

BARRIERS AND OPPORTUNITIES FOR CANCER IMMUNOTHERAPY IN AFRICA:

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Immunotherapy- demand

- World wide this form of treatment is not much used .
- However we know that it has proven to be the most effective form of treatment.
- The reasons being it is targeted and takes into consideration the understanding of the knowledge of cancer immune escape.

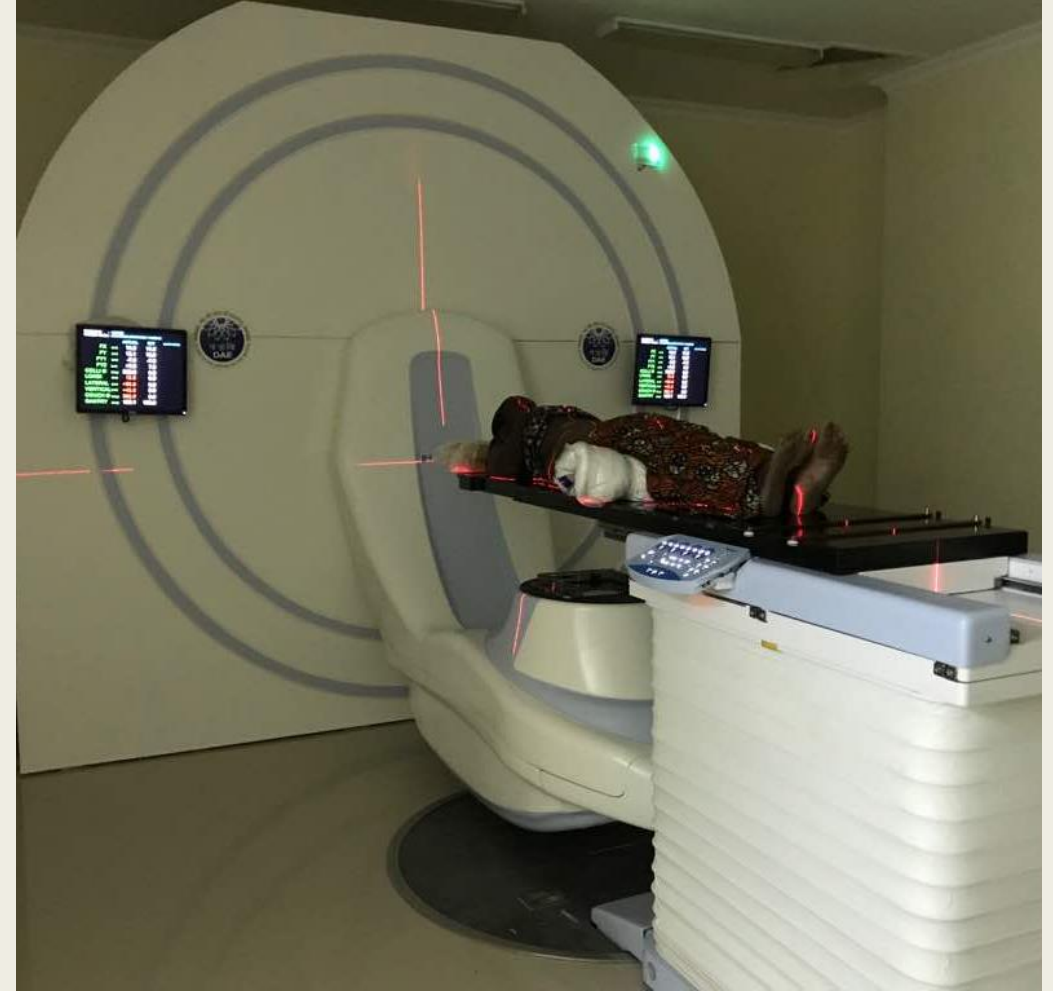


Immunotherapy- demand

- The demand of immunotherapy in our setting cannot be elucidated today ,
- We are expecting to see many cancer patients worldwide, according to estimates .
- We are seeing only 20-25% of all cancer patients at our cancer facilities, majority of them die at home .
- Of those seen above our laboratories cannot diagnose them to a level of molecular characterization, hence it is difficult to say it here.



BMC Cancer center



Cancer Types

- Simple experience we treated 120 patients for lung cancer with conventional therapies 1st and 2nd lines, under the MLCCP.-BMSF. 40 could not respond, PR, SD, DP, we tested and found them to have CTLA4, PD-1, (Using an international laboratory).
- The point here is having the capacity to test well the molecular characteristics of the disease.
- Would mention Melanoma, Lymphoma, Leukemia, Head and Neck, Kidney, Breast, Stomach and others cancers where immunotherapy can be and is used.



Barriers

Infrastructure.

- Molecular pathology laboratory plus the SOPs for tissue preservation for further testings.
- Centres where these patients will be receiving treatments - Some countries don't have ones or have sub-optimal.
- Centres where follow up, for ARs evaluations, Response Evaluations can be done to ascertain efficacy of treatments.
- Connectivity of the centres above and how to reach them.



Barriers

Financial

- Cost of the tests.
- Cost of Medications and associated costs.
- Considering 20% of our patients are insured.

Knowledge

- Multidisciplinary –in the natural history of the disease, where should this treatment start and the possibility of combining with other treatment modalities.
- Care takers training.



Change of Debate.

- Scientific benefits of immunotherapy is there. We need to prove that in our settings to influence the policy.
- At community level like everywhere else it might be associated with misconception on the toxicities, this should be combated with education and active follow up.
- We should have a phasic approach in the capacity building of Immunotherapy, taking into consideration, challenges with laboratory both diagnosis and active follow up, pharmacy, Imaging, data management, so as to prove the benefits and change policy.



Opportunities

- All cancers on which immunotherapy is being used in other parts of the world are present in our region.
- Most cancer research immunotherapy has been done in populations Caucasians .
 - minimal data on Africa.
- Knowledge gap on patients of African descent



Way forward

- Collaboration-Multicentric Multi pathologies, SITC, ASCO, ESMO, AORTIC and Pharma. etc.
- Site(s). selection where this could be done .
 - *Lab -capabilities*
 - *Pharmacy-*
 - *Reliable Imaging -*
 - *Reliable follow up-*
 - *Data management*

For meaningful response evaluations.
- Clinical trial –well coordinated-SITC and Pharma.
 - *Training*
- Positive results to influence the policy-makers towards immunotherapy.

