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## THE PRESIDENT'S MESSAGE

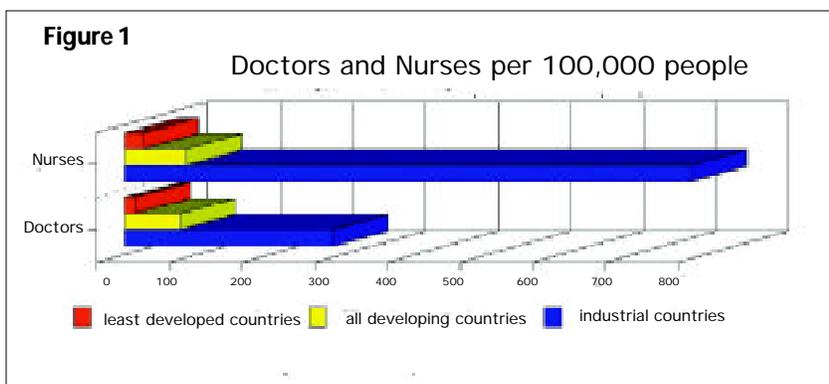
### LAYING FOUNDATIONS: THE FIRST YEAR

by Ian Magrath

The INCTR Annual meeting in April marked the passing of a convenient, if arbitrary, milestone in the INCTR's brief history, for it was almost exactly a year ago that our offices opened in Brussels. We have come just a short way along a road that extends into the invisible future, but even the short distance we have traveled—sometimes uphill—allows us to look back at what has been accomplished and perhaps, from a somewhat higher vantage point, to perceive more clearly the obstacles that must be overcome. In this first year, we have shaped much of the foundation on which the INCTR will be built, and already a clearer idea of the edifice itself—one that will continue to evolve over many years—is coming into view.

### DEVELOPING THE NETWORK

The word "Network" was not casually incorporated into the INCTR's name. Its clear implication is of a "horizontal" or "matrix" organization—i.e., a mesh of interacting nodes located in cancer units, centers or laboratories, spread out across the globe and encompassing both affluent and not-so-affluent countries. Interactions be-



tween universities or cancer centers in more and less affluent countries should be mutually beneficial. A complementary and potentially exploitable mutual benefit, for example, particularly with research in mind, might arise from the generally higher numbers (proportionate to the population) of physicians and nurses in the richer countries (Figure 1) and, conversely, the greater numbers of patients and broader range of clinical manifestations in the poorer countries. Another benefit might arise from the greater variability in lifestyles and environments in developing countries, and the greater numbers of epidemiologists and cancer researchers in the affluent nations. In both cases, working together may improve infrastructure whilst providing better patient care and taking advantage of a

broader range of research opportunities—to the ultimate benefit of patients with cancer. The network principle extends also to the involvement of other organizations in specific projects, leading, in some cases, to the formation of a consortium in which the sum is greater than the individual parts. With so few organizations based in wealthier countries interested in cancer in developing countries, it is important that the few organizations that are interested complement efforts, rather than stumble over each other in pursuit of priority in a certain area of endeavor (the territorial imperative!).

One of the first tasks of the INCTR was to establish and consolidate its network. Of course, long-standing collaborations already existed between INCTR staff and some major

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centers in the developing world, but this nucleus has been expanded considerably in the last year. One of the mechanisms that has been adopted in this expansion has been through INCTR Associate Membership (Box 1). Such membership is open to corporations, academic institutions, hospitals, and cancer centers (or departments of such bodies), as well as to other organizations anywhere in the world. Associate Members are kept informed of INCTR activities through *NETWORK* and the INCTR web site, [www.inctr.org](http://www.inctr.org), both of which were launched in the year 2000, and attend the Annual Meeting. Associate Members, predominantly located in more affluent countries, provide a source of expertise that will become a part of the INCTR's own infrastructure, enabling it to develop programs encompassing a broad range of research and educational activities. Associate Members in developing countries that take part in INCTR protocols or projects are designated as Collaborat-

ing Units. In both Associate Member institutions and Collaborating Units it is intended that some staff will eventually be supported by the INCTR, either full-time or part-time. At a recent count, 45 organizations, institutions, departments or associations had become Associate Members of the INCTR, and there were 14 Collaborating Units. These numbers are continuously increasing, and the INCTR network is shaping up rather well.

## CREATION OF STRATEGY GROUPS

The inaugural meeting of the INCTR, held in November 1999, was instrumental in identifying a number of initial projects and demonstrating the need for several disease-specific strategy groups that would assist the INCTR in its mission. Pediatric cancer was identified as one of the areas in which developing countries lag far behind. This, coupled to its importance in terms of potential person-years of life lost and higher frequency

in developing countries (in which 30-50% of the populations are children), suggested that we might expect to make rapid progress in childhood cancer— simply through effective transfer of resources and knowledge and the development of strategies to ensure that patients reach expert care early in the course of their disease. Consequently, strategy groups for retinoblastoma, osteosarcoma, and, more recently, acute lymphoid leukemia have been created, and specific, relevant projects, focused on early detection and treatment, as well, in the case of acute lymphoblastic leukemia, on sub type profiling in different geographic regions, have been defined and developed. Other strategy groups are in the planning stages, e.g. one for cancer of the uterine cervix, and over the years we anticipate that these groups will become a driving force behind the INCTR's programs in clinical and laboratory research. Of course, it will be essential to build on existing resources in developing

## NEW ASSOCIATE MEMBERS OF INCTR

Technical University—Munich, Germany  
Dokuz Eylül University, Institute of Oncology—Turkey  
Al Amal Center—Jordan  
Israeli Society of Pediatric Hematology/Oncology—Israel  
ICEDOC—Egypt  
King Faisal Sp. Hospital & Research Center—Saudi Arabia  
Ibadan Multidisciplinary Tumour Group—Nigeria  
Chantal Biya Foundation—Cameroun  
Cancer Institute (WIA)—India  
Nepal Network for Cancer Treatment and Research—Nepal  
All India Institute of Medical Sciences—India  
Tata Memorial Hospital—India  
African Org. for Research and Training in Cancer—Canada  
St Jude Children's Research Hospital—USA

Instituto Oncologico Del Oriente Boliviano—Bolivia  
HI Albert Einstein—Brazil  
University of Nebraska Medical Center—USA  
Instituto Nacional de Pediatria—Mexico  
Philippine Children's Medical Center—Philippines  
Ankara University Medical School—Turkey  
Ocean Road Cancer Institute—Tanzania  
MAHAK Society—Iran  
Hopital 20 août 1953—Morocco  
Hussain Maki Juma Cancer Center—Kuwait  
St George's Hospital Beirut—Lebanon  
Shanghai Children's Center—China  
University of Zimbabwe—Zimbabwe

*Note: Some members are departments within the institutions listed*

**Box 1**

countries. In this regard, it is important to note that strategy groups are comprised of investigators from the larger or more experienced centers in developing countries, which are well-placed to disseminate knowledge and technology in their own regions. The strategy group members themselves select and design the projects, after which independent scientific and ethical reviews are undertaken. Experts from anywhere in the world may act as advisors and facilitators of studies selected and designed by the strategy groups. As studies mature, we expect that the more experienced centers will help to support the conduct of the same, or similar studies in smaller or less experienced centers in their own regions, including the training of health care professionals. This approach will ultimately benefit broader professional and patient constituencies and will lead to the development of a much larger foundation of information on which future studies will be built.

## ESTABLISHMENT OF COMMITTEES

While committees can be structures of little function, INCTR committees will have an active role in the development of policy and programs that are not disease-specific, or in overseeing an area of activities. Of particular importance to the efforts of the strategy groups, for example, is the *Ethical Review Committee*, chaired by Dr Francis Crawley. The ERC is responsible for reviewing all INCTR research protocols. The committee so far has approved one treatment protocol for osteosarcoma, and a questionnaire designed to gather information that will help to explain why patients with retinoblastoma in developing coun-

tries generally have more advanced disease at the time of the initiation of definitive treatment. Two additional protocols are scheduled for review later this year. The Ethical Review Committee may also advise on bio-ethical matters that may not be associated with a specific research study. Other new committees established include a Corporate Liaison Committee, a Tissue Banking Committee and an Education Committee.

The *Corporate Liaison Committee* was established, under the chairmanship of Dr Nassir Habboubi, to assist the INCTR in the development of appropriate relationships, generally through the Corporate Associate Membership program, with the corporate world. Its first meeting was held last summer. Essentially all products used for the diagnosis, treatment, and early detection of cancer are manufactured commercially, and these companies ought to be in a position to help to improve access for cancer patients and "at-risk" populations in developing countries to the products they need. Availability and cost of drugs or investigations are frequently more important factors than scientific evidence in determining which diagnostic tests will be performed and which therapies used for cancer patients in the developing world. The media have given considerable attention to such issues, as well as to intellectual property rights and the conduct of industry-sponsored research designed to lead to approval of products by regulatory bodies. *The Corporate Liaison Committee* will greatly assist the INCTR where its activities may impinge upon these complex and controversial areas, some of which will inevitably overlap into the territory of the Ethical Review Com-

mittee—indeed, several public statements on the ethics of medical research in developing countries have recently been made.

*The Tissue Banking Committee* met for the first time at the 2001 Annual Meeting in Brussels. Because of complex legal and ethical considerations pertaining to the use, for scientific purposes, of human tissues and body fluids, particularly when investigations are performed in countries other than those from which such human materials originate, it was important to assemble a panel of experts to advise the INCTR in such matters. In addition, committee members will participate in designing standard operating procedures for the collection, storage and record maintenance for tissue and body fluids collected in the course of studies in which the INCTR is involved. Dr Robert Hewitt chairs this committee.

*The Education Committee*, which will meet for the first time later this year, will have an important role in developing educational programs, as well as educational tools, relating to all aspects of cancer prevention and treatment. An important difference in emphasis between the INCTR's programs and those of other organizations is the attempt to conduct as much of the training and education as possible within participating developing countries. Whilst training in countries with greater resources has been of critical importance in the provision of some of the pioneers of cancer treatment and research in developing countries, many young people, not surprisingly, strive not only to receive training in more wealthy countries, but choose to spend their lives there. This represents a veritable "brain-drain" from the developing

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world, to the benefit of the resource-rich countries, which profit from the influx of immigrant professionals, many of whom will have a major impact upon programs in science, technology, and medicine in their adopted countries (Box 2). Enhancing existing in-country training programs through visiting experts, developing new training programs, e.g., in cancer control and clinical research and oncology nursing, amongst others, and making educational tools more widely available are some of the ways in which the INCTR can help to build knowledge and infrastructure in developing countries. The Education Committee and its specialized subcommittees will both advise and take an active role in such programs, which

are in their early stages of evolution. The building of improved infrastructure in developing countries should begin to reduce the loss of the “best and brightest” to the more affluent nations, and, eventually, may even tempt some ex-patriots to return to their home country—if only as part of an INCTR Visiting Expert program!

## FOSTERING COLLABORATION

In addition to developing its own long-term collaborations with hospitals and cancer centers in developing countries, the INCTR wishes to promote collaboration and concerted actions. One example of this is the Global Alliance for the Cure of Children With Cancer (GACCC), which was discussed in the last edition of *NET-*

*WORK*. The GACCC had its second meeting in Brussels immediately after the Annual Meeting. There appears to be increasing interest in this concept, and we hope that the GACCC will serve as a model for other consortia of organizations and associations dedicated to different aspects of cancer research, prevention and treatment. The underlying concept governing the development of such consortia is that multiple organizations are synergistic when they work together in multifaceted projects in cancer control. Each organization would be responsible for that element of the project in which its experience and goals reside, e.g., tobacco control, cervical cancer screening, cancer registration, public education, treatment protocols, etc. The net benefits should be amplified as a result not only of what each organization is doing, but also of the synergy that comes from a multifaceted approach. This concept will be further developed in the coming year and will be expanded to adult cancer.

As well as encouraging the development of international consortia, the INCTR has assisted in the development of several cooperative groups (i.e., hospital or cancer unit-based, rather than association-based alliances) for the study and treatment of cancer. In October 2000, a group of 13 Arab countries met at a meeting sponsored jointly by the King Faisal Specialist Hospital and Research Center and the INCTR to discuss the formation of a cooperative group for childhood cancer. From this beginning, the *Middle East Children's Cancer Association (MECCA)* has been formed. MECCA will have its second meeting later this year. In November 2000, participants from a number of Indian

## SOME FACTS AND FIGURES ON THE “BRAIN DRAIN”

80,000 foreign nurses work in the USA, the largest group being Asian.

In 1998-1999, a target of up to 15,000 new nurses was set by the British National Health Service; that same year, 28% (5,000) of the Britain's newly registered nurses were from overseas.

A 1992 survey showed that 49% of graduates of the All India Institute of Medical Science in New Delhi have settled abroad (86.9% in the USA, 81% in clinical practice).

Between 1978 and 1985, Jamaica lost 78% of its output of trained doctors and 95% of its nurses.

Grenada trains 22 doctors for every one who stays in the country.

In 1999-2000, 514,723 foreign students (54% Asian) were studying in the USA, bringing almost \$12.3 billion into the economy (75% of all foreign student funding comes from outside the USA).

*Sources: International Labor Organization, British Medical Journal (James Buchan, April 15, 2000) and Opendoors.*

Box 2

cancer centers and units met in Hyderabad, India, in conjunction with INCTR, and agreed to form the Indian Group for the Study of Leukemia. The INCTR is also assisting a small group of centers in China to establish a cooperative group for the treatment of childhood leukemias and lymphomas. It is hoped that this work can be furthered through collaboration with the organization known as CURE, which is focused exclusively on pediatric cancer in China. Finally, the US Branch of the INCTR held a meeting on cancer of the uterine cervix in Latin America in February 2001, and plans to follow up with initiatives in the early detection and treatment of this disease.

## LOOKING TO THE FUTURE

The first year of INCTR operations has been eventful and productive. This was confirmed by the enthusiasm much in evidence at the Annual Meeting. But it does represent only a beginning. In the next year, while consolidating and expanding the work of the strategy groups, extending its Association Membership, and developing its education and training programs, the INCTR will also initiate a pilot project on cancer control in Nepal, in collaboration with the Nepalese Cancer Relief Society, and will examine how it can effectively work in the area of cancer control with centers in Pakistan. In both projects it is encouraging participation by other major organizations. Clearly, early detection—prevention where possible—should be important bulwarks of the INCTR's programs, and cervical cancer, head and neck cancer, and certain childhood cancers will be high priorities in this area. Earlier detection will lead to improved treatment results in cancer in

general, even without any change in the resources available—a message that is worth repeating again and again. This will entail collecting information on the causes for late presentation. Although many of these are already known, their relative importance will vary greatly from one country to another, and from region to region. Early detection does not, of course, mean that treatment is not necessary—just that treatment may be simpler and more effective. Early detection programs, encompassing the appropriate mix of professional and public education coupled to effective screening programs must, of course, be associated with a coordinated treatment program.

Similarly, progress in developing the INCTR's external structure, programs and projects must be accompanied by the development, *pari passu*, of its internal structure. The Brussels office will evolve into several Offices and Departments, including Administration, Clinical Trials, Resource Development, and Laboratory/Translational Science. In addition, an INCTR presence in developing countries, in the form of Offices and Branches, will become increasingly important. As programs evolve, there will be a need to ensure effective coordination of national and regional projects (whether clinical, laboratory or educational) among participating Associate Members and Collaborating Units, and to develop and maintain links with governmental departments and agencies as well as with relevant private organizations. In addition to the existing US Branch, INCTR Offices are planned for the UK, India, Egypt and Brazil. Others will follow. Offices will evolve into fully-fledged Branches, and the INCTR truly

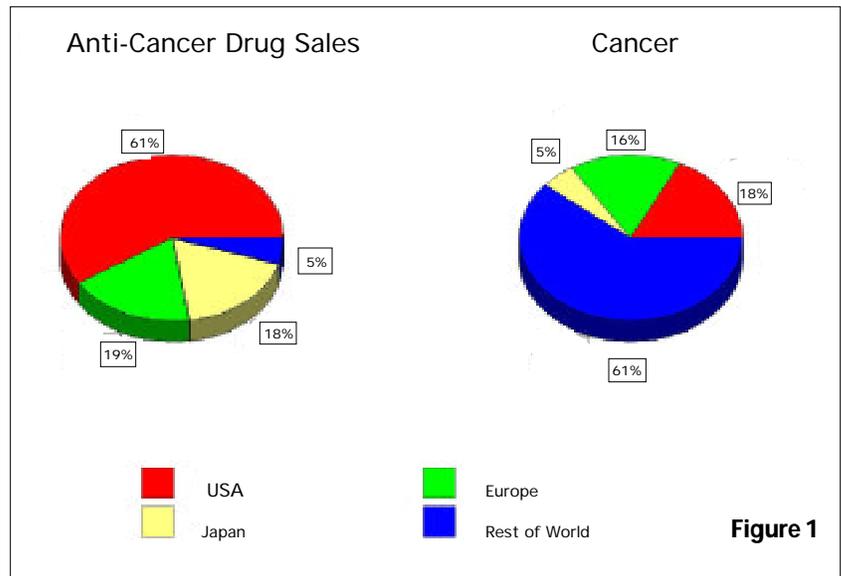
will be on its way to becoming a global organization.

It is unfortunate that so much of the talent available in developing countries is either lost to them, by emigration, or is unable to reach its full potential because of socioeconomic problems. The INCTR cannot, of course, address these underlying socioeconomic problems, or even deal with cancer at a national level, but it can demonstrate, through assistance in the development of pilot and model programs, that a difference can be made. This should also lead to improved use of existing resources, to expansion of infrastructure, and to the provision or improvement of "growth centers" from which programs can be rapidly expanded as resources become available. But it must be acknowledged that most of the work must originate and must be done in the developing countries themselves. The INCTR's role, although an active and participatory one, is primarily facilitatory, supportive, and educational. Maximal gain will accrue when there is effective collaboration between those in resource-poor countries who are particularly motivated to develop relevant programs in a national or regional context, and with experts from anywhere in the world willing to devote their time and energy to helping such motivated persons. Gradually, as communications improve, people throughout the world are recognizing that their similarities outweigh their differences, that everything is to be gained by working together, and that much is lost by working against each other. If we are to forge a way forward against powerful retrogressive currents, it is essential, in the spirit of the Kenyan national motto, *Harambee*, that we all pull together. ■

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## HIGHLIGHTS OF THE ANNUAL MEETING

The second Annual Meeting of the International Network for Cancer Treatment and Research, *Improving Cancer Care in Developing Countries*, took place in Brussels in mid-April. The Annual Meeting has several objectives, but it is primarily an occasion for cancer-related health professionals from all over the world to come together to discuss progress made in ongoing INCTR programs and projects, to identify important areas for new endeavors, and to discuss existing models that might be emulated. The 2001 meeting included educational sessions focused on clinical trials management and issues pertaining to accurate diagnosis—a *sine qua non* of effective cancer treatment, as well as two major themes—cancer in Africa and uterine cervical cancer. After welcoming remarks by Mr Mettens, the Chef du Cabinet of the Belgian Ministry of Science and Economics, and the INCTR President's report, Karol Sikora, former head of the World Health Organization Cancer Unit, gave the Keynote Address. He quoted data from the International Agency for Research on Cancer, indicating that the global cancer burden could well double in the next two decades, reaching 20 million by 2020. By then, 75% of cancer deaths will be in developing countries. He also pointed out the enormous discrepancies between sales of anti-cancer drugs and the distribution of cancer throughout the world (Figure 1), and provided a lively picture of the contrasting motives of different stakeholders in cancer care. Dr Sikora suggested that the future of cancer control would be



shaped by the rapid progress being made in the areas of biotechnology and information technology.

### EDUCATIONAL SESSION

Jorge Ortero of Eli Lilly introduced the educational session on clinical trials by emphasizing the importance of conducting clinical trials in developing countries. He commented not only on the high fraction of patients with cancer who live in resource-poor countries, but also the differences in cancer patterns in different world regions. He stated that clinical research benefits go beyond the study question, and include improvements in patient care, exposure of local physicians to the ethical principles of research, training and education of staff, investigation of locally important problems, motivation of doctors to remain in their own countries, and opportunities to participate in interna-

tional studies. The INCTR, through its Clinical Trials Office headed by Melissa Adde, will promote the conduct of high quality clinical trials, and plans to develop educational and training programs for all personnel associated with their conduct. It will also promote good clinical practice through local Ethical Review Committees (ERCs), its own ERC having been recently established.

### CANCER EDUCATION PROGRAMS

Elmer Huerta, a member of Board of Directors of the INCTR's US Branch, opened this session with an entertaining presentation on public education in the context of cancer prevention and early detection. He described his concept of a "Preventarium," i.e., a hospital unit dedicated to prevention and early detection through education and screening,

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and discussed his experience with such a unit at the Washington Hospital Center. He stressed the importance of the repeated delivery of health education messages from trusted professionals delivered via accepted public channels. Physicians remain, at least in the context of health, the most trusted professionals among Hispanic people, whilst radio, particularly in illiterate populations, remains a particularly effective communications tool. Public education and strategies to ensure early detection must be a high priority for the INCTR, because of the large fraction of patients in developing countries who present with advanced disease. If early detection could be improved, cancer care would be less complicated, less expensive, less toxic, and more effective, while existing resources would be better able to cope with the cancer burden.

## CERVICAL CANCER

Harald zur Hausen, Chairman of the Cancer Research Center in Heidelberg, Germany, who first discovered the link between Human Papilloma Virus (HPV) and cancer of the uterine cervix, gave the keynote lecture in the session on cervical cancer. He provided an elegant overview of the role of the virus (which infects 50% of women) in this and a number of other human cancers. He went on to describe recent, very promising efforts to develop preventive and therapeutic HPV vaccines, and the importance of simple routes of delivery in developing countries. His own research group has developed a vaccine in which HPV DNA is delivered by adeno-associated virus (AAV), which naturally infects the human body via the nasal mucosa. Prof zur Hausen stated that 600 women die of cervi-

cal cancer every day, and quoted estimates that efficient Hepatitis B and HPV vaccines have the potential to prevent 15% of cancers in women and 10% in men throughout the world. Cervical cancer, which will become an important area of endeavor for the INCTR, remains a particular problem in Latin America, Asia and sub-Saharan Africa. Phil Schein, President of INCTR's US Branch, who reported on the Branch's recent meeting on cervical cancer in Florida, is exploring the possibility of developing programs focused on cervical cancer in Latin America. The INCTR is also working with members of the International Agency for Research in Cancer (IARC) in developing a collaborative program for cervical cancer screening in selected centers.

## SUB-SAHARAN AFRICA

Because many of the poorest countries in the world are in sub-Saharan Africa, this region was the focus of an entire session. Dr Freddy Sitas, an epidemiologist working with the South African Institute for Cancer Research, highlighted the dramatic differences in the incidence of various cancers in different parts of Africa, which pro-

vides a plethora of scientific opportunities, particularly with respect to epidemiology. Unfortunately, the low socioeconomic status of most sub-Saharan African countries means that all aspects of cancer control are sadly neglected, and life expectancy is actually dropping. Kaposi's sarcoma varies in incidence from one country to another, but is as common as carcinoma of the colon, and has become a particular problem because of the AIDS epidemic. Inam Chitsike from the University of Zimbabwe pointed out that KS is now the commonest cancer in her country. Interestingly, the prevalence of the causally associated virus, Human Herpes Virus 8 (HHV8), as measured by serum antibodies, is similar across the continent and has not changed with time, clearly indicating the important role of HIV infection as a cofactor in the genesis of a virus-associated cancer. HIV acts as a cofactor in a number of lymphoid neoplasms associated with Epstein-Barr virus, and also, although less clearly documented, of HPV-related cancer of the uterine cervix. The INCTR plans to initiate programs in sub-Saharan Africa, focusing on problems such as inadequate numbers of



**Participants at the INCTR Annual Meeting included (from left): David Ebirere (Nigerian Embassy, Brussels), Mr. and Mrs. Chris Williams (Canada), Yetunde Akenova (Nigeria), and Jaiyeola Thomas (Nigeria).**

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trained personnel, cervical cancer, Burkitt's lymphoma, and perhaps AIDS-associated cancers. Needs in sub-Saharan Africa are particularly great, but this means that, given a minimum of added resources, initial progress could prove quite rapid.

## HISTOPATHOLOGY

Bharat Nathwani gave a pragmatic yet energetic account of the problems faced by the pathologist, and emphasized the importance of close collaboration between the clinician and pathologist. He stated that histopathology, increasingly supplemented by immunohistochemical and molecular techniques, remains the cornerstone of diagnosis, and there is no substitute for properly prepared tissue from an adequate biopsy interpreted by an experienced pathologist. Because of its fundamental role in cancer diagnosis, education for pathologists and pathology technicians will be included in the INCTR's education program.

## REPORTS ON INCTR PROGRAMS

In the penultimate session, reports were given on programs being conducted with the support of the INCTR,

including the Retinoblastoma and Osteosarcoma Strategy groups, the Middle Eastern Children's Cancer Association, the Indian Group for the Study of Leukemia, as well as the molecular profiling of leukemias being conducted at the Research Center of the King Faisal Specialist Hospital in Riyadh. Joe Harford, an Associate Director of the National Cancer Institute (NCI) in Bethesda, which presently provides the bulk of INCTR's financial support, provided information on NCI's international programs and reminded the audience of the central role of anti-tobacco programs in any cancer control program. While the INCTR does not intend to overlook this important area, it will approach tobacco control more from the perspective of health education than from policy issues—more the domain of organizations such as the World Health Organization, IARC, and International Union Against Cancer. Michael Saba, now working with the INCTR, gave a brief overview of funding strategies and was much in demand for advice on this topic.

## SUMMARY

In the concluding session, Anslim Narinesingh, Executive Director of the

INCTR, pointed out that the end of INCTR's first year of operations signaled the beginning of a period of controlled expansion into new areas.

Throughout the meeting, participants expressed a sense of encouragement instilled by talking to other dedicated oncologists and health professionals working in similarly difficult circumstances, and by the existence of an international organization focused exclusively on cancer in countries with limited resources. They valued the opportunity to learn from each other and to take part in international projects that would benefit their own patients as well as the wider global community. They recognized that by working together, resources are likely to be much better utilized, and that although there is a great deal to be gained by collaborating with affluent countries, scientific advances need to be adapted to the needs of their own countries—and to be made there. Cancers there tend to be much more advanced, and seemingly identical cancers differ biologically in different world regions. Given the increasing share of the global cancer burden borne by the developing countries, participants recognized the increasingly important role that they must play in cancer research of all kinds in the future. Scarce resources can often lead to novel solutions, and developing countries do not lack for opportunities in a broad range of clinical and scientific research which are often relatively unique. In this respect, the developing countries are resource-rich! Thus, the potential contribution of such countries to cancer research should not be underestimated. Strategies for prevention—even preemptive prevention of cancers still low in incidence, but rising



(From left): Angelo Rosolen (Italy), Sidnei Epelman (Brazil), and El-Nassir Lalani (UK) converse at the Annual Meeting dinner.

## IN MEMORIAM DR NAZLI GAD-EL-MAWLA 1928-2001

Dr Nazli Gad-El-Mawla, a pioneer Egyptian medical oncologist, died recently in Cairo after a brief illness. She leaves a husband, two daughters, a grandchild, and a host of friends and admirers the world over.

Nazli graduated from Faculty of Medicine, Cairo University, in 1955, gaining her MD degree in 1961. She was one of a small group of oncology specialists who worked closely together in the 1960s and '70s at the National Cancer Institute of Egypt, building it into one of the premier cancer centers in the Middle East. In 1970 she founded the Department of Medical Oncology at the National Cancer Institute, becoming Professor of Medical Oncology and serving as Head of Department from 1977 until 1989. During her tenure, she added a strong pediatric oncology unit to the department, a necessary component in an institute that sees up to 1,000 pediatric oncology patients a year.

Nazli, as the doyen of Middle Eastern Medical Oncology, held many important offices during her life. She served as the Vice President of the European School of Oncology for the Balkans and Middle East, and as European School of Medicine representative for Egypt and Africa. She was a member of the Editorial

Boards of a number of Egyptian and international cancer journals, and contributed significantly to the oncology literature, including original articles, reviews and book chapters. Her particular areas of expertise were in chemotherapy of cancer of the bladder, the most frequent cancer in Egyptian men, and the



treatment of leukemia and lymphoma (some of this work being carried out in collaboration with the National Cancer Institute, USA). Her last publication demonstrated a long-term survival rate of approximately 75% in over 200 children and young adults with B cell lymphomas. Nazli organized meetings, courses and international and regional conferences in Egypt and the Middle East, many of them in the context of her role in the European School of Oncology. Through such conferences, as well as

her participation in numerous other international meetings, she became well-known to the global oncology community.

Among Nazli's most lasting contributions to the practice of oncology was her teaching. She supervised over 100 MSc. and MD theses, and continued to provide advice and counsel to many of her students even after they themselves had become professors. This valuable legacy of well-trained Egyptian cancer specialists will, without doubt, ensure that Egypt remains at the forefront of medical oncology in the Middle East for years to come. Nazli provided an exemplary role model, and the high standard she set in her practice, in the sometimes difficult setting of a developing country, provided a significant part of the inspiration that led eventually to the founding of the INCTR. As with all great leaders, her influence will be felt for a long time to come. And as with all great human beings, the warmth and charm that she radiated and her pragmatic approach to life will be sorely missed by family, patients, colleagues, and friends. ■

*Hussein Khaled, Rabab Gafaar, Melissa Adde and Ian Magrath contributed to this article.*

because of epidemiological transitions—and early detection might appropriately be emphasized. These aspects of cancer control, which are dependent upon a sound knowledge of causal factors as well as human psy-

chology and sociology, may require some adjustments to the training provided to health care personnel in general, to careful estimates of both existing human resources for public health and additional resources required, as

well as to the form and means of transmission of information to the public. In all, improving cancer in developing countries presents a huge challenge, but also poses many opportunities that we cannot afford to overlook. ■

# NETWORK

*Editor's Note: In each edition of Network, a brief article about one of the institutions with which the INCTR collaborates will appear. These articles are solicited by the editorial staff.*

## THE SHANGHAI CHILDREN'S MEDICAL CENTER

by Dr. Jing Yan Tang  
Director, Oncology Center

Shanghai Children's Medical Center (SCMC), affiliated with the Shanghai Second Medical University, is a modern children's hospital providing clinical services, teaching and research activities. It is a joint effort between the Shanghai Municipal Government (represented by Shanghai Second Medical University) and US-based Project HOPE. The total investment in this 250-bed hospital exceeded \$80 million. Since the SCMC opened in June 1998, the Center has rapidly developed its services to include medicine, cardiology, hematology-oncology, child growth and development as well as behavioral service, orthopedic surgery, oral surgery, ophthalmology, ENT, dermatology, and traditional Chinese medicine.

This hospital is equipped with a wide range of sophisticated diagnostic devices including MRI, spiral CT, biphasic digital subtraction angiography, a range of nuclear medicine scans and much more. In addition, the clinical and monitoring facilities are among the most advanced in China, including 10 well-equipped operating rooms with modern anesthesia and surgical equipment, a 58-bed intensive care unit, each with a full complement of cardiorespiratory



monitors, four laminar flow rooms for bone marrow transplantation and well-equipped ambulances for patient transportation. SCMC cares for critically ill children from all over China and South East Asia. It also provides technical and management training for health professionals from the less developed parts of the country, in addition to conducting pioneering pediatric research.

The Division of Hematology/Oncology is one of the most important departments in the hospital. It has 50 beds for children with leukemia and various other malignancies. Approximately 160 new patients are admitted for treatment each year, about half of whom come from Shanghai, and half are referred from surrounding areas. The cost of treatment for a child with acute lymphoblastic leukemia is approximately US\$10,000-20,000 in the first year, depending upon the precise treatment, complications of therapy, etc. This compares with an average annual salary of US\$2,400. Some 20 percent of patients do not

**The Shanghai Children's Medical Center is serving as a national training center for health care professionals and is providing state-of-the-art clinical care for the children of China.**

complete therapy because of financial or other reasons. Patients are managed with the aid of a multidisciplinary team consisting of chemotherapists, radiotherapists, pathologists, and pediatric surgeons who are specialists in pediatric solid tumors, as well as imaging experts and pharmacologists. Every week, we hold a tumor board to discuss diagnosis and treatment protocols. We have achieved excellent results in the treatment of children with various malignancies. For example, the five years EFS for childhood ALL is approaching 75% and for NHL, 65%. Because of this, the Division of Hematology/Oncology has become well-known in our country as a reference center for children with cancer. We have established good collaborations with St. Jude's Children's Research

# PARTNER PROFILE

**The Shanghai Children's Medical Center, at right, opened in 1998.**

Hospital, The National Cancer Institute, USA, and the International Network for Cancer Treatment and Research.

The doctrine of the SCMC is the provision of services for children and devotion to society. We aim to provide patient-centered services for the community in Pudong district, Shanghai, services for the whole country of China, and services for people the world over. We will strive to make this hospital a leading center in clinical services, teaching, and research. ■



## NEWS BRIEFS

### INCTR EDUCATIONAL COMMITTEE FORMED

The first meeting of the newly formed INCTR Educational Committee will take place in October.

The core committee will be intimately involved in the development of an overall strategy relating to training and education as well as in specific components of this program. The initiation of the INCTR Visiting Experts and Exchange programs will be included in the agenda. For further information about these programs, please contact the INCTR. ■

### VOLUNTEERS JOIN INCTR EFFORT IN BRUSSELS

A volunteer programme has been launched at the Brussels office with a good response from the Brussels community. Five volunteers will be working at the INCTR headquarters, assisting with various tasks and providing support in many areas. INCTR hopes to give volunteers experience in areas of interest to them and to provide a convivial atmosphere in which to meet and work together. Volunteers will have the opportunity to learn new skills, to improve their knowledge, and to spend their time productively—all while contributing significantly to the INCTR mission. This program is off to a good start, and over the coming months it is envisaged that the group of volunteers will increase gradually. Bénédicte Chaidron is coordinating the program. ■

### GOVERNING COUNCIL MEETING HELD

The INCTR Governing Council met in Brussels on 30 June and discussed a wide range of issues including the development of branches and offices in various countries, the new educational program and ongoing fund-raising efforts. The Council, with its broad range of expertise, provides valuable advice and guidance to the INCTR Executive Committee in furthering INCTR goals. ■

### INCTR/MECCA MEETING SET

A meeting of the Middle East Children's Cancer Association, in conjunction with INCTR, will take place during the Cancer 2001 Congress scheduled for November 2001 in Riyadh, Saudi Arabia. ■

## PROFILES IN CANCER MEDICINE

### BUILDING HOPE IN INDIA

She went to medical school at a time when most Indian women did not pursue professional careers. She never married or raised a family, devoting her life instead to medicine. Independent and idealistic, she sought to help the sick and dying people she saw languishing on city streets, with nowhere to turn for help. She took up the fight against cancer under difficult circumstances and sought to bring hope and healing to the most unfortunate inhabitants of her country. Today, Dr V Shanta looks back on a career spanning 50 years, a career during which she helped to build one of the largest, most comprehensive cancer centers in India. The Cancer Institute's mission was in its earliest beginnings the same as it is today: to bring to the poorest of the poor the most refined scientific technology and the best patient care possible.

Shanta went to work for India's first female medical graduate, Muthalakshmi Reddy, in a 12-bed thatch-roofed hospital where she and a single colleague worked in 12-hour shifts. Much of what she learned about cancer treatment she taught herself. Her earliest patients came to the hospital in dire straits. "Everyone was in dismal condition," Shanta recalls. "There were very few we could cure. The treatment we could offer was inadequate and most were in advanced stages of cancer."

"Today, we do see many patients being cured," says Shanta. "That is



**Dr V Shanta is executive chairman of The Cancer Institute in Chennai.**

one satisfaction. It is also satisfying to know that we have trained so many dedicated professionals. But the road is never-ending. Still we are working with very limited resources. In the grand scheme, we have done so little, and there is still so much to be done."

Shanta believes that the key to success in cancer treatment in her country lies with the people of India who are trained in medicine—many of whom are working abroad. "We have to provide the conditions for them to come back," Shanta says. "That is what we are trying to do at the Cancer Institute. We have asked for support for visiting professors to come and train our staff in sophisticated areas such as molecular techniques and cytogenetics, which we can use for routine diagnoses. We would like to have visiting professors train and evaluate our medical staff. Together, we can make good progress." - MCL

## EDITOR'S NOTE

This is a Special Edition of *NETWORK*, with expansive coverage of news from the 2001 Annual Meeting and a new feature, "Profiles in Cancer Medicine," that we plan to continue with each issue. Because of space limitations, we dispensed with our normal Case Report coverage in this issue. Look for a report and an article on Burkitt's Lymphoma in the next edition. We welcome letters and case reports from our readers on any topic related to cancer in countries with limited resources. Please send your submissions to:

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## INCTR ANNUAL MEETING SET FOR SPRING 2002

Planning is underway for the next INCTR Annual Meeting, which will take place in Brussels between 29 May and 1 June. Based on suggestions made by participants of the 2001 meeting, a poster session and special lectures by individuals who have made major contributions to cancer treatment in developing countries will be included. Further information will be provided in the next edition of *NETWORK*. ■