



ASCO's International Cancer Corps Program Expands to Ethiopia and Vietnam

*Directors share hopes
and challenges of
volunteering in some
of the world's most
underserved regions*

Oncology professionals interested in volunteering through the International Cancer Corps (ICC) (asco.org/cancercorps) now have the opportunity to visit sites in Addis Ababa, Ethiopia, and Hue, Vietnam, in addition to the program's inaugural site in Tegucigalpa, Honduras.

Currently in its second year, the ICC program is a partnership between ASCO and Health Volunteers Overseas (HVO)—an international medical education organization with 25 years of experience working with professional medical societies to develop education and training programs. With the help of program directors based in North America, HVO pairs volunteers with a medical center where the training needs of the facility match the expertise of the volunteer.

The aim of the ICC program is to exchange medical expertise, develop training programs, and build long-term, supportive relationships between ASCO and the clinicians who provide cancer care in countries that have an HVO/ICC presence. The program starts with a set of volunteer objectives, carefully defined with the medical center. Volunteers then spend between one and four weeks onsite, where they advance these objectives by teaching and training staff, residents, and students, and gaining insight into the center's cancer management needs and challenges. Volunteers focus on exchanging clinical knowledge and skills.

Upon their return home, the volunteers who are members of ASCO continue to share the Society's professional resources with the medical center to help sustain and improve, over the long term, cancer care in the region.

In the interviews that follow, directors of the volunteer sites in Ethiopia and Vietnam share their perspectives and hopes for each of the programs.

HVO/ICC Ethiopia: An Interview with Program Director Kenneth D. Miller, MD

Kenneth D. Miller, MD, is Director of the Lance Armstrong Adult Cancer Survivorship Program and Co-Director of the Perini Family Survivors' Center at Dana-Farber Cancer Institute.

AC: What makes the cancer care situation in Ethiopia unique?

Dr. Miller: Ethiopia has 80 million citizens but only four trained oncologists. It is estimated by the Mathiwos Wondu-YeEthiopia Cancer Society (MWECS) that 135,000 people in Ethiopia develop cancer each year though only 2,000 are treated. Sadly, most patients are diagnosed during advanced stages of the disease and survival rates are poor.

Despite these challenges, the Ethiopian government and existing core cancer-treatment team have a strong commitment to open five additional regional cancer centers in the next decade. To carry out this plan, an oncology workforce is needed. Our colleagues and partners in Ethiopia are committed to meeting this 10-year goal by educating and training physicians, nurses, social workers, and pharmacists in oncology.

Dr. Miller (right) with colleague Bogale Solomon, MD, MSc, in front of Black Lion Hospital



AC: You visited Black Lion Hospital in Addis Ababa last October—what did your visit reveal?

Dr. Miller: Black Lion Hospital is the primary referral center for complicated medical and surgical care in Ethiopia. The cancer center occupies one wing of the hospital and provides outpatient care for close to 100 patients each day. The inpatient unit houses approximately 20 beds for care of acutely ill patients, those receiving infusional chemotherapy, and patients needing palliative care. Of note, the four oncologists at the cancer center are each trained in medical and radiation oncology, which makes the level of practice very high, though resources limit the number of patients who can actually be treated.

The clinicians at Black Lion Hospital are a gracious group who welcome ASCO's and HVO's involvement in this project.



HVO/ICC Vietnam: An Interview with Program Director Quyen D. Chu, MD, FACS

Quyen D. Chu, MD, FACS, is Chief of Surgical Oncology and Associate Professor of Surgery at the Feist-Weiller Cancer Center at Louisiana State University Health Sciences Center.

AC: What makes the cancer care situation in Vietnam unique?

Dr. Chu: The World Health Organization estimates that over 70% of all cancer deaths occur in low- and middle-income countries (LMICs). In addition, deaths from cancer worldwide are estimated to rise to over 11 million by 2030. Cancer statistics for Vietnam are dismal; approximately 150,000 new cases of cancer are diagnosed each year—half of which result in death—making it the second highest killer after cardiovascular disease in Vietnam.

Aside from limited resources, Vietnam faces challenges on multiple fronts including: 1) disparities in care due to lack of patient access; 2) lack of access to current medical knowledge and literature among health care personnel; 3) lack of basic access to technology; and 4) difficulties in changing cultural beliefs about cancer that often lead to a delay in timely diagnosis and treatment. These challenges are further compounded by Vietnam's dense population—over 90 million people live in an area slightly larger than New Mexico. To address these challenges, assistance from ASCO and other partners in private and public entities is essential for improving cancer care in Vietnam.

AC: You visited Hue College of Medicine and Pharmacy in Hue last October—what did your visit reveal?

Dr. Chu: Vietnamese medical professionals are extremely industrious, intelligent, and resourceful. However, these characteristics alone are not enough to address the complex problem. There is an old Vietnamese adage: "Cái khó nó bó cái khôn," or "Poverty binds wisdom"—which essentially means that the problem is not the lack of recognizing the 800-pound gorilla in the house, but rather, figuring out how to get it to leave without breaking the furniture and fine china. I believe that outside assistance is required to help Vietnam alleviate its cancer burden.

Hue College of Medicine and Pharmacy is one of Vietnam's major health sciences centers and is also a major training ground for physicians, pharmacists, nurses, and allied



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—Kenneth D. Miller, MD, ICC
Program Director, Ethiopia

Dr. Miller, continued

AC: What factors led to the development of the specific program objectives that were created for the Addis Ababa site?

Dr. Miller: The first group of trained Ethiopian oncologists will begin practicing four to five years from now. In the meantime, our working group recognizes a need and desire to enhance the skills of other members of the oncology team (including oncology nurses, pharmacists, and social workers) and improve the diagnostic capabilities of the cancer center. Also, in an effort to bring about important and sustainable effects on cancer care throughout Ethiopia, we decided to focus on improvement of screening, early diagnosis, and treatment.

AC: What are your hopes for the future of this program?

Dr. Miller: My hope is that we are successful in training a workforce of oncologists and other cancer care professionals to staff the five regional cancer centers in Ethiopia that we are committed to building. Similarly, I hope the same process can be carried out in other countries in East and West Africa, using what we learn now as an example of success. Finally, I hope this project is the beginning of ongoing collaborations between our institutions and others in East Africa in the fight against cancer globally.



Dr. Chu, continued

health care professionals. The institution cares for more than 20 million people and diagnoses about 70 new cancer cases per month, yet it does not have a linear accelerator. Patients who require radiation treatment need to be transferred to Hanoi, a trip that may take two days by train. Imagine a young woman with three small children from a rural area who was recently diagnosed with locally advanced breast cancer. What is the likelihood of her completing her radiation care? What will her quality of life be like without the addition of radiation? Most likely, she will be sent home to be cared for by her family since palliative care is almost nonexistent.

Despite these Herculean challenges, we realize that many can be addressed over a relatively short period of time, without an enormous amount of resources. For instance, health care personnel in Vietnam sorely need continuing medical education. Having a group of interested people to organize a workshop/symposium can readily address this problem. Another area of great need is a palliative care program. Also, the chemotherapy mixing station is so rudimentary that medical oncologists are only able to mix a limited number of chemotherapy agents. By enhancing this mixing station, the number of chemotherapeutic agents for patients can be expanded.

AC: What factors led to the development of the specific program objectives that were created for the Hue site?

Dr. Chu: Extreme poverty, lack of adequate resources, overcrowding, arcane infrastructures, and the daily struggles of caring for the sick were the factors that led to the development of our objectives. We witnessed two to three patients sharing a makeshift bed consisting of only a frame and a thin bamboo mat. We saw a young woman delivering tube feed into a nasogastric tube to her dying mother outside a parking lot. We also saw a technician tinkering all day fixing old microscopes that looked like they were made during Sir Alexander Fleming's time.

AC: What are your hopes for the future of this program?

Dr. Chu: We hope this program will establish a strong and enduring bridge between oncologists in the United States and Vietnam. One of our long-term visions is to establish a mutually beneficial education exchange program between the two nations. We believe that having ASCO at the forefront of this endeavor will bring a certain level of prestige and credibility to the program. One of our dreams is to assist Hue with procuring a linear accelerator.



“We saw a young woman delivering tube feed into a nasogastric tube to her dying mother outside a parking lot.”

—Quyen D. Chu, MD, FACS, ICC Program Director, Vietnam

Dr. Chu (facing camera) provides surgical training to clinicians at Hue College of Medicine and Pharmacy



Dr. Miller, continued

AC: What role do you see for ASCO in helping to improve cancer care in Ethiopia?

Dr. Miller: ASCO and its members have a tremendous fund of knowledge and experience to share. The Society has taken a leadership role in global oncology and in training oncologists to treat cancer, which is a growing problem. ASCO’s ability to collaborate with other groups in the United States and abroad will be invaluable in this effort.

AC: What insight do you hope for volunteers to gain from their time in Ethiopia?

Dr. Miller: Ethiopian oncologists do not have easy access to advanced technology commonly used in developed countries. Serving at Black Lion Hospital provides an opportunity for volunteers to use hands-on clinical skills while teaching state-of-the-art oncology. It is also an opportunity for volunteers to see more advanced and unusual cancers that they may not see otherwise in their career, thus providing new, first-hand insights into cancer biology and treatment.

AC: What attributes are you looking for in potential volunteers?

Dr. Miller: Volunteers should be friendly, outgoing, good teachers, and effective communicators. During the first few years of the program, volunteers will be working with our colleagues in Ethiopia to start an effective oncology training program, so flexibility will be important as well.

AC: Is there anything else you would like to share?

Dr. Miller: This is a wonderful opportunity to help create a program to train other oncologists in a low-resource setting and to help provide cancer care directly. Our colleagues are a very committed, gracious, and friendly group of clinicians and educators. It is a wonderful volunteer opportunity in oncology. ●

Dr. Chu, continued

AC: What role do you see for ASCO in helping to improve cancer care in Vietnam?

Dr. Chu: ASCO is one of the most recognized and respected cancer societies in the world. Having an ASCO/HVO presence in Vietnam sends an unequivocal message to health care providers in Vietnam that they are not alone in battling cancer. ASCO and HVO are truly the ambassadors and pioneers who have stepped up to the plate to help address the cancer burden worldwide. I believe that through the leaderships of ASCO and HVO, other organizations will follow in these footsteps.

AC: What insight do you hope for volunteers to gain from their time in Vietnam?

Dr. Chu: Volunteer efforts in Vietnam are greatly appreciated. We hope volunteers gain a deeper appreciation for the high quality of cancer care in the United States and other developed countries. Furthermore, we hope to demonstrate to volunteers that there are more commonalities than differences between American and Vietnamese people. Finally, we hope to convey the beauty of Vietnam and its people to volunteers.

AC: What attributes are you looking for in potential volunteers?

Dr. Chu: We are looking for dynamic, enthusiastic, creative, and altruistic individuals who would like to make an impact on cancer care in Vietnam. Both physicians and allied health care professionals are needed.

AC: Is there anything else you would like to share?

Dr. Chu: Vietnam is a beautiful country and the people are extremely pleasant and accommodating. The country has six United Nations Educational, Scientific and Cultural Organization (UNESCO) World Heritage sites, one of which is located in Hue. Vietnam is safe, inexpensive, and also a great destination for volunteers’ families. Volunteers will have a great opportunity to help Vietnam with capacity building and also create long-lasting memories. ●