

National Cancer Institute

U.S. DEPARTMENT
OF HEALTH AND
HUMAN SERVICES

National Institutes
of Health





Cancer Diagnosis & Treatment in the Ancient Middle East

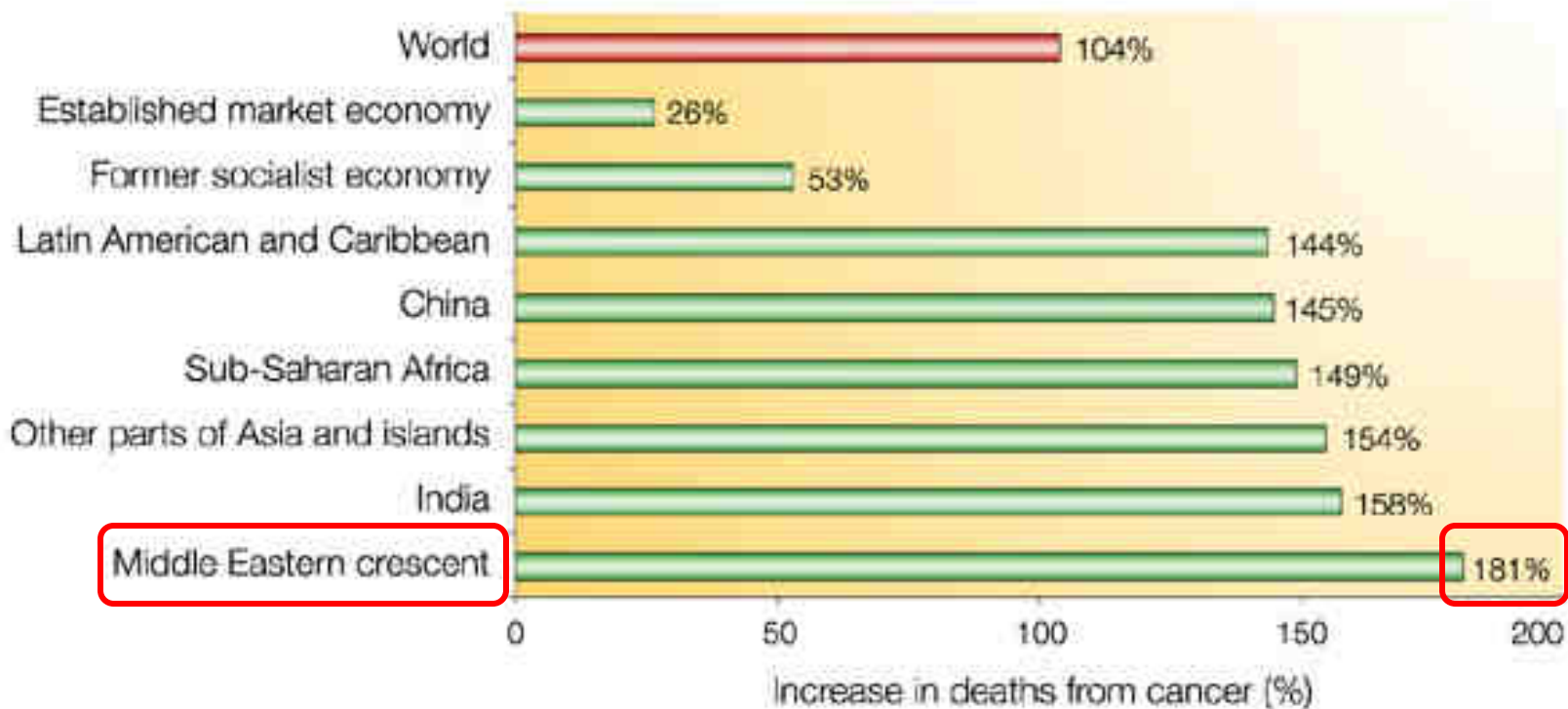


- The ancient Egyptians recognized over 200 separate illnesses including “swellings” known as henhenet and aat thought to denote tumors.
- Henhenat were treated with dressings (chemotherapy) whereas aat were treated with excision (oncological surgery). The Ebers Papyrus (~1550B.C.) stated “to relieve any painful part..., the body is anointed and exposed to the sun” (radiation therapy, perhaps using chemical radiosensitizers).





Cancer Mortality Projected to Increase by 2020 in All Regions of the World



Tanuja Rastogi, Allan Hildesheim and Rashmi Sinha

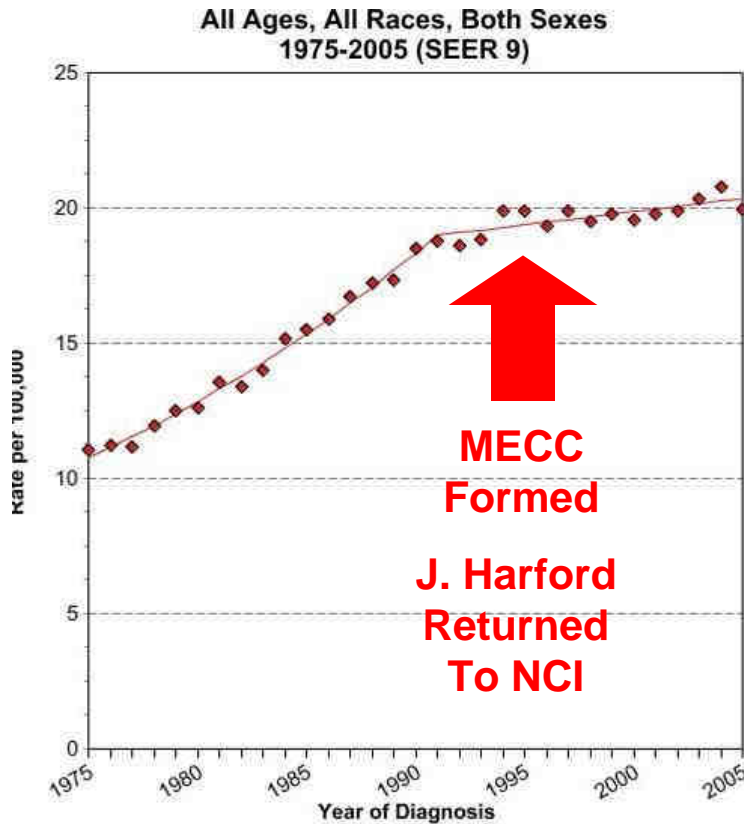
Nature Reviews | Cancer

VOLUME 4 | NOVEMBER 2004 | 909

**NATIONAL
CANCER
INSTITUTE**

Non-Hodgkins Lymphoma Was One Driver in the Formation of MECC

U.S. Rates for NHL



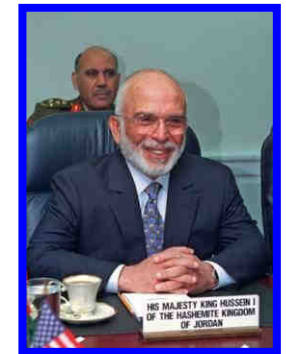
NHL Visibility In The Middle East



d. 1978 (age 80)



d. 1980 (age 60)



d. 1999 (age 63)



Note: The reason for the dramatic rise in NHL (~4% per year) between 1975 & 1995 remains unknown.



Health Diplomacy & Capacity Building



“The ability of NIH to play a major role in U.S. soft power seems like an opportunity we should not pass up.”

“And we should, in the process of doing so, make sure we’re focused not just on doing research in those countries but helping them develop their own research capacity in the longer term.”



**NIH Director
Dr. Francis Collins**



MECC-Affiliated Cancer Registries Began Cooperation in 1996



Amman



Bethlehem



Gaza City



Nicosia



Izmir



Jerusalem



Tanta

NATIONAL
CANCER
INSTITUTE



MECC Cancer Registries Requires Regional Cooperation



About MECC

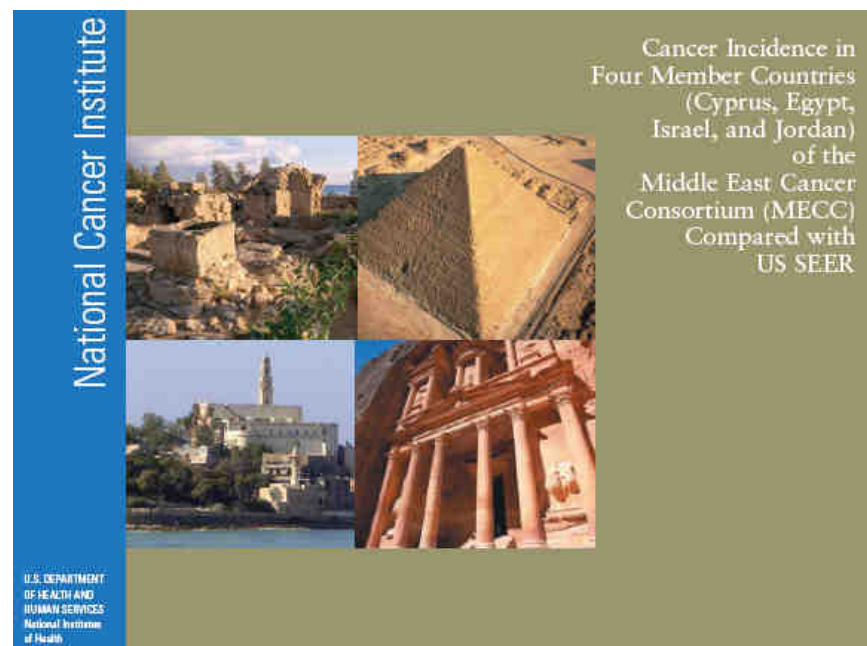
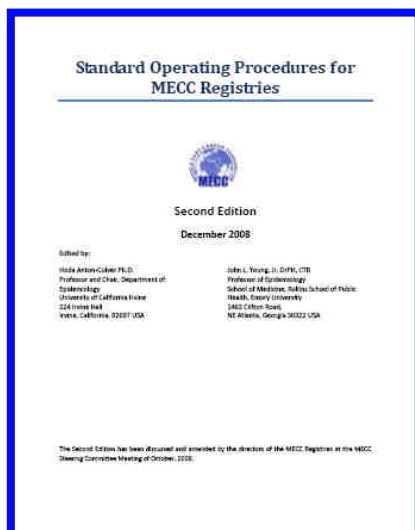
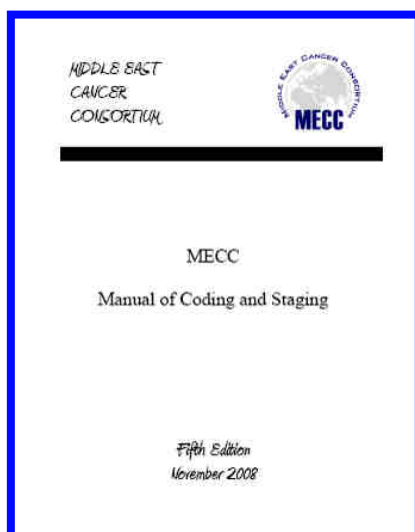
Cancer Registry Project

- [Supported Registries](#)
- [Common Standards for Cancer Registration](#)
- [Common Software for Cancer Registration](#)
- [Training in Cancer Registration](#)
- [Publications Related to MECC CRP](#)
- [CRP Steering Committee](#)

Small Grants Programme

Other MECC Activities

Useful Links

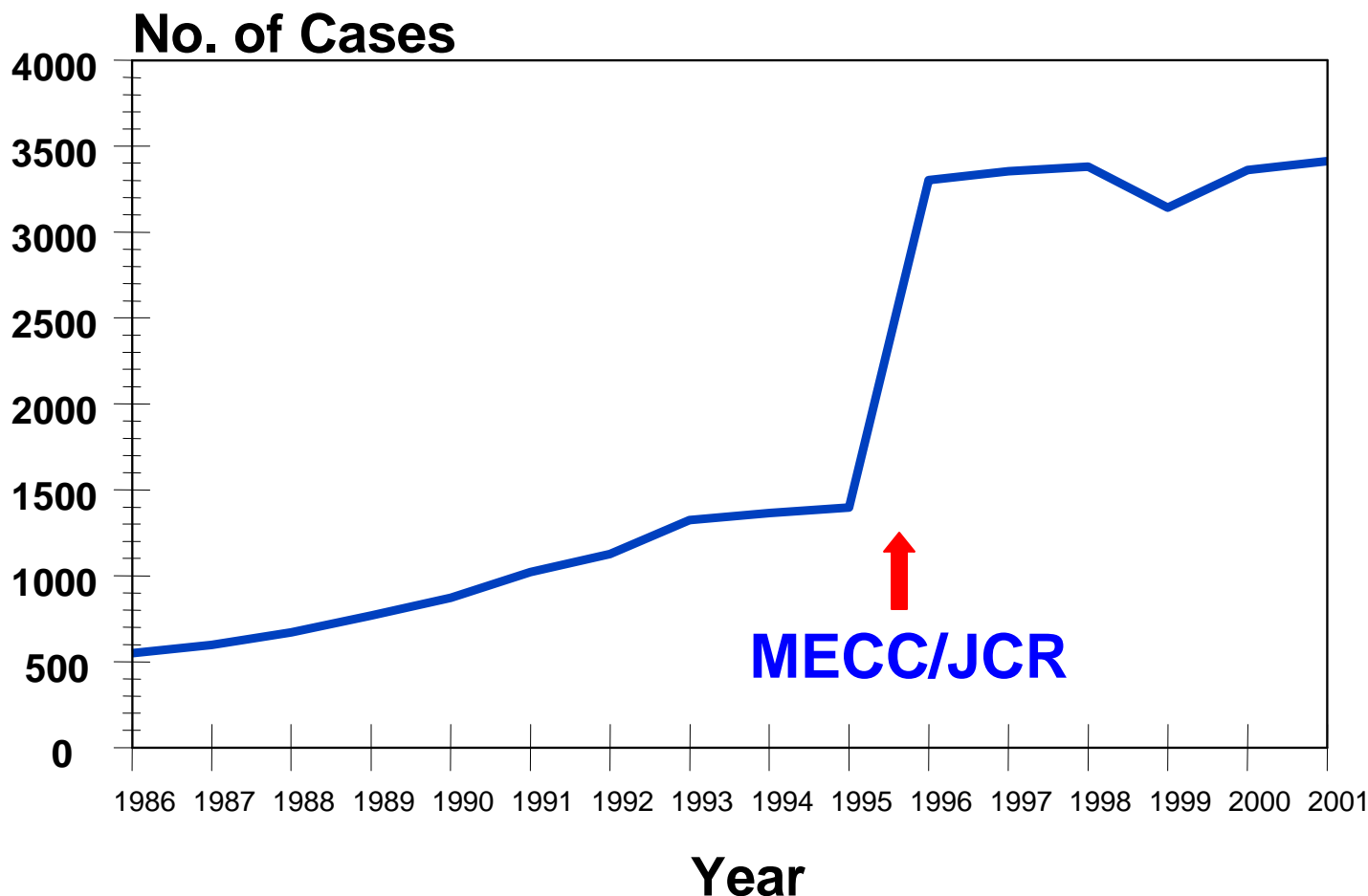


www.mecc.cancer.gov

NATIONAL
CANCER
INSTITUTE



Cancer in Jordan After MECC and the Jordan Cancer Registry



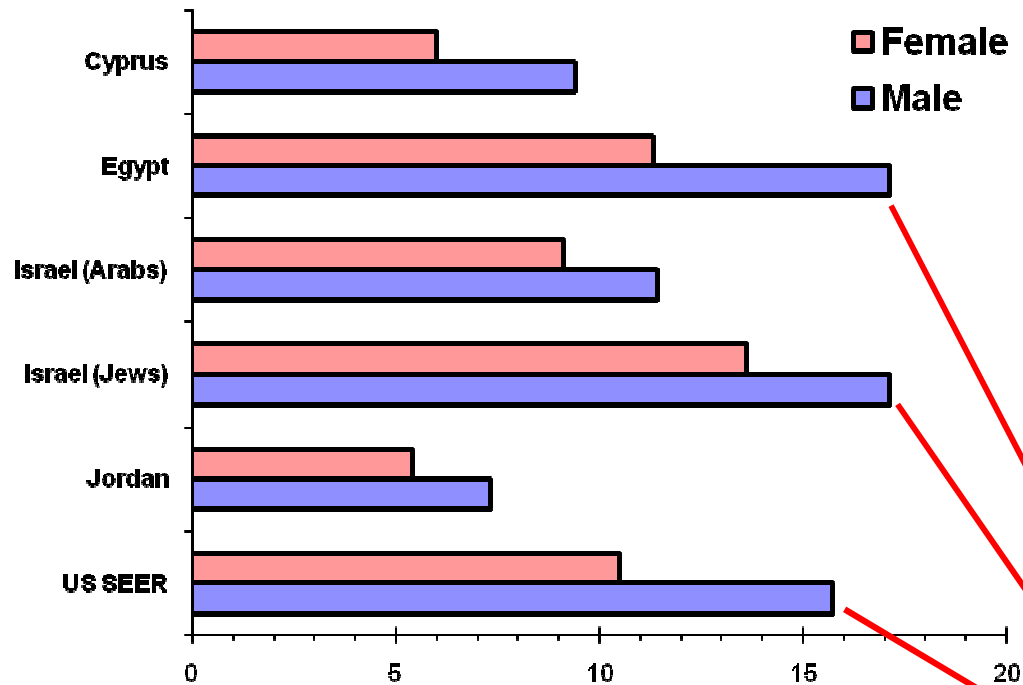
Conclusion: Few events are more carcinogenic than eliminating underestimation by starting a cancer registry.





Non-Hodgkin Lymphoma Incidence

Israel & Jordan 1996-2001; Cyprus 1998-2001; Egypt & US 1999-2001



Egypt is in the 98th percentile for NHL

Israeli Jews have similar rates

U.S. rates are also similar

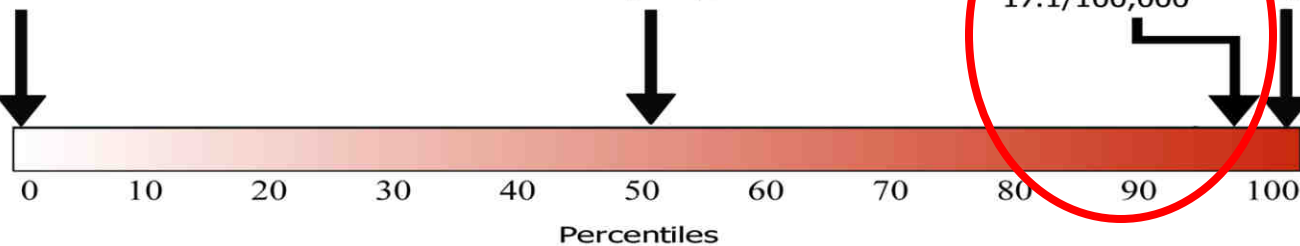
Rates are age-adjusted to the world standard million population. Incidence Rate Per 100,000

India, Trivandrum
1/100,000

UK, Scotland
9.4/100,000

Egypt, Gharbiah
17.1/100,000

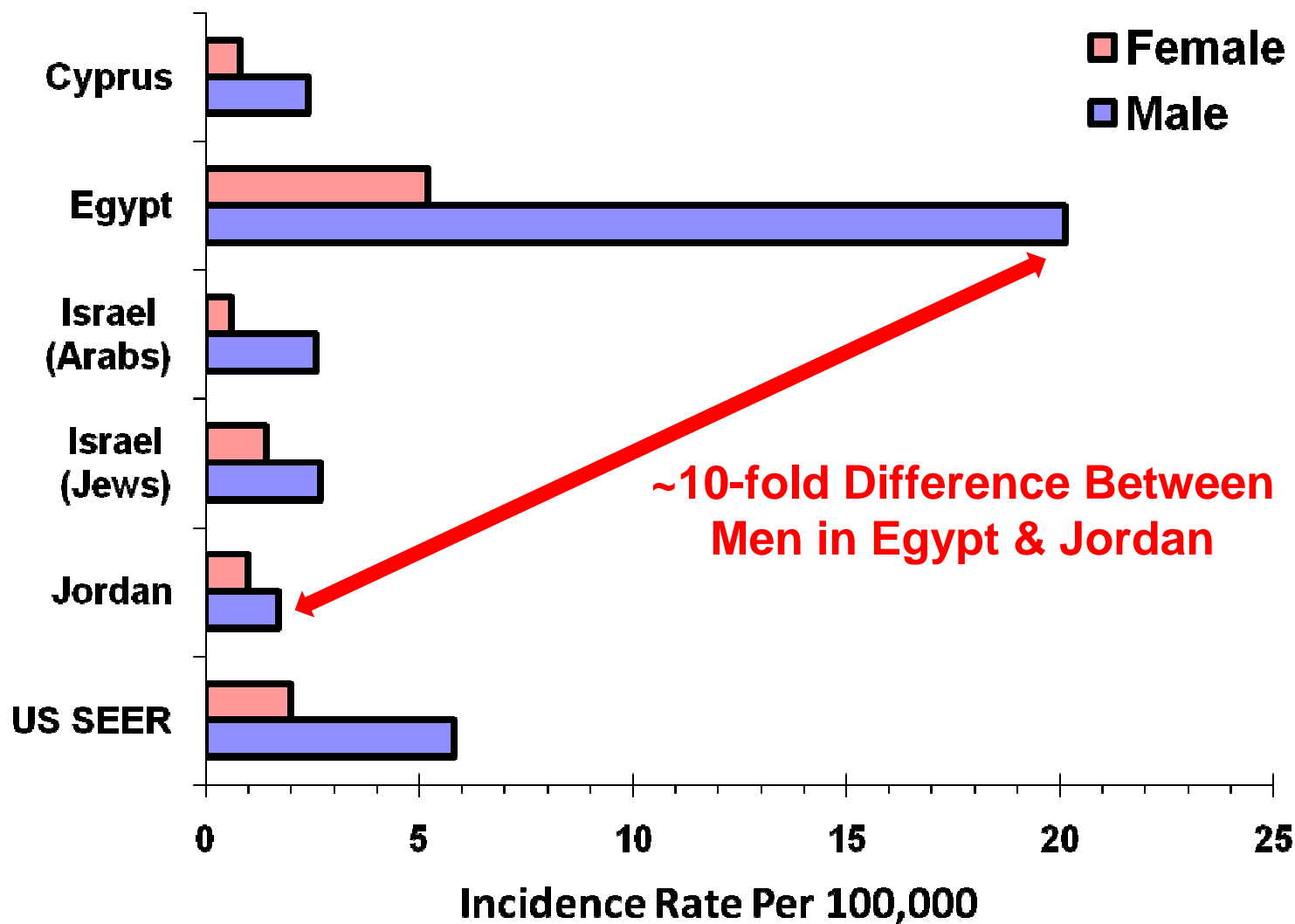
US, San Francisco
25/100,000





Liver Cancer Incidence

Israel & Jordan 1996-2001; Cyprus 1998-2001; Egypt & US 1999-2001

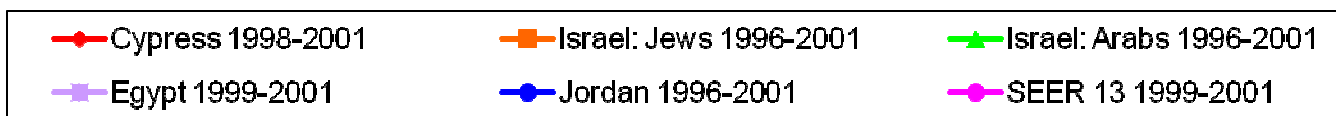
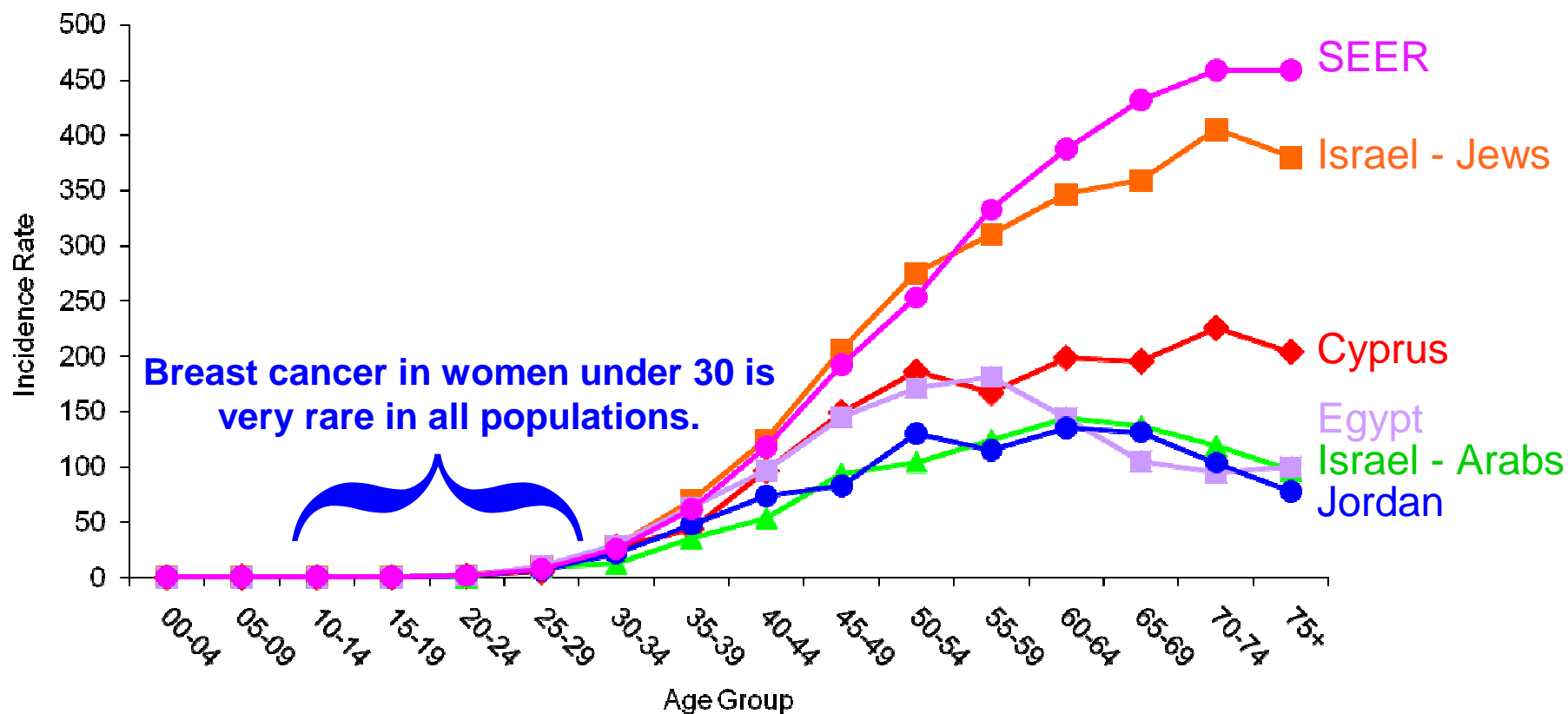


Rates are age-adjusted to the world standard million population.



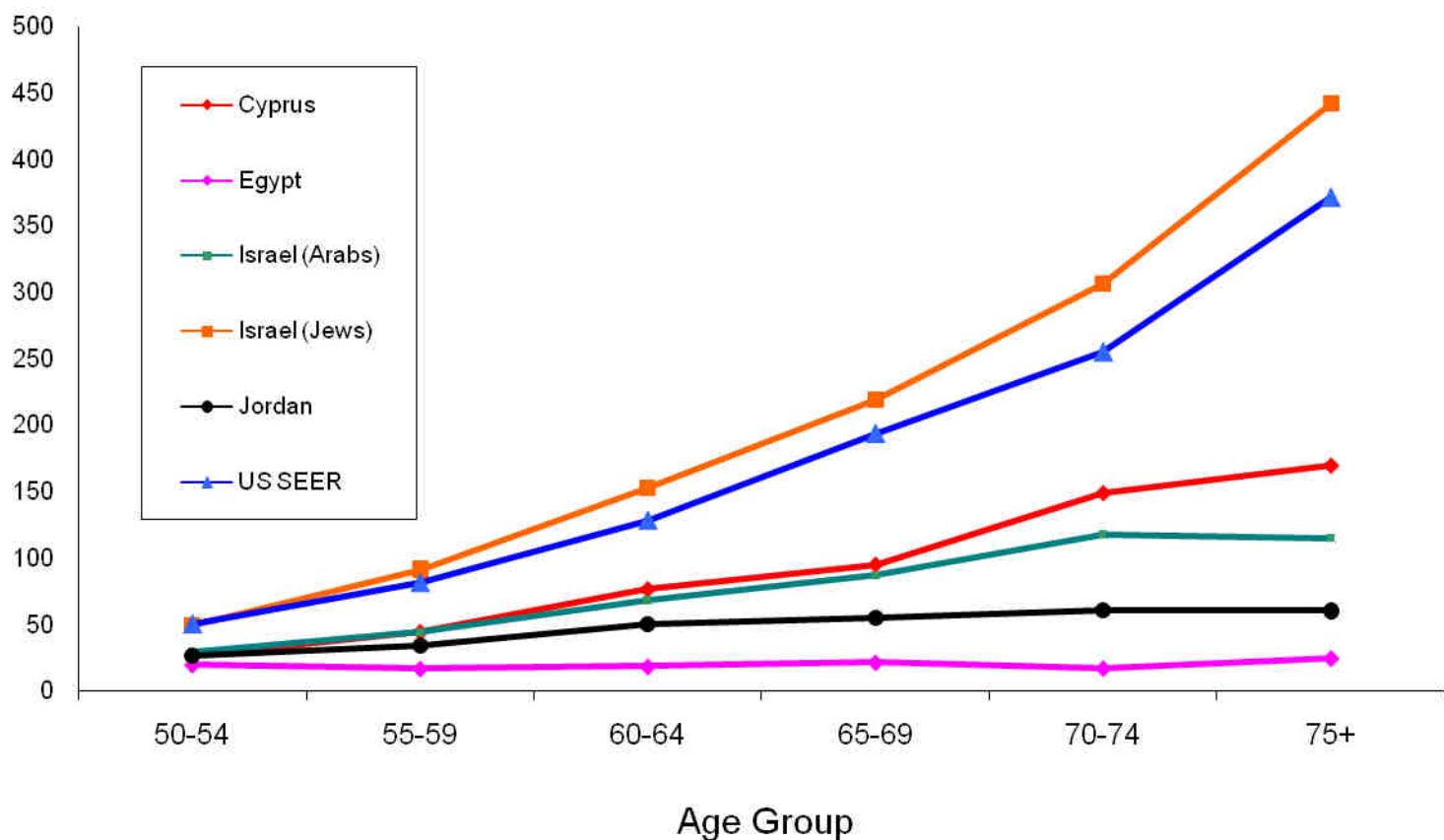


Breast Cancer Incidence Rates



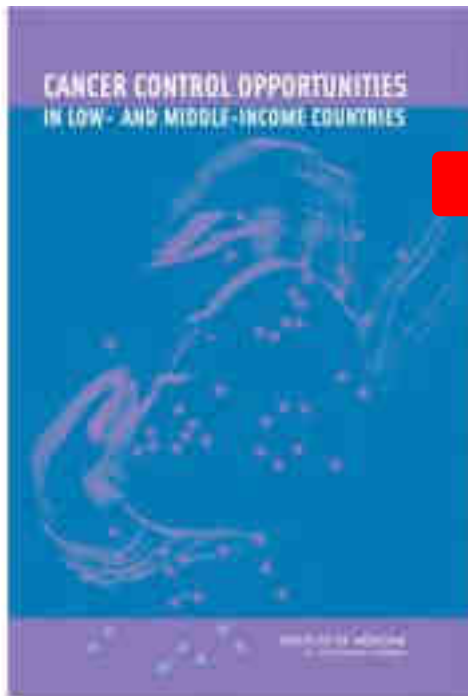
Colorectal Cancer Incidence in 6 Populations (Age 50+)

ASR/100,000





Recommendation of the U.S. IOM/NAS



“Cancer registries should be developed in conjunction with cancer control activities, mainly in urban areas where diagnostic and treatment services exist. Where new or existing cancer centers are developed into centers of excellence, registries in the catchment area should be a part of the development.”

“Usually cancer registry is seen as a luxury when set against slim financial resources.”

H. Igene

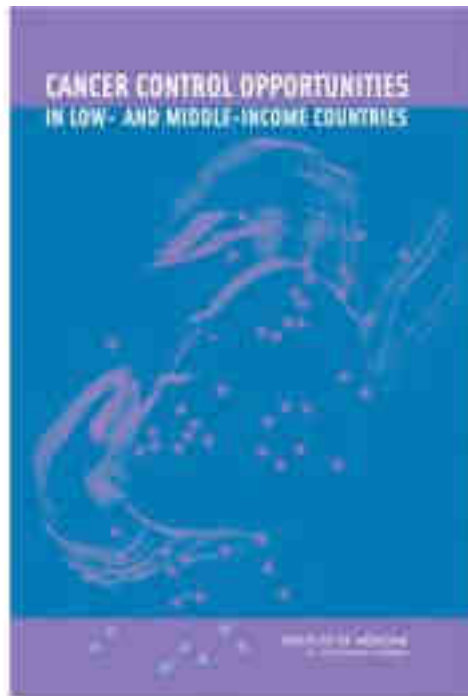
The Breast Journal 14:428 (2008)

**Report commissioned by
OIA/NCI & produced in 2007
with support of NCI and ACS**





Commentary of the U.S. IOM/NAS



“Registries require sustained commitments and trained personnel”

**Report commissioned by
OIA/NCI & produced in 2007
with support of NCI and ACS**





OIA/NCI Supported Cancer Registry Training Courses On-Site



Sources of Students [Participant #, Location & Date*]

- Israel, Jordan, West Bank, Gaza [48, Bethlehem 1998]
- Egypt [35, Cairo 1998]
- China [32, Shanghai 1998]
- Bolivia, Brazil, Columbia, Chile, Argentina [Santa Cruz 1998]
- India [30, Kerala 1999]
- Jordan [Two courses: 41 + 29, Amman 1999]
- China [30, Beijing 1999]
- Korea [40, Seoul 2001]
- Slovenia, Yugoslavia, Macedonia, Slovakia, Hungary, Austria [22, Lubijana 2002]
- Kenya, Sudan, Tanzania, Nigeria [30, Nairobi 2002]
- Argentina, Brazil, Bolivia, Costa Rica, Dominican Republic, Honduras, Peru, Trinidad & Tobago, Uruguay [25, Santa Cruz 2003]
- India (Northern States) + Calcutta [42, Gangtok 2004]
- Turkey and Turkish controlled Cyprus [42, Izmir 2005]
- Cyprus, Jordan, Israel, Egypt, Turkey [42, Larnaca 2005]
- Angola, Botswana, Cameroon, Congo, Eritrea, Ethiopia, Gambia, Ghana, Kenya, Malawi, Mozambique, Namibia, Nigeria, South Africa, Sudan, Swaziland, Tanzania, Zambia, Zimbabwe [38, Johannesburg 2006]

*All training led by Dr. John Young (Dr. Paola Pisani was co-leader in Johannesburg 2006)





GLOBOCAN Estimates of Incidence & Mortality



GLOBOCAN 2002

Incidence: methods of estimation



MECC Registries:

Cyprus
Israel
Jordan

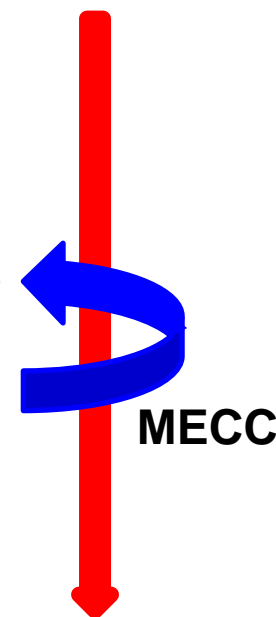
- National incidence
- National mortality and modeling

Turkey

- Regional incidence

Egypt

- Frequency data
- No data: estimated from neighboring countries

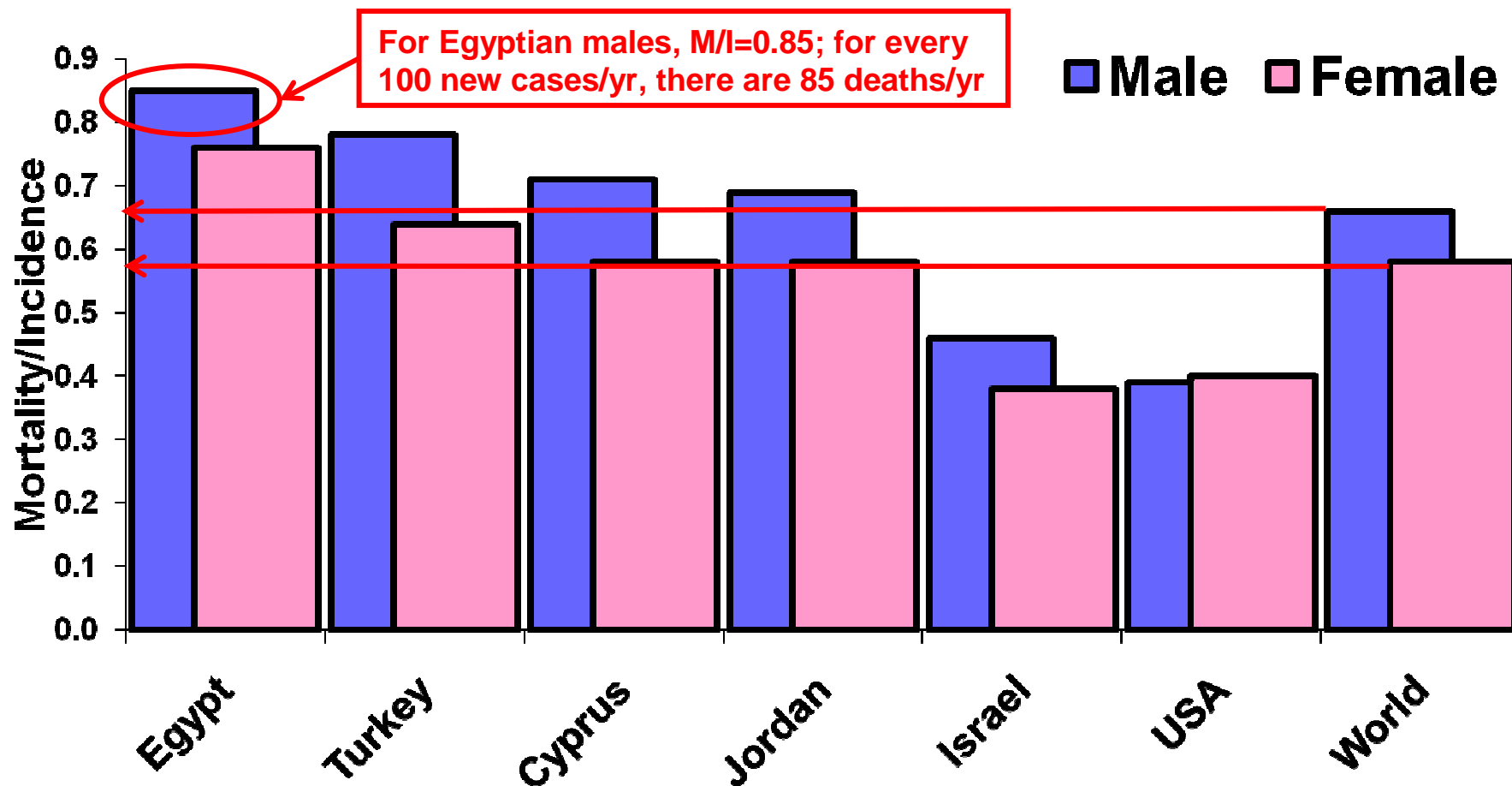


GLOBOCAN 2002 estimates of cancer rates in MECC members based on variably reliable data.





Cancer Outcomes: Mortality/Incidence Ratios for MECC Members*



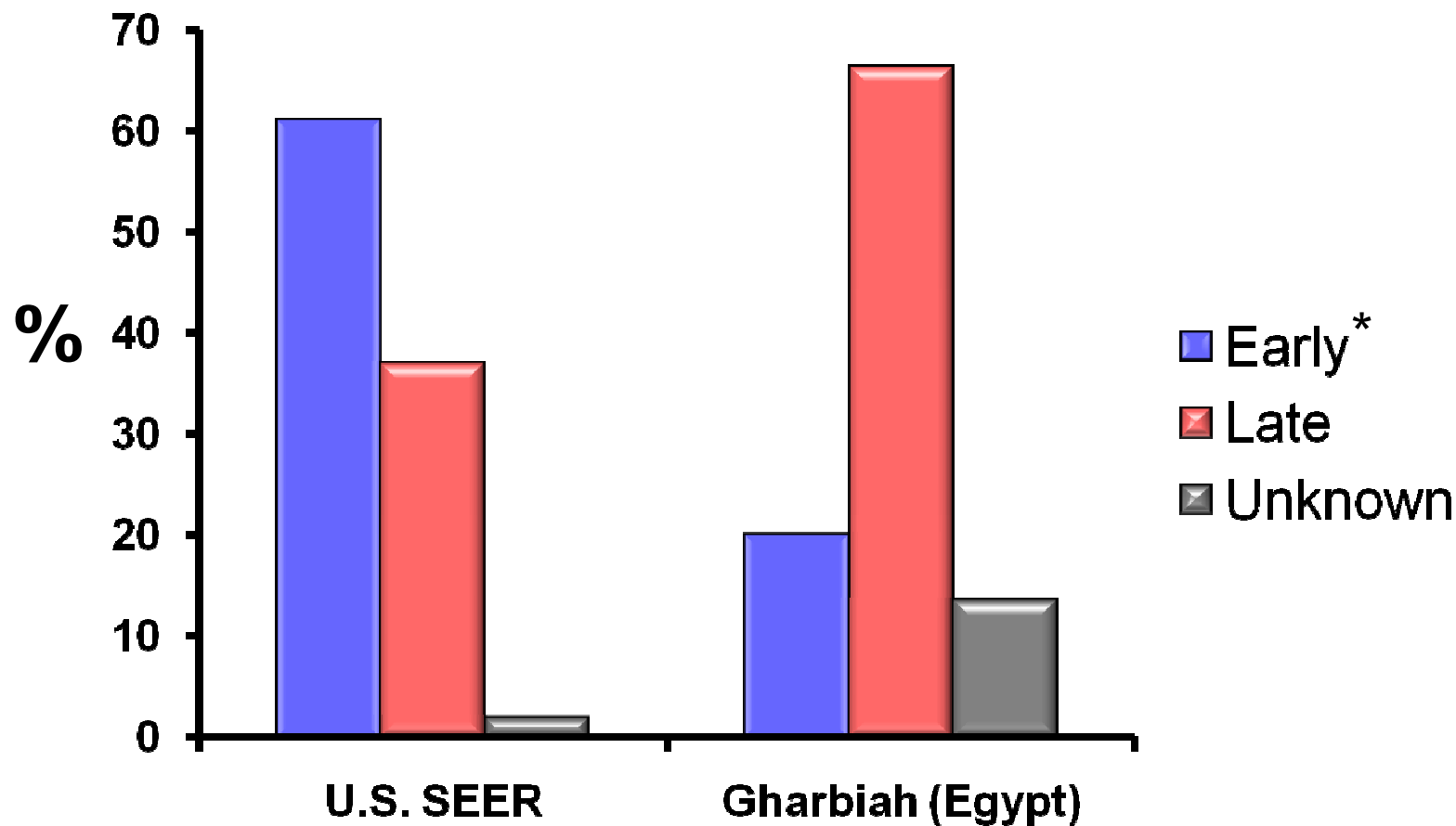
Source: Data from GloboCan 2002 (All sites except NMS)

*No data in GloboCan 2002 for the Palestinian Authority





Breast Cancer Stage, U.S. vs. Egypt



*Early = *in situ* + localized; Late = regional + distant
Source: NCI's MECC Cancer Registry Monograph





The 3 Most Significant Features of Cancer in Developing Countries



1. Late Presentation
2. Late Presentation
3. Late Presentation



“Where can I go in this desert to find out about how to prevent cancer or detect it early enough so that it won't kill me?”

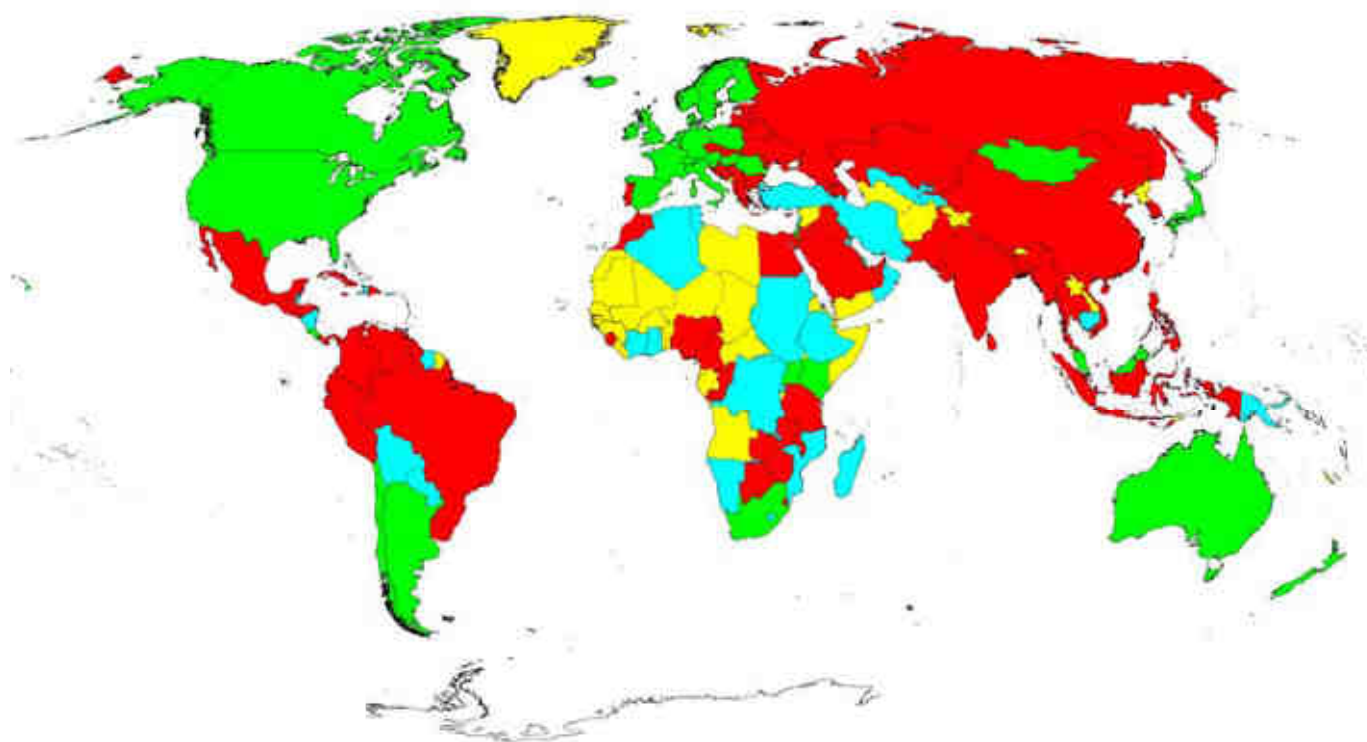
Some Implications of Late Presentation:





- Lower cure rates
- More suffering and death due to cancer
- More of a sense that cancer equals death i.e., more stigma
- More pronounced need for increased emphasis on palliative care
- More of a need for education health care workers and the public





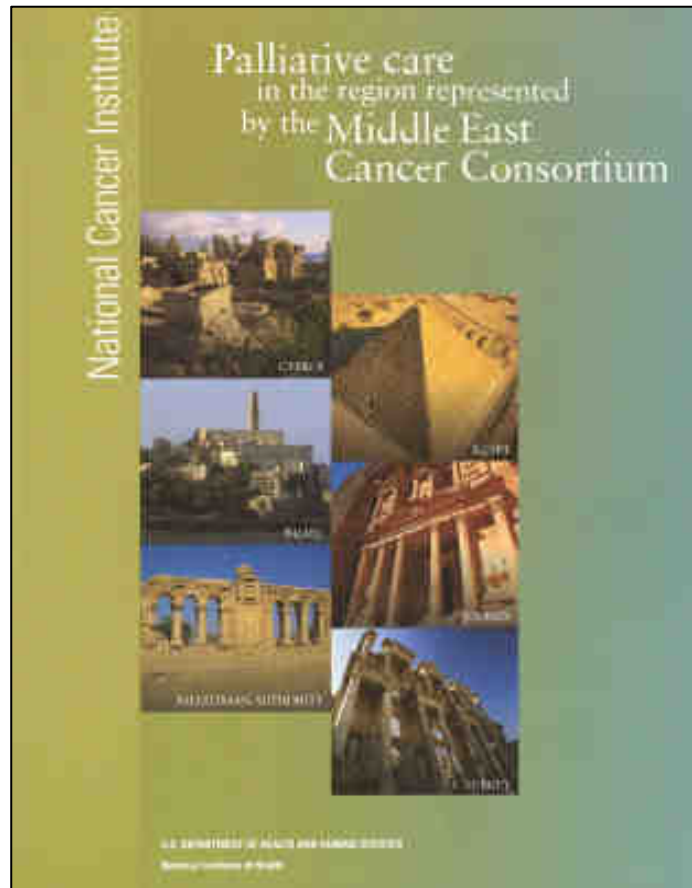
Palliative Care Service Development



-  No activity yet identified
-  Capacity building activity
-  Localized provision
-  Approaching integration



MECC Palliative Care Monograph



Survey of services in:

- Cyprus
- Egypt
- Gaza
- Israel
- Jordan
- Turkey
- West Bank

Use a stratified rating system:

“no activity”

“capacity building”

“localized provision”

“approaching integration”



International Observatory on End of Life Care





Stages of Palliative Care Development



“Capacity building”

- Initial awareness of palliative care needs
- Expressions of interest registered with key organizations (e.g., MECC, WHO, EAPC)
- International links established with other hospice-palliative care service providers
- Conference participation
- Visits to hospice-palliative care organisations
- Education and training (visiting teams/ overseas training)
- Preparation of development strategy Lobbying of policymakers/ health ministries for palliative care to be part of a National Cancer Control Plan (NCCP)

Source: Wright and Clark (2006); Wright et al. (2006)





Stages of Palliative Care Development



“Localized provision”

- Initial capacity building activities
- Local campaigning and publicity Services set up – (i.e. home care, or freestanding hospices); funding source established
- Government legislation in progress (NCCP to include palliative care)
- Opioids available
- Training within hospice organization plus external courses
- Developing academic links
- Developing research activity

Source: Wright and Clark (2006); Wright et al. (2006)





Stages of Palliative Care Development



“Approaching integration”

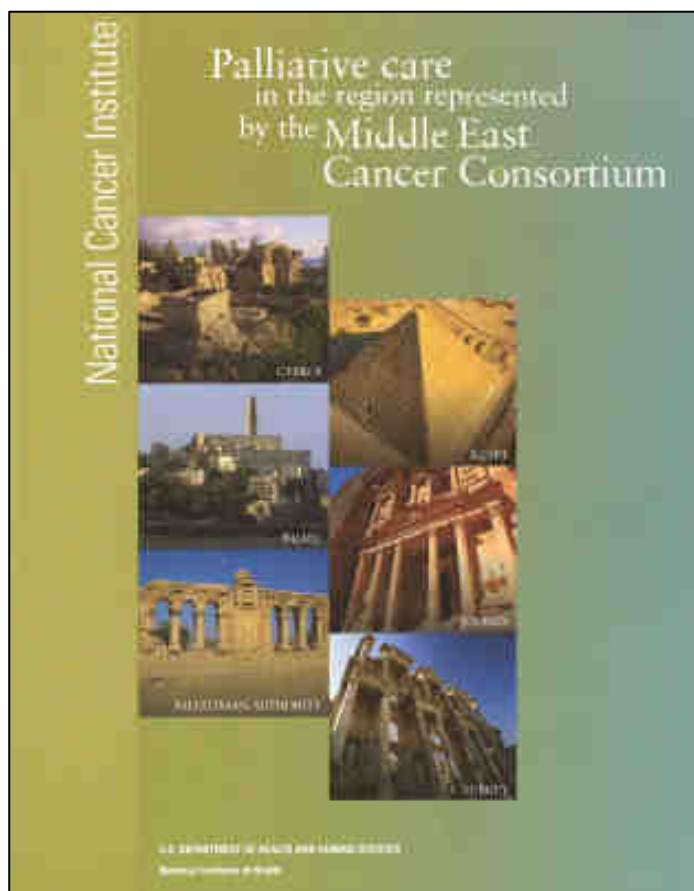
- Capacity building and localized activities
- Regular campaigning and publicity countrywide
- Range of providers and service types
- Broad awareness of palliative care needs
- Some integration with mainstream health providers
- Opioid, NCCP and palliative care health policy/legislation agreed and/ or in statute book.
- Established education centres
- Academic links and development of core curricula for undergraduate and /postgraduate health professional training
- Research activity – national/international publications

Source: Wright and Clark (2006); Wright et al. (2006)





MECC Palliative Care Monograph



Key: “capacity building”



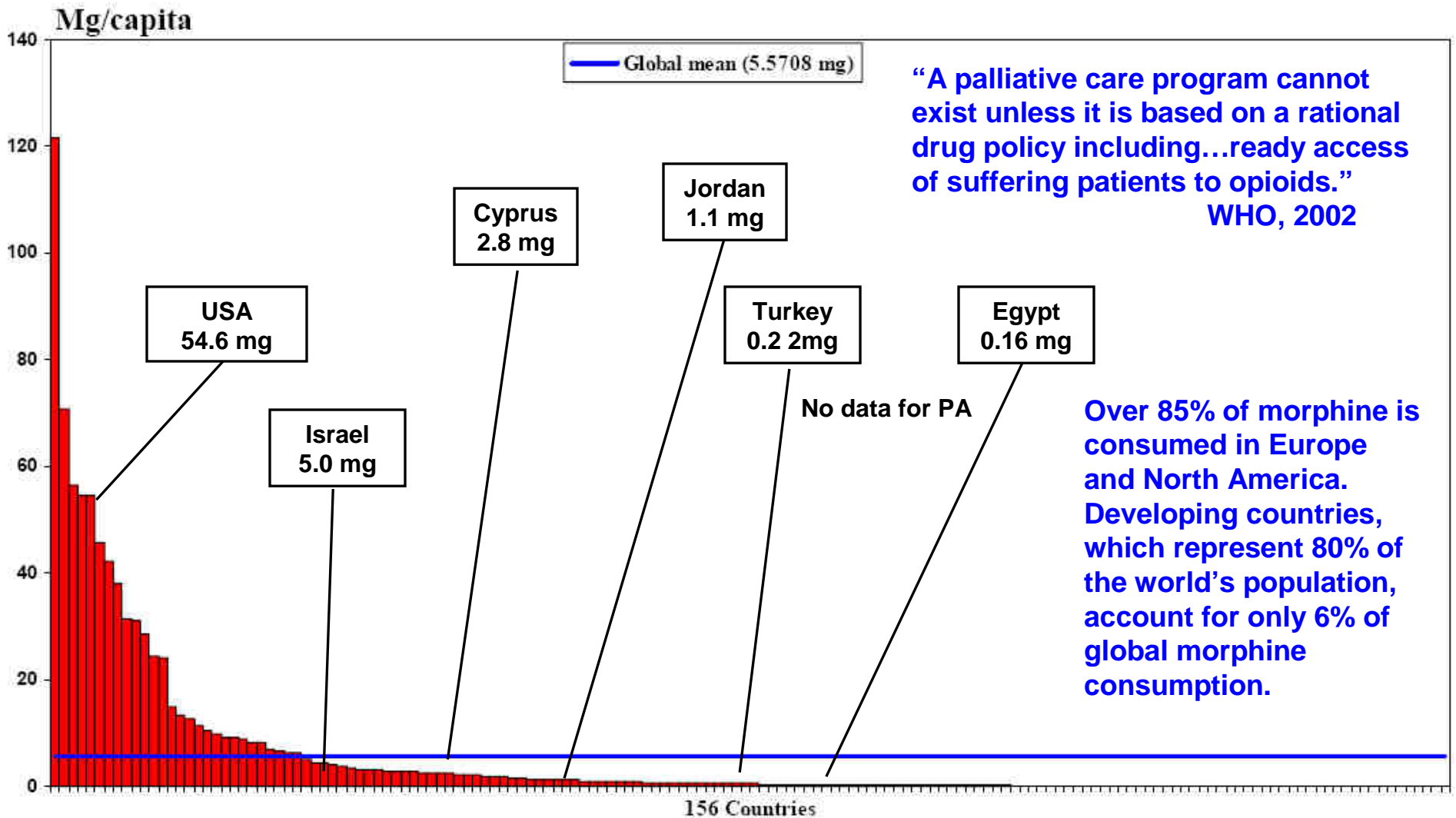
“localized provision”



“approaching integration”



Morphine Consumption 2005 (mg / capita)



Chapter 5 Palliative Care in Egypt

Egypt (population 76,117,421) is a country in Northern Africa which covers an area of 1,001,450 square kilometers, bordering the Mediterranean Sea, between Libya and the Gaza Strip, and the Red Sea north of Sudan, and includes the Asian Sinai Peninsula. Egypt borders Israel, Libya, the Palestinian Authority Gaza Strip, and Sudan.

The regularity and richness of the annual Nile River flood, coupled with semi-irrigation provided by deserts to the east and west, allowed for the development of one of the world's great civilizations. Today, a rapidly growing population (the largest in the Arab world), limited arable land, and dependence on the Nile all continue to overtax resources and stress society.

PALLIATIVE CARE SERVICE PROVISION

Current services

In Egypt, two organizations provide a total of six hospice/palliative care services (Table 5.1). The National Cancer Institute in Cairo offers pain relief and symptom management at the end of life. The Cairo Evangelical Medical Society provides inpatient and day care hospice facilities at the Cairo Evangelical Medical Hospice and at Elhadara Elrahmany, in Alexandria.

Dr. Naguib Elmikhaty reports on the services at Cairo Evangelical Medical Hospice, developed and opened in 2001:

"At first there were four beds, now 11. We have a waiting list. We may double the number of patients in each room. We also have a home care program: 'Care with Love' and two outpatient clinics and are aiming for a day care service." (3)

In February 2005, inpatient numbers averaged eight to nine. Naguib Elmikhaty has plans for up to three more projects in the southeast of Cairo (2).

In contrast to such individual nongovernment organized services, the emphasis in government hospital oncology units is on the provision of basic pain relief to patients with advanced disease. During 2004, however, palliative care—seen more widely—became included in the oncology nursing program at the National Cancer Institute (NCI) (3).

Egypt has national guidelines for the management of acute pain and chronic cancer pain. Guidelines for symptom management, end-of-life care, and home-based hospice care are currently being developed.



MECC Country Population Size in Relation to Number of Services Providing Palliative and Supportive Care

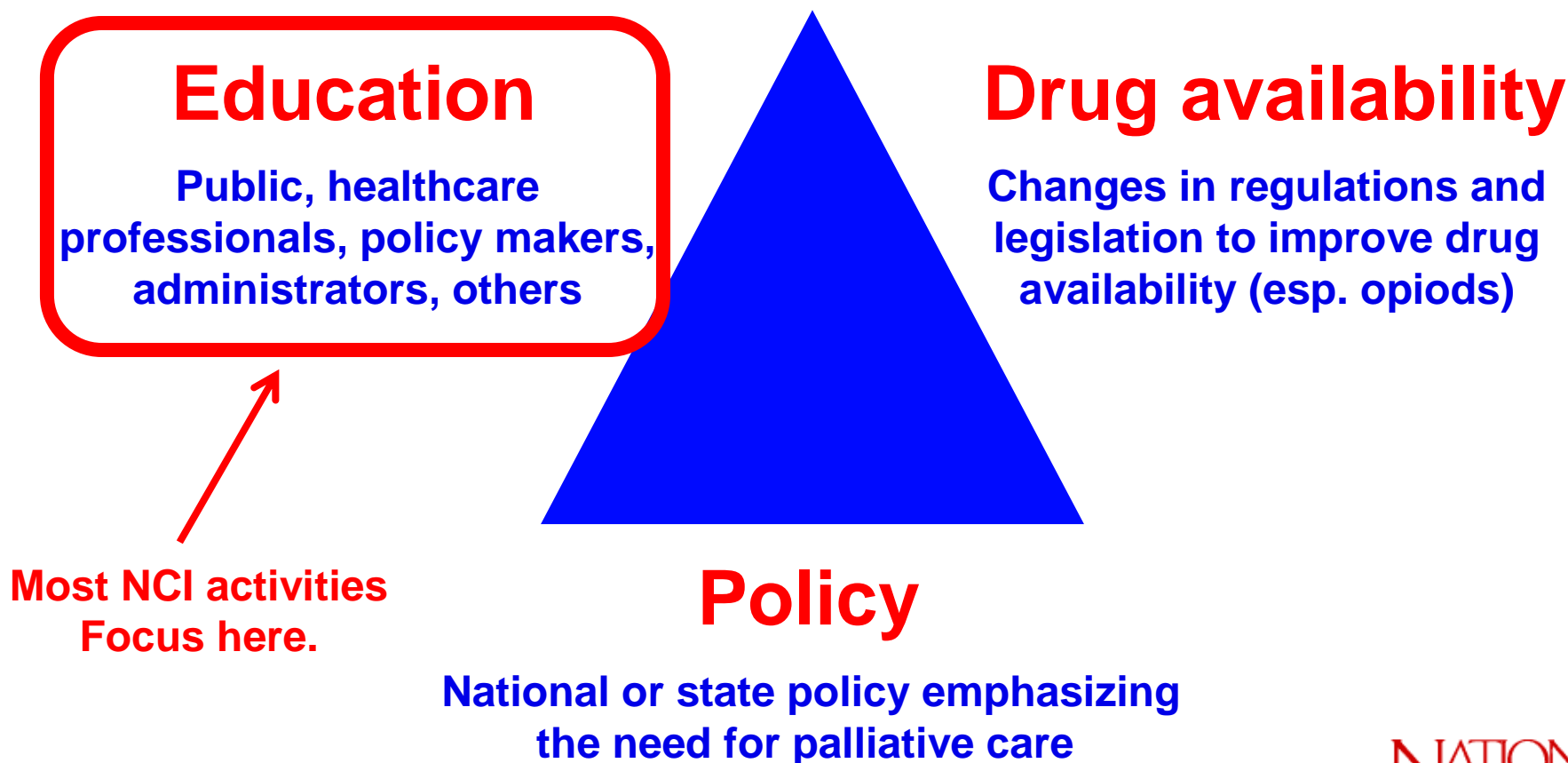
MECC Countries	Population (millions)	Specialist Palliative Care Services	Supportive Care ^a
Egypt	76.1	3	1
Turkey	68.8	0	7
Israel	6.2	28	80
Jordan	5.3	4	7
Palestinian Authority	3.6	0	4
Cyprus	0.8	5	3

^aSupportive care in this context is broadly defined as pain and symptom management with access to at least one health care professional with some basic palliative care training or, in countries with specialist service, access to informal voluntary advice from local palliative care services.

Bingley & Clarke
J. Pain & Symptom Management 37:287(2009)



Palliative Care: A Holistic Approach





MECC Palliative Care Activities (2004-2006)



- **Palliative Care in the Middle East, Cyprus, Feb 2004**
- **Visit of Calvary Hospital delegation in Jordan & Israel, Apr 2005**
- **Recent Advances in Cancer Nursing Training, INCTR-MECC course, Turkey, Apr 2005**
- **MECC delegation to EPEC-O in Virginia & Calvary Hospital in New York, Jun 2005**
- **MECC-INCTR Workshop on PC for the Cancer Patient, Cyprus, Nov 2005**
- **Advanced Workshop for Oncology Nursing, E. Jerusalem, Jan 2006**
- **1st PC Steering Committee meeting, Turkey, Apr 2006**
- **MECC Workshop on Communication Issues in Oncology, Cyprus, Jun 2006**





MECC Palliative Care Activities (2007-2008)



- **PC Workshop, East Jerusalem, May 2007**
- **Workshop on the Stresses working with Cancer Patients, Cyprus, Jun 2007**
- **MECC-ONS Leadership Development course for Oncology Nurses, Israel, Dec 2007**
- **2nd International Conference on Palliative Care, Israel, March 2008**
- **Psycho-Oncology workshop: The Role & Involvement of the Patient's Family, Cyprus, May 2008**
- **MECC-ONS Symptom Management Course for Oncology Nurses, Cyprus, Jun 2008**
- **Antea Worldwide Palliative Care Conference, Italy, Nov 2008**
- **First round of Fellows at Calvary Hospital, New York, 2007-2008**





MECC Palliative Care Activities (2009)



- **Pain Management Course, Istanbul, April,**
- **Steering Committee meeting, Larnaca, May,**
- **MECC Workshop on Palliative Care, Larnaca, June**
- **Basic Course in Palliative Care for Palestinians, Jerusalem, November**
- **Delegations from Egypt, Israel, Palestine, Cyprus, Turkey and Jordan to Calvary Hospital in New York**
- **Observership of an Israeli and a Palestinian nurse in Harvard-affiliated hospitals in Boston, MA: MGH, Beth Israel, and Dana Farber**
- **Translation into Arabic and English from Hebrew, booklet: *Clinical Guidelines for the Management of Cancer Pain***
- **Translation of the INCTR Palliative Care Handbook into Turkish**
- **Israeli-Palestinian workshop, The Role of the Social Worker in the Palliative Care Team in Oncological Services, Israel, December**
- **Observership of Palestinian nurse in palliative care at the Davidoff Cancer Center, Beilinson Medical Center, Rabin Campus, Israel**
- **Observership of Palestinian pharmacist in pain relief drug dispensary, Central pharmacy, Rambam Medical Center, Haifa, Israel**





International Palliative Care Resource Center www.IPCRC.net



Search IPCRC.net Search view site map
Clinical Resources
Pediatrics
WHO Strategy
Policy / Advocacy
Drug Availability
Education
Program Implementation
Leadership
Developing a Program
Quality Improvement
Organizations
Meetings
Funding Sources
Publications / Other Resources
For Patients / Caregivers

IPCRC.NET International Palliative Care Resource Center

Home | About IPM | OIA | NCI | Contact | Acknowledgements

Search IPCRC.net
Search [view site map](#)

THE INSTITUTE FOR PALLIATIVE MEDICINE

Welcome to IPCRC.NET
The International Palliative Care Resource Center

We are dedicated to:

- Making palliative care resources accessible for health care professionals
- Building palliative care capacity worldwide
- Providing a dynamic and constantly expanding website

From the International Program at The Institute for Palliative Medicine in collaboration with the Office for International Affairs, National Cancer Institute.

Here you will find:

Access to an extensive array of palliative care resources including comfort, supportive, hospice, end-of-life, terminal and bereavement care. With a layout based on the Conceptual Framework of Palliative Care, and the World Health Organization (WHO) Strategy for developing palliative care capacity.

This website has been designed to be:

1. **Educational:** Use the buttons in the *Table of Contents* to access the information you want.
2. **Informative:** Each link has a brief overview of the content at each website.
3. **Fast:** Downloads quickly even on a slow telephone connection.

We welcome your suggestions for new resources. Send your suggestions for new resources to: newresources@IPCRC.net.

Technical Issues? Contact webmaster@IPCRC.net

Clinical Resources
Pediatrics
WHO Strategy
Policy / Advocacy
Drug Availability
Education
Program Implementation
Leadership
Developing a Program
Quality Improvement
Organizations
Meetings
Funding Sources
Publications / Other Resources
For Patients / Caregivers





Leadership Initiative: Helping Leaders Grow



- Intended to advance palliative care globally by supporting the development of critical leadership skills in the next generation of physician leaders in resource-limited countries
- Two cohorts of trainees over 5 years
- Week-long practical face-to-face instruction at the beginning, middle, and end of the period plus quarterly webinars
- Individual Development Plan to be developed and implemented together with an experienced mentor over 2.5 years

Anticipated Trainees in First Cohort

Africa	Eastern Europe	Latin America	Asia	Middle East
Kenya 2	Czech Republic 2	Argentina 1	India 3	Jordan 1
Nigeria 1	Hungary 1	Brazil 1	Vietnam 2	
South Africa 2	Moldova 1			
Tanzania 2	Slovenia 1			
Uganda 1				
Botswana 1				



OPEN SOCIETY INSTITUTE



THE INSTITUTE FOR
PALLIATIVE MEDICINE
at San Diego Hospice





Cooperation Is Essential



**From each according to his ability;
Hands-in-hands**

