



Investigating GI Cancers in Zambia *With an* ACG NORTH AMERICAN INTERNATIONAL TRAINING GRANT

By Akwi W. Asombang, MD, MPH

It was a great honor for me to receive the ACG 2014 North American International GI Training Grant. The Grant made it possible for me to travel to Zambia, in southern Africa, in 2015, seeking to understand the determinants of colorectal and pancreatic cancers. I was especially interested in understanding the scope of cancer within the context of limited healthcare resources. I was stationed at the only Cancer Disease Hospital (CDH) in Lusaka, the capital city of Zambia. The CDH has been in operation for the last 10 years. Like many hospitals in the low-resource countries, CDH is plagued by systemic challenges such as availability of evidence-based guidelines to inform local clinical practice. Therefore, I set out to obtain data from the CDH on colorectal and pancreatic cancer with the view that the data would ultimately shape the cancer care in the country.

I was privileged to work with my collaborator/mentor, Dr. Lewis Banda, CDH Head of Clinical Care; Mr. Michelo Simuyandi, Research Fellow at the Center for Infectious Disease Research in Zambia (CIDRZ); and Professor Richard Madsen, biostatistician at the University of Missouri School of Medicine, Columbia, Missouri. Professor Madsen is a gifted biostatistician from whom I learned a lot about data interpretation with such limited information, as well as comparison with a larger database such as SEER. With respect to Dr. Banda and Mr. Simuyandi, our discussions went beyond data collection—we discussed current cancer management, explored the current healthcare system, and the challenges and impact our work could have on improving overall patient care. This was also an opportunity to understand the use of a cancer database in clinical care, and explore the pitfalls and how we could improve the current registry for improved patient outcomes.

We went through the formal regulatory paperwork needed to conduct collaborative research between the two institutions (University of Zambia School of Medicine and University of Missouri-Columbia School of Medicine) and I received approval prior to arriving in Zambia, which helped with time management.

Once in Zambia, I hit the ground running. I spent my weekdays in the department of medical records extracting data. All patients diagnosed with colorectal and pancreatic cancer were identified electronically and their medical records retrieved manually. All charts were reviewed by Dr. Banda and me, and the data were entered and analyzed by our team biostatistician, Professor Madsen.

A larger number of both pancreatic and colorectal cancer cases were observed among younger individuals than would be typical. Further studies are needed to understand risk factors and carcinogenesis in a native African population.

I had the opportunity to present our work at various meetings in Zambia. Specifically, I presented at several CDH conferences and also at a weekly meeting at the CIDRZ, all of which were well attended and very interactive. From these conferences, I had an opportunity to build partnerships and potential collaborations for future research.

While in Zambia, I participated in two public awareness efforts that highlighted the importance of colorectal cancer screening.

First, I wrote an article for the *Zambian Medical Association (ZMA)* published in the local newspaper (*The Post*). The second opportunity came when I discussed colorectal cancer on live national television in another ZMA sponsored program known as “Doctors on Air.” This was a chance to teach the public and answer questions from viewers about colorectal cancer.

I plan to return to Zambia to continue the work we have started. In the upcoming year, I will be pursuing an advanced endoscopy fellowship at Beth Israel Deaconess Medical Center at Harvard Medical School. My experience as an ACG North American International Training Grant recipient has stimulated me to devote time to finding innovative ways by which we can address GI cancers in low resource countries such as Zambia. With the rise of non-communicable diseases, including cancers in sub-Saharan Africa, and the limited number of trained medical professionals to manage this growing trend, more resources are needed in this area. As a gastroenterologist, I have the ability to positively impact patients in Zambia and other sub-Saharan countries. I am grateful to ACG, CDH and CIDRZ for recognizing the importance of this work. ACIG



Photos from left to right: Dr. Asombang presented her findings at the Center for Infectious Disease Research in Zambia; Dr. Asombang and Dr. Banda talk about colorectal cancer screening on Zambian television in a broadcast sponsored by the *Zambian Medical Association*.