

IGCS GYNECOLOGIC ONCOLOGY

GLOBAL CURRICULUM &
MENTORSHIP PROGRAM

“

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 TRAINING. 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

“

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 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.



311,000 women
died of cervical cancer
worldwide in 2018.



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.

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 in 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.

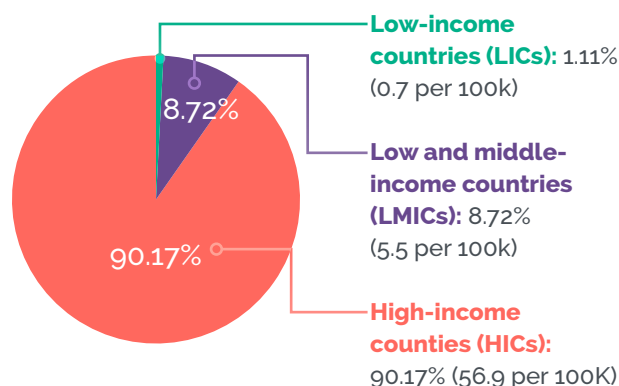
There is a severe shortage of physicians and surgeons, especially those with specialty training in treating gynecologic malignancies in LMICs. Africa and southeast Asia are particularly underserved.

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.

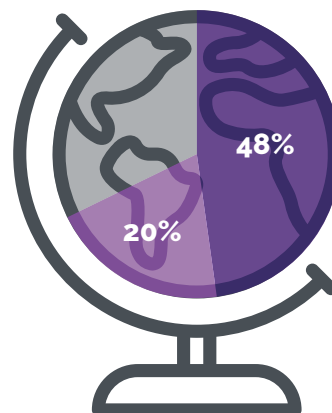
Furthermore, training opportunities when they are available are costly and involve physicians from LMICs traveling to regions of the world that have formalized training programs. The training usually focuses on a model of cancer care based in a high-resource care setting, little of which may be able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

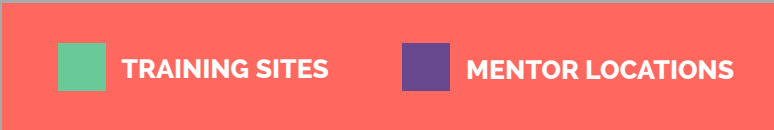
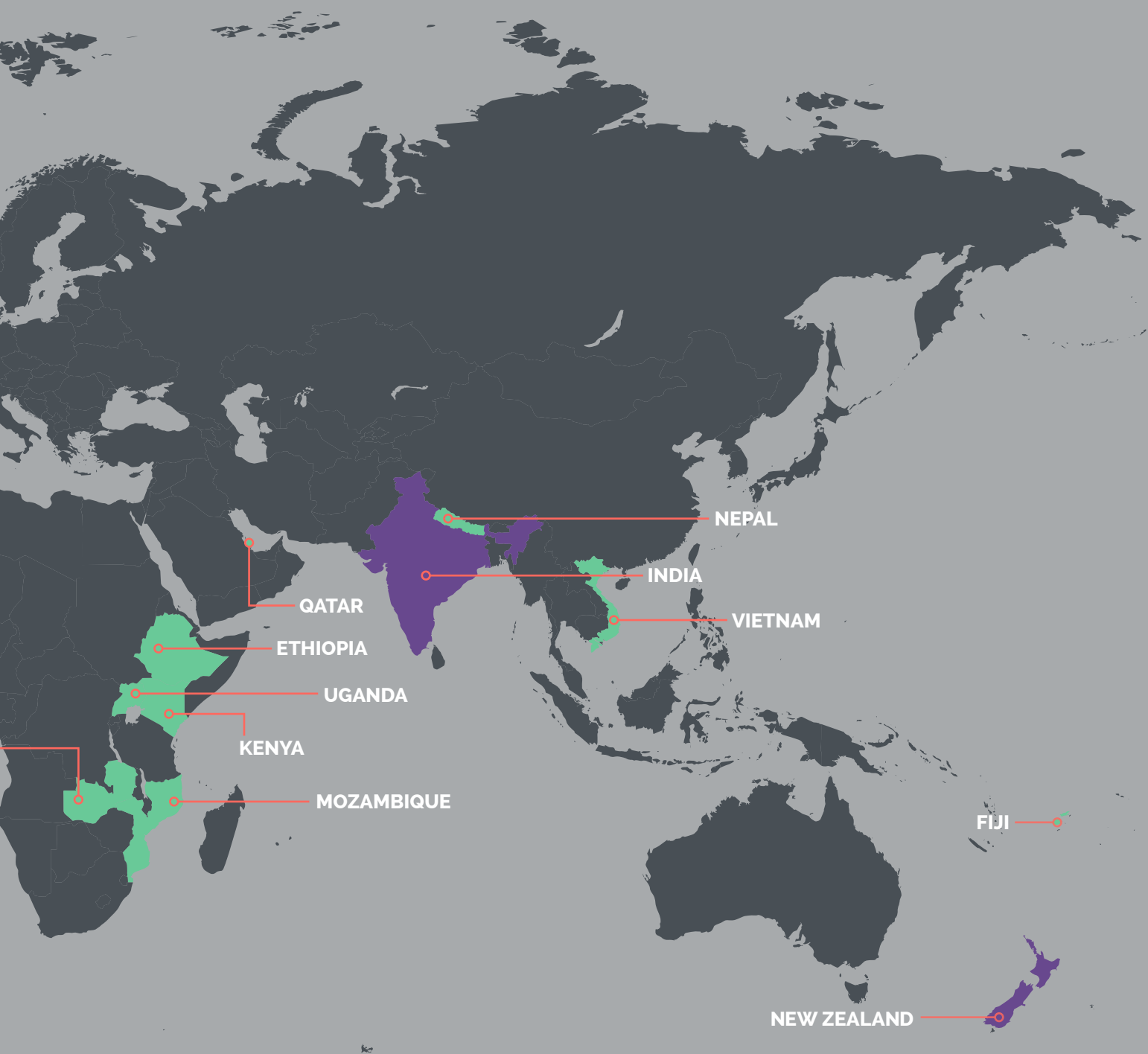
Our international team of volunteer mentors work with the local faculty and fellows at each participating institution to adapt the basic toolkit and build the capacity to provide surgical and medical care, participate in research, and provide education related to gynecologic cancers.

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.





BY THE NUMBERS ANNUALLY

Training Sites

12 TRAINING SITES
(AND GROWING!)

19 LOCAL
SUPERVISORS

29 FELLOWS

50+ VISITS BY INTERNATIONAL
MENTORS TO THE TRAINING
SITES

1000+ CANCER SURGERIES
PERFORMED BY THE
FELLOWS

25 INTERNATIONAL
MENTORS

Project ECHO Virtual Tumor Boards

120 FACULTY
CONTRIBUTORS

1500+ VOLUNTEER
HOURS LOGGED

300 PATIENT CASES PRESENTED
AND DISCUSSED



I AM INVIGORATED TO WORK WITH DEDICATED AND RESOURCEFUL MENTORS FROM ALL OVER THE WORLD TO TRAIN A NEW GENERATION OF GYNECOLOGIC ONCOLOGISTS. I AM CONSTANTLY ENERGIZED AND AMAZED AT THE RESOURCEFULNESS OF THE YOUNG PHYSICIANS AS THEY WORK TO TAKE CARE OF PATIENTS IN CHALLENGING CIRCUMSTANCES.

—Dr. Tri Dinh (USA) International Mentor for Da Nang Oncology Hospital, Vietnam

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.

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



AFRICA

ZAMBIA

Training Site: Women and Newborn Hospital

ETHIOPIA

Training Sites: 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



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, Fellow, Maputo Central Hospital, Mozambique

ASIA

QATAR

Training Site:
Hamad Medical
Corporation
Women's Hospital

NEPAL

Training Site: Civil Service Hospital

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



CENTRAL AMERICA AND THE CARIBBEAN

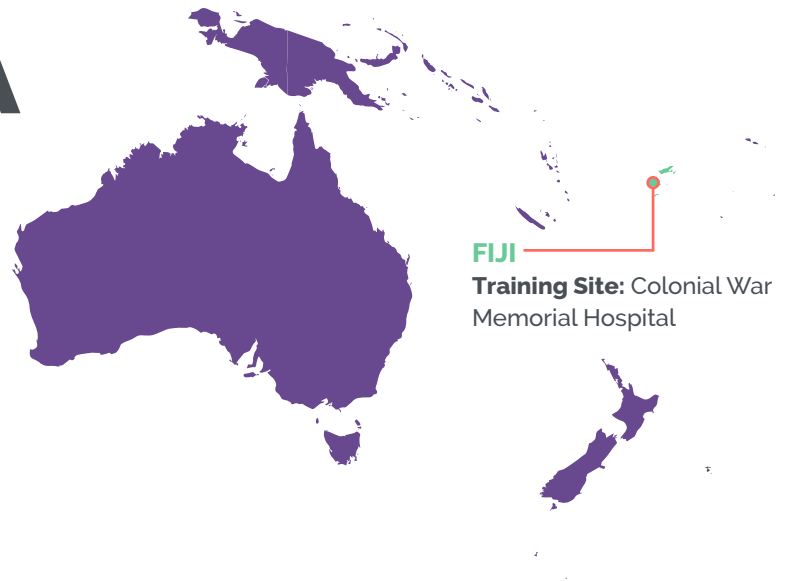
“ I AM FORTUNATE FOR THIS OPPORTUNITY TO PARTNER WITH IGCS AS ONE OF THE FIRST FELLOWS. IT IS VERY REWARDING TO HAVE ACCESS TO COLLEAGUES AROUND THE WORLD WHO OFFER THEIR EXPERTISE IN BOTH SURGICAL AND MEDICAL MANAGEMENT FOR PATIENTS WHO ARE IN POVERTY. THIS OPPORTUNITY WILL GREATLY IMPACT THE LIVES FROM MY ISLAND AS I WILL BE THE FIRST GYNECOLOGIC ONCOLOGIST 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 Fellow, The University of West Indies, Jamaica

OCEANIA



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.

WHEN THE FELLOW, DR. SIKITI, COMPLETES HER TRAINING, SHE 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



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

ACKNOWLEDGMENTS

IGCS Leadership

Dr. Kathleen Schmeler (USA)

Mentorship & Training Committee
Chair

Dr. Joseph Ng (Singapore)

Mentorship & Training Committee
Vice Chair

Dr. Thomas Randall (USA)

Global Curriculum & Mentorship
Program Co-Chair

Dr. Linus Chuang (USA)

Global Curriculum & Mentorship
Program Co-Chair

Prof. Michael Quinn (Australia)

IGCS 2016-2018 President
Global Curriculum & Mentorship
Program Founder

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

Training Sites in Ethiopia:

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

Local Supervisors:

Dr. Tadios Asres
Dr. Dawit Desalegn

International Mentors:

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

Training Site in Kenya:

Moi University

Local Supervisors:

Dr. Peter Itsura
Dr. Omenge Orango

International Mentors:

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

Training Site in Mozambique:

Hospital Central de Maputo, Mozambique

Local Supervisors:

Dr. Elvira Luis
Dr. Magda Riberio

International Mentors:

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

Training Site in Uganda:

Uganda Cancer Institute

Local Supervisors:

Dr. Miriam Nakalembe
Dr. Carolyn Nakisige
Dr. Jane Namugga
Dr. Anthony Okuth Ndira

International Mentors:

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

Training Site in Zambia:

Women and Newborn Hospital, Zambia

Local Supervisors:

Dr. Paul Kamfwa
Dr. Mulindi Mwanahamuntu

International Mentors:

Dr. Michael Hicks (USA)
Dr. Groesbeck Parham (USA/Zambia)

ASIA

Training Site in Nepal:

Civil Service Hospital, Nepal

Local Supervisor:

Dr. Jitendra Pariyar

International Mentor:

Dr. Asima Mukhopadhyay (India)

Training Site in Vietnam:

Da Nang Oncology Hospital, Vietnam

Local Supervisor:

Dr. Tu Tran

International Mentors:

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

CENTRAL AMERICA & THE CARIBBEAN

Training Site in the Bahamas:

University of the West Indies, Bahamas

Local Supervisors:

Dr. Raleigh Butler
Dr. Darron Halliday

International Mentors:

Dr. Matthew Schlumbrecht (USA)
Dr. Brian Slomovitz (USA)

Training Site in Guatemala:

Hospital San Juan de Dios, Guatemala

Local Supervisor:

Dr. Julio Lau

International Mentor:

Dr. Rene Pareja (Colombia)

Training Site in Jamaica:

University of the West Indies, Jamaica

Local Supervisors:

Dr. Ian Brambury
Dr. Carole Rattray

International Mentor:

Dr. Ian Harley (Northern Ireland)

MIDDLE EAST

Training Site in Qatar:

Hamad Medical Corporation Women's Hospital, Qatar

Local Supervisors:

Dr. Afaf Ali
Dr. Jonothan (Jeremy) Herod

International Mentor:

Dr. Vivek Arora (Australia)

OCEANIA

Training Site in Fiji:

Colonial War Memorial Hospital, Fiji

Local Supervisor:

Dr. James Fong

International Mentors:

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

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.

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 CEO, Mary Eiken at mary.eiken@igcs.org.

