Novartis, ASCP and ACS join forces to fight cancer in Ethiopia, Uganda and Tanzania

Objective is to provide patients with rapid cancer diagnostics and appropriate care



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Basel, Switzerland, November 15, 2017—Novartis, the American Society for Clinical Pathology (ASCP) and the American Cancer Society (ACS) announced today they will work together to devise a common approach to improve access to cancer treatment in Sub-Saharan Africa. Each partner brings unique expertise in cancer diagnosis and treatment. This complements the work the Clinton Health Access Initiative (CHAI) is doing to improve access to affordable, quality-approved oncology medicines in the region.

ASCP will build healthcare capacity for immuno-histochemistry (IHC) analysis in two hospital laboratories in Ethiopia and Tanzania. ACS will support training of healthcare professionals in Ethiopia, Tanzania and Uganda to ensure quality processes in the transportation of biopsy samples and in the administration of chemotherapy. Novartis will provide funding to support the technical work. This initiative will serve as a pilot for the future roll-out of similar activities to other countries.

“Immunohistochemistry is required for oncologists to treat many cancers,” said ASCP CEO Blair Holladay, PhD, MASCP, SCT(ASCP)^{CM}. “This partnership will allow us to provide high-quality, rapid, and accurate screening and diagnosis, taking in-country cancer care to the next level.”

“The American Cancer Society is pleased to be a part of this initiative to make high-quality cancer treatment available to people with cancer in Ethiopia and Tanzania. We’ll be addressing some of the most pressing challenges patients face in getting access to high-quality cancer treatment,” said Sally Cowal, Senior Vice President for Global Cancer Control at ACS.

Cancer is on the rise in Sub-Saharan Africa. Approximately 650,000 people in Africa develop cancer annually, and about 510,000 cancer deaths occur annually due to limited treatment. More than one third of cancer deaths in Africa are from cancers that are easily preventable and/or treatable, if detected early.

“A medicine is only as good as the system that delivers it,” said Dr. Harald Nusser, Head of Novartis Social Business. “Through our catalytic funding, we target projects that have an impact on healthcare providers and support patients through their journey. We hope this collaboration will provide earlier and more effective diagnosis to cancer patients, improving the likelihood for better health outcomes.”

Cancer care in Africa is still fragmented. Through this initiative, partners are being connected to national health priorities, strengthening the whole continuum of care for cancer patients, from training for better diagnosis and care and improved access to treatment, through to advocacy for national cancer treatment guidelines.

ASCP IHC Capacity Building Program

The diagnosis and treatment of cancer requires high-quality, rapid, and accurate screening and testing. This includes interpretation of histology for diseases, such as breast carcinoma, which requires IHC to determine specific, targeted treatments for each patient. A pathology laboratory equipped to produce hematoxylin and eosin stain—one of the principal stains in histology—is not enough, even with a competent pathologist present and adequate reagents and consumables. Immunohistochemistry is required for oncologists to treat many cancers.

ASCP will focus on improving access to diagnostic equipment; provide laboratory-wide training to increase access to therapies for IHC-related diagnosable cancer; and ensure supply chain management for IHC reagents and supplies. This work is aligned with the health strategies of Ethiopia and Tanzania, which detail the need for IHC as part of diagnostic services, specifically to advance the fight against breast cancer.

ACS ChemoSafe Program

As use of chemotherapy increases, so does the risk of occupational exposure. Several African health ministries have requested assistance from ACS with improving the safety of chemotherapy management as many African hospitals face challenges not seen in other regions. For instance, hot work environments make it challenging for staff to work for long periods in gowns, gloves, and masks. Large cancer centers that are spread over several buildings may require staff to carry supplies over long distances, often outdoors in hot temperatures which can compromise samples. The ability to safely dispose of waste is not always possible.

ACS will be implementing ChemoSafe, a comprehensive approach to promoting the safe handling and administration of chemotherapy and quality service provision to patients in Sub-Saharan Africa. As part of ChemoSafe, ACS will coordinate the development and implementation of a training and facility-strengthening program designed with the Oncology Nursing Society to improve safe handling and administration of chemotherapy, including the use of protective equipment like exhaust hoods to protect staff from exposure while mixing chemotherapy drugs. ACS will also be working with peripheral hospitals to strengthen systems for collecting and transporting biopsy specimens to the central IHC labs to improve the quality and sample turnaround time. The funding from Novartis will support the program pilot launch in Ethiopia and scaling of the program in Uganda and Tanzania.

Targeted hospitals

The plan is to implement these initiatives in the following hospitals in Ethiopia, Tanzania and Uganda:

In Ethiopia, Tikur Anbessa Teaching Hospital (Black Lion) in Addis Ababa is the only comprehensive cancer center in the country. To address the lack of access to cancer services, the government has reactivated its immunohistochemistry program, and has launched an ambitious breast cancer treatment expansion program for twelve additional hospitals. The model is expected to be an essential stepping stone toward Ethiopia’s plan to open five new comprehensive cancer centers by 2020.

In Tanzania, the Ocean Road Cancer Institute (ORCI) is the only specialty cancer center in the country. ACS is working with oncologists at ORCI through the African Cancer Coalition project to adapt the National Comprehensive Cancer Network’s cancer treatment guidelines for Sub-Saharan Africa. A focus in the coming years will be on strengthening forecasting and procurement of chemotherapy. Muhimbili National Hospital is a 1,500-bed, tertiary care center in Dar es Salaam, Tanzania, serving more than 5 million people. It is the primary public hospital that is responsible for diagnosing patients with cancer prior to treatment. Although staffed with pathologists and technicians, access to sustained reagents for immunohistochemistry is an ongoing challenge.

The Uganda Cancer Institute (UCI) is the only comprehensive cancer center in the country. Uganda plans to develop four additional public cancer treatment centers. UCI plays a leadership role in the region and has been recently designated by the East Africa Community as the center of excellence for oncology. As a large volume hospital and a regional leader, it is essential that UCI establishes a strong foundation of safe, quality chemotherapy delivery. ASCP and ACS are both supporting UCI’s new telepathology program.