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
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 subspecialty 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:

- Low-income countries (LICs): 1.11% (0.7 per 100k)
- Low and middle-income countries (LMICs): 8.72% (5.5 per 100k)
- High-income countries (HICs): 90.17% (56.9 per 100K)

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

1. **Twinning**
   - Institutions in high-resource regions (international mentors) are partnered with institutions in lower-resource regions (local mentors and fellows) to implement gynecologic oncology training.
   - Fellows follow a web-based curriculum & participate in monthly video conferences with international mentors & monthly virtual tumor boards (Project ECHO).
   - International mentors travel to the training site 2-3 times a year for hands-on surgical training and fellows travel to the high-resource institution for 1-3 months.

2. **Virtual training**
   - Fellows evaluate the fellow’s progress with local mentor evaluation reports, surgical case log review and interim knowledge assessments.

3. **Hands-on training**
   - Mentors evaluate the fellow’s progress with local mentor evaluation reports, surgical case log review and interim knowledge assessments.

4. **Evaluation**
   - Upon completion of the program, each fellow will take a final examination, and if successful, will receive a certificate of satisfactory completion of training.

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Number</th>
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<tbody>
<tr>
<td>12 training sites (and growing!)</td>
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<tr>
<td>19 local supervisors</td>
<td></td>
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<tr>
<td>29 fellows</td>
<td></td>
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<tr>
<td>50+ visits by international mentors to the training sites</td>
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<tr>
<td>1000+ cancer surgeries performed by the fellows</td>
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<tr>
<td>25 international mentors</td>
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### Project ECHO Virtual Tumor Boards

<table>
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<th>Metric</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>120 faculty contributors</td>
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<tr>
<td>1500+ volunteer hours logged</td>
<td></td>
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<tr>
<td>300 patient cases presented and discussed</td>
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“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.

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.

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.

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
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
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
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
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 & UK)

**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.