

Ahmed Elzawawy

Committee Connection



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### Latest Commentary



**Ahmed Elzawawy**

**18 Aug 2012 12:07 PM**

**[RE: Global Health Equity](#)**

**I am glad with the very important points cited by Sandra Swain, our new President of ASCO in her topic, " Global Health Equity," and the very valuable comments of colleagues. I would like to cite some points:**

- **Equity is not equality! What is hoped with equity, as Sandra cited, "I think that access to health care should be available to all." Hence, I see that will lead us to:**
  - **How science could play its role in the question of increasing affordability of cancer care? The approaches that I am strongly with are that who consider in scientific ways the interests of all stakeholders, within the concept of win-win.<sup>1</sup>**

- **How to get value cancer care? Most of this question is tackled in a new book written by Sir Muir Gray, David Kerr, and others. I have had the honor to contribute to this book.<sup>2</sup>**
- **The priorities for each community and expectations and hopes of every patient could be different.**

**Looking at what Sandra cited and what we are aware of, we are applauding the different activities of ASCO and the ASCO International Affairs Committee.**

**Hence, I see that there is a good base to enhance what we discussed during the last ASCO Conference on Saturday, 2 June, 2012 , Chicago, in a side meeting arranged by the ESMO Developing Countries Task Force (DCTF). The meeting, entitled, "ASCO's Top Five Keys—Choose Wisely and Win-Win Initiatives" (coordinator: Ahmed Elzawayy). Among the issues that we pointed to, is the great need to a sort of internationalization of the ASCO Top Five List in Oncology. What is discussed beautifully with Lowell Schnipper, Chair of the ASCO Task Force for The Cost of Cancer Care, is that what is meant is not to copy the ASCO's list in different countries, but, vulgarization of its scientific methodology and concept to develop top five or 10 lists of recommendations in order to reduce the total cost of cancer care in scientific ways without compromising the outcome in different communities. We discussed also: How international , regional, and local educational professional conferences could help? Applying this point to ASCO's (ESMO and other important organizations as well) international courses and symposia , then it is recommended that these points of concepts of the Choosing Wisely campaign and how to get realistic better value of cancer care in each community be highly considered in the content and the objective of these international events and activities around the world. It is important also to develop relevant researches and trials in some countries in different parts of the globe with the technical advice of the international bodies like ASCO or ESMO.**

**I hope that it would not be offensive and not misunderstood if I say that ASCO, ESMO and others should revise in what they put their logos as participants or faculty in conferences in middle- and low-income countries. It is a pity sometimes that you can't differentiate between some conferences and symposia and the stand-alone journeys and meetings of pharmaceuticals companies. The difference is that the latter is straightforward and clear in its objectives. I don't criticize the latter, because it is clear for all; the presenters and the attendees.**

**There is a difference between a lecture or presentation about the update in knowledge—state-of-art, whatever its cost, and the message or advice to promote or to use a line of treatment when the dose may be 10 to 100 times higher than the (true) salary of a doctor in this country of conference, particularly when there is no evidence that this what could be a better value drug or line of treatment for particular communities or patients.**

**What could make this latter point not offensive—if some consider it so—is that the final goal goes with the interests of all stakeholders, including manufacturers. Otherwise, the markets in different parts will not be sustainable while the suffering and the burden on cancer patients and the inequity would increase.**

**The latter point is not out of the issue but it is in its heart. We should all cooperate and collaborate for the equity of cancer care that would be tailored- in scientific ways- with evidences according to different communities and conditions.**

**Finally, I applaud Sandra Swain, the President of ASCO, as I deeply appreciate the efforts of Michael Link, Lowell Schnipper, Gabriel Hortobagyi, and their colleagues and collaborators in ASCO and the ASCO International Affairs Committee, as well and David Kerr, Martine Piccart, Eduardo Cazap, Adamos Adamou, and all collaborators and colleagues in ESMO DCTF.**

**Thank you for your attention and please feel free to communicate.**

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## References:

- 1. Ahmed Elzawawy (2012). Science and Affordability of Cancer Drugs and Radiotherapy in the World—Win-Win Scenarios, Advances in Cancer Management, Ravinder Mohan (Ed.), ISBN: 978-953-307-870-0, InTech, Available from: [intechopen.com/articles/show/title/science-and-affordability-of-cancer-drugs-and-radiotherapy-in-the-world](http://intechopen.com/articles/show/title/science-and-affordability-of-cancer-drugs-and-radiotherapy-in-the-world)**
- 2. J. A. Muir Gray (2012) . How to get better value cancer care. Offox Press Ltd, Oxford, UK. (In Press).**

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## Global Health Equity

**Sandra M. Swain, MD**

20 Jul 2012 5:00 PM

What does “global health equity” mean? There are so many different aspects of health care affecting us all. There are disparities in the world; there are disparities within countries; there are disparities within cities. How do we tackle these enormous issues? First, we need to level the playing field. I think that access to health care should be available to all. This goal—increasing access for all patients no matter who they are or where they live—is one of the major initiatives of my Presidential term, exemplified by my theme, “Building Bridges to Conquer Cancer.”

Cancer is now a leading killer in developing countries—56% of cancer diagnoses and 64% of cancer deaths are in less-developed countries. Highly organized educational programs and screening are necessary for prevention of cancer, and this is where it must begin. We must stop smoking, obesity, and infectious diseases such as Hepatitis,

all of which have significant risk factors related to cancer. The recognition by the United Nations last September of cancer and other “non-communicable diseases” as a global health priority was a first step in highlighting the importance of cancer on the world health agenda, and we must continue to build on the goals and momentum launched at that historic event.

With ASCO’s global reach extending to over 100 countries from Afghanistan to Zimbabwe, the organization is a critical resource in the world’s response to the cancer epidemic. ASCO has the technical knowledge that spans the cancer continuum, from prevention to early detection, diagnosis, treatment, palliation, surveillance, and research.

ASCO’s international programs under the guidance of the [International Affairs Committee](#)—led by the terrific team of Chair David Khayat, MD, PhD, and Immediate Past Chair Tanja Čufer MD, PhD—have made tremendous progress in the past several years. ASCO embraces and supports its global membership as they work to disseminate the knowledge about oncology that will allow health care workers worldwide to provide high-quality health care for their patients.

ASCO’s international efforts include courses on the multidisciplinary care of cancer, palliative care, clinic research, and geriatric oncology. The Best of ASCO® programs have been held in 22 different countries with a great response from participants. There are international editions of the *Journal of Clinical Oncology* in several countries, and our International Cancer Corps sends ASCO members to hospitals in developing countries where they share knowledge and ideas that enhance patient care. As always, the recognition of the needs of each country comes from that country itself. This overall response from the ASCO membership has been outstanding with 50 volunteers participating so far in various programs.

In addition, the [International Development and Education Award \(IDEA\)](#) pairs young oncologists with leaders in the field in the United States and gives them opportunities to take knowledge back to their home country. I personally worked with an IDEA awardee from Uruguay and have the pleasure of going to their country in the fall to attend one of their conferences. I think this is a great program to harness the passion of these young oncologists and help them with implementation of programs when they go back home.

We also recognize that **ASCO by itself does not have all the answers. In fact, the best effective solutions come from developing countries themselves. Exploring ways for ASCO to support innovative research that can offer solutions to cancer control is imperative.** Examples of these include innovative community-outreach programs that help detect cancers early and that use older therapies in new ways.

Building bridges to close gaps in economic and geographic disparities and to close the gaps between research and practical applications requires a multidisciplinary team approach. One way that you can help “build this bridge” is to let us know how ASCO can address your needs. Please let us know! I look forward to your comments.



**Ahmed Elzawawy**

Saturday, August 18, 2012 5:06 PM

## **RE: Global Health Equity**

I am glad with the very important... [Read more](#)