

NETWORK

gram; he is the “twin” of a physician abroad. Eight or nine other St. Jude physicians devote up to 50% of their time to the twinning program.

Three nurses are assigned to training, an administrative director helps keep order, and a volunteer coordinator helps place field workers. “About thirty percent of all college students have said they want to participate in international humanitarian volunteer work,” says Ribeiro. “This is a great resource for our twinning programs.”

Some twinning units have developed into training centers. Guatemala’s center has matured enough to sponsor a fellowship program. Thanks to a partnership between St. Jude and Hospital Calvo McKenna, the Chilean public health system now has a bone marrow transplant unit—the cost of the transplant procedures has been paid by the government.

In Lebanon, St. Jude has partnered with the American University of Beirut to build a pediatric cancer clinic. “We’re doing very well there,” he says. “Fundraising from the Gulf region has been very successful, and about 100 new patients a year are being served.”

In accordance with its mission, St. Jude Children’s Research Hospital still accepts newly diagnosed patients from abroad to its U.S. facilities, but the twinning programs promote a local solution. “Whether a child from another country wants to come, or whether he or she is too sick to come, we try to offer an opportunity for that child. In practice, we can better fulfill our mission if we can refer them to a facility closer to their own home.” ■

Marcia Landskroener for INCTR

A CERVICAL CANCER PREVENTION TRAINING FACILITY IN LIMA, PERU

Uterine cervical cancer is the first or second cause of cancer related mortality in many Latin American countries. Affecting women of reproductive age, it represents a serious public health problem. Unfortunately, there is a shortage of personnel qualified to fight against this potentially lethal but preventable disease, especially through secondary prevention (screening for early lesions). In spite of serious efforts to establish nationwide cervical cancer screening programs in many Latin American countries in the last three decades, there has not been a significant reduction in mortality. In exploring the reasons for this it has become clear that there is a great need for the education of health professionals in the management of cervical cancer in order to improve our ability to combat this disease in the region, particularly through secondary prevention.

As a result of discussions between the International Agency for Cancer Research (IARC) and the Instituto Nacional de Enfermedades Neoplásicas, in Lima, Peru (INEN), it was decided to establish a training facility that would serve Spanish speaking Latin American countries, based at INEN, a referral center for the entire country that manages 1200 new cases of cervical neoplasia per year.

The concept of a “Latin American School for Cervical Cancer” was

developed in 2004 and implemented later that year, through a collaborative agreement between INEN and IARC. A training curriculum, and educational materials were completed by the end of 2004. Training is being conducted primarily at the Gynecologic Oncology Department of INEN, where classical and alternative primary and secondary prevention modalities are extensively practiced as well as surgical management of early invasive disease. The goal is to “train the trainer”, promoting a “cascade effect” that would result in ever more rapid augmentation of the national capacity for the control of cervical cancer.



Dr. Carlos Santos with two of his trainees.

At this point, INCTR became an important component of this joint effort, offering not only collaboration but economic support for foreign trainees. INCTR was the link between INEN and the Instituto Oncológico del Oriente Boliviano from Santa Cruz de la Sierra, which is committed to improving its cervical cancer screening program. The first trainee from Bolivia arrived in November 2005. Five Latin American professionals have been trained since then over a period of 16 months, as follows:



Dr. Sobeyda Lopez, from Honduras, learns to use the analytic tools of colposcopy.

- Ingrid Hurtado, MD, Gynecologic oncologist from Santa Cruz Cancer Center, Bolivia; one month
- Miss Etelvina Franco, secretary from Santa Cruz Cancer Center, Bolivia, trained in Cancer Registry related procedures and documentation; one month
- Reynaldo Rocha, MD, Ob/Gyn from Hospital Municipal de Yapacani, Santa Cruz, Bolivia, in charge of the Cervical Pathology Unit; three months
- Lismar Bianco, MD, Ob/Gyn from Merida, Venezuela; three months
- Sobeyda Lopez MD, Ob/Gyn from "Enma Romero

de Callejas" Cancer Center, Tegucigalpa, Honduras; three months

The "Escuela Latinoamericana de Cancer de Cervix" has conducted two colposcopy courses in partnership with The American Society for Colposcopy and Cervical Pathology (May 2005) and The Sociedad Peruana de Obstetricia y Ginecologia (February 2007), and has produced its first educational tool, an *Atlas of Colposcopy*, also the first of its kind in Peru.

The School offers courses designed for different professionals involved in cervical cancer management, from Ob/Gyns to policy makers, including non-medical health promoters and screening providers.

The School's plans for the near future are focused on expanding its training capabilities, developing alliances with specific general hospitals and reaching out to rural regions whose populations are particularly deprived and at high risk

(e.g., in the Peruvian Amazonian jungle), in order to create an integrated national program. We also intend to explore the role of virtual education (distance or e-learning). Besides being a regional training center for Latin America, the School will soon serve as the main training facility of the recently launched Peruvian Uterine Cervix Cancer Control Plan under the umbrella of the National Cancer Control Plan. In this context and consistent with INCTR's interests, it will work to establish community-based clinics that will provide services for defined regions and measure out-



Dr. Reynaldo Rocha, from Bolivia, studying at the Peruvian School.

comes, such as the increase in the proportion of women in the target population screened and the role of innovative tools such as telecytology and telecolposcopy. ■

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