

Tackling cancer in the Middle East

Euro-Arab School of Oncology contributes a mix of international and local expertise

→ Jim Boumelha

Cancer is now the fastest growing killer in the Arab world. There is an urgent need to train health professionals on strategies for prevention, screening and appropriate care, and convince governments to act. ESO hopes to contribute to this effort through its Euro-Arab partnership.

For several centuries the Arab world has been viewed by European rulers and power-brokers with a mix of suspicion of its colonial advances in Europe's southern and eastern flanks and curiosity about its cultures and advances in science, in particular medicine. In modern times the New Arab World is slowly emerging from decades of societal and political turbulence to become once again an inevitable partner for Europe. The exchange of ideas and information is flowing again in many fields including medicine and, above all, the fight against cancer. The Euro-Arab School of Oncology (EASO) is one of the most recent manifestations of this.

EASO first emerged as a good idea from discussions between enthusiasts including Mohsen Gadallah, epidemiologist at Cairo's Ain Shams University, Alberto Costa, director of the European School of Oncology (ESO) and Francesco Aloisi, former Italian Ambassador to Egypt, and they nurtured it step by step until it became a reality. "When it

was first conceived" said Aloisi, "we had high hopes but little experience."

Gadallah, now co-chair of the organisation, traces the swift progress of EASO to its sound foundation: an agreement signed in 2005 between ESO and the Egyptian Ministry of Health and Population. "We used our first event, Advances in Clinical Oncology, in Cairo in March 2006, to attract practitioners from other Arab countries," says Gadallah, "as well as Egypt, they came from Libya, Lebanon, Yemen, Sudan and Saudi Arabia. We knew then we were handling it right." This was followed by a masterclass in Cairo, an EASO course in Alexandria, and, most recently, an EASO lung cancer course in Damascus, in cooperation with Al Bairouni teaching hospital and the Syrian Oncology Association.

The bureaucracy is, and will probably remain, very light, as EASO is run by an executive committee of three. The emphasis has been on encouraging health ministries in other Arab countries to nominate a country representative as a 'focal point' – the link person with EASO. Eight

have so far responded and, as their numbers increase, two or three seats will be added onto the executive, which will be held in rotation. Gadallah expects that when EASO attains a critical mass – hopefully by November – it will be able to move from relying on personal contacts to function through the focal points formally designated by each country. There are plans to raise the issue at the meeting of health ministers of the Arab League, to harness their support and engagement.

At its heart, however, EASO is based closely on the model that has been tried and tested to great effect by ESO over the past 26 years, says Aloisi: bringing together young oncologists, who have completed their formal training, to learn from top international experts, to help reduce the number of diagnoses that are mistaken or too late, and avoid needless suffering from inappropriate treatment.

The Arab world covers 300 million people, with a wide social, economic and cultural diversity and spread across 22 countries. Inevitably, due to environmental, genetic and other factors, the



Spreading the news. A well-attended press conference at the Damascus masterclass provided an opportunity for local journalists to learn about the scale of the problem and what needs to be done... and to ask questions about how Syria is gearing up to confront its growing cancer problem



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incidence of different cancers varies from one society to the next, as do the barriers to effective cancer control. Adapting to local conditions is therefore a core challenge facing EASO. To tune in to the needs of the society concerned, says Gadallah, the first step must always be to consult with the local specialists.

“When we select a country for a symposium, we study the most prevalent cancer in the area and we concentrate our symposium in this area. The country that hosts the programme will benefit from experts coming from Europe to talk about the problem in this country. Of course we cannot cover all problems of all Arab countries, but there are some they have in common – lung cancer for instance.”

But EASO is also keen to go beyond specialists at local cancer societies or teaching hospitals, to involve governments, says Gadallah, “We have to be sure that the ministry of health is represented as well as academics. Only then can recommendations for a cancer plan, or for early detection or a new protocol for management, be taken further.”

When EASO first started to look for a venue outside Egypt, it contacted several countries. Syria was selected not just because the Syrian group of academics made a serious offer, but also due to the support expressed by the Syrian authorities.

Today the fight against cancer is gaining currency with ministries of health throughout the Middle East, partly because of the increasing work undertaken by the Eastern Mediterranean Regional Office of the World Health Organization (EMRO), but also because of the growing incidence of the disease in the region. EMRO estimates that cancer is currently the fourth highest cause of death in the region, with breast, bladder, lung, mouth and colon being the most common sites. Around 240,000 people die from the disease each year and, alarmingly, this figure is expected to more than double by 2015.

According to Ghada Muhjazi (pictured above, right), from EMRO’s Damascus office, while an aging population accounts for some of this projected rise in

cancer deaths, “it is changes in lifestyle and behaviour that have become the overwhelming factors.” She mentions in particular that people are tending to eat more meat while reducing their fruit and vegetable intake, adding that “40% of cancer cases can be prevented through changing lifestyle and behaviour and others can be treated if diagnosed early.”

EASO is determined to play its part in helping the region address this escalating threat from cancer, but it understands that trying to import solutions developed for the European context won’t do the trick. “It’s not a case of one party imparting knowledge and the other absorbing it,” says Gadallah. “Our own experience was also taught at the last three events, and we try to make it an equal exchange of ideas. For example, in Europe they use mammography, but in this region we think that breast examination can be more

effective. We don't use exactly what is used in Europe – we modify it to fit with our culture and our society.”

Teaching remains at the core of the mission, but there are many other issues that EASO organisers recognise must be confronted, such as health education and the infrastructure and organisation of cancer services, which involve interacting with authorities and decision makers.

One big challenge is setting up national cancer registries, which do not exist in 50% of Arab countries. For epidemiologists like Gadallah this is a major problem, as they can deal only with estimates, usually extrapolated from a hospital-based study. “These research findings cannot be strong so long as they don't originate from a national cancer registry,” he insists. One idea gaining momentum is to set up a single registry to cover all the Arab countries.

Early detection is another major challenge, a key part of which involves setting up appropriate, quality-controlled screening programmes. Cancer tends to be picked up quite late throughout most of the Middle East. In breast cancer, for instance, 65%–75% of cases are picked up at an advanced stage in countries such as Jordan, Syria, Egypt and Sudan. EASO is looking at the possibility of running masterclasses on screening techniques and teaching epidemiologists how to conduct effective national screening programmes.

Involving ministries of health in the activities of EASO clearly makes sense in terms of getting politicians and policy makers to focus on these challenges and work in the same direction. The question, as always, is how to get governments to match their rhetoric with action?

A press conference organised by EASO at the end of its latest symposium

Region	% Diagnosed late (breast)
Nile delta, Egypt	70%
Syria	73%
Sudan	78%
Cairo, Egypt	66%
Jordan	69%
Tunis, Tunisia	49% (40% > 5cm)
Iraq	47%
Bahrain	33% (70% > 2 cm)

In many Arab countries more than 65% of breast cancers are diagnosed at an advanced stage (III or IV)

Source: Cancer in EMRO powerpoint presentation, WHO Syria

in Damascus provided the opportunity for journalists to pose questions not just about the technical and medical aspects of prevention, screening and care, but also about what action the authorities are taking. One journalist wanted to know what had happened with the Syrian cancer registry – he'd heard a great deal of talk since 2000, but had so far seen no evidence of it. Another commented that it is hard to get stories about smoking and the related health problems into newspapers, speculating that cigarette companies are very powerful and have links with the newspaper owners.

Such scepticism is, perhaps, understandable, given the schizophrenic approach many governments have to the tobacco industry. In Damascus, for instance, just as the ministry of health was welcoming the EASO symposium on lung cancer, the deputy minister for economic affairs was splashed all over Syrian TV launching a new cigarette factory as part of a deal with the British-American Tobacco Company. The media, and the public, have good reason to question how this squares with the WHO Framework Convention on Tobacco Control, to which Syria is a signatory.

Tunisian oncologist Farhat Ben Ayad believes that the involvement of civic

society is essential to ensure that authorities take action. He cites the work done by his organisation, the Association tunisienne contre le cancer, which has now emerged as the authority on cancer in his country. “We organise international symposia on all aspects of cancer and, at the same time, we feel free to mobilise civic society whenever we need lobbying on major issues,” he said. He has been looking for ways to get other countries in the region involved in this work, and hopes to bring in the Tunis-based ALESCO (Arab League Educational Scientific and Cultural Organization). “Any pan-Arab organisation must be supranational, to make it easier for all countries to feel at home.”

Though still in the early years of its own pan-Arab mission, EASO is rapidly accumulating valuable experience of working with authorities, bringing together practitioners from different horizons and pressing its own distinct agenda of patient-centred care. With a week-long masterclass on clinical oncology scheduled for Cairo at the end of November, and plans to steadily increase the number of topics addressed and locations used, EASO is quietly building a constructive cooperation between European and Arab oncologists built on a genuine dialogue and shared goals.

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