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How the affordability of radiotherapy and essential cancer drugs improves breast cancer control in Africa: an example from Port Said, Egypt



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*****ICEDOC**: International Campaign for Establishment and Development of Oncology Centres, USA.**

*****SEMCO**: South and East Mediterranean College of Oncology.**

I am the coordinator of The **“Win-Win Scientific Initiative”** that aims at increasing **affordability** of **better value cancer care** in the world **via exploration of scientific approaches** with considering the **interests of stakeholders**.

(Visit the icon of win-win in the web www.icedoc.org)

**But, Why I stress on what I described as “
Affordability of Better Value Cancer Care with
what Respecting the Socio-Economic Dignity of
Patients and their Families”?**

- The Term availability is not enough to assure the affordability.
- Overlapping between the Terms Access and affordability. (In the USA the first cause of bankrupts due to medical causes is CANCER)

So, that is why we stress on the notion that we described.

Needless to say that:

- **It can be estimated that, at present, 60% to 70% of Cancer patients in the world have no access to any chemotherapy at all. The percentage is higher for radiotherapy. The picture is more tragic in Africa. In Africa only 5% of Cancer patients have access to Radiotherapy !.**
- **- The pharmaceutical companies are developing increasingly expensive novels cancer drugs with no indication that the rapidly increasing expenses will be lessened in the future, The overall disease-free survival rates are not increasing in a measure commensurate with the rising curve of expenses of cancer treatment.**
- **The major markets for the pharmaceutical industry and Radiotherapy are in the USA, Western Europe and Japan.**

- **Less than 5% of cancer patients in Low and Middle Income Countries (LMCs), that include the majority of the world's population, could afford the novel anticancer drugs. This proportion is likely to decrease by the year 2020 with the rise of expenses of the novel drugs .**
- Thus, we are confronted with a tragic situation and hard challenges that require international and regional innovative efforts.

So, I stress on that there was no need for the previous 2 slides. We all Know!. There is No need to repeat , but to act!

Just simple and direct questions:

Is any speaking or efforts about early detection, awareness, or successful and efficient palliative care , meeting , programs, consultations ,.....etc, would be effective (or logic or have any sense), if there is no affordable - or no serious plan, or no hard search for solutions to afford- treatment and care with dignity for patients and their families?

- National cancer control programs, international and regional meetings, publications, and treatment guidelines are not enough if guidelines continue to lag behind plans for accessibility and affordability of treatment in LMCs .
- -Early detection programs would be fruitless without accessibility to treatment !
- - Cancer statistics and registries would be just numbers, tables and studies if numbers are not looked as representing human beings ,with pulsating heart , and who are in need to accessible care.

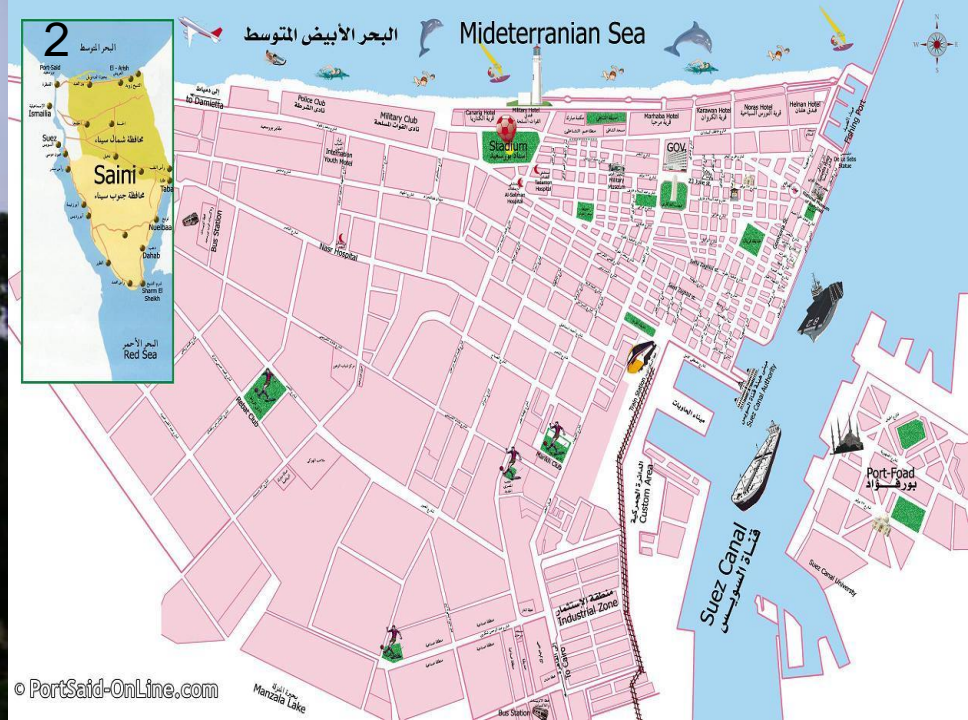
What I am presenting here is not a miracle , but, it a very modest action done and it is continuing to progress , in Port Said, Region of Suez Canal, Egypt. Not only as a founder Professor , but mainly I have the honor to serve as a human bridge, a focal point for connections with colleagues and younger staff The present achievement is the result of the work of many in Port Said, Suez Canal region, Egypt .

(I contributed in the advice for establishment or development of several units in the world)

**In this presentation, I preferred to be frank, realistic
and telling the story *as it is!***

This is shortest way !.

Ahmed Elzawawy



1- **The view from my home** in Port Said, in the **African part** of the City, at the junction of The Suez Canal and the Mediterranean sea. Buildings in **Asia** are seen on the other border of The Suez Canal.

2-Map of Port Said.

3- A Ship crossing the Suez Canal.

Port Said, North East part of Egypt : **Population(2002) is 512 000** with annual increase of 1.7%. M/F: 1.02:1. **It is mostly an urban governorate.**





1984 : Early Detection and Chemotherapy unit, Port Said General Hospital (The Hospital was founded on 1894). The Unit serves –free of charge– since 1984 and it was the first unit for Chemotherapy.

2006 :No of patients (old and new) : 3114 visits. While new cases No: 170 (of the total No 313 of chemotherapy patients). Drugs are covered from the general drugs expenses for hospitals in Port Said Hence :In 2006, it covered chemo-therapy for 54.3% of No of patients, insurance hospital covered 41.1%, Companies 4.6%.

The cost of 6 Cycles CMF was 39 \$ and for 6 FAC is 202 \$. Now is tripled. No overhead or other major expenses. No special funds like that afforded for other cancer units in Egypt

I serve as a founder, Head and consultant , free of charge. It was an old and abandoned part attached to the hospital. The cost was (only!) 200 \$ to transform it into a functioning unit !. As a referral unit, It is connected to all health services in Port Said.

Prof. M. Mahfouz, Ex. Minister of Health and Minister Prof. M. Sherif, Dean of NCI Cairo, attended its inauguration on 26 Feb.,1984.



In 1993 : During the Establishment of AISoliman Hospital, Port Said and its Radiation Oncology Unit. **As all other Units, And as Professor Alain Laugier taught me I prepared the specifications, draft of the design and follow up the construction and installation (free of charge) , in between my clinical and academic works!** The main Radiation Oncology unit makes a from of Y with other parts of the hospital. I mean by Y , the name of **Mme Yvonne Laugier.**, who, with Prof. Laugier directed my way to this specialty .



Al Soliman Hospital, Port Said, Egypt , after construction (1st session Radiotherapy was performed on 22 July,1994), All Patients don't pay for Radiotherapy in Port Said! (As a charity from one Egyptian family in Port Said).

The Hospital was founded by the Late Engineer Aly Soliman and his family. Still, his family- the owner of the hospital- covers all expenses of Radiation Oncology, that serve all Port Said, and all Cancer Surgery for the non insured patients .(About 55% of patients are not insured)



November, 1995, The Radiation Therapy Linear Accelerator room, Al Soliman Charity Hospital, Port Said Egypt. The visit of **the Egyptian Prime Minister Prof. Atef Sedky** , **four Ministers and Governor of Port Said** with the Late Eng. Aly Soliman to the Left and Prof. Ahmed Elzawayy to the right.

No financial assistance was required from the government !. Just this moral blessing is good !. (During the visit, his Excellency the Prime Minister and the Minister of Health agreed kindly to join ICEDOC - WWW.ICEDOC.ORG - as volunteer consultants !)



3 April, 2007, Dr. Joe Harford, Director of International affairs, NCI, USA. On site visit to the Radiation Oncology Unit, Al Soliman Hospital, Port Said, Egypt.



(June 2013) The late Mr. Adel Soliman with the newer Linac that he insisted for its purchase and installation in order to enhance services to patients before his death .

It seems that this photo was his good bye to us!.



-The Clinical Oncology and Nuclear Medicine center, that I founded and chair in Suez Canal University Hospital, Ismailia, 76 Km to South of Port Said. The Radiation Oncology in each city (Port said and Ismailia) is a back up to each other just in case of a temporary problem in the future. (The view is from behind, to show my design to this center in L shape, in order to allow future extension by the younger staff.

(With L I mean my Professor Alain Laugier who taught me in Paris- 30 y ago- to be global in views and skills !)



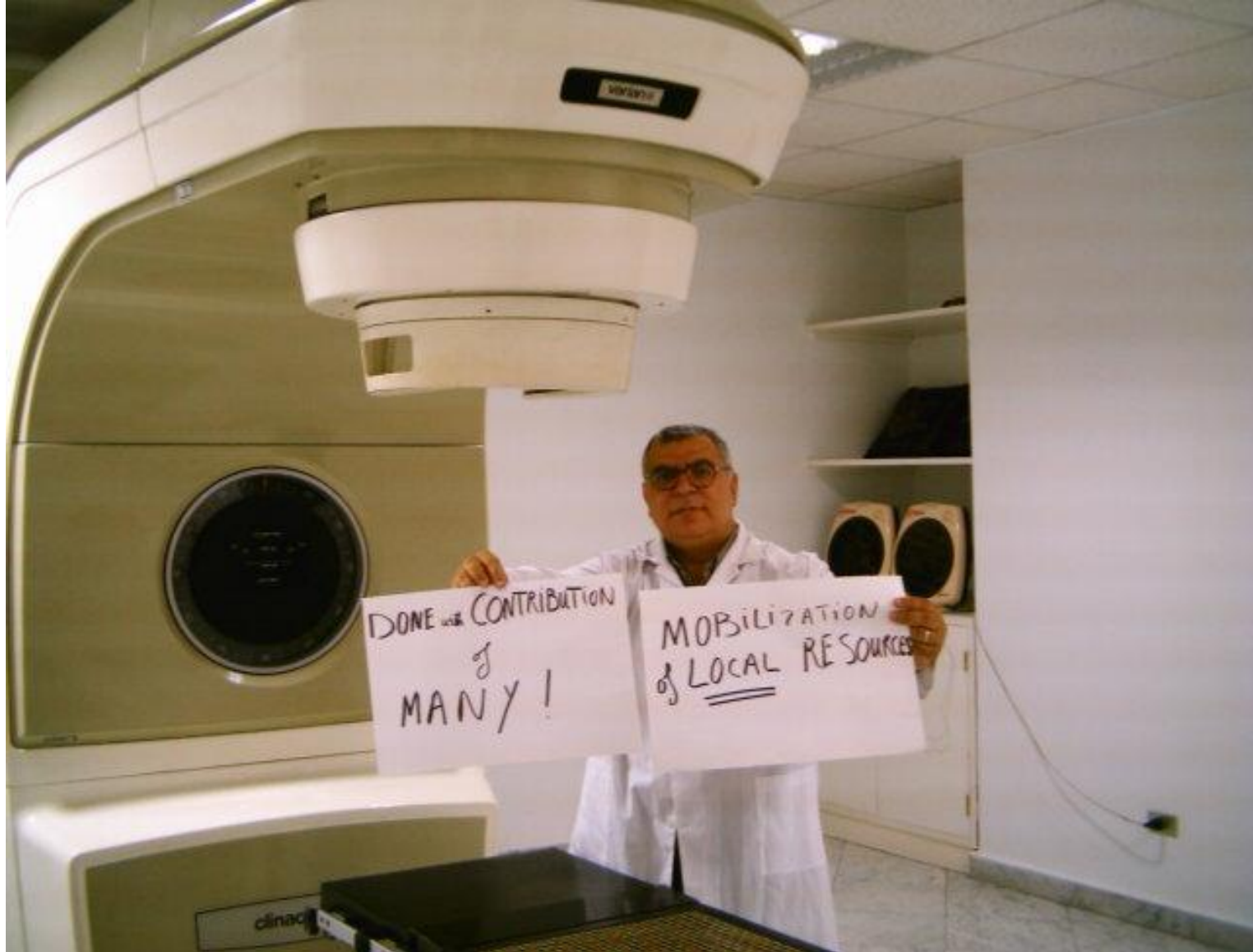
- The Suez Canal Authority (Company) Hospital, founded since more than one century on the border of the Suez Canal to serve workers in the company.

Without spending any cent of expenses for a new establishment, I use a part of an existing building ,in the afternoon, after the work of surgeons, as a weekly oncology clinic and chemotherapy administration (Patients pay nothing).



Port Said Oncology Center, recently established in Tadamon Hospital, oncology out and inpatients for insured patients (about 40% of Patients in Port Said). (Sure, all don't pay)

I serve as a senior Oncology Consultant.



Mobilization of different local resources .All governmental, charity, insurance, private diagnostic and treatment facilities are **inter-connected**.

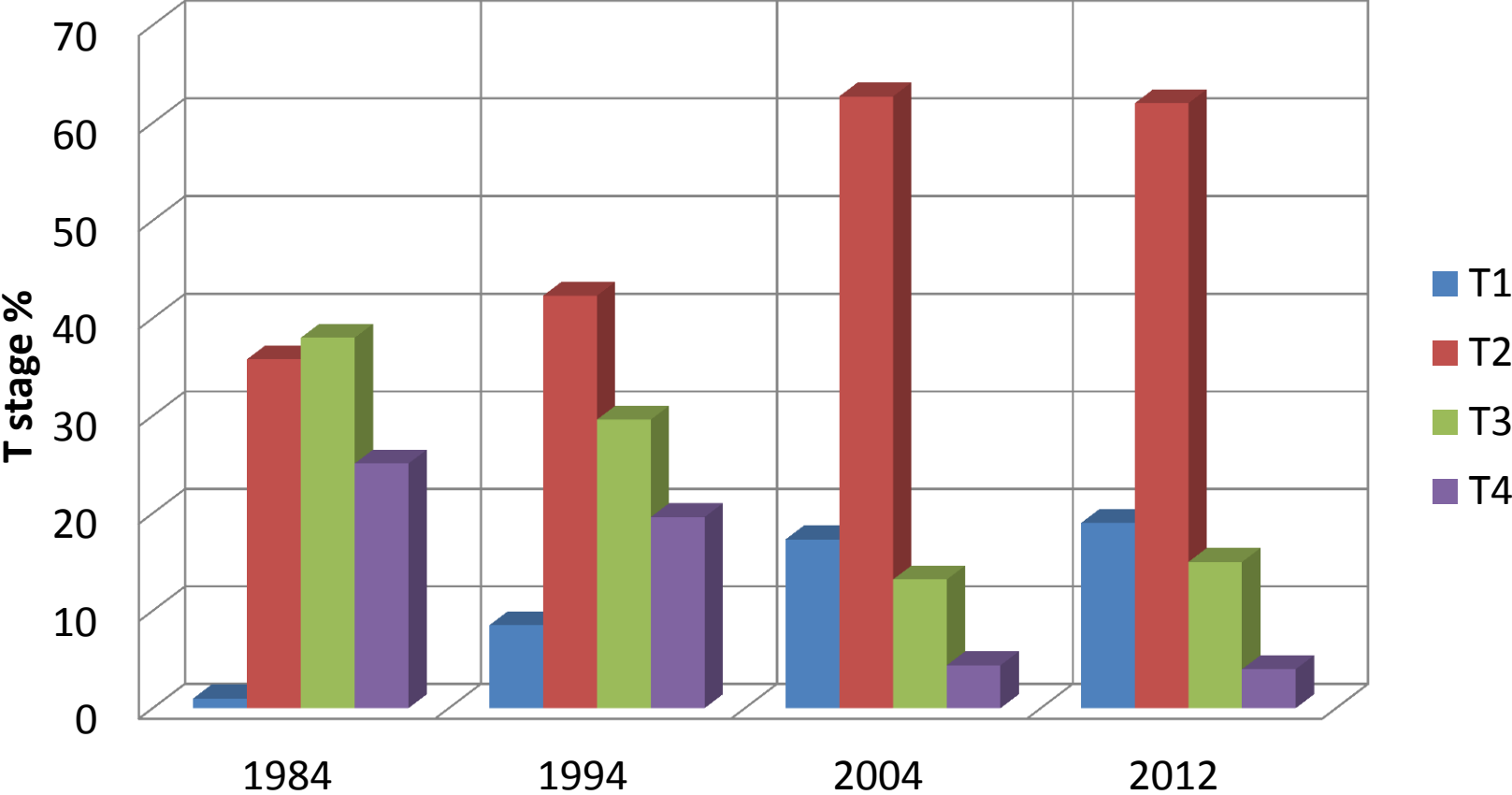
- It means that **we started in the second half of 1983** with facilities for breast surgery (existed since 1894 !) , X ray and only one private Sonar.
- **Then on 26 Feb.1984** : Official inauguration of Early Detection and Chemotherapy unit, Port Said General Hospital.
- **In 2013** : In addition to the units of radiotherapy (the last one was equipped with IGRT , On Board Image with cone beam CT), There are **pathology labs, Hospital and clinics registries, 4 Mammography units , several X rays , Ultrasonography, 5 CTs, one MRI and another 2 in the nearby, Labs, conservative breast ca. Surgery (about 20% had Conservative Surgery), Chemotherapy essential and most of the newer drugs , Radiotherapy, palliative medical care and Analgesics, Nursing , follow up, social workers and support.**
- **Beside teaching post graduates of Clinical Oncology , I supervised Master and one doctorate in Oncology nursing in the faculty of nursing ,founded in 1992, Port Said. Also, There is the High Institute for health technology, where radiographers, technicians are graduated in Port Said since 1990. (I who teach all topics related to radiation oncology there !)**
- The Oncology services in Port Said served as part of places for training of our post graduates physicians in fields related to Cancer.

Along the years 1984 and till present (November 2013), the patients and the attending members of their families are asked directly during the consultations, treatment and follow up to inform others - in their surrounding -about the availability of breast cancer management ,at no cost to all patients in Port Said and that how patients survive without major or long disturbance in their life and families in most of cases.

We informed the patients that they are free to tell that they are themselves the patients or they speak about X person whom they know. We stress in every time that they are free to convey the message or not and it is just a suggestion to them to more diffuse this very useful information and awareness to the community.

By time , we noticed, that the treated patients and their family are strong , practical , enthusiastic and realistic calls to earlier presentation and downstaging in Port Said .

Breast Cancer in Port Said, Egypt According to T The years 1984-2012



Delay in Seeking medical advice by Breast Cancer females patients in Port Said, Egypt

The Lagtime: Time from initial onset of symptom to the time of seeking medical advice (Worden and Weisman ,1975)

The delay : The lapse of more than 3 months between the appearance of cancer Symptom and medical consultation (Harms et al., 1943).

- We performed **4 studies** ,three of them were published on **1987,1989 and 1999**. The **current fourth study** has been accomplished this year.
- In all my studies I applied a **unique methodology of interviewing each patient at least four times within six months**. Lagtime and delay **differed enormously** between **the first** interview and **the last** interview, after gaining trust of patients and that they see that we are offering them all oncology management and care and not just a questionnaire! We are listening. It is a chance for them for relief and to understand each other. No blaming for them whatever they discuss.
- I believe that these types of what I call "**The one shot questionnaire and run!**" may lead to false and completely biased information !

Main remarks from our 4 studies :

- **1987 : Mean Lagtime 18 months** (one week to 5 years). 76% of 50 patients asked advice after 3 month.
- **1989: Mean lagtime 8 months** (few hours to five years) . 68.7% of 80 patients sought advice after 3 month.
- **1999 : Mean lagtime : 3 months.** (Few hours to 5.3 years) 43.8% of total 182 patients sought advice after 3 months
- **2007: Mean lagtime : 1 month** Few hours to 6 year (a patient of 82 y)! . 23% of total 365 patients delayed after 3 months.
 - **92% realized the significance of the presence of breast lump**
 - **Variations of fear –and not ignorance-are the main causes of delay.** Fear of the socioeconomic consequences of the diagnosis of cancer. Fears of pain and death were more prominent than fear of disfigurement and mastectomy. Patients of more 70 y, had more fatalistic outlook .
 - In a our recent study of 2012 , the Mean lagtime was 1 month as the previous study of 2007

- **What brought patients earlier to medical advice, is that their hopes in treatment, and that cancer management is available to them, all are equal, all have access to free of charge treatment, without traveling, without significant financial and social disturbance of their life. (What I call "keeping The socio-economic dignity of the patients and their families").**
- **Time to start management : 94% of patients had their Mammography , FNAC , biopsy or surgery within two weeks of seeking consultation.**
- **More details would be present in one of my articles.**

- Since 1984, facilities for all lines of comprehensive management have been established, interconnected, and been made accessible for all citizens, free of charge. **All were launched only by mobilization of the different local resources. Hence, a nearby facilities for cancer treatment become affordable at no cost to patients, with keeping what we describe as social and financial dignity of patients and families.**

Africa is not without resources

In 1984 ,there was no patient as a candidate for breast conservation while the percentage was 21.8% of 151 patients in 2012.

Overall Five-year survival rates increased from 35 % in during 1984-1988 to 86. % during 2003-2007. (as estimated 31 Dec,2012)

In the years 2007-2009: local recurrences at 3 years become among the lowest in the world as it was 0.7% among patients with mastectomy and 0.3% after breast conservation. (31 December, 2012)

- **Best cancer problems are formed of multi-complexities .Hence, there is **no one single cause for the delay in seeking consultation.** However, in the long term , the availability cancer management facilities **is associated with the reduction of delay and increase of earlier diagnosis.****

The message is : Cancer control should be global. Early detection programs would be frustrating to both patients and health authorities if patients couldn't afford reasonable treatment.

Port Said

Ahmed Elzawawy : “All what was shown in this presentation about Port Said was done **exclusively by the local** resources of the community in Port Said, Egypt (governmental, charity, insurance, private and individual resources) “

We count on:

- Mobilization of local resources
- Collaboration of many!

- Elzawawy A et al. Delay in Seeking Medical Advice and Late Presentation of Female Breast Cancer Patients in Most of the World. Could We Make Changes? The Experience of 23 Years in Port Said, Egypt. Breast Care 2008;3:37–41

- Elzawawy A . How the affordability of radiotherapy and cancer drugs improves breast cancer control in Africa: an example from Port Said, Egypt. Saturday 23 November , 2013 during AORTIC 2013 Conference . Durban , South Africa

(A session chaired by Prof. Funmi Olopade)

- It implies that we don't copy protocols or guidelines if they don't fit the local patients and conditions it , but to tailor your approaches in scientifically evidence ways in your community & Consider how to get better value health care.
- The “Win-Win Scientific Initiative” aims at increasing affordability of better value cancer care in the world via exploration of scientific approaches. (Visit the icon of win-win in the web www.icedoc.org)

Ahmed Elzawawy (2012). Science and Affordability of Cancer Drugs and Radiotherapy in the World - Win-Win Scenarios, Advances in Cancer Management, Ravinder Mohan (Ed.), ISBN: 978-953-307-870-0, InTech, Available from:
<http://www.intechopen.com/articles/show/title/science-and-affordability-of-cancer-drugs-and-radiotherapy-in-the-world>

We think that if the international will, science and the interests of stakeholders including the manufacturers Science and Affordability of Cancer Drugs and Radiotherapy in the World - Win-Win Scenarios come together in a win-win environment to achieve feasible better value radiation oncology , then, it could be a turning point in the history of affordability of cancer care.

- Aren't we are cousins in this planet?.....YES...Yes... Yes
- ,.....Going forward, hands in hands, with a message of scientific cooperation and love for all in the world!
-This is the message of ICEDOC (& from AORTIC)

THANK YOU ALL!

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www.icedoc.org & www.icedoc.net