



Global Gynecologic Oncology Fellowship

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

IGCS



INTERNATIONAL
GYNECOLOGIC
CANCER SOCIETY

igcs.org

Impact Report

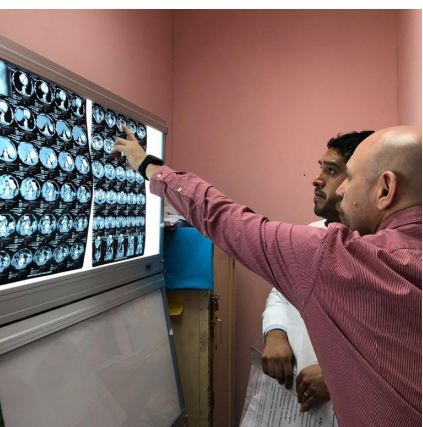
2022

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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 IGCS Fellowship—they have made a significant impact in a very short period of time. I am also very grateful to the IGCS leadership and our generous donors 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 predominant. Cervical cancer is a preventable and treatable disease with HPV vaccination, screening, and effective treatment.

342^k

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 where there is no or minimal care.



Closing the Health Equity Gap

Despite the fact that cervical cancer is a preventable and treatable cancer, hundreds of thousands of women die from this disease each year, most of them residing in low- and middle-income countries.

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

Efforts at screening have been limited, partially because there are not enough providers properly trained to screen and treat both pre-cancerous lesions and cancer in the early stages.



The Need for Specialty Training

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.



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 in LMICs, especially those with specialty training in treating gynecologic malignancies in LMICs. Africa and southeast Asia are particularly underserved.

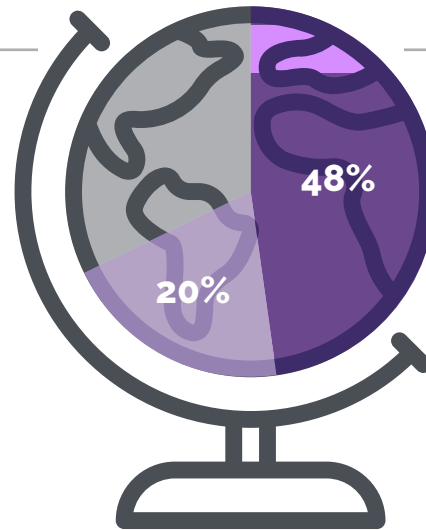
Few physicians in LMICs have access to sub-specialty training in gynecologic oncology and are therefore not equipped to address the overwhelming need in their communities. Furthermore, training opportunities when they are available are costly and involve physicians from LMICs traveling to regions of the world that have formal training programs. The training usually

focuses on a model of cancer care based in a high-resource care setting, little of which resembles care in their home institution, region, or resource setting.

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.



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

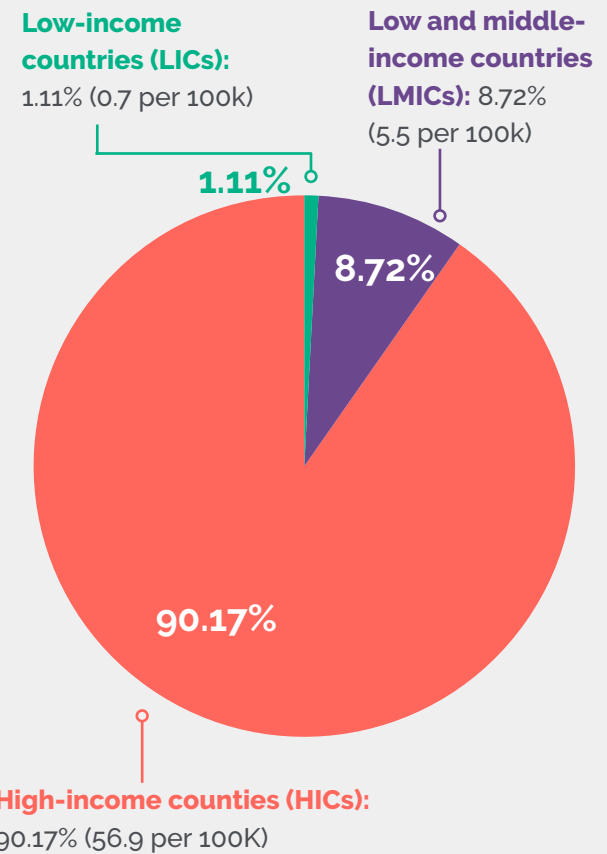


LMC Representation

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

Provider Density

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



A Global Approach to a Global Problem



Regional Capacity Building

The IGCS Global Gynecologic Oncology Fellowship began in 2017 as the Global Curriculum and Mentorship Program. It is a comprehensive two-year training program designed to help regional teaching institutions implement formal clinical training in gynecologic oncology and raise women's cancer care expertise organically to meet local needs specifically.

The Fellowship is a capacity-building initiative, investing in the effectiveness and future sustainability of each individual training program. Rather than imposing a standardized approach to training, our program equips physicians with a basic gynecologic oncology toolkit from which they can then build their own 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.

Propelled by the volunteer mentors, regional faculty and highly motivated fellows, this program is rapidly gaining momentum. Starting with just one training site in 2017, the curriculum is now being utilized at more than 20 locations with more requests coming in every day. We know that our model is working and that we must find ways to grow sustainably to meet the massive global need for women's cancer care expertise.



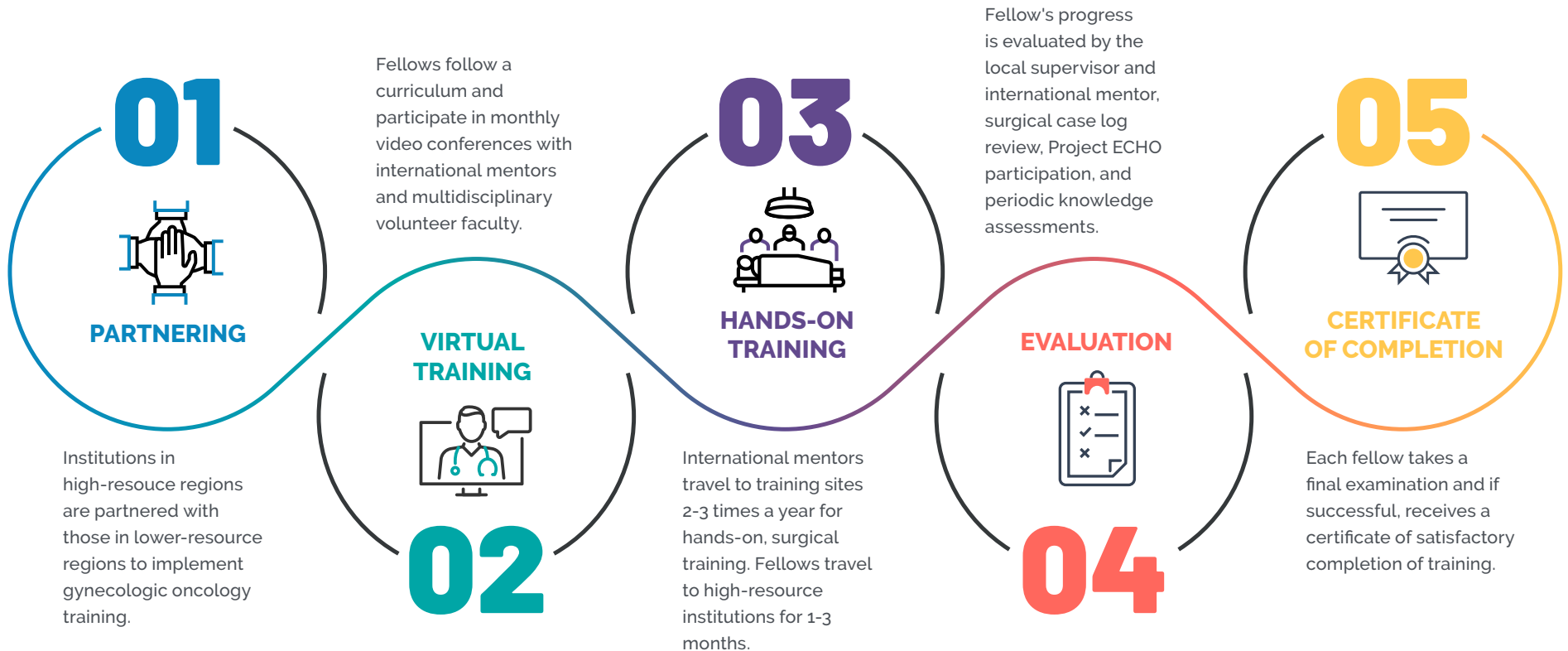


There is no better way to **pay it forward**, than to put my time and energy into programs like the IGCS Global Gynecologic Oncology Fellowship. The program provides a structure through which I know my personal investment of time and effort will have the maximum effect in improving training and women's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

—Dr. Joseph Ng (Singapore), International Mentor for DaNang Oncology Hospital, Vietnam



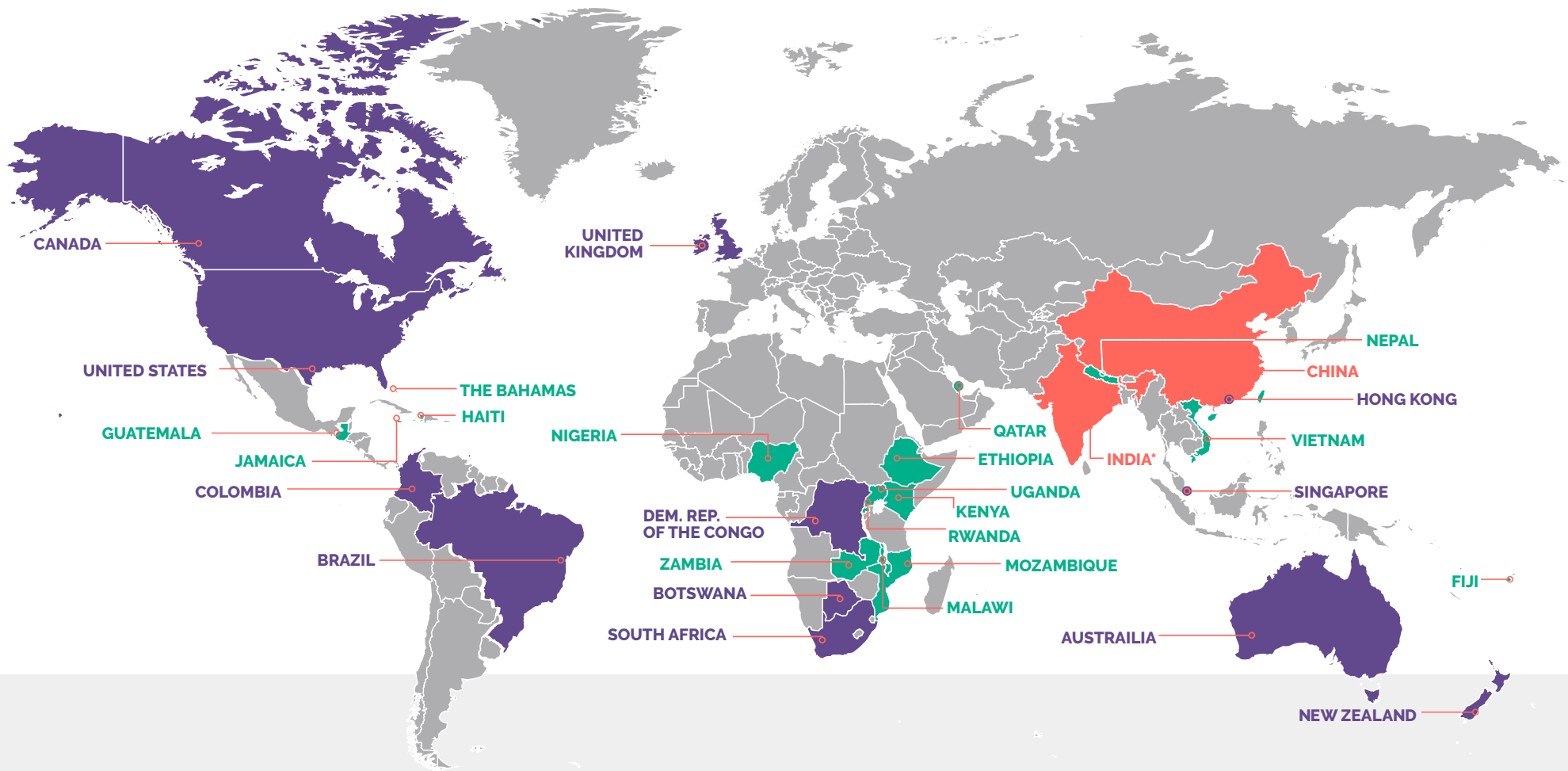
How it Works



EVENTUALLY, THE NUMBER OF TRAINED SPECIALISTS in these institutions and regions will increase and those who are trained through the IGCS Fellowship 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.



Global Locations



22 TRAINING SITES
AROUND THE GLOBE

38 INTERNATIONAL
MENTORS

2 IN-COUNTRY
TRAINING LOCATIONS



Increased Surgical Capacity

In low-resource countries, inadequate infrastructure and limited access to specialized equipment reduces the availability and quality of oncological care. Through the IGCS Fellowship, the local surgeons are appropriately trained and mentored to perform essential, live-saving procedures safely and effectively. Their case logs show the thousands of procedures they have performed, helping women all over the world with cancer.



The issue is access. More trained professionals means more women can access cancer care. This access represents leverage that will be used when collaborating with policymakers to build sustainable women's cancer care infrastructure.

—Dr. Allan Covens (Canada), International Mentor for Moi University, Kenya



By the Numbers

2017-2022



ECHOs

539

ECHOS
SESSIONS

771

CASES
DISCUSSED

Site Information

22

SITES

44

FELLOWS
ENROLLED

27

GRADUATED
FELLOWS

39

INTERNATIONAL
MENTORS

45

LOCAL
SUPERVISORS

Surgical Training Impact

3906

SIMPLE
HYSTERECTOMIES

1278

RADICAL
HYSTERECTOMIES

1494

PREINVASIVE
DISEASE
TREATMENTS

9144

SURGICAL
PROCEDURES

2901

PELVIC AND
PARA-AORTIC
LYMPHADENECTOMIES

Hysterectomies are complex surgical procedures to remove as much cancerous tissue as possible. The type of hysterectomy performed depends on the type of cancer, as well as its extent.

In this program, IGCS clinicians commonly treat preinvasive cervical disease by removing the precancerous tissue.

Since the beginning of the program, IGCS fellows have performed 9,174 surgical procedures.

A pelvic and para-aortic lymphadenectomy is a surgical procedure to remove lymph nodes and any cancerous tissue that has spread. The procedure can determine the state of the disease and helps to prevent the spread of cancer to other parts of the body.





IGCS has hosted 539 Project ECHO sessions on which 771 cases have been discussed.

The benefit of this program not only impacts the care of the patient whose case is being presented, but the acquired knowledge and experience impacts the care and health outcomes of countless future patients.



Project ECHO®

Project ECHO (Extension for Community Healthcare Outcomes) is an innovative, telemedicine-based program that effectively improves health outcomes and access to specialist care in underserved communities. Project ECHO was founded at the University of New Mexico Health Sciences Center, and it has since been adopted by healthcare organizations around the world.

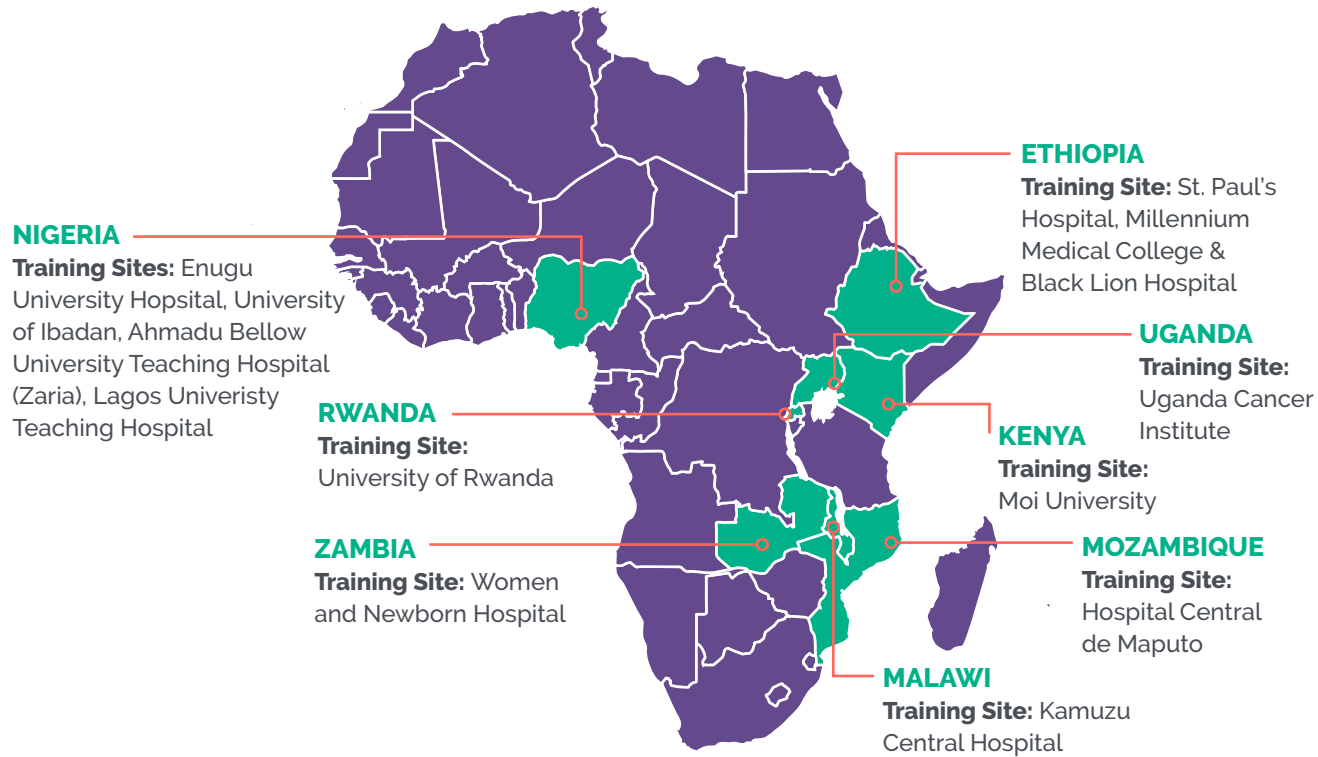
IGCS facilitates monthly virtual sessions for each IGCS training site. The fellows present complex

cases to the multidisciplinary specialist volunteer teams, who then provide guidance and support on treatment and management. This program builds the capacity of IGCS trainees to manage complex medical conditions, reducing the need for patients to travel to specialty care centers and improving access to care in underserved areas.

IGCS Members with expertise in the management of these diseases volunteer their time and expertise and many of them participate on multiple tumor boards each month.



Africa



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

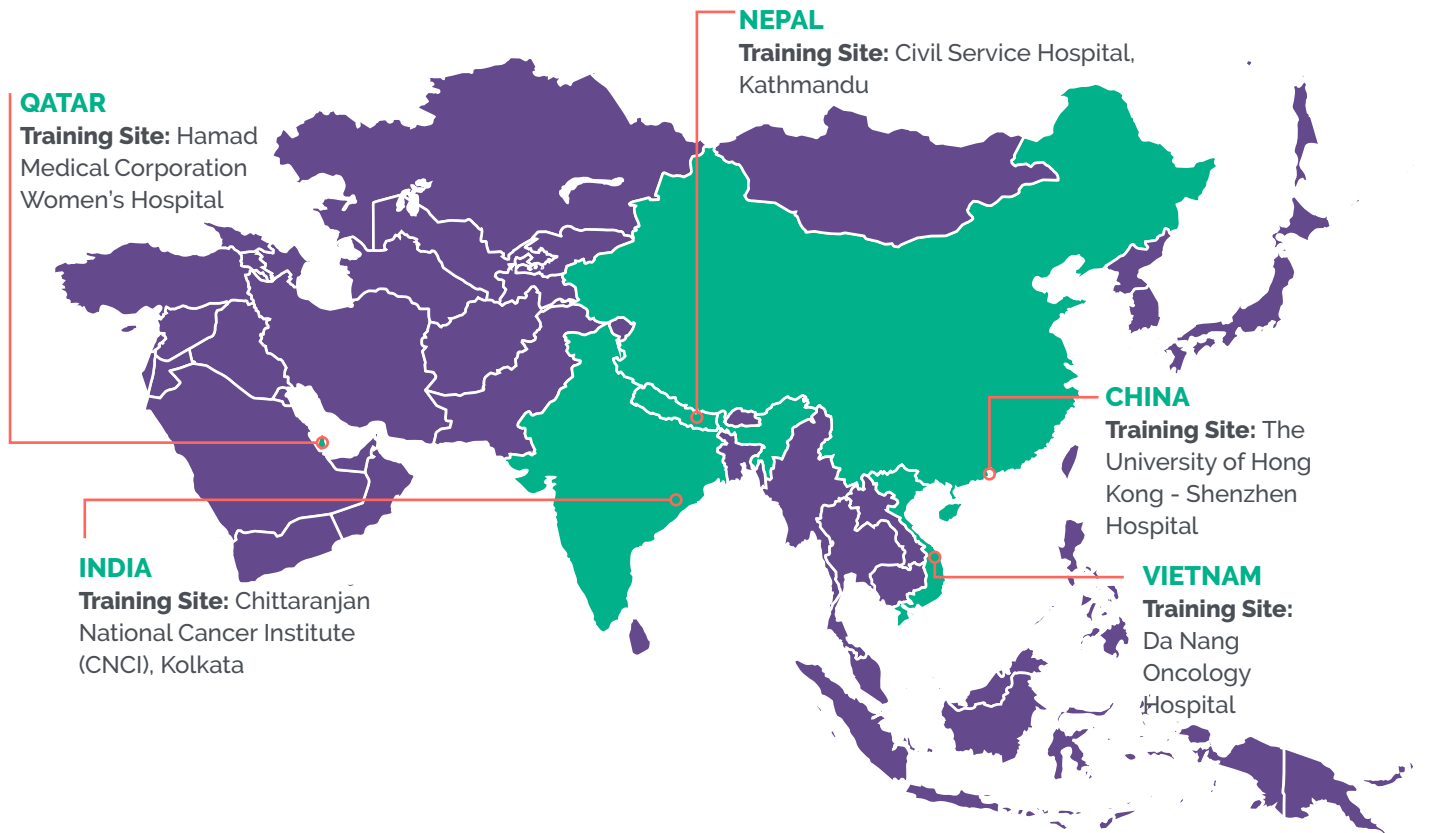


Asia

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In a country like Nepal, where the burden of gynecological malignancies is high, the need for the IGCS Fellowship 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



Latin America and the Caribbean

HAITI

Training Site: The University Hospital of Mirebalais

THE BAHAMAS

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

GUATEMALA

Training Site: Hospital General San Juan de Dios

JAMAICA

Training Site: The University of the West Indies at Mona



I am fortunate to partner with IGCS. This opportunity will greatly impact the lives from my island, as I am one of the first gynecologic oncologists there. This partnership allows me to educate and implement effective screening programs and provide surgical and adjuvant curative/palliative treatment options.

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

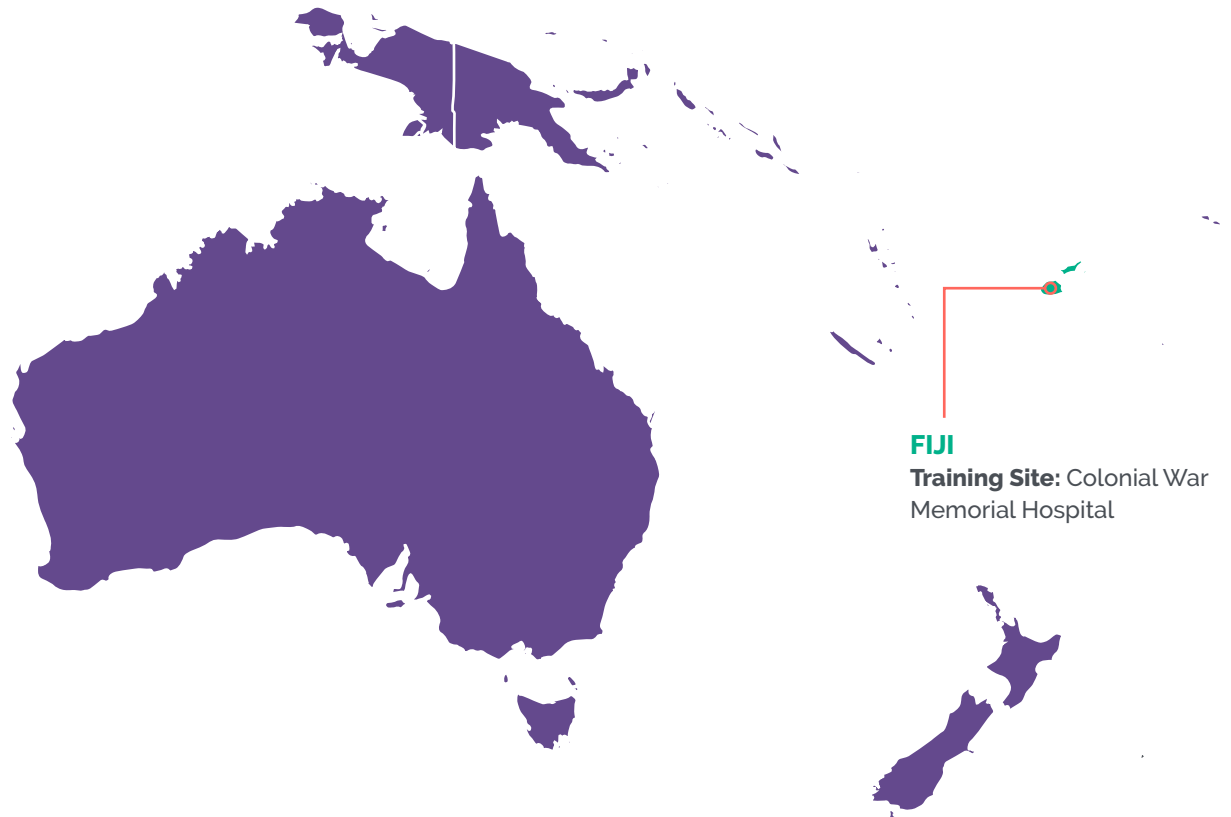


Oceania



It is a privilege to be part of this program. Upskilling a local expert who 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 improve care for women with gynecological 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



IGCS Leadership



Dr. Joseph Ng (Singapore)
IGCS Global Fellowship Chair



Dr. Kathleen Schmeler (USA)
IGCS Global Fellowship
Immediate Past Chair



Dr. Linus Chuang (USA)
IGCS Global Fellowship
Chair-Elect



Dr. Thomas Randall (USA)
IGCS Global Fellowship
Chair-Elect



Prof. Michael Quinn (Australia)
Founder of the IGCS Global
Fellowship Program



Ms. Mary Eiken (USA)
IGCS CEO



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
Fr. Tadesse Urgie
Dr. Biruck Bashawbeza

Black Lion Hospital, Addis Ababa

Local Supervisors:

Dr. Dawit Desalegn
Dr. Esayas Berhanu Enoro

International Mentors:

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

Kenya

Moi University

Local Supervisors:

Dr. Peter Itsura
Dr. Philip Tonui

International Mentors:

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

Malawi

Kamuzu Central Hospital

International Mentors:

Dr. Michael Hicks (USA)
Prof. Groesbeck Parham (USA and Zambia)

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

Enugu University of Nigeria Teaching Hospital

Local Supervisor:

Dr. Chibuike Chigbu

International Mentors:

Dr. Kerry Lutchman-Singh (UK)
Dr. Nagindra Das (UK)

University of Ibadan

Local Supervisors:

Prof. Isaac Adewole
Dr. Akinyinka Omigbodun
Dr. Akinyinka Omigbodun
Dr. Tosin Awolude
Dr. Imran Morhason Bello
Dr. Sesan Oluwasola

International Mentors:

Dr. Alexander B. Olawaiye (USA)
Dr. Hennie Botha (South Africa)
Dr. Kara Long Roche (USA)



Local Supervisors and International Mentors

Ahmadu Bello University Teaching Hospital, Zaria

Local Supervisor:

Dr. Adekunle O. Oguntayo

International Mentor:

Dr. Matthew Schlumbrecht (USA)

Lagos University Teaching Hospital

Local Supervisor:

Prof. Rose Anorlu

International Mentors:

Dr. Matthew Schlumbrecht (USA)

Dr. Nomonde Mbatani (South Africa)

Rwanda

University of Rwanda

Local Supervisors:

Dr. Dawit Worku

Dr. Tadios Mekonnen Arses

Dr. Diomedes Ntsumbumuyange

International Mentors:

Dr. Thomas Randall (USA)

Dr. Katina Robison (USA)

Dr. Rahel Ghebre (USA)

Dr. Lisa Bazzett-Matabele (Botswana)

Uganda

Uganda Cancer Institute

Local Supervisors:

Dr. Pius Mulamira

Dr. Jane Namugga

Dr. Martin Origa

Dr. Juliet Binugi

International Mentors:

Dr. Stefanie Ueda (USA)

Dr. Joyce Varughese

Zambia

Women and Newborn Hospital

Local Supervisors:

Dr. Paul Kamfwa

Dr. Mulindi Mwanahamuntu

International Mentors:

Dr. Krista Pfaendler (USA)

Dr. Michael Hicks (USA)

Dr. Groesbeck Parham (USA and Zambia)

ASIA

China

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

Local Supervisor:

Dr. Li Zhang

International Mentors:

Prof. Hextan Yuen Sheung Ngan (Hong Kong)

Dr. Ka Yu Tse (Hong Kong)

India

Chittaranjan National Cancer Institute (CNCI) and Saroj Gupta Cancer Centre and Research Institute, Kolkata

Local Supervisors:

Dr. Asima Mukhopadhyay (India/UK)

Dr. Ranajit Mandal

Nepal

Civil Service Hospital

Local Supervisor:

Dr. Jitendra Pariyar

International Mentors:

Dr. Linus Chuang (USA)

Dr. Asima Mukhopadhyay (India/UK)



Local Supervisors and International Mentors

Vietnam

Da Nang Oncology Hospital

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

Local Supervisor:

Dr. Jimi Taria

International Mentors:

Dr. Ai Ling Tan (New Zealand)

Dr. Peter Sykes (New Zealand)

LATIN AMERICA & THE CARIBBEAN

Bahamas

Princess Margaret Hospital

Local Supervisors:

Dr. Raleigh Butler

Dr. Darron Halliday

International Mentor:

Dr. Matthew Schlumbrecht (USA)

Guatemala

Hospital San Juan de Dios

Local Supervisor:

Dr. Julio Lau

International Mentor:

Dr. Rene Pareja (Colombia)

Haiti

University Hospital of Mirebalais

Local Supervisors:

Dr. Christophe Millen

Dr. Jean-Claude Ulysse

International Mentors:

Dr. Thomas Randall (USA)

Dr. Alex Mutombo (Democratic Republic of Congo)

Dr. Nathalie McKenzie (USA)

Program Coordinator:

Dr. Rebecca Henderson

Jamaica

University of the West Indies

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

Local Supervisors:

Dr. Jeremy Jonathan Herod

Dr. Afaf Ali

International Mentor:

Dr. Vivek Arora (Australia)



Fellows Who Have Completed Training

As of December 31, 2022

AFRICA



Dr. Bethel
Dereje

Ethiopia



Dr. Dawit
Worku

Ethiopia



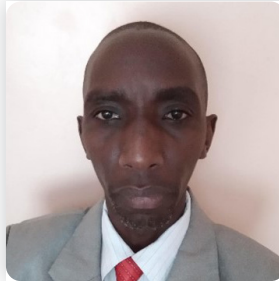
Dr. Biruck
Gashawbeza

Ethiopia



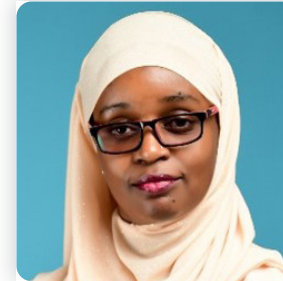
Dr. Benjamin
Elly

Kenya



Dr. Henry
Chege

Kenya



Dr. Anisa
Mburu

Kenya



Dr. Faiza
Nassir

Kenya



Dr. Dércia
Changule

Mozambique



Dr. Siro
Daud

Mozambique



Fellows Who Have Completed Training

As of December 31, 2022



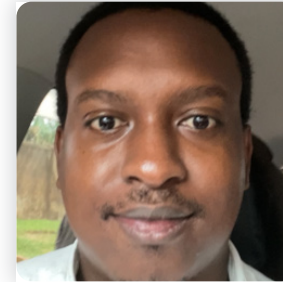
Dr. Ricardina
Rangeiro

Mozambique



Dr. Jerome
Katumba

Uganda



Dr. Pius
Mulamira

Uganda



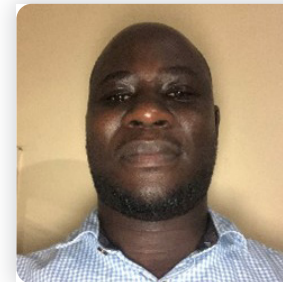
Dr. Mubiru
Musa

Uganda



Dr. Mariam
Nabwire

Uganda



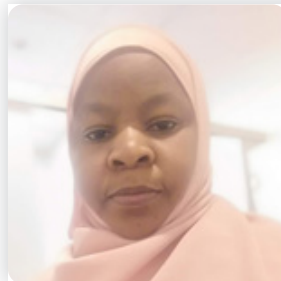
Dr. Julius
Nkalubo

Uganda



Dr. Martin
Origa

Uganda



Dr. Maryam
Shaki

Uganda



Dr. Mukatimui
Kalima-
Munalula

Zambia



Fellows Who Have Completed Training

As of December 31, 2022

ASIA, OCEANIA, AND THE PACIFIC



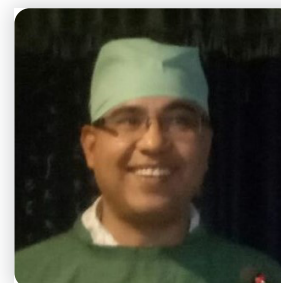
Dr. Peter
Xian Li

Shenzhen, China



Dr. Nanise
Sikiti

Fiji



Dr. Binod
Aryal

Nepal



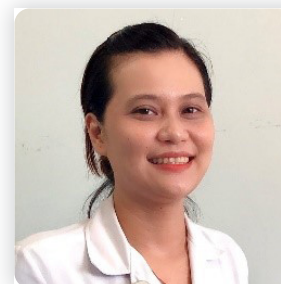
Dr. Saujanya
Karmacharya

Nepal



Dr. Ngoc
Phan

Vietnam



Dr. Quynh
Tran

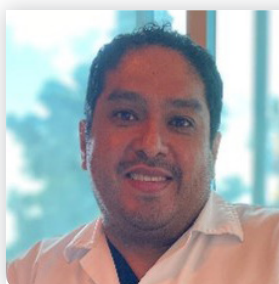
Vietnam

LATIN AMERICA AND THE CARIBBEAN



Dr. Saida
Bowe

Bahamas



Dr. Erick
Estrada

Guatemala



Dr. Mohammed
Taha Hussein
Alsayed

Qatar

MIDDLE EAST



“

These institutions are not only sites for the fellows to practice and learn but they are the hub for many medical students, residents, and nursing students. Within one year, the number of patients referred to our center increased significantly since our graduates were able to diagnose and identify which patients to treat and which to refer. If supporting a single site can improve the lives of many families (not only women), supporting a few more sites will definitely change many more.”

—Dr. Bethel Dereje, IGCS Fellow, St. Paul's Hospital Millennium Medical College, Ethiopia



Get Involved!

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



Volunteer

Donate

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 Fellowship at your institution, please contact IGCS Mentorship and Training Program Manager, Susan Ralph at susan.ralph@igcs.org.



Thank You!

We are grateful for our generous donors and volunteers supporting these efforts to sustainably build capacity in countries and environments that need it most.

Donors

Bristol Myers Squibb Foundation

The Linus Chuang Family

The Women Global Cancer Initiative (TheWomen.org)

