

MEETING REPORT

African Organisation for Research & Training in Cancer (AORTIC) at the London Global Cancer Week 15–20 November 2020

A virtual London Global Cancer Week ran from 15 to 20 November 2020. The AORTIC session on 16 November 2020 was titled ‘The COVID-19 pandemic: An African perspective’. The theme was ‘Cancer treatment in the COVID-19 pandemic in sub-Saharan Africa’.

Cancer is the second leading cause of death globally, and it is responsible for nearly 10 million deaths in 2018. Two-thirds of all cancer deaths occur in Africa and Asia, where there is often a lack of access to healthcare, resulting in late presentation of cancer and poor outcomes. It is estimated that only 2.7% of global investment in cancer research is spent directly on research relevant to low- and middle-income countries.

Dr Bello Abubaker, President of AORTIC and Chief Consultant Clinical and Radiation Oncologist at the National Hospital, Abuja, Nigeria, spoke about the effects of the pandemic on services. When the lockdown commenced in Nigeria in March 2020, patients were unable to access hospitals readily. Patients’ anxieties and fears about perceived risk of acquiring COVID-19 infection led to decrease in hospital attendances. There was an increase in virtual communication between patients and their consultants. Planned cancer treatments were delayed, and supplies of cancer drugs dwindled.

In general, healthcare professionals (HCP) had insufficient personal protective equipments (PPE), many acquired infections and several died. Dr Abubaker said that countries must look to develop their own pharmaceutical industries to produce drugs on the essential list, something the Nigerian government is aiming for. The economic impact of lockdown was acknowledged. He recommended that the African Union must develop a plan to support member countries in such a pandemic and that international organisations should help Africa develop comprehensive approaches to deal with the cancer burden. He said that more cancer centres were needed.

Dr Yehoda Martei, Associate Professor of Medicine at the Hospital of the University of Pennsylvania, and Ms Tara Rick, Physician Assistant, currently a PhD candidate at Erasmus University, presented a paper titled ‘Impact of COVID-19 on cancer care delivery in Africa: A cross-sectional survey of oncology providers’, which was conducted between June and August 2020.

The aim of the study was to characterise the scope of COVID-19 and cancer care-specific response strategies. It was a web-based cross-sectional survey of 122 healthcare professionals. Complete or partial data were obtained from 79 (64.8%) participants from 19 countries, with Nigeria and Zambia contributing the most. The biggest participant group were oncologists. The response strategies elicited were divided into patient-facing strategies and provider-facing strategies. Common to both were social distancing, face masks for all and temperature screening. The use of telemedicine was noted, as was drone technology in Rwanda for delivering medicines.

Postponing surveillance visits and delayed initiation of treatment in new patients were common. There were modifications in all treatment modalities, for example, delaying radiotherapy; 94% of cancer centres remained open, but 76% reported a decrease in patient numbers and 57% documented staff shortages. Of concern was that 76% of respondents reported a shortage of PPE, and there were cancer medications and analgesic shortages. There were certain myths such as that Africans are less susceptible to the virus and that strong faith is protective. The limitations to the study were small sample size and concerns over reliability of institutional COVID-19 data.

Ms Kwanele Asante, Secretary General of AORTIC, a lawyer and bioethicist from South Africa, presented a talk entitled ‘COVID-19: Ethical and legal issues’. She noted that COVID-19 exposed gaps in African health services. Article 16 of the African Charter on Human and Peoples’ Rights says that everyone has a right to enjoy the best attainable physical and mental health.

Due to resources being diverted to COVID-19, she posed the question ‘are cancer patients COVID collateral damage?’ Cancer was not included as part of the essential health services in national COVID responses. In Gauteng Province (South Africa), major hospitals that dealt with non-communicable diseases (NCD) were converted into COVID-19 hospitals. Delays in diagnosing cancer resulted in more advanced disease. Cancer treatments were halted or at least delayed. Oncology nursing staff and palliative care specialists were reassigned to care for COVID patients. The mental health of cancer patients

suffered. Access to hospitals was challenging in lockdown. The private sector was less hard hit. The latter part of her presentation was on equity in COVID-19 vaccine distribution; she concluded that fair allocation is necessary to quell growing vaccine hesitancy and mistrust in science.

**Prof. Frank Chinegwundoh MBE, MBBS, MS, MML,
FRCS (Eng), FRCS (Ed), FRCS (Urol), FEBU**

Consultant Urological Surgeon, London

Vice President of AORTIC, Europe

Organiser of the AORTIC session

Email: frank.chinegwundoh@nhs.net