

## EMBLEM debuts at an International Lymphoma Symposium in Dijon, France



Dr. Sam Mbulaiteye – PI, Dr. Valeria Calbi – pediatric oncologist from St. Mary’s Lacor, Janet Lawler-Heavner and Detra Robinson – Westat at the 2013 Interlymph Consortium Meeting in Dijon, France

EMBLEM made its debut at the International Lymphoma (InterLymph) Symposium held from June 24<sup>th</sup> to June 26<sup>th</sup> in the scenic city of Dijon, France (<http://epi.grants.cancer.gov/InterLymph/meeting2013.html>). InterLymph brings together over 100 investigators from Europe, North America, and Australia who conduct studies devoted to the understanding the causes of lymphoma. The investigators have pooled data from 20 case-control studies to increase their power to make discoveries. The meeting was a rare opportunity for the EMBLEM Team (Valeria Calbi, pediatric oncologist at St. Mary’s Lacor Hospital, Janet Lawler-Heavner and Detra Robinson from Westat, and Sam Mbulaiteye from NCI) to learn about the latest findings in the InterLymph studies, including genetic risk factors, and the value of collaborative work in advancing knowledge.

The meeting also provided an opportunity for the EMBLEM Team to present and receive comments about their scientific work. Dr. Calbi presented a poster on “Presentation and Clinical Response to Treatment of Burkitt Lymphoma in Uganda”. Her data showed that about 85% of children with Burkitt lymphoma, who receive treatment, experience long-term remission and that poor response to treatment was related to late presentation. Ms. Lawler-Heavner summarized the objectives of the EMBLEM study and gave a status update of enrollment, data collection, bio specimen inventory, and outlined future plans of EMBLEM which includes joining a consortium such as InterLymph and spearheading efforts to start consortia work on lymphoma in Africa.



Foreground: Dr. Sam and Janet review the EMBLEM poster one last time before the poster session begins. Background: Dr. Valeria discusses her poster with other conference attendees

*By Janet Lawler-Heavner and Detra Robinson –WESTAT*

## EMBLEM UGANDA

Currently 359 (131 females, 228 males) cases have been spotted and screened. Of those, 174 cases (67 females, 107 males) have been enrolled.

EMBLEM Uganda carried out training for clinicians in Lango sub region on June 28<sup>th</sup>. The training was aimed at increasing clinicians’ awareness of Burkitt Lymphoma (BL) and to encourage them to refer suspected BL cases to the enrolling Hospitals in Lacor and **Kuluva**. Posters showing signs of BL were also



Burkitt Lymphoma refresher training in Uganda

distributed. A total of 24 clinicians from 15 districts in the EMBLEM study region attended the training.

Emblem Uganda shipped 12 boxes of samples from the Lacor and Kuluva sites to the Uganda Virus Institute and tissue blocks to NCI.

## EMBLEM KENYA

In June, an additional 10 cases from the two sites were spotted and screened. Seven of them were BL and 4 were enrolled. As of June 30<sup>th</sup>, a total of 190 cases had been spotted. Of those, 73 were diagnosed with BL and 56 cases were enrolled.

To enhance case spotting, the team has implemented a novel Short Text Messages (SMS) Outreach Program, whereby SMS messages are sent via mobile phones to contact persons in the EMBLEM Study area. SMS include: “have u seen a child with jaw swelling, falling tooth, swollen abdomen duration about 1 month age < 16? Chances are they have BL but why take chances? If so, Call or send a text to EMBLEM Tel Contact.” The messages are sent once a week and have resulted in many return SMS and telephone calls. A few of these have resulted in an actual referral of a patient with Burkitt lymphoma.

EMBLEM is currently enrolling cases from three major hospitals in Kenya: Moi Teaching and Referral Hospital and Webuye and Homa Bay District Hospitals. In June, EMBLEM received permission to start enrolling cases at Jaramogi Oginga Odinga Teaching and Referral Hospital (JOTRH). JOTRH is at the epicenter of Burkitt lymphoma in Kenya, thus case enrollment in Kenya is likely to increase. With addition of JOTRH, EMBLEM is happy to welcome Dr. Juliana Otieno as a member of the EMBLEM Kenya Local Steering Committee.

Mediatrix Mumia, a laboratory technician at Homabay, had a wonderful wedding on July 6<sup>th</sup>. We wish her well.

## EMBLEM TANZANIA

Case accrual stands at 262 potential cases (116 females and 146 males) spotted and screened in Tanzania. Of those, 49 were eligible and 46 were enrolled (21 females and 25 males).

The team has started conducting Burkitt lymphoma awareness within the participating hospitals and is planning to conduct refresher sensitization meetings in different health centers around the study region to increase awareness and case accrual.

## EMBLEM GOALS:

In addition to cases, EMBLEM must enroll controls. In July, Emblem Uganda launched its plan to enroll controls who are frequency-matched to the case on age, sex and geographical area (2 controls per case). These controls will be enrolled from 100 villages randomly selected from the study area. The first phase of the plan will cover 29 villages in the Lango, Acholi and West Nile sub-region. A total of 44 Community Research Assistants (CRAs) have been trained to support this work. The CRAs also serve an important

function of being frontline workers who can increase early detection and referral of cases from their areas.



Dr. Tobias explains roles & responsibilities of CRAs

EMBLEM Newsletter is a monthly on-line publication based on contributions of the EMBLEM Study staff.

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