



# World Cancer Leaders' Summit

**2015**

17 – 18 November  
Istanbul, Turkey

*Effective International  
Collaboration*



## **2015 World Cancer Leaders' Summit:**

Developing the next generation  
of cancer leaders

## FOREWORD

In September 2015, with much excitement and anticipation, the governments of the world signed up to a once-in-a-generation set of targets for development to be achieved by 2030: the Global Goals. The Goals include reducing premature mortality from NCDs by a third – an incredibly ambitious target against the backdrop of rising levels of NCDs around the world.

Tackling chronic disease will need an unprecedented level of cooperation and collaboration both within countries and internationally for three reasons: 1) to achieve the level of scale required, we need far more resources and we need to make the most efficient possible use of those resources for example through sharing knowledge and good practice; 2) only an all-of-society approach, with all sectors of society playing a role, can tackle the complex array of social, economic, physical, biological and behavioural factors that lead to unhealthy living and NCDs; and 3) we need to add far more creative and innovative approaches to the arsenal of action, innovation that can only come when diverse organisations work together.

The examples profiled in this report begin to demonstrate the kind of results that can flow from collaborative efforts. The range and ambition of solutions presented offer real grounds to believe that together we will be able to win the fight against cancer.

However, collaboration is challenging. To bring together organisations with different interests and incentives, cultures, values and even vocabulary, and create effective, robust partnerships, requires a mindset shift, genuine partnering skills and competencies and visionary leadership.

And the new generation of practitioners, exemplified by the contributors to the report, are in an essential position to provide that leadership: to break down traditional boundaries and silos, to boost the creativity and innovation, and drive the scale and depth of partnerships that are required to achieve the 2030 Goals.

**Darian Stibbe, Ph.D.**  
Executive Director  
The Partnering Initiative

## INTRODUCTION

Although we know that at least one third of all cancers can be prevented and that many cancers, if detected early, can be treated successfully, the burden of cancer continues to grow in many countries.

Delivering a reduction in cancer deaths within a generation will be challenging. We will depend on the next generation to take on the challenge – people currently under 40 who will be the leaders of global cancer control in the next two decades.

To that end, UICC launched its Young Leaders Programme in conjunction with the 2015 World Cancer Leaders' Summit, awarding eight individuals with the opportunity to attend the events in Istanbul, build networks and voice their generation's viewpoints within high-level circles.

Applicants were asked to write an essay on their experience as part of an 'Effective International Collaboration', the theme for this year's Summit. This booklet features summaries from the fifteen shortlisted Young Leaders, presented alphabetically by last name.

*The Young Leaders' Initiative has been kindly supported by:*



Canadian Cancer Society  
Société canadienne du cancer



# SUMMARIES

## – PART I

This section features the eight Young Leaders who were invited to attend the 2015 World Cancer Leaders' Summit, presented in alphabetical order, by last name.



### Afsan Bhadelia, MS

Harvard Global Equity Initiative, Dept. of Global Health and Social Medicine, Harvard Medical School Research Associate, Boston, United States

#### **The Global Task Force on Expanded Access to Cancer Care and Control (GTF.CCC): A model for effective collaboration**

The Global Task Force on Expanded Access to Cancer Care and Control (GTF.CCC) was a result of the collaboration between the Harvard Global Equity Initiative (HGEI), Harvard Medical School, the Harvard School of Public Health and Dana Farber Cancer Institute in 2009. The initiative aimed to address the global cancer burden with the vision to improve equity imperative to tackle cancer care and control in low-and middle-income countries (LMICs).

Firstly GTF.CCC sought to link the health systems and global cancer communities for the cause of strengthening national health systems to reduce the burden of cancer within respective countries. Secondly GTF.CCC built a strong ethical framework which served as a basis for guiding action. The focus on equity was based on a desire to improve conditions of the most vulnerable. Together, those two features represented the cornerstone of the effort.

GTF.CCC convened 32 leaders from across the fields of cancer and global health supported by over 50 technical advisory committee members from around the world for one overarching objective: expand access to cancer care and control in LMICs. GTF.CCC built an evidence base to aid in debunking myths about cancer in LMICs, demonstrating that cancer care and control is necessary, affordable, attainable and appropriate.

GTF.CCC presented the 'Diagonal Approach' part of a publication titled Closing the Cancer Divide, which provides a cross cutting comprehensive and ethical framework to overcome the Cancer Divide. The 'Diagonal Approach' identifies synergies that tackle disease specific priorities as well as addressing systematic gaps. It also helps to improve health of populations throughout their lifetime and various disease cycles - ultimately respecting an individual's right to live a dignified life equally prioritising all of his/her needs.

This Young Leader's role, alongside Felicia Knaul, has been to launch the GTF.CCC in 2009 and coordinate it to date, helping plan and implement each phase of the Task Force to its current point. The GTF.CCC can be considered as a learning module for effective international collaboration.



## Runcie Chikeruba Wilson Chidebe

Founder/Executive Director, Project Pink Blue, Abuja, Nigeria

### Project PINK BLUE

Project PINK BLUE - Health and Psychological Trust Centre was established in 2013 as a non-profit cancer organisation engaged in advocacy, raising breast and cervical cancer awareness amongst the population and supporting people battling with cancer. The organisation's aims are to change people's perceptions of cancer, reduce cancer incidence by raising awareness using innovative methods and phase out late/advanced diagnosis of the disease through free cancer screenings.

Working towards achieving these aims, Project PINK BLUE has been collaborating with three female breast cancer survivors and one male breast cancer survivor on a campaign, intended at clearing the population's misconceptions about cancer. Since 2013, thousands of women have been reached through seven cancer awareness projects, provision of free cervical cancer screenings using the visual inspection with acetic acid (VIA) and clinical breast examinations.

Project PINK BLUE's impact has led to collaboration with international organisations like Marie Stopes International, and the Institute of Human Virology Nigeria, which enabled reaching a wider population.

In 2014, PINK BLUE was also announced as the winner of the Nelson Mandela- Graca Machel Innovation Award at the International Civil Society Week by CIVICUS World Alliance for Citizen Participation. This South-African recognition marked the beginning of an international collaboration with CIVICUS, one of the largest global civil society alliances. This achievement strengthened PINK BLUE's acceptance from stakeholders, including the National Cancer Control Programme (NCCP) of the Federal Ministry of Health.

On World Cancer Day 2015, the Trust Centre organised an event, attended by over 400 people, where 65 women received clinical breast examinations and 23 women received cervical cancer screening using the VIA.

This Young Leader founded Project PINK BLUE and strategically led a team in championing a project that had local impact, national attention and global relevance. Project PINK BLUE showed that international collaboration must not be solely financial but could also be in the form of endorsements, awards, and membership of a union or as part of an alliance.



## Temidayo A Fadelu, MD

Fellow, Hematology/Oncology, Dana-Farber Cancer Institute, Boston (MA), United States

### Effective international collaboration

In 2012, the Butaro Hospital Cancer Center of Excellence (BCCOE) was inaugurated in Rwanda. The Cancer Programme is a collaboration that aligns the healthcare delivery structure of the Ministry of Health of Rwanda (MOH) with the expertise of specialists at Dana-Farber Cancer Institute (DFCI) / Brigham and Women's Hospital (BWH), and the implementation capacity of Partners In Health (PIH) to overcome the stark shortage of medical specialists in many Sub-Saharan African nations.

BCCOE has provided care for over 3,500 patients since the programme started, and receives more than 100 patients a month. With the start of the programme, PIH supported the MOH by sourcing medications not available in the public system, as well as jointly developed a comprehensive oncology inventory and forecasting system. The Rwanda experience, which culminated in early 2015 with the revision of Rwanda's Essential Medicines List, contributed to the methodology of work at the World Health Organization (WHO) that resulted in an expanded WHO Model List of Cancer Medicines to include 16 new oncology medications.

Rwanda's MOH has integrated open source electronic medical records (EMR) into public institutions with the objective to facilitate monitoring, evaluation and research. BCCOE's Cancer Programme utilises an electronic database to manage patient care, which serves as a foundation for measuring the impact of quality improvement interventions and a basis of initial outcomes research projects.

Furthermore, the development of in-country pathology services was prioritised early in the implementation of the programme. Diagnosis turn-around times for cancer patients was about 2-3 months with limited accuracy, with tissue sent to BWH in Boston for pathology. BCCOE now has an on-site histopathology lab with three Boston-trained pathology technicians. Now a fully functional histopathology lab, able to process tissues and perform immunologic staining, diagnoses is rendered in 1-2 weeks by local MOH pathologists and remote consultations made through a telepathology system.

As Associate Director of Oncology at the BCCOE, the role of this Young Leader has been to oversee the programmatic implementation of the procurement management of drugs and supplies, the implementation of the EMR and pathology capacity building, on top of leading a team of five physicians and twenty nurses and allied staff in Rwanda since 2013.



## Cristian A. Herrera Riquelme, MD MBA MSc

Head, Department of Strategic Development, Cabinet of the Minister, Ministry of Health

Associate Researcher, Department of Public Health, PUC Chile, Santiago, Chile

### Effective international collaboration

In 2012, the National Cancer Forum Chile (NCF) was founded as a public-private endeavour aiming at contributing to the building process of a comprehensive national cancer strategy which provides an integral long term view of cancer control in the country. Based at the Department of Health of the Pontificia Universidad Catolica de Chile, the NCF started to work on research and advocacy, collaborating with different actors, including the Ministry of Health which opened opportunities to cooperate in policy issues.

The first approach to international collaboration happened in 2013 with the launch of the Spanish version of the 4th World Tobacco Atlas in Chile, where NCF collaborated with the American Cancer Society and the Union for International Cancer Control (UICC).

After two years, the NCF was invited to join the Ministry of Health Cabinet to design a National Cancer Control Plan (NCCP), using tools from the European Partnership Action Against Cancer and the World Health Organization.

Through the Network of National Cancer Institutions of the Union of South America Nations (RINC and UNASUR), the Ministry of Health started working with other South American countries on collaborative projects in different cancer control areas, such as the South American Cancer Prevention Control Plan. This led to the 1st International Cancer Policy Symposium in Santiago, Chile that brought together policy makers, managers, researchers and civil representatives to discuss strategies for cancer control in the region.

The impact of the Chilean experience over the past few years shows that international collaboration has been very important to both advocate for positioning cancer in the national agenda and enriching cancer control policy development. Cooperation within the South American region has boosted exchange of experiences and networking for building a plan that will provide general guidance for national efforts with common objectives into cancer control.

Chile has moved through this pathway obtaining promising results and hoping to contribute similarly for the whole South American region and elsewhere.



## André Michel Ilbawi, MD

Technical officer, Management of Non Communicable Diseases, Disability, Violence and Injury Prevention (NVI) World Health Organization, Geneva, Switzerland

### BCI 2.5: A global breast cancer collaboration

The Breast Cancer Initiative 2.5, which evolved from the Global Breast Cancer Alliance, is focused on bringing together broad stakeholders with shared objectives in promoting primary prevention, increasing early detection, and expanding access to timely, resource-appropriate diagnosis, treatment and palliative care services. BCI 2.5's targeted bold mission is to enhance breast cancer survival and quality of life for at least 2.5 million women by the year 2025.

To achieve this mission BCI 2.5 has produced Knowledge Summaries (KS) which are concise, topic directed, evidence based documents intended to guide policy interventions and clinical practice as well as to coordinate breast cancer services. Sixteen Knowledge Summaries, each 4-8 pages in length will address the full spectrum of cancer control from planning to advocacy and prevention to palliation. These will also provide specific goals for the development of comprehensive breast cancer care along a pathway, recognising variations between and within health systems.

The KS are also being translated into at least four languages and are being published on the International Cancer Control Partnership Portal, an online website designed to create synergies among cancer control planners. They are also designed to promote collaboration more broadly, engaging local stakeholders, and identifying implementation strategies to be tested in real world settings.

BCI 2.5 recognises millions of people dying without access to basic cancer services. Now completed, these KS are undergoing field testing in real world settings. Efforts have commenced in Lima, Peru, where initial feedback affirmed the utility of this toolkit in promoting local expertise and programmes, gradually achieving their goal of empowering local communities to address the local breast cancer burden and utilise the platform most relevant to them.

The role of the Young Leader within this project has been to provide technical expertise in the background research, write and compile the KS, and assist with implementation strategies and programmes.



## Mauricio Maza, MD MPH

Chief Medical Officer, Basic Health International (BHI), El Salvador, Salvador

### Effective international collaboration

Cervical cancer is the leading cause of death from cancer in women in El Salvador. Basic Health International (BHI) has been part of an international collaboration between the Ministry of Health (MOH) of El Salvador and various academic centres from the United States, including the University of Southern California, the Mount Sinai Medical Center and the Cleveland Clinic. BHI started working with the MOH for the implementation of a Human Papillomavirus Test (HPV) in limited resource settings.

QIAGEN announced that in collaboration with the Program for Appropriate Technology in Health (PATH) and through the support of the Bill and Melinda Gates Foundation, a HPV test – careHPV - was being developed, which would make for the first time, high-end technology for screening available for low- and middle-income countries.

BHI advocated for a private and public partnership between QIAGEN and the MOH of El Salvador, and managed to get the parties to sign a Memorandum of Understanding. El Salvador became the first country to receive the donation of careHPV for its implementation on a public health cervical cancer programme.

As BHI continued to improve their cervical cancer programme, additional assistance was received by the Einhorn Family Charitable Trust with support through charitable and humanitarian initiatives. BHI also ensured the provision of continuing medical education to colposcopists through the support of the American Society for Colposcopy and Cervical Pathology (ASCCP). MD Anderson provided assistance in assessing how technologies could be best implemented with their current resources.

Additionally, BHI expanded its network when they joined the Union for International Cancer Control (UICC) as a member. UICC's support has been essential in the success of their project, and enabled many other countries to come and learn from BHI's initiative. By the end of 2015, through a screen and test approach, BHI should expect to have screened over 20,000 women and successfully followed up over 90 percent of all HPV tested positive women.

As Chief Medical Officer at BHI, this Young Leader has been in charge of the administrative, research and medical components of this specific project.



## Mandi Pratt-Chapman, MA

Director, George Washington University Cancer Institute; Adjunct Instructor, School of Medicine and Health Sciences, Clinical Research and Leadership, Washington DC, United States

### Patient navigation

Director of the George Washington University Cancer Institute, this Young Leader has been focused on research and technical assistance in the area of Cancer Patient Navigation.

In 2012, Mandi brought together a committee which included representatives from the Academy of Oncology Nurse & Patient Navigators, Oncology Nursing Society, the National Association of Social Workers, Association of Oncology Social Workers, the Association of Community Cancer Centres and patient navigators with community health workers in practice. This group came together to realise a common goal, which was to reduce confusion among navigator types and articulate a scope of practice for patient navigators without a clinical license.

Over the next two years, key milestones were marked that included development of a functional framework that identified similarities and differences among navigator types, focus groups with navigators, development of competency statements, and development of an online training programme.

The result of this highly collaborative project was the broad endorsement of 45 core competencies for oncology patient navigators which were subsequently used as the foundation for a curriculum of a freely-accessible online training programme. The Core Competencies were published by the Journal of Oncology Navigation & Survivorship in April 2015 and the Oncology Patient Navigation Training was released in May 2015.

Through the support of Genentech and the Avon Foundation for Women, this Young Leader is currently studying the value of patient navigation from a variety of perspectives, including navigators, administrators and payors, to support sustainability of the role. This initiative included interviewing administrators to define key value metrics for navigation and then fielding a national survey to prioritise metrics and access feasible common data collection. By capturing views and concerns of multiple stakeholders, findings will help support sustainability of the navigation profession.

This Young Leader is also chairing a Task Force through the Academy of Oncology Nurse & Patient Navigators to launch a dedicated certification process in 2016. This qualification, guided by patient navigation experts from various disciplines around the United States, will enable certified patient navigators to demonstrate knowledge, skills and abilities to successfully help cancer patients through the labyrinthine healthcare system.



## Mei Ling Yap, MBBS Bsc (Med) FRANZCR

Staff specialist radiation oncologist, Macarthur Cancer Therapy Centres, University of Western Sydney CCORE, Ingham Institute for Applied Medical Research, University of New South Wales, Australia

### UICC Global Task Force on Radiotherapy for Cancer Control (GTFRCC)

Radiotherapy is a cost-effective treatment, indicated in half of all cancer patients. However, there is a significant shortage of radiotherapy services globally, especially in low- and middle-income countries (LMICs). Over the last two years, this Young Leader has sat on the UICC Global Task Force on Radiotherapy for Cancer Control (GTFRCC), a group whose aim is to clarify the challenge and quantify the investment needed to provide equity in global access to radiation therapy.

The GTFRCC involves 85 members from 35 countries, including cancer specialists, health economists, politicians and members from advocacy. The Task Force uses a 'diagonal approach' to the issue, combining the vertical aspect of cancer care management and the horizontal factors of health infrastructure, financing and community engagement.

The short-term goal of the GTFRCC was to develop an evidence-based 'white paper' (published as a Lancet Oncology Commission paper by the end of 2015) outlining the infrastructure and investments required to provide radiotherapy services globally. Longer term goals include the engagement of government bodies to adopt GTFRCC's proposed radiotherapy investment plans, assisting in training and education in low- and middle-income countries (LMICs), as well as an increase in the number of radiotherapy machines worldwide.

As part of the GTFRCC, this Young Leader has held a leadership role in creating and implementing the advocacy movement - GlobalRT - <http://globalrt.org> - a virtual platform for education, exchange and action around the need for equitable access to radiotherapy services. The mission of the GlobalRT movement is to turn radiotherapy into a global health priority. After developing the idea for GlobalRT, along with her colleague Danielle Rodin, and providing leadership to drive the project, this Young Leader included a governance structure and recruited team members that could offer unique skills, importantly members who have worked in LMICs to provide the vital on-the-ground perspective.

GlobalRT has had many positive impacts since its launch in 2014, with the movement showcased at international conferences including ESTRO, World Cancer Congress, ASCO and ASTRO. GlobalRT has also been featured in a Lancet Oncology publication as well as having hundreds of subscribers and social media followers from across the globe.



# SUMMARIES

## – PART II

This section features the remaining shortlisted Young Leaders, presented in alphabetical order, by last name.



### Anna Boltong

Head of Cancer Information and Support Services - Cancer Council Victoria, Melbourne, Australia

#### **Case studies on effective international collaboration: Improving clinical cancer care and evaluating impact of cancer services**

Up to 80% of people receiving cancer treatment experience unwanted 'taste' changes. This has nutritional, gastronomic and emotional consequences which ultimately affects food choices, dietary intake and nutritional status.

This Young Leader has taken on a role to champion and progress an international re-education campaign regarding the impacts of cancer care treatment on taste and flavour. A key product of Anna's PhD candidature was a linguistic framework (Boltong's Taxonomy of 'Taste') which acts as a guide to better distinguishing symptoms associated with components of flavour. The taxonomy is informed by language used by patients describing their experiences of 'taste' problems during cancer treatment.

An international dialogue ensued with members of the Oral Care Study Group of The Multinational Association of Supportive Care in Cancer (MASCC). As a result of this interaction, the Young Leader now plays a senior advisory role in undertaking an update of this systematic review, and was also invited to present at the MASCC Annual Meeting in June 2015.

In a separate endeavour, Anna was recently appointed Vice President on the Board of Directors of the International Cancer Information Service Group (ICISG). The ICISG, developed in 1996, is a worldwide network of more than 70 organisations delivering cancer information and share best practices to enhance Cancer Information Services (CIS).

Her role in this initiative has been to drive and lead an internationally collaborative approach to evaluating the impact of CIS services. The aim of the current work is to agree a best practice impact evaluation approach, which will define outcome measures to be assessed, measurement instruments and data collection tools to be used, and methods of collecting and pooling data internationally.

The project also aims to develop an in-depth understanding of the rationale, experiences, evaluation and outcomes of using CIS services. This will enable an item pool to be built and tested which will in turn inform the development of a new quantitative instrument for routine evaluation of CIS services.





## Rachel Foley

Policy and Public Affairs Manager, Irish Cancer Society, Dublin, Ireland

### Effective international collaboration

Ireland has been fortunate that recent Ministers of Health have been visionary in the approaches they have taken to reduce the cancer rate in Ireland. It was the first country in the world to introduce a workplace smoking ban. In 2013, Ireland's new Minister of Health announced that Ireland intended to become the second country in the world to adopt plain packaging for cigarettes.

The Irish Cancer Society had already been working with international tobacco control advocates and groups from the UK, Australia, the United States, Australian Department of Health officials, global and European cancer control partners, legal advisors and politicians, months before the Minister announced his intention to legislate. This created a global impetus for the Minister to advance the plain packaging law and secure agreement and support from his cabinet.

The Irish Cancer Society also worked with other advocacy groups in a coordinated way and met Government Ministers who traditionally would not have been aligned to tobacco control measures. Another influencing factor was the Irish Cancer Society's hosting of the European Week against Cancer in partnership with European Cancer Leagues. This opportunity enabled the Society to line up some of the world's most influential international voices on plain packaging and to organise members of the Attorney General's office, Department of Finance officials, Department of Health draughtsmen and other influential decision makers to meet the conference speakers in private. Additional international coalitions helped to educate national policy makers on plain packs.

The role of this Young Leader as Policy and Public Affairs Manager in the Irish Cancer Society has been to identify ways that the Government can support and deliver a future without cancer. Leading this campaign, the Irish Cancer Society developed a strategy based on influencing key decision makers at home and abroad, that depended on a constant flow of information from other countries.



## Tryggve Eng Kielland

Special Advisor and Coordinator, Political Secretariat, Norwegian Cancer Society, Oslo, Norway

### Effective international collaboration: The Norwegian Cancer Society as an actor in global health

The Norwegian Cancer Society (NCS) is one of the largest NGOs in Norway, working in all fields of cancer control, from prevention and patient support to research, and on all levels: local, regional, national and global.

With an overarching vision to combat cancer, NCS's concrete objectives for international collaboration is to raise the priority of cancer and non-communicable diseases (NCDs) in Norwegian foreign and developmental policies, with a particular focus on tobacco control.

NCS is an established partner for the Norwegian Government and for international players including the NCD Alliance, GAVI the Vaccine Alliance, The Gates Foundation and Movember. NCS also runs carefully selected portfolio projects in close collaboration with international partners such as the Framework Convention Alliance, PATH (Peru breast cancer project) and Russian partners GARANT (tobacco control).

Recently, for the first time, the Ministry of Foreign Affairs has granted funding to NCS, to support capacity building on tobacco control for African Government officials undergoing legal training on the topic.

NCS has also contributed significantly to what is now a strong awareness of GAVI the vaccine alliance- an important arena for cancer prevention.

While seeking to contribute internationally, Norway was the first country to adopt a national NCD strategy following the NCD Global Action Plan, with the Norwegian NCD Alliance currently headed by NCS as an implementing partner.

At NCS since 2011, the role of this Young Leader has been to take on the position as Special Advisor and Coordinator of International Affairs managing their international portfolio and leading their political advocacy on global health. This includes overseeing active participation in Nordic, European and International networks covering all aspects of cancer control. Tryggve also leads NCS's political advocacy on public health, while continuing to represent NCS internationally including as a delegate to WHO Executive Board and General Assembly meetings.



## Lucinda Morris (Med)

Radiation Oncology Advanced Trainee - Crown Princess Mary Cancer Centre, Westmead Hospital, Sydney, Australia

### The 'Targeting Cancer' campaign: An innovative model of effective global collaboration

In 2013, the Royal Australian and New Zealand College of Radiologists (RANZCR) launched the Targeting Cancer campaign, an initiative aimed to engage the general and medical community to raise awareness of the role and value of radiation therapy.

The Targeting Cancer campaign aims to increase the profile and understanding of radiation therapy and ensure patients know their treatment options, also hoping to ultimately improve the likelihood of greater utilisation of radiation therapy. Targeting Cancer is aimed at the general community, consumers (people diagnosed with cancer and their loved ones) and healthcare providers.

The role of this Young Leader as a member of the Targeting Cancer campaign included: involvement in the launch of a consumer focused website - [www.targeting.com.au](http://www.targeting.com.au) - a central hub explaining the value of radiation therapy both to patients and health professionals; management of active social media platforms; development of a public relations campaign targeting media with regular coverage of radiation therapy - related stories through television, print and radio; production of the short films 'Targets' and 'Abdallah's story'; and the roll-out of a nationwide GP education programme to improve primary care physician knowledge and referrals to radiation therapy.

Targeting Cancer campaign's impacts have been reaching over 11 million 'viewers' in Australia and New Zealand via print, television, radio and online content. Its social media and online platform have successfully fostered international collaboration and support. Targeting Cancer has established affiliations with international organisations including ASTRO, ESTRO and Global RT who have also shared materials within their networks. Amongst their 1,000 Facebook members and 785 followers on twitter, including high profile leaders in the field, have actively supported campaign messages.

The Targeting Cancer's website is easily accessible worldwide and useful to any person affected by cancer and seeking to learn about radiation therapy. Every month it receives between 1,500 and 2,500 visits with traffic and dwell time on the site growing and translation into other languages in process.



## Nour A. Obeidat PhD, MS

Head, Applied Research Unit, Cancer Control Office King Hussein Cancer Center, Amman, Jordan

### Effective international collaboration in cancer control

The role of this Young Leader as an Applied Health Services Researcher has been to lead the research arm of King Hussein Cancer Centre's (KHCC) Cancer Control Office (CCO) in Jordan.

The work of the research arm primarily targets tobacco, given that it is one of the most important modifiable risk factors in cancer control and that the prevalence of tobacco use in Jordan is as high as 32%. This focus on tobacco spans over several collaborative projects, such as the Global Bridges International Healthcare Alliance, which has four main objectives to build networks of trained professionals in Tobacco Dependence Treatment (TDT) and advocate such treatment globally.

This Young Leader, within a team of experts, lead the Eastern Mediterranean region of the Alliance, which involved developing content for training material on TDT and how to establish TDT services. The role, based in the smoking cessation clinic of KHCC, involved leading on the development of a patient database for evaluating smoking cessation practices and outcomes, assisting physicians in counselling cancer patients who smoke, and leading research to inform clinic staff about treatment outcomes which would improve practices within the KHCC.

As a result of the recognised need to promote the standardisation and integration of tobacco dependence treatment into healthcare systems within Jordan and the region, Nour was part of a team of national and international technical experts who developed the first publicly available Jordanian (Arabic) guidelines on tobacco dependence treatment as an important health service.

The Young Leader's work, as a member of the team leading the Global Bridges Initiative in the Eastern Mediterranean, has contributed to the training of approximately 1,800 healthcare professionals and advocates, spanning over 19 countries. Recently the CCO was awarded a Pfizer sponsored grant to continue its regional work in TDT by collaborating with regional experts from a network of collaborators to establish self sustaining regional hubs for TDT training.



## Loyce Pace, MPH

Director of Health Policy, LIVESTRONG Foundation, Washington DC, United States

### Strength in numbers: Cultivating regional champions for local and global cancer control

Within three years of launching a new portfolio for the American Cancer Society (ACS) in Malaysia, Philippines, Singapore, and Thailand, this Young Leader managed to deliver three workshops on organisational development and grassroots mobilization; award seed grants to ten community-based organisations, and foster a cohort of advocates for cancer control worldwide.

These initiatives aimed at understanding better the regional cancer landscape, relying primarily on firsthand accounts from people in the area as well as local consultants that could provide valuable insight based on their knowledge of the socio-political context.

As a result, a number of workshops were organised, which led to a series of trainings that yielded novel projects and ultimately promoted cross-organisation collaboration. ACS's existing grant process was also updated, which enabled organisations to apply, be evaluated, and potentially awarded for innovative project proposals.

The success of the Southeast Asian project resulted in Loyce replicating this initiative in Sub-Saharan African countries including Cameroon, Ghana, Nigeria, Senegal, South Africa, and Tanzania.

The process was similar as in Southeast Asia, initially setting out to gain a better understanding of the local cancer landscape. Findings showed that focus had to be placed on building capacity of local organisations, providing support through grant funding and technical assistance, as well as encouraging cross-organisation and cross-country partnerships. Additionally, collaboration with the African Organisation for Research and Training in Cancer (AORTIC) resulted in regional trainings. A dedicated NGO programme was developed, which purpose was to educate journalists on the issue of cancer, linking them with community based advocates so they could share their stories and recruit champions for the cancer cause. This initiative enabled trainings and grants to be offered to organisations in the project countries.

Now at the LIVESTRONG Foundation, this Young Leader has been able to build on achievements in previous global cancer work and mobilise a broader network of international stakeholders for cancer advocacy campaigns and convey the cancer voice to policymakers and other influential decision-makers regarding investments in cancer control worldwide. This has enabled Loyce to promote a collective voice beyond the LIVESTRONG Foundation and UICC, to groups such as the NCD Alliance and Global Health Council, representing multiple health priorities.



## Neha Tripathi

Director International Affairs and in-charge Palliative Care at Cancer Aid Society, India

### Effective international collaboration

Since 1987, Cancer Aid Society has been working across India in the area of cancer and non-communicable diseases (NCDs) prevention, tobacco control, palliative care and advocacy. Since 2012, Cancer Aid Society has held a Special Consultative Status with the United Nations Economic and Social Council (ESOSOC).

The role of this Young Leader has included collaborating with 418 Institutions across India giving lectures on tobacco, cancer and NCD control. This initiative enabled awareness raising among 32,8250 students, teaching them about health, hygiene, diet, exercise and lifestyle. As a result, 465 institutions across the country declared their premises as Tobacco Free Zones.

In March 2015, Neha attended the American Cancer Society's Global Scholars Program, collaboratively held with the Young Professionals Chronic Disease Network (YP-CDN) and the Harvard Global Equity Initiative (HGEI). She also took the opportunity to forge relationships with peers from various institutions, and, upon her return, submitted a grant application towards advocacy on breast and cervical cancer, as well as organised an MPOWER planning training aimed at the coordinators of Cancer Aid Society from different regions of India.

Most recently, in July 2015, Neha participated in the 7th GWish Summer Institute on Spirituality and Health, in Washington, which encouraged her to apply the spirituality component as part of palliative care in Cancer Aid's Day Care Centre, in Lucknow, India.

In 2014, in conjunction with the World Cancer Congress, this Young Leader enrolled in a UICC Master Course on 'cancer prevention campaigns', an experience which better equipped her to run national prevention campaigns and use social media more effectively. Her knowledge in this field was also shared among her peers at the National Conference of Cancer Aid Society.

During the 2013 Asia Pacific Conference on Tobacco (APACT), Neha was selected as Youth Leader for their next conference in China. She then soon formed the APACT Youth Action Network (AYAN), by appointing different country coordinators in the Asia Pacific Region, to sustain their campaign against tobacco.

## Images:

Cover: André Ilbawi greeting a fellow participant at the 2014 World Cancer Leaders' Summit in Melbourne, Australia.

Page 2-3: Runcie C.W. Chidebe, Executive Director of Project PINK BLUE with Nigerian songstress and Kora Award winner, Chidinma Ekile, during the 2015 Pink October 'Walk, Race & Cycling against Cancer' in Lagos, Nigeria. Photo Credit: Galaxy Pixel

Page 7: Loyce Pace represents UICC member organisation, LIVESTRONG Foundation, at the 2014 General Assembly in Melbourne, Australia.

Page 8: Tryggve Eng Kielland with a colleague at the Norwegian Cancer Society headquarters in Oslo, Norway in September 2015.



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