



ICEC ESSENTIAL NEWS LETTER

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General:

In our first ICEC Essential News Letter, information is provided on a broad range of topics. Our primary goals over the past year were: 1) to recruit a critical mass of interested professionals, 2) to have sufficient internal organizational structure and function to be credible to potential donors and funders and 3) to begin seeking financial support.

- Recognizing that ICEC is an “all-volunteer” program at this time, we are conservative about initiating activities that would require substantial costs. Thus, the rate of activation of programs has been largely limited to discussions and planning until we have funds to cover expected expenses.

Organization and Operations:

In terms of organization, ICEC has implemented a business plan (with help from University of Vermont Business School). The ICEC Board of Directors and the ICEC Central Working Group created and approved a 5-year budget, and established charters and standard operating procedures for committees and working groups. The application process for Hubs, Centers, Experts and Associates has been activated and the ICEC website upgraded (done with TECHNA- the same group that does GlobalRT).

- With regard to operations, the [ICEC Central Operations Working Group](#), consisting of Dave Pistenmaa (Executive Secretary), Larry Roth (President), Nina Wendling (COO), Norm Coleman, Emine Ozbay, David Kramer and Luca Valle confers weekly. This group is occasionally joined by Nelson Chao.

Board of Directors and Advisory Board:

Both Boards have been established. Photos and biographies of the members are on the [ICEC website](#).

- We have been working primarily with the Board of Directors (BoD) to organize and initiate outreach and development activities. Many members of the Advisory Board also have been providing input. As we initiate programs, we will call on the Advisory Board more and more.

Outreach and Development:

The major focuses of the ICEC Central Operations Working Group and the Board of Directors have been outreach to potential partners and development of funding sources. We are currently an all-volunteer operation with a substantial in-kind commitment of the ICEC Central Operations Working Group and many others. It is clear that financial support for a basic staff (including part-timers) of paid employees as well as for operating costs for a central office are necessary as are some expenses for selected activities of scientific program volunteers.

- We have ongoing discussions with the radiation oncology equipment industry. Our Outreach and Development group is working on applications for funds from foundations. We are very much open to your suggestions, contacts, support and assistance. In addition, ICEC offers a wide range of giving levels and planned giving opportunities. Become a partner with us to transform global cancer care and [DONATE](#) now. For additional information, please contact our development office at development@iceccancer.org or call Nina Wendling at 301-461-3420.

Telecommunications:

Communication among the varied and widespread components of ICEC is a challenge. We aim to employ TELESYNERGY®, the telemedicine system developed by NIH and used in the NCI Cancer Disparities Research Partnership Program as well as by the All-Ireland Cancer Consortium. With assistance from the Center for

Biomedical Informatics and Information Technology (CBIIT) at NIH, and Open Systems Health Laboratory (OHSL), an NGO in Rockville with whom ICEC is working, we are getting this system ready for ICEC use.

- Currently, a range of conference calling systems is being used, which is adequate. TELESYNERGY has many additional capabilities such as interactive viewing of imaging studies and pathology slides. Being a product of the NCI and NIH it provides unique capabilities of the US Government. Given all the issues with telemedicine in terms of capability in resource-limited settings, we recognize that this will be an ongoing challenge for global health for which we appreciate the expertise and products from NCI and NIH.

ICEC Centers and Associates:

The facilities (ICEC Centers) in low- middle-income countries (LMICs) and their healthcare professionals (ICEC Associates) that will be the initial projects benefitting from the ICEC mentorship model will be those that already have “twinning” relationships with cancer centers in developed countries (our Founder Hubs).

- We will aim for six projects in different regions with a queue of another six ready to phase in. They will be listed on an interactive global map the ICEC website in the near future.

ICEC Hubs:

ICEC is working with a number of cancer centers and private practices to form a global network of ICEC Hubs in developed countries. The initial Hubs (Founder Hubs) will soon be highlighted on a global map on the website. At this time, they are providing in-kind assistance, advice and key connections to potential ICEC Centers in their overseas or indigenous regions of interest.

- We appreciate their ongoing volunteer efforts as we seek financial support for selected activities in their programs.

- ICEC is pleased to include private practices as Hubs, a unique aspect of ICEC, thanks to pioneers.

Indigenous Populations:

Initial activities with indigenous populations will build on the “[Walking Forward](#)” program for American Indians in South Dakota (Hub and Center). We have had discussions with colleagues in Canada who are working with their First Nations populations. The UICC has a working group devoted to helping aboriginal populations.

ICEC Experts & Career Path:

The strength of ICEC is the scores of international experts who have expressed interest in working with us. Formation of the initial Expert Panels will be determined by the needs of the ICEC Centers. With a major focus on radiation therapy being a component of the ICEC Center, either on site initially or established in the first few years, Expert Panels will include professionals from radiation oncology, medical oncology, physics (with partner organizations, e.g., Physicists without Borders and the American Association of Physicists in Medicine), pathology (or with partner networks), radiology (also potentially with partner networks), pharmacy, nursing, palliative care as well as surgical/gynecological oncology. We will also develop Expert Panels based on the interests of professionals or professional groups that join ICEC.

Partnerships: ICEC is interested in partnering with parties with common interests. What is essential is for there to be a concerted effort toward common goals among partners given the size of the shortfall in cancer care worldwide. Partnerships are not only more likely to be successful but may also incentivize donors to focus donations on seemingly sustainable projects.

A career path in altruistic service for healthcare professionals is a key component to sustainability and is an essential part of ICEC’s transformational approach to global health. This involves trainees, academicians, practitioners and retirees. There is a call for senior mentors on the ICEC website describing a [Global Health Opportunity for Senior Cancer and Healthcare Professionals and Retirees](#). We believe that capturing expertise now lost to retirement is a huge economic and healthcare benefit offered by ICEC. Publications relating can also be found on the ICEC website.

Early Career Leaders:

A timely innovation for ICEC was the establishment of the [ICEC Early Career Leaders Working Group](#). This group of trainees and young physicians works closely with Global RT, pioneered by the Princess Margaret Cancer Center, and with the Association of Residents in Radiation Oncology (ARRO).

- In memory of Ellen Stovall, a past member of the ICEC Board of Directors, ICEC has established the [Ellen Lewis Stovall Early Career Leaders Working Group Fund](#), which will provide, through awards, funds for projects developed by this group of young leaders.

Education & Training:

Recent discussions with industry and Government have led us to recognize that education and training will be a central strength of ICEC, e.g., to help sustain education and training after new technologies, such as radiation therapy and imaging, are introduced in LMICs.

- ICEC will not provide formal certification or credentialing but will provide resources and opportunities for ongoing education and mentoring to insure effective utilization of the new equipment.

- The hiring of an educational expert is essential for developing both our own expertise and collaborations with educational organizations.

- We are in the process of establishing a section on the website with links to existing educational resources that are publicly available. This will be an effort to assist professionals in LMICs to find good sources of information but will not be an endorsement by ICEC of specific resources. [Recommendations for linkage sites](#) are welcome!

Partners & Collaborators:

ICEC is a member of the Consortium of Universities for Global Health (CUGH) and the Union for International Cancer Control (UICC) and participates in their annual meetings.

- We work with and seek potential collaborations with the NCI Center for Global Health, recognizing the distinctions between government programs and NGO activities.

- Formalizing relationships with professional societies and organizations is a key agenda item.

- We have working relationships with IAEA/PACT and seek relationships with other international organizations.

- We are working with the Department of Energy regarding the security of nuclear material globally and how this may relate to education and training for a workforce to be able to safely use linear accelerator technology following replacement of cobalt-60 treatment machines.

- Inquiries from organizations are welcome.

Presentations - Key Meetings:

- Norm Coleman and Surbhi Grover: Public Health and Radiological Security

“Minimizing the Threat of Radiological Terrorism in Developing Countries while Expanding Public Health and Cancer Treatment”, Johannesburg, RSA, 1-2 September 2015

- Surbhi Grover (presenter) and Norm Coleman (moderator): Global health. ASTRO, October 2016

- Norm Coleman: International Conference on Translational Research in Radio-Oncology | Physics for Health in Europe, Geneva, February 2016

- Norm Coleman: Stanford Medical School Course on Human Rights, and Stanford Radiation Oncology Rounds, February 2016

- Consortium of Universities for Global Health, San Francisco, April, 2016.

Publications (related to ICEC and/or from ICEC members relevant to global health. ICEC will post additional citations to Publications on our website upon request):

- Radiotherapeutic Management of Non-Small Cell Lung Cancer in the Minimal Resource Setting. Rodin D, Grover S, Xu MJ, Hanna TP, Olson R, Schreiner LJ, Munshi A, Mornex F, Palma D, Gaspar LE; International Association for the Study of Lung Cancer Advanced Radiation Technology Committee. J Thorac Oncol. 2016 Jan;11(1):21-9 A Roadmap for a New Academic Pathway for Global Radiation Oncology. Olson AC, Coleman

CN, Hahn SM, DeWeese TL, Shulman LN, Chabner BA, Chao N, Martei YM, Mundt AJ, Grover S. *Int J Radiat Oncol Biol Phys*. 2015 Nov 1;93(3):493-6. doi: 10.1016/j.ijrobp.2015.06.023.

- A Resident's Perspective on Global Health Rotations in Radiation Oncology. Thompson RF, Grover S. *Int J Radiat Oncol Biol Phys*. 2015 Dec 1;93(5):1165-6.
- Cervical Cancer in Botswana: Current State and Future Steps for Screening and Treatment Programs. Grover S, Raesima M, Bvochora-Nsingo M, Chiyapo SP, Balang D, Tapela N, Balogun O, Kayembe MK, Russell AH, Monare B, Tanyala S, Bhat J, Thipe K, Nchunga M, Mayisela S, Kizito B, Ho-Foster A, Gaolebale BE, Gaolebale PA, Efstathiou JA, Dryden-Peterson S, Zetola N, Hahn SM, Robertson ES, Lin LL, Morroni C, Ramogola-Masire D. The verdict is in: the time for effective solutions to the global cancer burden is now. Coleman CN, Minsky BD. *Lancet Oncol*. 2015 Sep;16(10):1146-7
- Training global oncologists: addressing the global cancer control problem. Grover S, Balogun OD, Yamoah K, Groen R, Shah M, Rodin D, Olson AC, Slone JS, Shulman LN, Coleman CN, Hahn SM. *Front Oncol*. 2015 Apr 8;5:80.
- A systematic review of radiotherapy capacity in low- and middle-income countries. Grover S, Xu MJ, Yeager A, Rosman L, Groen RS, Chackungal S, Rodin D, Mangaali M, Nurkic S, Fernandes A, Lin LL, Thomas G, Tergas AI. *Front Oncol*. 2015 Jan 22;4:380
- Editorial: "global challenges in radiation oncology". Petereit DG, Coleman CN. *Front Oncol*. 2015 May 15;5:103
- Global Task Force on Radiotherapy for Cancer Control. Jaffray DA, Knaul FM, Atun R, Adams C, Barton MB, Baumann M, Lievens Y, Lui TY, Rodin DL, Rosenblatt E, Torode J, Van Dyk J, Vikram B, Gospodarowicz M. *Lancet Oncol*. 2015 Sep;16(10):1144-6. doi: 10.1016/S1470-2045(15)00285-5