



ONCOLOGY IN ERITREA

Project Outline, February 2014

(short version)

BACKGROUND

Eritrea is a small nation in the Horn of Africa, which gained its independence from Ethiopia after 30 years of Civil War following a United Nations (UN)-monitored referendum.

The education of medical staff in Eritrea only began a couple of years ago with the first students graduating in 2012.

The field of education for professionals is limited, oncology for example is not being taught in Eritrea. Since 2012 a German medical team of gynaecologists, anaesthetists, hand surgeons, OP nurse and pathologist visits Eritrea 3-4 times a year to further educate the local medical staff. Furthermore giving support in educating the future specialists (currently 6 gynaecological specialists in training), nurse anaesthetists as well as OP nurses.

The objective of this mission is to improve the medical care of mothers and women in a country with many children, thus enhancing their quality of life. Within this care a post-operative care is given to women with tumour diseases.

Medical equipment such as linear accelerators for radiation therapy are not available yet, due to insufficient electricity supply in Eritrea, which often causes brownout leading to variation in voltage.

With the induction of an oncological care with chemo- and antihormonal therapy as post-operative care of women with cervix and breast carcinoma the team wants to improve the chances of recovery in a sustained manner. This applies to the tumourfree patients as well as to the relapse-free time (mostly over a number of years) of patients with a local residual tumour or distant metastases.

Based on the above outlined basic conditions the project needs to be tailored to Eritrea in terms of method and execution. Thus differing from the existing European standards.

GUIDELINE/OBJECTIVES

Within our OB/GYN-project (started in 2012) our goal for 2018 is to be able to offer the operated women with cervix and breast carcinoma, chemotherapy as supplement.

Women, who have had their tumour removed completely and do not show any signs of further localisation, will be treated with an adjuvant therapy to increase their chances of recovery.

Women with a general good health, but still suffering from residual tumour or distant metastases will be treated with an appropriate chemotherapy to obtain a longer lasting relapse-free time.

Due to the infrastructural situation in Eritrea, which currently doesn't facilitate radiotherapy, screening and / or follow-up programme or the possibility of a thoracic X-ray, the oncology programme has to be amended, controlled and modified at regular intervals.

FOCUS AREAS

1. Patients need to be treated by educated medical staff.
2. Development and induction of a sufficient screening programme by Eritrean doctors (as presented in the workshop).
3. Induction of an onco-session, in which the patient is presented and a therapy programme is approved and protocolled.
4. Sufficient supply of medication (chemotherapy concurrent medication) needs to be available.
5. Maintain supplies of medication, which are not available in Eritrea, on a regular basis.
6. Diagnosis of tumour markers needs to be induced in the 'clinical laboratory medicine'.
7. Diagnosis of tumour's hormone receptor state in the tissue of breast tumours needs to be induced.

Chemotherapy Documentation

Oncological Day Hospital

Name of the patient:

Date:

Therapy:

Cycle:

Body surface Area:

Documentation Notes:

Side effects (like allergic reactions, tiredness, alopecia, sore mouth, sickness, leucopenia, neutropenia, diarrhea, anaemia, cardiological disorders etc.), general condition, premedication and post treatment medication, treatment delay, hospitalisation

6 x 2 CMF (500/40/600 mg/m²) Day 1, Day 8 q3w

P.1

Name:

Date of birth:

Telephone:

Diagnose:

Beginning Day:

Date	Cycle 1a	Cycle 1b	Cycle 2a	Cycle 2b	Cycle 3a	Cycle 3b
Planned						
Modified						

Control Labs						
WBC	/nl					
Neutrophiles	%					
Hemoglobine	d/dl					
Platelets	/nl					

Premedication	Dose	Way	Infusion Time	Duration					
Ringer's lactate	500 ml	i.v.	- 30 min	30 min					
Dexamethason/Zofran	8 mg / 8 mg	i.v. / infusion	- 30 min	10 min					
Uromitexan (Mesna)	200 mg	i.v. / Bolus	0						

Chemotherapy									
1. Methotrexat	40 mg/m ²	i.v. / infusion	0	15 min					
2. Cyclophosphamide	500 mg/m ²	i.v. / infusion	+15 min	60 min					
3. 5-Fluorouracil	600 mg/m ²	i.v. / Bolus	+75 min	5 min					

Post treatment medication	Dose	Way	Day						
Zofran	8 mg	p.o.	D2						
Dexamethason	2 x 4 mg	p.o.	D2, D3						
MCP	3 times	p.o.	D2, D3 and PRN						
Uromitexan (Mesna)	2 x 400 mg	p.o.	D1 + 120 min and + 360 min						

Blood Control:

1x/week CBC, before each cycle

Creatinin, Bilirubin, GOT / GPT, PRN Urine-Stix

Doctor						

6 x 2 CMF (500/40/600 mg/m2) Day 1, Day 8 q3w

P.2

Name:

Date of birth:

Telephone:

Diagnose:

Beginning Day:

Date	Cycle 4a	Cycle 4b	Cycle 5a	Cycle 5b	Cycle 6a	Cycle 6b
Planned						
Modified						

Control Labs						
WBC	/nl					
Neutrophiles	%					
Hemoglobine	d/dl					
Platelets	/nl					

Premedication	Dose	Way	Infusion Time	Duration					
Ringer's lactate	500 ml	i.v.	- 30 min	30 min					
Dexamethason/Zofran	8 mg / 8 mg	i.v. / infusion	- 30 min	10 min					
Uromitexan (Mesna)	200 mg	i.v. / Bolus	0						

Chemotherapy									
1. Methotrexat	40 mg/m2	i.v. / infusion	0	15 min					
2. Cyclophosphamide	500 mg/m2	i.v. / infusion	+15 min	60 min					
3. 5-Fluorouracil	600 mg/m2	i.v. / Bolus	+75 min	5 min					

Post treatment medication	Dose	Way	Day						
Zofran	8 mg	p.o.	D2						
Dexamethason	2 x 4 mg	p.o.	D2, D3						
MCP	3 times	p.o.	D2, D3						
Uromitexan (Mesna)	2 x 400 mg	p.o.	D1 + 120 min and + 360 min						

Blood Control:

1x/week CBC, before each cycle

Creatinin, Bilirubin, GOT / GPT, PRN Urine-Stix

Doctor						

PACLITAXEL-MONO (80 mg/m2) q1w

P.1

Name:

Date of Birth:

Telephone:

Diagnose:

Beginning Day:

Date	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Cycle 5	Cycle 6
Planned						
Modified						

Control Labs							
WBC	/nl						
Neutrophiles	%						
Hemoglobine	d/dl						
Platelets	/nl						

Premedication	Dose	Way	Infusion Time	Duration						
Ringer's lactate	500 ml	i.v.	- 30 min	30 min						
Dexamethason	16 mg	i.v. / infusion	- 30 min	10 min						
H2/Blocker (Ranitidin)	50 mg	i.v. / Bolus	- 20 min							
H1/Blocker (Tavegil)	2 mg	i.v. / Bolus	- 20 min							

Chemotherapy										
1. Paclitaxel	80 mg/m2	i.v. / infusion	0	90 min						

Post treatment medication	Dose	Way	Day						
Dexamethason	2 x 4 mg	p.o.	PRN						
MCP	3 times	p.o.	PRN						

Blood Control:

1x/week CBC, before each cycle
Creatinin, Bilirubin, GOT / GPT

Doctor						

Tumor responding Control: at the beginning of the Therapy + after Cycle 8, 16 and 24 or after the end of the therapy

PACLITAXEL-MONO (80 mg/m2) q1w

P.2

Name:

Date of Birth:

Telephone:

Diagnose:

Beginning Day:

Date	Cycle 7	Cycle 8	Cycle 9	Cycle 10	Cycle 11	Cycle 12
Planned						
Modified						

Control Labs		Cycle 7	Cycle 8	Cycle 9	Cycle 10	Cycle 11	Cycle 12
WBC	/nl						
Neutrophiles	%						
Hemoglobine	d/dl						
Platelets	/nl						

Premedication	Dose	Way	Infusion Time	Duration	Cycle 7	Cycle 8	Cycle 9	Cycle 10	Cycle 11	Cycle 12
Ringer's lactate	500 ml	i.v.	- 30 min	30 min						
Dexamethason	16 mg	i.v. / infusion	- 30 min	10 min						
H2/Blocker (Ranitidin)	50 mg	i.v. / Bolus	- 20 min							
H1/Blocker (Tavegil)	2 mg	i.v. / Bolus	- 20 min							

Chemotherapy		Cycle 7	Cycle 8	Cycle 9	Cycle 10	Cycle 11	Cycle 12
1. Paclitaxel	80 mg/m2 i.v. / infusion	0	90 min				

Post treatment medication	Dose	Way	Day	Cycle 7	Cycle 8	Cycle 9	Cycle 10	Cycle 11	Cycle 12
Dexamethason	2 x 4 mg	p.o.	PRN						
MCP	3 times	p.o.	PRN						

Blood Control:

1x/week CBC, before each cycle
Creatinin, Bilirubin, GOT / GPT

Doctor	Cycle 7	Cycle 8	Cycle 9	Cycle 10	Cycle 11	Cycle 12

Tumor responding Control: at the beginning of the Therapy + after Cycle 8, 16 and 24 or after the end of the therapy

CARBOPLATIN - MONO (AUC 5) q3w

Name:

Date of Birth:

Telephone:

Diagnose:

Beginning Day:

Date	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Cycle 5	Cycle 6
Planned						
Modified						

Control Labs						
WBC	/nl					
Neutrophiles	%					
Hemoglobine	d/dl					
Platelets	/nl					

Premedication	Dose	Way	Infusion Time	Duration					
Ringer's lactate	500 ml	i.v.	- 30 min	30 min					
Dexamethason/Zofran	8 mg / 8 mg	i.v. / infusion	- 30 min	10 min					

Chemotherapy									
1. Carboplatin	AUC 5	i.v. / infusion	0	30 min					

Post treatment medication	Dose	Way	Day					
Zofran	8 mg	p.o.	D2					
Dexamethason	2 x 4 mg	p.o.	D2, D3					
MCP	3 times	p.o.	D2, D3 and PRN					

Blood Control:

1x/week CBC, before each cycle

Creatinin, Bilirubin, GOT / GPT

Doctor						

Tumormarkercontrols CA 125 initial, after Cycle 3 and after the end of the therapy

CARBOPLATIN - MONO (AUC 2) q1w

P.1

Name:
Date of Birth:

Date	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Cycle 5	Cycle 6
Planned						
Modified						

Telephone:

Diagnose:

Control Labs						
WBC	/nl					
Neutrophiles	%					
Hemoglobine	g/dl					
Platelets	/nl					

Beginning Day:

Premedication	Dose	Way	Infusion time	Duration					
Ringer's lactate	500 ml	i.v.	- 30 min	30 min					
Dexamethason/Zofran	8 mg / 8 mg	i.v. / infusion	- 30 min	10 min					

Chemotherapy									
1. Carboplatin	AUC 2	i.v. / infusion	0	30 min					

Postmedication	Dose	Way	Day					
Zofran	8 mg	p.o.	D2					
Dexamethason	2 x 4 mg	p.o.	D2, D3					
MCP	3 times	p.o.	D2, D3 and PRN					

Blood Control:
1x/week CBC, before each cycle
Creatinin, Bilirubin, GOT / GPT

Doctor						

Tumormarkercontrols CA 125 initial, after cycle 8 and after the end of the therapy

CARBOPLATIN - MONO (AUC 2) q1w

P.2

Name:

Date of Birth:

Telephone:

Diagnose:

Beginning Day:

Date	Cycle 7	Cycle 8	Cycle 9	Cycle 10	Cycle 11	Cycle 12
Planned						
Modified						

Control Labs						
WBC	/nl					
Neutrophiles	%					
Hemoglobine	g/dl					
Platelets	/nl					

Premedication	Dose	Way	Infusion time	Duration					
Ringer's lactate	500 ml	i.v.	- 30 min	30 min					
Dexamethason/Zofran	8 mg / 8 mg	i.v. / infusion	- 30 min	10 min					

Chemotherapy									
1. Carboplatin	AUC 2	i.v. / infusion	0	30 min					

Postmedication	Dose	Way	Day						
Zofran	8 mg	p.o.	D2						
Dexamethason	2 x 4 mg	p.o.	D2, D3						
MCP	3 times	p.o.	D2, D3 and PRN						

Blood Control:

1x/week CBC, before each cycle

Creatinin, Bilirubin, GOT / GPT

Doctor						

Tumormarkercontrols CA 125 initial, after cycle 8 and after the end of the therapy