



# GYNECOLOGIC ONCOLOGY GLOBAL CURRICULUM & MENTORSHIP PROGRAM

2021 Progress Report

# IGCS



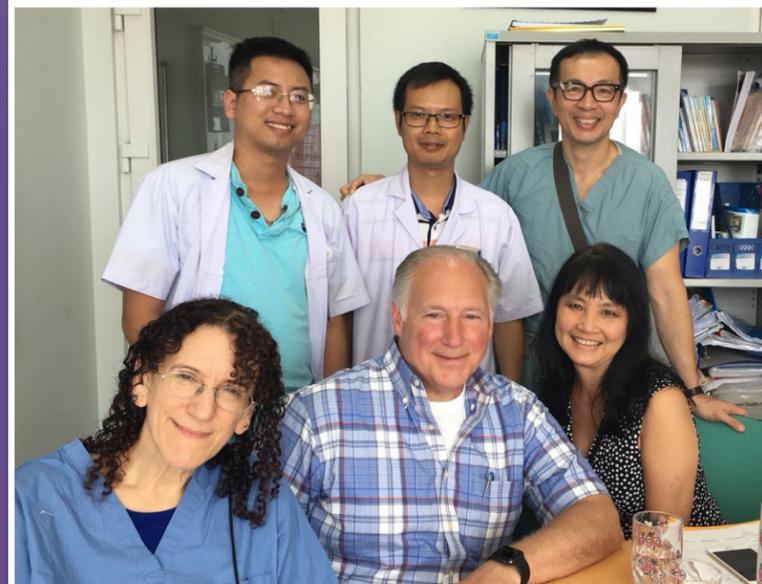
INTERNATIONAL  
GYNECOLOGIC  
CANCER SOCIETY

*Building human capacity for  
gynecologic cancer treatment and  
research where the need is greatest*



As cervical cancer screening programs are being developed and scaled up worldwide there is a significant need to train gynecologic oncologists to perform surgery as well as provide chemotherapy and palliative care. I am really proud of all the mentors and fellows participating in the Global Curriculum—they have made a significant impact in a very short period of time. I am also very grateful to the IGCS leadership for investing in this program to build capacity and support local doctors to provide care for women with gynecologic cancers around the world.

**—Dr. Kathleen Schmeler (USA) International Mentor for  
Hospital Central de Maputo, Mozambique**



# THE CHALLENGE

## The Global Burden of Women's Cancer

In low and middle-income countries (LMICs), many of these cancers are gynecologic in origin, with cervical cancer being the most predominant. Cervical cancer is a preventable and treatable disease with HPV vaccination, screening, early detection, and effective treatment.

**342,000** women died of cervical cancer worldwide in 2020.

**+85%** of these deaths occur in LMICs. Most of these women die in terrible circumstances in areas where either no or minimal care is available.

## CLOSING THE HEALTH EQUITY GAP

Cervical cancer is a leading cause of cancer-related death for women in low-resource settings as women in these regions are often diagnosed in advanced stages when it is difficult to treat. Efforts at screening have been limited by lack of access and a limited number of providers trained to treat both pre-cancerous lesions and cancer in the early stages when it can be cured.

The World Health Organization (WHO) in 2018 released a global call for action towards the elimination of cervical cancer as a global public health problem. The goals of the call to action include HPV vaccination, screening and treatment of pre-cancer, early detection and prompt treatment of early invasive cancers and palliative care, when a cure is not possible.

# THE NEED FOR SPECIALTY TRAINING

As the world mobilizes to eliminate cervical cancer, the need for trained women's cancer care professionals in LMICs is more relevant now than at any time our history.

Increases in screening will result in many women being diagnosed with precancerous lesions and early stage disease. There is therefore an urgent need to train more providers to provide curative surgery, radiotherapy and chemotherapy as well as palliative care when a cure is not possible.

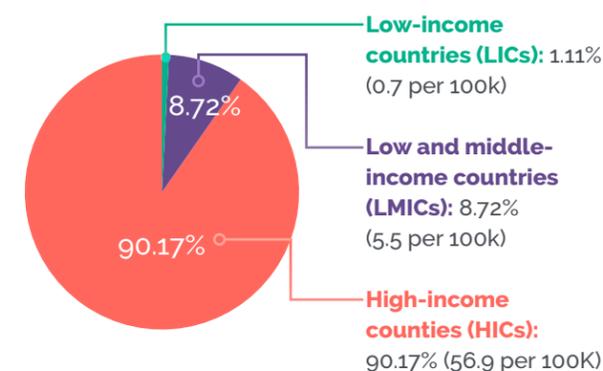
There is a severe shortage of physicians and surgeons, especially those with specialty training in treating gynecologic malignancies in LMICs. Africa and southeast Asia are particularly underserved.

Few physicians in LMICs have access to sub-specialty training in gynecologic oncology and are therefore not equipped to address the overwhelming

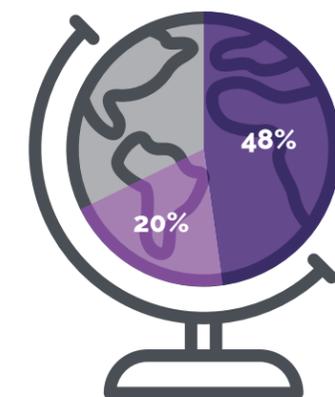
need in their communities. Furthermore, training opportunities when they are available are costly and involve physicians from LMICs traveling to regions of the world that have formalized training programs. The training usually focuses on a model of cancer care based in a high-resource care setting, little of which may be able to be applied in their home institution or region.

This dire need is present in many regions of the world, leaving women without the specialty care they need for the prevention and adequate treatment of cervical cancer and other gynecologic malignancies.

According to a 2015 study, provider density, including general surgeons, anesthesiologists, and obstetricians:



LMICs represent **48%** of the global population and have **20%** of the workforce





# A Global Approach to a Global Problem: Regional Capacity Building

## IGCS Gynecologic Oncology Global Curriculum and Mentorship Program

In 2017, the IGCS launched the Gynecologic Oncology Global Curriculum and Mentorship Program as an initiative to address this gap in global health. The Global Curriculum is a comprehensive two-year education and training program designed for regions around the world that do not currently have formal training in gynecologic oncology.

The aim is to help develop oncologic expertise locally to meet the specific needs of each site and region.

The Global Curriculum is meant to serve as a capacity-building initiative, investing in the effectiveness and future sustainability of each individual

training program. Instead of adopting a "cookie cutter" approach to training gynecologic oncologists, the program aims to equip physicians with a basic gynecologic oncology toolkit from which they can then build programs to address the specific women's cancer care needs at their institution and in their region.

Our international team of volunteer mentors work with the local faculty and fellows at each participating institution to adapt the basic toolkit and build the capacity to provide surgical and medical care, participate in research, and provide education related to gynecologic cancers.

“There is no better way to pay it forward than to put my time and energy into programs like the IGCS Global Curriculum for Gynecologic Oncology. The program provides a structure through which I know my personal investment of time and effort will have the maximal effect in improving training and women's health globally.

—Dr. Joseph Ng (Singapore) International Mentor For Da Nang Oncology Hospital, Vietnam

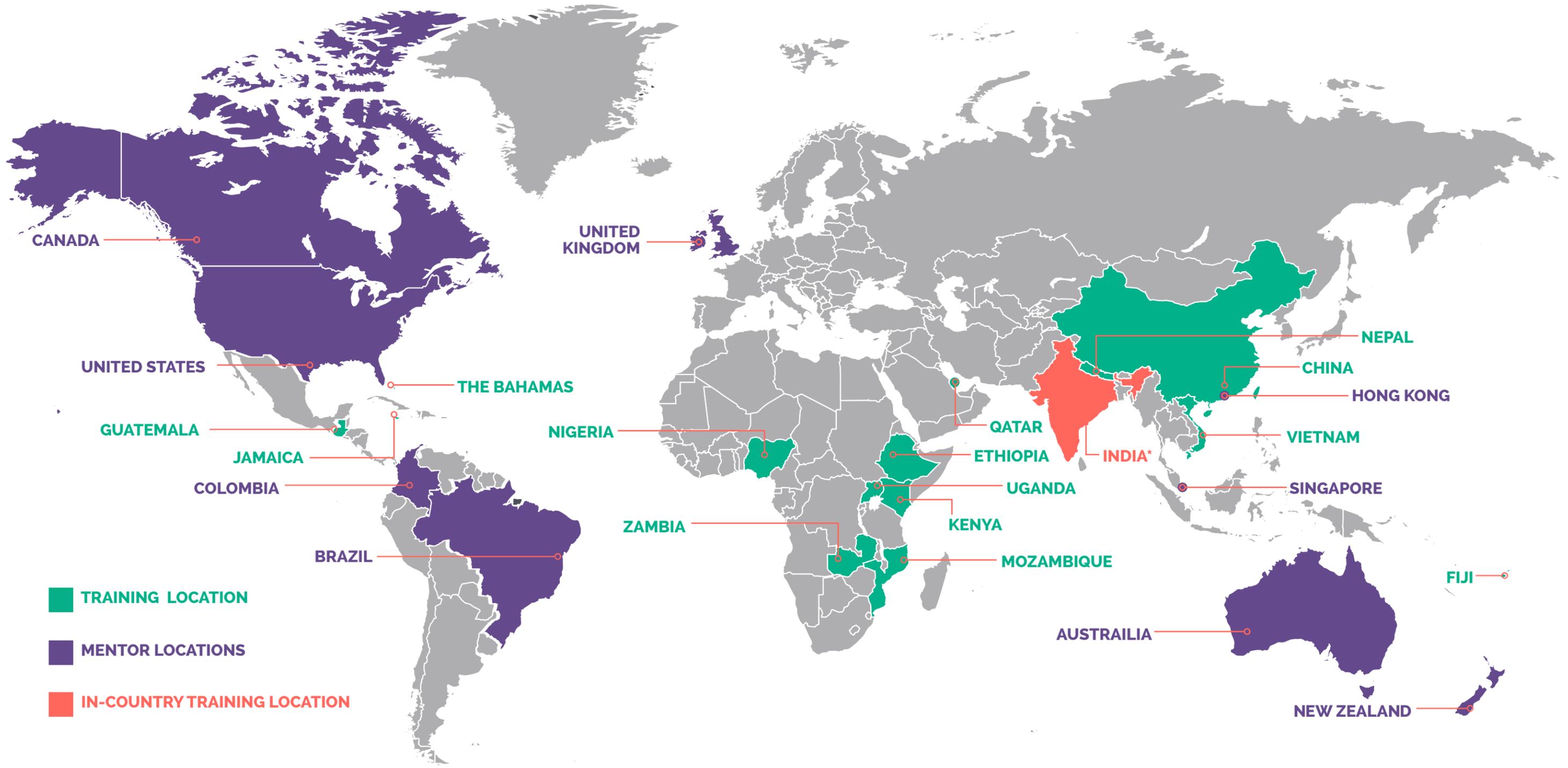
# HOW IT WORKS



Eventually, the number of trained specialists in these institutions and regions will increase and those who are trained through the Global Curriculum will become the teachers and mentors of future generations. With more skilled healthcare providers dedicated to improving care for women with gynecologic cancer in these regions, there will be greater access to quality care.

\*Some training sites have implemented the IGCS Global Curriculum with mentors within the same region/country and are not using the twinning model.

\*\*Travel restrictions due to the global coronavirus pandemic have limited opportunities for hands-on training.



\*India is also the location of an international mentor for the training site in Nepal.

# BY THE NUMBERS

## 2017-2021



# PROJECT ECHO VIRTUAL TUMOR BOARDS

Project ECHO (Extension for Community Healthcare Outcomes) is a tele-mentoring program initially developed at the University of New Mexico Health Sciences Center.



Each program holds a 60-minute session at the same time each month with 45 minutes of case presentations and a 15-minute didactic lecture by the international mentors or invited faculty.

With support from The University of Texas MD Anderson Cancer Center, IGCS began building on the Project ECHO model to develop a program of virtual "tumor boards" with multidisciplinary participants gathering via videoconference from around the world.

Project ECHO sessions are now a vital part of ongoing training and mentorship through the Global Curriculum Program impacting the care of an ever-increasing number of women across the world in LMICs where little or no gynecological cancer care existed before.

The international mentors facilitate the sessions, the fellows prepare and present the cases with multidisciplinary volunteers among the IGCS membership acting as faculty contributors, providing expert opinions on the cases, and didactic teaching. The goal is to ensure that every ECHO session is a multidisciplinary team effort with input from across the spectrum of gynecologic oncology that includes gynecologic oncologists, pathologists, medical oncologists and radiation oncologists.

“The monthly tumor boards and didactic sessions have helped to hone presentation and research skills. It is very rewarding to have access to colleagues around the world who offer their expertise in both surgical and medical management for patients who have low income and cannot afford management at times.”

“ The situation of cancer in Mozambique has changed, and it has changed for good. That is very gratifying. We need the IGCS to continue to support us here and to expand these programs to other provinces. It’s very important.

—Dr. Ricardina Rangeiro, Graduated Fellow, Maputo Central Hospital, Mozambique



**NIGERIA**  
**Training Sites:** University of Nigeria Teaching Hospital, Department of Obstetrics and Gynaecology, College of Medicine

**ZAMBIA**  
**Training Site:** Women and Newborn Hospital

**ETHIOPIA**  
**Training Site:** St. Paul’s Hospital, Millennium Medical College & Black Lion Hospital

**UGANDA**  
**Training Site:** Uganda Cancer Institute

**KENYA**  
**Training Site:** Moi University

**MOZAMBIQUE**  
**Training Site:** Hospital Central de Maputo

# ASIA

**QATAR**  
**Training Site:** Hamad Medical Corporation Women’s Hospital

**NEPAL**  
**Training Site:** Civil Service Hospital, Kathmandu

**CHINA**  
**Training Site:** The University of Hong Kong - Shenzhen Hospital

**INDIA**  
**Training Site:** Chittaranjan National Cancer Institute (CNCI), Kolkata

**VIETNAM**  
**Training Site:** Da Nang Oncology Hospital

“ In a country like Nepal, where the burden of gynecological malignancies is high, the need for the IGCS Global Curriculum and Mentorship Program cannot be exaggerated. Being an IGCS member from a resource constrained country, I feel fortunate and gratified to be associated with the program as a local mentor.

—Dr. Jitendra Pariyar, Local Mentor, Civil Service Hospital Nepal

# AFRICA





It is a privilege to be part of this program. I believe that upskilling a local expert that can manage the whole patient journey and advocate for patients is the only sustainable solution. Locally trained specialists will be the catalyst to reach policy makers and managers to have a local network within Fiji and the Pacific to improve care for women with gynaecological cancers. IGCS support is invaluable.

—Dr. Ai Ling Tan (New Zealand), International Mentor for Colonial War Memorial Hospital, Fiji



I am fortunate for this opportunity to partner with IGCS. It is very rewarding to have access to colleagues around the world who offer their expertise in both surgical and medical management for patients who are in poverty. This opportunity will greatly impact the lives from my island as I am now one of the first gynecologic oncologists there. This partnership offers me the opportunity to educate and implement effective screening programmes, and provide surgical and adjuvant curative/palliative treatment options.

—Dr. Damaris Baptise, Graduated Fellow, The University of West Indies, Jamaica



# OCEANIA



**GUATEMALA**  
Training Site: Hospital General San Juan de Dios

**JAMAICA**  
Training Site: The University of the West Indies at Mona

**THE BAHAMAS**  
Training Site: The University of the West Indies at Nassau, Bahamas

# CENTRAL AMERICA AND THE CARIBBEAN



# IGCS LEADERSHIP



**Dr. Joseph Ng (Singapore)**  
Mentorship & Training Committee  
Chair



**Dr. Kathleen Schmeler (USA)**  
Mentorship & Training Committee  
Immediate Past Chair



**Dr. Linus Chuang (USA)**  
Global Curriculum & Mentorship Program  
Co-Chair



**Dr. Thomas Randall (USA)**  
Global Curriculum & Mentorship Program  
Co-Chair



**Prof. Michael Quinn (Australia)**  
IGCS 2016-2018 President  
Global Curriculum & Mentorship Program  
Founder



**Ms. Mary Eiken (USA)**  
IGCS CEO



Our vision of a global training program started in 2015. We have come a long way but still have so much to do. This is a core part of what IGCS is all about and is truly one area that your help will make a huge difference. We need you!

—Prof. Michael Quinn, 2016-2018 IGCS President

## LOCAL SUPERVISORS AND INTERNATIONAL MENTORS

IGCS gratefully acknowledges our dedicated and passionate team of international and local mentors who volunteer their time and resources to this program. By training and mentoring the next (and sometimes first) generation of gynecologic oncology specialists in these low-resource settings, they are directly fulfilling IGCS's mission to enhance the care of women with gynecologic cancer worldwide.

### AFRICA

#### Ethiopia

St. Paul's Hospital Millennium Medical College & Black Lion Hospital, Addis Ababa

**Local Supervisors:**

Dr. Bethel Dereje  
Dr. Dawit Desalegn

**International Mentors:**

Dr. Rahel Ghebre (USA)  
Dr. Carolyn Johnston (USA)

#### Kenya

Moi University

**Local Supervisors:**

Dr. Benjamin Elly  
Dr. Peter Itsura  
Dr. Omenge Orango

**International Mentors:**

Dr. Allan Covens (Canada)  
Dr. Barry Rosen (USA)

#### Mozambique

Hospital Central de Maputo, Mozambique

**Local Supervisors:**

Dr. Elvira Luis  
Dr. Magda Riberio

**International Mentors:**

Dr. Kathleen Schmeler (USA)  
Dr. Renato Moretti Marques (Brazil)  
Dr. Georgia Fontes Cintra (Brazil)  
Dr. Mila Salcedo (Brazil)  
Dr. Andre Lopes (Brazil)  
Dr. Marcelo Viera (Brazil)

#### Nigeria

University of Nigeria Teaching Hospital & Department of Obstetrics and Gynaecology, College of Medicine

**Local Supervisors:**

Dr. Chibuikwe Chigbu

**International Mentors:**

Dr. Kerry Lutchman-Singh (UK)

#### Uganda

Uganda Cancer Institute

**Local Supervisors:**

Dr. Peter Gimeji  
Dr. Pius Mulamira  
Dr. Mariam Nabwire  
Dr. Miriam Nakalembe  
Dr. Jane Namugga  
Dr. Martin Origa

**International Mentors:**

Dr. Paula Lee (USA)  
Dr. Stefanie Ueda (USA)

#### Zambia

Women and Newborn Hospital, Zambia

**Local Supervisors:**

Dr. Paul Kamfwa  
Dr. Mulindi Mwanahamuntu

**International Mentors:**

Dr. Krista Pfaendler (USA)  
Dr. Michael Hicks (USA)  
Dr. Groesbeck Parham (USA)

### ASIA

#### China

The University of Hong Kong - Shenzhen Hospital (HKU-SZH)

**Local Supervisor:**

Dr. Li Zhang

**International Mentor:**

Prof. Hextan Yuen Sheung Ngan (Hong Kong)  
Dr. Ka Yu Tse (Hong Kong)

#### India

Chittaranjan National Cancer Institute (CNCI), Kolkata

**Local Supervisor:**

Dr. Asima Mukhopadhyay (India/UK)  
Dr. Ranajit Mandal

#### Nepal

Civil Service Hospital, Nepal

**Local Supervisor:**

Dr. Jitendra Pariyar

**International Mentor:**

Dr. Linus Chuang (USA)  
Dr. Asima Mukhopadhyay (India/UK)

#### Vietnam

Da Nang Oncology Hospital, Vietnam

**Local Supervisor:**

Dr. Quy Tu Tran

**International Mentors:**

Dr. Tri Dinh (USA)  
Dr. Joseph Ng (Singapore)  
Dr. Linda Van Le (USA)

### OCEANIA

#### Fiji

Colonial War Memorial Hospital, Fiji

**Local Supervisor:**

Dr. Jimi Taria

**International Mentors:**

Dr. Ai Ling Tan (New Zealand)  
Dr. Peter Sykes (New Zealand)

### CENTRAL AMERICA & THE CARIBBEAN

#### Bahamas

University of the West Indies, Bahamas

**Local Supervisors:**

Dr. Raleigh Butler  
Dr. Darron Halliday

**International Mentors:**

Dr. Matthew Schlumbrecht (USA)

#### Guatemala

Hospital San Juan de Dios, Guatemala

**Local Supervisor:**

Dr. Julio Lau

**International Mentor:**

Dr. Rene Pareja (Colombia)

#### Jamaica

University of the West Indies, Jamaica

**Local Supervisors:**

Dr. Carole Rattray  
Dr. Ian Brambury  
Dr. Matthew Taylor

**International Mentor:**

Dr. Ian Harley (Northern Ireland)

### MIDDLE EAST

#### Qatar

Hamad Medical Corporation Women's Hospital, Qatar

**Local Supervisors:**

Dr. Afaf Ali  
Dr. Jonathan (Jeremy) Herod

**International Mentor:**

Dr. Vivek Arora (Australia)



# FELLOWS WHO HAVE COMPLETED TRAINING

as of December 31, 2021



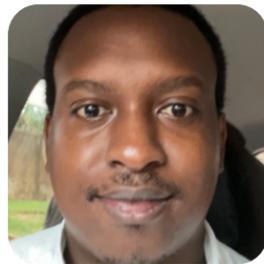
**Dr. Mukatimui Kalima-Munalula**  
Women and Newborn Hospita,  
Zambia  
Completed training in 2021



**Dr. Henry Chege**  
Moi University  
Kenya  
Completed training in 2021



**Dr. Mohammed Taha Hussein Alsayed**  
Women's Wellness & Research  
Centre, Hamad Medical  
Corporation, Qatar  
Completed training in 2021



**Dr. Pius Mulamira**  
Uganda Cancer Institute  
Completed training in 2021



**Dr. Julius Nkalubo**  
Uganda Cancer Institute  
Completed training in 2021



**Dr. Martin Origa**  
Uganda Cancer Institute  
Completed training in 2021



**Dr. Bethel Dereje**  
St. Paul's Hospital Millennium  
Medical College, Ethiopia  
Completed training in 2021



**Dr. Dawit Worku**  
Black Lion Hospital  
Ethiopia  
Completed training in 2021



**Dr. Eric Estrada**  
Hospital General  
San Juan de Dios, Guatemala  
Completed training in 2021

# FELLOWS WHO HAVE COMPLETED TRAINING

as of December 31, 2021



**Dr. Quynh Tran**  
Da Nang Oncology Hospital  
Vietnam  
Completed training in 2021



**Saujanya Karmacharya**  
Civil Service Hospital  
Nepal  
Completed training in 2021



**Dr. Dércia Changule**  
Maputo Central Hospital  
Mozambique  
Completed training in 2020



**Dr. Siro Daud**  
Maputo Central Hospital  
Mozambique  
Completed training in 2020



**Dr. Ricardina Rangeiro**  
Maputo Central Hospital  
Mozambique  
Completed training in 2020



**Dr. Benjamin Elly Odongo**  
Moi University Hospital  
Kenya  
Completed training in 2019



**Dr. Jerome Katumba**  
Uganda Cancer Institute  
Completed training in 2019



**Dr. Mariam Nabwire**  
Uganda Cancer Institute  
Completed training in 2019



# HOW TO GET INVOLVED

## Volunteer

1. Become an international mentor for one of the training sites
2. Become a faculty contributor for Project ECHO virtual "tumor board" video conferences.

## Donate

1. Sponsor a fellow or make a donation to the program. The average cost to train one fellow in the two-year program is \$40,000 with an additional \$10,000 to train a second fellow at the same site. Programmatic costs include fellow and international mentor travel, educational resources and administrative support. Volunteer faculty time is donated in-kind.



**Ms. Susan Ralph**  
IGCS Mentorship & Training  
Program Manager

If you are interested in learning more about our volunteer opportunities, making a donation or wish to learn about implementing the IGCS Global Curriculum and Mentorship Program at your institution, please contact IGCS Mentorship and Training Program Manager, Susan Ralph at [susan.ralph@igcs.org](mailto:susan.ralph@igcs.org).

