

BURKITT LYMPHOMA FIRST CHOICE



Patient with abrasions of legs from traditional massage applied when she became unable to walk. After chemotherapy of BL she was cured and regained her ability



Another patient able to walk again after BL treatment.

Burkitt Lymphoma (BL), in the early stages, resembles many common ailments: dental infection (swelling in the jaw and/or loose teeth), worm infestation (swelling of the stomach), or orbital infection (proptosis). When simple home remedies don't help, the child is often taken to a local traditional healer, masseuse or a local drug shop for treatment. Traditional treatment, offered by herbalists, diviners, traditional birth attendants, bonesetters, masseuses, and others, remain the first choice in many African communities. Its practice involves figuring out not only "what" is causing the illness, but also often "who" is causing it, presumably through a cast of a spell or a curse to cause the illness. Traditional healers are often neighbors, relatives, or revered community members, whose acceptance of payments in kind, such as chickens or goats, increases their appeal. Their remedies include

making cuts to the body (see photo above), making offerings, or administering other prescribed concoctions. By the time these remedies fail, and the patients find a doctor who spots the cancer and refers them for medical treatment, the cancer has usually

advanced into a disfiguring mass easily recognized as BL. Advanced disease at presentation is a perennial challenge for BL treatment and for BL research.

For BL, these traditional remedies don't work. The best outcome is achieved when patients abandon them and seek modern medical care. This late realization directly leads to late presentation with the disease which is the most significant preventable cause of poor response in cancer. While better and less toxic treatments are needed to improve the treatment experience of BL patients who reach the modern health system, but the success and impact of those treatments will be undermined by weak and inconsistent case spotting due to weak community engagement. We have learned from our patients that community engagement, perhaps including mobilizing traditional healers, is as critical to the success of modern treatment of BL as is the discovery of better and less-toxic treatments for BL.

Dr. Esther Kawira - Editor

EMBLEM UGANDA

A total of 550 (349 males, 201 females) potential cases have been spotted. Of these, 308 were eligible and 287 (181 males, 106 females) were enrolled. A total of 1733 controls have been enrolled (599 matched controls, 950 population controls, and 184 local health center controls).

A Community Advisory Board meeting was held on August 2nd to give a status update of the study to the community. Mr. Patrick Baguma, Assistant District Health Officer, Masindi District, joined the CAB



Dr. Tobias and Mr. Martin co-hosting at radio Kitara

replacing the late Dr. Vincent Owiny. Drs. Martin Ogwang and Tobias Kinyera attended a radio talk show to talk about their BL work (see photo).

Dr. Valeria Calbi, EMBLEM pediatrician at St. Mary's Hospital, Lacor, gave a training session to nurses and clinicians from North Central Region at Gulu Regional Referral Hospital about early symptoms of BL and the clinical management of BL. This training is intended to equip frontline health workers so they can answer questions asked by patients they spot.

EMBLEM KENYA

A total of 445 (288 males, 157 females) potential cases have been spotted. Of these, 212 were eligible and 165 (117 males, 48 females) were enrolled.

To strengthen case diagnosis, EMBLEM facilitated Dr. Nicodemus Odundo from Homabay District hospital to attend a two-week hands-on training on ultrasound guided tru-cut biopsy collection at St. Mary's Lacor Hospital Uganda.

In preparation for matched control enrollment, the EMBLEM Kenya team travelled to Uganda to have get fieldwork experience with the Ugandan team in the West Nile Region. These joint experiences allow better standardization and harmonization of fieldwork across the East African region and built team cohesion.



Pamela and Mr. Genga, EMBLEM Study Coordinator and Senior Technical Supervisor from Kenya working alongside the Ugandan team in a village in Koboko in West Nile Region.

EMBLEM TANZANIA

A total of 404 (221 males, 183 females) potential cases have been spotted. Of these, 91 were eligible and 85 (51 males, 34 females) were enrolled.

To strengthen case diagnosis, EMBLEM facilitated James Makorere (photo at right) from Shirati Hospital to attend a two-week hands-on training on ultrasound guided tru-cut biopsy collection at St. Mary's Hospital Lacor Hospital Uganda. This modest training will improve capacity for tissue-based diagnosis of BL in EMBLEM in Tanzania.



James Makorere

EMBLEM GOALS

EMBLEM field teams have been inspired by a moto *"Together Everyone Achieves More"* or *TEAM*. Administrators at St. Mary's Hospital, Lacor, have shown this spirit when they opened their doors to two EMBLEM doctors, one from Shirati Hospital in Tanzania and the other from Homa Bay District Hospital in Kenya, to get hands-on training about BL diagnosis and treatment. To date seven health workers have been trained at Lacor. Prof. Sandeep Dave and Duke University showed this spirit when they facilitated this regional training, which allows for standardization, harmonization, and rapid translation into clinical practice at rural sites. ***Together Everyone Achieves More.***

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

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