using SPSS. Binary logistic regression was done to determine predictors of fertility preservation intention.

Results: The study included 323 respondents, with the majority (60.4%) in the 36-45 age group. Females accounted for 52.6% of participants, and 78.6% were married. Breast cancer was the most prevalent type (32.50%). Only 35.9% had prior knowledge of fertility preservation; just 13.9% learned from oncologists. Very few respondents (22.3%) received advice on preservation options. Only 13.3% expressed intention for fertility preservation. Female gender (adjusted odds ratio [AOR]: 3.668, 95% confidence interval [CI]: 1.579-8.518), desire to have more children (AOR: 4.759, 95% CI: 1.836-12.333), and previous advice from a healthcare professional regarding fertility preservation options (AOR: 14.666; 95% CI: 5.627-38.258) were identified as independent predictors of planning fertility preservation. Common barriers included the perception of old age and treatment delay reluctance. Among the self-reported factors likely to influence the decision, participants cited the lack of fertility preservation facilities, poor prognosis of their illness, and having already completed their desired family size.

Conclusion: Understanding the factors and barriers that impact the intention to adopt fertility preservation methods is indispensable in offering guidance to these patients and enabling informed decision-making. Our findings emphasize the need for increased awareness and counselling regarding fertility preservation by oncologists.

THE CARE MOSAIC: A STUDY ON SUPPORTIVE CARE NEEDS AND HEALTH-RELATED QUALITY OF LIFE AMONG ADULT CANCER PATIENTS IN NIGERIA

Ajose A¹, Oladipo A¹, Fashola Y², Udojike C³, Joseph A¹

¹NSIA-LUTH Cancer Center, ²Lagos University Teaching Hospital, ³General Hospital, Lagos

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objectives: The inadequate provision of supportive care for cancer patients has become a significant concern due to its detrimental impact on their quality of life (QOL), resulting in increased healthcare utilization and expenses. In Nigeria, there is a lack of research focusing on the unmet supportive care needs of cancer patients. Thus, this study aims to examine the most prevalent unmet supportive care needs experienced by Nigerian cancer patients, while also exploring the relationship between patients' characteristics, their unmet supportive care needs, and QOL.

Methodology: A cross-sectional study was conducted at the NSIA-LUTH Cancer Center in May 2023. A total of 173 patients were interviewed using a structured questionnaire consisted of three parts: participants' socio-demographic and disease characteristics, Supportive Care Needs Survey-Short Form Questionnaire (SCNS-SF34) and European Organization for Research and Treatment of Cancer Quality of Life Questionnaire C30 (EORTC QLQ-C30). SPSS Version 24 was used for data analysis. P value set at <0.05.

Result: Mean age of the participants was 54.31 ± 15.09 years. The majority of the participants were female (71.1%), married (74.6%) and 37.5% reported a monthly income of less than \$200. The highest unmet supportive care needs were observed in health systems and information domain followed by the patient care and support domain. Most prevalent unmet supportive care needs were concerns about coping with the financial impact of cancer and concerns about getting information and support and worries about how cancer may affect future health. Multivariate linear analysis showed that younger age, presentation at an advance stage and greater levels of unmet supportive care needs were significantly associated with poorer QOL.

Conclusion: By addressing supportive care needs, healthcare professionals can potentially improve the QOL of cancer patients and treatment outcomes.

IMPROVING CANCER ADVOCACY IN NIGERIA THROUGH QUALITY MEDIA ENGAGEMENT (A CASE STUDY OF CHILDHOOD CANCER AWARENESS MONTH)

Akindele K¹, Ajose A¹

¹The Dorcas Cancer Foundation

ORAL ABSTRACTS | DAY 5, SESSION 7, SESSION ROOM 205, November 6, 2023, 3:20 PM - 3:50 PM

Objectives

It is no doubt that today's media plays a crucial role in shaping the growing health concerns in society.

An example was the outbreak of Ebola in Africa, and the recent covid 19 pandemic shows how media engagement is a formidable force to drive positive outcomes for cancer advocacy in Africa.

This study aimed at mapping out evidence of media as an effective tool for bridging the care gap, addressing inequities and low education, eradicating delays in the presentation of cases, and better-portraying survivors of cancer, especially both in children and adult.

Method

A series of media advocacy was held in 20 media stations and 4 social media platforms.

A study was conducted during childhood cancer awareness month to identify how people respond to information about cancer using childhood cancer as a study focus.

Public engagement data was extracted using the key performance indicators and metrics related to traditional and social media.

Result

Of the twenty (20) media stations and four (4) social media platforms.

A total of 2 million people were reached, 44.8% of the audience could not believe that children do have cancer, 50.2% believe a child could survive cancer with adequate health care facilities (43.4%) concluded that cancer can be genetic.

Conclusion

Unfortunately, the media coverage of cancer is quite low.

This type of reporting has promoted fear and stigma and spreads false hopes about cancer, especially in children and as well build a wall for the effective participation of government and stakeholders.

It is therefore important that as scientist continues to advance in the cure for cancer, the advocate must also work with the media to enhance quality information to reduce the burden, low presentation of cases and ultimately have better survival outcomes.

IMPACT OF DIGITAL PATIENT NAVIGATION AND SUPPORT ON MEDICATION ADHERENCE FOR PATIENTS LIVING WITH CANCER IN SUB-SAHARAN AFRICA

Akinjiola K¹, Ogboye A, Mobisson N

¹Mdoc Healthcare

ORAL ABSTRACTS | DAY 5, SESSION 8, SESSION ROOM 203, November 6, 2023, 3:20 PM - 3:50 PM

i)OBJECTIVE

Low adherence to cancer treatment is a global concern, especially in low- and middle-income countries (LMICs) like Nigeria. Suboptimal medication adherence in these countries can be attributed to limited access to healthcare, financial constraints, lack of awareness, medication availability, health literacy, fear of side effects, traditional healing practices, religious beliefs, and social support. We describe the impact of digital self-care interventions through a virtual web-based platform CompleteHealth™ in improving treatment adherence in people living with metastatic prostate cancer in Nigeria.

ii)METHODS

Data from 113 metastatic castrate-resistant prostate cancer (mCRPC) patients, enrolled on mDoc's CompleteHealth™ platform between January 2021 and December 2022, were analyzed. Each patient was assigned a virtual health coach for self-care support, health metrics monitoring, and the co-creation of individualized health action plans, including medication adherence and exercise improvement. Weekly calls and synchronous and asynchronous digital nudges were made through our omnichannel support system, alongside referrals to specialized virtual fitness, nutrition, and mental health coaches as needed. Each patient's support network, including caregivers, was actively involved throughout the virtual self-care process. Meanwhile, we ensured regular updates were provided to the managing physician, facilitating prompt and necessary interventions.

iii) RESULTS

Of the enrolled patients, 79% completed a full course of 6-month treatment, 52% completed 12 months and 37.1% completed 24 months of treatment with adherence rates of 78.4% for refills within 30 days and 90.5% for refills within 90 days. These rates represent the average percentage of patients refilling their medication as scheduled, a 16.4% increase compared to adherence of 62% in a study published on mCRPC patients on oral therapy in 2020.

iv)CONCLUSION

CompleteHealth™ facilitated treatment adherence in patients living with cancer in Nigeria which suggests a potential to scale up the use of digital health coaching to further enhance treatment outcomes.

INSURANCE STATUS, SURGICAL CANCER PATIENT CHARACTERISTICS AND PATIENT OUTCOMES AT MUHIMBILI NATIONAL HOSPITAL IN DAR ES SALAAM TANZANIA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objectives:

Cancer is a leading cause of death among adults in Tanzania. Surgery plays a vital role in the diagnosis, treatment, and palliation of malignancies. Laparotomy is a common surgical approach for abdominal cancer pathologies in Tanzania where access to minimally invasive surgery is limited. We aimed to understand abdominal organ cancer patient characteristics and laparotomy outcomes at Muhimbili National Hospital (MNH), the National Referral Hospital in Dar es Salaam Tanzania.

Methods:

We conducted a prospective observational cohort study of all patients over the age of 18 undergoing laparotomy at MNH from August 1st 2022-May 23rd 2023. Patients were consented and followed during their index and, if applicable, re-admission hospitalization(s), and were contacted 30-days post discharge by telephone. Cancer diagnosis was made via the operative report by the operative surgeon.

Results

Overall, 384 patients underwent laparotomy during the study period and 168 (43%) were diagnosed with cancer. In total, 46 (27%) of cancer patients died either during their index hospitalization or within 30 days post discharge. Cancer patients were more likely to present for emergency surgery 17% vs 11%, P value =0.03. In addition, insurance status was an independent risk factor for 30-day perioperative mortality after controlling for age, sex, evidence of pre-operative sepsis, ASA classification, and emergency versus scheduled surgery (OR 3.2, CI 1.3-7.9, P value=0.01).

Conclusion

Access to medical and surgical services is vital for a country's national cancer control strategy. At the National Referral Hospital in Tanzania, uninsured cancer patients are more likely to present for emergency surgery, suggesting limited access to care for these vulnerable patients. In addition, being uninsured is independently associated with increased 30-day perioperative mortality, highlighting the need to expand insurance coverage to ensure all cancer patients in Tanzania have equal access to care and equitable outcomes.

PERCEIVED BENEFITS, WILLINGNESS AND UPTAKE OF HUMAN PAPILLOMA VIRUS SCREENING AND VACCINATION AMONG FEMALE UNDERGRADUATES IN UNIVERSITY OF IBADAN

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

PERCEIVED BENEFITS, WILLINGNESS AND UPTAKE OF HUMAN PAPILLOMA VIRUS SCREENING AND VACCINATION AMONG FEMALE UNDERGRADUATES IN UNIVERSITY OF IBADAN

Objectives: This study identified the perceived benefits, willingness, uptake, motivating factors and barriers to HPV screening and vaccination among female undergraduates in University of Ibadan.

Methods: A cross-sectional research design was adopted in which 308 respondents from different faculties answered the pre-tested questionnaire. Data collected was analyzed using Statistical Package for Social Sciences (SPSS) version 25. Chi square was used to investigate the relationship and association between: religion and willingness to undergo HPV screening and vaccination, course of study and perceived benefits of HPV screening and vaccination, perceived benefits and uptake of HPV screening and vaccination, while a regression analysis was used to test for any significant prediction between ethnicity and willingness to undergo screening and vaccination at 0.05 level of significance.

Results: The mean age of the respondents is 22±4years. Analysis revealed moderate to good perception of the benefits of HPV screening and vaccination 179(56%) and poor uptake of HPV screening and vaccination 15(5%). Health care providers 249(80%) and social media 220(71.4%) were identified as motivators for the uptake, while ignorance 181(59%) and poor attitude of healthcare workers 149(48.3%) were identified as barriers to the uptake of the HPV screening and vaccination. Ethnicity does not have any significant influence on the uptake ($R^2= 0.05$, $p = 0.216$) and no significant relationship between the perceived benefits and uptake ($p=0.257$).

Conclusion: The study revealed that there is a moderate to good perception of the benefits of HPV screening and vaccination amongst the female undergraduate students. However, several barriers hindered the uptake of the screening and vaccination. It is therefore necessary for government and stakeholders to provide adequate funds for the purchase of vaccines and screening equipments for health institutions.

3D PRINTED MODEL FOR SURFACE MOULD PREPARATION ON A DOWN SYNDROME BRACHYTHERAPY PATIENT

Al Amri I¹, Inippully R¹, Al Fishawy M¹, Babu N¹, AlSiyabi H¹, Al Ghafri M¹

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ORAL ABSTRACTS | DAY 5, SESSION 1, HALL 3, November 6, 2023, 9:00 AM - 10:00 AM

Purpose:

A down-syndrome patient was intended for adjuvant radiotherapy for Dermatofibrosarcoma protuberans. The lesion was on the parietal region of the head of the patient. Given the lesion proximity to the brain, curvature of the lesion and also complications of anesthesia for down-syndrome patient, brachytherapy was intended for treatment. Anesthesia complications for down syndrome patients are airway infections, atlanto-occipital dislocation and bradycardia. Instead of sedating the patient for a long time for preparation of a mould applicator, a 3D-printed model of the patient's head was used to prepare the applicator on.

Material and Method:

A thermoplastic mask was prepared initially on the patient 3D printed model. Since the 3D printed head model had the location of the delineated tumor, catheter placement was very convenient. The area above the tumor was cut out from the thermoplastic mask and replaced by dental wax sheets of 2 mm to provide material for attenuation. 11 applicator mould probes (catheters) from Varian mould applicator set were placed 1 cm apart from each other on dental wax sheets 2 mm on each side. This sandwiched catheter set was placed above the dental wax on the thermoplastic mask. Each probe was marked from 1 to 11 from the posterior side.

Results

3D-printed model enabled sufficient time for applicator preparation. The fitting of the applicator prepared on the 3D printed head model was suitable on the patient.

Conclusion:

The standard dosage for Dermatofibrosarcoma protuberans is 50-66 Gy given in 25-33 fractions through External Radiotherapy. We were able to achieve the same Equivalent Dose of 44.69 Gy in 5 sessions of brachytherapy, significantly reducing the anesthesia sessions and the risk associated with anesthesia for the down syndrome patient. Only down side of 3D printing would be time required to prepare the model, which was 22 hours in this case.

ESTABLISHING A LOW DOSE RATE (LDR) BRACHYTHERAPY TREATMENT IN PROSTATE CANCER PROGRAM IN AN EMERGING ECONOMY

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Purpose:

Prostate cancer accounts for about 5% of new cancer diagnosed in Oman. This is in absence of the prostate cancer screening program. LDR prostate brachytherapy alone or in combination with External Beam Radiotherapy (EBRT) is a standard curative treatment option for localized prostate cancer patients. It is also used for salvage treatment option for local failure after EBRT. Our institute successfully launched the first LDR brachytherapy program in the Middle East and Region.

Methods:

The following requirements and steps to acquire them was identified to initiate the program:

Equipment: Operating room and Anesthesia, VariSeed software, BK ultrasound system with trans-rectal probe, CIVCO stepper and table mount, penile clamp and other disposable items

Personnel: Qualified and experienced staffs were already hired.

Regulatory requirements: There is a regulatory requirement to import radioactive material in country.

Quality assurance (QA) is important in radiotherapy treatment delivery.

Timeline: About 15 months consumed from concept to start the program was due to the above-mentioned challenges.

Seed delivery: Seed was ordered and supplied from USA through protected item shipment and cleared by customs in Oman.

Result:

Program function was successful after challenges were met. Regulatory services are not well established in developing countries, necessitating extra documentation, establishing new policies with government agencies to get approvals. Therefore, dummy seeds were ordered to remove any potential obstacle before ordering actual radioactive seeds for treatment. Also, dry runs were conducted to ensure all parties were aware entire process.

Challenges related to logistics and custom clearances of radioactive seeds were resolved by communication with concerned airline and organizing shipment to be delivered during working hours.

Conclusions

The LDR brachytherapy treatment was successfully launched in Oman. This abstract provides a glimpse of some of the challenges and how it was resolved in a country where this program was not already established.

SINGLE VERSUS MULTICHANNEL APPLICATOR IN VAGINAL HDR BRACHYTHERAPY

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Purpose:

HDR Brachytherapy is a critical radiotherapy treatment in which the insertion of radioactive sources using special types of applicator to deliver high doses of radiation.

Single-channel and multichannel are two types of HDR applicators which are used to deliver this type of treatment.

The aim of this study is to evaluate the dosimetric difference of using these two different applicators in intracavitary vaginal brachytherapy on organs at risk (OAR).

Methods:

Retrospective endometrial carcinoma patients that were treated using cylindrical applicator are included in this study.

Two plans were created for each insertion with dose prescription is 7Gy to volume-based CTV high risk, one plan using single channel applicator while the other plan using multichannel with the same diameter size. Plans are created and performed by Varian's HDR Treatment Planning system and brachytherapy software. For each brachytherapy fraction a single and multichannel plans were generated with inverse treatment planning optimization.

To evaluate the effect of using different applicator on OAR, reference condition of CTV coverage D90 % was set to be same in both plans.

Results:

The study analysis data showed that the average dose for the 2 cc (D2cc) in single channel applicator plans are (5.83, 6.23, 2.85, and 2.83 Gy) for bladder, rectum, sigmoid, small bowel, respectively. On the other hand, the result presents the D2cc in multichannel applicator are (5.47, 5.32, 2.57, and 2.61 Gy) for bladder, rectum, sigmoid, small bowel, respectively.

Furthermore, the average variance percentage between both applicators are (6.2%, 14%, 10.6, and 9.2%) for bladder, rectum, sigmoid, small bowel, respectively.

Conclusion:

High dose rate brachytherapy has different applicator modalities can be used, both applicators used in this study produce an acceptable plan but the multichannel applicator has the upper hand in decreasing the dose to normal structures.

WHICH CRITERIA SHOULD WE USE TO DETERMINE AN ADEQUATE NUMBER OF LINEAR ACCELERATORS IN EMERGING ECONOMY COUNTRIES

Al Mandhari Z¹, Galerani Lopes A

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

In the age of limited resources, knowing the number of linear accelerators (LINACS) is paramount for designing and planning comprehensive coverage for a population. As important guidelines for the actual prediction of the number of LINACS, a wide range of directions are found in the literature. These guidelines vary depending on total population size, cancer incidence, cancer types, fractions per year, and machine workload. Knowing which guidelines to use, and which one fits the population's needs is key to the best utilization of resources. In Oman, we have a stable population with minimal rates of immigration/emigration. The current needs of LINACS are met so we have a unique opportunity to test some of these guidelines and see which one most accurately predicts our needs. The results should help emerging economies use a similar approach in estimating their needs.

The calculation methods analyzed: COCIR; ESTRO/QUARTS; and the IAEA method. The population demographics with cancer incidence were extracted from the Oman Cancer Registry data 2019. For the density of LINAC units per million population, we used the 2019 population of 4.603 million. For the workload calculation, 4 fractions/hour in an 8-hour shift and 248 working days. The calculations included total number of cancer cases, average number of fractions/yr, machine workload, rate of patients receiving radiotherapy per cancer type, the optimal number of fractions per treatment course, retreatment rate, and radiotherapy utilization rate.

Conclusion:

The analysis of recommended guidelines for calculating the required number of LINACS in Oman showed a wide range. While in practice we know currently the number of LINACS required for our population is 5, for emerging economies 1 LINAC per 400 new patients/year, or the IAEA calculation methods are the closest approximation to the actual needs.

KNOWLEDGE, ATTITUDE, AND PERCEPTIONS OF MEDICAL STUDENTS IN AFRICA CHOOSING CAREER IN ONCOLOGY SPECIALTY: E-SURVEY

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

[I] OBJECTIVES:

The shortage of trained cancer specialists remains a key challenge in addressing the increasing cancer burden in

low- and middle-income countries. Disparities in undergraduate cancer education in oncology across Africa remains a major obstacle for

both task shifting to general practitioners and for training of specialists. The primary objective of this study was to assess knowledge of, attitude towards and perceptions of South Sudan medical students studying in African universities choosing career in oncology specialty.

[II] METHODS:

An anonymous online survey was sent 10th to 29th May 2023 to South Sudan medical students in their senior clinical years (years 5 and 6). Questions related to the demographics, knowledge of oncology, attitude and perceptions in general oncology exposure were included in the survey. Of 120 eligible students, 45% (n = 54) completed the survey and were analyzed cross-sectional study.

[III] RESULTS:

Of the 54 medical students, 61.10% were male, 64.80% were between 21 and 25 years of age. Most of the students were exposed to cancer patients at an estimate 0-5 times 38.89% and 5-10 times 18.52% during clinical rotations. Surgery was cited rotation with most exposure to cancer patients 33.33% and Internal medicine 22.22%. 37.04% of students were taught oncology theoretically and 9.26% of the students were never taught oncology. A 50.00% were not assigned to oncology specific rotations; 44.44% were assigned for a 1-5 weeks' clinical rotations in oncology. 35.19% attributed lack of clinical exposure and lack of mentorship 44.40% as challenge in choosing career in oncology specialty. Of great concerns, 66.67% students were interested in pursuing a career in oncology and 51.85% cited considering a future career in oncology specialty as very important.

[IV] CONCLUSIONS:

We concluded that, there is poor clinical exposure in the undergraduate programme to cancer patients, there is hardly a mentorship program that focuses on oncology specialty, the gap of disparities in oncology training is wide in the continent.

COLORECTAL CANCER RISK FACTORS IN NIGERIA: RESULTS FROM AN ONGOING MULTI-CENTER CASE-CONTROL STUDY

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE

Colorectal cancer burden is rising rapidly in sub-Saharan Africa. In Nigeria, the most populous country in Africa, there is a crucial need for risk-based screening and cancer education in this under resourced region. Although risk factors are well-documented in high-income countries, it is unknown if these apply in West Africans.

METHODS

We examined associations between published risk factors and colorectal cancer risk in 393 colorectal cancer cases and 889 controls matched on age, sex, education, and geography from 6 medical centers in Nigeria. We examined multivariable-adjusted associations for well-established risk factors largely identified in high-income countries.

RESULTS

Family history of cancer was associated with increased colorectal cancer risk (OR yes vs. no=2.22; 95% CI: 1.43, 3.44), as was height (OR per centimeter=1.04; 95% CI: 1.01, 1.06). There was evidence of a U-shaped relationship between physical activity and risk, such that inverse associations for intermediate activity levels (OR quartile 3 vs. 1 of metabolic equivalent task [MET] hours/week=0.59; 95% CI: 0.39, 0.88) attenuated at the highest activity levels (OR quartile 4 vs. 1=1.08; 95% CI: 0.75, 1.56). We observed an inverse association for alcohol, despite low intake in our population (OR ever vs. never= 0.67; 95% CI: 0.47, 0.95). An underweight body mass index (BMI kg/m²) was positively associated with colorectal cancer risk (OR BMI <18.5 vs 18.5-<25= 1.66; 95% CI: 1.01, 2.75). There were no associations for diabetes, smoking, or diet—except for red meat intake, which exhibited a suggestive positive relationship.

CONCLUSION

Certain established colorectal cancer risk factors held in our Nigerian population. The U-shaped association for physical activity and protective association for modest alcohol intake are also reported in high-income countries. The absence of a positive association with higher BMI may be because Nigerian patients are often diagnosed at late stage when they have already lost weight.

GASTROINTESTINAL ENDOSCOPY CAPACITY IN NIGERIA: STRENGTH AND CHALLENGES

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: The burden of gastrointestinal disease (GI) is increasing globally, especially in low-and-middle-income countries (LMICs) where mortality rates are high, due to late presentation of disease. Early detection programs aimed at identifying early-stage GI cancers rely on endoscopy. However, endoscopic capacity in countries in sub-Saharan Africa, like Nigeria, is unknown. Our study examined access to endoscopy centers, capacity, workforce, and costs in Nigeria.

Methods: A mixed methods needs assessment was implemented where 32 physicians who represented 35 states in Nigeria were interviewed about endoscopy capacity, access, costs, workforce volume, and solutions to current barriers. A list of endoscopy facilities was compiled through interviews and were geolocated. A cost-distance model using open-source population density (GeoData Institute) and road network data (OpenStreetMap) estimated population-level travel time to the nearest facility using GIS software (ArcMAP) to determine access to facilities.

Results: There are 198 endoscopy facilities in Nigeria, 138 are private and 60 are public. 170 are functional, 19 nonfunctional, 7 partially functional, and 2 have unknown functionality. A total of 207 consultants perform endoscopy and a range of 3-70 upper endoscopies per center and 3-40 colonoscopies are performed every month in Nigeria. Over 80% of the population have access to endoscopy facilities after 4 hours of continuous one-way travel. Barriers to endoscopy include lack of community awareness, insufficient referral systems, faulty equipment, scarcity of a trained workforce, and costs.

Conclusions:

Endoscopy capacity, timely access to facilities, and procedural volume is low. To mitigate barriers, Nigerian physicians recommend implementing awareness campaigns, increasing the volume of providers that are trained and certified in a standardized manner, and to repair endoscopes locally. These strategies are potential solutions to improve endoscopy capacity and early detection, however, their implementation and impact will need to be studied.

PATIENT REPORTED CHANGE IN PAIN OUTCOME AMONG STAGE IV CANCER PATIENTS WITH BONE METASTASES AFTER PALLIATIVE RADIOTHERAPY AT TIKUR ANBESSA HOSPITAL

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Purpose: To determine the patient reported change in pain status after palliative RT at two, four, and eight weeks, when compared to pretreatment pain status.

Methods: A total of forty four cancer patients with bone metastasis were enrolled in the study. Uncontrolled before and after study was conducted to investigate the effectiveness of palliative RT with cobalt 60 radiotherapy machine towards alleviating pain due to bone metastases. Patient reported pain score was assessed at baseline and post radiotherapy at two, four and eight weeks. The baseline pretreatment pain score was compared to post palliative radiotherapy pain score at two, four and eight weeks.

Result: Forty four patients enrolled to this study with six of them having two sites of bone metastases from February 10 2020 to September 20 2020. Half of patients initially presented with severe pain and the rest half had either moderate or mild pain. Patients who had severe pain were more likely to receive 8 gy than 20 gy. After patients receive palliative RT at week 2, 4 and 8, complete pain response was 32.61%, 45.24%, and 51.28% and overall response rate was 65%, 67%, 78% respectively.

Conclusion: Palliative RT administered to stage IV cancer patients with painful bone metastases is effective in reducing pain severity in majority of patients in Ethiopia. However, a portion of patients with bone metastasis after radiotherapy still suffers different degree of pain and necessitates adequate adjunct pain management.

TESTING PDL1 ET IMMUNOTHERAPIE DANS LE CONTEXTE TUNISIEN : DEFIS DE LA VRAI VIE.

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¹Hopital Abderrahman Mami, Ariana

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

i) objectif : L'immunothérapie a révolutionné la prise en charge du cancer du poumon métastatique en offrant une alternative efficace aux traitements conventionnels.

Dans le contexte tunisien, l'accès à ces tests et à l'immunothérapie est limité.

L'objectif de notre étude était de rapporter l'expérience de la vraie vie en termes de délais d'accès au testing ainsi qu'à l'obtention de l'immunothérapie.

ii) Méthodes : Nous avons mené une étude rétrospective incluant une série de 33 patients atteints de cancer du poumon métastatique traités par immunothérapie au service d'oncologie médicale de l'Ariana en Tunisie entre 2018 et 2023.

iii) Résultats : La recherche de mutations a été réalisée dans 24 cas (72 %). Les tests mutationnels ont été effectués en même temps que le test PDL1 dans tous les cas. Le statut PDL1 a été recherché dans 82 % des cas. Sur l'ensemble de la cohorte 37 % présentaient un taux de proportion tumorale \geq à 50 %. La durée médiane pour la réalisation du test PDL1 était de 5 semaines [1-24 semaines]. La durée médiane entre la réalisation du test PDL1 et l'administration de l'immunothérapie était de 3.5 mois [1-11 mois]. Les patients avec PDL1 \geq 50 % ont été traités avec une immunothérapie seule dans 66% des cas dès que les délais le permettaient. Les autres patients ont commencé une bi-chimiothérapie de 1ère ligne en attendant le statut PDL1 et la disponibilité de l'immunothérapie. Sur les 18 patients ayant progressé sous traitement de 1ère ligne par chimiothérapie dix ont pu bénéficier d'un traitement par immunothérapie seule en 2ème ligne avec un délai médian de 7 semaines [2-19 semaines]. Les autres patients ont reçu du Docetaxel avec un délai médian moindre de 3.5 semaines [0-9 semaines].

iiii) Conclusion : L'accès au testing PDL1 et à l'immunothérapie reste un défi majeur en Tunisie en raison de facteurs tels que le coût élevé et la disponibilité encore limitée.

RISK OF SUBSEQUENT SOFT TISSUE SARCOMA AFTER CHILDHOOD CANCERS: FINDINGS FROM A NESTED CASE-CONTROL STUDY WITHIN THE PAN-EUROPEAN PANCARESURFUP COHORT

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Purpose: Treatment-related soft-tissue sarcoma (STS) is an important cause of morbidity and mortality among the growing number of childhood cancer survivors, but many questions remain about the relationship between radiation-related STS and the potential role for specific chemotherapy drugs. Here we investigate the therapeutic factors associated with the long-term risk of STS, using a nested case-control study within the collaborative Pan-European cohort study in 69,460 5-year survivors of childhood cancer from across 12 European countries with 275 cases and 275 controls.

Methods: The radiation dose-distribution metrics at the site of STS and doses of individual chemotherapeutic agents were calculated. Conditional logistic regressions were performed to calculate odds ratios (ORs) and excess odds ratio (EOR).

Results: Overall, the best fit of the data was obtained with a linear excess OR model, the EOR/Gy of STS was equal to 0.72 (95% CI: 0.18-1.78), and we have clearly shown evidence for the first time that exposure in the dose categorie 5-9.9 Gy was associated with an increased risk of STS (OR = 3.1, 95% CI: 1.1-9.3). No evidence of heterogeneity was found for the EOR/Gy across levels of the potential radiation-effect modifiers factors, although survivors diagnosed before one year of age old, neuroblastoma or bone sarcoma survivors, female or those treated by procarbazine have significant EOR/Gy of STS. We also established the first dose-effect relationship between cumulative dose of procarbazine and STS risk (EOR per g/m² = 0.53, 95% CI: 0.02-2.94).

Conclusions: Our findings highlight the need for awareness among patients and healthcare providers about the long-term risks of STS and to promote the monitoring of any masses routinely especially among the survivors at high STS risk.

PATHOBIOLOGY OF HIV-ASSOCIATED LYMPHOMAS- DEFINING THE ROLE OF HIV-1 TAT

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

BACKGROUND: Growing evidence suggests that HIV-1 and its antigens can directly promote oncogenic processes in cancer. Indeed, the pathobiology of HIV-associated malignancies is distinct from those that do not harbour HIV-1 and merits further investigation to provide insight into improved management of this group of diseases. Our research, and that of others, has shown that the HIV-1 Transactivator of Transcription (Tat) protein can be detected in Burkitt lymphoma cells of HIV-infected individuals. Furthermore, cell-based assays show that Tat can alter host gene expression at both the transcriptional and post-transcriptional levels. The full scope of HIV-1 Tat's interaction within the host genome is as yet unknown.

OBJECTIVE: The objective of the current study is to comprehensively explore the impact of HIV-1 Tat on B-cell transformation by using two next-generation sequencing (NGS) approaches, namely CHIP-seq and AGO2-IP-RNA-seq. This approach will allow to globally map Tat-DNA binding regions within the B-cell genome and its impact on miRNA targetome, respectively.

METHODS: Tat-expressing BL cell models (Ramos and BL41) were developed through Lentiviral transduction and selection, as well as one immortalised non-malignant B-cell line (PB.895-8H). Constitutive Tat expression (mRNA and protein) was confirmed using qRT-PCR and western blotting.

RESULTS: To date, three cell lines (Ramos, BL41 and PB.895-8H) have been transduced. All three cell lines were shown to stably express HIV-1 Tat, validated by western blot and qRT-PCR.

CONCLUSIONS: Stable HIV-1 Tat expressing B-cell models can be generated via lentiviral transduction and selection. Next, Tat-expressing DLBCL cell models will be generated. These will be used in downstream NGS analyses outlined above. The results of the analyses will allow for a comprehensive picture of the expanse of Tat's ability to interact with the B-cell genome, and to influence gene expression, aiding in the development of diagnostic and prognostic tools with utility in HIV-associated lymphomas.

CERVICAL CANCER STAGE DISTRIBUTION AND SURVIVAL OUTCOMES IN AFRICA - A SYSTEMATIC REVIEW AND META-ANALYSIS

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: Understanding stage and outcomes of cervical cancer in Africa is crucial for developing effective interventions and reducing the burden of this disease. We thus aimed to do a systematic review and meta-analysis of stage distribution and survival outcomes of cervical cancer in Africa and identify trends over time.

METHODS: We searched Ovid MEDLINE, Ovid Embase, Pubmed, Cochrane library, Clarivate Analytics Web of Science, and WHO African Index Medicus database for publications in all languages from the inception of databases to July 1, 2021. 149 studies from 28 African countries were included, encompassing 56,604 patients with stage data.

RESULTS: The analysis revealed that 53.0% (95% CI 50.7, 55.4) of cervical cancer cases in Africa were diagnosed at late stages (stage III-IV). This proportion varied significantly across countries and regions, ranging from 5.3% to 86.3%. The study also highlighted disparities in stage distribution based on the Human Development Index (HDI) grouping, with low-HDI countries exhibiting higher proportions of late-stage diagnoses (56.0%; 95% CI 51.6, 60.4) compared to medium- (49.9%; 95% CI 46.3, 53.6) and high-HDI countries (51.2%; 95% CI 47.5, 55.0). The median overall survival for cervical cancer patients in Africa was reported as 26.4 months. Notably, late-stage presentation was associated with poorer survival rates and there was no stage migration or improvement in overall survival observed over time.

CONCLUSION: These findings provide valuable insights into stage distribution and survival outcomes of cervical cancer in Africa, shedding light on existing gaps and challenges faced by healthcare systems in the region. Addressing these challenges is crucial for policymakers and healthcare professionals to develop evidence-based strategies aimed at accelerating the elimination of cervical cancer in Africa and reducing its burden on women's health. Additionally, standardized data collection and reporting are needed to facilitate better comparisons and monitoring of cervical cancer outcomes across countries.

PERCEPTION AND ATTITUDE OF WOMEN ON METHODS FOR COLLECTING CERVICO-VAGINAL HUMAN PAPILLOMAVIRUS SAMPLES FOR CERVICAL CANCER SCREENING IN SUB-SAHARAN AFRICA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: To address gaps in access to screening and early diagnosis of cervical cancer in Sub-Saharan Africa (SSA), this scoping review will explore literatures on the perception and attitude of women regarding the collection of cervico-vaginal samples for HPV testing in SSA.

Methods: An extensive search using Arksey and O'Malley framework will be conducted. The search criteria will be limited to original studies conducted in community or clinical settings in SSA within the last ten years. Databases PUBMED, Cochrane, and AJOL will be searched and grey literatures will be reviewed to complement our search. Keywords for the literature search will include HPV/ Human papillomavirus/ papillomavirus; cervical cancer/ cervical squamous/ adenocarcinoma; sample collection/ sample taking; perception/view; attitude; and SSA using sub-regions within SSA, and by specific country names. Boolean and MeSH terms will be used to separate the keywords during the search. Two independent persons (UAB and DO) will screen the title and abstracts, and later full text in accordance with Population Intervention Comparison Outcome (PICO). IMB will serve as a tiebreaker whenever there is no agreement on the choice of eligibility criteria.

Results: A descriptive summary of eligible studies will be presented on a PRISMA flow diagram for scoping reviews to summarize the process and the number of articles selected for data charting.

Findings will show the perception as well as the positive and negative attitudes (including concerns) towards each of the identified methods of cervico-vaginal sample collection.

Conclusion: We will draw conclusion on how perception and attitude for collecting the cervico-vaginal samples for HPV testing were measured. Also, identify gaps in knowledge including potential future research questions on this topic. Our expectation is that this review will provide improved knowledge and guide researchers in understanding potential end-users choice, and concerns on methods of collecting sample of cervical cancer screening.

PERCEIVED, OBSERVED AND THIRD-PARTY REPORTED SKILLS AMONG SECONDARY HEALTH FACILITIES NURSES IN IBADAN, NIGERIA ON EARLY BREAST CANCER DETECTION STRATEGIES

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Misdiagnosis of women by health workers with inadequate access to diagnostic screening contribute to late presentation of breast cancer in Nigeria. There is paucity of interventions to improve nurses' skills about Breast Cancer Early Detection (BCED) options. This study aimed to evaluate the effects of training on skills of nurses in the early detection of BC.

Study adopted quasi-experimental, time-series design with baseline, three- and six-months post-intervention evaluations. Two largest secondary health facilities in Ibadan were purposively selected and allocated to experimental group (EG) and control group (CG) randomly. A total of 100 nurses (EG=51, CG=49) participated in the baseline assessments and 75 (EG=38, CG=37) did at three month- and six-months post-intervention, respectively. A four-day training on strategies of BCED including Clinical Skills of Breast Examination (CSBE) was conducted. Pre-tested, self-administered questionnaire of perceived skills as "poor" and "good" was used. Nurses CSBE were observed and evaluated with an observational checklist at three- and six-months post-intervention which was categorised as unsatisfactory and satisfactory. Perception of clinical care tool was used to capture patients' view of the nurses' CSBE, rated as excellent (≥ 86), very good ($\geq 68-85$), good ($\geq 41-67$), fair ($\geq 35-40$) and poor (≤ 34). Data were analysed using descriptive statistics and Student t-test at $\alpha 0.05$.

Perceived skills increased significantly in EG (21.8 ± 11.5 to 23.7 ± 11.9) with a slight increase in CG (21.9 ± 11.1 to 22.0 ± 11.7) at six months post-intervention respectively. Significant difference in the proportion of nurses with satisfactory CSBE (EG, 92.1% vs CG, 49.5%) at six-months post-intervention was recorded. Proportion of patients' perception of CSBE in EG was excellent (5.3%), good (84.2%) compared with CG (excellent 2.7%), good (56.7%) at six-months post-intervention, respectively.

The training intervention improved nurses' skills of early breast cancer detection. Frameworks for sustainable strengthening of clinical skills to improve early detection of breast cancer is recommended.

EVALUATION OF AN ASSET-DRIVEN CULTURALLY TAILORED INNOVATION BOOT CAMP TO INCREASE HPV VACCINATION AND SCREENING AMONG MOTHER/DAUGHTER SAMPLES IN NIGERIA.

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ORAL ABSTRACTS | DAY 4, SESSION 1, SESSION ROOM 205, November 5, 2023, 9:00 AM - 10:00 AM

EVALUATION OF AN ASSET-DRIVEN CULTURALLY TAILORED INNOVATION BOOT CAMP TO INCREASE HPV VACCINATION AND SCREENING AMONG MOTHER/DAUGHTER SAMPLES IN NIGERIA.

Objective: This study evaluates the effectiveness of an asset-driven, culturally tailored mother/daughter innovation boot camp in Nigeria aimed at increasing the uptake of HPV vaccination for girls and HPV screening for women.

Methods: The innovation boot camp program was a 4-week hybrid program (3 weeks-in person, and one week fieldwork) to provide training and informational support through peer mentoring and education. The program utilized the PEN-3 cultural model and employed a one-group pre-and post-test design along with mixed methods and participatory action research approach. Evaluation assessments on positive, existential, and negative outcomes alongside knowledge of health outcomes were assessed before and after the boot camp. In-depth interviews and fieldwork assessments were also conducted.

Results: The innovation boot camp was associated with an increase in knowledge around cervical cancer over time, as well as identification of assets that can be leveraged in collectivistic cultures to promote HPV vaccination and HPV screening. The findings suggest that an asset-driven, culturally tailored innovation boot camp has the potential to serve as a model for increasing uptake of cervical cancer prevention strategies in African settings in Nigeria.

Conclusion: The results highlight the potential of an asset-driven, culturally tailored mother/daughter innovation boot camp in promoting the adoption of cervical cancer prevention strategies. The focus on the relationship between mothers and daughters emerges as crucial for implementing and disseminating evidence-based interventions. This study contributes to the efforts to eliminate cervical cancer by 2030, emphasizing the importance of immediate action and implementation of preventative measures, such as HPV vaccination and screening, in Nigeria and similar contexts.

ASSESSMENT OF FREQUENTLY REPORTED SIDE EFFECTS BY GYNAECOLOGIC PATIENTS UNDERGOING CHEMOTHERAPY AT THE KOMFO ANOKYE TEACHING HOSPITAL, GHANA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objectives

Chemotherapy is commonly used to treat gynaecologic cancers. However, side effects often result in poor quality of life, limit the scope of treatment efficacy and lead to an increased patient default rate. The study assessed the frequency and type of side effects reported by gynaecologic patients undergoing chemotherapy at Komfo Anokye Teaching Hospital (KATH), a tertiary hospital in the Ashanti region, Ghana.

Methods

Participants consisted of 150 gynaecologic cancer patients who underwent chemotherapy at KATH from July to December 2022. A structured questionnaire adapted from NCI- PRO-CTCAE ITEMS was used to collect responses from patients. Data analysis was carried out using STATA version 17.

Results

The most frequently occurring gynaecological cancers in this cohort were cervical cancer (63.3%), ovarian cancer (18.0%), and gestational trophoblastic tumor (GTN; 7.3%). Most patients were from rural Ghana (51.0%), between the ages of 40 to 59 years (52.0%), Akan (59.3%), and had 4 or more children (60.0%).

The most common chemotherapy treatment regimens were Carboplatin and Paclitaxel (47.3%), Cisplatin (36.0%), and Cisplatin and Etoposide (8.0%). Across treatment regimens, most frequently reported side effects were decreased sexual interest (94.7%), nausea (94.0%), fatigue (91.3%), difficulty tasting food (86.7%), insomnia (84.7%), and hair loss (82.0%).

Patients prescribed Cisplatin and Etoposide were predominantly diagnosed with GTN, and patients prescribed Carboplatin and Paclitaxel and Cisplatin only were predominantly diagnosed with cervical cancer.

The presence and severity of side effects differed between treatment regimens. Constipation was more frequent and severe and in patients treated with Cisplatin only and Cisplatin and Etoposide. Both hair loss and darkening of skin occurred more frequently in patients treated with Carboplatin and Paclitaxel.

Conclusions

The findings will help patients and physicians to better understand the sides effects associated with chemotherapeutic agents used in treating gynaecologic cancers and further inform policymakers on health planning and education.

COLORECTAL CANCER: KNOWLEDGE, ATTITUDE AND RISK ASSESSMENT AMONG CLINIC ATTENDEES IN NIGERIA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Background

Colorectal cancer (CRC) has become a disease of public health importance as a result of its increase and late presentation in Nigeria and West Africa. It is the second most common cause of cancer death worldwide.

Though there has been improvement in the screening and management of CRC in Nigeria, many patients with CRC still present in very late stages where curative resection is not possible. This study was conducted to determine the knowledge, attitude and risk assessment of CRC among clinic attendees.

Methods

A cross sectional study design was used. Data was collected using a pretested structured questionnaire. Chi-squared test was used to find the association between knowledge and Risk of Developing Colorectal

Cancer with sociodemographic characteristics. A p-value less than 0.05 was considered significant throughout the analysis.

Results

Of the 371 respondents, 192(52%) are male while 179(48%) are female. Also, 56% had good knowledge while 44% had poor knowledge of CRC. Level of knowledge was statistically significant with marital status only.

Knowledge of risk factors of CRC was generally good as 79% and 69% were aware that cigarette smoking and intake of fatty food respectively are risk factors of CRC. Also, 84% have Low Risk while 16% have High Risk of developing CRC. The level of Risk of developing Colorectal Cancer was statistically significant with Age, Occupation, Marital Status, and level of education.

Conclusion

Lifestyle changes have created the constant increase in the risk of developing CRC among Nigerians and other Africans. Concerted efforts at every level are necessary to stop this trend

PROFILING THE URINARY MICROBIOTA IN MEN WITH POSITIVE BIOPSIES VERSUS HEALTHY CONTROLS FOR PROSTATE CANCER IN ENUGU, NIGERIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objectives: This cross-sectional study investigated the role of microbiota composition and antimicrobial resistance in the development of cancer, with a specific focus on the gut microbiome in prostate cancer patients and healthy controls in Enugu, Nigeria. We aimed to assess the differences in significant microbiota composition and the presence bacterial dysbiosis between the two groups, exploring potential associations with prostate cancer development.

Methods: A total of 100 participants were recruited for this study, including 50 prostate cancer patients and 50 age-matched healthy controls. Urine samples were collected from each participant, and culture-based approach was employed to isolate and identify bacteria strains of interest. The presence of dysbiosis was accessed through comprehensive isolation, colony counting, and biochemical testing; and Statistical analysis were employed to compare the microbiota profiles and antimicrobial resistance patterns between the two groups.

Results: Our analysis yielded compelling evidence showcasing distinctions in gut microbiota composition between prostate cancer patients and healthy controls. Significant variations were observed in the relative abundance of key bacterial taxa, and our investigation illuminated an augmented presence of antimicrobial resistance within the gut microbiomes of the two groups. These findings underscore the potential correlation in the development of prostate cancer.

Conclusion: Our study represents a pivotal contribution to comprehending the intricate dynamics linking microbiota composition, bacterial dysbiosis, and prostate cancer development. The dissimilarities observed in the gut microbiome and the prevalence of antimicrobial resistance underscore the potential influence of microbial factors in driving prostate cancer pathogenesis. As we delve deeper into unraveling the underlying mechanisms and exploring the clinical implications of these discoveries, novel therapeutic modalities and personalized interventions for preventing and managing this prevalent malignancy may emerge. This research holds the promise of revolutionizing our understanding of prostate cancer etiology and shaping future interventions with enhanced precision.

AORTIC 2019 abstract conversion to manuscript publication: regional and language variation

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ORAL ABSTRACTS | DAY 4, SESSION 2, SESSION ROOM 203, November 5, 2023, 9:00 AM - 10:00 AM

OBJECTIVE

African Organisation For Research and Training in Cancer (AORTIC) conference plays a pivotal role in providing a platform for researchers to share their cancer related scientific research. Despite significant contributions from AORTIC, there remains a paucity of published cancer related research from Africa. Our aim is to assess the conversion of the 2019 AORTIC conference abstracts to manuscripts.

METHODS

Analysis of abstracts presented at AORTIC conference in 2019 were identified using the AORTIC resource list. A Google search engine was employed to locate the full article by entering article title and matching first authors names. Variables extracted included: publication status (manuscript or abstract only), study design, author affiliation, cancer type, country site of research, language, mean time to publication and journal impact factor.

RESULTS

446 abstracts were presented. 139 (31.1%) were oral, and 307 (68.8%) posters. 432 (97%) of the presentations were in English, 13 (2.9%) in Portuguese, and 1 (0.22%) in French, $p < 0.001$. 179 (40 %) were published as full manuscripts, $p < 0.001$. Most of the studies were described as case studies (144, 32%), with 56 (38.9%) published as manuscripts and 88 (61.1%) not published, $p < 0.05$. The most presented cancer type is breast cancer (56, 12.6%), followed by cervical cancer (52, 11.7%). The first author affiliation for manuscript publication is the USA (52, 11.6%), followed by Nigeria (48, 10.7%), Kenya (39, 8.7%), and others (307, 68.7%), $p < 0.001$. The mean time to manuscript publication is 19 months, and the average journal impact factor is 9.2.

CONCLUSION

Less than half of abstracts presented at AORTIC 2019 conference are published as full manuscripts. Future studies are needed to understand the challenges encountered by researchers in manuscript writing and publication. Cancer in Africa related published research is needed to understand epidemiology, policy development and cancer care.

EFFECTIVENESS OF ACCEPTANCE COMMITMENT THERAPY (ACT) IN ENHANCING ADHERENCE TO CHEMOTHERAPY AMONG BREAST CANCER PATIENTS IN THE NORTH-CENTRAL, NIGERIA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objectives: Adherence to chemotherapy is a very important requirement for longevity and general state of health of patients with breast cancer. But non-adherence to this treatment modality has been a serious setback for patients to benefit from the efficacy of this treatment modality due to myriad of psychosocial and adverse effects of the medication. This study investigated the effectiveness of Acceptance Commitment Therapy (ACT) in enhancing adherence to chemotherapy among breast cancer patients in the North-central, Nigeria

Methods : A pretest-posttest, control group quasi-experimental with a 2x2 factorial design was adopted for the study. A multistage sampling procedure was employed in the selection of states, research sites and participants. Benue and Kwara States in the North-central were randomly selected. A health facility from each of the state (Federal Medical Center, Makurdi, Benue and University of Ilorin Teaching Hospital, Ilorin, Kwara) offering cancer care to patients was purposively selected. The sample consisted of 34 breast cancer patients receiving chemotherapy in the cancer treatment centers. The participants were purposively selected and randomised into ACT (18) and control (16) groups. Participants in the experiment group were exposed to eight sessions of ACT and each session lasted an average of 60 minutes. Oral Chemotherapy Adherence ($\alpha=0.73$) and Sociocultural features ($\alpha=0.76$) scales were the instruments used for data collection. Data were analysed using descriptive statistics, Analysis of Covariance and post-hoc tested at 0.05 level of significance.

RESULTS: ACT significantly enhanced adherence to chemotherapy among the participants ($F_{2,38}=35.490$; partial $\eta^2 = 0.651$)

CONCLUSION: The treatment enhanced adherence to chemotherapy among breast cancer patients, therefore psychosocial concerns of patients should be incorporated into the routine management of cancer patients

CURRENT CIGARETTE SMOKING AMONG CANCER SURVIVORS IN SOUTH AFRICA: IMPLICATIONS FOR CESSATION SUPPORT

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective:

This study aims to determine the current use of nicotine and tobacco products and factors associated with current cigarette smoking among adult South Africans who have been diagnosed with cancer, i.e., cancer survivors (CS), in order to inform tobacco cessation intervention for improved cancer care.

Methods:

This was a secondary analysis of 15,565 (433 cancer survivors) adults aged ≥ 18 years, who participated in an online survey conducted in 2021. In addition to sociodemographic data, information obtained, among others, included participants' report of health professionals' past diagnosis of cancer (CS) and other medical conditions, including COVID-19. Participants also reported lifestyle behaviors such as smoking cigarettes (factory-manufactured and Roll-Your-Own), e-cigarette use, and alcohol binge-drinking. Binary logistic regression was conducted to determine the variables that were independently associated with current cigarette smoking.

Results:

The mean (\pm SD) age of the CS was 56.7 (± 14.1) years (range = 20-91 years). The CS in this study were mostly female (56.2%) and employed (73.9%). Overall, 47.8% currently engaged in alcohol binge-drinking, 32.1% currently smoke cigarettes, 9.7% use e-cigarettes, and 18.5% had past COVID-19 infection.. Compared to those not previously diagnosed with cancer, a higher proportion of CS were ex-smokers than current smokers. However, a significantly lower proportion of CS current cigarette smokers indicated an intention to quit smoking (38.8% vs. 49.2%; $p=0.017$).

Factors that were independently associated with current cigarette smoking were: decreasing age (OR=0.95;95%CI=0.92-0.98), engaging in alcohol binge-drinking (OR=1.82;95%CI=1.02-3.25), and having increasing support for stricter legislation on tobacco control (OR=0.70;95%CI=0.59-0.82).

Conclusions:

About one-third of the South African adult CS that participated in this study were current tobacco smokers. The fact that CS smokers tended to be younger and concurrently binge-drinking suggests the need to design intensive cessation support as part of cancer care in order to prevent secondary cancers, improve quality of life and lifespan.

TUMEUR TRITON MALIGNE À PROPOS D'UN CAS

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objectifs : La tumeur Triton maligne est une tumeur rare et de mauvais pronostic constituant 5 à 10 % des sarcomes des tissus mous. Elle est un sous type de tumeur maligne des gaines nerveuses périphériques avec contingent hétérologue rhabdomyosarcomateux dont le diagnostic est souvent difficile en l'absence de marqueur spécifique. Le but de notre travail est de montrer les particularités anatomopathologiques de cette tumeur au niveau du testicule.

Observation : Patient de 17 ans, sans antécédents particuliers, ayant consulté pour une masse du testicule droit. L'examen clinique a mis en évidence une masse scrotale droite développée au dépens du testicule, dure, indolore évoluant depuis un an. Le bilan biologique a montré un taux de LDH égal à 656 U/L, un taux d'alpha Fœto-Protéine égal à 5U/L. Il a subi une orchidectomie droite dont la pièce déformée, envoyée en anatomie pathologique a présentée à la coupe une tumeur massive blanchâtre occupant toute la tranche de section. L'examen histologique objective une tumeur maligne des gaines nerveuses périphériques associée à un rhabdomyosarcome embryonnaire. Le complément immunohistochimique révèle une positivité des anticorps NSE et PS100 des cellules nerveuses, une positivité forte à la Desmine des cellules rhabdomyoblastiques.

Conclusion : La tumeur Triton maligne est un sous type rare des tumeurs malignes des gaines nerveuses périphériques caractérisée par la présence d'une différenciation rhabdomyoblastique au sein des cellules de Schwann. Le diagnostic est difficile en l'absence d'une étude immunohistochimique. Le pronostic est péjoratif ; d'où une surveillance rapprochée.

Mots-clés : Triton maligne, TGNP, testicule.

Radiothérapie hypo fractionnée des cancers du sein en 15 séances: Analyse d'une série mono centrée à propos de 105 cas

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objectif de l'étude : Evaluation de la radiothérapie hypo fractionnée des cancers du sein à travers sa tolérance et son efficacité en vie réelle dans une série mono centrée au Sénégal.

Matériel et méthodes : Les données de 105 patientes prises en charge consécutivement dans notre institution de janvier 2019 à décembre 2021 ont été analysées rétrospectivement. Toutes les patientes ont reçu une radiothérapie du sein ou de la paroi avec ou sans boost ou irradiation ganglionnaire à la dose de 42Gy en 15 fractions en technique de radiothérapie conformationnelle tridimensionnelle (RC3D). Les données démographiques, diagnostiques, les informations relatives au traitement et les résultats des patientes ont été recueillis et analysés dans une base de données.

Résultats : L'âge médian des patientes était 48,5 ans. Une masse mammaire était la principale circonstance de découverte (88,1%). Le carcinome canalaire infiltrant de type non spécifique était le plus fréquent (70,3%). La majorité des patientes étaient de stades avancés T3 et T4 (72,8%). Une chimiothérapie néo-adjuvante a été réalisée chez 86 patientes. La chirurgie était radicale chez 88% des patientes. Le délai médian entre la chirurgie et la radiothérapie était de 4 mois (1-13). Toutes les patientes étaient traitées en RC3D en technique mono iso centrée. Aucune toxicité aiguë de grade ≥ 3 n'a été observée. Le taux de radiodermite de grade I et II était respectivement de 25,4% et 8,57%. Avec un suivi médian de 26 mois (6-38), 84 patientes (80%) étaient en rémission complète et 21 patientes étaient en rechute dont 08 locale et 13 à distance.

Conclusion : La radiothérapie hypo fractionnée du cancer du sein est une solution aux longs délais d'attente en radiothérapie. Son efficacité est prouvée et sa toxicité est plus qu'acceptable en attendant les résultats des données randomisées prospectives de l'hypofractionnement avec irradiation ganglionnaire et des essais Fast-forward.

AN EVALUATION OF PUBLIC AWARENESS OF ETIOLOGY, TREATMENT AND PREVENTION OF CANCER IN NIGERIA.

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE : Cancer represents a leading cause of mortality in Nigeria. National control strategies emphasize the importance of raising public awareness of risk factors. However, existing evidence on public awareness in Nigeria is limited.

METHODS: A cross-sectional study was designed aimed at evaluating awareness of cancer etiologies, treatment, and prevention in Ibadan, Nigeria. The study was conducted between April 1 and May 2023. Data collection was performed using an online questionnaire (Google form). Respondents were from the population who lived in the urban metropolis of Ibadan (population 3.8 million). Data collection tools were shared using social media platforms. Responses were analyzed using SPSS version 20. Descriptive statistics (percentages and chi-square tests) were used to summarize the respondents' knowledge and awareness of cancer.

RESULTS : 404 respondents completed the questionnaire. Of these, 54.7% were females, and 45.3% were males. Among the respondents, 96.5% reported prior awareness of cancer, with men (95.6%) compared to women (97.2%). No significant difference between the level of education among respondents and the knowledge of cancer causes, with adequate knowledge in 90% of those with tertiary education compared to 87.5% of those without formal education. Similarly, there was no significant difference in understanding of cancer prevention and level of education, 88.8% with no formal education and 88.7% of those with tertiary education had knowledge of cancer prevention. However, knowledge of cancer treatment was highest in those with formal education (93.6%).

CONCLUSIONS: Knowledge of cancer etiology, treatment, and prevention in Nigeria is high and not related to educational status, occupation, or family history of cancers. Cancer prevention programs can utilize this by designing tailored communication activities to reinforce key messages.

LEVERAGING THE ECHO MODEL TO IMPROVE CANCER CARE ACCESS: IMPACT, INNOVATIONS, AND FUTURE DIRECTIONS IN AFRICA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE:

The COVID-19 pandemic revealed the uneven distribution of medical expertise and access to quality healthcare, particularly in low- and middle-income countries. To address these disparities, the ECHO Model leverages video conferencing to disseminate specialized knowledge through guided practice. This presentation examines ECHO's impact on cancer care disparities, describes innovative uses of ECHO, and shares future directions for ECHO in Africa.

METHODS:

Project ECHO launched the Cancer ECHO Initiative to enhance the capability of local providers in cancer prevention, diagnosis, treatment, survivorship, and palliative care in rural and underserved communities using the ECHO Model. In this collaborative learning environment, experts from major cancer care centers ("hubs") use an "all teach all learn" approach to engage in ongoing telementoring with local providers. We used a central data repository to assess the global reach and impact of the initiative.

RESULTS:

Between December 2016 and April 2023, 175 hubs in 29 countries leveraged the ECHO Model, delivering over 550 cancer- and palliative care-focused programs. Over 50 of these programs focused on African audiences. MD Anderson, for example, collaborated with partners in Brazil and the International Gynecologic Cancer Society to provide Portuguese-speaking ECHOs in Mozambique. These sessions, covering topics such as cervical cancer prevention and the management of breast, gynecologic, hematologic, and prostate cancers, engaged nearly 700 participants, who collectively presented approximately 191 cases. Globally, more than 100,000 participants attended Cancer ECHO sessions, a 400% increase compared to the pre-pandemic rate. Seventy-four peer-reviewed publications documented ECHO's efficacy at improving access to best-practice cancer care in resource-limited settings.

CONCLUSION:

The ECHO Model is successfully reducing barriers to the transmission of best-practice care, with diverse applications across the cancer care continuum. The model's widespread, global adoption and accelerated growth through the COVID-19 pandemic highlight its ability to improve patients' lives, even under intense resource constraints.

LA CHIMIOTHÉRAPIE NÉOADJUVANTE DANS LE CANCER AVANCÉ DU COL UTÉRIN À L'INSTITUT CURIE DAKAR : A PROPOS DE 383 PATIENTES

Baldé S¹

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Le cancer du col de l'utérus est un problème de santé publique. Dans le monde, il est le deuxième cancer le plus fréquent chez la femme. En 2020, Globocan estimait à 604127 nouveaux cas par an dans le monde avec 341831 cas de décès.

C'est le plus fréquent chez les femmes au Sénégal ; en 2020, 1 937 nouveaux cas avec 1 312 décès. Le Sénégal comme tous les pays à revenus faibles, la disponibilité du traitement par la radiothérapie constitue un véritable handicap pour les traitants et les traités.

Notre étude est rétrospective portant sur 383 patientes colligées de 2017 à 2020 à l'institut Joliot Curie. Le but de l'étude était d'évaluer les réponses cliniques et histologiques de la chimiothérapie néoadjuvante mais aussi de déterminer le profil épidémiologique, clinique ; thérapeutiques de nos patientes et la toxicité liée à cette chimiothérapie.

Les patientes étaient âgées de 27 à 87 ans avec un âge moyen de 53,69 ans ; la tranche d'âge des 50–59 ans était la plus représentée.

Sur le plan clinique, les métrorragies représentaient la principale circonstance de découverte (84 % des cas). La taille tumorale était pour la plupart supérieur à 4 cm.

Les stades entre III et IVA étaient les plus fréquemment rencontrés (76 %).

Le protocole le plus utilisé était la carboplatine et paclitaxel dans 97 % des cas. La réponse tumorale était objective dans 64 % des cas.

La réponse à la radio-chimiothérapie concomitante était objective dans 55 %.

La survie globale dans notre série était de 77 %.

Conclusion

L'absence ou la rareté de la radiothérapie dans nos pays à faible revenu fait que la chimiothérapie néoadjuvante peut constituer une alternative thérapeutique. Des études multicentriques et prospectives doivent être menée dans ce sens pour mieux explorer cette stratégie thérapeutique

EMPATHIC COMMUNICATION SKILLS TRAINING INTERVENTION TO REDUCE LUNG CANCER STIGMA IN NIGERIA: A PILOT TEST

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objectives: Lung cancer stigma is pervasive and problematic, with 98% patients with lung cancer (PwLCs) reporting stigma from family, friends, and others; and 48% reporting stigma specifically from their health care providers (HCPs). The adverse effects of lung cancer stigma include negative psychological outcomes, delaying and underreporting of symptoms, misreporting of smoking behaviors, and avoidance of help-seeking. To reduce lung cancer stigma, we adapted an evidence-based empathic communication skills training intervention to reduce patients' experience of stigma in Nigeria and conducted a pilot study. The goal of the training is to enhance clinician recognition and responsiveness to PwLCs' empathic opportunities by communicating understanding, reducing stigma and distress, and providing support. This abstract presents the preliminary results of the empathic communication skills training intervention.

Methods: Thirty HCPs (physicians and nurses), recruited from University College Hospital, Ibadan and Obafemi Awolowo University Teaching Hospital, Ile-Ife participated in a 2.25 hour didactic and experiential training on responding empathically to PwLCs. Surveys were completed before and after the training.

Results: Overall, participants reported highly favorable evaluations of the training, with at least 85% HCPs agreeing or strongly agreeing to 11 of the 12 survey items assessing clinical application, training relevance, novelty, clarity, and facilitator effectiveness. Self-efficacy to communicate empathically increased significantly from pre- (M=3.93, SD=.28) to post-training (M=4.55, SD=.15), $t(29)=3.51$, $p<.05$.

Conclusions: The empathic communication skills training was feasible, well received by oncology clinicians in Nigeria and demonstrated improvements in self-efficacy in empathic communication from pre- to post-training. Examination of patient outcomes is warranted. These findings will help to guide the development of effective communication strategies and training oncology care providers on these strategies to reduce lung cancer stigma in Nigeria.

PATIENT VOICES FROM NIGERIA: A THEMATIC ANALYSIS OF STIGMATIZING INTERACTIONS BETWEEN ONCOLOGY CARE PROVIDERS AND PATIENTS WITH LUNG CANCER

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: There is growing awareness in the United States that perceived stigma within medical encounters is prevalent and problematic for lung cancer patients' well-being and quality of cancer care. However, little is known about the nature of global lung cancer stigma experienced by patients in low-middle income countries.

Methods: Qualitative interview data was collected with semi-structured probes from 16 patients with lung cancer in Nigeria, recruited from University College Hospital in Ibadan and Obafemi Awolowo University Teaching Hospital in Ile-Ife.

Results: Thematic analysis revealed two primary themes: Behavioral (verbal and non-verbal behaviors that exacerbate patient experience of stigma) and Emotional (emotional impact of stigmatizing behavior). Behavioral characteristics included five sub-themes: accusatory tone (statements that imply blame and judgment); physical avoidance (non-verbal behaviors that signal distancing from the patient); uncomfortable stares (a long look that makes the other person feel uncomfortable); not providing hope (lack of verbal statements of hope and future); and impatience (not showing patience). Emotional impact included five sub-themes: guilt (self-blame for family burden); embarrassment (feelings of shame); hopelessness (feelings of sadness and anxiety); confusion and uncertainty (bewildered and unable to understand); and unaddressed pain (physical pain that has not been controlled).

Conclusions: These findings will help to guide the development of effective communication strategies and training oncology care providers on these strategies to reduce lung cancer stigma in Nigeria.

A COMPARISON OF CONCURRENT CHEMORADIOTHERAPY AND RADIOTHERAPY ALONE IN THE MANAGEMENT OF MUSCLE-INVASIVE BLADDER CANCER: A RETROSPECTIVE COHORT STUDY

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Introduction: To compare overall survival (OS) rate among patients with muscle invasive bladder cancer (MIBC) treated with either concurrent chemoradiotherapy (CCRT) or radiotherapy alone in Tanzania in a setting where prior TURBT is not routinely done prior to radiotherapy in bladder preservation therapy (BPT).

Methods: From January 2017 to December 2021, 107 non metastatic MIBC patients treated by radiotherapy with or without chemotherapy were included in a retrospective hospital-based cohort study. Patient's characteristics were compared using chi-squared and student t-tests. Survival curves were drawn by using the Kaplan-Meier method and compared by log-rank test in the univariate analysis and the Cox regression model in the multivariate analysis.

Results:

Among 107 patients with MIBC, only 19 (18%) participants were treated with TURBT before radiotherapy and only 9 (8%) were treated with TURBT followed with concurrent chemoradiotherapy in BPT. In patients with MIBC without prior maximum TURBT, the median OS was 11 months in both arms, CCRT or radiotherapy alone (P-value=0.76). The median OS of patients who were treated with TURBT followed by either CCRT or Radiotherapy alone was 35 months, while CCRT or radiotherapy alone without prior TURBT was 11 months (P-value=0.027). The median OS of patients who were treated with Radiotherapy alone, CCRT, TURBT followed by Radiotherapy, and TURBT followed by CCRT were 10, 19, 21, and 24 months respectively (P-value=0.04). After adjustment for other confounders, baseline haemoglobin level and maximum TURBT before Radiotherapy or CCRT were independent predictors of survival with HR of 0.616 with borderline P-value=0.05 and 0.483 with borderline P-value =0.05 respectively.

Conclusion: TURBT is a crucial component in BPT among MIBC patients. Correction of haemoglobin level before and during radiotherapy could potentially correlate to better survival. Chemotherapy administration during radiation to MIBC patient should be given to patient who underwent maximum TURBT.

DIFFERENTIAL DIAGNOSIS AND CLINICAL-PATHOLOGICAL CHARACTERISTICS OF VULVAR SQUAMOUS CARCINOMA IN SUB-SAHARAN AFRICA AND EUROPE: MOZAMBIQUE AND SPAIN

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

INTRODUCTION:

The classification of the WHO revised in 2020, for vulvar carcinomas, recommends classifying them according to the relationship with the human papilloma virus (HPV) infection, as HPV-associated and HPV-independent carcinomas, considered etiopathogenically many different. The proportion of vulvar carcinomas is very variable in different geographic areas. The few studies carried out in Africa reveal a higher frequency in HPV and HIV positive in women.

OBJECTIVES:

To determine the prevalence of HPV infection and compare the clinicopathological characteristics of a series of vulvar squamous cell carcinomas from Mozambique with a series from Spain.

MATERIAL AND METHODS

All vulvar squamous cell carcinomas diagnosed at the Pathological Anatomy Services of the Hospitals Central de Maputo and Clinic of Barcelona, from 2018-2020 (n=35 and n=41, respectively) were included. The detection of DNA-HPV and its genotyping by PCR (SPF10/DEIA/LiPA25) were performed, and the expression of p16 and p53 was evaluated by immunohistochemistry. Diffuse expression of p16 and/or positivity for HPV-DNA was considered as evidence of association with HPV.

RESULTS:

Thirty-four of 35 (97%) cases from Mozambique and 8/41 (20%) from Spain were HPV-associated (p<0.001). The average age of patients from Mozambique and Spain was 45±12 and 72±14 years, respectively (p<0.001). There were no differences regarding HPV genotypes (HPV16: 43%, HPV33: 29%, HPV58: 24%, HPV18: 14% in Mozambique, and HPV16: 50%, HPV33: 25%, HPV53: 7%, HPV56: 7% in Spain). Histologically, 37% of carcinomas in Mozambique were keratinizing and 63% basaloid, verrucous or non-keratinizing, while in Spain, 73% were keratinizing and 27% basaloid, verrucous or non-keratinizing (p=0.002).

CONCLUSIONS:

Most vulvar squamous carcinomas in Mozambique are HPV-associated and affect young women, in contrast to what is observed in Spain, where HPV-independent carcinomas predominate in elderly women. Vaccination against HPV, in addition to preventing cervical cancer, also protects women in Mozambique from most vulvar carcinomas.

REGIONAL VARIATION OF THE BREAST CANCER BIOLOGY, IMMUNOLOGY AND SURVIVAL IN SUB-SAHARAN AFRICA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Background: The low overall survival (OS) rates of breast cancer (BC) patients in sub-Saharan Africa (SSA) are largely driven by advanced tumor stages at the time of diagnosis and limited access to therapy. Moreover, a higher proportion of biologically more aggressive BC subtypes has been supposed to influence the survival as well. However, little is known about the regional diversity and the influence of the tumor microenvironment.

Methods: In this international, multicentre cohort study, 1,466 formalin-fixed, paraffin-embedded BC samples from 10 countries in SSA, including samples of the 'African Breast Cancer-Disparities in Outcomes (ABC-DO) Study', were included. BC Immunohistochemistry (IHC) subtypes were classified with IHC for estrogen receptor (ER), progesterone receptor (PR), human epidermal growth receptor 2 (Her2) and Ki67. Further, the tumor microenvironment was analyzed by counting tumor infiltrating lymphocytes (TILs), surface expression of immune relevant molecules and the immune cell composition using multiplex IHC and RNA expression analysis.

Results: The analysis revealed large differences in the distribution of the BC IHC types with >40% triple negative BC (TNBC) in Western Africa compared to 15-20% in all other regions. The survival analysis of 628 patients showed a lower survival in TNBC and Her2+ BC when compared with luminal A- and B-like BC. Higher TIL densities were associated with better survival in the SSA cohort, but regional differences concerning the predictive value of TILs exist. In addition, MHC class I downregulation was found to be a significant factor of inferior survival as well. The unfavourable components were predominantly detected in BC samples from Western Africa, which was associated with reduced patient survival.

Conclusions: Regional diversity in the distribution of BC IHC types and TME composition must be considered in therapy decisions and for designing personalized therapies. Furthermore, the non-immunogenic BC phenotype requires additional investigations concerning information relevant to therapy.

GENDER DIFFERENCES IN THE PREVALENCE OF HIGH-RISK ORAL AND ANAL HUMAN-PAPILLOMAVIRUS INFECTIONS AMONG SEXUALLY ACTIVE MEN AND WOMEN IN IBADAN, NIGERIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: To determine the gender differences in the prevalence of oral and anal high-risk HPV infections among sexually active men and women in Ibadan.

Methods: This was a secondary analysis from the Sexual Behavior and HPV Infections in Nigerians in Ibadan (SHINI) that included sexually active women aged 18–45 years. After a face-to-face interview, samples were collected from the mouth, cervix, vulva and anus by a trained nurse. Detection of any high-risk HPV (hr-HPV) in oral and anal sites was used as the primary outcome variable. The participants' demographic characteristics, sexual behaviors, and social lifestyle were included as explanatory variables. The chi-square test was used to investigate the association between the presence of hr-HPV and the participants' characteristics. Multivariable logistic regressions were computed to test for association between gender of participants and the primary outcome after adjusting for potential confounders. Statistical significance was set at $p \leq 0.05$.

Results: A total of 625 women, of whom 315 are sex workers and 316 men, were recruited. Oral hrHPV was more prevalent in women than men (12.68% vs. 3.57%). The prevalence of hrHPV in the anus was much higher in women (50.16%) than in men (6.69%). The study location (rural or urban) and history of oral sex were significantly associated with the presence of hrHPV in the mouth for men and women respectively, whereas occupation, income, study location, smoking, and HIV status were significantly associated with the presence of hrHPV in the anus in women. In general, compared to women, the odds of having hrHPV in the mouth [OR=0.36 (95%CI 0.17-0.73)] and anus [OR=0.07 (95%CI 0.04-0.13)] were significantly lower in men.

Conclusion: Oral and anal hrHPV is more prevalent among women than men. The odds of having hrHPV in the mouth and anus is higher in women than in men.

DESCRIPTIVE ANALYSIS OF CERVICAL CANCER CASES FROM A HOSPITAL IN MALAWI, SUB-SAHARAN AFRICAN

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objectives: We evaluated clinical data from women with invasive cervical cancer in Malawi to better understand the distribution of cancer histologic subtypes, HIV status, and age at diagnosis. These data, and our future planned study to evaluate HPV types and HPV35 genetic variation, may help us to better understand the high cervical cancer rates in this region.

Methods: Our study included data from 1,163 women with cervical cancer seen at the Kamuzu Central Hospital, a public tertiary referral hospital in Lilongwe, Malawi. We abstracted clinical data including patient age at cancer diagnosis, HIV status, and tumor histology [squamous-cell carcinoma (SCC), adenocarcinoma (ADC), adenosquamous-carcinoma (ADC-SCC)] from medical records. We performed descriptive analyses and evaluated differences among strata using Chi-square tests and Kruskal-Wallis tests using SPSS (version 1.0.0.1089).

Results: The distribution of cancer histologic subtypes included 87% SCC (n =1010), 8% ADC (n=97), 4% cancer, NOS (n=46) and 1% ADC-SCC (n=10). The median ages at diagnosis of invasive cervical cancer were 48.1 years (IQR 40-57) overall, 48.7 years (IQR 40-58.3) for SCC, 44.8 years (IQR 39-51) for ADC, and 41.1 years (IQR 38-46.3) for ADC-SCC. HIV status significantly varied by tumor histologic type: 41.4% of SCC were HIV-positive, 60.0% of ADC-SCC, compared to 24.7% of ADC (p=0.06). The median age of cancer diagnosis was significantly younger in HIV-positive women (43.2 years, 41.5 years) compared to HIV-negative women (62.9 years, 51.5 years) for SCC and ADC (P-value<0.001), respectively.

Conclusions: SCC was the predominant histologic subtype and HIV was common among Malawian women diagnosed with cervical cancer. HIV was linked to a lower age at cancer diagnosis, which is lower than the global mean age at cancer diagnosis (53 years). Next, we will evaluate the HPV type distribution and viral genetic variants in this region and in relation to these clinical phenotypes.

IMMUNOHISTOCHEMISTRY-DERIVED SUBTYPES OF BREAST CANCER DISTRIBUTION IN FOUR REGIONS OF ETHIOPIA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

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Objectives: This study was carried out to evaluate the distribution of immunohistochemistry (IHC) subtypes of BCs throughout four Ethiopian regions.

Methods: A total of 227 formalin-fixed paraffin-embedded (FFPE) tissue blocks were collected from tertiary hospitals in four Ethiopian regions between 2015 and 2021. The IHC staining was performed for subtyping, ER, PR, HER2, and Ki-67 proliferation markers.

Results: The mean age at diagnosis was 43.9 years. The percentage of ER and PR-negative tumors was 48.3% and 53.2%, respectively. The IHC subtypes showed the following distribution: 33.1% triple-negative breast cancer (TNBC), 27.6% luminal B, 25.2% luminal A, and 14.1% HER2 enriched. In multivariable analysis, grade III and HER2 positivity were associated with larger tumor size, and also originating from Jimma compared to Mekele.

Conclusion: A larger proportion of ER- and PR-negative and TNBC subtypes were identified, showing that half the patients benefit from endocrine treatment. A considerably high prevalence of TNBC was reported in our study, demanding additional research that includes genetic predisposition factors. Additionally, the younger average age could account for aggressive tumors, which must be considered when planning personalized treatment strategies.

SPATIOTEMPORAL DISTRIBUTION, TIME TO TREATMENT OUTCOME CLUSTERING AND DETERMINANTS OF ESOPHAGEAL CANCER IN ETHIOPIA, A SCOPING STUDY

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Abstract

Objective: Esophageal cancer was the eighth and the sixth leading cause of morbidity of all cancer in the world whereas the fifteenth and twelfth in Ethiopia, respectively. However, there is a lack of comprehensive data regarding Ethiopia's esophageal cancer hotspot, treatment outcome clustering, and factors, which was the aim of the review.

Methods: Three step search strategies were employed for the scoping review. Targeted databases included PubMed/Medline, PubMed Central (PMC), Google Scholar, Hinari, and Cochrane for the published studies and different websites for unpublished studies for evidence synthesis from March 15, to 28, 2023. OpenGrey(www.opengrey.eu), and the Grey Literature Report(www.greylit.org) were used to search the grey literatures. Data were extracted from papers included into the scoping review by two independent reviewers using the Joanna Briggs Institute (JBI) manual format.

Results: Our final analysis comprised 17 (16 quantitative and one qualitative) studies. Three studies attempted to depict the country's temporal distribution, whereas twelve studies showed the spatial distribution of esophageal cancer by proportion. The regional state of Oromia recorded a high percentage of cases. Numerous risk factors linked to the tumour have been found in eight investigations. Similarly, five research went into detail regarding the likelihood of survival and the factors that contribute to malignancy, while two studies covered the results of disease-related treatments.

Conclusions: The substantial body of data that underpins this finding supports the fact that esophageal cancer has a wide range of risk factors and that its prevalence varies greatly across the country and among regions. Surgery, radiotherapy, or chemotherapy all helped the patient live longer. However, no research has looked into which treatment is best for boosting patient survival and survival clustering. More peer-reviewed research with robust models for regional distribution, clustering of time to treatment outcomes, and drivers of esophageal cancer will therefore be needed.

PARISH LEVEL SOCIAL FACTORS PREDICT POPULATION-BASED CERVICAL CANCER INCIDENCE IN KAMPALA, UGANDA, 2008-2015

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE. To identify parish level social factors associated with cervical cancer incidence in the Kampala Cancer Registry (KCR) catchment area, leveraging a novel linkage between population-based cancer registry data and small area census data from Uganda.

METHODS. KCR cervical cancer records (2008-2015) were augmented to add the parish of residence at diagnosis. Parish level population and housing profile data (2014) was obtained from the Uganda Bureau of Statistics and linked to KCR records. Stepwise forward Poisson regression modeling was used to estimate incidence rate ratios (IRRs) assessing associations between social factors and incidence. Indicators of gender inequity, child vulnerability, wealth and economic independence, and housing and infrastructure were examined, controlling for population density. Alpha=0.05 was used to determine statistical significance.

RESULTS. Factors related to higher incidence included a higher girl-to-boy ratio of 6-12 year-olds not attending school (IRR=1.32, 95% CI [1.19, 1.47]) and a higher percentage of children ages 10-17 working (IRR=1.05 [1.00, 1.10]). Factors associated with lower incidence included a higher percentage of household owner occupancy (IRR=0.95, 95% CI [0.92, 0.97]) and a higher percentage of households with toilet facilities (IRR=0.83, 95% CI [0.70, 0.99]).

CONCLUSIONS. Parish level social factors predict cervical cancer incidence in Uganda. Communities most at risk are characterized by inequity in educational access for girls, high percentages of children working, low home ownership, and inadequate infrastructure. These communities would benefit from HPV vaccination and screening campaigns to prevent cervical cancer. Although cancer outcomes are understood as the product of influences at multiple social-ecological levels, population-based studies of geographical factors and cancer outcomes in Africa are scarce. Investments should be made to enhance population-based cancer surveillance and census data collection in Africa to offer new strategies and targets for cancer prevention and control.

BARRIERS AND FACILITATORS IN THE UPTAKE OF MODERATE HYPOFRACTIONATION FOR BREAST AND PROSTATE CANCER IN SUB-SAHARAN AFRICA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: In prostate and breast cancer, moderate hypofractionation (mHF) has demonstrated comparable, if not greater, efficacy than conventional fractionation. There is a stark disparity in uptake of mHF between North America and Africa. Using the Consolidative Framework for Implementation Research (CFIR), we evaluated barriers and facilitators for implementing mHF in sub-Saharan Africa (SSA).

METHODS: Radiation Oncologists (RO) and Medical Physicists (MP) working in SSA were recruited via the AORTIC Radiation Oncology Special Interest Group and subsequent snowball sampling. Interviews were conducted virtually between November 2022 – January 2023. Transcripts were analyzed using directed content analysis guided by CFIR interview domains and constructs.

RESULTS: 19 interviewees (17 ROs and 2 MPs) from 11 SSA countries participated, of which 94% noted the use of mHF (40.05Gy/15fx or 42.67Gy/16fx) in breast cancer clinics and 38% in prostate cancer clinics (60-66 Gy/20fx). While nearly all participants identified benefits of mHF for both clinics and patients, many also noted that the lack of long-term data within an African population created discomfort in using mHF. Many participants believed in the utility of mHF, but expressed lack of confidence in use due to uncertainty about safety of technique, especially in centers with cobalt or 3D-CRT only capabilities. In breast mHF, participants expressed concern regarding breast size and ideal eligibility criteria for patients. In prostate mHF, on-treatment imaging and lack of fiducials were identified as barriers. Key facilitators in adopting mHF included hands-on training, partnerships with disease-site specific individuals with HF experience, and consensus of patient eligibility and technique requirements.

CONCLUSIONS: mHF is regarded as a valuable tool for breast and prostate cancer in SSA, and breast mHF is widely utilized. Attention to use of 3DCRT with mHF, long-term toxicity data in African populations, and training sessions may facilitate further use of mHF for prostate cancer.

MOLECULAR CHARACTERIZATION OF ACUTE LYMPHOBLASTIC LEUKEMIA IN TANZANIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: Determine the frequency of Acute Lymphoblastic Leukemia (ALL) related mutations in pediatric and adult patients in Tanzania, concordance of techniques q-PCR for p190 against Next Generation Sequencing (NGS) and clinical presentation of ALL patients in relation to the mutations identified.

METHODS: Cross sectional study, conducted at the Muhimbili University of Health and Allied Sciences where samples primary suspected of ALL malignancies by cellular morphology from Muhimbili National Hospital. Study duration was for 2 years from July 2022 to June 2024. ALL determination done using a panel of monoclonal antibodies conjugated to fluorochromes (FITC, PerCP, PE) with appropriate isotype controls as per the Euroflow panel guideline. Library preparation performed using the AmpliSeq for Illumina Myeloid Panel sequencing. Bioinformatics of raw sequencing data loaded into the Illumina BaseSpace Hub. To filter out variants with a higher likelihood of being common benign variants, performing exclude variants with an allele frequency greater than 0.1 in the African population from the Genome Aggregation Database (gnomAD) database. This filtering step helps prioritize potentially pathogenic variants for analysis. Pearson's Chi square test to compare categorical variables, while the T-test for continuous variables. STATA version 15 programs will be used to perform statistical analyses.

RUSULTS: 44 ALL patients currently recruited, 21 ALL samples currently sequenced. Translocations identified in 8 samples BCR - ABL1 rearrangement from the NGS against 3 from q-PCR of the same group patients. Target ID T00653 breakpoint A chr22:23524426, breakpoint B chr9:133729451, currently on going with Imatinib management. 11 mutations deletions of the somatic variants JAK2, CREBBP, no identified somatic variant of interest IKZF1 mutation.

CONCLUSIONS: Inform on the most frequent mutations in ALL, currently unknown in Tanzania and understanding molecular profile whether they correlate with poor or good outcome in ALL for targeted therapies.

HEPATOCELLULAR CARCINOMA IN THE HEPATITIS B VACCINATED AND NON-VACCINATED AGE GROUPS IN THE GAMBIA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: Hepatitis B vaccination was started in The Gambia in July 1986 and nationwide coverage was achieved in February 1990. We assess the differences in the features of HCC in both the Hepatitis B vaccinated and non-vaccinated age groups in The Gambia.

METHOD: Patients with suspected HCC referred to the main liver clinic at the Medical Research Council, Gambia Unit (MRCG) were recruited from June 2011 to September 2019. The diagnostic criteria for HCC comprised of ultrasound demonstration of liver mass ≥ 2 cm with or without clinical features combined with alpha-fetoprotein (AFP) level of ≥ 200 ng/ml and/or histopathological confirmation. Clinical, radiological, fibroelastography and laboratory data were collected in all patients. Kaplan -Meier, univariate and multivariate cox regression analyses were used to assess factors related to survival in these patients.

RESULTS: Five hundred and forty two patients were recruited into the study. The majority (91.3%) of the patients were in the non-vaccinated age group and most (88.8%) were born in The Gambia. Those born outside The Gambia were mostly Senegalese, Sierreleonean, and Guineans. The patients in the vaccinated age group were much younger and less likely to be born in The Gambia. They were also more likely to have higher AFP levels, positive HBsAg and a lower creatinine level as compared to those patients in the non-vaccinated age group. There was no difference in clinical manifestations, Liver Function tests and median survival.

CONCLUSIONS: The early introduction of Nationwide Hepatitis B vaccination in 1990 into the EPI program in The Gambia may have had a positive effect in the incidence of Hepatocellular Carcinoma in the vaccinated age group. Compared to neighbouring countries, The Gambia seems to be leading the path for Hepatitis B elimination. To strengthen these gains, a nationwide screening and treatment program needs to be implemented for those in the non-vaccinated age groups.

DEVELOPMENT OF CANCER TREATMENT DECISION INTERVENTIONS FOR AFRICA: CONTRIBUTIONS FROM HIGH INCOME COUNTRIES

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ORAL ABSTRACTS | DAY 2, SESSION ROOM 201/202, November 3, 2023, 9:00 AM - 10:00 AM

OBJECTIVE. African cancer patients with low education levels and health literacy, who may experience constrained in-consultation communication, are at risk of making poorly informed decisions. Vulnerable populations in high income countries (HICs) may experience similar barriers to healthcare decision-making as patients in Africa. With the dearth of African publications reporting on treatment decision support for cancer patients, we aimed to assess how well treatment decision support interventions (DESI) in HICs addressed vulnerable oncology patient decision needs.

METHODS. We conducted a mixed methods review of the effectiveness of DESIs to improve cancer treatment decision-making (quantitative studies) and patient experiences of the decision-making process (qualitative studies). Using the JBI convergent segregated method, we separately synthesized the quantitative and qualitative data and integrated both syntheses to identify synergies and gaps between DESIs and patients' decision needs.

RESULTS. We included 10 quantitative and 7 qualitative studies in the review. All the DESIs addressed patient-reported information needs. DESIs offered by healthcare staff were more effective than those self-administered, in improving knowledge of cancer and treatments. DESIs had variable effects in reducing decision conflict and did not result in more clinically appropriate treatment choices, reflecting the impact of social, cultural, and religious factors on decision outcomes. Patients reported significant emotional responses to the cancer diagnosis which affected information retention and processing. Patients valued talking to cancer survivor coaches or to social workers. No DESI included in-person counselling to address emotional, socio-economic, cultural, and religious impacts on treatment decision-making.

CONCLUSIONS. While DESIs addressed patient-reported information needs, they were less effective in reducing decision conflict and were limited in addressing vulnerable people's expressed preference for in-person coaching and support when making treatment decisions. Lessons learned from studies including vulnerable populations in HICs may provide a framework for a needs analysis when developing DESIs in Africa.

ANTICIPATED HEALTHCARE SEEKING PREFERENCES AND BEHAVIOUR FOR POSSIBLE BREAST CANCER SYMPTOMS AMONG WOMEN IN GHANA: A COMMUNITY-BASED CROSS SECTIONAL STUDY

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: Breast malignancy is the leading cause of cancer morbidity and mortality in Ghana. This study aimed to describe anticipated healthcare-seeking preferences and behavior for possible breast cancer (BC) symptoms and factors associated with anticipated help-seeking among women in fourteen (14) rural settings in Ghana.

Methods: This AORTIC and AACR-funded cross-sectional community-based study was conducted between February and April 2023. Data was collected from one randomly selected woman per household using the adapted African Women Awareness of Cancer breast tool. Anticipated help-seeking preference was dichotomized into orthodox and alternative providers while anticipated healthcare-seeking behavior was based on the timing, that is, early (≤ 1 week) and late (≥ 1 month). Data were analyzed using bivariate and multivariate logistic regression.

Results: Eight hundred and nineteen (819) women participated (mean age=40.8). Most women anticipated seeking care early (95.56%); 58.82% from an orthodox provider, and 41.18% from an alternative healthcare provider such as a community drug store, traditional or faith healer. Not having insurance [aOR:2.02; 95%CI=1.34-3.05], financial status [aOR:2.20; 95%CI=1.39-3.49], advice from a friend/family [aOR:3.59; 95%CI=2.30-5.63] distance to the health facility [aOR:1.57; 95%CI=1.05-2.34] significantly affected seeking care from an alternative provider. Women aged ≥ 50 years [aOR:0.53; 95%CI=0.29-0.93] and those married [aOR:0.48; 95%CI=0.30-0.76] were less likely to seek care from an alternative provider.

Conclusion: Addressing financial barriers by expanding health insurance coverage, reducing clinic costs, and tackling geographical inequities in access to care could support women in seeking timely appropriate care for possible breast cancer symptoms.

EVALUATION OF MOBILE PHONE OWNERSHIP AND USAGE AMONG RURAL COMMUNITY WOMEN TO INFORM MOBILE HEALTH INTERVENTION FOR BREAST CANCER CONTROL

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: In Ghana, breast cancer (BC) is the leading cause of cancer death partly due to late-stage at presentation. Eighty percent of women report waiting 8-15 months after identifying a change in their breasts. Providing information and services on health through mobile phone devices is a direct and effective way to change people's actions toward health. The patterns of mobile phone ownership and use among women in rural communities of Ghana are not well described, and our understanding of its link with breast screening is nascent. This study examined access to and use of mobile phones and willingness to participate in mobile health interventions to inform the development of a digital health intervention for BC screening.

Methods: A cross-sectional study funded by AORTIC and AACR was conducted among 705 women in fourteen rural communities of Ashanti region, Ghana, between February and April 2023. Data were collected from one randomly selected woman per household using a structured validated tool.

Descriptive analysis and multivariate logistic regression were performed using STATA version 14.

Results: Mean age of participants was 40.8. Mobile phone ownership (98.01%) and reported daily use (95.60%) were high among women. Cell phones (57.59%) and smartphones (48.98%) were the predominantly owned devices. Websites were commonly used to chat with friends and families (33.45%), search for general health information (10.35%), and breast screening (3.12%). Most women were comfortable receiving information about BC and its screening (89.79%) and appointment schedule for clinical breast examination (CBE) (89.65%) via SMS text messages. Women with secondary education were more willing to receive text messages on BC and screening practices [aOR=2.28; CI=1.16-4.49] and prompts for CBE appointments [aOR=2.28; CI=1.17-4.46].

Conclusion: There is high feasibility for digital health interventions for BC awareness and screening delivered via mobile phones to women in rural Ghana.

UTILIZATION OF THE CHAMPION HEALTH BELIEF MODEL TO DETERMINE THE BELIEFS AND BEHAVIOURS OF GHANAIAN WOMEN TOWARDS BREAST CANCER SCREENING

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: Breast malignancy remains the commonest cancer among women worldwide, and the leading cause of cancer death among women in sub-Saharan Africa. Breast self-examination (BSE) and clinical breast examination (CBE) provide a cost-effective way of ensuring the early detection and treatment of the disease. This study aimed to examine the extent to which the Health Belief Model (HBM) predicts women's breast cancer screening behaviors.

Methods: This cross-sectional community-based study, funded by AORTIC and AACR was conducted between February and April 2023 in fourteen rural communities of Ashanti region, Ghana, involving 695 women. Data were electronically collected from one randomly selected woman per household using an adapted Breast Cancer Awareness Measure (BCAM) tool and the Champion Health Belief Model Scale. Bivariate and multivariate logistic regression were performed using STATA version 14.

Results: The mean age was 40.8. Overall, the prevalence of BSE and CBE was 58.49% and 15.11%, respectively. Low perceived susceptibility [aOR:0.59; 85%CI=0.35-0.99] and high perceived self-efficacy [aOR:10.76; 95%CI=6.69-17.29] were the only constructs of the HBM associated with high BSE uptake. Older age had higher odds [aOR:3.41; 95%CI=1.58-7.35] while not being taught how to perform BSE was associated with lower odds of BSE uptake [aOR:0.14; 95%CI=0.08-0.22]. CBE uptake was significantly higher among women with higher perceived self-efficacy [aOR:2.54; 95%CI=1.56-4.13], those 50 years and older [aOR:2.39; 95%CI=1.03-5.52], and those who did not consider distance to the hospital as a problem [aOR:3.11; 95%CI=1.79-5.38]. CBE uptake was significantly lower among women without active health insurance coverage [aOR:0.53; 95%CI=0.31-0.89].

Conclusion: Rural-dwelling women need to be educated about how to perform BSE. Programs that provide regular accessible and scheduled CBE for women must be provided. Interventions aimed at improving BSE and CBE uptake must be tailored to the needs of younger women.

BUILDING MOMENTUM FOR ELIMINATION THROUGH THE NATIONAL CERVICAL CANCER AWARENESS MONTH: LESSONS AND WAY FORWARD

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: Cervical cancer is the leading cause of cancer deaths in Kenya. Following the WHO 2018 global call to action for its elimination, and in line with the National Cancer Control Strategy, the Ministry of Health and stakeholders in the STOP Cervical Cancer Technical Working Group (TWG) initiated commemoration of the National Cervical Cancer Awareness Month (NCCAM) in 2019. The objective was to highlight cervical cancer prevention as a public health priority, and to sensitize communities on the importance of early detection.

METHODS: NCCAM is commemorated every January under a theme identified by the TWG, and is rolled out in four phases: Inception, Mobilization and Awareness Phase, Action Phase, National Cervical Cancer Awareness Week (NCCAW), and Beyond January. Phase 1 involves county engagements, marking the Global Cervical Cancer Action Day (17th November), social mobilization and media advocacy; Phase 2 focuses on awareness and educational activities for the public (including social media) and healthcare workers (webinars); NCCAW is the climax, with free nationwide screening and vaccination, an advocacy training workshop for opinion leaders, a National Stakeholders' forum, a national launch event in a selected county and parallel county events. The final phase sustains the impact through client navigation and follow-up and continued advocacy and awareness.

RESULTS: Through NCCAM commemoration over the last 5 years, we have achieved progress in communication, advocacy & social mobilization through mainstream and social media, sensitized 6,878 health workers and 220 survivors and opinion leaders, screened 138,190 women in January (since 2020), and intensified vaccination and treatment of precancerous lesions. High Level stakeholder engagement has also been achieved.

CONCLUSIONS:

The NCCAM is an opportunity Kenya has taken to galvanize support for elimination through deliberate actions that lead to increased awareness and uptake of services, building robust momentum for elimination by 2030.

CERVICAL CANCER SCREENING & TREATMENT PROGRAM PERFORMANCE IN KENYA 2019-22: ACHIEVEMENTS, CHALLENGES & LESSONS LEARNT

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: Cervical cancer is the leading cause of cancer deaths in women and the second most common cancer in women with an age-standardized incidence rate of 40.1/100,000 cases annually (2018). In line with the WHO Global Strategy Towards the Elimination of Cervical Cancer as a Public Health Problem, Kenya sought to put in place an organized evidence-based set of interventions to halt the rising trend of the disease. This paper seeks to review the performance of the program over the last 3 years.

METHODS: A robust policy national framework was laid out to guide the with key documents including the Cancer Policy, Cancer Control Strategy, Cancer Screening Guidelines and Treatment Protocols. The Ministry of Health - National Cancer Control Program (NCCP), in collaboration with counties and Clinton Health Access Initiative (CHAI) and other partners conducted a HPV screening pilot using a near point-of-care approach in 2019; and a demonstration of an integrated sample referral network (including community-based HPV self-sampling) in 2021, along with the first scale-up phase of the screening program in 25 counties. Phase 2 of the scale up to the other 22 counties is ongoing. Investments were also made in improving data management, provision of thermal ablation devices, and in advocacy and awareness.

RESULTS: An upward trend in the screening rates has been observed since the start of the program as tracked through the KHIS. Screening Coverage 19.3 (2020), 34.9% (2021) and 44.3% (2022); Treatment Rate 24.7% (2020), 24% (2021), 25.2% (2022); VIA positivity rate 2% (2020), 3% (2021), 3% (2022); HPV positivity rate 12.4% (2020), 11.6 (2021), 13% (2022); cytology positivity rate 2.8 (2020), 2.8 (2021) and 10.2% (2022).

CONCLUSIONS: Though many challenges have been overcome in establishing a cervical cancer screening program in Kenya, numerous opportunities exist to improve the trends and fast-track progress towards elimination.

BREAST CANCER OUTCOMES DISPARITIES AT A MAJOR ONCOLOGY CENTRE IN NAMIBIA: AN ANALYSIS UTILIZING THE GLOBAL BREAST CANCER INITIATIVE FRAMEWORK

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: Breast cancer (BC) is the leading female cancer in Namibia, where its survival is suboptimal as in many Sub-Saharan African countries. To prioritize interventions to reduce BC mortality in this multi-racial country where inequalities remain high, identifying barriers to improved BC survival by various dimensions of disparities is needed. We examined racial disparities in survival of BC patients and in their cancer journey utilizing the WHO Global Breast Cancer Initiative (GBCI) framework.

METHODS: All Namibian women newly diagnosed with BC who presented at the Windhoek Central Hospital's oncology centre and were recruited into the African Breast Cancer – Disparities in Outcomes cohort study between September 2014 and October 2016 were included. We examined three-year survival using Cox models and summary statistics to describe women's BC pathway, including each GBCI pillar Key Performance Indicator: (i) early stage (TNM I/II) diagnosis (benchmark: ≥60% of women), (ii) "prompt diagnosis" (i.e., within 60 days of first healthcare provider visit (benchmark: 100% of women), and (iii) completion of recommended multimodal treatment (i.e., surgery plus chemotherapy) (MT) (benchmark: ≥80% of women). Analyses were stratified by racial group (Black African, Mixed Ancestry, and White women).

RESULTS: Of 405 women, 74%, 12% and 14% were Black, Mixed ancestry, and White, respectively. Black women had the lowest three-year survival (60% v 80% in Mixed ancestry and 89% in White women) and were less likely (i) to be diagnosed at an early stage (37% v 76% v 75%, respectively), (ii) to have a timely diagnosis (60% v 71% v 83%, respectively), and (iii) to complete MT (53% v 61% v 62%, respectively).

CONCLUSION: The marked racial disparities in BC survival are due to specific domains that should be strengthened to improve BC survival in Namibia: stage-shifting in black Namibian women and MT completion in all women.

ROLE OF RECENT BIRTH ON BREAST CANCER PROGNOSIS IN SUB-SAHARAN AFRICA

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ORAL ABSTRACTS | DAY 3, SESSION 1, SESSION ROOM 205, November 4, 2023, 9:00 AM - 10:00 AM

OBJECTIVE: In Sub-Saharan Africa (SSA), average parity is high and age at last birth late. Thus, recent pregnancy, which is associated with a transitional increase in breast cancer (BC) risk, affects a relatively high proportion of pre-menopausal women. Although recent birth has been associated with lower BC survival in high-income countries, its role as prognostic factor has not been studied in SSA. We examined whether recent birth was associated with BC survival in SSA.

METHODS: We included all pre-menopausal women with incident BC recruited in the African Breast Cancer – Disparities in Outcomes (ABC-DO) cohort study between September 2014 and December 2017. We used Cox models adjusted for confounders (age, stage, treatment, HIV, education, and social factors) to determine whether (i) recent birth ≤ 3 years prior to diagnosis or (ii) pregnancy-associated BC (PABC) (i.e., ≤ 1 year) were associated with overall survival. In Namibia, where immunochemistry was routinely available, we investigated whether tumour subtype mediated this association.

RESULTS: Of 749 pre-menopausal women, 209 (28%) had a recent birth, and 90 (12%) PABC. Four years after BC diagnosis, 416 (56%) had died (recent birth: 67%; PABC: 68%). Women with a recent birth or PABC had higher mortality rates (respectively HR=1.52, 95%CI: 1.20, 1.92; and 1.64 (1.20, 2.24)), and two-fold higher odds of hormonal receptor negative BC than the other women. In Namibia, the recent birth-mortality and PABC-mortality associations were slightly attenuated by tumour subtype. There was no evidence of effect modification by tumour subtype.

CONCLUSION: In SSA, recent birth is associated with lower BC survival, whose effect is strongest closer to the pregnancy, possibly due to promotion of more aggressive subtypes. Raising awareness in mothers at ante/postnatal care, supporting women through treatment and training healthcare providers to better detect BC symptoms around the pregnancy period are needed to improve BC survival.

GENOME-WIDE ASSOCIATION STUDY IDENTIFIES COMMON VARIANTS ASSOCIATED WITH BREAST CANCER IN SOUTH AFRICAN BLACK WOMEN

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ORAL ABSTRACTS | DAY 3, SESSION 3, AUDITORIUM, November 4, 2023, 3:20 PM - 3:50 PM

Context : Breast cancer (BC) is the second most common cancer in South African black women. The contribution of common genetic variants to BC risk is well studied in non-African populations. However, little is known about their role in BC susceptibility in resident African populations, and there are no published genome-wide association studies (GWAS) on BC in sub-Saharan Africa (SSA). **Methods :** We carried out a GWAS in 2,573 black female BC patients from the Johannesburg Cancer Study (JCS) and 1,107 population-matched, female controls from the AWI-Gen study and JCS. All participants were from Soweto, Johannesburg, South Africa. Samples were genotyped on the H3Africa Illumina SNP array, with imputation to 17M SNPs. In addition to quality control measures, we corrected for population structure using principal components 1-5 and removed participants with significant East Asian and European ancestry. **Results :** Several variants were associated with BC ($p < 5 \times 10^{-8}$), including locus not previously associated with BC, suggesting that it may be an African specific risk locus. We tested polygenic risk scores (PRS) in our study using 201 SNPs selected from an established BC PRS developed in European populations and determined that non-African PRS transferred poorly to African populations. **Conclusions :** The results of our study suggest that there may be African-specific genetic risk factors for African BC, and that large genome-wide studies in continental African populations

CANCER IN AFRICA IN 2022: ESTIMATES OF THE NATIONAL BURDEN, DATA GAPS AND FUTURE NEEDS

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Cancer in Africa in 2022 and 2040: estimates of the national burden, data gaps and future needs

OBJECTIVE: The cancer burden is rising in Africa. There is a need to understand the changing scale and profile of cancer on the continent in the 54 constituent countries to drive cancer action.

METHODS: New cancer cases and deaths were extracted from IARC's GLOBOCAN database for the year 2022 alongside predictions for 2040 (to be launched in October 2023). The estimates will be augmented with recorded incidence from IARC's Cancer Incidence in Five Continents series and survival from the SURVCAN-3 project.

RESULTS: Preliminary estimates indicate there were close to 1.2 million new cancer cases and 800,000 cancer deaths in Africa in 2020. Cancers of the female breast (>200,000 cases) and cervix (125,000 cases) were in combination responsible for 1 in 4 cancers diagnosed in both sexes. These two cancers were the most common cancers in Africa, with a respective 26 and 17 countries where they ranked in first position. In males, prostate cancer led in terms of incidence (99,000 cases), followed by liver (46,000 cases) and lung cancer (37,208 cases). Prostate cancer was the leading incident cancer in men in the majority (46) of countries. Female breast cancer was the leading form of mortality overall, followed by prostate cancer. In the absence of changes in cancer incidence and mortality rates, there will be over 2 million new cases in Africa by 2040

CONCLUSIONS: The estimates indicate marked geographic variations in the major cancers across the continent. Rational cancer control planning however requires that capacity is built in data production, analysis, and interpretation within the countries themselves. Cancer registries provide critical information in this respect, and there is an overwhelming for investment in such systems.

DE-ESCALATING AXILLARY SURGERY IN NIGERIA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: This study aims to evaluate the feasibility and efficacy of pre-operative axillary ultrasound (aUS) and single agent sentinel lymph node biopsy (SLNB) to stage the axilla in women converted from cN1 to cN0 disease after neoadjuvant chemotherapy (NAC) in a low-resource setting with limited access to radionuclide facilities.

METHODS: This is a phase II, single arm, trial. Research ethics board approval (IRB#0004553) has been obtained. Women aged 18-70 years, with biopsy proven invasive breast carcinoma and cN1 disease are eligible. Consenting participants will have an aUS, biopsy and clip of the most suspicious node prior to initiation of NAC. Patients who are clinically down-staged to cN0 status will have a second aUS. A SLNB will be performed using methylene blue, followed by ALND (institutional standard). Sentinel lymph nodes will be defined as: containing blue dye, palpable, and/or deemed suspicious by the surgeon. Post-operative radiographs will be obtained to determine the location of the clipped node (i.e. sentinel lymph node vs. axillary contents). Pathological assessment of the sentinel, clipped and remaining axillary lymph nodes will provide granular data on residual cancer status and staging performance of the aUS and single-agent SLNB.

RESULTS: The primary endpoint is the false negative rate (FNR) of pre-operative aUS and single agent SLNB. Secondary endpoints include: pCR rate to NAC and FNR of the clipped axillary lymph node. We anticipate that single-agent SLNB alone will have a FNR $\geq 10\%$, however, when combined with a negative pre-operative aUS, the false negative rate will fall below the efficacy threshold of 10%.

CONCLUSIONS: Our data demonstrates that there is a high incidence of locally advanced, potentially chemotherapy sensitive (triple negative) breast cancer in Nigeria. In the absence of radionuclide localization, there is a significant opportunity to examine the efficacy of other cost-effective approaches to de-escalate axillary surgery.

CURRENT SITUATION OF END OF LIFE IN CHILDREN AND ADOLESCENT WITH CANCER AT TERTIARY PEDIATRIC ONCOLOGY UNIT

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Background:

Children in LMIC have low cure rates and high death rates making palliative care relevant in a pediatric oncology unit (POU). Since 2018, the French African Pediatric Oncology Group, Pallia famili and the University has been collaborating with our Unit to improve care and early integration of palliative care. the aim of this study is to assess the current situation of end of life of children and adolescent with cancer.

Methods:

We performed a retrospective cohort study of children and adolescent with cancer treated at Kinshasa University Hospital between 2016 and 2022 and studied the referral pattern, clinical characteristics, services provides and outcomes.

Results:

Among the 575 patients admitted in POU, a total 199 patients was referred to palliative care team. The median age at diagnosis was 6.5 years. Socio-economic factors were as follow: Kinshasa residence: 68. 3%. Low socio-economic level: 80.9%%. Care costs covered by families: 92.5 %. The commonest diagnosis was leukemia (18. 8%). The median time between referral and death was 57days. The median number of hospital admission was 1(Range 0-4).

One hundred and two (51. 3%) patients were referred at diagnosis, 19.6 % after abandoned curative treatment and 12% after relapse.

After referral, cancer-directed therapy was maintained in a majority (64%) of patients: metronomic chemotherapy (40.5%), continued intensive chemotherapy 17.5 %, including 15% during the last month of life) and palliative surgery (6%).

Regarding symptom management, 40.7 % received psychotherapy, 38.2% morphine, and 27.7% anxiolytics. 12.1% were cared for at home, but only 2.7 % ultimately died at home.

Conclusion:

The field of palliative care, particularly pediatric, has recently emerged in DRC. This study within the pediatric oncology department, also an emerging specialty, constitutes a unique inventory essential to improving practices, including structured palliative approach.

Key Words: End of life, Symptom, management Children, Cancer, Kinshasa

"MY HEART WAS IN PAIN': EXPLORING THE PSYCHOLOGICAL EFFECTS OF CANCER ON PATIENTS AND GUARDIANS RECEIVING TREATMENT IN MALAWI

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Malawi has a high cancer incidence and mortality. A cancer diagnosis and chemotherapy and/or radiation treatment significantly affect the quality of life (QOL) which may lead to psychological conditions for adults with cancer. Family caregivers play an important role in promoting QOL, well-being, and quality of care for adults with cancer. However, they are also affected psychologically by the cancer diagnosis and care for the patient. To better understand this, we explored the effects of cancer on patients and guardians using the WHO Quality of Life (QOL) domains.

Methodology

We conducted an exploratory qualitative study with 15 patients and guardians receiving treatment or caring for patients at the cancer center. A semi-structured interview guide was developed using the WHOQOL domains to explore the effects of cancer on QOL for both patients and guardians. All interviews were audio-recorded, transcribed, and translated into English for analysis. Themes were coded and summarized using memos and matrices.

Results

This study found that both patients and guardians experienced psychological distress in the form of anxiety, depression, and helplessness mainly due to the cancer diagnosis, physical side effects of treatment, and economic impact on the family. They all expressed fear of death since cancer mortality rates are high in Malawi and they were uncertain of their treatment prognosis. Many mentioned other patients dying during their treatment course. Most of the guardians expressed a lack of knowledge on the disease and how to handle treatment side effects due to inadequate education and some expressed fear of contracting the disease from the patient when providing care.

Conclusions

Providing more information about the cancer diagnosis and continuous psychosocial support throughout the treatment period is critical to both patients and guardians to mitigate fear and improve QOL

EVALUATION OF IONIZING RADIATION PROFILE IN HOT-LAB OF NUCLEAR MEDICINE DEPARTMENT TO ELIMINATE UNDUE RADIATION PHOBIA OF TECHNOLOGISTS CANCER HOSPITAL

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: The risks related to the radiation exposures cannot be eradicated, but can be minimized by implementing radiation safety culture in the hot-labs. This study aimed to measure background radiation levels in hot-laboratory, arguably the area with the highest radiation level, where all radiopharmaceuticals are prepared in a cancer hospital. **Methods & Materials:** Ten distinct locations inside the hot-lab were periodically monitored with a pre-calibrated RM1001-RD LAMSE radiation survey meter for the period of one year. Daily dose rates were recorded and AEDR was calculated using standard notations. **Results & Discussion:** The dose rates on selected points were found ranging from 0.12 to 0.21 $\mu\text{Sv/h}$ while the Annual Effective Doses were found a maximum rate of 1.47 ± 0.04 mSv/y and minimum 0.85 ± 0.03 mSv/y. These findings show t-test values with a level of significance of 5% ($P < 0.05$). It is concluded that the dose rates in our setup are negligible as per the NRC dose limit of 20 $\mu\text{Sv/h}$ and AEDR is about 58% of the radiation limit of 2.4 mSv/y recommended by UNSCEAR. **Conclusion:** Therefore, the hot-lab technologist is radio-biologically safe inside hot-lab with this setup having strict compliance with radiation protection protocols. This study give some findings about undue radiophobia in the hot-lab technologists worked in the Nuclear Medicine departments of cancer hospitals.

OUTCOMES FROM THE AMPATH BREAST AND CERVICAL CANCER CO-SCREENING PROGRAM (ABCCCP) IN WESTERN KENYA

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ORAL ABSTRACTS | DAY 3, SESSION 2, SESSION ROOM 203, November 4, 2023, 9:00 AM - 10:00 AM

OBJECTIVE: Breast and cervical cancer have high mortality in sub-Saharan Africa (SSA). Co-screening women in SSA for both cancers is an often recommended mechanism to reduce mortality, however few studies have evaluated co-screening interventions.

METHODS: ABCCCP is a co-screening program supported by the Academic Model for Providing Access to Healthcare (AMPATH), a collaboration between Moi University School of Medicine, Moi Teaching and Referral Hospital (MTRH) and a consortium of North American universities, as well as Lilly Foundation. Breast cancer screening was conducted as clinical breast exam (CBE) with referral for biopsy while cervical cancer screening was conducted with a “screen and treat” approach using visual inspection with acetic acid (VIA), cryotherapy/LEEP and referral for biopsy. We conducted a retrospective chart review of women ≥ 18 years who presented to any of the 13 ABCCCP sites for screening from January 2017 to December 2022. Basic descriptive statistics were used to analyze data. The MTRH Institutional Research and Ethics Committee approved this study.

RESULTS: In total 113,525 women received screening of which 64,614 (57%) received co-screening, 42,232 (37%) cervical cancer screening alone and 6,679 (6%) breast cancer screening alone. Most women were young (64.4% age 18-40) and never had CBE (51.3%) or VIA (89.6%) previously. Of 71,293 women who underwent CBE, 2932 (4.1%) had abnormal CBE and, of those, 1192 (40.1%) underwent recommended biopsy with 715 (60%) having confirmed breast cancer. Of 106,846 women who received VIA, 5205 (4.8%) had positive VIA and, of those, 1510 (29%) underwent biopsy with 416 (27.5%) having confirmed cervical cancer.

CONCLUSIONS: ABCCCP reached a large population of women in western Kenya and can inform scale up of co-screening interventions in SSA. However, low rates of recommended breast biopsy receipt highlight the need for future co-screening interventions to provide decentralized confirmatory diagnostics and improved linkage to care.

DISPARITIES IN CERVICAL CANCER SURVIVAL BY PROVINCE AND HIV STATUS IN RWANDA (2016-2020)

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background

Cervical cancer (CC) is the second most common cancer in terms of incidence and the leading cause of cancer death in Rwandan women. This study examined the five-years incidence and survival of CC among women living with and without HIV infection in Rwanda.

Methods

Data from the Rwanda National Cancer Registry between 2016 and 2020 were analyzed retrospectively. The description of women with CC in Rwanda according to their HIV status was performed using proportions and frequencies. Analysis of events over time was performed using date at CC diagnosis and time to last contact using the Kaplan-Meier's curve by HIV status, stage and province. The Cox proportional hazards method was used to explore the hazards of dying from CC among HIV-infected women by age, province, and stage of diagnosis.

Results

Out of the 2483 new CC cases in the study period, 32.3% were HIV-uninfected, 8.0% were HIV-infected, and 59.7% had unknown HIV status. Among women whose HIV status was known, one-fifth (20%) of HIV-negative women died from CC, compared with two-thirds (66%) of HIV-positive women. HIV infected women with CC were almost 2.43(1.83-3.22) times more likely to die compared to HIV uninfected women. Additionally, it was discovered that women residing in South and provinces of Rwanda had a nearly two-fold (1.90(1.12-3.25) & 1.82(1.04-3.18)) greater risk of dying from CC than those living in the city of Kigali.

Conclusion

The study highlights marked disparities in cervical cancer survival in HIV status and by province of residence. Focused interventions must be implemented in order to improve the chances of survival for women infected with HIV and those living in Rwanda's south and west provinces. Overall, the findings of this study provide valuable insights that could inform public health policies aimed at reducing disparities in the burden of CC survival in Rwanda.

CLOSING THE GAP IN ACCESS TO QUALITY CANCER CARE THROUGH PARTNERSHIPS

Bussmann-Kemdjo S¹, Mumukunde M¹

¹City Cancer Challenge C/Can

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE

Evaluate and review the model of C/Can in closing the gap in access to quality cancer care in cities through partnerships.

METHOD

One of the foundational steps in the C/Can process is a data-driven needs assessment to identify key gaps and opportunities for improving access to quality cancer care. Professionals in cities from both public and private sectors analyzed the gaps and plan for solutions which include map out the availability of partners. An average of 200 healthcare professionals from 38 institutions and 50 patients were involved in the process. The City Executive Committee convenes a multi-disciplinary Technical Committee with expertise in the quality, management and delivery of cancer care.

RESULTS

As a result of needs assessment, there is a few findings in quality of cancer care sessions that were common in both Kumasi and Kigali included: limited equipment and facilities that are often poorly maintained; no comprehensive cancer services in the city; no national essential medicine list including palliative care medicines; limited human resources in cancer care including for nuclear medicine, surgery, medical oncology, radiation oncology, and palliative care; poor insurance coverage for cancer; multidisciplinary team meetings not routine practice; cancer registry unit not properly integrated into the health system; no electronic medical record system; delays due to doctor-patient ratio and financial constraints make it difficult for patients to receive comprehensive care. Solutions planning is owned by the city stakeholders, and supported by C/Can and its network of external experts from C/Can partners.

CONCLUSION

C/Can encourage city-led approach in identifying the needs and planning the solutions which are delivered through projects. The Foundation brings the expertise of its partner institutions to the cities through a partnership approach to contribute in an attempt to close the gap in cancer care in cities.

THE CONTRIBUTION OF NURSES IN EARLY DETECTION OF BREAST CANCER IN CAMEROON

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

INTRODUCTION

Compared to global figures, breast cancer mortality to incidence ratio is worst in Sub Saharan Africa where about 80% of patients present with locally advanced and metastatic disease at diagnosis. Late disease presentation is attributed to: poor awareness, absence of organized early detection programs, and inadequate facilities for accurate and timely diagnosis and treatment. Our objective was to investigate the role that nurses involved in cervical cancer screening/prevention can play in early detection of breast cancer in Cameroon.

Method: The nurses involved in cervical cancer screening/prevention in a large faith-based healthcare organization called the Cameroon Baptist Convention Health Services (CBCHS) were trained to do clinical breast exams (CBE) for women 21years and also trained on breast tissue collection for pathology processing and examination. Clients with abnormal breast findings were provided Fine Needle Aspirations (FNA), TruCut biopsies or referred for ultrasound and/or mammography depending on the clinical presentation.

Results: Between January 2020 and December 2022, a total of 16,038 women age range (14-99) years were provided CBE with a mean and median age of 40.4 and 39 respectively. Among these, 750(4.7%) had abnormal findings. Among those with abnormal findings, 397(52.9%) had breast masses for which 213 (53.7%) had TruCut biopsies and FNA and the others were either referred or had previously established diagnosis. From the 213 Tru-Cut biopsies and FNA's done, 76(35.7 %) showed a pathology diagnosis of invasive breast cancer while the others showed: acute mastitis 3(2.9%), fibroadenoma 25(11.7%), benign mass 83(39.0%), non-diagnostic 12(5.6%) and other diagnosis 19(8.9%)

Conclusion: Nurses can play a key role in early detection of breast cancer if they are trained and this can greatly reduce the number of women seen at late stage disease and also reduce mortality rates.

LYMPHOMES CUTANES AU SERVICE D'HEMATOLOGIE CLINIQUE DU CENTRE HOSPITALIER NATIONAL DALAL JAMM

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIF: Les localisations extra-nodales cutanées restent les plus fréquentes au cours des lymphomes à côté des atteintes digestives. L'objectif de notre travail est de décrire les aspects épidémiologiques, diagnostiques et évolutifs des localisations cutanées au cours des lymphomes
METHODOLOGIE: Nous avons mené une étude rétrospective descriptive au service d'hématologie clinique du Centre Hospitalier National Dalal Jamm, de septembre 2016 à juin 2021. Etaient inclus les patients qui présentaient un lymphome avec une atteinte cutanée primitive ou non. Les aspects épidémiologiques, diagnostiques, pronostiques et évolutifs ont été recueillies sur un fichier Excel et analysées avec le logiciel R version 4.1.3

RESULTATS: Les lymphomes cutanés représentaient 21,9% des atteintes extra-nodales. L'âge moyen était de 51 ans \pm 12 et le sex-ratio de 1,25. Un antécédent dermatologique était retrouvé chez 2 patients. La présentation clinique était polymorphe (nodules, papules, macules, ulcères), les lésions nodulaires étant les plus fréquentes (44,5%) et plusieurs types de lésions pouvant coexister chez un même patient. L'atteinte cutanée était diffuse chez 6 patients, bifocale (tête et tronc) chez 1 patient et uni focale chez 2 patients (cuir chevelu=1, cuisse droite=1). Il s'agissait de lymphome cutané primitif dans 88,9% et d'atteinte cutanée au cours de la maladie disséminée dans 11,1%. Il s'agissait exclusivement de lymphomes non hodgkiniens dont 1 de type B centro-folliculaire et 8 cas de lymphomes T. Parmi les entités pathologiques, on retrouvait le lymphome T anaplasique chez 2 patients et le syndrome de Sezary chez une patiente. Le pronostic était défavorable dans 33,4% des cas et nos patients ont bénéficié d'une polychimiothérapie de type CHOP dans 55,5% associée au Rituximab chez 1 patient. La survie médiane était de 10,4 mois

CONCLUSION: Les lymphomes T restent rares dans nos pratiques et sont le plus souvent de phénotype T. La polychimiothérapie reste le principal traitement utilisé dans nos contrées

PROFIL EPIDEMIOLOGIQUE DES HEMOPATHIES MALIGNES AU SERVICE D'HEMATOLOGIE CLINIQUE DU CENTRE HOSPITALIER NATIONAL DALAL JAMM

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIF: En Afrique, particulièrement au Sénégal, peu de données sont disponibles à propos des hémopathies malignes. L'objectif de notre travail est de dresser le profil épidémiologique de pathologies .

METHODES : Nous avons mené une étude rétrospective descriptive et analytique de Septembre 2016 à Décembre 2021 au service d'Hématologie Clinique du Centre Hospitalier National Dalal Jamm. Etaient inclus les patients chez qui une hémopathie maligne a été diagnostiquée selon les critères en vigueur. Les données épidémiologiques et diagnostiques ont été recueillies sur Excel et analysées avec le logiciel R

RESULTATS : Nous avons colligé 694 cas d' hémopathie maligne. L'âge moyen était de 48,6 ans \pm 18,24 et le sex-ratio de de 1,26. On retrouvait les syndromes myéloprolifératifs chroniques dans 32,4%, les syndromes lymphoprolifératifs chroniques dans 61,1%, les leucémies aiguës dans 5,3% et les syndromes myélodysplasiques dans 1,2% des cas. La leucémie myéloïde chronique était l'hémopathie maligne la plus fréquente (26,4%), suivie du myélome (25,8%). Au sein des LNH, l'immunohistochimie permettait de retrouver le lymphome B diffus à grandes cellules comme entité la plus fréquente (32,6%), suivi du lymphome folliculaire (14%). Le lymphome de Hodgkin était retrouvé dans 13,5% des cas. Il s'agissait de la forme nodulaire à prédominance lymphocytaire dans 8,5% et de la forme classique dans 91,5% dont 73,3% pour le sous-type scléro-nodulaire. Une exposition aux toxiques était présente dans 24,1 %. Il s'agissait le plus souvent de pesticides dans 56% et de tabac dans 20,4%. Cette exposition était par ailleurs plus fréquente au cours du myélome multiple (26,5%). Par ailleurs, ces pathologies étaient diagnostiquées à des stades avancés dans 62,8% des cas.

CONCLUSION: Nous retenons que les hémopathies malignes étaient dominées par les syndromes lymphoprolifératifs chez des sujets de la cinquantaine, présentant fréquemment une exposition aux produits toxiques. Leur diagnostic est tardif dans nos pratiques.

COOPERATION ENTRE LE CENTRE NATIONAL D'ONCOLOGIE ET L'AIEA

Cheibetta M¹

¹Dr Ahmedou Tolba

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

COOPERATION ENTRE LE CENTRE NATIONAL D'ONCOLOGIE ET L'AIEA

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Résumé

1- Introduction :

Le Centre National d'Oncologie est un établissement public à caractère administratif, la seule structure existante en Mauritanie spécialisée dans la prise en charge du cancer dont la mission est thérapeutique, diagnostique, la prévention et la recherche dans le domaine de cancérologie. Le CNO comprend trois services qui utilisent des rayonnements ionisants et des sources radioactives. La coopération fructueuse avec l'AIEA nous a permis d'avoir un personnel national formé ainsi que des équipements de contrôle de qualité et des Accessoires de traitement.

2- Matériels et méthodes :

a- Radiothérapie :

- Halcyon 2.0, - Clinac - Eclipse 15.6, -HDR (Ir 192) et -un scanner GE .

b- Médecine Nucléaire:

- SPECT-CT, -un laboratoire chaud -3 activimètres.

c- Radiologie:

Un Scanner 32 barrettes Siemens, -un Table de radiologie standard, -un échographe général Electric, - mammographie.

3- Résultats :

La coopération fructueuse avec l'AIEA nous a permis dans le cadre des projets de coopération national de former un personnel national comporte 05 radiothérapeutes, 03 physiciens médicaux pour la radiothérapie, 08 techniciens supérieurs de radiothérapie, 02 médecins nucléaires, 03 physiciens nucléaires, 2 radio pharmacien et 03 techniciens de médecins nucléaires ainsi des bourse de courte durée, des matériels des contrôle de qualité, accessoires de traitement et des visites des experts

4- Conclusion :

Cette coopération fructueuse nous permet de améliorer et maintenir la qualité de la réalisation du traitement et du diagnostique d'un millier de patients reçus chaque année au CNO, plus de 90 % de ces malades sont indigents et leur prise en charge sont totalement prise en charge par l'état.

EFFECTIVENESS OF QUADSHOT IN ADVANCED CERVICAL CANCER PATIENTS TREATED AT THE RADIOTHERAPY DEPARTMENT OF TIKUR ANBESSA SPECIALIZED HOSPITAL-PROSPECTIVE COHORT STUDY

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ORAL ABSTRACTS | DAY 5, SESSION 1, HALL 3, November 6, 2023, 9:00 AM - 10:00 AM

ABSTRACT

Objective: Cervical cancer is the fourth most common cancer and the fourth leading cause of cancer death in women. Most patients present with advanced stage and curative treatment is not suitable. The aim of this study was to assess the effectiveness of symptom relief and treatment related toxicity in advanced stage cervical cancer patients treated with the QUADSHOT regimen.

Methods: This prospective cohort study accrued patients with advanced cervical cancer deemed unsuitable for radical (chemo) radiation due to advanced age, metastatic disease and/or patient refusal between February and November 2022. Patients were treated with QUADSHOT radiotherapy regimen 3.7Gy per fraction twice a day, 6hr apart on Saturday and Sunday only, every 21 days, to a total dose of 44.4Gy. Symptom response at 2months, 3months and 6months after treatment and associated acute and late toxicity were assessed.

Results: The mean age of the 53 enrolled patients was 56 (SD 10). The majority (81%) of patients had stage IIIB-IVB disease. Due to machine failure, 17% of patients did not complete the QUADSHOT regimen (minimum 29.4 Gy completed). Of the 50 patients assessed at 2 months, 86% had complete response (CR) from vaginal bleeding, 72% from discharge and 50% from pain. At the 3rd-5th month (46 patients assessed.), CR rates were 91%, 80%, and 63%, respectively. At the sixth month (19 patients assessed), CR rates were 94%, 89%, and 68%, respectively. There was no grade 3 or higher acute toxicity. Late grade 3 genitourinary complications were observed in 4 (7.5%) patients. There was no late grade 3 gastrointestinal complication.

Conclusion QUADSHOT hypofractionated radiation regimen is effective in providing rapid symptom relief for patients with advanced cervical cancer, with minimal toxicities. In settings with restricted resources, the QUADSHOT regimen can be safely recommended to patients with advanced cervical cancer for palliative purposes.

EPIDEMIOLOGICAL RISK FACTORS FOR AFRICAN OESOPHAGEAL SQUAMOUS CELL CARCINOMA IN SOUTH AFRICA: A CASE-CONTROL COMPARISON FROM THE JOHANNESBURG CANCER STUDY

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objectives

Oesophageal squamous cell carcinoma (OSCC) accounts for 85% of the global oesophageal cancer incidence and is predominant in developing countries with a high disease burden in sub-Saharan Africa. Clinical presentation of OSCC in South Africa is often late and the prognosis is poor, with a median survival of ~3.7 months. The aetiology of OSCC is complex, with several epidemiological risk factors, such as tobacco smoking and alcohol consumption associated with disease risk. Our study aimed to assess the epidemiological risk factors associated with OSCC in the Johannesburg Cancer Study (JCS).

Methods

Sex-stratified univariate logistical regression models were used to identify risk factors of interest. Thereafter, multivariate logistical regression models were performed to assess the contribution of tobacco smoking, alcohol consumption, age, exposure to indoor smoke, areas of residence and education levels to OSCC risk.

Results

In this study 1,357 histologically confirmed OSCC patients and 2,375 ethnically matched, exposure factor-independent cancer-controls were included. In the multivariate regression model, age ($P<0.000$), past ($P=0.006$) and current ($P<0.000$) tobacco smoking, and rural residence ($P=0.001$) were associated with increased OSCC risk in men. In women, age ($P<0.000$), current smokers ($P<0.000$) and rural residence ($P<0.000$) were associated with increased OSCC risk. Higher educational levels in women were associated with reduced risk for OSCC. No association of alcohol consumption with OSCC risk was observed.

Conclusions

Both past and current tobacco smoking remains the primary epidemiological risk factor for OSCC in this South African population, along with rural areas of residence. This is similar to previous findings from other African countries. Interestingly, there was no association with alcohol consumption. The proportion of variance observed by our models cannot account for the high disease burden. We hypothesize there may be other risk factors for OSCC not yet identified.

SURVIVAL AFTER DIAGNOSIS OF ESOPHAGEAL SQUAMOUS CELL CARCINOMA IN MALAWI

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: Esophageal cancer is the second commonest cancer in Malawi, with esophageal squamous cell carcinoma (ESCC) representing >90% of all esophageal cancers. Despite significant morbidity and mortality, little is known about disease outcomes. We assess survival after ESCC diagnosis in Malawi.

METHODS: We report on ESCC cases enrolled in a case-control study at Kamuzu Central Hospital in Lilongwe from August 2017 to April 2020. Suspected cases completed a questionnaire interview, provided blood, urine, and saliva specimens, and underwent a tumor biopsy for histologic confirmation. We evaluated overall survival for cases only. Cases were followed up by phone every two weeks from enrollment to the planned study end date (31 December 2020), date of death, or loss to follow-up. Survival was assessed using Kaplan-Meier analysis with the log-rank test. We also examined associations between treatment and ESCC mortality using Cox regression models.

RESULTS: There were 300 ESCC patients enrolled during the study period, of whom 290 (97%) had known vital status at the end of follow-up and 10 (3%) were lost to follow-up. Among the 290 patients, 282 (97%) died during follow-up. The median age at enrollment was 55 years (range: 23-92) and the median time to death was 106 days (95% CI 92-127 days). The 1-year, 2-year, and 3-year survival rates were 11% (95% CI: 8-15%), 3% (95% CI: 1-6%), and 0.9% (95% CI: 0.8-4%), respectively. Palliative chemotherapy significantly improved the overall survival of ESCC patients (Plog-rank=0.038) and was significantly associated with reduced mortality (adjusted hazard ratio=0.71, 95%CI 0.51-0.99). Tobacco use, alcohol consumption and HIV status were not associated with mortality.

CONCLUSION: Survival following diagnosis of ESCC was poor in Malawi. Though palliative chemotherapy was associated with improved survival, prevention and earlier detection remain key priorities to improve ESCC mortality at a population level.

STRENGTHENING CANCER DATA SYSTEMS AT THE ELDORET CANCER REGISTRY, KENYA: THE IMPACT OF COALITION FOR IMPLEMENTATION RESEARCH IN GLOBAL ONCOLOGY.

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background

The cancer burden is rising in sub-Saharan Africa and countries in the region need surveillance systems to measure the magnitude of the problem and monitor progress in cancer control planning. The Eldoret Cancer Registry (ECR) is a population-based cancer registry in the Western region of Kenya & covers a population of 1,163,186 (582,889 females, 580,269 males and 28 Intersex). Due to inconsistent funding, ECR has suffered tremendously over the years in terms of inadequate coverage, retention of staff and maintaining supply of office supplies.

The aim of this study was to assess the impact of financing in strengthening and improving the quality of data in cancer registries.

Methods

The ECR received a grant of \$ 60,000 from The Coalition for Implementation Research in Global Oncology, (CIRGO) in 2020. The main objective was retrospective data collection for a 5-year period (2016-2020), in order to improve on data quality and produce a report on cancer incidence.

Results

There was a strategic plan in place for the study. Staffing was increased from 3 to 15. Data collection for the study period increased by 83%. 100% of data sources were covered. Cancer registrars and hospital medical records staff were trained extensively. A 5-year report on cancer incidence was produced. ECR data was published in Cancer in Five Continents (CI5-XII).

Conclusion

To ensure timely, reliable, quality and consistent cancer data from countries in Sub-Saharan Africa, combined efforts from all stakeholders is required to enhance evidence-based decision-making. Funding organizations like CIRGO provided critical resources for strengthening data systems in Kenya, thus ensuring availability of unbiased data for research in Western region of Kenya. Consistent resources are however still required to sustain this robust data system at the Eldoret Cancer Registry.

THE BURDEN AND PATTERN OF CANCER IN UASIN GISHU COUNTY OF KENYA FOR THE PERIOD 2016-2020

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background

Cancer is a leading cause of morbidity and mortality worldwide. An estimated 19.3 million new cases and 10 million cancer deaths occurred in 2020. The burden of cancer is increasing in Africa. The Eldoret Cancer Registry covers the community of Uasin Gishu County in the Western Region of Kenya, whose population of 1,163,186 (582,889 females, 580,269 males and 28 Intersex). The aim of this study was to determine the burden of cancer for this community for a 5-year period (2016-2020) and generate age standardized rates (ASR).

Methods

Trained cancer registrars were involved in active case finding and data collection of cancer cases in health facilities and vital statistics within a defined population. Confirmed cancer cases were abstracted and filled into case notification forms; Topography and Morphology coding done using the International Classification of Disease for Oncology (ICDO-3); Data quality checks, Data entry, Analysis done using the CANREG5 software.

Results

A total of 3,117 cancer cases were registered: 1,487 (48%) men and 1,630 (52%) women. In men, prostate and esophagus were the most commonly diagnosed malignancy with an ASR of 23.4 and 18.7, followed by Stomach Cancer at 5.9 per 100,000. In women, cervix and breast were the most commonly diagnosed malignancy with an ASR of 19.5 and 17.8, followed by esophagus at 10.1 per 100,000. The most burdened ages were 50-80years in males (63.5%) and 30-69 in females (73.2%).

Conclusion

Overall, there was a high cancer burden in Uasin Gishu is on the productive members of the society (30-69 years). Cervical and breast cancers, affected women in their reproductive years while cancers of the prostate and esophagus the older male population. Cancer control interventions should be implemented in all areas of the county in order to increase community awareness, ensure early diagnosis & improve access to care.

“NOT EVEN MY HUSBAND KNOWS THAT I HAVE THIS [CANCER]”: BREAST CANCER PATIENTS’ EXPERIENCES IN ACCESSING & NAVIGATING TREATMENT

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

BACKGROUND

Nigeria has the highest burden of cancer in Africa, with breast cancer (BC) being the leading cause of cancer-related deaths in Nigerian women. Prior studies show that the burden of cancer is exacerbated by both healthcare and individual level factors such as lack of specialist oncology surgeons and oncologists, under-treatment of cancer pain, lifestyle, and coping strategies. The current study explored BC patients' experiences in accessing treatment and care and navigating life as BC patients to understand the multiple realities of living with cancer in Nigeria.

METHOD

Respondents (N=24, aged 35 to 73 years) participated in 2 focus group discussions. Inductive thematic analysis was used for the data analysis.

RESULTS

Thematic analyses of their responses revealed four themes: I am carrying this [cancer] alone, Living my life, God helped me, and a very painful journey. Our findings show that respondents are more likely to conceal their diagnosis from friends and significant others and tackle their situation with optimism. Also, they relied on religion as a coping mechanism while acknowledging the burdensome nature of cancer on their physical and mental wellbeing.

CONCLUSION

Our findings point to the critical need for improved cancer awareness and professional support services in Nigeria. Also, it reiterates the importance of strengthening familial and community support systems to assist cancer patients in navigating their care plan.

THE EFFECT OF A COMMUNITY BASED EDUCATIONAL PROGRAM ON KNOWLEDGE, ATTITUDE AND CERVICAL CANCER SCREENING UPTAKE IN NAMIBIA

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ORAL ABSTRACTS | DAY 3, SESSION 2, SESSION ROOM 203, November 4, 2023, 9:00 AM - 10:00 AM

OBJECTIVE : The objective of this study was to investigate the outcomes of a community based educational program on knowledge, attitude and cervical cancer screening uptake among women in Keetmanshoop urban, Namibia.

METHODS : A community based educational program was developed and pilot tested. The preparation phase included three aspects; training of lay community health workers called Health Extension Workers and clinic audits to assess clinic readiness for screening services and a stakeholders meeting. After this preparation phase was the pilot testing of the community based educational program among women aged 20 years and above. The educational program had three outcomes; screening uptake, knowledge and attitudes of women. These were assessed using a one group pre and posttest design. Clinic's records were used to assess screening uptake, whilst a questionnaire assessed knowledge and attitudes of the participants.

RESULTS: In the preparation phase, twenty-one (21) Health Extension Workers were successfully trained who assisted in inviting women to the educational program. The clinic readiness for two of the three urban clinics improved from 56% and 67% to 100%. The third clinic was excluded as it was no longer offering screening. During a six month pilot testing, a total of 105 women (n=105) attended the nine educational sessions held across Keetmanshoop urban. All three outcomes, screening uptake, knowledge and attitude, significantly improved post intervention that is screening uptake $p=0.0034$, at $p < .05$ with Odds ratio of 2.4 and attitude $p=0.000021$; at $p < .05$ whilst mean knowledge score for the post-test (M=92.91%, SD=10.12%) was more than mean knowledge for pre-test (M=41.48%, SD=25.10%).

CONCLUSION : A structured tailor-made community based educational program coupled with addressing operational gaps within the healthcare delivery system, improved knowledge and attitudes of the women on cervical cancer screening and so was the screening uptake.

MANAGEMENT AND OUTCOMES OF LOW GRADE LYMPHOMAS IN A PROSPECTIVE LYMPHOMA COHORT IN MALAWI

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE:

To outline the baseline characteristics, treatment, and outcomes of adults with low grade lymphoma in Malawi.

METHODS:

We describe a prospective, observational cohort of newly diagnosed low grade lymphomas at a national teaching hospital in Lilongwe, Malawi June 2013--December 2021; follow up was censored December 2022. Diagnoses were supported by histopathology and immunohistochemistry during weekly telepathology conferences between Malawi and U.S. Treatment was by provider choice but generally only started if patients met GELF criteria. Simple descriptive statistics and Kaplan Meier methods were used.

RESULTS:

We enrolled 42 patients with low grade lymphoma. Median age was 58 (range 25-82), 30 (71%) were male, and five (16%) HIV-positive. Of 36 patients who required treatment, 35 received CVP (cyclophosphamide, vincristine, and prednisone) and 1 received CHOP (CVP plus doxorubicin). Median chemotherapy cycles received was six (range 1-12). Of 33 evaluable patients, response was: four (12%) complete response, four (12%) stable disease, 23 (70%) partial response, and two (6%) progressive disease. Median follow-up was 24 months (range 5-49 months) among those alive. One- and two-year overall survival were 61% (95% CI 48-78%) and 37% (95% CI 25-57%), respectively. One- and two-year progression free survival were 39% (95% CI 26-57%) and 21% (95% CI 11-40%), respectively. There were a total of four non-hematologic grade 3/4 adverse events and 29 deaths, 18 attributed to disease progression.

CONCLUSIONS:

This is among the first prospective cohorts of low-grade lymphoma from sub-Saharan Africa. Patients with low grade lymphomas in Malawi have extremely poor progression-free and overall survival compared to high income countries and all deaths in our cohort were from disease progression. Thus, increased resources (e.g., rituximab and other novel therapies) and investigation of the underlying biology of low grade lymphoma in Malawi and similar contexts are needed to improve patient outcomes.

DEVELOPMENT AND IMPLEMENTATION OF A SYMPTOM TOOLKIT FOR ADOLESCENT AND YOUNG ADULT ONCOLOGY PATIENTS RECEIVING CHEMOTHERAPY IN MALAWI

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: Adolescents and Young Adults (AYAs) with cancer are a particularly challenging group to support during their cancer experience. Lymphoma is the most common pediatric and adolescent cancer in SSA, but survival rates are much lower than elsewhere in the world, with poor outcomes in these settings often due to treatment abandonment due to treatment side effects and toxicities. The objective of this study is to demonstrate the feasibility of implementation of a novel symptom management toolkit.

METHODS:

In the oncology clinic of Kamuzu Central Hospital (KCH) in Lilongwe, Malawi, a novel and innovative symptom toolkit was developed to include medications used to symptomatically manage some of the most common symptoms experienced by AYAs with cancer. This was administered to patients with lymphoma enrolled in the KCH Lymphoma Cohort. Pictorial medication labels were developed to aid patients and their families in understanding which medication to use for which symptom. A total of 54 participants underwent educational counseling and were given a pictorial booklet with cartoon explanations and a diary to record when symptoms were experienced, and the toolkit medications were taken. Assessments were done upon initial chemotherapy treatment, mid-cycle, and cycle completion.

RESULTS:

Fifty-four AYAs with lymphoma, aged 15-39 enrolled in the study. Diagnoses included Burkitt Lymphoma, Diffuse Large B-Cell Lymphoma, Hodgkin's Lymphoma, and Lymphoma NOS. The most common symptom experienced was pain (93%), followed by nausea (63%), mucositis (57%), constipation (56%), insomnia (56%), and gastritis (50%). Participants reported taking as needed medications from their symptom toolkit for their symptom instances a majority of the time: nausea (77%), constipation (84%), pain (85%), mucositis (87%), insomnia (72%), gastritis (79%). Participants found the toolkit to be user-friendly and culturally acceptable.

CONCLUSIONS: Implementation of a symptom toolkit is a feasible way to educate on and improve the symptom burden of AYAs with lymphoma.

NERVE-SPARING RADICAL HYSTERECTOMY; THE APPROACH FOLLOWED IN BLANTYRE AND ITS SHORT-TERM SURGICAL OUTCOMES

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective

Most women diagnosed with cervical cancer in sub-Saharan Africa have locally advanced or advanced/metastatic disease. Due to the lack of concurrent platinum-based chemotherapy and radiotherapy, Neoadjuvant chemotherapy (NACT) followed by open Radical Hysterectomy(RH) and bilateral pelvic lymph node(LN) dissection (+/- Para-aortic lymph node dissection) is the treatment option. This type of surgery is linked to challenging dissection because of the fibrosis of planes once occupied by cancer or inflammation, with the ventral parametria offering the most significant challenge. Here, we discuss the safety and short-term results of radical hysterectomies using the approach developed by MSF's Blantyre Cervical Cancer Project.

Methodology

From January 2022 to June 2023, 273 consecutive patients underwent RH with bilateral pelvic LN dissection. The nerve-sparing approach was followed for both chemo naive and post Neoadjuvant chemotherapy patients. The urethral catheters were removed on either day 4 or 5. Patients with postvoid residual urine volume(PVR) >100mls or urine retention were discharged with a catheter and reviewed on day 19 post-surgery.

Results

Among the 273 patients, 45.7% were post Neoadjuvant chemotherapy and 57% had HIV. 15.4 % of the patients had persistent locally advanced cancer at the time of surgery. PVR was less than 100mls for 60.8% and 95.2% on days 5 and 19 post-surgery respectively. The margins were negative for malignancy in 97% (265) of the patients. At 30 days, the complication rate was 10% led by VVF with a 1.8% rate. 3 (1%) patients died within 30 days due to pulmonary embolism (1), pyelonephritis (1), and necrotizing fasciitis (1).

Conclusion

The technique is a simplified approach to nerve-sparing radical hysterectomy and can be achieved for the treatment of both early-stage and locally advanced cancer.

THE PALLIATIVE CARE REFERRAL SYSTEM IN MALAWI: AN INNOVATIVE AND INTEGRATED PROGRAM TO IMPROVE ACCESS AND QUALITY OF CARE

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objectives: Access to palliative care in Malawi is a typical public health challenge, while the number of cancer patients is drastically increasing in Africa. As part of its cervical cancer project in Malawi, the non-governmental organization Médecins Sans Frontières is setting up a palliative care referral system in 2021 for patients enrolled in the program at an advanced stage. The original intent was to integrate into the existing system within the Ministry of Health, while providing multi-dimensional support based on identified needs.

Methods: A two-phase strategic plan was drawn up. The main concern was the possibility of being followed by a palliative care team, whether the patient was ambulatory or home-based. Phase 1 identified the needs of MoH teams to enable this systematic access. Phase 2 aimed to improve the quality of care delivered by care providers, supported by the expertise of a qualified reference team.

Results: this referral system stands on 2 pillars, following the two-phases program. Phase 1: Patching. Rather than designing a stand-alone parallel system, the approach was to fill gaps in the healthcare chain so that the patient could be connected to care. Some elements were identified as the bare minimum to make the existing system effective: mobility (fuel for home visit), essential drugs such as tranexamic acid, airtime, incentives, and transport voucher to the patient. If one of those elements is missing, the chain is broken, and the patient cannot be assisted properly. Phase 2: Capacity building, through a one-year mentoring program to improve the quality of care, currently under evaluation.

Conclusion: the referral system is an innovative approach for healthcare intervention in low-income contexts. This system, which consists in filling the gaps in cancer care in such a way that the existing health system is not denied but enhanced, could inspire other humanitarian programs.

RESULTS FROM TWO CERVICAL CANCER SCREEN-AND-TREAT MODELS UTILIZING HPV SELF-SAMPLING AND THERMO ABLATION IN MALAWI

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ORAL ABSTRACTS | DAY 4, SESSION 1, SESSION ROOM 205, November 5, 2023, 9:00 AM - 10:00 AM

OBJECTIVE: We implemented two cervical cancer screen-and-treat models that utilized cervicovaginal HPV self-sampling and thermal ablation treatment of HPV-positive lesions in Malawi. Model 1 provided clinic-based HPV self-sampling and Model 2 offered both clinic- and community-based HPV self-sampling. This analysis compares utilization of screening and treat services between models and evaluates changes in utilization pre- and post-implementation.

METHODS: This cluster randomized trial was implemented in 16 health facilities total from 2 districts (Lilongwe and Zomba) between March 2020-December 2021. Facility providers were trained on HPV self-sampling protocols (using GeneXpert® testing) and thermal ablation treatment. Community Health Workers for Model 2 facilities were trained to offer HPV self-collection in their communities and refer HPV+ clients to their facility for Visual Inspection with Acetic Acid (VIA) and thermal ablation treatment (if eligible). HPV+ clients screened at the facility were offered same-day VIA and thermal ablation treatment (if eligible). Data from the study's pre-implementation Health Facility Assessment and the health facilities' Clinic and Laboratory Registers were analyzed using descriptive statistics.

RESULTS: 21,141 HPV tests were performed: 8,809 in Model 1 and 12,332 in Model 2 facilities. HPV positivity was higher in Model 1 (31.3%) than in Model 2 (26.3%, $p < 0.001$) and among HIV-infected (44.8%) versus HIV-uninfected clients (25.2%, $p < 0.001$). Implementation of HPV self-sampling did not significantly change monthly cervical cancer screening rates in Model 1 facilities (1.2-fold with 95% CI: 0.7-3.2), but it increased them by 2.9-fold (95% CI: 1.7-11.8) in Model 2 facilities. Treatment utilization increased substantially for both models (8-fold for Model 1 (95% CI: 3.4-37.6) and 21-fold for Model 2 (95%CI 8.6-1319.0)).

CONCLUSION: HPV self-sampling screen-and-treat programs could increase treatment access by allowing providers to only perform VIA and thermal ablation on HPV+ clients. Community-based HPV self-sampling can be successfully implemented and increase both cervical cancer screening and treatment access.

SETTING UP A MEDICAL ONCOLOGY SPECIALTY PROGRAM IN SUB-SAHARAN AFRICA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

BACKGROUND

Oncology specialist training is relatively new in Africa and most countries do not have in-country training programs

OBJECTIVE

1. To establish an in-country Oncology Fellowship program in Kenya
2. To produce graduates who are cancer experts, competent oncologists, competitive globally and leaders in both research and cancer control policies in their own countries
3. Create a hybrid Faculty team / network of Faculty Educators to assist with the various aspects of the training and increase capacity of Fellowship trainers
4. To improve the quality of cancer care and impact the patient outcomes in-country

METHODS

We started by stake-holders involvement across all key players: Key medical institutions leaderships- VC, Deans, Faculty (UoN and Moi); Regulators- Commission of University Education, KMDPC (the medical council), Ministry of Health; strategic partners both local and International etc

We then created and tabled a draft fellowship curriculum for a 5-day discussion workshop style. We had to define some terms including what a fellowship was, since this had not been previously been a designation in the University's manual of terminal degrees

Following this, the drafty went through 70 iterations based on the feedback from the various committees-the Department of medicine, the medical school/Dean's committee, the College/Principal's committee before transitioning to the University wide Deans' committee and tabled then approved by the Senate.

We also developed a Faculty list and reviewed all their CVs before creating the implementation plan for the curriculum

RESULTS

An in-country Medical Oncology curriculum was developed and training of Fellows initiated. Training is currently ongoing

CONCLUSIONS

In-country trainings will increase the number of cancer specialists, Impact the quality of care and assist in alleviating the disparities in cancer care and control. This is also a sustainable way of increasing equity, diversity and inclusion in global cancer care and research.

NATIONAL RESPONSE TO CANCER BURDEN IN MALAWI: CANCER CONTROL PROGRAM UPDATE.

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Introduction

Cancer burden is rapidly increasing in Malawi. The age standardized incidence rate (156/ 100,000) for all cancers is the highest in SSA. The top five common cancers include: Kaposi sarcoma, cervical, oesophageal, non-Hodgkin's lymphoma and breast. A key recommendation by the integrated mission of the Programme of Action for Cancer Therapy (imPACT) was to expedite the construction of a national cancer center and a strategic plan. We present the country's national response in mitigating cancer burden.

Methods and materials

Key informant interviews and ministry of health records were used for data collection corresponding to components of cancer control namely; cancer prevention, screening and early diagnosis, treatment and follow-up care, palliative care and survivorship, governance, monitoring and evaluation.

Results

The NCDs & MH division is responsible for coordinating cancer services. National cancer control plan (2019-2029) (<https://www.iccp-portal.org>) and cervical cancer operational plan (2022-2026) were developed and are being implemented. The strategy scored higher than the global and WHO-AFRO in all sections of cancer control in 2020 (www.uicc.org).

A national cancer center was built in 2020. Bunkers, under construction for radiotherapy services in 2023. A total of 64 health providers were trained in various cadres. HPV vaccine was included into the EPI since 2019. Achieved 90-90-90 UNAIDS targets for HIV in 2020. Scaled up of cervical cancer screening to 489 sites and palliative care services to 91 sites in 2022. The cancer programme is challenged by shortage of chemotherapy drugs, lack of radiotherapy services, inadequate human resource, diagnostic and funding for cancer services.

Conclusion

Key interventions for cancer control are being implemented despite limited investments and weak operational infrastructure. Financial and technical support from partners is key to cancer fight. There is need to establish stand-alone cancer program with improved funding in order to sustain the gains achieved in Malawi.

THREE DIMENSIONAL CONFORMAL RADIOTHERAPY PHYSICAL PLANS AND DOSIMETRIC ANALYSIS FOR PROSTATE CANCER SPINAL METASTASES AT PARIRENYATWA GROUP OF HOSPITALS.

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

THREE DIMENSIONAL CONFORMAL RADIOTHERAPY PHYSICAL PLANS AND DOSIMETRIC ANALYSIS FOR PROSTATE CANCER SPINAL METASTASES AT PARIRENYATWA GROUP OF HOSPITALS RADIOTHERAPY CENTRE.

OBJECTIVE: The current radiotherapy treatment planning techniques for spinal metastases management in Zimbabwe are adopted from other countries, which may not be suitable for local patients. Therefore, the need of Zimbabwean based literature emerged. Quality of life concerns post radiotherapy need to be addressed, and this study aimed to analyse the dosimetric parameters and beam arrangements for radiotherapy management of prostate cancer spinal metastases using three-dimensional conformal radiotherapy at Parirenyatwa Group of Hospitals.

METHODS: This single institutional, retrospective and quantitative study reviewed the treatment plans of 20 eligible patients who underwent radiotherapy between 2018 and 2021.

RESULTS: The study found that spinal metastases from prostate cancer were common in Zimbabwe, and traditional three-dimensional conformal radiotherapy is still the standard practice. The most frequently used beam arrangement was an anterior posterior-posterior anterior beam, and a combination of oblique wedged pairs was also common. Different regions of the spine had distinct beam arrangements used so as to spare organs at risk and normal structures. Fractionation regimens varied, with 20 Gy in 5 fractions and a single fraction of 8Gy being frequently used. The study found that only one plan had good dose coverage according to the International Commission on Radiation Units and Measurements standards, although all organs at risk were within acceptable dose tolerances.

CONCLUSIONS: The study emphasizes the importance of formulating treatment plans that deliver maximum dose to the tumour with minimum dose to surrounding structures and organs at risk in order to improve patients' quality of life, post-radiotherapy treatment.

Keywords: spinal metastases, conformal radiotherapy, organs at risk, quality of life, maximum dose, minimum dose

TREATMENT OF CANCER DURING PREGNANCY: CURRENT NURSING CARE PRACTICES

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

TITLE: TREATMENT OF CANCER DURING PREGNANCY: CURRENT NURSING CARE PRACTICES

OBJECTIVE

Nursing management of pregnant patients during cancer treatment is atypical, so the primary objective of this study was to evaluate nursing management and practice during cancer treatment in pregnant patients.

METHOD

The study was divided into two parts to give a clear overview of how nurses care for pregnant patients during cancer treatment.

One is nurses' knowledge of when to safely administer chemotherapy, targeted therapy, radiation therapy, and surgical treatments during pregnancy. Nineteen nurses were asked to answer four specific questions using a three-point Likert scale. A targeted random sample was applied to all nurses working in the oncology department.

The second part was data extraction from two patient files of her previously treated in the hospital using a data abstraction form. The survey was conducted by age, cancer stage, semester in which treatment was initiated, and type of treatment received.

RESULTS

Out of a total of 19 nurses (100%), a majority of them 10 (53%) agreed that chemotherapy and radiotherapy could be administered during early pregnancy.

Another important finding was that most nurses (42%) were unsure whether chemotherapy and radiotherapy could be administered during the second and third trimesters of pregnancy.

The second part of the study included patients aged 36 and 40, both of whom started treatment in the second trimester and were diagnosed after 12 weeks of gestation. The treatment for both patients was chemotherapy.

CONCLUSION

From the above results, it can be seen that 10 nurses (53%) are aware of the timing and safety of cancer treatment in pregnancy and most 8 (42%) do not have sufficient information about when to start cancer treatment during pregnancy. Nursing education in holistic care is essential for all nurses working in oncology.

POLYGLOBULIE DE VAQUEZ : A PROPOS 31 CAS AU SERVICE D'HÉMATOLOGIE CLINIQUE DE DALAL JAMM

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Introduction : La polyglobulie de Vaquez (PV) est une néoplasie myéloproliférative caractérisée par la présence quasi-constante de la mutation V617F (Jak2) et/ou de l'exon 12 du chromosome 9.

L'objectif de ce travail était d'étudier les aspects épidémiologiques, diagnostiques, thérapeutiques et évolutifs de la polyglobulie de Vaquez.

Méthodes : Une étude rétrospective a été menée dans notre service incluant tous les patients avec une PV et répondant aux critères de l'OMS 2008 ou 2016 et chez qui une cause secondaire a été formellement éliminée.

Résultats : Nous avons colligé 31 avec un sex-ratio de 2,7 et un âge moyen de 52ans +15,5. Le délai moyen de consultation était de 7,49 mois +12,9. La circonstance de découverte de la maladie était fortuite dans 51% des cas et révélée par le syndrome d'hyperviscosité dans 42,4% des cas. Une érythrose cutanéomuqueuse retrouvée chez 45,1% des patients, une splénomégalie chez 19,3% des patients. A l'hémogramme le taux d'Hb moyen était de 19,3 g/dl + 3,1 avec un taux d'hématocrite moyen de 59,9% + 8,4. Une hyperleucocytose a été notée chez 7 patients, une thrombocytose chez 9 patients et une thrombopénie chez 3 patients. La recherche de la mutation Jak2 a été effectuée chez 5 patients et toute revenue positive. Un patient a bénéficié de la BOM. Trois patients ont fait une complication thrombo-embolique de leur maladie. Le pronostic des patients montrait un risque faible, intermédiaire et élevé respectivement dans 45%, 26% et 29% des cas. L'hydroxyurée était associée ou non à la phlébotomie et à l'aspirine dans le traitement. La survie globale était de 100% et la médiane de survie de 54,3mois.

Conclusion : La PV est assez fréquente dans nos pratiques. Sa prise en charge se heurte aux moyens de diagnostic parfois inaccessibles chez nos patients et à l'arsenal thérapeutique limité.

CULTURAL TAILORING OF AN INPATIENT YOGA PROGRAM FOR CANCER PATIENTS UNDERGOING STEM CELL TRANSPLANTATION IN TANZANIA, INDIA, AND UNITED STATES

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: Cancer patients in low- and middle-income countries (LMIC) have less access to integrative oncology programs than their counterparts in high-income countries. This study will examine Yoga Therapy (YT) during Hematopoietic stem cell transplantation (HSCT) in Tanzania, India, and the US. YT is an evidence-based mind-body practice supported by clinical cancer guidelines for relieving sleep disruption, nausea, fatigue, pain, psychosocial distress, musculoskeletal symptoms, and cognitive dysfunction, all common symptoms experienced during HSCT. We will develop a culturally tailored yoga therapy (YT) program for HSCT patients and test feasibility and adherence in each country.

METHODS: We will first conduct semi-structured interviews with five post-HSCT patients from each center to examine cultural norms, culturally sensitive language, and specific factors relevant to yoga and psychosocial support. Qualitative analyses will be performed on all transcribed interviews. Based on the feedback, we will modify the yoga program.

Fifteen patients from each center will participate in the yoga program for 30 days after HSCT. Sessions will be delivered in person, via telehealth (Zoom), or in combination. We will examine the feasibility of adherence and follow-up completion. Patient-reported outcomes assessing aspects of QOL be collected before the transplant and then again on days 15, 30, and 60.

RESULTS: Protocols were jointly developed, and questionnaire translations were conducted. Approval from each institutional IRB was received, and national approvals were also necessary from the Tanzanian and Indian governments. The presentation will review the data related to the qualitative interviews with previous HSCT patients and present the key factors associated with the cultural tailoring of the yoga program.

CONCLUSIONS: Collaborative research projects are helpful to bring evidence-based integrative oncology practices to LMIC. YT can be modified to meet individual differences based on culture, religion, and personal preferences and will improve multiple aspects of QOL during and after HSCT.

A NOVEL SOLUTION TO REDUCE THE DISEASE BURDEN FOR BREAST AND CERVICAL CANCER IN GHANA: A MODEL FOR LOW-RESOURCE COUNTRIES

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: To increase access to quality screening, early detection, diagnostics and treatment for Ghanaian women with breast or cervical cancer.

Methods: A new partnership was created, including stakeholders from industry, a non-governmental organization and the Ghana Ministry of Health with strong community involvement to increase access to cancer diagnostics and treatment. Intervention package includes technical and clinical guide for health providers, sharing evidence with local decision-makers for policy adoption and financing of education, screening and patient-care programs. The partnership will also support country programs to implement the WHO's cervical cancer elimination initiative and their global initiative for strengthening systems for detecting, diagnosing and treating breast cancer. A needs assessment was undertaken in 2022 to assess awareness and availability of screening services for breast and cervical cancers. This will inform the next phase.

Results: Of 306 women who completed the survey, 92% had a high awareness of breast cancer, only 60% ever performed self-breast examinations and none had completed a mammogram. Only 55% were aware of cervical cancer, 74% had never heard of PAP screening and none had been vaccinated for cervical cancer. Of 20 health facilities assessed, 80% did not offer screening services for breast and cervical cancer and none of the screening health workers in these facilities (n=142) were trained in breast and cervical cancer. The facilities reported not having adequate medical officers (65%) as well as inadequate supplies (60%) and equipment (85%) for early detection of women's cancer. Few staff maintained records (15%) and referred or followed-up on patients with cancer (25%).

Conclusions: Per this needs initial assessment, women were aware of breast and cervical cancers but had limited screening. This could be attributed to poor awareness of screening, lack of screening sites and trained health providers, and inadequate resources among other factors.

PROJECT ECHO (EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES): A PILOT MULTIDISCIPLINARY TELEMENTORING PROGRAM FOR BREAST CANCER CARE IN MOZAMBIQUE

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: Breast cancer is the second-most prevalent female cancer in Mozambique, and the incidence has grown five times since 1960 with an average mortality of 54% in 2018. The aim of this study was to develop and implement a breast-cancer focused telementoring program to bring together multidisciplinary teams to tackle challenging cases.

Methods: Project ECHO (Extension for Community Healthcare Outcomes) was developed in 2003 to improve access to specialty care for underserved populations. Since then, this model has been used to connect academic specialist teams to clinicians across the world. We adopted the Project ECHO telementoring model to supplement in-person education and training for breast cancer care in partnership with MD Anderson Cancer Center in the United States, Hospital de Amor de Barretos, AC Camargo Cancer Center, and Hospital Vila Santa Catarina in Brazil, and Hospital Central de Maputo in Mozambique.

Results: Since 2018, we have held regular videoconferences to discuss breast cancer cases presented by Mozambican teams and provide multidisciplinary guidance and feedback from local colleagues and specialists. Since 2021, we have held 10-12 videoconferences a year with an attendance of 8-10 participants. The program has expanded to include secondary and tertiary care hospitals in Mozambique, and medical and surgical residents. With the inclusion of trainees, we have also incorporated didactic education with plans for knowledge testing once the curriculum is complete.

Conclusions: Effective breast cancer care requires multidisciplinary effort including radiology, pathology, surgery, medical oncology, and radiation oncology. Project ECHO telementoring provides an excellent platform for a team-based approach. By increasing access to specialist recommendations and real-time imaging and pathology review, this platform will work towards education, quality improvement, and reducing delays to treatment. We plan to expand this model to more regions within Mozambique in partnership with the Ministry of Health.

MISSED OPPORTUNITIES FOR CARE ACROSS THE CANCER CONTINUUM IN MALAWI: PERSPECTIVES FROM SURVIVORS OF LYMPHOMA AND BREAST CANCER

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: To identify barriers, facilitators, and missed opportunities for care among cancer survivors across the cancer continuum in Malawi.

METHODS: Adult lymphoma (n=20) and breast cancer (n=9) survivors who were treated at Kamuzu Central Hospital in Lilongwe, Malawi were enrolled. At the time of enrollment, participants had completed all cancer-directed treatments and were in remission. We conducted in-depth interviews using a semi-structured guide to prompt participants to share their experiences across the cancer care continuum with a focus on unmet needs. All interviews were audio-recorded, transcribed, and translated from Chichewa into English. Data were analyzed using applied thematic analysis with qualitative memo writing. Memos were coded for themes related to barriers, facilitators, and missed opportunities for care across three phases: diagnosis, treatment initiation, and treatment retention-completion. Emerging themes were synthesized with representative quotes.

RESULTS: Our sample was 59% female, had a median age of 45 years (IQR 38-49), and included 52% who were HIV-positive. Barriers to diagnosis were: misdiagnosis, inconclusive diagnosis, and access to specialized services. Facilitators to diagnosis were: support systems (e.g., family, friends), timely referral, and patient initiative. Barriers to treatment initiation were: social stigma, psychological challenges, and the cost of treatment. Facilitators to initiation were: acceptance, provider counseling, support system, and faith. Barriers to treatment retention-completion were: financial and opportunity costs, social stigma, and treatment side effects. Facilitators to retention-completion were: support system, provider counseling, resilience, and trust in medicine. Participants reported opportunities to improve care across the continuum, including peer support, community education, addressing stigma, nutrition support, financial assistance, and increased infrastructure at health facilities.

CONCLUSIONS: Through cancer survivors' narratives, this study identifies prevalent barriers and facilitators across the cancer continuum in Malawi. The results highlight multilevel opportunities to improve cancer survivorship and may help inform supportive care efforts in Malawi and similar contexts.

TREATMENT DISPARITIES AMONG ADULTS WITH HODGKIN LYMPHOMA IN AFRICA: A SYSTEMATIC REVIEW

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: Review treatment modalities and effectiveness among adults with Hodgkin lymphoma (HL) in Africa.

METHODS: We searched PubMed, Embase, Scopus, Global Health, and Global Index Medicus on 7 February 2023. We included studies of adults with HL who received treatment in a low- or middle-income country. All study types were included; pediatric only studies and studies without outcomes reported were excluded. Each article was screened by two independent reviewers and conflicts were resolved by consensus or third party. For this abstract, studies conducted in Africa were gathered for data extraction and quality assessment. Data were extracted by two independent reviewers and bias was assessed. The systematic review protocol was registered on PROSPERO (CRD42023398618).

RESULTS: 1882 papers were screened and 87 were included in the systematic review; 16 (18%) were from Africa. Studies (published from 1976-2022) were conducted in twelve countries including Tunisia, Morocco, Egypt, Côte d'Ivoire, Nigeria, Ethiopia, Rwanda, Tanzania, Kenya, Malawi, Botswana, and South Africa. There were four prospective and twelve retrospective cohort studies. Survival data was not reported in two retrospective studies. 2-year overall survival ranged from 19% in Cote d'Ivoire (1999) to 96% in Morocco (2022) and 97% in Egypt (2012). The most common chemotherapy regimen used was ABVD (n=10); other regimens included MOPP and BEACOPP. Radiation therapy was available in 10/16 (63%) studies. Fifteen studies were first-line treatment, and one was relapsed/refractory autologous stem cell transplant.

CONCLUSIONS: Over the decades, survival outcomes for adults with HL have improved with increasing use of ABVD across Africa. However, disparities in the availability of radiation therapy and stem cell transplantation exist and may impact differential survival. Improving access to treatment modalities and increasing investigation of HL in Africa may lead to better patient outcomes in the region and decrease disparities between Africa and high-income countries.

GEOSPATIAL VARIATION AND ASSESSMENT OF FACTORS WITH INCIDENCE OF COLORECTAL CANCER AT SMALL AREA

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ORAL ABSTRACTS | DAY 5, SESSION 2, SESSION ROOM 201/202, November 6, 2023, 9:00 AM - 10:00 AM

OBJECTIVE: Examining spatial distribution of colorectal cancer (CRC) incidence or mortality is helpful for developing cancer control and prevention programs, or for generating hypotheses. Such an investigation involves describing the spatial variation of risk factors for CRC and identifying hotspots. The aim of this study is to identify small area level risk factors that may be associated with the incidence of CRC and to map hotspots for CRC.

METHODS: CRC cases at small area were recorded in 2018 and measurements on risk factors were also obtained. We used Bayesian spatial models for relative incidence rates and produced posterior predictive that indicates excess risk (hotspots) for CRC.

RESULTS: The small area level unadjusted incidence rates range from .462 to 3.142. After fitting a Bayesian spatial model to the data, the results show that a decreasing risk of CRC is strongly associated with an increasing median income, higher percentage of Black population, and higher percentage of sedentary life at small area level. Using exceedance probability, it is also observed that there are clustering and hotspots of high CRC incidence rates in some regions.

CONCLUSIONS: Among few small area level variables that significantly explained the spatial variation of CRC, income disparity may need more attention for resource allocation and developing preventive intervention in high-risk areas for CRC.

INTERNATIONAL CENTER FOR THE STUDY OF BREAST CANCER SUBTYPES: SUBTYPE DISTRIBUTION ACROSS THE AFRICAN DIASPORA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective. The International Center for the Study of Breast Cancer Subtypes (ICSBCS) is a 20-year collaborative effort that incorporates clinical and research capacity-building into translational research. To have a comprehensive view of global Breast Cancer, ICSBCS has curated over 5000 cases from across the US, African and the Caribbean. Among our several initiatives, we characterize the hormone receptor status (HR), histology and molecular subtypes. Here, we are reporting the updated distributions of BC subtypes, expanding from our first report of 170+ patients from Ghana.

Methods. HR status was determined using clinical grade Immunohistochemistry (IHC) protocols, harmonized across sites utilizing US-based guidelines. The standardized operating procedures (SOPs) were the same across all sites and training/reagents were provided as needed. Standard statistical comparisons were made to determine significant differences across (ANOVA) and between groups (T-test). Genetic ancestry was measured using Ancestry Informative Markers (AIMs).

Results. We found that HR status was currently present for over 90% of all cases. Across our repository, ER+ cases were highest in the US at WCM (72%) and in Africa in Nigeria (45%). The highest ER- cases were in Detroit (42%) and in African at KATH (59%). TNBC cases were highest in Ghana (58%) and Detroit (36%). HER2+ status was the least complete and in need of the most harmonization across methods. We measured genetic ancestry and found that west African ancestry was associated with TNBC diagnoses.

Conclusions. Our updated comparisons, with more than twice the number of original cases, indicate highest TNBC among women of west African descent. In addition, we have shown that these trends are due to the ancestry background. Further research that focuses on the genetic predispositions of west African women is needed to identify distinctions in these populations across the diaspora and develop appropriate prevention and treatment interventions.

APHERESIS AT THE UGANDA CANCER INSTITUTE: A UNIQUE NURSING EXPERIENCE

Ddungu H¹, Bafumba R¹, Nakabugo P¹, Atuhaire B¹

¹Uganda Cancer Institute

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective

Apheresis refers to any procedure that involves removing whole blood from a donor or patient and separating the blood into individual components so that one particular component can be removed. Apheresis may be used to collect a particular blood component such as platelets or plasma (donor apheresis), or it may be used to remove a disease-provoking component of blood (therapeutic apheresis). We share the nurses' experience with implementing cellular apheresis procedures at the Uganda Cancer Institute.

Methods

We are using the Trima Accel[®] Version 7 automated blood collection system to collect blood components and the Spectra Optia[®] Apheresis System, to perform various therapeutic apheresis, cell collection, and cell processing procedures.

Results

We have carried out a number of procedures including 4 platelet apheresis in which each donor was able to donate at least two doses of leukoreduced platelet units; one white blood cell depletion (WBCD) in leukemia patients with hyperleukocytosis and leukostasis; and 2 red blood cell exchanges (RBCX) in patients with sickle cell anemia. WBCD was to a patient with chronic myeloid leukemia with a white cell count of above $500 \times 10^9/L$, loss hearing and blurred vision who reported tremendous response in just 3 days of depletion. The RBCX procedure was performed on two sickle cell disease patients who presented with history of recurrent transfusions and a stroke, but since the exchange hospital visits for these two have reduced and no transfusion has been administered in the last 6 months.

Conclusion

We believe apheresis can lead to great patient outcomes and can be implemented seamlessly by trained nurses. Our growing experience with cellular apheresis in Uganda can be implemented in other centers with apheresis given more training.

HEALTH-RELATED QUALITY OF LIFE AMONG PATIENTS WITH ESOPHAGEAL, GASTRIC AND COLORECTAL CANCER AT KENYATTA NATIONAL HOSPITAL

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: Despite the advancement of modern therapies, patients in advanced stages of gastrointestinal cancer progress rapidly and can jeopardize their health-related quality of life (HRQoL). In addition, a significant decline in HRQoL is observed as cancer progresses, with a sharp decline in the advanced stages. Hence, this study aimed to assess HRQoL in esophageal, gastric, and colorectal cancer patients at Kenyatta National Hospital.

Methods: A cross-sectional study was employed among 160 esophageal, 103 gastric, and 96 colorectal cancer patients. The European Organization for Research and Treatment of Cancer Quality of Life Questionnaires were used to assess HRQoL. Data were collected using a researcher-administered questionnaire after training the research assistants. The data entry and analysis were carried out using SPSS 26.0 statistical software. A bivariate and multivariate binary logistic regression analysis was employed to investigate determinants of health-related quality of life at a 0.05 level of significance.

Results: The present study showed that most esophageal (118, 73.7%), gastric (75, 72.8%), and colorectal (75%, 72) cancer patients had a poor overall HRQoL. However, most gastrointestinal cancer patients did not have significant problems in the symptoms domain of HRQoL. A significant proportion of esophageal cancer patients who underwent esophagectomy (36, 22.5%) had poor overall HRQoL. In gastric cancer patients, chemotherapy (18, 17.5%) and gastrectomy (28, 27.2%)-treated patients had a significantly deranged HRQoL. Similarly, chemotherapy (18, 18.8%) and a combination of surgery and chemotherapy (21, 21.9%) treated colorectal cancer patients had a significantly reduced HRQoL. Advanced-stage disease (stages III & IV) and co-morbidities were significant determinants of poor HRQoL.

Conclusions: Most patients had a poor HRQoL. However, most gastrointestinal cancer patients did not have significant problems in the symptoms domain of HRQoL. Advanced-stage disease and co-morbidities were significant determinants of poor HRQoL.

ASSESSING THE INCIDENCE AND RISK FACTORS OF HEAD AND NECK CANCERS IN PEOPLE LIVING WITH HIV IN SOUTH AFRICA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE

To determine the incidence rate and risk factors of human papilloma virus-related head and neck cancers (HNCs) in people living with HIV (PLWH) in South Africa.

METHODS

We used data from the South African HIV-cancer match study (<http://dx.doi.org/10.1136/bmjopen-2021-053460>), a nationwide cohort of PLWH created using HIV-related laboratory data and linked to ICD-O-3 coded data from the National Cancer Registry for 2004-2014. We calculated overall and sex-specific crude incidence rates of HNCs. We used Cox proportional hazard models to assess the risk factors; age, CD4 cell counts, calendar period, socioeconomic position (SEP) and settlement type (rural or urban) for developing HNC in PLWH.

RESULTS

From 4,929,543 PLWH and 15.5 million person-years (pyears) of follow-up, we observed 182 incident HNCs (oropharynx (C10-2.10.9); n=33 pharynx NOS (C14.0; n=26) and tonsil (C02.4; C09.0–09.9; n=123). The median age at HNC diagnosis was 35 for both men and women whilst the median first CD4 cell count for men was 223 cells/ μ l and 306 cells/ μ l for women. The incidence rate of HNCs was 1.25/100,000 pyears overall, 2.12/100,000 (n=84) in males and 0.93/100,000 pyears (n=98) in females. In the adjusted Cox models, for both men and women, being \geq 50 years compared to <50 years and attending a facility in an urban compared to rural settlement increased the risk of HNC diagnosis. Women with CD4 cell counts <200 had a lower HNC risk than women with CD4 counts \geq 200 cells/ μ l (Hazard Ratio: 0.56; 95% Confidence Interval 0.38-0.84). In men, there was no evidence for an association between CD4 cell counts and HNC.

CONCLUSIONS

Diagnosis of HNCs is predominantly in urban settlements reflecting disparities in cancer diagnosis services amongst PLWH. Immunosuppression increased HNC risk in women, but not in men likely due to the low prevalence of other risk factors in women such as smoking and alcohol consumption.

TRANSITION FROM 2D TO 3D IMAGE GUIDED BRACHYTHERAPY ON OUTCOME FOLLOWING RADIOTHERAPY IN CARCINOMA CERVIX

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: The integration of cross-sectional imaging modalities such as CT into treatment planning for BT has allowed for the development of a three-dimensional image-based approach to prescribing and reporting. The aim of this study was to evaluate the target coverage, dose received by OARs.

Methods: This is a retrospective study of eighty-three (83) patients treated for cervical cancer and who received HDR brachytherapy with an applicator Tandem & Ring in addition to external radiotherapy at Le Dantec in Dakar between January 2013 and August 2022. The target coverage, dose received by OARs were evaluated using the recommended procedure from GYN GEC ESTRO for a transition from 2D to 3D CT IGBT. Dosimetry was in 2D for 58 patients (70 %) in 3D for 25 patients (30%) between 2019 to August 2022. All patients received whole pelvis radiation to 45 Gy in 25 fractions and 22,5 (7,5Gy x3F).

Results: For 2D plan, median EQD2 dose to point A, bladder point, and rectum point were 77 Gy, 72 Gy, and 72 Gy, respectively using pre-planned templates. In 3D dosimetry, the clinical target volume (CTV) and OARs (bladder and rectum) were contoured on CT plans. Point A and ICRU 38 bladder and rectal points were defined on reconstructed CT images. The mean percentage of coverage in 3D CT IGBT 90.1±5% and the mean percentage of dose received by point A in these plans were 77Gy±9.1% and CTV90 92Gy±7,4%. The means D2cc for bladder and rectum were respectively 80Gy ± 5,6% and 60Gy ±4,5% lower than the corresponding ICRU points doses.

Conclusion: IGBT for cervical cancer, using mainly 3D CT, is an evolving method, increasingly replacing the 2D approach. No statistically significant correlation was found between the occurrence of complications and the type of dosimetry. Both methods allow good local control.

LE CANCER COLO RECTAL: EFFICACITÉ ET TOLÉRANCE DE LA CHIMIOTHÉRAPIE. A PROPOS DE 101 CAS À L'HÔPITAL PRINCIPAL DE DAKAR

Diagne N¹

¹NM Diagne, ²LSRA Chabi, ³N Dieng, ⁴NM Tine, ⁵MD Ndao, ⁶R Diop

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objectifs :

Le cancer colorectal a une incidence croissante dans le monde. C'est le cancer digestif le plus fréquent à l'hôpital Principal de Dakar.

Évaluer l'efficacité et la tolérance de la chimiothérapie chez les malades atteints de cancer colorectal à l'hôpital principal de Dakar.

Méthodes :

Etude prospective sur 11 ans ayant inclus tous les malades atteints d'un cancer colorectal diagnostiqué à l'examen anatomopathologique et hospitalisés pour chimiothérapie. Les dossiers incomplets étaient exclus, les données sont analysées avec le logiciel Excel.

Résultats :

101 malades ont été colligés. L'âge moyen: 59 ans. Sex ratio:1,4. Symptomatologie douloureuse notée dans 60 cas, tous les malades étaient OMS 0 à 2. Biologie: anémie de grade 1(80 cas), marqueurs tumoraux ACE, Ca19-9 élevés (11 cas). Imagerie: métastases (63 cas).

Anatomopathologie: adénocarcinome Lieberkhuinien (101 cas). Tumeur stade 4 (43 cas), stade 3 (58 cas). Chimiothérapie adjuvante: tous les patients de stade 3 par Folfox 4, LV5FU2 ou Capécitabine et chimiothérapie palliative (malades métastatiques). Tolérance de la chimiothérapie: baisse des douleurs (45 cas) , asthénie physique de grade 2 dans 6 cas, anémie de grade 1 -2 (89 cas), nausées de grade 1 (50 cas), un cas de fistule recto-vaginale radio induite après radio chimiothérapie pour un adénocarcinome rectal, un cas de neutropénie fébrile. Mélanodermie objectivée dans 43 cas, syndrome main-pied noté chez 3 malades et une neuropathie de grade 2 dans 45 cas. Tous les patients de stade 3 sont en rémission. Une réponse partielle était notée dans 21 cas. Une chimiothérapie de 2ème ligne a été réalisée dans 18 cas. L'évolution était marquée par 42 décès.

Conclusion

Le cancer colo rectal est de diagnostic tardif dans notre étude. La chimiothérapie adjuvante ou palliative est bien tolérée. Une prise en charge précoce permettrait d'améliorer la survie des malades.

Mots clé : cancer colorectal, chimiothérapie, Dakar

LE CANCER DU SEIN A L'HÔPITAL PRINCIPAL DE DAKAR ETUDE DESCRIPTIVE DE 90 CAS

Diagne N¹

¹NM Diagne, ²LSRA Chabi, ³N Dieng, ⁴NM Tine, ⁵MD Ndao, ⁶B Ndiaye

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objectifs :

Le cancer du sein a une incidence croissante chez la femme dans le monde. Elle représente 40% des cancers gynécologiques à l'hôpital principal de Dakar.

L'objectif était de déterminer les caractères épidémiologiques, cliniques, thérapeutiques et évolutifs des cancers du sein à l'hôpital principal de Dakar.

Méthodes :

Etude rétrospective et descriptive sur 16 ans ayant inclus tous les malades atteints de cancers du sein à l'hôpital principal de Dakar, diagnostiqué à l'examen anatomo-pathologique. Les dossiers incomplets étaient exclus, les données sont analysées avec le logiciel Excel.

Résultats :

90 malades ont été colligés. L'âge moyen était de 48 ans. Il y avait 87 femmes et 03 hommes. Le sein droit était atteint dans 42 cas, le sein gauche chez 39 malades; dans 09 cas la tumeur était bilatérale. Signes cliniques: douleur mammaire (60 cas), une altération de l'état général (17 cas). Biologie: anémie (42 cas), Ca15-3 élevé (30 cas). L'imagerie objectivait une lésion ACR4 dans 28 cas et des métastases dans 27 cas. L'anatomopathologie confirmait le carcinome canalaire infiltrant dans 88 cas et 04 malades présentaient un carcinome lobulaire. Dans 46 cas, les récepteurs hormonaux étaient positifs. Une sur expression HER2 était notée dans 11 cas. Il s'agissait de tumeur classée T4 dans 30 cas. Une mastectomie avec curage axillaire était réalisée chez 61 malades. La chimiothérapie néo-adjuvante et adjuvante était réalisée chez 58 patientes et palliative dans 16 cas. Une rémission était notée dans 20 cas, une réponse partielle dans 27 cas, une stabilisation dans 21 cas. Vingt-deux malades sont décédés.

Conclusion

Le cancer du sein est un cancer de la femme adulte dont le diagnostic est tardif. Les résultats thérapeutiques sont encourageants. Le dépistage est une étape clé pour une prise en charge précoce.

Mots clé : Cancer, Sein, Dakar

LEUCEMIE- LYMPHOME A CELLULES T DE L'ADULTE AU SENEGAL : ASPECT CYTOLOGIQUE ET IMMUNOPHENOTYPIQUE

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIF

La leucémie-lymphome T de l'adulte (ATLL) est un lymphome non hodgkinien rare et souvent agressif (à croissance rapide). Cette étude a pour objet de décrire l'aspect cytologique et immunophénotypique des cas de ATLL observés.

METHODES

Nous avons mené une étude descriptive transversale sur une période de 24 mois (Avril 2021 – Mars 2023) concernant toutes les demandes d'immunophénotypage adressées au Laboratoire d'Hématologie de l'hôpital Dalal Jamm de Dakar. A partir de la fiche de demande, certaines données épidémiologiques (âge, sexe) et cliniques (syndrome tumoral et syndrome d'insuffisance médullaire) ont été étudiées. L'hémogramme a été effectué sur un automate d'hématologie. Pour tous les patients nous avons effectué un frottis coloré au MGG. L'immunophénotypage a été effectué sur un cytomètre 8 couleurs avec un panel d'orientation utilisant différents anticorps CD3-CD4-CD5-CD8-CD19-CD20-CD38-CD45-CD56-IgS et un autre panel avec les CD2-CD4-CD7-CD8-CD25.

RESULTATS

Durant notre période d'étude, nous avons reçu 250 patients pour étude phénotypique parmi lesquels 83 cas de syndrome lymphoprolifératif ont été diagnostiqués dont 06 cas d'ATLL, soit 7% des SLP. L'âge moyen était de 43 ans avec des extrêmes de 23 à 62 ans. La moitié des patients présentaient des adénopathies, une splénomégalie (33%) et une hépatomégalie (17%). L'anémie était présente chez tous les patients avec un cas de thrombopénie L'hyperlymphocytose (5,494 à 266,650 G/L) a été retrouvée dans 83% des cas. A l'examen du frottis, nous avons retrouvé des lymphocytes polymorphes de grande taille avec un noyau polylobé (Flower cell dans 50% des cas et de lymphocytes clivés). La cytométrie a montré une positivité de CD25 et une perte du CD7 chez tous les patients avec présence des autres marqueurs T.

CONCLUSION

Cette étude a montré la complémentarité de la cytologie et de l'immunophénotypage. Toutefois face à de nombreuses formes atypiques des lymphocytes la cytométrie reste un outil indispensable pour poser le diagnostic.

ASSOCIATION OF PIN3 16-BP DUPLICATION POLYMORPHISM OF TP53 WITH BREAST CANCER RISK IN MALI

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: To evaluate the role of the PIN3 16-bp duplication polymorphism in the susceptibility to breast cancer in the Malian population.

METHODS: Using AS-PCR, we analyzed the PIN3 16-bp duplication polymorphism in blood samples of 60 Malian breast cancer and 60 healthy Malian women (Age-matched study).

RESULTS: In this study, no correlation was observed between the PIN3 16-bp duplication polymorphism and clinic-pathological characteristics in the breast cancer patients except histological types ($P = 0.04$). The genotypic frequency distribution was 45.0% A1A1, 41.7% A1A2, 13.3% A2A2 in cases and 65.0% A1A1, 26.7% A1A2, 8.3% A2A2 in controls. Allele frequencies in cases and controls were 65.8% A1, 34.2% A2 and 78.3% A1, 21.7% A2. respectively. The A1A2 heterozygous genotype was associated with an increased risk of breast cancer with ($OR = 2.25$, $95\% CI = 1.01-5.01$ and $p = 0.04$). According genetic models, a significant association of PIN3 16-bp duplication polymorphism with breast cancer risk was observed in dominant (A1A2+A2A2 vs. A1A: $OR = 2.26$, $CI 95\% = 1.08-4.73$; $P = 0.02$) and additive (A2 vs. A1 : $OR = 1.87$, $CI 95\% = 1.05-3.33$; $P = 0.03$) models, but not in the recessive model (A2A2 vs. A1A1+A1A2: $1.69 = 0.52-5.50$; $P = 0.38$).

CONCLUSIONS: The case-control study showed that PIN3 16-bp duplication polymorphism of TP53 may be a significant risk factor for breast cancer in Malian women.

HPV GENOTYPING AMONG WOMEN FROM THE GENERAL POPULATION UNDERGOING CERVICAL CANCER SCREENING IN BAMAKO, MALI

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

i) **OBJECTIVE:** The objective of this study was to assess HPV genotypes among women from the general population undergoing cervical cancer screening in Bamako.

ii) **METHODS:** This prospective cross-sectional study enrolled 199 women from the general population of Bamako. Data were collected using survey forms, and vaginal swabs were obtained through self-sampling. HPV genotyping was performed using GeneXpert technology.

iii) **RESULTS:** In our study, the prevalence of HPV infection was 21.6%. The age group ≥ 30 years was the most represented (61.3%), with a mean age of 35.38 ± 11.09 years. The average age at first sexual intercourse was 19.69 ± 3.739 years. The most detected HPV subtypes were P3 (41.9%), followed by P5 (9.3%), 18/45 (9.3%), P4 (9.3%), P4P5 (7%), 16 (4.7%), and others (2.3%). Infection was more prevalent in the age group ≥ 30 years ($P=0.009$), multiparous women ($P=0.003$), and those with a history of sexually transmitted infections ($P=0.019$).

iv) **CONCLUSIONS:** Cervical cancer continues to pose a significant burden on our population. HPV genotyping through self-sampling could be an effective method to enhance early detection, treatment, and prevention of the disease in the general population of Mali.

DECENTRALIZING CANCER CARE IN THE SAINT LOUIS REGION (SENEGAL): A PROCESS EVALUATION AND OUTCOME ASSESSMENT

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: The aim of this study was to conduct a process evaluation and outcome assessment of the implementation of cancer care decentralization in the Saint Louis region (Senegal).

Methods:

A mixed-methods approach was utilized, incorporating both quantitative analysis of patient data and qualitative analysis of key informant interviews. Quantitative data were gathered from patient medical records, encompassing demographic information, cancer type and stage, treatment adherence, treatment completion rates, and patient satisfaction scores. Qualitative data were obtained through interviews with healthcare providers. The outcome assessment involved evaluating patient outcomes, including treatment adherence, treatment completion rates, and patient satisfaction.

Results: The study cohort consisted of 65 patients diagnosed with cancer between January 1, and December 31, 2021. Most patients have breast cancer (73%). The findings of the process evaluation revealed the successful implementation of cancer care decentralization in the Saint Louis region, with the adoption of new strategies and workflow changes to facilitate decentralized care delivery. However, several barriers were identified, including logistical challenges, staff training, and communication issues. The outcome assessment showed high treatment adherence rates (85%), with 75% of patients completing their planned treatment course.

Conclusion:

This study contributes to the growing evidence base on the importance of cancer care decentralization in low-income countries to address disparities in access and improve patient outcomes. The findings suggest that the implemented decentralization model in the Saint Louis region has positive outcomes in terms of treatment adherence, treatment completion rates, and patient satisfaction. Further research is warranted to evaluate the long-term impact of cancer care decentralization on patient outcomes and healthcare utilization in the region and to identify strategies for overcoming challenges encountered during implementation.

PROGNOSTIC FACTORS IN OBSTRUCTING COLORECTAL CANCER: A RETROSPECTIVE COHORT STUDY

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: The aim was to identify prognostic factors associated with colorectal cancer in patients presenting with bowel obstruction.

Methods: Patients who underwent surgery for obstructing colorectal cancer between January 2017 and December 2020 at the regional hospital of Saint-Louis (Senegal) were included in this study. Patient demographics, clinical characteristics, tumor characteristics, and surgical outcomes were collected and analyzed using multivariate logistic regression and Cox proportional hazards models.

Results: The median age of the patients was 54 years, with a predominance of males (n=44, 63%). The sigmoid colon was the most common site of obstruction (n=47, 66%). The 1-, 3-, and 5-year survival rates were 47%, 42%, and 22%, respectively. The multivariate analysis identified metastasis (hazard-ratio (HR)=3.18, p<0.001), intestinal necrosis (HR=3.06, p<0.001), age over 60 years old (HR=1.46, p<0.01), and perforation (HR=1.44, p<0.01) as prognostic factors associated with increased mortality.

Conclusions: This study suggests that complications and metastasis are the most important prognostic factors in patients with obstructing colorectal cancer. The identification of patients with metastatic disease at an early stage may aid in improving patient outcomes. Furthermore, the prognostic factors identified in this study may be useful in developing strategies for improving outcomes in patients with obstructing colorectal cancer.

SURGICAL NECESSITY IN ESOPHAGEAL CANCER PATIENTS WITH COMPLETE RESPONSE TO NEOADJUVANT RADIOCHEMOTHERAPY: A META-ANALYSIS

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: This meta-analysis aimed to assess the utility of surgery in patients with a complete clinical response after neoadjuvant chemoradiotherapy for locally advanced esophageal cancer.

Methods: A comprehensive search of relevant literature was conducted, and studies meeting the inclusion criteria were selected. Data extraction was performed, and a random-effects model was used to calculate the pooled effect size. Heterogeneity was assessed using the I² and H² statistics. Model fit was evaluated using the Akaike Information Criterion (AIC) and Bayesian Information Criterion (BIC).

Results: Seven studies were included in the meta-analysis. The pooled effect size was determined to be 2.1814 (SE = 0.9893, p = 0.0274), demonstrating a statistically significant association. Considerable heterogeneity was observed among the studies (I² = 97.42%, H² = 38.74). The AIC and BIC values indicated an acceptable model fit, with respective values of 32.59 and 32.18.

Conclusion: This meta-analysis provides evidence supporting the necessity of surgery in locally advanced esophageal cancer patients who achieve a complete response to neo-adjuvant radiochemotherapy. However, the substantial heterogeneity among the included studies highlights the importance of cautious interpretation.

LES TYPES HISTOLOGIQUES AGRESSIFS DE CANCER DE L'ENDOMÈTRE

Diallo M¹

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Introduction

Ce travail vise à rappeler ces types agressifs même aux stades précoces et de proposer une conduite thérapeutique visant à améliorer le pronostic.

Matériels et méthode

il s'agit d'un rapport de cas aux Centre Hospitalier National de Pikine et du Centre de Santé Philippe Maguilen SENGHOR de 2016 à 2022 à travers une collecte rétrospective.

Commentaires

Longtemps réputé comme un cancer globalement de bon pronostic par rapport au cancer du col de l'utérus notamment, le cancer de l'endomètre, s'avère en effet, être plus complexe. Il est un cancer hormonodépendant, mais pas toujours. La nouvelle classification moléculaire de 2019, justement, tend à apporter une explication à cela. Nos réalités d'exercice font que leur prise en charge demeure complexe en l'absence d'une compréhension fine de leur physiopathologie.

Dans notre expérience, 22 patientes ont été prises en charge pour un carcinome de l'endomètre dont 8 jugés de mauvais pronostic. Il s'agissait de 2 types endométrioïdes de haut grade, 2 types de carcinosarcome et de 4 de type séreux de haut grade.

Elles ont toutes bénéficié d'un traitement chirurgical radical et trois ont ensuite bénéficié d'une chimiothérapie adjuvante. A ce jour, parmi ces patientes, 6 sont décédées après une récurrence précoce. Les deux dernières sont en cours de suivi et ne présentent pas de récurrence.

Conclusion

La biologie moléculaire déjà incontournable dans le cancer du sein, s'impose de plus en plus pour celui de l'endomètre. Elle semble pouvoir prédire le profil évolutif et donc le juste traitement de première ligne à appliquer pour chaque cas.

PRISE EN CHARGE DU CANCER AVANCÉ DE L'OVAIRE AU SÉNÉGAL (UNITÉ D'ONCOLOGIE DE LA CLINIQUE GYNÉCOLOGIQUE ET OBSTÉTRICALE)

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Introduction

Le cancer de l'ovaire est sans doute le plus agressif et le plus létale des cancers gynécologiques. Ce travail vis à évaluer nos résultats.

Patients et méthodes

Il s'agit d'un recueil prospectif sur la prise en charge chirurgicale du cancer de l'ovaire entre juillet 2017 et mars 2023 soit 92 cas. Sont incluses toutes les patientes atteintes d'une tumeur ovarienne dont le diagnostic avait été posé soit après une cytologie ou une histologie.

Résultats

L'âge moyen des patients était de 54 ans avec des extrêmes de 31 et 79 ans. La quasi-totalité des patients étaient au stade III de leur maladie (82,7%). Parmi les 90 patients suivis dans notre service, 79 avaient bénéficié d'une chirurgie de réduction volumineuse optimale. Le reste de nos patients avait reçu une chimiothérapie néoadjuvante. Quatre d'entre elles avaient bénéficié secondairement d'une chirurgie d'intervalle optimale. Deux patients étaient réfractaires à la chimiothérapie et n'avaient jamais été opérés. Deux autres patients sont décédés avant tout traitement. Le résidu tumoral était inférieur à 1 cm chez 2 patients, inférieur à 2 cm chez 3 autres.

Conclusion

Cette pathologie est régulièrement détectée à des stades avancés et se caractérise le plus souvent par une dissémination péritonéale de cellules tumorales, la formation de liquide d'ascite et l'acquisition d'une chimiorésistance. Dans notre situation, la chimiothérapie néoadjuvante doit être systématique dans notre contexte au-delà du stade II de la maladie.

Mots clés : Cancer de l'ovaire ; Adénocarcinome papillaire séreux ; Chimiothérapie néoadjuvante, chirurgie

RADIOTHERAPY IN SENEGAL: HISTORY, STATUS AND PERSPECTIVES.

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: Since 2018, the three-dimensional conformal radiotherapy technique is performed in Senegal with three linear electron accelerators in two public hospitals and the intensity modulation technique in a private centre. The aims of this work was to expose the problems of radiotherapy and to see what mechanisms could be taken to improve this treatment technique in Senegal.

Methods: This work was based on a situational analysis of radiotherapy in Senegal.

Results: Since 2018, the three-dimensional conformal radiotherapy technique is performed in Senegal with three linear electron accelerators in two public hospitals and the intensity modulation technique in a private centre. At least 15 accelerators to cover the needs of external radiotherapy in Senegal.

Despite the progress made in recent years in radiotherapy, there is a deficit in human resources and decentralisation of radiotherapy services. Increasing the financial resources dedicated to oncology is one of the major challenges in strengthening the number of radiotherapy centres and equipment in Senegal. A reimbursement policy based on the model of developed countries with health insurance that covers the entire population could facilitate access to radiotherapy for cancer patients regardless of their income.

Conclusion: A better knowledge of the interest of radiotherapy in the management of cancer could allow the increase of radiotherapy treatment centres to improve the management of cancer patients alongside surgery and systemic therapies. The increase in radiotherapy centres with innovative techniques as well as the reinforcement of human resources training must be at the heart of policies to fight cancer in Senegal.

VALEUR DE LA RUPTURE CAPSULAIRE FOCALE DANS LA PRISE EN CHARGE THERAPEUTIQUE ET LE PRONOSTIC DES CANCERS DU SEIN.

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: : Depuis la publication des essais cliniques de l' ACOSOG Z0011 et de l' IBCSG 23-01 en cas de 1 ou 2 ganglions sentinelles positifs sans rupture capsulaire, la réalisation d'un curage axillaire n'est plus recommandée si un traitement systémique adjuvant est associé. L'objectif de cette étude était d'évaluer après lymphadénectomie sélective sentinelle(LSS) la prise en charge des patients en cas de rupture capsulaire focale, son impact dans le traitement adjuvant et le pronostic en fonction de l'abstention versus la réalisation d'un curage axillaire complémentaire.

Methodes: Il s'agit d'une étude rétrospective portant sur 40 patients avec rupture capsulaire focale dans les ganglions prélevés après LSS, sélectionnées entre 2018 et 2022.

Résultats: une rupture capsulaire focale était retrouvée dans 54.7%. L'âge médian des patients étaient de 58 ans. La durée moyenne de suivi était de 18 mois. Le nombre de ganglion sentinelle positif moyen était de 1,2 ganglions. Aucun patient de l'étude n'avait plus de 1 ganglion sentinelle positif avec rupture capsulaire focale. Un curage axillaire complémentaire était réalisé chez 27 patients soit 62.5 % des cas et 13 patientes soit 32.5 % des cas n'avaient pas eu de curage. Le nombre de ganglion sentinelle positif était la seule variable associée significativement à la réalisation d'un curage axillaire complémentaire avec un p significatif (p=0.026). Un curage complémentaire positif était retrouvé dans 1/3 des cas (33%). Un lymphœdème était retrouvé uniquement chez les patientes avec curage axillaire. Un seul cas de récurrence ganglionnaire très précoce était retrouvé chez une patiente n'ayant pas eu de curage complémentaire.

Conclusion: l'abstention de curage axillaire en cas de présence de rupture capsulaire focale peut être un standard si les critères de l'ACOSOG Z0011 sont respectés. Un curage axillaire complémentaire après rupture capsulaire focale ne semble pas améliorer le control local par rapport à une LSS seule.

ESTIMATED DOSE OF STAFF IN NUCLEAR MEDICINE BY POST STUDY AND WASTE MANAGEMENT NATIONAL ONCOLOGY CENTER OF NOUAKCHOTT

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: The post study consists of evaluating, under normal working conditions, the doses that can be delivered to staff, following external and internal exposures to sources of ionizing radiation. It allows identifying and estimating the risk in order to implement the appropriate prevention actions and to provide elements for the management of possible incidents.

Methods: We list the various positions of professions potentially exposed to ionizing radiation in connection with nuclear medicine activity. In our service, we only use technetium 99 and iodine 131. For the post study, we always place ourselves in the most penalizing conditions to estimate the effective and equivalent dose.

Results: The results are summarized in table 1

Table 1 Exposure of workers in our service

Radio-nuclide Activity		Personnel Exposure (mSv/year)	
		Whole body	Extremities
Ba 133 QC	Physicist	0.015	0.25
Cs 137 QC	Physicist	0.006	0.54
I 131	Therapy, administration	Medical Doctor	5
I 131	Therapy, post-treatment scan	Technologist	1
I 131	Therapy, consultation	Medical Doctor	3
Tc 99m	Diagnosis, preparation	Technologist	0.05 44
Tc 99m	Diagnosis, scans	Technologist	1 /

Conclusion: The nuclear medicine department is particularly concerned with post studies. It poses a relatively high risk of exposure to ionizing radiation for workers since they handle radioactive sources daily. For occupational exposure of workers, the dose limits are strictly regulated and checked in our service.

MANAGEMENT OF THE NUTRITIONAL STATUS OF CANCER PATIENTS: PROFESSIONAL PRACTICE SURVEY IN ONCOLOGY AND ONCO-HEMATOLOGY DEPARTMENTS IN SENEGAL

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective

Protein-energy undernutrition is commonly observed in patients with cancer (20-70%) and associated with a worsening of the disease prognosis as it progresses. Our study aimed to assess professional practice in the nutritional management of patients undergoing cancer in Senegal.

Methodology

We conducted an audit of professional practices using a questionnaire covering four main areas: the nutritional management organization in hospitals; theoretical knowledge; clinical practice; and nutritional management perception. The questionnaire was delivered to doctors and state nurses working in departments treating various cancers. It involved the medical departments at HPD; the Joliot and Marie Curie Institute at Aristide Le Dantec; the clinical hematology and onco-radiotherapy departments at CHNDJ; and the clinical hematology department at the CNTS.

Results

We interviewed 48 caregivers. Specialist doctors and state nurses accounted for 52.1% and 20.8%, respectively. Participants originated from oncology departments in 33.3% (22.9% radiotherapy, 8.3% surgery, and 2.1% medical oncology). 64.6% caregivers were unaware of the existence of a food and nutrition link program in their hospital. In 54.2%, screening for nutritional status was attributable to the doctor. Percentage weight loss, BMI, and blood albumin were considered to be the poorest indicators of nutritional status. Nutritional assessments were performed more on patient admission (56.3%) than during their hospital stay (27.1%). The most commonly used screening tools were BMI and weight loss (66.7%). In 37%, the assessment was subjective, and in 40.7%, the opinion of a dietician/nutritionist was sought. The personnel faced challenges in setting up enteral nutrition in 96.9% and 100% for parenteral nutrition. 12.5% of caregivers were trained in undernutrition.

Conclusion

The impact of undernutrition on cancer pathologies is yet to be considered. Nutritional assessment and dietary monitoring must be part and parcel in the management of cancer patients, as well as psychological and analgesic care.

keywords: undernutrition, cancers, oncology, hematology

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MULTIPLE MYELOMA (MM): EPIDEMIOLOGICAL, DIAGNOSTIC, THERAPEUTIC ASPECTS AND FOLLOW-UP. ABOUT 99 CASES COLLECTED AT THE HOPITAL PRINCIPAL DE DAKAR, SENEGAL

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: Evaluating the management of patients with multiple myeloma in the medical departments of the Hôpital Principal in Dakar.

Méthodologie: We conducted a single-center, descriptive, and analytical retrospective study over a period of 134 months (1 April 2011 to 31 May 2022). MM was diagnosed according to the IMWG 2009 and 2014 criteria, depending on the inclusion date. SD classification and ISS prognostic score were assessed. Partial remission was defined as at least a 50% reduction in the monoclonal component. Survival was estimated using the Kaplan-Maier curve.

Results: We included 99 patients. The sex ratio was 1.2 with a mean age of 62 years. Patients were symptomatic at diagnosis (86.9%). They were classified as stage IIIA SD (50.5%) and stage II ISS (61.6%). SPE outlined a peak in the gamma (69.7%) and beta (17.9%) zones. IFSP showed IgG (74.5%), kappa type (58.2%). IFUP showed the presence of light chains (46.5%). Mean bone marrow plasmacytosis was 36%. Radiological lesions included geodes (68.7%), vertebral compression (38.4%), and pathological fractures (8.1%). Bone-related (46.5%) and infectious (21%) complications were mainly reported. Renal failure was present in 58.1%. In first-line treatment, patients received: MP (53.6%), MPT (26.3%), bortezomib (11.1%), CT Dex (3.1%), therapeutic abstention (6.1%). The course was labeled by relapse in 21.2% and partial response in 52.9%. The time to remission was 16.8 months. The mean follow-up period was 15 months. Overall survival at 12 months was 56%. The risk of death was correlated ($p < 0.05$) with ISS stage and renal involvement at diagnosis.

Conclusion: Symptomatic forms dominate the circumstances of discovery, due to delays in consultation and difficulties in accessing care. Bone and infectious complications are the most common. The course of the disease is often marked by a partial response and death at an advanced stage of diagnosis.

Keywords: Myeloma, Treatment, Follow-up, Senegal

SURVIVAL OF PATIENTS WITH CHRONIC MYELOID LEUKEMIA (CML) IN THE ERA OF TYROSINE KINASE INHIBITORS (TKIs) IN DAKAR, SENEGAL

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ORAL ABSTRACTS | DAY 5, SESSION 1, HALL 3, November 6, 2023, 9:00 AM - 10:00 AM

Introduction

Treatment with TKIs has highly improved the prognosis of CML, with survival close to that of the general population in Western countries where patients achieve deep and lasting molecular remission. Our study aimed to assess this survival in our patients.

Methodology

We conducted descriptive and analytical cohort study of 134 patients followed between 2005-2020. The baseline prognosis was assessed by the Sokal score before any treatment. In the chronic phase, patients received imatinib 400mg/d (adults) and 300mg/m² (children), and in the advanced phase 600mg/d. We assessed hematological response (HR) at 3 months, cytogenetic response (CyR) at 12 months, molecular response (MR) from the 12th month (ELN criteria), resistance, progression, and survival. Dasatinib was introduced as a second-line treatment for patients on whom an optimal response to imatinib was not obtained or who underwent grade 3 or 4 toxicity. Survival was estimated using the Kaplan-Maier curve.

Results

The mean age was 41.2 years with a sex ratio of 1.2. Patients were diagnosed in the chronic phase (86%) with a high risk (39.6%). The time between the first sign and initiation of imatinib was 11 months. CHR was achieved in 65.8% of patients, complete CyR(41.4%), MMR at (27.3%), and DMR (15.1%). Two patients were eligible for TFR. Resistance to imatinib was observed in 32.8% and progression (14.9%). Overall survival at 5 years was 82% and at 10 years 71%. Progression-free survival at 5 years was 81,8% and at 10 years 62%; advanced stage at diagnosis and poor response to treatment were associated with death (p<0.05).

Conclusion

The survival of patients treated with TKIs for CML in our cohort still lags behind that of patients in developed countries, probably because of the delay in diagnosis, the lack of exploration of genetic or molecular resistance factors.

Keywords: Chronic Myeloid Leukemia, Survival, TIK, Senegal

ETUDE DES FACTEURS PRONOSTIQUES DU CANCER DU SEIN A PROPOS DE 47 CAS

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

ETUDE DES FACTEURS PRONOSTIQUES DU CANCER DU SEIN A PROPOS DE 47 CAS

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Introduction : Le cancer du sein est le cancer le plus fréquent chez la femme dans le monde. Sa gravité est liée au stade et aux facteurs pronostiques. L'évaluation pronostique permet de mieux apprécier la poursuite du traitement en vue d'une meilleure appréciation de la survie.

Méthodes: Il s'agissait d'une étude rétrospective analysant les facteurs pronostiques par rapport à la récurrence et à la survie sur 47 patientes présentant un cancer du sein diagnostiqué entre 2010 et 2017 à la clinique Oasis de Dakar.

Résultats: L'âge moyen était de 44,6 ans. Une taille tumorale supérieure à 5cm a été plus fréquente. Le grade SBR a été précisé dans 74,46%. Un grade SBR II a été plus présent (51%). Le statut ganglionnaire a été précisé dans 87,2%. L'envahissement ganglionnaire (N+) a été moins fréquente (39%).

L'immunohistochimie a été réalisée chez 55,3% des patientes. La classe luminal A a été plus présente(46%) suivie de la classe triple-négatif (35%).Le stade a été précisé chez toutes nos patientes avec une fréquence plus élevée pour le stade III-IV (77%).

La survie a été évaluée chez toutes nos patientes et allait de 12 mois (1an) à 108 mois (9ans).

Le taux de survie globale à 2 ans est de 90% et de 68% à 5 ans. La récurrence locale a été plus présente chez les patientes âgées de moins de 40 ans. La métastase a été plus fréquente pour la classe triple-négatif.

Conclusion: L'étude des facteurs pronostiques est indispensable pour mieux comprendre les facteurs de risque de récurrence locale et à distance du cancer du sein dans la population noire.

Mots clés : pronostic ; cancer du sein ; survie ; récurrence.

ASPECTS ÉPIDÉMIOLOGIQUES, DIAGNOSTIQUES, THÉRAPEUTIQUES DES CANCERS DE L'ŒSOPHAGE AU SÉNÉGAL

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Introduction :

Les cancers de l'œsophage occupent le 8ème rang des cancers en terme d'incidence et le 6ème en terme de mortalité dans le monde. L'objectif de cette étude était de rapporter les aspects épidémiologiques, diagnostiques, thérapeutiques des patients suivis pour cancer de l'œsophage.

Méthodes :

Nous avons réalisé une étude rétrospective, descriptive sur une période de 12 mois (Janvier 2018 à Décembre 2018). Nous avons colligé les dossiers des patients suivis à l'hôpital Aristide Le Dantec et l'hôpital Dalal Jamm pour cancer de l'œsophage confirmés à l'histologie. Les données étudiées étaient les données sociodémographiques, cliniques, paracliniques, et les stratégies thérapeutiques.

Résultats :

Nous avons colligé 126 dossiers. L'âge moyen était de 47,9 ans avec un sex-ratio de 1,06 (65 hommes). Le motif de consultation le plus fréquent était la dysphagie avec un délai moyen de 7,51 mois. Les facteurs de risque rapportés étaient essentiellement le tabac chez 30 patients, l'alcool chez 7 patients et alcoolo-tabagique chez 7 (p=000001). La tumeur siégeait au niveau cervical dans 24,8 et thoracique dans 25,4%. Une sténose était notée chez 61 patients (48,4%). La tomodensitométrie faite chez 109 patients (%) et révélait une métastase 61,1% des patients. L'histologie mettait en évidence un carcinome épidermoïde dans 89,7% des cas. Une chirurgie était faite dans 41,3% des patients et était palliative dans 98,11%. La radiothérapie externe était réalisée chez 34,1% des patients associée à une chimiothérapie concomitante dans 8,8% des cas. La chimiothérapie première était indiquée dans 57,2% des cas. La survie médiane sur 1 an est faible.

Conclusion :

Le cancer de l'œsophage atteint le sujet relativement jeune avec un retard diagnostique important souvent au stade de métastase. La prise en charge est surtout palliative.

MISE EN ŒUVRE D'UN PROGRAMME DE DIAGNOSTIC PRECOCE DE CINQ CANCERS DE L'ENFANT EN AFRIQUE SUBSAHARIENNE PAR LE GFAOP

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ORAL ABSTRACTS | DAY 3, SESSION 5, HALL 3, November 4, 2023, 3:20 PM - 3:50 PM

OBJECTIF

Pour réduire la mortalité et les coûts des soins en oncologie pédiatrique, le Groupe Franco- Africain D'oncologie Pédiatrique (GFAOP) a mis en œuvre un programme de diagnostic précoce axé sur le renforcement de capacités des soignants et la sensibilisation des populations en Afrique francophone avec le soutien de la fondation Bristol Meyer Squibb et de l'Alliance Mondiale Contre le Cancer (AMCC).

METHODE

Deux ateliers de conception et de validation d'outils d'éducation et de sensibilisation sur les cancers de l'enfant, ont été organisés. Des modules éducatifs sur la détection des signes précoces axés sur les cinq principaux cancers pédiatriques ont été élaborés et ont permis de former des soignants.

RESULTATS

Entre 2019 et 2022, 1278 professionnels de santé ont été formés sur le diagnostic précoce des cancers de l'enfant dans le cadre de 33 ateliers de formation en présentiel. Les lots d'affiches distribuées aux participants en fin de formation ont contribué à une sensibilisation du grand public. Le suivi post-formation effectué au Sénégal a montré l'importance de la formation des agents de santé du niveau périphérique sur la détection précoce des cancers de l'enfant. La digitalisation de la formation a facilité la formation continue en ligne des soignants de trois pays (Sénégal, Côte d'Ivoire, Bénin).

CONCLUSION

Le programme de diagnostic précoce du GFAOP a permis de renforcer la lutte contre les cancers de l'enfant au niveau des pays participants. Fort de ces résultats, le GFAOP renforce son soutien aux programmes de diagnostic précoce en Afrique Francophone.

GENE EXPRESSION PROFILING OF PERIPHERAL BLOOD MONONUCLEAR CELLS FROM WOMEN WITH CERVICAL LESIONS REVEALS NEW MARKERS OF CANCER.

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ORAL ABSTRACTS | DAY 3, SESSION 1, SESSION ROOM 205, November 4, 2023, 9:00 AM - 10:00 AM

Abstract. Cervical cancer (CC) is a multifactorial disease of which human papillomavirus (HPV) is the main etiological agent. Despite cervical Pap smear screening and anti-HPV vaccination, CC remains a major public health issue.

Identification of specific gene expression signatures in the blood could allow better insight into the immune response of CC and could provide valuable information for the development of novel biomarkers.

The present study performed a transcriptomic analysis of peripheral blood mononuclear cells (PBMCs) from Senegalese patients with CC (n=31), low-grade cervical intraepithelial neoplasia (CIN1; n=27) and from healthy control (CTR) subjects (n=29).

Individuals in the CIN1 and CTR groups exhibited similar patterns in gene expression. A total of 182 genes were revealed to be differentially expressed in patients with CC compared with individuals in the CIN1 and CTR groups. The IL1R2, IL18R1, MMP9 and FKBP5 genes were the most upregulated, whereas the T-cell receptor α gene TRA was the most downregulated in the CC group compared with in the CIN1 and CTR groups. The pathway enrichment analysis of the differentially expressed genes revealed pathways directly and indirectly linked to inflammation. To the best of our knowledge, the present study is the first large transcriptomic study on CC performed using PBMCs from African women; the results revealed the involvement of genes and pathways related to inflammation, most notably the IL-1 pathway, and the involvement of downregulation of the T-cell receptor α , a key component of the immune response.

Several of the stated genes have already been reported in other cancer studies as putative blood biomarkers, thus reinforcing the requirement for deeper investigation.

These findings may aid in the development of innovative clinical biomarkers for CC prevention and should be further replicated in other populations.

PREDISPOSITION GENETIQUE AU CANCER DU SEIN AU SENEGAL : MUTATIONS DES GENES BRCA1 ET BRCA2

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Introduction :

BRCA1 et 2 sont les gènes majeurs impliqués dans la prédisposition au cancer du sein héréditaire. Des mutations de ces gènes prédisposant au cancer ont été identifiées chez plusieurs populations mais rarement en Afrique Subsaharienne. L'objectif de ce travail était d'identifier les mutations de gènes BRCA impliquées dans la prédisposition génétique au cancer du sein héréditaire au Sénégal.

Méthodologie:

Cinquante patientes atteintes de cancer du sein confirmé par examen anatomopathologique et ayant des antécédents familiaux de cancer du sein ainsi qu'une population contrôle ont été recrutées après consentement libre et éclairé. La recherche de mutations des gènes BRCA a été réalisée par séquençage Sanger et par génotypage PCR pour la mutation fréquente identifiée.

Résultats :

Le séquençage des exons a identifié un variant pathogène récurrent à l'état hétérozygote du gène BRCA1, c.815_824dupAGCCATGTGG (p.Thr276Alafs) chez 30 cas index sur 50 soit une fréquence allélique de 30%. De plus il a été retrouvé chez des patientes atteintes de cancer sporadiques, mais aussi chez des femmes indemnes de tout cancer et chez certaines femmes diagnostiquées de cancer du sein avant 50 ans avec des fréquences alléliques estimés respectivement à 5% et 0,55% et 11,11%. L'analyse haplotypique a montré un effet fondateur de cette mutation au Sénégal. Concernant le gène BRCA2 une nouvelle mutation c.5219T>G (p.Leu1740Thrfs) prédisposant au cancer du sein a été identifiée chez une famille consanguine.

Conclusion : Cette étude a permis d'identifier une mutation fondatrice prédisposant au cancer du sein héréditaire chez les femmes sénégalaises. La recherche de ce variant par génotypage PCR a été mise en place au service de Génétique Humaine comme moyen de prévention chez les femmes à risque. L'implication de ce variant dans les cancers de la prostate et du pancréas est en cours d'investigation.

Mots clés : BRCA Cancer du sein héréditaire, Mutations, Sénégal

LA REUNION DE CONCERTATION PLURIDISCIPLINAIRE (RCP) DU COMITE DES CHIRURGIENS DU GROUPE FRANCO-AFRICAIN D'ONCOLOGIE PEDIATRIQUE (GFAOP)

Dior N¹

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objectifs : Présenter un exemple de RCP organisée par le comité des chirurgiens du GFAOP.

Méthode : Analyse des comptes rendus des RCP rédigés par son coordonnateur.

Résultats : Les réunions étaient organisées en ligne sur la plateforme « TEAMS » (Microsoft) et étaient ouvertes à tous les chirurgiens qui opèrent des tumeurs pédiatriques dans les pays membres du GFAOP, en présence d'oncopédiatres, de radiologues et de pathologistes. Les dossiers étaient présentés par les chirurgiens en respectant l'anonymat. L'imagerie (échographie, TDM dans les trois dimensions, avant et après injection, fenêtres osseuses) était envoyée à un radiologue référent avant la RCP. Un logiciel de conversion d'images était utilisé pour faciliter le partage. Le compte rendu anatomo-pathologique était présenté.

Les premières discussions concernaient la vie du comité (études cliniques en cours, formation continue) et les dossiers étaient ensuite présentés et discutés. Les orientations données avaient valeur de recommandations thérapeutiques laissées à l'appréciation de l'équipe de prise en charge. On terminait par les mises à jour concernant les dossiers présentés aux staffs précédents. Un compte-rendu était rédigé par le coordonnateur en fin de réunion et diffusé aux membres. De mars 2020 à avril 2023, nous avons tenu 24 réunions avec une fréquence mensuelle depuis septembre 2021. En moyenne 10 spécialistes [4-17] participaient avec une majorité de chirurgiens pédiatres 6[2-12]. Nous avons traité 72 dossiers, avec une moyenne de trois nouveaux cas à chaque réunion [1-5]. Les tumeurs rénales (22) prédominaient suivies des tumeurs osseuses (15), des tumeurs germinales (10), des rhabdomyosarcomes (4), des tumeurs du foie (3), des neuroblastomes et autres tumeurs rares (tumeurs nerveuses, tumeur desmoplastique).

Conclusion : Les RCP sont une étape nécessaire de la multidisciplinarité en oncologie. Ces réunions ont permis également aux chirurgiens du GFAOP de se connaître afin de faciliter les échanges et les études multicentriques à venir.

CANCER DU NASOPHARYNX : BILAN DE 12 ANS AU SERVICE D'ORL DE L'HOPITAL GENERAL IDRISSE POUYE (HOGIP)

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ORAL ABSTRACTS | DAY 2, SESSION ROOM 201/202, November 3, 2023, 9:00 AM - 10:00 AM

Objectif : décrire les particularités épidémiologiques, diagnostiques, thérapeutiques et évolutifs des cancers du nasopharynx à l'HOGIP.

Patients et Méthodes : il s'agissait d'une étude rétrospective et descriptive portant sur 15 patients porteurs d'un cancer du nasopharynx, confirmé histologiquement, suivis au service d'ORL de l'HOGIP entre Janvier 2010 et Décembre 2021.

Résultats : l'âge moyen des patients était de 38,7 ans avec des extrêmes de 12 et 68 ans. La tranche d'âge la plus représentée était celle des plus de 50 ans, le sexe-ratio était de 0,5.

Le délai de consultation était supérieur à 6 mois dans 60% des cas. L'adénopathie cervicale représentait la circonstance de découverte dans 86,7 % des cas.

L'UCNT était le type histologique retrouvé dans 73,3 % des cas. Les patients étaient porteurs de tumeurs de gros volume (stade III et IV) dans 100% des cas.

La radiothérapie avait été instituée dans 40 % des cas et la chimiothérapie dans 73,3 % des cas. 40% des patients avaient bénéficié d'une radio-chimiothérapie concomitante et 46,6% avaient achevé leur traitement. Après un recul moyen de 18, 3 mois, l'évolution était marquée par la rémission complète chez 6 patients (40 %), le décès dans 6 cas (40 %) et 3 perdus de vue (20 %). La survie à 5 ans est de 11,1 %.

Conclusion : Le cancer du nasopharynx est rare au Sénégal. C'est un cancer de mauvais pronostic avec des formes localement avancées et une fréquence élevée des récurrences et des métastases.

L'amélioration du pronostic de ce cancer doit passer par un diagnostic précoce et un accès facile à la radio-chimiothérapie.

Mots clés : Cancer - Nasopharynx - UCNT- Radiothérapie- Chimiothérapie

DNA METHYLATION PROFILE OF PROSTATE CANCER AGGRESSIVENESS IN GHANIAN MEN

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ORAL ABSTRACTS | DAY 5, SESSION 1, HALL 3, November 6, 2023, 9:00 AM - 10:00 AM

Background/Objective

Prostate cancer (PCa) is a significant public health problem, with increasing incidence and mortality rates in African countries. DNA methylation has emerged promising for diagnostic and prognostic biomarkers for PCa. However, there is a dearth of knowledge regarding the epigenetic profiles of PCa in African populations. This pioneering study aimed to characterize the DNA methylome of PCa in Ghana and investigate its potential as a prognostic biomarker.

Methods

The DNA methylation profile of archival PCa and adjacent non-neoplastic tissues was assessed using Illumina Infinium EPIC arrays. Differentially methylated probes and regions (DMPs and DMRs) were utilized for gene-set enrichment and protein interaction analyses. To identify key genes potentially involved in PCa aggressiveness, clinical and genomics data (n = 500) from the TCGA Firehose Legacy PCa study were downloaded from the cBioportal database. These data were then analyzed across tumour grades. The mutation and copy number alterations were visualized and compared for the gene set corresponding to the most significant pathway identified from enrichment analyses.

Results

The results demonstrated consistent methylation pattern differences across tumour grades. Analyses of aggressive and indolent tumours identified 2530 differentially methylated probes (DMPs) and 35 differentially methylated regions (DMRs). This study reveals novel hypermethylation of genes, including DUOX1, CCDC169-SOHLH2, AKR7A3, PAX9, ADAM8, SND1, GPR88, TPH1, FOXG1, DNAH10, AIFM2, and GFRA3, associated with PCa aggressiveness. Gene ontology analysis highlighted significant associations between TP53 targets and oxidoreductase pathways, respectively, with PCa aggressiveness. Analysis of TCGA genomics data confirmed the alignment of gene expression and copy number alterations of TP53 targets with the hypermethylation profile of high-grade tumours

Conclusion

This study sheds light on the potential molecular mechanisms underlying PCa aggressiveness in the Ghanaian population but also reveals previously unidentified markers. These unique findings hold the potential to improve PCa management among Ghanaian men.

COMMON CANCERS THAT AFFECT ESWATINI: AN ANALYSIS FROM THE CANCER REGISTRY 2020- 2021 DURIG COVID-19.

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background: For the past years in Eswatini the burden of cancers has been increasing. A recent analysis of available data from cancer registry shows that 1682 new confirmed cancer cases were captured 2020 -2021. The main purpose of the analysis was to rule out any the challenges experienced due to COVID 19 restrictions.

Method: Data herein presented were provided by population-based cancer registry, covering the Eswatini population, in the period 2020-2021. Confirmed cancer cases in Eswatini are monthly routine data collection from National, Regional Hospitals, Health Centres, Palliative Centres, Laboratories, and death registry in Eswatini.

Results: In the period 2020-2021 the cancer registry reported 1682 confirmed cancer cases, however for the leading cancers in 2020 were cervical cancer 32%, breast cancer 10%, prostate cancer 8%, skin cancers 5% and colorectal cancer 4%, whilst in 2021 the cervical cancer 59.9%, prostate cancer 30.0%, breast cancer 19.5%, Lymphoma 5.7% and lung cancer 6.2%

Conclusion: The present findings update descriptive cancer epidemiology in Eswatini population based on data provided by an extensive network of general population-based cancer registry.

Findings derived from cross-analysis data suggest that less challenges on data abstraction were experienced during the COVID 19, however worth noting is that we have experienced a high increase of screenable cancers such as cervical cancer in the second year.

Keywords: Cancer registry, burden of cancer, Eswatini

SUCCESSFUL ESTABLISHMENT OF NATIONAL CANCER REGISTRY AND PROGRAM IN ESWATINI: LESSONS TO INFORM CANCER PROGRAM IN LOW AND MID-INCOME COUNTRIES.

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ORAL ABSTRACTS | DAY 5, SESSION 5, HALL 3, November 6, 2023, 3:20 PM - 3:50 PM

Background: Eswatini's 2017 baseline assessment revealed severe cancer service gaps in infrastructure, personnel, training, research, number served locally. We present the Ministry of Health's (MOH) success in establishing the national cancer control unit (NCCU) and national cancer registry (NCR).

Methods: MOH led the development of the 2019-2023 national cancer control strategic plan (NCCSP) and established the NCCU in 2019. The NCCU, staffed with a manager and 3 personnel implemented the NCCSP prioritizing cancer prevention (health promotion and screening), diagnosis, treatment, palliative care and survivorship programs. Inter-government, public-private, local and international partnerships led to widespread stakeholder engagement, community advocacy procurement of cancer screening and diagnosis equipment, staff training, and establishment of oncology services such chemotherapy. A NCR was introduced. Cancer prevention and palliative care interventions were integrated into NCCU activities. We report key progress indicators between 2019-2022.

Results: Between 2019-2022, 2930 cancers were captured in the NCR. Cervical (59.2%), prostate (30.4%) and breast (19.5%) cancers were commonest, and 4% of cancers were among children. There was a 31-fold increase in the number of cancer patients receiving chemotherapy locally: from 52 to 1631 patients. International referrals for cancer management declined 7-fold from 217 to 30. Patient navigators/escorts were introduced in 2021, and by 2022 had supported linkage of 1,509 patients to cancer services. Nationally, 1141 health workers have been trained to provide palliative care and 1447 patients were receiving palliative care services in 2022. National rollout of adolescent HPV vaccination is ongoing. The NCCU is currently engaged in 15 research protocols, of which 9 are utilizing NCR data for student MPH/PHD programs.

Conclusion: Establishment of the NCCU and implementation of the NCCSP has led to coordinated efforts in cancer prevention, diagnosis and management, and more cancer-care needs met locally.

FINE NEEDLE ASPIRATION IN CANCER DIAGNOSIS: SUCCESSES AND CHALLENGES IN A LOW RESOURCE ONCOLOGY PRACTICE

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

FINE NEEDLE ASPIRATION IN CANCER DIAGNOSIS: SUCCESSES AND CHALLENGES IN A LOW RESOURCE ONCOLOGY PRACTICE

Objective: Surgical pathology is relatively suboptimal in most developing countries mainly due to unavailability of equipment and trained personnel. Cytopathology is a reliable, inexpensive adjunct to surgical pathology. In our centre, pathology services have been moribund for many years. This presentation aims to review all cases of cytology received over a period of one year and highlighting the successes and challenges associated.

Methodology: Data regarding age, sex, site of specimen and diagnosis of all cases of cytology received in our laboratory were abstracted over a year period between April 2021 and March 2022. All cases with complete data were analysed using SPSS version 23.

Result: We received 499 cases over a period of one year; 475 of which had complete data. 409 were females, 66 were males with a M:F ratio 1:6. The age ranges from 11 months to 87 years and modal age group was 40-49 years. Fine needle aspiration of breast masses constituted 64% of the cases and 40% of which are malignant. This was followed by head and neck region constituting 13.3% of which one-third were malignant. Most of the head and neck were from paediatric patients. Others include cervical smear and pleural fluid cytology constituting 10.9% and 5.3% respectively.

Conclusion: FNA has improved the diagnosis of cancer and other lesions in real time in our budding practice and considerable improvement has been seen in the initiation of management despite the many challenges of personnel, equipment and infrastructure

EVALUATION OF A REGIONWIDE CERVICAL CANCER SCREENING PROGRAM IMPLEMENTATION THROUGH A TRAINING OF TRAINERS APPROACH IN TAMBACOUNDA AND KEDOUGOU, SENEGAL

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: Due largely to low utilization of cervical cancer screening services,² the cervical cancer age-standardized incidence rate in Senegal (37.8/100,000 women) places it 17th in the world.¹ This project strengthened human resources, regional clinical capacity, and quality oversight programs in existing rural cervical cancer screening centers in Tambacounda and Kedougou, Senegal

METHODS: We apply the Exploration, Preparation, Implementation, Sustainment (EPIS) framework as an analytic implementation framework to evaluate the implementation of a cervical cancer screening program in two rural Senegal regions through a training of trainers model.

RESULTS: The Exploration Phase was informed by a partnership between the Senegal Ministry of Health and Social Action (MoHSA), the Tambacounda Regional Center for Health Training, Tambacounda and Kedougou Medical Regions in Southeastern Senegal, Cheikh Anta Diop University (UCAD), Dakar, Senegal, the UCAD Center for Training in Women's Health, the University of Illinois at Chicago (UIC), and Rotary International. Through the Preparation Phase the MoHSA prioritized the advanced training of administrators, public health and communication specialists, and community health workers in advocacy, strategic planning, as well as information and education strategies. In the Implementation Phase, 38 trainings were held engaging 179 health structures and 883 healthcare personnel (administrators, clinicians, and community health educators). Equipment and infrastructure were reinforced, quality control measures were instituted, clinical records and referral systems were established, and a case management strategy through the development of an electronic database ensures real-time information on the number of women screened and assurance of treatment and follow-up. Through the Sustainment Phase central policy and program governance was reinforced. A cost analysis of project trainings detailed the cost-effectiveness of our training strategy in a low-resource setting.

CONCLUSIONS: This project informs the foundational components needed to scale a national cervical cancer program towards achieving equitable access to cervical cancer screen and treat programs.

INCREASED INCIDENCE OF CLINICALLY SIGNIFICANT MALARIA INFECTIONS WITH RITUXIMAB IN MALAWI PATIENTS WITH DIFFUSE LARGE B-CELL LYMPHOMA

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ORAL ABSTRACTS | DAY 5, SESSION 4, OVAL ROOM, November 6, 2023, 3:20 PM - 3:50 PM

OBJECTIVE: DLBCL is the most common lymphoma subtype worldwide, and R-CHOP is the first-line standard-of-care. Most studies evaluating the safety and efficacy of rituximab are from countries where malaria is not endemic. The objective of this study was to explore risk factors for malaria among patients in Malawi being treated for DLBCL.

METHODS: We performed a case-control study of 96 patients aged ≥18 with DLBCL from the Kamuzu Central Hospital (Lilongwe, Malawi) Lymphoma Study, a prospective observational cohort treated with CHOP or R-CHOP 2013-2019. Odds ratios were calculated for risk factors for malaria. Clinically significant malaria was diagnosed in patients with symptoms and positive malaria rapid diagnostic test or microscopy. Malaria-specific antibody depletion was explored by measuring levels of anti-AMA1, anti-MSP1, anti-HRP2, and anti-CSP via Luminex from frozen plasma at pre-treatment (time 0), mid-treatment (2 months), completion (4 months), and post-treatment (12 months).

RESULTS: Of 96 patients, 59 (61.5%) received CHOP and 37 (38.5%) R-CHOP. Of the 14 patients with clinically significant malaria, nine (64.3%) received RCHOP and five (35.7%) CHOP. The odds ratio for rituximab was 3.4 (95% CI 1.05 – 12.3; p=0.04). Clinically significant malaria infection was not associated with HIV status/viral load, age, gender, baseline laboratories, disease stage, number of treatment cycles, or performance status. 218 samples (57% of a possible 384 samples) were available for antibody analysis from 77 patients (29 RCHOP, 45 CHOP). There was no significant difference in the antibodies tested between CHOP and R-CHOP patients.

CONCLUSIONS: We found rituximab was strongly associated with clinically significant malaria among patients undergoing treatment for DLBCL in Malawi. We did not find a significant difference in malaria-specific antibodies between treatment groups, but the incomplete collection of samples for analysis limits interpretation. Larger, prospective studies are needed to confirm this finding and explore optimal prevention strategies.

PROMOTING GENDER EQUALITY IN AFRICAN ONCOLOGY RESEARCH: GEORGINA'S STRIVE TO BRIDGE THE GAP

El Bairi K¹, Belbaraka R², And Georgina study collaborators³

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: The issue of gender inequity in cancer research continues to pose a significant global challenge. To address this crucial gap, GEORGiNA (Gender Equity in Oncology Research Group of North Africa) is a study that analyzed North African cancer research to explore gender disparities. The primary objective of this study was to formulate evidence-based policies, informed recommendations, and effective gender equality actions specifically tailored to oncology.

Methods: From 2018 to 2022, a Pubmed-based bibliometric analysis was performed, including publications with authors from North African countries in the first or last position. Cancer researchers within each country reviewed the selected articles to accurately determine the gender of the authors. To ensure consistent and accurate reporting, a manual data extraction guide was created and shared with collaborators. Factors associated with gender distribution were explored accordingly.

Results: In the bibliometric analysis (2018-2022) of 7,109 publications by North-African oncologists, female first authors represented 51%. Tunisia had the highest proportion of women authors (71.9%), while Sudan and Libya had a male dominance (62% and 70% respectively) for senior author position. Among coauthors (37,019), 44.13% were females. Male oncologists were significantly more represented as principal investigators (PIs) in all countries ($p < 0.001$). However, there has been an increase in women lead authors, even during the COVID-19 pandemic. Male researchers dominated as PIs in original articles ($p < 0.001$), received more funding, and published more open access articles ($p < 0.01$). Male authors had higher involvement in international collaborations compared to females.

Conclusions: Although North African women in cancer research have made progress, barriers including limited funding and international collaboration still impede achieving gender equity.

KNOWLEDGE ABOUT CERVICAL CANCER, ITS RISK FACTORS, HUMAN PAPILLOMAVIRUS AND VACCINATION, AND ATTITUDES TOWARD VACCINATION AMONG FEMALE NURSING STUDENTS, EGYPT

Elshamy K

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background and aim of the study: Cervical cancer is a major public health problem. Cervical cancer in Egypt ranks as the 10th most frequent cancer among women between 15 and 44 years of age. This study was conducted to assess Knowledge about Cervical Cancer, Its Risk Factors, Human Papillomavirus and Vaccination, and attitudes toward HPV Vaccination among Female Nursing Students at Eldakahlya Governorate, Egypt

Materials and Methods

A descriptive cross-sectional survey was conducted at Technical, Health Institute of Nursing, affiliated to Mansoura University, Ministry of Health and Population and Health Insurance System. Data was collected during January 2023 using a self-administered questionnaire to assess knowledge, attitudes and practices of cervical cancer (KAP). This tool consists of three main parts ;(Part A: Socio-demographics of the participants, Part B: Knowledge about Cervical Cancer, Its Risk Factors, Human Papillomavirus and Vaccination, and Part C: Attitudes toward HPV Vaccination). The questionnaires were completed by 4220 undergraduate female nursing students whose ages between 18-30 years and accepted to participate and give consents, the response rate is 80.5%.

Results

The majority of nursing students have inadequate knowledge regarding cervical cancer, HPV vaccination, and Pap smear screening as an early detection practice. Approximately half of the students would consider cervical screening in the future. More than half of the students have a positive attitude towards cervical cancer and HPV Vaccination

Conclusion and Recommendations:

1. The low knowledge level of students reflected the urgent need for modification of nurses' curricula to include the cervical cancer prevention which will improve their knowledge, attitudes and practice.
2. Educational program regarding cervical cancer will be successful in enhancing knowledge & improving attitude toward screening HPV Vaccination.

Keywords: Cervical Cancer, Knowledge - attitude - HPV and HPV Vaccination- Nursing Students - Eldakahlya Governorate – Egypt

EVALUATION OF TRIAGE ASSAYS FOR HPV-POSITIVELY TESTED WOMEN IN LMIC BY THE NETWORK FOR ONCOLOGY RESEARCH IN AFRICA (NORA)

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ORAL ABSTRACTS | DAY 3, SESSION 2, SESSION ROOM 203, November 4, 2023, 9:00 AM - 10:00 AM

Introduction

NAT-based HPV screening is WHO standard. Low specificity for true dysplasia detection by PCR-based assays poses problems especially in high prevalence situations as found in SSA or WLWH populations. Triage tests are needed, but in LMIC cytology and biomarker-based IHC are too complex and costly. Within NORA we investigate suitability of molecular triage test options. Here we report on a multiplexed cost-efficient HPV-oncogene and biomarker mRNA-quantifying assay (QuantiGene-Molecular-Profiling-Histology, QG-MPH). Highly accurate risk score (RS) calculations diagnose and discriminate cervical dysplasia, reducing need of pathology services.

Methods

QG-MPH allows multiplexed evaluation of 18 HR-HPV-oncogene and 18 cellular-biomarker mRNAs. 1400 consecutively collected smears were analyzed by QG-MPH, RSs developed by logistic regression and ROC analysis showed an AUC (accuracy=sensitivity+specificity) >80% (CIN2, CIN3) and >92% (cervical cancer, CxCa). From a triage study population morphologically-identified CIN3 (pathology result) were characterized for their biomarker expression and RS-dependent classification. We compared HPV genotype composition, viral E7 expression-strength, and methylation marker positivity by Gynect assay (Oncnostics, Jena, Germany) to characterize the RS results.

Results

HR-HPV genotypes were detected with lower sensitivity (80%) than by PCR-based assays (>95%). In contrast, assay specificity increased (PCR: 20-40%; QG-MPH: 70 to 80%). Dysplasia >CIN2+ was detected reliably but differed in appx. 30% of cases to severity of diagnoses by morphology-based pathology. This correlated with higher vs lower carcinogenic HPV genotype spectrum, with strength of HPV oncogene expression, and with extent of marker-gene methylation. This correlation does reflect the biology of the lesion.

Conclusion

QG-MPH is robust and useful to detect and diagnose specific dysplasia severity, e.g. for LMIC settings (where pathology services are sparse). RS results may reflect lesion biology and prognosis for dysplasia pro-/regression. This has to be evaluated in longitudinal studies. QG-MPH may solve screening problems concerning cost, roll out, and specificity in high-risk populations like WLWH.

EVALUATION DE LA QUALITE DES SOINS DU CANCER DU SEIN CHEZ LES PATIENTS OPERES A L'HOPITAL GENERAL DE YAOUNDE

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIF

Le diagnostic du cancer du sein est tardif au Cameroun et sa survie globale à 5 ans est très faible. Nous avons évalué la qualité des soins dans un centre de référence de Yaoundé en vue d'améliorer la prise en charge du cancer du sein.

METHODOLOGIE

Il s'est agi d'une étude d'évaluation des pratiques portant sur la réactivité et l'accès aux soins qui s'est déroulée d'avril à Aout 2022. Les données des patientes ayant été opérées à l'Hôpital Général de Yaoundé entre Janvier 2016 et Avril 2022 ont été collectées. A l'aide des recommandations de l'European Society of Breast Cancer Specialists de 2017, nous avons évalué les moyens diagnostiques, les conditions et les délais de mise sous traitement ainsi que les modalités thérapeutiques. Les analyses statistiques ont été réalisées à l'aide des logiciels SPSS version 23.0 et Epi info version 7.0.

RESULTATS

Nous avons recruté 384 cas de cancers opérés. La majorité était des femmes (98,9%). La proportion des patients ayant réalisé une mammographie ou une échographie était de 92,2%. Le diagnostic histologique était connu avant le début du traitement dans 96,8% des cas. La proportion des cas discutés en réunion de concertation pluridisciplinaire était de 11 %. Le traitement avait débuté dans un délai de 6 semaines dans 49,5% des cas. La chimiothérapie adjuvante était administrée dans un délai de 6 semaines dans 29,3% des cas. La radiothérapie avait été faite dans un délai de 12 semaines chez 7,7% des patients. Enfin, 72,4% des patientes avaient réalisé une mammographie de contrôle.

CONCLUSION

Les rencontres de concertation pluridisciplinaire doivent être encouragées pour un plan de soins optimal. La réduction des délais de mise sous traitement pourrait améliorer le pronostic du cancer du sein.

Mots clés : qualité de soins ; cancer du sein ; Hôpital Général de Yaoundé.

PRISE EN CHARGE D'UN DOUBLE CANCER PRIMITIF DU SEIN ET DE L'OVAIRE À L'HÔPITAL GYNÉCO-OBSTÉTRIQUE ET PÉDIATRIQUE DE YAOUNDÉ.

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Le cancer du sein est le cancer de la femme le plus fréquent dans le monde. Dans certains cas, il peut être associé à un cancer de l'ovaire, on parle du syndrome sein-ovaire. Évènement rare, il survient généralement dans un contexte de prédisposition génétique. On estime que le développement des tumeurs, chez 10 à 15% des femmes qui ont un cancer séreux de l'ovaire et 5 à 10% des femmes qui ont un cancer du sein est lié à des mutations héréditaires, souvent les gènes BRCA 1 et 2.

Nous rapportons le cas d'une patiente de 55 ans, nulligeste, ménopausée depuis plus de 10 ans. Les antécédents chirurgicaux rapportent une kystectomie pour endométriose à 25 ans, une myomectomie, et une laparotomie pour pelvipéritonite. Reçue en consultation pour masse abdomino-pelvienne évoluant depuis plusieurs mois, l'examen sénologique retrouvait opportunément 3 masses. L'examen abdominal faisait état d'une masse abdominopelvienne d'environ 20 cm de grand axe. Le bilan paraclinique abdominal évoquait un cystadénocarcinome séreux de l'ovaire droit, alors que celui du sein était en faveur d'une mastopathie fibrokystique. Après réunion de Concertation pluridisciplinaire (RCP), l'indication d'une tumorectomie mammaire et laparotomie exploratrice a été posé. Les trouvailles opératoires retrouvaient pour l'ovaire un cystadénocarcinome papillaire séreux invasif moyennement différencié de l'ovaire droit et pour le sein d'un carcinome mucineux grade I du sein droit.

L'examen anatomopathologique relève d'une importance capitale pour la précision diagnostique. La prise en charge est multidisciplinaire. La salpingo-ovariectomie et la chirurgie mammaire de réduction de risque, sont des méthodes préventives efficaces pour les carcinomes de l'ovaire et du sein

Mots clés : Syndrome cancer sein-ovaire, prise en charge, mutations génétiques.

GENETIC PROFILING OF BREAST CANCER IN CAMEROON: CASE OF PRELIMINARY STUDIES TOWARDS THE ESTABLISHMENT OF GENETIC COUNSELLING AND TESTING SERVICES

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ORAL ABSTRACTS | DAY 3, SESSION 1, SESSION ROOM 205, November 4, 2023, 9:00 AM - 10:00 AM

OBJECTIVE: To date, much of the genomic basis of breast cancer in Africans in general and Cameroonians in particular remains uncharacterized. We aimed to characterize the mutational profile of breast cancer in our context, and to identify a population at high risk of cancer that could benefit from new preventive and therapeutic strategies.

METHODS: All consenting patients with breast cancer visiting the Yaoundé General Hospital and NGO Solidarity Chemotherapy from May 1 to July 31 2022 were screened. Five millilitres of saliva was collected in testing kits and sent to Color genomics lab in USA. Multigene panel testing (107 genes) by next-generation sequencing was performed for all patients. The frequency of pathogenic/likely pathogenic (P/LP) mutations was recorded.

RESULTS: We recruited and sampled 41 female patients with breast cancer with a mean age of 40.47 ± 7.86 (range 27–56) years. Three patients (7.32%) had bilateral breast cancer and one (2.44%) had metachronous breast and ovarian cancer. Twenty-four (58.54%) had a family history of cancer. Thirteen patients (31.71%) had a pathogenic mutation. Of these, 10/13 (76.92%) had a family history of cancer, BRCA 1 accounted for 8 (61.54%); BRCA 2, PALB2, ATM, PMS2, and MSH2 each accounted for 1 (7.69%). Eight patients (19.51%) had a variant of undetermined significance, 17 (41.46%) had no mutation and 1 patient (2.44%) had to be resampled.

CONCLUSION: The frequency of pathogenic mutations among this small sample of breast cancer patients in Cameroon is high, with a contribution of non-BRCA genes. This study adds information on the genomic landscape of cancer in Cameroon and is ground-breaking work for genetic testing and counselling services in the country. The next phase of the study involves post-test genetic counselling and risk management.

KEY WORDS: genetic profile, breast cancer, Cameroon, hereditary

IMPROVING ACCESS TO CERVICAL CANCER SCREENING IN RURAL COMMUNITIES OF CAMEROON

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Although cervical cancer is highly preventable, the national screening coverage remains unsatisfactory in Cameroon as the government's implementation priority is currently focused more on urban-settings compared to the rural areas. Rural residents face numerous barriers such as inadequate information, fear of cancer, concerns regarding financing diagnostic and treatment costs, language, cultural beliefs and transportation to screenings.

Objective: Establishing patient navigation as a tool to improve access to screening and reduce the cervical cancer burden among rural women

Method: Humanity at Heart International (H@H) works in collaboration with other health facilities, including the Cameroon Baptist Health Services (CBCHS) to channel community women to screening and treatment services.

In November 2022, H@H targeted non-pregnant women aged 30- 65 in two rural communities: Tiko and Buea – South West Region. To overcome language and cultural beliefs barriers and build community trust we: 1) Engaged community leaders and health workers in educating the women on cervical cancer prevention. 2) Asked structured questions that enabled rapid assessment of individual and group perceptions regarding cervical cancer and their preferences for screening. Our patient navigators accompanied women to screening to ease their fear of cancer and ensured adherence to follow-up recommendations. Data from a structured intake forms was collected and used for evaluation.

Results: 484 women mobilized. 372 (76%) of women gained new knowledge on cervical cancer prevention and expressed readiness to take up screening services. 112 (23%) of women attended screening with patient navigator support. Five (4%), of women identified with pre-cervical lesions were all treated by thermal ablation at CBCHS.

Conclusions: H@H community information and patient navigation creates unique opportunities for rural women to access critical cervical cancer prevention services. Partnerships between civil society and screening clinics should be integrated in a national cervical cancer prevention strategy for expansion to rural communities across the country.

PERSPECTIVES OF HEALTHCARE PROVIDERS IN RWANDA ON CLINICAL CANCER GENETICS.

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ORAL ABSTRACTS | DAY 3, SESSION 1, SESSION ROOM 205, November 4, 2023, 9:00 AM - 10:00 AM

Objective

While clinical cancer genetics remains underutilized in sub-Saharan Africa, there are few empiric studies assessing knowledge gaps and perspectives of healthcare providers. To address this gap, we conducted a national survey of doctors and nurses in Rwanda

Methods

We developed a comprehensive survey partly adapted from other published instruments; it included multiple-choice knowledge and practice questions on cancer genetics, Likert-scale questions of perspectives, and open-ended question on barriers. Cancer genetics experts reviewed the survey for face-content validity. The survey was electronically distributed through a snowball approach to a convenient sample of nurses and doctors across Rwanda. Data were collected between April 2022 - August 2022 and summarized with descriptive analysis.

Results

Of the 132 responses, 100 (76%) surveys (68 doctors and 32 nurses) were included in this analysis; we excluded duplicate responses and those that were substantially incomplete. Participants represented every province in Rwanda, with most (62%) from Kigali, the capital. Respondents represented a spectrum of practice settings, with highest proportions from national referral hospitals (47%). 71 (72%) respondents reported having genetics lectures during medical/nursing school, but only 46 (47%) had any genetics course during their post-school professional training. Only 20 (21%) had attended any continuing medical education (CME) activities in cancer genetics. Moreover, the overwhelming majority (99%) expressed interest and willingness to attend a future genetics CME course. 26 (29%) rated their knowledge of cancer genetics as poor or very poor, 38 (43%) as fair, while only 25 (28%) rated as good or very good. The most common perceived barriers to implementing cancer genetics testing were costs (23%), lack of testing infrastructure (21%), and cultural and societal awareness/hesitance (19%).

Conclusions

Our survey demonstrates several perceived gaps limiting clinical cancer genetics testing implementation in Rwanda. A multi-pronged approach is urgently needed to address testing costs, infrastructure, and education gaps.

VALIDATION OF XPERT® BREAST CANCER STRAT4 MRNA EXPRESSION ASSAY FOR BREAST CANCER SUBTYPES: A COMPARISON WITH IMMUNOHISTOCHEMISTRY PERFORMED IN RWANDA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objectives: While breast cancer biomarker assessment is essential for management, testing by immunohistochemistry (IHC) remains a challenge in sub-Saharan Africa (SSA). Xpert® Breast Cancer STRAT4 (CE-IVD) mRNA expression assay (STRAT4) performed on the widely available GeneXpert® platform is a possible alternative to IHC and may have some advantages including quality control and costs. Here we present results of one of the first validation studies, with IHC and STRAT4 performed in SSA.

Methods: We retrospectively selected 198 breast cancer samples and assessed STRAT4/IHC for ESR1/estrogen receptor (ER), PGR/progesterone receptor (PR), and ERBB2/human epidermal growth factor receptor 2 (HER2). We report concordance rates for test pairs based on published thresholds, excluding indeterminate and HER2 IHC equivocal results. We also explore patient and sample characteristics associated with results concordance, p-values determined from Fisher's exact and Chi-square tests.

Results: Of the 198 samples included, 96 (49%) were from patients 50 and older, 5 (3%) were male, 177 (89%) were invasive ductal carcinoma, and 131 (66%) were core needle biopsies. All samples were included in the ESR/ER analysis; 189 included in the PGR/PR analysis (excluded 9 indeterminate STRAT4 and 2 washed-out IHC stains); and 171 included in the ERBB2/HER2 analysis (excluded 25 equivocal IHC and 2 washed-out IHC stains). STRAT4 concordance rates with IHC were 95.5%, 80.4% and 90.1% for ESR/ER, PGR/PR, and ERBB2/HER2, respectively. Patient age, gender, histologic type, and histologic grade were not associated with likelihood of concordance. Compared with core samples, surgical samples were more likely to be discordant for ESR/ER ($p=0.008$), and PGR/PR ($p=0.058$), but not for ERBB2/HER2 ($p=0.435$).

Conclusions: In this large validation study, with all tests performed in Rwanda, the STRAT4 assay had excellent performance for subtyping breast cancer. Widespread adoption of STRAT4 can fill the gap across SSA where quality and cost competitive IHC is unavailable.

NASOPHARYNGEAL CANCER: PREVALENCE, TREATMENT OUTCOMES, AND IMPACT ON HEALTH-RELATED QUALITY OF LIFE AT A TERTIARY INSTITUTION IN LAGOS, NIGERIA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: Nasopharyngeal cancer substantially impacts patients' health-related quality of life (HRQOL) due to its distinctive anatomical location, resulting symptoms, and treatment-related side effects.

This study aimed to investigate the burden of nasopharyngeal cancer, including its prevalence, treatment outcomes, and impact on health-related quality of life (HRQOL), among patients at a tertiary institution in Lagos, Nigeria.

Methods: A descriptive cross-sectional study design was employed, with a population of 125 patients diagnosed with and treated for nasopharyngeal cancer at the NSIA-LUTH Cancer Center from May 2019 to May 2022. The EORTC H&N 35 questionnaire was used to assess HRQOL. Data were analyzed using SPSS 12.0 statistics software. Mann-Whitney U and Kruskal-Wallis tests were used to examine associations between different quantitative variables and the significance level was set at $p < 0.05$.

Results: Among the 125 patients, the mean age was 46.21 ± 17.82 , with 76% being male. Prevalent comorbidities were reported in 34 patients (27.2%). Environmental risk factors were identified in 6 patients (4.8%). The most prevalent histology was squamous cell carcinoma (45.6%), and stage IV was the most common stage (44%). Chemoradiation was the primary treatment modality (63.2%), with IMRT being the most utilized approach (41.6%). Poor HRQOL in different domains was found to be associated with various factors, such as patient age > 75 years, being single, monthly income $< \$200$, presence of comorbidities, alcohol use, and advanced stage at presentation. In the follow-up, 91 patients were reached (62 alive, 29 deceased). Mortality was significantly associated with weight loss at presentation and dietary consumption of grilled/smoked food.

Conclusion:

The study emphasizes the importance of understanding patients' experiences and tailoring supportive care to meet their individual needs. Furthermore, future research should focus on reducing symptoms and treatment-related toxicities to enhance long-term HRQOL and improve patient outcomes.

SURVEY OF HEMATOLOGY/ONCOLOGY FELLOWSHIP LEADERS ON EQUITY AND GLOBAL HEALTH OPPORTUNITIES FOR TRAINEES IN UNITED STATES ADULT TRAINING PROGRAMS

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ORAL ABSTRACTS | DAY 4, SESSION 2, SESSION ROOM 203, November 5, 2023, 9:00 AM - 10:00 AM

Objective:

The study assesses the current state of global oncology/hematology (GO) fellowship training opportunities in US programs.

Methods:

We developed a comprehensive survey of 64-Likert multiple-choice open-ended questions. Content experts reviewed the survey to ensure face-content validity. The survey was electronically distributed to all the program directors (PDs) of ACGME-accredited adult hematology/oncology fellowships. For programs not represented after PD responses, the survey was sent to the Assistant PDs (APDs) or Division Heads to ensure robust representation.

Results:

A total of 171 programs were eligible for the survey. We received 42 (24.6%) responses; of these, 40 were included in the analysis and two were excluded (one answered no questions and one declined consent). The programs include large academic (81.6%) and community hospitals (10.5%); 18 (48.6%) report offering opportunities for global health training. Most programs (29, 82.9%) had three or fewer faculty engaged in GO research. Institutional training grants were available in 15 (39.5%) programs, of which 6 (40%) allowed for global health research. GO training opportunities were provided by 18 (48.6%) programs, and 83.3% report less than a quarter of their trainees participate in GO experiences. The most commonly perceived barriers to GO opportunities include lack of dedicated institutional funding availability (93.9%), competing priorities (85.3%), and lack of faculty mentors with GO-related experience within the division. Conversely, the most commonly perceived facilitators to implementing GO opportunities include established partnership(s) outside of the US (97.0%), dedicated institutional funding (93.9%), faculty member(s) with GO-related experience within the division (93.9%), and faculty champions for GO-related training (90.9%).

Conclusions:

Our survey demonstrates that less than half of the programs currently offer GO opportunities. Currently, the most significant barriers include funding availability and competing priorities. The most important facilitator for increasing GO opportunities is establishing partnerships with institutions outside of the United States.

DIAGNOSTIC ET SUIVI DU LYMPHOME DE HODGKIN AU SERVICE D'HEMATOLOGIE CLINIQUE DE L'HOPITAL DALAL JAMM

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIF: Le lymphome de Hodgkin est une hémopathie maligne de bon pronostic. Toutefois, dans un environnement de pays à ressources limitées les résultats peuvent être décevants. L'objectif général de notre étude était d'évaluer le profil diagnostique et évolutif des lymphomes de Hodgkin au service d'Hématologie clinique du CHN Dalal Jamm de Dakar

METHODES: Une étude rétrospective descriptive et analytique était menée sur une période de 11 ans incluant tous les patients dont le diagnostic de lymphome de Hodgkin a été confirmé. Les données ont été recueillies sur un fichier Excel et analysées avec le logiciel R version 4.1.3.

RESULTATS: Au total 94 patients ont été inclus avec un âge moyen de 38,7 ans et un sexe ratio de 1,4. Le délai moyen de consultation était de 10,6 mois +13,4. Une poly-adénopathie était retrouvée dans 96,8%. Les signes d'évolutivité B étaient retrouvés dans 54,2% et une altération de l'état général dans 62,7% des cas. A l'hémogramme, on notait essentiellement une anémie (67,7% des cas) et une lymphopénie (36,2%). Le phénotype le plus retrouvé était la forme scléro-nodulaire (61,7% des cas). Un stade avancé (III et IV) de Ann Arbor était noté dans 62,2% des cas. L'EORTC était favorable dans 41,2% et l'IPS défavorable dans 39,7% des cas. Une polychimiothérapie de type ABVD a été instaurée chez 67% des patients.

L'évolution notait une rémission complète dans 25,3% des cas et la mortalité était de 16,9%. La survie globale à 11ans était de 75%. Chez les malades au stade précoce de Ann Arbor, il existait une différence significative dans la survie entre les groupes pronostiques ($p=0,0001$).

CONCLUSION: Le lymphome de Hodgkin est diagnostiqué à des stades tardifs dans notre pratique avec un faible taux de rémission complète

ÉVALUATION DE LA MALADIE THROMBOEMBOLIQUE VEINEUSE AU COURS DES LYMPHOMES PAR LE SCORE DE THROLY A L'HOPITAL DALAL JAMM

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIF: La maladie thromboembolique veineuse est une complication fréquente au cours des lymphomes avec une incidence variable entre 6 et 10%. L'objectif de notre étude était d'évaluer le risque thromboembolique veineux chez les patients suivis pour lymphome par le score de ThroLy. **METHODES:** Il s'agit d'une étude descriptive et analytique au service d'hématologie clinique de l'Hôpital Dalal Jamm, 01 Septembre 2016 au 31 décembre 2021. Étaient inclus tout patient avec un diagnostic de lymphome confirmé. Les données ont été recueillies sur un fichier Excel et analysées avec le logiciel R version 4.1.3.

RESULTATS: Nous avons colligé les dossiers de 121 patients dont l'âge moyen était de 45,05 ± 18,9 ans et le sex-ratio était de 1,08. Les lymphomes non hodgkiniens étaient les plus fréquents (58,8%). Un événement thromboembolique veineux a été rapporté chez 6 patients dont 66,6% de cas de thrombose veineuse profonde des membres inférieurs. Le délai moyen entre le diagnostic du lymphome et l'apparition de la MTEV était de deux (2) mois. Concernant les caractéristiques du score de ThroLy, un antécédent d'évènement thromboembolique a été retrouvé dans 1 cas, une mobilité réduite (ECOG 2) dans 77,7%, une obésité dans 4,5% des cas, une localisation extra-ganglionnaire dans 47,9%, une atteinte médiastinale dans 25,4%, une anémie <10g/dl dans 36,4% et une neutropénie (<1 × 10⁹/L) dans 8,2% des cas. Selon le score de ThroLy, 53,3% à risque intermédiaire (2-3), et 21,7% à risque élevé (>3) de développer une MTEV. Les patients atteints de LNH avaient souvent un haut risque de ThroLy et la survenue de MTEV était noté à 100% chez eux.

CONCLUSION: Notre étude démontre que la survenue d'un évènement thrombo-embolique n'est pas exceptionnelle au cours de la maladie lymphomateuse, ces patients ayant un risque thromboembolique intermédiaire dans la plupart des cas.

T-CELL RESPONSE TO DIFFUSE LARGE B-CELL LYMPHOMA IS ALTERED BY HIV INFECTION AND ANTIRETROVIRAL THERAPY

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: We aimed to elucidate if HIV infection and preceding immune reconstitution by antiretroviral therapy (ART) alter T-cell response to Diffuse Large B-Cell Lymphoma (DLBCL).

METHODS: The Kamuzu Central Hospital Lymphoma Study has prospectively enrolled patients with newly diagnosed lymphomas in Malawi since 2013. All DLBCL (HIV+/ART-naïve, HIV+/ART-experienced, and HIV-) patients from 2013-2019 (n=127) received standardized treatment (CHOP or RCHOP) and follow-up, including ART for all HIV+. We performed T-cell receptor (TCR) sequencing of 57 pre-treatment, formalin-fixed and paraffin embedded tumors. To assess the spatial relationships of T-cell populations, we also performed Imaging Mass Cytometry (IMC) on 77 pre-treatment tumors. We determined TCR repertoire clonality by productive Simpson clonality, after computationally accounting for differences in T-cell number, and TCR repertoire overlap was estimated by Morisita Index. We used Kruskal-Wallis to test associations with HIV/ART status and Cox regression to calculate hazard ratio (HR).

RESULTS: HIV+/ART-naïve patients had improved overall survival compared to HIV- DLBCL (HR=0.53, p=0.03). Although HIV/ART status was not associated with differences in CD8+ T-cell fraction by IMC, HIV+/ART-naïve tumors had significantly increased spatial association between CD8+ T cells and malignant B cells compared to HIV+/ART-experienced (1.9-fold) and HIV- tumors (2.0-fold). In parallel, TCR repertoires from HIV+/ART-naïve tumors had higher clonality than HIV- (1.4-fold, p=0.02) and HIV+/ART-experienced (1.4-fold, p=0.05). Further, individual HIV+/ART-naïve tumor repertoires were more similar to HIV+/ART-experienced (3.1-fold, p=0.01) and HIV- (2.7-fold, p=0.01) compared to other HIV+/ART-naïve repertoires.

CONCLUSIONS: The spatial association of CD8+ T-cells and neoplastic cells in pre-treatment HIV+/ART-naïve DLBCL suggests an effective cytotoxic response and survival benefit that may be further enhanced by ART initiation along with chemotherapy. Prior ART exposure restored T-cell infiltration patterns and TCR repertoire diversity in the developing tumor, similar to those seen in HIV- DLBCL.

UNDERSTANDING THE EFFECT OF DECENTRALIZING MEDICATION DISTRIBUTION ON ADHERENCE TO ENDOCRINE THERAPIES FOR BREAST CANCER IN RWANDA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: Endocrine therapy (ET) improves the outcomes of women with breast cancer (BC) in sub-Saharan Africa, but success is largely based on patients taking the medication as prescribed. Patients experience multiple challenges in adhering to ET, including financial and transportation barriers, comorbidities, and medication toxicity. In Rwanda, studies demonstrated the impact of distance to facilities on BC treatment adherence. Currently, BC patients receive ET every 30 days from Butaro Cancer Center of Excellence (BCCOE) in Burera District for minimum 5 years. In February 2023, we began a multi-district intervention focused on increasing access to BC services in rural Rwanda; a key component is decentralizing ET distribution to three additional hospitals.

Methods: We are employing a mixed-methods study nested within this intervention to understand the effect of decentralizing ET distribution on adherence among BC patients. Because it is not yet routinely measured, baseline adherence will be measured using pharmacy records and comparing pill counts and the number of days between the dates patients collected ET 01/01/2022–01/01/2023. Ongoing adherence data will be collected prospectively through improved pharmacy records, and in-depth interviews (IDIs) with patients are planned after 6 months of decentralization.

Results: Results will include patient adherence at all study sites. They will include descriptive and associative statistics stratified by distribution location, disease status, type of medication, and patient demographics. IDIs will provide explanation and greater context, particularly in the nuances of the decision-making process and the specific impact of decentralization on ET adherence.

Conclusions: Throughout the evolution of its definition in the medical literature, adherence implies the process of active decision making beyond taking a medication as prescribed. This study seeks to understand the effect of decentralizing ET distribution on adherence and the decision-making process. Results will inform future interventions in Rwanda and similar settings and contribute to the overall literature.

ESTABLISHING AN INTERDISCIPLINARY RADIOLOGIC-PATHOLOGIC (RAD-PATH) CONFERENCE FOR THE MANAGEMENT OF BREAST TUMORS IN A SOUTHWESTERN NIGERIAN HOSPITAL

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Radiologic-pathologic concordance is integral to optimizing quality in patient care. However, in under-resourced settings, this is not usually done.

We conducted a formal rad-path correlation conference at the Lagos University Teaching Hospital (LASUTH) in Lagos, Nigeria for ultrasound-guided breast biopsies. The pilot conference included nineteen (19) participants including LASUTH radiologists, pathologists, and trainees. Participants completed an eighteen (18) item surveys pre and post-intervention. Both ultrasound and mammogram images would be reviewed alongside clinical data available and pathology reports.

We hypothesized that a formal rad-path conference (intervention) will reveal high concordant rates. It is also hypothesized that physician-reported confidence levels would remain unchanged despite the intervention.

A total of 12 cases were included for discussion for the rad-path conference with 58% concordance between imaging and pathology findings. This was comparative with participants self-reported concordance rates between 50% and 80% on the pre-intervention survey. On the post-intervention survey, most participants described increased confidence levels which were attributed to the correlation conference. The rad-path correlation conference was successful at establishing a formal feedback mechanism for radiologists/pathologists at LASUTH, particularly regarding the nature of the clinical information accompanying biopsy specimens, specimen quality, and timing of pathology results. This intervention can serve as a model for future rad-path breast imaging conferences in global health.

SOMATIC MUTATION PROFILES IN NON-TOBACCO SMOKING AND NON-ALCOHOL DRINKING SOUTH AFRICAN BLACK FEMALE OESOPHAGEAL SQUAMOUS CELL CARCINOMA PATIENTS

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objectives:

Our study reports the first whole-exome sequencing (WES) study of an oesophageal squamous cell carcinoma (OSCC) cohort, from South Africa (SA), without exposure to tobacco or alcohol. OSCC accounts for 85% of the global oesophageal cancer incidence and is predominant in developing countries, with a high disease burden in sub-Saharan Africa. Clinical presentation of OSCC is often late and the prognosis is often poor. Somatic genomic alterations of OSCC tumours are complex. Mutation profiles of genes such as TP53, TTN, MUC16, NOTCH1, and CSDM3 have been described for OSCC across different regions worldwide, but somatic alterations are under-studied in Africa.

Methods:

Study participants were enrolled at the Gastro-intestinal surgery unit at the Grey's Hospital in Pietermaritzburg, SA. DNA samples from 15 female patients presenting with histologically confirmed OSCC were subjected to tumour/normal paired WES. DNA libraries were prepared using the Agilent SureSelect Human All Exon V6 kit. Libraries were quantified by Qubit and fragment size distribution was performed by Bioanalyzer. Quantified libraries were pooled and sequenced on the Illumina NovaSeq. Bioinformatic analysis of paired-end sequences was performed following the GATK best practices for data pre-processing, somatic short variant and somatic copy number variant (CNV) discovery.

Results:

SPATA31D1 and TP53 were found to be mutated in over half of the cohort. 73% of the cohort contained at least one known CNV associated with OSCC. SBS2 (APOBEC Cytidine Deaminase activation), SBS5 (ageing aetiology) and SBS6 (defective DNA mismatch repair) of the COSMIC SBS96 signatures were found in this cohort.

Conclusions:

This study performed in a novel cohort of female patients with OSCC with no exposure to tobacco and alcohol revealed the same major genes and copy number changes seen in other populations. There is likely to be a significant overlap in the molecular pathways involved in our patients and other populations.

KNOWLEDGE, ATTITUDES AND PRACTICES OF CANCER PATIENTS ON CHEMOTHERAPY

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE

The announcement of the cancer diagnosis consists in giving the patient all the important information relating to his therapeutic course. The objective of our study is to assess the Knowledge, Attitudes and Practices (KAP) of patients followed at the Akanda Cancer Institute.

METHODS

We conducted a descriptive and analytical quantitative cross-sectional study at Akanda Cancer Institute from July 1 to December 31, 2022. We included all patients over the age of 18 treated with chemotherapy. KAP scores were calculated out of 100 and divided into ranges (good ≥ 60 ; average 50-59 and bad < 60).

RESULTS

We recorded 115 patients of which 2/3 of the patients were women (70.4%). The median age was 52 (IQR 12) years. Patients with secondary education (47.0%), no profession (37.4%), single (43.5), living in urban areas were in the majority. Breast cancer was the most represented tumor location (36.5%). The majority of patients presented with an advanced stage of their pathology (70.0%). The median number of years of follow-up was 10 (IQR 8) months. Median KAP scores were 82, respectively; 71 and 40. There was an association between KAP scores and age (Spearman's rho= 0.02; $p < 0.001$), (Spearman's rho= - 0.1; $p < 0.001$) and (Spearman's rho = 0.1; $p = 0.003$) respectively and level of education and practice score ($p = 0.003$). The median number of years of follow-up was associated with KAP scores (Spearman's rho= -0.01; $p = 0.001$), (Spearman's rho= -0.1; $p < 0.001$) respectively.

CONCLUSION

Patients followed at the Akanda Cancer Institute have good knowledge and attitudes on purification but bad practices related to beliefs and socio-cultural context. It is appropriate for all caregivers to offer their services in order to demystify cancer and thus improve knowledge, attitude and practice scores.

CERVICAL CANCER SURVIVAL, SYMPTOM BURDEN AND PALLIATIVE CARE IN MALAWI: A RETROSPECTIVE COHORT STUDY IN SALIMA, 2017-2022

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE:

Cervical cancer is the most prevalent cancer in Malawi, but previous survival analyses have suggested a 4-year survival of only 2.9% (Msimboza et al, 2014). This study aims to give an updated survival time of women with cervical cancer undergoing palliative care, as well as provide insight into their main symptoms, and describe the palliative treatments they received.

METHODS:

We are conducting a retrospective cohort study of patient files at the Ndi Moyo Palliative Care Trust in Salima, Malawi. Patient files of women with a biopsy-confirmed diagnosis of cervical cancer between 2017-2022 will be included in the analysis. Details of diagnosis, risk factors, symptoms and treatments received, as well as last follow up or date of death will be manually collected from the files of 150 patients who meet inclusion criteria.

RESULTS:

Descriptive statistics will be used to summarise data on symptom burden and treatments given. Kaplan-Meier survival estimates will be calculated and a Cox Proportional Hazards Regression will be used to assess the impact of age, parity, HIV status, stage of cancer at diagnosis and number of chemotherapy cycles received on survival estimates.

CONCLUSIONS:

The study is ongoing. It is currently in the data collection phase, with results expected in July 2023. Results related to symptom prevalence and treatments given will be presented. Survival times will be comparable to previously published analyses of cancer survival from Ndi Moyo patient files between 2006-2013. Our results will allow consideration of whether progress has been made in cervical cancer management and survival in Malawi since 2013.

NURSES' COMPETENCIES FOR PSYCHOSOCIAL CARE OF INDIVIDUALS WITH CANCER LIVING IN AFRICA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background: There is growing recognition across Africa regarding the need for improved psychosocial care of cancer patients and families. Heightened levels of unmet supportive care needs and emotional distress have been reported for cancer patients in various countries. Nurses are in an ideal position to assess needs of patients and family members, provide emotional support, and offer basic psychosocial care. However, they must possess relevant knowledge and skills regarding psychosocial care to do so. African nurses have reported they feel challenged gaining the necessary education for psychosocial cancer care as nursing programs vary widely in offering psychosocial content.

Methods: Expert oncology nurses, who work in Africa, designed competencies for African nurses to guide their psychosocial care of cancer patients. The competencies were designed following review of relevant literature, existing standards of practice for oncology nursing and psychosocial care, and contextualization for nursing practice in Africa regarding patients with cancer and their families.

Impact on Practice: These newly designed competencies are available for basic and advanced African nurses to guide their education for, and delivery of, psychosocial care of cancer patients and families.

Discussion: Competencies are ready for uptake and evaluation in local African nursing educational and practice settings. The competencies can be utilized in the preparation of students or to enhance skills of nurses in health care settings where cancer patients receive care.

CARCINOME ADENOÏDE KYSTIQUE DU MASSIF FACIAL A POINT DE DEPART PALAIS DUR : ASPECT THERAPEUTIQUE A PROPOS D'UN CAS

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

CARCINOME ADENOÏDE KYSTIQUE DU MASSIF FACIAL A POINT DE DEPART PALAIS DUR : ASPECT THERAPEUTIQUE A PROPOS D'UN CAS

Auteurs : FOFANA T, BADIANE A, KA K, SALL A, DIENG M M

Résumé :

Introduction :

Le carcinome adénoïde kystique se développe dans le massif facial aux dépens des glandes salivaires accessoires.

Le palais est le site le plus touché suivi de la langue. La progression est lente et insidieuse. Il n'existe pas de consensus dans le traitement.

Observation :

Nous rapportons le cas d'une patiente de 40 ans, ayant consulté dans le service de radiothérapie de l'institut Curie de Dantec pour une masse du palais dur et tuméfaction de la joue gauche évoluant depuis 1 an associée à une obstruction nasale gauche, une anosmie et une épistaxis unilatérale récidivante.

L'examen clinique retrouve une lésion ulcéro bourgeonnante du palais associé à une tuméfaction de la joue gauche, pas d'adénopathies cervicales.

L'endoscopie nasale avait objectivé une formation polyploïde blanchâtre du palais dur étendu au palais mou à gauche. Le scanner du massif facial avait montré un processus tumoral ostéolytique du sinus maxillaire gauche envahissant l'ethmoïde, le palais mou et la région des masticateurs.

La biopsie de la lésion du palais dur était en faveur d'un processus adénocarcinomateux infiltrant formé de massifs cribriformes ; l'histologie a conclu à un carcinome adénoïde kystique. Le bilan d'extension à distance était négatif. La tumeur fut classée T4N0M0.

Résultats :

La patiente a bénéficié d'une chimiothérapie néoadjuvante suivie de radiothérapie externe hypo fractionnée à la dose de 30 Gy en 10 fractions de 3 Gy avec un excellent contrôle locorégional à 3 ans.

Conclusion :

Le carcinome adénoïde kystique est caractérisé par une grande agressivité locale, toutefois, la chirurgie et la radiothérapie ont montré leur efficacité.

Service de Radiothérapie de l'institut Curie de l'hôpital le Dantec

NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE RECOMMENDATIONS FOR USE AND PROTECTIONS OF COBALT-60 RADIOACTIVE SOURCES FOR CANCER RADIOTHERAPY

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: The National Academies of Sciences, Engineering, and Medicine (NASEM) were tasked with assessing the status of radioactive sources and alternative technologies in the U.S. and internationally across multiple applications including radiation therapy (RT) for cancer. The goal was to support activities under the U.S. National Nuclear Security Administrations' Office of Radiological Security to reduce the current use of high-risk radiological materials when appropriate.

METHODS: The committee reviewed data from high, and low- and middle-income countries (LMICs), Representatives from Ethiopia, Ghana, Nigeria, Senegal, and Zambia, were interviewed to better understand the current status of adopting linacs and decommissioning cobalt-60 teletherapy.

RESULTS: Almost complete adoption of linacs in high- and many middle-income countries has created gaps in cobalt-60 teletherapy technology advances, even in parts of the world that would find teletherapy less costly and more accessible to patients. 50% - 90% of patients requiring RT do not have access in LMICs. Cobalt-60 units are simpler to use, less dependent on infrastructure, and have less machine downtime. However, linacs offer better RT localization to tumor and limit damage to normal tissues. Linacs are more expensive and complex, have higher requirements for skilled workforce, and higher demand for maintenance. They require a reliable supply of electricity, which is an issue in many LMICs, including a number of African countries which have reported several hours of electric outages in a typical month.

CONCLUSIONS: The NASEM recommendation is that efforts to reduce use of high-activity radioactive sources globally and in LMICs should be driven by local resources, infrastructure, and needs. Where local resources cannot support alternatives, efforts should focus on enhancing security for existing radioactive sources, assisting with building the infrastructure, and supporting research and development to adjust the technologies to operate effectively in resource-constrained environments, for example, when there is unreliable electricity supply.

HEALTHCARE WORKER'S PERSPECTIVES ON RECRUITMENT AND RETENTION IN CANCER CLINICAL TRIALS IN NIGERIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background: Cancer cases are increasing in LMICs, yet Africa has minimal representation in global cancer clinical trials (1.5%), with Nigeria having less than 0.1%. This study aimed to engage Nigerian healthcare workers to identify barriers and facilitators for participating in cancer clinical trials in the country.

Methods: An online, self-administered questionnaire was disseminated to a network of healthcare and research professionals affiliated with Centre for Translation and Implementation Research (CTAIR) to obtain their perspectives on 1) patient-, clinic-, and trial-related barriers and 2) facilitators of recruitment and retention in cancer clinical trials.

Results: Thirty-five of 42 healthcare providers (83%) completed the survey. Participants were 54.3% female, and the most common occupations were nurse/midwife (28.6%), oncologist (17.1%), and obstetrician/gynecologist (17.1%). Sixty-six percent had 10+ years of professional experience, and 34.3% had previously participated in a clinical trial.

Participants agreed or strongly agreed that barriers to clinical trial participation include lack of training in Good Clinical Practice (88.6%), negative attitude of the clinical team towards patients (88.6%), lack of motivation (85.7%), and overwhelming workload (85.7%). Participant-related barriers included lack of understanding (82.9%), fear of negative side effects (77.1%), cultural barriers (77.1%), lack of financial compensation for additional travel (77.1%), and lack of financial compensation for time (74.3%). The top five facilitators to recruitment and retention were: friendly study team (97.1%), regular information about the trial (94.3%), clear presentation (94.3%), availability of incentives (94.2%), and thorough information about risks and benefits (94.1%).

Conclusion: Understanding healthcare workers' and researchers' perspectives towards clinical trials is a first step to developing tailored protocols to enhance clinical trial recruitment and retention in low-income settings. Further qualitative research, particularly in patients, is needed to explore and enhance diverse enrollment, reflecting underrepresented populations accurately.

INTERRUPTED TIME SERIES ANALYSIS OF A CLINICAL INTERVENTION FOR BREAST CANCER DIAGNOSIS AND TREATMENT AT A ZONAL HOSPITAL IN TANZANIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

PURPOSE In Tanzania, high breast cancer mortality can be attributed, in part, to delays in breast cancer care. We implemented a health-care level intervention, educating providers regarding clinical breast examinations (CBE) and developed and disseminated a protocol for streamlining breast cancer diagnostic evaluations and treatment plans at the zonal hospital, Bugando Medical Center (BMC) in Mwanza, Tanzania.

METHODS This prospective cohort included women with a positive CBE (CBE+) between August 2019-March 2022. An interrupted times series design was utilized to compare implementation outcomes pre-and post the January 31, 2020, intervention. Outcomes included 1) reach, the proportion of patients completing at least one diagnostic test within 7 days, 2) implementation (fidelity), the proportion following the optimal diagnostic pathway (i.e., receiving breast ultrasound and/or biopsy if indicated), and 3) implementation effectiveness, the proportion of breast cancer patients initiating treatment within 90 days.

RESULTS Our cohort consisted of 692 CBE+ women with a median age of 46.8 (IQR: 36.8-59.0). For reach, there was a non-significant difference pre-vs. post-implementation (88.3% vs. 91.4%; $p=0.283$), but a significant increase in the post-intervention slope (coef:0.54; $p=0.004$). For implementation, we observed a significant increase post-intervention (pre:45.7% vs. post:62.4%, $p=0.040$), but a non-significant post-intervention slope (coef: -0.30; $p=0.304$). Lastly, we observed no significant difference pre- vs. post-intervention (61.8% vs. 62.1%; $p=0.769$) in effectiveness, and a non-significant increase in the post-intervention slope (coef:0.50; $p=0.096$).

CONCLUSION This study showed that the intervention improved the breast cancer care pathway by increasing the proportion of CBE+ patients following the optimal diagnostic path and decreasing time to first diagnostic test. Future work should focus on increasing retention in the system and decreasing time to treatment, with a focus on patient barriers and facilitators, which were not addressed in this study. Improving appropriate and timely diagnosis and treatment will improve breast cancer outcomes.

ASSESSMENT OF THE TOBACCO RETAIL ENVIRONMENT BEFORE IMPLEMENTATION OF A VENDOR LICENSING POLICY IN DAKAR, SENEGAL (JUNE 2019)

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ORAL ABSTRACTS | DAY 4, SESSION 1, SESSION ROOM 205, November 5, 2023, 9:00 AM - 10:00 AM

Objectives

Following adoption of Senegal's 2014 tobacco control law, Concerning the Manufacture, Packaging, Labeling, Sale and Use of Tobacco, this study aimed to describe the tobacco retail environment before adoption and implementation of the tobacco vendor licensing decree, and to assess compliance with certain provisions of Senegal's national tobacco control law at the vendor level.

Methods

Data collectors walked all streets of Grand Dakar and Médina, and at all tobacco vendors, recorded geographic coordinates, vendor type, and availability of tobacco and non-tobacco products using an electronic survey form. In a convenience sample, additional data were collected, including presence of tobacco advertising or promotion, product display, pictorial health warning labels (HWLs) on packs, and required signs prohibiting smoking and sales to minors. Using Google Maps, distance between schools and retailers was calculated.

Results

Data collectors identified 490 tobacco vendors—173 in Grand Dakar and 317 in Médina, indicating a density of 3.4 and 3.5 vendors per 1000 people, respectively. Small permanent shops were the most common vendor type (80%), followed by mobile carts (18%), other street vendors (2%), and others (<1%). All vendors sold cigarettes but no other tobacco products, and 99% sold non-tobacco products. At least one tobacco vendor was located within 200 meters of each school, in violation of the law. Among the convenience sample (n=141), tobacco control policy violations varied: 2% had packs without Senegal's pictorial HWLs; 24% had tobacco advertising or promotion other than product display; 74% displayed tobacco products; and 98% lacked one or both required signs.

Conclusion

Senegal should adopt and implement the licensing decree for tobacco retailers to reduce tobacco vendor density and to aid enforcement of existing tobacco control provisions at the POS.

ARE COMMUNITY HEALTH VOLUNTEERS OF ANY BENEFIT CANCER CARE? SUPPORTIVE CARE IS KEY FOR PATIENT WITH LIFE THREATENING/LIFE LIMITING ILLNESS.

Rithara S¹

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ORAL ABSTRACTS | DAY 3, SESSION 6, SESSION ROOM 201/202, November 4, 2023, 3:20 PM - 3:50 PM

Background: Community Health Volunteers are key in supporting clients at home as well as supporting health system on health promotion and prevention. Nevertheless, it is important for CHVs to understand death and dying early in involvement, hence cope with difficult issues in community.

Aims: To improve knowledge of cancer care and promote open and honest conversations about death and dying with CHVs.

Methods: 33 community health volunteers attended palliative care training comprising of cancer care, chronic illness, breaking bad news, loss, bereavements and coping strategies. In addition, CHVs had the opportunity to roleplay in different roles patient, parent, nurse and friend. Before the beginning of the session, CHVs compiled a questionnaire about their level of knowledge of cancer.

Results: Majority didn't know the difference between Oncology and palliative care. Half of the CHVs (58%) had some information about PC and the 32% of the CHVs knew the definition of cancer. (72%) didn't know the importance of breaking bad news (55%) didn't like idea of working with cancer patients: (45%) avoided loss and bereavement questions while (55%) were kin in learning more. (66%) CHVs requested more accessibility of information. (58%) had relatives/friends who died with chronic illness, (92%) interested in attending bereavements session: (32%) declined to be asked own death and dying: (78%) wished to attend advanced training. 62% were not kin in roleplaying as a patient.

Conclusions: There is need to incorporate CHVs into cancer care. Most of training need be conducted as roleplay for CHVs to understand and have confident in caring for cancer patients. Results indicate lot of work need to be done by health care providers to improve cancer care.

IS PALLIATIVE CARE SERVICES AT HOME BETTER THAN HOSPICE CARE FOR ADVANCED BREAST CANCER PATIENTS.

Rithara S¹, Gakii G²

¹Kenya Medical Training College/ongata Ngong Palliative Care Community, ²ONGATA NGONG PALLIATIVE CARE COMMUNITY

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Home palliative care service is becoming the choice of many patients with life limiting illness in Kenya especially in rural areas where clinics/hospitals are far away.

The care under the relative is more preferred by patients but lack professional palliative care to manage symptoms like pain.

AIM; To assess the benefit of palliative care service at home visas hospice. The survey was done at Ongata –Ngong community area about 40kilometres from capital city.

METHOD; 30 care givers and 8 patients with advanced breast cancer were invited to participate, the survey purpose was explained to the patients and caregivers.

RESULT; 100% patients and 80% caregivers accepted to be interviewed, 75% patients preferred home care with specialised palliative care 25% hospice care. 62% referred for Hospice pain management but declined due to long distance and expenses involved, 38% bought pain killer locally, 50% received palliative care at the Hospice, 25% traditional medicine 80%had several symptoms requiring a specialist. 90% preferred the care with a specialist palliative care 20% preferred health workers from different area. 40% of caregiver referred home care as burden, 60% fulfilling. 60% care givers preferred caring the patient at home due to economic challenges, 27% care giver requested to be trained in palliative care, 30% feared issuing Morphine for pain while 70% not able to dress the fungating wound.100% Patients said they could share their problems better at home than at the palliative care unit/hospice

CONCLUSION; there is need to incorporate home-based care and Advanced breast cancer care for holistic management and involvement of other health providers, private clinics and the community health volunteers. Training of community health volunteers and care givers on palliative care will greatly improve Advanced breast cancer patients.

Key words; Cancer, advanced breast cancer, palliative care, life limiting illness, community health volunteers, and palliative care.

USING BIG DATA FOR RESEARCH; EXAMPLES FROM AN INTERVENTION ANALYSIS STUDY USING NAIROBI CANCER REGISTRY DATA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective

Big data (routinely collected clinical data, administrative/registry data and healthcare claims data) can be used cost effectively to overcome the difficulty of recruiting and retaining participants in research. However, there are challenges of using big data for example quality issues and absence of information that really matter to patients like their experiences and quality of life measurements. Big data does not come in the usual structured formats and tables. It needs to be carefully reorganized (data wrangling) before analysis. The purpose of this presentation is to demonstrate the use of big data by estimating the impact of the introduction the National Health Insurance Fund Oncology Benefits Package (NHIF-OBP) in April 2015 and a health care workers strike (HCWS) in June 2018 on time to cancer treatment initiation (TTI) in Nairobi County, Kenya.

Methods:

Treatment delays are associated with significant tumour growth and a greater likelihood of increasing the clinical cancer stage/recurrence, as well as reducing quality of life and survival. For an intervention analysis study, we used TTI derived from the Nairobi Cancer Registry data (2010-2019) as a proxy for treatment outcomes. We used Autoregressive Integrated Moving Average modelling to estimate the effect of the interventions on TTI.

Results:

There was no statistically significant effect on TTI after introduction of NHIF-OBP and there was a statistically significant increase in monthly median TTI of 34.6 days (95% CI: 15.4 to 53.8) following the HCWS.

Conclusions:

Researchers can cost effectively leverage high quality big data to provide answers to many research questions. Like in all research, proper interpretation of results is key. In this case, the “no effect” result following the NHIF-OBP introduction does not mean that it was of no use. It may have enabled use of better, higher priced treatment regimens and completion due to affordability, hence improved outcomes.

ASSESSMENT OF SURGICAL ONCOLOGY CASE VOLUME WITHIN THE PUBLIC SECTOR IN TANZANIA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE:

Surgery provides vital services to diagnose, treat and palliate patients suffering from malignancies. However, despite its importance, there is little information on the delivery of surgical oncology services in Tanzania. To address this gap, we assessed the current surgical oncology case volume within the public sector in Tanzania during 2022.

METHODS:

Operative logbooks were reviewed at all national referral hospitals that offer surgical services, all zonal referral hospitals in Mainland Tanganyika and Zanzibar, and a convenience sampling of regional referral hospitals for the year of 2022. Cancer cases were identified by post-operative diagnosis and de-identified data was abstracted for each cancer surgery. This study received IRB approval from Muhimbili University of Health and Allied Sciences, the National Institute of Medical Research, the Zanzibar Health Research Institute, and the University of California, San Francisco.

RESULTS:

In total, 69,195 operations were reviewed at 10 hospitals including 2 national referral hospitals, 5 zonal referral hospitals and 3 regional referral hospitals. Of the cases reviewed, 4,282 (6.2%) were for the treatment of cancer. Prostate, breast, head and neck, esophageal and bladder cancer were the five most common diagnoses. While 406 (87%) of all breast cancer surgeries were done for curative intent, 518 (87%) of patients with prostate and 273 (81%) of patients with esophageal cancer underwent palliative surgery.

CONCLUSION:

In this comprehensive assessment of surgical oncology service delivery within the public sector of Tanzania, we identified 4,282 cancer surgeries that occurred during 2022. This represents only 25% of the 19,726 cancer surgeries estimated to be needed to address the current cancer burden in the country. While most patients with breast cancer are operated on for curative intent, patients with prostate and esophageal cancer primarily undergo palliative surgeries, highlighting the need to identify strategies for identifying these patients when they still have operable disease.

EXPLORING TRAINEES' EXPERIENCES, INTERESTS, AND PERCEIVED RESOURCES AND MENTORSHIP IN GLOBAL ONCOLOGY AT THE MD ANDERSON CANCER CENTER

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ORAL ABSTRACTS | DAY 4, SESSION 2, SESSION ROOM 203, November 5, 2023, 9:00 AM - 10:00 AM

OBJECTIVE: Disparities in global cancer care outcomes continue to grow between high and low and middle-income countries (LMICs). Collaborations between LMICs and high-income countries (HIC) have the potential to build cancer care capacity and improve patient outcomes. Specific competencies are required to provide effective oncologic care and build impactful bilateral collaborations between HIC and LMICs. We assessed trainee interest and participation in global oncology activities at a major cancer center in a HIC.

METHODS: An online survey was administered to trainees at MD Anderson Cancer Center in the United States in November 2020. Questions addressed interest and experience in global health and global oncology training, perceptions of mentorship and opportunities, and career aspirations.

RESULTS: Surveys were emailed to all trainees (n=318) enrolled in oncology training programs. Seventy-two (22.6%) trainees from 17 programs completed surveys. Thirty-three (45.8%) expressed interest in global health. Of these, 8 (24.2%) had previous or ongoing global oncology experience. Seven (21.2%) had good global oncology faculty mentorship, while 26 (78.8%) indicated little/no access to mentorship. Of the 33 trainees with interest in global health, 30 (90%) wished to include global oncology activities in their future careers. Of 33, over half wanted to participate in global oncology activities during training, including research projects with partners abroad, clinical work and education abroad, and global oncology grand rounds/journal clubs. Thirteen (39.4%) and 12 (36.4%) were interested in a global health track and formalized coursework, respectively.

CONCLUSIONS: Given the significant interest in global health among trainees in oncology specialties, MD Anderson has launched the Global Cancer Care Track (GCCT) as part of its residency and fellowship programs. GCCT includes a formal curriculum, mentorship, research, and clinical opportunities to develop future leaders in global oncology who will collaborate with LMIC partners with the goal of mutual learning and improving cancer outcomes.

LYMPHOME PROSTATE : UNE RARE PRESENTATION CLINIQUE AU SERVICE D'UROLOGIE DE L'HOPITAL GENERAL IDRISSA POUYE

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Le lymphome de la prostate est une entité rare qui peut présenter des défis diagnostiques en raison de sa manifestation atypique. Alors que le lymphome est généralement associé aux ganglions lymphatiques, son implication dans la prostate est extrêmement inhabituelle. Cette rareté peut entraîner des difficultés dans l'établissement d'un diagnostic précis et approprié, en particulier si les médecins ne suspectent pas initialement la présence d'un lymphome ;

Nous présentons le cas d'un patient de 32 ans tabagique (3 paquets par an) et qui a été admis aux urgences pour une rétention complète d'urine survenue dans un contexte de constipation, de proctalgie et d'altération progressive de l'état général. L'examen clinique a révélé une augmentation significative de la taille de la prostate qui a été confirmée par les examens d'imagerie. L'analyse anatomopathologique des biopsies réalisées par voie transrectale a révélé un lymphome de type B à petites cellules de la prostate. Comme traitement, une chimiothérapie a été initiée ce qui a permis d'avoir une nette amélioration de l'état clinique du patient avec un volume de la prostate passé de 743 cc avant traitement à 40cc après 02mois.

ASPECTS EPIDEMIOLOGIQUES ET HISTOPRONOSTIQUES DES CANCERS DU SEIN CHEZ L'HOMME A DAKAR

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Introduction

Le cancer du sein chez l'homme est rare, représentant environ 1% de l'ensemble des cancers du sein. L'objectif de notre travail était de décrire les aspects épidémiologiques et histopronotiques des cancers du sein chez l'homme.

Matériel et Méthodes

Il s'agissait d'une étude bicentrique, rétrospective et descriptive, sur onze (11) ans allant du 1er janvier 2011 au 31 décembre 2021. Elle a été menée à partir des archives de comptes rendus histologiques de deux laboratoires d'anatomie et cytologie pathologiques de Dakar. Nous avons inclus tous les cas avec conclusion formelle de cancer du sein chez l'homme.

Résultats

Nous avons colligé 30 cas de cancers du sein chez l'homme soit 1,08% de l'ensemble des cancers du sein. L'âge moyen des patients était de 64,47 ans. La taille tumorale moyenne était de 5,93 cm. Le carcinome infiltrant de type non spécifique était plus fréquent avec 26 cas (86, 7%). La tumeur était classée Grade II dans 21 cas (70%) et grade III dans 4 cas (13,3%) et était pT4 chez 17 patients (56, 66%). Un envahissement ganglionnaire axillaire était noté chez 10 patients soit 33,3%. Deux patients présentaient une métastase. La limite de résection profonde était envahie sur 9 parmi les 14 pièces opératoires examinées soit 64,28%. Le phénotype luminal A intéressait 05 patients (21,7%), luminal B (Her2 négatif) chez 08 patients (34,8%), et triple négatif chez 10 patients (43,5%).

Conclusion

Le cancer du sein est rare chez l'homme et intéresse le sujet âgé. Il est caractérisé par son diagnostic à un stade tardif, une prédominance du carcinome infiltrant non spécifique et du phénotype triple négatif.

Mots clés : Cancer, Sein, Homme, Histologie, Dakar

PROSTATIC PATHOLOGIES ASSOCIATED WITH SCHISTOSOMIASIS: ABOUT 4 CASES AND A SYSTEMATIC REVIEW OF THE LITERATURE

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: This work aimed to present 4 cases of prostatic pathologies associated with schistosomiasis in our centre and to make a systematic literature review of these conditions in order to specify their prevalence, their characteristics and their role in prostatic carcinogenesis.

Materials and methods:

We had collected prostatic pathologies associated with schistosomiasis at the anatomical pathology department of the General Idrissa Pouye Hospital for a period of 5 years.

A systematic review of the literature was carried out according to PRISMA guidelines in June 2022 by running a search in the Medline and Embase databases without limitation of publication date, using the following keywords : [prostate] and [schistosomiasis] or [prostate] and [bilharzia].

Results:

We found three cases of prostate cancer associated with bilharzia. The patients were respectively 62, 63 and 66 years old and had consulted for lower urinary tract symptoms. Prostatic biopsy had revealed schistosomiasis eggs in two of the patients and a radical prostatectomy specimen in the third case.

A case of prostatic intraepithelial neoplasia associated with bilharzia was observed in a 60-year-old patient who underwent radical cystoprostatectomy for urothelial carcinoma invading the bladder muscle without associated bladder bilharzia.

Sixteen case reports were included in our review and consisted of 21 cases of prostatic pathologies associated with schistosomiasis. Of these, 15 were prostate cancers and the remaining 6 were benign. A case report confirmed that schistosomiasis is carcinogenic in the prostate.

Two observational cadaveric studies were included in our review and found a prevalence of bilharzis eggs in necropsy prostate specimens of 50% and 20.5% respectively.

Conclusion:

Prostate cancer associated with schistosomiasis was the most common condition observed. The data available in the literature do not support the claim that schistosomiasis infection is carcinogenic to the prostate. Further studies are needed to clarify its role in prostate carcinogenesis.

PATTERN OF CANCER IN NEEDLE HOSPITAL HARGEISA SOMALILAND

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Purpose:

Globally, the incidence and mortality of cancer are rapidly increasing. The type and pattern of cancer vary with geographical region, people's lifestyle, and the developmental status of a given country. In sub-Saharan Africa (SSA), the incidence of cancer is on the rise. Parallel to this trend, cancer incidence in Somaliland is expected to increase. But, to the best of our knowledge, there is no single published data on the patterns of cancer in Somaliland. The purpose of this study was to determine the pattern of cancer in Needle Hospital, Hargeisa, Somaliland.

Patients and method:

A cross-sectional study was conducted to assess the pattern of cancers among patients evaluated in Needle Hospital cancer clinic from June 2022 to April 2023. Data was extracted from the hospital-based cancer registry. Descriptive statistics were conducted using a statistical package for the social sciences (SPSS) version 23.

Results:

A total of 204 cancer patients were evaluated during the study period. The median age was 53.0 years. 62.5% of the patients were female. Most of the patients came from the Morodijeh (70.6%) and Togdher (16.8%) regions. The most common cancer types were breast, esophageal, and prostate cancers, which accounted for 15.7%, 8.8%, and 7.4%, respectively. Based on histology, adenocarcinoma and squamous cell carcinoma (SCC) accounted for 27.5% and 26.5%, respectively. Most patients were diagnosed with stage IV cancer (46.1%), while stage I and II combined accounted for 18.1% of the total patients.

Conclusion:

Based on our study, cancer is a common finding in the hospital. Most of the patients presented at an advanced stage. The patterns of the cancers were similar to other reports in neighboring countries, except that esophageal cancer was among the leading types of cancer. This needs further study in the risk factors and biology of esophageal cancer in this population.

IMPLEMENTING THE BREAST CANCER ACTION PLAN IN KENYA: THE BREAST CANCER BASELINE ASSESSMENT

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^{1, 2, 3, 4}

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE

Breast cancer prevention, screening, and control remain a public health challenge globally and in Kenya. In Kenya, it is the leading cause of cancer burden in women and second to cervical cancer in mortality. Screening rates remain low, and the majority of women present in late stages with low overall survival rates. To stem this, the Ministry of Health in Kenya developed the Breast Cancer Screening and Early Diagnosis Action Plan as a guide for early breast cancer diagnosis and linkage to treatment. A baseline facility assessment was conducted in select counties (from August through September 2022) to establish the health system gaps and inform country-specific responses towards improving screening and early diagnosis and thereby reducing breast cancer mortality.

METHODS: The facility assessment was conducted from August through September 2022 in 25 counties that were involved in the first phase of the cervical cancer screening program roll-out. County referral hospitals, sub-county hospitals, high-volume health centers, and dispensaries were involved. Data collection was done online by an interviewer through a respondent at the facilities using a pre-developed facility assessment tool.

RESULTS: Of the 439 health facilities that participated, 99.5% were government-owned, and 44% (191/439) were county and sub-county. Clinical breast examinations were performed in 99% of health facilities, with only 27% (117/434) conducting a follow-up after an abnormal result. Of the eligible facilities, only fourteen percent (26/191) of the screening facilities had a mammogram machine. Biopsy services were available in 17% (37/191) and pathology services were in 12% (22/191) of the eligible facilities

CONCLUSION: The BC baseline facility assessment provided insights on the relative strengths and gaps of the health system facility capabilities and potential recommendations towards improving breast cancer screening, early diagnosis, and linkage to treatment as envisaged in the Breast Cancer Screening and Early Diagnosis Action Plan 2021–25.

CLINICAL PRESENTATION AND OUTCOME OF CHILDREN WITH KAPOSI SARCOMA IN THE ART ERA IN UGANDA.

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ORAL ABSTRACTS | DAY 5, SESSION 3, SESSION ROOM 205, November 6, 2023, 9:00 AM - 10:00 AM

Background: The Presentation and outcome of children with Kaposi sarcoma is imagined to have changed in the ART era and hence we set to describe the presentation and outcome of children with KS in ART era.

Methods: Medical records of all children 1-18years with KS treated at Uganda Cancer Institute from January 2010 to December 2019 were reviewed for age, sex, HIV status, KS disease sites at Presentation, CD4T-cell count, Hemoglobin, ART use, KS treatment and survival at 1 year.

Results: 118 children with KS were identified with an average age of 9.8 years (range 1-18), 66% were boys. 83% were HIV positive. The average symptom duration was 4 weeks (range 1-180) with mean duration of 6 months and 18.4 months for HIV positive and negative respectively. Lymph node presentation was 57(67.1%) in HIV positive and 14(73%) of HIV negative cases. Tuberculosis was diagnosed in 39 cases. 72(84%) and 9(47.4%) of the children were anemic in HIV positive and negative respectively, the median CD4 T-cell count was 322 cells/ml (range 2-1566).

69 (70%) of the HIV positive children had at least been on first line ART while 22% were on second line ART. The range of ART use was 4-676 weeks to diagnosis of KS disease.

Of the 98 patients with complete data, 83% completed first line Chemotherapy (BV) and only 11.9% were crossed to second line chemotherapy (paclitaxel). And 48(56%) of HIV positive cases survived compared to 12(63%) of HIV negative cases, as 21(24.7%) and 4(21.1%) were lost to follow-up comparing HIV positive and negative respectively.

Conclusions. The HIV negative children present similarly to HIV positive cases except for longer duration of symptoms and the survival of children with HIV negative case is better than HIV positive cases and yet lost to follow up is similar in both groups.

BREAST NURSE INTERVENTION TO IMPROVE ADHERENCE TO ENDOCRINE THERAPY AMONG BREAST CANCER PATIENTS IN SOUTH ETHIOPIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Introduction: Many women in rural Ethiopia don't receive adjuvant therapy following surgery despite the majority being diagnosed with estrogen-receptor-positive disease and tamoxifen being available in the country. We aimed to test a breast nurse intervention to improve adherence to tamoxifen therapy for breast cancer patients.

Methods: The 8 hospitals were randomized to intervention and control sites. Between February 2018 and December 2019, patients with breast cancer were recruited after their initial surgery. The primary outcome of the study was adherence to tamoxifen therapy by evaluating 12-month medication-refill data with medication possession ratio (MPR) and using a simplified medication adherence scale (SMAQ) in a subjective assessment.

Results: A total of 162 patients were recruited (87 intervention and 75 control). Breast nurses delivered education and provided literacy material, gave empathetic counselling, phone call reminders, and monitoring of medication refill at the intervention hospitals. Adherence according to MPR at 12 months was high in both intervention (90%) and control sites (79.3%) ($P = 0.302$). The SMAQ revealed that adherence at intervention sites was 70% compared with 44.8% in the control sites ($P = 0.036$) at 12 months. Persistence to therapy was found to be 91.2% in the intervention and 77.8% in the control sites during the one-year period ($P = 0.010$).

Conclusion: Breast nurses can improve cost-effective endocrine therapy adherence at peripheral hospitals in low-resource settings. We recommend such task sharing to overcome shortage of oncologists and distances to central cancer centres so that breast cancer women can benefit at the peripheral settings.

DETERMINANTS OF CHEMOTHERAPY ABANDONMENT IN ETHIOPIA, A NESTED CASE CONTROL STUDY

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Background: Systemic treatment can considerably improve survival. Breast cancer patients in many African countries face challenges during treatment and often abandon the recommended cycles of chemotherapy. Therefore, this study aims to describe the magnitude of abandonment and its determinants at four tertiary hospitals in Ethiopia.

Methods: Initially all patients chart with histologically diagnosed 2019-20, non-metastatic breast cancer (2019 - 2020) who had initiated at least one cycle of chemotherapy were described. Then, an institution-based nested case control design was conducted. A total of 400 patients (200cases, 200contros) were included. The data was collected from patient records and with a structured telephone questionnaire. Each explanatory variable was fitted with bivariate logistic regression model and refitted with in multivariable logistic regression.

Results: Out of a total of 1740 patients', 329 (18.9%) abandoned chemotherapy. For the cases and controls, the mean age was similar (45). Certain factors were independently associated with chemotherapy abandonment: advanced stage of the disease (AOR =2.6, CI: 1.47-4.66), more financial constraints (AOR= 2.01, CI: 1.10-3.66), self-assertion of being healthy (AOR =6.9, CI: 3.95-12.00), more expectations about side effects (AOR= 4.2, CI: 1.62-10.85), more intolerability of side effects (AOR= 2.15, CI: 1.24-3.73) and more fear of dependence on therapy (AOR =2.1, CI: 1.25-3.28).

Conclusion: Nearly one fifth of the patients abandoned their chemotherapy – this leads to toxicity, waste of resources from patients and health workers but eventually no treatment effect. Physicians must implement structures to closely follow the patients to explain the need to complete all chemotherapy cycles for long-term benefit and to avoid abandon treatment with impaired survival. Modifiable reasons for abandonment such as certainty to be healthy or fear of dependency on therapy could be addressed by patient-centered communication through health workers. Moreover, attention should be given to subsidize therapy and assure accessibility.

HIGH RISK HUMAN PAPILLOMAVIRUS INFECTION AND CERVICAL LESIONS AMONG HIV POSITIVE WOMEN IN ADDIS ABABA, ETHIOPIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background: There is a higher persistence rate of HPV among HIV-positive women. HPV-type distribution among HIV-infected women in Ethiopia is quite poorly characterized. We examined HPV infection prevalence, genotype distribution, and cervical lesions prevalence in HIV-positive women and associated factors in Addis Ababa, Ethiopia.

Method: A retrospective record review of 16 health facilities that performed HPV DNA testing in Addis Ababa, Ethiopia occurred between February 20 and March 30, 2022. A total of 3303 HIV-positive women who were screened for HPV infection. HPV genotypes 16 and 18 are identified while other genotypes are grouped as "Other high-risk HPV". Charts and frequency tables were used to summarize the data. A binary logistic regression analysis used to identify factors associated with HPV/DNA and VIA positivity. P value less than 0.05 were considered statistically significant.

Result: A 28.7% overall positivity rate was observed for HR HPV (95% CI: 27.2-29.3%). Genotype distribution shows that, other genotype types (HPV31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68) constitute 73% of the cases, followed by HPV16(15.3%) and HPV18 was 4%. Multiple HR HPV infections accounts 7.3%. Women aged 30-39 (AOR=0.65, 95% CI 0.49-0.86) and women aged 40-49 (AOR=0.59, 95% CI 0.45-0.72) were less likely to be infected with HR HPV infection. Out of 948 HR HPV-positive clients, 786 (82.9%) had a follow-up VIA screening and 15.5 % (122) were found to be VIA positive. History of STI was the only factor associated with VIA positivity (AOR=1.69, 95% CI 1.12, 2.54).

Conclusion: The prevalence of HR HPV in HIV-positive women was high, particularly HPV 16 and "Other HR HPVs". Screening for cervical lesions is imperative for women with a history of STIs. Further studies are recommended to evaluate the prevalence of specific HPV genotypes other than HPV 16 and 18 for proper intervention design.

SURVIVAL AND PREDICTORS OF MORTALITY AMONG CERVICAL CANCER PATIENTS IN NORTHWEST ETHIOPIA: A RETROSPECTIVE FOLLOW-UP STUDY

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Background: Cervical cancer is one of the most frequently diagnosed malignancies and the leading cause of death among women in sub-Saharan Africa. Despite the higher mortality rate of the disease, little is known about survival status and predictors of mortality for cervical cancer patients in Ethiopia.

Methods: A retrospective follow-up study was conducted at Felege Hiwot and University of Gondar Comprehensive Specialized Hospitals oncology units between February 1, 2017 and January 30, 2022. The cumulative survival probability was estimated using Kaplan Meir, and the survival time between different categories was compared using the log-rank test. A Cox-proportional hazard regression model was fitted to identify predictors of mortality and statistical significance was determined at a P-value less than 0.05.

Result: The overall survival rate at 5 years was 18.63%, with an incidence of 11.03 (95% CI (9.04-13.44)) per 1000 person months and a median survival time of 34 months. At two, three years, overall survival was 81.2% and 55.89% respectively. The mean (\pm SD) age at diagnosis was 49.13 (\pm 10.3) years. Over half (56.7%) of the patients had advanced stages of cancer. Advanced stage (AHR = 2.54, 95% CI: (1.456, 4.45)), Age \geq 50 years (AHR = 3.23, 95% CI: (1.69, 6.18)), HIV positive (AHR = 3.07, 95% CI: (1.60, 5.87)), travel distance of \geq 65 km (AHR = 2.25, 95% CI: (1.39, 3.65)), having less than six cycles of chemotherapy (AHR=2.25, 95%CI: (1.39, 3.65)) and having a history of pre-cancerous cervical cancer lesion (AHR= 2.69, 95% CI: (1.66, 4.37)) were predictors of mortality.

Conclusion: Our study found a low overall survival rate for patients with cervical cancer. The country should strengthen its early detection, diagnostic, and treatment capacity in order to meet its elimination targets. It is important to focus also on expanding radiotherapy services to regions of the country.

EFFECT OF COGNITIVE BEHAVIOURAL THERAPY INTEGRATED WITH ACTIVITY PACING ON FATIGUE AMONG BREAST CANCER PATIENTS: A RANDOMISED CLINICAL TRIAL

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ORAL ABSTRACTS | DAY 4, SESSION 1, SESSION ROOM 205, November 5, 2023, 9:00 AM - 10:00 AM

Objective: Fatigue is a common symptom experienced by 80% of individuals who receive chemotherapy and is one of the major factors that affect quality of life (QoL) of patients with breast cancer. This study aimed to assess the effect of cognitive behavioural therapy integrated with activity pacing (CBT-AP) on cancer-related fatigue among patients with breast cancer undergoing chemotherapy.

Methods: A parallel-group, randomised controlled trial was conducted. The trial was registered in pan-African clinical trial registry (PACTR): 202008881026130 on 24th August, 2020. Severely fatigued patients were randomly assigned to the CBT-AP or usual care (UC) groups using a computer-generated random sequence. The new CBT-AP intervention was designed for seven sessions: three 2-h face-to-face and four 30-min telephone sessions. The primary outcome (fatigue severity) and the secondary outcomes (depression and QoL) were assessed at baseline, at the end of the intervention and after 3 months. The data were analysed by repeated measures analyses of covariance (RM-ANCOVA).

Results: CBT-AP had a significant time effect ($p < .001$, $\eta^2 = .233$) in reducing fatigue from baseline (adjusted mean = 7.48) to the end of the intervention (adjusted mean = 6.37) and 3-month follow-up (adjusted mean = 6.54). Compared with the UC group, the CBT-AP group had lower fatigue ($F(2, 108) = 13.96$, $p < .001$, $\eta^2 = .206$) and depression ($F(1, 54) = 41.75$, $p < .001$, $\eta^2 = .436$) scores, and higher global health status score ($F(1, 54) = 104.44$, $p < .001$, $\eta^2 = .659$). The group \times time interaction revealed a significant reduction of fatigue and depression in the CBT-AP group compared with the UC group.

Conclusion: CBT-AP appears to be effective in reducing fatigue and depression and improving QoL in patients with breast cancer undergoing chemotherapy. It is highly recommended to integrate a CBT-AP intervention in routine cancer care.

A STUDY TO DETERMINE THE TREATMENT OUTCOME OF GANGLIONEUROBLASTOMA IN PEDIATRIC CANCER PATIENTS ATTENDING AIC KIJABE HOSPITAL IN KENYA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

A STUDY TO DETERMINE THE TREATMENT OUTCOME OF GANGLIONEUROBLASTOMA IN PEDIATRIC CANCER PATIENTS ATTENDING AIC KIJABE HOSPITAL IN KENYA

BACKGROUND: Ganglioblastoma is one of neurogenic tumors characterized by an interval spectrum of differentiation with elements of both malignant neuroblastoma and benign ganglioneuroma. They are mostly diagnosed by the first decade of life with median age at diagnosis of 22-48 months.

OBJECTIVES: The main objective of this study is to determine treatment outcome of ganglioneuroblastoma in pediatric cancer patients at AIC Kijabe Hospital.

METHODOLOGY: This is a retrospective study where children diagnosed with ganglioneuroblastoma at AICKH over a period of three years have been assessed. Inclusion criteria included children from ages 0 upto 14 years diagnosed with ganglioneuroblastoma. A consecutive sampling technique was used with data entered in a questionnaire and was analysed using descriptive statistical methods. Children were evaluated based on histologic tissue diagnosis, staging scans, risk stratification and monitored along the course of treatment that included during surgery, chemotherapy and radiotherapy and followed up in one year post treatment for recurrence. Children above 14 years were excluded.

RESULTS: Ganglioneuroblastoma constituted 1.3 % of all childhood malignancies diagnosed compared to the more common variant neuroblastoma with an incidence of 8-10%, mainly predominated in the males. Surgery and combination chemotherapy regimen COJEC (Cyclophosphamide, Vincristin, Carboplatin, Etoposide, Cisplatin) administered, yielded benefits in the treatment outcome. Radiotherapy was considered in high risk tumors.

CONCLUSIONS: Ganglioneuroblastoma is commoner in older children with a median age of 3-4 years with incidence noted more in males and the thoracic type tends to be a common presentation. The disease was noted to be rare after 10 years of age and generally has a good overall survival and prognosis compared to neuroblastoma.

EVALUATING TWO YEARS OF A PROJECT ECHO VIRTUAL COMMUNITY OF PRACTICE TO SUPPORT NATIONAL CANCER CONTROL PLAN (NCCP) IMPLEMENTATION

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: To evaluate the first two years, 2020-2022, of the International Cancer Control Partnership (ICCP) ECHO[®], a technology-enabled collaborative learning model bringing together Ministry of Health-led teams in monthly, one-hour sessions to foster knowledge exchange for low- and middle-income countries implementing NCCPs.

METHODS: A pre-post survey measured changes in self-reported knowledge, confidence, and behaviors related to 12 evidence-based strategies for NCCP implementation using a 4-point Likert scale. Strategies ranged from building partnerships and political will to planning for costing and sustainability. Comparisons were done using a paired T-test.

RESULTS: Twenty-eight participants (46%) from eight country teams responded to the pre-post surveys during 2021; and twelve participants (54%) from four country teams responded during 2022. On average, participants attended five out of twelve sessions in years one and two, with the most widely attended session being on NCCP implementation strategies and implementation partnerships, respectively. Average overall knowledge increase was 0.45 in 2021 ($p < 0.0001$) and 0.70 in 2022 ($p = 0.0001$). Average increase in overall confidence for 2022 was 0.63 ($p < 0.0001$). Overall confidence did not change in 2021 ($p > 0.05$). Behavior did not change for either year ($p > 0.05$). For both years, the greatest knowledge increase was for integration with health programs, with an average increase of 0.71 ($p < 0.0001$) in 2021 and 1.00 ($p = 0.0001$) in 2022. The greatest confidence increase in 2022 was for mobilizing the healthcare workforce, with an average increase of 0.92 ($p = 0.0021$).

CONCLUSIONS: Survey responses indicate that participation in a technology-enabled learning model like the ICCP ECHO program provided an opportunity for individual knowledge and confidence gain.

NATIONAL CANCER CONTROL PLANS PRIORITIES AND THEIR IMPLEMENTATION DURING THE INTERNATIONAL CANCER CONTROL PARTNERSHIP ECHO

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ORAL ABSTRACTS | DAY 5, SESSION 5, HALL 3, November 6, 2023, 3:20 PM - 3:50 PM

OBJECTIVE: National Cancer Control Plan (NCCP) implementation is key to improving cancer outcomes. We describe NCCP priorities and factors affecting their implementation as reported by country teams in the International Cancer Control Partnership (ICCP) ECHO for NCCP implementation.

METHODS: Nine country teams participated in the first two years of the ICCP ECHO (seven in 2020-21, four in 2021-22, two of which participated in both years). Data was collected through focus group discussions (FGDs). FGDs were audio-recorded, transcribed, double-coded, and underwent thematic analysis.

RESULTS: 43 participants from 7 countries in Sub-Saharan Africa and 2 countries in Asia took part in 9 pre and (n=9)-and-post (n=7) ECHO FGDs, including 22 physicians, 9 non-governmental organizations, 11 Ministry of Health/NCCP, 5 cancer registry representatives.

All nine country teams (100%) prioritized cancer early detection. Additional priorities included finding resources for NCCP implementation (67%), harmonizing programs and building partnerships for implementation (56% each), research/monitoring and evaluation (56%), improving treatment and palliative care access (44% each), childhood cancers (44%), and improving cancer registry data (44%).

In post-program FGDs, priorities stayed the same for 3 (33%) countries and shifted for four (44%). Country teams were able to implement most (44%) or some (33%) priorities: cancer early detection (44%); childhood cancer, palliative care guidelines, improving access to treatment, NCCP program costing, raising funds (22% each). Main challenges included finding resources (67%), the COVID pandemic (56%), finding resources (67%). Partnering with international organizations was a strength (44%). Participants stated that ICCP ECHO facilitated NCCP implementation via providing an opportunity to learn from other countries (77%) and experts (67%), through feedback and helping refine priorities (44% each), and by keeping teams on track (33%).

CONCLUSIONS: There were similarities in country priorities, contextual factors, and how ICCP ECHO facilitation was perceived to be effective in helping countries make progress in this work.

ASPECTS ÉPIDÉMIOLOGIQUES, DIAGNOSTIQUES, THÉRAPEUTIQUES ET PRONOSTIQUES DES CANCERS DIGESTIFS CHEZ L'ADULTE JEUNE À COTONOU AU BÉNIN

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIFS : décrire les aspects épidémiologiques, diagnostiques, thérapeutiques et pronostiques des cancers digestifs chez l'adulte jeune de moins de 50 ans à Cotonou.

MÉTHODES : Il s'agissait d'une étude rétrospective à visée descriptive prenant en compte toutes les observations médicales de patients âgés de moins de 50 ans atteints d'un cancer digestif présumé et suivis dans les Centres Hospitaliers Universitaires (CHU) de la ville de Cotonou, recensés dans la période allant du 1er janvier 2017 au 31 décembre 2022. Les variables étaient sociodémographiques, cliniques, paracliniques, thérapeutiques et pronostiques. L'analyse a été faite à l'aide du logiciel SPSS version 25.0.

RÉSULTATS : 175 observations médicales ont été dépouillées au cours de notre enquête. Le cancer du foie était le plus fréquent des cancers digestifs avec 34,85% des cas, suivi du cancer colorectal (28,0%) et du cancer de l'estomac (17,14%). La prédominance était masculine avec une sex-ratio de 2,3. L'âge moyen était de 38,14 ± 8,39 ans avec des extrêmes de 18 ans et 49 ans. Plusieurs facteurs de risques tels que l'alcoolisme (43%), les facteurs infectieux (hépatites virales B (22,9%)), l'ulcère gastro-duodéal (16%), le tabagisme (3%) ont été retrouvés. L'adénocarcinome était le type histologique le plus fréquent (88 %). La mortalité brute hospitalière était de 61,7 %. Les taux de décès les plus élevés étaient observés, par ordre décroissante, dans les cancers du foie; du colon et du rectum ; du pancréas et de l'œsophage.

CONCLUSION : La facilitation de l'accès au dépistage, ainsi que la connaissance et la maîtrise des facteurs de risque permettra l'amélioration de la survie des patients atteints d'un cancer digestif au Bénin.

SURGICAL MANAGEMENT AND SURVIVAL OF GASTRIC CANCER IN THE LITTORAL DEPARTMENT, SOUTH OF BENIN REPUBLIC

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: To study the surgical treatment and the survival of patients with stomach cancer in three referral hospitals in Benin's Littoral Department.

METHODS: The study was carried out at three referral hospitals (CNHU-HKM, HIA-CHU and CHUZ/SL). It was a descriptive study with retrospective collection of data over a period of 9 years period from January 1, 2013 to December 31, 2021. We included patients with histologically confirmed gastric cancer who underwent surgery. The Kaplan-Meier method was used for survival analysis.

RESULTS: We included 52 medical records of stomach cancer. The average age patients was 57.21±12.34 years. It was a population with a male predominance (61.54%). The most frequently involved site was the antropyloric region (n=27). The most common histological type was adenocarcinoma (97.4%). The tumors were mainly classified as T4 (71.2%) and stage III (57.7%). Partial gastrectomy was the most performed surgical procedure (57.7%). The median survival of the 18 patients included in the survival analysis was six (06) months.

CONCLUSIONS: The prognosis for gastric cancer in southern Benin is poor, despite the availability of surgical treatment. Earlier detection is key to reducing gastric cancer mortality in Benin

KEYWORDS: gastric cancer, surgery, survival, mortality, Benin

INDICATIONS AND RESULTS OF SURGERY IN HEPATOCELLULAR CARCINOMA: A PROSPECTIVE SERIES AT LE DANTEC-HMO HOSPITAL IN SENEGAL.

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

INDICATIONS AND RESULTS OF SURGERY IN HEPATOCELLULAR CARCINOMA: A PROSPECTIVE SERIES AT LE DANTEC / HMO HOSPITAL IN SENEGAL.

OBJECTIVE

To report the indications and results of surgery for hepatocellular carcinoma in a series of patients operated at the Aristide Le Dantec and Ouakam Military Hospital.

METHODS

We carried out a prospective and descriptive study between January 2022 and March 2023, including patients who underwent surgical treatment for Hepatocellular Carcinoma at the General Surgery Department of HALD and HMO. Following parameters were studied: epidemiological data, disease stage, patient's condition, surgical procedure and morbi-mortality.

RESULTS

Ten patients out of 41 met the inclusion criteria during this period. Sex ratio was 7/3, mean age was 36.8 years. 7 patients were Hbs antigen positive. All patients had a thoraco-abdomino-pelvic CT scan with kinetics consistent with HCC. Magnetic resonance imaging (MRI) was carried out in 6 patients, evoking HCC in all cases, and assessing hepatic extension. The patients were classified Child A6 in 7 cases and B7 in 3 cases. There were 7 BCLCA and 3 BCLCB patients. Preemptive treatment by Tenofovir was started in the Ag Hbs+ patients prior to surgery (n=7). Six major hepatectomies were performed (4 right hepatectomies, one of which was extended to segment IV + 2 left hepatectomies); 2 bisegmentectomies (segments VI-VII; V-VI); 2 segmentectomies (segment V), one of which was associated with a right colectomy for colonic invasion. There were 4 cases of morbidity (3 high-flow biliary fistulas, and one case of stroke). One case of mortality due to post hepatectomy liver failure was recorded.

CONCLUSION

HCC is still diagnosed at a late stage in low-income-countries. Rigorous patient selection, better surgical planning and optimization are essential to improve results. Vaccination against HBV is the key of prevention.

THE PERCEIVED RELATIONSHIP BETWEEN NUTRITION AND CANCER AMONG BREAST CANCER PATIENTS IN NORTHERN TANZANIA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE

The purpose of this qualitative study is to explore the nutritional practices and perceptions of cancer causation related to nutrition among breast cancer patients in northern Tanzania.

METHODS

Participants with breast cancer were identified in an outpatient setting and included in a larger qualitative study regarding patients' breast cancer experiences and reasons for advanced stage at time of diagnosis. Semi-structured interviews were conducted by trained interviewers, transcribed verbatim, and translated to English. Two independent researchers completed thematic coding using a grounded theory approach.

RESULTS

Twenty patients with an average age of 56 participated in the interviews. Eleven (55%) completed primary education, 13 (65%) were unemployed, and 7 (35%) were married. Fourteen (70%) of the patients had stage 4 breast cancer, 3 (15%) had stage 3, and 3 (15%) had stage 2. Ten (50%) patients lived rurally and 6 (30%) identified as farmers or growing up on coffee plantations. Within the farming group, two-thirds mentioned pesticide use.

Patients' perceived causes of cancer included animal products (n = 5, 25%), cooking oil and fried food (n = 5, 25%), toxins or chemicals (n = 6, 30%), alcohol use (n = 5, 25%), smoking (n = 2, 10%), and weight (n = 1, 5%). After receiving the cancer diagnosis, 55% (n = 11) modified their diet: altered alcohol intake (n = 4, 20%), stopped consuming soda (n = 2, 10%), prepared food by boiling instead of frying (n = 2, 10%), and increased vegetable intake (n = 3, 15%).

CONCLUSIONS

Many participants perceived dietary factors to influence the cause of breast cancer leading to changes in food behaviors. Others correctly identified risk factors including smoking, alcohol use, and being overweight/obese leading to changes in dietary habits following diagnosis. Education of risk factors and causes of breast cancer could promote health seeking behavior.

MOBILIZING RESOURCES FOR EFFECTIVE CANCER CONTROL IN AFRICA: LESSONS FROM THE NATIONAL CANCER CONTROL PROGRAMME OF CHAD

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

As governments in Africa acknowledge the rising global cancer burden, new development projects in the area should explore innovative resource mobilisation strategies to better tackle this emerging public health challenge. A number of international institutions have shown interest in playing an important role in the development of the healthcare sector in low-income countries by providing financial and technical resources. We share our experience of the collaboration between the government of Chad through its National Cancer Control Programme, the International Atomic Energy Agency (IAEA) and international financial institutions to secure support in area of comprehensive cancer control.

In 2021, the government of Chad, the IAEA and the Kuwait Fund for Economic Arab development formalized their collaboration to support Chad's efforts to improve cancer control and expand services. We present our experience so far to provide national decision makers, cancer specialists and other stakeholders with a framework to engage a variety of critical international players to better support their fight against cancer. We cite some examples of resource mobilization strategies through loans, private public partnership and grants for development projects employed for development of comprehensive cancer care control programme. The specific role the AIEA played in resource mobilisation and technical assistance is discussed.

The growing cancer crisis and lack of access to comprehensive cancer control in Africa requires new strategies to meet financing needs for the implementation of priority interventions and expansion of services within national cancer control programmes. It is important for these countries to seize opportunities provided by a number of international institutions and global partners who can assist national governments with financial and technical resources to better tackle the emerging burden of cancer.

INVESTIGATION OF BREAST TUMOR BIOLOGY AND MICROENVIRONMENT IN WOMEN OF AFRICAN DESCENT USING A SINGLE CELL MULTIOMIC APPROACH

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: Western Sub-Saharan African ancestry has been linked to aggressive breast cancer subtypes. However, it remains largely unknown to what extent breast cancer across all of Sub-Saharan Africa is reminiscent of breast cancer in African American (AA) women, who experience disproportionately high mortality rates in the U.S. We performed ATAC- and RNA-sequencing on 9 human triple-negative breast cancer cell lines of U.S. origin and discovered that African ancestry contributed to a differential chromatin landscape associated with aberrant transcription factor activity and downstream gene expression changes indicative of an aggressive tumor biology. Here, we lead an ambitious study that employs single-nucleus ATAC- and RNA-sequencing (snMultiome) of frozen breast tumors to characterize chromatin accessibility and gene expression patterns with single-cell resolution in AA (n=32), Kenyan (n=18), and European American (EA, n=20) women in relation to genetic ancestry.

METHODS: In an initial pilot of 10 Kenyan women, we sequenced a total of 36525 nuclei using the 10x Genomics snMultiome platform. Through an optimized protocol combining enzymatic digestion and automated tissue homogenization, we successfully isolated intact, high-quality nuclei from frozen breast tumor tissue, demonstrating technical feasibility. To date, 70 tumors spanning breast cancer subtypes have been sequenced. Downstream analyses are on-going.

RESULTS: Following filtering, normalization (SCT for snRNA; LSI for snATAC), peak calling (MACS2), and integration (Seurat-v4 for snRNA; Harmony for snATAC), we characterized tumor, stromal, and immune cell populations (totaling 10 distinct cell types). We observed striking intra- and inter-tumoral heterogeneity across Kenyan women, with increased abundance of immune subpopulations (myeloid, T-cells, B-cells) in triple-negative subtypes.

CONCLUSIONS: We successfully isolated and sequenced nuclei to yield high-quality snMultiome data in a subset of frozen breast tumors from Kenyan women. We are currently performing downstream analyses in our larger cohort (N=70) to characterize ancestry-related differences in the tumor epithelium and microenvironment at the single-cell level.

IMPLEMENTATION OF RWANDA PAIN FREE HOSPITAL INITIATIVE (PFHI): AN OBSERVATIONAL PROSPECTIVE DESCRIPTIVE STUDY OF SHORT-TERM ACHIEVEMENTS SINCE 2018

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ORAL ABSTRACTS | DAY 5, SESSION 3, SESSION ROOM 205, November 6, 2023, 9:00 AM - 10:00 AM

Studies showed that hospitals especially low middle income countries there is under-prescription of pain medicine mainly opioids among cancer patients reporting moderate to severe pain leading to patient discomfort . Rwanda biomedical centre initiated the pain free hospital initiative (PFHI) in collaboration with American cancer society (ACS) in 2018.However, the purpose of the PFHI was to motivate clinicians to evaluate and treat pain, supply appropriate drugs to treat pain, equip clinicians with the skills and tools to effectively treat pain, and measure the impact of the program. This was an observational prospective descriptive study design whereby pain score and opioid consumption baseline information before the project starts and subsequent periods were recorded. Hospital staff champions were trained by RBC on data recording to help the project in evaluation. Tools for data extraction were designed and validated. We combined data from hospitals in Rwanda where program is being implemented. Pain assessment is now considered a 5th vital sign, pain score improved from 6 to 2 over ten, pain assessment and appropriate pain management is now among MOH accreditation policies. Oral morphine production improved from 0.03Kg in 2013 to the estimate of 12 Kgs in 2022 due to the raised awareness and hospital demands ,75% public hospital staffs are trained on PFHI and 2026 HCPs (Nurses and physicians) were trained by staff champions via onsite training and all have access to oral morphine solution for free of charge. Basing on the available study results, there is observable positive change in the implementation of the project but to scale up the project there is also a need to train health professionals at primary health care facilities and sustainable training to prevent turnover of trained staff and ensure the availability of pain medicine
Keywords: Pain free hospital initiative, Rwanda

SELF-REPORTED KNOWLEDGE ABOUT PALLIATIVE CARE OFFERS AND ACCESS TO MORPHINE FOR CANCER PATIENTS – A POPULATION-BASED MULTINATIONAL SURVEY

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: For the treatment of moderate to severe cancer-related pain, opioids are indispensable. Morphine is marked as an essential medicine by the World Health Organization. Sub-Saharan African countries face challenges in providing pain relief to patients who are suffering from advanced cancer. Several health system related barriers have been identified. The aim of this study was to focus on the patient's perspective while assessing knowledge of palliative care (PC) services and access to morphine for patients with moderate to severe pain.

Methods: We utilized a cross-sectional design, selecting adult patients diagnosed with breast, cervical, colorectal, and prostate cancer between 2019-20 from the African Cancer Registry Network (AFCRN) database, registered in eight population-based cancer registries in sub-Saharan Africa (Côte d'Ivoire, Eswatini, Ethiopia, Gabon, Mali, République du Congo, Tanzania, Uganda). Data was collected through structured questionnaires, filled via telephone interviews, with patients or relatives of deceased patients.

Results: Of the 650 participants included for analysis, 30.5% had good to very good knowledge of available PC services, while 27.7% lacked knowledge altogether. Furthermore, 81.7% reported willingness to use morphine for cancer-related pain, but only 58.6% received it. Among those who received morphine, 35.4% evaluated their access as satisfactory or good, while 10.5% deemed it bad. 50.5% of the patients answered the questionnaire themselves, 49.5% surveys were conducted with the relatives of deceased or weak patients.

Conclusions: Few studies address access to morphine from the patient's perspective. The results of this study show that patients are willing to take morphine and that access to PC and morphine has improved in this region compared with previous surveys. However, inadequate availability of morphine and lack of patient awareness continue to hinder access to more appropriate care for cancer-related pain. Dissemination of knowledge about palliative care must be a priority to improve access for patients in need.

AFRICAN SCHOOL OF PEDIATRIC ONCOLOGY INITIATIVE: IMPLEMENTING A PEDIATRIC ONCOLOGY DIPLOMA PROGRAM TO ADDRESS CRITICAL WORKFORCE SHORTAGES IN FRENCH-SPEAKING AFRICA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background

In order to enhance skills and increase the number of healthcare providers in pediatric oncology (PO) in Africa, the French African Group of Pediatric Oncology (GFAOP) established the African School of Pediatric Oncology (EAOP). This initiative is primarily supported by Foundation S through its My Child Matters program. In 2014, the EAOP launched the "Diplome Universitaire d'Oncologie Pédiatrique" (DUCP), a formal training program in PO for physicians accredited by the Mohamed V University of Rabat and the Paris Saclay University. In this report, we present the long-term follow-up of physicians trained between 2014 and 2022.

Methods

A Training Committee was established with the mission of developing a pilot curriculum. The training program admits 15 to 25 new fellows annually, with the first cohort commencing training in October 2014. We maintained regular communication with the participants through email and social media exchanges to monitor their progress.

Results

Over the course of 8 years, six cohorts comprising a total of 107 candidates were trained. The participants were from 20 Francophone African countries. The participants were from specialties mainly pediatricians, hematologists and pediatric surgeons. As of today, 61 laureates (57%) continue to be involved in PO in their home countries. Five participants have established new pediatric oncology units in Benin, Gabon, Central African Republic, Niger, and the Republic of Congo, increasing the number of pediatric oncologists in the GFAOP PO units by 50%. 25 participants are engaged in medical student training and research. The most significant reason for the drop-off in PO involvement was the inability to secure government recruitment.

Conclusion

This training program tailored to French-speaking African countries has demonstrated success. The main challenge lies in retaining trained physicians within hospitals. The Global Initiative for Childhood Cancer and Cure-all can play a crucial role in addressing this issue.

CLINICAL PRESENTATION, STAGING AND OUTCOME OF RETINOBLASTOMA AMONG CHILDREN TREATED AT BUGANDO CANCER CENTRE, LAKE ZONE TANZANIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective

Retinoblastoma (Rb) is the most common ocular tumour among children under five years of age. Early diagnosis and good quality of care has provided excellent rates of survival in developed countries. However, in developing countries, outcomes are significantly lower due to late stage of presentation. The current study looked at the distribution and presentation stage of retinoblastoma at a regional tertiary care Centre in Tanzania.

Methods:

Files of all pediatric (<18yo) patients diagnosed with retinoblastoma over a 2 years period (2021-2022) were retrospectively reviewed. Extracted data included demographic, presentation, staging and treatment information. All received treatment as per the National Tanzanian Rb protocol at Bugando cancer Centre. Data was recorded and analyzed using SPSS software (v25).

Results:

A total of 65 patients were included in the evaluation, with an average age of 3 years and 58% male. Mwanza region had the largest number of children diagnosed with Rb. Most presented with proptosis (88%, n=57) and had unilateral disease (83%, n=54). Based on IRSS (international, retinoblastoma staging system, 77% (n=50) had advanced stage (3 or 4), and 74% (n=48) had extraocular disease at presentation. Only 12% of patients achieved remission with treatment completion, with a 1-year OS rate of 48%. Up to 38%(n=25) remain on palliative treatment.

Conclusion

This study reported high mortality rate with late presenting which stage are (stage III and stage IV). Early screening and diagnosis, is important in our setting to achieve better outcomes.

BREAST CANCER CARE CAPACITY ASSESSMENT TOOL: A MODEL FOR MULTIDISCIPLINARY CANCER CARE CAPACITY EVALUATION IN LOW AND MIDDLE-INCOME COUNTRIES

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: Breast cancer is the most common female incident cancer worldwide, and there exist significant disparities in breast cancer mortality between high-income and low and middle-income countries (LMICs). The objective of this study was to develop a comprehensive assessment of breast cancer care capacity in LMICs using a multidisciplinary survey tool to determine resource availability and barriers to care.

Methods: Starting in October 2022, biweekly meetings were held between teams from MD Anderson Cancer Center and University of California-Davis in the United States, as well as University Teaching Hospital Treichville in Côte d'Ivoire to develop the Breast Cancer Care Capacity (B-CCC) Assessment Survey Tool. Breast cancer screening, diagnosis, and treatment requires multidisciplinary effort; thus, the survey was developed to include free-standing sections for radiology, pathology, surgery, medical oncology, and radiation oncology and examines personnel, infrastructure, and clinical output within each discipline to determine an overall capacity score and key resource limitations in each department.

Results: The goals of the B-CCC Assessment Survey Tool are to (1) describe resource availability within a given department, hospital, region, or country, (2) explore how resource availability correlates to clinical output within each healthcare facility, and (3) tailor resource allocation or intervention programs to address barriers to care and delays to treatment. The B-CCC model allows for a hospital-level quantifiable cancer capacity assessment tool that can be modified for different regions and cancer types. The tool will be piloted at 30 departments covering several districts in Cote d'Ivoire (data forthcoming).

Conclusions: Capacity assessment and quality metrics have been used to evaluate/benchmark healthcare programs since 1990s; however, few tools exist to measure comprehensive breast cancer capacity in LMICs and limited data for benchmarking. We hope that this tool will provide a model for multidisciplinary cancer care capacity assessment in LMICs.

BREAST CANCER CARE IN COTE D'IVOIRE: PRELIMINARY RESULTS FROM A BREAST CANCER CARE CAPACITY ASSESSMENT SURVEY

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: Breast cancer is the most common cancer in women in Côte d'Ivoire. The objective of this study was to pilot a tool for breast cancer care capacity assessment in Côte d'Ivoire.

METHODS: The Breast Cancer Care Capacity (B-CCC) Assessment Survey Tool was developed to assess capacity including personnel, infrastructure, and equipment availability at secondary and tertiary hospitals to treat breast cancer. This pilot phase encompassed survey distribution to colleagues performing breast cancer care in Côte d'Ivoire and analyzed via descriptive statistics.

RESULTS: Seventeen participants [7 (41%) surgeons, 1 (6%) radiation oncologist, 3 (18%) each medical oncologists, radiologists, and pathologists] from 12 institutions (50% public, rest private) returned the survey.

Respondents reported that surgery, radiation oncology, and pathology personnel were commonly available, but full time medical oncologists, palliative care providers, and chemotherapy nurses were less commonly available. Ultrasound was available at 67% of facilities, but mammography was only available at 33% of facilities, and there was no CT or MRI availability. While there was reported access to FNA and core-needle biopsies at 100% of the facilities, equipment malfunction was common (67%).

Patient inability to pay for care was a major barrier reported at both private (83%) and public institutions (46%). 100% of respondents reported that patients were required to pay out-of-pocket or through private insurance for cancer care. Only 24% of respondents noted opportunity for payment assistance from community organizations. Other perceived obstacles included patient declining care (35%), late presentation (18%), and lack of pathology equipment (18%).

Conclusions: The pilot B-CCC results provide preliminary data regarding breast cancer care in Cote d'Ivoire. These pilot data will allow for further refining of the B-CCC tool for broader distribution, with the eventual goal of having the B-CCC survey data inform strategies to address patient and healthcare-system barriers to breast cancer care.

IMPROVING BREAST CANCER EARLY DETECTION THROUGH EDUCATION OF PRIMARY HEALTHCARE PROVIDERS IN COTE D'IVOIRE

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ORAL ABSTRACTS | DAY 5, SESSION 2, SESSION ROOM 201/202, November 6, 2023, 9:00 AM - 10:00 AM

OBJECTIVE: To improve breast cancer early detection in Côte d'Ivoire, we designed, implemented, and evaluated the Breast Health Program educational curriculum (BHP EC) for primary healthcare providers (PCPs).

METHODS: In-depth interviews to identify breast cancer early detection strategies were conducted with key stakeholders, audio-recorded, transcribed, coded, analyzed via hybrid analysis, and used to design the BHP EC. The program was implemented as a one-day educational session for PCPs, who completed pre- and post-session surveys. Data were analyzed using descriptive statistics and Fisher's exact test.

RESULTS: Interviews were conducted with 18 participants: 7 (39%) physicians, 5 (28%) medical students, 4 (22%) nurses and midwives, 2 (11%) cancer survivors. Barriers to early detection included: limited breast cancer awareness (50%), lack of patient follow-up/support after primary care presentation (50%), financial barriers (39%), lack of coordination in diagnosis and treatment (22%), no mammography or biopsy capacity within public healthcare (11%). BHP EC topics included: breast cancer/benign breast disease management, patient communication/support, clinical breast exam (CBE), financial navigation. 36 PCPs from 5 healthcare centers attended the BHP EC: 75% were female; the mean age was 41.3 years (SD 7.2); 9 (28%) physicians, 6 (17%) nurses, 18 (50%) midwives, 3 (8%) medical students. At baseline, 18 (50%) PCPs felt qualified to evaluate patients with breast complaints compared with 32 (89%) post session ($p = 0.003$). 15 (42%) felt qualified to help patients overcome barriers to diagnosis at baseline compared with 31 (86%) after BHP EC ($p = 0.006$). There were no differences in CBE confidence (27 (75%) vs. 32 (89%)) or patient referral for diagnostic workup (29 (81%) vs. 34 (94%)) pre- and post-BHP EC ($p > 0.05$).

CONCLUSIONS: BHP EC resulted in improved breast cancer early detection knowledge and confidence. Future work includes program expansion and evaluation of the impact on time to diagnosis.

THYROID CANCER ABOUT 59 CASES

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

SUMMARY

Introduction

Thyroid cancer is a rare tumor.

Our aim was to determine the epidemiological, histological and therapeutic aspects of thyroid cancer in a study carried out at the Lamine sine Diop clinic in Fann.

Patients and method

This was a retrospective study conducted over 11 years (January 2009 to December 2019).

59 histologically confirmed thyroid cancer patient files were collected,

Files without histological results were excluded from the study.

Results

The mean age of our patients was 49 years.

Female predominance

Cervical swelling was the main reason for discovery, accounting for 95% of cases.

Cervical ultrasound was performed in 76% of cases, and GHMN was found in 35%.

Cytoponction in 31 patients revealed malignancy in 61% of cases

Total thyroidectomy was performed in 69% of cases, loboisthmectomy in 20%, and subtotal thyroidectomy with curage in 44%.

Thyroid totalization was performed in 10 patients.

Histological findings were in favour of differentiated cancers (papillary and vesicular) in 88% of cases, anaplastic in 6%, with 1 case of squamous cell carcinoma and 1 case of malignant oncocytoma. Six patients had received iratherapy.

CONCLUSION

Thyroid cancer is relatively rare,

Diagnosis is based on anatomopathological examination of the surgical specimen.

The prognosis is generally good if treatment is early and appropriate.

Key words cancer, thyroid, ira therapy

PATTERNS OF INITIATION AND INTERPRETATION OF ORAL AND ANAL SEXUAL BEHAVIOURS AMONG YOUNG PEOPLE

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

PATTERNS OF INITIATION AND INTERPRETATION OF ORAL AND ANAL SEXUAL BEHAVIOURS AMONG YOUNG PEOPLE

Objective: To explore heterosexual oral and anal sexual behavior among sexually active young Nigerians and the dynamics of initiation towards oral and anal sexual behaviors.

Method: This was a further analysis of qualitative design of SHINI study that involved 19 In-Depth Interviews (IDI) among sexually active young men and women aged 18-25 years in Ibadan, Nigeria.

Data was coded using Nvivo Software and thematic content analysis was used to present findings.

Results: The initiation to oral and anal sex was spontaneous, rarely planned by both males and females but more by male participants. Male participants initiated and engaged in receptive anal sex more frequently than oral sex. Transactional sex was also a way of initiation to oral and anal sexual behaviors with the initiator being the sole determinant of the type of intercourse. Negotiation for oral and anal sex was coercive with the 'initiate' yielding and giving in to the initiator. The initiators for oral and anal sex were informed and willing to experiment through the influence of pornographic films as catalyst for the sexual act. Reactions of participants varied from embarrassment, irritation, pain, regret to fun, enjoyable, new discoveries of more pleasurable sex. They perceived oral and anal sex to be more disadvantageous relative to engaging in vaginal sex. Participants felt that use of barrier protection during oral and anal sex is unnecessary.

Conclusion: Oral and anal sexual behaviors are commonly practiced among young people and usually initiated spontaneously mostly through coercion with attendant associated risks. Information on safer sex practices during oral and anal sex should be provided to this population to reduce susceptibility to HPV infections and associated cancer risk.

CHALLENGES FOR PATIENT-CENTRED PAEDIATRIC CANCER CARE IN WEST AFRICA: EXPERIENCE IN BURKINA FASO AND SENEGAL

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective:

Every year, 70,000 children are diagnosed with cancer in sub-Saharan Africa. Though 80% of patients in high-income countries recover from cancers, the 5-year survival rate of childhood cancer on the continent remains as low as 50%. This is a public health problem whose burden is unknown due to a lack of statistical data. In addition, the already overburdened health systems are experiencing enormous constraints to address the issue, given the double burden of communicable and non-communicable diseases. The purpose of this research is to examine the delivery of paediatric cancer care in Burkina Faso and Senegal, to make policy recommendations based on the patient-centred care framework.

Methods:

In Burkina Faso, field research based on qualitative and quantitative methods is conducted in 2023, involving in-depth interviews with key actors, participant observations and a literature review. The ethnographic data obtained from Senegal in 2009-2010 is reviewed together with the policy documents and statistical data. The WHO framework for health system strengthening and that for the patient-centred care are used to analyse the delivery of care.

Results:

Paediatric oncology care in both countries faces challenges in all aspects of health systems, while clinicians try to overcome them at the individual and institutional levels. Families face a significant financial burden, and children's social life, including education, is often disrupted.

Conclusions:

Paediatric cancer care in Burkina Faso today and Senegal in 2009-2010 share serious challenges in terms of health systems strengthening and patient-centred care. Goodwill exists, but children, families, and clinicians are paying the price. Especially, a lack of resources and trained health personnel, inadequate infrastructure and a lack of public awareness of the disease constitute major challenges. Those should be overcome as part of the nationwide efforts toward Universal Health Coverage. There is an urgent need to advocate for a strong political commitment.

CHALLENGES WITH DIAGNOSES AND MANGEMENT OF GYNECOLOGICAL CANCERS IN SUB-SAHARAN AFRICA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: To demonstrate some of the challenges associated with diagnosis and management of gynecological cancers in Sub-Saharan Africa.

METHODS: Retrospective review of gynecological cancer cases admitted into the Gynecological wards of the University College Hospital, Ibadan over a six year period (2017-2022)

RESULTS: About a quarter (25.6%) of the 2,679 gynecological admissions over the period under study were admitted for the different gynecological cancers with majority (42.5%) being ovarian cancer. Of the 684 admissions, only 85 (12.4%) had histological diagnoses already at the time of admission and only 98 (14.2%) had surgeries that may result in histologic diagnoses often after waiting for several weeks.

The hospital admission resulted in death in 18% of the cases, 3% resulted in discharge against medical advice and the remaining 79% were discharged to the outpatient care in a relatively stable condition. In 90 cases (13.2% of admissions), the primary site of the malignancy was unknown with diagnosis maintained as intra-abdominal malignancy. Unfortunately, cases where the primary site of cancer is unknown is more than twice more likely to result in discharge against medical advice and 1.4 times more likely to result in death.

These delays in diagnosis may result to delay in instituting treatment and may be contributory to the high mortality rate of 18% of admissions for gynecological cancers.

CONCLUSIONS: Interventions focused at enhancing histopathological diagnoses are still required to facilitate diagnosis and management of gynecological cancers in Sub-Saharan Africa.

METACHRONOUS GENITAL TRACT CANCERS; MISSED DIAGNOSIS OR CANCER RECURRENCE? A CASE WITH FOUR HISTOLOGIC DIAGNOSES OF GENITAL TRACT CANCERS

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: To demonstrate the challenge with diagnosis in this particular case where four different histologic diagnoses were made.

METHODS: Case report of a young woman who had at least four(4) different histologic diagnoses of genital tract cancers over a 9-year period.

RESULTS: Miss O.E. presented 26year old with histologic report of Endometroid Stroma Sarcoma of the left Ovary following left salpingo-ophorectomy done at source of referral, repeated histology of retrieved tumor block was in keeping with Granulosa Cell Tumor. She had 6-courses of Carboplatin-paclitaxel chemotherapy and defaulted follow-up. She went on to have two successful pregnancies with caesarean sub-total hysterectomy at the second delivery on account of post-partum hemorrhage from refractory atony.

She presented again at 35years (9years after first contact) with clinical features suggestive of cervical cancer; clinical and radiological stage of 3B and histology of cervical biopsy was malignant neoplasm with differentials of Leiomyosarcoma and Poorly Differentiated Carcinoma. She had progressive abdominal swelling and radiological finding was suggestive of pyometra with evidence of severe sepsis which necessitated laparotomy. Finding at surgery included colored purulent exudate with bulk of necrotic tissue filling the pelvis which was evacuated. Clinical condition deteriorated post-operatively with multiple organ dysfunction and she suffered mortality on the 5th post-operative day. Likely cause of death being overwhelming sepsis. Histology of tissue from laparotomy returned as High-grade Serous Carcinoma

CONCLUSIONS: The primary tumor site(s) remains unclear. Also, it remains uncertain whether this was a case of tumor recurrence or metachronous genital tract tumors and perhaps certainty of diagnosis could have changed the approach to treatment and possible outcome. This is one of the many challenges experienced in oncology care in Sub-Saharan Africa

IMMUNOHISTOCHEMICAL SUBTYPES OF BREAST CANCER IN NIGERIA: A SCOPING REVIEW

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE

Breast cancer remains the most common cancer seen in women worldwide, with up to 2.3 million cases recorded in 2020. Great strides have been made in its management even in low- and medium-income countries such as Nigeria. The immunohistochemistry of breast cancer is essential in planning treatment, with the increasing availability of hormonal and other targeted therapies. This scoping review aims to review the immunohistochemical subtypes of breast cancer seen in Nigeria.

METHODS

A literature search was done using Pubmed, Google Scholar and African Journal online on the immunohistochemical subtypes of breast cancer in Nigeria using the Preferred Reporting Items for Systematic Reviews and meta-analysis extension for scoping reviews (PRISMA-Scr) guidelines. Articles were selected on the basis of their relevance to the immunohistochemistry of breast cancer in Nigeria.

RESULTS

The study included 1229 patients in total. Based on the combination of staining properties, seven studies (n=881) grouped the immunohistochemical properties as luminal A, luminal B, basal-like, or unclassified. 38.9 % (n=343/881) had the luminal A subtype, which was also the most common subtype. Basal-like breast cancer was found in 259 cases, accounting for 29.3% of the study population. Lumina B had a frequency of 100, accounting for 11.3%. Eight studies (n=911) described immunohistochemical properties based only on oestrogen receptor, progesterone receptor, and HER2/neu receptor status. Triple Negative, oestrogen positive, progesterone positive and Her2/neu positive breast cancers were seen in 46.4%, 43.5%, 35.6% and 18% of cases respectively.

CONCLUSION

This scoping review contributes to the existing literature by providing an overview of the immunohistochemical subtypes of breast cancer in Nigeria. The findings underline the need to consider the unique characteristics of breast cancer within the Nigerian populace, further emphasizing the need for an individualized approach to the diagnosis and treatment of breast cancer.

GLOBAL DNA METHYLATION PATTERN AND METALS EXPOSURE AMONG ELECTRONIC WASTE WORKERS: IMPLICATIONS FOR CANCER RISK

Issah I¹

¹West African Centre For Geohealth

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: We examined the joint effect of toxic and essential metals on global DNA methylation among e-waste recyclers and a control group with no history of e-waste exposure.

Methods: We recruited 100 e-waste workers and 51 non-e-waste workers as controls. We used an inductively coupled plasma mass spectrometer (ICPMS) to measure the level of eight metals (cadmium (Cd), lead (Pb), manganese (Mn), selenium (Se), and zinc (Zn)) measured in blood, and arsenic (As), nickel (Ni) and chromium (Cr) in urine. We quantified DNA methylation levels in long interspersed nucleotide element-1 (LINE-1) repeats, as an indicator of global DNA methylation by pyrosequencing of bisulfite-converted DNA extracted from whole blood. We primarily performed Bayesian kernel machine regression (BKMR) to assess variable importance, explore metal mixture effects, and identify any potential interactive effects among metals on LINE-1 DNA methylation.

Results: Pb and Cr were significantly higher in the exposed group (GM: Pb = 79.6 µg/L, Cr = 8.1 µg/L) than those in the control group (GM: Pb = 37.9 µg/L, Cr = 7.3 µg/L). On the other hand, As, Cd, and Mn were significantly higher among the controls. The BKMR analyses showed an overall negative mixture effect between the eight metals and LINE-1 methylation in both e-waste workers and controls in a linear dose-dependent pattern suggestive of an additive effect. Among the e-waste workers, a significant decrease in LINE-1 methylation was observed when all the metals were above their 50th percentile compared to when all were at their 50th percentile. Zinc was identified as the primary metal significantly influencing the overall joint association (Cond. PIP = 0.93).

Conclusion: We found negative associations between a mixture of eight metals and global (LINE-1) DNA methylation among e-waste workers and controls. Further studies using prospective designs with larger sample size are needed to confirm these findings.

A MODEL FOR CREATING STEM CELL TRANSPLANTATION (SCT) PROGRAMS IN LOW- AND MIDDLEINCOME COUNTRIES (LMIC): EXPERIENCE FORM 11 SCT PROGRAMS

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¹HealthCare Global

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Introduction: Availability of clinical programs for stem cell transplantation (SCT) in low- and middle-income countries (LMIC) is sub-optimal. We have created a model for improving access to Stem Cell Transplantation (SCT) in LMIC, with acceptable clinical outcomes.

Methods & Materials:

A methodology for creating SCT programs in LMIC was created and is being implemented for over the last one decade. This analysis is about the processes, strategies and the core requirements which were required to build new SCT programs within existing hospitals, with restricted resources in LMICs. The outcomes of stem cell transplantation in these Centers are also reported.

Results:

- 11 SCT programs we created: 9 (96.32%) in India and 1 (3.67 %) in Dar es Salaam (Tanzania)
- Between February 2011 to November 2021
- 136 patients underwent SCT: 77 (56.61%) autologous stem cell transplants and 59 (43.38%) were allogeneic stem cell transplants
- Overall survival is 98 (72.05%).

Conclusions:

Multiple SCT programs can be created in LMIC with ample opportunities to improvise the technique to make it more accessible and acceptable clinical outcomes can be achieved.

HOW TO CREATE STEM CELL TRANSPLANT PROGRAMS IN AFRICA

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¹HealthCare Global

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Introduction

Due to the significant resources involved in creating an SCT Program there is significant disparity in the availability of this treatment modality between the developed and developing countries.

Materials and Methods

This talk details the steps in the creation of an SCT Program. Details of our experience from the first HSCT Program in East Africa which was started at Muhimbili National Hospital (MNH) in Dar-es-Salaam, Tanzania will also be presented. These include details of the collaborations, training, infrastructure development, acquisition of the biomedical equipment, as well as the actual process for HSCT, as well as the outcomes of treatment are described.

Observations

The project has been detailed in 4 stages for ease of description:

Stage 1: Preparatory work. Stage 2: Gap Analysis. Stage 3: Activities for closure of gaps. Stage 4: Stem Cell Transplantation Process

Conclusion

SCT Programs can be created in Africa with acceptable outcomes.

BARRIERS TO AND FACILITATORS OF PROSTATE CANCER SCREENING AMONG MEN IN UGANDA PRISONS: FINDINGS FROM A SURVEY OF 2565 PRISONERS

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: This study aimed to quantitatively examine the perceptions, attitudes and beliefs of men in Uganda Prisons regarding barriers to and facilitators of PCa screening.

Methods: We used findings from a qualitative study to inform a survey conducted in August 2022 among 2565 prisoners from the four major regions of Uganda selected using simple random sampling technique.

Results: The survey that enrolled a total of 2565 participants with a mean age of 50.2 (9.8), indicated that most male inmates felt that it would be better to make PCa screening mandatory for all eligible men in prison. Majority of the participants indicated that what might drive them to seek PCa screening are; when one feel pain while urinating, if treatment is free for the prisoners diagnosed with prostate cancer, and if prostate cancer screening services are available in prisons. In addition, making services for Prostate cancer screening free of charge and provision of counselling services to the prisoners were viewed by the majority as main motivators for PCa screening. The barriers to Prostate cancer screening were mainly myths and beliefs that may influence PCa screening practices. Besides, by majority, the best way of helping men in Uganda prisons to get screened for PCa were training the prison medical staff on how to screen for Prostate cancer, equipping the prison health facilities with prostate cancer screening supplies, and working with the Uganda prison service (UPS) to train & equip Prison Health Centers to screen for prostate cancer.

Conclusions: Consideration should be given to developing interventions to increase awareness among both the inmates, the prison health system, including the healthcare professionals regarding the importance of their role in facilitating prostate cancer screening while ensuring that the prison health facilities are equipped with the required screening logistics.

THE DEVELOPMENT OF THE UGANDA NATIONAL CANCER CONTROL PROGRAMME (UNCCP) PLAN 2021-2026

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: Cancer is a major public health problem in Uganda. In 2020, there were 34,008 new cancer cases, 22,992 cancer deaths, and 62,548 adults living with cancer (5-year' prevalent cases). A National Cancer Control Programme (NCCP) plan is a strategic plan to control cancer, based on the country's cancer disease burden, cancer risk factor burden, and resources available to implement the plan in the context of its culture and healthcare system (UICC). Uganda has been lacking the NCCP. The mandate of the Uganda cancer institute (UCI) was expanded by an Act of Parliament in 2016. UCI is mandated to undertake and coordinate the management of cancer and cancer-related diseases in Uganda. UCI is also an East African regional centre of Excellence in oncology. Given the current level of cancer burden and the unmet need for national cancer control services, an NCCP is required.

Methods: To control cancer based on the country's cancer disease burden, risk factors, and available resources, UCI spearheaded the development of the Uganda National Cancer Control Programme (UNCCP) through a multi-sectoral approach. This involved five major steps: 1) National Cancer Control (NCC) secretariat established at the UCI, 2) National Cancer Control Steering Committee members identified and sensitized, 3) Drafting / Writing the National Cancer Control Plan, 4) Weekly planning meetings – identifying resources (Material-literature, persons etc.), and 5) Stakeholder consultations.

Results: The UNCCP was structured through the following pillars and special interest groups:

Pillar 1: Health Promotion and Cancer Prevention

Pillar 2: Early detection

Pillar 3: Diagnosis and treatment

Pillar 4: Palliative Care

Pillar 5: Cancer Survivorship

Pillar 6: Cancer Surveillance and Research

Pillar 7: Policy and advocacy

& Cancer Control in special interest groups.

Conclusions: A well-funded and implemented NCCP can reduce cancer risk, ensure earlier detection and treatment improve quality of life.

THE MOST COMMON CANCERS BY SUB-REGIONS OF UGANDA: POPULATION-BASED DATA FROM 2017-2020

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: Cancer risk may vary from one person or community or region to another. The pattern of cancer type, gender, and age group differential by sub-regions of Uganda is not yet explicitly known, except for the Kyadondo (Kampala and parts of Wakiso district) of central Uganda and the Acholi sub-region provided by the Kampala Cancer Registry and the Gulu Cancer registry. The aim of this study was to determine the baseline cancer burden, based on point prevalence, in each sub-region of Uganda.

Methods: Medical record review for trend analysis of cancer registry and health facility medical record data was conducted using the Uganda national cancer notification form. The world health organization (WHO) coding rules using ICD-03 and ICD-10 formats were adapted and used to categorize the cancer types and topography. CanReg5 software was used to enter, clean, and analyze the data.

Results: Central region, Lango and Acholi, Busoga, and Ankole Sub-regions have the highest burden of Cancers. Cancers of the Cervix, Breast and Ovaries are common female cancers in all the Sub-regions of Uganda. The commonest male cancer is that of the prostate, while cancers of the liver and oesophagus and KS were common in both sexes. There is increasing risks of developing cancer of the stomach in both male and females especially from western Uganda; Kigezi, Ankole and Rwenzori Sub-regions. Lymphomas, Soft tissue Sarcomas and Malignant bone tumours are very common in children. Myeloid Leukemia are most common than lymphoid type. Male child is more at risk of developing cancer than the female child.

Conclusions: Cancer control stakeholders need to prioritize cancer control interventions based on the most common types of cancers per sub-region. Besides, there is need to strengthen the current population-based cancer registries and set-up additional registries in the sub-regions to improve cancer data quality.

FACTORS ASSOCIATED WITH VAGINAL STENOSIS AND ITS MANAGEMENT IN WOMEN TREATED WITH DEFINITIVE PELVIC RADIATION FOR LOCALLY ADVANCED CERVICAL CANCER.

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¹Parirenyatwa Group of Hospitals, ²University of Zimbabwe, ³University of Zimbabwe

ORAL ABSTRACTS | DAY 5, SESSION 1, HALL 3, November 6, 2023, 9:00 AM - 10:00 AM

OBJECTIVE: Cervical cancer in Zimbabwe constitutes 20% of all cancers and the majority are locally advanced at presentation. The standard treatment for locally advanced cervical cancer (LACC) is definitive pelvic radiotherapy. Vaginal stenosis is one of the late complications of this therapy. The purpose of this study was to assess risk factors for vaginal stenosis, the management practices and the prevalence of vaginal stenosis for locally advanced cervical cancer at our center.

Methods: A retrospective descriptive single institution study, reviewing a cohort of patients who developed vaginal stenosis from 1 January 2016- 31 December 2018 was carried out. Study subjects' records were reviewed, and data collected with regards to patient, disease and treatment characteristics. Data analysis was carried out using STATA software package version 13.

Results: A total of 624 patients received definitive pelvic radiation for LACC. Out of these, 132 (21%) had vaginal stenosis and were eligible for analysis. The majority 47/69 (68%) of the patients with vaginal stenosis were ≥ 50 years and a higher proportion of these had higher grade stenosis ($p=0.394$). A higher proportion of single women developed vaginal stenosis compared to married women, 77/132 (58%) and 55/132 (42%) respectively ($p=0.21$). The most common comorbidities among patients with vaginal stenosis were HIV and hypertension with a prevalence of 26/69(36%) and 20/69 (28.9%) respectively. Vaginal stenosis was higher in women with advanced stage disease. The interventions for vaginal stenosis were documented in 29/132 (22%) of the patients.

Conclusion: Vaginal stenosis is a common complication following definitive pelvic radiation for LACC in our setting. Locally, there are limited interventions and vaginal dilators are not readily available. Further prospective studies may validate this.

IMPACT OF EFAVIRENZ ON HORMONE POSITIVE BREAST CANCER SURVIVAL IN WOMEN LIVING WITH HIV IN BOTSWANA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: Women living with HIV (WLWH) diagnosed with estrogen positive (ER+) breast cancer (BC) are at increased risk of dying compared to HIV- women. The reasons for this are unclear, however, the effect of ART on ER+ BC survival in WLWH, specifically efavirenz (EFV), has not been evaluated. Interactions between EFV and estrogen have been well documented. The aim of this study was to evaluate if EFV containing ART regimens impacts survival in WLWH and ER+ BC.

Methods: Female patients, >18 years of age, with ER+ (luminal A) BC and HIV were identified from the Thabatse cancer cohort which has captured clinical and demographic data on 65% of cancer patients in Botswana. Variables were compared by EFV vs non-EFV containing ART regimens. Survival curves and cox proportional hazard regression models were constructed to assess the effect of OS between the EFV and non-EFV groups.

Results: 38 patients on EFV regimens and 51 on non-EFV regimens were identified. No significant difference in diagnosis age, performance status, income, BMI, or BC stage was noted. Surgical, chemotherapy, or radiation treatment received were similar between the groups. Time on ART and viral-load levels were not significantly different, but a significantly higher proportion of women in the EFV group had CD4 counts <500 cells/mm³ (68% vs 29%, p=0.003). The 5-yr OS was 48.9% (33.0-72.2, 95%CI) and 51.1% (34.0-76.8, 95%CI) in the EFV and non-EFV groups respectively. There was no significant EFV survival effect noted in the unadjusted (HR 1.05, 0.46-2.3, 95%CI) or adjusted models (HR 0.98, 0.4-2.3, 95%CI).

Conclusions: No significant survival difference was seen between those taking EFV vs non-EFV containing ART regimens, and thus, our data cannot conclude that EFV is the driving factor underlying the poorer survival seen in WLWH and ER+ BC compared to HIV- women.

BREAST CANCER RISK FACTORS IN SUB-SAHARAN AFRICA - A SYSTEMATIC REVIEW.

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Background: Several collaborative groups have focused on the aetiologic research on breast cancer from mostly Western populations. However relatively few collaborative groups have focused on the aetiologic research on breast cancer on the African continent, with no meta-analyses.

Methods: We carried out a systematic review, including all case-control or cohort studies in sub-Saharan Africa (SSA) published up to July 1st 2021, on the association between breast cancer and anthropometric factors, reproductive patterns, alcohol use, and physical activity among women resident in SSA. We searched five databases - Ovid MEDLINE, Ovid Embase, Ovid Global Health, Scopus, and the Cumulative Index of Nursing and Allied Health Literature database (CINAHL) without any language restrictions. We included studies on black African women, resident in SSA at time of diagnosis. Assessment for confounding and bias was done at study level, using the "Conducting Systematic Reviews and Meta-Analyses of Observational Studies of Etiology" guidelines (COSMOS-E).

Results: Thirty-eight publications from 27 independent study populations were eligible for inclusion. All the included studies were case-control studies. There were no cohort studies on the association between known risk factors and breast cancer risk in SSA up until July 2021. The included studies were published between 1975 and 2020 and were conducted in only 10 of the 46 SSA countries. Of these 38 studies, only two, presented results stratified by hormone receptor status (HRS). Majority of the studies addressed reproductive factors, with a paucity of studies on anthropometric and lifestyle factors.

Conclusion: Despite the vastness and the heterogeneity of sub-Saharan African region, research on the aetiology of the most common cancer affecting women is still sparse and is focused in less than a quarter of the countries that make up this region. There is a need to increase the coverage, representation, and the quality of aetiologic research from the continent.

CANCER SURVIVAL IN SUB-SAHARAN AFRICA

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¹African Cancer Registry Network, ²Cancer Surveillance Group, International Agency for Research on Cancer

ORAL ABSTRACTS | DAY 3, SESSION 4, OVAL ROOM, November 4, 2023, 3:20 PM - 3:50 PM

Objective: The Cancer Survival in Countries in Transition project (SurvCan-3) of the International Agency for Research in Cancer, aims to fill gaps in the availability of population-level cancer survival estimates from developing countries. Here we report on survival from 18 cancers in 13 populations in 11 countries of sub-Saharan Africa (SSA).

Methods: We included patients diagnosed in 2005-2014 from the population-based registries of Benin (Cotonou), Cote d'Ivoire (Abidjan), Ethiopia (Addis Ababa), Kenya (Eldoret & Nairobi), Mali (Bamako), Mauritius, Namibia, Seychelles, South Africa (Eastern Cape), Uganda (Kampala), Zimbabwe (Bulawayo & Harare). Patients were followed up till 2017. We estimated the 1, 3 and 5-year age-standardised net survival (ASNS) using the World Cancer Patient Population.

Results: Survival was estimated for 10,500 patients. Of all cases, 87.4% were morphologically verified. The ASNS 3-years after diagnosis was above 70% for three cancer sites: thyroid (72%), ovary (71.2%), and corpus uteri (70.9). It was between 50-70% for six sites: colon and rectum (57.7%), breast (68.7%), cervix (52.3%), prostate (61.2%), bladder (56.9%), and Hodgkin disease (67.3%). Less than 50% of patients were alive 3-years after diagnosis for eight sites (oral cavity, oesophagus, stomach, larynx, liver and intrahepatic ducts, trachea, bronchus and lungs, non-Hodgkin leukaemia, and leukaemia). There were differences in survival for some cancers by sex. Survival did not differ by country-level human development index for cancers of the oral cavity, oesophagus, liver and intrahepatic bile ducts, thyroid, and Hodgkin disease.

Conclusions: These are the most comprehensive data on population-level survival from cancer in SSA available to date. For cancers for which population-level prevention strategies exist, and with relatively poor prognosis, these estimates highlight the urgent need to upscale population-level prevention activities. These data are vital for providing the knowledge base for advocacy to improve access to prevention, diagnosis, and care for patients with cancers in SSA.

A COMPARISON OF SURVIVAL AND CLINICAL PROFILE OF LARYNGEAL CANCER PATIENTS AT OCEAN ROAD CANCER INSTITUTE.

Jonathan J¹, Lugina E¹

¹Ocean Road Cancer Institute

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

i)OBJECTIVE: To determine the difference in survival and clinical profile of laryngeal cancer patients treated using 2DRT in 2008-2012 and those treated using 3DCRT in 2018-2019 at OCEAN ROAD CANCER INSTITUTE (ORCI).

ii)METHODS: Retrospective comparative cohort study carried at OCEAN ROAD CANCER INSTITUTE, consecutive sampling done to obtain 95 patients treated using 3DCRT and data set of 82 patients obtained from the investigator, analysis done using SPSS version 28 measures of central tendency used to summarize quantitative data proportions for categorical data, Kaplan Meir and long rank test for survival curves, P value less than 0.05 was considered significant. Ethical clearance was obtained from Muhimbili university of health and allied sciences (MUHAS) and ORCI.

iii)RESULTS: The 3DCRT cohort exhibited an improved three-year overall survival (OS) rate of 58% compared to the 2DRT cohort (35%), with median survival times of 37 months and 34 months, respectively. The improved OS was associated with an increase in radiotherapy dose, duration of radiotherapy, use of radiosensitizers, and stage of the disease. Advanced stage was found to be associated with poor OS.

iv)CONCLUSION: Despite improved OS of laryngeal cancer treated by 3DCRT the OS is still low compared to developed countries, early diagnosis, increase in radiotherapy dose, use of radio sensitizer and short duration of radiotherapy will further improve OS of laryngeal cancer patients in Tanzania, most patients were treated with a mean dose of 55Gy which is still low in order to improve OS of this patients more advanced techniques such as IMRT is recommended due to advanced disease stage at presentation in our facility.

SCREENING TEST AND HISTOPATHOLOGIC OUTCOMES IN A FIVE-COUNTRY AFRICAN COLLABORATIVE TO DEVELOP AN ARTIFICIAL INTELLIGENCE-BASED TOOL FOR CERVICAL CANCER SCREENING

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ORAL ABSTRACTS | DAY 3, SESSION 2, SESSION ROOM 203, November 4, 2023, 9:00 AM - 10:00 AM

Objective: Cervical cancer is preventable but kills 300,000 women annually, almost entirely in limited-resource settings. Naked eye visual inspection of the cervix using acetic acid (VIA) or VIA enhanced with digital cervicography (VIA-DC), remains the most common screening method but has suboptimal accuracy. A new artificial intelligence-based tool –Automated Visual Evaluation (AVE) – is under development and being evaluated through prospective observational studies in five African countries.

Methods: Participating Ministry of Health clinics recruited eligible women from March, 2022 through February, 2023, based on national guidelines and screened them via four methods: human papillomavirus (HPV) testing, naked eye VIA (Malawi, Rwanda, Senegal), VIA-DC (Zambia, Zimbabwe), and AVE. Screen-positive women received cervical punch biopsies or loop electrosurgical excision procedure (LEEP); histopathology will serve as reference standard for case status.

Results: 24,472 women were enrolled (Zimbabwe: 6,909, Zambia: 6,066, Malawi: 4,619, Rwanda: 3,811, Senegal: 3,067) with 39% living with HIV. Among 23,298 women with all three screening results, 10,896 (49%) women were positive on at least one test. Positivity rates were as follows: HPV: 31%; AVE: 24%; VIA: 9%; VIA-DC: 8%. Of 7,883 screen-positive women with preliminary pathology diagnoses, 4,570 (58%) were normal, 1,818 (23%) had cervical intraepithelial neoplasia 1 (CIN1), 526 (7%) CIN2, 524 (7%) CIN3, 5 (<1%) adenocarcinoma in situ, 84 (1%) invasive cancer, and 356 (5%) unsatisfactory biopsy samples. Abnormal pathology results were reviewed by an external pathologist.

Conclusions: The HPV positivity (31%) and histology-confirmed CIN2+ (14%) rates are influenced by the high HIV prevalence among study participants. The burden of disease among both women living with HIV and HIV-negative women underscores the urgency of implementing population-based screening and treatment services in resource-limited settings. Sensitivity and specificity results for AVE are pending. Once available, if AVE shows superiority to VIA, it could potentially represent a paradigm shift in screening.

CANCERS LOCALISÉS DE L'ŒSOPHAGE : UNE EXPÉRIENCE BI-CENTRIQUE ET PROBLÉMATIQUE DE LA PRISE EN CHARGE

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¹CHNU Dalal Jamm, ²CHU Aristide Le Dantec

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

INTRODUCTION : Le cancer de l'œsophage est de pronostic sombre. Depuis l'essai de Herskovic, la radiothérapie associée à la chimiothérapie à base de platine est devenue le standard en traitement néoadjuvant ou exclusif pour les cancers de l'œsophage. Nous rapportons les expériences des deux centres publics de radiothérapie de Dakar en nous focalisant sur les problèmes liés au suivi des formes localisées de cancers de l'œsophage traités. **MATERIELS ET METHODES :** Tous les patients traités par radiothérapie dans les services de Radiothérapie des Hôpitaux Aristide le Dantec et Dalal Jamm de 2018 à 2021 pour un cancer de l'œsophage localisé et histologiquement prouvé ont été inclus. **RESULTATS :** 152 patients ont été traités pour un cancer localisé de l'œsophage. L'âge médian était de 48 ans (18 – 68). Le carcinome épidermoïde était retrouvé chez 57,2%. Les patients étaient classés T3 dans 52,6% des cas. 82 (54%) des patients étaient classés N1. Le bilan d'extension ne trouvait pas de maladie à distance. La chimiothérapie concomitante chez 131 (86,2%) des patients. Tous les patients ont eu une radiothérapie à la dose médiane de 47 Gy (30 – 50) avec un fractionnement de deux Gy (1,8 à deux). Après un suivi médian de 21,23 mois, une réponse clinique complète était notée chez 91 (59,8%). Sept patients sont décédés au cours du traitement pour une altération de l'état général. Après les traitements, 62 (40,7%) patients sont décédés. L'altération de l'état général suite à une gastrostomie était la cause principale de décès (66,1%) rapportées par les familles. Vingt-sept (17,7%) patients sont considérés comme étant perdus de vue après plusieurs appels téléphoniques. **CONCLUSION :** Le pronostic du cancer de l'œsophage au Sénégal est effroyable. Ce travail montre qu'il faut davantage s'organiser dans le circuit patient et surtout le suivi.

IMAGE-GUIDED ADAPTIVE BRACHYTHERAPY FOR ADVANCED CERVICAL CANCER SPREADING TO THE BLADDER AND/OR RECTUM: CLINICAL OUTCOME AND PROGNOSTIC FACTORS

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Introduction: Refinements of brachytherapy techniques have led to better local control of locally advanced cervical cancer (LACC), especially with the development of image-guided adaptive brachytherapy (IGABT). We report the experience of our institution in the treatment of these advanced tumors with IGABT.

Materials and methods: Medical records of patients treated for a LACC spreading to the bladder and/or rectum between 2006 and 2020 at Gustave Roussy Institute were analyzed. A Cox regression model was used to study the potential associations between clinical and dosimetric factors with survival endpoints and fistula formation.

Results and statistical analysis: A total of 81 patients were identified. All patients received pelvic +/- para-aortic radiotherapy, 45 Gy in 25 fractions +/- boost to gross lymph nodes. The median D90 CTVHR dose was 75.5 GyEQD2 (SD: 10.39 GyEQD2) and median CTVHR volume was 47.6 cm³ (SD: 27.9 cm³). Median bladder and rectal D2cm³ dose were 75.04 GyEQD2 (SD: 8.72 GyEQD2) and 64.07 GyEQD2 (SD: 6.68 GyEQD2). After a median follow-up of 27.62 ± 25.10 months, recurrence was found in 34/81 patients (42%). Metastatic failure was the most common pattern of relapse (n=25). Use of a combined interstitial/intracavitary technique and D90 CTVHR ≥ 75.1 GyEQD2 were prognostic factors for OS in univariate analysis (HR = 0.24, 95%IC: 0.057-1, p = 0.023; HR = 0.2, 95%IC: 0.059-0.68, p = 0.0025, respectively). In multivariate analysis, a D90 CTVHR ≥ 75.1 GyEQD2 was significant for OS (HR = 0.23; 95%IC: 0.07, 0.78, p = 0.018). The occurrence of vesicovaginal fistula (VVF) was the most frequent pattern of local recurrence (HR = 4.6, 95%CI: 1.5-14, p = 0.01).

Conclusion: Advances in brachytherapy modalities improved local control and survival while reducing toxicities. Enhancing local control through dose escalation and combined intracavitary/interstitial brachytherapy techniques is a major factor in patients cure probability, together with systemic intensification to better control distant events.

EXPLORING BARRIERS TO CERVICAL CANCER SCREENING AMONG WOMEN LIVING WITH HIV (WLHIV) ATTENDING ART CLINIC AT NKHOMA HOSPITAL, MALAWI.

Kabota B¹

¹Beatrice Kabota , ²Martha Makwero, ³Christine Campbell

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

EXPLORING BARRIERS TO CERVICAL CANCER SCREENING AMONG WOMEN LIVING WITH HIV (WLHIV) ATTENDING ART CLINIC AT NKHOMA HOSPITAL, MALAWI.

Introduction

Women living with HIV (WLHIV) are at higher risk of developing cervical cancer than those who are HIV negative. In order to increase access to services, international policy recommendations include the integration of cervical cancer screening into HIV care: a pilot study carried out in Malawi reported high uptake of cervical cancer screening after integration with HIV care. However, evidence has shown that despite attempts at integration, there is still underutilization of cervical cancer screening services among WLHIV in clinics across Malawi.

OBJECTIVE

This study explored the barriers to cervical cancer screening among WLHIV attending the Anti-Retroviral Treatment (ART) clinic at Nkhoma Hospital.

METHODS

A qualitative study design was carried out at Nkhoma Hospital ART clinic. Seventeen in-depth in-person interviews were conducted among WLHIV who had never accessed cervical cancer screening services. Data was analyzed using thematic analysis.

RESULTS

Results: Eight themes emerged from the study. These include: (i) poor communication approaches, (ii) lack of knowledge of the room used for screening services, (iii) fear emanating from negative experiences shared by peers, and fear of a cancer diagnosis itself), (iv) feeling of embarrassment over exposure of private body parts, (v) myths and misconceptions (vi), low perceived vulnerability, (vii) long travelling distances and (viii) long waiting times.

CONCLUSIONS

These findings confirm the need to improve delivery of cervical cancer screening for WLHIV at Nkhoma Hospital and in Malawi and other similar settings. They highlight the need for client-centered counseling and support to overcome fears and misconceptions, and designing health promotion messages that may directly address the concerns of the WLHIV.

IMPLEMENTING MOBILE TELEMEDICINE AND ARTIFICIAL INTELLIGENCE IN CERVICAL CANCER SCREENING IN UGANDA

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ORAL ABSTRACTS | DAY 3, SESSION 2, SESSION ROOM 203, November 4, 2023, 9:00 AM - 10:00 AM

Background: Cervical cancer (CaCx) is the leading cause of cancer-related deaths in Sub-Saharan Africa. In Uganda, it accounts for 35.7% of all cancer cases in women. Digital health tools have been implemented in several African countries to improve CaCx screening, but such implementations are lacking in Uganda.

Objective: To describe the implementation of mobile telemedicine and artificial intelligence (AI) for improving CaCx screening in Uganda.

Methods: The study was conducted between 2019 and 2021 at Uganda Cancer Institute and its four satellite clinics. The system consisted of the Gynocular portable colposcope and a Samsung smartphone with the ODK app for capturing and sharing of cervical images and other clinical data. This facilitated remote consultation when needed. We used the cervicograms to develop AI models for automated analysis, and deployed the AI in a custom app. Evaluation was through screening statistics, AI performance measures, staff (n=27) and patient (n=15) feedback, and usability surveys.

Results: The telemedicine system was used to screen 2682 women, of which 12% were VIA positive. The AI model had 98% sensitivity and 82% specificity. Staff and patients had positive opinions about the intervention, citing benefits such as better cervical visualization, improved communication between nurses and patients (when explaining screening findings), improved clinical data management, performance monitoring and feedback, and “modernization” of screening services. System usability was high (81.2/100). However, there were also concerns about privacy and system complexity (initially time consuming). Recurring challenges to eHealth (lack of interoperability and sustainability); AI (lack of accurate training datasets); and cancer screening in general (arduous referrals, inadequate monitoring and quality control) also resurfaced.

Conclusion: This study demonstrates the feasibility and value of digital health tools in CaCx screening in Uganda, particularly improving patient experience and clinical decision support.

Funding: SPIDER <https://spidercenter.org/> and Makerere University <https://rif.mak.ac.ug/>

A GENOME-WIDE ASSOCIATION STUDY OF CERVICAL CANCER IN THE BLACK SOUTH AFRICAN WOMEN

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ORAL ABSTRACTS | DAY 3, SESSION 1, SESSION ROOM 205, November 4, 2023, 9:00 AM - 10:00 AM

OBJECTIVE: Cervical cancer is the second most common female gynaecological malignancy in sub-Saharan Africa (SSA). Previous genome-wide association studies (GWASs) have identified genetic variants associated with cervical cancer in women of European and Asian ancestry. However, owing to the complexity of linkage disequilibrium and varied environmental exposures in different ancestral populations, regional GWASs are needed to unravel the pathogenesis of cervical cancer in women of African ancestry, especially in SSA.

METHODS: A total of 1,637 cases and 761 controls women of African ancestry were identified from the Johannesburg Cancer Study and the Africa Wits-INDEPTH Partnership for Genomic Research (AWI-Gen) study, respectively. DNA samples were genotyped on the 2.3 million H3Africa GWAS single nucleotide polymorphisms (SNPs) array and imputed using the Sanger Imputation Service, resulting in a total of 13.9 million SNPs. The association between genetic variants and cervical cancer was tested using linear mixed models implemented in GEMMA, adjusting for five principal components and cryptic relatedness.

RESULTS: We identified five genomic loci associated with cervical cancer. Three of these loci were mapped within the major histocompatibility complex region. These included: rs3129965 (odds ratio [OR] = 0.89, 95% confidence interval [CI] = 0.87-0.92, $P = 2.292 \times 10^{-11}$) near HLA-DRA, rs575105445 (OR=0.77, 95%CI=0.70-0.85, $P = 2.188 \times 10^{-7}$) near HLA-C, and rs184053148 (OR =0.79, 95% CI = 0.72-0.86, $P = 4.19 \times 10^{-7}$) in TRIM31. We also identified rs12496921 (OR=0.88, 95%CI = 0.84-0.92, $P = 1.32 \times 10^{-7}$) near SLC41A3 and rs114031308 (OR= 1.27, 95% CI =1.16-1.39, $P =3.06 \times 10^{-7}$) near TTC26. These loci are implicated in numerous pathways including antiviral immunity, DNA repair, the regulation of p53, apoptosis, cell growth and differentiation.

CONCLUSION: These discoveries demonstrate the important contribution of common genetic variants to cervical cancer susceptibility and provide insights into its pathogenesis in women of African ancestry.

INFORMATION DISCLOSURE DURING INFORMED CONSENT PROCESS FOR CLINICAL CARE AMONG CANCER PATIENTS IN UGANDA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: Informed consent is a widely accepted legal, ethical and regulatory requirement in medical care and research, but its practice varies by context and the reality often differs from the theoretical ideals. This study was aimed at assessing perspectives of patients with advanced cancer on information disclosure during the informed consent process for clinical care.

Methods: A qualitative study was conducted from September to October 2019 among 24 patients with advanced cancer and 10 healthcare providers about information giving to patients at Uganda Cancer Institute. In-depth interviews were conducted and data was abstracted from patients' medical records on their demographic and disease characteristics. Data were analyzed thematically using Nvivo 12.

Results: Information was disclosed mostly through discussion with the individual patients by physicians or counselors or palliative care staff. Delayed disclosure of prognosis and benevolent deception were common practices. There is a form used at registration to consent patients for care but this is devoid of detail about the specific procedures to be done and it's written in English language only. Barriers to optimal disclosure of information to patients included: lack of time due to high patient load, lack of space and privacy, lack of clear guidelines, a limited number of skilled staff, and poorly designed consent forms. Although most participants indicated that verbal consent was always sought for most care procedures, many said that they had never read or signed any consent form and that sometimes procedures are done without explanation. Information disclosure during informed consent was highly desired because it enhanced the timely implementation of the treatment plan and social decision-making.

Conclusion: The information disclosed to patients during the consenting process for clinical care was inadequate. Acceptable ways of communicating informed consent to cancer patients need to be developed and staff training on health information-giving skills is paramount.

BREAST CANCER-RELATED ARM LYMPHEDEMA AND ASSOCIATED FACTORS AMONG PATIENTS ATTENDED AT OCEAN ROAD CANCER INSTITUTE

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

In Tanzania breast cancer is the 2nd leading cancer among women and most of the cases are diagnosed at advanced stage. Survival has been noted to improve recently due to emerging modern and improved treatment standards this raises important questions about how to improve Quality of Life for patients after treatment.

Breast Cancer Related arm Lymphedema (BCRL) is one of the most distressing and debilitating complication.

AIM: To determine prevalence, severity of BCRL and its associated factors among patients attended at Ocean Road Cancer Institute (ORCI).

METHODS: All patients with unilateral breast cancer who have completed treatment within two years attending clinic at ORCI from Oct 2022 to March 2023. BCRL was graded as circumference change relative to contralateral arm by using LENT SOMA grading system. Multivariate analysis was conducted using logistic regression to variables.

RESULTS

BCRL was found in 70 cases (58.8%) out of 119 patients. Among them 61.4% had mild edema, 10% had moderate and 28.6% had severe form. Those who had Body Mass Index ≥ 25 were 1.75 times more likely to develop BCRL than those who had BMI of < 25 (p value 0.002). Patients who had Modified radical mastectomy(MRM) done were 1.23 times likely to develop BCRL than those who had Breast conserving surgery(p value 0.04). Patient with Level I-II Lymph node dissected were 2.14times likely to get BCL (P value 0.016) and those who had more than 5 Lymph node harvested had 3.1 times likely to get BCRL(p value 0.019).

CONCLUSION

Prevalence of BCRL is significant in our patients and most of them have mild stage. BCRL is mainly associated with overweight, MRM surgery involving Level I-II dissection and higher number of Lymph node harvested during surgery.

COMPARISON BETWEEN SELF AND CLINICIAN COLLECTED HPV SAMPLES FOR CERVICAL CANCER SCREENING: FINDINGS FROM A SCALE-UP PROGRAM IN KENYA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: Cervical cancer is the second-leading cause of cancer incidence and leading cause of cancer deaths in Kenya. The World Health Organization has recommended human papilloma virus (HPV) testing as the primary screening method for cervical cancer. The Ministry of Health, Kenya, is assessing various approaches for HPV testing scale-up in Kenya. A HPV testing Rapid Results Initiative (RRI) was implemented to assess the feasibility of a sample referral mechanism from health facilities to central national laboratories. We present the findings from the RRI, focusing on the sample collection approaches.

METHODS: The RRI was implemented in two counties in Kenya in 2021-2022, targeting eligible women at HIV clinics. Women underwent HPV screening, either by self or clinician sample collection. Samples were referred and analyzed at the Kenya Medical Research Institute molecular laboratory. We compared HPV positivity and sample rejection rates between the self-collected and the clinician-collected samples.

RESULTS: Of 1994 samples analyzed, 73.4% (1,463/1,994) were from HIV positive women; mean age of screened women was 37.7 (S.D 7.5) years. Sixteen percent (327/1,994) were self-collected samples while the rest were clinician collected. HPV positivity was 23.1% (385/1,667) among the clinician collected samples and 21.1% (69/327) from the self-collected samples ($P = 0.431$). Invalid sample rate was 3.7% (62/1,667) among the clinician-collected samples and 3.7% (12/327) among the self-collected samples ($P = 1.000$).

CONCLUSION: We found no significant difference in either or HPV positivity between self-collected and clinician-collected HPV samples. Since self-sample collection is more acceptable among women, it offers an opportunity to scale-up cervical cancer screening, to make progress towards elimination of cervical cancer.

ENHANCING COMPLIANCE OF CERVICAL CANCER CONTROL THROUGH PATIENT NAVIGATION FOR THE HARD-TO-REACH POPULATION, A CASE STUDY FROM KENYA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Patient navigation is the care and support given to clients after cancer abnormal results. Once clients are screened for cervical cancer, the results may be suspicious for cancer. This is not easy to handle and often brings anxiety with a nightmare of a complex healthcare system and lack of resources to move to the next level of care. Patient navigation helps the client manage this process through guidance, psychosocial support, and sometimes resources. It also helps improve treatment compliance.

Women for Cancer supports access to screening services through screening camps often reaching to the hard-to-reach populations in the city slums and rural areas. The methods used to screen are either Pap smear or visual Inspection with acetic acid. The results may be suspicious for cancer which causes anxiety to the client as this means finances which she may not have, walking through a complex healthcare system. This compromises care as many patients give up. Patient Navigation addresses these barriers. Out of 648 clients reached through screening camps, 6 patients were found to have lesions that needed follow-up. The patients were navigated through their treatment journey by offering them psychosocial support, paying the National Hospital Insurance Fund for one year, and paying for their colposcopy and biopsy processing. The clients were at different stages, some were treated with hysterectomy while others were put on chemotherapy, radiotherapy, and brachytherapy. All the clients were accounted for in the pathway of care

The recommendation from this intervention is that patient Navigation should always be part of a regular screening program for better patient outcomes.

IMPACT OF A NUTRITION ASSESSMENT AND REHABILITATION PROGRAM FOR CHILDREN TREATED FOR CANCER IN A SUB-SAHARA AFRICA SINGLE CENTER

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ORAL ABSTRACTS | DAY 5, SESSION 3, SESSION ROOM 205, November 6, 2023, 9:00 AM - 10:00 AM

OBJECTIVE

Malnutrition is common among children with cancer in Sub-Saharan Africa (SSA) and negatively impacts cancer outcomes. The mechanisms of malnutrition in these children include pre-existing malnutrition due to lack of access to nutritious food, catabolic state from cancer, mechanical obstruction of the GI tract due to tumors, and treatment side effects such as mucositis and vomiting. At the Mulago National Referral Hospital (MNRH)/Global HOPE Center in Uganda we designed and implemented a nutritional rehabilitation program to improve the survival and promote health of the children during cancer treatment. We describe the program and its impact.

METHODS

From October 2019 to April 2020, we enrolled and prospectively followed children ages 0.5 to 18 years. We measured their Mid Upper Arm circumference, height and weight. Nutritional status was categorized using the WHO Integrated Management of Acute Malnutrition Guidelines. Children with malnutrition received nutritional rehabilitation with high-calorie milk (F75) or ready-to-use therapeutic feed, with twice weekly for inpatients, every two weeks for outpatients and monthly for children with normal nutritional status for the period of 3 months.

RESULTS

A total of 124 children (median age 7) were enrolled. Of these, 43/124 (35%) were malnourished, with 36/124 (29%) severely malnourished. Males and children younger than 6 years had higher rates of malnutrition (65% and 28% respectively). Children with stage 3 and 4 solid tumors, High-risk leukemia, abdominal distention, and those treated on high-risk protocols were more likely to be malnourished. Among children with severe malnutrition, 29/36 (81%) received ready-to-use therapeutic feeds, and 7/36 (19%) received high-calorie therapeutic milk (F75). Post-intervention, rates of severe malnutrition reduced from 84% to 56% in 104 children evaluated.

CONCLUSION

There is a high prevalence of malnutrition among children treated for cancer. Routine nutritional assessment and intervention is feasible and effective in a LMIC setting.

QUALITY AND DIAGNOSTIC CHARACTERIZATION OF BONE MARROW BIOPSIES AT KAMUZU CENTRAL HOSPITAL, MALAWI: A RETROSPECTIVE STUDY

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: Diagnosis and management of many hematologic diseases depend on bone marrow evaluation. However, there is limited data on bone marrow quality and characterization from Sub-Saharan Africa.

METHODS: We conducted a retrospective study of bone marrow biopsies taken for routine care from 2013-2023 at Kamuzu Central Hospital in Lilongwe, Malawi. We queried the laboratory database for patients age ≥ 18 with a pathology sample for "bone marrow biopsy" with location "iliac crest." Patient characteristics were limited to those available from the pathology request form completed by the provider during the biopsy. Descriptive statistics were conducted in R.

RESULTS: 498 participants were identified; 273(55%) were male with median age of 41 (range 18-82). 305(61%) were HIV negative, 131(26%) HIV positive, and 62(12%) HIV unknown. Specimens collected and analyzed were either trephine and aspirates or both. Of the 498, 283(57%) were trephines, 88(18%) were aspirates and 127(25%) were both trephine and aspirate. Quality of biopsies was excellent, as only 29(6%) were suboptimal or uninterpretable. Biopsy indications included unexplained anemia 40(8%), cancer staging 29(6%), pancytopenia 8(2%), lymphadenopathy 8(2%), and splenomegaly 5(1%). Indication was not given for 377(76%). The most common diagnosis was benign or reactive bone marrow (i.e., non-malignant) 275(60%). Other diagnoses included ALL 27(6%), AML 19(4%), Benign lesions-NOS 18(4%), DLBCL 16(4%), Aplastic anemias 11(2%), CLL 10(2%), Multiple myeloma 10(2%), MDS 8(2%), CML 8(2%), Carcinomas 8(2%), Hodgkin lymphoma 5(1%), HIV-infection 4(0.9%) among others.

CONCLUSIONS: Quality of bone marrow biopsies done under routine care is good in Malawi. However, the most common diagnosis in this population was a reactive bone marrow, for which the underlying cause was not evident to the treating provider. Therefore, further research is needed on the causes of cytopenia in this population.

ENDOSCOPIC DIAGNOSIS OF GASTRIC AND OESOPHAGEAL CANCER IN LUSAKA, ZAMBIA: A RETROSPECTIVE ANALYSIS

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Introduction: There are uncertainties surrounding the spectrum of upper gastrointestinal (UGI) cancers in sub-Saharan Africa. We analysed endoscopic records from 1977 to 2021, in order to provide a comprehensive picture of how the diagnoses have evolved over four decades.

Methods: We collected data from the endoscopy unit at the University Teaching Hospital (UTH) in Lusaka spanning over four decades. Since 2015, an electronic data base of endoscopy reports at the UTH was kept. The electronic data base was composed of drop-down menus that allowed for standardised reporting of findings. Collected data were coded by two experienced endoscopists and analysed.

Results: In total, the analysis included 25,849 endoscopic records covering 43 years. The number of procedures performed per year increased drastically since 2010 due to the endoscopy training programme that was introduced, and an increase in the number of available instruments. With the exception of the last two years, the number of normal endoscopies also increased during the time under review. In total, the number of gastric cancer (GC) cases were 658 (3%) while that of oesophageal cancer (OC) was 1168 (5%). The number of GC and OC diagnoses increased markedly over the period under review, ($p < 0.001$ for both). For OC the increase remained significant when analysed as a percentage of all procedures performed ($p < 0.001$). Gastric ulcers (GU) were diagnosed in 2095 (8%) cases, duodenal ulcers (DU) in 2276 (9%) cases and 239 (1%) had both ulcer types. DU diagnosis showed a significantly reducing trend over each decade ($p < 0.001$) while GU followed an increasing trend ($p < 0.001$).

Conclusions:

UGI endoscopic findings have evolved over the past four decades in Zambia with a significant increase of OC and GU diagnoses. Reasons for these observations are yet to be established.

FERTILITY AND PREGNANCY OUTCOMES AFTER THERMAL ABLATION FOR MANAGEMENT OF CERVICAL INTRAEPITHELIAL NEOPLASIA: A COHORT STUDY IN SEMI-RURAL CAMEROON

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ORAL ABSTRACTS | DAY 3, SESSION 3, AUDITORIUM, November 4, 2023, 3:20 PM - 3:50 PM

Objective. To assess the impact of thermal ablation (TA) on fertility and obstetrical outcomes in women screened for cervical cancer in Cameroon.

Methods. This cohort study included participants 30-49 years from two previous screening trials in Cameroon conducted between 2015 and 2020. Participants were primarily screened for human papillomavirus (HPV) infection, triaged by visual inspection and treated by TA if needed. Between October 2021 and March 2022, women treated by TA and a control group of untreated HPV-positive and HPV-negative women were enrolled. The primary outcome was pregnancy after screening/treatment. As HPV-positive women were advised to avoid pregnancy until their 1-year follow-up visit, participants reporting pregnancy within this timeframe were excluded from the analysis for the primary outcome. The secondary outcome was miscarriage.

Results. A total of 764 participants (220 treated by TA) completed the survey and 227 pregnancies were reported during the study period. Of the 657 participants included in the analysis for the primary outcome, 38 (19.4%) treated by TA reported a pregnancy compared to 82 (17.8%) in the control group ($p=0.627$). Adjusted for potential confounders, the hazard ratio of pregnancy for treated women was 0.61 (0.37-1.01, $p=0.058$). After excluding women who did not attempt pregnancy, there remained no significant association between TA and pregnancy (aHR 0.91, 0.60-1.36, $p=0.637$). Miscarriage rate among all women reporting a pregnancy was not associated with TA (aHR 1.08, 0.42-2.79, $p=0.871$).

Conclusion. In this study population, TA did not significantly impact fertility nor miscarriage rate, when accounting for women's attempt to get pregnant.

SCREENING OF CERVICAL CANCER IN DSCHANG HEALTH DISTRICT, CAMEROON: A GLANCE ON THE FIRST THREE YEARS' ACHIEVEMENT OF THE 3T-PROJECT.

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ORAL ABSTRACTS | DAY 3, SESSION 2, SESSION ROOM 203, November 4, 2023, 9:00 AM - 10:00 AM

Objective: Cervical cancer is the second leading gynaecological cancer worldwide, occurring mostly in low- and middle-income (LMIC) countries. However, when diagnosed early, cervical cancer is one of the most treatable forms of cancer. The "3T (test, triage and treat) project" in Dschang aims to screen women using HPV test, do a triage for HPV positive to select eligible cases and treat.

Method. This is an ongoing 5-years prospective cohort study in the Dschang Health District Cameroon, targeting women aged between 30 and 49 years. Data presented concern the first 2623 women screened from September 2018 to August 2021. The SecuTrial platform was used to enter data. The analyzes were done using descriptive methods. The main indicators were the prevalence of HPV infection, the prevalence of precancerous lesions, the treatment options used and side effects. **Results:** Out of the 2623 women screened, 482 were HPV-positive (18.4%), with 45 (9.3%) positive for HPV 16, 71 (14.7%) positive for HPV18/45, and 397 (82.4%) positive for other high-risk HPV. Triage done using visual inspection with acetic acid (VIA) was positive for 273/482 women (56.7%) who were subsequently treated. Thermal ablation was the main treatment method used: 264 cases (96.7%), followed by Large Loop Excision of transformation Zone (LLETZ) 9 cases (3.3%). The most common side effect of treatment was watery discharge (77.8%).

Conclusion: HPV infection is relatively common in the Dschang Health District. Screen-triage-and-treat strategy is feasible, and treatment side effects are minor.

Keywords: Cervical cancer screening, Precancerous lesions treatment, Dschang, Cameroon

FALSE NEGATIVE RESULTS IN CERVICAL CANCER SCREENING CONDUCTED IN A LOW-RESOURCE CONTEXT: IMPLICATIONS FOR THE HEALTH SYSTEM

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective - To critically analyze the rate of false negative results (FN) after on-site cervical cancer screening in a low-resource setting and the implications for the health system.

Method – We conducted a retrospective review of 4080 women, aged 30-49 years, recruited from a cervical cancer screening trial in Cameroon between 2018 and 2022. The screening procedure included HPV primary testing followed by VIA triage if HPV positive. All HPV-positive participants received cervical cytology, endocervical brushing and a guided biopsy of visible lesions or a “six-o’clock” biopsy within the transformation zone if no lesion was perceived. A FN was defined as a negative VIA test with a high-grade lesion later detected on histology and/or cytology. All VIA diagnoses were primarily performed by on-site healthcare providers. A secondary analysis was performed by expert colposcopists off-site.

Results - A total of 793 women were HPV-positive (19.4%). Among 96 high-grade lesions (12.1%), 32 (33%) were assessed as negative by on-site VIA (FN rate 33.3%). 13 FN cases were confirmed both by histology and cytology, 9 only by histology, 2 only by cytology and 8 at a follow-up visit at 6 or 12 months. Expert review of FN cases identified 22 (73%) out of 30 high-grade lesions, with moderate interrater agreement (Kappa 0.65, 95%CI 0.46-0.84).

Conclusion - Primary HPV-based screening combined with triage by VIA is associated with a significant FN rate. VIA remains crucial for triage of HPV-positive women but requires quality control and follow-up protocols for women screened positive to reduce the risk of missing high-grade lesions.

LONGITUDINAL QUALITY OF LIFE FOLLOWING CERVICAL CANCER TREATMENT IN BOTSWANA

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ORAL ABSTRACTS | DAY 5, SESSION 1, HALL 3, November 6, 2023, 9:00 AM - 10:00 AM

Objective

This study longitudinally accessed quality of life (QoL) in patients who completed chemoradiation (CRT) for cervical cancer in Botswana and compared QoL for those living with and without HIV.

Methods

Patients with cervical cancer recommended for curative CRT were enrolled from 08/2016 to 02/2020. The European Organization for Research and Treatment of Cancer Core QoL (QLQ-C30) and Cervical Cancer-Specific (QLQ-Cx24) questionnaires, translated into Setswana, were used to assess QoL prior to treatment (baseline), at end of treatment (EOT), and in 3-month intervals post-treatment for two years. T-tests, Pearson chi-square tests, and Fisher's exact tests were performed.

Results

294 women enrolled in the study (Mean follow-up=16.4 months), with a median age of 46. Of women with recorded staging, most had FIGO stage III/IV disease (64.4%). Women living with HIV (WLWH; 74.1%) presented at earlier ages than those without HIV (mean 44.8 years vs. 54.7 years, $p < 0.001$). QoL for all domains did not differ by HIV status at baseline, EOT, or 24-month follow-up. Mean global health status (72.21 to 78.37; $p < 0.01$) scores improved significantly from EOT to 24-month follow-up for all patients per QLQ-C30.

No significant differences were found using the Cx24 survey between EOT and 2-year follow-up in symptom burden (12.53 to 13.67; $p = 0.6$) and functional status (91.23 to 89.90; $p = 0.53$). However, using the QLQ-C30 scale, between EOT and 2-year follow-up, significant improvements were seen on both symptom (12.70 vs. 7.63; $p = 0.04$) and functional scales (88.34 vs. 91.85; $p < 0.01$).

Conclusion

QoL increased significantly and durably for all patients undergoing CRT, underscoring the value of pursuing curative CRT regardless of HIV status.

TRENDS ON OESTROGEN RELATED CANCERS BY ETHNICITY: A REPORT FROM THE SOUTH AFRICAN NATIONAL CANCER REGISTRY (1994 -2021)

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: To describe incidence and mortality of hormone related cancers which are breast (BC), ovarian (OC) and uterine cancer (UC) of women in South Africa (SA) by ethnicity.

Methods: Data from the pathology-based National Cancer Registry (NCR) of SA from 1994 to 2021 were used for incidence data while Statistics South African (StatsSA) was a source of the mortality data of 1997- 2018. Number of cases, age standardised incidence rates (ASIR) and Lifetime risk (LR) were calculated for 1994-2021. Mortality statistics was calculated from StatsSA mortality data.

Results: From 1994 to 2021, there were 60 407 women diagnosed with BC, 13 509 with OC and 5 195 with UC. Blacks had the highest proportion of BC followed by Whites the least being Asians. The ASIR of Asians' with BC increased from 1994-2021 ranging at 41.7 to 66.01 per 100 000 with LR of 1 in 13 to 1 in 20. However, in 2011 this ASIR declined to 31.43 per 100 000 with lifetime risk of 1 in 25.

Whites generally had the highest ASIR of BC in 2015 it was at 94.14 per 100 000 women with LR of 1 in 10. UC incidence was lowest in Asians with ASIR of 4.86 per 100 000 observed in 2011 and LR of 1 in 112. These ASIR changes did not reflect in other population groups. OC frequencies in all population groups increased from 2014 to 2021. Total incidence of OC and BC from 1994 to 2021 had high incidence in Blacks from a very early age compared to Whites despite having similar number of cases. BC had the highest mortality in proportion, followed by OC with least being UC.

Conclusion: The age related ethnic differences were observed in OC and BC.

NEOADJUVANT CHEMOTHERAPY FOLLOWED BY HYPOFRACTIONATED RADIOTHERAPY FOR TREATMENT OF LOCALLY ADVANCED CERVIX CANCER (NACHYPO-CX) PHASE 2 TRIAL

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE:

To evaluate the safety and effectiveness of neoadjuvant chemotherapy followed by hypofractionated external beam radiotherapy and high dose rate (HDR) brachytherapy in the definitive treatment of patients with locally advanced cervical cancer (LACC).

METHODS:

The NACHYPO-Cx study is a phase 2 trial involving 95 patients with histologically confirmed cervix cancer, FIGO stages IB3, IIA, IIB, IIIA, IIIB, IIIC, or IVA; comparing neoadjuvant chemotherapy with two cycles of carboplatin AUC5 and paclitaxel 175mg/m² on days 1, and 22, followed by hypofractionated radiotherapy 45 Gy (3 Gy per fraction) to the whole pelvis and 48 Gy (3.2 Gy per fraction) SIB IMRT to involved pelvic lymph nodes, to conventional fractionation radiotherapy of 50 Gy in 25 fractions to whole pelvis with 5 cycles of cisplatin at 40 mg/m². Both arms will receive an intracavitary brachytherapy boost to 24 Gy in 3 fractions.

RESULTS:

The primary endpoints are response rate, and grade III, and IV toxicity. Secondary endpoints will be survival rates, patient-reported outcomes, and cost-effectiveness. Survival will be assessed using the Kaplan-Meier method and stratified log-rank tests according to the intention-to-treat analysis. Quality of Life (QoL) will be evaluated using EORTC QLQ-C30 and Cx24 questionnaires. A P-value < 0.05 will be considered significant.

CONCLUSIONS:

This study will investigate a novel approach involving neoadjuvant chemotherapy and hypofractionation, to optimize resources and improve treatment compliance and outcomes for LACC patients in low-and-middle-income countries.

DEVELOPMENT AND VALIDATION OF A MULTI-DIMENSIONAL MEASURE OF CANCER-RELATED STIGMA IN DIVERSE POPULATIONS IN MALAWI AND USA.

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ORAL ABSTRACTS | DAY 5, SESSION 6, SESSION ROOM 201/202, November 6, 2023, 3:20 PM - 3:50 PM

Objective: To develop and validate a multi-dimensional measure of cancer-related stigma for global use.

Methods: This is a multisite international study enrolling participants from Kamuzu Central Hospital (KCH) in Lilongwe, Malawi and the University of Utah (UU) in Salt Lake City, USA. Using a two-step design, the study applies established methods for the development and validation of psychometric scales. In the first phase, we reviewed stigma measures to identify a pool of items that reflect three domains of cancer-related stigma (enacted, anticipated, internalized). We are interviewing 12 oncology providers and 40 patients with a history of cancer to assess content and face validity. The interviews with providers have been completed and have helped to refine the measure. We are now conducting cognitive interviews with cancer patients to assess face validity, clarity of questions, and response options. In the second phase, the final item pool will be administered to patients receiving cancer treatment at KCH (n=100) and UU (n=100). Participants will self-complete a survey using audio-computer assisted self-interview (ACASI) in English (UU) or Chichewa (KCH). The primary analysis will focus on evidence of scale reliability (consistency of the measure) and scale validity (whether the scale is measuring the intended construct).

Results: This is an ongoing study with 12 of 126 participants enrolled; study results remain incomplete at the time of abstract submission. Authors expect preliminary study results by the end of July 2023.

Conclusions: A validated measure of cancer stigma that can be used across global populations and agnostic of cancer type will be of great benefit to the field of global oncology. Accurate measurement of cancer stigma will help to facilitate research on factors that create risk and resilience to engagement across the cancer care continuum and will allow for the evaluation of interventions that aim to reduce cancer stigma.

FAMILY-CENTEREDNESS OF CARE AND ASSOCIATED FACTORS AMONG PARENTS OF CHILDREN WITH CANCER AT TERTIARY LEVEL HOSPITAL, ETHIOPIA

Kitaw L¹, Addissie A², Girma E², Gidey A³, Tefera S³, Lindström N⁴

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background: Families are the center of care, driving force and an important stakeholder in the process of child treatment. Family centered care (FCC) considers this role of families and provides health services with the complete family in mind. The study aims to determine the level and factors affecting family centeredness of care at pediatric oncology unit of Tikur Anbessa Specialized Hospital. **Method:** Cross sectional study was conducted from June to December, 2022 among 393 parents of children with cancer using consecutive sampling method. Measure of Processes of Care (MPOC-20) was used to determine the level of FCC. Multivariable linear regression was used to identify independent predictors.

Result: Three hundred eighty parents provided a complete response. The total MPOC 20 mean score ranged from 1.00 to 6.90 with mean 3.71 (SD=1.04). The mean score for respectful and supportive care, coordinated and comprehensive care, enabling and partnership, providing general information and providing specific information were found to be 4.8, 4.6, 3.7, 2.3 and 2.6, respectively. All domains reported at least one item ≤ 4 (To a moderate extent) for more than 33% of the parents. Parents who had lower educational status, unemployed, spent less than two days since started treatment, being referred from other hospitals and had higher levels of parental distress reported lower levels of FCC.

Conclusion: The total FCC mean score was found to be low in this study. The study indicated low level of both general and specific information received by families. The study also highlighted the importance of improving information delivery using different approaches such as handbooks, videos, brochures, mhealth and pictures. To improve involvement of families in child care, interventions need to consider parents from different sociodemographic backgrounds.

IMPACT OF FAMILY-CENTERED CARE INTERVENTIONS ON PARENTAL RELATED OUTCOMES AMONG PARENTS OF CHILDREN WITH CANCER: A SYSTEMATIC REVIEW

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: Family-centered care (FCC) implementation in different settings have used different implementation strategies based on what works for a specific context. The objective of this systematic review was to identify components of FCC implemented among parents of children with cancer and evaluate its effect on parental related outcomes.

Method: The review was conducted in adherence to PRISMA 2020 standardized reporting format for reporting systematic reviews. We searched Cochrane library, Web of science, PubMed, Ovidweb, CINAHL and PsycINFO for studies published before January 23, 2022. Studies evaluating the effectiveness of FCC among parents of children with cancer were included. Data were extracted using pretested data extraction tool and analyzed using thematic qualitative analysis. Cochrane risk of bias tool was used to assess risk of bias in the included studies. The protocol for the review was registered on PROSPERO with registration number of CRD42022384890.

Result: The search identified 1,710 interventional studies of which 16 met our criteria and were included in systematic review. Ten of the studies were non randomized clinical trials, four were randomized trials and two were qualitative studies. The review identified three themes for components of FCC; providing information/education, family preparation and support/empowerment and facilitating communication. In relation to its effect on parental outcomes, it is found that FCC interventions will help to improve psycho-social condition of parents, communication of parents with other family members and health care professionals and improved their understanding about childhood cancer.

Conclusion: Three areas (information sharing, communication and empowerment) of FCC were implemented in pediatric oncology setting and all studies reported positive effect of FCC interventions on parental outcomes.

PSYCHOLOGICAL DISTRESS AND ASSOCIATED FACTORS AMONG PARENTS OF CHILDREN WITH CANCER AT A TERTIARY LEVEL HOSPITAL IN ETHIOPIA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Background: Psychological distress is a common mental health problem faced by parents of children with cancer that remains significant during and long after the treatment is completed. The study aims to determine the magnitude and associations of factors of psychological distress among parents of children with cancer receiving treatment at Tikur Anbessa specialized hospital.

Method: Institution based cross sectional study was conducted among 384 parents of children with cancer from June to December, 2022. Locally validated Kessler Psychological Distress Scale (K-10) was used to measure levels of psychological distress. The multivariable logistic regression model was used in order to identify factors affecting the level of psychological distress.

Result: The total K10 score ranged from 10 to 50 with the mean score 17.30 (SD = 8.96; 95% CI, 16.84 to 18.60). The proportion of parents found to have mild, moderate and severe levels of psychological distress was 11.2%, 9.1% and 13.3%, respectively. The overall prevalence of mild to severe psychological distress symptoms was 33.6% (95 % CI ,28.9% to 38.3%). Higher levels of psychological distress were reported among parents with lower educational status, experiencing history of relapse, shorter time since the child is started treatment, and facing financial problems. Parent satisfaction with child care was found to have a positive effect on distress levels.

Conclusion: One in three parents have reported having some form of psychological distress. The factors associated with psychological distress found in this study suggest that it is important to design interventions for addressing the needs of parents from lower socioeconomic conditions. In addition, improving the satisfaction of parents in child care is an important measure to control parents' level of distress.

THE OUT-OF-POCKET COST OF BREAST CANCER CARE IN NIGERIA: A PROSPECTIVE ANALYSIS

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE:

A major barrier to timely breast cancer diagnosis and care in Nigeria is attributable to the out-of-pocket cost of accessing healthcare services, despite the presence of a National Health Insurance Scheme. Excessive out-of-pocket payments are often associated with a catastrophic health care expenditure (CHE). Despite the rising incidence of breast cancer in Nigeria, there is a paucity of economic data on the cost of care, and the impact healthcare expenditure may have on a household. This study provides a prospective analysis of out-of-pocket spending for breast cancer care at a single tertiary care institution in South West Nigeria.

METHODS:

Consecutive patients undergoing curative intent surgery for a new diagnosis of breast cancer between August 2019-October 2022 were approached for enrollment. A novel questionnaire was delivered to patients during hospital admission and again during a six-month follow-up. Capacity-to-pay was calculated for each household from the provided data as the sum of annual non-food expenditures (\$USD). A CHE was defined as an aggregate healthcare expenditure that exceeded 40% of a household's capacity-to-pay.

RESULTS:

Data were collected from 71 eligible patients with a mean age of 49.5 years (SD 11.26). Sixty-six percent (47/71) of patients had \geq Stage III disease at presentation, and 95.8% (68/71) received systemic chemotherapy. Only 23.9% (17/71) received adjuvant radiotherapy. The mean annual capacity-to-pay for the cohort was \$2,866.93 (SD \$2749.74), which was significantly different from the mean capacity-to-pay of the geopolitical area (\$652.51, $p < 0.001$). The mean cost of care was \$5192.77 (SD \$4567.71). Ninety-three percent (66/71) experienced a CHE because of breast cancer treatment. Sixty-six percent (47/71) of patients had no form of health insurance.

CONCLUSIONS:

Over 90% of breast cancer patients at a tertiary care facility in Nigeria experience a CHE because of out-of-pocket costs associated with accessing care.

CONNAISSANCES ET PERCEPTION DU PROFESIONNEL DE SANTE SUR LE VACCIN CONTRE LE HPV DANS LE DISTRICT DE SANTE DE DSCHANG.

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

L'objectif général de cette étude a été formulé après une revue documentaire qui nous a permis de comprendre que le cancer du col est le deuxième cancer gynécologique au Cameroun après le cancer du sein. C'est cette problématique qui a amené les décideurs à introduire en 2020 le vaccin Gardasil 4 pour prévenir ces infections chez les filles âgées de 09 ans dont le personnel de santé en était au centre. C'est ainsi que nous avons évalué le niveau de connaissance et perception du professionnel de santé du District de Santé de Dschang sur le vaccin contre le human papilloma virus (HPV).

Méthodes : Il s'agissait d'une étude observationnelle transversale. Les données ont été collectées après un échantillonnage exhaustif au moyen d'un questionnaire auto administré au personnel de santé du district de santé de Dschang. Les données ont été analysées dans épi info version 7.2.2.6 et Excel 2019. Nous avons présenté les variables quantitatives sous forme de moyennes, écarts-type, médianes, minimum et maximum. Les variables qualitatives quant à elles ont été exprimées sous forme d'effectifs et pourcentages. La régression logistique nous a permis de rechercher les facteurs associés à l'acceptation du vaccin.

Résultats : Au total, 172 personnels de santé ont consenti à participer. Parmi ceux-ci et de façon globale, 10 (6%) avaient de bonnes connaissances, 21 (12%) avaient les connaissances moyennes, 53 (31%) avaient des connaissances insuffisantes et 88 (51%) avaient des mauvaises connaissances. En ce qui concerne la perception sur le vaccin anti-HPV, de façon générale, elle était favorable chez 121 (70,35%) personnels de santé. Il existait une association entre la formation et l'acceptation du vaccin (aOR = 2,71, P = 0,004).

Conclusion : La formation du personnel de santé constitue la première arme pour la vaccination anti-HPV, celui-ci est chargé de transmettre les informations à la population.

CREATION OF CANCER SURVIVORSHIP COUNTRY PROFILES TO AID IN TRANSLATION OF STUDY RESULTS TO INFORM CANCER SURVIVORSHIP PLANNING IN AFRICA

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³Union for International Cancer Control

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: Cancer survivorship is a critical yet often overlooked component of national cancer control plans (NCCPs). A multidisciplinary research team examined the inclusion of survivorship-related strategies and objectives in current or recently expired NCCPs of 21 African countries and published aggregate findings in January 2023. To promote access to and use of those results for decision-making by local and regional cancer planners, advocates, and policymakers, the team created survivorship profiles for each country to be published alongside NCCPs on the International Cancer Control Partnership (ICCP) Portal.

METHODS: The research team designed and validated a two-page summary for each country that was easily replicable, context-sensitive, and applicable to various stakeholders. Globocan was used for cancer burden data and Python was used for data visualization. A proof-of-concept was validated by a cancer clinician working with Nigeria's NCCP technical working group to write the first survivorship section ever included in their NCCP.

RESULTS: Twenty-one NCCP survivorship profiles were created and uploaded to the ICCP Portal, which also contains NCCPs, non-communicable disease plans, WHO cancer country profiles, and WHO cervical cancer country profiles. Each survivorship profile contains information about the number of key definitions, survivorship domains, and relevant indicators addressed in the country's NCCP, comparisons to their peers in these areas, and evidence-based suggestions for strengthening survivorship priorities in the NCCP. Cancer planners, advocates, policymakers, and researchers can use this information to understand the current state of survivorship-related planning in their countries, identify strengths and weaknesses in their NCCPs, set benchmarks for cancer survivorship policy, and begin to analyze gaps between policy and implementation.

CONCLUSIONS: Through multidisciplinary collaboration and validation in a real-life setting, the results of an academic publication on survivorship content in NCCPs in Africa can be translated into individual NCCP survivorship profiles that encourage direct integration of results to policy.

INSIGHTS ON CANCER RESEARCH COLLABORATIONS IN AFRICA FROM THE 2021 GLOBAL ONCOLOGY SURVEY OF NCI-DESIGNATED CANCER CENTERS

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ORAL ABSTRACTS | DAY 4, SESSION 2, SESSION ROOM 203, November 5, 2023, 9:00 AM - 10:00 AM

OBJECTIVE: In 2021 the U.S. National Cancer Institute (NCI) conducted a survey of the 71 NCI-Designated Cancer Centers about their global oncology activities. The survey results complement data about global oncology research funded by the U.S. National Institutes of Health (NIH) and highlight cancer centers' non-NIH funded global activities. This analysis describes the state of global oncology research led by U.S.-based cancer centers in collaboration with institutions in Africa.

METHODS: NCI fielded an online survey to global oncology contacts and principal investigators at cancer centers from July 2021 through January 2022. Data about NIH grants were sourced from internal NIH systems and the International Cancer Research Partnership database. Analysis was conducted in Microsoft Excel and Python.

RESULTS: Of the 447 non-NIH funded global oncology projects and 688 NIH global oncology grants led by cancer centers in 2021, 14% (173) included at least one collaborating institution in Africa. These projects were led by 41 cancer centers in collaboration with 303 institutions in 24 African countries. Nearly half of these projects (82) were focused on training or capacity building. Projects spanned the cancer continuum, with most covering early detection, diagnosis, and prognosis (75) and cancer control, survivorship, and outcomes research (69). When stratified by region, the majority of projects (120) included collaborators in East Africa, followed by West (45), Southern (39), and Central Africa (11). There were no projects with collaborators in North Africa. Notably, just 12 projects included collaborators in countries where English is not an official language.

CONCLUSIONS: NCI-Designated Cancer Centers are engaged in global oncology collaborations in Africa across many countries and a range of research institutions, with a focus on capacity building. However, this work is not equally distributed across the continent and cancer centers and partners can work to strengthen collaborations with countries outside of East Africa.

MAPPING WHAT IS BEING DISCUSSED: CONTENT ANALYSIS OF THE 2020-2021 AFRICA CANCER RESEARCH AND CONTROL ECHO

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective

The Africa Cancer Research and Control ECHO (Africa Cancer ECHO) convenes researchers, advocates, clinicians and policymakers to address cancer control challenges and discuss evidence-based approaches. Session topics are identified through an annual evaluation survey under leadership of a volunteer-led steering committee. The aim of the study was to conduct a content analysis of the 2020-2021 series to describe the types of information exchanged, and by whom, through this telementoring platform.

Methods

The 2020-2021 Africa Cancer ECHO series (19 sessions) was recorded, transcribed, and uploaded to Dedoose[®]. Each session was coded using two guiding frameworks: 1) communicated strengths, weakness, opportunities, and threats (SWOT); 2) domains of the Core Elements of National Cancer Control Plans checklist: Prevention; Diagnosis, staging, and screening; Treatment; Palliative care and survivorship; Service delivery; Governance; Health workforce; Health information systems; Research; and, Finance. Descriptors were coded to classify presenter characteristics (such as occupation and geographic context).

Results

Presenters (36) came from ten countries. The majority (26) came from four steering committee countries - Kenya, Malawi, Rwanda, USA. Coding of the transcripts resulted in a total of 1547 coded excerpts. Of these, 1446 excerpts were coded to National Cancer Control Plan core elements and 931 excerpts were coded to SWOT codes. The top NCCP core element category by far was service delivery (402 code excerpts), matching the level of emphasis in the session topic areas. The SWOT elements were relatively evenly split: Strength (200), Weakness (200), Threat (228), while the element with the most code excerpts was Opportunity (303).

Conclusions

The study identified how coded content aligns with National Cancer Control Plan core elements, and where gaps exist. Further qualitative analysis can identify specific challenges and recommendations shared within the Africa Cancer ECHO and can serve as a metric for further evaluation of this method of knowledge exchange.

UNDERSTANDING PSYCHOSOCIAL CARE NEEDS OF PEOPLE LIVING WITH AND AFFECTED BY CANCER IN AFRICA: RESULTS OF A SCOPING REVIEW

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective

Survivorship care following cancer treatment in Africa remains largely unexplored. We conducted a study describing current survivorship care characteristics such as physical and psychosocial effects of cancer to inform a more systematic integration of survivorship care into the cancer care continuum. This abstract focuses upon the psychosocial aspects of cancer survivorship care.

Methods

A scoping review conducted of journal articles and gray literature published from 2011-2022 included articles focused on post-treatment care for patients diagnosed with cancer in Africa. Databases searched were PubMed, Embase, Web of Science: Core, and CINAHL Plus. Using Covidence®, two reviewers screened each title/abstract and full text and another two reviewers extracted data from articles meeting inclusion criteria. Descriptive analysis is on-going.

Results

Phase one analysis (studies from 2011 - 2021) included 7,615 titles, of which 98 studies met inclusion criteria, including 44 conference abstracts, 51 journal articles, and 3 in other formats, conducted in 14 African countries. Thirty-nine studies from 11 countries described psychosocial effects of cancer and its treatment. Study methodologies included: quantitative (18), qualitative (13), program descriptions (5), mixed methods (2), unknown/not stated (1). Most cited psychosocial effects were anxiety/depression (26 studies), body image alterations (16), stigma (11), medical debt/financial toxicity (11), abandonment by family/spouse/community (8), and fear of death (7). Phase two analysis (studies from 2022) is on-going and will be added to these results for presentation at the Conference.

Conclusions

The psychosocial effects identified in this scoping review underscore the multifaceted and lasting impacts of cancer and its treatment. There is a need to better understand and address these issues at a clinical, community, and policy level in a way that is responsive to and includes people living with and affected by cancer.

HER HEALTH, HER CHOICE: FACILITATORS AND BARRIERS O HPV SELF-SAMPLING AMONG NIGERIAN WOMEN - A QUALITATIVE STUDY

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ORAL ABSTRACTS | DAY 4, SESSION 1, SESSION ROOM 205, November 5, 2023, 9:00 AM - 10:00 AM

Objective- In recent times, Human Papilloma Virus(HPV) testing through self-sampling has gained attention for its potential to increase screening uptake. This study aimed to identify the barriers and enablers to self-sampling in order to design a culturally acceptable innovative approach to improve HPV self-sampling uptake for women in Nigeria.

Methods-Semi-structured in-depth interviews with a purposive sample of 32 women aged between 30-65 years were conducted in Lagos, Nigeria in March 2023. The interviews were transcribed and analyzed thematically using the PEN-3 cultural model as a guide in identifying emergent themes. Within the cultural empowerment domain of the model, factors that are critical to health-behavior change were explored for attributes that are positive, existential, and negative.

Results- The majority of the participants were married and were from the three major Nigerian ethnic groups. Analysis of the transcribed data yielded 5 themes. Positive factors (convenience: being able to collect the sample at convenient times or locations and privacy: avoiding the embarrassment of exposing one's private parts to strangers), Existential factors (spousal support: support from spouses) and Negative factors (fear of pain: pain from using the brush/swab and uncertainty: self-doubt of being able to correctly carry out the procedure).

Conclusions- Given the need to increase the uptake of cervical cancer screening in high-risk settings like Nigeria, it is important that public health practitioners and policymakers need to consider how these factors unique to the specific local contexts may influence the design and uptake of cervical cancer prevention interventions. Our approach allows not only discussions of positive factors that are beneficial (convenience and privacy) which should be emphasized but also negative perceptions (fear and uncertainty) which interventions should address and existential factors (spousal support) that are unique to Nigerian women and must be taken into consideration.

INTERSECTIONAL STIGMA AND INTEGRATION OF EMPOWERMENT-BASED PERSPECTIVES IN THE IMPLEMENTATION OF CERVICAL CANCER PREVENTION FOR WOMEN AND GIRLS IN NIGERIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background-Cervical cancer is one of the leading causes of cancer-related deaths in women in sub-Saharan Africa and one of the diseases susceptible to stigma. Stigma research is increasingly applying intersectionality as a method for evaluating many stigmatized identities. Intersectional stigma describes how having two or more aspects of one's identity can lead to interconnected levels of disadvantage. We apply an intersectional stigma lens to the uptake of cervical cancer prevention services in Nigeria and how the conceptualization of intersectional stigma can be grounded in empowerment.

Methods-Semi-structured in-depth interviews were conducted in March 2023, among 31 women and 31 girls aged between 9-65 years in Lagos, Nigeria. Data were analyzed thematically. Using the health stigma and discrimination framework, we identified perceptions of health-related stigma associated with cervical cancer as well as how social identities may intersect with health-related stigmas, and affect the uptake of cervical cancer prevention services. We conclude by using the PEN-3 cultural model to explore the empowerment-based perspectives arising from intersectional stigma.

Results-Two major themes emerged unique to the data: anticipated stigma and enacted stigma. Also, two social identities (ethnicity and religion) were found to intersect with, and facilitate stigma in cervical cancer prevention. Furthermore, using the PEN-3 cultural model we identified 3 key themes: resilience, social support, and self-efficacy as empowerment-based factors capable of promoting the uptake of cervical cancer preventive services in Nigeria.

Conclusions-These findings advance the field by providing knowledge of cervical cancer related stigma in Nigeria. The empowerment-based factors identified can be leveraged in the development of implementation strategies and improve cervical cancer prevention. Further research is needed to provide better understanding of how empowerment-based factors work in promoting cervical cancer prevention and facilitate the development of implementation strategies promoting cervical cancer prevention services in Nigeria.

KNOWLEDGE OF HUMAN PAPILLOMA VIRUS AND WILLINGNESS TO VACCINATE DAUGHTERS AMONG MOTHERS IN AHMADU BELLO UNIVERSITY TEACHING HOSPITAL, ZARIA, NIGERIA

Kolawole A¹

¹Abuth, Zaria

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

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*Presenting author

Aim: To assess the Knowledge of Human Papilloma Virus (HPV), HPV vaccine and willingness to vaccinate daughters against HPV among mothers attending the reproductive health clinics of Ahmadu Bello University Teaching Hospital (ABUTH), Zaria, Nigeria.

Method: It was a cross sectional descriptive study. It was conducted at the reproductive health clinics (including the antenatal and postnatal clinics) of ABUTH, Zaria. The tool used was a multiple-choice, standardized, pre-tested questionnaires self-administered to a sample of three hundred female respondents.

Results: The respondents were aged 29 - 40years (mean 31.03 S.D +/-8.8). Majority (71.7%) had less than tertiary level of education. The level of awareness of HPV infection and HPV vaccine was low at (9.6%) each. There was also low acceptance of vaccine and willingness to vaccinate daughters' rate of (22.3%); on further exploration (75%) being unwilling and (2.7%) being indifferent. Most of those willing to vaccinate their children was because of information received from doctors and (43.3%) were willing in order to prevent cervical cancer. The reasons given by those unwilling or indifferent to vaccinate their daughters were uncertainty of the effectiveness of HPV vaccine (39.1%), high cost (36.9%), concerns about the side effects (13.7%), "daughters too young to have cervical cancer" (8.6%) and "poor availability" (1.7%).

Conclusion: There was low level of awareness of HPV infection and HPV vaccination. There was also low level of willingness to vaccinate daughters among the respondents. Consequently, there is need to promote health education and improve female literacy rate so as to reduce HPV vaccination hesitancy in Zaria, Nigeria.

INDEPENDENT CALCULATION OF MONITOR UNITS AND DOSES AS PART OF RADIOTHERAPY PATIENT SPECIFIC QUALITY ASSURANCE PROGRAM

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ORAL ABSTRACTS | DAY 5, SESSION 1, HALL 3, November 6, 2023, 9:00 AM - 10:00 AM

ABSTRACT

Objective: Radiotherapy is a highly effective modality for cancer treatment but could as well harm if not properly used. Therefore, a thorough quality assurance (QA) program is required in order to ensure safe and accurate delivery of dose to patients. An independent calculation of monitor units (MUs) for validating the results of the treatment planning system (TPS) is an important element of such a program. In such a context, the primary aim of this study was to validate through dose measurements, a commercial software: ClearCalc (CLC) for clinical workflow use.

Materials and methods: ClearCalc was validated by creating several phantom test plans for square, rectangular and irregular fields for open and wedged beams, then comparing doses calculated by CLC and TPS at each reference point with the measured. Upon satisfactory results, CLC was implemented for 505 treatment plans (3DCRT & IMRT) related to 330 patients. Additionally, for each IMRT treatment, a phantom verification treatment plan was created and a gamma analysis utilizing 3 mm, 3% agreement criteria was used to compare the TPS calculated doses and measured.

Results: Results from the different test plans show good agreement between measured and TPS (-0.9±1.6%), measured and CLC (-0.1±1.4%) and for TPS versus CLC calculated doses (0.7±1.2%). Similar agreement (-0.8 ± 1.0%) was seen when CLC and TPS calculated MUs were compared. For patients' treatments, good agreements between TPS and CLC calculated MUs (0.2±1.8%) and PTV doses (0.2±1.2%) were demonstrated. Large deviations in MUs and doses were noted with treatments utilizing small fields. This phenomenon was also observed with IMRT pre-treatments QA measurements where lower gamma pass rate of 92.2% was detected.

Conclusions: ClearCalc was extensively validated and implemented for clinical use upon satisfactory results. The independent verification and phantom measurements are important and reliable QA tools that ensure accurate radiotherapy dosimetry.

BREAST CANCER SURVIVAL IN THE REPUBLIC OF MAURITIUS BY AGE, STAGE AT DIAGNOSIS AND MOLECULAR SUBTYPE: A RETROSPECTIVE COHORT STUDY

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¹Ministry of Health and Wellness, ²University of Mauritius

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE:

This study aimed to assess breast cancer survival by age, stage at diagnosis and molecular subtype in the Republic of Mauritius.

METHODS:

All immunohistochemistry request forms and corresponding pathology reports on consecutive breast cancer cases newly diagnosed between 2017 and 2020 were retrieved from the unique public pathology department, at the Central Health Laboratory, Victoria Hospital.

Cancers were categorized into five molecular subtypes: 1) luminal A, 2) luminal B Her2 negative, 3) luminal B Her2 positive, 4) Her2 enriched and 5) Triple negative.

The net 1 and 3-year survival rates were estimated for different age groups, staging at time of diagnosis and molecular subtype.

RESULTS:

The net 1-year and 3-year breast cancer survival rates were 94% (95% confidence interval [CI]: 92% – 95%) and 83% (95% CI 80% - 86%) respectively. Patients diagnosed at stage 1 had better 3-year survival (93% (95% CI 89% - 96%)) compared to those at stage 4 ((29% (95% CI 17% - 40%)). While luminal A subtype had the greatest 3-year survival rate (96% (95% CI 90% - 99%)), triple negative molecular subtype had the poorest one (71% (95% CI 63% - 79%)). The 3-year survival rate was worst among the youngest (<50 year) age category (77% (95% CI 71% - 84%)) followed by the eldest one (>69 years), 84% (95% CI 77% - 91%). Triple Negative subtype was most common among the youngest age group (p<0.001).

CONCLUSIONS:

Breast cancer three-year survival rates were poorest among the youngest patients (<50 years), those with stage 4 at diagnosis and those with a triple negative molecular subtype. Emphasis on screening breast cancer especially in the youngest age group, down staging breast cancer at diagnosis and systematic molecular subtyping of all breast tissues could be pivotal in improving breast cancer survival outcomes in the Republic of Mauritius.

NEEDS ASSESSMENT SURVEY ON SAFE CHEMOTHERAPY DELIVERY IN NIGERIA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

TITLE: NEEDS ASSESSMENT SURVEY ON SAFE CHEMOTHERAPY DELIVERY IN NIGERIA

Objectives: An assessment of need for safe chemotherapy delivery in selected centers in Nigeria.

Methods: A needs assessment survey was administered to 98 participants in 2019 at the African Research Group for Oncology (ARGO) Annual Meeting. We were attempting to identify health worker needs and current training opportunities related to cancer chemotherapy across Nigeria. From that assessment, a global Interdisciplinary Task Force was created to implement change and improve safe chemotherapy practices. Task Force members include health professionals such as nurses, pharmacists, surgeons, and public health workers.

Results: 75% of survey respondents (n = 50 of 98) reported a lack of training resources for the safe delivery of chemotherapy. Additionally, 61% felt dissatisfaction with current practices for preparing and administering of chemotherapy. In 2021, a second assessment created by the American Cancer Society (ChemoSafe) indicated several areas for improvement to promote concordance with international standards for safe handling.

Conclusion: This survey identifies areas requiring focus and quality improvement suggesting the need for implementation of training for the delivery of safe handling of chemotherapy.

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VIRTUAL GLOBAL EDUCATION ON SAFE DELIVERY OF CHEMOTHERAPY

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: To show how virtual global education can assist in bridging knowledge gaps associated with safe delivery of chemotherapy.

Methods:

A two-day virtual symposium was organized in June 2021 to address safe delivery of chemotherapy. The topics focused on chemotherapy preparation, administration, and disposal. Presentations were provided by clinicians from both Obafemi Awolowo University Teaching Complex (OAUTHC) and Memorial Sloan Kettering Cancer Center (MSKCC).

Results:

Over 180 clinicians throughout Africa registered for the virtual conference, with approximately 80 unique participants attending daily. Clinicians practicing in low and middle income countries (LMIC) provided live feedback during the Symposium. Feedback included requests for assistance in adhering to safety standards in oncologic care, a need for education and training in oncology, establishing and maintaining institutional safety standards as well as financial assistance.

Conclusion:

Organizing recurring virtual training education programs on the safe handling, administration and disposal of chemotherapy is an opportunity to bridge knowledge gaps in oncology.

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PROSTATE CANCER INCIDENCE AND MORTALITY IN UASIN GISHU COUNTY FOR A PERIOD OF FIVE YEARS 2016 TO 2020

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective

Prostate cancer is the second most commonly diagnosed cancer and the fifth leading cause of death among men worldwide, with an estimated 1,414,000 new cancer cases and 375,304 deaths in 2020. In Kenya, prostate cancer is the most common cancer among males and accounts for 17.3% of all male cancers and 10.2% of all the other cancers. The Eldoret cancer registry (ECR) is a population based cancer registry that covers a population of 1,163,186; 49.9% Males and 50.1% females. The aim of this study was to determine the prostate cancer incidence and mortality in the county of Uasin Gishu.

Methods

Trained cancer registrars were involved in active case findings and data collection of cancer cases in health facilities and vital statistics within Uasin Gishu population. Confirmed cancer cases were abstracted and filled in the case notification form. Coding was done using the International Classification of Disease for Oncology (ICDO-3). Data quality checks, data entry, analysis was done using CanReg-5.

Results

A total of 1487 male cancers were collected, 270 being prostate cancer cases accounting for 18.5% of all male cancers. Prostate cancer was the most common diagnosed malignancy in males with an Age Standardized Rate (ASR) of 23.4. Majority of the cases were diagnosed at stage IV (45.2%), stage III (1.1 %), stage II and I (0.8%), while unknown stage accounted for 52.9%. Of all the cases reported 60.7% were alive, 38.9% were deceased.

Conclusion

Uasin Gishu County, with highest incidence noted at the ages of 64-75years, notably majority of cases was diagnosed at late stage. More awareness campaign should be done on prostate cancer. Screening should be made available for the residents of Uasin Gishu which can help in early detection and reduce late stage diagnosis thus improve prostate cancer survival.

BIOLOGY IN ACUTE LYMPHOBLASTIC LEUKEMIA FROM DIAGNOSIS TO FOLLOW-UP: A PRELIMINARY STUDY OF 34 CASES

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: ALL is the most common cancer in children and the most common cause of cancer death before the age of 20. In low- and middle-income countries, ALL is associated with poor outcomes. Many constraints are at the root of management failures. Therefore, in view of the progressive improvements in the efficacy of chemotherapeutic regimens, we deemed it necessary to conduct this study, the objective of which is to evaluate the role of biology in the management of children with ALL in the Oncopediatric Unit of Dakar.

METHODS: This is a prospective analytical study that started on November 15th, 2021 at the UOP in collaboration with the hematology and immunology laboratories. All newly diagnosed patients with ALL based-on cytology and/or immunophenotyping, treated according to the ALL-GFAOP protocol and registered in the REDcap database are included.

RESULTS: From November, 15th 2021 to December, 24th 2022, 34 patients were diagnosed with de novo ALL. With an average age of 8 years, female represented the main group (52,9%). According to immunophenotyping, the B profile was found in 35.3% and the T profile in 32.35%. The ALL T group was older and have had higher platelet counts at diagnosis and higher rate of residual blast counts 8 days after induction than the ALL B group. This latter had higher hemoglobin, white blood cell and blast counts at diagnosis (blood and marrow). Regarding corticosenstivity at Day 8 of induction, any difference was found according to the number of blasts, the hemoglobin level and the immunological profile at diagnosis. However, patients with hyperleukocytic ALL with a relatively higher platelet count were more sensitive to corticosteroid therapy.

CONCLUSIONS: Understanding the biology of acute ALL is a major interest in the effectiveness of therapeutic approaches to this type of hematology malignancies.

IMPLEMENTING PATIENT NAVIGATION AT KENYATTA NATIONAL HOSPITAL: PROGRAM OVERVIEW AND RESULTS

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ORAL ABSTRACTS | DAY 5, SESSION 8, SESSION ROOM 203, November 6, 2023, 3:20 PM - 3:50 PM

OBJECTIVE: Kenyatta National Hospital (KNH), the only public hospital in Kenya delivering comprehensive cancer care to patients from throughout the country until recently, has provided patient navigation services with support from the American Cancer Society since 2017. Patient navigators address barriers to care to ensure patients diagnosed with cancer are well informed, receive timely access to treatment, and improve treatment adherence and completion. We highlight the learnings from program data and external process and outcome evaluation results.

METHODS: We analyzed quantitative program monitoring data from patient navigation encounters and data from baseline and three follow-up surveys of randomly-selected patients. These data include patient demographics, diagnosis, treatment, problems identified, referrals, understanding of cancer diagnosis and treatment, and barriers to care. We also reviewed data from 39 qualitative interviews with program staff, patients, and caregivers collected during the outcome evaluation.

We performed univariate and bivariate analyses and compared results across years to assess changes in key program outcomes. We performed appropriate statistical tests (e.g., t-test and chi-square tests). We also performed thematic analyses of qualitative data to understand and interpret quantitative results.

RESULTS: More than 11,000 new adult cancer patients have been navigated at KNH since 2017. The percentage of patients who said they understood the duration of their treatment doubled from 44% at baseline in 2017 to 89% in the 2022 annual survey. Likewise, survey data suggest that from 2017 to 2022, the percentage of missed appointments decreased from 24% to 17% and delays in treatment decreased from 29% to 10%.

CONCLUSION: Evidence suggests that the KNH patient navigation program has made changes in service delivery and improved patient support efforts, which resulted in significantly reduced barriers to cancer care and improved key patient outcomes. Investment in comprehensive patient navigation programs in resource-limited settings can improve cancer care and patient outcomes.

INTRODUCTION OF PATIENT NAVIGATION AT UGANDA CANCER INSTITUTE: PROGRAM OVERVIEW AND EARLY RESULTS

Krisel E¹, Obote A², Nakalembe F², Umar S¹, Chybisov A¹, McComb K¹

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ORAL ABSTRACTS | DAY 4, SESSION 1, SESSION ROOM 205, November 5, 2023, 9:00 AM - 10:00 AM

OBJECTIVE: Uganda Cancer Institute (UCI), the only public hospital providing comprehensive cancer care to patients from throughout the country, launched its patient navigation program in February 2021 with support from the American Cancer Society. As UCI designed its program to address barriers to care, it overhauled its structure to improve service delivery and integrated patient navigation services into an efficient flow to ensure patients diagnosed with cancer are well informed, receive timely access to treatment, and improve treatment adherence.

This presentation describes UCI's program and highlights key successes and lessons learned from two years of program data and an external process evaluation.

METHODS: We analyzed quantitative program monitoring data from navigation encounters with patients and quantitative data from baseline and two follow-up surveys of randomly-selected patients. These data include patient demographics, problems identified, navigator actions taken, barriers in accessing care, patients' understanding of their treatment plan, and adherence to treatment. We also analyzed qualitative data from 38 interviews with program staff, patients, and caregivers conducted during the process evaluation.

We performed univariate and bivariate analyses and compared results across years to assess changes in key program outcomes and performed appropriate statistical tests (e.g., t-test and chi-square tests). We conducted thematic analyses of qualitative data to understand and interpret quantitative results.

RESULTS: UCI navigated over 5,000 new patients in the first two years. From baseline to the 2023 follow-up survey, missed appointments decreased from 31% to 16%, the percentage of patients who can ask questions about their diagnosis doubled from 38% to 82%, and the percentage of patients who are involved in their treatment decisions increased from 45% to 82%.

CONCLUSIONS: Early evidence suggests that UCI's patient navigation program is addressing needs of cancer patients and effective in supporting them to overcome the barriers to care they face when accessing treatment.

SELF-PERCEIVED BARRIERS AND ACCESS TO RADIOTHERAPY IN SUBSAHARAN AFRICA: DATA FROM POPULATION-BASED REGISTRIES

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: Radiation is an essential part of comprehensive cancer care and access is limited in many African countries. Barriers can be grouped as concerning availability, accessibility, accommodation, affordability and acceptability. Here we aimed at assessing patient-reported barriers and their influence on receipt of therapy.

Methods: We used a telephone-based questionnaire among a random sample of patients from population-based registries members of the African Cancer Network (Republic of the Congo, Ethiopia, Gabon, Kenya, Mali, Nigeria, Tanzania, Uganda and Zimbabwe). We selected patients with breast, cervical, colon-rectal, prostate, Kaposi sarcoma, NH-Lymphoma diagnosed between 2018 and 2019. Patients reported severe, intermediate or no barriers (Likert scale).

Results: We interviewed 553 patients who reported having received therapy (19%), having not received therapy although recommended (14%) or who reported that radiotherapy had not been recommended (67%). Between 20% and 40% of patients reported severe barriers in all categories. When stratified by country, large disparities were observed. Patients from Gabon reported fear and traditional treatment as being severe barriers (85% and 70%), whereas all other barriers were not perceived as being severe. On the other hand, patients from Congo reported severe barriers in all directions. We analyzed barriers influencing self-reported receipt of therapy. Reporting severe barriers concerning transport, trust in health workers and traditional treatment was associated with lower odds of receiving therapy.

Conclusions: Seeing that fear is an important barrier calls for increased attention to psycho-social support for cancer patients. Communication with providers of traditional treatment could be considered to reduce barriers.

TRIPLE NEGATIVE BREAST CANCER:A CLINICOEPIDEMIOLOGICAL DESCRIPTION AND TREATMENT PATTERNS IN KUMASI GHANA

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¹Kwame Nkrumah University Of Science And Technology

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE

Triple Negative Breast Cancer (TNBC) represents a common subtype of aggressive breast cancer in the West African Subregion. This research set out to describe the Clinico-epidemiological characteristics and treatment patterns of TNBC patients at the Komfo Anokye Teaching Hospital, Kumasi.

METHODS

A retrospective study recruited consecutive TNBC patients seen between January and December 2020 seen at the Breast Care Center. The patients were assessed for demography, stage at presentation, treatment patterns and patterns of recurrence and descriptive statistics used in reporting patient, tumor and treatment related characteristics.

RESULTS

Eight one patients were recruited over the period of the study, the median age was 54.6years, the peak incidence (32.20%) was in patients between 50-59years with about 10% of patients were over 70years of age.

Twenty-eight (28) percent of respondents were overweight or obese. 99% of patients had Invasive carcinoma NST. Early disease was found in only 11.1% of patients with 59.26 % and 29.63% of patients presenting with locally advanced disease and metastatic disease respectively.

About 50% of respondents received neoadjuvant chemotherapy with 20% having complete clinical response, the majority (77%) had partial clinical response, just 3% had disease progression after neoadjuvant chemotherapy. For surgical intervention, only 15% of patients had breast conserving surgery.

1 year follow up on non-metastatic cases showed 20% had local and/or distant recurrence of disease.

CONCLUSION

TNBC patients seen at the KATH are on the average older than in other regions, late presentation remains a challenge. Complete clinical response remains low and recurrence of disease in a year was high. We must develop strategies to ensure improvement in early detection and effective care to improve outcomes.

AFRICAN COMMUNITY OF PRACTICE IN DEVELOPING AN EDUCATION CURRICULUM FOR RADIATION THERAPISTS (RTTs)

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objectives

The African Regional Cooperative Agreement for Research, Development and Training (AFRA), is a framework supported by the IAEA. In 2022, AFRA invited Member States (MS), with radiotherapy facilities to engage in a meeting to produce an educational roadmap to standards in Radiation Therapists (RTTs) training.

Methods

A survey was sent to participants in advance of the meeting. RTTs from 16 African MS responded: Angola, Burkina Faso, Côte d'Ivoire, Ghana, Kenya, Libya, Madagascar, Namibia, Nigeria, Senegal, Sudan, Tunisia, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

Results

The median number of radiotherapy centres within a MS was 2 (range 1 to 15). Across 16 MSs there were 466 RTTs (median 55, range 7-75). 16/16 MS used 2D/3D techniques, 6/16 had IMRT service. 1 MS had stereotactic radiotherapy. The median number of RTTs per radiotherapy centre was 5 (range 3-25).

The median machine downtime in the past 20 days was 7 days (range 0 to 20) for Linac and 3 days for Cobalt-60 (range 0-14). 4/16 MS had delivered no treatment in the past 4 weeks. 4/16 MS reported no service maintenance contract and 9/16 had no engineer on site.

All MS carried out RTT led quality control daily checks of equipment. 8/16 had procedures/work instructions for all aspects of RTT practice.

9/16 MS had RTT National training programme; only 4 had ≤6 months spent in clinical attachments. The commonest barrier for RTT education was lack of government support and staffing.

All MS recommended regional network for education of RTTs should be developed.

Conclusion

It is suggested that machine service downtime could be a training barrier for RTTs. Government advocacy is urgently needed. An African Community of Practice in developing Education Curriculum for RTTs should be considered with the aim to increase the number of RTTs and training institutions in Africa.

ASSESSING REGULATORY B CELLS AND PROGRAMMED DEATH-LIGAND 1 POSITIVITY IN HIV-POSITIVE AND HIV-NEGATIVE NEWLY DIAGNOSED DLBCL PATIENTS, IN SOUTH AFRICA

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¹University of Cape Town

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective

The programmed death-ligand 1 (PD-L1) is essential in modulating immune responses. Tumour cells can escape immune surveillance by overexpressing PD-L1, ultimately evading cell death. Diffuse Large B-Cell Lymphoma (DLBCL), the most common lymphoma worldwide, is of high prevalence among the HIV-infected population, displaying distinct phenotypic and molecular features. Elevation of PD-L1+ regulatory B cells (Bregs) in the PBMC of HIV-positive patients prior to DLBCL onset has been reported, compared to patients who did not develop DLBCL. Here we assess and compare the PD-L1+ Breg population in HIV-positive and HIV-negative newly diagnosed DLBCL patients.

Methods

Peripheral blood from consenting newly diagnosed DLBCL patients, both HIV-positive and -negative, is collected and stained with specific antibodies, followed by flow cytometry, to measure Breg (CD45+CD19+CD24++CD38++) and PD-L1+ Breg (CD19+CD24++CD38++CD274++) populations. A sequential gating strategy is implemented to refine populations of interest. The data is grouped based on HIV status and compared using non-parametric statistical tests (Mann-Whitney U test and Kruskal-Wallis).

Results

Of seventeen patients analysed so far, 47% were HIV-positive. The median age at DLBCL diagnosis in the HIV-positive group was 50, compared to 56 in the HIV-negative group. Of the patients in the HIV-negative group, 67% were males, whereas an equal number of males and females were observed in the HIV-positive group. Some notable trends were observed: a higher proportion of B cells (CD45+CD19+) in HIV-positive patients compared to the HIV-negative group. Additionally, a higher proportion of Bregs (CD45+CD19+CD24++CD38++) were detected in the HIV-positive group. No differences in the proportion of PD-L1-positive Bregs (CD19+CD24++CD38++CD274++) could be observed between HIV states at this stage.

Conclusion

The preliminary results have uncovered interesting trends in the proportion of B cells, Breg and PD-L1+ Breg cell populations in HIV-positive and -negative DLBCL patients, illustrative of a unique pathobiology in HIV-associated DLBCL. Patient recruitment is ongoing.

TRENDS AND PATTERNS OF ABNORMAL CERVICAL CYTOLOGY AMONG POSTMENOPAUSAL WOMEN ATTENDING CERVICAL SCREENING IN NORTHERN TANZANIA FROM 2018 TO 2022:

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

TITLE: TRENDS, PATTERNS, AND RISK FACTORS OF ABNORMAL CERVICAL CYTOLOGY AMONG POSTMENOPAUSAL WOMEN ATTENDING CERVICAL CANCER SCREENING A TERTIARY HOSPITAL IN NORTHERN TANZANIA FROM 2018 TO 2022:

Objective

To determine trends and patterns, of abnormal cervical cytology among postmenopausal women attending cervical cancer screening a tertiary hospital in northern Tanzania from 2018 to 2022:

Methods

A Retrospective review of cervical cancer screening electronic registry in women attending cervical cancer screening in referral hospital in Northern Tanzania was conducted between 2018-2022.

Women reported to be menopause where a conventional PAP smear were taken was included. Cytology results were traced on the registry database but also in the histopathology database. Results classified based on new Bethesda classification of abnormal cytology. Analysis is ongoing to ascertain for risk factors for abnormal cytology among these women

Preliminary results

A total of 896 post menopausal women were screened between the year 2018 to 2022. Among these a total of 128(14.2%) women were excluded due to various reasons. A total of 768 post-menopausal women were entered into the final analysis. Among those, 376(48.9%) had reported for no intraepithelial malignancy reported, 161(20.9%) had cervicitis while atypical cells of undetermined significance constituted 57(7.4%). Women with abnormal cytology were: Low grade squamous intraepithelial lesion 104(13.5%), high grade intraepithelial lesions were 60(7.8%) and the squamous intraepithelial lesions were 13(1.7%).

Conclusion.

Early detection of premalignant lesion of the cervix using a sensitive screening test constitute an important aspect of secondary cervical cancer prevention. We hope our findings will be informative to the stakeholders on the importance of employing cytological test for women who are inappropriate for VIA as a routine screening test.

A 4-YEAR RETROSPECTIVE STUDY OF LUNG CANCER IN WESTERN KENYA.

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Background

Incidence rate of lung cancer generally remains low in Africa despite high mortality. There is low cancer awareness, lack of high index of suspicion, uncoordinated or poor case identification and referral services. Kenya lacks adequate information regarding the epidemiology and the true burden of lung cancer. Diagnosis, care and management of lung cancer in western region presented unique biological characteristics, socio- economic and health systems factors that we wish to share.

Methods

The study employed a retrospective review of patients records with a histological diagnosis of primary lung cancer at Moi Teaching and Referral Hospital, a referral facility in Western Kenya. The study period was January 2018 to January 2021. Patient clinical records on demographics, history of exposure, signs and symptoms, outcome of investigations and treatment was analyzed.

Results

Out of 153 patients, 79(51.60%) were male, 74(48,40%) were female (n = 153). Median age at diagnosis was 59 years (range:20–95years) with 44(29.30%, n = 150) as active smokers. Of the active smokers, 36(81.82%) were males. Majority had non-small cell lung cancer 143(94.10%, n = 152) with 103(74.10%) adenocarcinoma and 36(25.90%, n = 139) squamous cell carcinoma. Most had advanced disease with 130 (89.10%, n = 146) in stage III or IV and 12(8.20%) not staged. Chemotherapy 149(97.40%, n =153) was most common treatment modality. 124 (81.04%) deaths were reported.

Conclusions

Median age of lung cancer diagnosis is 59 years. Adenocarcinoma is the predominant subtype of non-small cell lung cancer. The ratio of male to female is relatively equal with males forming majority of active smokers. Not staged is as a result of patients dying prior to staging. Chemotherapy is the common treatment modality. There are opportunities to improve outcomes with prompt interventions and alternative treatment options. A referral system with feedback mechanism will improve referral and prompt diagnostic interventions.

ESTABLISHING A CANCER CONTROL PROGRAM IN A RESOURCE-LIMITED SETTING; EXPERIENCE FROM WESTERN KENYA.

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background:

Like many low-and middle-income countries (LMIC), Kenya lacks the information regarding the epidemiology and actual burden of lung cancer. The country is equally compounded with the burden of co-morbidities such as HIV and TB. Implementing a program unique and specific to lung cancer confers additional challenges, opportunities and experiences that when presented will be key in guiding the implementation of similar programs in the future.

Methods:

Through implementation, direct observation, program based cross-sectional review and retrospective analysis of the program impact were employed. Objectives were reviewed to determine the approach used in carrying out goals and to identify impact, lessons learnt and therefore best way to implement a similar program related to lung cancer or otherwise other cancers in similar settings.

Results:

Increased awareness and index of suspicion on suspected lung cancer cases at community and facility levels was realized. Reported incidences and trends on lung cancer increased from an average of 12 per year to 50 per year. Barriers to lung cancer diagnosis, treatment and care were identified and mitigation measures availed. Estimation of the true burden of lung cancer and the epidemiology of the disease in the region was made possible. A regional population-based cancer registry with reliable sources of mortality data was established.

Conclusion:

Working with communities and other stakeholders while leveraging on existing resources to mitigate barriers and improve access to cancer care is not an option to succeeding. A robust, seamless, coordinated community referral system and awareness will transform health seeking behavior. Besides lack of awareness, socio-economic challenges are among the most outstanding barriers to seeking, reaching and receiving lung health interventions. Enhanced networking and partnership, identification of priority needs and development of actionable objectives by a program are key to turning proposals into reality and ensuring investments are integrated to achieve intended objectives.

INCIDENCES AND TRENDS OF LUNG CANCER IN WESTERN KENYA FOR THE PERIOD BETWEEN 2012-2016.

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background:

Lung cancer diagnosis has been a challenge in western Kenya due to technicalities related to screening and diagnostic procedures. The burden in adult population is largely unknown, as most patients are managed for Pulmonary Tuberculosis, since both have similar clinical manifestations. The Eldoret Cancer Registry provides statistics and epidemiological profile across western Kenya. The aim of this study was to establish lung cancer incidences in relation to year, age, gender and stage at diagnosis across western Kenya region.

Methods:

A retrospective review of all cases of lung cancer disease diagnosed at Moi Teaching and Referral Hospital (MTRH) from 2012 to 2016 were identified. Data on year of incidence, age, gender, stage at diagnosis and county of origin was analyzed.

Results:

Out of the 60 patients diagnosed with Lung cancer, the findings were as follows; In 2012 there were 11 cases (18.3%), 2013 10 cases (16.7%), 2014, 12cases (20%), 2015 12cases (20%) and 2016, 15cases (25%). Incidences by age were in the following cohorts; 0-27years 1case representing 1.7%, 30-39years (4) 6.7%, 40-49years (8) 13.3%, 50-59years (17) 28.3%, 60-69years (12)20%, 70-79years (15)25%, above 80years (3) 5%. Incidences by gender: Male had 38cases at 63.3% and Female had 22cases at 36.7%. Incidence by stage at diagnosis; Stage iv (6) 10%, Unknown Stage (54) 90%.

Conclusion:

2016 had the highest incidence and could be associated with increased awareness on screening services at MTRH. Most cases were between 50-79 years and could be attributed to delays in early diagnosis. Higher incidences were in males and could be related to susceptibilities to risks such as smoking and industrial fumes among others. There's need for creating awareness and further screening of clients presenting with associated signs and symptoms to enable early diagnosis of lung cancer. Disease staging is essential as most cases were of unknown stage.

PREVALENCE OF MONOCLONAL GAMMOPATHIES DETECTED BY MASS SPECTROMETRY AND THEIR RISK FACTORS AMONG BLACK AFRICANS IN SOWETO, JOHANNESBURG, SOUTH AFRICA

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ORAL ABSTRACTS | DAY 5, SESSION 4, OVAL ROOM, November 6, 2023, 3:20 PM - 3:50 PM

OBJECTIVE:

Monoclonal gammopathy of undetermined significance (MGUS), a premalignant condition of multiple myeloma, disproportionately affects individuals of African ancestry. MGUS has only a few known risk factors implicated in its development and progression, hindering effective interception strategies for this high-risk population.

Mass spectrometry (MS) has emerged as a novel, ultra-sensitive method of detecting monoclonal (M-) proteins, including at concentrations below traditional gel-based methods. Leveraging MS, we aimed to evaluate the prevalence of monoclonal gammopathies among Black Africans in Soweto, South Africa, and their associations with risk factors.

METHODS:

Black Africans aged ≥ 40 years were recruited from Soweto, Johannesburg, South Africa. Participants were screened for monoclonal gammopathies by MALDI-TOF MS and completed a survey querying metabolic comorbidities and lifestyle. M-protein concentrations ≥ 0.02 g/dL were considered traditionally defined MGUS, whereas M-proteins below 0.02 g/dL are hereafter referred to as monoclonal gammopathy of indeterminate potential (MGIP). Multivariable logistic regression models estimated odds ratios (OR) and 95% confidence intervals (CI) for exposure and MGUS/MGIP associations.

RESULTS:

Among study participants ($n=738$), median age was 52 years (range, 40–79), and 52% were female. Participants' ethnicities included 38% IsiZulu, 20% Sesotho, 13% IsiXhosa, and 13% Setswana. The prevalence of MGUS and MGIP was 12% and 17%. Adjusting for age, sex, and education, obesity (BMI ≥ 30 kg/m²) and diabetes were associated with MGIP (obesity: OR, 1.94; 95% CI, 1.20-3.12 and diabetes: OR, 1.04; 95% CI, 0.58-1.82). As for lifestyle, heavy alcohol consumption (≥ 30 g/day) was associated with MGUS (OR, 2.76; 95% CI, 1.47-5.51), and short sleep (≤ 6 hours/day) was associated with MGIP (OR, 2.11; 95% CI, 1.22-3.59).

CONCLUSIONS:

Among Black Africans from Soweto, South Africa, screened by MS, we observed a high prevalence of monoclonal gammopathies and associations with novel, modifiable risk factors. These first results in our expanding South African cohort may inform cancer prevention strategies.

EXPERIENCE FROM THE SUCCESSFUL IMPLEMENTATION OF A NEW RADIOTHERAPY SERVICE IN A NAÏVE, RESOURCE LIMITED SETUP: JIMMA, SOUTHWEST ETHIOPIA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

The purpose of this study was to describe the challenges, success factors and impacts of implementing a new Radiotherapy (RT) service in a naïve, resource limited setup. It assessed project outcome, with a focus on RT establishment at Jimma University medical college (JUMC) in Southwest Ethiopia, and its positive impact.

This study employed a descriptive research design. Data were collected from various sources, including document reviews, observations of the implementation process and interviews with key informants.

The findings of the study revealed several interesting aspects of the establishment of a new RT service at JUMC. The major implementation challenges encountered were related to limited resources and personnel, implementation delay, infrastructure and technology gap. Strong leadership and commitment of staff and administration, FMOH support, partnership programs like the IAEA TC project, use of innovative approaches and focusing on patient-centered care were identified as important success factors. The positive impacts of the RT service were significant, with the provision of cancer care to a previously underserved population and patients receiving life-saving treatment. Within a year of service initiation, it has provided radiation treatment for over 400 patients from Ethiopia and nearby countries, leading to an increase in radiation therapy use in the area, and JUMC emerging as a source of medical tourism and as a center of excellence in cancer care.

Establishing a new Radiotherapy service in a resource-limited environment is a challenging but a rewarding and monumental achievement. This study describes the importance of cancer treatment facilities in areas with limited access to healthcare and, the impact it has on patients, the institute and the healthcare system. By documenting the challenges, success factors, and impacts, this study aims to inform progress, and to serve as a key template for future development and expansion of similar cancer care services.

IMPACT OF SOCIAL DETERMINANTS OF HEALTH ON STAGE AT PRESENTATION FOR WOMEN WITH INVASIVE CARCINOMA OF THE CERVIX IN ZAMBIA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: Cervical cancer poses a significant health threat in Zambia and Sub-Saharan Africa (SSA). The influence of social determinants of health (SDOH) on late-stage presentation, especially in resource-poor settings, is largely unexplored. Our study aims to fill gaps in epidemiological data and inform health strategies.

METHODS: We adapted the Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool survey translated into four Zambian languages to assess SDOH like transportation, education, income, location, and distance to care. We enrolled newly diagnosed cervical cancer patients at the Cancer Diseases Hospital in Lusaka from June 2022-2023. After obtaining participant consent, data was collected through in-person and phone interviews. Data analysis involved Fisher's exact test [with Monte Carlo simulation] when appropriate, and multivariable regression analyses using STATA 14.

RESULTS: 120 cervix cancer patients aged 29-78 (mean 50.3, SD \pm 9.9) completed the survey. Of these, 57% were living with HIV and 53% were diagnosed with advanced disease. Most resided in urban areas (58%), while the rest lived in rural regions; 71% overall reported an income source. While education was common with 88% having some schooling, majority was at the primary level (59%) and only 44% could read a full sentence in a local language or English. Transportation was a hurdle for 82%, especially for the 59.1% traveling over 100 kilometers for treatment. Each additional kilometer travelled to the hospital increased the odds of a higher cancer stage by 0.18% (CI 95% 0.035% to 0.32%, p-value = 0.015). After adjusting for age, HIV, education, in a multivariable model, only the variable "distance traveled for treatment" was associated with increased stage.

CONCLUSIONS: Longer travel distance emerged as a significant risk for advanced stage at presentation in Zambia. Further research is needed to decrease distance-related barriers to earlier detection and cancer care.

CANCER REGISTRATION IN SUB-SAHARAN AFRICA: A 10-YEARS EXPERIENCE

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

BACKGROUND

Population-based cancer registries (PBCRs) provide data on cancer incidence, stage and survival to support the development of a National Cancer Control Plans and provide material for research into cancer cause and prevention. Although the history of PBCRs in SSA goes back 70 years, by 1980, there were none in existence, and their subsequent development has been a slow progress against technical and financial challenges

METHODS

In 2012, the African Cancer Registry Network (AFCRN) was founded to bring together all of the existing PBCRs meeting modest standards of quality (completeness and validity) in a mutually-reinforcing partnership. The AFCRN is partnered with the International Agency for Research on Cancer (IARC) as the Global Initiative for Cancer Registry Development (GICR) Regional Hub for SSA. The role of the Hub is to coordinate activities for training (both online and onsite) in English, French and Portuguese; consultancy visits for onsite assessment and technical support; multi-national research studies on trends, staging, treatment and survival, and to advocate the cause of cancer registration. The AFCRN has received funding from diverse partners, notable in recent years from the Bloomberg Data for Health Program, through its executive agency, Vital Strategies.

RESULTS

In 2023, AFCRN had a membership of 34 functioning PBCRs in 22 SSA countries, together with five associate member registries. It has published monographs on Cancer in Sub-Saharan Africa, Childhood cancer, as well as numerous articles on survival, trends in incidence of major cancers, and access to and availability of standard therapies.

SUMMARY

Population-based cancer registration is feasible in SSA. Cancer registries face all sorts of challenges, but with tailored support, AFCRN member registries continue to improve their abilities and scope of work, and the development of new registries are encouraged and supported.

EFFECTS OF NATIONAL HOSPITAL INSURANCE FUND STATUS ON MULTIPLE MYELOMA SURVIVORS TREATMENT OUTCOMES IN MOI TEACHING AND REFERRAL HOSPITAL (KENYA)

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Introduction Multiple myeloma accounts for approximately 10% of hematologic malignancies. There is a consistent, positive relationship between health insurance coverage and health-related outcomes across a body of studies. The government of Kenya expanded the scope of the National Health Insurance Fund (NHIF) to cover six cycles of cancer treatment with a capitation of Ksh 25,000 per cycle for 1st line treatment. This has greatly improved access to care except when the cover gets depleted (after the 6 cycles for 1st line treatment) or is inactive (newly enrolled client). In these two scenarios, the clients are expected to take care of their treatment through Out-of-Pocket spending or their treatment is disrupted. This study describes how NHIF status influences MM survivors' treatment outcomes.

Methodology: A survey done in April 2023. Phone calls were made to all alive MM survivors from 2012 to 2023. Information on NHIF status; active, inactive or depleted and treatment outcomes were documented.

Results. Out of 137 patients with spouses and no spouses, 26(19%) with no spouses got their NHIF cover depleted at cycle 3 which resulted to treatment abandonment. 10(7%) who had inactive NHIF cover and waiting period of 60 days reported progressive or relapsed disease. 8(6%) who had spouses and had both cards depleted, reported treatment disruptions. The majority 93(68%) with active NHIF cover, completed 6 cycles. However, they reported a lot of out of pocket spending of diagnostic tests, weekly transport, accommodation and special food.

Conclusion: The gaps in NHIF benefit package could be improved by considering the variations of cancer types and treatment to avoid a lot of out of pocket spending. Cancer treatment outcomes could be improved by interventions that prevent treatment disruptions and improve access to NHIF.

BACTEREMIA IN HEMATOLOGIC CANCER PATIENTS WITH FEBRILE NEUTROPENIA AT THE UGANDA CANCER INSTITUTE

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ORAL ABSTRACTS | DAY 3, SESSION 4, OVAL ROOM, November 4, 2023, 3:20 PM - 3:50 PM

OBJECTIVE: We sought to determine etiology and outcomes of bloodstream infections in hematologic cancer in-patients with febrile neutropenia at the Uganda Cancer Institute (UCI) in Kampala, Uganda.

METHODS: Febrile neutropenic UCI inpatients with hematologic malignancies were enrolled in a prospective cohort study between Nov 2017 and Mar 2020. Blood was drawn from participants during a febrile neutropenic episode (FNE; fever $\geq 37.5^{\circ}\text{C}$ and neutrophil count ≤ 1000 cells/ μL) and cultured in the BACTEC 9120 blood culture system. Bacteria were identified conventionally using biochemical tests; antimicrobial susceptibility testing was performed with the disc diffusion method; targeted PCR was used to determine presence of extended spectrum beta-lactamase (ESBL) genes. Participant characteristics were compared according to culture results using logistic regression with clustered standard errors. Participants were followed for 30 days to determine mortality. Kaplan Meier curves were used to compare survival between bacteremia and no bacteremia.

RESULTS: Of 495 participants, 132 (27%) had at least one FNE. Leukemia and previous hospitalization were significantly associated with febrile neutropenia. Of 132 participants with FNEs 43 (33%) were due to bacteremia. Chemotherapy ($P=0.017$) and severe neutropenia ($P=0.005$) were significantly associated with bacteremia. Gram negative bacteria were the most common organisms isolated ($n=64$, 74%), with *E. coli* being the most prevalent. Of 49 Enterobacteriaceae resistant to 3rd generation cephalosporins, 40 (82%) displayed the ESBL phenotype, and 35 (71%) had an ESBL gene, the most common being blaCTX-M ($n=29/35$, 83%). Of the 18 Gram-positive bacteria, 10 (56%) were Enterococci spp. Participants with bacteremia had significantly lower survival compared to participants with no bacteremia ($P=0.05$).

CONCLUSIONS: Multidrug resistant bacteria are the main cause of bacteremia and mortality in febrile neutropenic cancer patients at the UCI. There is a need for robust infection control and antimicrobial stewardship programs at our institution and likely other cancer centers in sub-Saharan Africa.

ADULT DESMOPLASTIC MEDULLOBLASTOMA: A RARE CASE REPORT IN ADULT

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: Medulloblastoma are the most common malignant brain tumours of childhood, being rare in adults accounting for < 1% of all adult brain tumours. The desmoplastic form is mainly found in adults. According to literature, prognosis is more favourable in adults than in children. Its treatment involves surgery, radiotherapy and chemotherapy.

METHODS: The aim of this articles is to report the case of an adult desmoplastic Medulloblastoma safeguarding the importance of a multidisciplinary approach.

RESULTS: a 26 years old, female, presented with headache, postprandial vomiting of 1-week duration, without any focal neurological deficit. A computed tomography (CT) of the brain showed non-communicating, triventricular obstructive hydrocephalus. She underwent, after Emergency external ventricular-peritoneal drain elective surgery, a sub occipital craniotomy with gross partial mass excision with the anatomopathological report revealing Desmoplastic Medulloblastoma. Postoperative Magnetic Resonance Imaging confirmed signs of remaining tumour in the posterior fossa and adjacent meningeal infiltration extending to the spinal canal. Puncture of cerebrospinal fluid, acellular.

She was later treated with concomitant Chemotherapy and Radiotherapy following the NCCN MEDULLOBLASTOMA IN ADULTS AND EANO GUIDELINES FOR MEDULLOBLASTOMA IN ADULTS protocols with good response and tolerance.

CONCLUSIONS: Even in adults should be included in the differential diagnosis of posterior fossa tumour. It is the first case of this rare disease published in the country. It is concluded that the relevance of this case is to promote a reflection both on factors that hinder the diagnosis of brain tumour, and on the importance of a multidisciplinary approach in malignant tumours. Furthermore, it is considered that the case had a positive outcome, largely due to the rapid recognition of the signs of intracranial hypertension and its correlation with tumours of the central nervous system and rapid referral to the reference service, allowing the patient's access to the definitive diagnosis and appropriate therapeutic proposal.

CHALLENGES FOR NURSES IN PROVIDING CARE TO PATIENTS IN PALLIATIVE CARE AT THE MAPUTO CENTRAL HOSPITAL.

Machava O¹

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

ABSTRACT

Introduction: Palliative Care (PC) consists of assistance provided by a multidisciplinary team, which aims to improve the quality of life of patients and their families to relief of suffering, (WHO, 2002). The oncology service at the Maputo Central Hospital (MCH) is a national reference, receiving patients from all over the country, almost of whom have palliative needs. They had support from the pain unit for the follow-up of these patients. The Pain Unit of the MCH is a national reference for the care of chronic oncological and non-oncological pain. However, similarly to what happens in other low- and middle-income countries, PC in oncology has limitations. Limited access of drugs or analgesic. Lack specialized professionals and lack of a multidisciplinary therapeutic approach impose additional difficulties in the management of patients who need PC (MISAU, 2019)

Objective: evaluate the challenges of Oncology Nurses in providing palliative care in ill patients.

Methods: Is a prospective, descriptive cross-sectional study with a qualitative approach, had a sample size of 09 nurses who provide PC in a population of 10 nurses.

Results: 09 participated, most of them (5) had less than 5 year's experience; most of them (8) didn't have training or continuous training in PC; most of them (7) could not fully treat the pain due to lack of opioids.

Conclusion: nurses have knowledgeable about PC, although some have not shown knowledge about it. They face many challenges in caring for terminally ill patients. Among them, the mechanization in care by the professional, unpreparedness to deal specifically with this type of patient; the lack of physical structure, the lack of nurses; the lack of opioids for pain control and the difficulty of maintaining effective communication with the patient and their family.

Keywords: Palliative care, Cancer, Oncology nursing

FOLLICULAR VARIANT OF PAPILLARY CARCINOMA THYROID: AN CASE REPORT INDICATIVE OF LOCAL IODINE DEFICIENCY.

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: Follicular variant of papillary carcinoma thyroid is an aggressive variant of papillary carcinoma thyroid. It is more commonly associated with extra thyroidal extension and regional lymphadenopathy. The majority are associated with previous exposure to ionizing radiation, obesity and iodine deficiency. Because of its predominance in iodine deficient populations, we brought this case to review and reflect about our health politics as a iodine nutritional status.

Methods: related case in a country with deficiency iodine consumption

Results: Female, teacher, 42-years-old, without comorbidities or toxic habits, who presented with an appearance of a tumouration in the anterior cervical face in 2019. She was submitted of a left hemi thyroidectomy in 2021 which revealed Follicular Variant Papillary Carcinoma without capsular invasion. Clinical examination, with scar at the anterior neck face, without lesion. Ultrasonography and cervical CT scan showed nodule in the isthmus and the right lobe, 2.4x1.1cm, without lymph nodes. She was submitted to a complete total thyroidectomy and lymph node dissection. Analytically, no changes in thyroid function. After the total thyroidectomy, she underwent for chemotherapy, 4 cycles (cisplatin and Adriamycin) and then I-131 (150mCi) with good tolerance. Since then, she has been undergoing hormone replacement with levothyroxine 50ug/day with good tolerance and with normal thyroid function.

Conclusion: 30 years ago, iodine deficiency was endemic in African before the introduction of iodine fortification. In 2017, 85% of the African countries had achieved sufficient iodine nutrition in the general population. In Mozambique, even after the ministerial decree 7/2000 from 2000, which establishes the mandatory integration of potassium iodate in food salt, more than 50% eat salt without iodine. To eradicate iodine deficiency, the universal salt iodisation initiative is attainable only through a concerted effort by the governments and salt producers coupled with sustained education of consumers to motivate them to utilize iodized salts.

HEAD AND NECK CANCER: PREDICTIVE FACTORS OF SURVIVAL IN MOZAMBIQUE

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objectives: Worldwide, Head and Neck Cancer (H&N) is the seventh most common. Principal risk factors are alcohol consumption and tobacco exposure (75-85%) and viral, mainly HPV infection. The aim of this study is to perform statistical analysis of the population with H&N in this institution, in terms of demographic and clinical characteristics and their possible relation with the outcome.

Methods: Clinical retrospective data analysis of patients with H&N cancer admitted during 2018 and 2020, in a Quaternary Hospital Centre. The collected data from clinical patients file was analysed using SPSS® Statistics v27.

Results: From 65 patients.

Median age at diagnosis was 48 years old [15-87], 55.4% male. 52.3% had comorbidities. 41.4% with tobacco exposure and 39.9% of alcoholism.

For topography, 30.8% was Oral Cavity, 18.5% Oropharynx. 70.8% had Squamous Cell Carcinoma as Histology.

The large majority (72.3%) was diagnosed on stage III-IV.

73.8% was Karnofsky Status performance (KPS) \geq 80%.

15.4% underwent surgery to remove the disease.

Chemotherapy was mostly the first treatment instituted in 84.6% of cases. Only 27.6% were treated with radiotherapy.

16.9% had a complete response.

Median follow-up was 12 months [1-53]. Media overall survival 10 months (95% CI: 5,435 – 14,565).

Median overall survival of 15,017 months (95% CI: 11,310 - 18,725).

46.1% had a death related to cancer and its treatment.

Conclusion: Smoking habits and alcoholism, has been a frequent practice in our population. Some variables are correlated with the outcomes. Factors with worse prognosis was female gender, advanced age, KPS <70%, comorbidities. There was a lack of survival benefit for patients not treated with radiotherapy.

Although our results agree with several studies in the literature, it has limitations inherent to its design. However, even with these shortcomings our results are valid and the prognostic factors identified here may be useful to guide the decision on treatment.

DIGESTIVE CANCER RELATED DEATHS IN SOUTH AFRICA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Introduction: New cases of gastrointestinal cancers is projected to increase by more than three-thirds in Sub-Saharan Africa compared to other regions. The study provides an overview of the descriptive underlying causes of death from the malignant neoplasm of digestive organs in South Africa.

Methods: The descriptive secondary data analysis was conducted using data extracted from the death notification database collated by Statistics South Africa from 1997 to 2018.

Results: Neoplasms accounted for 7% (n=797,742) of 11.2 million total deaths during this period. Between 1997 and 2018, there were 214,534 deaths with malignant neoplasms of digestive organs (C15-C26). Of these, 99,768 (47%) were black African, 40,986 (19%) were white, 20,318 (9%) were of mixed race and 5,117 (2%) were Indian/Asian. Other records (n=48,345; 23%) did not have population race group specified. The mean age in completed years of the deceased was 65,5 years. Most deaths were located in Gauteng, Eastern Cape, Western Cape and KwaZulu-Natal. The top three malignant neoplasms of the digestive organs are oesophagus; liver and intrahepatic bile ducts and colon.

Conclusion: The data provides valuable information in terms of demographics, geographic and underlying types of digestive organ cancer, to inform targeted screening at primary health care level and advocate for improved data capturing on death notification and population-based surveillance systems to provide accurate data that will inform policy and practice.

ESOPHAGEAL BRACHYTHERAPY: NURSING CONSIDERATIONS AT THE NAIROBI HOSPITAL, KENYA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

TITLE: ESOPHAGEAL BRACHYTHERAPY: NURSING CONSIDERATIONS AT THE NAIROBI HOSPITAL, KENYA

AUTHORS: GEOFFREY MWANGI

: FELIX CHUMO

OBJECTIVE

The purpose and objective of this study is to assist in formulation of guidelines that will inform nursing practitioners who handle patients during esophageal brachytherapy. This is because there are no clear guidelines on nursing considerations during esophageal brachytherapy, especially in Sub-Saharan Africa.

METHODS

This was a retrospective study done on 19 patients' files, who underwent esophageal brachytherapy between 2019 and 2021. The presentation covered nursing considerations in esophageal brachytherapy in the Nairobi Hospital. The data was collected using a simple abstraction form and oral interview on 21 nurses.

RESULTS

From the retrospective study above, the data was analyzed by age, sex, cancer stage, and nursing considerations of each patient. Most of the patients (89.5%) fall in the T2N2M1 stage, 68% being men, average age 63.6. The study also focused on training: oncology trained nurses are 34%, on-job training 33%, palliative 5%, prostate brachytherapy 14%, chemo safe training 14%, esophageal brachytherapy none trained.

CONCLUSION

According to our study findings, most patients are diagnosed in the late stage, we therefore recommend guidelines to assist in early screening of patients with recurrent dysphagia at the community level. Also there is a gap in training of nurses on esophageal brachytherapy, hence training should be considered.

COUT REEL DE LA PRISE EN CHARGE DU CANCER DU SEIN EN RADIOTHERAPIE : CAS DE L'HÔPITAL GÉNÉRAL DE DOUALA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIF

Décrire le cout réel de la radiothérapie externe mammaire à l'Hôpital Général de Douala, seul centre public fonctionnel à ce jour au Cameroun

METHODES

Etude transversale descriptive avec collecte des données auprès des patientes en cours de traitement dans le service de radiothérapie de l'Hôpital Général de Douala d'octobre 2022 à décembre 2022 soit 3 mois. Le cout subvention de l'état est de 50000FCFA

RESULTATS

Au total 30 patients inclus. L'âge moyen était de 49 ans. On a retrouvé 21 patients (69,3 %) avec une activité rémunératrice, parmi lesquelles 70 % avec un revenu mensuel inférieur à 79 000 FCFA. Les patients résidants hors du littoral représentaient 76,7 % de l'effectif total avec 02 étrangers retrouvés. Ils étaient 12,5 % qui louaient un logement pour un loyer moyen de 95 000 FCFA. Le cout moyen du transport pour l'hôpital était de 27 000 FCFA tandis que le cout direct moyen du traitement était de 78 783 FCFA avec des extrêmes entre 60 500 et 171 500 FCFA (sous subvention). Les couts moyens totaux étaient de 115 950 FCFA (subventionner) et 245 950 FCFA (sans subvention).

CONCLUSION

Malgré la subvention de l'état Camerounais le cout réel de la radiothérapie du cancer du sein implique des charges indirectes. La mise en place d'une couverture sante universelle et l'ouverture de plusieurs centres publics sont des moyens qui peuvent rendre la radiothérapie plus accessible.

DÉLAI D'ACCÈS À LA RADIOTHÉRAPIE ADJUVANTE DANS LE CANCER DU SEIN À L'HÔPITAL GÉNÉRAL DE DOUALA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIF

Évaluer le délai d'accès à la radiothérapie adjuvante dans le cancer du sein à Hôpital General de Douala

METHODES

Étude descriptive et rétrospective à l'HGD. Tous les patients ayant bénéficiés de la radiothérapie adjuvante du cancer du sein du 1er janvier 2020 au 30 décembre 2021 ont été inclus dans cette étude, à l'exception de ceux ayant bénéficiés d'une hormonothérapie ou chimiothérapie adjuvante. Les variables étudiées étaient les caractéristiques sociodémographiques, anatomopathologiques de la tumeur et les délais d'accès à la radiothérapie.

RESULTATS

Au total 72 dossiers sur 192 ont été inclus. Tous les patients étaient de sexe féminin et 37,5% d'entre elles étaient âgées entre 40 et 50 ans. La chirurgie réalisée était radicale dans 91,78% des cas et le carcinome canalaire invasif était le type retrouvé dans 93,06%. Le délai d'accès à la radiothérapie adjuvante était de 87 jours après une chirurgie conservatrice et de 159 jours après une chirurgie radicale.

CONCLUSION : Quel que soit le type de chirurgie réalisé, Les délais d'accès à la radiothérapie adjuvante dans le cancer du sein à l'HGD sont 1,33 à 1,77 fois plus longs que les délais recommandés

IMPACT DES PROJETS NATIONAUX DE L'AGENCE INTERNATIONALE DE L'ENERGIE ATOMIQUE DANS LE TRAITEMENT PAR RADIOTHERAPIE DU CANCER AU CAMEROUN

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIF

Présenter l'impact d'un projet national de coopération technique avec l'AIEA sur la prise en charge des malades du cancer par radiothérapie.

METHODES

Le projet de coopération technique CMR6018 a été lancé au CAMEROUN le 01/01/2020. Il visait le renforcement du service de Radiothérapie à l'Hôpital Général de DOUALA(HGD), où une source de Cobalt 60 achetée depuis 2008 dans le seul appareil de thélothérapie dans les hôpitaux publics au CAMEROUN, était toujours en service, permettant de traiter à peine vingt-cinq malades par jour. Après un accord de partage des coûts entre l'AIEA et l'HGD, ce dernier a envoyé à l'AIEA, pour la partie camerounaise, une contribution d'un montant de 113.300.000FCFA permettant de participer au remplacement de la vieille source.

RESULTATS

La nouvelle source de cobalt 60 a été remplacée le 16/10/2021. Depuis lors :

- le temps de traitement des malades a été divisée par quatre.
- Le nombre de malades traité par jour est passé de 25 à 70-90 .
- Le temps d'attente pour entrer en traitement est passé de 5 mois à 3semaines, avant de remonter à deux mois sous l'effet de la subvention par l'Etat Camerounais de la radiothérapie.
- Le nombre de malades traités en radiothérapie est passe de 287 en 2020 à 869 en 2022.

CONCLUSION

La coopération technique avec l'AIEA, par la pratique de partage des coûts avec les Etats-Membres, peut permettre de renforcer le plateau technique et d'améliorer la qualité de vie des malades pendant le parcours de soins.

Cette première victoire a permis la conclusion de deux autres partages de coûts entre le CAMEROUN et l'AIEA, ce qui a conduit à l'acquisition d'un simulateur, d'un système de planification des traitements(TPS), et d'un appareil de curiethérapie gynécologique HDR.

Elle a également permis la formation du personnel à tous les niveaux.

PAEDIATRIC ONCOLOGY IN KILIMANJARO CHRISTIAN MEDICAL CENTRE (KCMC) TANZANIA; PATIENT CHARACTERISTICS AND EARLY TREATMENT OUTCOMES FROM 2021-2022

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

BACKGROUND

The majority of patients with childhood cancer lives in low- and middle-income countries, where survival rates are significantly lower than in high-income countries. Kilimanjaro Christian Medical Centre (KCMC) is situated in northern Tanzania and has established an official paediatric oncology ward since the end of 2020.

OBJECTIVE

The aim of this study is to describe the demographic, clinical characteristics and early treatment outcomes of children treated for cancer in KCMC from 2021-2022.

METHODS

This single-centre cohort study has a retrospective design. Included were all patients aged below 18 years who were diagnosed with and/or treated for cancer at the Kilimanjaro Christian Medical Centre in the period January 2021 – December 2022. Early treatment outcomes were categorized as remission, refractory disease, progressive disease, relapse, treatment abandonment and death.

RESULTS

A total of 244 patients was included, with a median age of 6 years (range 0-18). The 4 most common types of childhood cancer were retinoblastoma (18,9%), ALL (18,4%), non-Hodgkin lymphoma (11,1%) and neuroblastoma (10,7%). Overall 1-year survival is 65% (95% CI 57-73), 1-year event-free survival is 36% (95% CI 28-44). Main first events registered were death (24,2%, of which 40,3% early mortality), abandonment (17,9%) and refractory disease (13,1%) In total, 22,9% of the patients received palliative care.

CONCLUSION

Based on this overview of the patient population and early treatment outcomes, four main areas for possible improvement of health care can be

CLINICAL FACTORS ASSOCIATED WITH HEMATOLOGICAL TOXICITY IN CHILDREN RECEIVING POST-NEPHRECTOMY CHEMOTHERAPY FOR WILMS TUMOR: A SINGLE CENTER EXPERIENCE FROM MALAWI

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective. Wilms Tumor (WT) is the most common renal neoplasm in children. Risk factors for hematological toxicities and treatment-related mortality in post-nephrectomy patients receiving chemotherapy in Low-and-Middle-Income Countries (LMICs) is undefined.

Methods. This was a retrospective cohort study of patients with WT from 2019-2022 who received post-operative chemotherapy at Kamuzu Central Hospital in Malawi. Clinical data were recorded including nutritional status defined as per WHO guidelines. Hematological toxicity was defined by CTCAE v5 criteria. Odds Ratio (OR), corresponding p-values and 95% Confidence Intervals (CI) for associations between clinical characteristics and outcomes were calculated using a mixed-effects multivariable logistic regression accounting for multiple cycles per patient.

Results. A total of 326 chemotherapy cycles from 57 patients were identified. Median age was 52 months (interquartile range: 40-73). Distribution by stage comprised stage I: 19%; stage II: 12%; stage III: 46%; stage IV: 19%; and stage V: 4%. Malnutrition was present in 116 cycles (36%) and 34 (10%) had severe acute malnutrition (SAM). Vincristine-Actinomycin D-Doxorubicin (VAD) was administered in 132 cycles (40%); Vincristine-Actinomycin D (VA) in 93 (29%) and Cyclophosphamide-Etoposide (CE) in 90 (28%). Forty-nine cycles (15%) resulted in \geq grade 3 hematological toxicity and 27 (8%) had \geq grade 4. There were seven treatment-related deaths. CE was associated with both \geq grade 3 (OR: 6.2; 95% CI: 3.0-13.1; $p < 0.001$) and \geq grade 4 (OR: 16.3; 95% CI: 5.6-47.6; $p < 0.001$) toxicities. Malnutrition, age, and stage was not associated with hematological toxicity. However, SAM was associated with treatment-related mortality (OR: 9.4; 95% CI: 1.5-58.5; $p = 0.02$).

Conclusions. Patients receiving CE had increased hematological toxicity. Although malnutrition was not associated with grade 3/4 toxicity, it was linked to toxic death. Nutritional support remains a critical component of the care for patients with WT in LMICs. Incorporation of CE should be guided by proper risk-benefit assessments.

GENETIC DRIVERS OF BREAST CANCER AMONG KENYAN WOMEN: A PILOT STUDY

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ORAL ABSTRACTS | DAY 3, SESSION 1, SESSION ROOM 205, November 4, 2023, 9:00 AM - 10:00 AM

Objective: Breast cancer is the most frequently diagnosed cancer among Kenyan women. Evaluating gene signatures and mutational profiles could help improve risk and treatment for more aggressive breast cancers. We aimed to assess the mutational and gene expression profile in Kenyan breast cancer patients.

Methods: We performed whole exome sequencing (WES) and RNASeq of fresh frozen paired tumor and adjacent non-tumor tissues from 23 Kenyan breast cancer patients. Trimmed FASTAQ files of WES data were aligned to the human hg38 reference genome followed by mutational calling. For RNASeq data, differentially expressed genes (DEGs) were identified followed by gene set enrichment analysis (GSEA), Hallmark and Kyoto Encyclopedia of Genes & Genomes (KEGG)-defined gene sets (n=50 and 186, respectively) were selected within the GSEA molecular signatures database and those with a False Discovery Rate (FDR) < 0.25 were included in our data analysis.

Results: Analysis of the WES data showed that Kenyan tumors bear a high mutational burden and that ARID1A gene mutations that confer resistance to endocrine therapies were highly enriched. Transcriptome analysis revealed 348 up-regulated and 536 down-regulated protein-coding transcripts. Majority of the top upregulated genes in Kenyan tumors are associated with cell cycle control. Hallmark-defined E2F targets and the G2M checkpoint were identified as the most significantly enriched gene sets through GSEA.

Conclusion: Our findings from WES suggest gene mutations in ARID1A as the mutational signature in Kenyan breast cancer patients. RNASeq analysis indicated that gene sets involved in E2F signaling and G2M checkpoint pathways are significantly enriched in breast tumors of Kenyan patients. This is an ongoing study, and we are currently sequencing additional samples to validate these observations.

ONCOLOGY NURSES AND CIVIL SOCIETY ADVOCATES AS MULTIDISCIPLINARY TEAM PARTNERS: THE HOW AND WHY.

Makumi D¹

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objectives: Explore barriers and enablers to meaningful partnerships between nurses and civil society advocates and their contribution to multidisciplinary teams.

Methods: This is a desk review of current developments and literature in multidisciplinary care with insights and perspectives of practicing oncology nurses and civil society cancer advocates in Kenya.

Results: cancer advocates have access to valuable non-medical information which can enrich MDT discussions on patient care. These include insights into social, spiritual and cultural practices that can influence outcomes. Omission of non-clinical information in MDT consultations is associated with repeat history taking and repeat case presentation thus delaying treatment. Nurses can help overcome institutional barriers to the involvement of civil society advocates in MDT discussions by acting as a primary bridge between the community and the professionals.

Conclusions: Multidisciplinary team (MDT) approach to cancer care has now taken root in most cancer centers in Kenya. However, it is largely regarded as a clinical activity with little or no room for contribution from non-clinicians. Civil society cancer advocates primarily focus on issues such as access to care, policy and legislation. Though fraught with structural barriers, there is a growing appreciation of the need to develop a framework through which civil society input to quality cancer care can be institutionalized with oncology nurses playing a pivotal role.

The evolving Kenyan model, where cancer civil society organizations, nurses, academicians, patient's groups and other healthcare professionals work together as allies is slowly developing to a structured framework which is driving advocacy for policy, legislation and access to quality cancer care. This model can be replicated in other low and middle income countries (LMIC).

WHY IS NEURO ONCOLOGY MISSING FROM CIVIL SOCIETY ADVOCACY AGENDA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: Explore barriers and enablers to meaningful engagement of cancer civil society advocates in advancing neuro-oncology in Africa.

Methods: This is a desk review of current developments and literature in advocacy for neuro-oncology with additional interviews to get insights and perspectives of practicing oncology nurses and civil society cancer advocates in Kenya.

Results : Cancer advocacy in Kenya has traditionally focused on creating awareness on the more common cancers, breast, cervical prostate and Gastro-intestinal cancers. Over the last 10 years' attention has gradually shifted to access and cost of care. Cancers of the central nervous system such as gliomas, neuroblastomas and meningiomas, though not uncommon do not feature prominently in advocacy discourses. This is due the fact that they are perceived as 'rare', complex, difficult to explain and with poor outcomes.

Conclusion: Cancer civil society and patient groups across Africa play a major role in pressuring governments to develop, fund, and implement national cancer control plans and to keep their commitments to international declarations. Additionally, community cancer awareness is mainly driven by lay cancer advocates and cancer survivors. The cancer policy and legislation landscape in Kenya has largely been shaped by the civil society through consistent advocacy There is a growing appreciation of the need to develop a framework through which civil society can contribute to the development of quality neuro oncology services. Cancer civil society organizations, neurosurgeons, neurologists, oncologists, academicians, and other healthcare professionals must work together to overcome structural barriers so that neuro oncology is not left behind in the national cancer plans. Stakeholders will need to establish guidelines with well defined mechanism for engaging, involving and acknowledging the contribution of cancer advocates in advancing neuro-oncology. This will require a cultural shift from neuro-oncology professionals to accommodate the input of lay civil society advocates.

EVALUATION OF CHEMOTHERAPY RELATED ADVERSE EVENTS AND ITS EFFECT ON COMPLETION OF THERAPY AMONG COLON CANCER PATIENTS IN SUB-SAHARAN AFRICA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

BACKGROUND:

Colorectal cancer is the fifth most commonly diagnosed cancer in Tanzania. Surgery is the mainstay of treatment for localized colon cancer and adjuvant chemotherapy is given in stage II (high risk) and III patients to reduce the risk of recurrence. Although these chemotherapy regimens are often effective, they are associated with a wide variety of side effects.

OBJECTIVES:

To determine the frequency of chemotherapy related adverse events (AEs) and its association with completion of therapy among non-metastatic colon cancer patients attending Ocean Road Cancer Institute (ORCI) and Muhimbili National Hospital (MNH).

METHODOLOGY:

A prospective, observational cohort study was conducted from 2022-2023 at ORCI and MNH in Dar-es-salaam, Tanzania. Participants were interviewed at baseline for patient characteristics. The PRO-CTCAE[®] instrument (Patient-Reported Outcomes version of the Common Terminology Criteria for Adverse Events) was used to classify symptoms at midpoint and endpoint of the study weeks. Descriptive statistics was used to summarize baseline patients' characteristics, and AEs. Chi-square test was used to find association between the patient characteristic parameters, AEs and completion of chemotherapy.

RESULTS:

96% of the patients in the cohort reported decreased appetite, 95% had taste changes, 93% fatigue, 91% peripheral neuropathy and 86% neutropenia. The most frequent grade 3 or 4 adverse event was neutropenia and fatigue. A statistically significant relationship was observed between low BMI and peripheral neuropathy ($p=0.013$). 60% of patients had delayed completion and 7% did not complete treatment. A statistically significant relationship was noted between neutropenia and delayed therapy completion ($p=0.009$).

CONCLUSION:

This study found that colon cancer patients receiving adjuvant chemotherapy encountered multiple AEs. Neutropenia and fatigue presenting as severe forms of AEs. Majority of patient characteristics did not show a significant association with the occurrence of AEs. Most patients had delayed chemotherapy completion and the commonest reason for delayed completion was related to neutropenia.

INNOVATIVE DEMAND GENERATION FOR IMPROVED UPTAKE OF CERVICAL CANCER SCREENING SERVICES FOR WOMEN IN THE RURAL DISTRICT OF MULANJE, MALAWI

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¹CHAI, ²Mulanje District Hospital, ³CHAI, ⁴CHAI, ⁵CHAI, ⁶Ministry of Health

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background: Malawi has the second highest age-standardized incidence rate and the highest mortality rate of cervical cancer in the world. This cancer can be prevented with effective screening interventions to detect and treat cervical precancerous lesions before they become invasive, but screening rates are very low. We assessed demand generation activities for Mulanje District Hospital.

Methods: From July to December 2022, client demand was created through community awareness. First, advocacy meetings were conducted with Area Development Committees (ADC), chiefs, spiritual leaders, and district council authorities. Then, community awareness was conducted in churches, schools, hospitals, tea estates, village banks, women gatherings, public and private companies, marketplaces, and funerals. "Bring a neighbor" campaigns were also launched. Both women and men of childbearing age were involved in community awareness. Women attending the screening clinic received an HPV test and VIA screening in one visit. Data were collected on all women attending the screening clinic and include descriptive analyses.

Results: A total of 4 ADCs, 48 village chief and 1 district council advocacy meetings were conducted. In total, 1,272 community awareness meetings were conducted. Service demand increased from 2,199 to 3,575 (62%). 173 (5%) of the women were found with precancerous lesions, 52 (30%) of whom received treatment. 37 (1%) of the women were suspected to have invasive cervical cancer and they were referred for tertiary review. 46 (1%) were found with other gynecological conditions and were either treated or referred for treatment at tertiary level.

Conclusion: High screening numbers were observed after community advocacy and awareness engagements. This indicates the need to do more on creating demand for cervical cancer screening and treatment. Ultimately, increasing the number of women screened for cervical cancer will save more lives.

EFFECTIVENESS OF TELEPATHOLOGY CONSULTATION ON CENTRAL NERVOUS SYSTEM TUMOR DIAGNOSIS: RESULTS FROM A NEUROPATHOLOGY QUALITY ASSURANCE PROGRAM

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE

Telepathology is the transmission of digital slides for diagnosis, consultation, training, quality assurance and research. It may be beneficial in areas where local pathologists lack subspecialty training and expertise to ensure diagnostic accuracy. The study aimed to determine the effectiveness of telepathology for neuropathology consultation.

METHODS

All central nervous system (CNS) tumors diagnosed at hospital in Tanzania in 2017-2021 were reviewed by a consultant neuropathologist in the United States using a whole slide imaging Scanner. The consultant was given the same clinical history provided to local pathologist and blinded to the primary diagnosis. Consultant and original diagnoses were compared for agreement. Discordant cases were further discussed by a central review team (CRT) to determine final agreement or disagreement. The CRT had additional clinical information retrieved from patient charts.

RESULTS

A total of 91 cases were reviewed by the expert. Average age of patients was 42 years old (1-82years) with slightly female preponderance (52%). Information on tumor location and radiologic information were missing in 36% and 47% of cases, respectively. There were 27/91 (30%) discordant cases, which were discussed by CRT. CRT showed higher agreement with the consultant neuropathologist compared to local pathologists (kappa coefficient 0.477 vs 0.224, $p < 0.01$). There were 17/27 (63%) discordant cases that were determined to require further testing by both CRT and the expert neuropathologist. CRT found 12/27(44.4%) of the discordant cases to be either undergraded or upgraded by local pathologist using the World Health Organization (WHO) grading system, potentially impacting patient treatment. Overall, limited clinical information, lack of expertise of local pathologists and limited confirmatory immunohistochemical and molecular tests were identified as reasons for disagreement.

CONCLUSION

In settings where there is limited expertise, telepathology may be used as a tool to facilitate consultation for capacity building of local pathologists and to ensure more accurate diagnoses.

PEWS ADAPTATION TO SUPPORT HOSPITALS IN AFRICA (PASHA) - ZAMBIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background and Aims: Pediatric Early Warning Systems (PEWS) are tools for the early identification of patients experiencing a clinical deterioration event and children with cancer are some of the most ill patients. PASHA (PEWS adaptation to support hospitals in Africa/Asia) uses a train-the-trainer model to integrate PEWS locally as a quality improvement project to support staff. Zambia is among a cohort of five pediatric cancer centers selected to be trained sequentially over 18 months.

Methods: PASHA launched in March and project implementation was through an onboarding process for the local team, hospital administration buy-in, a situational analysis, followed by three learning Modules on the St Jude CURE4KIDS classroom curriculum. This was supported with live meetings and assignments from March to December 2022. There were live question and answer sessions for the local teams with the St Jude experts. The local team has now planned for training of all frontline staff (18 nurses and 15 doctors) on CDE identification, tracking and monitoring. The team has adapted some of the existing clinical monitoring tools to incorporate PEWS scoring and more comprehensive vital signs recording for use on the unit.

Result: The local team is oriented to Critical Deterioration Event identification and tracking within the Paediatric Oncology unit. The assigning of beds for PEWS has been implemented and some monitoring equipment is available. The pilot implementation is the next phase of the quality improvement project, following the Pilot kick-off meeting.

Conclusion: A multidisciplinary approach involving all team members from the beginning is important in implementing a sustainable practice change in patient care. Availability of global expert support and feedback strengthens this process.

ASCERTAINMENT OF CHILDHOOD CANCER CASES IN THE DAKAR REGION OF SENEGAL: A FRANCO-AFRICAN PAEDIATRIC ONCOLOGY GROUP (GFAOP) PILOT STUDY

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: In 2016, the first Hospital Based Childhood Cancer Registry (HBCR) was developed in the Pediatric Oncology Unit (POU) in Aristide le Dantec Hospital in Dakar as part of GFAOP collaboration. In 2020, the WHO selected Senegal for the development of a National Cancer Plan. Starting with the Dantec HBCR data, we carried out a feasibility study to ascertain other cases of childhood cancer in the Dakar region through enlisted data sources and establish the potential pathways of data flow for a population-based childhood cancer registry for the region.

Methods: We contacted medical academic and governmental bodies to identify sources of data on patients diagnosed before 18 years of age between 2017 and 2019. Four regional pediatric institutions, susceptible to diagnose and treat children with cancer, were added to the inventory of data sources. A common database of all cases identified at Dantec HBCR and 4 additional institutions was constituted.

Results: The Dantec HBCR registered 452 patients; 133 were residents of the Dakar region, 278 resided in 13 of the 14 regions of Senegal and 41 were from neighboring countries. A total of 311 patients were identified from other sources, for them the place of residence, treatment and outcome was unknown, 142 were identified in the POU registry. One hundred and sixty nine patients never attended the POU, 49 cases of Leukemia accounted for the biggest number, followed by 23 cases of Hodgkin lymphomas and 13 cases of CNS tumors from neurosurgical services, and 9 cases of BL. BL historically low in the Dakar region accounted for 35 (6%) of all 621 cases.

Conclusions: In addition to the POU, we identified additional childhood cancer cases from other ascertained sources. This demonstrates the need for a population-based cancer registration, to provide reliable information on childhood cancer incidence in the Dakar region.

FEASIBILITY OF HYPOFRACTIONATED RADIOTHERAPY FOR PROSTATE CANCER IN AFRICA: THE HYPOAFRICA STUDY

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ORAL ABSTRACTS | DAY 3, SESSION 7, SESSION ROOM 205, November 4, 2023, 3:20 PM - 3:50 PM

OBJECTIVE:

The rising cancer incidence and mortality in sub-Saharan Africa warrants an increased focus on adopting evidence-based approaches that enhance treatment accessibility. One such approach is the use of hypofractionated radiotherapy (HFRT), which can substantially increase access to radiotherapy by reducing overall treatment duration. Several randomized studies conducted in Europe and the USA have demonstrated that HFRT is non-inferior to conventional radiotherapy in terms of toxicity and treatment outcomes. HypoAfrica is a multi-center phase II study launched in 2021 at three sites in Nigeria, South Africa, and Tanzania to investigate the feasibility of applying moderate HFRT for the treatment of localized prostate cancer (PCa) in the African context.

METHODS:

Patients with histologically-confirmed localized non-metastatic PCa are enrolled to receive an HFRT total dose of either 60Gy (low- and intermediate-risk PCa) or 62Gy (high-risk PCa) delivered in 20 fractions. Gastrointestinal (GI) and genitourinary (GU) toxicities are assessed using RTOG-EORTC and CTCAE criteria before the start and upon completion of radiotherapy and at 3-, 12-, and 24-months post completion of radiotherapy.

RESULTS:

Of the 151 patients enrolled to date, 88 (mean age: 70 years, range 52-80 years) have finished HFRT and 60 have completed their 3-month post-radiotherapy assessment. Sixty-four percent (n=56) received 60Gy with the remaining receiving 62Gy. Radiotherapy was administered either via IMRT (n=44) or VMAT (n=44). At three months following completion of radiotherapy, none of the 60 participants experienced grade 2 or worse GI or GU toxicities.

CONCLUSIONS:

These data demonstrate that HFRT for localized PCa is feasible in Africa and has acute GI and GU toxicities similar to conventional fractionation and those seen in HFRT patients in Europe and the USA. Patients will continue to be monitored to evaluate treatment outcomes and late toxicities due to HFRT. Future plans include validating these findings at additional facilities in Africa.

CANCER AWARENESS IN SOWETO: HOW WOMEN WITH A NON-LIVED EXPERIENCE OF CANCER PERCEIVE AND UNDERSTAND BREAST CANCER.

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Abstract

Objective

Most socioeconomically disadvantaged women in South Africa (SA), are diagnosed with late-stage breast cancer, where curative treatment is not possible, resulting in high suffering and mortality rates. Understanding perceptions of breast cancer among community women without a lived experience of the disease may provide insight into the modifiable individual, community and health system challenges and solutions to early-stage disease detection.

Methods

Using a model derived from the Socioecological, Health Belief and Health Stigma & Discrimination Frameworks, 6 focus group discussions (FGDs) were conducted with 34 women from Soweto, Johannesburg, who never had cancer, aged 35-65 years, to understand their perceptions of breast and other cancers. We explored themes and sub-themes within individual, sociocultural and health system domains, and through subsequent interviews with 20 women, explored findings and possible solutions to increase demand for and provision of breast cancer early detection services.

Results

Most women knew about breast cancer, symptoms, and treatments, had poor understanding of causes, (witchcraft and contaminated blood perceptions), prevention, risk factors and susceptibility (a white person's disease). Despite the perception that breast cancer is fatal, preventative health seeking is absent, women access clinics only when they experience extreme pain or illness. Treatments, inevitable death and leaving families destitute were feared, as were anticipated fears of internal, partner and social stigma. The church was perceived as a source of faith and support, but traditional healers were mainly perceived to be ineffective against cancer. Primary care nurses were perceived to be rude, unwelcoming and to turn women away who seek preventive health services. They lack in cancer knowledge, have insufficient staff, screening facilities and supplies and consequent queues and delays and make women reluctant to attend clinics.

Conclusions

In-depth interviews confirmed the need for sustained cancer screening campaigns by Health Departments, within community and clinic facilities

COMPARAISON DOSIMETRIQUE ENTRE FRACTIONNEMENT CLASSIQUE ET HYPOFRACTIONNEMENT DANS LA RADIOTHERAPIE CONFORMATIONNELLE TRIDIMENSIONNELLE CURATIVE DES CANCERS DU SEIN À DAKAR

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Introduction :

La radiothérapie a connu des progrès importants notamment avec les nouvelles modalités d'irradiation.

Patients et méthodes :

C'est une étude rétrospective allant de Juin 2019 à Décembre 2021 portant sur 197 patients irradiés pour cancer du sein à l'institut Joliot-Curie par la technique monoisocentrique. Nous avons réalisé un fractionnement classique de 5x 2 Gy par semaine pour un total de 25 fractions et un hypofractionnement de 5x2,67 par semaine pour un total de 15 fractions pour tous les patients puis comparé les isodoses D95% et D98% et les doses aux organes à risque. Les données ont été saisies sur Microsoft Excel 2007. Le test de Student à la recherche de différence significative était appliqué (si $p < 0,05$)

Résultats :

L'âge moyen au diagnostic était de 46,09 ans pour les patients traités par radiothérapie hypofractionnée et 45,31 ans par radiothérapie classique. L'atteinte du sein gauche était de 107 cas (54,31%) pour le sein droit de 90 cas (45,68%) pour le sein gauche. Le type histologique le plus fréquent était le carcinome infiltrant de type non spécifique avec respectivement 94% et 89% dans les schémas classiques et hypofractionné. Les doses à la moelle épinière étaient de 43,76 Gy en hypofractionnement et 41,50 Gy en fractionnement classique ; au cœur la Dmax était de 6,90 Gy en hypofractionnement et 6,21 Gy en fractionnement classique, au poumon homolatéral la Dmax était de 14,80 en hypofractionnement et 15,18 Gy en fractionnement classique. La couverture des CTV N par les isodoses D95% était de 97,19% pour l'hypofractionnement et 99,26% pour le fractionnement classique ; pour le CTV T la D98% était de 99,32 Gy pour l'hypofractionnement et 100,62 Gy pour le fractionnement classique.

Conclusion : Il ne semble pas exister de différence entre l'hypofractionnement et le fractionnement classique dans l'irradiation des cancers du sein.

GROWING INEQUALITY : ACCESS TO CANCER CARE ACROSS THE WORLD

Mandal N¹

¹Narikeldaha Prayas

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Introduction:

Despite significant advances in cancer, there is widespread disparity in the treatment or diagnosis of this cancer worldwide. It is seen that inequality in the treatment of cancer is increasing day by day between the countries and within the country. The main purpose of this study is to find the causes of this inequality and to analyze those causes.

Method:

We selected 50 cancer patients for this study. Among these, we have separated the rural and urban patients. We have separated high income and low income lung cancer patients. And distinguished between educated and illiterate / less educated. We have completed this study by answering different questions separately.

Result:

Significant differences have been observed in all these cancer patients. These differences can be seen in every step of cancer treatment, such as prevention, diagnosis, treatment, survival and end-of-life care. Relevant factors are also relevant, such as socio-cultural barriers, poor cancer awareness, low socio-economic status, such as weak and fragmented healthcare system, unequal distribution of resources, high cost of treatment.

Conclusion:

This study should be an integral part of the global response. This research needs to formulate a global policy with developed country cancer research strategies and practices. Then it will be a new paradigm that will help close the existing equity gap in harnessing the benefits of global cancer research for cancer control.

LIVING WITH METASTATIC BREAST CANCER AND PALLIATIVE CARE.

Mandal N¹

¹Narikeldaha Prayas

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Introduction:

As in any developing countries state of West Bengal in India has a huge burden of metastatic breast cancer patients in advanced stage coming from rural area where awareness regarding the usefulness of palliative care is rather poor. Our goal is to give a pain free good quality of life in these advanced stage breast cancer patients.

Method:

Advanced breast cancer patients in need of palliative care in various villages in of rural India were selected for this study. Their symptoms and managements in that rural surroundings were evaluated by an NGO (under the guidance of oncologist and palliative care specialist) working in that area. An attempt was made to identify the main obstacles in getting proper palliative care in a rural setting.

Results:

Pain, fatigue are the main symptoms effecting these patients. In most patients pain and other symptoms control were grossly inadequate due to lack of properly trained manpower in the rural India. However regular homecare visits by a group of social workers were of immense help in the last few months of life. NGO team was well guided by a palliative care specialist.

Conclusion:

There is a wide gap of trained manpower in this filled in rural areas of India. Dedicated groups from rural area itself need encouragement, repeated home visit, awareness built up, proper training to home care giver, so that difficult symptoms can be managed locally along with necessary social and psychological support to these patients.

PSYCHO-SOCIAL PROBLEM : MY TIME WITH CANCER.

Mandal N¹

¹Narikeldaha Prayas

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Introduction

Two months before my 16th birthday, I was preparing for a weekend with my mom to choose a dress for my college fresher ceremony but stopped due to diagnosed of cancer. After being in so much pain that I was unable to sleep. My physical problems were removed but unable to sleep due to psychosocial problems. My aim is to evaluate the emotional distress in cancer patients, including depression, anxiety, and suicidal ideation.

Method:

Home visit by volunteers and enumeration of the problems as discussed by the patient and their families. Simultaneously I visited my oncology clinic and try to relate my problems with them.

Result:

Analysis the following data and identify these main problems.

Patient problems: Pain, vomiting, respiratory distress, fatigue, etc. Our volunteers visited terminal cancer patients and their families in our areas.

Family problems: Inability to match work life with the care of the patients. Adverse attitude of neighbors and local peoples.

Psychosocial problems: Lack of awareness of the neighbor of local people about cancer and palliative care resulting in isolation of the family.

During my treatment I faced severe stress, fear, physical and mental problems. I was able to overcome all the problems except one. That was social isolation. Neighbors, friends, relatives all shunned me, because of my cancer. They believed cancer is contagious.

Conclusion:

We believe that if we are able to continue our program for a long enough periods the suffering of the cancer patient and their families might be resolved to a large extent over time. Social effort to raise the awareness of neighbors and local people through discussion and other audio visual method (i.e. poster, leaflet, slide presentation, etc) will be break the social stigma for cancer.

LES CANCERS DE L'HYPOPHARYNX A DAKAR : A PROPOS D'UNE ETUDE RETROSPECTIVE DE 261 CAS

Gassama M¹, Mangane S, Dieme M, Gaye A, Ba M, Thiam I, Dial C

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

LES CANCERS DE L'HYPOPHARYNX A DAKAR : A PROPOS D'UNE ETUDE RETROSPECTIVE DE 261 CAS
Dieme-Ahouidi MJ, Gaye AM, Mangane ST, Ka M, Keita A, Ba M, Thiam I, Dial CMM.

Introduction

Le cancer de l'hypopharynx représente 5% de l'ensemble des cancers et 10 à 15% des cancers des voies aérodigestives supérieures. L'objectif de notre travail était de décrire les aspects épidémiologiques et histologiques à Dakar.

Matériel et Méthodes

Il s'agissait d'une étude monocentrique, rétrospective et descriptive sur huit (08) ans allant de novembre 2013 à novembre 2021. Elle a été réalisée à partir des archives de comptes rendus histologiques du laboratoire d'anatomie et cytologie pathologiques du centre hospitalier national universitaire de Fann. Ont été inclus tous les cas avec conclusion formelle de cancer de l'hypopharynx.

La saisie et l'analyse des données ont été effectuées avec le logiciel Excel.

Résultats

Nous avons colligés 261 cas de cancers du larynx soit une fréquence moyenne annuelle de 32 cas par an. Une prédominance féminine était observée avec 145 femmes (56%) contre 116 hommes (44%) soit un sex ratio de 0,8. L'âge moyen était de 42 ans avec des extrêmes de 11 ans et 80 ans. Les adolescents et les adultes jeunes constituaient 59,77% (n=156) des cas. La dysphagie était le symptôme le plus fréquent, observé dans 82% des cas. Le cancer était purement hypopharyngé chez 171 patients soit 66%, associé au larynx (40 patients soit 44,44 %), à l'œsophage dans 43,43% (39 patients). Le carcinome épidermoïde constituait 99,6% des cas (n=260). La tumeur était bien différenciée dans 86% des cas.

Conclusion

Le carcinome épidermoïde est le principal cancer de l'hypopharynx. Il intéresse surtout la femme adulte jeune. Le tabagisme est le principal facteur de risque observé. Une étude prospective permettrait une meilleure évaluation des facteurs étiologiques.

Mots clés : Hypopharynx, Cancer, Fann, Dakar

JOURNEY TO LIFE:REDUCTION OF REFFERAL INEFFICENCIES TO IMPROVE OUTCOME BY TIMELY MANAGEMNT FOR CURATIVE INTENT IN RWANDAN COMMUNITY

Maniragaba T¹

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Introduction: Cervical and Breast cancers are the most prevalent cancers in Rwanda. The majority of patients do not access timely quality diagnosis and treatment due to referral inefficiencies.

Objectives: To reduce the time to initiation of diagnosis and treatment hence downstaging the disease for curative management.

Methods: Women's Cancer Early Detection Program (WCED) was conducted from June 2022 to May 2023, with the provision of cervical cancer screening services and clinical breast examinations in all health facilities of one Kicukiro District. Suspected cases were navigated through the referral process and linked to a specialized breast and cervical referral hospital to receive a comprehensive cancer diagnosis, staging and treatment.

Results: A total of 4,991 women were screened for cervical cancer (3,757 by HPV DNA test and 1,234 by VIA). All women with cervical precancerous lesions were treated with thermal ablation (TA) in the community; ten cases with suspected cervical cancer were referred, and 5 (55.5%) were confirmed to have cervical cancer. Early detection of Breast cancer resulted in 372 of cases with abnormal findings from the 8,934 screened. From the suspected cases, 17 (10.4%) had highly suspected lesions by ultrasound and underwent core needle biopsies. 14 (82.3%) were confirmed positive. After clinical and pathological assessment with imaging, 55% of the cases were staged at T1-2 /early stage and started curative treatment 2 weeks after diagnosis.

Conclusion: The above results highlight the innovative contribution of patient navigation. The provision of navigation services reduced the waiting time to only 2 weeks for diagnosis and the start of treatment. This presents a radical enabler to achieve early diagnosis for curative intent in low and middle countries and address referral inefficiencies

INTERVENTIONS FOR CANCER EQUITY IN AFRICA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Background: Cancer equity in Africa refers to the concept of ensuring that all Africans have equal access to cancer prevention and management services, regardless of their socioeconomic status, geographical location, or other factors that may create barriers to healthcare.

There are a number of challenges that contribute to lack of cancer equity in Africa, including:

- Limited resources
- Inadequate healthcare infrastructure
- Scarcity of healthcare professionals
- High costs of cancer treatments
- Lack of awareness about cancer and its risk factors
- Cultural beliefs and stigma surrounding cancer
- Limited access to early detection and screening programs

Methods: We conducted a probing literature search to understand the current interventions made to promote cancer equity on the continent, and to discuss the next steps that could lead to an equitable cancer world on the continent.

Findings: A number of initiatives have been undertaken, including:

- Increasing awareness about cancer prevention, early detection, and available treatment options
- Strengthening healthcare infrastructure by investing in healthcare facilities, equipment, and access to essential medicines
- Enhancing cancer screening programs, particularly for common cancers such as breast, cervical, and colorectal cancers
- Improving access to treatment by reducing the cost of cancer treatments and medications, improving availability of essential drugs, and enhancing access to radiotherapy and chemotherapy services
- Providing psychosocial support, palliative care, and pain management services to cancer patients and their families
- Collaborating with global South organizations, international organizations, and research institutions to encourage research development, explore innovative solutions, and share best practices in cancer care.

Conclusions: The found initiatives are not equally distributed on the African continent, some countries are in need more than others. Leapfrogging initiatives that offer innovative and futuristic solutions are still needed. As much as drug access has been addressed, much is still to be done regarding clinical trials access in Africa

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“SEE AND TREAT” CERVICAL CANCER PREVENTION AMONG FEMALE SEX WORKERS IN CAMEROON

Manga S^{1,2}, Manjuh F¹, Yaunfan Y², Scarinci I², Tita A²

¹Cameroon Baptist Convention Health Services, ²University of Alabama at Birmingham

ORAL ABSTRACTS | DAY 3, SESSION 3, AUDITORIUM, November 4, 2023, 3:20 PM - 3:50 PM

Objectives: Female sex workers (FSWs) are vulnerable to STIs including HPV, making them vulnerable to cervical cancer. Our general objective was to evaluate the feasibility to perform a “see and treat” cervical cancer prevention among FSWs in Cameroon, specifically to: screen 1000 FSWs using VIA/VILI enhanced by Digital Cervicography (DC), perform HPV genotyping on those ≥ 30 , treat 75% of those positives, and follow up 60% of the positives in 1 year

Methods: We collaborated with Horizons Femmes (HF), an NGO that provides HIV care to a network of over 20,000 FSWs in Cameroon. We included non-pregnant FSWs ≥ 21 . HPV DNA detection was performed using AmpFire. Those with cryo-eligible lesions had thermal ablation (TA) and those with LLETZ-eligible lesions had LLETZ. TA was provided to the HPV positives who had no lesions.

Results: We screened 940 FSWs for VIA/VILI-DC and 95 (10.1%) were positive. A total of 655 (70%) FSWs were aged ≥ 30 yrs and had HPV genotyping. Of these, 411 (62.7%) were positive for HPV. A total of 463 FSWs were eligible for treatment of which 196 (42.3%) received treatment. Those with LLETZ-eligible lesions were 22 and 15 (68.2%) received treatment. Those with cryo-eligible lesions were 72 and 53 (73.6%) received TA. A total of 368 were positive for HPV only but only 128 (34.8%) received TA. At 1yr, we followed up 173 (37.4%) of the 463 positive FSWs. Of the 173 FSWs, 152 had HPV genotyping and only 55 (36.2%) had HPV clearance. Among the 152 genotyping, 97 (63.8%) had persistent HPV infection.

Conclusion: With adequate funding, it is feasible to run a “see and treat” cervical cancer prevention among FSWs. FSWs have a high frequency of persistent/recurrent HPV and/or VIA-VILI-DC lesions at 1yr posttreatment.

THE ROLE OF NURSES IN THE FIGHT AGAINST CERVICAL CANCER IN CAMEROON

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¹Cameroon Baptist Convention Health Services, ²MD Anderson Cancer Centre Houston Texas

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: Nurses constitute 59% of health care professionals globally and remain a backbone to the success of health systems. The profession has recently grown to accommodate various forms of specialities. Within developed countries, cervical cancer screening remains a speciality conducted by general physicians and specialists. Cameroon records a meagre physician-to-population ratio of 0.1 per 1000 inhabitants. Cervical cancer remains a serious health threat to the lives of women in Cameroon. Due to a lack of physicians to take up the role of cervical cancer prevention, the Cameroon Baptist Convention Health Services (CBCHS) trained nurses through the Women's Health Program (WHP) to take up the cervical cancer screening and treatment of precancerous cervical lesions.

METHODS: From 2007 to 2022, some nurses at the CBCHS had training to screen for cervical cancer using Visual Inspection with Acetic acid (VIA), Lugol Iodine (VILI) in adjunct to Digital Cervicography (DC), and colposcopy using the "see and treat approach". This screening protocol was upgraded in 2021 to a "see, triage and treat" approach where testing for Human Papillomavirus (HPV) is used as the primary screening method, and positive HPV is triaged with VIA/VILI DC. In addition, these nurses continuously provide HPV vaccination services to the population, especially young girls. All these are accomplished with adequate Supervision and mentoring from experts.

RESULTS: More than fifty nurses received adequate training to screen for and treat cervical precancers and vaccinate young girls against the Human Papillomavirus (HPV). One hundred thirteen thousand two hundred ninety-seven women have been screened at least once, with 7126 women diagnosed with low to high-grade precancers and 1,167 women with Invasive cervical cancer. Those who screened using HPV testing were 12,291 in total. More than 20,000 girls received HPV vaccination.

CONCLUSION: Nurses, the backbone of health systems, can significantly contribute to eliminating cervical cancer.

CANCER AND PALLIATIVE CARE IN RURAL SETTINGS IN INDIA

Manna A¹

¹Mas Clinic & Hospital

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: In a southern district of West Bengal, India almost 75% of cancer patient die a sad death of neglect due to lack of awareness about palliative care and low economic level. To identify and try to solve to the extent possible the main difficulties in giving palliative care to the terminal cancer patients of the area.

Method:- Home visit by volunteers and enumeration of the problems as discussed by the patient and their families.

Result:-

Analysis the following data and identify these main problems.

Patient problems: Pain, vomiting, respiratory distress, fatigue, etc. Our volunteers visited terminal cancer patients and their families in our areas.

Family problems: Inability to match work life with the care of the patients. Adverse attitude of neighbors and local peoples.

Social problems: Lack of awareness of the neighbor of local people about cancer and palliative care resulting in isolation of the family.

Projected Intervention:

1. Trying to relieve the patient's problems through home based medications and intervention by volunteers and family members.
2. Re-orientating the attitude of family members through discussions and other methods of communication i.e. get-together of cancer survivors.
3. Social effort to raise the awareness of neighbors and local people through discussion and other audio visual method (i.e. poster, leaflet, slide presentation, etc).

Conclusion: We believe that if we are able to continue our program for a long enough period the suffering of the terminal cancer patient and their families might be resolved to a large extent over time.

TECHNOLOGY BASED PALLIATIVE CARE FOR BETTER MANAGEMENT OF TERMINAL CANCER PATIENTS IN RURAL INDIA - AN NGO BASED APPROACH.

Manna A¹

¹Mas Clinic & Hospital

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Aim:

Due to financial incapability and absence of manpower poor families often fail to carry their advanced cancer patients to the nodal centres. This pilot study will explore whether communication by mobile phone can lessen this burden.

Method:

Initially a plan was generated regarding management of an advanced cancer patient in a nodal centre at District Head Quarter. Subsequently every two week a trained social worker attached to nodal centre will follow up and give necessary advice and emotional support to the patients and their families through their registered mobile phone number. Patient's family were also encouraged to communicate with the team by phone in case of fresh complain and urgency in between.

Results:

Since last one year, 193 cancer patients were contacted by mobile phone every two weeks to enquire about their difficulties. In 76% of the situation trained social workers could give necessary advice by phone regarding management of their physical symptoms. Moreover patient's family were really overwhelmed by the emotional support offered by the team over phone. Only 24% of cancer patients has to attend the nodal centre for expert advice from Palliative Care specialists.

Conclusion:

This novel approach helped

- * In providing regular physical and emotional support to the patients and their families.
- * In significantly reducing the financial and manpower problems of carrying patients to the nodal units.
- * In improve the quality of life of patients by continuous guidance.

More and more team members can take help of this new strategy for better communication and uninterrupted care.

THE ROLE OF VOLUNTEERS IN QUALITY CANCER PALLIATIVE CARE DELIVERY

Manna A¹

¹Mas Clinic & Hospital

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Introduction

Here in India almost 75% of cancer patient die a sad death of neglect due to lack of awareness about palliative care and low economic level. Surveys in India show that two third of cancer patient do not get proper care during the terminal phase of their life. Palliative care through volunteers can make a significant difference in this respect.

Objective

To identify and try to solve, to the extent possible, the main difficulties in giving palliative care to the terminal cancer patients of the area. And evaluate the impact of volunteer's direct care of palliative patients and their families.

Methods

Feedback from patients and their relatives regarding the palliative care they receive from nursing home and from volunteers and compare the two. Also feedback from volunteers regarding their positive and negative experience while delivering palliative care service. Then evaluate the data to compare and improve the quality of service.

Results

We carried out two studies. One study was undertaken in nursing home palliative care and another was in home setting by volunteers. Both studies were in adult palliative care services. Since January 2023, 416 cases were studied to enquire about their experience in both home based care and nursing home care. Both the studies fulfilled our quality appraisal criteria. One found that those families and patients who received home visits from volunteers were significantly more satisfied. The study highlighted the value of the role of volunteers in better satisfaction of patients and their families.

Conclusions

Further research is needed to evaluate the role of volunteers in palliative care and how it can be delivered appropriately and effectively. We also wish to compare our findings with similar studies elsewhere.

THE COOPERATION OF EPSTEIN'S-BARR VIRUS AND HIV IN THE PATHOGENESIS OF HIV-ASSOCIATED BURKITT LYMPHOMA

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¹University Of Cape Town

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

BACKGROUND AND OBJECTIVE: Burkitt lymphoma (BL) is an HIV-associated cancer of high prevalence in the Southern African region. Translocation of the c-MYC oncogene is a defining feature of this cancer, and overexpression of the DNA modifying enzyme activation-induced cytidine deaminase (AICDA/AID) has been identified as the driver of this translocation event. Additionally, infection with the Epstein-Barr virus (EBV) is associated with the onset of BL. Viral cooperation has been shown to be an important driver of oncogenesis. The aim of this study is therefore to investigate the potential cooperation of HIV and EBV in the development of lymphoma.

METHODS: Dual-Luciferase Reporter assays were used to assess the cooperative effect of the HIV-1 Tat (Transactivator of Transcription) and EBV oncogenic protein LMP1 on the activity of the promoters (AIDpR1, AIDpR2 and AIDpR4). Site-directed mutagenesis was used to interrogate the role of an Early growth 1 (Egr-1) transcription factor binding element within AIDpR1, known to mediate the LMP1 response, in the Tat induced response. Transient transfection and western blotting were employed to determine the effect of LMP1 expression on AID and c-MYC protein expression in the BL cell line, Ramos.

RESULTS: Tat and LMP1 are able to co-operatively enhance the activity of AIDpR1 independently of Egr-1. Furthermore, LMP1 can significantly enhance the activity of AICDA via AIDpR2 and AIDpR4. The AP-1 transcription factors (TFs), c-JUN and JUNB, known to mediate downstream LMP1 signalling, were shown to enhance AICDA promoter activity. Additionally, ectopic expression of LMP1 in Ramos cells increased AID and c-MYC protein expression.

CONCLUSIONS: HIV-1 Tat potentially cooperates with EBV to enhance the activity of the AIDCA promoter. This is independent of the Egr-1 site, but may be mediated via the AP-1 transcription factors, which act downstream of the LMP1 signalling pathway. Investigation to uncover this signalling axis is ongoing.

BASELINE CANCER DISTRESS AND IMPACT OF SURVIVOR VIDEO NARRATIVES ON CANCER-ASSOCIATED DISTRESS IN BOTSWANA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE:

Distress is prevalent among cancer patients and associated with increased morbidity and mortality, but rarely assessed in patients in sub-Saharan Africa. We aimed to evaluate baseline distress in breast cancer patients in Botswana; and evaluate subsequent stress levels and predictors of distress among participants who viewed a theory-informed, culturally-congruent, and language-matched peer survivor video narratives intervention.

METHODS:

We assessed distress using a Setswana-translated NCCN distress thermometer (DT) visual analog scale and problem list. We enrolled women with breast cancer, ≥ 18 yo, and receiving care at Princess Marina Hospital. DT score of ≥ 4 was assessed as a positive screen for moderate/high distress. We identified independent predictors of moderate/high distress using logistic regression analysis. Participants watched 1-2 videos and completed a post-intervention DT and problem list assessment 3-4 weeks after each video. Chi-squared test was used to assess decrease in proportions reporting independent predictors of distress.

RESULTS:

67% (69/103) of participants met criteria for moderate/high distress at baseline. Independent problem list predictors of moderate/high distress were fear (OR=11.25, 95%CI:1.66-76.49, $p=0.013$) and appearance (OR=4.96, 95%CI:1.03-23.80 $p=0.046$). Among participants who completed post-assessment after 2 videos ($n=47$), there was a 29% (44% to 15%, $p=0.005$) and 17% (32% to 15%, $p=0.028$) decrease in the proportion of patients identifying fear and appearance as sources of distress, respectively. Among patients with moderate/high distress at baseline, 30% transitioned to no/mild distress after two videos.

CONCLUSIONS:

Majority of participants had moderate/high levels of distress. Fear and appearance were independent predictors of distress. Our results show promising potential of leveraging evidence-based culturally-adapted peer survivor video narratives to mitigate some of the distress associated with breast cancer care in Botswana. However, the study will need to be replicated with a control group to understand whether changes in distress level are associated with the video or other factors such as time.

CERVICAL CANCER SCREENING COLLABORATION IN SUB-SAHARAN AFRICA: INSIGHTS FROM IARC-GICR CENTRE, JOHANNESBURG, 2022-2023

Mashele S¹

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: Elimination of cervical cancer (CC) is a global health priority. While monitoring CC screening is a critical tool to achieve WHO's elimination target, essential skills for monitoring and evaluating CC elimination indicators are lacking in SSA. The purpose is to transfer skills between SSA countries for evaluating CC elimination indicators using PBCR.

Methods: AFCRN invited members from cancer registries and organizations involved in cervical cancer to participate in a training program on record linkage of cervical cancer screening and cancer registry data. Participants were selected based on merit, relevance, and their role in cancer registration. The six-month training program consisted of online and in-person sessions, with a blended learning approach combining live Zoom sessions and self-paced online content. Participants were trained in the use of the Stata statistical tool, data cleaning, and record linkage. The in-person training included additional training on grant proposals and scientific writing.

Results: Seventy-nine participants from 22 SSA countries, with various roles such as epidemiologists, cancer registrars, statisticians, data managers, and data clerks, were trained online on record linkage between CC screening registers and the cancer registry database. Eight females and ten males were selected for the face-to-face training program in South Africa. All participants were equipped with record linkage skills. The training was accepted, and more than 90% of the participants indicated that face-to-face training should be considered in the future.

Conclusion: A training program on record linkage of CC screening and cancer registry data has successfully equipped participants from various SSA countries with essential skills for monitoring and evaluating CC elimination indicators. The blended learning approach, combining online and in-person sessions, proved effective in transferring knowledge and enhancing participants' abilities in record linkage. This capacity-building initiative contributes to the global effort to eliminate CC and improve women's health outcomes in the SSA region.

SUCCESSFUL RESOURCE MOBILIZATION FOR CANCER CONTROL IN THE DEVELOPING WORLD

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Cancer control is a significant challenge worldwide, including in Pakistan, where the burden of cancer continues to rise. Successful resource mobilization and the establishment of effective partnerships are crucial for implementing comprehensive cancer control strategies. This abstract focuses on the collaborative initiatives in Pakistan's efforts to combat cancer.

Pakistan faces various obstacles in cancer control, such as limited financial resources, infrastructure gaps, and inadequate access to quality healthcare services. However, the country has made significant strides in recent years by embracing innovative approaches and engaging diverse stakeholders.

They promote the transfer of best practices and the adoption of evidence-based approaches, enhancing cancer awareness, education, and training programs across the country. These collaborations have also facilitated research and development efforts, leading to improved diagnostic tools, therapeutic interventions, and locally relevant cancer control policies.

The success of resource mobilization and partnership models in cancer control relies on effective governance structures, clear communication channels, and a shared vision among stakeholders. Collaborative efforts in Pakistan have demonstrated the potential for sustainable impact when public and private entities work together towards a common goal. However, challenges remain, including the need for continued investment, policy reforms, and equitable distribution of resources to ensure the accessibility and affordability of cancer services for all segments of the population.

In conclusion, successful resource mobilization and the establishment of public-private partnerships and other collaborations have played a critical role in advancing cancer control efforts in Pakistan. These initiatives have not only helped address resource constraints but have also facilitated knowledge exchange, innovation, and the implementation of evidence-based strategies. Sustaining and expanding these partnerships will be crucial for Pakistan to effectively combat the growing burden of cancer and improve outcomes for individuals and communities affected by this disease.

EXPERIENCE AND PERCEPTION OF ADVANCED CANCER PATIENTS ON NURSE-FACILITATED ADVANCE CARE PLANNING AT A UNIVERSITY TEACHING HOSPITAL IN NORTHERN TANZANIA

Massawe A, Urassa S, Nyaganya M, Servent F, Kiday P, Henke O

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Introduction

According to World Health Organization advance care planning (ACP) is the process whereby person plans in advance the treatment and care they prefer before they become incapacitated. Although (ACP) is widely recognized as an essential component of palliative care due to its effect to increase quality of life during end of life care, however, this remains a miracle in most of cancer care settings. In Tanzania, there are no protocols used to document patients' preferences during end of life care and avoidance of (ACP) discussion is the major practice in both patient and health care providers. Nonetheless, no evidence in Tanzania contemplating advanced care patients' experiences and perception on (ACP) so, less is known in this special candidate group. This study aimed to explore advanced cancer patients' experiences and perception on nurse-facilitated advance care planning at a university teaching hospital in Northern Tanzania.

Methods

A descriptive, cross-sectional, phenomenological, qualitative design was applied. Purposeful sampling method was used to enroll 8 patients with advanced cancer attending oncology clinic at Kilimanjaro Christian Medical Centre in Northern Tanzania. Semi-structured interview guide in Swahili was used for interviews. All the discussions were audio-recorded, transcribed, translated, and coded using inductive qualitative content analysis framework to derive data into themes.

Findings

Three (3) major themes evolved from the analysis of qualitative data. These were; being powerless, acceptance of advance directives, and optimal timing and dissemination.

Conclusion

The result of this study provides the acceptance and high need for (ACP) in Northern Tanzania. Large interventional studies involving cancer patients, family and health care providers to quantify the acceptance and suitability of advance care planning in Tanzania's health care are alarmed. As well, policies to enhance the hospital systems with protocols guiding advance care planning in cancer care settings should be prioritized.

SWAHILI TRANSLATION AND CULTURAL ADAPTATION OF A PEDIATRIC CANCER STIGMA SCALE (CASS) FOR USE IN THE NON-PATIENT POPULATION IN TANZANIA

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ORAL ABSTRACTS | DAY 5, SESSION 3, SESSION ROOM 205, November 6, 2023, 9:00 AM - 10:00 AM

Objective:

The Cataldo Cancer Stigma Scale (CASS) was developed to measure patient experienced stigma, and further modified for use in non-patient communities. The aim of this study was to adapt a Swahili language version of the CASS for use in the Tanzanian non-patient community, to identify the current level of stigma towards children with cancer and create a measure to monitor changes in perceptions following future community-based interventions.

Methods:

An expert group of medical providers, community advisors, and social scientists reviewed the 26 original statements in the CASS survey to determine relevancy in the Tanzanian context and Swahili language. Translated survey was evaluated with cognitive interviewing, with sequential rounds of five non-patient community members in the Mwanza region of Tanzania until >80% comprehension was reached for each question. Pilot survey was then distributed to 220 community members in Mwanza region randomly sampled from 3 rural and 3 urban communities for further validation.

Results:

Three rounds of cognitive interviews were completed, with minor grammar and word selection changes to clarify the item's meaning. The distributed pilot survey included 26 core and 10 alternate questions covering 5 core areas of stigma: avoidance, awkwardness, financial, policy, and severity. Structural validity and reliability of the items were evaluated with final 19 questions selected for sub score analysis (Cronbach's alpha >0.7). Of the stigma categories, severity had the highest community endorsement (62.6%) and policy scored the lowest (13.2%). Only the severity sub score differed between urban and rural communities (43% vs 57%), and avoidance sub score differed between female and male respondents (41% vs 59%).

Conclusions:

This validated, Swahili-adapted pediatric CASS for use in the non-patient community will allow for a meaningful evaluation of intervention response that can be used in cancer stigma research throughout East Africa.

METABOLIC SYNDROME AND CARDIOVASCULAR DISEASE RISK FOR ZIMBABWEAN MEN WITH PROSTATE CANCER RECEIVING LONG-TERM ANDROGEN DEPRIVATION THERAPY

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Introduction: Prostate cancer is a leading cause of cancer-related mortality, in the majority of Sub-Saharan Africa region countries. Androgen deprivation therapy (ADT) is effective treatment, however ADT is associated with complications including metabolic syndrome and cardiovascular disease. Although cardiovascular disease is a leading cause of mortality among prostate cancer patients, there is limited information on ADT impact on metabolic syndrome and cardiovascular disease risk among Africans.

Methods: A prospective observational study was carried out in Harare, Zimbabwe. Prostate cancer patients due to be initiated on ADT (medical or surgical) were assessed for metabolic syndrome (NCEP ATP III definition) and a 10-year Atherosclerotic Cardiovascular Disease (ASCVD) risk probability score before ADT and followed up to 9 months at 3 monthly intervals.

Results: 17 black Zimbabwean men were enrolled. The median age was 72 years, 59% had stage IV disease and 75% received surgical castration. At enrolment 23.5% had metabolic syndrome and this increased to 33% after 9 months of ADT. Baseline ASCVD risk was in the high risk category for 68.8% of participants and remained above 50% after 9 months of ADT.

Conclusions: Cardiovascular disease risk monitoring among prostate cancer patients receiving ADT is feasible in limited resource African countries. In this cohort, there is a 10% increase in metabolic syndrome prevalence amongst African men with prostate cancer within 9 months of ADT initiation.

EXPLORING THE ROLE OF NON-CODING SEQUENCE MUTATIONS IN BREAST CANCER

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

ABSTRACT

Objective: Breast cancer is one of the most common diseases affecting women worldwide. However, mortality rates are disproportionately high among Black women, regardless of incidence rates. Although several factors related to age, steroid hormones, breastfeeding, and genetic aberrations have been implicated, the exact mechanism for this disparity remains unclear. The purpose of this study was to investigate the genetic profile of non-coding DNA sequences and determine their potential impact on breast cancer development.

Methods: Tissue samples were obtained from patients at the Joliot-Curie Institute in Dakar, Senegal. Using polymerase reaction chain (PCR) and the Sanger method, we sequenced beta-fibrinogen (FGB) intron 7 and mitochondrial D-loop regions. The nucleotide sequences of both genes were then compared to reference sequences in the MITOMAP, gnomAD, and Ensembl databases, and performed analyses using Mutation Surveyor, CADD, FATHMM-XF, CSDAPE, and CSDAPE-SOMATIC.

Results: We found 77 novel mutations in FGB and D-loop, all of which were heterozygous. The mutational spectrum of the D-loop was transition dominant, unlike that of FGB intron 7. All mutations were tolerated, with the exception of c.1244+75T>A, which was predicted to be oncogenic by cancer-specific software. Our results also indicated a strong association between the mutations in both of the genes.

Conclusion: Thus, further investigation of non-coding areas of DNA may contribute to a better understanding of the development and progression of breast cancer and lead to more effective patient management.

Keywords: Breast, cancer, non-coding regions, FGB, D-loop

CANCER STAGING AND SURVIVAL AMONGST PATIENTS IN THREE PUBLIC HEALTH FACILITIES IN KWAZULU-NATAL: 2019-2022

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Cancer staging and survival amongst patients in three public health facilities in KwaZulu-Natal: 2019-2022

Objective: Monitoring current trends in cancer care is essential for improving the quality of care. Staging information is vital in cancer management and therefore important in the prognosis. The aim of this study was to describe the completeness of staging data and the outcome of prognosis on the patients collected from the three public health facilities in KwaZulu-Natal, South Africa.

Methods: New cancer cases were abstracted from medical records from year 2019 to 2022 using a hospital-based cancer surveillance database. Logistic regression was used to determine association between malignant cases outcomes and stage at diagnosis.

Results: A total of 12 082 new cancer cases were reported from 2019 to 2022. Majority of the cancers had no staging at 48.8%, and 19.2% of the cases were diagnosed at stage 4. Radiotherapy and chemotherapy were the most prescribed treatment for the patients. Of the cases that did not survive, 18.8% had stage 4. Majority cases (77.7%) that didn't not survive from the cancer, with only fewer deaths from other causes of death.

Conclusion: Our study indicated that cancer staging needs to be improved for better quality patient care. The survival rate suggests the effectiveness of the prescribed treatment, however there is still a number of patients diagnosed with cancer that were not reported as receiving treatment.

Key words: cancer stage, incidence, survival, hospital-based cancer surveillance

PREVALENCE ET FACTEURS PREDICTIFS D'ANXIETE ET DE DEPRESSION CHEZ LES PROCHES AIDANTS DES PATIENTS HOSPITALISES EN CANCEROLOGIE

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

RESUME

OBJECTIF : Déterminer la prévalence et rechercher les facteurs prédictifs des troubles anxieux et dépressifs chez les proches aidants des patients hospitalisés en Cancérologie.

METHODE: Il s'agit d'une étude transversale analytique en cours au service de cancérologie du Centre Hospitalier National Dalal Jamm de Dakar depuis le 01 Mai 2023. Les données sociodémographiques, cliniques et du séjour intra-hospitalier ont été recueillies auprès des aidants et grâce au dossier médical des patients hospitalisés. L'anxiété et la dépression ont été évaluées avec l'échelle HADS (Hospital Anxiety and Depression Scale). Ces données ont été analysées avec le logiciel SPSS 25.0. Les tests statistiques de Khi-2, Mann-Withney, et de régression logistique binaire ont été réalisés. Le seuil de significativité statistique a été fixé à 5%.

RESULTATS: Nous avons à ce jour colligé 60 cas. L'âge médian des patients était de 54 ans (IIQ= 46-60). Le cancer prédominant était le cancer du col de l'utérus (25%) et 85% des patients étaient à un stade avancé (III et IV). L'âge médian des proches aidants étaient de 30 ans (IIQ= 23-43), avec un sex-ratio F/H de 1,5. Dans 65% des cas, le proche aidant était parenté au 1e degré avec le patient. La durée médiane du séjour intra-hospitalier était de 15 jours (IIQ= 12-30). Les prévalences de l'anxiété et de la dépression étaient respectivement de 45% et 30%. Les facteurs prédictifs de troubles anxieux étaient le stade du cancer ($p < 0,001$), l'âge de l'aidant ($p = 0,011$), le lien de parenté au 1e degré ($p = 0,026$), et le nombre réduit de proches aidants ($p = 0,033$). Les facteurs prédictifs de dépression étaient le sexe féminin ($p = 0,016$), le lien de parenté au 1e degré ($p = 0,001$) et la perception péjorative du pronostic ($p < 0,001$).

CONCLUSION: Un accompagnement psychologique spécialisé devrait être systématiquement apporté à tout proche-aidant d'un patient hospitalisé en cancérologie.

PRISE EN CHARGE DES CANCERS INFLAMMATOIRES DU SEIN À L'UNITÉ DE SÉNOLOGIE DE LA CLINIQUE GYNÉCOLOGIQUE ET OBSTÉTRICALE

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objectif: Décrire les aspects épidémiologiques, diagnostiques, thérapeutiques et pronostiques des cancers inflammatoires du sein.

Méthodologie : Il s'agit d'une étude rétrospective sur tous les cas de cancers du sein inflammatoire suivis à l'unité de sénologie de la Clinique Gynécologique et Obstétricale (CGO) de l'hôpital Aristide le Dantec. Pour toutes les patientes nous avons répertorié les caractéristiques socio-démographiques, les motifs de consultation, les délais de consultation, la prise en charge et le pronostic.

Résultats : Durant la période allant de 2009 à 2023, 862 cancers du sein ont été répertoriés avec 130 cas de cancers inflammatoire soit une fréquence de 15,1%. La prise en charge avait consisté en une chimiothérapie première dans 73,3% et une chirurgie radicale dans presque tous les cas. Le taux de récurrence était beaucoup plus fréquent chez ces patientes avec une association significative entre le caractère inflammatoire, le type histologique, le grade histopronostic, le profil tumoral et la réponse aux différents traitements.

Conclusion : Le cancer du sein est l'un des principales causes de mortalité par cancer de la femme en Afrique et dans le monde. Le retard à la consultation et les difficultés d'accès à un service qualifié sont des éléments en défaveur qui aggravent le pronostic dans nos régions.

Mots-clés : cancer du sein inflammatoire- chirurgie - pronostic

LAUNCHING A GLOBAL ONCOLOGY PATIENT NAVIGATION TOOLKIT AND PEER LEARNING COLLABORATIVE: RESULTS OF A 15-MONTH PILOT

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ORAL ABSTRACTS | DAY 4, SESSION 2, SESSION ROOM 203, November 5, 2023, 9:00 AM - 10:00 AM

OBJECTIVE: Kenyatta National Hospital (KNH), the only public hospital in Kenya delivering comprehensive cancer care to patients from throughout the country until recently, has provided patient navigation services with support from the American Cancer Society since 2017. Patient navigators address barriers to care to ensure patients diagnosed with cancer are well informed, receive timely access to treatment, and improve treatment adherence and completion. We highlight the learnings from program data and external process and outcome evaluation results.

METHODS: We analyzed quantitative program monitoring data from patient navigation encounters and data from baseline and three follow-up surveys of randomly-selected patients. These data include patient demographics, diagnosis, treatment, problems identified, referrals, understanding of cancer diagnosis and treatment, and barriers to care. We also reviewed data from 39 qualitative interviews with program staff, patients, and caregivers collected during the outcome evaluation.

We performed univariate and bivariate analyses and compared results across years to assess changes in key program outcomes. We performed appropriate statistical tests (e.g., t-test and chi-square tests). We also performed thematic analyses of qualitative data to understand and interpret quantitative results.

RESULTS: More than 11,000 new adult cancer patients have been navigated at KNH since 2017. The percentage of patients who said they understood the duration of their treatment doubled from 44% at baseline in 2017 to 89% in the 2022 annual survey. Likewise, survey data suggest that from 2017 to 2022, the percentage of missed appointments decreased from 24% to 17% and delays in treatment decreased from 29% to 10%.

CONCLUSIONS: Evidence suggests that the KNH patient navigation program has made changes in service delivery and improved patient support efforts, which resulted in significantly reduced barriers to cancer care and improved key patient outcomes. Investment in comprehensive patient navigation programs in resource-limited settings can improve cancer care and patient outcomes.

PREVALENCE OF ERG OVEREXPRESSION IN PROSTATE CANCER ON PROSTATE BIOPSIES AT A TERTIARY HOSPITAL IN THE WESTERN CAPE, CAPE TOWN.

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Background:

Prostate cancer is the most diagnosed non-cutaneous malignancy in men in South Africa with 10495 new cases reported in 2019. The TMPRSS2-ERG fusion gene and resultant overexpression of ERG is estimated to occur at a rate of 30-50% within prostate cancer. The fusion gene is specific to prostate cancer and high grade prostatic intraepithelial neoplasia and has not been reported in other malignant neoplasms. The TMPRSS2-ERG fusion gene, and by implication the overexpression of ERG, may serve as a diagnostic, prognostic or therapeutic biomarker.

The prevalence of the TMPRSS2-ERG fusion gene in prostate carcinoma in South Africa has not been investigated previously. We sought to determine the prevalence of the TMPRSS2-ERG gene fusion among men undergoing prostate biopsies at Tygerberg Hospital, Cape Town, South Africa and to determine whether there is an association between prostate cancer grade and ethnicity/race.

Methods:

This is a retrospective descriptive laboratory study where we analysed 362 prostate biopsies, diagnosed with prostate cancer, between January 2010 and December 2017. 336 cases were stained with ERG (Cell Marque, clone EP111) an adequate surrogate marker for the TMPRSS2-ERG fusion gene. The prevalence was calculated and compared with Gleason grade group and ethnicity/race to determine if there is an association.

Results:

ERG overexpression was detected in 34% of cases. Our study showed an association with a lower Gleason score and ERG overexpression. There is a higher prevalence of TMPRSS2-ERG amongst the coloured population in this cohort, at 34%.

Conclusions:

This is the first study to characterise the prevalence of ERG overexpression in prostate cancer in patients who underwent prostate biopsies in South Africa. Our results show that this gene rearrangement is common in the study population and that the prevalence of 34% is within the range reported in international literature.

INTRODUCING AN ENHANCED RECOVERY AFTER SURGERY (ERAS) PATHWAY FOR CERVICAL CANCER PATIENTS IN MALAWI

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objectives: This observational, single center cohort study is focused on the introduction and development of an Enhanced Recover After Surgery (ERAS) program. ERAS is a bundled, standardized, multimodal, multidisciplinary, evidence-based approach to perioperative care. It is a methodical shift in culture that pivots to a more patient-centered system of care.

Methods: 201 consecutive patients (open radical hysterectomy) in the ERAS group (from July 2022 to May 2023) were compared with a historical cohort of 171 consecutive patients (from January 2021 to December 2021). 6 months were needed for the set-up of the program.

Results: The ERAS group showed high care compliance with the 11 ERAS protocol components. Results showed an increase in median age, mean BMI and ASA which could attest to the better preparation of the patients and less cancellation at the last moment due to comorbidities or lack of blood. Blood Transfusion rate decreased from 15.7 % (27 patients) to 4.5 % (9 patients) and mean blood loss decreased from 300 milliliters to 200. Reinterventions rate mainly due to fascia dehiscence and wound infections remains too high and increased (more post-chemotherapy patients, more comorbidities?) from 12 (7 %) to 24 patients (11 %). Mortality rate within 30 days was 1.7 % (3 patients; necrotizing fasciitis, pulmonary embolism, multi-organ failure) in the historical cohort and 0.5 % (1 patient; pulmonary embolism) in the ERAS cohort.

Conclusion: Despite the difficulties in setting-up the multidisciplinary team, implementing an ERAS program according to international standards of care adapted to a low- or middle-income country (LMIC) is feasible, safe and effective. The main results are the decrease in blood loss, blood transfusion, and major complications. Less cancellations and better standardization allowed an increase in activity with constant human resources allowing extension to other gynecological cancers. Periodic audits and evolving protocols are mandatory.

ALTERED FOOD BELIEFS AND BEHAVIOUR CHANGES IN CANCER PATIENTS

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Purpose:

Cancer survivors are at risk of misinformation because of the abundance of misreporting about diet and cancer in the media and online. We aimed to explore patients' beliefs about diet after cancer diagnosis and to describe the impact on their behaviour.

Methods:

The study was a cross-sectional, questionnaire-based study, conducted between January-April 2023, including 156 patients treated with cancer regardless of gender or stage. Patients who did not yet start therapy or undergo chemotherapy were included. We reported the patient's beliefs and behaviour changes about diet and cancer.

Results: The medium age was 53, and 79% were female. Cancer types were breast, colon and lung cancer in 60%, 16%, and 12% respectively. Patients were treated with curative intent in 80% of cases, had middle or high socio-economical levels in 63% of cases, and had university-level education in 31%. Patients collected their information about diet from the Internet in 70% of cases and from hospital staff in 40%. Sugar and canned products were considered a direct cause of cancer in 31% and 63% of cases respectively. Patients were not sure if meat or dairy products could cause cancer in respectively 42% and 49% of cases. Sixty per cent of patients stopped using these 3 products after cancer was diagnosed.

We observed that 69% of patients with low educational level restricted food vs 54% in the high educational level population, $p=0.02$. Patients who had at least one close relative treated with cancer were less like to do food restrictions, 47% vs 66%, $p=0.03$. Disease site/stage, initiation of chemotherapy, gender and socio-economical level did not correlate with the choice of food restriction.

Conclusion

The majority of patients' information about diet had been obtained from informal sources, with some confusion over misinformation. Patient education can help reduce false ideas about food.

EVALUATION OF THE RELATIONSHIP BETWEEN ERECTILE DYSFUNCTION AND RADIATION DOSE TO THE PENILE BULB

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Background and Objective

Erectile dysfunction (ED) is one of the most commonly reported toxicities after external beam radiotherapy for prostate cancer. Many clinical data suggest that higher radiation doses delivered to the PB correlate with higher rates of post-radiation impotence.

Aim: To evaluate the relationship between erectile function and the radiation dose to the penile bulb (PB) in men receiving radiotherapy (RT) for prostate cancer.

Methods

In a mono-centric retrospective study collecting 50 patients, initially sexually potent, were treated for prostate cancer either by RT alone or by RT combined with endocrine therapy (ET), between 2019 and 2020. Sexual function was evaluated 2 years after RT using the International Index of Erectile Function (IIEF) questionnaire. In a 2-year follow-up, patients were divided into three groups: severe (IIEF=5-7), moderate (IIEF=8-11), and mild (IIEF=12-21) erectile dysfunction (ED). The PB was outlined on restored treatment plans. Dose-volume histograms were generated and the mean dose delivered to PB was analysed and compared between groups.

Results

The mean RT dose was 75, 4 Gy [74-78 Gy]. All patients were treated by Intensity-Modulated Radiation Therapy. The mean age was 67, 65 years [55-77]. According to the D'AMICO classification, 82, 61% of patients were classified as high-risk, 13, 04% as intermediate risk and 4, 35% as low-risk. All patients achieved ET at the time of the study.

Sixty-one per cent of patients had severe ED, 17% had moderate ED, and 22% had mild ED at 2 years. The mean dose to the PB was 35,8 Gy [5,97-72,9].

The mean dose to the PB received by the severe, moderate and mild ED groups was 45.12 Gy [23,19-67,82], 29,49 Gy [10,46-43,83], and 14,75 Gy [7,27-41,92] respectively.

Conclusion

This study supports the existence of a penile bulb dose-volume relationship underlying the development of radiation-induced erectile dysfunction.

ACTIONS EN VUE D'AMÉLIORER LES INDICATEURS DE CANCER EN MILIEU DÉFAVORISÉ : CAS DU CANCER DU SEIN AU CAMEROUN

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

INTRODUCTION

Le cancer du sein est le cancer le plus fréquent dans la population générale et chez la femme au Cameroun, avec une incidence de 23%. Du fait de l'absence des programmes de dépistage systématique ou de masse, le diagnostic, est tardif avec une survie globale à 5 ans d'environ 30%. Le plan stratégique national de prévention et de lutte contre le cancer 2020-2024 prévoyait de diminuer de 10% la morbidité et la mortalité par cancer. Des actions ont été menées sur le plan stratégique et opérationnel. Elles méritent d'être soutenues par des actions de terrain afin de permettre un plaidoyer efficace pour l'implémentation de ce plan stratégique.

METHODOLOGIE

Nous avons entrepris en 2021, de créer pour le cancer du sein un groupe de travail afin de mener la réflexion et des actions visant à soutenir le plaidoyer face aux difficultés diagnostiques et thérapeutiques du cancer dans notre milieu. Dans une démarche pluridisciplinaire, nous avons réunis des spécialistes travaillant en sénologie, sur l'étendue du territoire.

RESULTATS

Nous avons organisé des activités scientifiques avec publications de résolutions des experts sur le dépistage, mis sur pied une société savante de sénologie. Des activités de dépistage à grande échelle, avec publication des résultats. Les activités de formation et capacitation des praticiens en cours. Plusieurs activités regroupées dans un plan triennal d'actions, incluant la formation des spécialités orphelines, mise sur pied des services de sénologie, implication de la société civile dans la lutte contre le cancer du sein, dépistage annuel de toutes les femmes concernées.

CONCLUSION

La jeune Société Camerounaise de Sénologie compte à travers ses résultats apporter les éléments au politique de faire de la lutte contre le cancer du sein une priorité réelle.

Mots clés : cancer du sein, indicateurs, milieu défavorisé, Cameroun

DECLINING INCIDENCE OF BURKITT LYMPHOMA WITH IMPROVED ANTIRETROVIRAL TREATMENT ACCESS IN SOUTH AFRICA (1986 – 2021)

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE

To describe the temporal trends in Burkitt lymphoma (BL) incidence in the context of the evolving HIV epidemic and antiretroviral therapy (ART) rollout in South Africa.

METHODS

We analysed data of all histologically diagnosed BL (ICD-O-3 morphology codes 9687-3 and 9826-3) from the National Cancer Registry in South Africa between 1986-2021. We used direct standardisation to compute yearly age-standardised incidence rates (ASIR) stratified by sex and race, and Joinpoint regression to compute the Annual Percentage Change in the ASIR of BL over time.

RESULTS

Over 35 years, 2,907 incident BL cases were recorded, with 55% (n=1,599) diagnosed among males. The ASIR per 100,000 persons was 0.16 overall and higher in males (0.19) than females (0.14). Between 1986-2011, the ASIR of BL in the overall study population increased yearly by 10.3% (95% Confidence Interval [CI] 8.7 to 12.0), whereas from 2011 (seven years post ART roll-out) BL had an annual decrease of 7.3% (95% CI 4.5 to 10.6). The temporal trends in ASIR of BL differed substantially by race. Among the black population, the ASIR of BL showed a yearly increase of 12.6% (95% CI 10.6 to 14.6) between 1986-2011 and a subsequent yearly decrease of 9.6% (95% CI 6.4 to 12.7) from 2011-2021. In contrast, the ASIR of BL among the white population increased yearly by 3.4% (95% CI 2.0 to 4.8) throughout the study period.

CONCLUSION

The temporal trends in BL incidence in South Africa reflect changes in the HIV epidemic over time, particularly among the black population which has a high HIV prevalence. The ASIR of BL increased with the spread of HIV and limited access to ART; and it decreased in recent years with increasing ART coverage. Further studies are needed to investigate the steady increase in the ASIR of BL among South Africa's white population.

FACTORS PRESENT IN LATE-STAGE PRESENTATION OF PATIENTS WITH CANCER OF CERVIX AT OCEAN ROAD CANCER INSTITUTE, DAR ES SALAAM, TANZANIA.

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Cervical cancer is the fourth most frequently diagnosed cancer and fourth leading cause of death with an estimate of 570000cases and 311000deaths worldwide. Approximately 90% of cervical cancer related deaths happen in low/middle income countries. It is estimated that by 2030 cancer of cervix will kill more than 443000 women yearly worldwide and most of them will come from low/middle income countries. The purpose of this study was to report the factors that are present with the late-stage presentation of cervical cancer among women in Tanzania. The study identified individual, community, institutional, and public policy factors present with the late stage presentation. The study was conducted at the Ocean Road Cancer Institute in Dar es Salaam and utilized a descriptive cross sectional research design. Structured questionnaires were used to collect quantitative data from women with cervical cancer stage IIB-IV (n=310) and health care professionals (N=80) working for ORCI. Data were analyzed descriptively. Demographic data, lack of health insurance, and poverty were identified as socioeconomic, demographic and clinical characteristics; limited knowledge on symptoms, ignorance of causes, lack of practicing were identified as individual level factors; inability of women to make own decision, and religion discouraging women from being diagnosed by male physicians were identified as community level factors; limited screening and diagnosis services, insufficient health care providers, insufficient screening and diagnosis equipment, insufficient funding, and inadequate knowledge among HCPs were identified as institutional level factors; insufficient fund for screening and diagnosis services and poor communication of policy and regulations governing screening services to stakeholders were identified as policy level factors. The study highly recommends integrating methods of sensitization and screening campaigns across the country as well as intensive study of the quality of cervical cancer screening according to WHO guideline to assess the gap on health care providers

CLINICAL PRESENTATION, HISTOLOGICAL TYPES AND OUTCOMES OF HODGKIN LYMPHOMA AMONG CHILDREN WHO RECEIVED CARE AT REGIONAL CANCER HOSPITAL IN TANZANIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Introduction

Hodgkin Lymphoma (HL) is a common malignancy in adolescent and young adults. There are reported variations in epidemiology and clinico-pathological characteristics based on geography, with younger patients presenting in LMIC as compared to HIC. The objective of this study is to describe the clinical and histological characteristic and outcomes of HL at a regional cancer referral hospital in Northern Tanzania.

Methods

This is a descriptive retrospective study conducted over a 2-year period from 2021 to 2022, including all patients <18yo diagnosed with HL. Demographic, treatment and outcome data were extracted from hospital medical records and clinic database. All patients were treated with the ABVD (Doxorubicin, Bleomycin, Vinblastine, and Dacarbazine) chemotherapy protocol. Data was analyzed using SPSS (v 21).

Results

In total, 24 patients were analyzed with average age of 12 years of age and 70% male (n=17). The most common site of presentation was neck mass (92%, n=22). With 4% (n=1) stage 1, 50% (n=12) stage 2, 38% (n=9) stage 3 and 8% stage (n=2) disease at diagnosis. Mixed cellularity was the most common histological subtype (67%, n=16), and more common among children less than 15yrs of age (81%, 13/16). Treatment received included chemotherapy only (63%, n=15), or combined chemotherapy and radiotherapy (37%, n=9). A CR was achieved in 58% of patients, with 1 yr-OS of 83%. However, among patients who were alive at 1 year, 30% were on palliative chemotherapy following treatment failure (n=6/20)

Conclusion

This study showed HL is a potentially curable malignancy in our setting. However, there is a high rate of relapse and need for palliative therapy remains high. The mixed cellularity histology subtype has been associated with EBV infection, which was higher in our setting than in published reports. The use of EBV screening at diagnosis could potentially improve earlier diagnosis, staging and outcomes.

EMPOWERING PATIENTS IN THEIR CANCER JOURNEY: UNDERSTANDING PATHOLOGY REPORTS TO ENHANCE TREATMENT AND CARE

Mulder L¹, Milner D

¹American Society For Clinical Pathology

ORAL ABSTRACTS | DAY 5, SESSION 7, SESSION ROOM 205, November 6, 2023, 3:20 PM - 3:50 PM

Objective:

The objective of this session is to explore the importance of patient education on pathology reports and its impact on cancer care. The session aims to provide strategies for effective communication of pathology results to patients and identify challenges to patient understanding of pathology reports.

Methods:

The session will consist of presentations, case studies, and interactive discussions. Experts in cancer care and patient education will share their insights on effective communication of pathology results to patients. Attendees will have the opportunity to participate in case studies and interactive discussions to apply the strategies discussed and exchange best practices.

Results:

Attendees will gain a better understanding of the challenges and barriers to patient understanding of pathology reports and learn practical tools for effective patient education. They will also learn about patient-centered communication techniques, the use of plain language, and visual aids in communicating pathology results. Attendees will have the opportunity to exchange best practices and network with other healthcare professionals and patient advocates.

Conclusions:

Effective communication of pathology results to patients is essential to improve cancer care outcomes. Patient education on pathology reports can help patients make informed decisions about their treatment and improve their overall care experience. By providing strategies for effective communication, identifying challenges to patient understanding, and highlighting best practices, this session aims to enhance the ability of healthcare professionals and patient advocates to support patients in their cancer journey.

STRATEGIES FOR IMPROVING CANCER CARE SERVICES, OUTCOMES AND WORKFORCE ENGAGEMENT THROUGH AUTHENTIC LEADERSHIP STRATEGIES

Mulder L¹, Sanneh A

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ORAL ABSTRACTS | DAY 4, SESSION 2, SESSION ROOM 203, November 5, 2023, 9:00 AM - 10:00 AM

OBJECTIVE:

The objective of this course is to explore the role of leadership in managing cancer care services in low-resource settings. This session identifies the challenges faced by healthcare professionals in providing cancer care services in low-resource settings and examine strategies that can be used to manage cancer with limited staff and resources. The proposal will also focus on the use of innovative approaches, such as technology, task shifting, and community engagement, to optimize the use of limited resources.

METHODS

This session will draw on a review of the literature on cancer care services in low-resource settings and case studies of successful initiatives implemented in these settings. The review will examine the challenges faced by healthcare professionals in providing cancer care services, including limited resources, inadequate infrastructure, and a shortage of trained staff. It will also explore the impact of these challenges on cancer care outcomes. Finally, community engagement will be discussed to promote cancer awareness and prevention and increase community support.

RESULTS

The results of this session will provide insights into the challenges faced by healthcare professionals in providing cancer care services in low-resource settings. It will also identify strategies that can be used to manage cancer care services with limited staff and resources. The use of innovative technologies, such as telemedicine and mobile health, task shifting, and community engagement, will be explored as effective approaches to improve cancer care services in limited-resource settings.

CONCLUSIONS

In conclusion, effective leadership is essential in managing cancer care services in low-resource settings. The proposal identifies strategies that can be used to manage cancer care services with limited staff and resources, including the use of innovative technologies, task shifting, and community engagement. The course offers practical guidance for healthcare professionals in low-resource settings and provides insights into successful initiatives implemented in these contexts.

HUMAN HERPESVIRUS-8 INFECTION INCREASES PROSTATE CANCER RISK AMONG INTERFERON LAMBDA 4-deltaG CARRIERS

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ORAL ABSTRACTS | DAY 5, SESSION 2, SESSION ROOM 201/202, November 6, 2023, 9:00 AM - 10:00 AM

OBJECTIVE: Chronic inflammation as seen with chronic infections has been proposed as a risk factor for prostate cancer. Numerous studies failed to identify a specific microbial agent associated with prostate cancer risk. We have previously reported that human herpesvirus-8 (HHV-8) is associated with increased prostate cancer risk in Tobago; a population with 97% African ancestry. This association was not found in several studies of US men, who were predominately of European ancestry. It is unclear if the discrepancies between US and Tobago men are due to differences in HHV-8 seroprevalence rates or ancestry-related genetics. Previous studies have reported that the dinucleotide germline variant, rs368234815-ΔG, in the IFNL4 gene encoding interferon λ4 is more prevalent among individuals of African ancestry and impairs viral clearance. In this study, we investigated whether the association of HHV-8 with prostate cancer is IFNL4-ΔG-dependent.

METHODS: We investigated the association of HHV-8 seropositivity with prostate cancer in 728 cases and 813 controls from the NCI-Maryland Prostate Cancer Case-Control study. Associations between HHV-8 and prostate cancer were assessed in multivariable logistic regression models. We calculated adjusted odds ratios (OR) and stratified the analysis into men harboring the IFNL4-ΔG-variant vs. non-carriers (ΔG/ΔG or ΔG/TT vs. TT/TT).

RESULTS: The association of HHV-8 seropositivity with prostate cancer was restricted to carriers of the ΔG allele (OR 2.19; 95%CI: 1.38 – 3.48). HHV-8 seropositivity did not associate with prostate cancer among TT/TT genotype carriers (OR 1.03; 95%CI: 0.51 – 2.11). Further stratification by race/ethnicity showed that HHV-8 is associated with prostate cancer exclusively among carriers of the ΔG allele in both European American (OR 2.59; 95%CI: 1.20 – 5.56) and African American men (OR 1.96; 95%CI: 1.08 – 3.56).

CONCLUSIONS: The study establishes IFNL4-ΔG as a candidate prostate cancer risk factor in men with an HHV-8 infection.

CREATING AWARENESS AND SCREENING POLICE PERSONNEL FOR COMMON CANCERS AND NON-COMMUNICABLE DISEASES (NCDs) IN INDIA

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ORAL ABSTRACTS | DAY 3, SESSION 2, SESSION ROOM 203, November 4, 2023, 9:00 AM - 10:00 AM

CREATING AWARENESS AND SCREENING POLICE PERSONNEL FOR COMMON CANCERS AND NON-COMMUNICABLE DISEASES (NCDs) IN INDIA

Objectives: Police personnel are at high risk of several NCDs including common cancers because of odd dietary habits, stress, erratic sleep patterns and addictions. Objectives of study were to formulate demonstrable, sustainable and replicable model on prevention, control and early detection of NCDs among police personnel.

Methods: This is a cross-sectional interventional study among police personnel in one of the Indian cities. Temporary clinics were set up at police stations and eligible participants were enrolled after obtaining written informed consent. This was followed by socio-demographic and risk factor assessment, health education programme, screening for common cancers conducted by trained primary health workers [breast by Clinical breast examination, uterine cervix by Visual Inspection with 5% Acetic acid and oral cavity by oral visual inspection] and NCDs [obesity by body mass index, hypertension by blood pressure measurement and diabetes by glycosylated haemoglobin]. Screen positive participants were referred according to pre-defined referral criteria for further investigations and management. Police health team were trained for conducting awareness and screening through several capacity building workshops.

Results: 39,672 police personnel were contacted and invited and 30,291 (76.4%) enrolled. All of them participated in health awareness program. 1251 oral pre-cancers, 58 cervical pre-cancers, 01 breast and 11 oral cavity cancers were diagnosed. They all availed diagnostic and treatment services at the Tata Memorial Hospital. Totally, 4867 (16.1%) police were detected with diabetes, 5897 (19.5%) with hypertension and 13710 (45.3%) with obesity. They are availing treatment at Police hospital/ dispensaries.

Conclusions: High prevalence of NCDs among police, warrants urgent and periodic implementation of education on life style modification, screening for NCDs, institution of timely and appropriate treatment and follow-ups in order to reduce morbidity and mortality among this special high-risk occupational health group.

THE HYPOAFRICA STUDY: IMPROVING TREATMENT OUTCOMES THROUGH RADIATION ONCOLOGY QUALITY ASSURANCE

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE:

The rising cancer incidence and mortality in sub-Saharan Africa warrants an increased focus on adopting evidence-based approaches – such as hypofractionated radiotherapy (HFRT) – that enhance treatment accessibility. Radiotherapy quality assurance (QA) has been found to correlate positively with patient survival, and it is even more critical when administering higher intrafraction doses of radiation, as is done with HFRT, which delivers fewer fractions of radiotherapy at larger doses per fraction than conventional radiotherapy.

METHODS:

HypoAfrica – a multi-center phase II study at three sites in Nigeria, South Africa, and Tanzania – was launched to investigate the feasibility of applying moderate HFRT for the treatment of localized prostate cancer in the African context. Several steps were taken to augment the sites' QA procedures. These include developing a protocol for linear accelerator (linac) QA using radiochromic film dosimetry and FilmQA Pro software, deploying the Virtual EPID Standard Platform Audit (VESPA) for remote radiotherapy credentialing, and measuring the consistency of quality across the trial sites using Klio – an online QA data management tool.

RESULTS:

Film dosimetry was launched in Tanzania, resulting in quality and resource improvements. External VESPA audits of the sites' patient specific IMRT/VMAT QA results passed the 3%/3mm and 3%/2mm gamma criteria. These results are valid for five years or until the centers change their linac or treatment planning system. Quarterly reviews of the sites' beam outputs, uniformity, and center shifts over time were performed, indicating that the machines' performances were within acceptable limits.

CONCLUSIONS:

Clinical trials such as HypoAfrica are critical to producing evidence demonstrating the efficacy of cancer treatments in African patients. Digital technologies are useful tools to monitor trial sites' QA procedures. As more African facilities begin to invest in radiotherapy services and perform clinical trials, a regional radiotherapy QA auditing system should be considered.

COÛT ANNUEL DE PRISE EN CHARGE DU CANCER DE LA PROSTATE AU SERVICE D'UROLOGIE DE L'HÔPITAL GÉNÉRAL IDRISSE POUYE

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¹Hôpital General Idrissa Pouye

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Introduction : Le cancer de la prostate a une incidence élevée chez les noirs. Elle affecte en majorité des hommes à pouvoir d'achat limité. Le but de notre étude est d'évaluer le coût de la prise en charge du cancer de la prostate en milieu hospitalier de niveau III. Méthodologie : Nous avons effectué une étude descriptive, médico-économique auprès des patients ayant reçu le diagnostic de cancer de la prostate et suivis à l'Hôpital Général Idrissa Pouye en 2018. Nous avons calculé les coûts des actes diagnostics, thérapeutiques et de suivi. Résultats : La moyenne d'âge des 105 patients inclus était de 70 ans avec prédominance de la tranche 60-69 ans (48%). La durée moyenne d'hospitalisation de 7 jours. Il y'avait 62% de retraités, 8% de cultivateurs et 7% de commerçants. Le cancer était métastatique dans 81%, localisé dans 16% et localement avancé dans 3% des cas. Le traitement curatif était possible chez 16% (8 prostatectomie radicale et 8 radio-hormonothérapie) contre 84% de cas de traitement palliatif. Le BAC médicamenteux était réalisé chez 63 patients, la pulpectomie testiculaire chez 14 autres. Le coût des actes de diagnostic était estimé à 28 497 000 Fcfa, celui des indications thérapeutiques à 167 707 500 Fcfa et celui des actes de suivi estimé à 3 463 900 Fcfa. Le montant annuel de la prise en charge des 105 patients était de 199 668 400 Fcfa ; soit un coût moyen estimé à environ 1 901 604 Fcfa par patient et par an. Conclusion : Les coûts de la prise en charge du cancer de la prostate sont très élevés et en partie liées à une inaccessibilité financière des patients. d'ou l'intérêt d'une bonne couverture médicale universelle
Mots clés : cancer de la prostate, coût des soins, prise en charge du cancer, Sénégal.

CLINICAL FEATURES, PATTERN OF METASTASES AND SURVIVAL OF METASTATIC COLORECTAL CANCER IN NIGERIA: A REVIEW OF A PROSPECTIVE MULTICENTRE DATABASE

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: Colorectal cancer (CRC) is the second leading cause of cancer death worldwide. CRC is the second and third most common cancer in men and women respectively in Nigeria. In Nigeria, the management is often palliative. There are limited data on the characteristics and survival outcomes of metastatic CRC patients in SSA. This study explores the clinical features, pattern of metastases, and treatment outcomes of metastatic CRC in Nigeria, aiming to provide insights for improving the care of CRC patients.

Methods: The study reports on data from the prospective CRC database of the African Research Group for Oncology (ARGO) comprising data of histopathological confirmed CRC patients from five tertiary hospitals in southwestern Nigeria from 2013 to 2023.

Results: Three hundred and twelve (31.2%) of the total of 945 patients in the database over the 10-year period had stage IV disease. 44.6% were female. The mean age was 54.4years(\pm 16.2). 64.1% earned monthly income \leq #30,000 (\$65). Emergency presentation occurred in 37.2%. Median duration of symptoms was 24weeks (IQR: 12 – 40). Previous history of passage of bloody stool was reported in 66.1% and change in bowel habit in 59.9% of patients. The most common primary tumour location was in the rectum (47.7%). The common metastatic sites were liver and chest in 58.3% and 18.7% respectively. 65.7% of the patients had surgical intervention. 44.6% received chemotherapy. The median overall survival was 7.1months (\pm 0.85; CI: 5.4–8.8). Emergency presentation, anaemia, and peritoneal disease were associated with lowest overall survival.

Conclusion: The proportion of patients with metastatic CRC is high. The median overall survival in these patients is poor. Given the frequent delay in presentation and high burden of metastatic disease, an early diagnosis program is in progress. This will hopefully improve on the current poor survival seen in many Nigerian CRC patients.

SERUM INSULIN-LIKE GROWTH FACTOR-1 (IGF-1) LEVELS IN A COHORT OF NIGERIAN BREAST CANCER PATIENTS

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ORAL ABSTRACTS | DAY 3, SESSION 6, SESSION ROOM 201/202, November 4, 2023, 3:20 PM - 3:50 PM

Objective: Breast cancer is the leading cause of cancer deaths in developing nations with a rising incidence and poor biological and clinical profile in Nigeria. The Insulin-like Growth Factor-1 (IGF-1) has been implicated in the aetiopathogenesis of breast cancer and linked to increased risk of breast cancer. We therefore aimed to determine the serum Insulin-like Growth Factor-1 level in women newly diagnosed with breast cancer and compare with age-matched controls, evaluating association with breast cancer risk factors and breast cancer subtypes.

Methods: This was a prospective cross-sectional study conducted in a Nigerian teaching hospital that enrolled female patients (aged 18 and above) with newly diagnosed histologically verified breast cancer and age-matched controls. Sociodemographic and clinical details were recorded. Serum IGF-1 level was determined by enzyme-linked immunosorbent assay (ELISA). Immunohistochemistry was also performed on formalin-fixed paraffin embedded tumour samples. Data collected was analyzed with the IBM SPSS Statistics version 22. Test of association between categorical variables was assessed using Chi-Square while continuous variables were assessed using Mann-Whitney U test and Kruskal-Wallis test. A two-sided p-value of 0.05 was considered the threshold for significance.

Results: Fifty women newly diagnosed histologically with breast cancer and fifty apparently healthy women were recruited. The median serum IGF-1 in the women with newly diagnosed breast cancer was 127.5 ng/ml, which was significantly higher than the median of 28.0 ng/ml observed in the controls ($p < 0.001$). Median serum IGF-1 was higher in patients with lesions positive for oestrogen, progesterone receptors and overexpressing Her2/neu, and highest in lesions with HR+HER2+ breast cancer.

Conclusions: Serum level of IGF-1 was significantly higher in women with breast cancer than women without breast cancer suggesting IGF-1 maybe an important factor in the development of breast cancer in Nigerian women and the IGF pathway may be a possible therapeutic target.

CERVICAL CANCER: KNOWLEDGE, PRACTICES AND BARRIERS TO EARLY DETENTION, PROVINCIAL HOSPITAL BY TETE, 2017

Mondlane G¹

¹MISAU, ²Ministry of Health, Tete Provincial Hospital

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

INTRODUCTION

CC (cervical cancer) is the fourth most common type among women in the world, with approximately 530,000 new cases and 265,000 deaths per year. In Africa, 23 out of 100,000 and in Mozambique 64 out of 100 women die annually¹. Lack of knowledge and access to diagnosis are the main factors in the acquisition of this pathology.

OBJECTIVE

Assess the level of knowledge, practices and barriers to early CC arrest.

METHODOLOGY

Quantitative cross-sectional descriptive study was carried out with 109 users of the gynecology and obstetrics services, a questionnaire was used for data collection with the following variables: Age, Educational qualifications, Risk factors, Regularity in carrying out the Papanicolaou test, Ease of obtaining information, Barriers of access to the Papanicolau.

RESULT

Most respondents were between 15-19 years old 44% (48/109). About (59.6%) of the participants have heard about (UCC) in prevention programs and (55%) do not know the risk factors (OR=15.6). Only (41.3%) of the respondents had already performed the Papanicolaou test and (59.6%) did not know how often ($p < 0.003$) the test should be performed.

CONCLUSION

The level of knowledge about the CC was unsatisfactory and the unfavorable practices in the regularity of the examination, the expansion of the network of cytopathology laboratories, combined with the social awareness about the screening of the CC for the early detection of precancerous lesions, and the consequences of the result of the Pap smear can reduce the barriers to its implementation.

Keywords: Cervical cancer, Pap test and Barriers to early detection.

CLINICAL-EPIDEMIOLOGICAL PROFILE OF NEOPLASMS THAT OCCURRED AT THE TETE PROVINCIAL HOSPITAL FROM JUNE-2018 TO MARCH-2019.

Mondlane G¹

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

INTRODUCTION: About 14 million people develop Cancer every year, and it could rise to more than 21 million people in 2030. Less than 30% of low-income countries have accessible diagnostic and treatment services, which delays early diagnosis and its treatment and prognosis. According to Globocan 2018, it is estimated that 25,631 new cases of cancer have occurred in Mozambique and a mortality of 17,813 cases, corresponding to an annual incidence of cancer estimated at 131 Age Standardized Rate (ASR) and an annual mortality of 97.8 (ASR) per 100,000 people. The availability of data on cancer in Mozambique does not allow for a temporal analysis. Knowing the Clinical and epidemiological profile of the neoplasms of the (PTH) it is possible to intervene in the reduction of highest prevalence.

OBJECTIVE: To identify the clinical and epidemiological profile of neoplasms that occurred at the Hospital Provincial de Tete (HPT) from June 2018 to March 2019.

METHODS: This is a retrospective, exploratory cross-sectional study with a quantitative approach. The Hospital Register Book (HPT) was used from June 2018 to March 2019 to extract the data that were analyzed in SPSS 22.0.

RESULT: About 1,350 Patients admitted 9.25% (125) had neoplastic pathologies, most patients were female 63.2% (79), more than half of the patients were aged 31-45 years 71.2% (89), and came city of Tete 72% (90) and 60% (75) had secondary education. The most frequent neoplastic clinical diagnosis was breast cancer with 20.8% (26) followed by cervical cancer with 16.8% (21) and hepatocellular carcinoma with 9.6% (12). The frequent histological type was squamous cell carcinoma with 12% (15) and type III cervical intraepithelial neoplasia with 8% (10).

CONCLUSION: The main Neoplasms were identified, which is a baseline that allows designing strategies for early detection, promoting health.

Keywords: Clinical profile, Epidemiological, Neoplasms.

DEFINING THE BURDEN OF HIV AMONG CANCER PATIENTS AT REGIONAL CANCER CENTRES IN MALAWI, ZIMBABWE, AND SOUTH AFRICA

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ORAL ABSTRACTS | DAY 4, SESSION 1, SESSION ROOM 205, November 5, 2023, 9:00 AM - 10:00 AM

Objective: In East and Southern Africa, people with HIV are at higher risk of developing cancer, but cancer and HIV care are siloed. We formed a new consortium of cancer and HIV clinicians and researchers from this region to develop evidence-based strategies to integrate HIV and cancer care delivery. Initially, we sought to characterize the burden of HIV among patients at cancer treatment centres in the region to define the population of patients who would most benefit from integrated HIV-cancer care delivery.

Methods: We abstracted HIV- and cancer-related data from adult patients receiving cancer care at public radiotherapy and oncology units in Malawi, Zimbabwe, and South Africa between 2018-2019. We conducted a complete case analysis using logistic regression to identify characteristics associated with positive HIV status. We used multiple imputation (MI) with logistic regression to impute missing HIV status and obtain a range for HIV prevalence among cancer patients at each site. MI models included age, gender, residence, and cancer diagnosis; ten imputations were conducted for each model.

Results: We included 1,648 records from Malawi, 1,135 records from Zimbabwe, and 1,044 records from South Africa. Male patients were less likely to have HIV than female patients in Zimbabwe (adjusted odds ratio [aOR]: 0.60. Patients aged >60 years were less likely to have HIV at all three sites (aOR: 0.17 [Malawi], 0.11 [South Africa], 0.34 [Zimbabwe]). Patients with infection-related cancers in South Africa and Zimbabwe were more likely to have HIV than patients with non-infection-related cancers (aOR: 5.3, 3.1, respectively). Imputed HIV prevalence ranged between 42.2-47.5% (Malawi, n=1,275 imputed values), 23.7-24.6% (South Africa, n=87 imputed values), and 33.8-35.2% (Zimbabwe, n=155 imputed values).

Conclusions: HIV prevalence and patient characteristics varied across regional cancer centres. Successfully integrating HIV and cancer care delivery will require strategies tailored to the context at each cancer centre.

A HELPING-HAND PROJECT: PAVING THE WAY TO PERSONALIZE AND OPTIMIZE HEREDITARY BREAST AND OVARIAN CANCER SYNDROME MANAGEMENT IN CAPE VERDE

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

i) OBJECTIVE: identify and characterize pathogenic/likely pathogenic (P/LP) gene variants associated with HBOC in Cape Verdean population through multigene panel testing; develop strategies to optimize the management of increased genetic risk patients

ii) METHODS: A Helping-Hand Project (HHP) is a translational research project that is integrated into the "Cape Verde-Breast Cancer Initiative", which aims to create a Multidisciplinary Breast Cancer Treatment Unit at the Agostinho Neto University Hospital (ANUH) in association with the "Cape Verde Molecular Biology Laboratory Implementation" project, which involves the creation of a molecular biology and genetics laboratory. The implemented HBOC family risk consultation is based on a mainstream genetic testing model, meaning that genetic testing and counseling are offered by a breast cancer specialist (oncologist/surgeon). The inclusion criteria are those outlined in the NCCN Guidelines for Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic cancers. Patients carrying a P/LP mutation will be evaluated by a medical genetics specialist and will be entered into an encrypted database. The statistical analysis will include demographic data as well as the prevalence and distribution patterns of specific variants within the population.

iii) RESULTS: To date, we have identified 509 patients diagnosed with breast cancer at ANUH Oncology Unit. 204 out of 509 breast cancer patients fulfill at least one inclusion criteria: 162 patients are less than 45 years old; 65 have triple-negative breast cancer; 7 are male patients; 41 have family history. Peripheral blood samples were collected from 130 patients for genetic analysis.

iv) CONCLUSIONS: The HHP will allow an optimized and tailored approach to patients with increased genetic risk for HBOC in Cape Verde and enhance scientific knowledge regarding the epidemiology of P/LP variants in an African population. The acquired knowledge may provide a basis for adapting the criteria for genetic testing in the context of HBOC in the Cape Verdean population.

BUILDING EFFECTIVE ACADEMIC-COMMUNITY PARTNERSHIPS FOR CANCER CONTROL AND CARE IN AFRICA: A COMPREHENSIVE APPROACH TO ADVOCACY AND COMMUNITY ENGAGEMENT

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Introduction: This presentation explores the outcomes of community outreach and engagement through partnerships between Virginia Commonwealth University's Massey Cancer Center, a local and global partner, and key community-based organizations in a peri-urban community. Petersburg is known for having the poorest health factors and outcomes in Virginia, US. The presentation explores how this community-engaged approach can support partnerships between US and Africa-based organizations.

Objective: The objective of this study is to provide a comprehensive review of using asset-based community engagement and outreach strategies, with a focus on advocacy, partnership building, and research in initially skeptical communities.

Methods: We critically review a ten-year period of community outreach approaches, partnerships, and collaborations for cancer education, advocacy, and partnerships. The evaluation includes assessing partnership types, capacity-building efforts, cancer programming, sustainability, implementation, and opportunities for community ownership and advocacy.

Results: The study addresses the National Cancer Institute's community outreach and engagement's seven action areas: Understanding the catchment community through partnerships, Conducting Research to address community needs, Engaging the Community, Taking Action to address cancer disparities, Designing Clinical Trials, and Translating and Extending Research into Policy.

Conclusions: Through this study, the profound significance of long-term community engagement and outreach in highly mistrustful communities is illuminated. The research showcases the power of effective advocacy, partnership building, and evidence-based approaches that can be sustained and translated to benefit African communities. Furthermore, it emphasizes the potential of these advocacy efforts to foster global partnerships, enabling capacity-building and the reduction of cancer's impact in Africa. Valuable lessons learned offer profound insights into the ability of local initiatives to address global community issues by employing bi-directional strategies and fostering comprehensive knowledge pathways with global partners.

PROSTATE CANCER MICROENVIRONMENTS IN BLACK AFRICAN MEN: LIMITED INFILTRATION OF CD8+, NK -CELLS, AND HIGH FREQUENCY OF CD73+ STROMAL CELLS

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Abstract

Background. Anti-cancerous immunology has yet to be investigated in the African black population, despite being the dawn of precision medicine. Here we investigated the tumor microenvironment of prostate cancer and benign prostatic hyperplasia (BPH) in black Africans.

Methods. Through immunohistochemistry analysis of prostate cancer and BPH patients' biopsies, we investigated the expression and distribution of CD73, CD8 T-lymphocytes, and natural killer cells.

Also, we looked at tumor-infiltrating features CD8 T-lymphocytes and natural killer cells.

Results. We show for the first time in black Africans a high expression of CD73 in epithelial-stromal cells and virtually no infiltration of CD8 T lymphocytes and natural killer cells in the tumoral area. In addition, CD73 was seven (7) times more likely to be expressed in prostate cancer stromal tissues than in benign prostatic hyperplasia tissues (odds ratio = 7.2; $\chi^2 = 21$; $p < 0.0001$). In addition, PSA concentration was significantly higher in prostate cancer patients than in BPH patients ($p < 0.001$). Also, the PSA-based ROC analysis showed an area under the curve of 0.87 ($P < 0.0001$).

Conclusion. CD73 expression is more likely expressed in prostate cancer stromal tissues than in benign prostatic hyperplasia tissues. The features of prostate cancer in Black Africans suggest CD73 expression as a possible target for immunotherapy in this population.

RADIOLOGIC PATTERNS OF CERVICAL CANCER RECURRENCE AT A TERTIARY TEACHING HOSPITAL IN SUB-SAHARAN AFRICA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Background: Cervical cancer is a major cause of mortality and morbidity, especially in developing countries. Recurrence of cervical cancer is common, with about one-third of treated women experiencing recurrence within the first 2-3 years after treatment. This study aimed to investigate the pattern and time to recurrence of cervical cancer in a tertiary hospital in Sub-Saharan Africa to provide insights into optimal timing and imaging modality for follow-up.

Methods: Methods: This retrospective study analyzed imaging surveillance data (FDG PET/CT, Pelvic MRI, and CT) and clinical information of 122 cervical cancer patients treated between 2011 and 2021. Descriptive and inferential analyses were performed, using frequency, percentages, mean (standard deviation), ANOVA, independent t-tests, and Fisher's exact test. Descriptive analysis examined categorical variables, continuous variables, and time-to-recurrence as a categorical variable. ANOVA compared mean ages across different recurrence times, t-tests assessed tumor recurrence patterns, and Fisher's exact test evaluated associations between time to recurrence, pattern of recurrence, and clinical characteristics.

Results: Most patients experienced distant/multisite recurrences (72%), with locoregional recurrence being the least frequent (28%). The time to recurrence ranged from six to 264 months, with a median of 14 months (IQR of 8 to 33 months). About 67.2% of patients experienced recurrence within two years of treatment completion, while 24.6% showed recurrence between two and five years. Most participants were asymptomatic at the time of recurrence. The study found a significant association between time-to-recurrence and the pattern of tumour recurrence, with most pelvic recurrences occurring within two years (73%, p-value=0.046).

Conclusion: Distant/multisite recurrences were the most prevalent. The majority of recurrences occurred within two years of treatment completion, with a median time to recurrence of 14 months.

OUTCOMES OF WILMS TUMOR THERAPY IN LILONGWE, MALAWI 2016-2021: SUCCESSES AND ONGOING RESEARCH PRIORITIES

Mpasa A¹, Holmes D², Matatiyo A³, Huibers M⁴, Manda G⁵, Tomoka T^{3,6}, Mulenga M⁷, Namazzi R^{8,9}, Mehta P^{2,8}, Chintagumpala M², Allen C^{2,8}, Nuchtern J², Zobeck M^{2,8}, Mzikamanda R¹, Ozuah N^{2,8}, Nandi B², McAtee C^{2,8}

¹Global Hope Malawi, ²Baylor College of Medicine Children's Foundation, ³University of North Carolina Project, Malawi, ⁴Princess Maxima Center, Utrecht, ⁵University of Antwerp, ⁶Kamuzu University of Health Sciences, Blantyre, ⁷Kamuzu Central Hospital, Lilongwe, ⁸Global HOPE, Houston, Texas, ⁹Makererele University College of Health Sciences

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective:

The purpose of this study was to identify highest priority targets for future clinical and implementation trials in sub-Saharan Africa by assessing outcomes of a resource-adapted treatment protocol in Malawi.

Methods:

We conducted a retrospective cohort study of children treated for Wilms tumor with an adapted SIOP-backbone protocol in Lilongwe, Malawi between 2016-2021. Survival analysis assessed variables associated with poor outcome with high potential for future research and intervention.

Results:

We identified 136 patients, most commonly with stage III (n=35; 25.7%) or IV disease (n=35; 25.7%). Two-year event-free survival (EFS) was 54% for Stage I/II, 51% for Stage III, and 13% for Stage IV. A single patient with Stage V disease survived to one year. Treatment abandonment occurred in 36 (26.5%) patients. Radiotherapy was indicated for 55 (40.4%), among whom three received it. Of these 55 patients, 2-year EFS was 31%. Of 14 patients with persistent metastatic pulmonary disease at time-of-nephrectomy, none survived to two years. Notable variables independently associated with survival were severe acute malnutrition (hazard ratio, HR, 1.9), increasing tumor stage (HR, 1.5), and vena cava involvement (HR, 3.1).

Conclusion

High-impact targets for clinical and implementation trials in low-resource settings include treatment abandonment, late presentation, and approaches optimized for healthcare systems with persistently unavailable radiotherapy.

OUTCOMES OF WILMS TUMOR THERAPY IN LILONGWE, MALAWI 2016-2021: SUCCESSES AND ONGOING RESEARCH PRIORITIES

Mpasa A¹, Holmes D², Matatiyo A³, Huibers M⁴, Tomoka T⁶, Mulenga M⁷, Namazzi R^{8,9}, Mehta P^{2,8}, Chintagumpala M², Allen C^{2,8}, Zobeck M^{2,8}, Nuchtern J², Borgestein E⁶, Mzikamanda R¹, Ozuah N^{2,8}, Nandi B², McAtee C^{2,8}

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ORAL ABSTRACTS | DAY 5, SESSION 3, SESSION ROOM 205, November 6, 2023, 9:00 AM - 10:00 AM

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Methods:

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We identified 136 patients, most commonly with stage III (n=35; 25.7%) or IV disease (n=35; 25.7%). Two-year event-free survival (EFS) was 54% for Stage I/II, 51% for Stage III, and 13% for Stage IV. A single patient with Stage V disease survived to one year. Treatment abandonment occurred in 36 (26.5%) patients. Radiotherapy was indicated for 55 (40.4%), among whom three received it. Of these 55 patients, 2-year EFS was 31%. Of 14 patients with persistent metastatic pulmonary disease at time-of-nephrectomy, none survived to two years. Notable variables independently associated with survival were severe acute malnutrition (hazard ratio, HR, 1.9), increasing tumor stage (HR, 1.5), and vena cava involvement (HR, 3.1).

Conclusion

High-impact targets for clinical and implementation trials in low-resource settings include treatment abandonment, late presentation, and approaches optimized for healthcare systems with persistently unavailable radiotherapy.

ADRIAMYCIN, BLEOMYCIN, VINBLASTINE, DACARBAZINE FOR HODGKIN LYMPHOMA IN MALAWI; EXCELLENT OUTCOMES BUT WITH PERSISTENT CLINICAL DISPARITIES COMPARED TO HIGH-INCOME COUNTRIES

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE

To assess the outcomes of patients with CHL(classic Hodgkin Lymphoma) treated with ABVD in low resource setting compared to high income countries.

METHODS

Thirty-eight participants aged 15 or older newly diagnosed with CHL were enrolled in Malawi from 2013-2021 and followed for up to five years or were censored May 2022. All CHL diagnoses were made histologically and confirmed by immunohistochemistry during telepathology conferences including providers and pathologists in Malawi and at the University of North Carolina at Chapel Hill. Three patients were excluded from survival analysis as they were not treated with ABVD. Staging was done by chest x-ray, abdominal ultrasound, and bone marrow biopsy. Participants were treated with ABVD chemotherapy and PLWH received concurrent antiretroviral therapy. Post-progression therapy was limited to salvage chemotherapy regimens without access to radiation or autologous stem cell transplantation.

RESULTS

Median age for participants was 27 and eleven (28%) participants were HIV infected. Twenty-five (65%) participants had stage III and IV diseases and 13 (35%) had Eastern Cooperative Oncology Group performance status >1. Among persons living with HIV, mean CD4 count was 179 and ten (91%) participants had suppressed viral load <1,000 copies/mL. There were ten total deaths during the study period of which only one was from possible treatment toxicity. The 2-year overall survival was 83% and 2-year progression free survival was 64%. There was no significant difference in survival by HIV status.

CONCLUSION

Most patients with CHL in Malawi present with advanced or unfavorable risk CHL. Treatment with ABVD is effective and well tolerated in Malawi with the majority of patients achieving a complete response and remaining in remission long-term. However, there is a marked disparity between outcomes with ABVD in high-income countries and enhancements are needed to improve early diagnosis and provide therapy options for relapsed/refractory disease.

BREAST CANCER: SCALING UP SCREENING AND EARLY DETECTION IN KILIMANJARO REGION, NORTHERN TANZANIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background: Breast cancer (BC) is the most common female cancer worldwide with significant global disparities in screening, stage at diagnosis, treatment outcomes and survival. Despite a lower BC incidence in Sub-Saharan Africa (SSA), 75% of women are diagnosed in stage III and IV disease. Later stages are associated with worse outcomes. Reasons for this advanced stage at diagnosis and high mortality can be characterized by patient, provider, and health system factors. In Tanzania, there is limited access to BC screening and diagnostic services which are available only at referral hospitals. We aimed to describe the findings of the BC control program that is empowering women at risk of developing BC with health education, screening and early detection in Northern Tanzania.

Methods: Preliminary data from an ongoing BC control program were extracted and descriptively analysed for this study. The program targets potentially asymptomatic women aged ≥ 30 years old in Kilimanjaro, Tanzania. The women are invited for clinical breast examination (CBE) and if suspicious lesions are found, FNA/trucut needle biopsy are performed. Participants found with pathological lesions are linked to care including surgico-oncology treatment.

Results: Of 1892 women included in this study, the mean age was 52 years. A total of 143 (7.6%) participants had abnormal findings on CBE, of these 18 (12.6%) were confirmed to be BC on histopathology. The remaining were benign conditions of which fibroadenoma was the commonest 47 (32.9%). The vast majority of participants with BC 13 (72.2%) had clinical stage I or II; and infiltrating ductal carcinoma, NST was the commonest 15 (83.3%) histopathology type. Hormonal receptor status determination established 9 (50%) and 5 (28%) of BC tumours to overexpress ER and HER-2 respectively.

Conclusion: Organized screening, early detection and control programs should be expanded to improve outcomes of BC patients in Tanzania.

CERVICAL CANCER IN NORTHERN TANZANIA—WHAT DO WOMEN LIVING WITH HIV KNOW?

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ORAL ABSTRACTS | DAY 5, SESSION 7, SESSION ROOM 205, November 6, 2023, 3:20 PM - 3:50 PM

Background: Cervical cancer (CC) is more prevalent in women living with human immunodeficiency virus (HIV) infection compared to the general population. The magnitude is high among all countries burdened with HIV— Tanzania is no exception. Despite the unprecedented risk, women living with HIV (WLHIV) may not be aware of the risk and might have unfounded beliefs thereof.

Objectives: This study aimed to determine the knowledge, awareness, and beliefs on CC screening among WLHIV attending a clinic at the Kilimanjaro Christian Medical Centre (KCMC) in Northern Tanzania.

Methods: Hospital-based cross-sectional study was conducted among 327 WLHIV attending care and treatment clinic (CTC) at KCMC. A pre-tested questionnaire was used to collect quantitative data. Both descriptive and regression methods were used to determine CC knowledge, awareness, and beliefs as well as factors associated with knowledge of CC among WLHIV using SPSS version 23.

Results: Participants' mean age was 46 ± 10.4 years. Although just half (54.7%) of WLHIV had insufficient knowledge of CC, the majority of the participants (83.5%) were able to recognize at least three risk factors, but with limited understanding of symptoms and prevention. The majority held positive beliefs on CC and screening practices. Factors associated with good knowledge of CC included being married (AOR: 3.66, 95% CI: 1.84–7.28), having used ART for at least 2 years (AOR: 4.08, 95% CI: 1.36–12.21), and having previously screened for CC (AOR: 1.62, 95% CI: 1.01–2.59)

Conclusion: WLHIV attending CTC had insufficient knowledge about CC screening. To further improve screening and treatment for CC, at both facility and community levels, targeted awareness and education campaigns are warranted

Recommendations: Posters on CTC clinic walls and fliers to WLHIV could increase CC knowledge. Using the ongoing prevention effort to educate this specific group by empowering HCPs to link CC and CTC services throughout care.

DIAGNOSTIC VALIDATION OF A PORTABLE WHOLE SLIDE IMAGING SCANNER FOR LYMPHOMA DIAGNOSIS IN RESOURCE-CONSTRAINED SETTING: A CROSS-SECTIONAL STUDY

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ORAL ABSTRACTS | DAY 5, SESSION 2, SESSION ROOM 201/202, November 6, 2023, 9:00 AM - 10:00 AM

Background: Telepathology utilizing high-throughput static whole slide image (WSI) scanners is proposed to address the challenge of limited pathology services in resource-restricted settings. However, prohibitive equipment costs and sophisticated technologies coupled with large amounts of space to set up the devices make it impractical in these settings.

Objectives: we aimed to address this challenge by validating a portable WSI device against glass slide microscopy (GSM) using lymph node biopsies from suspected lymphoma cases from Sub-Saharan Africa.

Methods: A multi-center study involving 105 surgical lymph node specimens initially confirmed by gold-standard pathology was performed. The tissues were processed according to standard protocols for H&E and IHC staining by well-trained histotechnicians, then digitalized the H&E and IHC slides at each center. The digital images were anonymized and uploaded to a HIPAA-compliant server by the histotechnicians. Three study pathologists independently accessed and reviewed the images after a 6-week washout. The agreement between diagnoses established on GSM and WSI across the pathologists was described and measured using Cohens' kappa coefficient (κ).

Results: On GSM, 65.5% (n=84) of specimens were lymphoma; 25% were classified as benign, while 9.5% were metastatic. Morphological quality assessment on GSM and WSI established that 79.8% and 53.6% of cases were of high quality, respectively. When diagnoses by GSM were compared to WSI, the overall concordance for various diagnostic categories was 93%, 100%, and 86% for lymphoma, metastases, and benign conditions respectively. The sensitivity and specificity of WSI for the detection of lymphoma were 95.2% and 85.7%, respectively, with an overall inter-observer agreement (κ) of 0.86; 95% CI (0.70–0.95).

Conclusions: We demonstrated that WSI is non-inferior to GSM for primary diagnosis of lymphomas. Our results further provide proof of concept that mobile WSI can be adapted to resource-restricted settings for primary surgical pathology and would significantly improve patient outcomes

KNOWLEDGE, ATTITUDE AND PRACTICES TOWARDS CERVICAL CANCER CONTROL AMONG UNIVERSITY STUDENTS IN KILIMANJARO, TANZANIA

Mremi A^{1,2,3}, Jedy-Agba E⁷, Addissie A⁴, Kantelhardt E⁵, Joffe M⁶, Mmbaga B^{1,2,3}

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

BACKGROUND: Despite being potentially preventable and treatable, cervical cancer (CC) is still a public health problem globally. Developing countries especially in sub-Saharan Africa have disproportionately higher burden partly due to limited awareness among women at risk. Adequate knowledge, attitude and practices (KAP) by all women at risk is essential towards CC elimination. We aimed to assess KAP towards CC control among Tanzanian university students.

METHODS: A cross-sectional analysis was carried out among students in three (one medical and two non-medical) universities in Kilimanjaro Tanzania between June and September 2022. A self-administered questionnaire was used to collect data. Utilizing a stratified simple random selection technique, participants were chosen. Using STATA software version 17, descriptive and regression analyses were performed.

RESULTS: In total, 354 students with ages ranging from 18 to 40 years were included in this study, with mean age of $22.9 \pm (SD=2.4)$. The vast majority 307 (86.7%) agreed that they have heard about CC from different information sources. About a half, 183 (51.7%) of them didn't know that HPV is the causative agent of CC. Only 237 (67%) knew that CC can be cured at an earlier stage. Nearly two thirds 222 (62.7%) were not informed regarding the presence of the national CC screening program. Being female, medical university student and in ≥ 4 th year of studying were statistically associated with good knowledge and attitude of CC ($p < 0.000$) while other socio-demographic characteristics including age and marital status didn't show any association.

CONCLUSION: Our study results suggest that most of university students in Tanzania have limited KAP towards CC prevention and control. Comprehensive prevention and control strategies that are essential for the eradication of CC will only be effective if the entire community including university community is equipped with adequate KAP regarding CC and its risk factors. Therefore, no woman should be left behind.

NOHA: A PROMISING BIOMARKER FOR DETERMINING ESTROGEN RECEPTOR STATUS AMONG PATIENTS WITH BREAST CANCER IN RESOURCE-CONSTRAINED SETTINGS

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ORAL ABSTRACTS | DAY 5, SESSION 2, SESSION ROOM 201/202, November 6, 2023, 9:00 AM - 10:00 AM

PURPOSE Challenges to breast cancer control in low-and middle-income countries exist because of constrained access to care, including pathology services. Immunohistochemistry (IHC)–based estrogen receptor (ER) analysis is limited-nonexistent because of few and inadequately staffed and equipped pathology laboratories. We have identified Nw-hydroxy-L-Arginine (NOHA) as a blood-based biomarker to distinguish ER status in US patients with breast cancer. Here, we examine NOHA’s clinical utility as an ER IHC alternative in Tanzanian patients.

MATERIALS AND METHODS Following informed consent, 70 newly diagnosed, known or suspected patients with breast cancer were enrolled at Kilimanjaro Christian Medical Center; basic, deidentified clinical and sociodemographic data were collected. For each, a needle prick amount of blood was collected on a Noviplex plasma card and stored at -80°C. Plasma cards and unstained tumor pathology slides were shipped regularly to US laboratories for NOHA, histologic and IHC analysis. NOHA and IHC assay operators were blinded to each other’s result and patient clinical status. Paired NOHA and IHC results were compared.

RESULTS Slides from 43 participants were available for pathological analysis in the United States. Of those with confirmed malignancy (n = 39), 44%, 51%, 5% were ER-positive, ER-negative, and ER inconclusive, respectively. NOHA levels were available among 33 of 43 of those with pathological data and showed distinct threshold levels correlating 100% to tumor ER IHC and disease categorization where a level below 4 nM, from 4 to 8 nM, and above 8 nM signified ER-negative, ER-positive, and no cancer, respectively.

CONCLUSION The results are consistent with findings from US patients and suggest NOHA’s clinical utility as an accessible IHC replacement in determining ER status among low-and middle-income country patients with breast cancer, promising to extend access to cost-efficient, available hormonal agents and improve outcomes.

PERFORMANCE OF HPV TESTING, PAP SMEAR AND VIA IN WOMEN ATTENDING CERVICAL CANCER SCREENING IN KILIMANJARO REGION, NORTHERN TANZANIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective There is a concern about performance of screening approaches, where information on quality of novel and affordable screening approaches that will perform well in remote areas is warranted. This lack of information makes it difficult to prioritise resource use in efforts to improve cervical cancer (CC) outcomes. We aimed to compare the diagnostic value of HPV testing on self-collected samples, Pap smear and VIA tests for detection of high-grade cervical intraepithelial neoplasia or worse (CIN2+).

Methods: A combined cross-sectional and cohort study was performed in 3 primary healthcare centres in Kilimanjaro, Tanzania. Participants were 1620 women undergoing cervical cancer screening from December 2018 to September 2021. Inclusion criteria were being aged 25–60 years, and no history of CCcer. Exclusion criteria were overt signs of cancer and previous hysterectomy. Participants underwent HPV self-sampling with Evalyn Brush and Care HPV kit assay was used to determine prevalence of high-risk HPV infection. Women with positive HPV test were together with a random sample of HPV negative women scheduled for follow-up where VIA was performed, and Pap smear and cervical biopsies obtained.

Results Of 1620 women enrolled, 229 (14.1%) were HPV positive and 222 of these attended follow-up together with 290 (20.8%) women with negative HPV test. On VIA, 17.6% were positive. On Pap smear, 8.0% were classified as high grade squamous intraepithelial lesion. The sensitivity and specificity respectively, of the various tests, compared with histopathology for the detection of CIN2+ were: HPV test 62.5%, 59.3%; Pap smear 82.8%, 82.1% and; VIA 48.4%, 56.8%. When combined, the sensitivity and specificity for HPV and Pap smear were 90.6%, 70.6% while HPV and VIA were 65.6% and 75.5% for the detection of CIN2+

Conclusions The performance of care HPV testing on self-collected samples opens the possibility of increasing coverage and early detection in resource-constrained settings.

EVIDENCE-BASED APPROACH TO QUANTIFICATION AS MEANS TO IMPROVING ACCESS TO ANTICANCER MEDICINES IN ZAMBIA

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ORAL ABSTRACTS | DAY 4, SESSION 1, SESSION ROOM 205, November 5, 2023, 9:00 AM - 10:00 AM

OBJECTIVE

The Ministry of Health of Zambia (MOH) is decentralizing cancer care to two additional hospitals. Therefore, in order to establish comprehensive information of the systemic treatment required, and enable mobilization of funds to inform appropriate procurement, the MOH conducted the first national demand forecast for anticancer medicines.

METHODS

The quantification process started with data collection from Cancer Diseases Hospital (CDH). Data was collected for 14 cancers of which 9 were adult and 5 were pediatric cancers and included patient characteristics, stage distributions, medication regimens, and drug dosing information across the entire patient population. The year 2016 was considered for data collection as it had the most stable medicine availability and therefore likely to have preferred prescribing practices. Data was collected for 1,067 patients, representing a third of the total patient load seen at CDH.

During a validation, oncologists and oncology pharmacists reviewed the data and selected appropriate evidence-based regimens to quantify based on NCCN Harmonized Guidelines for sub-Saharan Africa. A five-day quantification workshop was then held employing a suite of Excel-based forecasting tools developed by the Clinton Health Access Initiative (CHAI). Inputs from the validated data included regimen mix, patient treatment schedules, average dosing practices, progression and palliative care. Patient numbers by cancer and stage were projected from pre-Covid trends (2016-2019) and expected patient load from two expansion sites. Drug prices were sourced from past procurement and regional average prices.

RESULTS

A total of 93 products were quantified for volumes and associated total costs. The national need for oncology medicines for the year 2022 was estimated to be USD10.7million. Of this, adults would consume 97% (USD10.3 million) while children would require USD\$364,000. The quantification was used to inform subsequent procurements.

CONCLUSIONS

Evidence-based quantifications using available data can inform national policy and budgeting to improve access to cancer medicines.

TRADITIONAL HEALERS KNOWLEDGE, ATTITUDE AND PRACTICE RELATING BREAST CANCER IN RURAL AND URBAN TANZANIA: A CROSS SECTIONAL STUDY

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: Breast cancer (BC) is the commonest cancer among women worldwide, with approximately 1.6 million new cases diagnosed each year. This accounts for 12% of all new cancer cases and 25% of all cancers in women. In Tanzania the majority of breast cancer patients are diagnosed at advanced stages with the majority being after seeking care from traditional healers. Unfortunately, to date there is no data existing on knowledge, attitude and practice of breast cancer care among traditional healers in northern Tanzania. Therefore, this study aims to assess knowledge, attitude and practices in breast cancer care among traditional healers in Kilimanjaro region.

METHODS: Community-based cross-sectional study was conducted. A random sampling technique was used. Data was collected with a self-administered questionnaire. The collected data was processed and analysed with the computer using SPSS version 23 software. Descriptive statistics was used to describe the socio-demographic characteristics of the participants. Chi square was used to identify social demographic factors associated with the outcome variables. Statistical significance was stated at $p < 0.05$.

RESULTS: About 206 traditional healers participated in the study. The median age was 62 years. Of which 28.2 % were illiterate, 51.9 % married, 38.3 % had working experience more than 32 years. Majority 77.7 % were from rural communities. Overall knowledge revealed, 59.2% had poor knowledge, 40.8% had good knowledge. Age, marital status, education and working experience was statistically significant with knowledge on breast cancer (both with $P < 0.001$). Overall, 71.4% had poor attitude towards breast cancer with education and religion showing statistical significant ($p = 0.003$ and 0.014 , respectively). Further, 78.2% of participants had poor practices towards BC care, however, no factor was statistical significance ($p > 0.05$).

CONCLUSION: Differences in knowledge, attitude and practice between rural and urban traditional healers suggest the importance of tailoring education campaigns and outreach efforts to breast cancer management.

PATIENTS PERSPECTIVES ON LATE DIAGNOSIS OF BREAST CANCER IN NORTHERN TANZANIA: THE ROLE OF TRADITIONAL HEALERS

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ORAL ABSTRACTS | DAY 3, SESSION 7, SESSION ROOM 205, November 4, 2023, 3:20 PM - 3:50 PM

OBJECTIVE: The purpose of this qualitative study is to explore the experience of breast cancer diagnosis amongst rural and urban patients in Northern Tanzania.

METHOD: Women diagnosed and confirmed with breast cancer in outpatients setting in a Cancer Care Centre were identified by clinic nurse and introduced to the study. Semi-structured interviews were conducted and transcribed verbatim. Thematic coding using a grounded theory approach was done by two independent researchers using NVivo 12 Mac.

RESULTS: Seventeen respondents (85%) sought care from traditional healers prior to diagnosis and treatment at the modern hospital. Women largely described this pattern of care due to family or community recommendations and pressures to first seek care with traditional healers as noted by one woman "...neighbors who took me to the traditional healer they told me that, it is the same healer who treated the man who cured from cancer..." All the participants regretted this decision at time of interview due to ineffective and costly treatment which ultimately delayed their hospital presentation and ability to receive quality treatment. One women stated "...the medicine cost me one thousand and fifty thousand Tanzanian shillings..."but when used and found there are no any good progress didn't continue to take it..." Rural patients emphasized "...no they cannot cure cancer...they took our money waste our time.... I don't belief on them at all..."

CONCLUSION: Traditional healers are an important target for intervention to improve cancer care. A majority of breast cancer patients sought out traditional healers, leading to regret and delays in cancer care. Culturally sensitive interventions targeting these providers are necessary to promote early detection, decrease delay in presentation, and improve timely access to care.

Key words: Patients, Traditional healers, Perspectives, Late Diagnosis, Breast Cancer

PATIENT CHARACTERISTICS AND OUTCOMES OF COLORECTAL CANCER AT A CANCER HOSPITAL IN RWANDA: RESULTS FROM A RETROSPECTIVE COHORT

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Background: There are few studies on CRC in sub-Saharan Africa. Butaro Cancer Center of Excellence (BCCOE) in Rwanda provides patients with CRC access to chemotherapy, surgery, and radiotherapy referrals. Here, we describe patient characteristics, treatments delivered, and outcomes.

Methods: This retrospective observational study included 141 patients with CRC who presented between July 2012 and June 2018. We summarize data on patients with colon cancer (CC) versus rectal cancer (RC), including patient characteristics, diagnostic and treatment data, and follow-up outcomes up to December 2022. For patients treated with curative intent, we plotted Kaplan Meier estimation of disease free survival (DFS), defined as time from presentation to cancer recurrence, progression, or death.

Results: The median age was 52 years, and 52.5% of patients were female. Of the total population, 109 (77.3%) patients had RC, and 83 (60%) lived in rural Rwanda. All provinces in Rwanda were represented; and 14 patients (10%) presented from outside Rwanda. Median symptom duration prior to presentation was 12 months. Traditional medicine was used by 61 (43%) patients. Upon initial presentation, 75 (53.2%) patients were non-metastatic, 48 (34.0%) de novo metastatic, 4 (2.8%) with recurrent disease, and 14 (9.9%) with indeterminate staging. Of the 93 patients treated initially with curative intent, 60 (64.5%) patients received neoadjuvant and/or adjuvant chemotherapy, and 40 (43.0%) patients underwent surgery. Of the 109 patients with RC, 23 (21.1%) received concurrent chemoradiation. Among the 75 patients with non-metastatic disease median DFS was 29 months. At last contact, of the total population, 70 (56%) patients had died or were referred to palliative care while 15 (16.9%) had completed treatment with no known recurrence.

Conclusions: Multidisciplinary CRC treatment remains a challenge in low-resource settings. Our results highlight gaps in CRC care and suboptimal patient outcomes; most striking gaps were the low rates of surgery and radiation.

INCIDENCE OF THE ESOPHAGUS CANCER IN UASIN GISHU COUNTY (2016-2020)

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objectives

The Eldoret cancer registry was established in 1999, it is located at MOI University School of Medicine in the department of Pathology, Hematology and Blood Transfusion unit. The Eldoret Cancer registry covers the community of Uasin Gishu County with the population of 1,163,186 people, 580,269 males, 582,889 females and 28 intersex. The aim of this study was to determine the incidence of esophageal cancer in Uasin Gishu for the period 2016-2020 and generate Age standardized rates to be used for research, planning and notify the public about the burden of cancer.

Methods

Trained cancer registrars were involved in active case finding and data collection on cancer cases in different health facilities to find the incidence rates in Uasin Gishu County. In addition, ICD-O manual was used in coding morphology and topography of cancer cases. Canreg5 software was also used in data entry, data quality and analysis.

Results

The total number of cases collected was 3,096. Among them 378 cases were cancer of esophagus, 242 males and 136 females diagnosed within that period, and age standardize rate was 18.7 males and 10.1 females which represents 16.5% and 8.5% respectively. The most affected age group in both gender was 65 and above.

Conclusion

There is a higher incidence of esophagus cancer in male compared to that of females. The ASR of male is twice the incidence in female and both sexes were affected at the ages of 65 years and above. As per the outcome of this study I recommend that further studies has to done to find out why males are mostly affected than females.

AWARENESS, KNOWLEDGE, AND ACCEPTABILITY OF SELF-SAMPLING CERVICAL SCREENING: A NIGERIAN POPULATION SURVEY

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Introduction: Cervical cancer is a significant public health issue in Nigeria, with low screening rates contributing to high mortality rates. Self-collected cervical screening has emerged as a potential solution to increase screening accessibility and coverage. This study aimed to assess the awareness, knowledge, and acceptability of self-collected cervical screening among the Nigerian population.

Methods: A population-based survey was conducted among a representative sample of Nigerian women aged 18-65 years. A structured questionnaire was used to collect data on participants' awareness of self-collected cervical screening, knowledge about the procedure, and their willingness to undergo this method. Descriptive statistics and logistic regression analysis were performed to examine the associations between sociodemographic factors and acceptability.

Results: Among the 1250 women surveyed, only 35% were aware of self-collected cervical screening. However, after providing an explanation of the procedure, knowledge significantly increased, with 80% of women expressing familiarity with the concept. The survey revealed that 65% of participants found self-collected cervical screening acceptable and expressed willingness to undergo the procedure. Factors associated with higher acceptability included younger age, higher education level, urban residence, and prior knowledge of cervical cancer.

Conclusion: This Nigerian population survey highlights the low awareness but high acceptability of self-collected cervical screening among women. Efforts should be focused on raising awareness through targeted educational campaigns, emphasizing the simplicity and effectiveness of the self-collection method. Healthcare providers should play a crucial role in promoting self-screening as a viable option to overcome barriers to traditional screening methods. By improving awareness and knowledge, self-collected cervical screening has the potential to substantially increase cervical cancer screening rates in Nigeria, leading to early detection, timely treatment, and reduced mortality.

INTERVENTIONS TO PROMOTE PROSTATE CANCER AWARENESS AND EARLY PRESENTATION THROUGH FREE SCREENINGS AMONG RURAL AND URBAN POPULATIONS IN NIGERIA:

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Introduction: Prostate cancer is a significant health concern for men in Nigeria, with late-stage diagnosis contributing to poor outcomes. This study aimed to evaluate the effectiveness of tailored interventions, including FREE screenings, in promoting prostate cancer awareness and early presentation among rural and urban populations in Nigeria.

Methods: A community-based program was implemented, targeting men aged 40 years and above in selected rural and urban areas. The interventions included educational campaigns, community outreach, and FREE prostate cancer screenings. Tailored approaches were employed to address specific challenges and barriers faced by men in seeking healthcare. Quantitative surveys were conducted to assess changes in prostate cancer knowledge, attitudes, and screening behaviors before and after the program. Descriptive statistics and paired t-tests were used for data analysis.

Results: Surprisingly, a high number of men participated in the FREE screenings, both in rural and urban areas. Pre-program surveys revealed limited awareness and low uptake of prostate cancer screenings. However, after the interventions, knowledge levels significantly improved, and interest in screening increased. Post-program surveys indicated a substantial increase in the number of men seeking prostate cancer screenings compared to pre-program levels. Factors contributing to increased interest included tailored messaging, the convenience of FREE screenings, and the presence of culturally sensitive healthcare providers.

Conclusion: Tailored interventions, including FREE screenings, effectively increased prostate cancer awareness and early presentation among men in rural and urban populations in Nigeria. By addressing specific barriers and tailoring the program to men's needs, interest and uptake of screenings significantly improved. This study highlights the importance of developing targeted interventions for men, promoting awareness, and breaking down barriers to seeking healthcare services. The findings underscore the potential of community-based programs and FREE screenings to address disparities in prostate cancer detection and contribute to improved health outcomes among men in Nigeria.

SCREENING AND MANAGEMENT OF PRECANCEROUS LESIONS AMONG WOMEN IN KEBBI STATE, NIGERIA.

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Introduction: Precancerous lesions of the cervix are a significant precursor to cervical cancer, which is a leading cause of morbidity and mortality among women in Nigeria. Screening and appropriate management of these lesions are crucial for early detection and prevention. This study aimed to assess the current status of screening and management practices for precancerous lesions among women in Kebbi State, Nigeria.

Methods: A cross-sectional study was conducted among a representative sample of women aged 25-65 years in Kebbi State. Data were collected through structured interviews and medical record reviews at selected healthcare facilities. The study assessed the utilization of cervical cancer screening services, including Pap smears and visual inspection methods, and the subsequent management of identified precancerous lesions. Descriptive statistics were used to summarize the data.

Results: Among the over 5,000 women included in the study, only 25% had ever undergone cervical cancer screening. The majority of women (75%) had not received any form of screening. Lack of awareness about screening services, limited access to healthcare facilities, and cultural barriers were identified as the main reasons for low screening uptake. Among those screened, 30% were diagnosed with precancerous lesions. However, management options such as cryotherapy, thermal ablation or referral for further evaluation were only offered to 50% of women with identified lesions.

Conclusion: This study reveals a low uptake of cervical cancer screening and suboptimal management of precancerous lesions among women in Kebbi State, Nigeria. Efforts should focus on enhancing awareness about the importance of screening, addressing barriers to access, and strengthening healthcare infrastructure for timely diagnosis and management of precancerous lesions. Community-based educational programs, training of healthcare providers, and strategic partnerships with local organizations are essential for improving screening coverage and ensuring appropriate management of identified lesions.

CLINICAL SUSPICION OF KS AND CORRELATION WITH HISTOLOGIC DIAGNOSIS IN A KS ENDEMIC POPULATION

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE

Kaposi sarcoma (KS) is one of the most common cancers in sub-Saharan Africa. Skin punch biopsy is the gold standard for diagnosis. However, histologic diagnosis of KS is often limited due to lack of necessary resources or personnel; diagnosis is often made clinically. The objective of this study was to compare clinical suspicion of KS with gold-standard histopathology and immunohistochemistry in a KS endemic population.

METHODS

We conducted a prospective study of biopsies of consecutive patients referred for diagnosis as part of study for novel diagnostics for KS in Lilongwe, Malawi April 2021-February 2023. The most suspicious lesion thought to be safe was biopsied. Samples were then processed for histopathology and immunohistochemistry (latency-associated nuclear antigen (LANA)).

RESULTS

222 potential participants were screened and 216 participants were enrolled of which 167 (77%) were men with median age 40 (IQR 34-46). 189 (88%) participants were HIV positive. The vast majority, 211 (98%), of biopsies were from the leg. The quality of biopsies was excellent with only three (1%) samples insufficient for diagnosis. The following histopathologic diagnoses were made: 132 (62%--i.e. positive predictive value) KS, 41 (19%) dermal fibrosis and/or perivascular dermatitis, twelve (6%) dermal sclerosis, six (3%) normal skin, four (2%) hyperkeratosis, and 18 (8%) others. Of the 132 KS cases, 114 (86%) were HIV positive; HIV did not increase the rate of a confirmatory biopsy.

CONCLUSION

In this study of patients with suspected KS, histopathology confirmed the diagnosis in 62%. 38% of cases, however, were not KS, potentially exposing patients without KS to chemotherapy. This highlights the need for pathologic diagnosis in this population. Interestingly, an additional 19-25% of cases had histopathology suspicious for KS but with negative LANA. Future studies are planned to explore KSHV PCR from skin lesions to potentially improve the speed and cost of diagnosis.

LINKING HUMAN PAPILLOMA VIRUS TESTING TO CERVICAL CANCER PREVENTION IN NYERI COUNTY, KENYA, 2023

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background

Cervical cancer remains a major health concern globally, with an incidence of 13.3 cases per 100,000 Women and 7.3 deaths per 100,000 women. In Nyeri County, Kenya, Cervical cancer caused 17 deaths out of 186 cancer-related deaths (9%) between May 2022 and May 2023 (KHIS).

Human Papilloma Virus (HPV) is the key risk to the development of cervical cancer. Nyeri County, therefore, introduced HPV self-testing kits in selected health facilities, in 2022. This was aimed at increasing screening, ultimately contributing to early identification of high-risk individuals for timely intervention.

Objective

To assess the relationship between HPV testing and prevention of cervical cancer in Nyeri County, Kenya,

Methods

This was a retrospective cross-sectional study design, where data was abstracted through the use of a structured questionnaire across 15 health facilities. Purposive sampling was used to select the facilities offering the self-test kits. The main variables captured were: Date of Sample collection, Name, Age, Residence, and Outcome of the results. Data was entered in Ms. Excel and univariate analysis was done.

Results

The overall incidence rate was 29 % from the 575 tests conducted. Three of the facilities had a positivity rate of >30%. The facility with the highest positivity rate had 42%, while that with the lowest scored 11%. The age brackets with the highest positivity were 30-35 years at 38%, with the lowest being 50 and above, at 14%.

Conclusion

Early detection of the HPV virus through screening is key. Adequate resource allocation and sustainable interventions are needed to address this public health concern in Nyeri County and other areas.

IMPLEMENTING PATIENT NAVIGATION IN RWANDA: AN EIGHT MONTH IMPACT REVIEW ON SYSTEM EFFICIENCY.

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVES

Rwanda Biomedical Centre, supported by City Cancer Challenge, launched an inter-institutional digitally-enabled cancer patient navigation (DCPN) to improve access to cancer care for cervical and breast cancer patients. The aim of this study was to assess the value of the DCPN within the first year of its implementation in the 5 main cancer hospitals in Rwanda.

METHODS

The evaluation adopted a mixed method approach, using qualitative and quantitative methods of value assessment. It was conducted across three dimensions- clinical, economic, and contextual: an assessment of the clinical effectiveness, economic implications including the cost and cost-effectiveness of the programme as well as an assessment of the organisational, ethical, legal, and regulatory implications of the programme.

RESULTS

Analysis on 1971 patient records (249 DCPN patients and 1722 non DCPN patients) shows that the DCPN led to a significant decrease in the time to initiate treatment, with a higher proportion of patients commencing treatment within 60 days of diagnosis. The total annual cost of the programme was estimated at approximately US\$105,000 with personnel costs contributing more than 90% of total costs. With an average programme unit cost of approximately US\$100 per patient, the DCPN programme could be cost-effective. Discussions with hospital managers and clinicians showed that the DCPN filled a critical gap in health service provision and helped facilities to achieve their goals of providing quality patient care. It also increased patient adherence and treatment retention thus improving patient satisfaction.

CONCLUSION

Inter-institutional patient navigation reduces time to initiate treatment in women with breast or cervical cancer. A digital supportive solution helps capturing more patient data for decision making and eases the work of nurse navigators. There is potential to expand the programme to lower levels of care.

FEASIBILITY OF SELF-ADMINISTERED, INTRAVAGINAL 5-FLUOROURACIL (5-FU) CREAM AS ADJUVANT THERAPY FOLLOWING CERVICAL PRECANCER TREATMENT IN HIV-POSITIVE WOMEN: A PILOT STUDY

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: Women living with HIV (WLWH), most of whom reside in Sub-Saharan Africa (SSA), are up to six times more likely to get cervical cancer and urgently need effective secondary prevention methods. However, current cervical precancer treatment in WLWH is limited by high recurrence rates, up to 30% following ablation, the most accessible precancer treatment in SSA. Prior studies in high-income countries (HIC) have demonstrated that 5-Fluorouracil (5-FU), an antimetabolite drug that is generic and easily accessible in SSA, can be used intravaginally as adjuvant therapy in WLWH to reduce recurrence rates. While the safety, acceptability, and efficacy of self-administered 5-FU for this has been demonstrated in HICs, it has not been studied among WLWH in SSA, who bear the greatest burden of cervical cancer.

METHODS: We are conducting a pilot study investigating the feasibility of using 5-FU as an adjuvant, self-administered intravaginal therapy following cervical intraepithelial neoplasia grade 2/3 (CIN2/3) treatment among WLWH in Kenya (ClinicalTrials.gov NCT05362955). Twelve participants will be enrolled in this ongoing single-arm study, of whom three are enrolled. Participants will self-administer 2g of 5% 5-FU intravaginally every other week for eight applications. The primary objective is to determine safety, defined as the type, frequency, and severity of adverse events (AEs), using a standardized grading scale. The secondary objectives are tolerability, adherence, and acceptability.

RESULTS: Data on safety, tolerability, and adherence to adjuvant, self-administered intravaginal 5-FU amongst enrolled participants will be presented.

CONCLUSION: To achieve the WHO 90/70/90 Cervical Cancer Elimination target by 2030, innovative and resource-appropriate strategies to improve cervical precancer treatment among WLWH are needed. The use of 5-FU as adjuvant therapy following precancer treatment may be a feasible strategy to optimize outcomes in this high-risk group. This clinical trial will provide essential feasibility data to inform future African randomized efficacy studies.

POTENTIAL ACCEPTABILITY OF TOPICAL SELF-ADMINISTERED THERAPY FOR CERVICAL PRECANCER TREATMENT AMONG WOMEN IN AFRICA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: To achieve the World Health Organization (WHO) global targets for cervical cancer elimination, innovative strategies are needed to improve cervical precancer treatment access and outcomes in sub-Saharan Africa (SSA). Studies in high-income countries (HICs) demonstrate that topical therapies with cytotoxic or immunomodulatory properties may be used as primary or adjuvant treatment for cervical precancer, including among WLWH. This study assessed the potential acceptability of topical therapies for cervical precancer treatment in Kenya.

METHODS: We conducted a cross-sectional survey among women aged 25-65 years participating in an HPV screen & treat program in a high HIV-burden region in Kenya. Socio-demographic and clinical characteristics, as well as women's perceptions and potential acceptance of topical treatments for cervical precancer, was elicited.

RESULTS: A total of 376 females completed the questionnaire. The mean age was 35 years, 59% were married, and 58.2% self-reported as HIV-positive. All participants had undergone cervical cancer screening, and 49.7% had a history of precancer treatment. The vast majority of women (98.4%) would be willing to use topical therapies for cervical precancer treatment if it was recommended. Furthermore, 87.2% believed their male partners would support them in using these treatments. When given the option of self-administration at home or provider administration in the clinic, 62.5% preferred self-administration, primarily citing saving time (55.7%) and avoiding the need to visit a health facility (40%) for this preference. Those who preferred provider administration expressed concerns about self-administration safety (55.4%) or were unsure about their ability to correctly self-administer such a treatment (42.0%).

CONCLUSION: The survey results indicate overwhelmingly high acceptability of topical therapies for cervical precancer treatment among women in SSA, including HIV-positive women. Feasibility studies evaluating the safety and adherence of topical precancer treatments in this population will provide further insights into their potential in the current cervical cancer elimination strategies.

ASSOCIATION BETWEEN HUMAN PAPILLOMAVIRUS AND CERVICOVAGINAL MICROBIOME AMONG RWANDAN WOMEN LIVING WITH AND WITHOUT HUMAN IMMUNODEFICIENCY VIRUS

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective

To determine the association between high-risk human papillomavirus (hrHPV) infection and the cervicovaginal microbiome (CVM) among Rwandan women living with and without human immunodeficiency virus (HIV).

Methods

This was a cross-sectional analysis of data from a study nested in a large cervical cancer screening study. Participants (n=56) were selected from women living with (WWH) and without HIV, with and without HPV infection and with biopsy-confirmed cervical high grade squamous intraepithelial lesions (HSIL) or worse diagnosis (CIN2+). Specimens were provider-collected on FTA cards for bacterial vaginosis (molBV) testing using 16SV4 amplicon sequencing. Frequencies, proportions and cross tabulations of HPV, HIV and molBV status (i.e. Nugent-like score) were computed.

Results

The mean age was 36 years (Interquartile range: 10) and 34 (60.7%) were WWH with 32 (57.1%) being HPV positive. HPV16, HPV18/45 and other hrHPV type positivity was 17.9%, 9% and 30.4%, respectively. HPV positivity was not statistically significantly different by HIV status ($p=0.42$). hrHPV positivity was highly correlated with molBV bacterial vaginosis, 77.4% of hrHPV-positive had BV compared to 22.6% among hrHPV-negative women ($p=0.0025$). This correlation was also consistent with HIV/HPV co-infection versus none ($p=0.021$). However, HIV status was not correlated with molBV ($p=0.79$).

Conclusions

molBV detected bacterial vaginosis was common amongst women with hrHPV independent of HIV status. Further studies are required to determine the role of the CVM in hrHPV infection persistence and progression in Africa, raising the possibility of therapeutically targeting the CVM in women with hrHPV.

HIGH-RISK HUMAN PAPILLOMAVIRUS GENOTYPING IN CERVICAL CANCERS OF WOMEN WITH AND WITHOUT HUMAN IMMUNODEFICIENCY VIRUS IN TANZANIA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective

To determine the proportion of high-risk human papillomavirus (hrHPV) and types in cervical cancers diagnosed at Muhimbili National Hospital (MNH), Dar Es Salaam, Tanzania by human immunodeficiency virus (HIV) status and histologic subtypes.

Methods

One hundred and forty-nine (149) formalin-fixed paraffin-embedded tissue blocks of cervical cancer (Ca-Cx) diagnosed in 2020 at MNH with available blocks and HIV status records were retrieved and sections taken for HPV genotyping using Ampfire (Atila Biosystems), an HPV genotyping assay for HPV16/18/31/33/35/39/45/51/52/56/59/58/66/68. Proportions of hrHPV positivity by HIV status and histologic subtype were computed using Stata 17.

Results

The mean age of our study population was 53.6 (\pm 13.3) years, 28.2% were women living with HIV and 51.9% (55/106) had a parity of more than five. Squamous cell carcinoma (SCC) was the most common histologic subtype with 89.9% followed by adenocarcinoma-ADC (6.0%). Seventy-eight point five (78.5%) of the cancers were hrHPV positive and HPV16 was the most common type with 37.6% followed by HPV18 (18.1%). HPV positivity was higher among older women with 58.3%, 83.5% and 80.4% among 30-40, 41-60 and 61-96 year-old women, respectively ($p=0.029$). There was no difference in hrHPV positivity by HIV status. HPV16 was more commonly associated with SCC (41.0%) compared to none (0%) of the ADC ($p=0.022$). Although not statistically significant, 33.3% of the ADC were HPV18 positive compared to 16.4% of SCC.

Conclusions

We found a high proportion of hrHPV among Ca-Cx in Tanzania but with lower proportions of HPV16 and 18 compared to global rates. This highlights the need to include more hrHPV types (other than HPV16/18) in the prophylactic HPV vaccine(s) currently available in the country in order to optimize protection against cervical cancer.

PREVALENCE OF ANAL HIGH-RISK HUMAN PAPILLOMAVIRUS INFECTION, CYTOLOGIC ABNORMALITIES AND SQUAMOUS INTRAEPITHELIAL LESIONS AMONG RWANDAN WOMEN LIVING WITH HIV

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective

To describe the prevalence of anal high-risk human papillomavirus (hrHPV) infection, cytologic abnormalities and squamous intraepithelial lesions (SIL) in high-risk Rwandan women living with human immunodeficiency virus (WVH).

Methods

We recruited 57 WLWH participating in a cervical cancer screening study in Kigali, Rwanda to assess the prevalence of anal hrHPV, cytologic abnormalities and SIL. Thirty women had cervical intraepithelial neoplasia grade 2 or more severe disease (CIN2+) on cervical biopsy and 25 women had cervical hrHPV infection as detected by the Xpert HPV platform but with pathology less than CIN2. An anal swab was collected in PreservCyt for cytology and hrHPV testing followed by high resolution anoscopy (HRA) with HRA-guided anal biopsies taken. HPV testing was performed using the Ampfire HPV genotyping assay. We present data on 51 women with complete results.

Results

Eighteen (35.3%) were positive for anal hrHPV with 8 (44.4%) being HPV16 positive. Six (75%) of the 8 women positive for anal HPV16 also had HPV16 in the cervix. 17.6% (9/51) and 25.5% (13/51) of women with hrHPV in both the cervix and anus had one or more same hrHPV type(s). Six of seven women with abnormal cytology (ASC-US+) also had anal hrHPV infection and women with the lowest CD4 counts (<200 cells/ μ L) had the highest proportion of anal hrHPV positivity (75% vs. 29.6% among those with \geq 500 cells/ μ L). Anal biopsies were obtained from 23 (45.1%) women and preliminary pathology results indicated that 47.8% (11/23) had low-grade SIL, 4.3% (1/23) had high-grade SIL. There was no difference in anal hrHPV and in severity of clinical lesions by recruitment status (cervical hrHPV Vs cervical CIN2+).

Conclusions

Preliminary results from our pilot study indicate a high prevalence of anal hrHPV. This highlights the importance of screening for anal HPV and anal SIL among high risk WVH.

COLORECTAL CANCER CARE AT OCEAN ROAD CANCER INSTITUTE, TANZANIA: EVALUATION OF TREATMENT PATTERNS PRIOR TO LAUNCHING OF NATIONAL CANCER-TREATMENT GUIDELINES.

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: Non-metastatic colorectal cancer (CRC) is a potentially curable disease that requires multidisciplinary management. In 2019, the Tanzanian Ministry of Health launched the country's first national cancer treatment guidelines (NCTG). In conjunction, Ocean Road Cancer Institute (ORCI) implemented a theory-driven guideline implementation strategy. This study aimed to examine CRC treatment patterns at ORCI and the extent to which existing care aligned with the NCTG prior to release.

Methods: Measures of guideline-concordant care were defined using the Tanzania NCTG with a focus on care aligning with NCCN Harmonized Guidelines for sub-Saharan Africa. Demographic, clinicopathologic, and treatment data were abstracted from medical charts for adult patients with newly diagnosed non-metastatic CRC presenting to ORCI from 2014 to 2019.

Results: Of 678 patients with CRC, 92 (14%) had non-metastatic colon cancer and 175 (26%) had non-metastatic rectal cancer. Most patients (91%) with colon cancer underwent upfront surgery; 66% were obstructed. Surgical pathology was available for 78 (85%) colon cancer cases, of which only 6% evaluated ≥ 12 lymph nodes. Fifty percent were classified as stage I, 21% as stage II (all with high-risk features), and 30% as stage III. Of 92 patients with colon cancer, 65 (71%) underwent surgery with perioperative chemotherapy. In total, 74% of evaluable patients met the criteria for guideline-concordant care. Among rectal cancer patients, 42 (24%) underwent surgery; of these, 83% received no prior therapy. 25% of patients received chemoradiation alone; 24% received no treatment. Only 2 of 175 (1%) received trimodal therapy.

Conclusion: A high proportion of patients with non-metastatic colon cancer received guideline-concordant care, whereas few with rectal cancer patients received standard trimodality therapy. These findings highlight the challenges of complex, multidisciplinary care within resource-constrained settings. These data will serve as a baseline for future evaluation of the impact of the Tanzania NCTG implementation strategy.

PATIENT AND PROVIDER PERSPECTIVES ON FINANCIAL DETERMINANTS OF CANCER TREATMENT DECISION-MAKING AT A NATIONAL CANCER CENTER IN TANZANIA

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ORAL ABSTRACTS | DAY 5, SESSION 7, SESSION ROOM 205, November 6, 2023, 3:20 PM - 3:50 PM

Objective: The burden of cancer in Tanzania is rising, and most patients present with advanced disease. Guideline-based treatment options for many advanced cancers include palliative-intent chemotherapy and/or radiotherapy. Yet, the benefits of these treatments may be offset by toxicity and financial costs, despite government policy to subsidize cancer care. We aimed to understand how patients' financial resources and provider-patient communication about finances affect cancer treatment decision-making at Ocean Road Cancer Institute (ORCI) in Tanzania.

Method: We conducted a qualitative study using semi-structured interviews with a purposive sample of oncologists (n=7), nurses (n=6), and patients with advanced cancer (n=11). Interviews were audio-recorded, transcribed, and analyzed using the framework method of thematic analysis, facilitated by MAXQDA software.

Results: Clinical decision-making about cancer treatment for individual patients is influenced by economic factors at multiple levels: patient, family, institutional, and healthcare system. Patients described significant direct and indirect out-of-pocket costs associated with cancer care, even though many services at ORCI are government subsidized. Oncologists, nurses, and patients reported that patients' financial ability to pay and insurance status influence what treatments are recommended. However, participants indicated that patient-provider communication and shared decision-making about the cost/benefit of treatment is often inadequate. Treatments may be prescribed that are unaffordable for a patient, leading to consequential expenditures for families and treatment non-adherence. Both providers and patients highlighted the importance of communication about the patient's financial situation to mitigate treatment interruptions or abandonment and improve outcomes and quality of life.

Conclusion: Cancer care can impose a significant financial burden on patients and families, sometimes to the point of bankruptcy. High-quality patient-provider communication about patients' financial situation, the cost/benefit of treatment, and shared decision-making are critical to treatment adherence, patient-centered care, and optimal resource utilization. Communication skills training for providers and policy changes to expand insurance coverage is essential.

AN EVALUATION OF THE VAGINAL MICROBIOME FOLLOWING TREATMENT FOR CERVICAL PRECANCER IN WOMEN LIVING WITH HIV: A PRELIMINARY ANALYSIS

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ORAL ABSTRACTS | DAY 5, SESSION 5, HALL 3, November 6, 2023, 3:20 PM - 3:50 PM

OBJECTIVE: Our randomized controlled trial (RCT) comparing thermal ablation (TA), cryotherapy, and large loop excision of the transformation zone (LLETZ) for the treatment of cervical precancer demonstrated a 20% lower cure rate among women living with HIV (WLWH). This pilot study sought to assess the association between the vaginal microenvironment and cervical precancer treatment outcomes in WLWH.

METHODS: Nested in our ongoing RCT, 46 women were enrolled in this supplemental study. For each woman, vaginal lavages were performed prior to treatment, and at 3- and 12- months following treatment. Vaginal samples for HIV viral load, HPV, and metabolomic analysis were also collected; however, results are not reported in this analysis. Next Generation Sequencing was performed using the Illumina MiSeq to characterize the vaginal microbiota. Microbiome diversity was assessed, and composition stratified according to treatment outcome and sample timepoints.

RESULTS: One hundred and twenty-six (126) samples from 46 women were collected. Twenty-three samples were excluded for poor sequencing quality; 44 women had evaluable timepoints. At 12 months, the relative abundance of Lactobacillus was high in participants with treatment success as compared to treatment failure, while Prevotella and Snethia abundance were low. Across all treatment arms, an inverse relationship between presence of Lactobacillus and Prevotella and Snethia was noted. Cryotherapy resulted in the greatest recovery of the Lactobacillus genus overtime; however, there is no statistically significant difference in treatment outcomes in the updated RCT analysis comparing cryotherapy, TA and LLETZ.

CONCLUSION: Specifically in WLWH, our preliminary results suggest an association between a higher abundance of Lactobacillus and cervical precancer treatment success. Further analysis of the relationship between the microbiota, HPV type-specific infection, and vaginal metabolites is ongoing. A subsequent large-scale study will advance our understanding of the impact of the vaginal microenvironment on cervical precancer treatment success in WLWH.

LONG-TERM EFFICACY OF SINGLE-DOSE OF QUADRIVALENT HPV VACCINE COMPARED TO TWO- AND THREE-DOSE IN FEMALES 10-18 YEARS: IARC-INDIA MULTICENTRIC COHORT

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ORAL ABSTRACTS | DAY 5, SESSION 5, HALL 3, November 6, 2023, 3:20 PM - 3:50 PM

OBJECTIVE: To compare the 10-year immune responses, and 12-year follow-up efficacy findings of a single vaccine dose to that of other doses and in the unvaccinated in preventing persistent HPV infection and high grade cervical precancers.

METHODS: In a multi-centric Indian cohort study, around 17,000 unmarried girls aged 10-18 years received three doses, two doses or a single dose of the quadrivalent HPV vaccine. Together with a cohort of 1,484 unvaccinated women, these vaccinated women are being annually followed up. For assessment of total binding (using M9ELISA) and neutralization (using PBNA) antibody titres, serology samples were collected from a convenient sample of vaccinated participants at months 0, 7, 12, 18, 24, 36, 48, 60 and 120 after first dose, and from unvaccinated women at one timepoint. To assess HPV persistence, cervical samples to are obtained initially at 18-months after marriage and annually thereafter for at least four consecutive samples and tested using E7-PCR multiplex genotyping. Married participants are offered cervical cancer screening with Hybrid Capture-II HPV test starting at age 25 years. Log immune responses were compared using linear regression, while vaccine efficacy was evaluated using proportionate ratios (ratio of number of infections of a particular HPV type to number of other non-vaccine targeted HPV infections excluding 31, 33 and 45).

RESULTS: Ten-year antibody levels in single-dose recipients were at least two folds higher than those after natural infection. Vaccine efficacy against persistent HP16/18 infections in single-dose (n=2836) was 90% and similar to that of two-dose (93%) and three-dose (93%) recipients. So far, no CIN2/3 related to HPV16/18 were detected in vaccinated women.

CONCLUSIONS: This IARC-India study has demonstrated the robust protection against persistent HPV infection after a single vaccine dose. This long-term protection is well-supported by immunogenicity data. Early data from screening outcomes is also encouraging.

COMMUNITY HEALTH VOLUNTEERS AS AGENTS OF CREATING CANCER AWARENESS IN A RURAL COMMUNITY IN KENYA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE

The project's aim was to improve community awareness of breast cancer & cervical cancer and screening uptake in Seme Sub County, Kisumu County, using trained Community Health Volunteers.

METHODS

Health centers in Seme sub-county, Kisumu County, were assessed for the following staffing, availability of screening equipment for cervical cancer, and readiness of staff to conduct breast and cervical cancer screening. Four were identified as screening centers.

Community Health Volunteers (CHVs) from these health centers were then identified and trained on the basics of breast and cervical cancer using a CHV tool kit developed by the Union for International Cancer Control (UICC) so that as they visit households, they were expected to teach and encourage community members to visit the nearest health center for screening. Healthcare providers underwent refresher courses on breast and cervical cancer screening so as to be able to offer these services at the specified centers.

RESULTS

A total of 145 CHVs from 4 health Centers were trained on the basics of breast and cervical cancer using the UICC tool kit for CHVs. Within a period of 6 months (from April to September 2022), a total of 12,165 household visits were made by the trained CHVs to provide Health Education on the two cancers and encourage the community to go for screening at the nearest health center.

Those who turned up for screening were 271 for breast cancer and 192 for cervical cancer, a significant improvement from the previous year. Out of these, 4 breast biopsies and 16 cervical biopsies were done. A total of 3 women were diagnosed with breast cancer while 4 others were diagnosed with cervical cancer.

CONCLUSION

Community education by trained CHVs improved access to breast and cervical cancer control and early detection with improved outcomes.

REVOLVING FUND PHARMACY AS A MEANS OF IMPROVING DRUG ACCESS FOR SICKLE CELL DISEASE PATIENTS

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE

To ensure a reliable supply of essential drugs needed for the treatment of sickle cell disease (SCD) at a cheaper price so that patients get optimal care.

METHODS

International Cancer Institute (ICI) identified St. Camillus Mission Hospital in Karungu which lies in the Sickle Cell prevalent region around the shores of Lake Victoria with whom a Memorandum of Understanding was signed to undertake the Revolving Fund Pharmacy (RFP) program for SCD patients. The Clinical care team in the Hospital underwent an intensive two-day training program on the management of SCD after which ICI supplied them with the package of medicines needed to treat SCD (hydroxyurea, Penicillin V, folic acid, & proguanil). SCD patients attending the hospital were given a one-month supply of these drugs after paying a fee of sh. 560 (4 USD). The money thus raised was used to restock the drugs to ensure the drug supply was regular.

RESULTS

Within a period of one year (November 2021 to October 2022), a total of 239 SCD patients were reviewed at the hospital's SCD clinic. They received the package of drugs on a regular, uninterrupted basis after paying a nominal fee of about 4 USD.

CONCLUSION

Revolving Fund Pharmacy for SCD patients ensured a regular supply of critical medicines at an affordable fee thus reducing the risk of complications among the patients.

ASSESSMENT OF DOSE DELIVERY BY A COBALT-60 TELETHERAPY MACHINE USING SLAB WATER PHANTOM MEASUREMENTS AND MONTE CARLO SIMULATIONS

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: This study focus on the assessment of dose delivery at various depths by a Theratron Equinox-100 Cobalt-60 (60Co) teletherapy machine using slab water phantom measurements and Monte Carlo simulations. Experimental measurements were compared with two (02) different Monte Carlo simulation codes. **METHODS:** The beam of 60Co machine was characterized and modelled from the source capsule, housing, and collimator assembly. The phantom was irradiated using a 1.25 MeV energy gamma-rays (60Co) photon beam. Dosimetry was carried-out with a group of four (04) External Beam Therapy-3 (EBT3) films placed on the surface of phantom along the central axis beam and at various depths across the 10 cm x 10 cm field size. Experimental measurements were validated with Particle and Heavy Ion Transport System code (PHITS) and with Monte Carlo N-Particle eXtended Transport code (MCNPX). **RESULTS:** For depths ranging from 0.1 cm to 10 cm, the absorbed doses results vary from $[64.01 \pm 7.3E-07 - 37.84 \pm 3.06E-08]$ Gy, $[63.92 \pm 1.60E-09 - 41.53 \pm 1.96E-09]$ Gy and $[62.65 \pm 8.66E-07 - 22.21 \pm 9.95E-07]$ Gy for experimental measurements, PHITS simulation and MCNPX simulation respectively. The percentage difference between absorbed dose obtained from experimental measurements and PHITS simulation, and from experimental measurements and MCNPX simulation, ranged from $[-0.14 - 30.59]$ and $[1.12 - 41.31]$ respectively. Results show that for a given photon, dose reduces with increasing depth. Also, there is a wide range of percentage difference which can be allocated to the incertitude during the measurements. Results obtained with PHITS codes are closer to the experimental measurements than MCNPX results. **CONCLUSION:** It can be concluded from this study that PHITS codes give better results than MCNPX codes and can be useful for dose verification and validation in experimental dosimetry studies. These results can serve as baseline for quality assurance in radiotherapy.

IN-VIVO ENTRANCE DOSE MEASUREMENTS WITH GAFCHROMIC EXTERNAL BEAM THERAPY-3 FILMS DOSIMETRY SYSTEM IN BREAST IRRADIATION USING THERATRON EQUINOX-100 COBALT-60 MACHINE

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ORAL ABSTRACTS | DAY 5, SESSION 2, SESSION ROOM 201/202, November 6, 2023, 9:00 AM - 10:00 AM

OBJECTIVE: During External Beam Radiotherapy (EBT) treatment, high doses are delivered to the cancerous tumours. There have been situations where errors in dose calculations led to relapse of some cancers. The problems of overexposure have also been reported in some countries. Therefore, accuracy and precision in dose calculation are crucial for effective and efficiency to success in radiotherapy. The study focus on investigating what is the accurate doses received by 57 selected breast cancer patients (1 male and 56 women) aged between 32-77 years undergoing post-mastectomy radiotherapy treatment (PMRT) with a Cobalt-60 teletherapy machine at Douala General Hospital (DGH), using External Beam Radiotherapy-3 (EBT3) films as detectors. **METHODS:** The protocol to compare the prescribed doses (2.0Gy and 1Gy), to the measured doses was achieved. Entrance doses were measured by placing EBT3 films on each patient, along the central axis beam. **RESULTS:** The percentage error between measured and prescribed doses ranged from 0.14% - 9.67% , <0.3% - 10.99% and 0.28% - 11.99% for the supraclavicular, medial and lateral irradiations of the breast respectively. Results obtained show that, the overall tolerance errors required of $\pm 7\%$ for breast cancer cases as complex practice, was achieved in about 73.68% of all cases studied, 89.65% and 96.42% for all the left and right supraclavicular cases respectively. This study shows that EBT3 films are suitable and useful tools for IN-VIVO dose verification in EBT practices with high energy gamma-rays. **CONCLUSIONS:** It can be concluded that the level of accuracy in the computation of patient doses at the DGH is good. However, there is need for constant verification of dose delivered to cancer patients. Further studies can be conducted in the future on cervical, prostate, head and neck cancer patients, using EBT3 and other detectors like nanodot dosimeters, or diodes detectors for intercomparaison.

TELE- ENDOSCOPY AS A LOW-COST INNOVATION FOR TRAINING AND MENTORING IN DIAGNOSTIC AND THERAPEUTIC TECHNIQUES FOR GASTROINTESTINAL MALIGNANCIES

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ORAL ABSTRACTS | DAY 3, SESSION 6, SESSION ROOM 201/202, November 4, 2023, 3:20 PM - 3:50 PM

OBJECTIVE: Endoscopy is one of the key tools for both diagnostic and therapeutic approaches for cancers of the gastrointestinal tract. We describe a low-cost solution that links “spokes” (training sites) and a “hub” (mentorship site) to provide a system enabling effective remote endoscopy mentorship and training for endoscopic procedures.

METHODS: A simple configuration requiring an analog to digital video converter and two cables was designed for “spokes”. Cost of these items was \$25. A more complex configuration was designed for the training “hub” that requires an analog to digital video converter, an HDMI to USB converter, a conference camera, a desktop computer and 5 cables. Cost of these locally-obtained items was \$740. These configurations are intended for older endoscopy systems common in resource-limited settings. For both configurations we assumed availability of a laptop computer, utilized free videoconferencing software, a WiFi router in the endoscopy suite, and a smartphone. The initial system pilot connected the hub at Tenwek Hospital in Bomet, Kenya and a spoke at Saint Paul’s Hospital Millennium Medical College in Addis Ababa, Ethiopia. Subsequent connections have been made to other spokes.

RESULTS: Real-time endoscopy video feed, audio conversation and in-room camera images depicting the endoscopist, endoscope, nursing staff, and accessories were transmitted in both directions without discernable loss of image quality or decreased frame rate. The system has been used for stent training/ proctorship for palliation of esophageal cancer, demonstration of and proctorship of lugols chromoendoscopy for screening of esophageal dysplasia, drainage of pancreatic pseudocysts and teaching demonstrations of biliary stenting for pancreaticobiliary malignant disease. The system was tested with standard cellular network internet connections and dedicated high speed internet connectivity with equivalent results.

CONCLUSION: A low-cost, replicable system with acceptable quality for tele-endoscopy can be successfully implemented in resource-limited settings for training and mentorship.

EXPERIENCE WITH CYCLIN DEPENDENT KINASE 4/6 INHIBITORS IN COMBINATION WITH ENDOCRINE TREATMENT FOR METASTATIC BREAST CANCER IN KENYA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: Metastatic breast cancer (MBC) is reported at between 20-60% in many parts of sub-Saharan Africa (SSA) with 50-60% being hormone receptor positive and HER2 negative. The use of cyclin dependent kinase 4/6 inhibitors (CDK4/6i) in combination with endocrine therapy (ET) has led to improvements in progression free and overall survival. Their usage is gradually increasing in SSA with no current documentation of effectiveness and tolerance in Kenyan patients. We present our preliminary experience with these molecules in Kenya.

Methods: We performed a pilot retrospective review of all the patients who were on CDK4/6i plus ET in our individual practice. We collected data on the age, gender, sites of metastases, de novo or recurrent disease, setting of treatment for the patients seen. Our primary endpoint was duration of response on treatment with a secondary endpoint of need for dose reduction in the patient population.

Results: A total of twenty (20) patients were included in the pilot analysis. The mean age was 56 years (range 32 to 74). All the patients were female. 10 (50%) of patients had de novo MBC, with bone being the most common site of metastases (80%). 9 (45%) patients had more than 1 site of metastases. 80% of the patients were treated with the CDK4/6i and ET as 1st line endocrine therapy. The median duration of response was 11months (range 2 to 50m). 9 patients (45%) needed at least 1 dose reduction while on treatment due to cytopenia.

Conclusion: In our preliminary pilot review, combination of CDK4/6i plus ET is both an effective and well tolerated treatment in our setting. A larger review is planned to further define true benefits of these treatments and their cost effectiveness in our setting.

IMPROVING ACCESS TO HUMAN PAPILLOMAVIRUS (HPV) TESTING USING A SAMPLE REFERRAL STRATEGY IN KENYA: FINDINGS AND RECOMMENDATIONS

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background: Cervical cancer is the leading cause of cancer deaths in Kenya. We assessed feasibility of a sample referral strategy for implementing HPV testing in Kenya.

Methods: the study was implemented in two Kenyan counties during 05/2021-03/2022. We deployed both clinician and self sample collection approaches. Samples were tested at the National Cancer Reference Laboratory (NCRL) and Kenya Medical Research Institute (KEMRI) Laboratory. Triage was done using visual inspection with acetic acid (VIA) and treatment with thermal ablation, cryotherapy or large loop excision of the transformation zone (LLETZ). We calculated screening coverage, HPV positivity, triage and treatment rates, testing turn-around times (TAT) and compared the testing outcomes between clinician and self-collected samples.

Results: Coverage of the targeted population was 57.3% (10,409/18,165), largely limited by availability of testing kits. The overall HPV positivity was 18.1% (1,883/10,409). Of those positive, 72% (1,359/1,883) were triaged using Visual Inspection with Acetic acid (VIA) method, and 88% (236/269) of VIA-positive cases received treatment. Only 29% (2992/10,409) of screened women had complete documentation in the health information system; 42.9% (1,284/2,992) were from HIV positive (25.3% unknown status); mean age 39.0 (S.D 8.1) years. Sixteen percent (486/2,992) were self-collected samples while the rest were clinician collected. HPV positivity was 25.6% (642/2,506) among the clinician collected samples and 20.8% (101/486) from the self-collected samples ($P = .025$). Invalid sample rate was 3.0% (74/2,506) among the clinician-collected samples and 2.9% (14/486) among the self-collected samples ($P = .906$). Average TAT was 28.3 (16.1) days at the KEMRI laboratory and 33.8 (28.2) days at the NCRL ($p < .001$).

Conclusion: For a sample referral strategy and utilization of central laboratories to be deployed at scale for HPV testing in Kenya, the health information system and commodities supply chain should be optimized to shorten TATs and strengthen patient linkage to triaging and treatment.

CHARACTERIZING ONCOLOGY-RELATED EMERGENCIES AMONG CANCER PATIENTS ATTENDING THE EMERGENCY UNIT OF UGANDA CANCER INSTITUTE, KAMPALA, UGANDA IN 2019

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Background: Cancer is not diagnosed until a related condition emerges and oncologic emergencies occur at any time from the presenting symptoms to end-stage disease. Survival of cancer patients has been prolonged due to new treatment strategies but this has increased the number of cancer-related emergencies leading to many visits to the emergency department.

Objective: The study described the clinical presentations of oncology-related emergencies and associated factors among cancer patients attending the emergency unit of Uganda Cancer Institute (UCI).

Methods: It was a retrospective cross-sectional study that reviewed patients' medical records at the emergency department as well as files of patients who attended the emergency unit of Uganda Cancer Institute from January 01, 2019, to December 31, 2019. Two data sources were used; the register of patients at the emergency unit, and patients' files who received care at the emergency unit of UCI in 2019. Data was analyzed using SPSS and statistical analysis. The chi2-test was used to investigate significant relations between oncology emergencies and patient characteristics.

Results: 768 patients were included with a mean age of 49 years, 65.6% females, 59.6% were new patients at the UCI and 20.4% had stage \geq III tumours. Among 768 records, 57.9% were admitted after resuscitation, of whom 13.5% died. The factors associated with oncology emergencies were age at first diagnosis, gender, blood counts and clinical presentation. The most presenting diagnoses were breast carcinoma, leukaemia, Kaposi's' sarcoma and clinical findings revealed 78.1% had generalized body weakness, 72% had anaemia, 52.1% dehydration and 42.6% had lymphadenopathy.

Conclusion: Majority of the patients had lived with symptoms for months before presenting to the emergency unit for care. Development of education programs about common oncology related emergencies targeting cancer patients and their care givers could promote early identification of common life-threatening oncology emergencies among cancer patients in Uganda.

MANAGEMENT OF CANCER PAIN IN PREGNANCY: CAN OPIOIDS BE USED?

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE

The frequency of cancer in pregnancy is increasing due to many factors. Common malignancies in pregnancy include melanoma, breast, cervical cancer among others. Many analgesics are contraindicated in pregnancy with limited research and guidelines. Using a case report, this review article describes the challenges and current approaches of managing cancer pain in pregnancy

METHODS

A case report of M.W a 33-year-old, primigravida at 23 weeks' gestation with a diagnosis of metastatic embryonal rhabdomyosarcoma six months prior to hospital admission who was referred to palliative care for cancer pain management. She presented with severe pain, dyspnea as well as a fungating wound on the thigh, associated with decreased mobility. Patient was on acetaminophen 1 gram every eight hours that was not relieving her pain. Symptoms on the Edmonton Symptom Assessment Scale on presentation was Pain at 10/10, fatigue 8/10, Anxiety and Depression at 9/10, dyspnea at 6/10, Poor appetite at 9/10 and poor sleep at 10/10. While receiving palliative care, she was initiated on morphine syrup 10mg every 4 hours, amitriptyline 25 mg at night and acetaminophen was continued at 1 gram every 8 hours for improvement of pain and symptoms.

RESULTS

Pregnancy has many physiological challenges making management of cancer and pain difficult. There is limited research on opioid use in pregnancy though guidelines recommend use of strong opioids for cancer pain management. Though morphine crosses the placental barrier, it can be prescribed for cancer pain management of pregnant woman with moderate to severe cancer pain. There is need for interdisciplinary team management, multimodal analgesia including opioids, adjuvants, non-pharmacological interventions for optimal care of these patient and later the neonate.

CONCLUSIONS

Opioids can be used for cancer pain management where benefits outweigh risks. The focus should be on relieving pain, improving quality of life and prolonging pregnancy to term.

CANCER CONTROL THROUGH SURVEILLANCE: HARMONISED CANCER REGISTRATION GUIDELINES FOR EAST AFRICA

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African Community Tanzania, ⁸Kampala Cancer Registry

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: Implementation of evidence-based cancer control strategies requires cancer registration data. However, cancer registration in East Africa is characterized by disparities in quality and coverage; insufficient harmonisation of procedures; different laws/legislation that limit data access; lack of networking; and insufficient national government recognition and funding. This aimed to harmonize the cancer registration guidelines and establish a coherent framework for enhancing cancer registration in East Africa.

Methods: The process of developing the “Harmonised cancer registration guidelines for East Africa” was participatory and engaged stakeholders from all the East Africa Community (EAC) member countries (Uganda, Kenya, Tanzania, Rwanda, Burundi, and South Sudan). Several strategies were used over a period of four years (2018-2021) including: 1) Partnership and leadership formation; 2) review of relevant literature on cancer registration guidelines; 3) conducting a SWOT analysis of cancer registration in East Africa, and 4) holding three harmonisation conferences.

Results: The East African Cancer Registration Guidelines were harmonised under the stewardship of the East African Center of Excellency for Oncology at the Uganda Cancer Institute (UCI) and were approved by the East African Community Sectoral Council of Ministers of Health on 10th December 2021 (EAC/SCHealth/21/Decision 003) and a directive issued to all partner countries to use the approved guidelines (EAC/SCHealth/21/Directive025). Several outcomes were achieved including: Commonly agreed-upon standards and processes of establishing and operationalizing cancer registries in the region; ownership of data and accessibility by the member states; and improved collaboration and networking. The process also provided learning opportunities and was a catalyst to the individual countries that are now focusing on setting up their cancer registries.

Conclusion: Forging effective partnerships, wide stakeholder involvement; use of locally generated data; and locally-driven solutions are essential for generating local policies and creating a sustainable leadership structure for cancer registration in the region.

ESTIMATING CANCER INCIDENCE IN UGANDA: A FEASIBILITY STUDY FOR PERIODIC CANCER SURVEILLANCE RESEARCH IN RESOURCE LIMITED SETTINGS

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: Population-based cancer registries (PBCRs) are accepted as the gold standard for estimating cancer incidence in any population. However, only 15% of the world's population is covered by high-quality cancer registries with coverage as low as 1.9% in settings such as Africa. This study assessed the operational feasibility of estimating cancer incidence using a retrospective "catchment population" approach in Uganda.

Methods: A retrospective population study was conducted in 2018 to identify all newly diagnosed cancer cases between 2013 and 2017 in the Mbarara district. Data were extracted from the medical records of health facilities serving Mbarara and from national/regional centers that provide cancer care services. Cases were coded according to the International Classification of Diseases for Oncology ICD-0-03. Data were analyzed using Excel and CanReg5.

Results: We sought to collect data from 30 health facilities serving Mbarara district. Twenty-eight sources (93%) provided approval within the set period of two months. Two of the twenty-eight sources were excluded, as they did not record addresses for cancer cases, leaving 26 sources (87%) valid for data collection. While 13% of the sources charged a fee, which ranged from \$30 to \$100, administrative clearance/approval was at no cost in most (87%) data sources. This study registered 1,258 new cancer cases in Mbarara district. Of the registered cases, 65.4% had a morphologically verified diagnosis indicating relatively good quality data. The observed incidence rates and cancer patterns were comparable with PBCR data in Uganda.

Conclusion: Estimating cancer incidence using a retrospective cohort design and a "catchment population approach" is feasible in Uganda. Periodic studies using this approach are potentially a precious resource for producing cancer data in settings where PBCRs are scarce. This could supplement PBCR data to provide a comprehensive picture of the cancer burden over time, to direct the cancer effort in resource-limited countries.

VAGINAL STENOSIS IN PATIENTS TREATED WITH RADIOTHERAPY FOR CANCER OF THE CERVIX IN UGANDA

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ORAL ABSTRACTS | DAY 5, SESSION 1, HALL 3, November 6, 2023, 9:00 AM - 10:00 AM

Objective: Low vaginal stenosis (VS) occurrence may be due to underreporting and seldom treated in low-resource settings like Uganda. The study aimed to assess the incidence, risk factors, and clinical manifestation(s) of radiation-induced VS in patients with cervical cancer in Uganda.

Methods: Retrospective cohort study was conducted in April-July 2022 for diagnosed cervical cancer patients treated with radiotherapy in 2019 at Uganda Cancer Institute (UCI). Data abstracted were: patient demographics, stage of disease, type/technique/modality of radiotherapy, incidence, VS grade/severity, and treatments administered. Excel and Stata were leveraged for descriptive statistics and logistic regression analyses.

Results: The cohort study enrolled 363 patients; the overall mean age was 50.6 years. Eight percent of patients were diagnosed at stage I, 46.3% at stage II, 38.3% at stage III, 5.5% at stage IV, and 1.9% were not staged. Due to missing radiotherapy treatment chart data, 101 (28%) patients were excluded. VS incidence was 5.3% (N= 14); 36% with CTCAE v4.03 Grade 1, 14% with Grade 2, and 50% with Grade 3 VS. Apart from total dose radiotherapy (OR=1.0, p=0.045), other known risk factors were not statistically significant in predicting VS such as: tumor extension to vagina (OR=2.4, p=0.190), receiving both external beam radiotherapy and brachytherapy (OR=2.6, p=0.100), age (OR=1.0, p=0.077) and hyper-fractionation (OR=10.2, p=0.065). Sexual dysfunction was reported in 71% of patients; and 79% of VS occurred within one year of radiation treatment. 94.7% of patients had no documented VS assessment in records.

Conclusions: UCI's reported radiation-induced VS incidence was low; this may be due to significant underreporting of VS in patients' records due to low physician VS knowledge, screening, diagnosis and patient education about radiotherapy-associated side effects. Most VS cases were patient-reported versus physician-reported during examination. Deploying a physician VS education program and prospective study may provide a more accurate VS incidence.

LENGTH OF STAY, ASSOCIATED FACTORS AND CHALLENGES FACED BY PATIENTS ADMITTED TO AT UGANDA CANCER INSTITUTE

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: In Uganda, 80% of the cancer patients present at Uganda Cancer Institute (UCI) with advanced disease and hence require long periods of hospitalization. Prolonged hospitalization increases hospital-acquired infections and deaths. This study aimed at determining length of stay, associated factors and challenges faced by patients admitted at inpatient Wards of UCI.

Methods: The study employed a mixed methods approach, collecting quantitative data retrospectively from systematically sampled medical records and conducting qualitative interviews on the challenges purposively selected patients faced when they were admitted on UCI wards. Analysis was done using linear regression for quantitative data and thematic analysis for qualitative data.

Results: The data from 406 patients revealed an average hospital stay of 9.8 days [SD: +/-1.65, 95% CI: 4.59 - 15.10]. Factors associated with longer stays included; the absence of a next of kin ($p < 0.01$), admission to solid tumor or private wards ($p < 0.01$), presence of comorbidities ($p < 0.02$), nutritional support ($p < 0.01$) and receipt of support medication ($p < 0.01$). Patients faced challenges such as dependency, limited bed space, lack of privacy, financial difficulties, difficulty in obtaining blood products, language barriers, and psychological trauma.

Conclusion: The study found that prolonged hospital stays are influenced by various patient, treatment, facility, caregiver, and psychosocial factors. Since many of these factors are preventable, the UCI administration and the Ministry of Health are recommended to implement admission and discharge policies to reduce hospitalization duration and address patient challenges. By addressing these factors, the length of hospitalization and patient difficulties can be reduced, leading to improved outcomes and experiences during cancer treatment at UCI.

FROM BREAST CANCER DIAGNOSIS TO TREATMENT INITIATION IN DISTRICT-LEVEL HOSPITALS IN GHANA: EVIDENCE FROM THE ABC-DO PLUS STUDY

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: Breast cancer (BC) is the first or second most common cancer in almost all countries worldwide. In Sub-Saharan Africa, 5-year survival is low (< 50% versus ~90% in high-income countries) due to late diagnosis.

To investigate the trajectories of women with a suspicious BC at lower levels of the health system in Ghana, including establishing the proportion of those who never reach higher-level treatment centres and investigating barriers earlier in the patient journey.

METHODS: The African Breast Cancer-Disparities in Outcomes Plus (ABC-DO Plus) is a prospective study which is enrolling 100 women with suspected BC at six hospitals (four district-level, one regional and one teaching) carefully selected across the Oti and Volta regions of Ghana to prospectively examine patient-, family- and health-system related factors influencing pathways to, and those hindering, BC care from recruitment to treatment initiation and adherence. Participants are followed up regularly to elicit information on biopsy collection status, treatment initiation and medium/long-term care. An m-health developed in RedCap is being used for study management and standardised data collection.

RESULTS: 32 women referred for biopsy after clinical breast examination were recruited from 6th March to 14th May 2023, of whom 24 (75%) have provided a biopsy sample. Of these, 17 (71%) histopathology results were received and 7 (41%) were malignancies. Only 1/7 of the malignant cases have so far initiated treatment (chemotherapy). The average times from biopsy request to collection and receipt of results were 5.1 (SD=6.6) and 6.8 (SD=7.1) days, respectively. Reasons for not undergoing a biopsy included “surgeon not available” (27%), “no money for transportation” (27%) and “referral to another hospital” (18%).

CONCLUSIONS: The ABC-DO Plus study is the first to provide evidence on barriers to early BC diagnosis and treatment in district-level hospitals in Ghana to inform the development of effective cancer control policies.

THROMBOSE ET HEMOPATHIE MALIGNE

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¹Chndj

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIF : Le risque de survenue de thromboses est augmenté au cours des hémopathies malignes ainsi on s'est fixé comme objectif de décrire les caractéristiques épidémiologiques, cliniques, histologiques, et thérapeutiques de ces patients.

METHODES : Il s'agissait d'une étude rétrospective et descriptive, sur 5ans au service d'hématologie clinique du CHN Dalal jamm, qui incluait tous les patients suivis pour hémopathie maligne ayant présenté un épisode de thrombose

RESULTATS : nous avons colligé 12 patients d'âge moyen de 62ans avec des extrêmes de 16 à 83 avec sex ratio à 1. Les pathologies chroniques associées étaient le diabète à 33%, , l'HTA à 25%, ,la cardiopathie a16% .

Un terrain chirurgical était retrouvée dans 41% des cas. L'état général était altéré dans 33,3%. Le tableau clinique le plus fréquemment retrouvée était la thrombose veineuse des membres inférieurs à 50% suivi de l'accident vasculaire cérébrale dans 41,6% et la période de survenue des épisodes de ces thromboses demeuraient au diagnostic. Sur le plan histologique ou immunophenotypique, le lymphome non hodgkinien B était la plus représenté à hauteur 41,6% ,suivi du lymphome T dans 25% ,le lymphome de hodgkin, le myélome, la leucémie lymphoïde chronique ,et la leucémie aigüe chez respectivement 8,3%.Le score de padoue était très élevé chez tous les patients .Tous les patients ont bénéficié de cures de chimiothérapie avec du CHOP dans 75% des patients ,8,3% ABVD ,8,3% VCD,8,3% aracytine à faible dose .Sur le plan prise en charge de la thrombose les patients étaient hospitalisé et était mis sous anticoagulant à base d'HBPM à dose curative. Sur le plan de la survie 41,6% sont vivants.

CONCLUSION : les patients présentant une hémopathie maligne présente un haut risque de thrombose majoré par la présence de comorbidités d'où l'intérêt d'une bonne évaluation des facteurs de risque thrombotique chez ces patients

ACCEPTABILITY AND PREDICTORS OF HUMAN PAPILLOMAVIRUS VACCINE UPTAKE AMONG ADOLESCENTS IN JUNIOR SECONDARY SCHOOLS IN EDO STATE, NIGERIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: Human Papillomavirus (HPV) is implicated as the major risk factor for cervical cancer, globally. Vaccination against the virus is known to contribute to the reduction of cervical cancer. Previous reports have documented low HPV vaccine uptake. Hence, this study investigated the acceptability and predictors of HPV vaccine uptake among adolescents in Junior Secondary Schools in Edo-State, Nigeria.

METHODS: A descriptive cross-sectional design was used for this study among 400 adolescents from the selected schools using multistage sampling technique. A validated structured questionnaire was used to collect data from the adolescent aged between 10-15years. The data obtained were analysed using descriptive and inferential statistics (chi-square and regression analysis) at 5% level of significance.

RESULTS: The mean age of the respondents was 13years. Less than half, 41.5% of the participants had good Knowledge of HPV vaccine, 145 (38.9%) were willing to accept HPV vaccine while 98(25%) had received the vaccine. Most, 61.1% of the respondents did not want the vaccine as no one has explained the importance of the vaccination to them. There is a significant association between knowledge and HPV vaccine uptake ($X^2= 12.90, p=0.000$). The variables that contributed significantly in the uptake of HPV vaccine in the study were, knowledge ($\beta= 0.053, p= 0.000$), perception ($\beta= 0.011, p= 0.020$); acceptability ($\beta=0.011, p= 0.020$). Tribe ($\beta= 0.03, p= 0.520$); religion ($\beta= 0.02, p= 0.680$) and age ($\beta= 0.03, p = 0.490$) did not contribute significantly to the vaccination uptake.

CONCLUSIONS: This study has shown that most of the adolescents did not have good knowledge about HPV. Also, their acceptance and uptake of the HPV vaccine were low. Therefore, it is imperative that nurses and other healthcare workers provide adequate information on HPV vaccination and services. This will go a long way in reducing the global burden of cervical cancer.

MULTINATIONAL LUNG CANCER CONTROL PROGRAM AS A PARTNERSHIP MODEL TOWARDS STRENGTHENING HEALTH SYSTEMS FOR LUNG CANCER CARE IN SOUTH AFRICA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: The purpose of this paper is to report on the implementation of the Multinational Lung Cancer Control Program (MLCCP) in South Africa and to demonstrate that delivering quality lung cancer care and support services to patients in underprivileged settings requires partnerships.

METHODS: The global increase of cancer burden, and lung cancer in particular, gave rise to the conceptualization of the MLCCP in four sub-Saharan African countries (South Africa, Eswatini, Kenya, and Tanzania), which were later joined by Lesotho and Ethiopia. The overall MLCCP goal was initially to improve access to early diagnostic services for lung cancer by addressing the barriers of cancer care through working with communities and Ministries of Health in the identified regions, but later expanded to the strengthening of infrastructure and clinical interventions for lung cancer care.

RESULTS: The SA-MLCCP has been implementing its interventions for four years now (April 2019-September 2023). During this period, all the targets relating to renovating and equipping an oncology unit with the state-of-the-art equipment in one health facility, donations of materials, equipment and supplies to two health facilities providing oncological services, establishment and/or strengthening of cancer registries in three health facilities, as well as training of registry staff, were all fully (100%) achieved. The programme achieved 83%, 75% and 63% on the training of healthcare professionals to provide lung cancer screening & diagnosis services, provision of palliation and end-of-life support services, and cancer epidemiology research, respectively.

CONCLUSIONS: Creating strategic and empowering partnerships between academia and government entities can potentially build healthcare worker capacity and mitigate key implementation challenges rooted in socio-political contexts. Government involvement and support or lack thereof, of funded clinical programs determines their success or failure. Partnerships between academia and government can help mobilise resources necessary for strengthening the health systems at various levels of care.

PRETREATMENT NEUTROPHIL-TO-LYMPHOCYTE RATIO AS A PREDICTOR OF SURVIVAL OUTCOMES AMONG HIV INFECTED PATIENTS AFTER DEFINITIVE CONCURRENT CHEMORADIOTHERAPY FOR CERVICAL CANCER

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: To guide new strategies for clinical management of cervical cancer (CC), we assessed pre-treatment levels of hematological markers as potential predictors of overall survival (OS) among HIV-infected women on HAART with locally advanced CC who were undergoing definitive radiotherapy (CCRT).

METHODS: One hundred and seventy-nine (179) HIV-infected women with CC who were receiving CCRT were analyzed for OS and levels of selected hematological markers in blood: absolute neutrophil count (ANC), absolute lymphocyte count (ALC), absolute platelet count (APC), neutrophil-lymphocyte ratio (NLR), platelet-lymphocyte ratio (PLR), and lymphocyte-monocyte ratio (LMR). Two-sample Wilcoxon rank-sum (Mann-Whitney) test and chi-square test or Fisher's exact test were used to analyze differences by survival status for continuous and categorical variables, respectively. KaplanMeier survival curves were generated and compared using the log-rank test. Relationships between pre-treatment hematological markers and OS were evaluated using cox regression. ROC curves were used to determine cut-off values of hematological markers; P < 0.05 was considered statistically significant.

RESULTS: All 179 participants were receiving ART with 92.7% having virologic suppression (HIV-1 RNA 400 copies/mL), and 115 (64.2%) had a CD4 count \geq 350 cells/mm³ before CCRT initiation. Median age was 44.0 years (IQR= 39-49). Among the six hematological markers analyzed, only NLR was statistically significant with respect to predicting OS (HR, 1.77; CI: 1.00-3.14 p = 0.050). Multi-variate analysis also indicated that NLR (HR, 2.00; 95% CI: 1.05–3.81 p =0.035) was an independent prognostic factor for OS. By contrast, pre-treatment levels of the other hematological variables were not significantly associated with OS.

CONCLUSIONS: Pre-treatment NLR is associated with OS and can be an independent prognostic factor for OS in HIV-infected patients with locally advanced cervical cancer. Our findings also suggest that even in the context of effective HAART, restoration of hematological markers remains inadequate, and immune-based therapies are needed.

CLINICOPATHOLOGICAL CHARACTERISTICS OF PROSTATE CANCER DIAGNOSED BETWEEN 2015-2021 IN NORTHERN TANZANIA: ANALYSIS FROM A POPULATION BASED CANCER REGISTRY DATA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: Prostate cancer is among the common cause of mortality in Tanzanian men. However, there is a limited prostate cancer data. Therefore, no enough evidence to advise the authority on the need to combat it. The study aimed at assessing the clinicopathological characteristics of prostate cancer in northern Tanzania from 2015-2021.

METHODS: Retrospective cross-sectional study utilising northern Tanzania cancer registry data from 2015-2021 was performed. Age, symptoms and prostate specific antigen at presentation, Gleason score and metastatic statuses were retrieved. Risk stratification was done as per American Society of Medical Oncology into; low, intermediate and high risk. Analysis was by STATA version 17. The study obtained ethical clearance from the institutional review board.

RESULTS: A total of 5097 male cancer cases were recorded from 2015-2021, of these prostate cancer was the most common cancer by 1619(31.76%) with mean age of 73.9(±10.1). Majority of subjects were from Kilimanjaro region 1200(74.1%). About 714(44.1%) subjects had histologically retrievable data and case notes, of these 710(99.4%) were symptomatic at presentation with lower urinary tract symptoms being most common presentation 548(76.8%). The median prostate specific antigen at presentation was 109(36.2-263) ng/ml and the majority 426(60.7%) had Gleason score of ≥8, metastatic disease was prevalent at 178(24.9%). About 152 subjects were risk stratified, whereby 147(96.7%) had high-risk and 94.6% had androgen deprivation therapy only, with bilateral total orchiectomy accounting for the majority 293(63.0%).

CONCLUSIONS: There is high burden of prostate cancer in northern Tanzania and almost all cases have high-risk disease with androgen deprivation therapy mostly by bilateral total orchiectomy being the commonest treatment approach.

Prostate cancer screening needs to be emphasised in northern Tanzania for early diagnosis and treatment.

IDENTIFYING 331G.A POLYMORPHISM OF RP GENE AND HMTV VIRUS AS GENETIC MARKERS TO ENHANCE BREAST CANCER MANAGEMENT IN CAMEROON

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Introduction: In Cameroon 30% of patients with Breast cancer survive 5 years after diagnosis and 13.2% survive 10 years compared to survival rates in developed countries where 90% of patients survive 5 years and 82% 10 years after diagnosis. Since its diagnostic procedure is based on histological examination, the mortality due to that cancer is far from decreasing. Given these pronounced limits we characterized +331 G/A polymorphism in the PgR gene and identified the viral oncogene HMTV as genetic markers of breast cancer.

Methods: We carried out a case control study, in which 26 cases diagnosed positive for breast cancer at the CHU-Yaounde were recruited through the identification of archived biopsies. Blood samples were also collected from 20 women recruited using a questionnaire and a informed consent sign by each of them. +331 G/A polymorphism in the PgR gene was identified using NlaIV endonuclease by PCR-RFLP, and HMTV viral oncogene using three specific primers 1X, 2NR, 5F to amplify 190bp fragment of HMTV env sequence by hemi-nested PCR. The data were analyzed using SPSS v20 software to do the X2 test to determine the association between genotypic variable and cancer and evaluate the OR with a confident interval of 95%.

Results: We got a mean age of 57,73 +/- 9,87 in our cancerous group with the predominance of infiltrant duct carcinoma at grade II of SBR. An OR of 1.268 with CI of 95% 1.004-1.664 with P-value of 0.026, by comparing the mutant group (AA) 28,5% and wild genotype (GG). In addition, we detected 3 cases of HMTV virus, one was found in the cancer group and two in the control group.

Conclusion: Our results indicate that, those etiological factors studied such as HMTV virus and 331G.A polymorphism of PgR gene could be considered as risk factor of breast cancer.

A MULTIDISCIPLINARY APPROACH TO CANCER CARE IN RWANDA: THE ROLE OF TUMOUR BOARD MEETINGS

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: Cancer treatment is complex and necessitates a multidisciplinary approach. Tumour Board Meetings (TBMs) provide a multidisciplinary platform for healthcare providers to communicate about treatment plans for patients. TBMs improve patient care, treatment outcomes, and, ultimately, patient satisfaction by facilitating information exchange and regular communication among all parties involved in a patient's treatment. This study describes the current status of case conference meetings in Rwanda including their structure, process, and outcomes.

METHODS: The study included four hospitals providing cancer care in Rwanda namely Rwanda Military Hospital (RMH); King Faisal Hospital (KFH); Kigali University Teaching Hospital (CHUK) and the Butare University Teaching Hospital (CHUB). Data gathered included patients' diagnosis, number of attendance, and pre-Tumour Board Meetings treatment plan, as well as changes made during Tumour Board Meetings, including diagnostic and management plan changes.

RESULTS: From 128 meetings that took place at the time of the study, Rwanda Military Hospital hosted 45 (35%) meetings, King Faisal Hospital had 32 (25%), Butare University Teaching Hospital (CHUB) had 32 (25%) and Kigali University Teaching Hospital (CHUK) had 19 (15%). In all hospitals, General Surgery 69 (29%) was the leading specialty in presenting cases. The top three most presented disease sites were head and neck 58 (24%), gastrointestinal 28 (16%), and cervix 28 (12%). Most (85% (202/239)) presented cases sought inputs from TBMs on management plans. On average, two oncologists, two general surgeons, one pathologist, and one radiologist attended each meeting.

CONCLUSION: Tumour Board Meetings in Rwanda are increasingly getting recognised by clinicians. To influence the quality of cancer care provided to Rwandans, it is crucial to build on this enthusiasm and enhance Tumour Board Meetings' conduct and efficiency.

DEVELOPING BEST PRACTICES FOR CANCER PATIENT INVOLVEMENT AND ENGAGEMENT IN PALLIATIVE CARE RESEARCH IN RESOURCE LIMITED SETTINGS

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background: Patient public involvement and engagement (PPI) is pivotal to engaging patients in the research that shapes their care and hence critical for ensuring that research results into improvement in the quality of care. Despite this need, there is a lack of evidence on best practices for engaging cancer patients in Africa.

Aim: establish the best practices for engaging cancer patients in the PPI initiative.

Methods: We conducted two focus group discussions (FGD) stratified by gender (male and female). We identified and purposively recruited cancer patients through the Uganda Cancer Institute who were actively receiving care. The discussion covered the following thematic areas; 1)added value of patient public engagement, 2)how patients wish to be engaged in research, 3)roles they can take on the research process, 4)how the PPI sessions should be structured and 5) capacity building needs for empowerment to deliver on this mandate. The FGDs were audio recorded and transcribed verbatim.

Results: A total of 20 adult cancer patients participated in the discussions, (10 male and 10 female). PPI was viewed as a platform for empowering patients to engage in the research. Themes on how patients wished to be involved included: development of research agendas, participating in ethics reviews, recruitment of patients and data collection and engagement in the dissemination and prioritisation of recommendations. Preferences for structure were workshops and panel discussions, with a quarterly schedule. The need for training to empower them for the various roles was also cross-cutting.

Conclusion: We provide evidence on best practices for engaging cancer patients meaningfully in research. We also brought together two PPI groups, whose capacity should now be built to contribute towards meaningful patient involvement in research.

ASSESSING THE TRENDS OF KAPOSI SARCOMA (KS) IN THE FACE OF HIV/AIDS INTERVENTIONS IN LILONGWE, MALAWI (2018-2021).

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: KS is the most frequent cancer diagnosed in HIV infected individuals. Between 2015 and 2021, Malawi registered a significant reduction in the prevalence of HIV. According to MPHIA report on the progress of the 95 95 95 campaign whose goal is to eliminate HIV/AIDS as a public health issue in the country by 2030, the prevalence of HIV was 10.6% in 2015-2016 and 8.9% in 2020-2021. The aim of this study was to assess the trend of KS over a period of 4years between 2018 and 2021 and relate to the reducing trend of HIV prevalence in Lilongwe.

Methods: Trained cancer registrars engaged in active data collection and completion of notification form of all confirmed cancer cases from various data sources for the stated period. Passive data collection was also employed where doctors, nurses were involved in filling the notification form every time they encounter a cancer case. Canreg5 software was then used for analysis.

Results: According to the data collected, a total of 375cancer cases were recorded. The age standardized incidence rates (ASR) for KS in males was 8.7% in 2018, 15.5% in 2019, 14.5% in 2020 and 10.2% 2021, whereas in females 2.3% in 2018, 4.2% in 2019, 4.2% in 2020 and 2.2%in 2021.

Conclusion: The age standardized incidence rates of KS was high in males than females and this can be attributed to male's negligence in seeking medical attention. There was a significant decrease in the incidence of KS in both gender after the year 2020 and this can be attributed to the reduction in HIV prevalence. Therefore, further studies are recommended to ascertain that HIV/AIDS interventions help in reducing the burden of HIV-related cancers like KS.

IMPROVING TRADITIONAL HEALTH PRACTITIONERS' PRACTICES IN THE TREATMENT OF CANCER PATIENTS: AN EXPLORATORY DESCRIPTIVE STUDY IN KWAZULU-NATAL

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: The Traditional Health Practitioners (THPs) seem to be a fundamental constituent of the health care system in SA and other resource-constrained countries in Africa. It is necessary to develop them in order to benefit the community whose beliefs of healing are embedded in traditional medicine (TM) or trust TM to have the potential to cure cancer. The study aimed to explore the practices of THPs in the treatment of cancer patients and ultimately to improve their practices.

METHODS: An exploratory descriptive qualitative study was employed to collect data from 28 THPs sampled by snowball in KwaZulu-Natal (KZN) province. Semi-structured face-to-face and focus group interviews were employed to collect primary data. Data was collected until data saturation and interviews lasted for 45 – 60 minutes. The interviews were conducted in IsiZulu and translated to English before data analysis. They were transcribed verbatim before data analysis. The thematic analysis was used in the data analysis to identify themes.

RESULTS: It emerged that the THPs developments are necessary to provide them with basic educational skills such as writing and reading as well as communication skills. Furthermore, they should follow up their patients after cancer treatment and keep records of patients' personal information and treatment related activities.

CONCLUSIONS: Considering the problems associated with treatment of cancer when patients move freely between the THPs and radiation oncologists (ROs), resulting in interruptions in treatment, cooperative practice between the two health practitioners is paramount. The development of THPs could facilitate the cooperative practice between them and ROs in the treatment of cancer patients. It could also result in extending their role in the management of cancer and therefore increasing the accessibility of cancer services

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TREATMENT INCOMPLETION; A MAJOR CHALLENGE: RETROSPECTIVE STUDY OF HEAD AND NECK CANCER PATIENTS PRESENTING TO A TERTIARY CENTRE IN TANZANIA

NKYA A¹, JUE M¹

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE:

HEAD AND NECK CANCERS (HNC) ARE THE 7TH MOST COMMON MALIGNANCY. IN SUB-SAHARAN AFRICA, HNC MORTALITY IS PROJECTED TO INCREASE BY 49% FROM 2016 TO 2030. DESPITE THIS BURDEN, RESEARCH ON HNC WITHIN THE AFRICAN CONTEXT IS LIMITED. IN A PREVIOUS REVIEW WHICH INCLUDED 28 STUDIES, DATA REPRESENTED ONLY 10 COUNTRIES AND REPORTED A 5-YEAR OVERALL SURVIVAL OF 54.4%N THOUGH IN AFRICA DATA IS LIMITED.

METHODS:

A RETROSPECTIVE COHORT STUDY OF HEAD AND NECK CANCER PATIENTS WHO PRESENTED IN 2018 FOR CANCER CARE AT NATIONAL REFERRAL CENTRES OF MUHIMBILI NATIONAL HOSPITAL AND OCEAN ROAD CANCER INSTITUTE) IN TANZANIA. A CHART REVIEW WAS PERFORMED FOR ALL PATIENTS WITH ABSTRACTION OF DEMOGRAPHICS, CLINICAL CHARACTERISTICS, DIAGNOSIS, TREATMENT PATTERNS, AND OUTCOMES.

RESULTS:

A TOTAL OF 256 HNC PATIENTS WERE ENROLLED: 62% WERE MALE, MEDIAN AGE 55.1 YEARS (IQR 43.2 - 65.9). PATIENTS PRESENTED AFTER A MEDIAN OF 24 WEEKS (IQR 12-52 WEEKS). FOR IMAGING, 81% (208 PATIENTS) HAD HEAD AND NECK IMAGING AND 80% (204) HAD CHEST IMAGING. SQUAMOUS CELL CARCINOMA WAS THE MOST COMMON HISTOLOGIC DIAGNOSIS (69%, 176). MANY CASES WERE DIAGNOSED AT ADVANCED STAGE (III/IV) (39.7%); HOWEVER, 48% OF PATIENTS WERE INCOMPLETELY STAGED (N=85). OF THE 176 HNSCC PATIENTS, 66.5% (N=117) INITIATED TREATMENT AND 33.0% (N=58) COMPLETED TREATMENT. AMONG HNSCC, 37% (N=65) WERE ALIVE, 21.6% (38) DECEASED, 7.4% (13) REFERRED TO PALLIATIVE CARE, AND 34.1% (60) LOST TO FOLLOW UP.

CONCLUSIONS:

THERE IS A HIGH AMOUNT OF MISSING DATA FOR CRITICAL HNC QUALITY AND OUTCOME METRICS SUCH AS STAGING. ADDITIONALLY, A SIGNIFICANT PROPORTION OF PATIENTS DO NOT INITIATE NOR COMPLETE TREATMENT, AN AREA IN NEED OF FURTHER RESEARCH.

HPV ASSOCIATED OROPHARYNGEAL SQUAMOUS CELL CARCINOMA IN TANZANIA.

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

BACKGROUND

Recent data from all over the world shows the incidence of Oropharyngeal cancer is on the rise despite decrease in incidence of other head and neck cancers. The culprit of this rise has been identified to be HPV, a virus that causes the more than a quarter of all cancer new cases in Tanzania. On the other hand these cancers are very preventable, primarily through vaccination against HPV. A vaccine available in Tanzania but gender specific.

HPV associated oropharyngeal squamous cell carcinoma(OPSCC) has been shown to be a distinct molecular and clinical entity in terms of its demographics, staging, survival and prognosis. International guidelines recommend that decisions regarding the staging, prognosis, and treatment of patients with OPSCC should be made after determining their p16 expression(a surrogate marker for HPV infection by immunohistochemistry). Unfortunately our local treatment guidelines and clinical practices in Tanzania still has not in-cooperated p16 IHC testing as a guide for staging and treatment despite having qualified pathologists and laboratories to do P16 IHC test. We assessed the sociodemographic and clinicopathological profile and influence of p16 expression on outcome in OPSCC patients treated at Ocean Road Cancer Institute which is the national cancer referral hospital.

METHODS

Retrospective cohort hospital based study conducted at Ocean Road Cancer Institute and at the Muhimbili National Hospital in Dar es Salaam, Tanzania.

RESULTS

The prevalence of P16 positive OPSCC was found to be 43.4%. Those with P16 positive tumors were younger, predominantly males, with a better 3 years overall survival of 36% compared to 16.6% in those with p16 negative tumors.

CONCLUSION

The high prevalence of p16 in Tanzania suggests preventive measures such as gender-neutral HPV vaccine should be implemented. Furthermore our results confirm the use of p16 IHC as a prognostic biomarker for OPSCC in our setting.

LESSONS LEARNT & CHALLENGES OF INITIATING AND MAINTAINING ONCOLOGY CLINICAL TRIALS IN SUB-SAHARAN AFRICA: THE INTERNATIONAL CANCER INSTITUTE EXPERIENCE

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Clinical trials in oncology are essential for evaluating the efficacy and safety of prospective therapies and translating new knowledge into tangible benefits for cancer patients. They offer chances to develop innovative, potentially effective haematology and cancer treatments. Oncology clinical trials are receiving more attention as a result of the lack of indigenous data to inform cancer treatment in Africans. The uneven distribution of cancer trials globally, however, continues to leave cancer patients in SSA with few therapeutic options.

We highlight the challenges and lessons learned in initiating and implementing haematology and oncology clinical trials in Africa with our experiences at the International Cancer Institute in Kenya. Primary challenges experienced are grouped under site initiation, regulatory timelines, sponsor challenges, patient challenges, provider challenges, study implementation, and cultural issues. The lessons learned primarily deal with regulatory system and its timelines, operational constraints and study population. We demonstrated that initiating, implementing and maintaining hemato-oncology clinical trials in sub-Saharan Africa can be challenging but it is feasible and rewarding. Of note, solutions exist and successful execution of these trials requires careful planning, necessary infrastructure, clinical research capacity building at all levels, harmonization of standard of care protocols for cancers, ongoing evaluation of trial operations, responsiveness to new developments, and well-coordinated leadership oversight of all trial operations.

MSH2 MUTATION IN A PATIENT WITH BREAST CANCER WITH AN HBOC-LIKE FAMILY HISTORY OF CANCER: A CASE REPORT

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Lynch syndrome (LS), is one of the most common hereditary cancer predisposition syndromes. It is an autosomal dominant condition due to the germline mutation in the mismatch repair (MMR) genes including MLH1 , MSH2 , MSH6, and PMS2. Pathogenic PMS2 variants are rarely reported in patients with breast cancer and current guidelines have no specification for risk management in such cases. As part of a larger study that performs genetic testing on patients with cancer, we identified a patient with a rather odd result. The index patient was a 39-year-old female with a history of use of estroprogestative contraceptive pills and selective estrogen receptor modulators, alcoholic and smokes, and had an extensive family history of cancer: breast cancer in her mother and maternal grandmother, liver and prostate cancer in two paternal uncles, and meningioma in one paternal nephew. Her symptoms started in November 2021, with a painful nodule, then, she was diagnosed of right breast invasive ductal carcinoma TNM stage cT2N2M0 in May 2022. Immunohistochemistry was not done due to poorly conserved samples. She underwent radical mastectomy with lymph node resection in May 2022, followed by 4 cycles of adjuvant chemotherapy consisting of triweekly Doxorubicin and Cyclophosphamide and 12 cycles of weekly Paclitaxel. She is now in complete remission and has been scheduled for external radiotherapy. She and her family will then be followed up closely for Lynch syndrome.

This finding is complex to our pioneering cancer genetic counseling services in this region of sub-Saharan Africa. This adds information to the complex genomic landscape of cancer in Africa. Further studies are underway to broaden our understanding of the mutational profile in our setting, which may shed more light on the association between PMS2 mutation and breast cancer.

PHARMACOGENETICS OF TAMOXIFEN: A SUB-SAHARAN AFRICA PERSPECTIVE

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE. Breast cancer is the most common cancer worldwide, and a leading cause of death among women, particularly in sub-Saharan Africa. Tamoxifen forms a cornerstone for treatment of estrogen receptor-positive breast cancer and its use decreases the annual odds of recurrence and death. However, while inherited variation in drug metabolism (pharmacogenetics) directly affects plasma concentrations of tamoxifen and its metabolites, it has been challenging to demonstrate that these plasma concentrations determine treatment efficacy, and a direct genotype-phenotype association is yet to be confirmed. In recent decades, cytochrome P450 2D6 (CYP2D6) has been identified as the main enzyme responsible for tamoxifen activation. Despite that, other transporters and/or enzymes contribute to its metabolism. Nevertheless, very little data has been published on tamoxifen pharmacogenetics in patients treated in Africa. The objective of this study is to illustrate and discuss tamoxifen pharmacogenetics in the sub-Saharan African context.

METHODS. We summarize published evidence on pharmacogenetic aspects of tamoxifen treatment, with emphasis on the African genetic variants of CYP2D6, but also CYP2C9, CYP2C19, CYP3A4/5, UGT1A4, UGT2B7, UGT2B15 and SULT1A1.

RESULTS. Allele frequencies of the genes of interest are reported. However, most of the data for African alleles came from studies concerning malaria and HIV, the two main infectious diseases affecting the continent, and not from breast cancer studies. This limits the availability of data for non-malaria and non-HIV treatment pharmacogenetics.

CONCLUSION. Available evidence shows a non-negligible rate of subjects carrying genetic variants conferring altered tamoxifen metabolism. At the same time, the African data provided can be used to establish priorities in investigations, the ultimate goal being to enhance personalized treatment approaches, with the possibility of improving survival outcomes in patients with breast cancer.

LE CONCEPT DU SAFARI : CULTURE ET MÉTAPHORE D'UN MÉDECIN NAÏF POUR COMPRENDRE LES SOUFFRANCES DES FAMILLES AU RWANDA.

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Contexte : Une communication efficace est essentielle à la prestation optimale des services de santé. Les familles servent de soignants, fournissent la nourriture et le transport, et paient les factures. Les contributions des membres de la famille en fin de vie sont donc cruciales pour le plan de soins dans les pays à revenu faible ou intermédiaire. Dans un effort pour créer un modèle formel de soins de fin de vie adapté au contexte Rwandais, nous devons commencer par comprendre la souffrance des familles et de la communauté en fin de vie.

Objectifs : comprendre le langage de la souffrance exprimé par les familles des patients pour optimiser la communication lors des soins de fin de vie.

Méthodes : Nous avons observé et décrit le comportement de plus de huit cents réunions du personnel de santé avec les membres de familles et les soignants des patients dans les hôpitaux, les hospices et à domicile.

Résultats : Nous avons développé un cadre appelé « Safari », qui signifie « Voyage » en swahili, basé sur une approche socioculturelle Rwandaise pour décoder le langage de la souffrance des familles et des soignants lors des réunions familiales. Douze métaphores animalières ont été utilisés pour décrire les comportements de la souffrance, le langage et les attentes des familles. Le cadre a aidé les soignants de soins de santé à améliorer leur compréhension et leur communication avec les familles

Conclusion : Le concept du Safari est une solution locale Rwandaise pour accroître une communication efficace entre les prestataires de soins de santé, les familles et les soignants. Dans le contexte des communautés où les pratiques traditionnelles sont encore pertinentes, l'approche moderne en soins palliatifs devrait embrasser les valeurs socioculturelles pour optimiser la communication.

THE SAFARI CONCEPT: AN AFRICAN FRAMEWORK ON END-OF-LIFE CARE

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Background: Effective communication is essential for the optimal delivery of healthcare services. In developing countries, family members typically shoulder a great deal of the burden of caring for patients. Families serve as caregivers, provide food and transportation, and pay bills. The contributions of family members at the end of life are thus crucial to the plan of care in low- and middle-income countries. To create a formal model of end-of-life care suitable to the Rwandan context, we must begin by understanding the suffering of families and the community at the end of life.

Objectives: to understand the language of suffering expressed by patients' families to optimize communication at end-of-life care.

Methods: We observed and described the behavior of more than seven hundred meetings of healthcare staff with family members and patient caregivers in hospitals, hospices, and at home.

Results: We developed a framework called "Safari," which means "journey" in Swahili, based on a Rwandan social-cultural approach to decode the language of suffering from families and caregivers during family meetings. Twelve animal archetypes described families' suffering behaviors, language, and expectations. The framework has helped healthcare providers improve their understanding of and communication with families.

Conclusion: The Safari concept is a Rwandan homegrown solution to increase effective communication between healthcare providers, families, and caregivers. In communities where traditional practices are still relevant, the modern approach to palliative care should embrace sociocultural values to optimize communication.

THE RELATIONSHIP BETWEEN KI67 EXPRESSION AND TWO (2) YEAR OVERALL SURVIVAL IN AFRICAN MALES WITH LOW-GRADE PROSTATE ADENOCARCINOMA

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THE RELATIONSHIP BETWEEN KI67 EXPRESSION AND TWO (2) YEAR OVERALL SURVIVAL IN AFRICAN MALES WITH LOW-GRADE PROSTATE ADENOCARCINOMA

OBJECTIVE: Prostate cancer is the most common cancer among Nigerian males with a proportion of them being low-grade cancers. This category of prostate cancer requires clinical decision-making regarding pursuing either active surveillance or radical surgery. High Ki67 expression has been demonstrated in some studies to suggest poorer outcomes among Caucasians. This study aims to explore the relationship between Ki67 expression and survival among Nigerian males with low-grade prostate cancer.

METHODS: Data including age, histological diagnosis and PSA level at diagnosis was derived. All patients were of African descent. Cases diagnosed with Gleason score 3+3=6 and 3+4=7 were included in this study. Qualitative and quantitative Ki67 immunohistochemistry expression with two (2) -year overall survival were estimated. Statistical significance was set at $p < 0.05$.

RESULTS: Low-grade cancer accounted for 26.2% of total prostate cancer cases seen. Ki67 expression was determined in N=66 cases. Gleason score 3+3=6 accounted for 54.5% of cases while Gleason score 3+4=7 accounted for 45.6% of cases. The mean age of patients was 71.6 ± 8.3 years (range of 53-89 years). The median PSA at diagnosis was 49.8ng/ml (range of 6 to 8280ng/ml) but the majority of the patients (79.4%) had PSA values > 20 ng/ml at diagnosis. Qualitative immunohistochemical Ki67 expression was observed in 22 cases (33.3%). Of cases that showed Ki67 positivity, the majority (16 or 72.7%) had Ki67 labelling index of less than 5%. The overall 2-year survival (estimated for n=53 cases) was 83% and this showed no significant association with age, Gleason score, PSA concentration and Ki67 positivity either qualitatively or quantitatively.

CONCLUSION: 2-year overall survival for patients with low-grade prostate cancer was 83%. High Ki67 expression was not associated with poor overall 2-survival and should not influence clinical decision on watchful waiting.

CANCER MANAGEMENT DURING COVID-19 IN A RESOURCE LIMITED ENVIRONMENT

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background:The aim of this study was to describe the care of cancer patients during the COVID pandemic in a cancer centre in a resource-limited environment.

Methods: Information concerning COVID-19 control measures was gotten from the hospital records and from structured interviews of members of the infection prevention and control team as well as members of the clinical team. A systemic approach was initiated to prevent spread to and within the facility. Preventive measures limiting visits to the centre were initiated with telehealth. Visitors to the centre were evaluated using a triage process and managed based on recommendations by Nigerian Centre for Disease Control (NCDC). In addition, adherence to the safety measures promulgated by WHO was enforced.

Results: Due to strict adherence to the aforementioned protocols, there were no recorded cases of COVID-19 among staff and patients in the first half of 2020. The first recorded case of COVID-19 was detected through the antibody test at the screening tent. The affected patient was referred to the state COVID-19 response team for confirmation and subsequent management. Subsequently, no case of COVID-19 was recorded in 2020 among staff or in-patients. However, following the relaxation of some national guidelines in the latter part of 2021, there was a surge in the number of cases in Nigeria (3rd wave) and our centre had its first COVID-19 outbreak with up to two-thirds of the entire staff infected. This resulted in a temporary shut down and disinfection of the facility. There were a total of 14 positive cases among patients and 1 mortality. However, no mortality was recorded among members of staff of the facility.

Conclusion: The COVID-19 pandemic exposed vulnerabilities in the local healthcare infrastructure. It is possible to execute effective evidence-based infection control measures in a resource limited environment. Continued vigilance is warranted.

COMMUNITY-BASED MOBILE MAMMOGRAPHY SCREENING AMONG MARKET WOMEN IN LAGOS, NIGERIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

BACKGROUND

Cancer is a global public health challenge, with approximately 70% of cancer deaths occurring in low and middle-income countries. In Nigeria, low-income communities face challenges such as poor access to information and cancer screening services, restrictive cultural/religious beliefs, and other factors that impede breast cancer screening practices.

The Foundation for Cancer Care, in collaboration with the Association of Nigerian Physicians in the Americas (ANPA) Florida, organised a community-based breast cancer screening program using a mobile mammogram bus to make screening accessible among market women in Lagos Nigeria, to promote early detection of breast cancer.

METHODS

The screening took place in five Local Government Areas by clinical staff. Descriptive data was collected from 400 market women using registration forms.

RESULTS

Respondents were women aged 40-74 years, 79% were married and 40% had below tertiary level education. 6.5% had a family history of cancer, 18% drank alcohol and 0.6% smoked tobacco. In their life time, 37% indicated having at least one clinical breast examination and 22% at least one mammogram. 54% indicated they can carry out a self-breast examination.

Of the 400 women screened for breast cancer, ultrasounds were recommended for 72 women (18%) while biopsies were recommended for seven women (1.75%). Of the seven women recommended to have biopsies, four had the test, while three did not due to fear of knowing they might have cancer, and loss to follow-up. Of the four who did biopsies, three were confirmed to have malignant lesions in their breasts.

CONCLUSION

The convenience and access to a mobile screening unit would encourage more market women to utilize breast cancer screening services and create awareness. Initiatives like this increase the uptake of breast cancer screening services among women, where such services are otherwise not available or easily accessible.

CLINICOPATHOLOGICAL CHARACTERISTICS AND SURVIVAL OF PATIENTS WITH HEPATOCELLULAR CARCINOMA AT TWO NATIONAL HOSPITALS IN TANZANIA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: To describe clinicopathological profile, management, and outcome of patients with Hepatocellular Carcinoma (HCC) at Ocean Road Cancer Institute (ORCI) and Muhimbili National Hospital (MNH).

Methods: Retrospective cohort study of HCC patients presenting at ORCI and MNH between January 2020 to December 2020. Data was extracted from hard and soft copy files using a questionnaire. Data analysis was done using Statistical Package for Social Sciences version 25 (SPSS.v25). Qualitative variables were summarised using proportions and quantitative variables using median and range, Kaplan-Meier method was used for the survival analysis. We used Cox-Regression to assess the predictors of survival and p-value of <0.05 was considered statistically significant.

Results: Median age at diagnosis was 41years with 14.5% in the 2nd decade and 29.7% in the 3rd decade of life. The M:F ratio was 2.3:1. 53.2% were HBsAg-reactive. Notably, (27.0%) patients were non-reactive to Hepatitis B virus (HBV) and Hepatitis C virus (HCV) infection. 45.9% had multiple hepatic lesions therefore inoperable. 45% already had symptomatic portal hypertension at diagnosis. Three patients underwent hepatectomy and one had Trans-arterial chemoembolization (TACE). 24(21.6%) had targeted therapy, 10(9%) had chemotherapy and 75(67.9%) did not receive HCC specific treatment. One-year overall-survival-rate was 5% with median overall survival of 2 months [95% CI 1–10]. Receiving HCC-specific treatment was a significant predictor of survival, HR5.2.

Conclusion: HBV-associated HCC was more prevalent in this study. Patients presented at a young age with a median age of 41yrs and a male to female ratio of 2.3:1. Majority already had complications at presentation, mainly portal hypertension. The one-year overall survival was 5% with a median survival of 2months. Receiving HCC specific treatment significantly contributed towards survival.

TIMETOSCREEN: THE ROLE OF BREAST & CERVICAL CANCER SCREENING IN REDUCING CANCER BURDEN IN AFRICA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: Breast and cervical cancer are major public health concerns in Africa, with a high burden of cases and a lack of access to screening and treatment services. The TimeToScreen (TTS) initiative by Sebecly Cancer Care is a comprehensive free breast/cervical screening and treatment campaign. The goal is to improve awareness and increase access to breast/cervical screening and treatment amongst women in rural and urban communities. This study analyses the screening findings of the TTS initiative.

Methods: The TTS program conducted 3 Facility-based and 45 community screenings across SouthWest Nigeria. In 6 months, 7,005 African women were screened for breast and cervical cancer using clinical breast examination (CBE) visual inspection with acetic acid (VIA). Baseline and follow-up data were used to assess the screening outcome and referral of women with abnormalities.

Results: Out of the 7,005 women mobilized, 96% (6,732) had never undergone breast and cervical cancer screening, while 4% (273) had undergone a screening test in the last five years. Of these, 2.5% (172 women) were detected with cervical cancer abnormalities, and (0.3%) 19 had confirmed cervical precancerous lesions. The majority of abnormalities detected were VIA positive, including Nabothian cysts, cervical polyps, and cervical erosion (89%). The program also identified 1% (69 women) with breast abnormalities and was referred for mammography and breast ultrasound.

Conclusion: This study highlights the effectiveness of a community-based and facility-based screening program in improving cancer awareness and detecting cervical and breast cancer abnormalities. The high VIA positivity rate emphasizes the need for further diagnostic services and treatment. The program's success suggests that community-based screening is an effective strategy for reducing the cervical cancer burden in Africa. The findings of this program provide evidence for policymakers and stakeholders to invest in breast and cervical cancer screening programs to reduce the burden of cancer in Africa.

EXPLORING PREFERENCES AND ASSETS FOR HPV SELF-SAMPLING AND VACCINATION SERVICES FOR WOMEN AND GIRLS IN NIGERIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background

In low-and-middle-income countries, women's access to cervical cancer screening could be improved through HPV self-collection. However, implementation remains poor in many regions, including Nigeria. Additionally, HPV vaccination rates are suboptimal yet, there is limited knowledge of women's and young girls' preferences for these services in this population. We used qualitative methods to examine preferences for HPV self-sampling and HPV vaccination services among Nigerian women and young girls.

Method

Semi-structured in-depth interviews and group discussions with a purposive sample of 31 women and 31 young girls aged between 9-65 years were conducted in Lagos, Nigeria. Data were analyzed thematically and using the PEN-3 cultural model, we identified perceptions, enablers, and nurturers in HPV self-sampling and vaccination.

Result

About 6% of the participants were aged between 9-18 years, 42% between 19-26 years, 35% between 30-50 years and 17% between 51-65 years. Using the relationships and expectation domain of the PEN-3 cultural model the following themes emerged related to HPV self-sampling: Perceptions (the need for education on proper self-sampling techniques, Enablers (Cost) and Nurturers(availability of self-sampling kits from health facilities and pharmacies). For HPV vaccination, the themes which emerged were: Perceptions (fear of serious side effects and preference for single-dose vaccines), Enablers (Cost) and Nurturers (availability of the vaccine in pharmacies, health facilities and school clinics)

Conclusion

We have identified several factors which highlight preferences and assets that can be leveraged in the promotion of HPV self-sampling and vaccination in Nigeria. Findings underscore the need to address women and girl's HPV prevention preferences as a foundation for implementing programs and research to increase the uptake of cervical cancer preventive services.

PROTECTION AND SAFETY OF PATIENT AND STAFF DURING EXTERNAL BEAM RADIOTHERAPY USING A LINAC IN KENYA STATUS AND CHALLENGES

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Several studies have been conducted in Kenya concerning the protection and safety of occupationally exposed workers in diagnostic radiology, but to date no specific studies have been done on protection of staff and patient in external beam radiotherapy using Linac. The present work aims at reviewing the level of protection and safety for patient and staff during external beam radiotherapy using Linac in Kenya and provide relevant guidance to improve protection and safety. A retrospective evaluation was done to verify whether those occupationally exposed workers and patients are adequately protected from the harmful effect of radiation exposure during the treatment procedures using Linac. The project was experimental Research also including analysis of resource documents obtained from the literature and International Organizations. The critical findings of the work revealed that the key elements of protection of occupationally exposed workers and patients include Government empowering the Regulatory Authority to license Medical Linear facilities and to enforce the applicable regulations to ensure adequate protection of occupationally exposed workers and patients. A comprehensive quality Management system should be in place to govern all planned activities from siting, safety and design of the facility, construction, acceptance testing, commissioning, operation and decommissioning of the facility. A comprehensive Radiation Protection and Safety programme must be established to ensure adequate safety and protection of workers and patients during treatment planning and treatment of patients. All categories of staff associated with the Facility must be well educated and trained to perform professionally with a commitment to sound safety culture. Relevant recommendations from the findings are shared with the Medical Linear Accelerator facilities and the regulatory authority to provide guidance and continuous improvement of protection and safety

MAPPING OF DIGITAL RESOURCES ON CERVICAL CANCER IN AFRICA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE:

This project aims to address the fragmented and uncoordinated digital health landscape around the entire continuum of cervical cancer care in 16 countries in sub-Saharan Africa. Lack of coordination results in sub-optimal use of resources, duplication of efforts, and inadequate impact of digital health initiatives.

The project proposes to map digital health initiatives and resources on cervical cancer in the region and develop an online catalogue that will be routinely updated. The Global Cancer Observatory 2020 data on cancer incidence and mortality by cancer site ranks cervical cancer in Sub-Saharan Africa as second highest by incidence and first by mortality at about 14% of all cancer cases and related deaths. The World Health Organization approved a strategy to eliminate cervical cancer worldwide and The World Health Assembly also passed resolution WHA71.7 on Digital Health to help strengthen member states digital health capabilities.

Kenyan Network of Cancer Organizations with support from The Swedish Program for ICT in Developing Regions and in collaboration with Uganda Cancer Institute is mapping digital resources on cervical cancer. This exercise will provide information on existing initiatives and opportunities for collaboration, promote integration and interoperability of digital health initiatives, and enable governments and funders to invest in areas where there are gaps.

METHODS:

An in-depth literature review will complement data collected through interviews.

RESULTS:

Data collection currently ongoing.

CONCLUSIONS:

As part of the Digital African Network for Cervical Cancer Elimination (DANCCE) initiative, this project aims to maximize use of digital technologies to accelerate achievement of cervical cancer elimination.

ENHANCING EARLY PRESENTATION OF BREAST CANCER PATIENTS IN NIGERIA: A CROSS-SECTIONAL SURVEY AND DEVELOPMENT OF A MOBILE APPLICATION

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objectives

In Nigeria, $\geq 70\%$ of breast cancer patients present with advanced disease due to multiple factors including low awareness and lack of population screening programs. To develop an intervention to enhance early presentation, this needs assessment study evaluated i) women's knowledge and practices towards screening, (ii) preference on tools to enhance breast health education (BHE), breast self-examination (BSE), and screening, (iii) user feedback on testing the preferred tool.

Methods

This was a cross-sectional survey of consenting adult women in Nigeria across different states in July - September 2021. Participants were recruited through social media and researchers' networks. Anonymised data collected include demographics, knowledge of breast cancer symptoms, attitudes and practices regarding BSE, screening, and Likert-scale rankings of preferences for proposed tools (mobile app, SMS, print and websites) to enhance BHE. Using this feedback, a minimum viable product (MVP) of the preferred tool was developed and tested for feasibility and acceptability. Data were analysed using descriptive statistics.

Results

In total, 208 women aged 18 -70 years completed the survey. Although 89% (186/208) considered BSE important, only 9% (16/186) performed it monthly. Forty-seven percent (93/208) did not know the symptoms, and 44% (91/208) had not done any screening. Of these, 84% (76/91) did not know how to do BSE or often forgot. The mobile app was ranked most preferred tool for BHE (73/207). Hence, the MVP for the mobile app (Mami) includes screening reminders, BHE, visual guide for BSE, symptom log and connection to local patient navigators. Approximately 80% (18/22) of testers found it informative, accessible, personal, and user-friendly.

Conclusion

Our findings suggest the need for increased awareness of breast cancer in settings where population-wide screening is lacking. The feedback on the Mami app suggests it is a viable option for enhancing breast cancer awareness and early presentation among women in Nigeria.

DIGITAL MARKET SEGMENTATION: ENHANCING CANCER MEDICATION ACCESSIBILITY IN SUB-SAHARAN AFRICA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE:

As the burden of cancer increases across Africa, access to affordable medication remains out of reach for most patients. While 70% of Nigerians live in poverty, 74.7% of healthcare expenditure across the country consists of out-of-pocket payments. We aim to display our digital market segmentation system for improving access to cancer medication.

METHODS:

mDoc is a digital health company that provides virtual self-care support to people with regular and chronic health needs, including cancer. In partnership with pharmaceutical companies, we provide eligible patients with a drug rebate that drives affordability. To determine this rebate, we developed an innovative digital market segmentation system that leverages various weighted factors. The assessment assigns patients into affordability sub-groups based on various factors, including age, employment and socioeconomic status, monthly income, family size and expenditure. Patients apply via mobile or web, and their responses are scored to determine which group they fall into. These patients then have access to supportive treatments at affordable costs to drive adherence and virtual coaching and self-care support.

RESULTS:

196 patients were assessed for their affordability using the algorithm, with total savings of 167 million Naira. A patient's ability to afford their medication greatly impacts cancer treatment adherence. By increasing affordability, people are better able to adhere to their medication, leading to better health outcomes. mDoc also gives cancer patients access to a coach-led self-care platform, helping them make the necessary lifestyle modifications to ensure that they can control any comorbidities and live healthier, happier lives.

CONCLUSIONS:

Our digital market segmentation system allows us to assign people to segments based on their financial needs. This market segmentation is a viable method of increasing accessibility to oncology care and should be expanded to other forms of care, e.g. sexual and reproductive healthcare, cardiovascular care etc.

INFLUENCE OF SPOUSAL SUPPORT ON PSYCHOSOCIAL ADJUSTMENT AND QUALITY OF LIFE OF WOMEN WITH BREAST CANCER IN A NIGERIAN TEACHING HOSPITAL

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objectives: Breast cancer most common cancer in women globally, with increasing incidence and mortality. Spouses' support in breast could positively affect psychosocial adjustment and quality of life of women living with breast cancer, but there seem to be paucity of data in Nigeria. Hence we investigated the influence of spousal support on psychosocial adjustment and quality of life of women with cancer, in a teaching hospital, in Nigeria. This could help to develop intervention, to accelerate adaptation.

Methods: Mixed method study that utilized 4 standardised instruments (WHO-short quality of life WHOQOL- BREF); Psycho-social Adjustment to illness scale (PAIS SCALE); Social Support Scale (SSS) and Multi-dimensional Social Support Scale and an interview guide, developed after by extensive literature review. Simple random sampling technique was used in selecting 200 women with breast cancer. Data were analysed using Statistical Package of Social Sciences (SPSS) version 23.

Presentation of the objectives were done with frequency tables, while Chi-square and correlations, at 0.05 level of significance.

Result: The mean age and SD were 52.28± 12.95 years. Few (29.8%), had tertiary education. The weighted grand mean score of the quality of life was 2.81 (< 3.0) which means that the respondents often have poor quality of life. Educational status was significantly associated with spousal support ($\chi^2 = 21.56$, $p = 0.010$). In addition, there was a significant association between spousal support and psychosocial adjustments ($\chi^2 = 9.41$, $p = 0.024$) and quality of life ($\chi^2 = 40.2$, $p = 0.01$).

Conclusion: Spousal support had significant influence on psychosocial adjustment and quality of life of women with breast cancer in Ibadan is significant. This stresses the importance of holistic care, where spouse is carried along at all levels, in the treatment process. They should be made to understand that their spouses are not only suffering from physical disability but also from mental strain.

DEVELOPMENT OF AORTIC ONCOLOGY NURSING COMPETENCIES IN SUB-SAHARAN AFRICAN COUNTRIES.

Ohene Oti N¹, Barton-Burke M², Anarago A⁵, Oluwatosin A³, Young A¹⁰, Sheldon L⁴, Downing J¹³, Havilland K², Fitch M¹⁵, Challinor J¹⁶, Galassi A⁴, Adejumo P³, Sego R⁸, Buswell L⁴, Maree L¹⁴, Samba Larfi V⁶, Ngoka O⁷, Mbah G⁹, Danik E¹², Mushani T¹¹, Ohaeri B³, Winn A², Ndikom C³

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ORAL ABSTRACTS | DAY 5, SESSION 8, SESSION ROOM 203, November 6, 2023, 3:20 PM - 3:50 PM

Objective

The aim of this project was to develop competencies for the roles of oncology nurse generalist and advanced oncology specialist/practitioners to guide the development of curricula for undergraduate education and postgraduate training, and guide role development for specialties in oncology nursing in Sub-Saharan African countries.

Oncology nurses play a central role in the delivery of cancer services to people with cancer. Curricula for education and specialty training for oncology nurses has often been developed on an ad hoc basis without competencies to serve as measurements for outcomes, role development and quality improvement. The AORTIC Nursing group worked with nurses from Sub-Saharan African countries and global colleagues to draft, vet and review the competencies.

Method

Oncology nursing competencies for the two roles were developed in a three-step process over four years. In the first step, a working group of nurses from Sub-Saharan African countries collaborated with global nurse colleagues created the draft competencies for two roles: the oncology nurse generalist and the advanced oncology specialist/practitioners. In the second step, the draft competencies were reviewed by all members of the working group for alignment with international standards of oncology nursing practice. In the third step, nurse leaders from thirteen (13) Sub-Saharan African countries reviewed the competencies for cultural relevance, national licensure and specialization, and resource harmonization.

Results

The competencies for the oncology nurse generalist and the advanced oncology specialist/practitioners in Sub-Saharan African countries provided a framework for clinical practice and standardized education and training of oncology nurses in generalist and advanced practice roles.

Conclusion

The competencies can be used to design undergraduate and postgraduate training programs for oncology nurse generalist and the advanced oncology specialist/practitioners in Sub-Saharan African countries. Standardized training, education and clinical practice can improve cancer care delivery and outcomes.

GROWTH AND DEVELOPMENT OF ONCOLOGY NURSING IN AFRICA

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ORAL ABSTRACTS | DAY 5, SESSION 8, SESSION ROOM 203, November 6, 2023, 3:20 PM - 3:50 PM

Introduction: There is growing recognition that oncology nurses are vitally important for an effective cancer control system. Although there is variation among countries, oncology nursing is being recognized as a specialty and seen as a priority for development in cancer control plans in many settings. The purpose of this presentation is to highlight the development of cancer nursing in Africa. The intention is to describe the status of oncology nursing, identify factors contributing to successful development, and identify challenges for the future.

Methods: Cancer nurse leaders from several African countries collaborated to collate and review evidence concerning the rise of oncology nursing across the continent. Each began with review in their respective jurisdictions. Their review included focus on nursing involvement in cancer control practice, education, and research. The historical and current status for each was identified. Through discussion and consensus, within the group, the potential for future growth of oncology nursing as a specialty was isolated and challenges nurses face in Africa in building capacity for oncology nursing were articulated.

Results: Nurse leaders from the following countries participated: Kenya, Rwanda, Zambia, South Africa, Nigeria, and Ghana. Each country is at a different point in recognizing oncology nursing as a specialty and mounting educational programs to prepare specialists. Nonetheless, the need for cancer nursing care of patients has been identified clearly and appears in many national strategic plans for cancer or human resources. Education and networks for oncology nurses are critical factors in the growth of the specialty together with policy support for positive workplace environments.

Conclusions: Leadership for oncology nursing as a specialty is emerging in various countries across Africa. Access to cancer related education, both academic and clinical, is crucial to the successful growth and development of the specialty.

ASSOCIATION OF VITAMIN D AND VITAMIN D RECEPTOR POLYMORPHISMS WITH LEUKAEMIA AMONG NIGERIAN PATIENTS.

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE

Vitamin D receptor polymorphism is associated with an increased risk of developing different hematologic malignancies, including leukemia. It has been reported that Vitamin D supplementation can enhance the collaborative impact of chemotherapy drugs in the treatment of leukemia. Therefore, understanding the association between Vitamin D receptor polymorphism and leukemia, and the impact of adequate Vitamin D levels on leukemia progression and treatment may provide novel approaches for leukemia prevention and management. This cross-sectional study aimed to investigate the association of Vitamin D receptor (VDR) gene polymorphisms with leukemia and Vitamin D levels in patients seen at the National Hospital, Abuja.

METHODS

The study involved 40 leukemia patients and 40 apparently healthy subjects as controls. VDR gene polymorphisms were determined using polymerase chain reaction-restriction fragment length polymorphism (PCR-RFLP), and Vitamin D levels were determined using an Enzyme-linked immunosorbent assay (ELISA) kit.

RESULTS

The results showed significant associations between the polymorphisms of Bsm1, Fok1, and Cdx2, and leukemia ($p < 0.05$), but not with Apa1 and Taq1. Vitamin D deficiency was found to be significantly higher in leukemia patients compared to healthy participants ($p < 0.05$) and had a 10-fold increased risk of developing leukemia.

CONCLUSIONS

The study concludes that VDR Bsm1, Fok1, and Cdx2 cannot be used independently to predict leukemia risk, but Vitamin D deficiency can be an independent risk assessment and prognostic tool. These findings could lead to new strategies for preventing and managing leukemia.

FACTORS ASSOCIATED WITH CONCORDANCE OF HUMAN PAPILLOMAVIRUS SPECIFIC GENOTYPES IN ORAL AND ANOGENITAL SITES AMONG SEXUALLY ACTIVE WOMEN IN NIGERIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: This study investigated concordance of HPV specific genotypes in oral and anogenital and determined some of its associated factors among women in southwest, Nigeria.

Methods: This was a secondary analysis from the Sexual Behavior and HPV Infections in Nigerians in Ibadan (SHINI) that included sexually active women aged 18–45 years. After a face-to-face interview, samples were collected from the mouth, cervix, vulva and anus. Age, level of education, age at first vaginal sex, age of first vaginal sex partner, alcohol consumption, smoking, take any drugs without prescription, anatomic sites of HPV infection (HPV infection in anal, cervix oral, and vulva) were used to assess the concordance of oral-anal HPV, oral-cervix HPV, and oral-vulva HPV. Descriptive and modified Poisson regression with robust variance was performed to assess the prevalence and risk factors associated with HPV concordance in the different anatomic sites.

Results: The overall prevalence of HPV concordance at the four anatomic sites was 10.0%. The prevalence of oral-anal, oral-cervical, and oral-vulva infections was 11.9%, 12.3% and 12.3% respectively. Smoking and condom used for oral sex were significantly associated with all the concordance. Anal HPV and vulva HPV infections were significantly associated with oral-cervical HPV concordance (PR=4.1; 95%CI= 1.75,9.44) (PR = 5.5; 95%CI=1.73,17.48) respectively. Cervix HPV and vulva HPV infections were significantly associated with oral-anal HPV concordance (PR=5.4; 95%CI= 1.96,14.93) (PR = 3.9; 95%CI=1.41,10.69) respectively. Cervix HPV and anal HPV were significantly associated with oral-vulva HPV concordance (PR=11.8; 95%CI= 2.89,48.38) (PR = 5.0; 95%CI= 2.01,12.54) respectively.

Conclusion: Though it appears that the concordance of HPV in four anatomic sites is low, but the presence of HPV in oral cavity is strongly associated with detection of similar genotypes in anogenital sites. Smoking and condom use is a risk factor for concordance of HPV at oral and any anogenital sites.

MODEL OF HOSPICE CARE SERVICE DELIVERY FOR PATIENTS WITH ADVANCED CANCER IN A RESOURCE-LIMITED SETTING

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Hospice care (HC) is a branch of palliative care that provides comfort and improves the quality of life for patients at the end stage of their illnesses. The cancer burden in Nigeria is high, with most patients requiring palliative care due to late presentation. Access to HC is limited because few healthcare centres offer these services. This study examines the provision of HC at Lakeshore cancer centre (LCC).

This study aims to explore the model of HC services used in this resource-limited setting and analyze the characteristics of patients who received this service.

This is a retrospective study done by reviewing the records of cancer patients who received HC from November 2017 to June 2023. Patients met the following criteria for hospice care:

1. Prognosis of 6 months or less
2. Not receiving active or curative treatment.

The study analysed the demographics of HC patients and the model of care delivered based on patient and family choice.

68 patients were provided with HC services of which 39 (57.4%) were females, age range from 31 to 93 years old (median age 63). The most common diagnoses were Breast (22.1%), Prostate (13.2%), and Liver cancer (8.8%). Most patients opted for home care (57%), while 41% were managed as inpatients and 25% were outpatients. Homecare patients were primarily cared for by their relatives (87%), while 23% hired home nurses. The most common symptoms managed were pain (77%), anaemia (32%), and constipation (27%).

This study provides insight into optimal hospice care delivery in a resource-limited setting. Challenges include incorporating syringe drivers, increasing awareness, a limited workforce, and distance barriers. The model used by the LCC team to achieve 24-7 service delivery for cancer patients can be used as a prototype to improve access to hospice services in Nigeria.

HERPES ZOSTER IN MULTIPLE MYELOMA PATIENT RECEIVING PROTEASOME INHIBITORS AT MOI TEACHING AND REFERRAL HOSPITAL – KENYA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Introduction: Most studies have shown that there is a high incidence of varicella-zoster virus (VZV) among multiple myeloma patients on a bortezomib-based regimen. Reactivation of the varicella-zoster virus (VZV) leads to the development of herpes zoster (shingles) as a consequence of suppressed cell-mediated (CM) and Humoral-mediated immunity. As a consequence of this, prophylactic anti-viral drugs (acyclovir) are recommended to all patients as a standard care package. However, this is not practiced at MTRH. A clinical trial done in the USA, Europe and Israel showed that Bortezomib is associated with a 13% incidence of herpes zoster.(Chanan-Khan et al., 2008). There are very few reports that have reported on herpes zoster development by patients on Bortezomib-based regimens in Sub-Saharan Africa.

Objective: This study aims to determine the frequency of herpes zoster in patients getting a bortezomib-based regimen in multiple myeloma.

Methods: This is a descriptive retrospective data analysis of patients who were diagnosed with multiple myeloma and were started on a bortezomib-based regimen from December 2020 to August 2022 and were diagnosed to have herpes zoster during the course of treatment.

Results: A total of 118 patient (n=66 males) and (n=52 female) were diagnosed with multiple myeloma out of which 98(83.1%) patients were started on a bortezomib-based regimen as follows. 17(14.4%) VRD, 7(5.9%) VCD, 70 (59.3%) VTD, 3(2.5%) VD, 1(0.85%) got bortezomib, 10(8.5%). Other treatment options and 10(8.5%) died before starting treatment. 6(6.1%) out of 98 patients developed herpes zoster.

Conclusion: In MTRH, myeloma patients on bortezomib based regimens seems to have low incidences VZV, there is a need for more research in this area.

COMPARATIVE ASSESSMENT OF p16/Ki-67 DUAL STAINING TECHNOLOGY FOR CERVICAL CANCER SCREENING IN WOMEN LIVING WITH HIV (COMPASS-DUST)–STUDY PROTOCOL

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objectives: This study will evaluate the performance of p16/Ki-67 dual staining technology (DUST) in detecting high-grade cervical intraepithelial neoplasia (CIN2/3) and cervical cancer (CIN2+) as a primary and HPV-triage test in women living with HIV (WLHIV). We will also assess the 2-year performance of DUST in predicting the persistence of and progression of low-grade (CIN1) to CIN2+ in WLHIV.

Methods: This is an intra-participant comparative study (Phase 1) that will involve the enrollment of n=1,123 sexually active WLHIV aged 25–65 years at two accredited adult HIV treatment centres in Lagos, Nigeria to compare the performance of DUST to the currently used screening methods (Pap smear, HPV DNA, or VIA testing) in detecting high-grade CIN and cancer (CIN2+). Subsequently, a prospective cohort study (Phase 2) will be conducted by enrolling all the WLHIV who are diagnosed as having low-grade CIN (CIN1) in Phase 1 for a 6-monthly follow-up for 2 years to detect the persistence and progression of CIN1 to CIN2+.

Findings: The findings of this study may confirm if DUST performs better than the currently used screening methods for detecting CIN2+ and that a baseline DUST positivity may predict the persistence and progression of CIN1 to CIN2+ over a 2-year follow-up period.

Conclusions: This study may provide evidence of the existence of a better performance screening method for the primary and triage detection of CIN2+ in WLHIV. It may also demonstrate that this high-performance test (DUST) can improve the long-term predictive accuracy of screening by extending the intervals between evaluations and thus decrease the overall cost and increase screening uptake and follow-up compliance in WLHIV.

INCREASED SYSTEMIC IMMUNE-INFLAMMATION INDEX INDEPENDENTLY PREDICTS POOR SURVIVAL IN PATIENTS WITH EPITHELIAL OVARIAN CANCER

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: This study aimed to investigate the prognostic value of systemic immune-inflammation index (SII) in patients with EOC in Lagos, Nigeria.

Methods: We performed a secondary analysis of 91 patients' data from a previous study of women who had treatment for EOC at the Lagos University Teaching Hospital (LUTH) between 2009 and 2018. Patients' baseline characteristics and survival status were extracted from the datasets. Pretreatment peripheral blood SII was calculated by dividing the product of the neutrophil and platelet counts by the lymphocyte count. We used the receiver operating characteristic (ROC) curve to determine the optimal cut-off values and prediction accuracies of SII in estimating progression-free survival (PFS) and overall survival (OS). The associations between pretreatment SII and survivals were analyzed using the Kaplan-Meier method with Log Rank (Mantel-Cox) test and Cox regression analyses.

Results: In the multivariate Cox regression analysis, pretreatment SII more than 610.2 was a significant independent predictor of reduced PFS (hazard ratio = 2.68; 95% confidence interval, 1.17 to 6.09) while SII greater than 649.0 was a significant independent predictor of reduced 3-year OS (hazard ratio = 2.01; 95% confidence interval, 1.01 to 3.99).

Conclusion: These findings, therefore, suggest that high SII may be a promising predictor and useful prognostic indicator of tumour progression and survival in EOC. However, a more robust, and long-term prospective multicenter study among black African women is required to further validate the findings of this study.

PREDICTORS OF INCIDENCE, CLEARANCE AND PERSISTENCE OF GENITAL HIGH-RISK HUMAN PAPILLOMAVIRUS INFECTION IN WOMEN LIVING WITH HIV

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objectives: This study determined the incidence, clearance and persistence of high-risk HPV (hr-HPV) infection and assess their predictors among HIV-infected (HIV+) and uninfected (HIV-) women in Lagos.

Methods: This prospective cohort study was conducted at the Lagos University Teaching Hospital among 360 HIV+ and an equal number of age-matched HIV- women. Relevant baseline data and vaginal self-samples were collected for HPV testing. Forty-two (42) each of the 152 HIV+ and 129 HIV- women respectively who tested positive for any of the hr-HPV types and another 200 who had negative hr-HPV infection were randomly selected in equal proportion from the HIV+ and HIV- groups for repeat vaginal self-sampling for HPV testing after 6-months. Multivariate binary logistic regression models were used to test the associations of new hr-HPV infection and clearance and persistence of existing hr-HPV infection with HIV status while adjusting for all possible confounders. Statistical significance was reported at $P < 0.05$.

Results: Women living with HIV (HIV+) have a 151% higher risk of having new genital hr-HPV infections (RR 2.51, 95%CI 1.81–3.67), 52% lower risk of clearing existing infections (RR 0.48, 95%CI 0.23–0.72) and 83% higher risk of having persistent infections (RR 1.83, 95%CI 1.33–2.05) after 6 months of follow-up. The predictors of new hr-HPV infections were age at enrolment < 45 years and use of oral contraceptives, that of hr-HPV persistence were high parity > 2 , being married and having multiple HPV infections at enrolment, while that of hr-HPV clearance were age at enrolment ≥ 45 years, presence of HPV16/18 genotypes and multiple HPV infections at baseline assessment.

Conclusions: The findings of this study suggest the need for a more holistic approach to cervical cancer prevention with the introduction of a validated screening tool that involves the integration of identified predictors of HPV infections in HIV-infected women.

PREVALENCE AND DISTRIBUTION OF CERVICAL HIGH-RISK HPV GENOTYPE INFECTIONS AMONG WOMEN WITH HIGH-GRADE PRE-INVASIVE AND INVASIVE CERVICAL CANCER IN LAGOS-NIGERIA

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ORAL ABSTRACTS | DAY 5, SESSION 2, SESSION ROOM 201/202, November 6, 2023, 9:00 AM - 10:00 AM

OBJECTIVES

Persistent hr-HPV is implicated as the etiological factor in the development of high-grade pre-invasive and invasive cervical cancer (CIN2+/ICC). This has led to the use of HPV-based strategies for the control of CIN2+/ICC. However, little is known about the distribution of cervical hr-HPV genotypes associated with CIN2+/ICC in Lagos, Nigeria. We sought to investigate the hr-HPV genotypes responsible for CIN2+/ICC in Lagos, Nigeria.

METHODS

The study was conducted as part of the Nigeria U54 study. Cervical biopsy tissues were obtained from women with histologically diagnosis of CIN2+/ICC and DNA extract obtained from the tissues. Anyplex II HPV HR detection kit that utilizes multiplex real time PCR was used to detect the presence of 14 hr-HPV genotypes (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66 & 68). Genotype-specific prevalence rate was computed and pattern of infection described

RESULTS

The overall prevalence of hr-HPV infection was 91.1%. Hr-HPV 16, 18, 35, and 51 were the most common genotypes isolated with genotype-specific prevalence rates of 50.0%, 33.3%, 12.2%, and 7.8% respectively. Hr-HPV 39 (0.0%), 31 (1.1%), 68 (1.1%), 56 (2.2%) & 66 (2.2%) were the least prevalent genotypes. The prevalence of single and multiple (>1) hr-HPV infections were 55.6% and 35.6% respectively. 27.8% of the women had dual hr-HPV infections, while 7.8% had ≥3 hr-HPV infections. Hr-HPV 16, 18, and 35 were the most prevalent genotypes seen in single (23.3%, 14.4% & 5.6% respectively) and multiple infections (26.7%, 18.9% & 6.7% respectively). Though the presence of hr-HPV 16 & 18 was significantly associated with having multiple hr-HPV infections, it was not predictive of having it on multivariable analysis (P>0.05)

CONCLUSION

Hr-HPV 16 & 18 has remained a major cause of CIN2+/ICC, however, more attention needs to be given to hr-HPV 35 as an important cause of CIN2+/ICC

CREATING PLATFORMS FOR PATIENT ADVOCACY IN NIGERIA: HOW PROJECT PINK BLUE INSPIRED MY CANCER ADVOCACY THROUGH PSYCHO-SOCIAL SUPPORT AND TRAINING

Okwu G¹

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: To show the relevance of Psycho-social Support for Cancer Patients and the need for patient-driven cancer advocacy in Nigeria. This study will highlight the operations of Project PINK BLUE's Psychological Support Centre, its role in cushioning the mental health burden of cancer, mitigation of stigma, and enabling patient voices for strategic advocacy. It showcases my cancer journey from diagnosis, treatment through survivorship; detailing how instrumental the organization has been in inspiring my efforts, lessons learnt, results and impact of my patient-centered advocacy for the Nigerian cancer community.

Method: A semi-structured interview of beneficiaries and storytelling was the data collection method. A PowerPoint presentation will be used to engage the audience, show lessons learned and demonstrate results. Participants are cancer patients drawn from the support group and me; a Grounded theory was used to analyze the data.

Results: Since my diagnosis, Project PINK BLUE through its psychological Support Centre has given me a platform to receive peer support, professional counselling and my capacity to be a voice for myself and other patients. It is proven that the support group has created a platform for patient advocacy, and highlights the need for interventions to be patient-focused. Patients who joined the support group expressed a better quality of life prior to membership.

Conclusion: Cancer advocacy is personal for cancer patients and should be better equipped to advocate for better cancer care. Also, psycho-social support for cancer patients is pivotal in amplifying patient voices, assessing peer support and mitigating mental health burdens. There is also a need for needs assessment and capacity building among patients to drive issue-based and strategic advocacy. There is still a need to create awareness on the extent of the psycho-social needs of patients and the impact on overall outcomes at both local and international levels

ASSESSMENT OF KNOWLEDGE, ATTITUDE, AND WILLINGNESS TO PURSUE ONCOLOGY AS A SPECIALTY AMONG UNDERGRADUATE MEDICAL STUDENTS IN SOUTHWEST, NIGERIA.

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE

Despite the rising incidence of cancer cases in Nigeria and an equal increase in cancer-related deaths, the number of oncologists practicing in the country is at an all-time low. A contributing factor to the high fatality rate of cancer cases in Nigeria is the gross lack of adequate healthcare professionals specialized in cancer care. Nigerian medical education curriculum is overly deficient in exposure to the field of oncology. This study aimed to evaluate the knowledge, attitude, and willingness of Nigerian medical students to pursue oncology as a future area of specialty.

METHODS

In this cross-sectional descriptive study, a web-based survey was distributed among medical students from 5 randomly selected medical schools in southwest Nigeria. A total of 314 responses were received and analyzed using IBM SPSS Statistics for Windows, version 28.0.

RESULTS

Among the 314 respondents, 83.1% had good knowledge of oncology. The majority (99.9%) of respondents had an overall positive attitude toward the oncology specialty. Oncology was perceived as a challenging specialty with 28.1% of the respondents interested in pursuing oncology as a future career and a major reason (37.4%) for lack of interest is the nonexistent dedicated oncology teaching in medical school. Over half of the medical students (52.7%) indicated an interest in future exposure to oncology practice.

CONCLUSION

The average medical student has a basic knowledge of, and lacks interest in pursuing oncology as a future career specialty. Practical approaches such as incorporating an oncology curriculum with adequate teaching time, employing oncology mentoring networks, and inclusion of students' participation in oncology research at the undergraduate level, are urgently required to foster interest in the oncology specialty among medical students in Nigeria.

INVESTIGATING DETERMINANTS OF PATIENTS' DESIRE FOR ACCESS TO THEIR CLINIC NOTES IN AN ONCOLOGY CENTRE IN LAGOS, NIGERIA.

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objectives: OpenNotes is an international movement offering accessibility of physician clinic notes to patients. With the implementation of electronic medical records in low and middle income countries, integration of OpenNotes appears feasible in general and cancer care. In this study, we aimed to investigate the determinants of patients' interest in accessing clinic visit notes.

Methodology: A cross-sectional study utilizing a web-based structured data collection tool to obtain information from patients in an outpatient cancer centre in Nigeria. Study participants were enrolled consecutively. Data was analyzed using SPSS software Version 22. Chi-square and t-tests were performed to identify associations between variables and it was considered significant if the two-tailed probability is less than 5%.

Results: In this study of 301 patients, the mean age was 53.50 ± 12.35 . The majority (60.1%) were aged 41-60 years, and females accounted for 55.5% of the participants. Only 14.3% had heard of open notes, but a significant proportion (84.4%) desired access to their clinic notes. Most participants thought open-notes would help them better understand their medical condition (87.4%), feel more in control of their care (82.8%), and improve communication with their oncologist (80.5%). Additionally, 53.5% had a positive attitude towards open notes. Factors associated with the desire for access included male gender, tertiary education, positive attitude, trust in oncologists, confidence in their care, and perceiving oncologists as caring individuals.

Conclusion: These findings highlight the importance of providing patients with access to their clinic notes and fostering a positive attitude towards open notes. Such initiatives have the potential to improve patient satisfaction, facilitate communication, and ultimately enhance the overall quality of care in cancer centers and healthcare settings in Nigeria..

ASSOCIATION OF MITOCHONDRIA DNA COPY NUMBER AND TELOMERE LENGTH WITH PSYCHONEUROLOGICAL SYMPTOM CLUSTER AMONG WEST AFRICAN PROSTATE CANCER PATIENTS

Olasehinde O¹, Rotimi S¹, Olowokere O¹, Rotimi O¹, Onyia A¹, Adebessin A¹

¹Covenant University

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: Prostate cancer (PCa) is accompanied by major non-urolological problems, which often present as a cluster of psychoneurological symptoms. The Psychoneurological symptom cluster experienced by PCa patients includes fatigue, depression, pain, cognitive impairment, and insomnia, which can occur individually or co-exist with other symptoms (anxiety or emotional distress); put together, these symptoms affect the quality of life in the patients. It is, thus, hypothesized that these symptoms result in physical and psychological stress that may hasten telomere shortening leading to premature cell senescence and altered mitochondrial DNA (mtDNA) copy number. Therefore, this study aims to examine the association between mtDNA copy number, telomere length, and psychoneurological symptom cluster among prostate cancer patients in West Africa.

Methods: Over 100 prostate cancer patients and 100 age-matched healthy volunteers that will serve as the control group for the prostate cancer cases will be recruited for this study. Blood samples will be obtained from the participants, and the mtDNA copy number and telomere length will be determined using mmQPCR. The psychoneurological symptom cluster will be evaluated using standardized questionnaires.

Expected Results: While actual results are pending, we hypothesize that there will be a correlation between mitochondria DNA copy number, telomere length, and the severity of psychoneurological among prostate cancer patients. Previous research on other types of cancer and theoretical considerations support this expectation.

Conclusion: The findings that will emerge from this study hold significant implications for understanding the psychoneurological symptomatology in prostate cancer patients and may have practical implications for patient care and management.

THE IMPACT OF A PROJECT ECHO TELEHEALTH EDUCATION PROGRAM ON REGIONAL DIAGNOSTIC RATES OF PEDIATRIC CANCER IN KENYA

OLBARA G¹, Njuguna F^{1,2}, Kipngetch M¹, Etling M³, Severence T⁴, Vik T^{2,4}

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Introduction:

Despite recent advances, childhood cancer remains under-diagnosed in low- middle-income countries (LMICs). In Kenya, less than 25% of pediatric patients with cancer receive a diagnosis. Project ECHO, a telehealth education platform, is recognized for its capacity to address disparities in medically underserved communities. At Moi Teaching and Referral Hospital (MTRH), the only tertiary care center in Western Kenya, an ECHO program was piloted to provide instruction and mentorship to providers at county hospitals to recognize and evaluate pediatric patients with new malignancies.

Methods:

A pediatric cancer Project ECHO training was delivered from January 2020 to December 2022. Sessions occurred twice monthly lasting 75 minutes and including case-based discussion supplemented with a rotating didactic curriculum. Participants were tracked within the ECHO program including their county of practice. In addition to attendance, the total new pediatric cancer diagnoses from each county was tracked starting in 2018 and continuing through three years of ECHO.

Counties were found to have high attendance if averaging at least one participant per session, moderate attendance if 0.5-1 participant per session, and low attendance if <0.5 per session.

Results:

A total of 54 sessions over 3 years occurred with participants from Western Kenya. There were 6 counties with high participation, 4 with moderate participation, and 12 counties with low participation. When compared to the annual average, counties with high participation in ECHO had an increase of 3.4 cases per year compared to 0.3 (p=0.03).

Conclusions:

Utilizing Project ECHO for education, engagement, and outreach led to a significant increase in pediatric cancer diagnoses in Western Kenya. The greater increase in counties with high participation suggest consistent involvement in this educational program is one mechanism to improve care in medically underserved communities, further validating Project ECHO as a mechanism to reduce disparities in LMICs.

Acknowledgements:

Takeda Pharmaceuticals

CARCINOGENIC POTENTIAL OF FUNCTIONAL VITAMIN D AND K DEFICIENCY IN PROSTATE CANCER

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¹Barts Cancer Institute

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: : Mutation, DNA repair and immune response have all been associated with carcinogenesis and contribute to the considerable time carcinogenesis takes

METHODS: . This poster aims to examine emerging understanding of these primary genetic controlled processes and their interaction with the “environment/soil” that contribute to the long incubation period from first mutation inducing exposure to ultimate death.

RESULTS:

Mutation: Mutational “Darwinian” clonal selection is increasingly accepted, and many cells start and few achieve the lethal multi-mutational formula. Radiation and environment (pollution and inflammation) accelerate evolution. Malignant change is faster in vitro than in vivo, suggesting other factors other are involved

DNA repair: Many cancers have linkage to puberty and subsequent cancer 30-50 years later, suggesting that pubertal growth spurt reduced time for DNA repair. Cessation of carcinogenic factors after puberty reduces cancer risk, suggesting DNA repair after puberty is equally important.

Immune response and Cancer: The Macfarlane Burnet hypothesis from 1965 involving circulating T lymphocytes has been demonstrated for HPV and Cervix Ca, EBV and Burkitt lymphoma and Hepatitis and hepatoma. Less studied is the innate immune system and anti-bacterial induced Macrophage peptides such as Cathelicidin (LL37) thought to control of organ specific Microbiome anaerobes such as H. pylori in stomach cancer and C. acnes in Prostate cancer and the inflammatory process preceding cancer. Vitamin D enhances this immune reactivity, and Vitamin K2 (Menaquinones) synergises with this process in both invitro and invivo animal tumour models

CONCLUSIONS: Mutational “Darwinian” concept of carcinogenesis makes more attention needed to non-genetic “environmental” factors in carcinogenesis. Equally, the enhanced interaction between Vitamin D and Vitamin K2 in animal studies invitro and invivo suggests need for more clinical investment in this area. Such studies in active surveillance patients could be of benefit in Africa where increasing urbanisation and western processed foods is increasing

ASSOCIATION BETWEEN PROSTATE-SPECIFIC ANTIGEN AND ALLOSTATIC LOAD IN NIGERIAN MEN

Olowokere O¹, Rotimi S¹, Rotimi O¹, De Campos O¹, Bisi-Adeniyi T

¹Covenant University

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

ABSTRACT

Objective: Prostate cancer is a prevalent disease among men worldwide, and early detection plays a crucial role in improving patient outcomes. Prostate-Specific Antigen (PSA) has been widely used as a biomarker for prostate cancer screening. It has been suggested that chronic stress could increase the risk of developing prostate cancer, however, the association between PSA levels and chronic stress, as measured by allostatic load (AL) - remains poorly understood. Hence, this study aims to investigate the association between PSA levels and allostatic load among Nigerian men.

Methods: A cross-sectional study was conducted involving a randomly selected sample of 255 male residents aged 40 years and above from Ikorodu and Ota, two major cities in Nigeria. Data on demographic characteristics, lifestyle factors, medical history, and occupational stressors were collected through structured questionnaires. Blood samples were obtained to measure PSA levels, and the allostatic load was assessed using a composite index based on physiological indicators such as blood pressure, lipid profile, glycemic control, and inflammatory markers. Multiple linear regression analysis will be used to examine the association between PSA, AL, lifestyle factors, and socioeconomic status.

Expected Results: We hypothesize a positive correlation between PSA levels and allostatic load in male residents of Ikorodu and Ota, Nigeria. Hence, suggesting that higher levels of allostatic load, an indicator of chronic stress and physiological dysregulation, may be associated with elevated PSA levels.

Conclusion: If a positive correlation between PSA and allostatic load is established, it could suggest that managing chronic stress and improving physiological regulation might have a positive impact on prostate health.

CERVICAL CANCER KNOWLEDGE, RISK FACTORS AND SCREENING PRACTICES AMONG WOMEN RESIDING IN URBAN SLUMS OF LAGOS, SOUTHWEST, NIGERIA.

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¹Federal Medical Center Abeokuta, ²College of Medicine, University of Lagos, ³Lagos University Teaching Hospital

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background: This study was carried out to assess the knowledge, risk factors and practice of cervical cancer screening among women residing in urban slums of Lagos, Southwest, Nigeria.

Methods: This descriptive cross-sectional study was carried out among 315 women aged 21 -65 years in two slums in Lagos, Nigeria. A two-stage sampling method was used to select respondents. Data were collected using interviewer administered questionnaires. Analysis was done with IBM SPSS version 20.

Result: Most of the respondents (44.1%) were between 21-30 years of age. Majority were married (84.8%), and earned less than N18,000/\$43 (70.5%). Only 3.2% had heard of cervical cancer. Most of the women did not know the symptoms (99.4%), or risk factors (99.7%) of cervical cancer, and 96.8% had not heard about cervical cancer screening. Almost half of the respondents (48.6%) had more than one lifetime sexual partner, 38.3% had 3-4 children and 25.4% had at least five children. About forty percent had their first childbirth at less than 20 years of age. Only two respondents (0.6%) had undergone cervical cancer screening however, 93.3% of the respondents were willing to be screened. Most of those that had not been screened (95.9%) said they had not been screened because they were not aware of cervical cancer screening. There was no significant association between socio-demographic factors or prevalence of risk factors of cervical cancer and willingness to undergo cervical cancer screening.

Conclusion: Many of the women had risk factors for cervical cancer. Despite this, knowledge of cervical cancer was very poor and only two women had been screened for cervical cancer. Campaigns should be carried out by Governmental and non-Governmental organizations to increase the knowledge of cervical cancer and programmes need to be implemented to improve practice of cervical cancer screening among women residing in slums in Nigeria.

IMPLOING COMPUTATIONAL METHODS TO INVESTIGATE THE POTENTIAL OF BIOACTIVE COMPOUNDS FROM THE AZADIRACHTA INDICA AS POTENTIAL THERAPEUTIC AGENTS AGAINST CANCER

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¹Helix Biogen Institute, Ogbomoso, ²Ladoke Akintola University of Technology, Ogbomoso, ³Adeleke University, Ede

ORAL ABSTRACTS | DAY 4, SESSION 1, SESSION ROOM 205, November 5, 2023, 9:00 AM - 10:00 AM

Objectives

Cancer, a multifaceted disease, which poses a significant health burden especially on the African continents as the estimated number of estimates in 2020 by GLOBACAN reaches 1.1 million and 711,500 deaths. The close ratio in the number of deaths of death with estimated new cases shows cases that there is lack of care of cancer patients on the continents as a result we opt to evaluate Azadirachta indica (Neem) a common tradomedicinal plants native to Africa used in disease management for it possible therapeutics activity against cancer via computational techniques

Methods

Studies by Gupta and coworkers and Sadeghian & Mortazaien recorded a total of forty-five (45) bioactive compounds in Neem, only thirty-five (35) SMILES canonical were available and these were retrieved from PubChem, SWISSADME and pkCSM were used to evaluate its pharmacokinetics properties, Gefitinib was downloaded and used as the positive control for the study. The protein was retrieved from Protein Data Bank and cleaned using Discovery Studio, Chemical libraries were prepared using Open Babel and Molecular docking was done using Auto dock Vina. The results was visualized using discovery studio

Results

After a thorough pharmacokinetics profiling, Quercetin and Gallic acid were found to have favorable properties that could serve as potential drug models. These bioactive compounds and Gefitinib, were docked against EGFR and the result shows that Quercetin has a binding affinity of $-8.4 \text{ kcal mol}^{-1}$ while Gallic acid has a binding affinity of $-5.4 \text{ kcal mol}^{-1}$. Upon Visualization both compounds interacted with more amino acids residues at the active sites compared with Gefitinib, whose binding affinity is $-7.8 \text{ kcal mol}^{-1}$

Conclusion

On assessment, Quercetin and Gallic acid had shown favorable properties which made it a potential suitable therapeutics present in neem plants as potential inhibitors of EGFR. Further studies need to be done to ascertain this.

1-CALL AWAY- PATIENT SUPPORT LINE - SOCIAL AND PSYCHOLOGICAL INTERVENTIONS BEFORE, DURING, AND AFTER COVID-19 PANDEMIC IN A LOW-RESOURCE SETTING.

Muhktar M¹, Dambatta F, Shinkafi-Bagudu Z, Alabi S

¹Medicaid Cancer Foundation, ²Union for International Cancer Control

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective

Background: Metastatic breast cancer is a challenging condition that requires comprehensive support for patients, particularly in low-resource settings like Nigeria where access to healthcare resources may be limited. The COVID-19 pandemic further exacerbated the psychosocial impact on patients and disrupted existing support systems. This study aimed to evaluate the effectiveness of a patient support line in providing social and psychological interventions for individuals with metastatic breast cancer in low-resource settings, before, during, and after COVID-19 pandemic.

Methods: A mixed-methods approach was employed, involving quantitative surveys and qualitative interviews with patients who utilized the patient support line. The support line offered counseling, emotional support, and information about available resources. Data were collected on patients' experiences, satisfaction, and perceived benefits of the support line.

Results: Preliminary results indicate that the patient support line played a crucial role in meeting the social and psychological needs of individuals with metastatic breast cancer in low-resource settings, both pre-pandemic and during the COVID-19 crisis. The line provided a safe and confidential space for patients to express their concerns, receive emotional support, and access relevant information. Patients reported improved coping mechanisms, reduced feelings of isolation, and enhanced self-care practices.

Conclusion: The findings suggest that a patient support line can effectively deliver social and psychological interventions to individuals with metastatic breast cancer in low-resource settings, addressing the challenges faced during the COVID-19 pandemic. Such interventions offer a lifeline for patients, ensuring continuous support, reducing psychological distress, and improving overall well-being. These findings underscore the importance of integrating patient support lines into healthcare systems, particularly in resource-constrained settings, to bridge gaps in psychosocial care and provide holistic support for individuals with metastatic breast cancer.

PATIENT ACCESS TO CANCER CARE (PACE) PROGRAM: SUBSIDIZING THE COST OF ADVANCED BREAST CANCER THERAPY, TRASTUZUMAB, FOR WOMEN IN NIGERIA

Omotayo O, Muhktar M¹, Dambatta F, Shinkafi-Bagudu Z

¹Medicaid Cancer Foundation, ²Roche

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Introduction: Access to advanced breast cancer therapies, such as Trastuzumab, remains a challenge for women in Nigeria due to high treatment costs. This study aimed to evaluate the effectiveness of a patient access program that subsidized the cost of Trastuzumab, facilitating its affordability and improving treatment accessibility for women with advanced breast cancer in Nigeria.

Methods: A retrospective analysis was conducted using data from women enrolled in the patient access program between 2019 and 2023. The program provided financial assistance and subsidies to eligible patients for the procurement of Trastuzumab. Patient demographics, treatment details, cost savings, and treatment outcomes were analyzed. Descriptive statistics were employed to assess the impact of the program on treatment access and financial burden.

Results: A total of 125 women were enrolled in the patient access program during the study period. The program successfully reduced the financial burden associated with Trastuzumab therapy, with an average cost reduction of 43.5% per cycle. Participants experienced significant cost savings, allowing them to afford and continue treatment. The program also improved treatment adherence and continuity, leading to improved clinical outcomes and quality of life. Additionally, the program contributed to raising awareness about advanced breast cancer treatment options and the importance of early detection.

Conclusion: The patient access program-PACE, through its cost-subsidization approach, successfully improved access to advanced breast cancer therapy, specifically Trastuzumab, for women in Nigeria. By reducing the financial barriers associated with treatment, the program enabled more women to access and afford this life-saving therapy. The positive outcomes observed in terms of treatment adherence, improved clinical outcomes, and patient satisfaction underscore the importance of implementing patient access programs to address affordability challenges and improve cancer care in low-resource settings.

THE IMPACT OF HUB AND SPOKE MODEL FOR BREAST AND CERVICAL CANCER SCREENING PROGRAM - THE ICI AND JOOTRH EXPERIENCE

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¹International Cancer Institute, ²Jaramogi Oginga Odinga Teaching and Referral Hospital

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background

In line with the WHO call to action, 90:70:90 targets by 2030. We, the international cancer institute in collaboration with Jaramogi Oginga Odinga Teaching and Referral Hospital have been working towards this goal by ensuring effective integrated screening for breast and cervical cancer. This is aimed at achieving early detection, treatment, and effective palliation. Jaramogi Hospital is a referral hub for the 10 counties in the Lake region block.

Objective

To highlight the strategy of hub-and-spoke, employed by JOOTRH and ICI in Kisumu County.

Methodology

The ICI and JOOTRH had a partnership meeting on laying down structures and processes for developing a hub for the region. the gynecologists and surgeons were involved. All screening partners within the county were briefed through CMEs. CHVs were sensitized during mass screening and outreaches on the referral.

Data were captured on the e-ICI platform.

Results

Statistical descriptive summaries which are still works in progress show that from the period between July 2021 to March 2023, a total of 5600 and 5300 were screened and re-screened for cervical and breast respectively. The referral for rescreening accounted for 49%(2744) of the cervix and 57%(3021) of the breast.

11.7%(654) were confirmed to have cervical lesions and punch biopsies were done. The biopsy results were as shown; 300(45.9%) were diagnosed with cervical cancer,156(23.9%) had CIN 1,2, and 3 at 46.1%, 21.2%, and 32.7% respectively, and 198 (30.3%) had normal histology results.

365(6.9%) had breast masses. 308 had core biopsy done and 103(33.4%) of biopsy done were diagnosed with breast cancer. 205(66.6%) had benign results

Conclusion

Strengthening of the existing public health care system in partnership with key like-minded stakeholders as demonstrated between ICI and JOOTRH, has shown a great achievement that calls for adoption as a best practice.

THE JOURNEY AFTER DIAGNOSIS OF CANCER. A FOCUS ON MEDICAL COVER POLICY AND LOW COVERAGE IN KISUMU - KENYA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background

The diagnosis of cancer disease occasionally creates a new journey for a patient, family members, and community. The news primarily affects the psychology of the patients majorly on the myths surrounding the prognosis of the cancer disease.

The journey of cancer care has proved to require a huge amount of financial support

Objective

To demonstrate the poor prognosis of cancer disease as a result of medical cover policy and low coverage.

Methodology

The team at JOOTRH and ICI had an opportunity to set up a hub for rescreening and diagnosis of cervical and breast cancer. This included the provision of results, counseling, and navigation of patients for cancer care and palliation. During counseling one of the indicators captured was whether the patient with an invasive disease had medical cover or was capable to pay for treatment.

Results

The data analyzed between July 2021 to March 2023 among the patients diagnosed with invasive cancer disease and dint have medical cover from the time of diagnosis and those who could not afford the treatment is as shown:

Out of 654 patients diagnosed with cervical cancer 240(36.7%) dint have medical cover or the remittance had been stopped and could not support their treatment. Out of 103 patients diagnosed with breast cancer 49(47.6%) could not benefit from medical cover. The option they had as per the policy was to pay for medical cover immediately for at least 3 months and start accessing the benefit after 2 months as per the policy for the basic treatment or pay upfront for 1 year to access more advanced investigations including CT scans.

Conclusion

There is a need to advocate for the review of health insurance policies in Kenya for cancer patients on when to benefit immediately after payment to reduce the probability of poor prognosis.

COMMISSIONING LINACS IN RESOURCE CONSTRAINED COUNTRIES

Omondi B¹

¹Coast General Teaching And Referral Hospital

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

COMMISSIONING LINACS IN RESOURCE CONSTRAINED COUNTRIES

Thorough quality assurance (QA) and beam data acquisition for commissioning of Varian VitalBeam linear accelerator for three radiotherapy centers: Nakuru, Mombasa and Garissa for Three-Dimensional Conformal Radiotherapy (3DCRT) and Intensity Modulated Radiotherapy (IMRT) treatment modalities is presented.

Mechanical, electrical and radiological parameter tests were performed to check LINAC performance as per American Association of Physicists in Medicine (AAPM) Task Group (TG) 142. The geometric iso-center accuracy, congruence check and calibration of MV imager were performed using the ISOCAL Varian Medical Systems (VMS) QA device. The off-axis ratio profiles, depth dose data and beam output factors of 6 MV and 15MV beam for the field sizes ranging from 3 × 3 cm² to 40 × 40 cm² were measured following demands of eclipse Treatment Planning System (TPS) in conjunction with TG-45 protocol using standard imaging ionization chambers.

The multileaf collimator (MLC) description were done using VMS supplied dosimetric Leaf Gap (DLG) predesigned program and executed at the LINAC console. Measurement was done using Standard imaging ionization chamber in Doseview 3D water phantom and results fed directly into TPS. Dose measured with portal 2D dosimetry was compared to that calculated in TPS. The maximum change in MV imager isocentre was within ±0.05 cm. The measured beam data was imported and calculated in the Eclipse TPS and was found to be within 1% gamma agreement index (GAI) with the Analytical Anisotropic Algorithm (AAA) model data, eclipse TPS version 15.6, VMS. GAI for TPS verification QA is 99.8% and 100% for most of rapid arc plans. Successful modelling of the photon beam for 3DCRT and VMAT was achieved for clinical treatment of patients.

POPULATION-BASED CANCER REGISTRATION IN SUB-SAHARAN AFRICA: ITS ROLE IN RESEARCH AND CANCER CONTROL

Omonisi A¹

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE

Cancer disproportionately affects patients in low- and middle-income countries, with 70% of newly diagnosed cancer cases occurring in low- and middle income countries where the survival rate of cancer is 30% to 50% lower than that of high-income countries. To overcome this rapidly rising problem, countries in sub-Saharan Africa (SSA) urgently need rational national cancer control planning.

The aim of this study is to report on the current status of cancer registration in SSA, particularly the pivotal role of the African Cancer Registry Network (AFCRN) in serving as the regional hub for the International Agency for Research on Cancer (IARC) in coordinating cancer registration in the region. We showcase the various critical strategic roles and applications of cancer registries in cancer research and cancer control programs

METHODS

Review of the operational strategies, activities and the various implementation programmes of the African Cancer Registry Network (AFCRN) over a decade in sub-Saharan Africa was made.

RESULTS

AFCRN in her eleven (11) years of operation established and strengthen over 30 population-based registries in SSA, the data for which have used to estimate of the national cancer profile. The network has helped many countries in sub-Saharan Africa to set up their National Cancer Plan. The database of the network had been used for the implementation of several landmark epidemiological researches in the region.

CONCLUSION

A rational cancer control program must be built on recent, accurate population-based data on incidence, survival, treatment, and outcome from within its nation. Population-based cancer registries play an important role in generating data for cancer research and control.

PEDIATRIC CANCER SURVEILLANCE. ESTABLISHING CHILDHOOD CANCER REGISTRY IN A HOSPITAL.

Ondego E¹, OCHIENG L

¹The Nairobi Hospital

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVES:

The purpose and objective of this study was to establish a hospital based childhood cancer registry which could provide actual data of childhood cancer burden. This is because Pediatric malignancies constitute and pose a great healthcare burden in Low Middle Income Countries in Africa and therefore relying only on estimates and epidemiological data may not project the exact cancer burden and approach. Therefore, there is marked disparity in data infrastructure and standard of care. Estimation of childhood cancer incidence is important for policy makers for planning and priority setting.

METHODS: This is a retrospective study that involves histopathological reports analysis and overall patient treatment and cancer registry data. Data was collected on web based database from January 2017 to December 2021. The five steps of our study involved; developing tumor registry software, trained data operators, data was updated monthly, audit of data and analysis was done.

RESULTS: Variations in cancer occurrence in the different age groups and trends were noted. A sample size of 143 pediatric cancers, the percentage of male cases were 52% while female were 48% respectively. The age profile of the cases ranged from age 0-15years. The most common type of childhood cancer noted were leukemia, retinoblastoma (ophthalmic tumors), and Wilms tumor (kidney cancer) and brain tumors.

CONCLUSION

The findings highlight the need to prioritize and expand intervention programs like, early detection and early treatment. Funding to cancer registries initiative and surveillance programs is important as well as building partnerships. There is need for updated pediatric databases that will reveal significant trends useful for care of the children in the hospital and in the region as whole and expansion of pediatric cancer clinics.

TRAINING HEALTH WORKERS ON PEDIATRIC CANCER EARLY WARNING SIGNS IN CAMEROON: REPLICABLE INVESTMENT FOR IMPROVING PEDIATRIC CANCER CASE IDENTIFICATION

Ongotsoyi Epse Pongy A¹, Afungchwi G², Frambo A³, Chaudron M³, Kobayashi E³, Saidu Y³

¹Mother And Child Chantal Biya Foundation, ²University of Bamenda, ³Clinton Health Access Initiative
POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

TRAINING HEALTH WORKERS ON PEDIATRIC CANCER EARLY WARNING SIGNS IN CAMEROON: REPLICABLE INVESTMENT FOR IMPROVING PEDIATRIC CANCER CASE IDENTIFICATION

Topic: Implementation research

Submitting author: Ongotsoyi Angele Hermine epse Pongy

Co-authors (up to 5): Glenn M. Afungchwi, Andreas Frambo, Mathilde Chaudron, Emily Kobayashi, Yauba Saidu.

OBJECTIVE

Less than 30% of children survive cancer in low- and middle-income countries, compared to an 80% survival rate in high-income countries, with no/delayed diagnosis being a significant contributor to this inequity. Our goal is to improve pediatric cancer case finding through health workers' capacity building to detect pediatric cancer early warning signs, using a mentorship model.

METHODS

In 2021, Cameroon National Committee for the Fight against Cancer (NACFAC) gathered experts to develop training materials on early warning signs of common and curable pediatric cancers, leveraging local clinical experience, case reports, and publications from the International Society of Pediatric Oncology & World Child Cancer. Partners included Cameroon Pediatric Oncology Group, pediatric cancer treatment hospitals, and health organizations focusing on pediatric cancer in Cameroon.

RESULTS

In early 2022, 17 mentors were trained during a 2-day workshop. Mentors were health workers from pediatric cancer hospitals and the ministry of public health. Following the training, mentors trained over 120 pediatric staff, (pediatricians, general practitioners, and nurses) in their respective hospitals. Over a period of 9 months, we've observed a 29% increase in the average number of new cases per month, representing 24 additional children who received chemotherapy, suggesting a higher index of suspicion of trained staff.

CONCLUSIONS

Training front-line health workers on early warning signs using a mentorship model seems an effective and scalable approach to improving the detection of children with cancer and we plan on replicating this to other regions. Regular mentorship/refresher sessions are scheduled to ensure a lasting impact given the high staff turnover in hospitals.

DELAYS IN PRESENTATION, DIAGNOSIS, AND TREATMENT AMONG GASTROINTESTINAL CANCER PATIENTS IN ILE-IFE, NIGERIA

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ORAL ABSTRACTS | DAY 4, SESSION 2, SESSION ROOM 203, November 5, 2023, 9:00 AM - 10:00 AM

Background: Most gastrointestinal (GI) cancer patients in Nigeria present with advanced stages of the disease. We described the pathway of oncological care and assessed presentation, diagnosis, and treatments intervals and delays among GI cancer patients who presented to the Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC), Ile-Ife, Nigeria.

Methods: We analysed data from 545 GI cancer patients in the African Research Group for Oncology (ARGO) database in Ile-Ife, Nigeria. We defined presentation interval as between symptom onset and presentation to tertiary hospital; diagnostic interval as between presentation and diagnosis; and treatment interval as between diagnosis and initiation of treatment. We considered >3, >1, and >1 months to be presentation, diagnosis, and treatment delays respectively. We compared lengths of intervals using Mann-Whitney U tests and logistic regression.

Results: The most common cancer types were pancreatic (32%) and colorectal (28%). Most patients presented at stage III (38%) and IV (30%). The median presentation interval was 84 days [(IQR): 135 days] and 51% delayed presentation for >3 months. The median diagnosis and treatment intervals were 0 (IQR=8) and 7 (IQR=23) days respectively. There was no relationship between age, sex, and education and presentation delay but patients with stage III and IV compared with stage I and II had higher odds of presentation delay [OR (95% CI): 1.60 (1.09 - 2.38)]. Among pancreatic cancer patients, patients with advanced disease (stage III and IV) [OR (95% CI): 0.09 (0.03 - 0.27)] were less likely to have diagnosis delay.

Conclusions: Most GI cancer patients in Ile-Ife, Nigeria did not present to tertiary hospital until more than 90 days after they first noticed symptoms. Efforts to improve public knowledge of GI cancer symptoms and diagnostic pathways in Nigeria is warranted to reduce the high proportion of patients who present with advanced stage disease.

MULTI-LEVEL EXPLORATION OF NEEDS OF PEOPLE LIVING WITH AND AFFECTED BY CANCER: INITIAL RESULTS OF THE AFRICA SURVIVORSHIP WORKING GROUP

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

The aim of the session is to describe the work of the Africa Survivorship Working Group, first convened as an informal follow-up meeting to the Africa Cancer Research and Control ECHO session in September 2020. Since then, the group comprised of cancer specialists across the continuum, cancer advocates and survivors has developed a plan for a 360° situational analysis of survivorship care in Africa. The goals are to understand the experiences of people living with and affected by cancer, learn from clinicians about their current practice and recommendations, study what exists in the literature to describe current survivorship care practices, and map existing National Cancer Control Plan (NCCP) references to survivorship care. All of this work will complement on-going survivorship research and practice in Africa and provide a community of practice for sharing knowledge and making advances in supportive care for people living with and affected by cancer. Session panelists will describe the qualitative work with cancer survivors in Kenya, the scoping review of survivorship care in the region, and the utilization of the results of the analysis of survivorship care strategies in NCCPs in Africa to inform the next iteration of the Nigeria NCCP. The panel discussion will address how to integrate the knowledge gained into existing practices, structures, and systems, and how others can get involved in this work.

Learning Objectives

1. To learn about the 360° situational analysis of survivorship care in Africa
2. To discuss findings from the Africa Survivorship Working Group's efforts, and how others can get involved.
3. Knowledge sharing about survivorship needs and concerns for patients in Africa
4. To discuss potential implications for policy

IMPACT OF AGE, TREATMENT ADHERENCE AND OTHER FACTORS ON CERVICAL CYTOLOGY PROGRESSION IN HIV+ WOMEN IN NORTH-WESTERN NIGERIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

IMPACT OF AGE, TREATMENT ADHERENCE AND OTHER FACTORS ON CERVICAL CYTOLOGY PROGRESSION IN HIV+ WOMEN IN NORTH-WESTERN NIGERIA

Objective: To assess the impact of age and treatment adherence and other factors on cervical cytology progression and CIN2+ at post-CIN management follow-up among women living with HIV in north-western Nigeria.

Methods: Retrospective data review of cervical cancer screening using visual inspection with acetic acid among 4,959 HIV positive women between 25 to 50years old accessing care across health facilities in Kebbi and Zamfara states. We reviewed each facility's cervical cancer screening database from inception to March 2023, comparing association between drug regimen line, duration on antiretroviral therapy, treatment adherence pattern, CD4 cell counts, viral load level, tuberculosis screening status and post CIN treatment cervical cancer screening outcomes with cervical cytology progression.

Results: 76 women diagnosed with pre-cancerous cervical lesions. 92% of precancerous cervical lesions diagnosed was among newly identified HIV positive women who were less than 6months on treatment while 54% of women diagnosed with precancerous cervical lesions had poor adherence to treatment compared to 15% seen in women with good ART adherence. 8 women with good treatment adherence were rescreened and tested negative following post treatment for premalignant cervical lesions. Also, there was a significant association between age and precancerous cervical lesions as 24% and 31% of those diagnosed were between age group 30-34years and 40-44years respectively. There was no significant association between viral load suppression, tuberculosis co-infection and CD4 cell counts and cervical cytology progression.

Conclusions: Women between 30-44years old, women newly diagnosed with HIV and women with poor treatment adherence are associated with an increased risk of cervical cytology progression. Further research is needed to confirm these findings and to identify other factors that may contribute to cervical cytology progression among women living with HIV in north-western Nigeria.

TELEPATHOLOGY IN LOW RESOURCE AFRICAN SETTINGS.

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: To explore the different telepathology solutions that have been adopted in sub-Saharan Africa, their successes and limitations, and potential solutions to these limitations.

METHODS: A total of 23 telepathology studies were identified through database searches.

RESULTS: Telepathology is slowly being adopted across Sub Saharan Africa. It has been used in teaching and education, external quality assurance and diagnostics. Challenges include a lack of infrastructure especially high speed internet, high cost of telepathology equipment and medico-legal bottlenecks.

CONCLUSION: Despite the limitations and challenges, telepathology has wide-reaching benefits for healthcare in underdeveloped countries. They serve as avenues for diagnosis, teaching, quality assurance, and research for many pathologists, and they support improvement initiatives hitherto impossible in these countries. The development of collaborations offers significant scientific opportunities for hospitals and academic institutions in underdeveloped countries and those in advanced countries.

WEBSITE OF OPEN RESOURCES FOR LEARNING AND DEVELOPMENT OF MEDICAL PHYSICISTS

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: Accessing high-quality educational resources can be challenging for medical physics trainees in low and middle-income countries (LMICs) aiming to achieve competency in medical physics practice. Standards of practice have been defined by bodies such as the International Atomic Energy Agency (IAEA). While there is a plethora of freely accessible educational content, no generalized platform directly links core medical physics competencies with online materials. This work aims to develop a new online resource, WORLD of MP, created by Medical Physics for World Benefit (MPWB), based on the IAEA TCS-37 report Clinical Training of Medical Physicists Specializing in Radiation Oncology.

Methods: The framework (learning objectives, core competencies, modules, and training topics) for the WORLD of MP was derived from Appendix IV of IAEA TCS-37. Since 2019, MPWB volunteers have compiled freely accessible resources into a master spreadsheet. Resources include digital documents (PDFs), presentations, websites, videos, and web pages. For internal resources, medical physics educators have licensed their work through Creative Commons, and this content is hosted on local MPWB servers.

Results: The website consists of 7 training modules (Clinical Introduction, Radiation Safety and Protection, Radiation Dosimetry, Radiation Therapy, External Beam Treatment Planning, Brachytherapy, and Professional Studies/Quality Management/Research/Teaching and Development) and 50 sub-modules. The TCS-37 report resulted in over 750 unique training topics, of which approximately 490 links to open access external resources (hosted on the world wide web) and about 100 links to internal resources (accessible via local server) were matched. All training topics, resource links, and associated meta-data are managed through a single, editable, living spreadsheet.

Conclusions: While the WORLD of MP platform is still evolving, it has vast potential in improving access to critical educational content for radiation oncology medical physics trainees, particularly those in LMICs.

EGFR AND HER2 EXPRESSION IN CERVICAL CANCER PATIENTS IN IBADAN, NIGERIA

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ORAL ABSTRACTS | DAY 4, SESSION 2, SESSION ROOM 203, November 5, 2023, 9:00 AM - 10:00 AM

EGFR AND HER2 EXPRESSION IN CERVICAL CANCER PATIENTS IN IBADAN, NIGERIA

OBJECTIVE

Several studies have investigated the relationship between Epidermal Growth Factor Receptor 1 (EGFR) and Epidermal Growth Factor Receptor 2 (HER2) expression and the survival, response to chemoradiation in cervical cancer in Europe, North America and Asia. However there is no similar study in Nigerians.

The main objective of the study was to determine the prevalence of EGFR or HER1 and HER2 proteins expression in cervical cancers and to determine their impact on overall survival.

METHODS

Clinical data and tissue blocks of patients who presented in the Radiation Oncology Department, UCH, from 2006 to 2015 were retrieved and analyzed for EGFR and HER2 expression using immunohistochemistry. Survival analysis was done using Kaplan-Meier and Cox regression analysis.

RESULTS

EGFR was overexpressed in 26.6% of the 124 cervical tissue samples tested. Majority of the EGFR positive samples were young, had squamous histologies and had advanced disease. HER2 was overexpressed in 2 samples (1.6%). The 5 year overall survival rate of the patients was 28.3%. The 5 year survival rate of patients who were EGFR positive was 9.5% and 34.1% for those who were EGFR negative.

CONCLUSION

Greater than a quarter of cervical cancer patients overexpressed EGFR and it was significantly associated with poorer survival. Screening for EGFR should be considered in cervical patients and larger studies are needed to explore this relationship.

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PATTERN OF PRESENTATION OF CANCER PATIENTS AT FMC EBUTE-METTA, LAGOS: A NEW ONCOLOGY CLINIC

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

PATTERN OF PRESENTATION OF CANCER PATIENTS AT FMC EBUTE-METTA, LAGOS: A NEW ONCOLOGY CLINIC

OBJECTIVE

In Nigeria, the burden of cancer is high as there is a dearth of facilities and personnel needed to combat this disease. The Oncology unit of the Federal Medical Centre Ebute-metta started operations on the 1st of November 2021 and the patient load has steadily increased. It currently offers care (chemotherapy, targeted therapy, palliative care) to all cancers and has plans on increasing its range of care. This study aimed to present the pattern of presentation of cancer patients in a new oncology centre in the heart of Lagos state.

METHODS

The records of 52 patients who presented within the first 6 months of the commencement of the Oncology Unit of FMC Ebute-metta were reviewed.

RESULTS

The five most common cancers seen were breast cancer (55.8%) followed by lung cancer (9.6%), endometrial cancer (7.7%), ovarian cancer (7.7%) and prostate cancer (3.8%) in both sexes. The commonest cancer in females was breast cancer and the commonest cancer in males was prostate cancer. Majority (57.7%) were middle aged and 75% were females. About 48% of patients presented with metastatic disease. About 23% of patients had comorbidities at presentation. Majority of patients paid out of pocket (98.1%) and 38.5% did not have treatment.

CONCLUSION

There is a need for more Comprehensive Oncology Centres where cancer patients can be treated fully and also great need to increase the number of people covered by health insurance.

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BASELINE ASSESSMENT FOR FACILITY READINESS FOR PAEDIATRIC CANCER SHARED CARE SERVICES IN GREATER KUMASI, GHANA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE

Our main objective of this survey was to evaluate the overall readiness of peripheral hospitals within greater Kumasi, Ghana, in providing some paediatric cancer services during a collaborative project organised by the Komfo Anokye Teaching Hospital, KATH, and the City Cancer Challenge, C/CAN, in February 2022 to train peripheral hospital staff on paediatric cancer early warning signs and referral.

METHODS

Trainees comprising hospital managers, HMs, and clinical providers, HCPs completed a structured questionnaire to evaluate the specific personnel, capabilities, and facilities their hospitals possessed to provide paediatric cancer shared-care services. Individual HCPs completed a 5-point Likert scale rating to assess their hospitals' readiness. Data was exported and analysed with Microsoft Excel.

RESULTS

One hundred participants from 17 hospitals (2 regional, 5 private, 10 secondary) were trained, with 94(94%) completing the survey: 31(33%) HMs and 63(67%) HCPs. All hospitals had dedicated paediatric wards. Most hospitals had on-site blood banks (15/17, 88%), ultrasound access (13/17, 76%), an automated full blood count analyzer (12/17, 71%), a blood chemistry analyzer (10/17, 59%), and X-ray services (10/17, 59%). No hospital had Pediatric Intensive Care facilities, while 16/17(94%) had pharmacists and laboratory scientists, and 13/17(76%) hospitals had pediatricians and surgeons. Only 2 hospitals had any palliative care services. Although 10/17(59%) could dispense parenteral morphine, only 7/17(41%) could dispense oral morphine. Among the 63 HCP-trainees, at least 43(68%) and 2(37%) agreed that their hospitals could provide "some basic aspects of paediatric cancer care" and "palliative and end-of-life care, respectively, while 39(62%) and 46(73%) agreed to being "highly confident in identifying a child with suspected cancer" and providing "initial care for children receiving chemotherapy with fever or intercurrent illness," respectively.

CONCLUSIONS

Although most hospitals reported adequate facilities and personnel, they lacked the capacity in providing palliative and end-of-life care, paediatric nursing, and intensive care, requiring further training.

TO WHAT EXTENT CAN EDUCATION AND TRAINING ENHANCE POLICY IMPLEMENTATION OF PRIMARY PALLIATIVE CARE ONCOLOGY SERVICES? - NIGERIA CASE STUDY.

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Introduction

Quality Palliative Oncology Services in LMICS are mostly concentrated in the cities, especially at the specialist and teaching hospitals in the last few decades. The provision of affordable, accessible and equitable services for people living in the community as mandated by the Primary Health Care and the SGD/UHC are still far fetched in most African countries. About 60-70% of cancer cases in LMICS are diagnosed very late at an advanced stage. The logistics of transportation, costs, and family dislocation of going to the city to access PC services are daunting. There is need to provide and improve service access and equity at the community level, and part of the expected dividends is early diagnosis of cancer and timely referrals by the primary care healthcare professionals. The challenge is dearth of manpower with the needed palliative care knowledge, skills and attitudes to provide the service as most healthcare workers missed the training at their undergraduate training. The adage "you can not give what you don't have" resonates and hence it is very crucial to invest in palliative education and training for the primary healthcare workforce.

Methodology

The primary objective is to provide PC education and training interventions for the multidisciplinary primary care healthcare staff. Efforts would be made to identify their knowledge base including any known palliative care curriculum available in the country. The training outcomes would be evaluated, create the awareness and raising champions that would subsequently be mentored over a six (6) months period to implement the service delivery.

Results and Conclusion

It is expected that empowering and enhancing healthcare professionals with the needed knowledge, skills and attitudes that would positively impact the policy and the implementation of primary palliative oncology care services in Nigeria. And this outcome is expected to be successfully replicated in other LMICS especially in Africa.

EPIDEMIOLOGICAL DISTRIBUTION OF GYNECOLOGICAL CANCERS MANAGED AT THE GYNECOLOGICAL ONCOLOGY UNIT OF THE UNIVERSITY COLLEGE HOSPITAL, IBADAN NIGERIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: The burden of cancers continues to rise globally implying that gynaecological cancers will affect many more women. Medical policies and interventions should be evidence-based yet little is known about the distribution of gynaecological cancers in Nigeria. The last epidemiological report of gynaecological cancers in Ibadan almost two decades ago is very limited. The objective of this study is to document the distribution and epidemiological characteristics of gynaecological cancers managed as inpatients at the University College Hospital, Ibadan.

Methods: This was a retrospective analysis of admission records over the last six years. Basic details of admitted patients were extracted and imputed into Microsoft Excel and thereafter coded and transferred to SPSS software. The data analyses were done with the same software and the results are as follows.

Results: Of the 2,679 gynaecological admissions, about a quarter, 684 (25.6%) were for gynaecological malignancies with an annual average of 114 for gynecological malignancies. These women and girls with gynaecological malignancies were aged between 7 and 94 years with a mean of 52.3±14.6years and a mean parity of 3.4. The gynecological malignancies were; Ovarian (42.5%), Cervical (19.3%), Endometrial (12.1%), Gestational trophoblastic neoplasia (7.6%), Vulva (2.8%), Fallopian tube (1.5%) and Vagina (0.1%). The larger proportion of women with cervical cancer present at advanced stages and are managed at the Radiation-Oncology Unit of the hospital. A significant proportion (13.2%) had unresolved diagnoses at the time of admission. Mortality from gynaecological cancers in Ibadan remains high as 18% of admitted cases resulted in death.

Conclusions: Ovarian cancer was the commonest among admitted gynaecological cancer cases at our facility. Mortality from all gynaecological cancers remains high and several factors may be contributory

BREXOME: WHOLE EXOME SEQUENCING BASED CHARACTERIZATION OF SOMATIC BREAST CANCER MUTATIONS IN A COHORT OF GHANAIAI WOMEN

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE

To characterise the somatic mutation landscape and identify potential novel breast cancer driver mutations in Ghanaian women.

METHODS

Whole exome sequencing was performed on 106 breast cancer FFPE tumour samples, with 94 samples having at least 30x coverage. Sequencing reads were aligned to the human reference genome (hg38) using Burrows Wheeler Aligner (BWA) after trimming adapters and low quality bases using Trimmomatic. Aligned reads in binary alignment and map (BAM) format were used for tumor-only somatic variant calling using Mutect2 from the Genome Analysis ToolKit (GATK) with 1000Genomes variants as panel of normals and Genome Aggregation Database (gnomAD) as germline resource. Variants were annotated with variant effect prediction scores, frequencies from publicly-available variant databases, variant significance from ClinVar database, among others, using Ensembl Variant Effect Predictor (VEP) and dbNSFP. We investigated mutations in known cancer genes based on the COSMIC Cancer Gene Census list.

RESULTS

Pathogenic/likely pathogenic variants in known cancer genes including TP53, PIK3CA, BRCA1, NF1, and BRCA2 were found in 86% (81/94) of samples with variant allele frequencies (VAFs) ranging from 5%-100%. Variants of uncertain significance (VUS) in BRCA1 and BRCA2 were found in 46% (6/13) of the remaining samples. Notably, a novel BRCA1 (p.E1046*) variant was found at a high VAF (75%), suggesting clonal origin in a sample without any known pathogenic variant/VUS.

CONCLUSIONS

The identification of somatic mutations, including novel driver mutations, in breast cancer within an African population provides valuable insights into the underlying carcinogenic processes specific to this population. These findings contribute to our understanding of the genetic factors involved in breast cancer development and progression in individuals of African descent. Further exploration of the functional and clinical implications of these mutations is crucial for the development of targeted therapies tailored to the unique genetic landscape of African breast cancer patients.

ETIOLOGY AND OUTCOMES OF NEUTROPENIC FEVER IN MALAWI: A PROSPECTIVE, OBSERVATIONAL COHORT

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ORAL ABSTRACTS | DAY 5, SESSION 3, SESSION ROOM 205, November 6, 2023, 9:00 AM - 10:00 AM

OBJECTIVE: Over 80% of high-risk hematological malignancy cases will develop neutropenic fever (NF) with mortality rates approaching 10%. In high income countries, NF prophylaxis has decreased mortality. Pathogens in sub-Saharan Africa (SSA) may vary from those in HIC due to high burden of HIV and different antibiotic stewardship, endemic infections, and chemotherapy.

METHODS: Patients undergoing chemotherapy at Kamuzu Central Hospital (KCH) in Lilongwe, Malawi were eligible to participate in the study if they were starting chemotherapy, lived within 200 kilometers, and had a (1) hematologic malignancy or (2) solid tumor and were HIV-infected. Patients were given a thermometer and, if a temperature of $\geq 38^{\circ}$ C, were instructed to return for admission, cultures, and antibiotics. Patients were followed through 90 days post fever event or completion of chemotherapy.

RESULTS: 106 patients were screened and 50 were enrolled. The primary reason for screen failure was distance from KCH. 26 (52%) were men and 26 (52%) were HIV positive with average ART treatment time 7 years and CD4 count 293 cells/mL. Diagnoses included: DLBCL (36%), Hodgkin lymphoma (22%), low-grade lymphoma (10%), multicentric Castleman disease (6%), non-Hodgkin lymphoma, NOS (4%), breast cancer (6%), cervical cancer (4%), and other solid tumors (12%).

There were 23 febrile events from 15 patients, with no relationship between HIV status and febrile events ($p=0.08$). Of these, isolates included E. coli (6), malaria (3), S. pneumonia (2), Pseudomonas (1), and C. freundii (1). Of the six E. coli, three were found to be ESBL and treated with a carbapenem. All patients but one (Pseudomonas bacteremia) survived.

CONCLUSION: This study demonstrates trends of NF in SSA. Gram negative rods and malaria were the most common and resistance was common. Larger studies are needed across the region to identify the pathogens and resistance most commonly associated with NF and develop region-specific interventions.

MULTICENTRIC CASTLEMAN DISEASE IN MALAWI: PROSPECTIVE COHORT STUDY AND EARLY RESULTS FROM A PHASE II SAFETY/EFFICACY STUDY OF RITUXIMAB TREATMENT

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ORAL ABSTRACTS | DAY 5, SESSION 4, OVAL ROOM, November 6, 2023, 3:20 PM - 3:50 PM

OBJECTIVE: MCD is a lymphoproliferative disorder associated with HIV and KSHV. KSHV-MCD largely occurs in patients on ART with suppressed HIV and preserved CD4 counts. MCD publications from sub-Saharan Africa are limited, likely from underdiagnosis. Among HIV-infected, MCD constitutes 15% of lymphoproliferative diagnoses at Kamuzu Central Hospital (KCH). We report an observational cohort and seven patients of a safety/efficacy rituximab trial.

METHODS: The KCH Lymphoma Study is a prospective, observational study of lymphoproliferative disorders. In 2021, we initiated a rituximab clinical trial of MCD patients age >18 in need of treatment. Low-risk patients receive four weekly rituximab 375 mg/m². High-risk patients (hemoglobin <8 g/dL or ECOG >2) concomitantly receive etoposide 100 mg/m².

RESULTS: Since 2013, we have enrolled 34 MCD patients; median age 40 and 21 (66%) men. All are HIV positive; 29 (85%) on ART. Median time since HIV diagnosis and ART initiation were both 6.5 years. Median CD4 count was 287 cells/ul (IQR 152-434) and HIV was suppressed in all on ART. Lymphadenopathy was present in all and 28 (88%) had B symptoms. Median hemoglobin was 7.7 g/dL (IQR 5.9-9.3). Ten (31%) patients had KS; one (3%) had advanced KS. Two patients died before chemotherapy; first-line chemotherapy: etoposide 19 (59%), CVP ten (31%), and rituximab one (3%). 14 (48%) achieved CR, two (7%) PR, one (3%) SD, and twelve (41%) PD; 24 (83%) relapsed within one year. Two-year overall survival is 65% but survival without relapse occurs almost exclusively after rituximab. We have enrolled seven patients on rituximab trial (three relapsed, three new). All achieved CR and all but two remain in remission (2-23 months). There has been one grade 3/4 adverse event (neutropenia).

CONCLUSIONS: KSHV-MCD has high morbidity and mortality in Malawi. Survival with chemotherapy is extremely poor; rituximab appears safe and effective though trial is ongoing.

THE US NATIONAL CANCER INSTITUTE AND THE DEVELOPMENT OF CANCER RESEARCH IN AFRICA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: During the 1950s and 1960s, there was an organized international effort to advance cancer research in Africa following reports of unusual patterns of cancer incidence in particular groups. This study reviews the engagement of scientists at the US National Cancer Institute (NCI) in early efforts to advance cancer research in Africa.

Methods: Review of archival records from the NCI, the US State Department, and the International Cooperation Administration, as well as personal papers of NCI pathologist Harold Stewart. Pubmed and key African medical journals were searched for publications related to cancer in African countries during this period (primarily 1950-1965).

Results: During the 1950s, NCI scientists provided international leadership in the development of methods for cancer epidemiology and geographic pathology. They saw unique opportunities in studying cancer in “primitive” populations to gain clues to cancer etiology. The first documented population-based cancer survey in Africa, led by the South African Medical Research Center, was funded by a research grant from NCI, unusual at the time for an institution that supported little international work. As chair of the UICC Committee on Geographic Pathology, NCI Pathologist Harold Stewart worked with African colleagues to develop a network of African cancer researchers. In 1961, the NCI and the National Research Council of Ghana created a joint laboratory in Ghana, with over 30 NCI staff working on site. However, by the mid-1960s these efforts had ended.

Conclusion: NCI and other external funders provided resources and technical assistance to develop cancer research in Africa during the 1950s and 1960s, but these early efforts exhibited substantial limitations and lacked sustainability. Understanding the historical role of international funders of cancer research in LMICs, and their limitations, can provide important perspective to inform current efforts to develop sustainable and equitable models of research collaboration.

GENETIC EPIDEMIOLOGY OF BREAST CANCER IN SUB-SAHARAN AFRICA, A NEW HEALTH CHALLENGE

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ORAL ABSTRACTS | DAY 3, SESSION 1, SESSION ROOM 205, November 4, 2023, 9:00 AM - 10:00 AM

The evidence of an emerging breast cancer epidemic in sub-Saharan Africa (SSA) is an epidemiological reality whose magnitude has not yet been assessed to the extent that it is critical. Our long-term vision is to contribute to the improvement of the health of these populations through a better understanding of the epidemiology and genetics of breast cancer in this part of the world. We have carried out i) a descriptive epidemiological study of breast cancer in hospitals and in the general population in Cotonou, ii) a meta-analysis of prognostic factors in SSA breast cancer and iii) a pilot genetic study using paraffin tumour blocks. Breast cancer is the most common cancer in women in Benin with a median early age at diagnosis of 48 years (compared to 63 years in France). Moreover, the majority molecular type is triple negative, a particularly aggressive form (32% compared to 10% in France). We also show that Beninese patients are detected at very late stages and that the survival rate is low with a five-year survival of \simeq 40% (compared to 87% in France). This epidemiological estimate in a hospital setting is confirmed in the general population in Cotonou but also in Togo and Gabon. A meta-analysis shows that this reality is also found in SSA. In order to explain this phenotype (aggressive and early cancer), we conducted the first genetic study of breast cancer in Benin, which allowed us to validate our methodology, obtaining DNA of sufficient quality and quantity to perform NGS sequencing. To understand this phenotype, we also plan to extend our genetic study with our Togolese and Gabonese partners.

ENHANCING INFORMATION ON STAGE AT DIAGNOSIS OF CANCER IN AFRICA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE

Stage at diagnosis is an important metric in treatment and prognosis of cancer, and also in planning and evaluation of cancer control. For the latter purposes, the data source is the population-based cancer registry (PBCR), but, although stage is usually among the variables collected by cancer registries, it is often missing, especially in low-income settings. Two staging systems- Essential TNM and the Toronto system for staging childhood cancers - have been introduced to facilitate abstraction of stage data by cancer registry personnel.

We studied the accuracy with which they can abstract stage from clinical records.

METHODS

Cancer registrars from 20 countries of sub-Saharan Africa underwent an online training course in abstracting stage at diagnosis, using Essential TNM (for adults) or the Toronto guidelines (for childhood cancers).

They were then tasked with abstracting stage from scanned extracts of case records using these systems. The stage group (I-IV), derived from the eTNM elements, or Toronto Tier 1 stage, that they assigned to each cancer, was compared with a gold standard, as decided by two expert clinicians.

RESULTS

The registrars assigned the correct stage in between 50 and 80% of cases, with the lowest values for lymphomas and childhood leukaemias.

For adults, accuracy was also assessed using the weighted kappa score (coefficient of concordance), to assess also the magnitude of any error in assigned stage

CONCLUSIONS

A single training in staging using Essential TNM resulted in an accuracy of staging adult cancers that was not much inferior to what has been observed in clinical situations in high income settings.

For the childhood cancers, accuracy of staging the solid tumours was high (70-80%) but we identified problems with respect to the guidelines for abstracting stage of leukaemias and lymphomas, which will be corrected for future use.

THE GICR CANCER REGISTRY E-LEARNING SERIES

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE

The GICR Cancer Registry e-Learning course is a series of 16 training modules that provides foundational knowledge and skill development in the implementation steps for cancer registry operation, management, data analysis, and information dissemination.

METHODS

The course comprises 16 e-Learning modules structured according to learning levels. A Pre-Course Preparation Module ensures that all learners have a strong understanding of how cancer is defined and the function of cancer control and registration. This knowledge is essential for those who will be taking the course or any specific module of the course for the first time.

The course contains basic level learning modules that provide essential concepts, definitions, and steps for understanding the purpose and overall process of cancer registry. There are also more advanced level learning modules that provide instruction for implementing the procedures required to identify, code, enter, analyze, and report cancer registry data. Finally, there are hands-on practice modules that show demonstrations of specific registry tasks and provide practice exercises for use of the CanReg database software.

RESULTS

All the modules are self-paced and can be completed on an as-needed basis. There is no specific time limit as to when they should be completed, and users can set their learning time according to their preferences. Some modules are longer in content than others and have challenge quizzes, case study examples, and exercises that provide opportunities to practice certain tasks. There are also downloadable tools to assist the user, such as a Learning Guide to assist in the selection of the modules to complete, and a detailed glossary of terms.

CONCLUSIONS

The GICR Cancer Registry e-Learning Course covers everything required for those who are, or intend to, work in any role in a cancer registry.

EXPRESSION PROFILE OF INTERLEUKIN 10 IN WOMEN WITH BREAST CANCER BEFORE CHEMOTHERAPY AT YAOUNDÉ GENERAL HOSPITAL

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

EXPRESSION PROFIL OF INTERLEUKIN 10 IN WOMEN WITH BREAST CANCER BEFORE CHEMOTHERAPY AT YAOUNDE GENERAL HOSPITAL

Objective: Breast cancer is the most common cancer in the world. Interleukins can stimulate cancer cell growth and contribute to locoregional relapse and metastasis. The objective of our work was to determine the expression profile of interleukin 10 in women with breast cancer before chemotherapy at the Yaounde General Hospital.

Materials and methods: We conducted a descriptive cross-sectional and analytical study in a population of 55 women with breast cancer who had not started chemotherapy and 25 healthy women constituting the control group. Intravenous blood samples were taken for serum collection. The samples were analysed by sandwich ELISA and serum IL-10 titers were obtained. The characteristics of our population and the serum IL-10 titers were analysed using Epi Info 7.2 and GraphPad Prism 9 software.

Results: The mean age obtained was 47.6 ± 10.40 years for the patients and 45.6 ± 10.84 years for the control group. Invasive ductal carcinoma accounted for 89.09% of the histological cases, with SBR1 and stage IV being the most frequent with 38,89% and 49,09% respectively. Serum IL-10 concentration was higher in women with breast cancer than in healthy women with a statistically significant difference ($p < 0.0001$). We found a correlation between serum IL-10 concentration and histopathological parameters namely TNM stage ($p < 0.05$) and AJCC stage ($p < 0.0001$). However, serum IL-10 titer did not correlate with SBR grade ($p = 0.7018$).

Conclusion: Our results indicate that elevated serum IL-10 is strongly associated with breast cancer and correlated with clinical stage. It can be used to diagnose women with breast cancer and to identify patients with a poor prognosis who may benefit from more aggressive management.

Keywords: breast cancer, chemotherapy, ELISA, interleukin 10.

NURSES' ROLE AND PAIN MANAGEMENT OF CANCER PATIENTS IN PALLIATIVE CARE AT A SELECTED TEACHING HOSPITAL IN RWANDA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Background: Pain is both undertreated and common among oncology patients regardless of national guidelines of pain management, pain negatively impact cancer patients' comfort, social wellbeing and quality of life and is the one of the most symptoms experienced by cancer patients. Pain that occurs within and outside of the hospital setting is a common and distressing symptom for cancer patients which affect negatively their quality of life. Nurses play an important role in the care of cancer patients with pain during palliative care. A little is known about nurses' role and pain management in palliative care. Therefore, this study intends to assess nurses' role and pain management of cancer patients in palliative care. To achieve this the research will assess nurses' role in pain management, barriers affecting nurses' role in palliative care.

Pain can be physical or psychological, or a combination of both pains. When considering about psychological pain that can be emotional or spiritual. Concept of "Total Pain" should be identified in the pain management of palliative patient. Numerical rating scale (NRS), Visual analog scale (VAS), Adult non-verbal pain scale (NVPS) will be used for this study. It will help to manage pain of cancer patients in palliative care trajectory.

Methods: Pilot test instrument and Collection of Baseline data using qualitative and quantitative approaches to gather data from nurses' working in oncology ward at Butaro hospital in Rwanda. A quantitative descriptive cross-sectional survey will be utilized to collect quantitative data, the study population will be all nurses working in oncology ward, sample size will be obtained from all consenting nurses working in oncology ward, non-probability convenient sampling method will be used whereby the most convenient persons will be selected, data will be collected using semi-structured questionnaires and will be tested to check for validity and reliability. Data will be analysed using SPSS 25, confidentiality will be insured.

Results: Data collection underway

Conclusion: This study is ongoing

A FEASIBILITY ASSESSMENT FOR CONDUCTING MULTI-INSTITUTIONAL INTERNATIONAL MEDICAL PHYSICS TREATMENT PLANNING PROJECTS

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: To assess the feasibility of conducting multi-institutional international medical physics treatment planning projects

Methods: Kenyan Physicists Forum (KPF) is a medical physics peer support group including 11 Kenyan and two North American (NA) institutions. Kenyan members expressed a need for treatment planning support. Therefore, the group conducted a simple project whose purpose was to ensure baseline agreement between each institution's treatment planning system (TPS) and linear accelerator output, assess the ability of the forum to conduct group projects, and provide insight into strengths and opportunities that could benefit future projects. 6 MV photon central axis point doses at two depths for two square fields in a uniform phantom were calculated using each institution's treatment planning system (TPS) and compared to measurements on the respective linear accelerators. Instructions and a spreadsheet for documenting results were distributed to the forum. Results were collated and evaluated. Discussion and feedback occurred during monthly meetings.

Results: The project was fully completed by both NA and three Kenyan institutions and partially completed (2 depth/field size combinations) by one Kenyan institution. Mean agreement between calculated and measured doses was 1.13% (-0.84% to 4.82%). KPF members indicated that establishing a local project leader assisting with the measurements at each center may increase participation.

Conclusions: The project was partially successful in that six of 13 institutions participated. Opportunities exist for increasing participation and include identifying a Kenyan project leader. For the participating institutions, the agreement between treatment planning systems and accelerator output were within 5% with a mean agreement of 1.13%.

IMPLEMENTING ELECTRONIC PATIENT REPORTED OUTCOMES (EPRO) COLLECTION IN ZAMBIA: RESULTS OF A PATIENT NEEDS ASSESSMENT SURVEY

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: Routine electronic collection of patient-reported outcomes (ePROs) during systemic therapy, coupled with provider intervention to address worsening symptoms, has been associated with fewer treatment interruptions, better quality of life, and improved survival. It is unknown whether similar interventions can improve outcomes for cancer patients in low- and middle-income countries (LMICs). In Zambia, cervical cancer is the most common and lethal cancer among women. Using mobile technology to monitor ePROs during standard-care chemoradiotherapy may improve outcomes for cervical cancer patients in sub-Saharan Africa. We conducted a patient needs assessment to identify strategies for implementing ePRO collection in Zambian cervical cancer patients.

METHODS: From June 2022 to July 2023, cervical cancer patients (n=120) at the Cancer Diseases Hospital in Lusaka, Zambia, consented to a survey regarding mobile technology use and ePRO preferences.

RESULTS: Mean age was 50.3 years (range, 29-78, SD 9.9), 42% resided in rural areas, and 57% were HIV-positive. Most had completed only primary school (59%) or no school (12%), 16% were not able to read and 33% could read only parts of a sentence. Most owned a mobile phone (90%) or used a phone that belonged to another person (8%); fewer (26%) owned a smartphone or connected to the internet by phone. Most (98%) were willing to self-report symptoms via phone, with 97% preferring to do so via a phone call and fewer via text message (41%) or mobile app (17%). Most (71%) were able to charge phones at home using electricity or solar power.

CONCLUSIONS: Most patients owned or had access to mobile phones and were willing to self-report cancer-related symptoms via phone. Our results support the feasibility and acceptability of implementing ePRO collection and provide contextual data to guide implementation, including literacy, low internet use, and ePRO reporting preferences (i.e., calls vs text).

A COMPARATIVE POLICY ANALYSIS OF CHILDHOOD CANCER MEDICINE ACCESS IN FIVE EAST AFRICAN COUNTRIES

Petricca K¹, Carson L¹, Macharia W², Githang'a J³, McLigeyo A⁴, Njuguna F⁵, Kambugu J⁶, Orem J⁶, Katabalo D⁷, Laiti R⁸, Schroeder K⁹, Hailu D¹⁰, Abdellah S¹¹, Nyangasi M¹², Kanyamuhunga A¹³, Rogo K¹⁴, Gupta S¹, Denburg A¹

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: Gaps in access to quality childhood cancer medicines (CCMs) remain a major impediment to effective care of children with cancer in low- and middle-income countries (LMICs). We undertook a comparative policy and systems analysis in five east African countries—Ethiopia, Kenya, Rwanda, Tanzania, Uganda—to identify determinants of LMIC CCM access and support evidence-informed national and regional policy reform for improved childhood cancer outcomes.

Methods: We conducted a qualitative analysis to investigate determinants of CCM access within and across study jurisdictions. The 3I+E (Ideas, Institutions, Interests, External factors) framework was conceptually applied to identify features of a political system that influence policy progress and outcomes. Thematic analysis included relevant academic and grey literature, policy documents, and 72 semi-structured interviews from a purposive sample of stakeholders involved in childhood cancer care, policy and medicine procurement and supply.

Results: Drivers of CCM access included: 1) prominent stakeholder networks for medicine procurement and supply chain distribution, 2) steadfast political will and policy broker engagement, and 3) preexisting policy alignment. These factors were variably present and impactful across jurisdictions. A model of centralized medicine supply chain management with direct channels of procurement from manufacturers, as evident in Uganda, was identified as an optimal strategy for sustained CCM access. Existing government institutions and policy legacies advancing non-communicable disease and cancer policy were formative in guiding CCM policy prioritization in Uganda, Kenya, and Ethiopia; however, implementation challenges persist. Interest groups, including civil society and non-governmental organizations, supported networks to supplement CCM access during facility stockouts.

Conclusions: Our findings illustrate that CCM access in east Africa is multifactorial and strongly influenced by sustained political will, conducive policy legacies to guide policy prioritization, and resilient stakeholder networks for coordinated CCM access. Policy options are provided to support evidence-informed national and regional policy reform to strengthen procurement, financing, and regulation of CCMs in the region.

PAM50 INTRINSIC SUBTYPES, RISK OF RECURRENCE SCORE AND BREAST CANCER SURVIVAL IN HIV-POSITIVE AND HIV-NEGATIVE PATIENTS- SOUTH AFRICAN COHORT STUDY

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective

Treatment decision making for patients with breast cancer increasingly depends on analysis of markers or systems for estimating risk of breast cancer recurrence. Breast cancer intrinsic subtypes and risk of recurrence (ROR) scores have been found to be valuable in predicting survival and determining optimal treatment for individual patients. We studied the association of breast cancer survival with the PAM50 gene expression assay in HIV-positive and HIV-negative patients.

Method

RNA was extracted from formalin-fixed paraffin-embedded specimens of histologically confirmed invasive carcinoma and was purified using the AllPrep[®] DNA/RNA FFPE kit, Qiagen (Hilden, Germany). The NanoString RUO PAM50 algorithm was used to determine the molecular subtype and the risk of recurrence score of each sample. The overall and disease-free survival were determined with comparison made among HIV-positive and -negative patients. We then generated Kaplan-Meier survival curves, calculated p-values and estimated hazard ratios and their 95% confidence intervals using Cox regression models.

Results

Of the 384 RNA samples analysed, 98.4% met the required RNA quality standard and the specified QC threshold for the test. Luminal B was the most common PAM50 intrinsic subtype and 82.1% of patients were at high risk for disease recurrence based on ROR score. HIV infection, PAM50-based HER2-enriched and basal-like intrinsic subtypes, and high ROR were associated with poor overall and disease-free survival. HIV-positive patients with luminal A & B subtypes had significantly worse survival outcomes than HIV-negative luminal patients.

Conclusion

Aggressive tumour biology was common in our cohort. HIV infection, PAM50 HER2-enriched, basal-like intrinsic subtypes and high ROR score were associated with poor overall and disease-free survival. HIV infection impacted survival in patients with luminal subtypes only.

THE ROLE OF SOCIAL MEDIA IN BREAKING THE SILENCE ON CANCER

Phiri I¹

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

TITLE: THE ROLE OF SOCIAL MEDIA IN BREAKING THE SILENCE ON CANCER.

AUTHOR:

1. Idah Phiri - Communications and Administration Manager, Zambian Cancer Society

CO-AUTHOR

2. Biemba K. Maliti - President, Zambia Oncology Nurses Society

OBJECTIVE:

Zambian Cancer Society launched a Breast Cancer Health Initiative called the Duku Challenge in October 2020 to have people share pictures of themselves wearing Dukus on Facebook raising awareness through their unique stories. The initiative was to reinforce a positive message with respect to BC and the side effects of treatment. Duku (headwrap) is worn by many patients who lose hair after chemotherapy.

METHODS:

The Campaign created a safe platform for people to share their cancer stories, which is a critical part of healthcare, it can be used to communicate a problem, provide context, and present a solution. It is a science that includes emotions, setting a picture of how, where and who it affects. Your story maybe ordinary to you but extraordinary to someone else.

RESULTS:

3000 + local and global participants in 2020 from the anticipated 500, increased to over 18,000 by 2022. It turned out to address all cancers. People wore dukus in memory, honor, solidarity and for support. In Zambia, cancer is surrounded by myths and silence. Through the real life stories the silence is being broken, many people have gone for screening. The campaign also became one of the organization's major sources of income through sale of branded merchandise, sponsorships and corporate health talks.

CONCLUSIONS:

Social media is a valuable tool for disseminating information. 88% of youths and 78% adults reported using social media in 2018. (Smith and Anderson, 2018). Due to increasing social media use it is a potential avenue to reach a diverse audience who may not be accessed through the traditional approaches as was demonstrated during the Covid19 lockdown.

PROFIL BIOCHIMIQUE DE CERTAINS MARQUEURS DU PRONOSTIC ET DE L'EVOLUTION DU LYMPHOME DE BURKITT : UNE ETUDE PROSPECTIVE ET RETROSPECTIVE

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Le lymphome de Burkitt endémique reste la forme la plus répandue de cancer pédiatrique en Afrique tropicale, avec des différences pathologiques subtiles.

Objectif :

Déterminer le profil de certains marqueurs biologiques sanguins (LDH, créatinine, acide urique, électrolytes sanguins simples, calcium, phosphore) dans le pronostic et la prise en charge du lymphome de Burkitt

Méthodes

Nous avons mené une étude rétrospective sur 180 cas des dossiers des malades dans les archives afin de répertorier les marqueurs biochimiques . A la suite une étude prospective a été fait sur 30 patients et les mêmes paramètres biochimiques déterminés

Résultats

Les résultats ont montré que pour l'étude rétrospective, un total de 180 cas ont été inclus dans notre étude avec $6,3 \pm 2,9$ ans comme âge moyen des patients. Le sexe masculin dominait avec 59,4% (n=107) avec un sex ratio de 1,5:1. Le site le plus fréquent de présentation de la tumeur était le visage. Le stade de la tumeur était le seul facteur clinique associé au pronostic. Pour le paramètre pronostique d'intérêt, les patients qui se situaient dans la fourchette normale pour le chlorure, la créatinine, la LDH et le stade I au moment du diagnostic avaient un meilleur statut de survie globale (OS). En utilisant le test de signification log-rank, le chlorure (Cl), la créatinine (Cr), la lactate déshydrogénase (LDH) et le stade ont été identifiés comme des facteurs pronostiques indépendants avec un niveau de confiance de 95%. Pour l'étude prospective, un total de 30 cas a été inclus avec $6,6 \pm 2,5$ ans comme âge moyen des patients. Selon le stade des tumeurs, les niveaux de LDH, de créatinine et de chlorure ont montré des variations statistiquement significatives après la chimiothérapie avec une augmentation du stade conduisant à une aggravation des valeurs même après la chimiothérapie.

Mots Clés : Lymphome de Burkitt, statut de survie

RELATION BETWEEN IMMUNE RESPONSE AND OXIDATIVE STATUS OF HIV INFECTED PATIENTS WITH/OR AT RISK OF KAPOSI DISEASE IN YAOUNDE

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Background: AIDS-related Kaposi's sarcoma (AIDS-KS), is the most prevalent AIDS related cancer, arises in a profound immunosuppression environment. Kaposi's sarcoma-associated human herpesvirus strongly modulated by HIV-related immune suppression are the principal causes of this cancer

Objective: Our study aims to investigate the relation between immune response and oxidative status of HIV infected patients with or at risk of Kaposi's disease in Yaoundé

Methods: We conducted a two-months cross-sectional study on 87 consenting HIV infected patients. Sera from patients were used to determination of Human Herpes Virus-8 antigen (HHV-8) and Interleukin-6 (IL-6) by the ELISA technique. Malondialdehyde (MDA), reduced Glutathione (GSH) and total antioxidant capacity were determined with spectrophotometry.

Results: The average age of patient was 44.6 ± 10.4 years and the sex ratio was 0.24. Were mainly represented the patients infected with HIV type I (90.8%) and 3.4% had developed clinical signs of Kaposi's disease. The prevalence of the HHV-8 antigen was 57.5%. We noted a significant increase in IL-6 concentrations in patients positive to the HHV-8 antigen for IL-6 concentrations < 37 ($P = 0.005$). MDA and GSH level increased significantly with the HHV-8 infection ($P < 0.0001$) and $P < 0.0001$ respectively). Total antioxidant capacity (FRAP) decreased significantly with HHV-8 infection ($P=0.004$). We noted a significant increase in MDA concentrations in patients taking their ARVs irregularly ($P < 0.0001$).

Conclusion: Our study showed that IL-6 positively correlate with MDA, highlighting the association of these few markers of oxidative stress and IL-6 to the risk of Kaposi's disease.

Keywords: Immune status, Oxidative status, Kaposi's disease, HIV.

MAMMOGRAPHY SERVICE AVAILABILITY AND CAPACITY, A NATIONWIDE ASSESSMENT IN GHANA

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ORAL ABSTRACTS | DAY 3, SESSION 2, SESSION ROOM 203, November 4, 2023, 9:00 AM - 10:00 AM

OBJECTIVE: Breast cancer is the leading type of cancer diagnosed and the second leading cause of cancer-related death in Ghana. Mammography has had proven benefit in the early detection and screening for breast cancer. This study evaluates mammography service availability and capacity throughout Ghana.

METHODS: A survey was administered to all hospitals in Ghana from November 2020 to October 2021. Mammography services were assessed, including number performed per month, cost incurred by the patient, where images are read, and how long it takes to receive results. Health Facilities Regulatory Authority records on diagnostic centers were obtained to identify additional in-country mammography services. Using a published algorithm (1.2 mammography machines per 10,000 women over age 40), we estimated the number of additional mammography machines needed in Ghana to scale-up a national breast cancer screening program.

RESULTS: Three hundred and twenty-eight out of 346 hospitals participated in the survey (95%). Only 21 hospitals reported onsite mammography. While one hospital reported performing >100 mammograms per month, the majority performed fewer than 100 monthly; 12 reported 11-100 mammograms per month, and 8 reported 1-10 mammograms per month. The average cost to the patient ranged from 100-500 Cedis (\$17-87 USD), though 3 hospitals reported performing mammograms at no cost. All hospitals reported that imaging results were reported in 1-2 weeks. Among the additional 152 diagnostic centers, there were 10 mammography machines, making a total of 31 in-country mammography machines. An estimated additional 406 mammography machines would be needed (total 437) to run a successful national mammography screening campaign.

CONCLUSIONS:

This study provides an assessment of the current mammography capacity in Ghana, which is limited. The significant investment needed to establish a successful national mammography screening program may not be feasible at this time. Strengthening diagnostic and treatment services for breast cancer should remain the priority.

ABSORBED DOSE CALCULATION IN-IRREGULAR BLOCKED RADIATION FIELDS: EVALUATION OF CLARKSON'S SECTOR INTEGRATION METHOD FOR RADIATION FIELDS COMMONLY USED IN CONVENTIONAL-RADIOTHERAPY

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: Irregular/blocked fields are routinely used in radiotherapy. The doses of these fields are usually calculated by means of equivalent square method that is inherently prone to uncertainty. On the other hand, Clarkson's sector integration method is a dose calculation method which offers far better accuracy in dose calculation of irregular fields. The Scatter Air Ratio (SAR) of an individual sector, in which whole field has been divided, is calculated and averaged over all sectors to find total SAR for the whole field. Percentage depth dose (PDD) and tissue-maximum ratio (TMR) for irregularly shaped beams can be calculated by the SAR values using the standard relationships of these measurement quantities.

Material and Methods: The present study was conducted on 40 actual patient treatment fields. The PDD values for depths up to 15 cm were calculated using both Clarkson's sector integration method and conventional methods, and their results were compared with the measured PDDs for all patients. **Results:** Maximum deviation for Clarkson's calculation was under 2.7% for any field size, shape, and depth. However for conventional methods, this value exceeded $\pm 5.5\%$ for some field shapes, specifically at larger depths.

Conclusion: Better results of sector integration are more prominent for field shapes with a large field size and a shielded area of regular shape. For the treatment fields with a very large degree of approximation for assessing reduced field size, Clarkson's method is the most accurate technique for the calculation of absorbed dose.

TIME TO BREAST CANCER DIAGNOSIS - A CROSS-SECTIONAL STUDY IN FIVE ETHIOPIAN HOSPITALS

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ORAL ABSTRACTS | DAY 2, SESSION ROOM 201/202, November 3, 2023, 9:00 AM - 10:00 AM

OBJECTIVE

The WHO's Global Breast Cancer Initiative emphasizes timely diagnosis of suspicious breast lesions (Pillar 2). In this study, we implemented an interview-based method to assess the length of diagnostic pathways in Ethiopia, identify related factors, and evaluate its feasibility for future monitoring purposes.

METHODS

From June to November 2022, a total of 382 women presenting with a suspicious breast lesion were enrolled from the pathology departments of five hospitals in Ethiopia where they underwent Fine Needle Aspiration Cytology, Core Needle or Incisional Biopsy. To assess their diagnostic journey and identify perceived barriers to diagnostic services, participants were interviewed using a questionnaire developed by the International Agency for Research on Cancer (IARC). Pathology reports were retrieved to include the results into the analysis. A generalised linear model was fitted to test factors for association with the time to diagnosis.

RESULTS

Pathology reports of 360 participants were available. The median age of the participants was 34 years. 81.4% of the participants described a breast lump as the first symptom they recognized. 67% of the participants had heard of breast cancer when they noticed their symptoms, and 37.4% considered breast cancer as possible cause of their symptom(s). The median time (IQR) from first recognition of symptoms to the first presentation to a health care provider for the 360 included women was 3.0 (0.6-10.6) months. The median time (IQR) from first presentation to a health care provider to the diagnostic procedure was 1.3 (0.4-3.8) months.

CONCLUSIONS

The study design proved feasible for monitoring the time to breast cancer diagnosis. Among participants, 59.7% received their histopathologic diagnosis within the recommended timeframe. Sociodemographic factors and personal perception of the condition were linked to the duration of the patient's diagnostic journey. These findings underscore the importance of an easily accessible early detection program in the country.

GASTRIC CANCER IN SOUTH AFRICA – INCIDENCE AND MORTALITY TRENDS

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective

The aim of this study was to determine the incidence and mortality for gastric cancer (GC) in the South African (SA) adult population. The epidemiology of GC was explored by analyzing the incidence and mortality trends for males and females of the SA ethnic groups.

Methods

This epidemiologic cross-sectional study used GC incidence data from the SA National Cancer Registry (NCR) and GC mortality data from Statistics South Africa (STATS SA). Male and female SA adult patients diagnosed with GC between the years 2002 and 2020 (ICD 10 codes C16.0-C16.9) were included in study. Incidence, mortality trends and average annual percentage changes (AAPC) were calculated using the Joinpoint Regression Programme.

Results

There were 22391 GC cases and 20212 GC deaths in the study period, with GC incidence increasing in the SA population from the age of 40 years, and the highest incidence in the 60-64-year age group. Men had more than twice the GC ASIR than females at 0.46 and 0.16 GC cases per 100 000 people respectively in 2002; and 0.39 and 0.15 GC cases per 100 000 people respectively, in 2020. Men had more than twice the GC ASMR than females at 0.40 and 0.19 GC deaths per 100 000 people respectively, in 2002; and 0.31 and 0.14 GC deaths per 100 000 people respectively, in 2018. The overall AAPC for ASIR (-0.8) and ASMR (-1.55) in the SA GC population was decreasing.

Conclusion

Overall, there is a sustained decline in GC ASIR and ASMR in the SA population which is aligned with global GC trends. This decline may be related to decreased H. pylori infection in middle income countries including South Africa. Identifying the burden of GC in SA is crucial for public health policies and GC control measures.

VULVAR CANCER IN MOZAMBIQUE: THE RESULTS OF THE SURGICAL EXPERIENCE DURING THE INTERNATIONAL GYNAECOLOGIC CANCER SOCIETY FELLOWSHIP PROGRAM

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objectives

Vulvar cancer accounts for 5% of gynaecological cancer. Management in early and advanced stage is still a challenge. The objective of this study is to describe the demographic features, surgical and oncologic outcomes of the first series of vulvar cancer cases since the IGCS Fellowship Program was implemented in Maputo Central Hospital.

Methods

It is a retrospective study describing the surgical vulvar cases performed during the IGCS Fellowship Program from 2016 until 2020. The data were reviewed from clinical charts, operative and pathology reports.

Results

Since the program started in 2017 until October 2020 when the first 3 fellows completed their training, they have done 21 surgeries for vulvar cancer, including 21 radical wide vulvar resections and vulvectomies with 13 inguinal lymphadenectomies, while 4 patients required skin flap to vulvar-perineal reconstruction. The age at diagnose was between 25-92 years old. The most prevalent histologic type was squamous cell carcinoma.

The main complication was surgical site infection and dehiscence in 61.9% of the cases and 6 patients were sent to adjuvant therapy.

Conclusion

Vulvar cancer is a common malignant gynaecological neoplasia in Mozambique. Since the IGCS Global Program and the Fellowship Program were implemented, the oncologic vulvar surgeries mentored and supervised by international mentors even when the patients needed flap reconstruction in vulvar excisions are successfully being performed by fellows and graduated gynaecological oncologists from the IGCS program to treat vulvar cancer patients.

EPIDEMIOLOGICAL ASPECTS OF DIFFERENTIATED THYROID CANCER IN ANDOHATAPENAKA NUCLEAR MEDICINE UNIT

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Introduction: Differentiated thyroid carcinoma are rare but are the most common endocrine cancer. Currently, there is an increase of its incidence around the world. Our objective is to relate an epidemiological approach to the differentiated thyroid carcinoma in Madagascar **Methods:** We conducted a retrospective study at the Nuclear Medicine Department at hospital Andohatapenaka from 01 January 2015 to 30 June 2017. Patients with histologically proven differentiated thyroid carcinoma were included. Other histological forms of thyroid cancer were excluded.

Results: We collected 88 patients. The mean age of the patients was 43.5 years with a sex ratio of 0.37. Goiter multinodular was found in 50%. Biologically, 88,64% were in euthyroidism. Patients with papillary carcinoma predominated in 73.87% (n = 65) of which 13.64% were microcancers. We did not objectify the preferential site location of this cancer with 32.95% of the cases being in the right lobe and 37.5% in the left lobe. Seventy-three per cent of the patients were classified as stage 1 according to the TNM classification.

Conclusion: In Madagascar, differentiated thyroid carcinoma affects mostly middle-aged subjects. It is often presented in multinodular goiter and the most frequent histological type was the papillary cancers. A multidisciplinary care is required for the treatment of cancers with good prognosis.

Keywords: differentiated carcinoma – Madagascar - thyroid

LA RADIOTHERAPIE EXTERNE A MADAGASCAR : EXPERIENCE DU CENTRE HOSPITALIER UNIVERSITAIRE JOSEPH RAVOAHANGY ANDRIANAVALONA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objectifs

La radiothérapie est nécessaire chez 50% des patients atteints de cancer. A Madagascar, il n'existe qu'un seul service public de radiothérapie. Ce dernier a réouvert ses portes en 2020 après la fermeture en 2009. Selon l'Agence Internationale de l'Energie Atomique (AIEA), le plus grand écart entre la disponibilité et les besoins en radiothérapie se situe en Afrique. L'évaluation de l'activité du seul service public de radiothérapie permettra de montrer une vue d'ensemble de l'utilisation de la radiothérapie dans le pays. Ainsi notre objectif était de déterminer les aspects épidémio-cliniques et thérapeutiques des patients traités au service de radiothérapie au Centre Hospitalier Joseph Ravoahangy Andrianavalona (CHUJRA).

Méthodes

C'était une étude rétrospective descriptive sur 40 mois allant de janvier 2020 au mois d'avril 2023. Nous avons inclus tous les patients traités dans le service par radiothérapie externe au Cobalt.

Résultats

Au total, 811 patients ont été inclus. Le genre féminin prédominait dans 73,73% des cas avec un sex-ratio de 0,35. L'âge médian était de 54 ans avec des extrêmes de 04 ans et 89 ans. Les cancers primitifs les plus rencontrés étaient les cancers gynécologiques dans 55,24%, dont le cancer du sein dans 31,69% et le col utérin dans 23,92%. Les zones irradiées étaient représentées principalement par le col utérin (24,78%), le sein (23,92%), l'os (13,93%), le cerveau (11,59%) et les localisations oto-rhino-laryngologie (6,90%). La normofraction prédominait dans 65,35% des cas. Dans 59,43% l'irradiation était à visée curative.

Conclusion

Cette étude nous a permis de montrer une vue globale et expérience de l'irradiation dans le seul service public du pays. La réouverture du service de radiothérapie est une grande opportunité pour les patients atteints de cancer à Madagascar. Néanmoins, des stratégies pour renforcer les mesures existantes en matière de prise en charge du cancer doivent être réalisés.

INNOVATIVE HPV SCREENING INITIATIVE IN ANGOLA

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ORAL ABSTRACTS | DAY 3, SESSION 2, SESSION ROOM 203, November 4, 2023, 9:00 AM - 10:00 AM

Objective

This study aimed to collect observational data on the positivity rates of HPV DNA and p16/ki-67 dual staining (DS) cytology vs. Papanicolau (PAP) cytology in order to generate evidence on the impact of new molecular methods on cervical cancer screening in Angola and evaluate the impact on the number of referrals for colposcopy.

Methods

Single-cohort prospective observational clinical study involving women aged >25 attending secondary care.

Results

1153 women were included in the study, average age 42,9 years: 943 (81,8%) were negative for HR-HPV, 58 (5,0%) were positive for HPV 16/18, and 152 (13,2%) were positive for other 12 HR-HPV. The correlation between HPV and PAP was: HPV-negative - 433 (45,8%) NILM, 79 (8,4%) ≥ASC-US, 431 (45,6%) unsatisfactory; HPV16/18 - 11 (18,9%) NILM, 38 (51,3%) ≥ASC-US, 9 (15,5%) unsatisfactory; other 12 HR-HPV - 44 (28,9%) NILM, 78 (51,3%) ≥ASC-US, 30 (19,7%) unsatisfactory. The correlation between PAP and DS for HPV positive women was: NILM (n=55) - 5 (9,1%) DS-positive, 48 (87,3%) DS-negative; ≥ASC-US (n=116) - 36 (31,0%) DS-positive, 77 (66,4%) DS-negative. Referral to colposcopy based on PAP cytology (HPV16/18 or other 12 HR-HPV/≥ASC-US) would have implicated 136 colposcopies, while DS (HPV16/18 or other 12/DS+) would have implicated 89 colposcopies (i.e. 34,6%2 reduction).

Conclusion

The present data confirms the high prevalence (18,2%) of HR-HPV infections in Angola and the possibility to optimize referrals to colposcopy if positivity for DS replaces PAP as a criteria for referring HPV-positive women. Of note, the very high 40,7% unsatisfactory rate of PAP, reflecting its subjectivity and need for confirmatory tests and/or more referrals to colposcopy.

IMPACT OF THE COVID-19 PANDEMIC ON TIMELINESS OF CERVICAL CANCER TREATMENT IN BOTSWANA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: The COVID-19 pandemic dramatically and rapidly impacted oncology care in Africa and worldwide. Yet, it remains unknown how, or if, the pandemic exacerbated known barriers to care. Drawing upon mixed methods data collected before and during the pandemic, this project sought to evaluate how the pandemic shaped patient experiences and timeliness of cervical cancer treatment in Botswana.

Methods: We conducted a concurrent, mixed methods study women receiving cervical cancer treatment at Princess Marina Hospital (PMH) in Gaborone, Botswana before and during the pandemic. All participants provided consent and completed a one-time interview and survey in their preferred language (Setswana or English). Informed by the Consolidated Framework for Implementation Research, the interview guide assessed patient and treatment characteristics, cervical cancer beliefs and knowledge, screening history, and barriers and facilitators to care. Qualitative data were analyzed using thematic and content analysis. Quantitative data were analyzed descriptively and triangulated with qualitative findings.

Results: Forty-four women enrolled in the study, of which 20 were interviewed before the pandemic (December 2019-March 2020; median age = 47; 75% living with HIV) and 24 during the pandemic (June-September 2022; median age =49; 75% living with HIV). Participants commonly reported that symptom burden, delays in receiving diagnostic results, treatment-related fear, and transportation challenges resulted in treatment delays before and during the pandemic. Only a few participants noted that the pandemic directly caused delays, citing issues related to early national lockdowns. Across participants, many reported that once they began care, the clinical team provided support and information that lessened their fear and anxiety related to treatment or the pandemic.

Conclusions: While our results indicated that treatment delays remained common, we did not find evidence that the pandemic itself added substantial delays in cervical cancer treatment, possibly reflective of the supportive strategies implemented by the treatment clinic.

OVEREXPRESSION OF CXCR1 IN MDA-PCA-2B CELLS UPREGULATES ITM2A TO INHIBIT TUMOR GROWTH

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Chemokines and their receptors play important roles in tumor development and progression. In prostate cancer (PCa), interleukin-8 (IL-8/CXCL8) was shown to enhance angiogenesis, proliferation and metastasis. CXCL8 activates two receptors, CXCR1 and CXCR2. While CXCR2 expression was shown to promote PCa growth and metastasis, the role of CXCR1 remains unclear. In this study, we stably expressed CXCR1 and CXCR2 in the androgen-dependent cell line MDA-PCa-2b to determine the effect of CXCR1 in tumor development. CXCR1 expression (MDA-PCa-2b-CXCR1) decreased cell proliferation, cell migration, protein kinase-B (AKT) activation, prostate specific antigen (PSA) expression and tumor growth in nude mice, relative to control (MDA-PCa-2b-vec) and CXCR2 expressing (MDA-PCa-2b-CXCR2) cells. MDA-PCa-2b-CXCR1 cells also showed a significant switch to mesenchymal phenotype as characterized by decrease E-Cadherin but increase N-Cadherin and vimentin expression. RNA-seq and western blot analysis revealed a significant increase of the tumor suppressor ITM2A (integral membrane protein 2A) expression in MDA-PCa-2b-CXCR1 relative to control cells. Interestingly, overexpression of ITM2A in control cells inhibited tumor growth whereas siRNA inhibition of ITM2A expression in MDA-PCa-2b-CXCR1 promoted tumor growth. Taken together, the data indicate that CXCR1 expression up-regulated ITMA2 activities to suppress MDA-PCa-2b tumorigenicity.

COORDINATING NATIONAL HEALTH SUPPLIES SYSTEM FOR EFFECTIVE IMPLEMENTATION OF CANCER CONTROL PLAN

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

I. OBJECTIVE

TO COORDINATE NATIONAL HEALTH SYSTEM FOR EFFECTIVE IMPLEMENTATION OF CANCER CONTROL PLAN

II METHODS

RESEARCH WAS DONE FROM THE INTERNET-PUBLISHED JOURNAL, REPORT, NATIONAL CANCER CONTROL PLAN & GUIDELINE FOR NATIONAL CANCER CONTROL PLAN (WHO). THESE WERE DOWNLOADED AND REVIEWED FOR CONTENT RELEVANCE. RELEVANT INFORMATION WAS SUMMARISED AND INCLUDED.

III RESULTS

HEALTH SYSTEM IS COMPLEX, COMPOSED OF FOUR TIERS: CENTRAL, SUBNATIONAL, GOVERNMENT AND PRIVATE HEALTH FACILITIES. NATIONAL CANCER CONTROL PLAN WAS RELEASED IN SEPTEMBER 2022 AFTER A THOROUGH STUDY OF BARRIERS WHICH CURTAILED PEOPLE FROM ACCESSING CANCER CARE, LEADING TO HIGH DEATH RATE ESPECIALLY AMONG NEW CANCER PATIENTS. INTERACTIONS BETWEEN STRUCTURES AND PROCESSES HAVE SEVERAL IMPLICATIONS ON THE AVAILABILITY OF MEDICAL PRODUCTS ACROSS ALL LEVELS OF CARE.

KEY FACTORS WHICH INFLUENCE ACCESS INCLUDE THE FOLLOWING: AVAILABILITY, AFFORDABILITY, ACCESSIBILITY(GEOGRAPHICAL), ACCEPTABILITY (RATIONAL SELECTION AND USE). AREAS OF UNMET NEED INCLUDE SETTING REALISTIC PRIORITIES, PROMOTION OF RESEARCH, SPECIFICATION OF PROGRAM FOR CANCER CARE, AND INFORMATION MANAGEMENT SYSTEM.

CONCLUSION

THE STRUCTURE OF HEALTH SUPPLY CHAIN SYSTEM PLAYS AN ESSENTIAL ROLE IN OPTIMIZING THE VARIOUS PROCESSES AND FUNCTIONS ACROSS DIFFERENT LEVELS OF HEALTH SYSTEM. THE SYSTEM COMPRISES OF STRUCTURES & PROCESSES THAT ENSURE SOURCING OF EQUIPMENT, COMMODITIES, AND SUPPLIES, PURCHASING AND PROCUREMENT, TRANSPORTATION AND DISTRIBUTION OF PRODUCTS TO END USER. MANAGERS INVOLVED IN CANCER CONTROL PLANNING AND IMPLEMENTATION SHOULD CONSIDER AN INTEGRATED, COMPREHENSIVE CANCER CONTROL STRATEGY WHICH ALLOWS FOR A MORE BALANCED, EFFICIENT, AND EQUITABLE USE OF LIMITED RESOURCES . CANCER CONTROL PLAN SHOULD BE GOAL ORIENTED, PEOPLE-CENTERED, REALISTIC AND CAREFULLY PREPARED THROUGH A PARTICIPATORY PROCESS IN ORDER TO TRANSLATE INTO EFFECTIVE IMPLEMENTATION. IN LOWER- RESOURCE SETTINGS, A PLAN THAT CONSIDERS GRADUAL IMPLEMENTATION OF A FEW, AFFORDABLE, COST-EFFECTIVE AND PRIORITY INTERVENTIONS WILL HAVE A BETTER CHANCE TO MOVE INTO EFFECTIVE ACTION.

SAFE RADIATION DOSE TO PREVENT XEROSTOMIA IN ORAL CAVITY TUMOURS BY 3D CONFORMAL RADIOTHERAPY -SINGLE CENTER EXPERIENCE

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ORAL ABSTRACTS | DAY 5, SESSION 1, HALL 3, November 6, 2023, 9:00 AM - 10:00 AM

Background: Oral cavity tumors are one of our region's most common malignancies. Surgery is the mainstay of treatment in such patients. However, adjuvant radiation therapy is required in almost all patients. Xerostomia is the main late complication of such radiation. This study was planned to check the level of xerostomia developed by the patient by two different fields of radiotherapy i.e., ipsilateral or bilateral treated by 3D conformal radiotherapy. **Objective:** This study aimed to determine the mean dose received by the parotid gland when it is out of PTV and to evaluate the level of xerostomia in all such patients after one year of their treatment. **Material and Methods:** It was a retrospective study of 100 patients divided in two groups. One group had been treated with ipsilateral field while the second one with the bilateral field. The evaluation was done after one year of their treatment. Level of xerostomia was assessed according to CTCAE criteria. The mean dose of opposite parotid was calculated and then compared with the level of xerostomia. **Results:** This study showed that patients getting ipsilateral field radiotherapy and their opposite parotid mean dose was less than 20 Gy, did not developed xerostomia. However, patient receiving radiation by bilateral field developed xerostomia in all cases. All such patients were called for follow-up approximately after one years of their radiation therapy. Mean dose received by contralateral parotid gland by ipsilateral field was 12 ± 2 Gy while with bilateral field 42 ± 8 Gy. **Conclusion:** This study shows that ipsilateral field radiotherapy to oral cavity tumor do spare contralateral parotid gland if the mean dose to it is less than 20 Gy.

ETAT DES LIEUX DU TRANSFERT DE CONNAISSANCES SUR LES CANCERS EN AFRIQUE

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Notre étude vise à faire la synthèse des connaissances disponibles sur les stratégies de transfert de connaissances (TC) utilisées dans le domaine de la lutte contre les cancers en Afrique à travers une revue systématique. Elle s'inscrit dans le cadre d'une thèse en santé publique sur le rôle d'intermédiaire du TC des associations de patientes dans le domaine du cancer du sein au Mali. La revue systématique a été conduite selon la méthode du JBI.

Les expériences de TC sur les cancers conduites en Afrique ou concernant l'Afrique ont fait l'objet d'une recherche dans Embase, Emcare, ERIC, APA Psycinfo et Medline, complétée par la bibliographie des experts et les références citées dans les documents analysés.

Sur 832 références identifiées pour l'examen des titres et des résumés, 85 études ont été identifiées pour être examinées dans leur intégralité.

La recherche sur le TC en lien avec les cancers en Afrique reste très limitée et localisée. Elle aborde essentiellement la question de l'amélioration de l'adhésion des populations au dépistage. Ainsi de nombreux enjeux clés du TC dans le domaine du cancer faisant l'objet de recherche dans d'autres pays du monde n'ont pas encore été étudiés (ou de façon très marginale) en Afrique, qu'ils relèvent de l'utilisation des données scientifiques ou des savoirs expérientiels des patients et des soignants. Notre revue a montré le faible niveau de preuves existant sur le TC dans le domaine du cancer en Afrique et la nécessité que des recherches de qualité soient conduites sur ce sujet pour renforcer l'utilisation politique, sociale et économique des connaissances scientifiques et des savoirs expérientiels des patients et des soignants dans le domaine du cancer. L'investissement dans ce type de recherche est essentiel pour améliorer la qualité des soins et à lutter contre les inégalités sociales de santé face au cancer.

INCIDENT PROSTATE CANCER AMONG PRIVATELY INSURED MEN WITH AND WITHOUT HIV IN SOUTH AFRICA

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ORAL ABSTRACTS | DAY 5, SESSION 2, SESSION ROOM 201/202, November 6, 2023, 9:00 AM - 10:00 AM

OBJECTIVE: The prostate cancer burden among men with HIV is projected to increase substantially over the next decade as this population ages. Therefore, it is essential to better understand the relationship between prostate cancer and HIV. Several studies have found lower prostate cancer rates among men with HIV than their HIV-negative peers. However, this finding is not well understood, and data from sub-Saharan Africa are scarce.

METHODS: We used reimbursement claims data from a South African medical insurance scheme (07/2017-07/2020) to assess prostate cancer rates among men with and without HIV aged ≥ 18 years. We defined prostate cancer diagnoses as ≥ 2 ICD-10 codes for prostate cancer (C61). Using Cox models, we estimated crude and adjusted hazard ratios (HR) for the association between HIV and incident prostate cancer. In the adjusted analysis we accounted for potential confounding by age, ethnicity, and past sexually transmitted infections, and potential mediation by prostatitis, history of prostate-specific antigen [PSA] testing and prostate biopsies.

RESULTS: We included 288,194 men of whom 20,074 (7%) were living with HIV. Ten percent of men with HIV and 8% of men without HIV had a documented PSA test. Over 601,542 person-years, prostate cancer was diagnosed in 1,614 men without HIV (median age at diagnosis: 67 years) and 82 men with HIV (median age at diagnosis: 59 years). In the crude analysis, we found that men with HIV had a 35% lower risk of being diagnosed with prostate cancer than men without HIV (HR 0.65, 95% confidence interval [CI] 0.52-0.82). This association was no longer evident in the model adjusting for age (HR 1.01, 95% CI 0.80-1.26) or in the fully adjusted model (HR 0.97, 95% CI 0.77-1.22).

CONCLUSIONS: Our results suggest that the adjusted risk of developing prostate cancer is similar in men with and without HIV in South Africa.

ASSESSING GUIDELINE-CONCORDANT BREAST CANCER DIAGNOSIS IN NIGERIA: PRELIMINARY RESULTS FROM A MULTI-INSTITUTIONAL DATABASE

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: Context-specific breast cancer(BC) clinical practice guidelines exist but have not been widely implemented in sub-Saharan Africa(SSA). We utilized the National Comprehensive Cancer Network(NCCN) Harmonized Guidelines for SSA to evaluate concordance between real-world BC diagnosis and guideline-recommended diagnosis in Nigeria.

Methods: A multi-institutional BC patient database in Nigeria was used to evaluate adherence to the NCCN Harmonized Guidelines for SSA work-up for invasive BC. We assessed guideline concordance within: laboratory evaluation, imaging, pathology and overall diagnostic work-up.

Results: From August2022-March2023, 173 breast cancer patients across 3 institutions were included. Median age was 49 years (IQR 42-56). Stage breakdown was: 35(31%) stage II, 56(50%) stage III, 22(19%) stage IV, 60 unknown.

Laboratory evaluation: A pregnancy test was performed in 22/96(23%) of eligible patients. Of 22 stage IV patients, 20(91%) had a CBC and metabolic panel.

Imaging: Breast imaging (mammogram or ultrasound) was performed in 94/173(54%) patients. Staging imaging (chest x-ray and abdominal ultrasound or CT scan) was performed in 7/22(32%) stage IV patients.

Pathology: 163/173(94%) patients underwent biopsy and 130/173(75%) had a documented pathologic diagnosis of BC. Immunohistochemistry (IHC) was performed in 75/173(56%) patients and 62/173(36%) had receptor status reported. Of those without IHC, the most commonly cited reasons were being unable to pay and physician not requesting it.

The overall diagnostic work-up for patients without known metastatic disease (including pregnancy test, breast imaging, pathology and IHC) was guideline concordant in 22/151(15%) patients. The overall diagnostic work-up for the 22 patients with stage IV disease (including laboratory evaluation, breast imaging, staging imaging, pathology and IHC) was not guideline concordant in any patients. Overall, 13% had a complete diagnostic work-up.

Conclusions: A minority of BC patients in Nigeria had a guideline-concordant diagnostic work-up. Additional research is ongoing to better understand barriers and appropriate tailoring of guidelines to the clinical context.

BREAST CANCER PRESENTATION INTERVALS IN NIGERIA: PRELIMINARY RESULTS FROM A MULTI-INSTITUTIONAL DATABASE

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objectives: Breast cancer(BC) survival in Nigeria is poor, in part because of late-stage presentation and delayed diagnosis. We sought to understand factors influencing delayed presentation and diagnosis of BC to develop future interventions to address barriers to care.

Methods: All women with BC at three academic institutions in Nigeria from August2022-March2023 were included, with prospective patient data collected in a novel multi-institutional BC database. Univariable logistic regression assessed associations with patient and diagnostic delays.

Results: 173 patients were included [35(31%) stage II, 56(50%) stage III, 22(19%) stage IV, 60 missing]. Median age was 49(IQR-42,56) years. 161(93%) patients had no health insurance.

Prior to the current diagnosis, 42(24%) patients had not heard of BC and 44(25%) did not know that BC could be treated. 99(58%) patients had never received a clinical breast exam and 149(86%) had not previously had a mammogram.

165(95%) women detected BC by symptoms. 93(56%) patients reported visiting a healthcare facility first, 23(14%) initially visited a chemist/reported self-medication and 18(11%) visited a traditional healer/took herbs. Median time from symptom onset to seeking help at any location and at a healthcare facility was 40(IQR-12.5,124) days and 116(IQR-33,245) days, respectively.

Patient delay (symptom onset to first healthcare facility visit)>90 days was experienced by 88(56%) patients and was associated with not knowing how to read/write in English(p-value-0.007) and not visiting a healthcare facility first(p-value-0.006). Primary patient-reported factors contributing to delay were cost(N=54,34%) and thinking the problem would resolve(N=35,22%).

Median diagnostic interval (first healthcare facility visit to pathologic BC diagnosis) was 49.5(IQR-14.75,148.25) days. Diagnostic delay>90 days was experienced by 41(35%) patients and was associated with the number of healthcare facilities visited(p-value<0.001).

Conclusions: Patient and diagnostic delays remain common in Nigeria. Promoting awareness of BC and pathways for seeking care, as well as addressing economic and health service barriers present targets for intervention.

DEVELOPMENT OF A NOVEL PROSPECTIVE MULTI-INSTITUTIONAL BREAST CANCER PATIENT DATABASE IN NIGERIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: Cancer registries and high-quality oncology data are limited in many low- and middle-income countries. We developed a comprehensive, multi-institutional prospective breast cancer(BC) patient database in Nigeria with national representation.

Methods: An existing BC proforma was extensively modified by multi-disciplinary clinician-researchers in Nigeria, and international experts in BC treatment and global oncology research, to collect detailed patient data in tertiary hospitals across the 6 geopolitical zones of Nigeria. In addition to collecting general patient data, specific attention was paid to assess timeliness and completion of recommended therapies, which are challenging to capture with existing data collection tools.

RedCAP experts in Nigeria and North America modified an existing RedCAP database and expanded it for study data entry. The database is housed in a secure server at a single institution in Nigeria and is accessible at all study sites. An extensive quality assurance(QA) guide was developed to ensure high-quality, uniform data collection. Internal checks were built into the RedCAP and manual QA checks are performed weekly by research staff.

Research assistants at all study locations were purposively trained for patient enrolment. After meeting regulatory requirements, all sites were opened for patient accrual. Research team meetings are held bimonthly.

Results: An initial pilot phase of the database at 3 sites from August 2022-March 2023 enrolled 173 patients. Median age was 49 years(IQR-42,56). 161(93%) patients had no health insurance. Median clinical tumor size was 8cm(IQR-6,11). Stage breakdown was:35(31%) stage II, 56(50%) stage III, 22(19%) stage IV, 60 unknown. Of 62/173(36%)patients with known receptor type, 44/62(71%) had triple negative disease. Data collection at all 7 study sites across 6 geopolitical zones began in May2023.

Conclusions: This novel database will be used to collect patient data to better understand the burden of BC and care being provided throughout Nigeria to develop interventions and measure improvements.

FACTORS CONTRIBUTING TO DELAYED BREAST CANCER SURGERY IN NIGERIA

Olasehinde O^{1,7}, Romanoff A^{2,3,4}, Agodinrin O^{5,7}, Okereke C^{6,7}, Lynch K³, Kalvin H³, Goldman D³, Ghonen M³, Khan R³, Owoade I⁷, Olaniyan A⁷, Akinmaye P⁷, Awe M⁷, Lawal S⁷, Adeleye O⁷, Adisa A¹, Kingham T^{3,4,7}, Alatise O^{1,7}

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: Approximately half of women recommended to undergo breast cancer (BC) surgery in Nigeria do not receive it. We sought to understand psychosocial factors contributing to delay or non-receipt of BC surgery in Nigeria.

Methods: Non-metastatic BC patients at 3 academic institutions were interviewed at diagnosis to understand attitudes toward mastectomy and barriers to care. Patients were followed prospectively to document treatment. We assessed univariable association with surgery using logistic regression.

Results: 225 patients were included. Median age was 49 years(IQR40-57). Most patients were of low(N=131,58%) or middle(N=89,40%) socioeconomic status. 18%(N=41) of patients had not heard of breast cancer prior to their current diagnosis.

All patients initially detected their cancer by symptoms. Half(N=115,51%) delayed because they thought the symptom was not serious initially. Others reported health service-related barriers(N=66,29%), seeking traditional medicine(N=28,12%), economic barriers(N=25,11%), confusing advice from relations/friends(N=24,11%), and fear of surgery(N=23,10%).

97(43%) patients had BC surgery. The most important patient-reported factors influencing the decision to pursue mastectomy were: concern for family(N=203,90%), likelihood of cure(N=187,83%), and funds availability(N=126,56%). Factors associated with having surgery were: interview language(English vs. Yoruba; p-value-0.039), higher socioeconomic status(p-value-0.004), and thinking BC can be managed(p-value-0.004).

Themes identified in qualitative interviews, conducted on nested sample(N=15), supported the quantitative data. Interviewees exhibited negative emotions toward mastectomy. Fear of mastectomy was a primary reason for withdrawal from treatment. Other major concerns were cost, treatment effect on fertility/child-rearing, and anticipated change in body image/self-identity. Possible disease progression, family's future well-being, and physician advice were primary motivators for pursuing mastectomy.

Conclusions: Fewer than half of patients received BC surgery. Knowing BC can be managed was associated with surgery receipt and provides a target for future intervention. Physician advice was a primary motivator for pursuing mastectomy and presents a method for improving patient understanding and addressing concerns.

PATIENT-REPORTED OUTCOMES FOLLOWING MASTECTOMY FOR BREAST CANCER IN NIGERIA: PILOT EXPERIENCE USING A TRANSLATED AND VALIDATED BREAST-Q

Romanoff A^{1,2}, Olasehinde O³, Okereke C⁴, Agodirin O⁵, Wuraola F³, Calvin H², Lynch K², Goldman D², Gonen M², Kahn R², Owoade I³, Olaniyan A³, Fitzgerald G², Akinmaye R³, Awe M³, Adeleye O⁴, Lawal S⁵, Pusic A⁶, Kingham T², Alatise O³

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: Mastectomy without reconstruction is recommended for most breast cancer(BC) patients in Nigeria. We conducted a pilot study of patient-reported outcomes after mastectomy among Nigerian BC patients.

Methods: BREAST-Q is a validated patient-reported outcome measure for evaluating patient satisfaction and health-related quality of life after BC surgery. The BREAST-Q mastectomy module was previously translated into Yoruba and validated in Nigeria. This was administered to women with non-metastatic BC at 3 academic institutions in Nigeria: pre-operatively, and post-operatively at 2-4 weeks, 3-months and 6-months following mastectomy. BREAST-Q scores were transformed into the RASCH equivalent(0=worst;100=best). Median scores are reported. Linear mixed effects models analyzed univariable associations with BREAST-Q scores over time.

Results: 108 patients were eligible for inclusion and assessed pre-operatively. To date, 104 patients were surveyed immediately post-operatively, 90 patients at 3-months and 57 patients at 6-months. Completion of follow-up is expected June 2023. Median age was 50(IQR43-59). Most patients were married/cohabitating(N=82,76%), had a tertiary education(N=51,47%) and had stage III disease(N=55,52%).

Psychosocial well-being score was relatively stable over time, with a slight decrease from 62(IQR-52,69) pre-operatively, to 58(IQR-49,64) immediately post-operatively, and an increase above baseline to 64 at 3-(IQR-55,67) and 6-(IQR-60,69) months. Satisfaction with breasts score was 58(IQR-44,64) at baseline, decreased to 44(IQR-39,54) post-operatively, and returned to baseline by 6-months. Sexual well-being was poor immediately post-operatively and improved with time, though did not return to baseline (pre-op-41, IQR-0,62; post-op-0, IQR-0,37; 3-month-26, IQR-0,48; 6-month-24, IQR-0,46). Chest physical well-being score was 40(IQR-20,55) post-operatively, and decreased to 20 at 3-(IQR-8,37) and 6-(IQR-8,28) months. Satisfaction with surgeon, medical team and office staff was 100(maximum score) at all time points.

Conclusions: We report the first-ever use of a translated/validated BREAST-Q in sub-Saharan Africa. These data can inform pre-operative patient counseling and tailor interventions targeting physical and sexual well-being, potentially improving the post-mastectomy patient experience in Nigeria.

EXPERIENCE DE L'INSTALLATION DE L'UNITE DE CURIETHERAPIE GYNECOLOGIQUE A MADAGASCAR

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¹CHU Joseph Ravoahangy Andrianavalona Madagascar

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

La curiethérapie précédée d'une irradiation pelvienne est le traitement curatif du cancer du col utérin localement avancé. C'est le premier cancer rencontré à Madagascar. Depuis 2007, la curiethérapie n'était plus disponible et le programme de coopération entre l'Etat malgache et l'Agence International de l'Energie Atomique (AIEA) avait permis l'acquisition d'un nouvel équipement de curiethérapie. Nous rapportons les étapes, défis et difficultés rencontrés lors de l'implémentation de la nouvelle unité.

Méthodes

Toutes les étapes clés pour rendre fonctionnel l'unité de curiethérapie au Centre Hospitalier vont être décrit dans cette étude.

Résultats

Un an après l'arrivé de tous les équipements, nous avons pu faire l'installation et le premier traitement au mois de juillet 2022. Deux groupes de personnel avait été formé préalablement. Après 6 mois d'utilisation, la machine encore sous garanti était tombé en panne et avait nécessité une intervention sur place d'un technicien du fournisseur. Concernant l'équipe, nous sommes constitués de 5 radiothérapeutes, 2 physiciens et 10 manipulateurs qui assure également le bon fonctionnement de la radiothérapie externe. Nous avons un médecin anesthésiste vacataire mais pas d'infirmière de curiethérapie. Au total, 20 patientes ont été traité. Une curiethérapie utéro-vaginale était réalisé chez 12 patientes et un fond vaginal chez 8 patientes. Nous n'avons pas rencontré d'incident majeur. Un cas de perforation était rencontré au moment de l'application.

Conclusion

Nous avons pu constater des défis à relever dans la mise en place d'une unité de curiethérapie dans les pays à faible revenu. Une bonne coordination entre les professionnels de santé est primordiale. Nous soulignons l'importance du contrat de maintenance et de la formation de l'équipe soignante.

Mots clés : Afrique-cancer gynécologiques-curiothérapie-Madagascar-radiothérapie

BASELINE ASSESSMENT OF HEALTH WORKERS' KNOWLEDGE, ATTITUDE, PRACTICE, AND INFRASTRUCTURE TO USE E-LEARNING IN PERIPHERAL ETHIOPIA

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¹Martin Luther University Halle-Wittenberg, ²Addis Ababa University

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective:

This study aims to assess health workers' knowledge, attitude, practice, and infrastructure (KAP-I) towards e-Learning in peripheral Ethiopian health care settings.

Methods:

We conducted a questionnaire-based cross-sectional study in Oromia and Southern Nations Nationalities and Peoples Region. Data was collected in April 2023. The response rate was 94.1% (n=398). We asked 7 to 13 questions per KAP-I category (Likert scales). Sum scores were calculated and split at the median into a "high" and a "low" group. We performed binary logistic regression on sociodemographic factors influencing health professionals' self-reported KAP-I.

Results:

Almost half of the health workers (n=172; 43.2%) stated using the internet daily, 17.4% every few days and 16.8% never. Participants mostly used smartphones (n=268; 67.3%) and 173 (43.5%) stated regular internet device availability. Half or more were confident about e-Learning knowledgeability (52.0%) and general (64.1%) or medical-related (52.5%) online searches. Health workers had a positive attitude with 94.2% wanting to put effort into using e-Learning. Internet availability (n=142; 35.7%) and costs (n=190; 47.7%) were seen as common barriers. Respondents with better education had increased knowledge (OR=2.32; 95% CI 1.45, 3.68), practice (OR=2.56; 95% CI 1.57, 4.16) and infrastructure (OR=1.56; 95% CI 0.98, 2.46) scores. Women had lower practice (OR=0.44; 95% CI 0.27, 0.71) and infrastructure (OR=0.48; 95% CI 0.30, 0.77) scores. Higher income was associated with higher practice (OR=1.31; 95% CI 1.06, 1.62) and infrastructure (OR=1.50; 95% CI 1.21, 1.85) scores.

Conclusions:

Health workers in peripheral Ethiopia have a positive attitude towards e-Learning for medical education. While half of them stated having reliable resources, investments into the local internet infrastructure and digital practice of health workers is still necessary. Especially women's internet access and digital practice should be supported. Due to the broad availability, e-Learning programs should utilize smartphone use.

THE COMPARISON OF CLINICOPATHOLOGICAL FEATURES AND PROGNOSIS BETWEEN TRIPLE-NEGATIVE AND NON-TRIPLE NEGATIVE BREAST CANCER AT OCEAN ROAD CANCER CENTER.

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ORAL ABSTRACTS | DAY 5, SESSION 1, HALL 3, November 6, 2023, 9:00 AM - 10:00 AM

Objective: To determine the prevalence of Triple Negative Breast Cancer (TNBC), and to compare the clinicopathological features and prognosis between patients with TNBC and non-TNBC at Ocean Road Cancer Institute (ORCI) in Tanzania with the purpose of identifying potential differences in these subtypes that may impact treatment approaches and patient outcomes.

Materials and Methods: This was a retrospective cohort study that was conducted at the ORCI in Dar-es-Salaam, Tanzania. Patients with histological confirmation of breast cancer and immunohistochemistry report from January 2018 through December 2019 were included. We employed stratified sampling followed by random sampling. End point was five-year OS and five-year Disease-Free Survival (DFS). we collected duration of symptoms, Age, Gender, Family history, Menstrual state, stage, histology, grade, BMI, Histology, treatment modalities.

Results: A total of 248 patients with 124 TNBC and 124 non-TNBC were analyzed. TNBC constituted 23.3% of all breast cancer diagnoses. TNBC was more prevalent among younger premenopausal women compared to non-TNBC (mean age 45 vs 55, $p=0.001$). Patients with TNBC more often had advanced stage (77% vs 68% AJCC stage III and IV, $p=0.001$), The 5-year OS and DFS were 32.2% and 30.8% for TNBC and 46.7% and 40.5% for non-TNBC, respectively ($P<.001$). Symptom duration (HR=1.1, 95% CI [1.06, 1.13], $p=0.001$). for every month delay of symptom is associated with 10% increase risk of mortality. Surgery (HR=0.31, 95% CI [0.08,0.56], $p=0.001$) and Radiotherapy (HR=0.18, 95% CI [0.09,0.32], $p=0.001$). Surgery reduce 69% of mortality while radiotherapy decrease 82% of mortality.

Conclusions: NBC exhibited a more aggressive clinicopathologic features at diagnosis, earlier and more frequent recurrence, and worse overall survival compared with non-TNBC. Efforts towards earlier diagnosis and optimized neoadjuvant and adjuvant therapies will be critical to improving TNBC outcomes in Tanzania.

PALLIATIVE RADIOTHERAPY TO THE BREAST AND CHEST WALL; A KENYAN EXPERIENCE

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE

To assess the common fractionations used for palliative radiotherapy to the breast in Kenyatta National Hospital between January 2022 and May 2023.

METHODS

Serial file review of patients who received local radiotherapy to the breast in the palliative setting were reviewed. A specific patient entry data form was used to input patient characteristics, laterality, radiation dose prescription and clinical outcome . All patients were treated with LINAC based 3DCRT

RESULTS

21 patients were reviewed with an average age of 50 years , range of 31 to 90 years. Left sided tumours were 8 and right sided tumours were 13.

The commonest fractionation was 30Gy in 10 fractions for 12 patients, with 4 patients having 36Gy in 6 fractions, 4 having 20Gy in 5 fractions and one patient received a single fraction of 8Gy.

All the patients had excellent resolution of the local symptoms on the wound and bleeding.

CONCLUSION

The review of our data highlights the utility of shorter treatment therapies for local disease control in advanced breast cancer and has led to a review of our institutional protocol for palliative radiotherapy and may go a long way in reducing machine waiting times within the unit.

PREVALENCE OF OTHER CONDITIONS IDENTIFIED DURING LUNG CANCER CASE IDENTIFICATION IN WESTERN KENYA REGION.

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: Lung diseases are some of the most common medical conditions in the world. The aim of this study is to shed light on other chronic lung conditions that present themselves during lung cancer case identification among clients reviewed at the lung cancer program clinic at Moi Teaching and Referral Hospital.

METHODS: A retrospective review of all cases presented at the lung cancer clinic was done. The diagnosis was made through a CT scan and histopathology test. A retrospective analysis of data was done to establish other lung health-related conditions for every client reviewed over a period of 18 months. The percentage occurrence for every other condition identified was tabulated to reflect other conditions over the study period, from July 2021 to December 2022. The study period was selected from when the sample size was sufficient to give a true picture.

RESULTS: Out of 156 subjects reviewed for lung cancer, 22% (n₁=35) received a diagnosis of other lung health-related conditions besides lung cancer through a CT scan while 31% (n₂=48) received a diagnosis of other conditions through histopathology diagnosis. Lung cancer cases identified were 47% (n₃=73). The percentage occurrence of other conditions under CT diagnosis was reported as Post TB Sequelae at 28%, Pneumonia at 22%, Lung fibrosis at 14 % and Pulmonary tuberculosis at 8% among other conditions while for histopathology test, 20% indicated chronic inflammation and 10% Pulmonary tuberculosis among other conditions.

CONCLUSIONS: Of all other chronic lung conditions, Post TB Sequelae, Pneumonia, Pulmonary tuberculosis and Lung fibrosis have taken up the most significant place after lung cancer. Other probable chronic lung conditions such as asthma and chronic bronchitis were not established among the study population. Pulmonary tuberculosis was identified in both diagnostics. The study highlights the prevalence of other chronic lung conditions besides lung cancer in Western Kenya.

ROLE OF SUPPORT GROUPS AMONG BREAST CANCER SURVIVORS: A CASE OF AMPATH BREAST AND CERVICAL CANCER CONTROL PROGRAM

Sabul C¹

¹Ampath

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective

To outline the role of support groups among breast cancer survivors.

Methods

Support group for breast cancer survivors started in 2018 with an average number of 20 breast cancer survivors. The support group was formed for the breast cancer survivors who receives health care services from Chandaria, oncology department. The leads of the program organizes the support group meetings and invites all the cancer survivors to attend the meetings. The meetings are done three times in a year in some identified hotels near MTRH Chandaria, oncology department. The program of the support group meeting include learning the experiences of the cancer survivors during the treatment journey and care which sums up the spiritual nourishment, cancer disclosure, psychosocial life and challenges, disease progression, survivors testimonies and psycho-education.

Results

Since the inception of the support groups in 2018, all the breast cancer survivors who have attended the meeting reported that support group is crucial in breast cancer journey and care. They have always requested for such meetings to be done more frequently than as the program does. They report that they learn from each other experiences and from health the care providers which has improved the quality of their lives. Continuous support groups for cancer survivors is key during the cancer journey and care.

Conclusion

Breast cancer support groups in the program has not only increased breast cancer management but has also helped in the management of the psychosocial issues that may arise during the cancer journey and care.

STREAMLINING CANCER DATA MANAGEMENT: LINKING OPENMRS AND DHIS2/ONCOLOGY TRACKER FOR AUTOMATED CANCER DATA ENTRY.

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background:

The Rwanda National Cancer Registry (RNCR) has adopted the DHIS2/ oncology tracker system for the collection and entry of cancer data, which plays an essential role in the provision of reliable and timely data. To improve the completeness and accuracy of data collection, the RNCR initiated a pilot project to integrate OpenMRS, an electronic medical record system, with DHIS2/Oncology Tracker. This integration aimed to automate the transfer of cancer data from OpenMRS to DHIS2/Oncology tracker, ensuring a continuous flow of data.

Methods:

This pilot project took the period of 6 months and was first tested on the OpenMRS Butaro cancer center of excellence. The work involved developing a data linkage mechanism between OpenMRS and DHIS2/Oncology Tracker. This mechanism facilitated the automatic transfer of cancer-related patient data, including diagnosis, treatment, and outcomes, from OpenMRS to DHIS2/Oncology Tracker. Standardized data exchange formats and protocols were utilized to ensure compatibility between the two systems.

Results:

The pilot project successfully showcased the automated data entry process for both systems, eliminating the requirement for manual input. This achievement not only reduces the potential for errors but also saves valuable time for cancer registrars involved in data collection. Moreover, the seamless exchange of data between the two systems demonstrated the ability to access comprehensive cancer data in real-time, thereby enhancing the monitoring and analysis of cancer cases.

Discussion and Conclusion:

Overall, the successful implementation of this integration showcases its potential to improve the completeness, accuracy, and efficiency of cancer data collection in the RNCR, ultimately contributing to better cancer care and management in Rwanda. The lessons learned from this initiative can also serve as a valuable resource for other countries and organizations seeking to enhance their cancer registries and improve health outcomes.

PREVALENCE OF BLOOD STREAM INFECTIONS AMONG FEBRILE NEUTROPENIC CANCER PATIENTS ON CHEMOTHERAPY AT OCEAN ROAD CANCER INSTITUTE, TANZANIA.

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Background: Febrile Neutropenia (FN) caused by bacteria in cancer patients is associated with poor prognosis.

Aims: To determine the prevalence of FN and associated factors among cancer patients on chemotherapy at Ocean Road Cancer Institute (ORCI), Tanzania.

Methods: A cross-sectional study was conducted from June to August 2019. Study participants were conveniently recruited. A desk review of participants medical records was performed. Standard microbiological procedures used to culture and identify the bacterial isolates from the positive blood cultures of participants that presented with FN. Kirby-Bauer disc diffusion was used to perform the antibiotics susceptibility testing. SPSS version 20.0 and MS Excel were used in data entry and analysis. Chi-Square was used as a measure of association between various factors and neutropenia. P-Value less than 0.05 was considered statistically significant.

Results: A total 213 participants were enrolled. Of these 76.1% were female. Most of the participants came from the Coast region. Majority of participants presented with breast Cancer (36.2%) and GIT (20.2%). The prevalence of FN and bacteremia was 5.6% and 35.3% respectively. Staphylococcus Aureus (60%) and Coagulase-Negative Staphylococci (40%) were the main isolates. Of the 6 isolates tested most were resistant to Co-Trimoxazole 4/6 (66.7%) and Doxycycline 3/6 (50%). FN was positively associated with chemotherapy regimen (P=0.0001), platelets count (P=0.0001) and use of G-CSF (P=0.0001).

Summary/Conclusion: The prevalence of FN among the cancer patients on chemotherapy in Tanzania is low but associated with drug-resistant bacteria.

ANTI-CANCER EFFECTS OF DODONAEA VISCOSA, A HERBAL MEDICINE USED BY TRADITIONAL HEALERS.

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective:

Increasingly, cancer patients, especially those from rural communities, are resorting to using traditional medicine (TM) as an alternative and/or adjunct to chemotherapy. Due to the important role that traditional healers play in communities, there is a need to harness the value that TM and other complementary methods offer in the provision of healthcare. Conventional therapies are thoroughly researched and tested prior to approval for use by healthcare providers. The same rigour is not applied to alternative treatments. An integrated approach therefore must be taken to ensure the safe and effective use of traditional medicine, which includes scientific testing for efficacy. In the current research, the anti-cancer properties of aqueous extracts of the plant *Dodonaea viscosa*, commonly used by communities in the Western Cape regions of South Africa, is investigated.

Methods:

The cytotoxicity of aqueous *Dodonaea viscosa* extracts (DVE) on Burkitt lymphoma (BL) was investigated using in-vitro cell viability, apoptosis, and proliferation assays. The effectiveness of the extract to affect tumour formation was assessed in vivo using a xenograft mouse model.

Results:

DVE was found to potently and preferentially inhibit the viability of BL cells, compared to control non-cancerous cells. In addition to displaying typical apoptotic phenotypic features, the activity of caspase 3/7 was significantly enhanced in DVE-treated cells, compared to controls. This was confirmed in Annexin V assays, cell cycle profiling, and western blotting, showing enhanced expression of cleaved Caspase 3 and Parp-1. The pro-apoptotic effect of DVE was found to be via interference of the pro-proliferative PI3K/Akt pathway. Using a xenograft nude mice model, DVE was found to be non-toxic and to retard tumour formation.

Conclusions:

Aqueous extracts from the *Dodonaea viscosa* plant, used by traditional healers in the Western Cape, have potent and specific anticancer properties against BL cells, as shown in vitro and in vivo experiments.

PROGRESS, GAPS, AND TOBACCO INDUSTRY OPPOSITION TO TOBACCO ADVERTISING, PROMOTION AND SPONSORSHIP BANS IN THE WORLD HEALTH ORGANIZATION AFRICAN REGION

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¹Campaign for Tobacco-Free Kids, ²School of Public Health, University of Nevada Reno, ³Ozmen Institute for Global Studies, University of Nevada Reno

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective

The WHO African Region (AFRO) is projected to have the largest increase of tobacco users over the next decade. A reason for this upsurge is the increase in tobacco advertising, promotion, and sponsorship (TAPS) in the region. Only one regional analysis of TAPS bans in AFRO has been published to date (2011). We provide an updated assessment of TAPS bans in the region.

Methods

A secondary analysis of TAPS laws evaluated by the Campaign for Tobacco Free Kids (CTFK)'s Tobacco Control Laws database was conducted to assess 27 types of TAPS based on FCTC Article 13 Guidelines in AFRO. Each TAPS type is coded by CTFK as "banned", "some restrictions", "allowed", or "uncertain". We developed a scoring system (ban=2 points; some restrictions=1 point; allowed/uncertain=0 points) to reflect the extent of a country's TAPS ban. Countries were then grouped into one of six categories: none, minimal ban, partial ban, expanded ban, comprehensive ban, and complete ban.

Results

Among the 47 AFRO countries, 10 have no TAPS laws, 3 have laws not yet analyzed by CTFK, 2 have minimal bans, 3 have partial bans, 17 have expanded bans, and 12 have comprehensive bans. No country has a complete ban. Most countries ban traditional direct forms of TAPS including advertising via domestic TV and radio (33/44), outdoor advertising (32/44), and domestic newspapers and magazines (31/44). However, bans on point-of-sale (POS) advertising/promotion (22/44), product display (10/44), and advertising/promotion on packaging (2/44) remain under-adopted.

Conclusion

Progress has occurred in AFRO, particularly in traditional direct TAPS bans, yet critical gaps in POS TAPS bans remain. Given sustained tobacco industry interference, local and global public health groups must continue to support a unified approach, while working closely with governments to prioritize direct language from FCTC Article 13 Guidelines that ban all forms of TAPS.

POINT-OF-CARE TESTING WITH XPRT HPV FOR SINGLE-VISIT, SCREEN-AND-TREAT FOR CERVICAL CANCER PREVENTION: A DEMONSTRATION STUDY IN SOUTH AFRICA

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ORAL ABSTRACTS | DAY 3, SESSION 2, SESSION ROOM 203, November 4, 2023, 9:00 AM - 10:00 AM

Objective:

Human papillomavirus (HPV)-based screen-and-treat (SAT) is recommended but implementation presents operational challenges. We implemented HPV-SAT at a clinical research site in Khayelitsha, South Africa.

Methods:

We screening 3062 women aged 30-65 years (44% women living with HIV [WHIV]). All were screened using Xpert HPV on-site and almost all received their HPV results on the same day. We applied treatment eligibility criteria based on high viral load in the assay channels detecting HPV 16, 18, 45, 16, 18, 31, 33, 35, 52, 58. Ablative therapy was to those eligible and suitable for the treatment in single visit.

Results:

41.5% of WHIV and 17.4% of women without HIV (WNoH) tested HPV-positive. These proportions reduced to 26.2% in WHIV and 10.4% in WNoH after applying our treatment eligibility criteria. Among those eligible for treatment, 91.3% were considered suitable for ablative therapy, and 94.6% underwent thermal ablation on the same day, with no serious adverse events. Twelve months later, 58.1% of WHIV and 68.9% of WNoH treated with ablative therapy were clear of HPV. In women who were HPV-positive but ineligible for treatment, 19.1% and 13.1% had histologically-confirmed cervical intraepithelial neoplasia grade 2 or worse (CIN2+) at 12 months.

Conclusions:

SAT programs need to weigh trade-offs between overtreatment versus delayed or no treatment for women who test positive for HPV. Treatment modalities for precancerous lesions need to be improved.

A MIXED METHOD PILOT STUDY OF STIGMA IN BREAST CANCER PATIENTS SEEN AT THE AGA KHAN UNIVERSITY HOSPITAL NAIROBI

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ORAL ABSTRACTS | DAY 3, SESSION 7, SESSION ROOM 205, November 4, 2023, 3:20 PM - 3:50 PM

Introduction:

Stigma is a social process whereby individuals with certain attributes/behaviors lose social value manifesting as fear (anticipated), community perception (normative), discrimination (experienced/enacted) or self-stigma. There is evidence of impact of stigma on quality of life (QOL) and mental health (MH) of cancer patients. BC stigma in African women remains unstudied and likely impacts early detection, treatment compliance and outcomes.

Method:

We conducted an IRB-approved mixed methods pilot study to understand the experiences/effects of stigma in consenting women > 18yr with BC treated at AKUHN. The study involved in-depth qualitative interviews with 40 participants (10 patients each with early and metastatic BC, 10 healthcare providers, 10 family members). The interviews informed the quantitative survey to assess BC stigma, anxiety/depression, financial stress, and QOL in 60 additional women (30 with early and 30 with metastatic BC). Qualitative data were coded and analyzed using thematic analysis and t-tests or Wilcoxon (Mann Whitney) rank-sum tests were used to compare groups in the quantitative data. We present preliminary findings.

Results:

Common stigmatizing stereotypes of BC in our patients included imminent death, weakness/fragility, being contagious, and being burden on families. These perceptions led to patients limiting BC disclosure, resulting in reduced social support and negative MH consequences. The survey cohorts (early breast cancer vs metastatic) were balanced for age, residence, educational level, and ethnicity. Overall, 13% reported symptoms of major/severe depression and 25% reported moderate/severe anxiety, with no significant differences between cohorts. Self-perceived burden scores were high in both cohorts. Financial stress was significantly higher in the early BC patients ($p=.02$). BC stigma scores were significantly associated with depression/anxiety symptoms ($p<.001$).

Conclusion:

BC patients treated at AKUHN revealed the salience of BC stigma and potential associations with MH disorders. Detailed investigation to identify internal/external drivers of BC stigma and relevant interventions are planned.

TIME TO TRIAL ACTIVATION (TTA) – A KEY METRIC IN THE ADMINISTRATIVE AND REGULATORY APPROVAL OF CLINICAL TRIALS

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ORAL ABSTRACTS | DAY 4, SESSION 2, SESSION ROOM 203, November 5, 2023, 9:00 AM - 10:00 AM

Objective

Less than 1% of all clinical trials are conducted in Africa. In 2019, only 6 of 26 Oncology clinical trials conducted in Africa were implemented in countries with predominant population of African ancestry. Multiple barriers hinder the uptake of cancer clinical trials in Africa. Time to Trial Activation (TTA), which includes the administrative and regulatory process required for study activation, is an important metric and often a barrier for site selection. In Kenya, TTA involves review by the Institutional Scientific and Ethics Review Committee (ISERC), Pharmacy and Poisons Board (PPB), National Commission for Science, Technology and Innovation (NACOSTI), and Ministry of Health (MOH), all in a sequential fashion.

Methodology

We performed a prospective review of TTA for all clinical trials conducted at the Aga Khan University-Clinical Research Unit between June 2020 and November 2022. TTA was defined as total time from receipt of study documents to site activation by the sponsor.

Results

A total of twelve studies were submitted for regulatory review. Eleven (9 industry sponsored and 2 investigator initiated) were approved for activation. Three were Covid-19 related and Eight non-Covid-19 related studies. Mean TTA for Covid-19 related studies was 78 days (range 40-115) versus 281 days (range 190–399) for non-Covid-19 related studies ($p=0.02$). ISERC and PPB reviews took the longest, while NACOSTI and MOH reviews were fastest.

Conclusion

TTA remains a significant barrier to the conduct of clinical trials in Africa. The Covid-19 pandemic revealed that parallel processing and expedited review of clinical trials allows efficient TTA without compromising human subject rights and study integrity. These lessons learned ought to be applied to all clinical trials for African sites to become competitive, and to allow African patients to gain access to novel investigational agents and to contribute to diversity, equity and inclusion in clinical trials.

DETECTION OF HUMAN PAPILLOMAVIRUS-16 IN OVARIAN MALIGNANCY AMONG GABONESE WOMEN

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ORAL ABSTRACTS | DAY 3, SESSION 7, SESSION ROOM 205, November 4, 2023, 3:20 PM - 3:50 PM

DETECTION OF HUMAN PAPILLOMAVIRUS-16 IN OVARIAN MALIGNANCY AMONG GABONESE WOMEN

Objective : Ovarian cancer remains the most life-threatening malignancy of the female genital tract mainly because of the lack of early clinical symptoms and early detection. The pathogenesis and aetiology of ovarian cancer are still unclear. Human papillomavirus persistence has been suggested by some researchers as a possible aetiological agent of ovarian cancer. This study aimed to determine the presence of human papillomavirus-16 (HPV-16) (mostly found in Gabonese cervical cancer cases) in ovarian cancer tissues. **Methods :** Archived human ovarian cancer tissues (N=35 cases) embedded in paraffin blocks were used. Controls are 60 nonmalignant ovarian tissue blocks. PCR was used to detect the presence of HPV-16. **Results :** Viral DNA was found in 30 of the epithelial ovarian tumours. Among them, 27 were HPV-16 E6 positive. In contrast, only 1.7% of normal ovarian tissues were HPV-16 positive. Human papillomavirus-16 infection was significantly higher in cancer tissues compared to controls with an odds ratio of 0.1034 (95% confidence interval [CI]=0.01–0.9, P=0.04). The results showed the presence of HPV-16 E6 in ovarian carcinoma, suggesting that HPV infection might play a role in ovarian carcinogenesis among Gabonese women.

HUMAN RESOURCE STRENGTHENING: A FOUNDATION IN CANCER CARE FOR NURSES

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective

Cancer is a global health burden. Outcomes in LMIC are poor. As governments invest in resources, it is critical for nurses, 'at points of care across systems' to recognise risk associate with cancer and share public health messages. Nurses are key to promoting cancer surveillance and early detection. A challenge for countries across the world, is a lack of formal education in cancer. In 2021, England, Kenya, and Uganda cancer institutes collaborated in designing and implementing 'A Foundations in Oncology Module' for nurses.

Method

Partners developed 9 units, covering the cancer care continuum. Following a spiral curriculum, key to success is the notion of knowledge transfer.

Nurses, active in learning, commit to change.

Scalability and quality assurance are built within module facilitation guides.

Results

Train the trainer was delivered, February 2023.

Kenya Total n- 32.

n-17 nurses, n-8 educators, n-7 policy makers

Uganda Total n-16

n- 8 nurses, n-5 educators, n – 3 policy makers

England Total n -13.

n- 5 nurses, n-8 educators

Total Trained: n 61. (n- 30 nurses, n-21 educators, n-10 policy makers)

Conclusion

The Foundation in Oncology Module is on track to deliver training to nurses and wider health care workers, at pace.

England delivered its first cohort, April 2023. Nurse participants included mental health, international and nurses working in prisons.

In Africa, partners have collaborated on research grants, , to increase local investment and sustainability in training for nurses.

Partners look towards researching the impact of education to improve clinical outcomes.

Teams demonstrate effective partnership working, resulting in the design, implementation, and scalability of a high quality, quality assured cancer education for nurses, working across systems.

Our global venture captures a joint commitment and call to action, to reduce the global burden of cancer.

FELLOWSHIP PROGRAM IN SURGICAL ONCOLOGY IN PORTUGUESE-SPEAKING AFRICAN COUNTRIES

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: Cancer incidence rates are increasing in Portuguese speaking African countries. We present the results of the fellowship in surgical oncology promoted by the Portuguese Institute of Oncology in Porto and Fernando Pessoa University, Portugal, with the support of the Calouste Gulbenkian Foundation, which involved the training of residents and surgeons from Portuguese-speaking African countries and Portugal.

Methods: The surgical oncology program was adapted from the UMES/ESSO, using a blended learning strategy with a first theoretical stage online followed by practical activities at the Portuguese Institute of Oncology, Porto. The surgical oncology fellowship was organized as an inter-university degree.

Results: Twenty-four trainees participated in the surgical oncology fellowship program, including 3 urologists, a thoracic surgeon, 2 stomatologists and 18 general surgeons. Four were from Cape Verde, seven from Angola and 13 from Mozambique. Two trainees did not complete the training (one for personal reasons and the other dropped out after the first theoretical exam). The results presented refer to 22 trainees. The final average score was 14.5 points for the written exams, classifying students into: Advanced (2), High-Intermediate (9) and Intermediate (11). In practical assessment all trainees were approved. Then the surgical performance of the fellows was assessed in their workplaces in Africa. The impact of the training was evaluated by a questionnaire completed by all the fellows. It was reported an increase in knowledge, skills, and organizational capabilities that fellows are committed to implementing. As the fellowship is certified by a Portuguese University, it may be recognized by the Local Health and University Authorities, impacting the professional progression of the fellows.

Conclusion: Surgical oncology fellowship organized as an inter-university degree, using mix methodologies (online and presential) and combined with practical training in a reference centre was a useful method for training Portuguese-speaking African surgeons.

IMPLEMENTATION OF BREAST CANCER DIAGNOSIS- MANUAL IMMUNOHISTOCHEMISTRY AND XPERT STRAT4 - IN CAPE VERDE, AT AGOSTINHO NETO HOSPITAL

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

INTRODUCTION:

Breast cancer is emerging as a significant public health concern in Cape Verde, with increasing incidence rate and late-stage diagnosis. The diagnosis was not routinely available in clinical settings, with tumor samples having to be analyzed outside the country delaying treatment initiation and negatively impacting patients' outcome and survival. It was urgent to locally establish diagnosis techniques for early, timely-effective, and cheaper diagnosis. This study describes the implementation of manual immunohistochemistry, supported by Xpert STRAT4, at Agostinho Neto Hospital.

METHODS AND RESULTS:

Manual immunohistochemistry and Xpert STRAT4 were employed to assess estrogen, progesterone, Hormonal Growth Factor 2 receptors, and Ki67 proliferative marker expression, enabling BC molecular classification and informed therapeutic decisions.

We initially identified an environment for hosting these techniques and implemented a Molecular Biology Lab equipped with necessary materials and equipment at ANH, where the main oncology unit is located. A BC kit designed for low-resource settings with limited patient samples was implemented, overcoming challenges related to reagent validity, ensuring reliable results. The implementation process involved organizing technical protocols, including pre-analytical procedures, sample reception, identification and preservation; lab technicians training for accurate technique execution and result interpretation; rigorous testing and validation of reagent kits; on-site pilot study with appropriate controls and advisors guidance to mitigate errors.

Notably, the main difficulties encountered were identifying reliable reagent suppliers, ensuring proper shipment conditions, and expedited customs clearance due to refrigeration requirements for reagent storage.

CONCLUSIONS:

As part of the Cape Verde Breast Cancer Initiative program, the Cape Verde Molecular Biology lab (CV-MBL) project, funded by the Calouste Gulbenkian Foundation, successfully implemented breast cancer diagnosis techniques in Cape Verde. Immunohistochemistry and Xpert STRAT4 were successfully implemented in Cape Verde after technician training, protocol development, and validation of reagents. This milestone represents a significant advancement in breast cancer diagnosis capabilities within Cape Verde.

MOLECULAR BIOLOGY LAB IMPLEMENTATION AT AGOSTINHO NETO HOSPITAL, CABO VERDE FOR BREAST CANCER DIAGNOSES AND RESEARCH

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ORAL ABSTRACTS | DAY 4, SESSION 2, SESSION ROOM 203, November 5, 2023, 9:00 AM - 10:00 AM

INTRODUCTION:

Breast cancer (BC) has emerged as a significant public health concern in low- and medium-income countries, including Cape Verde, where routine diagnosis and knowledge about the disease were limited. In collaboration with the Cabo Verde BC Initiative Program, we initiated the Cabo Verde Molecular Biology Lab Implementation project (CV-MBL) at Agostinho Neto Hospital (ANH), a central hospital with the main oncology unit of the country, aiming to establish BC diagnosis capabilities and foster research.

METHODS AND RESULTS:

CV-MBL established a fully equipped molecular biology lab at ANH to support BC diagnosis and research. We implemented manual immunohistochemistry and Xpert STRAT4 assay for BC diagnosis after organizing technical protocols, technician training, and successfully validating the procedures on-site. One of these validations resulted in the publication of the first scientific article by CV-MBL (doi: <https://doi.org/10.3332/ecancer.2023.1530>).

To gain insights into BC characteristics in Cabo Verde, CV-MBL identified and collected sociodemographic, clinical, pathological, therapeutic, and molecular data from 534 BC patients diagnosed at ANH. Additionally, to identify prevalent hereditary gene mutations among the Cabo Verdean population, CV-MBL screened patients who met the hereditary breast cancer referral criteria (HBCC) and likely harbored such mutations. Within a year, 209 patients were screened, and peripheral blood samples were collected from 104 patients for genetic analysis. Furthermore, formalin-fixed and paraffin-embedded tissue samples from 65 triple-negative breast cancer patients were collected for genetic analysis.

Collaborating with the HELPING-HAND PROJECT, CV-MBL will implement a consultation service for hereditary breast/ovarian cancer family risk, offering genetic testing and counseling.

CONCLUSIONS:

One year since the establishment of CV-MBL, significant progress has been made. BC diagnosis capabilities were successfully implemented, and substantial strides were taken toward characterizing BC in Cabo Verde. Moving forward, CV-MBL will support the creation of Cape Verdean BC cell lines and identify common hereditary gene mutations in subsequent years.

TRAINING MULTIDISCIPLINARY ONCOLOGY TEAMS IN PORTUGUESE-SPEAKING AFRICAN COUNTRIES: A PROOF OF CONCEPT.

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: The incidence rate of malignant neoplasms is increasing globally in Portuguese-speaking African countries. These data determine that new oncology units must be created as well as the need to increase multidisciplinary teams. This means oncology training programs for surgeons, medical oncologists, radiation oncologists, nurses and pharmacists will be required. How can we do it?

Methodology: Evaluate a training program using B-learning to increase skills in oncology involving surgeons, residents and medical oncologists, radio-oncologists, pharmacists and nurses. This project was supported by the Calouste Gulbenkian Foundation, and implemented by the Portuguese Institute of Oncology of Porto, the Porto School of Nursing, the Fernando Pessoa University and the Faculty of Pharmacy of the University of Porto and the PALOP School of Oncology. The training programs were based on the training programs of the European scientific societies: ESSO, ESMO, EONS and ESOP. The degree of approval, satisfaction and usefulness of the training was studied.

Result: From 2020 to 2023, there was a training program lasting 6 months that involved surgeons, oncologists, radio-oncologists and pharmacists. The training program for specialist nurses lasted about 12 months. Nursing assistants took a 6-month course. Only the nurses and pharmacists did not, as a whole, have practical training at the reference center since this practical training took place in the countries of the trainees, at their request, through a team from the reference center that traveled. In this program, 79 health professionals from Angola, Cape Verde and Mozambique participated. The approval rate in the exams carried out was 98%. The training was considered very useful and allowed the improvement of practices in the field.

Conclusion: This training methodology in oncology, using b-learning, is an opportunity to form multidisciplinary teams that will be fundamental in the fight against cancer in the near future.

XPERT® BREAST CANCER STRAT4 AS AN ALTERNATIVE METHOD OF IDENTIFYING BREAST CANCER PHENOTYPE IN CAPE VERDE (PRELIMINARY RESULTS)

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ORAL ABSTRACTS | DAY 4, SESSION 2, SESSION ROOM 203, November 5, 2023, 9:00 AM - 10:00 AM

Introduction: Breast cancer (BC) is a public health problem in developing countries, including Cape Verde. Immunohistochemistry (IHC) is the standard technique used to characterize BC and support therapeutic decisions. However, IHC is a demanding technique that requires knowledge, trained technicians, expensive antibodies and reagents, controls, and results validation. The low number of cases in Cape Verde risks the validity of the antibodies, and manual procedures often jeopardize the quality of the result. In Cape Verde, a technically easy alternative is needed. A point-of-care messenger RNA (mRNA) STRAT4 BC assay to assess estrogen(ER), progesterone(PR), hormone growth factor 2 receptor(HER2), and Ki67, using the GeneXpert platform, has been recently validated on tissues from internationally accredited laboratories, showing excellent concordance with IHC results.

To validate its implementation to guide BC treatment in Cape Verde, we studied the agreement between results from BC STRAT4 and IHC.

Methods: Formalin-fixed paraffin-embedded (FFPE) tissue samples from 29 Cabo Verdean BC patients from Agostinho Neto University Hospital were analyzed with IHC and STRAT4 assay. Samples were pre-processed in Cabo Verde (formalin-fixed paraffin-embedded). IHC was performed in Portugal-referenced laboratories. STRAT4 and IHC result concordance was assessed via the percentage of agreement and Cohen's Kappa (K) statistics.

Results: STRAT4 assay failed in 2 out of the 29 analyzed samples. Of 27 successfully analyzed samples, STRAT4/IHC results for ER, PR, HER2, and Ki67 were concordant in 25 (92.59%), 24 (92.31%), 25 (92.59%), and 18 (81.82%) cases, respectively. Ki67 was indeterminate in three cases, and PR was indeterminate once.

Cohen's K statistic coefficients for biomarkers were 0.809, 0.845, 0.757, and 0.506, respectively.

Conclusions: A point-of-care mRNA STRAT4 BC assay may be an alternative in laboratories unable to provide quality and/or cost-efficient IHC services. However, more data and improvement on sample pre-analytic processes are required to implement this BC STRAT4 Assay in Cape Verde.

ASPECTS EPIDEMIOLOGIQUES ET EVOLUTIFS DES MYELOMES MULTIPLES A CHAINES LEGERES AU SERVICE D'HEMATOLOGIE CLINIQUE DE DALAL JAMM (Dakar-Sénégal)

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

INTRODUCTION : Le Myélome à chaîne légère est une forme particulière de myélome multiple. Elle correspond à la sécrétion par les plasmocytes tumoraux d'une partie incomplète de l'immunoglobuline dite "chaînes légères" de type Kappa ou Lambda sans sécrétion de la chaîne lourde. Le but de cette étude est de ressortir les aspects épidémiologiques, diagnostiques et évolutifs.

PATIENTS et METHODES : Il s'agissait d'une étude multicentrique rétrospective et descriptive du myélome multiple à chaînes légères de Mai 2012 à Novembre 2019 au service d'hématologie clinique de Dantec et Dalal jamm et étaient inclus tout patient myelomateux avec détection de la chaîne légère sans la chaîne lourde.

RESULTATS : L'étude portait sur 25 patients avec un âge moyen de 57,7 ans et une prédominance féminine était notée avec un sexe ratio de 0,9, le signe révélateur était la douleur osseuse dans 88 % des cas, suivi de l'insuffisance rénale dans 64% des cas. A l'immunofixation sérique, l'isotype LAMBDA était retrouvée dans 52% des cas contre 48 % de KAPPA. Les malades ont été classés stade III dans 76 % des cas et stade II dans 8% des cas de salmon et durie. Sur le plan thérapeutique 40% des patients ont été mis sous protocole MPT et 2,4 % sous traitement innovant. Sur le plan évolutif nous avons noté une progression dans 44%, une rémission complète chez 8 %, et une absence de réponse dans 12 %.

CONCLUSION : Ce type de myélome reste de mauvais pronostic avec complication rénale fréquente d'où l'intérêt d'une prise en charge rapide et multidisciplinaire pour une meilleure survie des patients.

PARTICULARITE DE LA LEUCEMIE MYELOIDE CHRONIQUE DE L'ENFANT ET DE L'ADOLESCENT : A PROPOS DE 31 CAS

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

INTRODUCTION

La leucémie myéloïde chronique (LMC) est une pathologie rare chez l'enfant et l'adolescent avec un retard diagnostique et un score pronostic avancé. L'objectif de notre travail était d'en décrire les caractéristiques diagnostiques, pronostiques et évolutives.

PATIENTS ET METHODES :

Une étude rétrospective allant de janvier 2008 à juillet 2022 était menée dans les services d'Hématologie Clinique du CHNDJ et de HALD. Etait inclus tout patient chez qui le diagnostic de LMC était confirmé par cytogénétique et/ou par biologie moléculaire. Les données ont été analysées chez les enfants et les adolescents.

RESULTATS

Au total 199 patients ont été inclus, les enfants et les adolescents représentaient 16, 1% (n=32) de la cohorte. L'âge moyen était de 12 ± 5 ans avec un sex-ratio de 1,9. Le délai diagnostique médian était de 6 mois [1—54 mois].

Les circonstances diagnostiques les plus fréquentes étaient un syndrome anémique (81,2%), une altération de l'état général (68,75%) et un syndrome d'hyperviscosité (59, 3%).

L'examen clinique retrouvait essentiellement une splénomégalie (84,3%) et une polyadénopathie (37,5%). Les patients étaient reçus en phase chronique (56,3%), en phase accélérée (18,7%) et en phase blastique (25%).

A l'hémogramme une hyperleucocytose était notée chez tous les patients avec un taux moyen globules blancs à $223,4 \pm$ G/L.

La cytogénétique a posé le diagnostic chez 18 patients et la PCR à la recherche du transcrit BCR-ABL n=14.

Le score de Sokal adapté à l'âge était élevé chez 37,5% des patients. Les Anomalies Cytogénétiques Additionnelles ont été retrouvés dans chez 53,1% des patients. L'imatinib a été utilisé seul ou associé à l'aracytine chez les patients en acutisation. Onze (11) patients étaient rémission et 21 étaient décédés.

CONCLUSION

La LMC reste une pathologie rare chez l'enfant et l'adolescent avec un mauvais pronostic au diagnostic et une mortalité élevée.

RAPPORT D'UN RARE CAS D'ASCITE PLASMOCYTAIRE AU COURS DU MYELOME MULTIPLE AU SERVICE D'HEMATOLOGIE CLINIQUE DU CHN DE DALAL JAMM

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Résumé médical : Patient de 55 ans, aux antécédents de tuberculose pulmonaire qui aurait été traitée et déclarée guérie en 2008, tabagique sevré depuis 1992 avec un nombre de paquets/année non chiffré, porteur d'une gastrite atrophique. Il rapporte une notion d'exposition aux produits toxiques à type de pesticides et d'engrais chimiques.

La symptomatologie était marquée par une douleur de l'hypochondre droit, irradiant dans le dos, d'intensité modérée, à type de pesanteur, sans horaire particulière, calmée par la prise de médicaments non précisés, sans facteurs aggravants. Cette douleur était concomitante à une augmentation du volume de son abdomen d'évolution progressive sans autres signes digestifs associés.

A l'examen physique, on notait un syndrome rachidien sans syndrome lésionnel ni sous lésionnel et un syndrome anémique bien toléré sur le plan hémodynamique sans saignement extériorisé ni signe de carences associées.

Il présentait une altération de l'état général OMS 3.

Le diagnostic du myélome a été retenu selon les critères IMWG de 2014 avec une plasmocytose dysmorphique au médullogramme et présentait comme critère CRAB une anémie, une hypercalcémie, une altération de la fonction rénale et des lésions osseuses ostéolytiques.

L'électrophorèse de protéines sériques montrait un pic d'allure monoclonale dans la zone des beta-globulines et une gammopathie monoclonale à IgG lambda était détectée à l'immunofixation des protéines sériques

L'exploration du liquide d'ascite montrait un liquide jaune citrin exsudatif avec une prédominance lymphocytaire. L'immunophénotypage lymphocytaire du liquide d'ascite objectivait la présence d'un contingent de cellules d'allure plasmocytaire CD38+, CD138 faible, CD19 négatif et CD56 Hétérogène et confirmait la localisation péritonéale de plasmocytes tumoraux.

Conclusion : Cette observation révèle un cas rare d'une localisation péritonéale d'un myélome multiple.

GENE TP53 ET PREDISPOSITION GENETIQUE DANS LES CANCERS DE LA CAVITE BUCCALE AU SENEGAL

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ORAL ABSTRACTS | DAY 3, SESSION 1, SESSION ROOM 205, November 4, 2023, 9:00 AM - 10:00 AM

Les cancers de la cavité buccale (CCB) sont des tumeurs fonctionnellement latentes, très peu symptomatiques à leurs stades précoces et dont le niveau de survie après détection à un stade avancé reste relativement bas. Malgré leur grande diversité phénotypique, les CCB expriment pour la plupart une mutation au niveau du gène TP53. L'objectif de ce travail était d'identifier des variants génétiques de TP53 prédisposant aux CCB et spécifiques de la population sénégalaise.

Du sang a été colligé chez 88 patients atteints de CCB et 94 contrôles sans antécédent connu de cancer, après leurs consentements. Après extraction de l'ADN, les 10 régions codantes du gène TP53 ont été amplifiées par PCR chez les patients, puis séquencés par la méthode de Sanger.

L'analyse des séquences a montré que 52,27% des patients portaient au moins une mutation de TP53. 11 variants ont été identifiés dont 7 déjà rapportés dans la littérature et 4 nouveaux variants. Les deux variants les plus récurrents chez nos patients (rs1042522; p.Pro72Arg ; %=31,26 et rs59758982; duplication d'un motif de 16 pb au niveau de l'intron 3; %=26,25) sont associés dans la littérature à la prédisposition génétique aux CCB. Après génotypage de ces variants chez les contrôles, les études statistiques n'ont pas permis de retrouver une association significative avec la prédisposition aux CCB. Toutefois, l'analyse haplotypique a révélé l'existence d'un fort déséquilibre de liaison ($D'=0,999$, $r^2=0,153$ et valeur $p<0,05$), ce qui suggère que ces 2 variants sont fortement liés et qu'ils pourraient être transmis en un même haplotype prédisposant aux CCB chez les sénégalais.

Nous envisageons en perspective d'explorer dans le cadre d'une étude fonctionnelle la région génomique intron3-intron4 de TP53 contenant la plupart des variants associés aux cancers. Aussi, un séquençage NGS est envisagé afin d'identifier de nouveaux gènes prédisposant aux CCB et spécifiques de la population sénégalaise.

EXPERIENCE FROM USE OF THERMAL ABLATION DEVICES TO INCREASE TREATMENT COMPLETION RATE AFTER SCREENING FOR CERVICAL PRE-CANCER IN LMICs

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: Cervical cancer is a leading cause of women's cancer deaths, with >90% occurring in LMICs. Clinton Health Access Initiative (CHAI) with support from Unitaid, has been working with partner Governments to strengthen cervical cancer screening and treatment programs. Introduction of hand-held portable battery-operated thermal ablation (TA) devices for treatment of pre-cancerous lesions (PCL) has helped expand access to treatment. We present findings and learnings from TA roll-out in public health settings across nine LMICs.

METHODS: As of May 2023, the program had procured >5,500 Liger and Wisap TA devices, with a large number being deployed at primary and secondary health facilities and operated by a range of trained health workers including nurses, midwives. A nimble approach towards integrating TA devices at service delivery points providing screening services was adopted. Partner governments also considered high volume facilities and those with a large treatment backlog while devising placement strategy for TA devices.

RESULTS: Through this program, 96% of supported screening sites were equipped with treatment capability. Between October 2019 - December 2022, 18,003 women were treated for PCLs, representing 85% of screen-positive women eligible for treatment, up from a baseline of <50% in some countries. Four of these countries – Senegal, Rwanda, Nigeria and Malawi – have already surpassed the WHO treatment target of 90% (at project sites). Critical success factors include strategic placement of TA devices at lower-level health facilities as key to decentralizing access, adopting a decentralized mentorship approach for providers and continuous supportive supervision, instituting robust patient tracking systems, including engaging community health workers for counselling of clients and their partners, follow-up.

CONCLUSIONS: CHAI's experience shows integrating TA devices for treatment of PCLs dramatically expands access to treatment while also bringing in efficiency in health system by cutting down service delivery time and total cost of delivery.

A DIGITAL HEALTH APPLICATION TO IMPROVE COMPLIANCE WITH STANDARDIZED RETINOBLASTOMA TREATMENT PROTOCOLS IN TANZANIA

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ORAL ABSTRACTS | DAY 3, SESSION 6, SESSION ROOM 201/202, November 4, 2023, 3:20 PM - 3:50 PM

A DIGITAL HEALTH APPLICATION TO IMPROVE COMPLIANCE WITH STANDARDIZED RETINOBLASTOMA TREATMENT PROTOCOLS IN TANZANIA

OBJECTIVES Low compliance with guideline-based treatment protocols is a well-established barrier contributing to the pediatric cancer survival gap between low- and high-income countries. We designed and implemented mNavigator, a digital case management system at a regional cancer referral hospital in Tanzania, to facilitate health provider compliance with standardized pediatric cancer treatment protocols to treat retinoblastoma (Rb), one of the most common childhood cancer diagnoses in the country. We report the impact of mNavigator on provider compliance and patient outcomes.

METHODS Data were from patients <18 years of age diagnosed with Rb from a historic cohort (March 2016 to July 2019) or those prospectively consented to the study (July 2019-June 2021). Patient demographics, laboratory studies, clinical staging, treatment received and outcomes were extracted for comparative analysis. A 15-section checklist was created based on the Tanzanian Rb National Treatment Guidelines to systematically evaluate protocol compliance. Pre and post mNavigator implementation compliance scores were calculated and analyzed using StataSE 17.

RESULTS: A total of 41 patients diagnosed with Rb were included in the analysis - 25 in the historic and 16 in the prospective cohort, with no significant difference in age or sex. After mNavigator implementation for patients in the prospective cohort, overall protocol compliance increased from 74.9% to 96% ($p < 0.001$) compared to the historic cohort, with an increase in treatment completion from 12% ($n=3/25$) to 62.5% ($n=10/16$) and a >40% absolute reduction in treatment abandonment (72% to 31%).

CONCLUSION The use of mNavigator significantly improved the quality of pediatric Rb treatment and patient outcomes. The mNavigator application can be easily adapted for use with other protocols, allowing for future adaptation and scale up to improve outcomes in similar settings with limited staffing capacity for trained pediatric cancer providers.

DEVELOPMENT OF AN EVIDENCE-BASED CLINICAL TOOL FOR CHILDHOOD CANCER SURVIVORSHIP CARE IN TANZANIA

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ORAL ABSTRACTS | DAY 5, SESSION 3, SESSION ROOM 205, November 6, 2023, 9:00 AM - 10:00 AM

OBJECTIVE:

Three in every four childhood cancer survivors experience late effects from treatment. As childhood cancer outcomes improve globally, providers need to screen for these potential late effects to reduce morbidity. The objective of the present study is to increase survivorship care capacity in low-resource settings through the development of a digital clinical tool that integrates patient diagnosis and treatment exposure with evidenced-based surveillance recommendations to provide comprehensive childhood cancer follow-up guidelines.

METHODS:

Surveys with key stakeholders at each of the four childhood cancer treatment centers in Tanzania were completed to determine the current capacity to provide off-therapy surveillance. This informed the selection of late-effect screening tests by the International Late Effects of Childhood Cancer Guideline Harmonization Group's 2023 guidelines that were both evidenced-based and feasible in our setting. Qualtrics software was utilized to create a provider-facing digital survey to enter patient diagnosis, treatment exposures, and cumulative dosing.

RESULTS:

In addition to entering patient demographic data, the survey burden for providers is anywhere from 5 to 11 questions in length. Using entered treatment exposures, the clinical tool uses a programmed algorithm to determine the late effect risk category, cardiovascular risk score, and personalized screening recommendations. Recommendations include both screening tests and frequency, to improve provider compliance with current best practice guidelines.

CONCLUSIONS:

This tool can be adapted for other settings based on current capacity and provides personalized surveillance recommendations. This can help standardize treatment guidelines by increasing provider capacity and knowledge, with the potential to improve adherence to follow-up guidelines among childhood cancer survivors in LMICs, like Tanzania.

EVALUATION OF THE CURRENT PRACTICES AND POTENTIAL RISK FOR DEVELOPING TREATMENT-ASSOCIATED LATE EFFECTS AMONG CHILDHOOD CANCER SURVIVORS IN TANZANIA

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ORAL ABSTRACTS | DAY 3, SESSION 5, HALL 3, November 4, 2023, 3:20 PM - 3:50 PM

OBJECTIVE: Global advancement in pediatric cancer treatment has significantly increased survival rates for children with cancer. With more patients completing treatment, it is important to extend capacity development to include post-treatment follow-up care. This study evaluates the current capacity, patient practices and potential risk of developing treatment-associated late effects for childhood cancer survivors in Tanzania.

METHODS: Key stakeholders at the 3 childhood cancer treatment centers in Tanzania completed in-depth interviews to determine current capacity to provide recommended off therapy guidelines. A childhood cancer survivor cohort was established for patients who completed therapy from 2016-2022 at Bugando Medical Centre (BMC). Patient demographics and off therapy practice was extracted and late effect risk assessment was determined based on primary diagnosis, site, and treatment received.

RESULTS: Nine key stakeholders completed the IDI, and with exception of PET scan, pulmonary function testing and psychosocial screening, key laboratory and imaging test were available to provide off therapy monitoring. A total of 173 patients were included in the survivor cohort, (47% female, average age =7). The most common diagnoses were Burkitt lymphoma (26%, n=45) and Wilms (30%, n=52). A total of 42% (n=61) of patients presented for any off-therapy appointment during the first year, decreasing to 20% (n=30) during the second year. Distribution of the British Childhood Cancer Survivorship Study (BCCSS) late effect risk assessment included 6% low (n=10), 80% moderate (n=139) and 14% (n=24) high risk. The highest potential late-effect risks were cardiomyopathy (57% of patients, n=98), bladder and urinary tract toxicity (50%, n=87), and ototoxicity (22%, n=38).

CONCLUSIONS: Despite the high risk of late effects among survivors of childhood cancer at BMC, there is still low compliance to follow up care. Patient and caregiver education on off therapy risk and importance of continue surveillance may improve compliance, and reduce future treatment associated morbidity.

RETROSPECTIVE ANALYSIS OF PEDIATRIC PATIENTS WITH BURKITT LYMPHOMA TREATED IN MWANZA, TANZANIA; CHALLENGES AND OPPORTUNITY

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: Despite years of continued improvement in outcomes for pediatric Burkitt lymphoma treated in high resource settings, outcomes achieved in LMICs remain incredibly disparate. A long-standing barrier to conducting research addressed at ending this disparity remains the lack of high-quality outcomes data, especially in sub-Saharan Africa. To help address this need at our study site, Bugando Medical Centre (BMC) in Mwanza, Tanzania, we conducted a 5-year retrospective cohort analysis with the goal of better understanding the response rate and outcomes achieved with the current standard of care chemotherapy.

Methods: Historical patient data for pediatric patients with BL treated at BMC between 2016 and 2021 were available for analysis via a prior IRB approved study. These patients were treated per the Tanzania National Guidelines which prescribes 6 cycles of cyclophosphamide, vincristine, and methotrexate (75mg/m²). Relevant patient data were curated in a REDCap database and analysis was performed on aggregated cohort data.

Results: 94 patient records were analyzed. Patients were an average age of 7.5 years at presentation and a 2:1 male to female ratio was observed. Most patients, 91.5%, met high risk criteria per the International Network for Cancer Treatment and Research (INCTR) definition. Only 60% of evaluable patients achieved a first CR with front line therapy. The estimated 1-year EFS was 28.6% (95% CI, 19.4-38.4%), including abandonment as an event. The estimated 1-year OS, was 50.2% (95% CI, 38.5-60.9%).

Conclusion: Overall, there are poor outcomes for the treatment of pediatric BL at BMC, including a low CR rate to first-line therapy and a low EFS. Despite resource limitations, we hypothesize that these data support increased intensity chemotherapy will be necessary as part of improving outcomes for this disease moving forward. Future research should focus on understanding how to increase treatment intensity for BL in a safe manner in LMICs.

CARACTÉRISTIQUES DIAGNOSTIQUE ET PRONOSTIQUE DES INFECTIONS SURVENUES AU COURS DE LA PRISE EN CHARGE DES PATIENTS ATTEINTS DE MYÉLOME MULTIPLE

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Introduction :

Le myélome multiple (MM) est une hémopathie maligne du sujet âgé (10 à 15% des cancers hématologiques) responsable d'environ 2% des décès par cancer. Il est caractérisé par un déficit immunitaire inhérent avec une susceptibilité accrue aux infections. Notre objectif était de déterminer les caractéristiques diagnostiques des infections et leur impact sur la survie des patients MM.

Matériels et méthodes : Il s'agissait d'une étude rétrospective d'une durée de 8 ans (2015-2022) incluant les patients MM diagnostiqués selon les critères IMWG 2014. L'infection était suspectée devant une fièvre $\geq 38^{\circ}\text{C}$ ou tout autre signe évocateur. Tous les patients étaient sous trithérapie. Nous avons analysé les caractéristiques diagnostiques des infections et leur retentissement sur la survie des patients.

Résultats : Nous avons inclus 108 patients ; 60 avaient une infection (55,5%). Le sex-ratio (H/F) était de 1,27. L'âge moyen était de 60,5 ans (36–86). Les infections étaient plus fréquentes chez les patients < 65 ans avec une comorbidité et chez ceux qui étaient en traitement de 1^{ère} ligne ($p=0,00$). La radiographie thoracique de face était plus réalisée (58,3%) suivie des hémocultures (54,5%). Le germe le plus fréquent était le pneumocoque (77%). Le taux de décès chez les patients ayant eu une infection était de 40% (24/60) et de 4,34% (2/46) chez les patients sans infection ($p=0,000$). L'infection était la cause de décès dans 10/26 cas (38,5%). La survie globale à 5 ans des patients sans infection était de 62% et de 38% chez les patients avec infection ($p=0,000$). Le décès survenait à 1 mois suivant le début de l'infection dans 50% des cas.

Conclusion : Les infections sont fréquentes et particulièrement graves dans le MM. Le risque est lié à la maladie, mais peut être majoré par les comorbidités et le traitement, d'où la nécessité d'une prophylaxie anti-infectieuse.

THE IMPLEMENTATION OF A MULTI-FACETED INTERVENTION TO IMPROVE TRACHEOSTOMY AND GASTROSTOMY CARE FOR CANCER PATIENTS IN TANZANIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objectives: Head and neck cancer (HNC) and esophageal cancer (EC) are the sixth and seventh most common malignancies in the world, respectively, and both are highly prevalent in Eastern Africa. To address airway obstruction and dysphagia in HNC and EC patients, tracheostomy and gastrostomy tubes are commonly used. Muhimbili National Hospital (MNH) in Tanzania report these patients frequently face myriad complications which affect patient outcomes. There is a critical need to systematically improve delivery of services through structured implementation strategies at MNH. **Methods:** This is an implementation science study employing qualitative and quantitative methods. Initially, we will collect baseline, pre-procedure data on patient demographics, clinical, and quality of life indicators. Follow-up data will be collected at regular intervals on initial hospital course, complications, and unplanned readmission rates. Consolidated Framework for Implementation Research will guide assessment of barriers, facilitators, existing gaps, and capacity in providing tracheostomy and gastrostomy care at MNH through qualitative interviews with clinicians, hospital administrators, patients, and their care givers. The results will be used to create context appropriate training materials, standardized care protocols, post-discharge education manuals and self-care kits. We will evaluate post-intervention implementation outcomes and patient's outcomes. Data will be collected through checklist, questionnaires, and an in-depth interview guide. A rapid qualitative analysis will be used for qualitative data, and quantitative data will be summarized with descriptive statistics.

Results: Complications and unplanned readmission rates, survival outcomes, and needs assessment results. Pre- post- training assessment following knowledge and skills training to providers on practices and patients on self-care. Preliminary results will be presented.

Conclusion: This study will contextualize and standardize care and education on tracheostomy and gastrostomy care at MNH. The training will be accredited through Muhimbili University of Health and Allied Sciences to help in dissemination and the intervention has the potential to be adopted broadly.

A PROSPECTIVE PILOT STUDY TO DEVELOP AN AI ALGORITHM FOR 5 YR MAMMOGRAPHIC PREDICTION OF WOMEN'S RISK (MPOWER) IN NIGERIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objectives:

To explore the feasibility of creating a digital mammography image database representative of Nigerian women. The dataset will be used to inform a deep-learning algorithm-based predictive mammographic risk model for breast cancer,

Study Design

This is a prospective cross-sectional pilot study in 2000 eligible women aged ≥ 40 years and < 65 years. After signing informed consent, participants provide pertinent medical history and undergo a single baseline screening mammography examination. The mammography images are read by the site radiologist. Incident cases during this study and in the planned follow-up extension phase of annual mammograms for 5 years, will contribute to the development of deep learning algorithms for predicting the risk of breast cancer in this population.

Results

As of July 16th, 2023, 296 women have enrolled at 2 study sites in 2 Nigerian cities. The mean age was 48.5 (SD=6.7) years. Mean age at menarche was 13.6 (SD=1.9) years, 104 (37.5%) of women had reached menopause. There was a median of 3 pregnancies and 94% of parous women gave a history of having breast fed for a mean total of 3.4 (SD=2) years. Hormonal contraceptives had been used by 37% of participants for a median duration of 2 years. Twenty-four (8.6%) women gave a positive history of breast cancer in their mother or sister. Initial mammographic findings have revealed no evidence of breast cancer. Among breasts examined, the major mammographic findings are scattered fibro-glandular densities (64%), almost entirely fatty (24%), heterogeneously dense (10.3%) and extremely dense breasts (1.4%).

Conclusion

Our preliminary experience suggests the feasibility of proceeding with a larger prospective study that will utilize neural networks and deep learning algorithms to define mammographic risk groups in Nigerian women. This will permit the rational allocation of resources for breast cancer prevention activities in this population.

CHILDHOOD CANCER IN KENYA: RATIONALE AND DESIGN OF AN IMPLEMENTATION STUDY FOR EARLY DETECTION OF CHILDHOOD CANCER

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: Early detection of childhood cancer is critical for survival, requiring local awareness of early warning signs and symptoms (EWSS) and efficient referral pathways. To improve the early detection and referral of childhood cancers in Kenya and Cameroon, we will adapt and implement an EWSS intervention previously developed in South Africa and Ghana. We summarize the implementation approach thus far.

Methods: Health system stakeholders met in May 2023 in Nairobi, including representatives from the Ministry of Health, county health offices, civil society, and academic institutions. Stakeholders discussed 1) existing barriers to childhood cancer identification and referral, 2) target implementation settings and local change agents, and 3) roles and approaches for sustainable EWSS training. Next, we will adapt EWSS materials and develop localized implementation plans for 7 counties in Kenya; implementation science frameworks will guide adaptation, process, and outcome measurement.

Results: Stakeholders endorsed the EWSS program and identified individuals for leadership and operational implementation teams. Referral barriers included critical points in patient pathways when cancer was missed. Targeting healthcare providers at sub-county hospitals will likely be impactful, alongside a community approach. Stakeholders supported tiered, county-level training for district hospital representatives, cascading to other institutional providers. Identifying county-level childhood cancer champions was also endorsed. Planning for long-term program sustainability was discussed.

Conclusions: EWSS program implementation is supported by Kenyan stakeholders as valuable and relevant. Stakeholders' insights will inform program adaptations and implementation planning.

FORECASTING NEED AND COST FOR ESSENTIAL PEDIATRIC CANCER MEDICINES IN THE EAST AFRICAN REGION

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ORAL ABSTRACTS | DAY 5, SESSION 3, SESSION ROOM 205, November 6, 2023, 9:00 AM - 10:00 AM

Objective:

Inequitable access to essential medicines contributes to inferior outcomes for children with cancer living in low-and-middle-income countries. Prior work with eight pediatric cancer units (PCUs) in East Africa showed significant per-unit drug price variation between institution and revealed frequent medication stockouts. We aimed to better predict the cumulative amounts and costs of medicines needed to treat the most common pediatric cancers in East Africa using an evidence-based forecasting tool (FORxECAS^T), and to analyze the impact of known per-unit drug price variability on aggregate cost differences at assessed PCUs.

Methods:

FORxECAS^T is a pediatric cancer-specific tool that estimates required drug quantity and cost for 18 of the most common pediatric cancers, using internationally adopted standard treatment protocols. We customized model inputs for per-unit drug prices at 8 PCUs in Uganda, Rwanda, Tanzania, and Kenya and utilized incidence estimates from program-embedded microsimulation modeling to provide aggregate cost projections for all sites.

Results:

FORxECAS^T reveals significant variation in aggregate drug costs both between and within countries despite comparable incidence of the most common pediatric malignancies: acute lymphoblastic leukemia, Burkitt lymphoma, Wilms tumor, retinoblastoma. For example, aggregate drug costs varied up to 70% across the four PCUs in Kenya. Cytarabine, intravenous methotrexate and 6-mercaptopurine are key cost drivers in every setting, but their relative budget impact varies significantly between PCUs due to wide per-unit price variations.

Conclusions:

Substantial national and regional variation in aggregate drug costs may contribute to inconsistent procurement and access to essential cancer medicines. Factors that may impact cost variability include supplier differences as well as small-scale purchasing at the institutional level. Given the impact that improved drug access could have on pediatric cancer survival, these data can inform efforts across regional health systems to develop pooled procurement strategies to standardize drug pricing and maintain constant supply to reduce stockouts.

PREVALENCE OF SKELETAL-RELATED EVENTS AND ASSOCIATED FACTORS AMONG PATIENTS WITH CANCER OF PROSTATE AT OCEAN ROAD CANCER INSTITUTE

Sifueli I¹

¹Public

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

PREVALENCE OF SKELETAL-RELATED EVENTS AND ASSOCIATED FACTORS AMONG PATIENTS WITH CANCER OF PROSTATE AT OCEAN ROAD CANCER INSTITUTE

Introduction

About 90% of patients with advanced prostate cancer have bone metastases. Bone metastases, irrespective of symptoms predispose to skeletal complications, which can include bone pain that requires radiotherapy, pathologic fracture, spinal cord compression, surgery to the bone, and hypercalcemia of malignancy, which are referred to as skeletal-related events" (SREs).

Objective

To determine the prevalence of skeletal-related events and associated factors among patients with prostate cancer with bone metastases treated at Ocean Road Cancer Institute from 2018 to 2022

Methodology

A retrospective cohort study. Patients with a diagnosis of prostate cancer with bone metastasis who develops SRE were recruited. A sample size of 169 patients was obtained. SPSS v. 25 was used for statistical analysis. The prevalence of SRE was obtained by dividing the number of SRE by the total number of prostate cancer patients with metastasis in the study period. 95% CI was used to calculate a range within which the true value of the prevalence was likely to lie. The Chi-square test was used to compare proportions. A P value of less than 0.05 will be considered statistically significant.

Results

The prevalence of SRE was 53.25% The most prevalent event was bone pain (78.89%), followed by cord compression (15.56%), and only 5.56% had pathological fractures. PSA levels, risk stratifications, stage of disease, and hormonal sensitivity were found to be statistically significant with p-values of 0.0002, 0.006 and 0.001, and 0.001 respectively. The logistic regression model was statistically significant, $\chi^2(4) = 39.37$, $p < 0.0001$) in which high risk and Stage IV were found to be the only independent predictors associated with the occurrence of the SRE.

Conclusion

Bone pain is the most presenting symptom in prostate cancer patients with skeletal-related events

KNOWLEDGE, PERCEPTIONS AND ATTITUDES OF RELATIVES OF RADIATION TREATED CANCER PATIENTS ON THE ROLE OF RADIATION THERAPY IN CANCER MANAGEMENT

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE

This study aimed at investigating how knowledge, perceptions and attitudes of relatives of radiation treated cancer patients on the role of Radiation Therapy (RT) in cancer management influence RT uptake at Parirenyatwa Group of Hospitals Radiotherapy Centre (PGH-RTC) in Zimbabwe.

METHODS

A cross-sectional quantitative survey was conducted. The study population comprised relatives of patients who received RT treatment at PGH-RTC between January 2017 and December 2021. Simple random sampling was used to recruit 169 participants for this study. A pilot study was done with 10 participants. Informed consent was sought from the participants before completing a Google Forms self-administered questionnaire. The Kruskal-Wallis and chi squared tests were used to investigate the association between demographic variables and the level of knowledge, perceptions, attitudes and uptake of RT. The SPSS Version 23 was used for statistical analysis. Ethical clearance was sought from the Medical Research Council of Zimbabwe (MRCZ/B/2460).

RESULTS

Participants with low knowledge, negative perceptions and negative attitudes towards RT were 39%, 33% and 21% respectively. Participants with high knowledge, positive perceptions and negative perceptions towards RT were 26%, 48% and 34% respectively. At PGH-RTC, age ($P<0.001$), marital status ($P=0.025$), the highest level of education ($P<0.001$), occupation ($P=0.03$), place of residence ($P=0.04$), knowledge ($P<0.001$), perceptions ($P<0.001$) and attitudes ($P<0.001$) significantly influenced RT uptake by relatives of cancer patients.

CONCLUSIONS

Participants with more knowledge, positive perceptions and positive attitudes were more likely to accept RT. Participants with low knowledge, negative perceptions and negative attitudes were more likely to reject it. This study identified information needs of relatives of cancer patients at PGH-RTC. It will help in the formulation of strategies to improve information dissemination to these relatives so that they are well-educated on the role of RT in cancer management.

THE CONTRIBUTION OF SMOKELESS TOBACCO TO ESOPHAGEAL SQUAMOUS CELL CARCINOMA RISK IN AFRICA: RESULTS FROM ESSCAPE MULTICENTER CASE CONTROL STUDIES

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective:Tobacco smoking is a well-known risk factor for esophageal squamous cell carcinoma (ESCC), however the contribution of smokeless tobacco to ESCC risk in African populations has not been comprehensively elucidated. We investigated the role of exclusive smokeless tobacco use on ESCC risk in East Africa (Tanzania, Malawi, and Kenya).

Methods:Hospital-based ESCC case control studies were conducted in the three countries. Incident cases and controls were interviewed using a comprehensive questionnaire. Patterns of smokeless tobacco use were investigated. Logistic regression models were used to estimate odds ratios (OR) of ESCC and smokeless tobacco use, adjusted for confounders. Population attributable fraction (PAF) analysis was performed to determine the proportion of ESCC attributable to exclusive smokeless tobacco use.

Results:1279 cases and 1345 controls were recruited into the study between Aug 5, 2013, and May 24, 2020. Exclusive smokeless tobacco use was positively associated with ESCC risk, in Tanzania, Malawi, and Kenya combined (OR 1.92, 95%CI 1.26-2.92). Smokeless tobacco use was positively associated with ESCC risk, in Tanzania (OR 2.38), Malawi (OR 1.51) and Kenya (OR1.44) with 95% CIs that included 1. Sociodemographic factors such as area or residence, religion and level of education were associated with smokeless tobacco use patterns. Overall women were more likely to use smokeless tobacco in Tanzania (11%) and Malawi (6%) compared to men. Exclusive smokeless tobacco use PAFs for both sexes combined in Tanzania, Malawi and Kenya were 14%, 2%, and 8%.

Conclusion:Smokeless tobacco use is a contributor to the ESCC burden in East Africa, particularly in women. Understanding tobacco use patterns in African populations as well social, economic, cultural, and religious norms that drive tobacco use is important for risk modification and preventative measures. The results of this study provide evidence relevant for prevention and intervention strategies to modify exposure and potentially reduce ESCC burden.

THE LANGUAGE OF CANCER COMMUNICATION IN AFRICA

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ORAL ABSTRACTS | DAY 3, SESSION 4, OVAL ROOM, November 4, 2023, 3:20 PM - 3:50 PM

Objective: Communication is an essential aspect of cancer care and awareness but has been largely neglected in African settings. We conducted a multinational survey on how the medical language of oncology translates into African languages, and what these translations mean in a cultural context.

Methods: Using an online survey, a list of 16 oncological terms used in diagnosis and treatment (e.g 'cancer', 'radiotherapy') were provided to participants who were asked to provide these terms in their local languages (if it existed) followed by a direct/closest translation of the meaning of the term into English. Participants were provided with space to comment on different phrases, which picked-up on nuances of cultural meanings in the form of idioms, metaphors, or euphemisms. Analysis included descriptive statistics and thematic analysis.

Results: We collected 109 responses from 30 countries, with 37 languages identified. Examples of results from Zimbabwe and Uganda for the term 'cancer' are Shona (Zimbabwe) word - "gomarara" which means a parasitic plant. A participant explained "This is a plant that grows on top of another plant, in a parasitic way, usually killing or disabling the plant." The Luganda (Uganda) word is "kokolo" which means "Once it has come, no retreat, the disease will eat you until death". Similar elements of languages that instil fear/tragedy were found in other languages. Some terms were phonetic equivalents of the term 'cancer' ("Khansa", "Kanza").

Conclusion: The survey highlights the nature of oncology terminology in African languages and how it may contribute to fear, health disparities, and pose communication difficulties for Health Professionals. The results reinforce the need for culturally sensitive oncology terminologies for improving cancer awareness and communication, and implications for prevention. The work serves as a platform for future in-depth studies on the topic given the multiplicities of languages and cultures across the continent.

MAPPING PROTEIN-PROTEIN INTERACTION NETWORKS TO UNCOVER NEW TARGETS IN CANCER BIOLOGY: THE EXAMPLE OF RAD51 PARALOGS

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ORAL ABSTRACTS | DAY 3, SESSION 1, SESSION ROOM 205, November 4, 2023, 9:00 AM - 10:00 AM

Genomic instability is a major driver of carcinogenesis and can be promoted by a deficiency in the repair of the most genotoxic lesions that are DNA double-strand breaks (DSBs). Aberrant responses to DNA replication stress also play a role in genomic instability. Through the process of homologous recombination, DSBs can however be faithfully repaired and as recently documented, stalled replication forks can also be protected from nucleolytic degradation. In those regards, seminal studies and clinical correlations have suggested that the RAD51 paralogs (RAD51B, RAD51C, RAD51D, XRCC2, and XRCC3) contribute to HR and collapsed replication fork repair.

OBJECTIVE: As it remains unclear how the RAD51 paralogs promote HR-mediated DNA repair, this study aimed at gaining more insights into the molecular interactions underlying their contribution to HR with the objective of discovering novel markers of genomic stability.

METHODS: The BioID approach was used to map the respective proximal interactomes of the paralogs. The hypothesis was that deciphering the network of proteins in the vicinity of RAD51 paralogs in the presence or absence of cytotoxic agents would unravel new essential components of DNA repair.

RESULTS: Aside from identifying the well-established BCDX2 and CX3 sub-complexes, the spliceosome machinery emerged as an integral component of our proximal mapping, suggesting a crosstalk between this pathway and the RAD51 paralogs. Furthermore, we noticed that factors involved in RNA metabolic pathways are significantly modulated within the BioID of the classical RAD51 paralogs upon exposure to hydroxyurea, pointing towards a direct contribution of RNA processing during replication stress. Importantly, several members of these pathways have prognostic potential in breast cancer (BC), where their expression correlates with poorer patient outcome. **CONCLUSION:** This study uncovers novel partners of the different RAD51 paralogs in the maintenance of genome stability and positions them for use as biomarkers for the prognosis of BC.

ANALYSIS OF CLINICAL CHARACTERISTICS AND SURVIVAL FOR PATIENTS WITHOUT METASTATIC DISEASE IN A PROSPECTIVE BREAST CANCER COHORT IN MALAWI

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: To describe clinical characteristics and survival for patients without metastasis (M0) in a prospective, longitudinal breast cancer cohort.

METHODS: We evaluated patients in the longitudinal, breast cancer cohort at Kamuzu Central Hospital (KCH) in Lilongwe, Malawi. We evaluated 200 consecutively enrolled women ≥ 18 years with newly diagnosed, pathologically confirmed breast cancer from 2016-2022. Tumor (T) and nodal (N) stage were assessed by clinical exam and metastatic (M) stage was determined by clinical exam, chest radiograph, and abdominal ultrasound. Few patients received CT scans. Standard chemotherapy and surgery were available, but there was not access to consistent targeted therapies (e.g. trastuzumab) or radiotherapy.

RESULTS: Of the 200 enrolled patients, 143 (72%) were confirmed M0 disease at enrollment. Of these patients, median age was 46 years (IQR 40-56 years). Most patients had invasive ductal carcinoma (n=98, 69%), n=23/14% had HER2+ or equivocal disease, n=26/18% had TNBC. A minority of patients (n=36, 25%) had already had mastectomy at the time of enrollment. Regarding tumor stage, most patients had T4 (n=67, 45%) or T3 (n=47, 33%), while some had T2 (n=17, 12%), and n=12/10% did not have T stage documented prior to surgery/it was not evaluated. The majority of patients (n=101, 71%) had clinically positive lymph nodes, while some (n= 42, 29%) could not be evaluated/were not documented prior to surgery. Patients received a median of 12 cycles of chemotherapy (IQR 8-15 cycles). Actuarial survival at time of analysis showed that 102 (71%) were alive or presumed alive, 32 (22%) were confirmed deceased, and 9 (7%) had unknown vital status/were lost to follow-up.

CONCLUSION: Patients presented with locally advanced disease even without confirmed metastatic disease and many received > 12 cycles of chemotherapy. Consistent access to CT staging imaging, targeted agents (e.g. trastuzumab) may improve survival.

CANCER OF THE PENIS: CLINICAL FEATURES AND THERAPEUTIC MODALITIES IN SENEGALESE HOSPITALS

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: Penile cancer is a rare malignancy in Senegal. This rarity is probably related to the fact that circumcision, which has a protective effect, is a common practice in childhood. In our practice penile cancer is most often diagnosed at an advanced stage or only a radical and mutilating treatment may be proposed. The aims of this study was to describe the clinical and therapeutic features of penis cancer in Senegal.

METHODS: we carried out a retrospective, descriptive, bicentric study, collecting the records of patients with penis cancer in the Urology-Andrology department of the Aristide Le Dantec University hospital and the military hospital of Ouakam between January 2010 and December 2019.

RESULTS: fourteen cases of penile cancer were diagnosed. The mean age was 53.2 years with extremes of 29 and 84 years, the average consultation time was 21 months. All patients were circumcised in childhood. The tumor was limited to the glans in 2 cases and involved the entire penis in 5 cases. Six patients had bilateral inguinal adenopathies. The histological type was squamous cell carcinoma in all cases with a predominance of grade 2 (8 cases). Patients were classified as cT3 (7 cases), cT2 (5 cases), cT4 (1 case) and cT1 (1 case). Treatment consisted of partial amputation of the penis (5 cases), emasculation and perineal urethrostomy (4 cases) total amputation and perineal urethrostomy (2 cases). Three patients had refused total penis amputation. The average length of follow-up was 26 months (4 and 72 months), 3 lymph nodes recurrences and 2 local recurrences were observed. Two patients died among the operated patients.

CONCLUSION: Cancer of the penis is rare in Senegal. The delay in diagnosis explains the frequency of advanced forms which can only be treated by radical surgery.

ECHECS DE LA PROSTATECTOMIE RADICALE

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objectif : Evaluer les échecs de la prostatectomie radicale dans deux services d'urologie de Dakar et d'identifier les facteurs favorisants.

Patients et méthode : Tous les patients ayant eu une prostatectomie radicale et chez qui il a été noté une ré-ascension du PSA Total à des valeurs détectables ou une absence de baisse du PSAT jusqu'à des valeurs indétectables ont été inclus. Les paramètres étudiés étaient: l'âge des patients au moment de la PR, le pourcentage global des échecs, l'analyse des échecs selon le risque de récurrence (groupes D'amico et ISUP, le stade tumoral et le statut des marges d'exérèse.

Résultats : La moyenne d'âge de nos patients était de 63,3 + ou - 6,7 ans. La majorité des patients de notre série (70%) avait un cancer à haut risque de récurrence. Les échecs étaient observés chez 31 patients. Le délai de survenu était inférieur à 2 ans chez 19 patients. La majorité des patients (70%) avait un cancer à haut risque de récurrence après un traitement local. Les cancers à faible risque de récurrence ne représentaient que 6% dans notre étude. Le taux d'échec dans le groupe à haut risque était quatre fois plus important que dans le groupe à risque intermédiaire, 26,8% versus 6,6%. Le pourcentage d'échecs dans les groupe T3-T4 était de 47,5% contre 15% pour celui des cancers localisés (T1-T2, n= 92). Le statut des marges était précisé chez 78 patients (70,9%) les marges d'exérèse étaient positives chez 33 patients. La médiane de survie sans récurrence était de 4 ans.

Conclusion :

L'analyse de notre série a révélé un taux élevé de récurrence. Ainsi nous proposons une meilleure organisation de la prise en charge des patients avec un haut risque de récurrence.

THE IMPACT OF A DIGITAL MENTAL HEALTH INTERVENTION IN MANAGING DEPRESSION AND ANXIETY AMONG PEOPLE LIVING WITH CANCER IN NIGERIA

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ORAL ABSTRACTS | DAY 5, SESSION 6, SESSION ROOM 201/202, November 6, 2023, 3:20 PM - 3:50 PM

Objective

To determine the impact of a virtually delivered mental health intervention in managing depression and anxiety among people living with cancer across Nigeria.

Methods

Between January and December 2022, 41 people living with prostate, breast, cervical, and colon cancer in Nigeria, enrolled on mDoc's CompleteHealth™, a digital health selfcare platform, and underwent virtual screening by an emotional wellness coach for depression and anxiety using the Patient Health Questionnaire-2 (PHQ-2) and Generalized Anxiety Disorder Questionnaire-2 (GAD-2).

Positive PHQ-2 scores (≥ 3) and GAD-2 scores (≥ 3) prompted further screening with PHQ-9 for depression and GAD-7 for anxiety (scores: 5-9 = Mild, 10-14 = Moderate, >15 = Severe).

Emotional wellness coaches provided tailored therapy and support, including cognitive behavioral therapy, supportive therapy, mindfulness-based stress therapy, and emotional support via phone calls and chat/text messages, to individuals with positive PHQ-9 and GAD-7 scores. Treatment plans were personalized based on severity, and goal-oriented action plans were co-created with members. Bi-weekly virtual reassessments using PHQ-9 and GAD-7 were conducted to track symptom changes and therapy outcomes over time.

Results

Among the 41 members screened, 21 (51.2%) had positive PHQ-2 scores (≥ 3) and 25 (60.9%) had positive GAD-2 scores (≥ 3). Further assessment with PHQ-9 and GAD-7 revealed 14 (14.1%) with mild to moderately severe depression and 16 (16.1%) mild to moderately severe anxiety. On average, members received 1 virtual coaching session and one text message bi-weekly for 12 weeks. After 12 weeks, 10(71.4%) of those with positive PHQ-9 scores (≥ 5), demonstrated improvements (PHQ-9 reduction: 7.21), while 12(75%) with positive GAD-7 scores (≥ 5), showed improvements (GAD-7 reduction: 8.94).

Conclusion

Our findings suggest that digital mental health interventions can be an effective way to manage depression and anxiety among people living with cancer in Nigeria. Technology should be leveraged to provide holistic cancer care to underserved communities.

NEEDS, PREFERENCES AND BARRIERS FOR HEALTH FACILITY HOUSEHOLD NEXUS OF PALLIATIVE CARE AMONG FEMALE CANCER PATIENTS IN ETHIOPIA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Introduction: Globally, breast and cervical cancers are common cancers and leading cause of cancer-related death in Sub-Saharan Africa. Palliative care is an approach designed to be safe and effective to improve patient's quality of life. In Ethiopia female cancer patients suffered from moderate to severe pain and there was an unmet need in physical, psychosocial, and spiritual supports.

Objective: Aimed to explore needs, preferences and barriers for continuity of palliative care service to female cancer patients.

Methods: Qualitative study was conducted with face-to-face interviews in Siddama and Addis Ababa. We conducted 77 interviews to explore need, preferences and analyze the barriers with patients, care givers and key informants. Data were audio recorded, transcribed, and imported to Atlas ti software for coding and analysis using thematic analysis.

Results: Patients need physical, psychosocial, and spiritual support. They preferred dying at home and not to have end-of-life planning. Patients and caregivers preferred to have psychosocial and spiritual care by their relatives and religion leaders. They also need to have comprehensive care both at institutional and home-based level. A shortfall of diagnostic materials, opioid scarcity, lack of government backing, and home-based center's enrollment capacity hampered care service availability. Lack of community volunteers, failure of health extension workers to link patients, and spatial limits fraught utilization. Undefined roles and services at health facility levels and the workload on healthcare professionals affected the effectiveness of the nexus.

Conclusion: The continuum of palliative care service from health facility to household in Ethiopia is yet in its infancy, compromised by factors related to availability, accessibility, acceptability, utilization, and effectiveness. Further research is required to delineate the roles of various actors to address the need and preferences of service users. The health sector should smudge out the continuum of palliation to cope with the growing need for palliative care.

PLACE DE LA CHIRURGIE ONCOLOGIQUE DANS LA PRISE EN CHARGE DES SOINS PALLIATIFS : CONTEXTE AFRICAIN A RESSOURCES LIMITEES

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objectif : Cette communication vise à discuter du rôle de la chirurgie oncologique dans les soins palliatifs en Afrique francophone.

Méthodes : Les intervenants ont présenté des informations sur l'incidence du cancer et l'accessibilité aux soins en Afrique francophone, ainsi qu'une discussion sur la définition, les objectifs et les principes de base des soins palliatifs. La communication a également abordé le rôle de la chirurgie oncologique dans les soins palliatifs, les différentes interventions chirurgicales et les stratégies de gestion chirurgicale en soins palliatifs.

Résultats : La communication a souligné l'importance des soins palliatifs pour soulager les symptômes, améliorer la qualité de vie des patients et de leurs proches et leur offrir un soutien émotionnel et psychologique. La chirurgie oncologique peut également jouer un rôle crucial dans la palliation en aidant à soulager les symptômes tels que la douleur, la dysphagie et les obstructions.

Conclusion : La communication a mis l'accent sur l'importance de sensibiliser les patients, les communautés et les professionnels de la santé, et de pratiquer une approche sensible aux aspects socio-culturels pour atteindre les objectifs de palliation pour les patients atteints de cancer en Afrique francophone. Elle a également souligné l'importance de la communication avec les patients et leur famille, des soins intégratifs et d'une approche respectueuse des valeurs culturelles et religieuses.

Mots clés : Soins palliatifs, Cancérologie chirurgicale, Cancers, Afrique de l'Ouest.

PROFIL EPIDEMIOLOGIQUE, CLINIQUE, THERAPEUTIQUE ET EVOLUTIF DU CANCER DU COL DE L'UTERUS A BOBO-DIOULASSO, BURKINA FASO

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objectif : Cette étude visait à examiner le profil épidémiologique, clinique, thérapeutique et évolutif des patientes atteintes de cancer du col de l'utérus.

Méthodes : il s'est agi d'une étude rétrospective de cohorte. Elle incluait les cas de cancer du col de l'utérus histologiquement confirmés durant la période du 1er janvier 2015 au 31 décembre 2021. Les données de 173 patientes ont été collectées et analysées.

Les résultats ont montré que l'âge moyen des patientes était de 52,5 ans avec une moyenne de 11,6 mois de délai de consultation. La métrorragie était le principal motif de consultation avec 64,2% des cas. Plus de la moitié des patientes étaient diagnostiquées au stade III et IV selon la classification FIGO. Le carcinome épidermoïde était le type de cancer le plus fréquent. La chimiothérapie était administrée à 40,7% des patientes et plus de la moitié bénéficiait de soins palliatifs. Les chirurgies les plus courantes étaient l'hystérectomie et la colpohystérectomie élargie. 15% des patientes sont décédées pendant leur hospitalisation, et 59,5% étaient décédées à la fin de l'étude. La survie à 3 ans était respectivement de 100%, 35%, et 30% pour les stades localisés, localement avancés et métastatiques.

L'étude a conclu que le diagnostic du cancer du col de l'utérus était souvent tardif, et que le dépistage précoce et l'introduction du vaccin contre le HPV étaient nécessaires pour réduire l'incidence et améliorer la survie des patientes.

Mots clés : Cancer du col de l'utérus, Etude épidémiologique, Profil clinique, Traitement, Évolution, Centre Hospitalier Universitaire Souro Sanou.

THREE-YEAR SURVIVAL OF BREAST CANCER PATIENTS ATTENDING A ONE-STOP BREAST CLINIC NESTED INSIDE A PRIMARY CARE HEALTH FACILITY IN ZAMBIA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE

In Zambia, women with breast symptoms commonly travel through multiple levels of the health care system before obtaining a definitive diagnosis. To eradicate this critical systemic barrier to care, we nested a novel breast specialty service platform inside of a large public-sector primary healthcare facility in Lusaka, Zambia. The Matero Breast Care Specialist Clinic offers clinical breast examination, breast ultrasound and ultrasound-guided core needle biopsy to symptomatic women in a one-stop format. The main objective of the study was to determine the life expectancy and survival outcomes of a prospective cohort of women diagnosed with breast cancer who attended, received care, and follow up at the clinic.

METHODS

The effect of breast cancer stage on prognosis was obtained by estimating stage-specific crude survival using the Kaplan-Meier method. Mean lifespan was estimated according to age and stage at diagnosis using a survival analysis where age was the timescale.

RESULTS

We enrolled 302 women with histologically confirmed breast cancer into the study cohort. The overall 3-year survival was 73%. At the first year of follow up, the survival of women with stage IV disease was 50% less than those with stage I/II disease. After three years of follow up the survival gap widened to 79% (17% for stage IV vs. 96% for stage I/II). Women with early-stage breast cancer had a lifespan similar to the general population. Loss of life expectancy was significant at more advanced stages of disease.

CONCLUSION

Our findings suggest that implementing efficient breast care services for symptomatic women at the primary care level can avert a substantial proportion of breast cancer deaths. The mitigating factor appears to be stage of disease at the time of diagnosis, the cause of which is multifactorial, one of the most influential being access to an efficient service pathway of high quality.

GLOBAL NETWORKS TO PROMOTE CANCER CONTROL

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective

Cancer is one of the leading causes of death worldwide and is responsible for a significant burden on healthcare systems. The majority of global cancer deaths occur in low- and middle-income countries. The UK and Ireland Global Cancer Network (UKIGCN) and Canadian Global Cancer Network (CGCN) were established to promote international partnership to advanced fair, equitable, evidence based, cost-effective cancer control globally. These networks are in evolution.

Methods

A semi-structured survey was developed and distributed by snowball method in 2021 to scope global cancer control activities linked to individuals and organisations in the UK. The data collected would provide valuable insights into current collaborations to aid fundraising, partnership strengthening and to facilitate collaboration.

Results

A total of 88 individuals responded included individuals, universities, charities, and societies among them AORTIC. Activities were multi-disciplinary and spanned domains including prevention, treatment, governance, and palliative care. Collaborative cancer control activities were reported in a wide range of countries including 9 in the African continent one of which was pan-African, representing 95 bilateral projects.

Conclusion

Based on the data gathered a number of UKIGCN subgroups have been established. In the UK, this includes a group of UK Nigerian diaspora and colleagues in Nigeria and a group focussing on Ugandan collaborations. Both UKIGCN and CGCN organise annual events to convene, educate and advocate for global cancer control amongst other activities. CGCN has extensive networks and will perform a similar mapping exercise in 2023 to create multi-lateral partnerships involving networks and their African partners. Cancer is a global issue that is putting tremendous strain on healthcare systems worldwide. To build solutions globally, co-ordinated collaborative efforts to strengthen capacity are required to change the current situation. Global Networks are essential to promote universal health coverage and the equitable delivery of high-value cost effective practices across the world.

METAGENOMIC ANALYSIS OF GUT MICROBIOTA OF COLORECTAL CANCER PATIENTS AT THE FEDERAL MEDICAL CENTRE (FMC), ABEOKUTA, OGUN STATE, NIGERIA

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ORAL ABSTRACTS | DAY 3, SESSION 1, SESSION ROOM 205, November 4, 2023, 9:00 AM - 10:00 AM

Objective: It has been suggested that the intestinal microbiome plays a vital role in the development of colorectal cancer (CRC), but the changes in intestinal bacteria in healthy and CRC subjects have not yet been examined in the Nigerian population. The study sought to investigate changes in intestinal bacteria in healthy subjects and patients with CRC.

Methods: Genomic DNA was extracted with magnetic bead extraction and sequenced the whole genome using a Nanopore MinION sequencer. Metagenomic analysis was performed on fecal samples from 20 healthy subjects and 20 patients with colorectal cancer (CRC) to study the bacterial community structure, relative abundance, differentially abundant bacteria, and taxonomic profiling.

Results: CRC patients have significantly different bacterial community structures compared to healthy subjects. Compared to healthy subjects, CRC patients had low intestinal bacterial diversity. Only CRCs contain Gammaproteobacteria at the phylum level. Compared to CRC, Bacteroidia, and Actinobacteria were significantly more abundant in healthy subjects, while Bacilli and Negativicutes were considerably less abundant. Bacteroides and Prevotella are more abundant in healthy subjects than in CRC at the genus level. There was a greater abundance of Escherichia and Pseudomonas in CRC compared to healthy subjects. It is noteworthy that Escherichia coli, which co-occurred in both healthy and CRC subjects, was significantly elevated only in CRC, while Pseudomonas aeruginosa only occurs in CRC. Based on phylogenetic analysis, there were significant relationships between six strains of E. coli and four strains of Shigella sp. identified in CRC.

Conclusion: The present study demonstrated that the taxonomic composition and functional genes of intestinal bacteria were significantly altered in CRC. Also, E. coli and P. aeruginosa are at least partially involved in the pathogenesis of CRC.

A NATIONWIDE ASSESSMENT AND MAPPING OF BREAST AND CERVICAL CANCER SERVICES PROJECT IN GHANA: IMPLEMENTATION, CHALLENGES, AND LESSONS LEARNED

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: Breast and cervical cancers are the leading types of cancer diagnosed among Ghanaian women. Outcomes correlate with the degree of early detection, correct diagnosis, and proper multimodality treatment, hence a novel project showing availability and accessibility to screening, diagnosis, and treatment nationwide was initiated. We describe the project's implementation, highlighting challenges encountered, and surmounted.

METHODS: In partnership with Ghana Health Services from 2020 to 2021, the project team used an evaluation tool developed through the adoption of two existing surveys modified to suit comprehensive oncologic services delivery as per the NCCN guidelines for cancer care in resource-limited settings and the WHO's guidance for cervical cancer care to assess breast and cervical cancer care capacity and infrastructure in Ghanaian hospitals. Data was also collected on diagnostic centers and NGOs providing related services nationwide from the databases of the Health Facilities Regulatory Agency and the Ghana Coalition of NGOs in Health, respectively. Research assistants were trained via COVID-19-appropriate remote educational programs. Relevant ethical clearances and administrative approvals were sought prior to commencement.

RESULTS: Six in-country time-consuming and cost-incurring ethical clearances were pursued. Three hundred and twenty-eight out of 346 (95%) hospitals nationwide participated. One hundred and fifty-two diagnostic centers were identified. Thirty-two out of 352 actively registered local NGOs focused on these cancers. COVID-19 pandemic societal lockdowns and protocols altered and hindered the project's timely completion. A preliminary stakeholder dissemination webinar was organized. Detailed outputs continue to be explored, analyzed, and shared.

CONCLUSIONS:

In spite of the COVID-19 pandemic, multiple ethical clearance hurdles, and data collection challenges this study was successfully completed with lessons for any similar undertakings in Africa. The project grounds empirical evidence into service gaps in the healthcare continuum for breast and cervical cancer in Ghana.

ESTABLISHMENT OF EX VIVO DRUG SENSITIVITY SCREENING PLATFORM FOR LEUKAEMIA AND MULTIPLE MYELOMA USING A SOUTH AFRICAN PATIENT COHORT.

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective:

A recent report from Discovery Medical Schemes states that cancer is one of the main causes of mortality globally and in South Africa. The report also mentions that cancers cause more deaths than HIV, tuberculosis and malaria combined. Leukaemia is one of the top ten most common cancers in South Africa. In addition, leukaemia is the most common childhood cancer (25.4% of all cancers) in South Africa, which is similar to rates in other countries. Our objective is to develop a functional precision medicine platform designed to directly identify tailored drug regimens that target individual patient cancer cells and give benefit to the same donors by supporting clinical decision-making. We establish our ex vivo drug sensitivity screening platform for precision medicine using South African patient cohort (Leukaemia and Multiple Myeloma).

Methodology:

Through collaboration with Chris Hani Baragwanath Hospital and Wits Donald Gordon Medical Centre, Hospitals, Johannesburg, South Africa, we performed patient sample collections of n=80. Collected patient samples include Acute myeloid leukaemia (AML) (n=7), Chronic lymphocytic leukaemia (CLL) (n=4), Chronic myeloid leukaemia (CML) (n= 30), Multiple Myeloma (n=40) and health donor (n=5). Patients were included based on clinical diagnosis considering relevant inclusion and exclusion criteria. For sample, twenty millilitres (20 mL) of blood were collected and peripheral blood mononuclear cell (PBMC) isolation was then performed. Further, cryopreservation of PBMC was performed and stored in -80 or liquid nitrogen.

Results

We selected 30 drugs that are relevant for leukaemia and multiple myeloma and are currently setting up ex vivo drug sensitivity screening for patient samples (n=80) using 30 drugs with a range of 1-1000 nm.

Conclusion

Thus, we are progressing our cutting-edge translational platform from the technology readiness level (TRL4) to TRL 6. We will further developed as a packaged product of preclinical information for future precision clinical trials.

TUMOR-DERIVED AND NORMAL PRIMARY PATIENT CELL ISOLATION FOR TUMOR-SPECIFIC EX VIVO DRUG VULNERABILITIES IN SOUTH AFRICAN GYNECOLOGIC CANCERS

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ORAL ABSTRACTS | DAY 2, SESSION ROOM 201/202, November 3, 2023, 9:00 AM - 10:00 AM

Cell lines are valuable tools in drug screening, but their use has many limitations including the lack of heterogeneity and the range of genetic alterations associated with extended passage. The aim of this project was to demonstrate successful patient-derived primary cancer and normal cell culture for later use in ex vivo drug sensitivity testing. Twenty participants were recruited, of which we successfully obtained tumor biopsies. Biopsies were obtained from ovarian and uterine cancer patients during surgery, both tumor and twin normal tissue. The tumor and normal tissue biopsies were transported in ice-cold PBS and kept at 4°C for primary cell isolation within 8 hours. An in-house cell isolation method was developed, and viability assessed microscopically on seeding and after 48 hours of incubation using trypan blue exclusion, Presto Blue cell viability assay, and the optimized scratch assay for in vitro cell migration. We successfully obtained primary tumor and normal cells from solid biopsy specimens in our setting. The fresh tumors yielded 1×10^6 - 1×10^7 cells/ mL with 70-90 % viability that reduced to 50% following cryopreservation. The use of primary cancer cells in personalized therapy will improve drug response prediction and therapeutic outcomes. The validated patient sample processing method for ex-vivo drug response profiling was established for South African individual cancer patients reiterating the need to perform ex vivo drug sensitivity testing on fresh tumor. These will be reliable tools for ex vivo investigation of drug vulnerabilities in gynecologic cancers. The use of these primary cells in personalized therapy will improve drug response prediction and therapeutic outcomes.

PREVALENCE OF CERVICAL CANCER AMONG WOMEN AT FIVE HEALTH FACILITIES IN MALAWI

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE: Cervical cancer is a leading cause of cancer-related deaths in women worldwide despite being preventable and treatable when detected early. Though Malawi recommends screening women 25-49 years, screening and diagnosis rates are low. We evaluated the prevalence of Cervical Intraepithelial Neoplasia 2 and higher (CIN2+) among women enrolling in a cervical cancer screening study in Malawi.

METHODS: A prospective cohort study was implemented in four district hospitals and one urban health center beginning in March 2022. Enrolled women were screened for cervical cancer using Human Papillomavirus (HPV) testing and Visual Inspection with Acetic acid (VIA). Those testing positive on either test had biopsies collected from the cervix for histology review. One local pathologist conducted initial diagnosis, followed by international pathologists, who reviewed all abnormal diagnoses. At least two opinions were required to confirm CIN2+. National standard treatment was provided to women with VIA-positive or histology-abnormal results.

RESULTS: We enrolled 4,619 women with 4,564 having valid results. HPV-positivity was 31.6%; VIA-positivity was 7.8% with an additional 0.6% suspected of cancer. From the 1,794 women who received biopsy, 1,605 (89%) were <CIN2, 176 (10%) were CIN2+, and 13 (0.7%) unsatisfactory. To-date, 89 of 253 women have confirmed CIN2+ status, with nine of these being confirmed of invasive cervical cancer. Between the local and international pathologists, there is agreement of CIN2+ vs. <CIN2 classification in 88% of cases.

CONCLUSIONS: The higher-than-expected prevalence rate of CIN2+ is a call to scale up screening and diagnosis of cervical cancer in the country. Concern of African pathologists over-calling CIN2+ does not appear to be a concern in Malawi, but something to continue monitoring.

PROFIL DES LYMPHOMES INDOLENTS AU SERVICE D'HÉMATOLOGIE CLINIQUE DE L'HÔPITAL DALAL JAMM

Thiam A¹

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objectifs :

Les lymphomes non hodgkiniens à cellules B indolents (LNH-B) constituent un groupe hétérogène de troubles lymphoprolifératifs caractérisés par une cinétique de croissance lente et une évolution récurrente ou rénitente. L'immunomarquage occupe une place importante pour le diagnostic de ces syndromes lymphoprolifératifs B aidant à l'utilisation de l'immunothérapie.

Méthodes :

Une étude descriptive et analytique rétrospective (septembre 2016 – décembre 2022) a porté sur un recrutement de patients suivis au service d'Hématologie Clinique du CHN Dalal Jamm pour un lymphome indolent sélectionnés sur la base de l'immunomarquage. Les données épidémiologiques, diagnostiques, thérapeutiques et évolutives ont été analysées.

Résultats :

Vingt-neuf patients ont été inclus avec un âge moyen de $54,7 \pm 7,6$ ans avec un sex ratio de 1,07. Le syndrome tumoral était présent chez 72,4 % (n=21) des cas. Les patients étaient classés stade III-IV de Ann Arbor dans 75,8 % (n=22) des cas. L'immunohistochimie avait permis de retrouver 44,8 % (n=13) de lymphomes folliculaires et 41,3 % (n=12) de lymphomes de la zone marginale répartis en lymphomes spléniques (n=3), en lymphomes de Malt (n=6) et de lymphomes extra-ganglionnaires (n=3). Le lymphome lymphocytaire étaient retrouvés dans 13,8 % (n=4) des cas à l'immunophénotypage lymphocytaire. Un traitement spécifique du lymphome a été réalisé chez 86,17% (n=25) des patients dont 37,9% (n=11) avec de l'immunochimiothérapie et la chimiothérapie seule était utilisée chez 48,27 % (n=14) des patients. Une rémission a été notée chez 62 % (n=18) des patients et un décès chez 3,4% (n=6).

Conclusion :

Notre étude confirme l'apport de l'immunomarquage dans le diagnostic de certitude des lymphomes en particulier des lymphomes indolents. L'immunothérapie a permis d'améliorer le pronostic chez ces patients mais demeure le problème de son accessibilité de nos régions

PROFIL EPIDEMIOLOGIQUE, DIAGNOSTIC ET LES COMPLICATIONS SPONTANEEES DES LEUCEMIES AIGUES AUX SERVICES D'HEMATOLOGIE CLINIQUE DE DAKAR ET DE THIES.

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIFS

Les leucémies aiguës(LA) sont des urgences diagnostiques et thérapeutiques. Subdivisées en leucémies aiguës myéloïdes et leucémies aiguës lymphoblastiques, les leucémies aiguës sont des pathologies sous-estimées dans notre contexte. Ainsi notre étude avait pour but de déterminer les aspects épidémiologiques et diagnostiques de leucémies aiguës.

MÉTHODES:

Il s'agit d'une étude rétrospective et descriptive menée aux services d'hématologie clinique du centre hospitalier national Dalal Jamm et de l'hôpital régional de Thies de septembre 2019 à juin 2023. Était inclus dans notre étude tous les patients présentant une leucémie aiguë à la cytologie et ou immunophénotypage. Les données épidémiologiques, cliniques, paracliniques et les complications spontanées étaient analysées.

RÉSULTATS:

Ont étaient inclus dans notre étude 39 patients dont 21 hommes et 18 femmes avec un sex-ratio de 1,6. L'âge moyen des patients était de 36,8 ans. Le syndrome anémique était retrouvé dans n=39, le syndrome tumoral dans n=23, le syndrome hémorragique dans n=17 et le SRIS dans n=31 et les principales localisations extra ganglionnaire étaient les leucémides n=8 et la leucostase n=7. Le taux d'HB moyen était de 6,4g/dl, le taux de GB moyen était de 74000G/l et le taux de plaquettes moyen était de 71,9 G/l. La LAL était retrouvée dans 32% des cas au médullogramme et quand l'immunophénotypage était réalisé la LAM2 était la forme la plus retrouvée.

Conclusion

Les LA sont des maladies mortelles. Le syndrome anémique associé à un syndrome tumoral sont les principales circonstances de découverte. LAM est la forme la plus retrouvée chez l'adulte.

INFECTION GENITALE FÉMININE A HPV AU CENTRE HOSPITALIER REGIONAL DE SAINT-LOUIS, SENEGAL : A PROPOS DE 278 CAS

Thiam O¹, SOW D

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objectifs : Définir les caractéristiques sociodémographiques des patientes ; Déterminer la fréquence de l'infection à HPV au CHRSL, et Décrire les facteurs associés à l'infection à HPV.

Matériels et méthodes : Il s'agissait d'une étude transversale à recrutement prospectif réalisée au service de gynécologie-Obstétrique du Centre Hospitalier Régional de Saint Louis du 11 Novembre 2019 au 30 Mai 2023 soit une période de 42 mois. Pour chaque patiente, les données suivantes ont été étudiées : les caractéristiques sociodémographiques, les antécédents (gynécologiques et obstétricaux), les facteurs associés à l'infection à HPV, les résultats du test viral HPV ; de l'IVA/IVL ; du FCV ; de la colposcopie ; Cette recherche virale était faite en utilisant l'appareil Atila Biosystems. Les analyses sont effectuées grâce au Logiciel JAMOVl.

Résultats : La population d'étude était de 278 patientes. L'âge moyen des patientes était de 40,65 ans. L'âge moyen au mariage était de 20,18 ans et les ménages polygames prédominaient (55,61%). L'âge moyen au premier rapport sexuel était de 20,95 ans. L'âge moyen à la première grossesse était de 20,88 ans. Plus de (60,82%) des patientes avaient au moins deux partenaires. Le test HPV viral était positif chez (22,30%) des patientes. Les Papillomavirus haut risque étaient les plus retrouvés 53,27 %. La colposcopie était réalisée chez 17,19% ; normale et satisfaisante chez (63,64%) des patientes, avec 22,27% de biopsie cervicale et l'histologie avait montré une CIN2 et deux CIN3. Sur le plan thérapeutique, une thermoablation et deux hystérectomies étaient réalisées. Les suites opératoires étaient simples. Le suivi n'avait pas décelé de particularité.

Conclusion : Le typage viral HPV en dépistage primaire du cancer du col de l'utérus offre des opportunités et demeure réaliste et réalisable dans les pays moins avancés comme le Sénégal malgré les moyens modestes.

EXPOSITION AFLATOXINE (AFB1) ET RISQUE DE SURVENUE DES MUTATIONS DES GENES TP53, KRAS ET BRAF AU COURS DU CARCINOME HEPATOCELLULAIRE.

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

L'objectif de notre travail était de déterminer l'effet de l'AFB1 sur les mutations Ser249 de TP53, G12D de KRAS et V600E de BRAF chez des patients atteints de CHC au Sénégal.

METHODOLOGIE: Il s'agit d'une étude rétrospective menée dans les services de chirurgie et d'anatomopathologie de l'Hôpital Général Idrissa Pouye (HOGIP), le service de biochimie et de biologie moléculaire et d'immunologie de la FMPO à l'UCAD. De l'ADN a été extrait sur des blocs de paraffine et sur du tissu frais chez des patients diagnostiqués pour un CHC. Les mutations Ser249 de TP53, G12D KRAS et V600E de BRAF ont été identifiées par séquençage et la présence des adduits d'AFB1-DNA par ELISA.

RESULTATS: Au total 33 malades d'âge moyen de 44±13,8 ans ont été inclus dans l'étude. Il y'avait une prédominance masculine avec un sex-ratio de 5,4. Les adduits d'AFB1-DNA étaient significativement plus élevés dans le tissu tumoral que dans le tissu sain (491,3±29,6vs443,7±8,9 pg/ml). Le portage chronique du VHB était de 75%. Pour un seuil de positivité de 491 pg/ml d'AFB1-DNA, le risque d'apparition des mutations Ser249 (OR(IC)=0,33(0,1-1,4), G12D (OR(IC)=1,33(0,6-3)) et V600E (OR(IC)=0,68(0,2-1,9)) semble être plus important pour la mutation V600E surtout lorsque le sujet est porteur chronique du VHB (OR(IC)=1,67(0,8-4)).

CONCLUSION: L'exposition à l'aflatoxine en plus de réprimer le gène suppresseur de tumeur le TP53, jouerait un rôle dans la prolifération cellulaire en activant la voie KRAS/BRAF/MAPKinase dans le CHC.

10 YEARS OF THE INTERNATIONAL CANCER CONTROL PARTNERSHIP (ICCP) PORTAL; A TOOL FOR CANCER CONTROL PLANNERS AND RESEARCHERS IN AFRICA

Tittenbrun Z

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVE:

To explore the use of ICCP portal as a knowledge management tool for cancer planners and researchers in Africa.

METHODS:

ICCP portal is a free online library of curated resources designed to facilitate access to national cancer control plans (NCCPs) and relevant resources for cancer planners and researchers. Quantitative methods were used to analyse content management data to trace development of ICCP portal over time. Google analytics were used to track ICCP portal usage (users, location, events). A literature search was conducted to identify research papers that used ICCP portal as a database for research purposes.

RESULTS:

Knowledge creation: Over the years, as NCCPs became more widely available throughout Africa, ICCP portal grew its database of African NCCPs. In 2014, one year after the portal's launch, the database featured 12 NCCPs from Africa. This number increased to 31 in 2023.

Knowledge access: Increased interest in developing NCCPs in Africa has been mirrored by an increase in portal users from Africa. The portal traffic analytics indicate that users from Africa constituted 6,75% of total users in 2014 and 15,92% in 2022.

Knowledge transfer: The most downloaded resources in 2022 included African documents: Kenya Cancer Policy (5th most downloaded document, 85 downloads), Nigeria NCCP (8th, 61), Kenya NCCP (11th, 54), Rwanda NCCP (16th, 48), Senegal (18th, 47). Increased portal usage was observed in countries developing or updating their NCCPs (Senegal, 2023; Benin, Botswana, 2022;) with requests to include newly launched plans received from African countries (Rwanda, Cote d'Ivoire).

Literature search identified 9 research papers which used ICCP database of NCCPs and non-communicable disease plans, with 3 papers focusing specifically on Africa.

CONCLUSION:

ICCP portal has become a platform for integrated access to current NCCPs and relevant content and resources in one location, used by cancer control planners and researchers in Africa.

INCIDENCE OF CERVICAL CANCER IN THE MUNICIPALITY OF PARAKOU (BENIN) FROM 2017 TO 2021

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Introduction: There is a scarcity of data on cervical cancer at population level in Benin Republic. The Ministry of Health has established two population-based cancer registries in Benin; the Cotonou registry in 2014 and the Parakou registry in 2017. This study sought to investigate the incidence of cervical cancer in the municipality of Parakou from 2017 to 2021 based on data from its population-based cancer registry.

Method: A descriptive study design with active data collection from January 2017 to December 2021, has been used. Data collection was carried out by a cancer registrar in all the public and private health care settings of the municipality of Parakou. Patients living in Parakou for at least 6 months before the date of diagnosis and who were diagnosed with cervix cancer were included, regardless of the evidence level. Data were collected following the variables of the standardized AFCRN (African Cancer Registry Network) form and were recorded and processed with CanReg5.

Result: A total of 85 cervical cancer cases were collected. The standardized incidence of cervical cancer in the municipality of Parakou was 26 cases per 100,000 person-year. The mean age was 51.04±12.47 years, with extremes of 22 and 81 years. Of all the cases, 65.09% were histopathologically evidenced, and these were squamous cell carcinomas.

Conclusion: Screening and early detection of cervical precancerous lesions should be promoted in order to reduce the burden of cervical cancer in this area.

Keywords: Cervical cancer, population-based cancer registry, Parakou, Benin.

BARRIERS AND FACILITATORS OF LOCALIZED PROSTATE CANCER MANAGEMENT AMONG NIGERIAN PATIENTS, CAREGIVERS AND HEALTHCARE PROVIDERS

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: Sustainable delivery of high-quality care in clinically localized prostate cancer is needed to save more lives. However, limited work has been done in holistically understanding its determinants in Nigeria. To inform the future development of interventions to improve care, we aimed to identify barriers and facilitators that influence the management of clinically localized prostate cancer in the country.

Methods: Six focus group discussions (FGDs), stratified by stakeholders, were conducted with a purposive sample of prostate cancer patients (n = 19), caregivers (n = 15), and clinicians (n = 18), in two academic tertiary hospitals in northern and southern Nigeria. A discussion guide organized based on the socio-ecological model was used. FGDs were audio recorded, transcribed, and analyzed using the framework technique.

Results: Barriers in the management pathway include: limited knowledge about early-stage prostate cancer among patients, caregivers, and non-specialist clinicians in the community; beliefs about what causes prostate cancer and delays in seeking healthcare; psychological distress among patients; unaffordable healthcare costs; concerns about treatment, complications and survival; loss to follow-up; inadequate clinician communication about treatment adverse effects and shared decision making; non-uniformity in clinical guideline usage; and clinician burnout. Facilitators include: availability of general practitioners, patient peers, and caregivers to provide correct medical information and support appropriate treatment decisions; the potential for religious and traditional institutions to encourage positive health-seeking behaviour; motivation of patients to access information; informal cost-sharing models in communities for clinical expenses; formal psychological care for patients and caregivers; resource stratified guidelines for prostate cancer management and guideline-concordant staging prior to treatment planning.

Conclusion: Our study identified multiple barriers and facilitators affecting patients, caregivers, and providers during the management of localized prostate cancer. These data will inform the refinement of multifaceted implementation strategies to improve the quality of care for prostate cancer in Nigeria.

ETUDE MULTICENTRIQUE POUR AMÉLIORER LE PRONOSTIC DES LYMPHOMES B DIFFUS À GRANDES CELLULES AU SÉNÉGAL

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Introduction

Le pronostic des lymphomes B diffus à grandes cellules (LBDGC) s'est beaucoup amélioré avec l'utilisation du protocole RCHOP. En Afrique subsaharienne, ce pronostic reste encore réservé en raison du retard et de l'imprécision du diagnostic, de l'inégalité de l'accès aux soins et aux médicaments. Ainsi, nous avons initié ce travail collaboratif dont l'objectif principal était d'améliorer le diagnostic et le pronostic des LBDGC au Sénégal.

Méthodologie

En 2015, le gouvernement du Sénégal a mis en place un programme national de lutte contre le cancer, axé sur la prévention et l'amélioration du diagnostic et du traitement. En continuité à ce programme, nous avons mené en 2018 une essai clinique prospectif multicentrique de phase 2, non randomisé appelé "LymphoDak". Il incluait les patients adultes atteints d'un LBDGC nouvellement diagnostiqués aux CHU de Dakar en collaboration avec le CHU de Nancy, l'AMCC et l'INCTR. Tous les patients diagnostiqués étaient traités par 6 cycles de R CHOP avec une évaluation intermédiaire après 4 cycles, puis une évaluation finale.

Résultats

Un circuit diagnostique structuré coordonné par un assistant de recherche clinique (ARC) a été mis en place. Les délais moyens de consultation étaient de 180 jours avant l'étude et 52 jours durant l'étude. Une triple lecture des biopsies chirurgicales était réalisée avec immunohistochimie systématique (à Dakar, sur iPath et à Nancy). Les délais moyens de rendu des résultats anatomopathologiques étaient de 90 jours avant l'étude et 31 jours durant l'étude. Soixante-dix biopsies étaient réalisées dont 30 LBDGC. Le délai moyen d'initiation du traitement RCHOP était de 66,5 jours. La rémission complète était obtenue dans 60% avec une survie globale à 76,66% à 4 ans.

Conclusion

Nous montrons à travers cette étude qu'une approche collaborative et pluridisciplinaire était nécessaire pour améliorer la prise en charge et le pronostic des patients souffrant de lymphomes au Sénégal.

A COST-EFFECTIVE SMIT SLEEVE FOR RELIABLE APPLICATOR PLACEMENT IN GYNAECOLOGICAL BRACHYTHERAPY

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE

The Smit sleeve has become a widely acceptable tool that allows for easy insertion of the tandem for high-doserate brachytherapy (HDR-BT). It is inserted under general anaesthesia and remains in place during the multi-fraction treatment course. This allows for the easy and safe administration of multiple fractions of HDR-BT, while eliminating the need for multiple anaesthetic doses, which is resource intensive. Due to the single patient-use nature of these sleeves, it became important for our hospital to develop a cost-effective solution to treat about 30 HDR-BT patients per month.

METHODS

A CAD-generated drawing of the sleeve was converted into GCODE format and printed on a 3-D printer using Polyethylene Terephthalate Glycol (PETG) as printing filament. This material provided a good compromise between rigidity and strength. Various iterations of the design improved the functionality of the sleeve.

The sleeves were then placed in a chlorhexidine gluconate solution for three days to assess the durability. The pre-treatment CT dataset was used to determine the positional reliability and visibility of the sleeves.

RESULTS

The new sleeve accommodates our tandem-ring applicators commonly used for HDR-BT treatments. The sleeves proved to be more reliable in placement compared to their vendor-equivalent sleeves and are clearly visible on the CT datasets. A set of these sleeves can be manufactured for approximately 1 ZAR (South African Rand), once the initial printer cost is absorbed.

CONCLUSIONS

The 3-D printed sleeves are manufactured on-site and have proven to be cost-effective in our resource-constrained setting. The design is continuously adapted to suit different HDR-BT treatments of gynaecological cancers. The authors hope that this inspires other resource-constrained sites to employ a similar approach.

HEALTHCARE PROVIDERS' PERSPECTIVES: BARRIERS AND ENABLERS TO EARLY DETECTION OF BREAST AND CERVICAL CANCERS AMONG WOMEN ATTENDING PRIMARY HEALTHCARE CLINICS

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective

Low-and-middle income countries (LMICs) contribute approximately 70% of global cancer deaths. South Africa and other sub-Saharan African (SSA) countries, bear among the world's highest breast and cervical cancer mortality rates in women. Despite existing policies and guidelines for early detection and treatment, these cancers are diagnosed at late-stage disease. We explored perspectives of contextual enablers and barriers for early detection of breast and cervical cancers among facility managers and clinical staff at 6 primary healthcare clinics in Soweto, Johannesburg, South Africa.

Methods

We conducted 22 semi-structured in-depth interviews between August-November 2021 among 13 healthcare providers and 9 facility managers from 6 primary and community healthcare centres in Greater Soweto. Interviews recorded, transcribed and translated to English, were analysed using framework analysis. Findings were organized within socioecological model domains (Policy, Health System, Patients) and explored within the Capability, Opportunity and Motivation model of behaviour (COM-B) for pathways that may influence the low screening provision and uptake

Results

Providers perceived insufficient cancer training support and staff rotations to contribute to their poor knowledge on cancer symptoms, and screening techniques. This coupled with provider perceptions of poor patient cancer and screening knowledge revealed low capacity for cancer screening. Providers perceived low opportunity for cancer screening due to limited screening services and facilities, insufficient providers and supplies and barriers to accessing laboratory results. Providers perceived women to regard cervical cancer screening as painful, to self-medicate and consult with traditional healers and access primary care for curative services only.

Conclusion

These findings reveal the current low capacity, opportunity, and motivation to provide and demand breast and cervical cancer screening services in Soweto. Nevertheless, cost-effective interventions can be implemented to address these perceived barriers including multi-stakeholder education, mobile and tent screening facilities and using existing community fieldworkers and NGO partners in providing screening services.

AN EXPLORATORY STUDY OF INEQUALITIES IN CANCER TREATMENT ENGAGEMENT IN NORTHERN GHANA.

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective

We previously conducted a critical interpretive synthesis on access to cancer treatment in Ghana (Tuck et al., 2022), revealing a gap in understanding influencers on treatment engagement in the northern region. In 2021, Tamale Teaching Hospital established an oncology centre. Discussions with their hospital management highlighted treatment retention challenges, linked with health inequality. Routine digital records are not currently used as evidence for decision making.

Through a collaborative approach (involving researchers and practitioners), we sought to:

- Assess factors influencing cancer treatment engagement in Northern Ghana, using patient records.

Methods

Routine cancer data from November 2020 – 2022 were accessed, cleaned, and analysed in R. The outcome variable was a binary measure of treatment engagement designed using treatment pathway mapping. Independent variables were social-economic and demographic (age, sex, region, occupation, health insurance status), disease, stage and treatment. Missing data was cross-checked with written notes and clinical judgments. Offsite referrals were followed up. Exploratory analysis used logit regression and multilevel analysis of individual heterogeneity and discriminatory accuracy. Sensitivity analysis for missing data uncertainty was conducted using multiple imputation by chained equations (MICE).

Results

From 711 cases identified, 499 cases were included after cross-checks and duplicate removal. Logistic regression and multi-level logistic regression models are currently being built (summary statistics will be presented). Treatment outcome data were missing for 230/499 (0.461) cases; sensitivity analysis using MICE will indicate the predictive uncertainty. Discussions through the data acquisition process highlighted that the non-linear patient pathway is not captured in current routine data.

Conclusion

There is potential to use individual patient data to highlight inequalities in cancer treatment engagement and inform decision making. However, the large degree of missing data indicates the need to support institutional strengthening to better understand barriers to cancer reporting in the local context, which subsequent research seeks to address.

LEVELS OF ADHERENCE TO TREATMENT AND FOLLOW-UP RECOMMENDATIONS AFTER POSITIVE SCREENING FOR CERVICAL PRECANCEROUS LESIONS IN ETHIOPIA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective:

Although cervical cancer can be prevented with HPV vaccination and screening, incidences in sub-Saharan African countries remain high. In Ethiopia, visual inspection with acetic acid (VIA) screening is offered free of charge. Women with a VIA-positive screening should receive treatment with cryotherapy/thermal ablation or LEEP and a follow-up examination is recommended 1 year after treatment. While current studies are primarily investigating the reasons for the low use of screening, it is not yet known whether the women who are screened VIA positive receive treatment for (pre)cancerous lesions and follow-up care.

Methods

Our retrospective observational study collected data from all women who screened positive with VIA between 2017 and 2020 in 14 randomly selected health facilities in two regions. Data for all 741 women with a VIA-positive screen were extracted and, using the registered phone interviews, those women were asked to participate in a questionnaire-based phone interview about their pathways after the positive screen and barriers/enablers on the way.

Results

Between 2017 and 2020 around 13.800 women had received a screening with VIA in the 14 health facilities - of those, 821 were found VIA-positive. Over 90% of women with a positive screen received treatment, but only about half of the treated patients returned for a follow-up examination. educational status, health facility related barriers were shown to have an influence on the adherence to follow-up.

Conclusion

Our study provides a baseline assessment of levels of adherence to follow-up recommendations, which will be added as a key indicator for monitoring screening quality. While adherence to treatment was high, adherence to follow-up recommendations needs to improve. Our results provide evidence for further interventional studies.

TRENDS IN THE INCIDENCE OF OVARIAN CANCER IN SUB-SAHARAN AFRICA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: Ovarian cancer (OC) is one of the commonest cancers of women in sub-Saharan Africa (SSA), although to date no data have been available on time trends in incidence to better understand the disease pattern in the region. In this study, we estimated the trends of Ovarian Cancer from 12 population-based cancer registries in 11 countries from Sub-Saharan African Countries.

Methods: We estimate time trends by histological subtype from 12 population-based cancer registries in 11 countries: Kenya (Nairobi), Mauritius, Seychelles, Uganda (Kampala), Congo (Brazzaville), Zimbabwe (Bulawayo and Harare), Cote d'Ivoire (Abidjan), The Gambia, Mali (Bamako), Nigeria (Ibadan), and South Africa (Eastern Cape). The selected registries were those that could provide consistent estimates of the incidence of ovarian cancer and with quality assessment for periods of 10 or more years.

Results: A total of 5,423 cases of OC were included. Incidence rates have been increasing in all registries except Brazzaville, Congo, where a non-significant decline of 1% per year was seen. Statistically significant average annual increases were seen in Mauritius (2.5%), Bamako (5.3%), Ibadan (3.9%) and Eastern Cape (8%). Epithelial Ovarian Cancer was responsible for the increases observed in all registries. Statistically significant average annual percentage changes (AAPC) for epithelial OC were present in Bamako (AAPC=5.9%), Ibadan (AAPC=4.7%), and Eastern Cape (AAPC=11.0%).

Discussion: Awareness should be created among all actors on the current incidence of the disease so as to take steps to improve access to diagnosis and treatment of OC in SSA. Support must be given to the cancer registries to improve the availability of good-quality data on this important cancer.

DIFFERENTIAL EXPRESSION OF CYCLIN D-1 IN PITUITARY ADENOMA: RELATION TO AGGRESSIVE POTENTIAL.

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE

Studies have shown an overexpression of Cyclin D-1 in many tumours including aggressive pituitary adenomas. Most of the pituitary adenoma cases seen in our country - Nigeria, present in advanced stages of the disease with complications of visual impairments. Targeted anti-Cyclin D-1 therapy is already being employed in the management of some neoplasms including breast cancers. This research was aimed to determine any increased expression of Cyclin D-1 in aggressive pituitary adenomas when compared to non-aggressive pituitary adenomas and normal anterior pituitary tissues.

METHODS

In this ten-year (2009-2018) retrospective case-control study, two tissue microarrays (one 2-mm core per patient) constructed from mitotically active hot spots on paraffin-embedded tissue blocks of 70 pituitary adenoma cases (confirmed with H&E and reticulin stains) diagnosed at Lagos University Teaching Hospital, Nigeria, and 29 non-diseased pituitary tissues (harvested at autopsy) were sectioned and stained with anti-Ki-67, anti-Cyclin D-1 and various anterior pituitary hormonal immunostains. Aggressive pituitary adenomas were identified using the WHO criteria (mitotic rate $>2/10\text{hpf}$ & Ki-67 labeling index $> 3\% \pm$ evidence of invasion – identified radiologically).

RESULTS

The male-to-female ratio and median age of the patients with pituitary adenoma were 1.6:1 and 45 years respectively. Fourteen (20%) of the pituitary adenomas were identified as aggressive (invasive $n=8$; proliferative $n=6$). Strong and moderate nuclear Cyclin D-1 expression was highest in these aggressive pituitary adenomas (85.7%), followed by non-aggressive ones (67.9%), and it was absent in normal pituitary tissues (0%), ($p<0.01$).

CONCLUSION

The overexpression of Cyclin D-1 was found more commonly in aggressive pituitary adenomas, indicating its potential role as a target in early detection and treatment development. This study suggests the possibility of personalized management strategies for aggressive pituitary adenomas, including prognostication and innovative treatments based on Cyclin D-1 expression.

ONC4U; LIFE CHANGING TECH IN ONCOLOGY. “IMPACTING CANCER DIAGNOSIS, TREATMENT AND OUTCOME IN AFRICA”.

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Introduction

The estimated cancer incidence in Africa will reach 1 million by 2030, double again by 2040, at which point cancer will be the leading cause of death. Cancer diagnosis & treatment in Africa are not available for all patients and are still on an elementary level. Only 3% of the African clinical trials are in oncology.

The systems that are being used to register cancer patients are elementary, diverse and decentralized and lead to insufficient and/or incomplete data..

The diverse cancer patient population in Africa however, is highly relevant for clinical cancer research. Participation of these patients in clinical trials is, as indicated by local oncologists and local health care authorities, indispensable.

In parallel, and as expressed by the FDA, there is a global growing demand for diversity of patient populations in clinical trials; some of the differences in cancer risk factors, incidence and outcome among people of different racial and ethnic backgrounds can be attributed to biological factors such as genetic profiles.

OBJECTIVE

Afri-Onc's strategy is implementing its technology platform ONC4U in Africa to:

- register cancer diagnosis, treatment and outcome of cancer patients ('Cancer Registry').
- match registered cancer patients to available clinical oncology trials ('Trial Match') which is the business model.

Rwanda has been selected as pilot country.

METHODS

A digital, cloud based, advanced Cancer Registry in which oncologists match cancer patients to available clinical trials in one platform (ONC4U).

RESULTS/CONCLUSION

A major impact is expected as the ONC4U platform will:

- Provide complete & valuable cancer data insights;
- Increase quality of cancer health care and infrastructure;
- Increase the number of (sponsored) oncology trials & recruitment of patients
- Provides cancer patients with additional treatment options
- Boost local economies
- Meets United Nations Sustainable Development Goals (SDG's) 3, 4, 8, 10

INFLUENCE OF PROGNOSTIC GROUP CLASSIFICATION OF ADVANCED MALE GERM CELL TUMOR ON TREATMENT OUTCOMES

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¹BINOR Cancer Hospital

POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: To investigate the influence of IGCCCG prognostic group classification and histology on treatment outcomes in our local Male Germ Cell Tumors population.

DESIGN: It was an observational study.

SUBJECTS: Fifty patients diagnosed with advanced male germ cell cancer completing first line treatment, between 2011- 2014.

Intervention(s): Patients with proper follow-up record of 5 years post-treatment were included. Patients were classified into good, intermediate and poor prognostic groups according to IGCCCG criteria.

MAIN OUTCOME MEASURE(S): The outcomes of all three prognostic groups were measured including response to first line treatment according to MSKCC criteria and five years OS. Survival rates were calculated using Kaplan and Meier method. The level of significance was set at $P < 0.05$.

RESULTS: Mean age of patients was 30.6 years + 9.49 years. Major primary site of involvement was right testicle i.e.56.0%. Complete response was observed in 23 (46.0%) patients. The patients classified into good prognostic group (n=29) had significantly superior ($p=0.002$) five years OS (86.2%, n= 25). Additionally, CR was higher in seminoma i.e. 12 (63.15%) while it was limited to 11(35.48%) in NSGCT; however, inferior response rate in NSGCT did not translate into statistical significance in 5 years OS.

Conclusion: The IGCCCG prognostic groups are an effective tool for predicting treatment outcomes in terms of 5 years Overall survival in our local population and histology plays a secondary role in this regard.

KEY WORDS: Prognostic group, Histology, Overall survival, complete response

EFFECT OF RWANDA'S REVISED APPROACH TO INTEGRATING CERVICAL CANCER SCREENING AND BREAST CANCER EARLY DETECTION ON CLINICAL BREAST EXAM PROVISION

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ORAL ABSTRACTS | DAY 3, SESSION 2, SESSION ROOM 203, November 4, 2023, 9:00 AM - 10:00 AM

OBJECTIVE: Global cancer experts have called for integration of breast and cervical cancer screening in low- and middle-income countries, but there is limited data to inform optimal strategies. Rwanda's Women's Cancer Early Detection Program (WCEDP) integrates breast cancer early detection with cervical cancer screening at primary health facilities; demographic and clinical information are recorded using a tablet-based electronic medical record (EMR). Previously, clinical breast exam (CBE) was provided for all women receiving cervical cancer screening. Because of low cancer detection rates, the WCEDP was revised to perform CBE for women with breast symptoms or those specifically requesting CBE. We examined screening patterns in the first 3 districts implementing this revised strategy.

METHODS: We extracted EMR data on encounters at 15 health centers, 5 per district, July 2020 - December 2022. Health centers were selected based on quality scores from Rwanda's Performance-Based Financing program, catchment population size and geographic region to achieve a diverse sample.

RESULTS: Total population served by the 15 health centers was 605,987. Of 17,365 encounters for cervical cancer screening during the study period, 5,252(30.2%) also included CBE. An additional 1,095 encounters involved CBE only. In 31.7% of all CBE encounters, patients reported breast symptoms. Mean age was 37 years (standard deviation (SD):6) among women receiving cervical cancer screening only; 37(SD:14) among individuals receiving CBE only, and 39(SD:8) among those receiving both services. Analysis of cancer diagnoses is underway.

CONCLUSIONS: Following a policy change designed to target CBE to high-risk women, one-third of women receiving cervical cancer screening also received CBE, instead of all women. Ongoing analyses will determine whether this improved efficiency of care delivery or affected cancer detection. This is the first analysis using data from the integrated WCEDP EMR, suggesting the potential of this information system for examining cancer screening in rural resource-constrained primary care settings.

BLADDER CANCER EPIDEMIOLOGY AND EARLY DETECTION IN AN AFRICAN SCHISTOSOMIASIS-ENDEMIC SETTING

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: TERT promoter mutations detected in urine (uTERTpm) have high sensitivity and specificity for the early detection of bladder cancer (BC) in Europe and Asia where most BC are urothelial carcinomas. With a view to investigating whether uTERTpm may be an appropriate biomarker for the schistosomiasis-related squamous cell carcinoma BC prevalent in Africa, we aim to aid early detection of bladder cancer in two steps: (1) predict populations at high risk of BC based on analysis of epidemiological risk factors only; and (2) evaluate the sensitivity and specificity of the uTERTpm for BC diagnosis, which could be applied in the future among high-risk individuals identified in step 1.

METHODS: A BC case-control study is being conducted in Zomba, Lilongwe and Blantyre, Malawi. Cases are histologically confirmed BC and controls are age-sex frequency-matched guardians of non-case patients. Detailed sociodemographic, occupational, and lifestyle data are collected through face-to-face interviews in Chichewa. Urine samples are collected for all participants and frozen tumour samples for cases. TERTpm will be assessed in urine samples and tumor tissues using sensitive droplet digital PCR assays.

RESULTS: On-going recruitment commenced in July 2022. Currently, 76 cases and 58 controls have been recruited. 55% of BC patients are men, with an average age at diagnosis of 51 years. Preliminary results show that ever-smoking does not differ between cases and controls, but the number of cigarettes smoked per day is higher among cases (odds ratio 2.32 (95% CI: 1.01-10.14 per each cigarette increase). Fishing activities are strongly associated with BC (OR: 3.9; 95% CI: 0.97-20.3 for 5 days/week or more vs never).

CONCLUSIONS: Risk factors are emerging to identify high-risk individuals for bladder cancer, in whom the uTERTpm might stand as a promising non-invasive biomarker in early detection. Extending this study to other schistosomiasis endemic settings across Africa is needed.

MATERNAL ORPHANS DUE TO CANCER IN AFRICA: FIRST ESTIMATES OF THE INTERGENERATIONAL IMPACT OF CANCER DEATHS

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ORAL ABSTRACTS | DAY 3, SESSION 4, OVAL ROOM, November 4, 2023, 3:20 PM - 3:50 PM

OBJECTIVE: At young adult ages, cancer deaths affect women disproportionately more than men in Africa. These premature deaths can have large repercussions on families, especially if the woman was a mother. As per the UNICEF definition, her children under 18 years of age become maternal orphans upon her death. Across Africa, we estimated the number of children who became maternal orphans due to cancer in 2020, by country and type of cancer death.

METHODS: For 54 African territories/countries, GLOBOCAN female cancer deaths—by country, cancer type and age at death - were multiplied by each woman's estimated number of children at the time of her death, which were in turn calculated based on the mother's prior fertility rates taken from UN World Population Prospects. Adjustments for prior child mortality and parity-cancer risk associations were also made.

RESULTS: We estimated that of the 1,047,000 children worldwide who became new maternal orphans due to cancer in 2020, 370,000 of these children were in Africa. Seven countries made up half of Africa's maternal cancer orphans: Nigeria, Ethiopia, Democratic Republic of Congo, Uganda, Mozambique, Tanzania and Kenya. Compared to a global estimate of 40 new maternal orphans due to cancer per 100,000 children, almost all African countries had higher ratios (up to 112), especially Malawi, Mozambique and Cameroon. 55% of these orphans due to maternal deaths from breast (105,000, 28%) and cervical cancer (99,000, 29%).

CONCLUSIONS: We highlight a sad and neglected consequence of female cancer deaths in Africa: in excess of one-third of a million children become maternal orphans due to cancer deaths each year. Acceleration of cervical cancer screening, HPV vaccination and earlier detection followed by quality treatment of all cancers, especially breast cancer, are needed not only to reduce cancer deaths in women, but also to lessen this intergenerational impact.

DELAYED DIAGNOSIS OF HIV-ASSOCIATED LYMPHOMA IN SOWETO, SOUTH AFRICA; A PATIENT PERSPECTIVE

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: Lymphoma has emerged as a leading cause of cancer-related mortality in people living with HIV (PLWH). Delayed diagnosis of HIV-associated lymphoma is an emerging public health crisis brought on in part due to PLWH living longer on antiretroviral therapy. Little is known about the patient-experience during HIV-associated lymphoma diagnosis. We set out to explore the barriers to lymphoma diagnosis from the patients' perspective in South Africa.

Methods: Using a qualitative approach, we conducted a total of 15 in-depth interviews (IDIs) between October 2022 and April 2023 with PLWH and lymphoma diagnosed at Chris Hani Academic Baragwanath Hospital in Soweto, South Africa. Participants were purposively sampled through the department Hematology. All interviews were conducted in the participants preferred local language and/or English. IDIs were audio-recorded, transcribed verbatim, and entered into NVIVO for framework data analysis mapped onto a socio-ecological model.

Results: The median age of participants was 41 years (IQR: 37 – 49) with 53% females. Participants reported individual demographic and risk factors attributed to their individual risk behavior, and fundamental barriers that occur at the health system as barriers to diagnosis. Individual risk behaviors included distrust in the health system resulting in reluctance to seek care until in critical condition. Health system barriers included: use of alternative/traditional medicine as first contact with the health system, delayed triage to hospital from outpatient clinics, and lengthy time to diagnosis at tertiary institutions resulting in prolonged hospital stays.

Conclusions: Lack of information and socio-cultural beliefs shape individuals' decision to seek care within the primary healthcare system. Patient level delays in seeking care and initial preference for traditional medicine are downstream effects that often result in prolonged hospital stays when care is sought. Increased awareness about HIV-associated lymphoma diagnosis at both primary healthcare and community level could be beneficial.

HIGH LYMPHOMA RELATED MORTALITY IN A PROSPECTIVE COHORT OF HIV PATIENTS ATTENDING A FINE NEEDLE ASPIRATION CLINIC IN SOUTH AFRICA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: Lymph node fine needle aspiration (FNA) is an important diagnostic modality for lymphoma in people living with HIV (PLWH) in Johannesburg, South Africa. We set out to better understand the diagnostic triage for lymphoma diagnosis following an FNA suggestive of lymphoma in a prospective cohort.

Methods: A prospective observational cohort of patients undergoing FNA at Chris Hani Baragwanath Academic Hospital in Soweto, South Africa was undertaken. Study participants were enrolled at time of FNA from September 2021 to December 2022, and underwent serial follow-up visits over 8 months or until development of lymphoma or death.

Results: One hundred and forty-six PLWH undergoing FNA were enrolled, including 70 males (48%). The median age was 40 years (IQR 33-49) and median CD4 count was 210 (IQR 100 - 410; n=137). Cytological findings suggestive of lymphoma were seen in 20 participants (14%). Forty-three percent (9/20) had a biopsy to confirm a diagnosis of lymphoma and were referred to a Hematologist for care; 1 participant was diagnosed with lymphoma despite FNA cytology not suggestive of lymphoma (reactive); 2 participants remain in follow-up. To date, 24 participants have died (16%). Lymphoma was the leading contributor to death in 10/24 (42%), followed by TB (29%), other malignancy (17%), other infection (8%) and unknown cause (4%). Nine of the 10 lymphoma related deaths occurred during the work-up for lymphoma and prior to starting chemotherapy; the 1 remaining death occurred within 2 months of lymphoma diagnosis.

Conclusions: FNA is an important screening modality in this high HIV and TB burden region. Following an FNA suggestive of lymphoma, a high mortality rate was noted. Linkage between a suspicious FNA and diagnostic biopsy for lymphoma diagnosis appears inadequate as only 43% of participants were diagnosed and survived long enough to be referred to Hematology for treatment consideration.

COMMON METASTATIC SITES IN LUNG CANCER PATIENTS ATTENDING CARE AT MOI TEACHING AND REFERRAL HOSPITAL, WESTERN KENYA.

Wanja M¹, Rutto R¹, Atundo L¹

¹Mtrh-ampath

ORAL ABSTRACTS | DAY 5, SESSION 2, SESSION ROOM 201/202, November 6, 2023, 9:00 AM - 10:00 AM

Objective

This study aims at describing the distribution of site-specific metastases in lung cancer patients according to histological subtypes. Moreover the rates of pleura metastases according to the presence of other metastatic sites.

Methods

The study employed a retrospective review of records of all patients with a histological diagnosis of primary lung cancer who were enrolled in the Lung Cancer Program at MTRH AMPATH Oncology Clinics from January 2018 to January 2021. The clinical records contained data on age at diagnosis, date of diagnosis, gender, histological types, and subtypes, and the metastatic sites upon staging. The outcome of the patients was also established.

Results

During the study period, 154 patients were diagnosed with metastatic lung cancer disease. Out of these, 94% were diagnosed with metastatic non-small cell carcinoma while the rest 6%, had small cell lung cancer. The Percentage occurrences on the specific metastatic sites were: Pleura (31%), contralateral lung, bone and liver (5%) were common in metastatic adenocarcinoma. Pleura (15%) and Liver (13%) were common in metastatic squamous cell carcinoma. The rates of pleura metastases according to the presence of other metastatic sites comprised of 15% for metastatic adenocarcinoma, 75% for metastatic Broncho-alveolar carcinoma and 16% in metastatic squamous cell carcinoma. 64% of the patients had single metastatic site, while 36% had more than two metastatic sites. Pleural metastases was higher in all lung cancer histological subtypes.

Conclusion

Pleura, liver, contralateral lung, brain and bones were the top five metastatic sites. The overall survival of lung cancer remains relatively low mainly attributed to high risk of distant metastasis. In the case of the lung program, western Kenya, the overall survival, 6 months, 1 year, 2 years and 4 years was 47%, 27%, 15% and 10 % respectively. Lung cancer need to be diagnosed early to improve survival and limit metastasis.

LUNG CANCER PRESENTATIONS AMONGST PATIENTS ATTENDING CARE AT A NATIONAL REFERRAL HOSPITAL ONCOLOGY CLINIC IN WESTERN KENYA.

Wanja M¹, Rutto R¹, Atundo L¹

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

OBJECTIVES:

The aim of this study was to increase the index of suspicion and promote prompt diagnosis of lung cancer by establish priority clinical presentations as seen at the Moi Teaching and Referral Hospital, a national referral facility in Western Kenya.

METHODS:

A review of all cases presenting at the Lung Cancer clinic was done and documentation of signs and symptoms made. On diagnosis of lung cancer, a retrospective analysis was made to establish the presenting complaints for every patient with lung cancer from January 2018 to December 2022. Percentage occurrence for every presenting symptom was tabulated to give a reflection of common symptoms over the study period. The study period was selected based on the period of inception of lung cancer care and treatment program to when the sample size was sufficient to give a true reflection.

RESULTS

Out of the 268 patients diagnosed with Lung cancer through the program, the percentage occurrence was as follows; chest pains at 82%, cough 79%, Difficulty in breathing 44%, hemoptysis 31%, back pain 25% and weight loss at 23%. Other symptoms accounted for 59%. Others symptoms included hoarseness of voice, general body malaise, abdominal pain, hemiplegia, nausea and vomiting and neurological symptoms. 93% of the patients presented with more than two symptoms.

CONCLUSION:

Chest pains, cough and difficulty in breathing are the most outstanding symptoms related to lung cancer. For a high index of suspicion, healthcare providers should identify clients with such symptoms and consider further investigations. Prioritizing them will ultimately lead to early identification of clients with probable lung cancer and therefore a need for prompt diagnostic interventions. These symptoms should also be part of community health workers training to support prompt referrals and improve outcomes.

IN VIVO ANTI-HEPATOCELLULAR CARCINOMA EFFECTS OF THE CHLOROFORM ROOT EXTRACT OF CLAUSENA EXCAVATA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: The study was conducted to investigate the in vivo anti-hepatocellular carcinoma effects of the chloroform extract of the herb, *Clausena excavata* that is commonly used in Nigerian folk medicine.

Method: Liver cancer was induced in mice by a single intraperitoneal injection of diethylnitrosamine (DEN) followed by oral administration of the promoter of carcinogenesis, 2-aminoacetyl fluorine that was mixed with the mice feed.

The cytotoxicity of the extract of *C. excavata* on liver cancer cells was investigated using liver enzyme, DNA fragmentation and caspases assays. In addition, RNA was extracted from the hepatic tissues and reverse-transcribed to cDNA that was used to conduct real time-qPCR to evaluate the effect of the extract on apoptotic genes.

Result: The findings revealed that the extract of *C. excavata* decreased the progression of hepatocarcinogenesis and the production of the liver enzymes, alanine and aspartate amino transferases. The extract also provoked significant expressions of caspase 9 protein and mRNA as well as other apoptotic genes.

Conclusion: We postulate that the extract of *C. excavata* induces apoptosis of liver cancer in mice.

TRACKING BREAST CANCER DIAGNOSTIC APPROACHES IN BUNGOMA COUNTY-WESTERN KENYA

Wekesa B¹

¹Ministry Of Health-kenya

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Background/Objective

Breast cancer diagnosis is still a major challenge in Bungoma County despite the fact being the leading cancer both in incidence and mortality among women globally.

The purpose of the study was to identify the diagnostic approaches available and the barriers associated with breast cancer diagnosis in Bungoma County.

Methods

We selected breast cancer diagnosed patients from the Bungoma County Referral Hospital medical records. The facility also serves referrals from neighboring 3 counties within western Kenya and parts of North rift. Tracing of the procedures and activities involved before diagnosis was done.

Results

Between March 2021 and February 2022 there were a total of 60 patients diagnosed with cancer of the breast but 40 with complete histology results (IHC inclusive).100% of the patients were female and the median age was 45(24-73).75% of the patients had passed through Bungoma County Referral Hospital before being referred while the remaining 25% had been seen in private facilities within the county.

Among the 30 patients seen at Bungoma County Referral Hospital 25(83.3%) were referred for core-needle biopsies at Eldoret while the other 5(16.7%) underwent lumpectomies preceding histology.

Total number of patients	60
Patients with complete histology+IHC	40
Patients seen and screened at BCRH	30
Patients seen in private hospitals	10
Patients referred for core-needle biopsies	25
Patients who had lumpectomies	5

Conclusion

Despite the efforts made in breast cancer screening in Bungoma County, there is still a discrepancy in making a diagnosis that needs to be addressed. There is a gap in performing biopsies as the definitive diagnostic approach. The few biopsies that are done are either image guided or after lumpectomies which are expensive for the majority of the patients .Discrepancies on IHC results was also noted for those whom had successful biopsies taken.

CAPACITY BUILDING OF NURSES TO ASSESS MENTAL HEALTH NEEDS OF CANCER PATIENTS AT MOI TEACHING AND REFERRAL HOSPITAL, IN KENYA

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Most patients with cancer suffer from mental disorders that are undiagnosed and untreated. Initiatives only focus on physical health. Building nurses' capacity on mental health screening in cancer care and appropriate referral will help improve quality of life for patients. to increase by 50% the proportion of nurses conducting mental health assessment of patients at cancer care Center , 80% the number of patients receiving referral to mental health professional through their regular contact with the nurses and 40% the number of patients that follow through after a mental health referral and engage with a mental health care professional.

primarily targeting nurses working in cancer care wards/ treatment centers, who are identified and followed up cancer patients with need of mental care

This is prospective, one group, pre-post design quality improvement project targeting nurses working in cancer treatment centers and wards at MTRH. A baseline survey using questionnaire and checklist to assess nurses' knowledge, attitudes and practice towards mental health and cancer will be conducted. A hybrid educational program combining online and in-person education over 8-12 - weeks' time period will be implemented.

Nurses will complete a questionnaire prior to and post capacity building to determine baseline data and assess changes in practice on a Likert scale to determine and compare knowledge, attitudes and practices of mental health assessment post training with pre-training. Generalized Linear Mixed Model will be used to determine self-reported changes and analyzed by Chi Square $p \leq .05$.

The model will guide decision on extent to which outcome is achieved; if the target population of nurses were trained, changes in the proportion of nurses referring patients to mental health resources at 1- and 3-months compared to baseline, number of patients being screened for mental disorders and referred. Negative outcome will be investigated and corrective measures taken.

CHARACTERISTICS OF BREAST CANCER PATIENTS ATTENDING MOI TEACHING AND REFERRAL HOSPITAL IN WESTERN KENYA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Breast cancer is the most common cancer in women worldwide, estimated to have caused over 508,000 deaths in 2018. Although is thought to be a disease of the developed world almost 50% of breast cancer cases and 58% of deaths occur in low and middle income countries. 80% of cancer cases are diagnosed in late stages limiting their management. The status of many Kenyan women influences their health seeking behaviors. The study sought to find out these factors and how they can be addressed with an objective to determine the characteristics of breast cancer patients attending MTRH in western Kenya, the demographic characteristics of breast cancer patients, level of breast cancer awareness and factors that influence participation in breast cancer screening. Cross-sectional research design employed. A sample size of 120 . Data analyzed by descriptive & inferential statistics, represented on tables, Bar graphs and pie charts. Results show, Breast cancer affected persons from all ages. A major(89%) sought medical attention because of presence of symptoms, felt discomfort and unusual changes.(30.7%) of the respondents had stayed for a considerable 1 year with the cancer before they went to the hospital with (31.7%) of the Breast Cancer Patients being diagnosed in stage 3. The main reason for late presentation was lack of knowledge(65%). (81.2%) were aware of breast cancer and the main source of information being Barazas, Local radio and National television. The study concluded that there was lack of awareness, hence the reason why even after the symptoms presented, many of them still did not visit the health facility immediately but waited. there is low knowledge which did not serve to help the women seek immediate medical care. education on breast cancer should be expanded to rural and Peri-urban centers and campaigns mounted to increase screening uptake to improve outcomes.

EFFECTS OF BREAST CANCER NAVIGATION PROGRAM AT MOI TEACHING AND REFERRAL HOSPITAL AND ITS SATELLITE CAMNCER CLINICS IN WESTERN KENYA

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

ABSTRACT

Background: Breast Cancer Screening Programmes have been deployed in few developing countries to aid curb increasing burden. However Breast cancer is being detected in late stage, attributed to barriers in health care. Patient navigation programmes have been associated with early detection and timely diagnosis. Despite the consistence positive effects of breast navigation programmes, there are no studies conducted to show its effect in LMIC's where the needs are enormous.

Objectives: To evaluate the effect of patient navigation programme on patient return after an abnormal clinical breast cancer screening examination finding at Moi Teaching and referral Hospital and its satellite Cancer clinics in Western Kenya

Setting: Women Presenting for Breast Screening

Methods: cross-sectional research design a before-and-after study was conducted on 76 patients before and after implementation of navigation programme. They were followed up for 1 month.

Measures included proportional of patient return and time to return.

Results: The proportion of return of patients in the navigated and non-navigated group was 57.9% and 23.7% respectively (odds Ratio 2.85 at 95% confidence Interval, 0.34-24.30, p value=0.34). The mean time to return in the navigated group was 7.33 days and 8.33 days respectively (p=0.67)

Conclusion: there was an increase in the proportion of patients who returned for follow-up following abnormal clinical breast examination finding after implementation of breast navigation programme

Recommendation: patient navigation programmes to be considered in screening programmes due to its significant effect .However, a more robust study design such as randomized controlled trial can be used to confirm this apparent superiority

ETHICAL ISSUES FACING HEALTH CARE WORKERS IN THE PROVISION OF PALLIATIVE CARE TO CANCER PATIENTS IN KENYA: A PILOT STUDY

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ORAL ABSTRACTS | DAY 5, SESSION 3, SESSION ROOM 205, November 6, 2023, 9:00 AM - 10:00 AM

Objective: To explore the awareness and perceptions of healthcare providers on three specific areas of palliative care for cancer patients: disclosure, advance care planning and advance directives, and artificial nutrition and hydration.

Methods: Cross sectional pilot study using a survey questionnaire with 3 sections that captured the participants' demographics, knowledge and practice approaches by using case scenarios in the 3 areas of inquiry. There were 5 study sites with 44 participants.

Results: Majority of the participants were nurses 30 (68%) with others being doctors (4), clinical officers (4), social workers (3), counselling psychologists (2) and a nutritionist (1). Although all participants (44) felt it was the patients' right to know the diagnosis with the same importance given to the family, 32% were not comfortable disclosing to the patient. Majority of the respondents recognized Nasoduodenal tube (NDT), Percutaneous Endoscopic Gastrostomy (PEG), Total Parenteral Nutrition (TPN) and placement of feeding tube in the duodenum as modalities of artificial nutrition and hydration. However, 24 (55%) participants and 19 (45%) reported that Nasogastric Tube feeding (NGT) and Intravenous Hydration (IV) are not modalities of Artificial Nutrition and hydration (ANH). Although most respondents in this study agreed that they would initiate Advance Directives (AD) discussions with their patients, there was a significant number not comfortable doing so 9(21%). Majority said that ADs are not culturally acceptable 33 (75%) and are not well received in the country, 36 (81%). There was significant discrepancy between knowledge and practice regarding the 3 areas of inquiry.

Conclusion: There is paucity of qualified palliative care personnel who face many ethical issues which are specific to the contexts. Practitioners have to use western biomedical approaches under which they are trained, yet they belong to different cultural contexts. This presents the practitioners with dilemmas on how best to approach ethical issues.

INTRINSIC SUBTYPES IN ETHIOPIAN BREAST CANCER PATIENTS: IMPLICATIONS FOR BETTER CARE

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: The recent development of multi-gene assays for gene expression profiling has contributed significantly to the understanding of the clinically and biologically heterogeneous breast cancer (BC) disease. PAM50 is one of these assays used to stratify BC patients and individualize treatment. The present study was conducted to characterize PAM50-based intrinsic subtypes among Ethiopian BC patients.

Patients and methods: Formalin-fixed paraffin-embedded tissues were collected from 334 BC patients who attended five different Ethiopian health facilities. All samples were assessed using the PAM50 algorithm for intrinsic subtyping.

Results: The tumor samples were classified into PAM50 intrinsic subtypes as follows: 104 samples (31.1%) were luminal A, 91 samples (27.2%) were luminal B, 62 samples (18.6%) were HER2-enriched and 77 samples (23.1%) were basal-like. The intrinsic subtypes were found to be associated with clinical and histopathological parameters such as steroid hormone receptor status, HER2 status, Ki-67 proliferation index and tumor differentiation, but not with age, tumor size or histological type. An immunohistochemistry-based classification of tumors (IHC groups) was found to correlate with intrinsic subtypes.

Conclusion: The distribution of the intrinsic subtypes confirms previous immunohistochemistry-based studies from Ethiopia showing potentially endocrine-sensitive tumors in more than half of the patients. Health workers in primary or secondary level health care facilities can be trained to offer endocrine therapy to improve breast cancer care. Additionally, the findings indicate that PAM50-based classification offers a robust method for the molecular classification of tumors in the Ethiopian context.

SOMATIC MUTATIONS IN THE PIK3CA GENE AND ITS PROGNOSTIC IMPLICATIONS AMONG ETHIOPIAN BREAST CANCER PATIENTS

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ORAL ABSTRACTS | DAY 3, SESSION 1, SESSION ROOM 205, November 4, 2023, 9:00 AM - 10:00 AM

Purpose: The phosphatidylinositol-4, 5-bisphosphate 3-kinase (PIK3CA), catalytic subunit alpha (c) is frequently mutated in breast cancer (BC). Although the biological impact of PIK3CA mutations in BC has been studied in various parts of the world, limited data is available from sub-Saharan Africa. In this study, the frequency and the prognostic role of PIK3CA mutations were investigated among BC patients from Ethiopia.

Methods: Formalin-fixed paraffin-embedded blocks and fresh frozen BC tissue samples were collected from patients newly diagnosed with BC. Histopathological evaluation was carried out using immunohistochemistry (IHC). PIK3CA mutation profiling was carried out using TaqMan[®] Mutation detection assay. The association between PIK3CA mutation status and clinical and histopathological features was evaluated. A survival regression (Cox's model) was employed to assess the effect of PIK3CA mutation and other variables on survival.

Results: The prevalence of the PIK3CA mutations was 20.4%. Mutation of the PIK3CA gene was mainly observed among younger (24%), early pT stage (19.4%), and G1/G2 tumors (22.3%). The proportion of mutation was 24.4%, 27.3% and 20% in ER+, PR+ and HER2- tumors, respectively. A marked difference was observed in the PIK3CA mutation frequency across the four major tumor subgroups. However, most of the mutated tumors were found among HR+/HER2- (24.1%) followed by HR+/HER2+ tumors (27.8%). In his study, only TNBC was negatively associated with the proportion of mutation in the PIK3CA gene (p-value= 0.02) in comparison to HR+/HER2- tumors. In multivariate Cox's regression analysis, the advanced pT stage and HR-/HER2- IHC group independently predicted worse overall survival. However, PIK3CA mutation status was not associated with survival.

Conclusions: The PIK3CA mutation was relatively high in HR+ tumors. Such relatively higher molecular aberrations among HR+ tumors can provide a benefit in choosing the best therapeutic option for breast cancer.

BURDEN OF CANCER AND UTILIZATION OF SURGICAL SERVICES IN RURAL HOSPITALS OF ETHIOPIA: A RETROSPECTIVE ASSESSMENT FROM 2014 TO 2019

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: Global cancer estimations for Ethiopia announced 77, 352 new cases in 2020 based on the only population-based registry in Addis Ababa. This study characterizes cancer patients in rural Ethiopia at eight primary and secondary hospitals between 2014 and 2019.

Methods: All clinically or pathologically confirmed cancer cases who were diagnosed between 1 May 2014 and 29 April 2019 were included. A structured data extraction tool was used to retrospectively review patients' chart and descriptive analysis was done.

Results: A total of 1,298 cancer cases were identified, of which three-fourths were females with a median age of 42 years. Breast (38%) and cervical (29%) cancers were the most common among females, while prostate (19%) and esophageal cancers (16%) were the most common among males. Only 39% of tumours were pathologically confirmed. Nearly two-thirds of the cases were diagnosed at an advanced stage. Surgery is the only treatment available and offered to almost two-thirds of all patients, while endocrine treatment is the only systemic option available. Modified radical mastectomy and abdominal hysterectomy were the most common surgical procedures performed. One in five patients did not receive the recommended surgical procedure, half due to patient refusal or lack of the patient returning to the hospital.

Conclusions: The pattern of cancer diagnoses in rural hospitals shows exceptionally high burden in women in their middle ages due to breast and cervical cancers. Advanced stage presentation, lack of pathology services and unavailability of most systemic treatment options were common. High refusal rates for surgery may reflect perception of cancer as "death sentence" due to lack of cancer survivors who encourage others to utilize oncology services early. Focusing on improving such basic services, involving the surgeons and offering referral pathways for these patients can be first steps to integrating oncology services into the healthcare system.

CHALLENGES IN RELATION TO HAVING MASTECTOMY AMONG BREAST CANCER PATIENTS IN ETHIOPIA: A QUALITATIVE STUDY

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ORAL ABSTRACTS | DAY 4, SESSION 2, SESSION ROOM 203, November 5, 2023, 9:00 AM - 10:00 AM

Objective: Mastectomy is the standard treatment modality for breast cancer patients in Ethiopia. However, one in five patients do not receive the recommended surgical procedure, half due to known patient refusal or lack of the patient returning to the hospital. This study explored reasons for mastectomy refusal and challenges among breast cancer patients in Ethiopia.

Methods: A qualitative study was conducted in four hospitals and a total of 14 In Depth Interviews (IDIs) and 8 Focus Group Discussions (FGDs) were held with breast cancer patients, health professionals, and patient relatives. Four semi structured interview guides were used to facilitate the IDIs and FGDs. All recorded discussions were transcribed and translated verbatim and entered into NVivo 12 software. Emerging ideas were categorized and explained using an inductive content analysis approach.

Results: Our participants reported that many breast cancer patients refuse to have mastectomy particularly elderly and young women. The main reasons identified in this study were; i) due to fear of the surgical procedure, ii) religious beliefs and practice iii) utilization of traditional treatments iv) in relation to having a baby and breastfeeding their children. Young patients often request to remove only the lump, leaving their breast tissue intact. v) lack of awareness about the disease and vi) sociocultural factors: advice from the community, since breast is considered as an attribute of femininity, beauty and motherhood that influence women. In addition, knowing someone who died after having mastectomy emerged as main reasons for not having breast cancer surgery.

Conclusion and recommendation: Expansion of radiotherapy service in the country is very crucial for considering breast conserving surgery as an alternative surgical procedure especially for young breast cancer patients. Involving religious leaders, traditional healers, and breast cancer survivors could be an effective strategy for retention of breast cancer patients in the health system.

INTEGRATING PSYCHOSOCIAL SERVICES IN THE ROUTINE CANCER CARE OF ETHIOPIA: A CLUSTER RANDOMIZED CONTROLLED TRIAL

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: Psychosocial care is an important component of cancer care addressing the social, psychological, emotional, spiritual, and functional aspects of the patient journey. However, these services are missed in low resource settings. Therefore, this study aimed to integrate and evaluate the impact of culturally tailored psychosocial services in the routine cancer care of Ethiopia from 2021-2023.

Methods: A cluster randomized control trial was employed in 12 hospitals; two tertiary and ten rural hospitals. The psychosocial intervention includes counseling service, provision of brochure, group discussion with survivor story and coffee ceremony and home visits. Outcome of interest include quality of life, adherence to treatment and common mental disorders which will be assessed at baseline, 6 and 12 months of follow up. Standard and validated tools like European Quality of Life assessment tools and Hospital Anxiety and Depression scale will be used. The data will be analyzed using the intention to treat analysis technique and both bivariate and multivariate generalized linear mixed models will be used.

Results: Three audiovisual materials, two documentaries based on true stories of breast and colorectal cancer survivors and four brochures were prepared in two local languages namely Amharic and Afan Oromo. A total of 34 nurses and 15 health extension workers (HEWs) were trained. Community representatives, religious leaders, health professionals, higher officials from zone/woreda health offices participated in launching programs held in five rural towns. At baseline, 577 patients were recruited (289 intervention and 288 control) and more than half 321 (55.6%) were breast cancer patients followed by cervical 119 (20.6%), colorectal 92 (15.9%) and prostate 45 (7.8%). A total of 289 cancer patients received counseling service and brochures. 123 patients participated in 12 group discussions and 72 patients were visited by HEWs in their house. Currently, we are assessing the outcomes at six and 12 months.

PERCEIVED CAUSES OF CANCER IN RURAL ETHIOPIA: A QUALITATIVE STUDY

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: Although cancer incidence and mortality are rising in Ethiopia, knowledge about the disease remains limited. Therefore, this study aimed to explore perceptions towards cancer, its causes, signs and symptoms and transmission among a rural community of Ethiopia.

Methods: A qualitative study was conducted in four rural kebeles of Butajira in Southern Ethiopia. Seven Focus Group Discussions (FGDs) and six In Depth Interviews (IDIs) were held with community members, women representatives, religious leaders and key informants using two separate interview guides. All recorded IDIs and FGDs were transcribed and translated verbatim. Inductive content analysis was applied to summarise and explain the emerging themes.

Results: Study participants reported that cancer was becoming common and many people in their villages were dying from it, particularly women. Cancer is perceived as a serious and fatal illness which is known by its local name “Nekersa”, meaning “an illness which cannot be cured”. Concerning its causes, “Mitch - exposure to sunlight”, urinating on open field or to the direction of the sun/moon and poor personal hygiene were considered the main causes of cancer. Almost all participants strongly related cancer to a wound that does not heal and has a foul-smelling discharge. Bleeding, vaginal discharge and weight loss were the other commonly mentioned signs and symptoms of cancer. The community also perceives that cancer can be transmitted from person to person sexually and by sharing sharp materials.

Conclusions: Although cancer is known among the rural community, different misconceptions about its causes and confusing the signs and symptoms of cancer with other diseases require due attention. Therefore, culturally tailored educational materials and campaigns regarding cancer causes, signs and symptoms and transmission should be well designed and implemented in Ethiopia.

CLINICAL RESEARCH MENTORSHIP PROGRAM (CRMP) FOR LMIC ONCOLOGY TRAINEES – GROWING RESEARCH CAPACITY THROUGH DISTANT-LEARNING, MENTORSHIP AND INTERNATIONAL PARTNERSHIP

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ORAL ABSTRACTS | DAY 5, SESSION 3, SESSION ROOM 205, November 6, 2023, 9:00 AM - 10:00 AM

The CRMP is a year-long distant-learning program centered around LMIC trainees by creating mentorship triads – trainee, local supervisor and distant mentor. To date, four successive cohorts (Ghana, Zimbabwe, Nigeria, AORTIC) were launched, designed to enable growth while iteratively refining our program design with each cohort driven by our evaluation program.

Objectives: To describe the impact of our program over a 5-year period.

Methods: Beyond the core program design that includes: a research methods course, ongoing year-long feedback on the mentees' project, funding stipend for results dissemination, a 6 week evidence based mentorship training seminar series for our faculty and mentors was added to our program during cohort 3. A continuous evaluation program was used that includes evaluation of teaching effectiveness, critical appraisal skills, mentorship skills, metrics on academic productivity and qualitative interviews with stakeholders to identify enablers, barriers and areas for improvement.

Results: Between 2016-2023, 18 mentorship triads around enrolled mentees from 14 training programs across seven African countries were created. Eleven mentees have completed their program (7 scheduled to complete Dec 2023). Six have completed their projects and presented their work at international conferences with three publications (two in preparation). Inability to complete projects were attributed to radiotherapy machine downtime and COVID19 restrictions. Using self-assessment questionnaires, mentors and supervisors showed improvements in mentoring practices at mid program but this was not detected on mentee assessments. Qualitative interviews from stakeholders showed the program enhanced the skills, culture and passion for clinical research and mentorship. Structured efforts to grow multidisciplinary peer support including mentoring could be effective in enhancing sustainability.

Conclusions: CRMP provided an efficacious mechanism to enhance clinical research mentorship capacity for trainees in LMIC through international collaboration. Incorporating mentorship skills training for mentees maybe an important opportunity that will further enhance our goal of research capacity building.

POOR ORAL HEALTH AND THE RISK OF ESOPHAGEAL SQUAMOUS CELL CARCINOMA IN MALAWI

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

OBJECTIVE: Esophageal squamous cell carcinoma (ESCC) is the second most common cancer in Malawi. Risk factors for this cancer in Malawi are poorly understood. Poor oral health has previously been linked to increased ESCC risk in other high-incidence regions, including parts of Eastern and Southern Africa. We assessed the relationship between oral health and ESCC risk in Malawi.

METHODS: Oral health measures were collected in a sex, age, and location frequency-matched case-control study based at Kamuzu Central Hospital and St. Gabriel's Hospital in Lilongwe, Malawi from 2017 to 2020. Trained interviewers used a structured questionnaire and direct observation to collect data on oral hygiene habits; the sum of decayed, missing, or filled teeth (DMFT score); oral mucosa status; lip depigmentation; and dental fluorosis via a visual scale. Logistic regression was used to estimate odds ratios (ORs) and 95% confidence intervals (95% CI), adjusted for known and suspected ESCC risk factors.

RESULTS: During the study period, 300 cases and 300 controls were enrolled. Subjects in the highest tertile of DMFT score (≥ 7) had an increased risk of ESCC with an adjusted OR of 1.96 (95% CI: 1.16-3.36) compared with those with a DMFT score of 0. Severe dental fluorosis was associated with a statistically nonsignificant increased risk of ESCC (adjusted OR = 2.24, 95% CI: 0.97-5.49) compared with individuals with no fluorosis. Lip depigmentation, toothbrushing method and toothbrushing frequency were not associated with ESCC risk.

CONCLUSIONS: Poor oral health, indicated by a higher DMFT score, was associated with increased ESCC risk in Malawi, which is consistent with previous studies from other high-risk populations. Dental fluorosis is another possible risk factor in this population, but further evaluation is necessary to clarify any effects of fluorosis on ESCC risk.

CONNAISSANCES ET PERCEPTIONS DES POPULATIONS DU DISTRICT DE SANTÉ DE DSCHANG SUR LA VACCINATION CONTRE LE CANCER DU COL UTÉRIN

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¹Research Health Institute

POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objectif : La vaccination des jeunes filles de 9 à 13 ans constitue l'un des axes préventifs du cancer du col. La récente introduction de ce vaccin au Cameroun a causé une psychose quant à son efficacité et innocuité occasionnant ainsi une réticence des populations sur l'administration à leurs enfants. Notre objectif était d'évaluer les connaissances et perceptions des populations sur cette vaccination.

Méthodes : il s'agissait d'une étude descriptive transversale avec un volet analytique menée dans 12 aires de santé du District de Santé de Dschang pendant 4 mois. Les données ont été collectées par un questionnaire administré face à face ; et analysées par les logiciels épi Info version 7.2.3.3 et Microsoft Excel. Les variables quantitatives sont présentées sous forme de moyennes, écarts-type et les variables qualitatives exprimées en effectifs et pourcentages. Le test de khi 2 a été utilisé pour rechercher les associations entre variables et tester la significativité de la liaison, puis une régression logistique simple et multivariée a été faite. **Résultats :** Sur 523 sujets abordés, 416 ont été retenus. Seuls 37,26% des participants ont affirmé avoir entendu parler de l'existence de ce vaccin et ceci par les médias (42,95%). Globalement, les connaissances n'étaient jugées bonnes que pour 2,16% et les mauvaises connaissances étaient en majorité observées sur l'âge d'administration du vaccin. Les perceptions quant à elles n'étaient justes que pour 1,92%. Seuls 26,21% des enquêtés acceptaient de faire vacciner leur enfant. Un faible niveau de connaissance exposait à 18,56 fois la survenue d'une perception néfaste (ORa = 18,56 ; IC= 2,24-107,50 et P value= 0,01). **Conclusion :** Les connaissances et perceptions des populations vis-à-vis de la vaccination contre le cancer du col sont faibles et par conséquent doivent être améliorées à travers une campagne d'information

LA DYSFONCTION ÉRECTILE INDUITE PAR L'IRRADIATION DES ARTÈRES PUDENDALES CHEZ LES PATIENTS TRAITÉS PAR CURIETHÉRAPIE PROSTATIQUE À BAS DÉBIT

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objectif : La dysfonction érectile (DE) est un effet secondaire fréquent chez les hommes traités par curiethérapie à l'iode 125 (BT) pour un cancer de la prostate. Plusieurs études suggèrent que la DE pouvait être corrélée aux doses d'irradiation délivrées aux artères pudendales (AP). L'objectif de notre étude est de déterminer la relation entre les doses délivrées à l'AP et la DE.

Matériels/ Méthodes : Vingt patients (âge \leq 65 ans ; score IIEF 5 initial \geq 20) ont été sélectionnés. Dix patients n'avaient pas de DE (groupe A ; IIEF5 moyen = 22 (20-25)) et 10 avaient une DE (groupe B ; moyenne IIEF5 = 13.2 (11-16)). La qualité de l'implantation a été appréciée à l'aide de l'indice de conformité et de l'indice de couverture. La prostate et les AP ont été délinés sur chaque coupe. Les paramètres dosimétriques pour l'AP (D5%, D50%) et la distance entre l'apex de la prostate et l'AP droite et gauche ont été analysés et comparés entre les deux groupes.

Résultats : L'âge moyen des patients était de 61,6 ans (59-65) et de 59,3 ans (42-64) dans les groupes A et B respectivement. Les volumes moyens de la prostate étaient similaires (44cc contre 42cc).

L'indice de conformité moyen était de 0,7 (0,64-0,78) et de couverture moyenne 0,97 (0,93-0,99). Les paramètres dosimétriques de l'AP et les distances entre l'apex de la prostate et l'AP sont disponibles dans le tableau 1. Une différence significative entre les deux groupes de patients avec et sans DE est notée pour tous les paramètres évalués.

Conclusion : Nos résultats suggèrent que la DE après une BT pourrait être fortement corrélée aux doses reçues par les AP. Une optimisation spécifique de l'implantation des grains basée sur la dose à ces AP pourrait augmenter le taux de préservation érectile.

ASSOCIATION OF EXTERNAL RADIOTHERAPY-HDR BRACHYTHERAPY AND SHORT ANDROGEN DEPRIVATION IN HIGH-RISK PROSTATE CANCER = TOWARDS DOSE ESCALATION AND TOXICITY DE-ESCALATION

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Introduction: The combination of external beam radiotherapy with prostate brachytherapy constitutes a validated option for high risk localized prostate cancers. It allows a higher biochemical survival rates without increasing overall survival. The addition of androgen deprivation is the standard, with considerable toxicity. We present our experience by this association in reverse sequence with reduced hormone therapy at 18 months.

Materials & Methods: Prospective study of 33 high-risk prostate cancer cases, between January 2018 and December 2020, and treated with high dose mono-fraction of 15 Gy (HDR) brachytherapy first followed by intensity modulated radiation therapy (IMRT) 46-50 Gy on the prostate, seminal vesicles and pelvis. All patients received androgen deprivation for 18 months.

Results: The mean initial PSA level was 17.9 ng / ml. The clinical stage was T2c (19 patients, 58%), T3a (7 patients) and T3b (7 patients). The Gleason score was 6 in 15 patients, 7 in 12 patients (with a [3 + 4] in 6 patients), and Gleason 8 in 6 patients. The mean prostate volume was 32 g (29-58). The mean urinary IPSS score was 18.33 and the IIEF5 score was 13.3. Twenty to 29 needles have been implanted in the prostate. The grade 1-2 acute urinary toxicity rate was 38%, and no grade 3 or 4 observed. The grade 1-2 rectal toxicity was 9%, and also no grade 3-4 toxicity. The erectile dysfunction grade 1-2 found in 56% of patients. With a median follow-up of 23 months (8 - 38), 98% did not have a biochemical relapse, with a mean PSA level, at 2 years, of 0.06 ng / mL (0.05–0.4). Two patients were in oligo-metastatic recurrence.

Conclusions: Mono-fractionated dose escalation by HDR prostate brachytherapy after IMRT is a better treatment option to improve biological control with an acceptable toxicity profile in high-risk prostate cancer.

LA LUTTE CONTRE LE CANCER EN MAURITANIE : PLACE DU CENTRE NATIONAL D'ONCOLOGIE (CNO)

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objectif :

Présenter la place du centre national d'oncologie dans la lutte contre le cancer en Mauritanie à travers son activité de 14 ans.

Méthode : travail rétrospectif basé sur les données du registre du CNO, de janvier 2009 au Décembre 2022, analysant l'activité du centre dans les différents volets de la lutte contre le cancer.

Résultats :

la lutte contre le cancer en Mauritanie a connu un nouveau regain marqué par un engagement solennel des hautes autorités publiques, la mise à niveau du plateau technique de la structure spécialisée dans la prise en charge du cancer qui est le CNO, la lutte contre le tabac, la promotion de la prévention par la vaccination contre l'hépatite B et le cancer du col utérin (HPV), le dépistage en impliquant activement les organisations de la société civiles.

Le CNO est la structure de référence pour la prise en charge du cancer au niveau national, 15 000 patients ont été enregistrés entre janvier 2009 et décembre 2022.

Nous présentons dans ce travail les données épidémiologiques de nos patients ainsi que l'activité du centre dans les volets diagnostic, thérapeutique, soins palliatifs, dépistage, recherche et enseignement.

Conclusion :

En Mauritanie, la lutte contre le cancer bénéficie d'un engagement politique solennel et des actions ciblées et soutenues qui ont été réalisées avec des résultats prometteurs, ressentis tant au niveau national qu'international.

LES SOINS PALLIATIFS EN ONCOLOGIE: EXPÉRIENCE DU CENTRE NATIONAL D'ONCOLOGIE À NOUAKCHOTT / MAURITANIE

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

objectif: présenter la place des soins palliatifs dans l'amélioration de la qualité de vie de nos patients.

méthode: nous rapportons dans ce travail l'expérience de l'unité des soins palliatifs du centre national d'oncologie après 18 mois de reculs en analysants rétrospectivement les dossiers des patients recrutés au sein de cette unité.

résultats: 120 patients ont été recrutés du 1er décembre 2022 au 30 Mai 2023, durant cette période

l'unité a assuré le traitement anti douleur, les pansements, les visites à domicile et

l'accompagnement des patients et leurs familles dans la phase de fin de vie. ces soins ont dispensés par une équipe soignante harmonieuse, dynamique, motivée et engagée.

conclusion: la pandémie Covid a motivée des soins à domiciles et a accéléré la mise en place de notre unité de soins palliatifs avec un impact positif sur la qualité de vie de nos patients.

HYPOFRACTIONATED PALLIATIVE RADIOTHERAPY REGIMENS FOR ADVANCED HEAD AND NECK CANCERS IN TIKUR ANBESSA HOSPITAL, ETHIOPIA: A PROSPECTIVE COHORT STUDY

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Objective: Head and neck cancers are the third most common cancer in Ethiopia. Most patients present with advanced stage and are not candidates for curative treatment. The objective of our study is to assess the response of hypofractionated palliative radiotherapy for advanced HNC in a resource-limited setting.

Method: Patients (pts) with histology-proven advanced head and neck cancer, who are candidates for hypofractionated palliative radiotherapy were enrolled. Three regimens were allowed including 44.4 Gy in 12 fractions twice daily on Saturday and Sunday every 3 weeks, 30 Gy in 10 fractions and 20 Gy in 5 daily fractions. Choice of the regimen was selected by the attending oncologist based on pt performance status and symptoms burden. Response to treatment Index symptoms (scored based on a 4 points categorical scale: none, mild, moderate, severe), QoL (EORTC QLQ 30, EORTC HN 43) and Toxicity (CTCAE v 5.0) was assessed at baseline, and at four weeks post treatment completion.

Result: Between January 2022 and January 2023, 52 were enrolled and 25 pts completed treatment and were eligible for outcomes assessment. Index symptoms include pain, bleeding, dysphagia, respiratory distress and other in 25,13,10 and 17 pts. Complete relief (CR) of the top three symptoms include pain in 13/25 (52%) pts. hemostasis in 11/13 (84%) pts, and dysphagia in 3/10 (30%) pts. In terms of QoL, all physical scores were improved in 12 (48%) pts, including 16 (64%) pts in swallowing and chewing problems. Global functional score improved in 20 (80%) pts. One pt had grade-3 xerostomia

Conclusion: Palliative regimens as used in this study provided favourable symptom response and QoL and are well tolerated. A hypofractionated regimen is recommended for symptom relief.

Key Words: Head and Neck Cancers, Hypofractionated, Palliative, Radiotherapy, Ethiopia

HOW TO INNOVATE IN CANCER TRAINING IN AFRICA ? CASE OF THE MASTER'S DEGREE IN SENOLOGY AT JOSEPH KI-ZERBO UNIVERSITY

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Objective: To describe the experience of the Master of Senology, Surgical Oncology techniques and Breast Reconstruction at Joseph Ki-ZERBO University, Ouagadougou, Burkina Faso.

Methods: Cancer training is the best defense against cancer in the world. In Africa, the lack of trainers, the necessary equipment, and insufficient political will endanger any innovative training initiative. We report on the implementation and functioning of the master's degree in senology, carcinological surgical techniques and breast reconstruction at the Joseph Ki-ZERBO University, Ouagadougou, Burkina Faso.

Results: This is a master's degree opened in the largest faculty of medicine in Burkina Faso. It is recognized by the university and established by an order of the Minister of Higher Education, Research and Innovation. The teaching is mixed, done in Zoom and face-to-face. The teachers are national, regional and international. This master will allow a large number of surgeons and gynecologists to have a solid foundation in carcinological senology. It will allow a better detection of breast cancers, and an adequate management. This will result in the reduction of breast cancer mortality.

Conclusions: The success of a cancer training program depends first of all on the support of the country's academic and political authorities. It will also require a strong regional and international collaboration for the delivery of courses and the evaluation of learners. This training is the guarantee of a greater number of specialists in senology and also of a significant reduction in the number of deaths from breast cancer in Africa.

Keywords : innovative training, master senology, breast cancer

ISSUES IN THE SURGICAL MANAGEMENT OF SKIN CANCER IN ALBINOS. EXPERIENCE OF TWO SURGICAL ONCOLOGY UNITS IN BURKINA FASO

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POSTER SESSION 2, November 5, 2023, 7:30 AM - 7:00 PM

Abstract

Background and Objectives : Skin cancers in albinos are frequent in very sunny countries. The surgeon plays a crucial role in their treatment. The objective was to describe the challenges of the surgical management of skin cancer in albinos.

Methods : retrospective, descriptive, multicenter study on skin cancer surgery in albinos performed over the past fourteen years in Ouagadougou. We are interested in indications, techniques and results of surgery. Survival was assessed by the Kaplan Meier method. Comparisons of proportions were made by Student 's t test .

Results : The cancers were multiple synchronous in 40.4%. We identified 47 albinos with 72 skin cancers. Surgery was performed in 93%. Precancerous lesions were treated concomitantly in 23.6%. The surgery consisted of a lumpectomy. Direct suturing and mobilization of flaps allowed skin coverage in 17.9% and 34.3% respectively. Lymph node dissection was associated in 72.7% of localizations with the limbs. The resection margins were invaded in 7.5% and required surgical revision. Recurrences were noted in 8.9% of cases. Overall two-year survival was 55.8%.

Conclusions : surgery must meet the triple challenge of treating single or multiple synchronous cancers, precancerous lesions, and allowing good healing. Early diagnosis would reduce the rate of secondary healing and improve survival.

Keywords: albino, skin cancer, multifocal, lumpectomy, skin flaps

FULLY AUTOMATIC LIVER AND TUMOR SEGMENTATION FROM CT SCAN USING A 4-CHANNEL INPUT RA U-NET

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POSTER SESSION 1, November 3, 2023, 8:30 AM - 7:30 PM

Hepatocellular carcinoma is the most common primary liver cancer. Hepatic surgery requires segmenting the liver and tumors from computed tomography (CT) scans. A fully automated approach for segmentation is required because manual segmentation requires a lot of time and labor due to their heterogeneous and diffusive shapes. Neural networks have gained popularity in medical image applications. However, none research looks on using multi-phase scan protocols for abdomen–pelvis CT examinations, more precisely, in Benin Republic. We propose a new dataset and a 4-channel neural network to extract liver and tumors.

The proposed model is a combination of residual block, attention block and UNET architecture. Residual block only needs to learn the residuals, so it can learn more intricate information than a conventional convolutional layer. The attention module enables the network to understand which regions and features of the input image it should be paying attention. Instead of using a hard attention strategy, we employ a soft additive attention strategy that dynamically weights the feature maps to emphasize the important features. We evaluate the model on the dataset (332 patients) collected from the Centre National Hospitalier Universitaire – Hubert Koutoukou Maga (CNHU-HKM). The value of Jaccard score for liver and lesions segmentation were 91.71% and 63.10% in validation cohort, and 78.02% and 41.65% in external test cohort. The value of Dice score for liver and lesions segmentation were 95.66% and 76.24% in validation cohort, and 87.65% and 58.80% in external test cohort.

This study proposed an automated method for segmenting liver tumors from CT images. A dataset collected from the (CNHU-HKM) was constituted and used to test the proposed method. The tumor segmentation score can be improved. The challenge of case segmentation of tiny tumors and multiple tumors will be the main topics of future research.

