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**Keynote Speech by: Ahmed Elzawawy, MD , Port Said , Egypt
Professor of Clinical Oncology , Suez Canal University, Egypt
President of AORTIC (African Organization for Research and Training in
Cancer)**

**& President of ICEDOC & ICEDOC's Experts in Cancer Without Borders
(International Campaign for Establishment and Development of Oncology
Centres www.icedoc.net) worldcooperation@gmail.com**



Affordability of Cancer Care while Respecting the Socio-Economic Dignity of Patients and their Families

Ahmed Elzawawy , Port Said , Egypt

I am the Chair of The **“Win-Win Scientific Initiative”**
presented by ICEDOC (www.icedoc.org)

This initiative aims at **increasing the affordability of better value cancer care in the world via exploration of scientific approaches that consider the interests of all stakeholders in the real world.**

It is a concept and an approach proposed- by ICEDOC- for all to work together, to add and to modify. It is not a body itself, so no competition! .

<http://www.icedoc.net/winwin.htm>

- The win-win initiative implies that we don't copy protocols or guidelines if they don't fit the local patients and conditions, but to tailor your approaches in scientifically evidence based ways in your community and to consider how to get better value health care according to real conditions among your patients in your community.

Just a simple and direct question:

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?

**But, Why I stress on what I described as “
Affordability of Better Value Cancer Care with
what I call “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.

What I am presenting here is not a miracle , but, it a very modest action done and it is progress ing , 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 .

Moreover,

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!.

It is a part of my story since 1983 , when I decided to come back to Egypt , from Paris , France where I had my post graduates and my early years in of career there.

Every thing was O.K. there in Paris. I was working there, with no grants from any and I was satisfied in all aspects . Nothing obliged me to return back. So, I do understand how it is very difficult for any younger colleague with similar conditions to convince himself to return back to his country!!!

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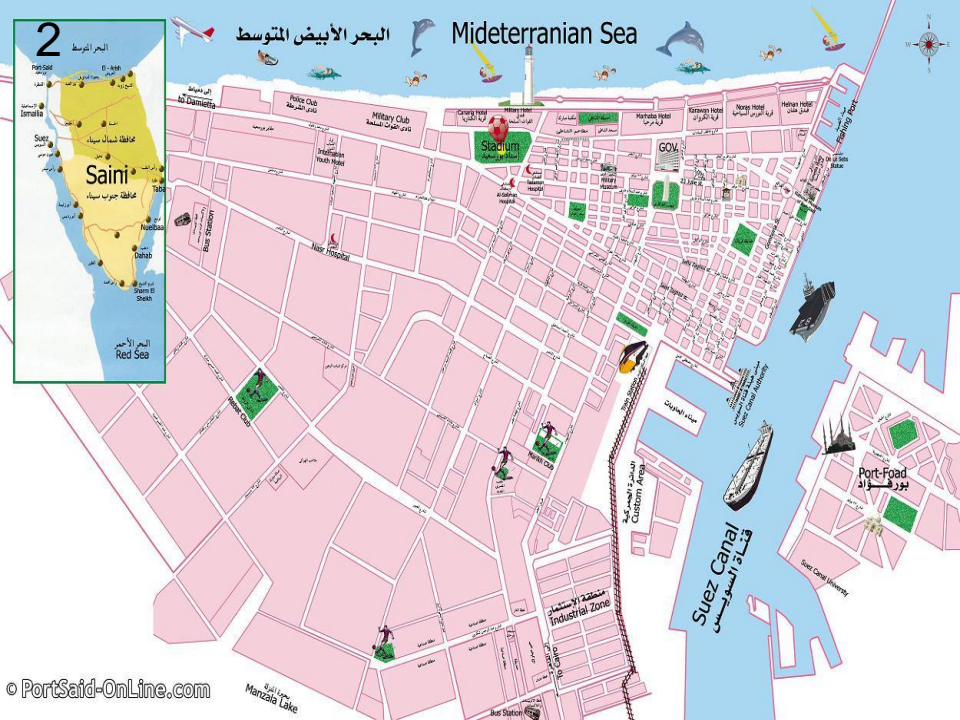


1- The view from my home in Port Said, in the African part of the City, at the junction of The Suez Canal and the Mediterranean sea. Buildings in Asia are seen on the other border of The Suez Canal.

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.



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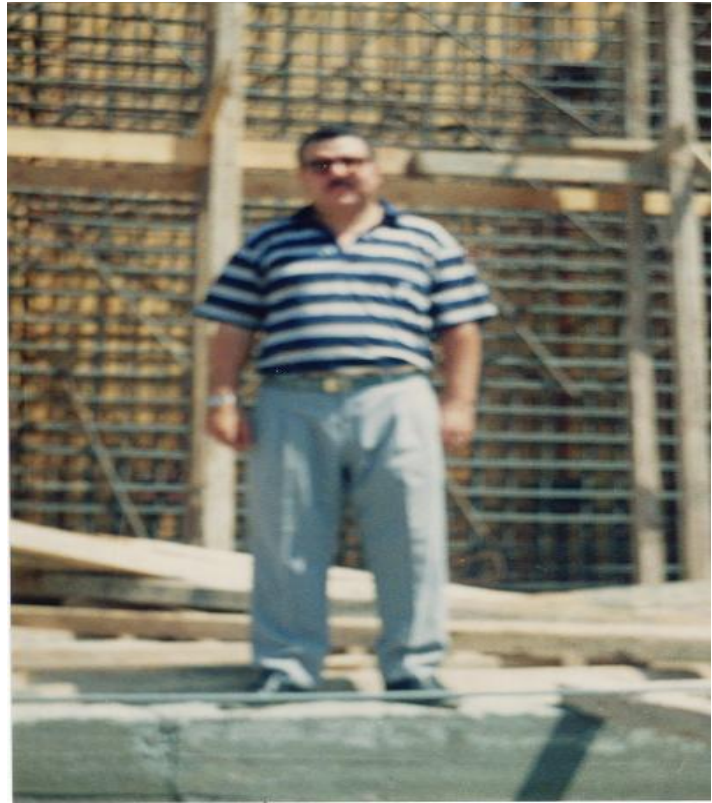


1984 I founded The Early Detection and Chemotherapy unit, Port Said General Hospital (The Hospital was founded on 1894).

The Unit is serving –free of charge- since 1984 till present and it was the first unit of Chemotherapy in the Suez canal region.

I serve as a founder, Head and consultant , free of charge. It was an old and abandoned part attached to Port Said general 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 AlSoliman Hospital, Port Said and its Radiation Oncology Unit. **As I did in all other Units, and as my Professor Alain Laugier, France, taught me I prepared the specifications, draft of the design and follow up the construction-as in photos- and installation (free of charge), in between my clinical sessions and academic works!.**



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)

- The main Radiation Oncology unit in Alsoliman Hospital , Port Said, Egypt, makes a form of Y with other parts of the hospital.
- I mean by Y , the name of **Madame Yvonne Laugier**, who with **my Professeur Alain Laugier**, Paris France, directed my way in this specialty since the early beginning of my post graduates studies and early career in Paris.
- In other centers like Suez Canal University Hospital , Ismailia , Egypt, I designed the layout in the form of L .
(L : Laugier)
- Besides the sentimental meaning and my expression of gratitude , I found that forms of that kind of L in layout give spaces for further extension and for the next generation to expand.



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.

Cont'd : November 2005 , The photo was in the Linear Accelerator rooms.

During the visit of Prime Minister Prof. Atef Sedky and 4 ministers. His Excellency asked us , We would like to support , tell us what you want?

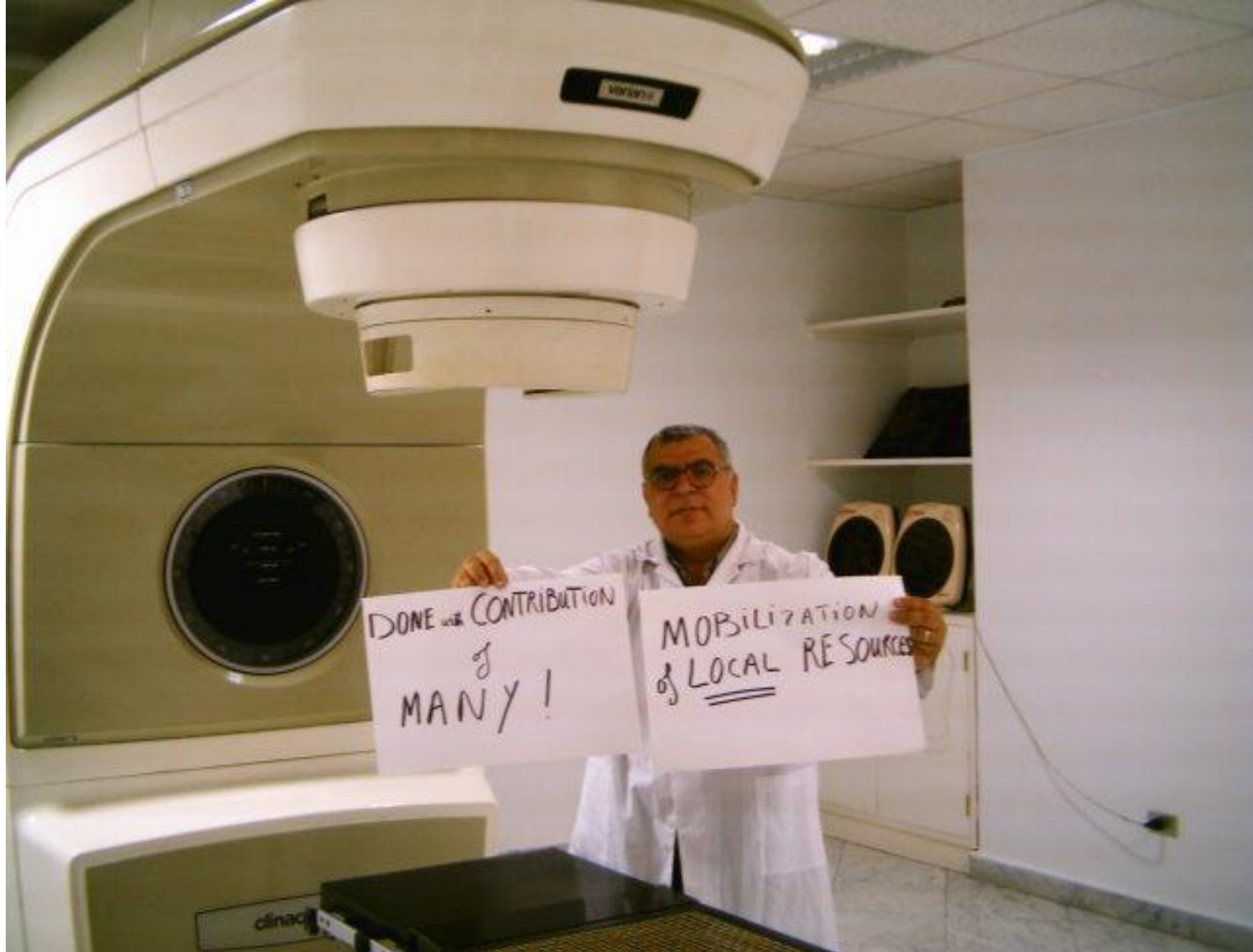
Our Reply , with the late Engineer Aly Soliman ” No financial assistance is required from the government. Just your moral blessing is good!”

During the visit, his Excellency the Prime Minister and the Minister of Health agreed kindly to join ICEDOC - WWW.ICEDOC.ORG - as volunteer Advisers!



(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!.



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



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

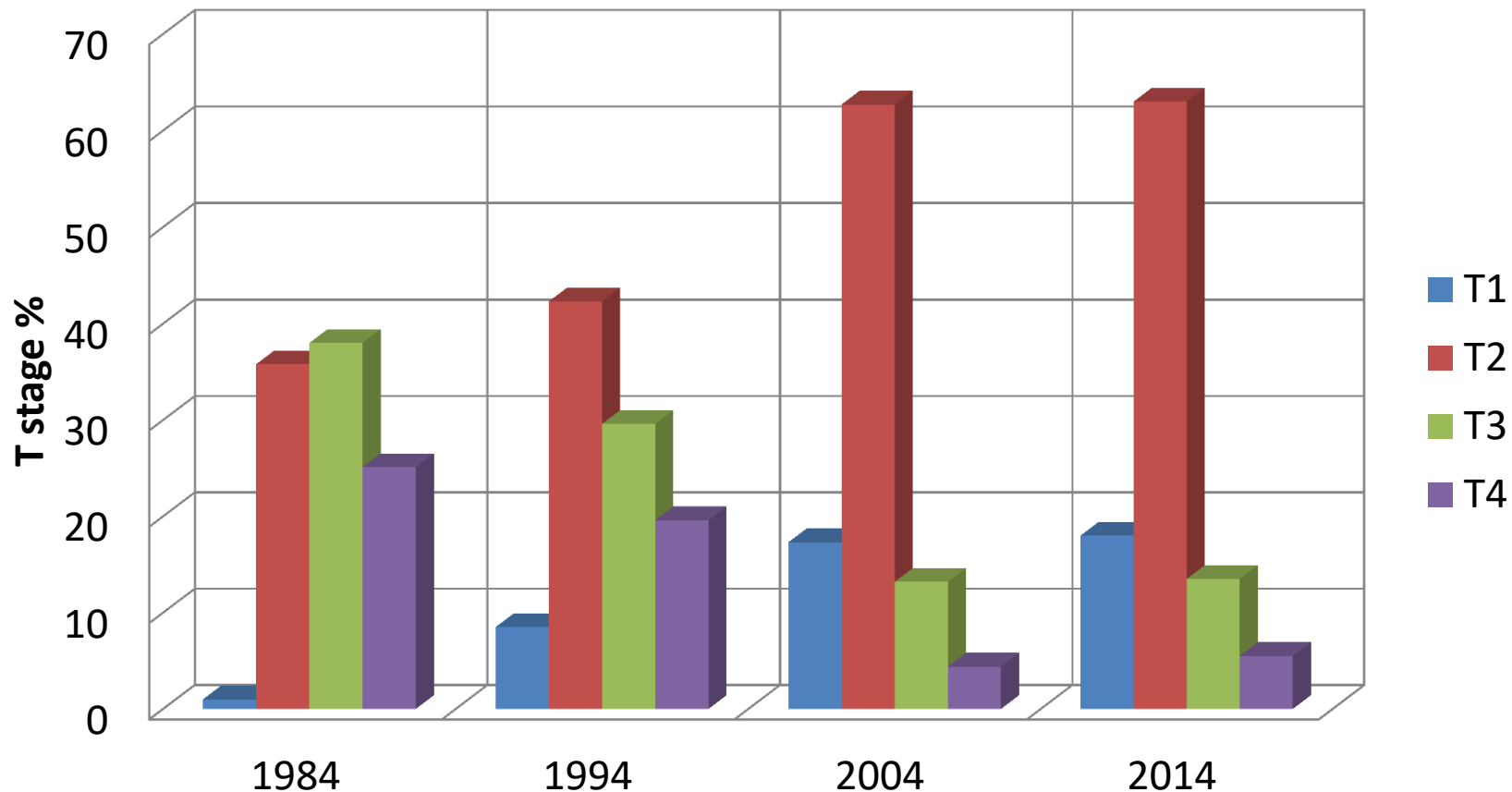


Port Said Oncology Center, recently established in Tadamon Hospital, oncology out and inpatients for insured patients (about 50% of Patients in Port Said). (Sure, all don't pay)

I serve as a senior Oncology Consultant.

Breast Cancer in Port Said, Egypt According to T

The years 1984-2014





- Ismailia, 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. **(This view is 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- 35 y ago- to be global in views and skills !)



-Ismailia, 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).

- 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 (equipped with 3 3Ds and 4 Ds with IGRT , On Board Image with cone beam CT), There are **pathology labs**, Hospital and clinics registries, 4 Mammography units , several X rays , Ultrasonography, 7 CTs, 3 MRI in Port Said and the nearby, Labs, conservative breast ca. Surgery (about 20% had Conservative Surgery), **Free of Charge Chemotherapy; essential and most of the newer drugs , Radiotherapy, follow up .**
- Beside teaching for post graduates of Clinical Oncology , I supervised 4 Master and one doctorate in Oncology nursing in the faculty of nursing ,founded in 1992, Port Said), **Following up social workers**. 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-clinical 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.

Main remarks from 4 of our 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 are in some of my published articles and presentations)

- 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, nearby facilities for cancer treatment become affordable at no cost to patients, with keeping what I describe as social and financial dignity of patients and families.**

Our country is not without resources! (I stress on that many developing countries are like this and they have non well directed resources!! These are the most diplomatic words!!!)

In Port Said, in 1984 ,there was no patient who could be candidate for breast conservation treatment while the percentage was 21.8% of 151 patients in 2012.

Five-year survival rates increased from 35 % in during 1984-1988 to 86. % during 2003-2007.
In 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.

- **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.

For more details:

- 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

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.

- **Finally , regarding the ICEDOC's message and the Win-Win initiative: It is a message for scientific works and efforts focused on the increase of affordability of better value cancer care with keeping the socio-economic dignity of patients in the world and counting on the local resources everywhere , with no overseas tax payers financial giving or loans.**

Finally: All stakeholders in the world would Win!

Then,.....Going forward, hands in hands

to serve millions of human beings with cancer.

THANK YOU ALL!

Ahmed Elzawawy

(worldcooperation@gmail.com)

www.icedoc.net & www.icedoc.org

