

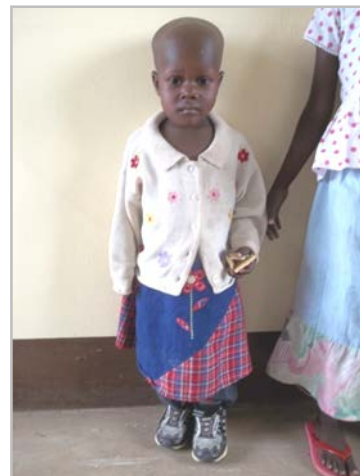
Harmonizing Standard Treatment

Chemotherapy is necessary, and can sometimes be sufficient, for cure of Burkitt Lymphoma (BL). There was exponential growth in the use of chemotherapy for BL starting in the 1960's, when desperate use of a single drug resulted in unexpected and dramatic remission, to the current standard of using three drugs (Cyclophosphamide, Vincristine, and Methotrexate). This regimen remains simple and the most cost-effective to provide hope for a cure for many African patients with early disease. However, significant toxicity and inconsistent use of these drugs reduces the effectiveness of the treatment.



Recent years have witnessed interest in developing “targeted” therapies for hematological cancers, including BL. Anticipating this interest, about five years ago, the Government of Tanzania convened doctors treating BL to produce a handbook on BL, including diagnosis and traditional chemotherapy. The Government reasoned that standardizing and harmonizing traditional BL treatment

in Tanzania was the first logical step in building capacity for trials investigating the use of “targeted” therapies in Africa. The EMBLEM Study has supported this treatment approach and added improvements in health communication to increase early referral and improve diagnostic capacity of clinicians at all of its six study sites. All the study sites have the traditional drugs provided free by donor support. This means that, although the EMBLEM study is epidemiological and not a treatment trial, our patients’ outcomes can be compared across the sites with an aim of improving treatment outcomes even further.



Pictured is an EMBLEM patient who started treatment at Bugando, then transferred to Shirati to continue and complete chemotherapy, since her home is nearer to Shirati. This was an easy transition since treatment was the same at both sites.

- Dr. Esther Kawira – Editor

EMBLEM UGANDA

EMBLEM Uganda started 2015 with determination to complete control enrollment, maintain strong case enrollment, prepare for data cleanup efforts, transfer samples for genetic testing, and plans to dig into data that has accumulated over the past 5 years. To achieve these goals, the team is focusing on data verification to ensure completeness and accuracy of transmitted data. 2015 promises to be a year of discoveries and the EMBLEM team is excited to learn from its work.

A total of 562 potential cases were screened (205 females, 357 males) and 308 were deemed eligible and enrolled (193 males, 115 females).

EMBLEM supports the standardization of delivery of traditional chemotherapy to children with BL. This requires re-training and mentoring of local doctors to diagnose and treat BL. Utilizing a small training grant from Duke University Centre for Global Health, EMBLEM supported Dr. Alex Atiku, a physician from Kuluva Hospital with interest in oncology, to attend a two week hands-on training at Lacor Hospital (January 6th-17th, 2015). This training involved learning ultrasound-guided biopsy of deep-seated tissue and techniques in bone marrow aspiration procedures to properly stage BL. Dr. Atiku also received a portable ultrasound machine from EMBLEM (donation supported by NCI Royalty Fund) to support diagnostic ultrasound at Kuluva Hospital.

EMBLEM KENYA

A total of 509 potential cases have been spotted (325 males, 184 females). Of these 197 were eligible and enrolled (144 males, 53 females).

EMBLEM Kenya identified 100 Community Research Assistants (CRAs) to assist the team in enrolling matched population controls (MPC). Of these, 55 CRAs were trained about EMBLEM and given tasks to construct household lists for their villages as a first step towards randomly selecting households where controls will be enrolled. To ensure that the CRA training was similar to what has been done in Uganda (and will be done in Tanzania), trainers from Uganda and Tanzania attended.



Community Research Assistants attending a training session at Kisumu

EMBLEM TANZANIA

A total of 432 potential cases have been spotted (241 males, 191 females). Of these, 102 (59 males, 43 females) were eligible and enrolled.

The team is working on a detailed work plan for MPC enrollment. Prior to the actual enrollment of MPC, CRAs that are being recruited will be trained to assist in enumerating households in the selected villages where actual controls will be coming from. Three members from the team, including a driver, joined with the Kenyan Team in Kisumu for a similar training for CRAs.

EMBLEM GOALS

EMBLEM aims to generate similar data across the different sites in East Africa. One way to achieve this goal is through cross training of teams. The photo at right captures this spirit nicely when an EMBLEM vehicle from Tanzania on a training visit to Kenya was deployed to pull the Kenyan EMBLEM vehicle from a sticky situation in Kenya.



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

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