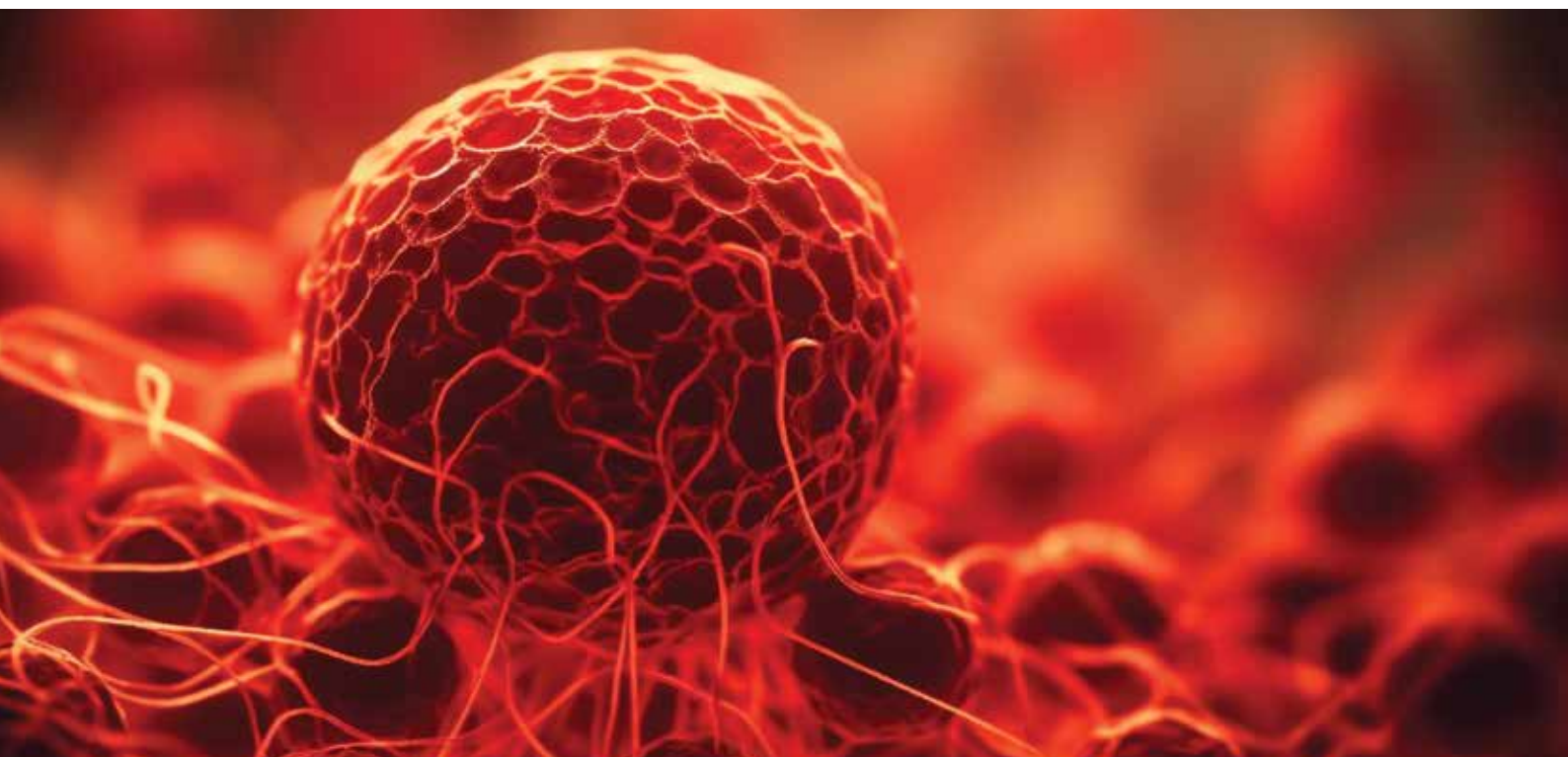




The 8th Kenya International Cancer Conference KICC 2024

THEME

Advancing Cancer Care
In Africa In a Rapidly Changing World

DATE

**21st–23rd
November,
2024**

VENUE

**Grand Royal
Swiss Hotel,
Kisumu, Kenya**



“

Cancer will always be around with us, but with concerted efforts together, we can tame it.

Prof. Nicholas Abinya

”





KESHO

Kenya Society of Haematology & Oncology

The 8th Kenya International Cancer Conference KICC 2024

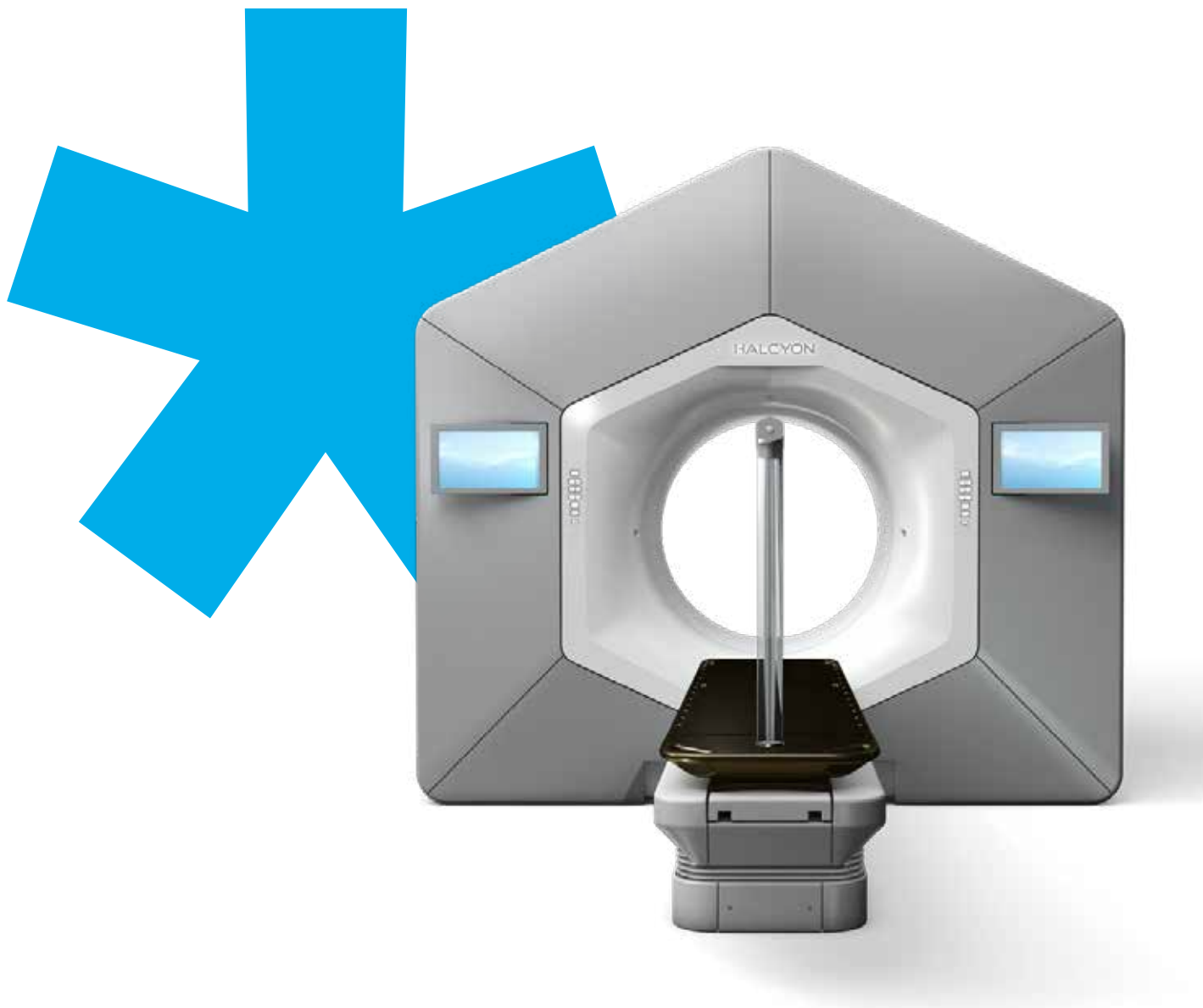
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Swiss Hotel,
Kisumu, Kenya**

The 8th Kenya
International
Conference
KICC 2024



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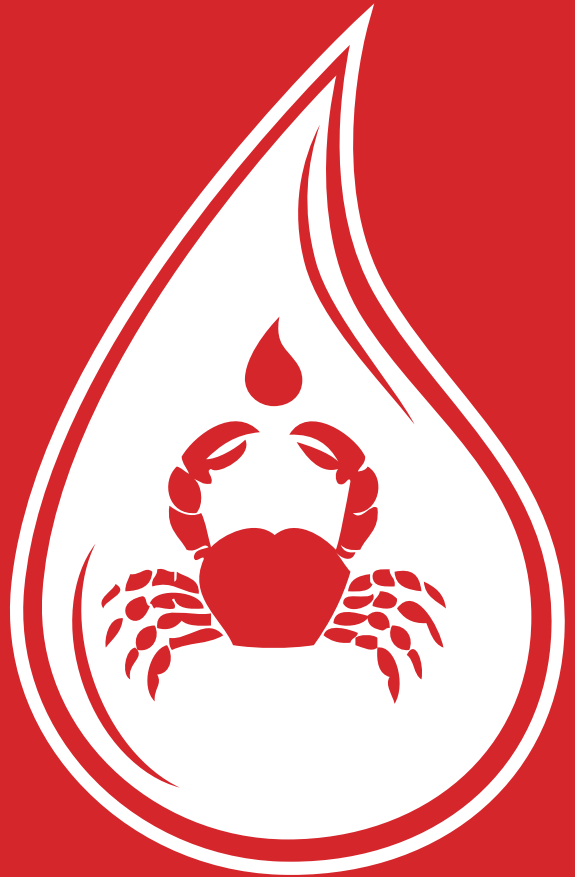
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KESHO

Kenya Society of Haematology & Oncology



Who are we?

The Kenya Society of Haematology and Oncology (KESHO) was founded in 2002 with the objective of carrying out research in cancer and blood diseases, improving patient care and providing physicians with fora to discuss ideas for purposes of improving practice and outcomes.

Our Objectives

The society's objectives are as follows:

- To provide continuing medical education to the members, colleagues and the community in general.
- To harmonise the practice of haematology and oncology.
- To promote and conduct research in haematology and oncology and to create a common database.
- To publish research findings and other relevant information in the society's newsletter or other publication.
- To lobby for government support in formulating policy matters related to haematology and oncology.

The 8th Kenya
International Cancer
Conference
KICC 2024

01

Chair's Message

KICC 2024 CHAIR,

Dr Njoki Njiraini

A warm welcome to the Kenya International Cancer Conference (KICC) 2024!



Dear Esteemed Delegates,

It is with great pleasure that I extend my heartfelt welcome to this gathering of distinguished medical professionals, researchers, oncologists, haematologists, pharmaceutical experts, policy makers, and advocacy groups. This year we are privileged to host KESHO's 8th International Cancer Conference at the Grand Royal Swiss Hotel, in the enchanting city of Kisumu. This event marks our second gathering in this beautiful locale, and it is planned to take place from the 21st to the 23rd of November 2024. The venue with its picturesque setting, offers an ideal environment for the exchange of groundbreaking ideas and the forging of collaborations that are instrumental in advancing the field of oncology.

Our 2024 program, thoughtfully curated by the KICC Scientific Committee, explores the latest advancements in cancer care, patient treatment, and research. I would like to extend my deepest gratitude to these dedicated individuals who have contributed their expertise to develop a program that promises to be highly informative and impactful. As we embark on this intellectual journey together, I encourage you to actively participate, engage with your peers, and leverage this unique opportunity to expand your knowledge, network, and contribute to the collective progress in oncology. I look forward to the collaborative spirit that will define KICC 2024, and I hope this conference serves as a catalyst for innovative ideas, meaningful connections, and positive changes in the world of oncology.

See you all in November!

Sincerely

Dr Njoki Njiraini
2024 KICC Chair



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SELECTED SAFETY INFORMATION: CONTRAINDICATIONS: KEYTRUDA is contraindicated in patients with hypersensitivity to pembrolizumab or to any of the inactive ingredients. **SPECIAL WARNINGS AND PRECAUTIONS FOR USE:** **Immune-related adverse reactions:** The immune-related adverse reactions listed below, including severe and fatal cases have been reported in patients receiving pembrolizumab. Immune-related - pneumonitis, colitis, hepatitis, nephritis, endocrinopathies and skin adverse reactions. **Other immune-related adverse reactions:** The following additional clinically significant, immune-related adverse reactions have been reported: uveitis, arthritis, myositis, myocarditis, pancreatitis, Guillain-Barré syndrome, myasthenic syndrome, haemolytic anaemia, sarcoidosis, encephallitis, myelitis, vasculitis, cholangitis sclerosing, gastritis, cystitis noninfective and hypoparathyroidism. Most immune-related adverse reactions occurring during treatment with pembrolizumab were reversible and managed with interruptions of pembrolizumab, administration of corticosteroids and/or supportive care. Immune-related adverse reactions have also occurred after the last dose of pembrolizumab. Immune-related adverse reactions affecting more than one body system can occur simultaneously. For suspected immune-related adverse reactions, adequate evaluation to confirm aetiology or exclude other causes should be ensured. Based on the severity of the adverse reaction, pembrolizumab should be withheld and corticosteroids administered. Upon improvement to Grade ≤ 1, corticosteroid taper should be initiated and continued over at least 1 month. Based on limited data from clinical studies in patients whose immune-related adverse reactions could not be controlled with corticosteroid use, administration of other systemic immunosuppressants can be considered. Pembrolizumab may be restarted within 12 weeks after last dose of KEYTRUDA if the adverse reaction recovers to Grade ≤ 1 and corticosteroid dose has been reduced to ≤ 10 mg prednisone or equivalent per day. Pembrolizumab must be permanently discontinued for any Grade 3 immune-related adverse reaction that recurs and for any Grade 4 immune-related adverse reaction toxicity, except for endocrinopathies that are controlled with replacement hormones. **Transplant-related adverse reactions:** Treatment with pembrolizumab may increase the risk of rejection in solid organ transplant recipients. Cases of graft-versus-host-disease (GVHD) and hepatic veno-occlusive disease (VOD) have been observed in patients with cHL undergoing allogeneic Haematopoietic Stem Cell Transplant (HSCT) after previous exposure to pembrolizumab. **Infusion-related reactions:** Severe infusion-related reactions, including hypersensitivity and anaphylaxis, have been reported in patients receiving pembrolizumab. **Use of pembrolizumab in combination with chemotherapy:** This combination should be used with caution in patients ≥ 75 years of age. **Pregnancy and lactation:** KEYTRUDA should not be used during pregnancy and lactation. **UNDESIRABLE EFFECTS:** Pembrolizumab is most commonly associated with immune related adverse reactions. Most of these, including severe reactions, resolved following initiation of appropriate medical therapy or withdrawal of pembrolizumab. **Pembrolizumab in monotherapy:** The safety of pembrolizumab as monotherapy has been evaluated in 7,631 patients across tumour types and across four doses (2 mg/kg bw every 3 weeks, 200 mg every 3 weeks, or 10 mg/kg bw every 2 or 3 weeks) in clinical studies. In this patient population, the median observation time was 8.5 months (range: 1 day to 39 months) and the most frequent adverse reactions with pembrolizumab were fatigue (31%), diarrhoea (22%), and nausea (20%). The majority of adverse reactions reported for monotherapy were of Grades 1 or 2 severity. The most serious adverse reactions were immune-related adverse reactions and severe immune-related reactions. **Pembrolizumab in combination with chemotherapy:** The safety of pembrolizumab in combination with chemotherapy has been evaluated in 3,123 patients across tumour types receiving 200 mg, 2 mg/kg bw or 10 mg/kg bw pembrolizumab every 3 weeks, in clinical studies. In this patient population, the most frequent adverse reactions were anaemia (55%), nausea (54%), fatigue (38%), neutropenia (36%), constipation (35%), alopecia (35%), diarrhoea (34%), vomiting (28%), and decreased appetite (27%). Incidences of Grades 3-5 adverse reactions in patients with NSCLC were 67% for pembrolizumab combination therapy and 66% for chemotherapy alone, in patients with HNSCC were 85% for pembrolizumab combination therapy and 64% for chemotherapy plus cetuximab, in patients with oesophageal carcinoma were 86% for pembrolizumab combination therapy and 83% for chemotherapy alone, in patients with TNBC were 80% for pembrolizumab combination therapy and 77% for chemotherapy alone, and in patients with cervical cancer were 82% for pembrolizumab combination and 75% for chemotherapy alone. **Pembrolizumab in combination with tyrosine kinase inhibitor (TKI):** The safety of pembrolizumab in combination with axitinib or lenvatinib in advanced RCC, and in combination with lenvatinib in advanced EC has been evaluated in a total of 1,456 patients with advanced RCC or advanced EC receiving 200 mg pembrolizumab every 3 weeks with either axitinib 5 mg twice daily or lenvatinib 20 mg once daily in clinical studies, as appropriate. In these patient populations, the most frequent adverse reactions were diarrhoea (58%), hypertension (54%), hypothyroidism (46%), fatigue (41%), decreased appetite (40%), nausea (40%), arthralgia (30%), vomiting (28%), weight decreased (28%), dysphonia (28%), abdominal pain (28%), proteinuria (27%), palmar-plantar erythrodysesthesia syndrome (26%), rash (26%), stomatitis (25%), constipation (25%), musculoskeletal pain (23%), headache (23%) and cough (21%). Grades 3-5 adverse reactions in patients with RCC were 80% for pembrolizumab in combination with either axitinib or lenvatinib and 71% for sunitinib alone. In patients with EC, Grades 3-5 adverse reactions were 89% for pembrolizumab in combination with lenvatinib and 73% for chemotherapy alone. **Immune-related adverse reactions:** Data for the following immune-related adverse reactions are based on patients who received pembrolizumab across four doses (2 mg/kg bw every 3 weeks, 10 mg/kg bw every 2 or 3 weeks, or 200 mg every 3 weeks): pneumonitis (4.2%), colitis (2.1%), hepatitis (1.0%), nephritis (0.5 %). **Immune-related endocrinopathies:** adrenal insufficiency (1.0 %), hypophysitis (0.7 %), hyperthyroidism (5.2 %) and hypothyroidism (12.3 %). **Immune-related skin adverse reactions:** (1.7 %).

FOR FULL PRESCRIBING INFORMATION REFER TO THE PRESCRIBING INFORMATION APPROVED BY THE MEDICINES REGULATORY AUTHORITY.



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02

The 8th Kenya
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Organising
Committee

Organising Committee



Dr Njoki Njiraini
Conference Chair
Consultant Clinical
Oncologist



Dr Miriam Mutebi
Assistant Professor
& Consultant Breast
Surgical Oncologist



Dr Naftali Busakhala
Specialist Physician
and Senior Lecturer



Dr Sitna Mwanzi
Consultant Medical
Oncologist



Dr Helena Musau
Consultant Radiation/
Clinical Oncologist



**Dr Catherine
Nyongesa - Watta**
Consultant Clinical/
Radiation Oncologist



Dr Irene Nzamu
Paediatric Haemato-
Oncologist



Dr Abeid Athman
Consultant Clinical
Oncologist



**Professor Nicholas
Abinya**
Professor of Medicine,
Medical Oncologist
and Haematologist



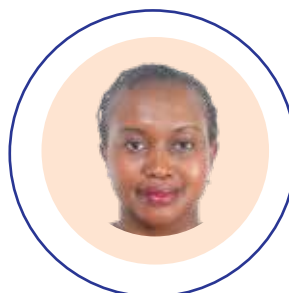
Dr Angela McLigeyo
Consultant Physician
and Medical
Oncologist

Organising Committee



Dr Mohammed Ezzi

Lecturer and
Consultant Medical
Oncologist



Dr Beverly Cheserem

Assistant Professor
and Consultant
Neurosurgeon



Dr Elias Melly

CEO, National Cancer
Institute of Kenya,
Clinical Oncologist



**Ms Roselyne
Anyango Okumu**

Lecturer, (JKUAT) and
Chairperson, ONC-K



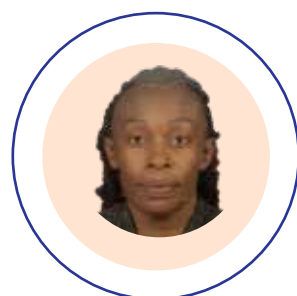
Dr Andrew Odhiambo

Consultant Physician &
Medical Oncologist,
Program Director &
Lecturer



Mr David Makumi

CEO, Faraja Cancer
Support Trust



Dr Mary Nyangasi

Cancer Technical
Officer and Global
Health Specialist



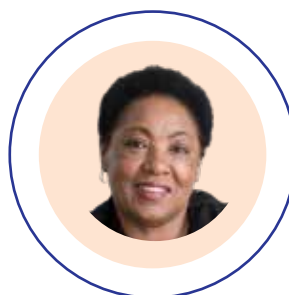
Mr Fred Asige

Oncology Manager
and Radiotherapist



**Dr Joan-Paula Bor-
Malenya**

Ag. Head, National
Cancer Control
Programme



Dr Zipporah Ali

Palliative Care
Specialist, Technical
Advisor, Consultant
and Researcher

Organising Committee



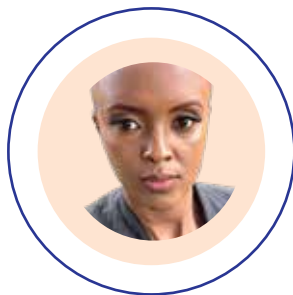
Dr Anisa Mburu

Gynecologic
Oncologist



Dr Jesse Opakas

Clinical & Radiation
Oncologist



Dr Priscilla Njenga

Senior Instructor in
Anatomic Pathology



Dr Esther Nafula

Palliative Care &
Pain Management
Specialist



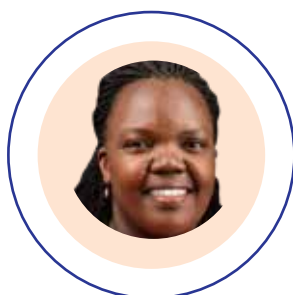
Dr Wambui Kung'u

Consultant Clinical
Oncologist



Dr Tracy Irura

Consultant Clinical
Oncologist



Dr Gloria Omondi

Consultant Physician



Gladys Mukosi

Palliative Care
Nurse Specialist
& Counseling
Psychologist



Dr Anne Mwirigi

Assistant Professor
& Consultant
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- Cervical Cancer Action for Elimination

Global Patient Support

- BEACON Initiative
- EQUIPPED Initiative

Global Provider Support

- ChemoSafe
- Treat the Pain
- African Cancer Coalition

Other Global Efforts

- Global Relay For Life
- Global Cancer Facts & Figures
- The Cancer Atlas



To learn more, visit our website cancer.org/global or email us at ACSGlobal@cancer.org.

03

Speakers' Profiles

The 8th Kenya
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Prof. Dr. Konstanze Döhner

University Hospital of Ulm
Department of Internal Medicine III
Albert-Einstein-Allee 23

Prof. Konstanze Döhner studied Medicine at the University Medical School in Heidelberg, Germany and received her M.D. degree in 1992. From the beginning she worked in the field of hematology with a special focus on myeloid malignancies, in particular acute myeloid leukemia (AML). From 1995 to 1997 she spent a postdoctoral fellowship at the German Cancer Research Center (Professor Dr. Peter Lichter) in Heidelberg, Germany, and the Hospital for Sick Children, Department of Genetics (Dr. S.W. Scherer) Toronto, Canada.

Her main scientific interest was/is the molecular characterization of AML/myeloid malignancies and the translation of her findings into clinical studies. Very early she became a Board member of the German-Austrian AML Study Group (AMLSC) and here she established one of the leading reference laboratories for molecular diagnostics in AML. The identification of molecular markers within a very short time window (48hrs) was a major basis for the development of risk-adapted treatment regimens as performed within the AMLSC. In 2000, Konstanze Döhner moved to the Department of Hematology/Oncology at the University Hospital Ulm (Germany) where she is working as an Assistant Professor until today.



She became head of the laboratory for Cytogenetic and Molecular Diagnostics in myeloid leukemias. In 2003 Konstanze Döhner received her board certification as Hematologist and Oncologist and in 2005 she finished her “Habilitation” and became Professor. Konstanze Döhner is involved in a large number of clinical AML studies. She is member of the European LeukemiaNet MRD working party. In 2018, she was elected as a Board Member of the European Hematology Association (EHA) where she became Chair of the EHA Education Committee and Chair of the EHA Specialized Working Group AML. In 2021, she was elected as a member of the EHA Executive Board and in 2023 she became President Elect which will be followed by her presidency starting in 2025 for a 2 years term.

Beside AML she also has clinical and scientific interest in myeloproliferative neoplasms. Here together with the University Hospital of Aachen she was one of the founders of the German Study Group on Myeloproliferative Neoplasms (GSG-MPN). One centerpiece of the GSG-MPN Study group is the MPN BioRegistry study for BCR::ABL1 negative MPN. To date, more than 70 centers participate in this BioRegistry study and more than 6000 pts have been enrolled so far. Finally, Konstanze Döhner is involved in a large number of national and international scientific cooperations which is also reflected by numerous highly ranked publications.

Contact**Prof. Dr. Konstanze Döhner****University Hospital of Ulm****Department of Internal Medicine III****Albert-Einstein-Allee 23****89081 Ulm Germany****Phone: +49-731-50045501 | FAX: +49-731-50045505****email: konstanze.doehner@uniklinik-ulm.de**



Dr. Abeid Omar

Kenyatta University Teaching,
Referral & Research Hospital
Nairobi, Kenya

Dr. Abeid Omar is a consultant Clinical (medical and radiation) Oncologist and Nuclear Medicine based in Kilifi, Kenya. Besides, he consults for International Cancer Institute – ICI Eldoret, Kenya. He has keen interest in breast cancer in young women, oncofertility, breast cancer research, radiotherapy, advocacy and Global Oncology particularly in LMIC. Dr. Abeid completed his training in Clinical Oncology and Nuclear Medicine in Alexandria University, Egypt in 2021. He is a fellow of College of European School of Oncology (ESCO) and he has also successfully passed the ESMO exam to become a certified ESMO oncologist.

Dr. Abeid has conducted researches, presented abstracts in ESMO, ASCO, ESTRO, St. Gallen, KESHO conferences and Aga Khan Symposium, published in peer reviewed journals about breast cancer in young women, pregnancy associated breast cancer, pregnancy after breast cancer among others under the close guidance of Prof. Hatem Azim, who has been mentoring him since 2019. Dr. Abeid is an active member of several societies including KESHO – where he also serves as a member of the education committee, ASCO, ESMO, ESCO, Society of Toxicology. In 2019 he was awarded the ASCO Virtual Mentorship Program and currently he is under the mentorship of College of European School of Oncology. Besides, Dr. Abeid serves as a reviewer for several journals.



Dr. Andrew Odhiambo, MD, FRCP

MBChB, MMed(Int.Med), MedOnc(UK), FRCP Edin, FCP (ECSA)

- Consultant Physician & Medical Oncologist - The Nairobi Hospital
- Unit Head - Medical Oncology & Lecturer, University of Nairobi
- Honorary Consultant & Co-Lead Gastrointestinal Cancers - KNH

A UK-trained Medical Oncologist with extensive expertise in precision oncology and immunotherapy, Dr. Odhiambo leads the Medical Oncology Unit at the University of Nairobi while serving as a Consultant at The Nairobi Hospital. His training includes Fellowship certification from the Royal College of Physicians (UK), with additional credentials from the Association of Cancer Physicians and ESMO. He is a fellow of both the Royal College of Physicians of Edinburgh and the East Central & Southern Africa College of Physicians. His clinical focus encompasses complex oncological cases, particularly GI malignancies, pancreatic-hepatobiliary cancers, metastatic lung and breast cancers, as well as cancers of unknown primary. Dr. Odhiambo actively shapes oncology practice through his involvement in multiple international treatment guideline committees, including NCCN and ASCO, and his contributions to peer-reviewed literature as well as cancer research. As a former Secretary & Treasurer of the Kenya Society of Haematology & Oncology (KESHO), he maintains active membership in ASCO, ESMO, and AORTIC. He was recently appointed to the ESMO National Societies Committee. His commitment to advancing oncology care in East Africa is evidenced by his leadership of multidisciplinary tumor boards across Nairobi's premier hospitals and his extensive speaking engagements at international oncology conferences.

Recognized among Business Daily Africa's Top 40 under 40 (2017), Dr. Odhiambo champions cancer awareness through both academic channels and digital media platforms, having featured in over 70 mainstream media appearances. His current focus includes expanding access to novel therapeutics and advancing precision oncology in the region.

Further details: <https://linktr.ee/drandrewodhiambo>



Dr. Helena Musau

Consultant Clinical/Radiation Oncologist, Kenyatta University Teaching Research and Referral Hospital

Dr. Helena Musau is a Consultant Clinical/Radiation Oncologist and Head of the Oncology Department at Kenyatta University Teaching Research and Referral Hospital. She is an Adjunct Lecturer at the University of Nairobi, Radiation Oncology program. She is a member of various Ministry of Health technical working groups aimed at improving access to cancer care in Kenya.

Dr Helena is the first recipient of the Leadership Program of Women in Oncology by the City Cancer Challenge Foundation and ASCO. She serves in the International Education Steering Group at ASCO and is a member of the Public Policy Committee at ESMO.



Dr. Anne Mwirigi

Aga Khan University Hospital
Kenya

Dr. Anne Mwirigi is a consultant haematologist working at the Aga Khan University Hospital in Nairobi, Kenya. She obtained her undergraduate MBChB from the University of Glasgow in 2002. After her house jobs and a medical rotation in Glasgow, she moved to London in February 2007.

Her career in Haematology began as a senior house officer at King's College Hospital, following which she was accepted on the Guy's and St Thomas' NHS Trust Specialist Registrar Rotation in 2009. She obtained her certificate of completion of training in 2014, and thereafter took on consultant haematologist positions for a period of two and a half years at both Guy's and St Thomas' and King's College Hospitals.

Dr Mwirigi has a passion for haematology and always planned to practice haematology in her country of birth, Kenya. Since moving back in December 2016, she has engaged with haematopathologists and clinical haematologists in the region, and is involved collaborative ventures aimed at improving the quality of haematology services in Kenya. She was a key member of the scientific committee which organised the Haematology and Oncology Society of Africa 3rd inaugural conference held in Nairobi in August 2017.



Dr. Sitna Ali Mwanzi

Consultant Medical Oncologist,
Kenyatta National Hospital

Dr. Sitna Ali Mwanzi is a consultant medical oncologist working at the Kenyatta National Hospital in Nairobi Kenya. She obtained her Bachelor of Medicine and Surgery from the University of Nairobi and Master of Medicine in Internal Medicine from the Aga Khan University Hospital, Nairobi. She undertook a fellowship in Medical Oncology at Barts Health NHS Trust in the United Kingdom attaining a Specialist Certificate in Medical Oncology from the Royal College of Physicians and Association of Cancer Physicians in the United Kingdom.

She also has a Master of Science in Advanced Oncology from Ulm University in Germany. Her research interests include breast cancer, lung cancer, prostate cancer, chronic myeloid leukemia and cervical cancer. She is passionate about increasing health care workers and general public awareness about cancer, role of screening, early diagnosis and treatment of cancer. She works closely with the National Cancer Control Program in implementation of the National Cancer Control Strategy and advising on cancer policy for improving access to cancer care.



Dr. Njoki Njiraini

Consultant Clinical Oncologist,
Kenyatta National Hospital

Dr. Njoki Njiraini is a Consultant Clinical Oncologist based at the Kenyatta National Hospital. She has been key in instituting multidisciplinary meetings, problem oriented research in the department, and streamlining patient care within the oncology clinics in the public and private sector.

Dr. Njiraini holds a bachelors degree in Medicine and Surgery from the University of Nairobi, a Masters Degree in Radiation Oncology from the University of Cape Town, is a Fellow of the College of Radiation Oncology (FCRO) South Africa and a graduate of the Harvard POETIC Fellowship programme.



Dr. Nahla Gafer

Khartoum Oncology Hospital,
Sudan

Dr. Nahla Gafer is a clinical oncologist who completed her MD at Sudan Medical Specialization Board. With 14 years at Khartoum Oncology Hospital, she focused on breast cancer and developed a palliative care service. After training at Hospice Africa Uganda in 2009, she launched Sudan's first palliative care clinic in 2010. The unit expanded to offer inpatient consultation, outpatient clinics, and home care, serving over 6,000 patients. Dr. Gafer trained local staff and facilitated international capacity building, creating a multidisciplinary palliative care team.

Oncology registrars also trained in the unit. She supported palliative care services in Kuwait, Mauritania, and Gaza and received the IDEA PC from ASCO and Visionary in Palliative Care from the American Academy of Hospice and Palliative Medicine. An active member of the International Association of Hospice and Palliative Care, she researches early palliative care integration into oncology while completing her PhD at King's College London. She resides in Cairo with her two sons due to the conflict in Khartoum.



Dr. Omar Abdihamid

Cancer research fellow at Queens University, Canada Consultant Clinical Oncologist at Garissa Cancer Center

Dr. Omar Abdihamid is a Consultant Oncologist working in Nairobi and Garissa Cancer Center. He holds a master's degree in Clinical Oncology from Central South University in China. His main research and clinical interests include improving care in cancers of the head and neck, Esophagus and Genitourinary cancers. Dr. Omar is passionate about global oncology, cancer care access, and equity in low- and middle-income countries, and advocates for culturally based cancer care, affordability, patient education, digital health, and access to treatment. He is also a published cancer researcher, editor, and reviewer in medical journals.

He is a fellow of

- 2023 American Society of Clinical Oncology (ASCO) International Development Education Award (IDEA)
- Fellow of the African Cancer Leadership Institute (ACLI),
- The winner of the ASCO VOICES 2022 Award– for highlighting the state of cancer care in Kenya.



Prof. Paul Odula,

BSc MBChB MMed Phd FCS

President Surgical Society of Kenya

I Consultant General & Laparoscopic

Surgeon, Herniologist & Laser

Proctologist I

Prof. Paul Odula is an Associate Professor at the University of Nairobi, and the inaugural Chair of the Council of Chairs of Surgical Societies in Kenya (CCSS). He has supervised and trained many renowned medical specialists at 5 different medical schools, in 3 African countries over the past 3 decades.

His research interests include variant anatomy, and connective tissue changes due to diet manipulation, innovative surgical techniques during total thyroidectomy, surgical oncology, hernia surgery and proctology. Prof. Paul Odula has published over 58 peer reviewed articles which have over 528 citations to date, with over 20,240 reads. He has a Research Interest Score of 408.3, which is quoted by Researchgate.net. as being "higher than 84% of ResearchGate members."



Prof. Giuseppe Curigliano

Medical Oncologist, Italy ESMO
President

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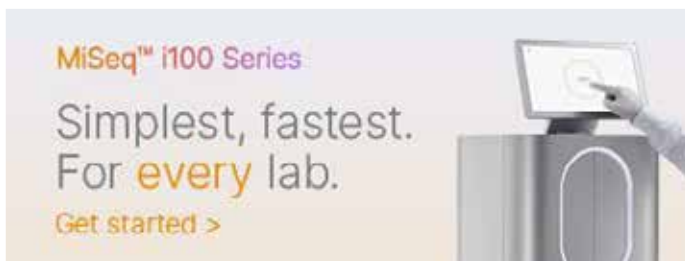
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04

2024 Abstracts

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Allogeneic Bone Marrow Transplantation Program in a limited Resource Setting

Experience from the BMT program at Benjamin Mkapa Hospital in Dodoma Tanzania



David Mashala MD¹, Shakilu Jumanne MD², Stella Malangahe¹, Fabio Giglio³, Cornelio Uderzo³, Alphonse Chandika MD¹.

Affiliations

1. Benjamin Mkapa Hospital, Dodoma Tanzania
2. University of Dodoma, Dodoma Tanzania
3. Help³ Onlus, Monza Italy

Background

Sickle cell disease (SCD) is the commonest inherited monogenic hemoglobin disorder globally. Tanzania carries one of the highest global birth incidences of SCD with about 11,000-14,000 babies born with the disease annually. Without proper treatments, 50-90% of these children will die before 5 years of age. Available therapies in most LMICs such as Hydroxyurea must be used for a lifetime.

Bone marrow transplantation (BMT) and other curative options have only been available in HICs. Efforts to establish these interventions in LMICs are affected by human and financial resource constraints. We present results of a collaborative project to establish BMT program at Benjamin Mkapa Hospital in Dodoma.

A

Methodology

In 2018, the project launched to establish BMT center involving an Italian Charity of BMT expert, (www.help3.it). and Benjamin Mkapa Hospital in Tanzania. Initial focus included improving the hospital infrastructures (BMT ward, diagnostics and blood bank services) to offer safe BMT care and train a multidisciplinary team to run the service. A special BMT unit was renovated and installed with required facilities. Busulfan, Rabbit Antithymocyte Globulin, and Cyclophosphamide was used as conditioning regimen. Prophylaxis of graft versus host disease (GVHD) consisted of methotrexate and cyclosporine. Bone marrow was used as stem cells source from HLA-identical siblings. Prophylactic medications used were oral Levetiracetam, Acyclovir, Bactrim and fluconazole.

Results

From January 2023 to May 2024, 10 patients have been transplanted. Eight males and two females with median age 8 (5-12years). Median TNC infused $4.665 \times 10^8/\text{kg}$ ($2.6-6.1 \times 10^8$). All patients engrafted with a median ANC and PLT engraftment at day + 27 (14-41) and 25 (13-35) respectively. All patients experienced febrile neutropenia, responded to broad-spectrum antibiotics. One patient had falciparum malaria post-transplant, and bacterial isolated from blood culture included Coagulase-negative Staphylococci and Gram-positive rods and Pseudomonas. Grade II Skin aGVHD was diagnosed in three patients and responded to Methylprednisolone. At a median follow-up of +163.5 (18-478) since HSCT, all patients remain asymptomatic.

Conclusion

Bone marrow transplantation is a feasible lifesaving therapy which can be pursued in LMICs. Conventional routine SCD care is in the long run equally expensive compared to BMT which is a curative option.

Medcancer Initiative Rwanda: A young led solution to cancer awareness in Rwanda

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UWONKUNDA¹, Fabrice ISHIMWE¹, Gerishomu NIYOKWIZERWA¹,
Blaise ISHIMWE¹

1. Medcancer initiative Rwanda



Abstract

Background

Cancer is becoming a significant global health issue, with 18 million cases reported in 2018. The most common types of cancer were lung cancer (12%), breast cancer (12%), colorectal cancer (third), and prostate cancer (fourth). In 2020, cancer was the second leading cause of death, accounting for 10 million deaths worldwide. Rwanda has seen a rise in cancer cases, with 10,704 reported in 2018. However, there is low awareness of cancer and its preventive measures among the population, especially in vulnerable areas. Many cancer cases in Rwanda are diagnosed at a late stage, which worsens the life of patients. To address these challenges, we aim to empower individuals and communities by raising awareness about cancer, promoting early diagnosis, facilitating access to effective treatment options, and advocating for preventive measures.

Methods

Medcancer is currently engaged in various activities aimed at raising awareness about cancer in Rwanda. These activities include the preparation of educational cancer radio talks, early screening options, and capacity building sessions for health care students. Medcancer also plans to organize large gatherings of the population where they will provide information on cancer preventive measures. Specifically, Medcancer is targeting the community umuganda program in Huye district, as well as other locations. Through its website, Medcancer aims to highlight the importance of taking action against cancer, the prevalence of cancer, opportunities for cancer prevention, and details of its various activities aimed at preventing cancer. Additionally, Medcancer is working to improve cancer research among young individuals in Rwanda by assisting them in preparing research proposals and reviews.

B

Results

Medcancer has successfully engaged 65 young individuals to advocate for cancer awareness. Capacity building sessions have been conducted for both members and students at the University of Rwanda, particularly at the College of Medicine and Health Sciences. The organization has also delivered a radio talk on Radio Agaciro at the Huye campus, reaching nearly 50% of the student population. Additionally, Medcancer has raised awareness about cancer among young individuals through Radio Salus, a radio station that broadcasts throughout Rwanda. Medcancer also has 10 research projects on various types of cancers, including both primary and secondary ones, which are currently being carried out by its members. Future activities of Medcancer Initiative Rwanda aim to increase cancer awareness to at least 80% of the population, especially those in remote areas.

Conclusion

In conclusion, Medcancer Initiative Rwanda is making significant strides in raising awareness about cancer, promoting early diagnosis, and advocating for preventive measures in Rwanda. Through their various activities and initiatives, they are empowering individuals and communities to take action against cancer and improve outcomes for patients. We encourage interested Government institutions, partners, and sponsors to join us in this endeavor, as together we can greatly raise cancer awareness in Rwanda.

Key words

Medcancer initiative Rwanda, Cancer, Cancer awareness, Young individuals, Rwanda

Analysis of whole exome-seq and RNA-seq data reveals a unique profile of neoantigens in Kenyan breast cancer patients



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* Presenter/Correspondence: Francis Makokha: fmakokha@mku.ac.ke

Abstract

Background

The immune response against tumors relies on distinguishing between self and non-self. Cancer immunotherapy aims to enhance this response to eliminate cancer cells. Neoantigens from somatic mutations are central to many immunotherapeutic strategies. Understanding the neoantigen landscape in breast cancer is crucial for targeted interventions. However, there is limited information for many African populations, including Kenya, challenging tailored treatment. This study aimed to profile neoantigens in Kenyan breast cancer patients to advance precision medicine and realize the full potential of immunotherapy in this population.

Methods

Genomic DNA and total RNA from paired tumor and adjacent non-cancerous tissue samples of 23 Kenyan breast cancer patients were sequenced to obtain genome-wide exome (WES) and RNA sequence data. Somatic mutations were identified from WES, while expression of the identified mutated genes was quantified from transcriptomic data. Neoantigen prediction focused on human leukocyte antigens (HLA) crucial to cancer, HLA type I. HLA alleles were predicted from WES data covering the adjacent non-cancerous tissue samples, identifying four alleles that were



present in at least 50% of the patients. Neoantigens were deemed potentially immunogenic if their predicted median IC50 binding scores were ≤ 500 nM and were expressed [transcripts per million (TPM) >1] in tumor samples.

Results

An average of 1465 neoantigens covering 10260 genes had ≤ 500 nM median IC50 binding score and >1 TPM in the 23 patients and their presence significantly correlated with the somatic mutations ($R^2=0.570$, $P=0.001$). Assessing 58 genes reported in the catalog of somatic mutations in cancer (COSMIC, v99) to be commonly mutated in breast cancer, 44 (76%) produced >2 neoantigens among the Kenyan patients, with a mean of 10.5 ranging from 2 to 93. For the 44 genes, a total of 477 putative neoantigens were identified, predominantly derived from missense mutations (88%), indels (6%), and frameshift mutations (6%). Notably, 78% of the putative breast cancer neoantigens were patient specific. HLA-C*06:01 allele was associated with the majority of neoantigens (194), followed by HLA-A*30:01 (131), HLA-A*02:01 (103), and HLA-B*58:01 (49). Among the genes of interest that produced putative neoantigens were MUC17, TTN, MUC16, AKAP9, NEB, RP1L1, CDH23, PCDHB10, BRCA2, TP53, TG, and RB1.

Conclusions

The unique neoantigen profiles in our patient group highlight the potential of immunotherapy in personalized breast cancer treatment in this Kenyan patient population. Furthermore, our findings establish a foundation for increased genomic utilization in breast cancer diagnosis and prognosis.

Keywords

Neoantigen, breast cancer, exome-seq, RNA-seq, somatic mutations

Comprehensive Genomic Profiling From Liquid Biopsy For Adult Solid Tumors –

Single Site Experience From The Aga Khan University Hospital, Nairobi, Kenya



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Background

Liquid biopsies capturing circulating tumor DNA (ctDNA) provide a minimally invasive approach to capturing a contemporaneous and comprehensive tumor genomic profile with high sensitivity, specificity, and concordance with the primary/metastatic lesion.

Methods

As part of a Roche-sponsored clinical trial GO42144 (Phase Ia/Ib Dose-escalation and Dose-expansion Study Evaluating the Safety, Pharmacokinetics, and Activity of GDC-6036 as a Single Agent and In Combination with Other Anti-cancer Therapies in Patients with Advanced or Metastatic Solid Tumors with a KRAS G12C Mutation), we collected blood samples for ctDNA analysis from 78 consenting patients with metastatic cancer of various origins, who had progressed following at least one line of therapy, for the detection of the KRAS G12C mutation. Samples were collected at Aga Khan University Hospital in Nairobi (Kenya) between November 2022 and May 2024. CtDNA genomic profiling was conducted using the FDA-approved FoundationOne Liquid CDx blood-based next-generation sequencing assay to detect substitutions, insertions, deletion alterations (indels), and copy number alterations (CNAs) in 324 genes, and select gene rearrangements, microsatellite instability (MSI) and tumor mutational burden.



Results

Among the total 78 patients, 44 (56%) were female and 34 (44%) were male. Median age was 56 years (range 26-84). The most common cancers were colorectal (30%), breast (27%) and lung (10%). Of the 78 cases, the most prevalent genetic alterations were TP53 (13%), DNMT3A (7%), APC (4%), KRAS (3%) and PIK3CA (4%). Among KRAS alterations, copy number gain, G12C, G12D, G12S, G12V, G13D, A59G, Q61L and amplifications were detected.

Only 1 patient with metastatic colon cancer had the KRAS G12C mutation and was subsequently enrolled to the study. Of the other assessed alterations, PIK3CA mutations in 8 patients, ESRI in 6 patients and NTRK in 1 patient with breast cancer; BRAF V600E alteration in 1 patient with colorectal cancer; ALK rearrangements and MET variants in 1 patient and RET in 1 patient with lung cancer; and additionally KIT in 1 patient with GIST were potentially targetable with currently available FDA-approved therapeutics.

Conclusion(s)

Liquid biopsy is a valuable, convenient, and efficient method for genomic sequencing of tumors and for the selection of therapeutic agents targeting actionable mutations and enabling patient identification for precision medicine. In general, early information obtained from ctDNA could inform approaches to treatment, identify response or recurrence of disease, and can be utilized as surrogate markers that can be frequently probed during treatment.

The findings can be used to compare the genomic nature of tumors across various tumors and populations. Additionally, these ctDNA results can be employed to determine future treatments for screened patients.

Hypofractionated radiotherapy for prostate cancer in Rwanda:

Acute toxicity in the first 50 patients.



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Purpose/Objective

Prostate cancer is the most common cancer among men in Rwanda, representing 30.9% of all cancers in men. Moderate hypofractionation (MHF), with a 20x3Gy daily fraction, according to the CHLiP trial, offers logistical and financial advantages. MHF has become the standard of care in Western countries, though it hasn't been used in an African setting. This prospective study aimed to assess the gastrointestinal (GI) and genitourinary (GU) acute toxicity in Rwandan men undergoing MHF (20x3 Gy) treatment.

Material and methods

Prostate cancer radiotherapy in Rwanda has been delivered with standard fractionation (39x2Gy). Since 2021, prostate cancer patients at the Rwanda Cancer Centre (RCC) have been informed about the MHF schedule study and could participate by signing informed consent. The study included patients with confirmed prostate adenocarcinoma (any T, any PSA, any Gleason score, N0M0), excluding those with inflammatory bowel disease, previous pelvic irradiation, or prior prostatectomy. Participants received 20 fractions of 3 Gy over four weeks using the VMAT technique with a 6 MV Linac. GI and GU acute toxicity was evaluated at week 2, at the end of radiotherapy, and three

E

months post-treatment using the Radiation Therapy Oncology Group (RTOG) acute toxicity grading system.

Results

A total of 50 consecutive patients with localised prostate cancer have been included so far. The median age was 70 years. Most patients had high-risk disease (T3a-T4: 50%, T2b-T2c: 16%, T1- T2a: 34%) and 98% received androgen deprivation therapy.

The cost and treatment time have reduced by 50%. RTOG grade 2 or worse GI toxicity was 6.1% at week 2 and 15.7% at the end of radiotherapy, while grade 2 or worse GU toxicity was 34.2% at week 2 and 50% at the end of radiotherapy. By three months post-radiotherapy symptoms decreased and returned to baseline levels.

Conclusion

MHF (20x3 Gy) for prostate cancer was well tolerated in men treated in Rwanda, showing that MHF is feasible in an African setting.

Disengagement from care among patients with breast cancer at Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) in Kisumu, Kenya



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Background

Breast cancer incidence and mortality are increasing in African countries. Although screening and treatment options are available, significant gaps remain that contribute to these poor outcomes. Failure to engage in care may negate the beneficial effects of prevention and treatment efforts. We sought to evaluate the risk of disengagement from care among patients with breast cancer at JOOTRH.

F

Methods

This retrospective cohort study included patients diagnosed with breast cancer at JOOTRH between January 2014 and December 2023. Disengagement from care was defined as being more than 6 months late for the last clinic visit. We used Kaplan-Meier curves to estimate the probability of disengagement over time. Factors associated with disengagement were determined using a multivariable Cox proportional hazards regression model.

Results

We identified 632 patients with a median age of 54 years (inter-quartile range [IQR]:42-66). Of these, 467 (74%) were female, 152 (24%) were people living with HIV, and 193 (31%) reported having at least one comorbidity. Most patients either received no treatment (N=273, 43%) or received chemotherapy only (N=181, 29%). There were 369 patients (58%) who disengaged from care, and the median time between diagnosis and disengagement was 142 days [IQR:45-450]. In multivariable analysis, patients receiving no treatment had a higher risk of disengagement from care than those receiving any treatment (hazard ratio [HR] 1.91; 95% CI: 1.17- 3.11). Among patients who received treatment, those receiving chemotherapy alone or surgery alone had a lower risk of disengagement [HR 0.44 (95% CI:0.26-0.75)] compared to those receiving a combination of chemotherapy + radiation and/or surgery.

Conclusion

We found that rates of disengagement from care for patients diagnosed with breast cancer were high (58%) and that the risk was highest among those either receiving no treatment or receiving combinations of treatment types. Future work may explore strategies to help patients with breast cancer initiate and complete treatment. For those receiving combination treatments, patient navigation could help patients manoeuvre the complex treatment journey that might include visits to different hospitals for specialized treatment such as radiation.

Clinicopathological characteristics of breast cancer in Needle Hospital, Hargeisa, Somaliland



Abstract

Purpose

Based on the GLOBOCAN report, an estimated 19.3 million new cancer cases and almost 10.0 million cancer deaths occurred in 2020. Female breast cancer was the most commonly diagnosed cancer, with an estimated 2.3 million new cases (11.7%) in the same year. Breast cancer was the fourth leading cause of cancer death globally, accounting for 6.9% of all cancer deaths in 2020.

Based on global and regional trends, breast cancer incidence in Somaliland is expected to increase. To the best of our knowledge, there is no single published data on the incidence and clinicopathological characteristics of breast cancer in the country. This study details the characteristics of breast cancer patients seen at our center with respect to patients' geographical region, age, gender, histology, grade, immunohistochemistry (IHC) status, and stage.

Patients and method

The study used a facility-based retrospective study design to describe the clinicopathological characteristics of breast cancer cases evaluated in the Needle Hospital cancer clinic from July 2022 to December 2023. Data was extracted from the cancer patient registration file and charts. Descriptive statistics were applied using Statistical Package for the Social Sciences (SPSS) version 23.

Results

From July 1, 2022, until December 31, 2023, 64 patients with breast tumors were evaluated in the clinic, and 51 of them were diagnosed with pathologically confirmed breast cancer. The mean age of the patients at the time of diagnosis was 52 years (range 24 to 96 years, and all patients were female. Twenty-nine percent of cases had at least one additional comorbidity, hypertension and diabetes mellitus (DM) being the most common.



Most patients came from the Morodijeh region (74.5%), followed by the Togdheer (15.7%) and Awdal (3.9%) regions. Twenty-six of the patients (51%) had right-side breast cancer, while 24 (47%) had left-side breast cancer and one patient (2%) had bilateral breast cancer. The grade of the cancer was known in 74.5% of the cases, and grade 3 was predominant. Most of the patients were diagnosed at an advanced stage, where stage III and stage IV accounted for 36.5% each, while stage I and stage II combined accounted for only 27% of cases.

Conclusion

This first study on the clinicopathological characteristics of breast cancer in Somaliland confirms that breast cancer is a common cancer in the country. In 18 months, 51 pathologically confirmed breast cancers were evaluated at Needle Hospital. Most patients presented at an advanced stage.

To diagnose breast cancer at an early stage and improve its outcomes, we recommend conducting continuous cancer awareness campaigns, starting a breast cancer screening program, and building capacity to better diagnose and treat breast cancer, such as by expanding the number of cancer hospitals throughout the country, increasing the oncology work force, and starting IHC services.

Key words

breast cancer, clinicopathological characteristics, Needle Hospital, Somaliland

The study is evaluating the impact of HIV on the non-inferiority of Accelerated Hypofractionated Radiation Therapy in treating cervical cancer.

The **ENHANCE** Study



Introduction/Background

Cervical cancer presents a significant global health challenge, particularly affecting women in low- and middle-income countries (LMICs). In Kenya, cervical cancer is the leading cause of cancer-related deaths among women. Despite efforts to improve access to radiotherapy services at the KNH Cancer Treatment Center, many patients face delays in receiving treatment.

Methodology

The ENHANCE Study is a prospective, phase 3 randomized controlled trial comparing accelerated hypofractionated radiotherapy to standard treatment for cervical cancer. Patients with Stage IB3 to IVA disease will receive either a 45Gy regimen in 20 fractions (Arm A) or the standard 45Gy regimen in 25 fractions (Arm B). Patients in arm A will undergo brachytherapy at 9 Gy weekly for two sessions; those in arm B will get 8 Gy weekly for three sessions. We will systematically collect and analyze patient demographics, clinical characteristics, treatment details, adverse events, and HIV status.

Significance

This study aims to improve access to radiotherapy for cervical cancer patients in Kenya by evaluating accelerated hypofractionated radiotherapy as a patient-friendly and cost-effective treatment option. Aligning with the Choosing Wisely campaign and demonstrating the cost-effectiveness of abbreviated treatment regimens supports efficient resource allocation in healthcare systems. Additionally, this research contributes to achieving the WHO's 90:70:90 targets for global cervical cancer elimination efforts.



Results/Findings

The study population has an average age of 46. Squamous cell carcinoma is the most common histological subtype, followed by adenocarcinoma and adenosquamous carcinoma.

Conclusions and Recommendations

Accelerated hypofractionated radiotherapy is a viable alternative to standard treatment regimens, potentially improving treatment outcomes and reducing radiotherapy wait times. Continued research and investment in cervical cancer management are crucial for achieving better patient outcomes and meeting global elimination targets.

The ENHANCE Study will continue to collect and analyze more data to determine the effectiveness and feasibility of using accelerated hypofractionated radiotherapy. These insights will be critical in shaping future treatment guidelines and policies to enhance cervical cancer care in Kenya and beyond.

Targeting SRSF2 mutations in leukemia with RKI-1447 A

Method to Disrupt HSC Division and Alter Nuclear Formation



Introduction

Spliceosome mutations, particularly SRSF2 mutations, are prevalent in various myeloid malignancies and present a potential target for therapeutic intervention. Despite the availability of drugs targeting spliceosomal components, clinical benefits remain elusive, necessitating novel approaches to modulate these mutations effectively.

Method

This study utilized high-throughput screening (HTS) to identify compounds that selectively inhibit SRSF2-mutant cell viability without affecting wild-type cells. Four isogenic cell lines were engineered using CRISPR-Cas9 to introduce mutations into the SRSF2 hotspot region. These cell lines underwent drug screening against a library of 3,988 compounds, focusing on the identification and characterization of effective inhibitors, particularly the Rho-associated protein kinase inhibitor (ROCKi), RKI-1447.



Results

RKI-1447 was found to induce significant cytotoxicity in SRSF2-mutated cells compared to wild-type controls. The compound disrupted the cytoskeletal and nuclear architecture, leading to mitotic catastrophe. Detailed proteomic and RNA sequencing analyses demonstrated that RKI-1447 treatment resulted in profound alterations in cell cycle-related pathways and splicing machinery, corroborating its selective impact on SRSF2-mutated cells. In vivo studies using xenograft models further validated the efficacy of RKI-1447, showing reduced tumor engraftment and progression in SRSF2-mutant models compared to controls.

Conclusions

RKI-1447 represents a promising therapeutic agent for targeting spliceosome mutations in leukemia. By selectively impairing the viability of SRSF2-mutant cells through destabilization of their cytoskeletal and nuclear structures, RKI-1447 offers a novel mechanism of action that could be pivotal for treating myeloid malignancies with spliceosome mutations. The specificity and efficacy of RKI-1447 affirm the potential of targeted therapies that exploit the unique vulnerabilities of cancer-specific genetic alterations.



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Kenyatta University Teaching, Referral and Research Hospital

KUTRRH is a Level 6 Public National hospital with a 650-bed capacity. Our flagship service is Oncology where we strive to be a leader in diagnosis and treatment of Cancer.

We have achieved great milestones such as being the first public hospital to feature a PET-CT scanner in Sub Saharan Africa. This has helped reverse outgoing Medical Tourism as we can now diagnose and stage Cancer while the service is covered by SHA.

The Integrated Molecular Imaging Center (IMIC)

The centerpiece of the Hospital's operations is early cancer diagnosis and treatment. To realize this, KUTRRH has invested in an Integrated Molecular Imaging Centre, offering a wide range of precision diagnostic services and complemented by a Cyclotron machine that manufactures radioactive consumables for use during scanning.

The equipment is manned by specialized nuclear doctors and technicians that guarantee safe access to technology. There are also plans to operationalize Lutetium 177 therapy for treatment of castration resistant prostate cancer which will be the first in the sub-Saharan African region.

THE CYBERKNIFE

In 2022 KUTRRH received the CyberKnife, the second of its kind in Africa after Egypt. This is a painless, non-invasive treatment that delivers high doses of precisely targeted radiation resulting in lower risk of complications and damage to healthy tissues. It is set to revolutionize cancer treatment not only in Kenya but also in the East, Central and South African region. The hospital also offers a myriad of other services listed on its website www.kutrrh.go.ke.

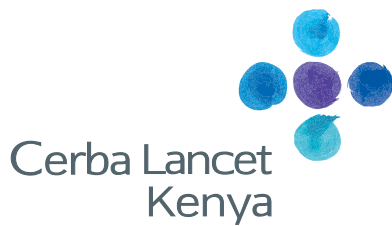


BEACON Medicare Ltd

BEACON Medicare Ltd, a sister company of BEACON Group started its glorious journey in 2018. Though the global business operation of BEACON Group was started in 2010 and the management decided to create a separate branch in the name of BEACON Medicare Limited (BML), which would then be solely responsible for Global business.

BEACON started to export anticancer drugs for the first time from Bangladesh, it has been a glorious journey since then for both Bangladesh and BEACON. BEACON has successfully established its name in the global market and we are very well known as a quality lifesaving drug manufacturer. Our products are now used by patients from 142 countries which made us popular globally, having the widest basket of unique oncology generics under one umbrella.

BEACON is the first company to Introduce 31 latest global first generic molecules in the treatment of cancer, hepatitis & diabetics. With our relentless effort, we have been able to establish as number 1 Oncology Company of Nepal, Kenya, Uzbekistan, Pakistan & Sri Lanka. BEACON has Registered 127 Products in 14 Countries. Our hoard of accreditations includes GMP certificate for our plant from East-African Community, Pakistan, Philippines, Syria, Iraq, Tanzania, Nepal, Cambodia, Libya & Sri Lanka. Furthermore, BEACON showed its marketing awareness by being the only generic company, globally, to launch its own scientific international conference, BEACON International Cancer Summit (BICS). The aim of BICS is to unite cancer care professionals to improve quality by exchanging the latest information and innovative ideas in cancer treatments



Cerba Lancet Kenya Limited

Cerba Lancet Kenya Limited is part of Cerba Lancet Africa, a Joint Venture between Cerba Healthcare and Lancet Group of Laboratories. It provides vital diagnostic, monitoring and screening testing from routine to specialized and esoteric tests through standalone laboratory facilities and in partnership with other institutions/organizations.

Cerba Lancet Africa operates a network of 170 sites, across 12 countries: Botswana, Gabon, Ghana, Kenya, Mozambique, Nigeria, Rwanda, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. With its African network of more than 100 ISO-accredited laboratories, serving more than 1.7 million patients a year, Cerba Lancet Africa is now the leading force in local clinical pathology and medical diagnosis in Africa and is part of an internationally accredited pathology laboratory, the Cerba Lancet Africa Group.

We are distinguished by offering a variety of specialized Laboratory pathology services including the scope in; Pathology Histopathology/Cytopathology/Immunohisto chemistry, PCR and Genetic tests for Oncology and infectious diseases, Tuberculosis testing, Microbiology, Endocrinology, Clinical Chemistry, Coagulation assays, Hematology, Toxicology, and Occupational Health tests. Our services are offered to doctors and their patients directly through clinics and hospitals, industrial & corporate sectors, insurance, and outreach programmes.

We also serve clinical trials and research groups and have engaged with governmental and NGO agencies through public & private partnerships. Our role is to ensure not only the quality and validity of investigations but also to manage a consultative service for doctors and healthcare managers.



Africa Biosystems Limited

Africa Biosystems Limited is a leading biotechnology company in East Africa, dedicated to advancing healthcare, agriculture, and environmental sustainability through innovative solutions. Specializing in oncology, the company provides cutting-edge technologies tailored to the unique medical challenges of the region. One of its key offerings is the Ion Torrent Next-Generation Sequencing (NGS) solutions, specifically the Oncomine Assays, which enable comprehensive genomic profiling of solid tumors and hematologic malignancies. By detecting actionable mutations, these assays facilitate personalized treatment plans, empowering oncologists to offer precision care and significantly improving patient outcomes.

In addition to NGS, Africa Biosystems Limited offers revolutionary digital PCR (dPCR) technology through the Quant Studio™ Absolute Q Digital PCR System. This system is highly sensitive, capable of detecting low-abundance genetic mutations, such as circulating tumor DNA (ctDNA), which is crucial for early cancer detection, monitoring treatment response, and assessing minimal residual disease (MRD). This allows for more accurate cancer diagnosis and better management of treatment regimens.

The company also supports upstream molecular workflows essential for genomic analysis, including automated nucleic acid extraction, library preparation, and qPCR systems for gene expression analysis. These tools ensure the seamless integration of molecular diagnostics, providing clinicians and researchers with high-quality, reliable data. Through these advancements, Africa Biosystems Limited is driving the future of cancer diagnosis and treatment in East Africa, offering unparalleled support for precision oncology and improving patient care.



Gold Tree Pharmaceuticals Limited

Gold Tree Pharmaceuticals Limited is a dynamic and knowledge-driven pharmaceutical company, established in 2023 in Kenya. The company aims to enhance healthcare access by providing high-quality, affordable medicines. Specializing in formulation products, Gold Tree focuses on key therapeutic areas, including oncology, rheumatology, gastroenterology, hepatology, cardiology, and diabetes care. The company is vertically integrated, combining manufacturing and marketing to deliver cost-effective healthcare solutions.

Gold Tree Pharmaceuticals is committed to being the leading provider of healthcare products in East Africa and beyond, driven by a vision to improve patients' lives with quality medication. The company's mission is centered on manufacturing high-standard medicines while ensuring affordability, enhancing patient health through safe, efficient pharmaceutical distribution in both outpatient and inpatient settings.

Gold Tree's product portfolio includes a range of specialized treatments, particularly in oncology, featuring medicines for various cancers such as liver, kidney, thyroid, and prostate, as well as treatments for chronic conditions like hepatitis and gastrointestinal disorders. With a steadfast commitment to healthcare excellence, Gold Tree Pharmaceuticals is poised to play a crucial role in advancing medical treatments across the region, driven by a dedication to innovation, quality, and patient-centered care. The company's strategic approach ensures the continuous delivery of essential medicines, aligned with the evolving needs of healthcare systems and clients.



The Nairobi West Hospital

TNWH is a specialty quaternary care hospital located in the heart of Kenya's capital of Nairobi. With over four decades in the industry, we have cemented ourselves as a trusted healthcare provider in the country. Our state-of-the-art facility has over 450 bed-capacity, the latest technology and treatment modalities, and some of the top ranking medical professionals in the country; but what we are best known for is the fact that we ensure each patient that walks through our doors is given the highest level of care and respect; regardless of their social standing, class, or income. Our multidisciplinary team's main mission is to help heal the community and improve health. Each department doesn't just provide treatment for an ailment, but also supports the patient's recovery even after discharge. This is especially highlighted in our oncology department, where cancer patients have support groups and receive counseling as part of their treatment plan.

The Nairobi West Hospital's commitment to the holistic care of our patients doesn't just stop with us providing one of the best Cancer, Cardiac, Orthopaedic and Obstetrics/Gynaecology care units in the country. We have the only Bone Marrow Transplant Unit so far in Kenya. Our belief is in investing in the future of the next generation of medical professionals through our College of Health Sciences. Holding true to our vision, plans are underway to introduce more specialized units, cutting edge technology, and new treatment techniques that not only serve Kenya, but Africa as a whole.



Merck Oncology: Advancing Cancer Care with Innovation and Compassion

Merck Oncology is at the forefront of transforming the lives of patients through groundbreaking science, patient-centered care, and global collaboration. With a rich legacy spanning over three centuries, Merck is committed to delivering innovative therapies that address unmet needs in cancer care, improving outcomes, and enhancing the quality of life for patients worldwide.

Our oncology portfolio encompasses a broad range of cancers, including colorectal cancer, head and neck cancers, and other solid tumors. Through targeted therapies such as Erbitux® (cetuximab), we are redefining treatment paradigms by enabling precision medicine that tailors interventions to the unique genetic and molecular profiles of individual patients.

At Merck, we believe that innovation thrives through collaboration. Our partnerships with healthcare providers, researchers, and policymakers aim to accelerate access to cutting-edge treatments while advancing education and awareness on cancer prevention, diagnosis, and management.

In Kenya, Merck Oncology is proud to support initiatives that align with the country's cancer control strategy. Through partnerships with organizations like the Kenya Society of Hematology and Oncology (KESHO), we aim to empower healthcare professionals with the knowledge and tools necessary to fight cancer effectively.

Driven by our passion for science and our unwavering commitment to patients, Merck Oncology is not just redefining cancer treatment but also inspiring hope for a healthier future. Together, we strive to make cancer history.



KESHO

Kenya Society of Haematology & Oncology



www.kesho-kenya.org



Accord Healthcare (K) Ltd

Accord Healthcare (K) Ltd is the group company of Intas pharmaceuticals Ltd, India. Intas pharmaceuticals Ltd is a pharmaceutical company established in 1976 in India. We have a strong global print in over 80 countries with a major business from EU & US markets, our manufacturing facilities as approved by SRA bodies like USFDA, UKMHRA, TGA Australia, Anvisa Brazil and many other stringent regulatory bodies. Intas has a strong R&D department driven by more than 500 scientists involved in product development across the globe.

Accord has got significant volume market share in key oncology markets like Europe, Australia, Malaysia and South Africa. Intas is a major Global Generic and Bio-similar player, growing to be top 10 generic and Bio-similar player globally. In Kenya, we have been present for over three decades with a strong footprint in key therapies such as Cardiology, Neuro Psychiatry, Oncology and Nephrology. Accord Kenya maintains strong relationships with public and private Institutions as a preferred pharmaceutical supplier. We strive to provide high quality products at an affordable price. We actively search for innovations to improve our product range and delivery systems to provide HCPs and patients the best value and exceed expectations. Thanks to this approach we are bringing differentiated generics to better meet HCP and patient needs.



HCG CCK Cancer Centre

HCG CCK CANCER CENTRE is the first private comprehensive cancer centre in the East African region. HCG CCK is well-equipped with world class state-of-the-art advanced technology and along with a multi-disciplinary team of oncologists, it offers the highest quality of cancer care in the region."



The Aga Khan University Hospital

Aga Khan University Hospital

Established in 1958, Aga Khan University Hospital, Nairobi is a private, not-for-profit institution that provides tertiary and secondary level health care services. For over 60 years, AKUH has set the standard for comprehensive healthcare and modern education in Africa. The Hospital operates under the aegis of Aga Khan Health Services. It provides care through a 300-bed main hospital in Nairobi and 50 outreach medical centres across East Africa. The Hospital stands tall owing to:

- Our dedicated and highly qualified staff,
- Advanced facilities and state of the art technologies,
- Impactful research, and
- Pioneer medical procedures.

In 2018, AKUH acquired an ultra-modern Positron Emission Tomography (PET) CT scanner and Cyclotron, becoming the first hospital in the region to have this technology.

The acquisition of this highly specialised system by AKUH, reaffirmed its premier status as the leading provider of quality clinical care, teaching and research in sub-Saharan Africa. Patients benefit from our unique team-based approach to care, which offers each case to expert input from a wide pool of medical experts from diverse areas of specialisation. As the teaching hospital for Aga Khan University's Medical College and the School of Nursing and Midwifery, we practice an evidence-based approach to medicine, driven by the cutting-edge research conducted by our experienced faculty members.

Cancer/Oncology services;

Outpatient cancer care • Chemotherapy • Radiotherapy • Breast clinic • Haematology • Haemato-oncology/Blood cancers for children and adults • Gynae-oncology • Palliative care • Brachytherapy for cervical cancer treatment • Cancer research including clinical trial



Hetero

Hetero is one of world's leading producers of key Active Pharmaceutical Ingredients (APIs) and generic formulations with presence in 140+ countries and backed by 30 years of experience in the pharma sector. Among the world leaders in manufacturing of branded and non-branded generics, Hetero is the largest global supplier of ARV's-Catering to 40% of existing global demand and a leader in the development and manufacturing of finished formulations across diverse therapeutic areas in different dosage forms. 36 dedicated facilities approved and audited by global regulatory authorities from USFDA, EU, UK & Etc. Our research and development capabilities have kept us in the forefront of new product development with 3World-class R&D centres dedicated for development of APIs, FDFs and Biosimilars. With 35+ world class oncology & 5 bio-similar products in portfolio and 3 dedicated facilities for producing cancer treatment drugs, we are playing a significant role in facilitating affordable cancer care.



Novo Nordisk

Driving change for better health since 1923

Founded in Denmark in 1923, Novo Nordisk has become one of the world's leading healthcare companies. We focus on areas of high unmet need where we are best placed to make a difference for as many patients as possible. That is why we continue to evolve our core focus beyond diabetes, obesity and rare blood disorders (Haemophilia) towards a broader spectrum of both metabolic and cardiovascular diseases, now to include Sickle Cell Disease.



Metropolis

Metropolis was founded in 1981 and has a proud international legacy of over 42 years and 10+ years of trusted top-notch service delivery in Kenya. Metropolis Healthcare Limited is a leading and renowned Global Diagnostic Company. Metropolis owns a chain of 21 diagnostic centers across Kenya and 170+ Advanced Clinical Labs and 3100+ collection centres across 16 countries. In Africa, our labs are spread across Kenya, Uganda, Tanzania, Ghana and Zambia. Metropolis has founded its reputation on accurate, reliable, consistent diagnostic testing and reports.

Our real testimony of quality lies in the fact that our clients include all major hospitals, multihospital groups, top individual doctors, consultants and other network laboratories that have relentlessly placed their trust in Metropolis. Metropolis broad spectrum of services offer around 3500+ laboratory tests and over 530 profiles. Our various profiles are specifically targeted towards accurate diagnosis of diseases and/or disorders. We have specifically tailored Wellness Profiles for health and fitness screening which further compliments our Company's service profile.

Our expert team comprises of dedicated Pathologists, Biochemists, Geneticists, Microbiologists, Medical Technicians and Lab Assistants who ensure highest accuracy is maintained at each step. Accreditations from KENAS, NABL& CAP represents our commitment to the global standards that we continue to set for ourselves. We at Metropolis, believe in making conscious improvements that drive access to affordable and reliable diagnostics for all. Metropolis is committed to make that difference in Healthcare through constant adaptation, collaboration, partnership and understanding customers evolving needs to improve the lives across Africa.



— Good Health Can't Wait —

ADONIS

Dear Patrons

Dawn of a new era in the management of Cancer in East Africa

We see CAN in CANcer.

We are ADONIS coming from the unification of two noble organization, Dr Reddy's Laboratories Ltd. of India and Industrial Promotion Services (an organization of Aga Khan Foundation group), Kenya. The collaboration leverages Dr. Reddy's pharmaceutical expertise and IPS (AKDN's Group company) deep-rooted presence in community development to address urgent / UNMET healthcare needs. The Health Care partner will experience Consistent and Predictable treatment outcomes

Key Focus Areas:

Affordable Quality Products:

Ensuring that critical medications for cancer and chronic diseases are available at prices that the local population can afford.

Comprehensive Healthcare Solutions:

Developing and implementing programs for the management and treatment of chronic illnesses such as diabetes, hypertension, and cancer.

Strengthening Healthcare Infrastructure:

Supporting the establishment and enhancement of healthcare facilities, ensuring that they are equipped to deliver top-notch care.

Community Engagement and Education:

Engaging with local communities to raise awareness about preventive healthcare, early detection of diseases, and healthy living practices.

Impact: ADONIS is poised to make a significant impact on the lives of millions in Sub-Saharan Africa. By providing affordable access to essential medicines at honest pricing and improving healthcare infrastructure, the initiative aims to enhance the quality of life and reduce the burden of critical and chronic diseases in the region. Through this partnership, Dr. Reddy's Laboratories and IPS-AKDN are paving the way for a healthier, more equitable future in Sub-Saharan Africa. As we believe "Good Health Can't Wait"



MSD

MSD, known as Merck & Co., Inc. in the United States and Canada, is a leading research-intensive biopharmaceutical company with a history spanning over 125 years. MSD is dedicated to inventing medicines and vaccines that address some of the world's most challenging diseases, aiming to save and improve lives. The company's core areas of focus include oncology, vaccines, infectious diseases, and cardio-metabolic disorders. MSD's mission in oncology is to deliver innovations that extend and improve the lives of people with cancer. In the field of vaccines, MSD has been discovering, developing, and delivering vaccines to help prevent disease for over a century. The company also plays a significant role in developing medicines and vaccines to treat and prevent infectious diseases, including HIV and Ebola. MSD's commitment to corporate responsibility is evident through its focus on access to health, environmental sustainability, and upholding high ethical standards. The company strives to ensure its medicines and vaccines are accessible and affordable to those in need, while also implementing strategies to reduce environmental impact. MSD operates with the highest standards of ethics and integrity, maintaining a code of conduct that guides its business practices. Diversity and inclusion are integral to MSD's operations. The company fosters a diverse workforce where employees feel comfortable bringing their unique perspectives to work, recognizing that inclusion leads to a sense of belonging and drives innovation. MSD continues to invest in research and development, collaborating with partners to address public health challenges and improve health outcomes for communities across the region. At MSD we invent for life.



Rudhav Pharma

Founded in 2023, Rudhav Pharma Ltd has the vision to be the leading and ethical pharmaceutical company with compelling presence in multi therapeutic segments in Africa. Their mission is to Empower healthcare professionals and patients effectively by developing innovative, compliant, and impactful marketing strategies. Their focus is to provide an environment that would enable affordable, efficient services full of satisfaction to the patients and health practitioners. A health society - a healthy Nation.



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Scorp Meditech

Scorp Meditech specializes in Oncology Pharmaceuticals, Biosafety Cabinets, Electric and Manual Chemo administration chairs, Cold Chain Technology, and other medical equipment. We stock consumables for the Oncology, Renal unit and other hospital non pharmaceuticals. Our primary mission is to provide quality, reliable equipment at a competitive cost. We also partner with our customers to offer flexible payment plans that cater to growing businesses.

ONCOLOGY PHARMACEUTICALS AND CONSUMABLES

We are a one stop center for Oncology Pharmaceuticals. We stock wide range of the pharmaceuticals ranging from conventional chemotherapy agents, targeted therapies, immunotherapies, and hormone therapies. The consumables we have are Chemo Ports and their needles, Portable Infusion Pumps, Reinforced gowns, N95 masks, Purple liners, Luer lock apparatus

BIOSAFETY CABINETS AND AIR EXCHANGE DUCTING

We have the Class II B2 and Class III for your Oncology clinic reconstitution needs. Our biosafety cabinets are designed for optimal easy and low-cost maintenance. They ensure the protection of the user, their environment, and the medication. They are available in different sizes that can fit conveniently in your designated workspace.

COLD CHAIN SOLUTIONS

We have in stock Pharmacy/Laboratory refrigerators (2-8° refrigerators), Blood banks (+4°c), Vaccine refrigerators and Vaccine transport boxes all fitted with medical-grade thermostats.

TURNKEY SOLUTIONS

Scorp Meditech also offers Hospital Turnkey solutions for

1. Laboratory solutions
2. Dental solutions
3. Optical solutions
4. Operating Theatre Solutions including ducting and air protection services
5. Dialysis solutions
6. ICU/HDU solutions



Apollo Healthcare

Established by Dr Prathap C Reddy in 1983, Apollo Healthcare has a robust presence across the healthcare ecosystem. From routine wellness & preventive health care to innovative life-saving treatments and diagnostic services, Apollo Hospitals has touched more than 200 million lives from over 150 countries. Apollo Hospitals has dedicated Centres of Excellence for several key specialties and super specialties. They are unique and state of the art facilities spread across several of the Apollo hospital locations and each Centre of Excellence stands out as a citadel of world class clinical outcomes.

The Apollo Hospitals Group is committed to the highest standards of quality and clinical excellence for its patients. In order to efficiently measure and compare key clinical outcome processes across all the hospitals in the Group, Apollo Hospitals devised and is successfully using the ACE@25 scoring system. Apollo is the first corporate hospital group in India to start benchmarking and monitoring clinical performance outcomes since 2005 through the ACE@25 dashboard.

Apollo Cancer Centres (ACC), JCI accredited healthcare providers are ranked among the top super Specialty hospitals in the country offering advanced tertiary care in Oncology, Orthopedics, Neurology and Neurosurgery, Head and Neck surgery and Reconstructive and Plastic surgery. The latest and the best technology, a large pool of world-renowned specialists and support from a dedicated team of medical and paramedical professionals ensures that Apollo Specialty Hospital offers Specialty healthcare of international standards matching those of the world's best hospitals.

For any enquiries, please contact Jignesh_s@apollohospitals.com, +254733560212.



Rosewood Pharmaceutical

Rosewood Pharmaceutical is a distinguished distributor based in Kenya, specializing in diabetes and pain management solutions. With a strong reputation for providing high-quality pharmaceutical products, Rosewood has established itself as a trusted partner for healthcare professionals and patients alike. Recognized for its commitment to excellence, Rosewood Pharmaceutical focuses on delivering innovative and effective medications that improve the quality of life for individuals suffering from chronic conditions. In a groundbreaking move to enhance its product offerings, Rosewood Pharmaceutical has recently forged a strategic partnership with Stratpharma, a renowned Swiss company recognized for its advanced wound care solutions. Stratpharma AG is a Swiss company based in Basel, specializing in the development and commercialization of medical devices in the form of gels that are for use in: Dermatology, Plastic surgery, Burns, Radiation & Oncology supportive care, Women's Health Wounds & scar management. Stratpharma AG holds ISO 13485 Certification. Products are CE marked in the EU, classified as Class 1 and Class 2a Medical Devices, and in the USA FDA as Class 1 Devices.

Johnson & Johnson Innovative Medicine

Johnson & Johnson

At Johnson & Johnson, we believe health is everything. Our strength in healthcare innovation empowers us to build a world where complex diseases are prevented, treated, and cured, where treatments are smarter and less invasive, and solutions are personal. Through our expertise in Innovative Medicine and MedTech, we are uniquely positioned to innovate across the full spectrum of healthcare solutions today to deliver the breakthroughs of tomorrow, and profoundly impact health for humanity. Learn more at <https://www.jnj.com/>.



Texas Cancer Centre

Founded in June 2010, Texas Cancer Centre (TCC) is committed to delivering specialized and comprehensive cancer care. Our core services include inpatient and outpatient care, palliative care, advanced linear accelerator radiotherapy, chemotherapy, radioactive iodine ablation, and cancer screening programs aimed at early detection and improved patient outcomes. At TCC, we recognize that a cancer diagnosis can be overwhelming for both patients and their families. That's why we adopt a holistic approach, addressing not only the physical but also the emotional and psychological needs of our patients. Our psychosocial oncology team is dedicated to offering guidance and support throughout this challenging journey. In addition to exceptional medical services, we provide essential emotional support to help patients manage fear, anxiety, and other emotions while addressing physical symptoms such as pain and fatigue.

Quality Policy

We provide high-quality patient care, with patient safety as our top priority. TCC encourages open communication among patients, family members, and staff to support patient safety and ensure prompt action when necessary.

Our Mission

Our mission is to eliminate cancer through outstanding programs that integrate patient care, research, and prevention. We are also deeply committed to education, offering training for students, healthcare professionals, and the public.

Our Vision

We aim to be Kenya's premier cancer centre, recognized for the excellence of our people, research-driven patient care, and scientific innovations. At Texas Cancer Centre, we are Making Cancer History.



Xenopia Group

Xenopia Group specializes in the importation, distribution and implementation of Nuclear and Life Sciences technologies to the regional healthcare industries.

Our Brands;

1. NukleaCare, a division of Xenopia Group Limited, specializes in the importation, distribution, and implementation of advanced Nuclear Medicine technologies for both diagnostic and therapeutic applications. The division is actively involved in the production, quality control, dispensing, dosimetry, radiation safety, and pharmacovigilance of PET and SPECT radiopharmaceuticals. NukleaCare also focuses on ensuring quality assurance and radiation safety throughout its operations. Additionally, NukleaCare offers consultation services covering facility design specifications, license acquisition, GMP certification, radiation safety and monitoring, equipment installation, calibration, and maintenance. Staff training and dosimetry are integral parts of the division's service portfolio to ensure compliance and operational excellence. NukleaCare holds licenses from the Pharmacy and Poisons Board (PPB) and the Kenya Nuclear Regulatory Authority (KNRA), ensuring that its operations meet the highest regulatory and safety standards in nuclear medicine technologies and radiopharmaceuticals.
2. GenoSciencedivision thatspecializes in distributing life sciences solutions in the Healthcare and Biotechnology sector. We adhere to stringent quality control standards and continuously seek innovative products that meet the evolving needs of the life sciences community.

Core Focus Areas:

1. Cell and Gene Therapy: we have a comprehensive range of products designed for cell and gene therapy applications.
2. Molecular and Clinical Research: We offer a selection of high-quality products to cater to diverse applications, including molecular diagnostics, genomics and proteomics.
3. Biomedical Laboratory Solutions: which includes equipment, consumables, and custom lab services.



06

The 8th Kenya
International Cancer
Conference
KICC 2024

2024
Program

DAY 1 – 21ST NOVEMBER 2024

PLENARY I

TIME	ACTIVITY	SPEAKER/MODERATOR
07:30 - 08:20	REGISTRATION	KESHO
PLENARY 1 Impact of AI and Digital Health in Cancer Care Chairs - Njoki Njiraini/Abeid Athman		
08:20 - 08:30	Role of AI in Radiotherapy Contouring – an African Perspective	Mathis Rasmussen
08:30 - 08:40	Role of AI in the Cancer Care Continuum	Kingsley Ndoh
08:40 - 08:50	Ethics in AI	Diana Pillay
08:50 – 09:05	Value of Diagnostics in Oncology	Allan Pamba
HEALTH FINANCING		
09:05 – 09:15	Health Financing Models in Africa	Matiko Riro
09:15 - 09:30	Lessons from Health Financing for Oncology in Rwanda	Theoneste Maniragaba
09:30 - 10:00 Panel Session	Chair - Angela McLigeyo Benda Kithaka Jacqueline Wambua Matiko Riro Theoneste Maniragaba	
OPENING CEREMONY		
10:00 - 10:05	Welcome Address KESHO Interim President	Helena Musau

TIME	ACTIVITY	SPEAKER/MODERATOR
OPENING CEREMONY		
10:05 - 10:15	Policy Perspectives in Cancer Prevention and Control CEO, National Cancer Institute	<i>Elias Melly</i>
10:15 - 10:30	ESMO President Elect	<i>Giuseppe Curigliano</i>
10:30 - 10:45	EHA President	<i>Konstanze Dohner</i>
10:45 - 10:55	County Government of Kisumu	<i>H.E. Prof. Peter Anyang' Nyong'o</i>
11:05 - 11:25	GROUP PHOTO TEA	

CONFERENCE BREAKOUTS

TIME	ACTIVITY		
11:30 - 12:30	A1 Early BREAST Chair – Wambui Kung'u/ Gloria Omondi	A2 POLICY & ADVOCACY Chair – JP Bor/Beverly Cheserem	A3 PAED ONC Chair – Irene Nzamu/Esther Nafula
11:30 – 11:40	Advancements in breast imaging - <i>Rose Ndumia</i>	Bridging policy and Practice: Implementing the National Cancer Control strategy <i>JP Bor Malenya</i>	EWSS Project: An Intervention for Early Detection of Childhood Cancer in Kenya – <i>Jessie Githanga</i>
11:40 – 11:50	Surgical Insights in Breast Cancer – A Kenyan Experience <i>Eric Hungu</i>	Regulatory Framework on Health Financing in Kenya <i>Stephen Kaboro</i>	The Landscape of Sickle Cell in Kenya <i>Carol Kilach</i> (By Novo Nordisk)
11:50 – 12:00	Adjuvant Hormonal Therapy <i>Angela McLigeyo</i>	Implementing the Breast Cancer Action Plan in Kenya: Baseline facility assessment in select counties <i>Lilian Genga</i>	A Review of Benign Hematological Conditions in Botswana – <i>Robert Kimutai</i>

12:00 – 12:10	Breast Cancer in Men a 12 year follow up at AKUH Ronald Wasike	The Regulatory and Distribution factors influencing the availability of quality anticancer drugs in Kenya from 1st July 2017 to 30th June 2021 Hellen Okumu	Neuroblastoma in LMIC: The Ideal versus the Feasible Bernice Mukuria
12:10 – 12:20	Molecular Subtypes Of Breast Cancer And Their Metastatic Potential Ancent Nzioka	Leveraging Publicly Funded Health Insurance to Mitigate Financial Toxicity in Cancer Treatment in LMICs Judith Otele	Long Term Maintenance Therapy in ALL: Tolerability of 6MP Dosing Rose Munge
12:20 – 12:40	Breast Cancer in Pregnancy Jyoti Bajpai	Pharmacovigilance Lucas Nyabero (By E Cancer	
12:40 – 12:50	Maximizing the Opportunity for Cure for HER2 Breast Cancer Patients Nicholas Abinya Manel Mansour	ATOM Coalition; Improving Access to Essential Cancer Medicines Miriam Mutebi	Neutropenia Risk Assessment in Children with Cancer at a Referral Facility in Nairobi, Kenya – Beatrice Amadi
12:50 – 13:00	(By Roche Pharma)		
13:00 – 13:10		Replicable Methodology for Cost Benefit Analysis in Oncology Paul Chilwesa	Improving Access to Paediatric Burkitt's Lymphoma Care in Western Kenya Through Community Awareness, Diagnostic Support and Survivorship Care – Gilbert Olbara
13:10 – 13:20	Q & A		
13:20 - 14:20	LUNCH - POSTER VIEWING	AMERICAN CANCER SOCIETY (ACS - PATIENT NAVIGATION IN KENYA)	

	A1 BREAST II Chair – T Fadelu/Abeid Athman	A2 Urology Chair – Catherine Nyongesa/Jesse Opakas	A3 HAEMATOLOGY Anne Mwirigi/Nicholas Abinya/Matilda Ongondi
14:20 – 14:30	AstraZeneca Roche Diagnostics Partnership	Thoughts on Origin of Prostate Cancer: Could it produce affordable future treatment in Africa?” Tim Oliver	Azacytidine/Venetoclax as Induction Treatment for AML in the Absence of Intensive Therapy? Christoph Röllig
14:30– 14:40		Diagnosis to treatment in- terval among patients with prostate cancer at Jaramogi Oginga Odinga Teach- ing and Referral Hospital (JOOTRH) Everlyne Nyandieka	
14:40 – 14:50	Targeting Her2 Low and Ultra Low MBC Giuseppe Curigliano	Prostate Biopsy Challenges and Advancements Dedan Opondo	Risk Factors for Acute Leu- kaemia and Myelodysplastic Syndromes as Seen in a Pub- lic Hospital in Nairobi Nicholas Abinya
14:50 – 15:00		Impact of PSMA PET in Early Prostate DK Kimani	
15:00 – 15:10		Latest techniques in Metastatic castration Resistant Prostate Cancer (mCRPC) with special emphasis on Radionuclide methods and Case presentation – Masha Maharaj	Targeting SRSF2 Mutations in Leukemia with RKI-1447: A Method to Disrupt HSC Division and Alter Nuclear Formation Nathali Kaushansky
15:10 – 15:20	The Role of Immunother- apy in Early Breast Cancer (neoadjuvant/adjuvant in HR+ and TNBC) Jenny Morgan		Ven-Aza for acute myeloid patients: is it time for a new Standard of care in Kenya? Pier Piccaluga
15:20 – 15:30		Abiraterone; Experience from the clinic: Njoki Njiraini	Allogeneic Bone Marrow Transplantation Program in a Limited Resource Setting – Experience from the BMT program at Benjamin Mkapa Hospital in Dodoma Tanzania David Mashala
15:30 – 15:40	Immunotherapy in Ad- vanced Metastatic TNBC Sitna Mwanzi (By MSD)	Role of the Urology MDT: Carnjini Yogeswaran (By J&J)	Case Series of The First Autologous Haematopoietic Stem Cell Transplants For Multiple Myeloma in Kenya Ashwinder Singh
15:40 – 15:50			Current Classification of Malignant Lymphoma Lorenzo Leoncini (20 min)
15:50 - 16:00			

16:00 – 17:20	BREAST III	AI & ONCOLOGY Chair – Andrew Odhiambo/ Alfred Mayani	HAEMATOLOGY
16:00 – 16:10	Breast Cancer in Kenya: Survival Outcomes at Jaramogi Oginga Odinga Teaching and Referral Hospital in Kenya Caroline Wafula	Current Technologies in Radiation Therapy Ozgur Temel	Burkitts Lymphoma Population Genetics Sam Mbulateiye
16:10 – 16:20	The Implementation of The Subcutaneous Trastuzumab (Herceptin®) National Access Program at a National Referral Facility in Kenya Jean Kasudi	Impact Of Artificial Intelligence (AI) and Digital Health in Cancer Care Robert Kimathi	
16:20 – 16:30	Role of the Surgeon in MBC Moki Mwendwa		Genetics in the Diagnostics of Lymphoma According to WHO Classification Reiner Siebert
16:30 - 16:40	Analysis of Whole Exome- seq and RNA-seq Data Reveals a Unique Profile of Neoantigens in Kenyan Breast Cancer Patients - Francis Makokha	State of Artificial Intelligence in Cancer Screening Purity Wachira	Strengthening Multiple Myeloma Referral Pathways and Management: Opportu- nities and Challenges – The AMPATH Multiple Myeloma Program Model Mercy Oduor
16:40 - 16:50	Redefining Precision Oncology: Personalizing Cancer Management with Genomic Tools Allan Njau	Enhancing Nurses Competence in the Care of Patients with Chemotherapy Induced Peripheral Neuropathy at Kenyatta National Hospital Roselyne Okumu	(By E Cancer)
16:50 - 17:00	Advances in Comprehensive Genomic Profiling: The Future of Precision Medicine Boutros Maroun (By F&S Scientific/ Illumina)	How AI Can Transform Cancer Care in Africa Leonardo Provenzano	
17:00 - 17:10			Hemolytic Anaemia; Beyond Sickle Cell Anaemia. A Case Series of Paroxysmal Nocturnal Hemoglobinuria (PNH) In Kenya Matilda Ongondi
17:10 - 17:20	Q & A		
19:00 - 20:30	WELCOME COCKTAIL Texas Cancer Centre		

DAY 2 – 22ND NOVEMBER 2024

PLENARY II

TIME	ACTIVITY	Speaker/Moderator Chair: Zipporah Ali Christine Mwakio Esther Nafula
08:00 - 08:30	Registration	KESHO
08:30 – 08:45	Psychosocial Challenges Faced by Caregivers Of Pediatric Cancer Patients Undergoing Chemotherapy At Kenyatta National Hospital's Pediatric Unit	Celine Kilanya
08.40 – 08:50	Holistic Approach to Cancer Care	John Weru
08:50 - 09:00	Patient Navigation at KNH	Catherine Nyongesa
09:00 - 09:15	Patient Perspectives	Janet Ingahizu
09:15 – 09:25	Hostel Accommodation for Patients in Kiambu	Dennis Inyangala
09:25 – 09:35	Addressing Psychological Needs of Survivors	Phillip Odiyo
09:35 - 09:45	Supporting Cancer Survivors in the Community	David Makumi
9:45 – 09:55	Palliative Care Tele Consults during COVID	John Weru
	PLENARY III SPECIAL SESSION	
9:55 – 10:05	EHA President Elect	Konstanze Dohner
10:05 – 10:15	Rethinking healthcare financing in Africa	Jackie Wambua
10:00 - 10:10	Social Health Authority - How does it work?	Abdi Mohamed
10:10 - 10:30	Ministry of Health	CS Health Hon. Deborah Mulongo Barasa
10:30-11:00	TEA	

CONFERENCE BREAKOUTS (DAY 2)

TIME	ACTIVITY			
11:00 - 12:00	A3 CNS Chair - Beverly Cheserem/	A2 GIT /HPB Chair - (Karan Gandhi/ Lilac Wattanga	A1 Radiation Oncology Chair – Helena Musau/ Phiona Adagi	Haematology Meet the Expert Symposium 11H00 - 13H00
11:00 – 11:10	Endovascular Adjunct in CNS Tumours Edwin Mogere	Total Neo Adjuvant Treatment For Rectal Cancer Verna Vanderpuye	Axillary Radiation - Where are we? – Angela Waweru	What is Next for Africa? Allogeneic Transplantation versus CAR-T Therapy
11:10 – 11:20	2021 Classification IHC Update – Samuel Mukono	When is Non-Operative Management Of Locally Advanced Rectal Cancer Feasible And Appropriate? – Roland Repp	Evaluating the impact of HIV on the non-inferiority of Accelerated Hypofractionated Radiation Therapy in treating cervical cancer. The ENHANCE Study – Catherine Nyongesa	A debate: Rohini Radia vs Pier Piccaluga
11:20-11:30	Multidisciplinary approach to craniopharyngiomas: our experience with Bleomycin at MTRH - Nilesh Mohan	Interventional Endoscopy in Esophageal Cancer - Michael Mwachiro (12 minutes)	Patient reported change in pain outcome among stage IV cancer patients with bone metastases after palliative Radiotherapy:A study from Ethiopia – Haimanot Kasahun	
11:30-11:40	Intramedullary Spinal Cord Tumours: A Case Series Arthur Okembo	Surgical experience with Esophageal cancer in Kenya Enoch Makori	The addition of modulated electro-hyperthermia to CRT more than doubles five-year disease survival and lowers treatment costs for cervical cancer patients in a resource constrained setting Carrie Minnaar	Meet the Experts: An Interactive Panel Discussion Exploring Challenges and Solutions in Diagnostics, Treatment Protocols
11:40-11:50	SNOSSA and other regional NeuroOnc initiatives Beverly Cheserem/ James Balogun	Exosomal Proteins Conferring Chemoresistance in PDAC Michael Otieno	Managing Radiation-Induced Trismus in Head and Neck Cancer Patients in Kenya: A Step-by-Step Approach Grace Macharia	Panelists: Konstanze Dohner Christoph Röllig Jessie Githanga Paresh Dave Rohini Radia Mercy Oduor
11:50 - 12:00	Q & A			
12:00 - 13:00	A3 Head & Neck (G Kung'u/Rogers Mong'are	A2 GIT /HPB Chair – Mohammed Ezzi/ Christine Mwakio	A1 RADIATION ONCOLOGY 2 Chair - Catherine Nyongesa/Joel Okumu	

12:00 – 12:10	Imaging in Head and Neck Tumours - Jackline Mavuti	HCC in Western Kenya: Risk factors, Early Diagnosis and Surgical Management. The HepWek Project Evangeline Njiru	Radio-immunotherapy in Africa, are we ready? Wil Ngwa
12:10-12:20	The Head & Neck Cancer Situation in the Lake Region Economic Block of Kenya: Data from a Large Regional Referral Hospital in Western Kenya George Got	Surgical approaches in HCC Sulaiman Nanji	Hypofractionated Radiotherapy for Prostate Cancer: Preliminary Results from the HypoAfrica Study Twalib Ngoma
12:20 - 12:30	Role of SALT in Therapy - Grace Macharia		Status of Peer Review in Radiation Oncology: A Survey of Cancer Centers in Sub-Saharan Africa Fidel Rubagumya
12:30 - 12:40	Efficacy of Early Oral Nutritional Supplements among Head and Neck Cancer Patients Undergoing Radiotherapy Suchira Udugamasooriya	Treatment Options for Unresectable HCC Primus Ochieng Andrew Odhiambo (by Roche Pharma)	Hypofractionated Radiotherapy for Prostate Cancer in Rwanda: Acute Toxicity in The First 50 Patients Felix Sinzabakira Primary Myelofibrosis: a local perspective Anne Mwirigi (by Novartis)
12:40 – 12:50	Nutritional Support for Patients with Head and Neck Cancers TracyAnn Waceke		SBRT/SRS experience in Kenya Tracy Irura
12:50 – 13:00	Q & A		
13:00 - 14:00	LUNCH - POSTER VIEWING		
14:00 - 15:00	A3 Lung Chair – Anne Rugwe/ Enoch Makori	A2 Clinical Trials Chair - Manel Haj Mansour/Sitna Mwanzi	A1 Gynaecology Chair - Gregory Ganda/ Anisa Mburu
14:00 – 14:10	Functional Imaging in Lung Cancer - A Kenyan Experience Harish Nagaraj	Accelerating Clinical Trials in Africa Abiola Ibrahim (By Novo Nordisk)	Overview of Gynaecology in Kenya Omenge Orang'o
14:10 – 14:20	Diagnostics in Lung Cancer- Allan Njau	Investing in Clinical Trials in Africa – Is there value? Mansoor Saleh	Comparative Evaluation of Cervical Lesions: The Bethesda System vs. Richart Score among Women in attending Machakos level V Hospital– Munyoki Nyamai
14:20 – 14:30	Diagnostic Dilemma's in Lung Cancer Andrew Owuor	Current Status of Cancer Immunotherapy - Bernardo Rapaport	Performance of ProExC immunocytochemistry for triage of women referred to colposcopy at KNH Davies Ndegwa

14:30 – 14:40	Experience of the Lung MDT in Kenya - RESOK/KESHO initiative Wanjiku Kagima	Lessons Learnt & Challenges of Initiating And Maintaining Oncology Clinical Trials in Sub-Saharan Africa: The International Cancer Institute Experience Moses Nondi	Single dose HPV Vaccine Lynda Oluoch
14:40 – 14:50	Clinicopathological characteristics and survival of lung cancer patients in KNH Hibo Abdullahi	A2 E Cancer/KESHO Session	Surgical Management of Cervical Cancer Khadija Warfa
14:50 – 15:00	Q&A	Choosing Wisely Africa Introduction Fidel Rubagumya	
15:00 - 16:00	A3 Sarcoma/MSK/ Melanoma Chair – Peter Oyiyo/	Financial Toxicity and Patient Journey; Implications for Health Systems Matiko Riro	Cervical Cancer Management Jonathan Wawire
15:00-15:10	Resource Appropriate Treatment of Osteosarcoma in LMICs – Sarah Muma	Guideline Concordance and Breast Cancer Management-Multi Country Analysis Verna Vanderpuye	(By MSD) MSD Symposium
15:10-15:20	Treatment Outcomes for Stage 1 To 3 Malignant Melanoma at KNH Wanja Mutura	Jerry Ndumbalo	Systemic Therapy For Cervical Cancer Amina Kidee
15:20-15:30	The Experience of Osteosarcoma management at KNH Mohammed Ezzi	Implication for Multi-Disciplinary Management of Breast Cancer Miriam Mutebi	Advances in Gynecologic Cancers in Ethiopia-Innovations and Progress Dawit Desaleng
15:30-15:40	Surgical management of Spinal Metastasis - Experience at KNH Wamutitu Maina	Implication for Breast Radiation Oncology Kevin Makori	Management of Advanced Epithelial Ovarian Cancer Peter Itsura
15:40-15:50		Medical Oncology and Magnitude of Benefit Sitna mwanzi Nazik Hamad (By E Cancer & AORTIC)	Every Woman Study Findings Anisa Mburu
15:50-16:00	Q&A		Prevalence of HPV16 & 18/45 among women from a community-based HPV Testing and Treatment in Nyando Sub County Adriano Ngaywa
19:00	GALA DINNER		

DAY 3 – 23RD NOVEMBER 2024

PLENARY III

TIME	ACTIVITY	SPEAKER/MODERATOR
08:30 - 09:00	Registration	KESHO
	PLENARY IV	(Chairs) Abiola Ibraheem/ Fatma Al-Amoody
09:00 - 09:15	Cancer Care in Nomadic Communities	Omar Abdihamid
09:15 - 09:30	Use of Telemedicine in Oncology	Elias Hussein
09:30 - 09:45	Cancer Care in Times of Crisis	Nazik Hammad
09:45 - 10:00	Oncofertility - Pregnancy after Breast cancer	Abeid Athman
10:00 - 10:15	Innovations in Surgical Care Delivery	Paul Odula
10:15 - 10:30	Economics of Imaging in Pelvic Tumours	Kelvin Muriithi
10:30 - 10:45	Causes of Death in Oncology Patients - A Pathologist's Perspective	Edwin Walong
10:45 - 11:00	TEA	
	RAPID FIRE POSTER SESSION (1 slide each, poster only) Mwanjala Gasambi/R Mutengo	
11:00 - 11:05	Ultra Hypofractionation Radiotherapy for Chest Wall The Wiki Moja Protocol	Catherine Nyongesa

11:05 - 11:10	Prostate Cancer Management in A Patient With Ectopic Kidney (8)	Hawa Suleiman
11:10 - 11:15	Three-Dimensional Reconstruction of The Right Portal Vein And Right Hepatic Vein in Patients With Hepatocellular Carcinoma (41)	Pascalina Likalamu
11:15 - 11:20	Medcancer Initiative Rwanda: A Young Led Solution to Cancer Awareness in Rwanda (57)	Darius Benimana
11:20 - 11:25	The First Allogeneic Stem Cell Transplant in Kenya: A Case Report (122)	Rohini Radia
11:25 - 11:30	Response rate after Neoadjuvant systemic therapy for Breast cancer at Kenyatta National Hospital, Nairobi Kenya	Gloria Omondi
11:30 - 11:35	Disengagement from care among patients with breast cancer at Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) in Kisumu, Kenya (131)	Fiona Adagi
11:35 - 11:40	Application of the Distress Assessment and Response Tool (DART) in Cancer Patients at the Aga Khan University Hospital Nairobi (AKUHN), Kenya – Phase I (139)	Mansoor Saleh
	PLENARY V Chair : Helena Musau	
11:40 - 11:55	AORTIC President Address	Miriam Mutebi
11:55 - 12:10	KESHO Interim President Address and Outreach Highlights	Helena Musau
12:10 - 12:30	Awards for Best Abstracts Guest of honour - Ahmed Dagane, CEO, KUTRRH	Abeid Athman
12:30 - 12:45	Vote of Thanks and Closing	Irene Nzamu
13:00	LUNCH	



07

The 8th Kenya
International Cancer
Conference
KICC 2024

2024
Pre-Conference
Workshops

Faculty Development Pre-Conference Workshop Bursaries

Queen's Global Oncology Program, KESHO, RCPSC, and AORTIC are offering exclusive bursaries for the Faculty Development Pre-Conference Workshop on November 20, 2024 in Kisumu, Kenya.

Bursary Awards

\$1,200 for non-Kenyan participants

\$400 for Kenyan participants

Who Should Apply?

African oncologists passionate about cancer care, teaching, and training.

Closing Date for Applications: 4th October 2024

Don't miss out on this chance to level up your expertise!

For details on how to apply visit
www.kesho-kenya.org

Boost Your
Cancer Care
Expertise!

**APPLY
TODAY!**



Radiation Oncology Contouring and Planning

Pre-Conference Workshop

DATE
20th November
2024

VENUE
**Grand Royal Swiss Hotel,
Kisumu**

Registration
Fees

**KSH
10,000**

**Free For Main
Conference
Attendees**

Workshop Overview:

An in-depth, hands-on workshop focused on radiation oncology contouring and planning. The pre-conference event includes pre-workshop case contouring, interactive sessions on breast cancer and oesophagus cancer treatment, and practical guidance from leading experts in the field.

Key Sessions:

1. Morning Session: **Breast Cancer**

Program Introduction

Siwillis Mithe

Patient preparation

Joel Okumu

Role of radiation therapy & Hypofractionation

Angela Waweru

Plan review & rationalization

Helena Musau

Case discussion

Primus Ochieng

2. Hands-on Session: **Multiple stations with faculty guidance.**

3. Afternoon Session: **Cancer of the Oesophagus**

Radiotherapy guidelines & contouring

Ahmed Komen

Plan rationalization

Rogers Mong'are

Brachytherapy: Patient choice & practical aspects

Catherine Nyongesa

Case presentation

Primus Ochieng

4. Hands-on Session: **EBRT and Brachytherapy stations.**

Register your attendance button with this link

<https://docs.google.com/forms/d/e/1FAIpQLSecd6tuh1ZUKUVHfHzjw6NkVIsiaH4aL-71q9ud226-SauvVQ/viewform>



KESHO

Kenya Society of Haematology & Oncology

Grant-Writing Workshop:

Unlock Your Research Potential!

DATE

20th NOVEMBER

2024

TIME

9:00PM-5:00PM

EAT

LOCATION: Grand Royal Swiss Hotel, Kisumu



The 8th Kenya International Cancer Conference is scheduled for the 21-23 November 2024. The Grant-Writing Pre-Conference Workshop, designed to equip researchers with essential skills to secure funding, will take place the day before the main conference.

Workshop Highlights

1.

Comprehensive Grant Writing Overview:

Learn the structure, timing, and strategies for successful grant submissions.

2.

Explore Funding Opportunities:

Discover career development awards and NIH opportunities tailored for LMIC researchers.

3.

Hands-on Exercises:

Craft specific aims in small, guided groups.

4.

Budgeting & Supplemental Materials:

Master the art of preparing a compelling budget narrative and leveraging key resources.

5.

Panel Discussion:

Hear firsthand lessons from seasoned grant writers.

Who Should Attend?

Researchers, academicians, and healthcare professionals seeking to enhance their grant-writing capabilities.

For more details and registration,
visit www.kesho-kenya.org

Enquiries: secretariat@kesho-kenya.org

Limited Seats Available –

Register Today!

Registration Fee:
KSH 10,000

(Free if you have registered for KICC 2024)

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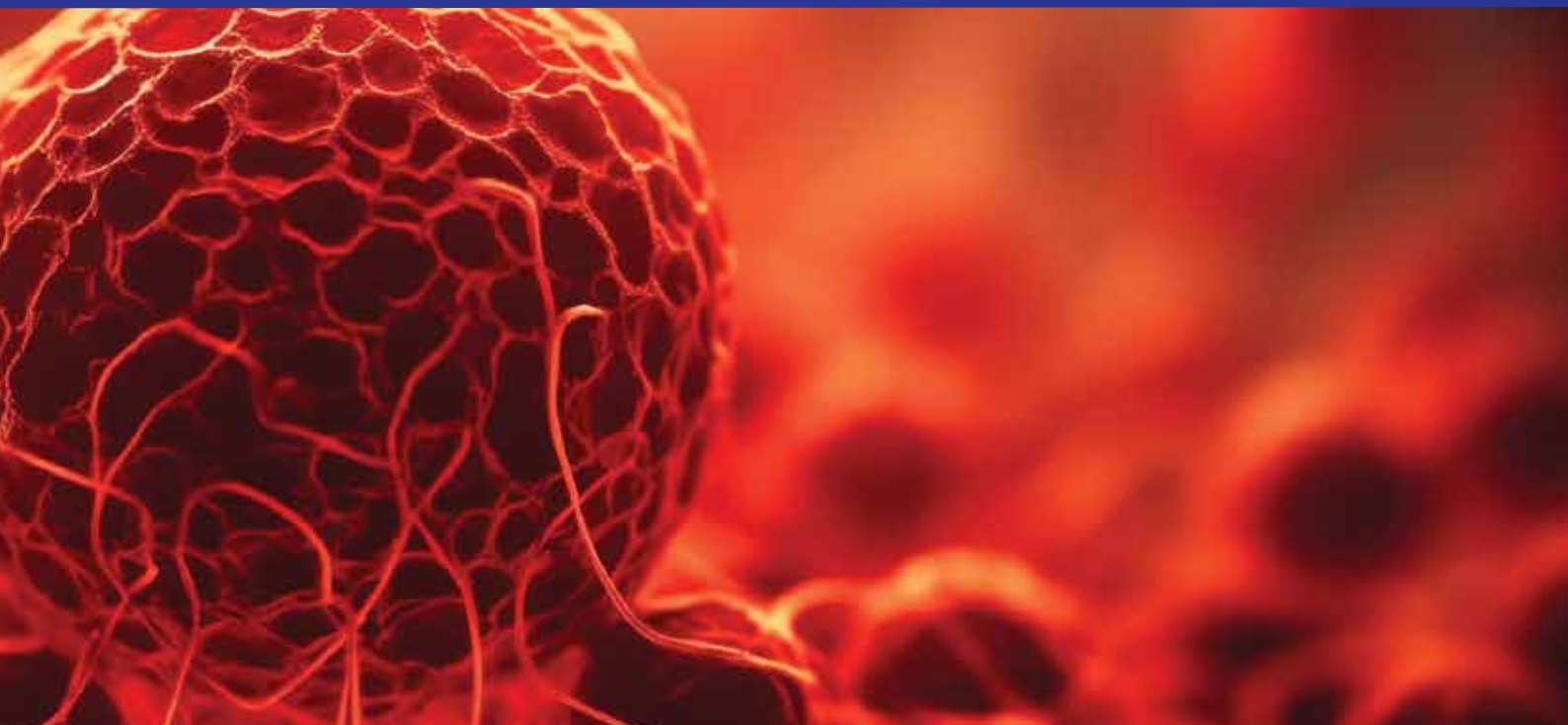
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