

Bridging worlds

The annual meetings in Arusha, Tanzania (PHC-congress, ultrasound seminar and practical teaching) will continue to strive to bridge continents and bring doctors together from Europe and Africa.

In many African countries the diagnostic service has been a neglected part of primary health care (PHC), often existing not at all. European countries have exploited few of their advanced technical abilities for the much-needed development of low-cost, rapid diagnostic tests. As is now also recognised by the World Health Organisation (WHO), investment in the development of these rapid tests is urgently needed to control a variety of diseases that form a major problem.

The goal of the congress is to bring together Dutch/European and Tanzanian/African doctors interested in gynaecopathology. The focus will be on general practice and how to manage women at the outpatient department.

I am sure that these courses with practical teaching will be educationally excellent. There will also be a social program that will enable participants to make new friends and to celebrate old friendships.

***Peter Melkert, Pathologist
Principal Dutch Kilimanjaro Doctors***

If you wish to register for participation or information about our activities, please send the enclosed registration-form or e-mail with your name and details to:

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***PHC-Course
Gynaecopathology
Arusha, Tanzania
March 27th+28th, 2007***

Symposium Women's Health

***- STD's
-AIDS
-Cervical Cancer
-Breast Cancer***

&

***workshops
Triple-test***

***-clinic
-microscopy
-ultrasound***

Program

Tuesday March 27th 2007

- welcoming remarks, introduction

Lectures cervical pathology

Workshop cervix1

Break

Workshop cervix 2

Doctors Dinner

Wednesday May 28th 2007

introduction

Lectures mamma pathology

Workshop 3

Break

Workshop 4

Doctors Dinner

Workshop 1: Wet smear and Cervical smear

Interactive training

Workshop 2: basic principles of Ultrasound and Microscopy

Interactive training

Workshop 3: Breast-Ultrasound

Ultrasonic examination techniques

Hands on scanning with models

Workshop 4: Ultrasound-guided fine needle aspiration (FNA) and RFA-laser

Hands on training with phantoms

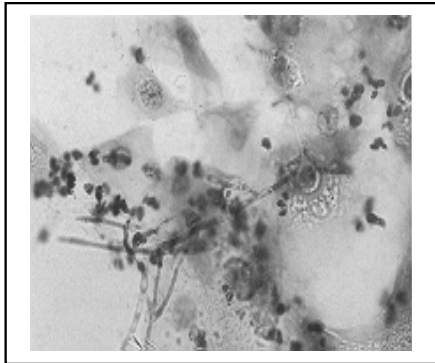
Introduction.

World-wide breast cancer and cervical cancer are the commonest cancers to effect women. Cervical cancer is common in tropical countries and breast cancer is particularly common in the western world. In most western countries it is approximately 10 times more common than cervical cancer.

In European countries like England and the Netherlands, where the age standardised incidence and mortality is one of the highest in the world, breast cancer is the single commonest cause of death among women aged 40-50, accounting for about a fifth of all deaths each year.

Cervical cancer and AIDS as complications of STD's are an important public health problems amongst adult women in developing countries in South and Central America, sub-Saharan Africa and south and south-east Asia, according to the WHO.

Cervical pathology



Owing to their limited care resources, developing countries cannot afford the models of frequently repeated screening of women over a wide age range that are used in developed countries. It is more realistic and effective to target the screening on high-risk women using a highly sensitive test, with an emphasis on high coverage (80%) of the targeted population.

Wet smears. The use of wet smears is an easy, reliable method of screening for sexually transmitted diseases.

Screening. Cervical cancer prevention efforts world-wide have focused on screening sexually active women using cytology smears and treating pre-cancerous lesions.

Cytology. Cytology has been shown to be effective in reducing the incidence and mortality from cervical cancer in developed countries. Cervical cytology is considered to be a very specific test, its sensitivity is only moderate, depending on the quality of collection and spreading of cells, fixation, staining of smears and availability of well-trained technicians and good cyto-pathologists.

Literature

Effective screening programmes for cervical cancer in low- and middle-income developing countries. Sankaranarayanan R et al. Bulletin of the World Health Organisation, 2001;79:954-962.

Breast pathology

Screening

Early detection is the best health intervention known to reduce cancer mortality. Finding cancer among young women (35-45) when it is small (between 1-10 mm) and has not yet spread to the lymph nodes provides the opportunity for the most effective treatment in the referral hospital.

The aim of screening is to detect "killing" breast cancer when it is small, as early as possible, before it has had the chance to spread.

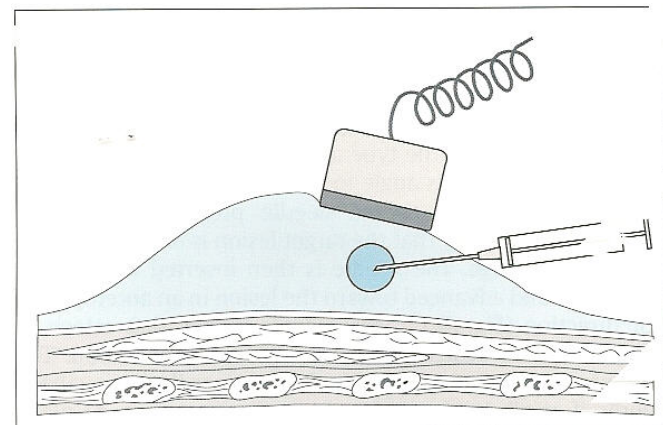
Single test (population screening) versus triple test (assessment of high risk women).

Needless to say, we do not have one single method that is 100% sure and therefore we have to choose the next best alternative: the triple approach.

False positive results occur with all diagnostic techniques. The sensitivity of clinical examination and mammography varies with age. Triple assessment is the combination of three tests (examination, imaging, needling). The three major modalities of the triple test approach are imaging (mammography or ultrasound), clinical (examination and history) and tissue diagnosis (cytology and histology). There are two end points to assessment: no important abnormalities or referral to the hospital (breast surgeon)

Ultrasound-guided cytology

The combination of ultrasound and cytology is extremely effective for both palpable and impalpable lesions. Approximately 75% of impalpable lesions requiring biopsy are visible on ultrasound and the remaining 25% are mainly micro calcifications (DCIS). Ultrasound-guided cytology causes the least discomfort for women and lesions are sampled quickly and accurately under direct vision.



Wet smear, Quick stain, Triple-test, ultrasound and cytology will be discussed and a "Hands-on training" will be included in the course.